



Secretary Dr. David Scrase
(HSD)

Secretary Brian Blalock
(CYFD)

Dr. Neal Bowen, BHSD
Director

Bryce Pittenger, BHC CEO

DECEMBER 4, 2020

Behavioral Health Collaborative Members

PARTICIPATED IN COMBINED BH BUDGET PLANNING, BH IN THEIR BUDGET

Human Services Department

Department of Health

Children, Youth and Families Department

NM Corrections Department

Higher Education Department

Administrative Office of Courts

Public Education Department

Department of Finance Administration

Department of Transportation

Development Disabilities Planning Council

OTHER MEMBERS

Children's Cabinet

Early Childhood Education and Care Department*

Policy advisor to Governor

Workforce Solutions*

Mortgage Finance Authority

Aging and Long Term Service Department

Indian Affairs Department*

*Consulted



Behavioral Health as Investment

As governments race to contain COVID-19, it is important to know the actions society can take to mitigate the behavioral health impact of the pandemic and economic crisis. ^{11 12} For every one dollar spent on scaling up treatment for common mental disorders, a four-dollar return can be realized in improved health and productivity. ¹³ *Mental health in the workplace*, World Health Organization, May 2019, who.int.



Combined Behavioral Health Collaborative

Budget Cycle: Overview

Combined Behavioral Health Collaborative members with BH in budget

Progress and Projections in this budget cycle on BHC four goals

1. Build a new BH provider network.
2. Develop community based mental health services for kids and families.
3. Effectively address substance use disorder (SUD).
4. Effectively address BH needs of justice-involved individuals.



All Funding Budget Cycle

\$2,661,577.19 on BH across 10 executive departments

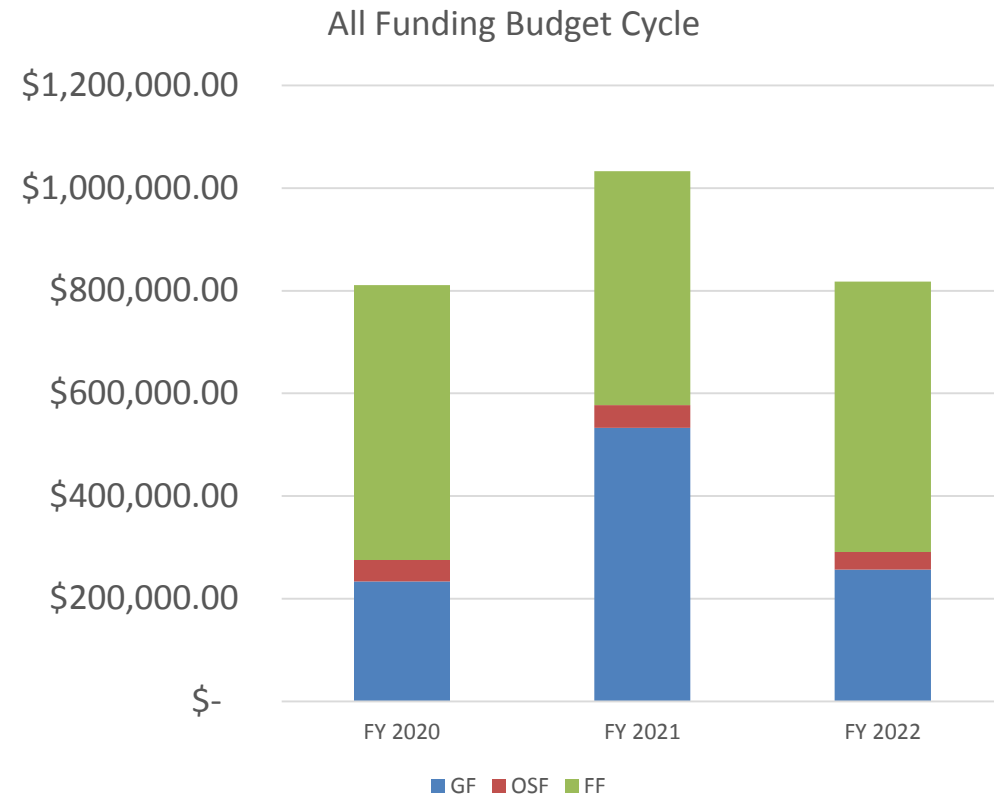
\$120,597.48 OGF (liquor excise, conviction, etc)

\$1,573,103.8 (over 50%) of that total is Medicaid expenditure

\$246,602.3 total spend for FY2020 on Substance Use Disorder treatment

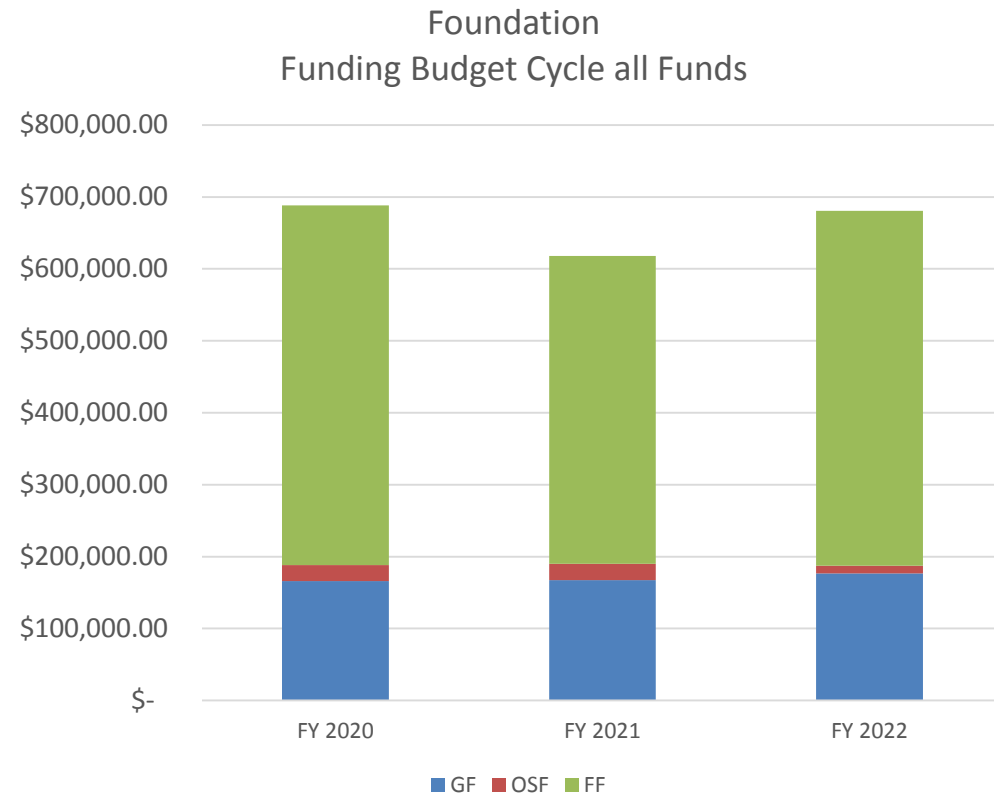
\$1,979,891.5 is foundational, including Medicaid, DOH facilities, DDPC, HSD non-Medicaid funding for BH

FY 2021 increase FF



Foundational Funding

- DOH Epidemiology and Response Division
- DOH Opioid Addiction Information (Fed Funds)
- HSD Medicaid Behavioral Health - FFS
- HSD Centennial Care Behavioral Health
- HSD Medicaid Expansion Behavioral Health
- HSD Behavioral Health Services Division (BHSD)
Community Mental Health Services
- DOH NM Behavioral Health Institute
- DOH Fort Bayard Medical Center
- HED UNM HSC (952) Children's Psychiatric Hospital
- DDPC Office of Guardianship
- HED OMI Grief Support



