



2016 Behavioral Health Performance Report

Legislative Finance Committee

Eastern New Mexico University

Ruidoso, NM

Wayne W. Lindstrom, Ph.D.

Director, Behavioral Health Services Division

CEO, Behavioral Health Collaborative

July 27, 2016



2016 BH Performance Report

- *“The greatest mistake in the treatment of diseases is that there are physicians for the body and physicians for the soul, although the two cannot be separated.”*

- Plato



2016 BH Performance Report

- Current Context
 - Problems for New Mexico and the Nation
 - Fragmented systems
 - Limited access and availability
 - Discrimination
 - Tremendous burden of disease
 - Insufficient resources to meet service demand
 - Returning Veterans
 - Effects on first responders
 - Increasing demands/expectations
 - Fee-For-Service (FFS)



2016 BH Performance Report

- Current Context
 - Environment of Rapid Policy & Societal Change
 - Health care reform (ACA) impact
 - Funding shifts
 - Financial volatility
 - Medicaid expansion & shifts in Medicare
 - Demographics: i.e. Diversity/Cultural Sensitivity/Aging
 - Parity implications
 - Outcomes / Accountability Measures
 - In NM, exacerbated by high unemployment, high adult illiteracy, low high school graduation rate, un-readiness for kindergarten, state budget crisis, high death rates from suicide and alcohol & drug related problems



2016 BH Performance Report

- Current Context
 - Environment of Rapid Treatment Related Change
 - Recovery Model vs. Medical Model
 - BH Integration
 - Evidence-Based Best Practices
 - Voluntary / Involuntary tensions
 - Trauma Impact
 - Criminal Justice System Role
 - Cultural / Gender issues
 - Peer workforce alignment
 - Quality vs. Medical Errors
 - Medications vs. Alternatives
 - Critical Provider Shortages





2016 BH Performance Report

- **Current Context**
 - Behavioral Health in the Present

**Unprecedented
Challenge**



**Unprecedented
Opportunity**



2016 BH Performance Report

- **System Assessment**

- BH Conditions in Medicaid are cost drivers:

- Nationally, Medicaid accounts for 26% of all spending on BH
 - Health care costs for those with comorbid chronic conditions & MH conditions are 60 – 75% higher than others with chronic conditions
 - Costs for those who also have a substance use disorder (SUD) are nearly three times higher; &
 - Those with SMI die on average 25 years earlier, largely because of preventable chronic physical illness



2016 BH Performance Report

- **System Assessment**

- **The Role of BH**

- BH diagnoses often go unrecognized, misdiagnosed, &/or inappropriately treated in health care
 - 67% of psychotropic medications are prescribed by primary care; 80% of anti-depressants
 - Screening alone does not improve outcomes for primary care nor is it considered integrated care
 - Depression & anxiety are adverse outcomes of diabetes, heart disease and asthma and/or vice versa
 - While suicide & injury account for 30-40% of excess mortality, 60% of premature deaths in persons with schizophrenia are due to medical conditions

2016 BH Performance Report

- System Assessment

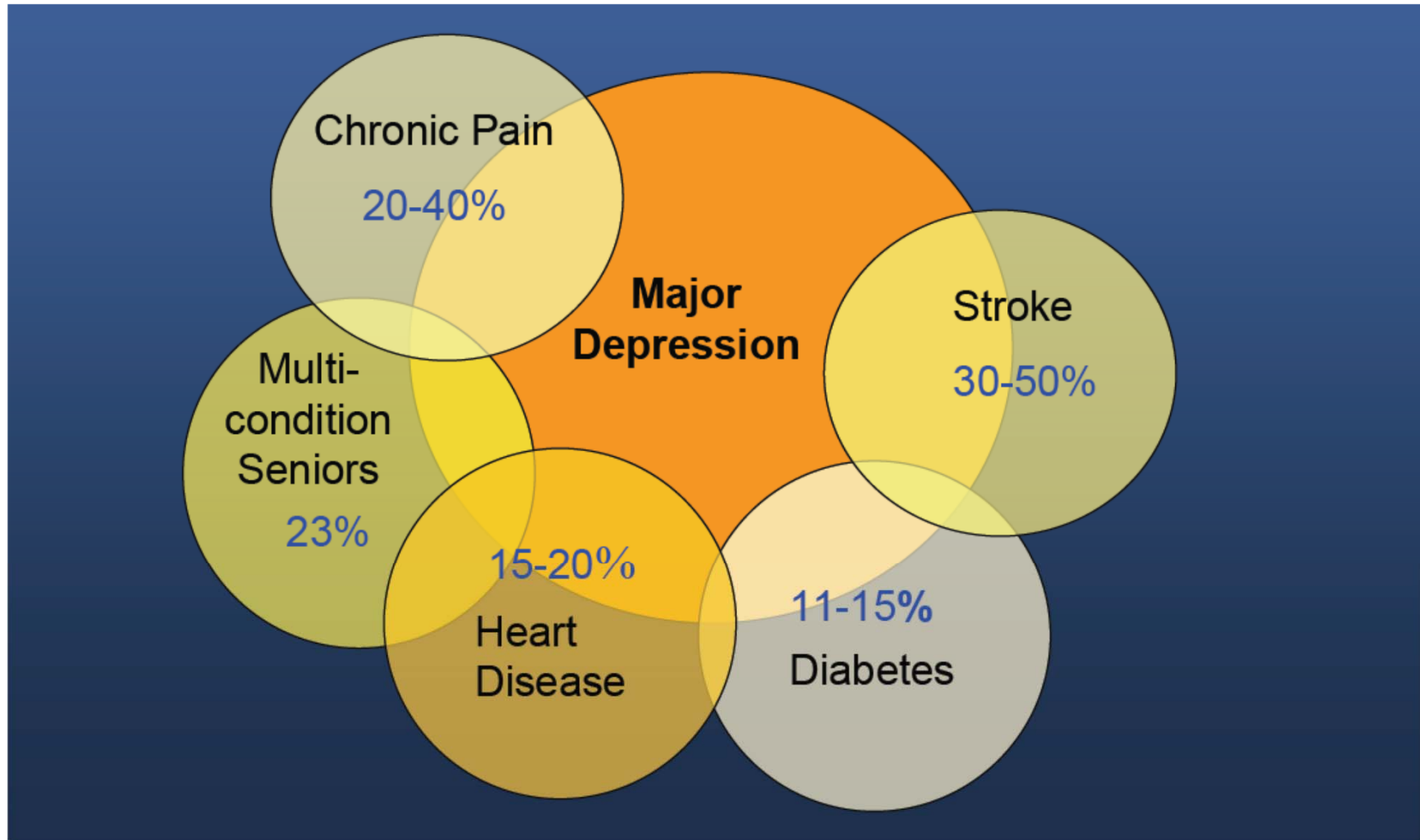




2016 BH Performance Report

- System Assessment
 - Only 25% of PCP referrals to BH ever access BH services
 - 50% of BH care occurs in primary care settings
 - 70% of community health patients have BH conditions
 - 92% of all elderly patients receive BH care from PCP
 - Top 10% of healthcare utilizers consume 33% of outpatient services & 50% of inpatient services
 - 50% of high utilizers have BH conditions
 - Distressed patients use 2X the health care yearly
 - Many completed suicides were seen by PCP
 - 20% on the same day
 - 40% within 1 week
 - 70% within 1 month

2016 BH Performance Report





2016 BH Performance Report

- System Development

- Top 10 List of BH Priorities

- Implementation of Centennial Care
 - Addressing Accelerated Change
 - Delivery System Reform
 - Network Adequacy
 - Program Integrity
 - Service Integration
 - Prevention/Early Intervention
 - Coordinated Care
 - Value-Based Purchasing
 - Mental Health Parity and Addiction Equity Act (MHPAEA)
 - Better Outcomes





2016 BH Performance Report

- **System Development**
 - **Delivery System Reform**
 - **Accountability for the whole person:** Single provider, care team, or health care entity is responsible for the full spectrum of physical & BH services to include long-term services & supports
 - **Aligned financial incentives:** State purchasing models, payment policies, & contracting requirements are aligned
 - **Information-sharing:** Provider organizations have HIT to communicate information in “real time” on patient conditions, care, & outcomes with other providers, patients, & their families, MCOs, & the State.



