

Behavioral Health Collaborative CEO Report

April 13, 2017

1. Administrative Services Only (ASO) Contract Transition

The current Administrative Service Organization (ASO) contract for non-Medicaid BH Services is held by the BH Collaborative with Optum Health New Mexico (OHNM). This contract was effective January 1, 2015 – June 30, 2016, but an optional one year extension of the pre-existing contract was exercised to allow for an effective termination date of June 30, 2017.

A new ASO contract will be in place, effective July 1, 2017. As indicated at the last quarterly meeting of the BH Collaborative, the new ASO contract will utilize NM’s procurement exemption for execution. HSD and CYFD OGC delivered written opinions stating that procurement exemption was applicable (NMSA 1978, Section 13-1-98.1 (1989) and HSD’s OGC, ASD, and BHSD signed an exemption statement.

Falling Colors, Inc. (FC), as the BHSDStar system developer/administrator, will perform as the new ASO starting July 1, 2017. Contract development is currently underway and a draft version of the Scope of Work for the contract will be presented at this April BH Collaborative meeting.

Transition accomplishments:

Optum/Collaborative bi-weekly transition meetings:	Ongoing
Contract Termination Letter issued to OHNM:	11/7/16
Letter of Direction (LOD) outlining contract run-out steps issued to OHNM:	12/1/16
BH Collaborative issued transition notification letters to Providers:	1/20/17
FC sent introduction letter to Providers:	2/10/17
OHNM issued initial notification of contract termination to Providers:	2/28/17
Transition Frequently Asked Questions (FAQ) posted to Network of Care:	2/29/17
FC sent registration packets to Providers:	3/16/17

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

This grant is being awarded to NM via a formula based on the unmet need for opioid use disorder (OUD) treatment and drug poisoning deaths. NM will be receiving \$4.8 million a year for two years. An application was submitted, by the February 17, 2017 deadline, to draw down these funds. Awards are not expected until May but can be carried over into the following FFY.

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 the BHSD; Children Youth and Families Department (CYFD); UNM Department of Psychiatry, and Division of Community Behavioral Health; and a wide range of health care providers statewide, including providers of integrated primary care and behavioral health care, peer recovery and support, and prevention services. The NM Opioid STR Initiative 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 the early stages of 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 will include 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 mass 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. Valle del Sol of New Mexico (VDSNM) Termination and Transition

VDSNM, on December 21, 2016, issued its 90 – 120 day termination notice to cease operations in NM. The reasons given for this termination included “high rates of claims denial and continuing deterioration of rates paid for services.” It was reported that VDSNM has been subsidized by its Arizona parent corporation in excess of \$4 million and that this parent entity would no longer provide financial subsidies to VDSNM.

This termination notice was totally unanticipated. Therefore, the Board of the parent entity was queried to determine if there was any inclination to reconsider this termination, if solutions were implemented to resolve the financial challenges experienced by VDSNM. The Board expressed receptivity in response to this query and follow-up discussion occurred to understand the specific causes behind the pending termination and to determine if the termination could be avoided. The MCOs worked diligently with VDSNM to resolve claims issues and to agree to more value-based purchasing mechanisms. As a result, Valle del Sol has rescinded its termination notice, is recruiting for a NM-based Director, and will be further reviewing its operations, with an external consultant, to ensure continuing service provision.

4. Strategic Plan

The Implementation Team continues to meet bi-weekly to identify appropriate steps and timeframes for all the activities under the Goals and Objectives, and identify individuals or groups to assume relevant tasks. An eighteen month Implementation Plan Matrix was developed which tracks progress on all the goals and activities in the three major goal areas.

A progress report has been presented at each quarterly meeting of the BH Collaborative, including at today's meeting, through the eighteen-month implementation period. An evaluation of the Plan will be completed at the conclusion of its implementation, and a final report will be issued to the BH Collaborative at its next meeting in July.