Goal 1: Build a New Provider Network

CABINET SECRETARY DR. DAVID SCRASE



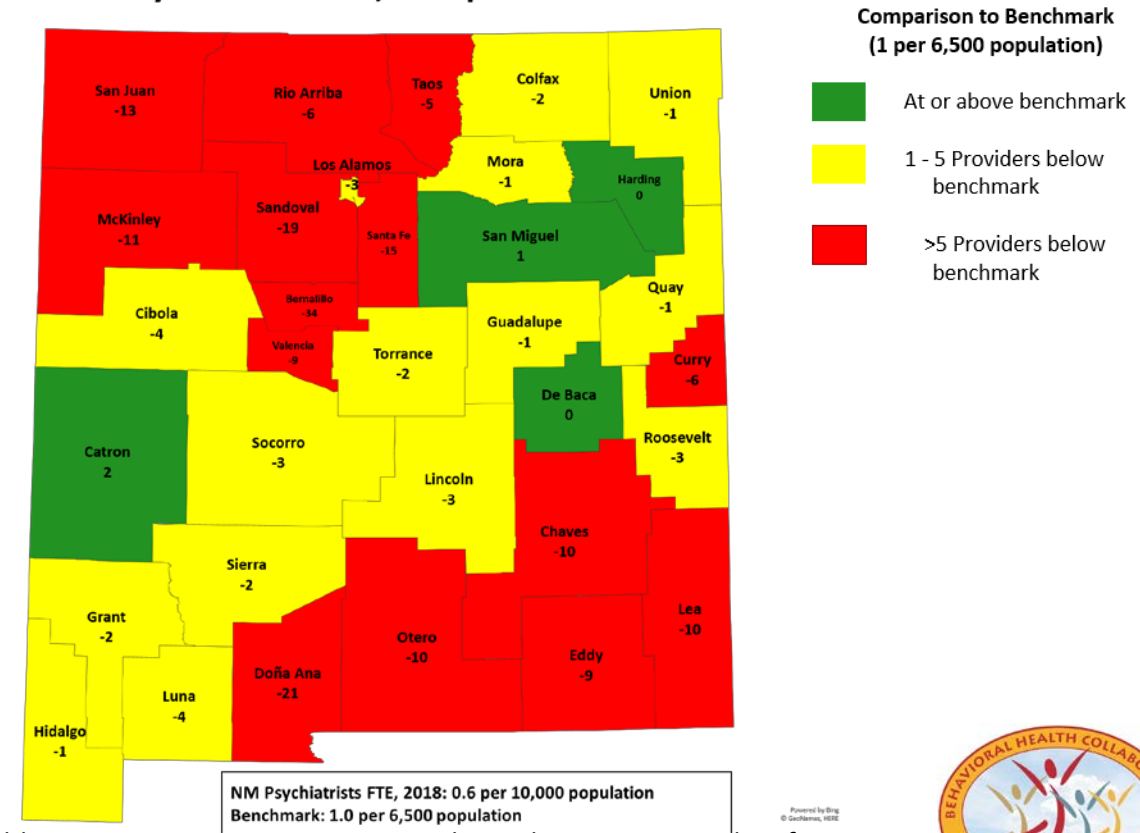
Continued Gap in Treatment Capacity

56 percent of counties in the United States are without a psychiatrist,⁶

64 percent of counties have a shortage of mental health providers,⁷ and 70 percent of counties lack a child psychiatrist.⁸

COVID-19 and the ensuing economic crisis will drive an increase in mental and substance use disorders, as stress contributes to higher rates of post-traumatic stress disorder, depression, anxiety, and alcohol or drug use,⁹ along with further shortages in services available as practitioners face economic challenges.

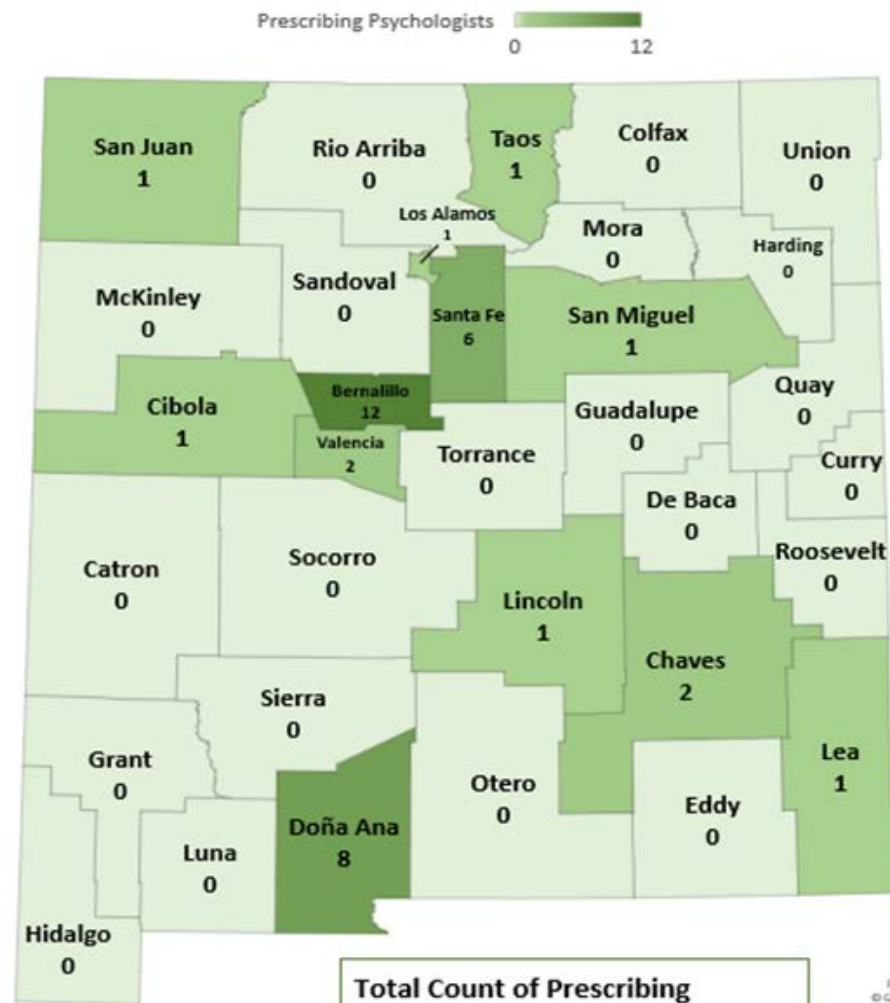
2018 NM Psychiatrists FTE, Compared to Benchmark



Graphic Source: Data obtained from UNM Health Sciences Center, 2019. UNM HSC obtains licensure survey data from NM Regulation & Licensing Department. Benchmark from 2019 UNM Healthcare Workforce Report.