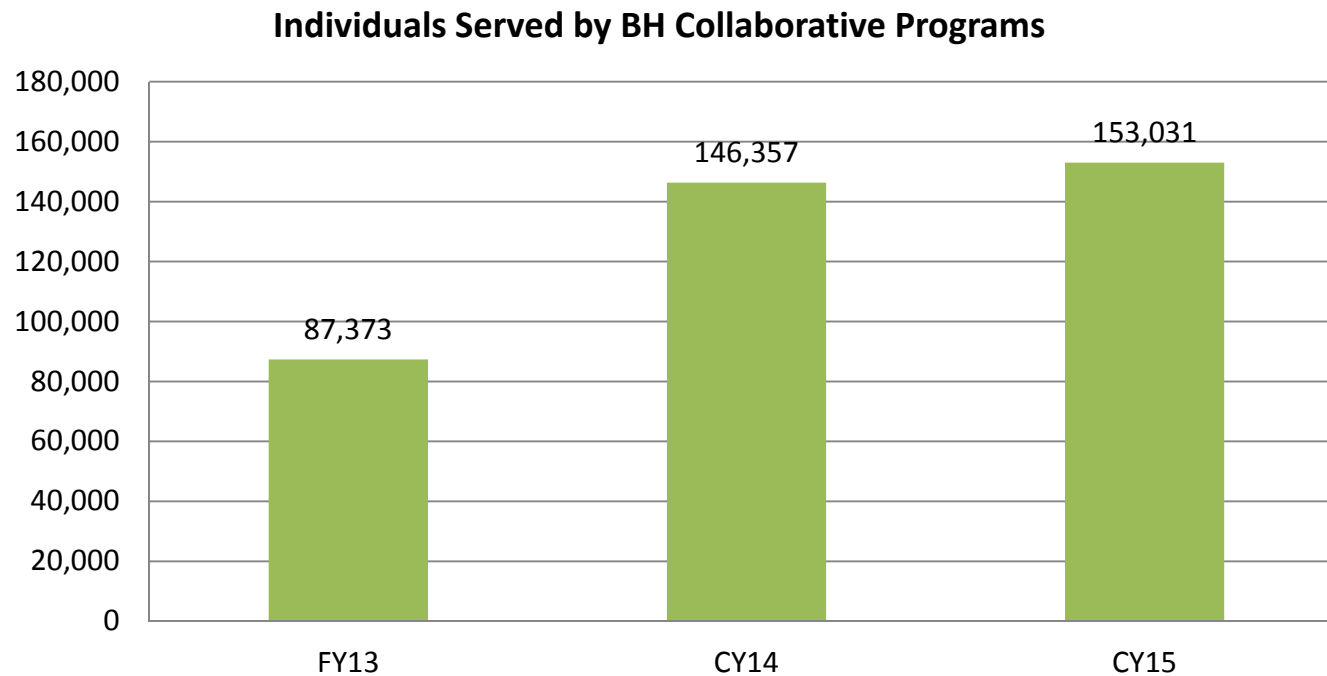
2016 BH Performance Report

- System Development
 - Delivery System Reform
 - **“Up-to-date” state licensing, credentialing, & billing rules**
 - To support best practices
 - To permit the deployment of professionals, para-professionals, & peers
 - To meet medical, BH, & support needs
 - **Cross-system understanding**
 - Providers cross-trained to minimize mistrust, lack of understanding, or lack of communication
 - Expectation that those with co-morbid conditions are meaningfully engaged & treated appropriately



2016 BH Performance Report

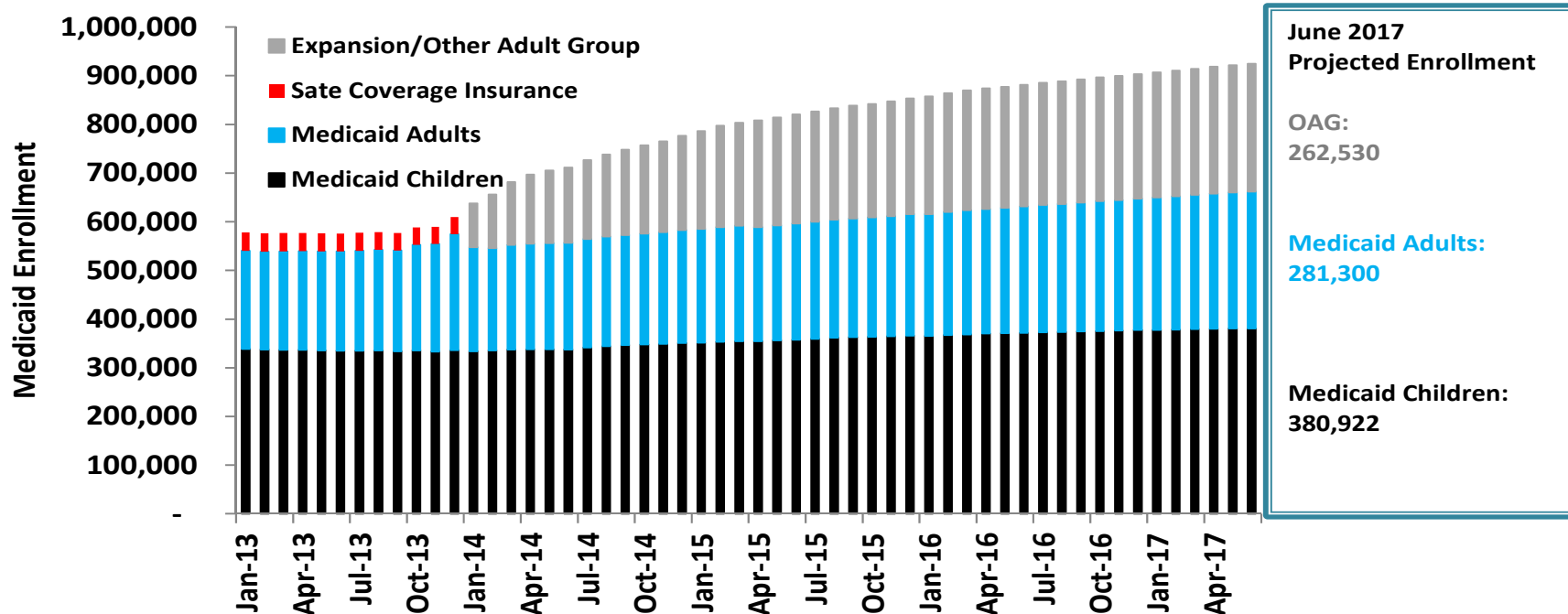
- System Development
 - Implementation of Centennial Care





2016 BH Performance Report

- System Development
 - Implementation of Centennial Care





2016 BH Performance Report

- System Development
 - Implementation of Centennial Care
 - Expenditures for BH increased 11% from CY14 to CY15
 - OP Clinic Services increased 12%
 - Pharmacy increased 13%
 - RTCs increased 17%
 - BHAs increased 2%
 - CSAs decreased 9%
 - Inpatient increased 17%
 - Other decreased 6%



2016 BH Performance Report

- **Preliminary % Change in CC BH Expenditures by County of Service 2014 - 2015**

| | | | |
|--------------|--------|--------------|--------|
| – BERNALILLO | 12.8% | – MCKINLEY | 81.3% |
| – CATRON | 98.0% | – MORA | 319.2% |
| – CHAVES | 38.3% | – OTERO | 40.0% |
| – CIBOLA | 48.9% | – QUAY | -38.8% |
| – COLFAX | 8.5% | – RIO ARRIBA | 13.4% |
| – CURRY | 15.5% | – ROOSEVELT | 36.9% |
| – DE BACA | -56.4% | – SAN JUAN | 15.0% |
| – DONA ANA | 28.4% | – SAN MIGUEL | 73.0% |
| – EDDY | 24.0% | – SANDOVAL | 37.3% |
| – GRANT | 67.6% | – SANTA FE | 13.0% |
| – GUADALUPE | 20.7% | – SIERRA | 24.5% |
| – HARDING | -24.8% | – SOCORRO | 90.9% |
| – HIDALGO | 178.4% | – TAOS | 41.2% |
| – LEA | -14.6% | – TORRANCE | 6.9% |
| – LINCOLN | 15.9% | – UNION | 53.3% |
| – LOS ALAMOS | 68.3% | – VALENCIA | 13.6% |
| – LUNA | -18.1% | | |



2016 BH Performance Report

- System Development
 - Implementation of Centennial Care
 - County listed is where the service was delivered
 - Expenditures in 4 "urban" counties increased 16.1%
 - In 15 "rural" counties, increases were 25.8%
 - In 14 "frontier" counties, increases were 45.6%
 - Overall 28 counties had increased service
 - 5 had decreases which are most commonly the result of a location change by individual providers
 - Out-of-state expenditures increased 37%