Some of the accomplishments, during the CY2017 1st quarter, are highlighted below:

The Regulations Workgroup Goals:

- 1) To identify, align and eliminate inconsistencies in BH statutes, regulations, and policies in order to allow for more effective and efficient operation of the publicly-funded service delivery system: In order to create more efficient and effective statewide data information and management, HSD will be releasing an RFP for their first module on enterprise data services. The MMISR project will provide the information, infrastructure, tools and services needed to efficiently administer NM Medicaid programs.
- 2) To increase the adoption of person-centered interventions: By April 1, 2017, the Treat First model is being expanded to 5 additional provider locations. A total of 13 provider organizations involving 29 different service locations will be practicing the model. A mid-year evaluation will track its impact. (Please see the "Treat First" section of this report regarding Treat First adoption as a standard of practice.)
- 3) Develop Adult Residential Treatment Center standards to prepare for probable Medicaid coverage and achievement of parity: A "deemed status" directive is being written by BHSD to accept national accreditation standards for state-funded Residential Treatment Centers.

The Finance Workgroup Goals:

- 1) To increase the productivity, efficiency and effectiveness of the current provider network: Joint meetings have been held between MAD, DHI/HSD and LCA/CYFD to modify/eliminate CCSS certification and modify the certification of CMHC's. Decisions are being reviewed at a joint management meeting in April. Also, the Assertive Community Treatment (ACT) regulations were modified to broaden who can lead an ACT Team including: nurse practitioners, clinical nurse specialists and prescribing psychologists. And, the Intensive Outpatient Program (IOP) certification process has been simplified and expedited.
- 2) To implement a value-based purchasing (VBP) system that supports integrated care and reinforces better health outcomes: To continue to advance value-based purchasing initiatives, HSD has included new contractual requirements in its 2017 MCO agreements. In CY17, MCOs are required to spend a minimum of 16% of provider payments in VBP arrangements. Within the 16% HSD identified minimums across the spectrum of three VBP levels in order to ensure flexibility for providers that may not have the level of sophistication or resources needed to bear risk while providing opportunities for those providers that do. The MCO's must include BH providers in its VBP arrangements and must include payments to BH providers in calculating the

percentage of overall spend in its VBP arrangements. A special meeting of MCO's occurred in February to discuss their BH related VBP strategies. That was followed by a report in March outlining approaches.

- 3) To identify, develop and promote implementation of effective strategies for state, counties and municipalities to work together to fund the provision of better BH care, especially for high utilizers: On January 18, 2017, there was a special pre-conference day for the semi-annual Association of Counties Conference entitled, *"Behavioral Health Innovations by/in Counties to Explore Accomplishments in Innovations Statewide."* Specific counties actively engaged in providing BH services show-cased their program approaches. In the afternoon, there was a special session targeted on strategies for billing of BH services. A follow-up meeting has been scheduled.

The Workforce Workgroup Goals:

- 1) To support the development of BH practitioners: A survey of BH Providers for current BH intern placements has been completed; an inventory of graduate BH programs to determine intern candidates needing placements was completed; a BH Clinical Provider Guide has been developed for orientations to students enrolled in BH-related professional programs; presentations are scheduled for early Fall at various local Social Work programs; and the BH subcommittee of the Health Workforce Committee is reviewing findings on barriers to reciprocity.
- 2) To build a more multidisciplinary and competent BH workforce: A Medicaid Supplement related to the inclusion of Medication Management Services to be provided by RN's has been completed; and a gap analysis on BH EHR adoption has been completed.
- 3) The BH Subcommittee of the Health Care Workforce Committee's recommendations include:
 - Expedite professional licensure by endorsement for masters level clinicians;
 - Social Workers and Counselor should be eligible for NM's Rural Healthcare Practitioner Tax Credits;
 - Funding should be provided for Health Information Exchange and adoption of Electronic Health records for BH providers; and
 - Support Medicaid funding for community-based psychiatry residency programs in Federally Qualified Health Centers (FQHC).
- 4) A NM BH Workforce Development Summit is being planned for the Fall, 2017 to discuss cross system issues related to workforce development, such as: licensure by endorsement; capacity; pipeline issues; and inefficiencies in processing licensure applications.
- 5) To promote the future of excellence in the BH workforce and prepare for integrated care: An Integrated Quality Service Review methodology has been developed and related Clinical Practice Improvement training has been provided to three FQHC's in southern NM. Intensive clinical case reviews were conducted in two of three organizations during the early winter. The third was reviewed in mid-January, 2017.