Prescribing Psychologists by NM County, 2018

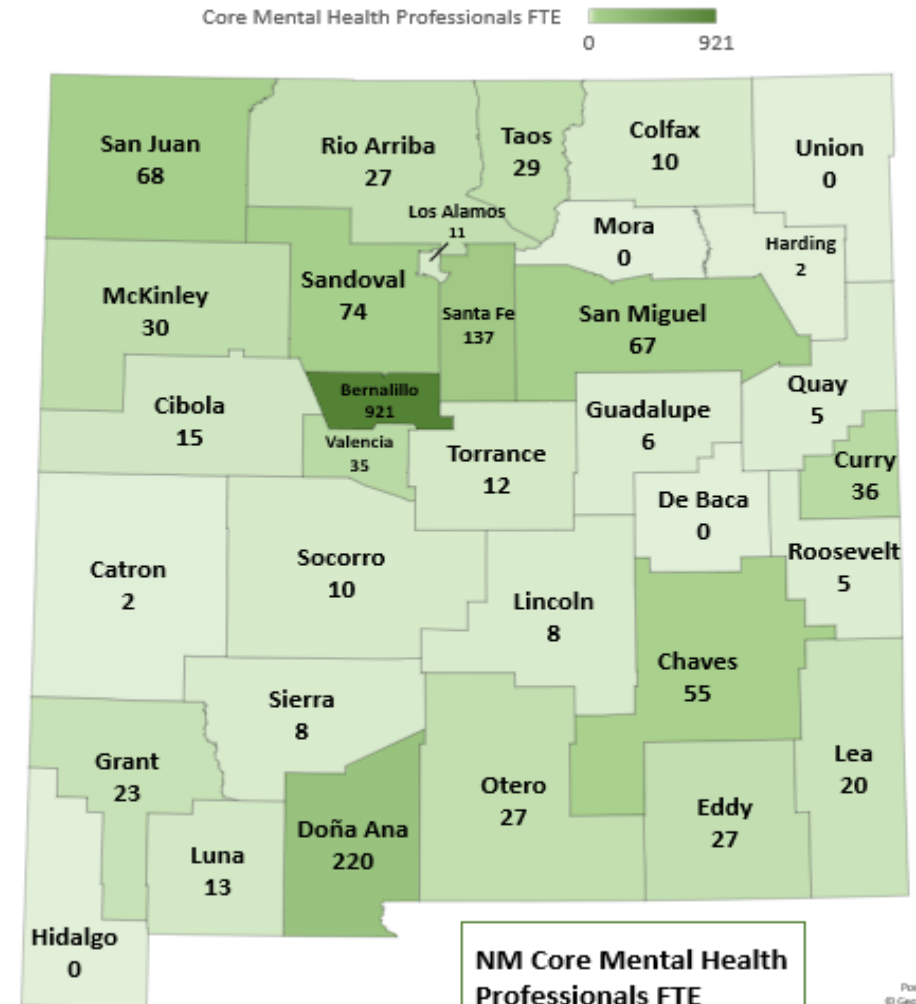


Total Count of Prescribing Psychologists in NM, 2018: 37

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Source: Data obtained from University of New Mexico Health Sciences Center, 2019. UNM HSC obtains licensure survey data from the New Mexico Regulation & Licensing Department. Calculations of need based off HRSA Need Designation calculations for FTE PCPs for population with unusually high need. NM 2030 population projects obtain from UNM Geospatial and Population Studies at <https://gps.unm.edu/pru/projections>.

Core Mental Health Professionals FTE by NM County, 2018



NM Core Mental Health Professionals FTE Count, 2018: 1,901

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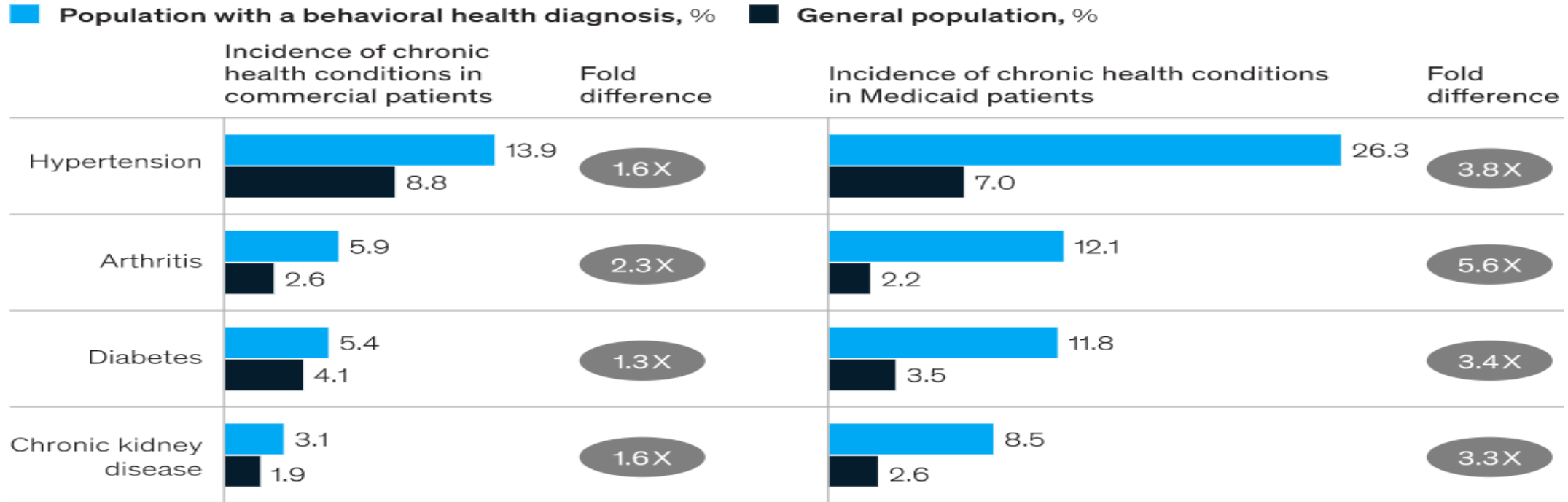
Source: Data obtained from University of New Mexico Health Sciences Center, 2019. UNM HSC obtains licensure survey data from the New Mexico Regulation & Licensing Department. Calculations of need based off HRSA Need Designation calculations for FTE PCPs for population with unusually high need. NM 2030 population projects obtain from UNM Geospatial and Population Studies at <https://gps.unm.edu/pru/projections>.

Core Mental Health Professions which included Psychologists, Licensed Social Workers (LSW), and Licensed Professional Clinical Counselors (LPCC)

Investing for tomorrow, delivering today.

Health impacts of BH conditions

Individuals with behavioral health conditions have two to six times higher frequency of co-occurring chronic physical conditions than individuals without behavioral health conditions.



Source: Illustrative Medicaid claims data set from one state and Truven Health Analytics, Inc. MarketScan Commercial database; behavioral health conditions identified by presence of at least one behavioral health diagnosis



Goal #1: *Build a New Provider Network*

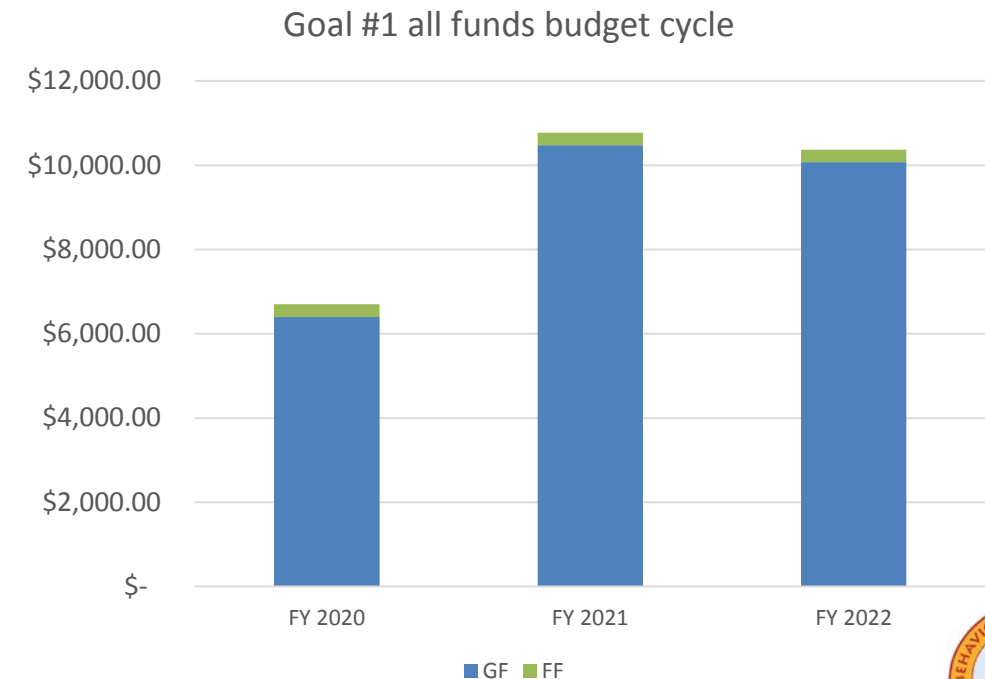
Targets and Funding

TARGETS:

1. Indian Affairs Harvard Study
2. Higher Education initiatives
3. Public Education grant
4. Children, Youth and Families evidence based practices
5. Human Services sustained access to services through Telehealth modifier
6. BHSD OPRE certified peer support

MIQUEL BECAME A CERTIFIED PEER SUPPORT WORKER AND INCREASED HIS PERSONAL RECOVERY SUPPORT WHILE FINDING MEANING, and WORK in SUPPORTING OTHERS.