2016 BH Performance Report

- **System Development**
 - **Reporting: BHSD Data Warehouse**
 - Now populated with data from Medicaid & Optum
 - This is the result of 2.5 years of development within HSD by ITD, MAD, and BHSD, with support from Xerox
 - Next step is calibrating Medicaid data inclusion criteria with legacy systems criteria
 - Once completed, BHSD will be able to generate routine & ad hoc BH reports for CC, FFS, and non-Medicaid funds individually or combined



2016 BH Performance Report

- System Development
 - Implementation of Centennial Care
 - **IP Medical Detoxification**
 - Medicaid covered benefit
 - Provision of this service is a critical statewide treatment gap Without it, it becomes a barrier to connecting people to RTC & IOP
 - In order to increase capacity, adoption of best practices for screening patients in the ED & algorithms for medically managing IP detoxification is required
 - To this end, an educational summit entitled, Demystifying Hospital and Ambulatory Based Detoxification and Withdrawal was convened on June 18th
 - Co-sponsored by UNM Hospitals, UNM Dept. of Psychiatry & Behavioral Sciences, BH Collaborative, PHP, & NM Hospital Association
 - 120 medical staff attended but many not from hospitals
 - Planning has been initiated to bring this training first to areas served by CCBHCs



2016 BH Performance Report

- **System Development**

- **Strategic Plan**

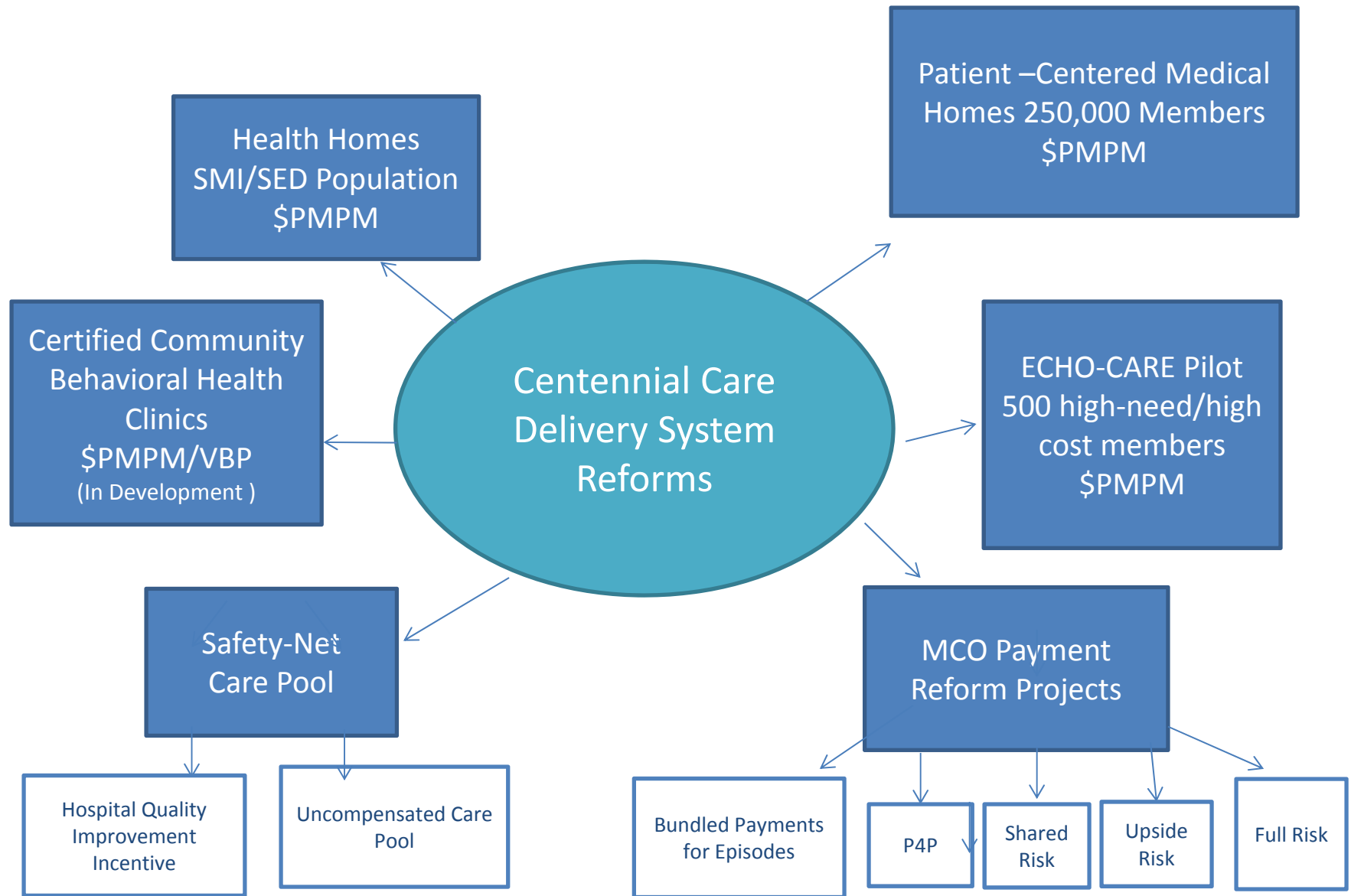
- Adopted by the BH Collaborative
 - An 18 month Implementation Plan Matrix has been developed tracking progress on all the goals & tasks
 - A progress report is presented at each quarterly meeting of the BH Collaborative
 - An evaluation will be completed at its conclusion
 - Major accomplishments during CY 2016 2nd quarter:
 - Adoption of “Treat First” Pilot
 - Creation of a Value-Based Purchasing Plan
 - Professional licensure reciprocity recommendations



2016 BH Performance Report

- System Development
 - **Strategic Plan: “Treat First”**
 - Adopted by the BH Collaborative
 - Intent is to ensure a timely and effective response to a person’s needs as a first priority at intake
 - It provides for meaningful engagement & a solution focus rather than solely focusing on the completion of needed historical, assessment, & treatment planning documentation
 - Paperwork requirements can be met over the course of 4 sessions.
 - One of the primary goals is to decrease the number of service “no shows”
 - The pilot project is currently under evaluation before potentially “scaling up”
 - Six (6) providers have tested this model using documentation waivers:
 - Mental Health Resources in Clovis
 - Presbyterian Medical Services in Farmington
 - Presbyterian Medical Services in Rio Rancho
 - Guidance Center of Lea County in Lea County
 - The Life Link in Santa Fe
 - Valle Del Sol in Bernalillo

Pathways to Value-Based Purchasing





2016 BH Performance Report

- System Development: Prevention
 - **PAX Good Behavior Game**
 - Creates a classroom culture where children learn to “self-regulate” & teachers are no longer burdened with classroom management & are able to teach
 - Outcomes: reductions in need for special education, in drug & alcohol dependence, violence, suicide ideation & attempts, & sexual activity with increases in high school graduation rates & college attendance
 - ROI: \$57.53 for every \$1 invested*
 - Implemented in Ruidoso, Farmington, Bloomfield, Santa Fe, & Bloomfield Schools
 - Preliminary data:
 - Bloomfield: 41% reduction in disruptive behaviors
 - Espanola: 44% reduction in disruptive behaviors
 - Santa Fe: 34% reduction in disruptive behaviors