5. Behavioral Health Investment Zones (BHIZ)

BHSD received a \$1 million allocation in FY16 and again in FY17 for the establishment of BH Investment Zones in two counties, Rio Arriba and McKinley.

The Rio Arriba County (RAC) BHIZ has completed a Medicaid eligibility data transfer from its jail to HSD, and a case manager from the jail has been assigned. A Presumptive Eligibility MOSSA certified

re-entry specialist has been identified. A fourth case manager has been selected for hire and all necessary paperwork has been filed with HSD. Training for all existing Rio Arriba County Department of Health and Human Services (RAHHS) case managers and the new hire has been set up for mid-April.

Task forces for detox and jail diversion have been meeting to improve referral patterns and develop formal jail diversion protocol. Work is also being done to manage overflow referrals for detox and residential treatment. In addition, RAHHS is working with Dr. Troy Rodgers to develop a CIT training specifically geared to reduce the risks of Network Case Managers providing community-based transport from detention to treatment. The use of RAHHS case managers relieves pressure on the Sheriff and Detention Center.

A new Tribal Outreach Task Force has been established to distribute Narcan to Native communities. The Task Force developed a plan to approach Tribal Councils at Ohkay Owinge, Santa Clara, San Ildefonso, Pojoaque, Tesuque and Nambe, as well as, Jicarilla. The task force is made up of tribal representatives with the ability to approach governing councils.

A third new Task Force, the Media Task Force, has also been formed. RAHHS has hired a professional videographer to develop a media campaign, "The New Normal," to overcome discrimination, attach human stories to SUDS, and educate the public about services. Two videos have been produced. One tells the story of a young boy being raised by his grandmother because his father died of an overdose. The second is about his girlfriend who is working to educate her community about Narcan. A third will be about a new mother in recovery who is learning to breastfeed.

RAHHS has approached three potential new Network Members: Tewa Women United, Breath of My Heart Birthplace, and First Born. The three entities have expressed a great deal of interest in joining the new Pregnancy and Babies Born Addicted Task Force; provided it is renamed "the Health Families Task Force."

RAHHS continues to problem-solve to incorporate PMS into OUR Pathways Network related to privacy and EHR requirements. Incorporation of PMS will double the capacity to serve clients. The network has converted approximately 120 RAHHS clients into the Pathways data system.

McKinley County (MC) BHIZ continues its aim to provide intensive services to the "top 200" chronic and 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, and is now providing therapeutic and 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 continuum of services. Presentations are also offered to clients on brain injury, trauma, and mindfulness. RMCHCS has hired a Special Projects Director, and part time Aftercare Program Manager, transporter, Case Worker, and Behavioral Health Technician.

The City of Gallup has hired a BH Manager to assist with the administration and 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 and RMCCHS for client tracking purposes.

MC BHIZ will be hosting a strategic planning session for five groups that form the local Behavioral Health Collaborative: Prevention, Treatment, Supportive Care, Educational Resources, and Transition to Wellness. The planning session will improve collaboration at a County level with multiple agencies that serve the BHIZ population.

6. 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 PAX GBG workshop was presented by Dr. Embry and Dr. Lindstrom at the NM School Board Association Annual Conference in December. The purpose of the workshop was to inform school leadership about the benefits of PAX GBG to reduce and prevent mental, emotional, behavioral and psychiatric disorders among students, which impair academic achievement and dramatically increase special education, security, and staffing costs for school districts.

A new Request for Applications was developed and was disseminated to school districts for Spring, 2017 implementation. This opportunity is expected to increase the original number of teachers trained (172) and 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 and school districts, using data aggregated for CYFD's Early Childhood Investment Zone project; and those districts participating in Phase One of the PAX pilot, Espanola, Santa Fe, Bloomfield, and Farmington.

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.

7. Crisis Triage and Stabilization Centers

Established by HB 212, a Crisis Triage and Stabilization Center is a health facility that is licensed by DOH with programmatic approval by BHSD. These Centers (CTCs) are not expected to be physically part of an inpatient hospital or included in a hospital's license. CTCs are intended to provide stabilization of BH crises, including short-term residential stabilization. HSD has been working with DOH to establish the new standards for facility licensing and internally to establish the new level of care and program reimbursement mechanisms. Communities will be allowed to choose from a variety of models, including solely outpatient and also detox services that don't exceed medically monitored detox at ASAM level 3.7.