BUDGET CYCLE FUNDING



Goal #1: *Build a New Provider Network* Tribal Inclusion in Workforce: Harvard Study with Indian Affairs Department (IAD)

IAD AND HARVARD PARTNERSHIP

Harvard study recommendations:

Recruitment of Tribal citizens to behavioral health training programs

Behavioral health training programs located in Tribal communities

Financial and professional incentives for behavioral practice in Tribal communities

Access to tele-services including tele-behavioral health services and tele-supervision for behavioral health providers

https://www.iad.state.nm.us/wp-content/uploads/2020/09/IAD-Suicide-Prevention-BH-Workforce-Dev_Final-Report_4.12.20.pdf

IAD AND NEW MEXICO RESPONSE

Only 29% of the State's licensed providers are in rural and frontier counties, despite nearly half of the State's Medicaid managed care enrollees residing in these counties

New Mexico offers the Rural Health Care Practitioner Tax Credit, which provides a \$3,000-\$5,000 tax credit to primary care and behavioral health professionals who practice in rural areas. However, under current legislation, social workers, therapists, and counselors, who represent over 80% of the state's behavioral health workforce, are not eligible for the credit.

29 of New Mexico's 33 counties are rural or frontier

Although 10% of the New Mexico population is AI/AN, only 2% of psychiatrists and independently licensed behavioral health professionals are AI/AN



Goal #1 *Build a New Provider Network* Education Departments (NMHED and PED)

Student Loan Repayment

- \$1,420.1 SG

UNM Psychiatric Residencies

- \$377.2 SG

NMSU Mental Health Nurse Practitioners

- \$643.9 SG

NMHU Native American Social Work Institute

- \$175.0 SG

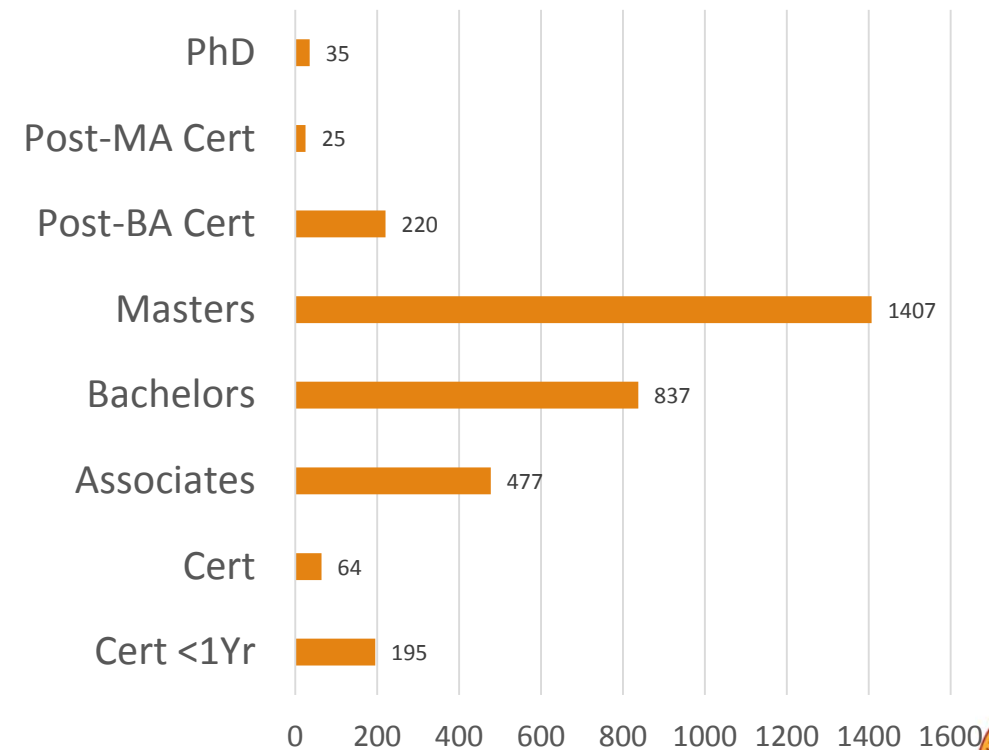
SFCC Mental Health Pilot for EMS

- \$ 164.5

PED over the budget cycle FF SAMSHA grant for Workforce development

- \$6,307.0

Current Enrollment in BH related programs



Goal #1 *Build a New Provider Network* Children, Youth and Families Department

Infant Mental Health

- 36 clinicians trained in FY2020 to provide Child Parent Psychotherapy (CPP)
- \$1,434.2 SG expended in FY2020 due to increased Medicaid leverage, served 253 infants and 444 adults
- \$129,524. Medicaid in FY2020
- \$3,184.0 SG FY2021 and FY2022 to support further expansion

NMSU Center of Innovation

- Provides training and workforce building in Wraparound, Family Peer Support and other Evidence based practices

Multi-Systemic Therapy

- 5 new teams (10 total statewide)
- Expected to begin providing services by December
- \$1000. FY2020 expansion received. Projecting a \$200. balance requesting to extend
- Medicaid eligible services for sustainability



Goal 2: Develop Community Based Mental Health Services for Children and Families

SECRETARY BRIAN BLALOCK, CHILDREN, YOUTH AND FAMILIES
DEPARTMENT



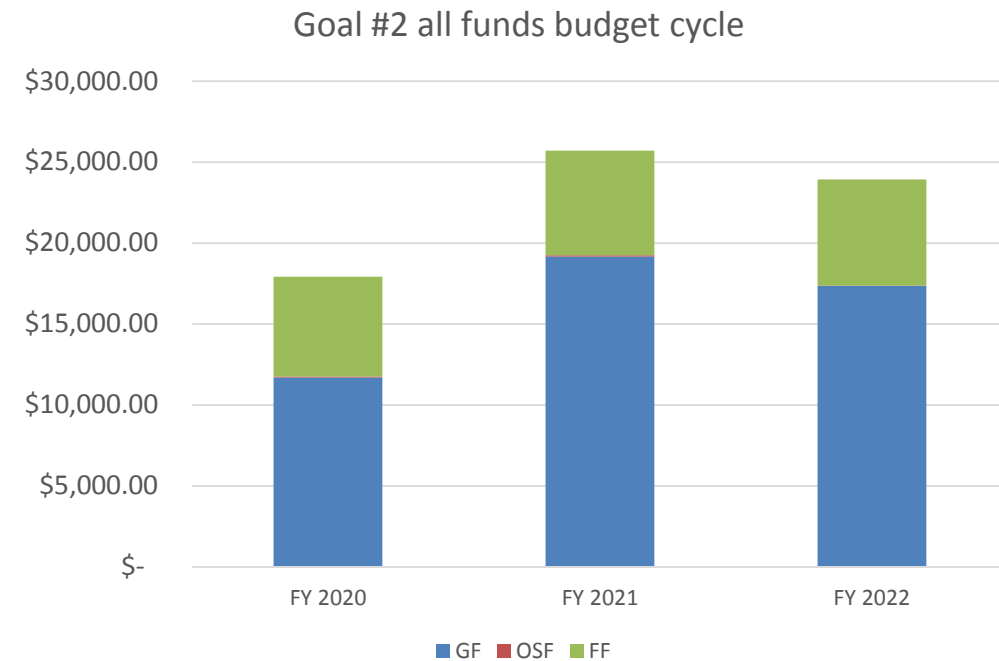
Goal #2: *Develop Community Based Mental Health Services for Children and Families*

Targets and Funding

TARGETS

1. Increasing high quality services and evidence based practices
2. Increasing number of providers
3. A system of care that is trauma responsive and works together
4. Wellness Promotion/suicide prevention
5. Increasing number of clinicians providing assessment and care coordination for CYFD involved

BUDGET CYCLE FUNDING



Goal #2: Develop Community Based Mental Health Services for Children and Families

High Quality Services

CYFD/HSD Hi Fi Wraparound

- Expansion to Medicaid waiver and plan to bring state to scale
- FY2020 269 children/youth (and their families) received Wraparound
- 20 certified facilitators, 13 coaches, and 30 facilitators in training
- Availability of federal grants diminishing
- CYFD used \$830,0. federal grant dollars and state general funds to support Hi Fidelity Wraparound in FY2020.

Maria was able to get what she needed through Wraparound Services, as part of the family based process, her mother and siblings lives also improved.