* Washington State Institute for Public Policy

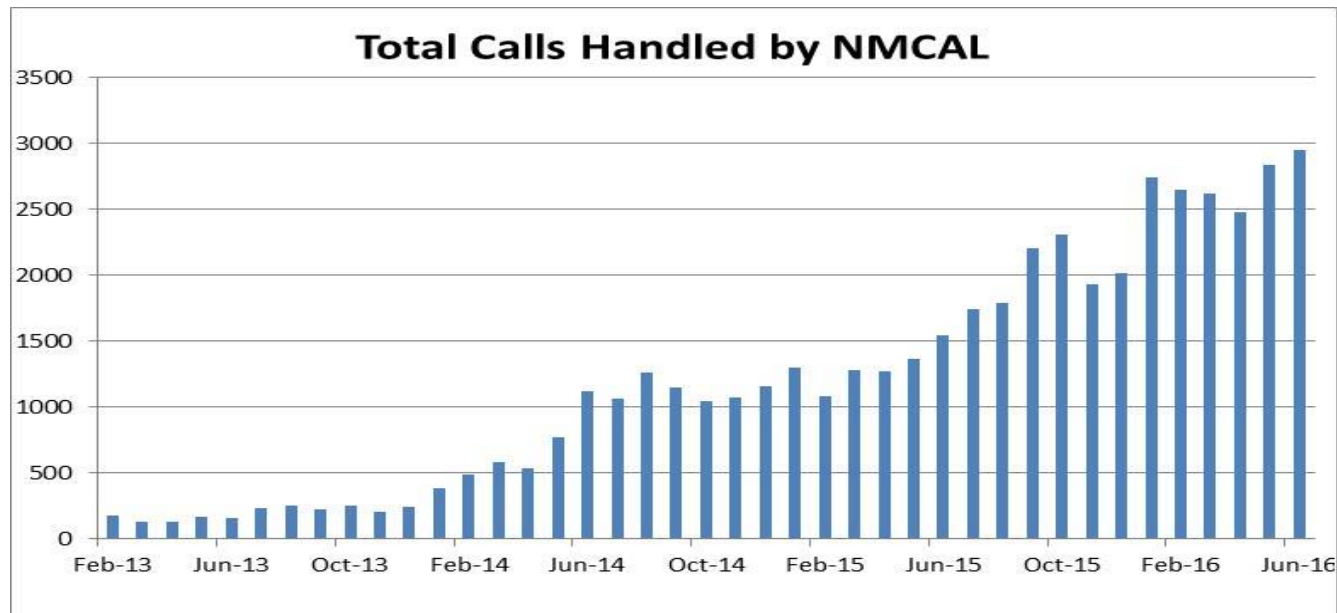


2016 BH Performance Report

- System Development

- **NM Crisis & Access Line (NMCAL)**

- Statewide public awareness campaign & Peer2Peer Warm Line has nearly doubled the call volume from this time last year





2016 BH Performance Report

- System Development

- **NM Network of Care (NOC)**

- BH NOC is operating as the website for the BH Collaborative:
<http://www.newmexico.networkofcare.org/mh/>
 - DVS NOC continues to improve, sharing crucial information about services & opportunities with veterans, family members, active-duty personnel, reservists, & members of the NM National Guard:
<http://newmexico.networkofcare.org/Veterans/>
 - Department of Aging and Long Term Services has opted to become NM's 3rd NOC web portal for Seniors and People with Disabilities and design of the site is currently underway.



2016 BH Performance Report

- **System Development**

- **Early Identification**

- The Early and Periodic Screening, Diagnosis & Treatment (EPSDT) benefit is Medicaid's comprehensive preventive child health program assures that health problems, including BH issues, are diagnosed & treated early:
 - Periodic screening—including BH screening
 - If a provider determines that is a need for further assessment, additional diagnostic &/or treatment service is provided
 - First Episode Psychosis—SAMHSA, NIMH
 - SBIRT & Suicide Screening



2016 BH Performance Report

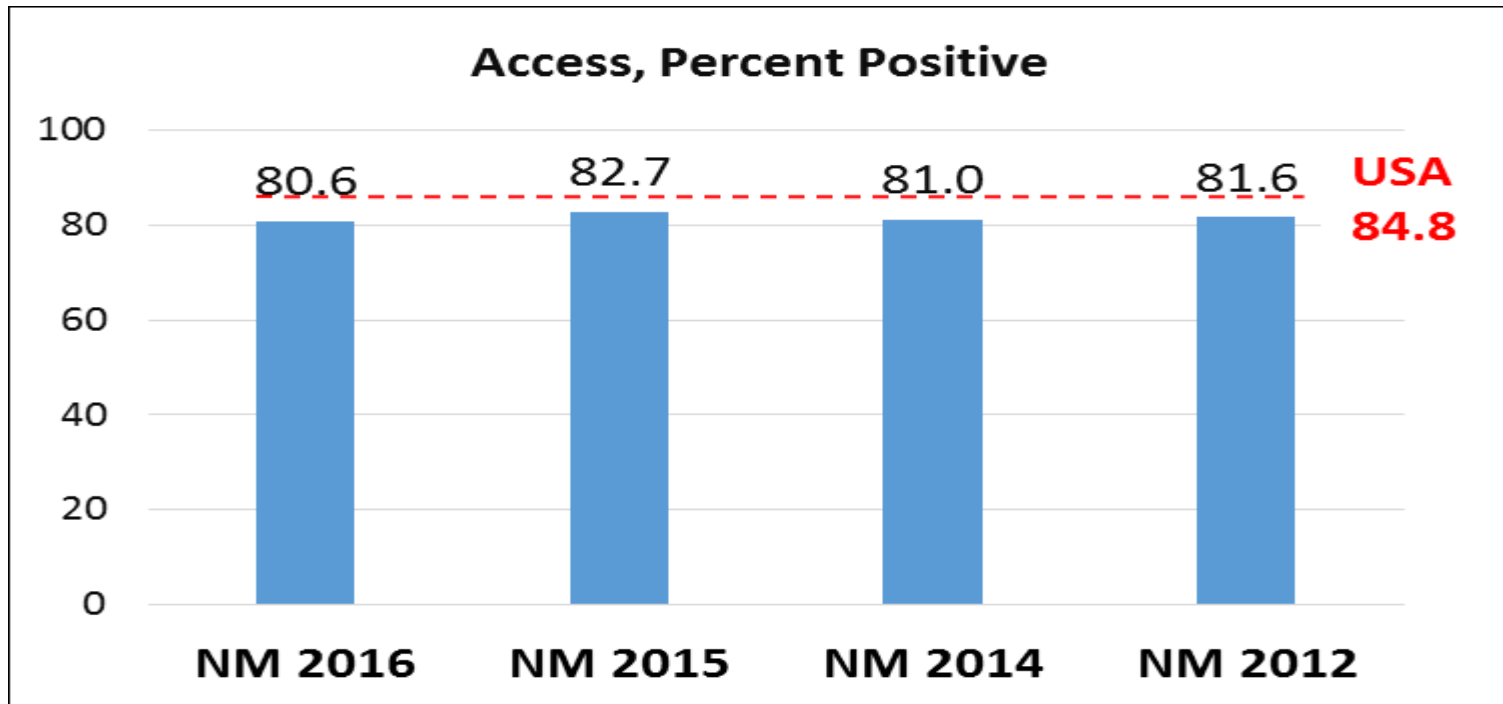
- System Development
 - Provider Network Adequacy
 - Insufficient supply of BH providers across disciplines
 - Inadequate measures
 - Geo Access
 - Wait Times
 - Availability
 - Role of tele-health
 - Limited bandwidth
 - Ability to address people of different cultures/languages



2016 BH Performance Report

- System Development

- Network Adequacy/Access to Adult Services





2016 BH Performance Report

- **System Development**

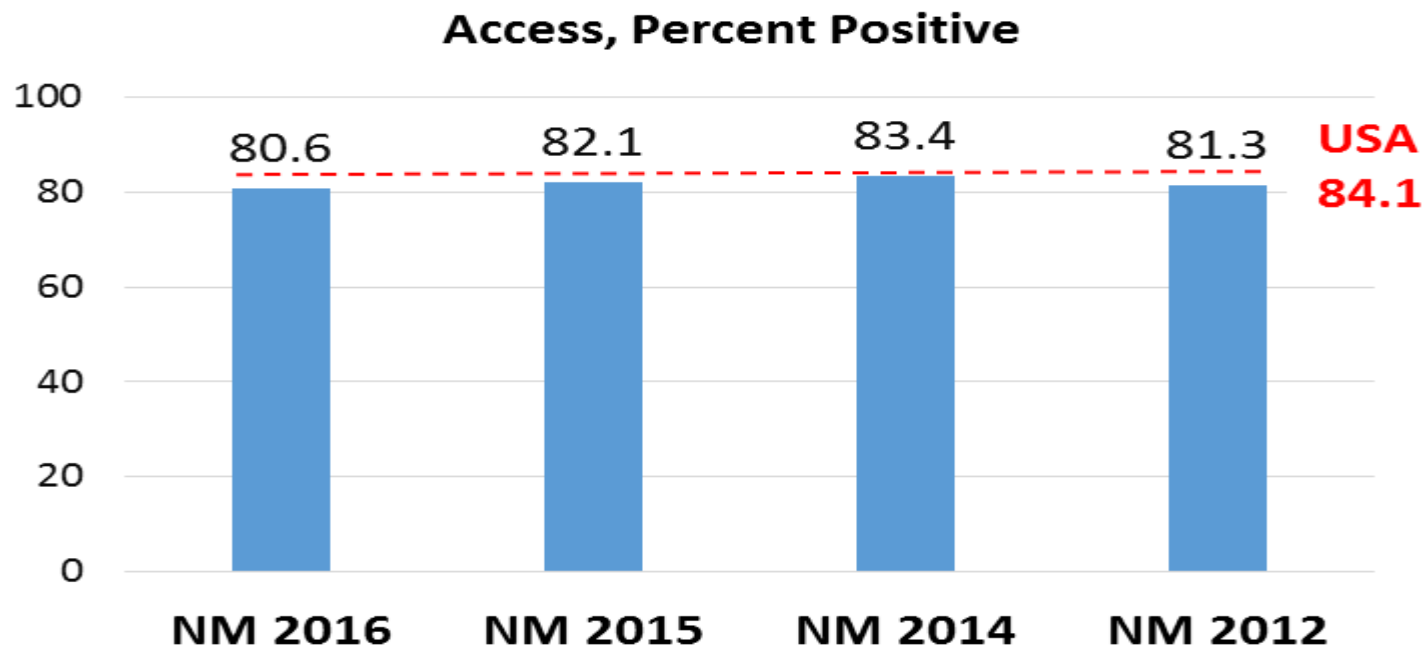
- Network Adequacy/Access to Adult Services