Since the last BH Collaborative meeting, HSD and CYFD have reviewed the DOH drafted rules together and determined it is likely that all three departments can achieve one set of rules that will provide standards for adults and adolescents. CYFD has thoroughly reviewed the draft rule and

recommended what requirements are needed when adolescents are served. The next step is final program and legal review of the draft regulations before notification to BH Collaborative member agencies and others when the rule is available for public comment.

8. Medical Detoxification

As reported at the last BH Collaborative meeting, medically managed inpatient detoxification is a Medicaid reimbursable service if provided in general hospital settings. Standardized evidence-based protocols are available to systematically guide medically managed detoxification, but too often this has not been part of regular practice among general hospitalists and nurses in NM. In order to increase capacity within our healthcare system, it is important to disseminate best practices for screening patients who are risk for complicated withdrawal and treatment algorithms for medically managed detoxification.

This quarter, the team has worked with Colfax Miner's Hospital in Raton and Eastern New Mexico University in Roswell to schedule two more trainings with CME which will be held this summer. The Raton training will be held on June 19th.

9. Opioid Treatment Programs (OTPs)

There are fifteen Opioid Treatment Programs (OTPs) operating in NM serving approximately 5,351 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, and Roswell.

There are currently five provider organizations pending approval to operate as an OTP. Locations identified for these prospective providers include Albuquerque, Espanola, Rio Rancho, Taos, and Gallup. A Central Registry was created to prevent patients from surreptitiously receiving medication from more than one OTP and can be utilized in the event of an emergency. Dosing information for patients can be obtained through this system. All existing OTPs have received registry-related training and are downloading files to the registry. The Central Registry became fully operational in January 2017.

The existing New Mexico Administrative Code (NMAC 7.32.8) Alcohol and Drug Abuse, Opioid Treatment Programs were last revised in 2005. Potential revisions have been drafted to address issues that were not specifically defined in regulation. Planned changes align State regulations with SAMHSA's Federal Guidelines for Opioid Treatment Programs that promote optimal patient care. The regulations are currently under review by BHSD before initiating the promulgation process.

10. Adolescent Substance Use Reduction Effort (ASURE)

CYFD's BH Division has used the State Youth Treatment Planning Grant (SYT-P) to institute an Interagency Council called the Adolescent Substance Use Reduction Taskforce (ASURT). ASURE-TI will follow the Workforce Training Implementation Plan and the findings from the Workforce Competency survey to develop the workforce throughout the grant. CYFD will offer 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 will align its plan with the Behavioral Health 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 and objectives of the BH Collaborative's Strategic Plan:

Goal 1: Support the development of BH practitioners;

Goal 2: Build a more multidisciplinary and competent BH workforce;

Goal 3: Promote the future of excellence in the BH workforce and prepare for integrated care; and

Goal 4: Improve the public image of BH professions.

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 Memorandum of Understanding (MOU) with the NM Corrections Department, to facilitate a process in which veterans that are close to being released are under the care of a BH provider, is in final coordination by NM Department of Veteran Services legal counsel. Efforts to get the MOU in place by May are being aggressively pursued and will ensure that those veterans can go immediately into the care of either VA BH services or other BH services and not have a lapse in treatment. The NM Department of Veteran Services has contacted county detention centers to explore how they can provide similar services for those veterans in jail settings.

The NM Policy Academy State Lead, Mitchell Lawrence, participated in an eight-series Technical Assistance seminar in March of which the goal was to take the initial set of challenges submitted by NM and conduct cross talks with subject matter experts to explore possible solutions. Issues covered included building recovery capital in the community, gender responsive programming for women, and enhancing the health and well-being of military families and children. Several members of the NM Policy Academy were on the line during the teleconference sessions.