Goal #2: Develop Community Based Mental Health Services for Children and Families

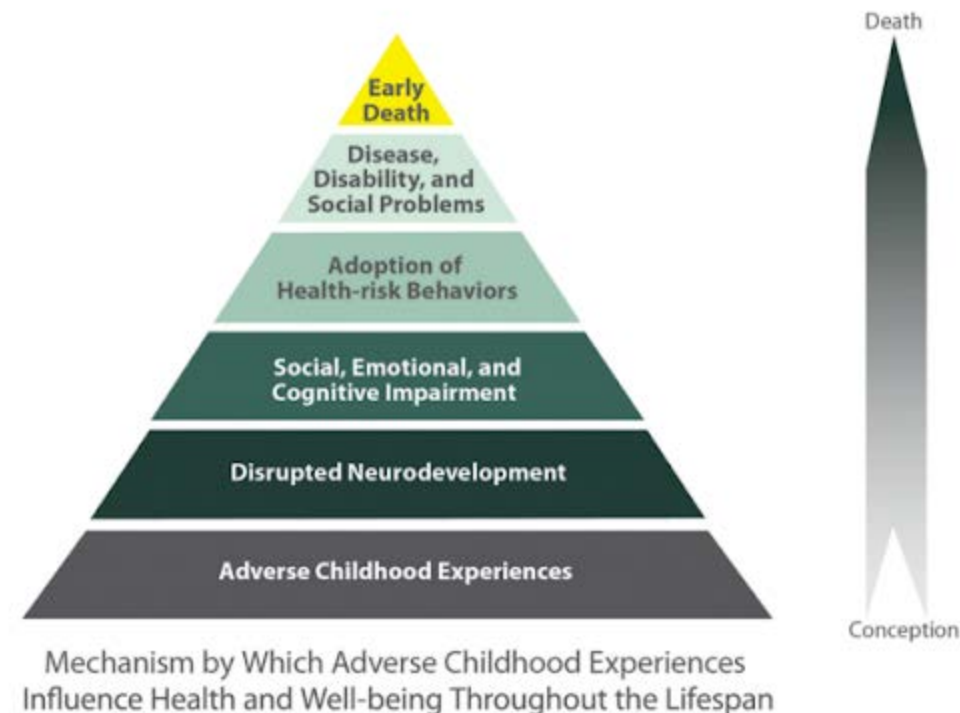
CYFD licensed Clinicians

Community Behavioral Health Clinicians

- 28 clinicians statewide to assist children and youth involved with CYFD. FY2020 \$2,857.
- 2801 Children/Youth were served in FY2020

Use of Child and Adolescent Needs and Strengths assessment (CANS)

- In FY2020 1819 CANS administered by CYFD
- Increased understanding of children's needs and strengths across all areas of their life
- Average ACE score 4.38; 85% parents separated; 68% parent substance use; 53% emotional abuse.



Goal #2: Develop community based services for children and families

DOH: Office of School and Adolescent Health

School Based Health Centers (SBHC)

- OSHA funds 48 statewide
- All have Behavioral Health Services
- All are integrated with Primary Care
- In FY19 there were 19,826 BH visits from March-June compared to approximately 40% of total SBHC visits during a similar timeframe in previous years.
- Made shift to telehealth
 - March through June 54% of visits were Behavioral Health

[Garrett Lee Smith Youth Suicide Prevention Grant.](#)

In collaboration with our partners from [CYFD](#), [PED](#), [NMCAL](#), [UNM](#) and [DOH Epidemiology](#) we intend to . . .

- increase the number of youth-serving organizations able to identify and assist youth at risk of suicide
- increase the capacity of clinical service providers to assess, manage, and treat youth at risk of suicide
- improve the continuity of care and follow-up of youth identified to be at risk for suicide, including those who have been discharged from emergency department and inpatient psychiatric units
- In 2019, OSAH funded and trained 2829 people in evidence based practices for Behavioral Health between February and June



2019 Winner: Jasmine Bradford, age 17, Native American Community Academy

The goal of the GLS Sponsored Youth Suicide Prevention Media Campaign: Bring awareness to Youth in New Mexico regarding suicide prevention and resources for youth to get help. Reduce the stigma about mental health and provide resources for youth to access mental health services. Contest will run annually.



Goal 3: Effective Interventions for Individuals with Substance Use Disorder

DR. NEAL BOWEN, DIRECTOR OF BHSD



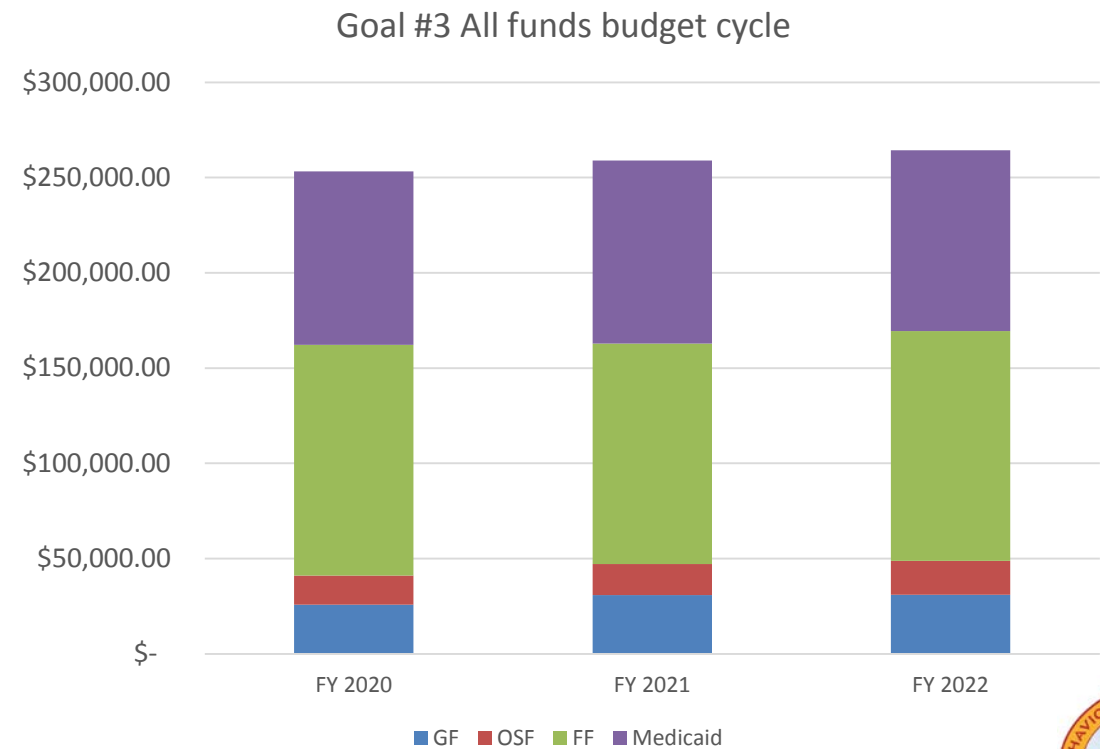
Goal 3: Effective interventions for individuals with Substance Use Disorder