| Items for Access | % Positive |
|--|------------|
| 7. Services were available at times that were good for me. | 88.2 |
| 5. Staff were willing to see me as often as I felt it was necessary. | 87.6 |
| 4. The location of services was convenient (parking, public transportation, distance, etc.). | 84.9 |
| 8. I was able to get all the services I thought I needed. | 84.0 |
| 6. Staff returned my call in 24 hours. | 83.2 |
| 9. I was able to see a psychiatrist when I wanted to. | 74.8 |



2016 BH Performance Report

- System Development
 - Network Adequacy/Access to Children & Family Services





2016 BH Performance Report

- **System Development**

- Network Adequacy/Access to Children & Family Services

| Items for Access | % Positive |
|--|------------|
| 9. Services were available at times that were convenient for us. | 86.8 |
| 8. The location of services was convenient for us. | 86.7 |



2016 BH Performance Report

- System Development
 - Program Integrity
 - Providers have the clinical documentation acumen & medical billing competency to get paid for services rendered
 - There are resources available to develop/enhance compliance mechanisms
 - Ensure all staff understand consequences
 - Assure clear compliance processes are in place
 - Implement utilization & cost management functions in order to adequately assume risk-based contracting



2016 BH Performance Report

- System Development
 - Program Integrity: **Integrated Quality Service Review**
 - IQSR strengthens practice, improves training & supervision capacities, & adapts practice to complex, ever-changing conditions
 - IQSR examines:
 - 15 Personal Status measures of the individual client reviewed
 - 10 Clinical Practice functions that embrace Best Practice Approaches
 - IQSR measures & case review results are used to:
 - Teach rapid assessment skill to frontline practitioners
 - Teach practitioners fundamental craft knowledge & skills for performing Best Practice functions
 - Supervise frontline practitioners on high quality practice
 - Review the effectiveness of treatment
 - Review practice performance
 - Identify areas for an Affirmation of Excellence
 - Identify and target areas for improvement
 - Apply Action Learning strategies for strengthening practice & results



2016 BH Performance Report

- System Development
 - Program Integrity: **Integrated Quality Service Review**
 - In FY 16, 200 clinical supervisors & practitioners from 9 provider organizations, including 4 FQHCs, Navajo Nation, & 3 state agencies participated in IQSR training on:
 - Clinical Reasoning & Case Formulation
 - Practice Development in Integrated Care Settings
 - In FY17, BHSD will implement cross-agency QSR Review Teams that will collaborate with local providers to select a sample of cases to be assessed using IQSR methodology
 - Findings will be used to improve clinical practice



2016 BH Performance Report

- System Development
 - Community Integration
 - Services delivered in the most integrated settings
 - Integration includes Criminal Justice and Human Services systems
 - Serve people in their natural environments whenever possible
 - Establish wraparound capacity and intensive home-based models
 - Establish comprehensive community crisis response systems



2016 BH Performance Report

- **Systems Development: Care Coordination**

- ▶ MCOs developed a standardized Health Risk Assessment (HRA) – Implementation 7/1/2016
- ▶ 40% of the Centennial Care members served in Patient-Centered Medical Homes
- ▶ 10% of enrollees are assigned to higher levels of care coordination
- ▶ MCOs are partnering with: Albuquerque Ambulance, Addus Homecare & Kitchen Angels to better manage super utilizers
- ▶ Effective July 1, 2016, MCOs have been authorized to delegate Care Coordination to provider organizations





2016 BH Performance Report

- **System Development:**
 - **BH Health Home Implementation – CareLink**
 - CMS approval of State Plan Amendment – March 2016
 - Implemented April 1, 2016
 - Currently serving approximately 300 members
 - Expansion planning underway
 - Enrolled providers
 - Presbyterian Medical Services (PMS) - San Juan
 - Mental Health Resources – Curry
 - Target populations
 - Serious Mental Illness (SMI) – adults
 - Severe Emotional Disturbance (SED) children



2016 BH Performance Report

- System Development

- **Certified Community BH Clinics (CCBHC)**

- SAMHSA funded 24 states for Planning Grants
- NM is funded & is expected to certify at least 2 CCBHCs
- 8 states will be awarded demonstration grants in years 2 & 3
- CCBHCs must provide nine services integrated services
- 8 provider organizations have completed Readiness Assessments
- 6 of these are applying for CCBHC Certification
- Each have completed a cost report to establish a clinic-specific Prospective Payment System (PPS) rate
- UNM serves as the evaluator of this grant & is working with Falling Colors Technology to the necessary data infrastructure
- UNM is also conducting statewide Behavioral Health Treatment Gaps Analysis Survey
- NM will be applying for the demo grant by October 15, 2016





2016 BH Performance Report

- System Development
 - **BH Investment Zones (BHIZ)**
 - BHSD received a \$1 million BHIZ allocation in FY16
 - 2 counties, Rio Arriba and McKinley Counties, were identified “hotspots” with the highest levels of combined incidence of mortality related to alcohol use, drug overdose, & suicide
 - The purpose is to build capacity & infrastructure to address needs in a more comprehensive & effective way
 - Both counties submitted applications which have been approved
 - Rio Arriba County: Opioid Use Reductions (OUR)
 - » Goal: To Reduce Overdose Mortality & Morbidity from Opioid Use
 - Gallup-McKinley County: Behavioral Health Investment Zone Consortium (GMCBHIZC)
 - » Goal: To Reduce Alcohol Related Injury & Death

2016 BH Performance Report

- System Development





2016 BH Performance Report

- System Development
 - Person-Centered Practice

- Integrated BH care occurs when practitioners “team” together to provide & coordinate care
 - *It creates a holistic & seamless approach as opposed to a fragmented system with obstacles & barriers to care*
 - *It allows patients to feel that for almost any problem, they have come to the right place*
- Includes systematic screening, frequent follow up for chronic conditions, & education to empower patients to aid in decision-making & self care
- Uses prevention & wellness strategies to prevent the onset of a BH condition or prevent recurrence





Understanding Resiliency

- Benefits of Integrated Person-Centered Care
 - Improves **identification** of prevalent BH conditions
 - Improves **access** to appropriate evaluation & treatment
 - Improves treatment **engagement & adherence**
 - Increases probability of receiving high **quality** care
 - Improves clinical & functional **outcomes**
 - Increases patient **satisfaction**

Understanding Resiliency



"As soon as your dentist gets here, we'll begin."