The Education Subcommittee headed by Professor Whittlesey-Jerome continues working with individual institutions of higher learning on how to secure funding to pay graduate students a stipend while they participate in the proposed pilot project. The pilot will utilize social work graduate students to assist veterans in identifying BH resources within university Veteran Resource Centers. These students will be able to speak with veterans who may be seeking BH services and can direct them to those resources, all while under the supervision of a licensed BH professor. This initiative is not designed to replace existing state and federal BH telephone resources, but merely to be another avenue in which veterans can get assistance to secure services in their local communities. NM Department of Veteran Services is working on securing a dedicated phone system that will direct the veteran or his/her family member to a participating school, based on the callers' locations; the school can in-turn direct callers to the resources they are seeking.

The Policy Academy is constantly seeking guidance and best practices from other states to help find solutions to the problems experienced by SMVF. The administrative team is still working on publishing the Academy's NM Action Plan, which will evolve as services are secured and other initiatives are implemented.

12. Veteran Services

BHSD is collaborating with a civilian and Veteran Suicide Prevention workgroup to connect veterans in need with civilians in need, tapping into the service ethic instilled by the military to provide assistance for both groups. The workgroup has members from across the Nation. In addition, BHSD recently partnered with three new organizations to provide veteran services:

1. **Assistance Dogs of the West** - ADW places service dogs with client recipients requiring individual and family support. Veteran clients with PTSD are accepted. The program offers intensive counseling and groups to support the veteran and ensure that the placement is an opportunity for a forever home for the dog. ADW is also working with 2nd Judicial District in its veteran court program and plans to bring a similar program to Santa Fe courts to serve Veterans in Northern New Mexico. ADW also has a program, Warrior Canine Connection, that teaches veterans with combat injuries how to train service dogs for other veterans with disabilities.
2. **Student Veterans Retreat** -The veteran's student retreat provides an opportunity for returning veterans to find comradery, learn mindfulness, and heal through nature. The program accommodates up to 35 on each of two yearly retreats. This marks the first student veteran program supported by BHSD, and is meant to address growing numbers of returning war veterans who attend college, as well as, rising student veteran suicide rates. The next retreat is May 18-22, 2017.
3. **Healing America's Heroes** - Healing America's Heroes is a program offering retreats for 10 participants at a time. This Veteran Retreat program is providing gender specific retreats for disabled veterans, and those suffering PTSD, Traumatic Brain Injury, and Military Sexual Trauma. This program runs on donations as the participants do not get charged. There are currently two retreats held per year using volunteer staff. The organization is looking for assistance in securing a facility for lease to house the program and provide lodging. Currently they house the participants in a local hotel. The program intends to expand into winter programs when funds are available. The next program for male veterans will be held May 17-21 and program for female veterans is slated for June 26-30.
4. **Other Current Veteran Services Providers** are:
 - National Veterans Wellness & Healing Center in Angel Fire
 - Equine Therapeutic Connections
 - Horses for Healing, Inc.
 - Mesilla Valley Community of Hope/ Abode, Inc.
 - New Mexico Veterans Integration Centers (VIC)
 - Southwest Horsepower
 - Goodwill Industries of New Mexico
 - Second Judicial District Court
 - Equine Assisted Growth and Learning Association
 - Horses for Heroes

13. New Mexico Crisis and Access Line (NMCAL)

For January and February, 2017, NMCAL answered more than 6,800 calls. This includes 2,828 crisis calls, 541 NM calls from the National Suicide Prevention Lifeline (NSPL), 1,988 calls for the Peer-to-Peer Warm Line, and 1,506 after-hours calls forwarded from NM's Core Service Agencies (CSA's).

Anxiety, depression, suicide and situational stress were the top four presenting issues. Bernalillo and Dona Ana counties continue to have the highest of access; with San Juan, 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 "substance use" being the next highest reported challenge.

NMCAL continues to report successful stabilization of the caller at an average rate of 96%. The Peer to Peer Warm Line is reporting nearly the same percentage of callers (95%) feeling supported during the call. Very few calls are transferred from the Warm Line to the Crisis Line.

14. Network of Care (NOC)

The New Mexico 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. Trilogy recently requested updated information from 22 BH providers listed in the directory. The new Provider section has been built and currently houses important information on the Administrative Service Organization (ASO) transition from Optum Health to Falling Colors technology. The use of the community calendar and the Job Bank has continued to grow.