Targets and Funding

TARGETS

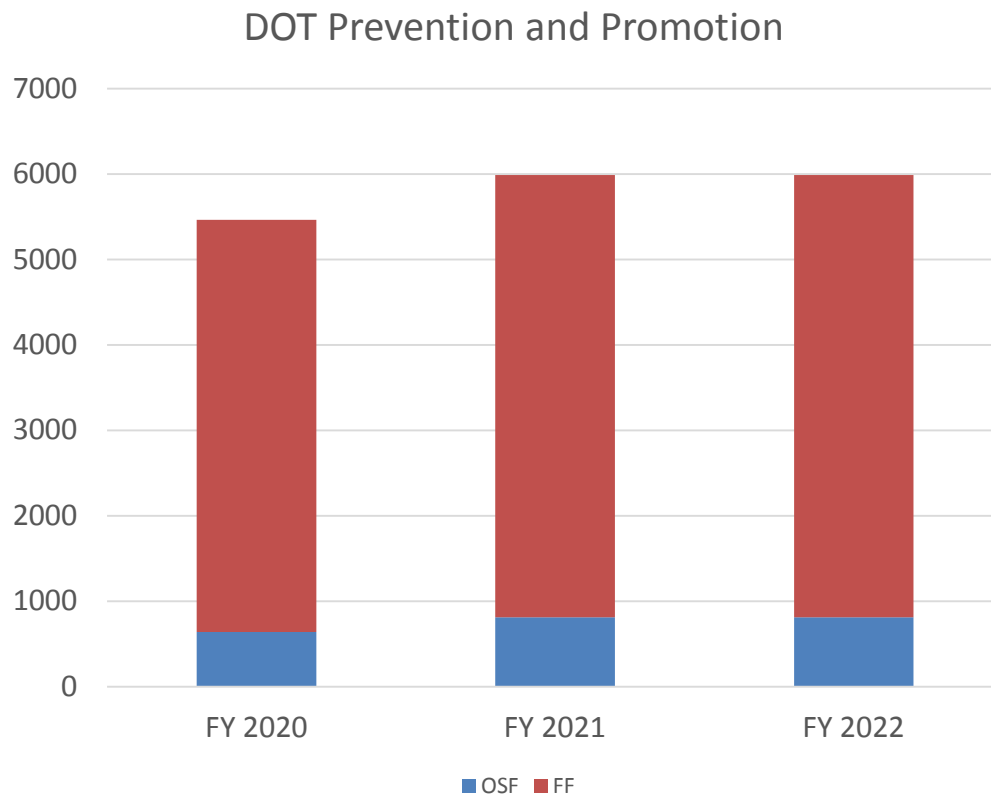
1. Prevention, Promotion
2. Telephonic services
3. Increased housing, employment, social determinants
4. FF tops Medicaid

BUDGET CYCLE FUNDING



Goal 3: Effective interventions for individuals with Substance Use Disorder

Department of Transportation and Prevention



Utilizing a data driven approach, DOT has targeted high risk areas (McKinley and San Juan County) and high-risk populations (College Students and young people under the age of 18):

- \$300. for the DWI/Drug Court program at the Farmington Municipal Court and McKinley County. Federal 405(d) Impaired Driving Fund
- \$100. for the New Mexico Activities Association (NMAA) to conduct the 'Life of an Athlete' program. This multi-year prevention-intervention program focuses on alcohol education for student athletes, their parents, coaches and athletic directors statewide. State Underage Drinking Fund
- \$99.935 to the New Mexico Boys and Girls Club for Underage Drinking prevention. State Underage Drinking Fund
- \$50.0 to Sandoval County for Underage Drinking prevention. State Underage Drinking Fund



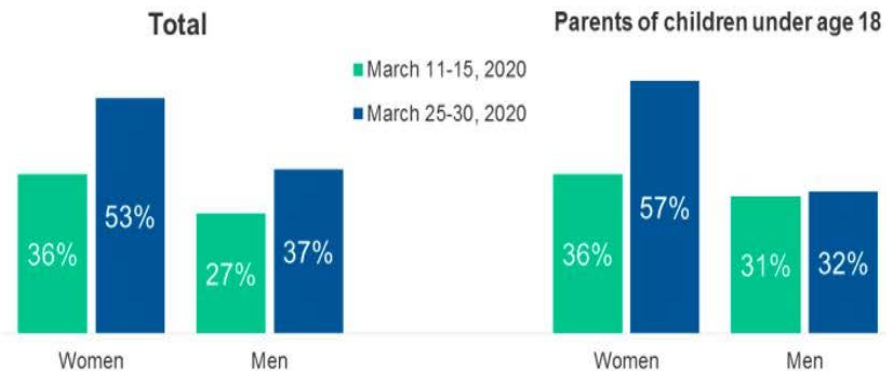
Goal 3: Effective interventions for individuals with Substance Use Disorder

Services non-Medicaid

Figure 2

Widening Gender Gap in Share Reporting Negative Mental Health Impacts From Coronavirus

Percent who say worry or stress related to coronavirus has had a negative impact on their mental health:



SOURCE: KFF Coronavirus Poll (conducted March 11-15, 2020) and KFF Health Tracking Poll (conducted March 25-30, 2020). See topline for full question wording.



Figure 2: Widening Gender Gap in Share Reporting Negative Mental Health Impacts From Coronavirus

1. FY2020 and FY2021 through October, \$3,377.2 spent on Telephonic services serving 4754 individuals
2. FY2020 \$1,660.0 spend on Methadone Maintenance, 10,334 clients served and 2,300.0 doses administered
3. 176 active providers, 278 active facilities, and 1001 active practitioners in Administrative Services Organization (ASO) serving 34,419 New Mexican's



Goal 3: Effective interventions for individuals with Substance Use Disorder

Behavioral Health Services Division FY2020

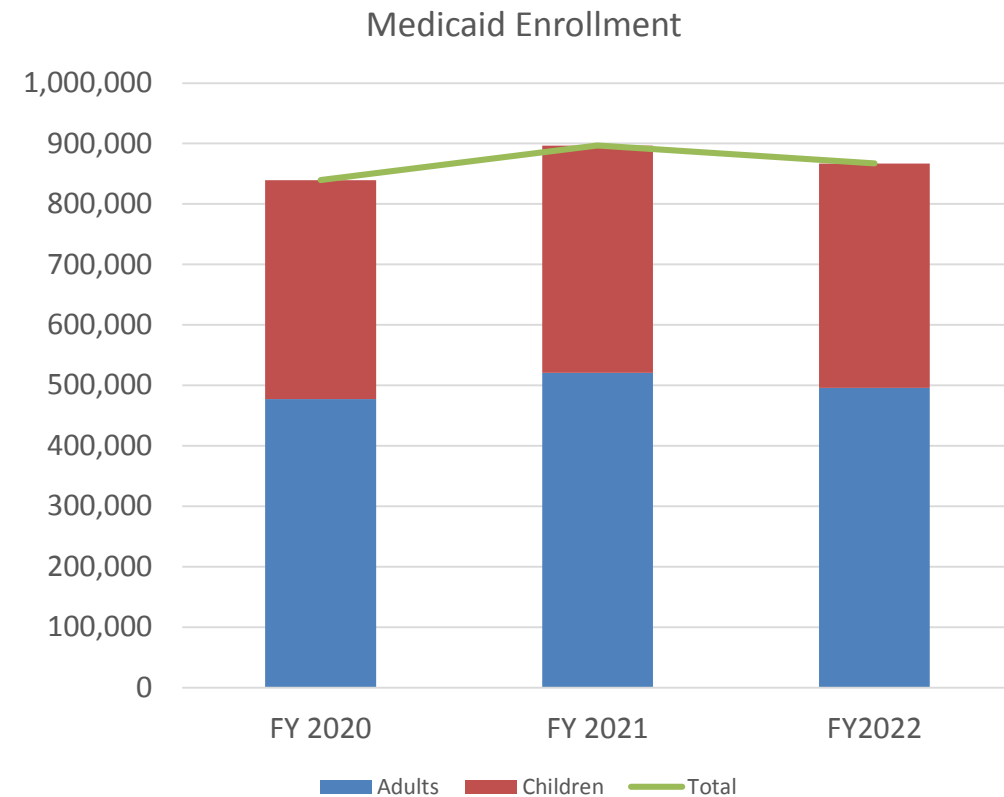
BHSD \$30,268.5 for Substance Use Disorder services statewide for people not eligible for Medicaid

- Including 1 million to four investment zones (Gallup, San Juan, Rio Arriba, and Sierra)

BHSD \$44,482.4 for mental health services for people, or services, not eligible for Medicaid

BHSD funded 176 active providers, 278 active facilities, and 1001 active practitioners serving 34,419 New Mexican's

Top spend is for short term and long term adult accredited residential treatment services (AARTC) with a total of \$15,380.0 to Santa Fe Recovery serving 2228 people. These services are now billable to Medicaid.