2016 BH Performance Report

- **System Development**

- **Delivery System Improvements**

- ▶ Increasing Use of Community Health Workers:
 - All of the MCOs met this target in 2015.
 - ▶ Increasing members served by Patient Centered Medical Homes:
 - 200,000 members served in 2014
 - 250,000 members served in 2015
 - ▶ Reducing non-emergent use of the Emergency Room:
 - 2 MCOs achieved this target and reduced non-emergent use by 14%.
 - ▶ Increasing Use of Telemedicine “Office Visits”:
 - MCOs increased visits by 45% over 2014 visits



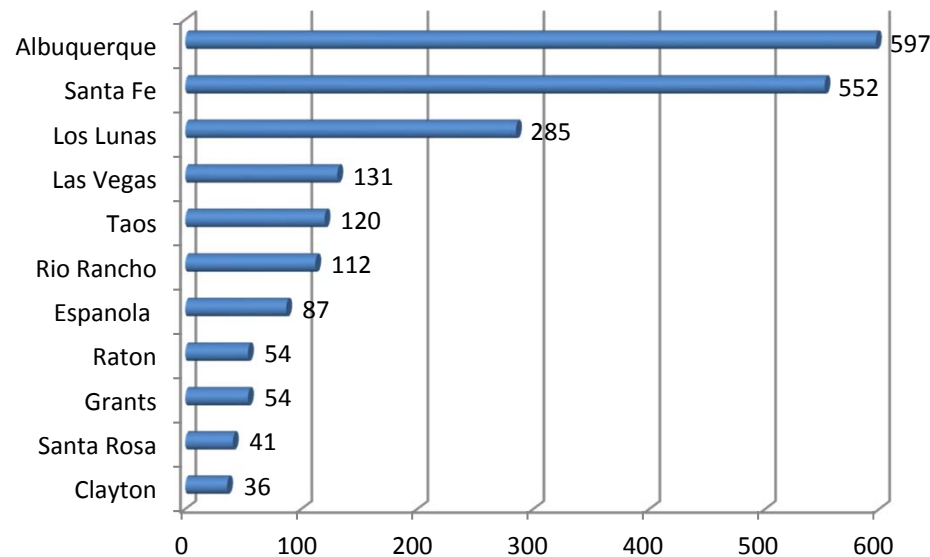
- System Development
 - Agave Health Transition
 - Issued a 90 day notice of contract termination, effective June 30, 2016
 - Operational in 12 locations in 10 counties
 - Children & family services in all areas with the exception of Bernalillo County
 - Eleven providers responded to an RFI
 - The following providers were selected:
 - Albuquerque: NM Solutions
 - Espanola: PMS
 - Grants: PMS
 - Las Vegas: La Familia – TFC for entire service area
 - Los Lunas: Valle del Sol
 - Raton: Valle del Sol
 - Rio Rancho: PMS
 - Santa Fe: PMS & Santa Fe Mountain Center (IOP only)
 - Santa Rosa: Valle del Sol
 - Taos: Valle del Sol
 - Clayton: Service will continue via telemedicine



2016 BH Performance Report

- System Development
 - Agave Health Transition

- Below is the final count of Centennial Care members transitioned by location





2016 BH Performance Report

- System Development

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

- Optum Health contract for non-Medicaid administration is on a final 1 year option
 - ASO Transition Manager has been recruited to further develop & implement a transition project plan
 - Function mapping has been concluded
 - BHSDSTAR operating system now accommodates 60% of billing via invoices
 - Alternatives for provider contracting, network management, quality improvement, & financial management are under examination



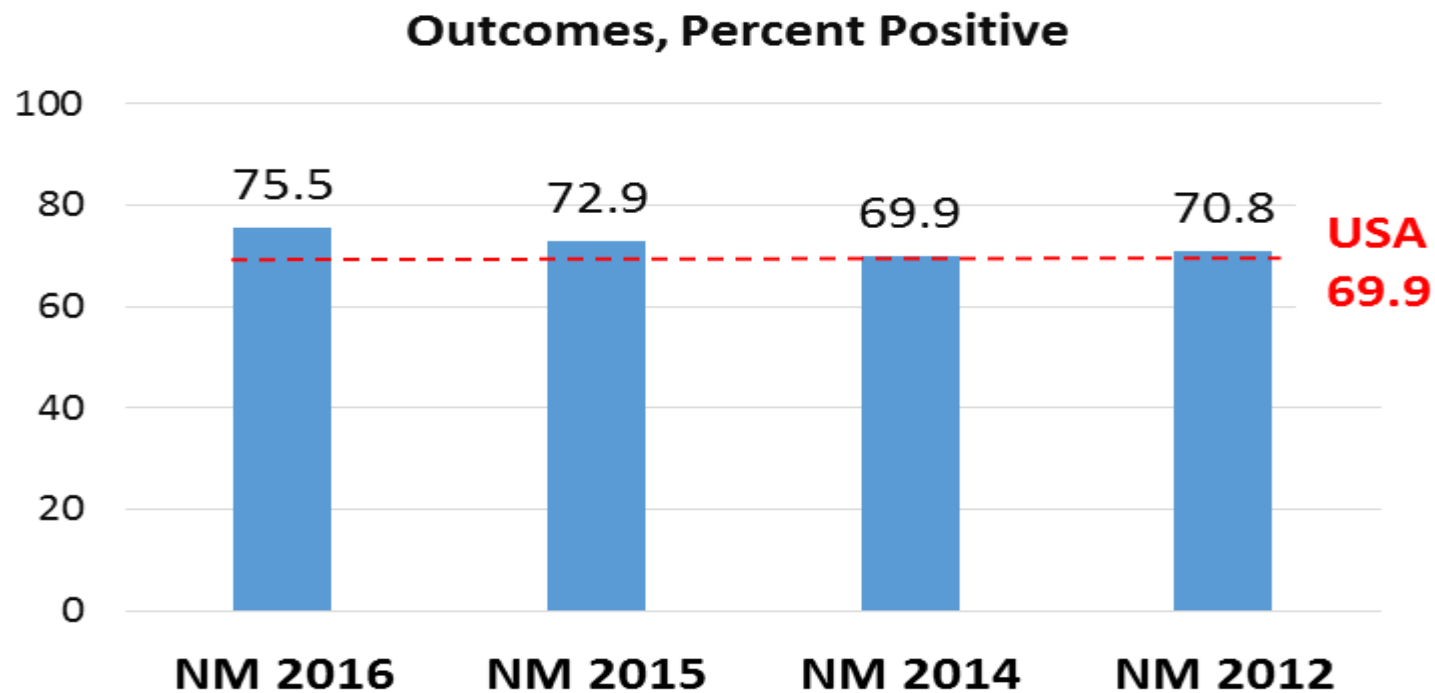
2016 BH Performance Report

- System Development
 - BH Parity Provisions:
 - Medicaid MCO rules issued in March, 2016 with 18 months permitted for adoption
 - The State/MCOs determine which Medicaid services are included in each of the four classifications used in parity analysis:
 - Inpatient
 - Outpatient
 - Emergency Care
 - Prescription Drugs
 - Limitations on BH services in each classification cannot be more restrictive than limitations on physical health services in the same classification
 - When determining the classification, the MCO must apply “the same reasonable standards to medical/surgical benefits & to BH benefits”



2016 BH Performance Report

- System Outcomes: Adult BH Services





2016 BH Performance Report

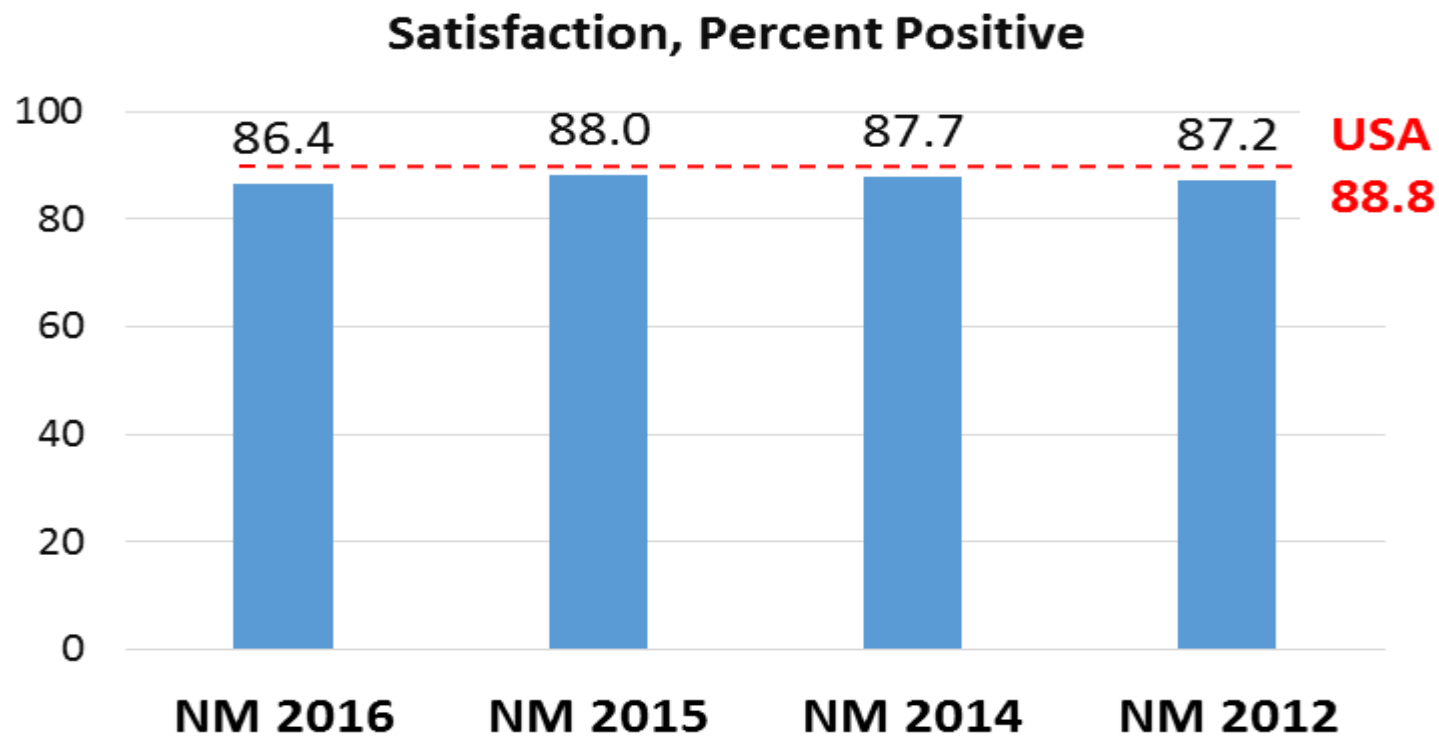
- **System Outcomes: Adult BH Services**