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 January 1, 2017 to March 31, 2017 there were total visits: **20,584**, approximately 4,000 more than last quarter and total page views: **36,828**. The top five keyword searches were: substance abuse, housing, employment, depression, and inpatient rehabilitation centers and OPRE. Trilogy continues to support NM communities by providing free NOC access and use training. Trainings for both the BHIZs occurred this quarter, as well as to the Albuquerque Police Department (APD). Trilogy, BHSD and APD are working to see where there can be further tailoring for the specific needs of 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 and disease management responsibilities. Primary goals are for individuals to learn the necessary skills to take charge of their own health, prevent concomitant risks, and direct their clinical service requirements to more appropriate provider types while decreasing the need Emergency Department and 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 and 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 the six provider agencies listed below and led by the Behavioral Health Services 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.

During the six months, March 1, 2016 through August 31, 2016, the following provider organizations implemented the Treat First clinical approach:

- Mental Health Resources in Clovis
- Presbyterian Medical Services in Farmington
- Presbyterian Medical Services in Rio Rancho
- Lea County Guidance Center in Lea County
- Life Link in Santa Fe
- Valle Del Sol in Bernalillo

After six months, close to 900 clients were assigned as Treat First clients. The model has demonstrated to be effective in:

- Enhancing client engagement;
- Reducing the number of "no shows;"
- Increasing the number of individuals served;
- Increasing the quality of the assessment and treatment plans; and
- In some cases, escalating the case closure rate thus reducing the number of encounters that often linger, adding cost.

As a result of this success, the Treat First trial period has been extended by nine months to permit further expansion and the adoption of new rules so that Treat First can be recognized as standard clinical practice. The original six sites have extended the clinical practice into six additional clinics.

Phase One: January, 2017

As of January 1, 2017, three FQHC's have joined the second cohort of agencies who will adopt "Treat First": Hidalgo Medical Services (HMS), La Clinica de Familia (LCDF), and La Casa Community Behavioral Health Services (La Casa). Each of these FQHCs are: providing integrated CMHC services; have participated in recent system-wide trainings in *Clinical Reasoning & Case Formulation*; and, are currently collaborating in conducting Integrated Quality Service Reviews (IQSR) for their respective organizations. These organizations attended an orientation to the "Treat First" approach on January 26, 2017. They received training on the data collection requirements for implementing this approach. They have now joined the monthly Learning Community along with the original six origination sites.

Phase Two: Late March, 2017

BHSD invited a third cohort of agencies to join the Treat First approach. Five agencies were interested in strengthening their clinical practice improvement processes. They have all signed their Participation Agreements and submitted their billing information. Four of the agencies sent clinical staff to the March 22-23, 2017 training in *Clinical Reasoning & Case Formulation*. A data webinar will be offered on April 6th and their Orientation will occur on April 26th. They will join their colleagues in the monthly Learning Community conference calls immediately thereafter.

Phase Three: June, 2017

BHSD will conduct another full quarter of "Treat First" adoption orientation and training for additional provider organizations interested in adoption. In addition, BHSD will assess ongoing adoption needs as FY18 approaches.

In January, 2017, the second cohort of new sites joined with the original sites to participate in a Learning Community.

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

In April, 2017, the third cohort of Treat First Agencies joining 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

Expectations of provider organizations interested in joining the Treat First Model:

- Interested in improving your clinical practice approach;
- Take advantage of the clinical trainings offered to support Treat First;
- Utilize the Treat First Practice Guide to inform the provider's implementation approach;
- Participate in the Orientation prior to implementation;
- Collect the required data; and attend the webinar training on Treat First data collection;
- Attend the monthly Learning Community conference calls; and
- Share your progress, tips, and concerns with your colleagues and offer solutions to upgrade the approach.

Mid-Year Evaluation of the Treat First model will be delivered in July, 2017.

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, and 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.