Effectively Address BH Needs of Justice- involved Individuals

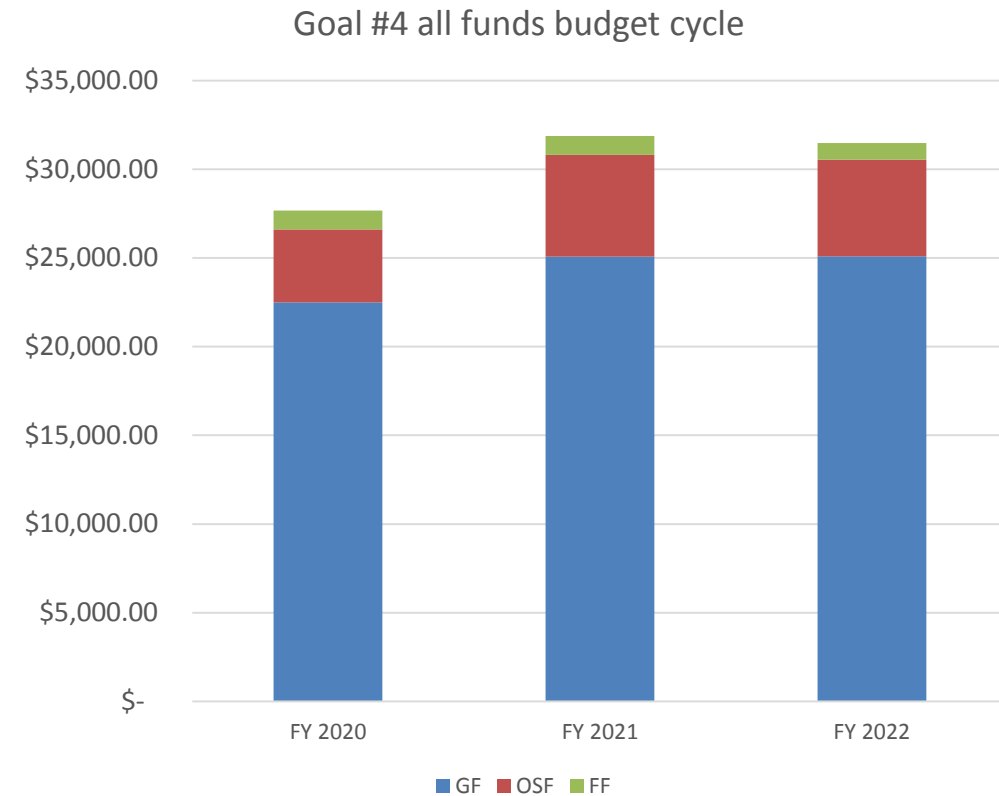
BRYCE PITTENGER, CEO BEHAVIORAL HEALTH COLLABORATIVE



Goal 4: Effectively address behavioral health needs of justice involved

Targets and Funding

1. Treatment Courts (AOC)
2. State and contract staff, probation contracts (NMCD)
3. Youth in commitment facilities (CYFD)
4. Programs and contracts (BHSD)
5. AOC and NMCD leveraging Medicaid



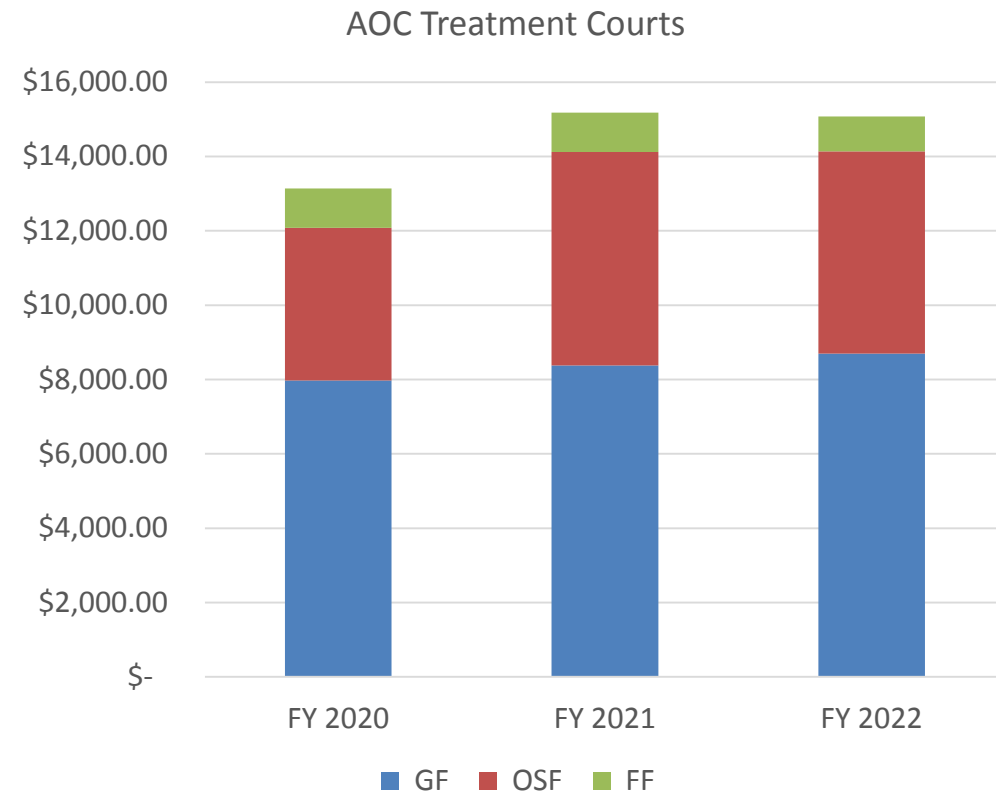
Goal 4: Effectively address behavioral health needs of justice involved

AOC Treatment Courts

Drug Court Model

*A **Drug Court** is a specially designed court calendar or docket, the purpose of which is to achieve a reduction in recidivism and substance abuse and to increase the participants' likelihood of successful rehabilitation through early, continuous, and intense judicial oversight, treatment, mandatory periodic drug testing, and use of appropriate sanctions, incentives, and other community-based rehabilitation services.*

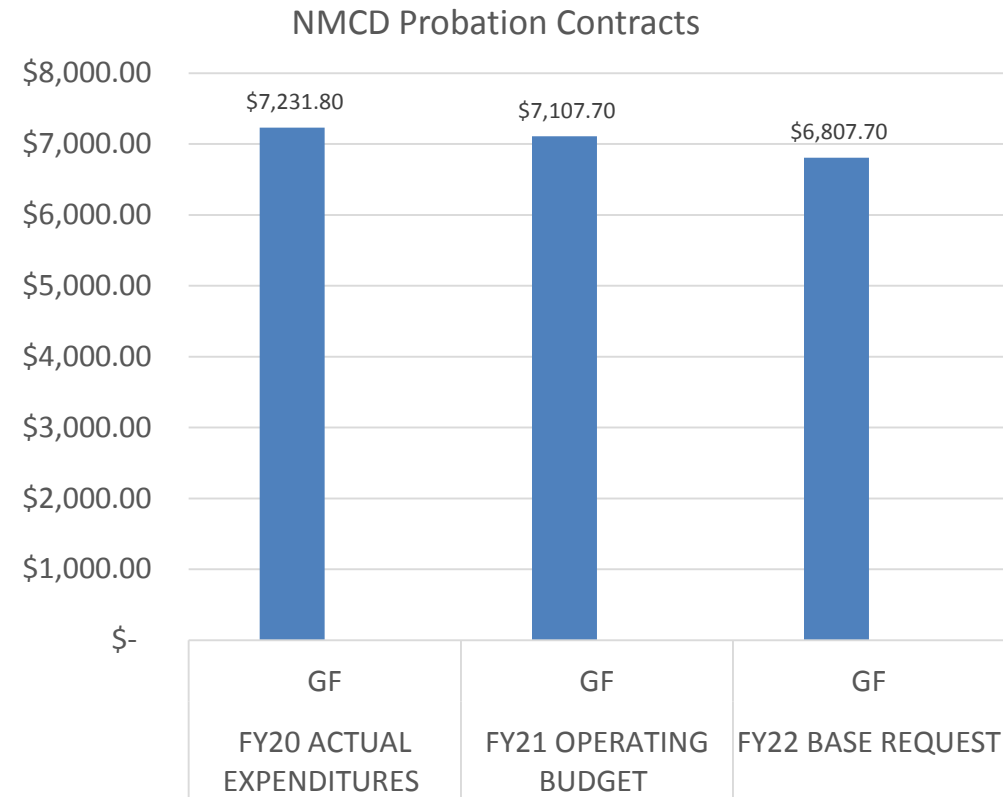
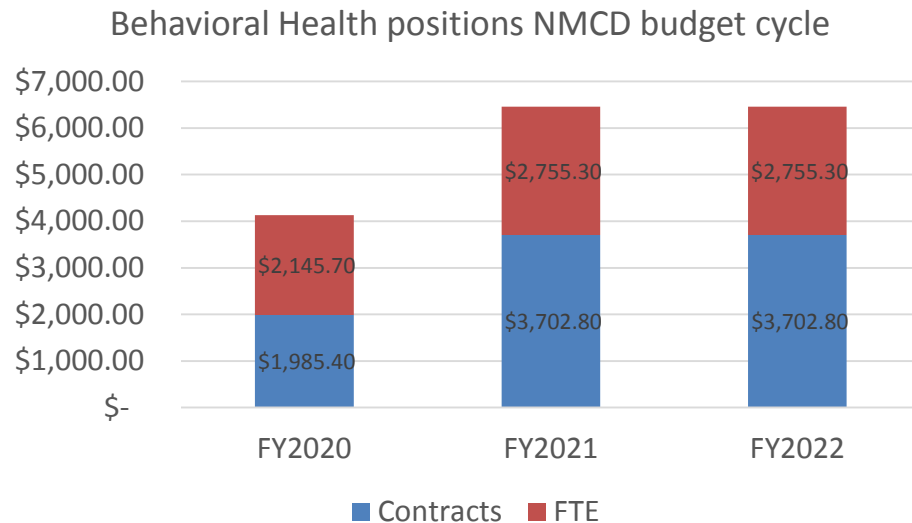
*A **Mental Health Court** applies the drug court model to offender populations whose repeat criminal activity is driven by an underlying mental health issue rather than substance abuse.*