| Items for Outcome | % Positive |
|--|------------|
| 21. I deal more effectively with daily problems. | 82.9 |
| 22. I am better able to control my life. | 82.9 |
| 23. I am better able to deal with crisis. | 82.6 |
| 24. I am getting along better with my family. | 80.5 |
| 26. I do better in school and/or work. | 76.4 |
| 27. My housing situation has improved. | 71.3 |
| 25. I do better in social situations. | 69.9 |
| 28. My symptoms are not bothering me as much. | 65.1 |



2016 BH Performance Report

- System Outcomes: Adult BH Service Satisfaction





2016 BH Performance Report

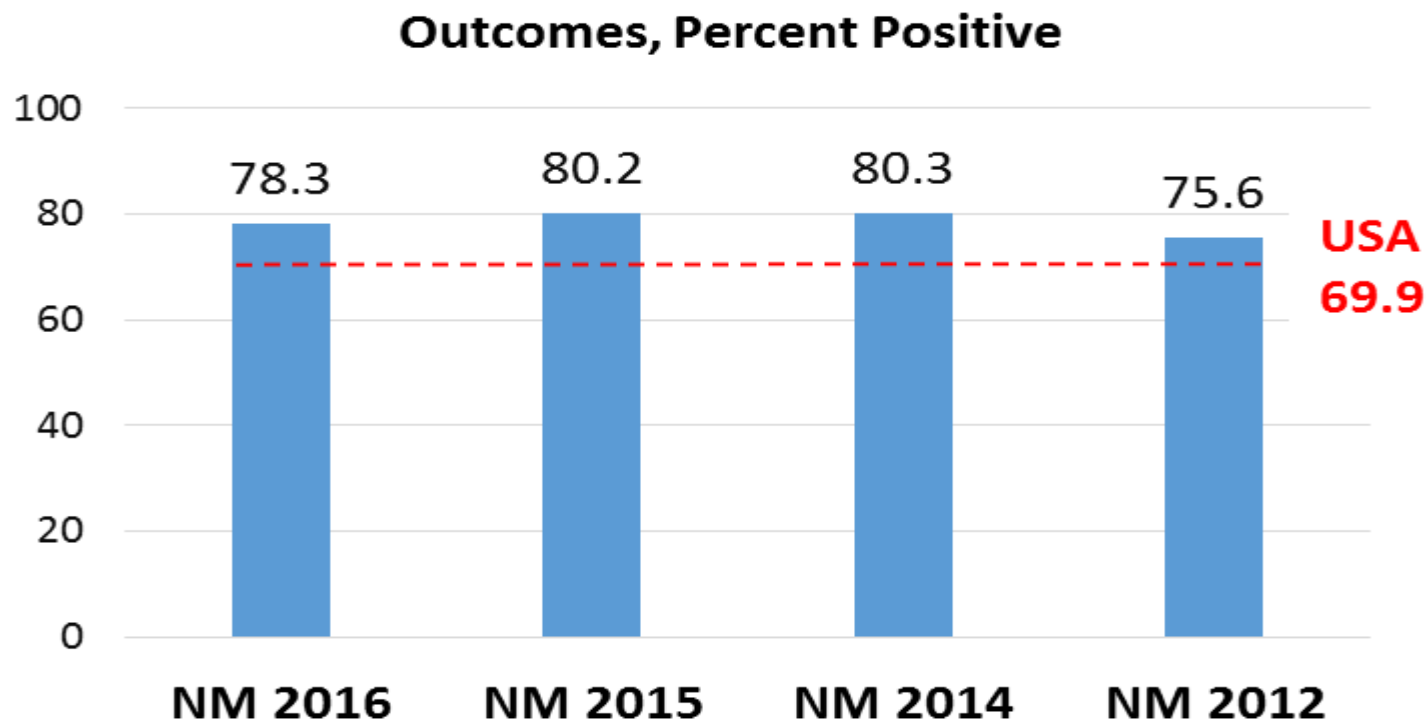
- System Outcomes: Adult BH Service Satisfaction

| Items for Satisfaction | % Positive |
|---|------------|
| 1. I like the services that I received here. | 91.5 |
| 3. I would recommend this agency to a friend or family member. | 88.5 |
| 2. If I had other choices, I would still get services from this agency. | 84.3 |



2016 BH Performance Report

- System Outcomes: Children & Families BH Services





2016 BH Performance Report

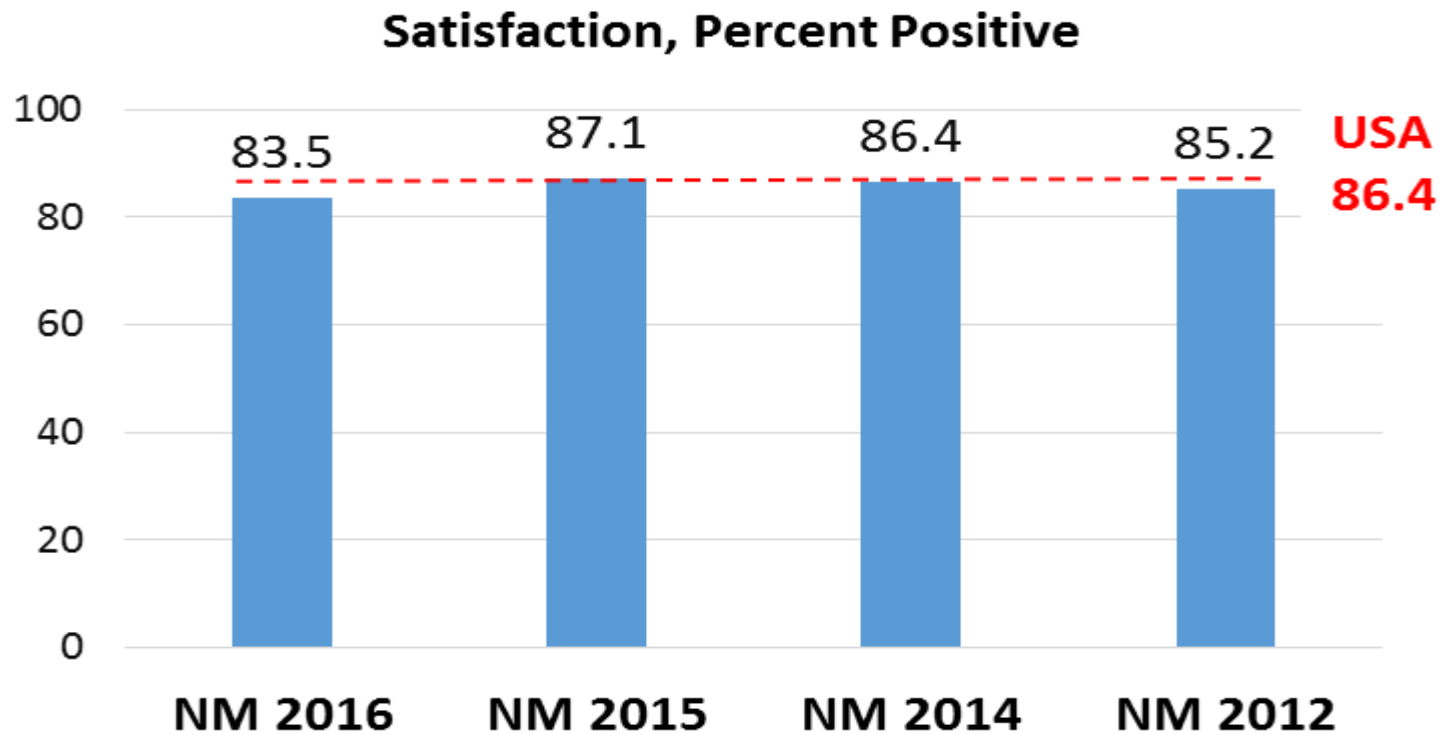
- System Outcomes: Children & Families BH Services

| Items for Outcomes | % Positive |
|---|------------|
| 21. I am satisfied with our family life right now. | 86.5 |
| 18. My child gets along better with friends and other people. | 81.4 |
| 17. My child gets along better with family members. | 79.5 |
| 16. My child is better at handling daily life. | 79.3 |
| 19. My child is doing better in school and/or work. | 75.6 |
| 20. My child is better able to cope when things go wrong. | 71.5 |