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 million annually for 5 years (\$8 million total) to address underage drinking and youth prescription drug abuse. All nine PFS 2015 funded providers (Chaves, Cibola, Curry, and Roosevelt counties, and the five schools of the Higher Education Prevention Consortium-- NMSU in Las Cruces, NM Tech in Socorro, Santa Fe Community College, San Juan College in Farmington, and UNM in Albuquerque) participated in a Prevention Evidence Based Practices and Strategic Planning Training on January 24th and 25th. Participants learned about carryout methods for prioritizing prevention efforts, identifying evidence based practices for their communities, utilizing assessment and readiness data to aid strategic planning, and developing a strategic plan for prevention implementation. On February 28th and March 1st, all nine PFS 2015 funded providers attended the 2017 OSAP Recipient Meeting in Albuquerque. Grantees heard presentations on recent epidemiological data, PMP data, evidence-based opioid overdose prevention strategies, naloxone administration training, and OSAP funded provider program highlights. Grantees also received updates on billing changes and the Prescription Drug Overdose/SPF Rx pilot programs. A PFS 2015 grantee breakout session was

convened where NMSP Special Investigations Unit (SIU) officers trained participants on the retail alcohol merchant training that servers receive. Discussions were also held on grant deliverables, coalition building, utilizing needs assessment findings, strategic planning, challenges and solutions.

During the early part of 2017, the nine grantee sites developed their strategic plans, comprised of six environmental strategies and two community coalition and readiness development strategies. Throughout this process they have received onsite technical assistance visits in January, February, and March to support the ongoing steps of the Strategic Prevention Framework and strategic plan development. Initial submissions of the strategic plan were submitted on March 17th and are currently undergoing review. The strategic plans will be transferred into scope of works to begin implementation by May 2017. All nine grantee sites are currently collecting data for the annual NM Community Survey. The results provide county or college level data to support project planning and evaluation.

Five higher-education institutions were awarded the SAMHSA CAPT Coaching for Success award. Throughout February and 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. The CAPT TA will be provided over the course of a couple of months, including one in-person TA visit, webinars and conference calls.

19. National Strategy for Suicide Prevention (NSSP)

The NSSP initiative is in its final year. As the grant moves toward completion, the core team and 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 resources, the inclusion of screening in the treatment setting, trained clinicians and gatekeepers. The NM Suicide Prevention Program team continues to evaluate the current budget, policies, and workforce needs to accommodate the area of suicide prevention, suicidality, referral, treatment, and follow up care. The core team has completed writing the next grant application due 4/17/2017.

16. Screening, Brief Intervention, Referral to Treatment

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

A SBIRT BH Counselor and Peer Support Worker (PSW) are assigned to each medical partner site. Both practitioner roles actively engage with patients to address their needs. Screening information is

entered into the Electronic Health Record (EHR). Each site varies in how a HLQ pre-screen is disseminated and scored; however, the sites maintain fidelity to NM SBIRT model. 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 March 2017, a total of 31,935 total screens have been conducted with 29,550 individuals screened. There have been 18,619 negative screens and 13,315 positive screens. NM SBIRT has conducted 4,816 Brief Interventions, 2,197 Mental Health Brief Interventions, served 4,857 individuals with therapy, and referred approximately 466 individuals to treatment services and over 100 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.

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

BHSD's Office of Substance Abuse Prevention (OSAP) successfully applied for and received SAMHSA's competitive *Grant to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO)*, winning this \$1 million annual award for five years along with ten other states beginning September 1, 2016. The purpose of the grant is to reduce the number of prescription drug/opioid overdose-related deaths and adverse events among individuals 18 years of age and older by training first responders and other key community sectors on the prevention of prescription drug/opioid overdose-related deaths and implementing secondary prevention strategies, including the purchase and distribution of naloxone to first responders.

The PDO Advisory Council met on February 3rd and March 3rd, 2017. The meetings focused on reviewing county mini-needs assessments and naloxone distribution plans, and providing recommendations for revision and approval. Santa Fe/Rio Arriba received approval to begin purchasing and distributing Narcan on March 17th. Dona Ana and Bernalillo county plans are undergoing revision.

A PDO media subcommittee was formed to advise on messaging issues about overdose prevention, naloxone, and first responders; advertising strategies, earned media strategies, social media and other internet based messaging strategies; and a user-friendly website providing information to the public about overdose prevention and naloxone use which can be utilized by family members, friends, users, and the general public. The PDO media subcommittee met on: January 11, February 3, and March 3, 2017.