Goal 4: Effectively address behavioral health needs of justice involved

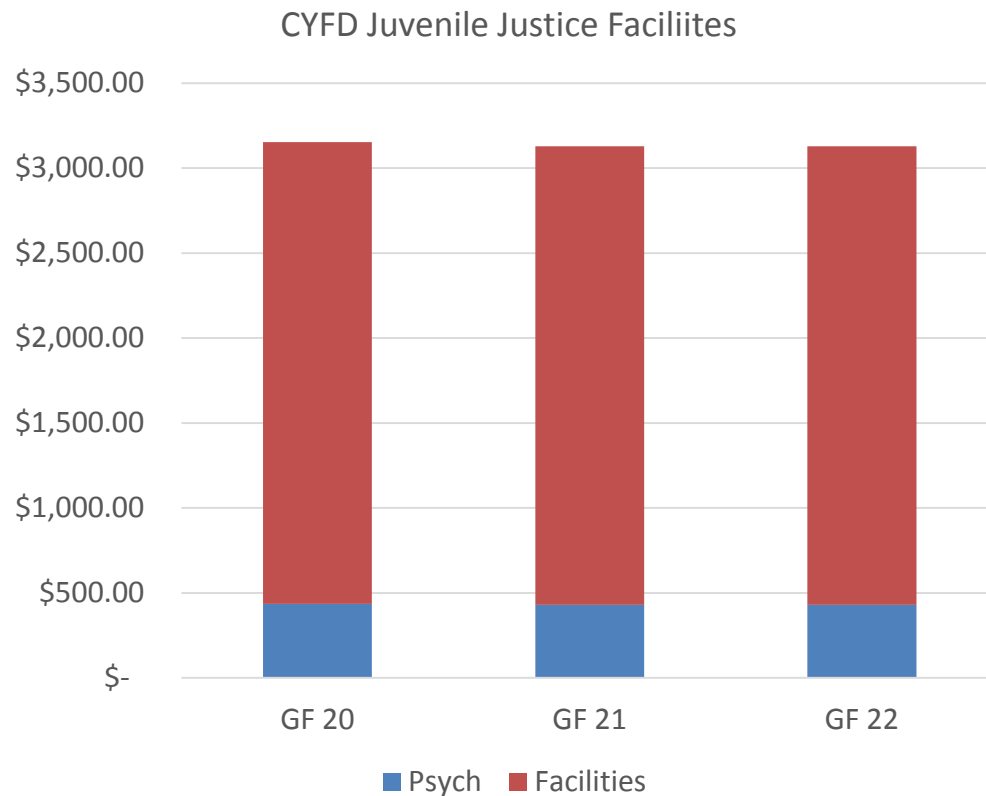
NM Corrections Department: Probation contracts and BH positions

1. Contracted with 18 provider organizations
2. SG funds declining as Medicaid is leveraged
3. 84 FTE's (salaries) 34 contracted positions in facilities due to workforce need



Goal 4: Effectively address behavioral health needs of justice involved

CYFD Commitment Facilities



For FY20 for JJ facilities we served 269 youth.
For FY21, year to date, a total of 158 youth served.

As of 11/18/20 # of clients being seen by Psychiatry:

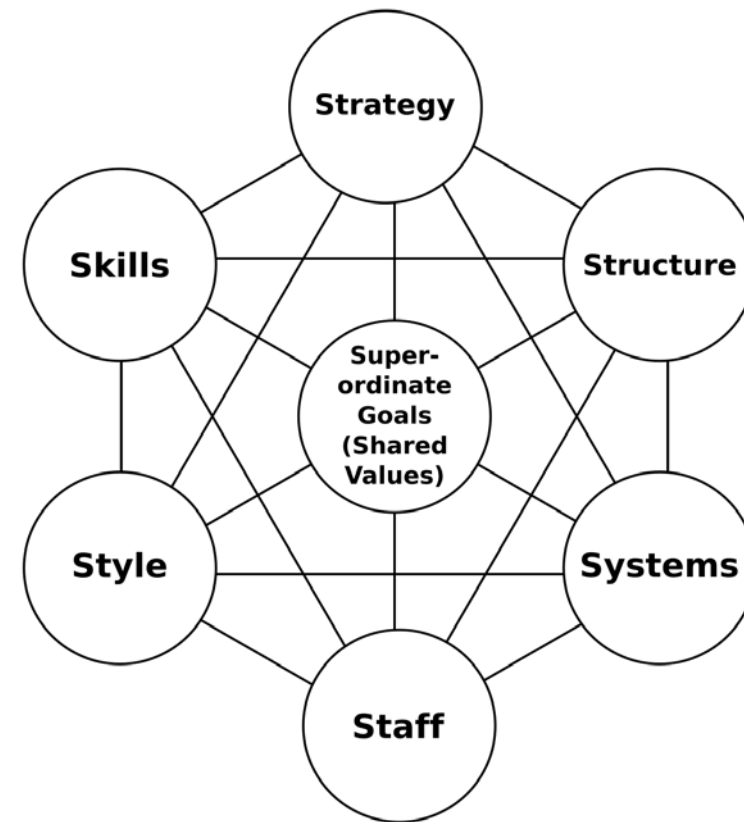
- Reintegration 3 of 6=50%
- JPTC 15 out of 25 = 60%
- CNYC 31 out of 37 = 84%
- YDDC 37 out of 47 = 79%



Next Steps...

Strategic Planning with all BHC Member Agencies focusing on:

- Needs and Gaps
- Leveraging Federal Funds
- Leveraging Medicaid
- Baseline of providers by Goal Type
- Baseline of current practice by Goal Type
- Baseline of people served by Goal Type
- Increase workforce pipeline
- Increase workforce reflective of people served
- Increase quality of services
- Increase coordination and collaboration



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Harris-Maez Family Today

Miquel saw a flyer for NMCAL and called for information about how to get counseling for himself and his family. He was assured that all of them could access services safely through telehealth.

Nancy is still teaching virtually, but Miquel has taken over helping educate their children virtually.

The family's counselor connected Brianna with with Hi-Fidelity Wraparound. Wraparound addressed her underlying needs related to emerging Alcohol Use DO.

The family enrolled both Maria and Andrew in youth counseling to deal with anxiety.

Miquel and Nancy are working with an adult day program to find a solution for Grandmother Ester and is consulting with DDPC regarding guardianship.

The family celebrated Thanksgiving by staying home and playing bingo with extended family via Zoom.