2016 BH Performance Report

- System Outcomes: Children & Families BH Satisfaction





2016 BH Performance Report

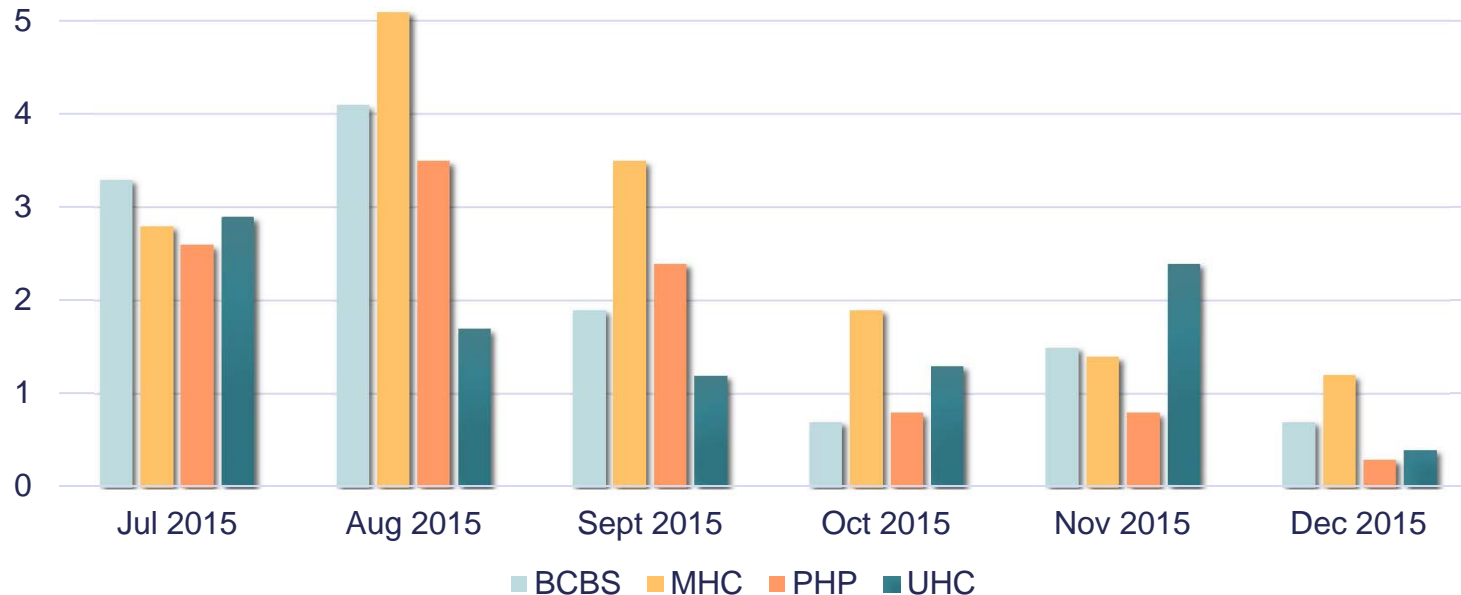
- System Outcomes: Children & Families BH Satisfaction

| Items for Satisfaction | % Positive |
|---|------------|
| 1. Overall, I am satisfied with the services my child received. | 90.3 |
| 5. I felt my child had someone to talk to when he/she was troubled. | 86.9 |
| 7. The services my child and/or family received were right for us. | 86.3 |
| 4. The people helping my child stuck with us no matter what. | 85.5 |
| 10. My family got the help we wanted for my child. | 84.1 |
| 11. My family got as much help as we needed for my child. | 77.9 |



2016 BH Performance Report

- System Outcomes: **Project on Super Utilizers**
 - Emergency Department (ED) highest utilizers were identified over a 15 month period
 - Top 10 members for each MCO were targeted to participate in the pilot
 - MCOs implemented interventions to reduce ED utilization
 - The following graph illustrates progress in ER reduction for the top 10 super utilizers with each MCO
 - HSD is working with the MCOs on the next group of 25 ED super utilizers





2016 BH Performance Report

- **System Outcomes: Preventing Opioid OD**
 - The National Safety Council, after a review of research into prevention strategies, has identified the following 6 key actions as having immediate & sustained impact:
 - Requiring continued medical education for prescribers (17 states)
 - Adopting opioid prescribing guidelines (22 states)
 - Passing legislation that eliminates ‘Pill Mills’ (12 states)
 - Expanding use the Prescription Drug Monitoring Programs (40 states)
 - Allowing naloxone to be prescribed with a standing order (35 states)
 - Increasing access to buprenorphine (3 states)
 - NM is one of only four states that have adopted all but one & has received a rating of “Making Progress”



2016 BH Performance Report

- System Outcomes: **National Rankings**
 - NM has improved in Mental Health America's annual rankings, The State of Mental Health in America from 2014 to 2015
 - **Moving from 46th to 36th on 13 key measures:**
 - Adults with Any Mental Illness (AMI)
 - Adults with Dependence or Abuse of Illicit Drugs or Alcohol
 - Adults with Serious Thoughts of Suicide
 - Adults with AMI who Did Not Receive Treatment
 - Adults with AMI Reporting Unmet Need
 - Adults with Disability who Could Not See a Doctor Due to Costs
 - Youth with At Least One Past Year Major Depressive Episode
 - Youth with Dependence or Abuse of Illicit Drugs or Alcohol
 - Youth with Severe Major Depressive Episodes (MDE)
 - Youth with MDE who Did Not Receive Mental Health Services
 - Youth with Severe MDE who Received Some Consistent Treatment
 - Students Identified with Emotional Disturbance for an IEP
 - Mental Health Workforce Availability



2016 BH Performance Report

- **System Barriers**
 - **Financial Constraints**
 - Some Medicaid BH provider rates are being cut by 5%
 - Optum Health received a SGF cut of \$1.8m, a decrease of FF of \$386k, & administrative charges of \$277k:
 - Total Community Approach which includes both Treatment & Prevention Services were decreased by 28%, over \$370k.
 - Veteran's Services were decreased by 10%, \$101k.
 - Regional Crisis Triage Centers FY16 allocation of \$1.6m was intended to be part of FY17 base budget was redirected to avoid further service cuts
 - Transitional Living Services (TLS) was reduced by \$250k
 - Cognitive Enhancement Therapy (CET) was cut by \$250k:
 - Prevention Services were cut from \$2.7m to \$2m



2016 BH Performance Report

- System Barriers
 - Financial Constraints
 - Cuts in FY17 Base Contracts:
 - CYFD \$79,430 contract for SUD treatment in domestic violence shelters
 - CYFD \$426,273 FF contract for MST
 - UNM \$19,800 contract for FAS community education
 - UNM \$182,969 contract for prevention of binge drinking, DWI, & prescription drug abuse
 - Bernalillo County \$175k for prevention of binge drinking, DWI, & prescription drug abuse
 - Department of Public Safety \$175k in contracts to prevent minors from purchasing tobacco products



2016 BH Performance Report

- **System Barriers**
 - **Financial Constraints**
 - Reductions in BHSD's Medicaid savings have resulted in preventing the implementation or continuation of:
 - \$1.18m for PAX Good Behavior Game
 - \$500k for Peer Empowerment Center
 - \$500k for Supported Employment Center of Excellence
 - \$350k for Mobile Crisis Teams in McKinley & Rio Arriba
 - \$800k for SUD Treatment Expansion at Mesilla Valley Hospital
 - \$500k for Addiction Treatment of Mothers with Children



2016 BH Performance Report

- System Barriers
 - **WORKFORCE!**