A Harm Reduction 101 and naloxone trainings targeting nine different audiences have been developed. A train the trainer program has been developed to establish a cadre of trainers. Three online naloxone trainings are currently in development for a June rollout. Once county distribution plans are approved, standing orders are in place, and Narcan purchased, the Training Coordinator will begin scheduling naloxone trainings for the four counties.

21. 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)*, winning this \$371,616 award per year for five years along

with 24 other states beginning September 1, 2016. The purpose of the grant is to raise awareness about the dangers of sharing medications and promote collaboration between states and pharmaceutical and medical communities to understand the risks of over-prescribing to youth and adults. SPF Rx will bring prescription drug abuse prevention activities and education to schools, communities, parents, prescribers, and their patients in a targeted community of high need. Lastly, the grant will track reductions in opioid overdoses and promote increased incorporation of Prescription Monitoring Program (PMP) data into state and community level needs assessments and strategic plans as indicators of program success.

The Bernalillo County Community Health Council (BCCHC) has created a strong core team of stakeholders and is expanding its membership to focus intently on the planning steps of the Strategic Prevention Framework (SPF). The Council hired two full time staff to lead the project. As the first step of the SPF, BCCHC participated in a Needs Assessment Training on February 23rd to pinpoint data trends in prescription painkiller misuse, and to prioritize target populations and geographic areas for planning prevention efforts. The Council is now identifying relevant populations to participate in focus groups and key informant interviews. As part of the annual statewide NM Community Survey, BCCHC is also currently collecting data throughout Bernalillo County. The results will inform the specific focus and activities of the initiative to result in a strategic plan and scope of work for October, 2017. Ongoing TA has been provided weekly to assist in these processes.

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

22. Naloxone Pharmacy Technical Assistance

BHSD's Office of Substance Abuse Prevention contracted with the Southwest CARE Center last fiscal year to provide technical assistance to NM pharmacies reimbursed by Medicaid to dispense naloxone, a medication used to reverse the effects of an opioid overdose. On-site technical assistance focused on increasing patient/customer access to naloxone, increasing the number of pharmacies carrying and dispensing naloxone, reducing pharmacy barriers to dispensing and billing for the medication, and provided pharmacists with CEUs for the training. OSAP's A Dose of Reality media campaign worked to coordinate with and supply this project with corresponding media materials. Due to FY7 funding cuts, BHSD was no longer able to fund this initiative. However, a continuation of the project is being explored with the four participating Centennial Care MCOs that support education and training of network staff. In the interim, DOH's Epidemiology and Response Division is currently 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. Once BHSD receives funds for the Opioid STR grant, a contract will be set up with SW CARE to do an additional 100 pharmacy trainings over the two year grant period to be completed by September 2018.

23. Supportive Housing

The BH Collaborative's Housing Leadership Group (HLG) continues work on the 2018 New Mexico Supportive Housing Plan. The Technical Assistance Collaborative (TAC) has been contracted to consult on the strategic plan process. The HLG convened a Summit on Wednesday, April 5th, 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. A timeline has been created for completion of the Strategic Plan. The Plan framework will be presented to the Behavioral Health Planning Council at the June meeting and to the BH Collaborative at the July meeting. The final Plan will be presented to the BH Collaborative at the October meeting.

The revision of the Local Lead Agency (LLA) Operations Manual has been completed and will supersede the 2015 revision. The manual was distributed and discussed at the statewide Supportive Housing Conference, April 6 and 7 in Albuquerque. This conference provided valuable and much needed training for Linkages, LLA, Move-In Assistance/Eviction Prevention and Crisis Housing providers. The Conference also provided a forum for networking of supportive housing providers across NM. In addition to the conference, a separate all day workshop on Peer Support Workers and Housing was presented as a pre-conference event on April 5th. The workshop was conducted by the Life Link Training Institute.

The SAMHSA-funded grant program, Housing Supports, Health, and Recovery for Homeless Individuals (HHRHI) is now halfway through its three-year cycle. The program operates in Santa Fe, Bernalillo, and 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 207 individuals as of February, 28, 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 and housing providers, NM Mortgage Finance Authority, and New Mexico Coalition to End Homelessness to support the grant's goal of accessible, effective, comprehensive, coordinated, and sustainable supportive housing services.