





HSD Behavioral Health Presentation to LFC

August 26, 2021

BRYCE PITTENGER, LPCC - CEO OF BEHAVIORAL HEALTH COLLABORATIVE NEAL BOWEN, PhD — BEHAVIORAL HEALTH SERVICES DIVISION DIRECTOR

INVESTING FOR TOMORROW, DELIVERING TODAY.

# AGENDA

Time	Presenter	Topics
1:00pm – Neal Bowen		Behavioral Health Encounters
1:20pm		Provider Network Growth
		Federal Funding
1:20pm – 1:30pm	Bryce Pittenger	Behavioral Health Collaborative
1:30pm – 2:15pm		Q and A

# HUMAN SERVICES DEPARTMENT

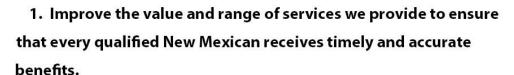
# **MISSION**

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

# **GOALS**



#### We help NEW MEXICANS





#### We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.



# We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.



# We support EACH OTHER

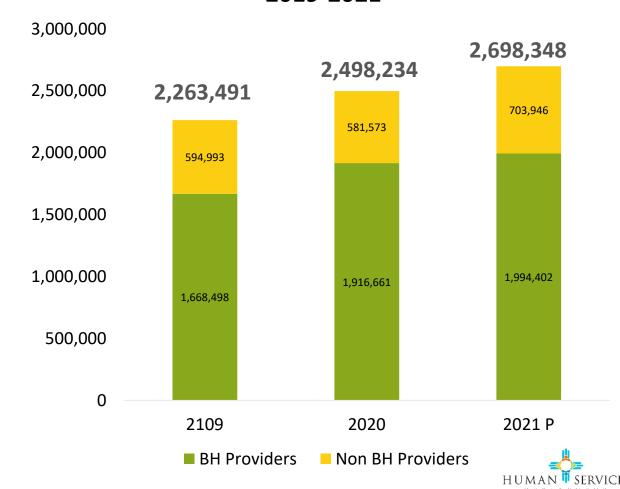
4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

# BEHAVIORAL HEALTH ENCOUNTERS

# BEHAVIORAL HEALTH (BH) ENCOUNTERS 2019-2021

- 2021 values projection based on first 6 months
  - Actuals 2021 Year-to-date
    - Non-BH Providers: 351,973
    - BH Providers: 997,201
    - Includes Medicaid and Non-Medicaid Encounters
- More BH Encounters for Non-BH Providers in 2021
  - Reverses Trend

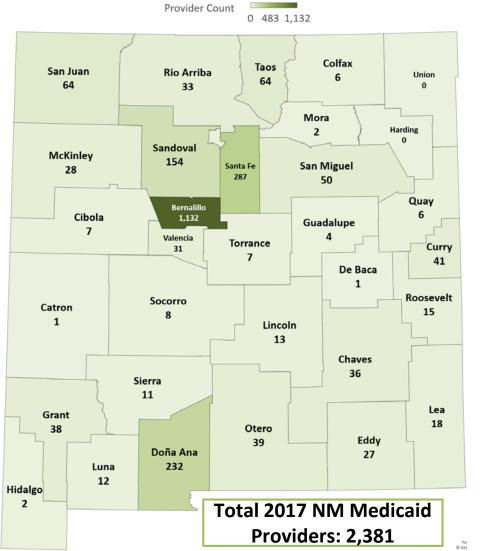
# NM Total Behavioral Health Encounters, 2019-2021



# BEHAVIORAL HEALTH PROVIDER NETWORK GROWTH

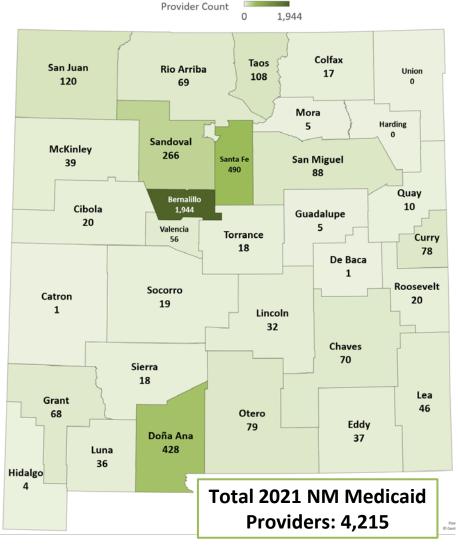
# PROVIDER NETWORK GROWTH 2017 TO 2021





Increase of 1,834 providers (77% growth)

# 2021 Medicaid Core BH Providers by County

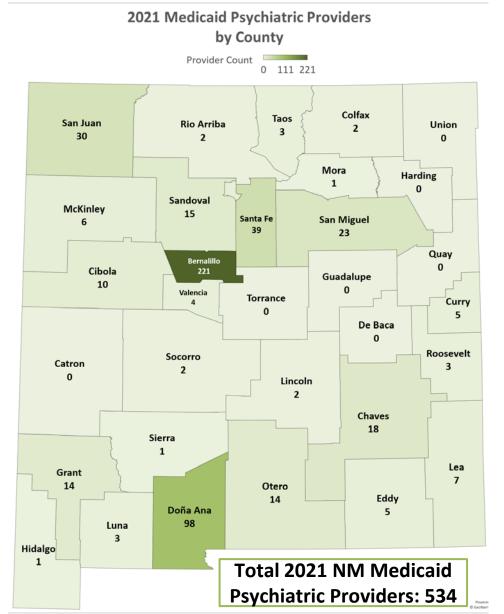


Source: NM HSD, Behavioral Health Services Division based on provider enrollment in the Medicaid system. The totals do include providers who offer services in multiple counties throughout the state, however, have a Medicaid provider identification for each area serviced. Providers who are serving multiple counties may not be serving the county on a full-time basis. Core BH Providers" include Licensed Social Workers – independent and non-independent; Licensed Counselors - independent and non-independent; Psychologists; does not include alcohol and addiction counselors.

## PROVIDER NETWORK GROWTH 2017 TO 2021



Increase of 211 providers (65% growth)



Source: NM HSD, Behavioral Health Services Division based on provider enrollment in the Medicaid system. The totals do include providers who offer services in multiple counties throughout the state, however have a Medicaid provider identification for each area serviced. Providers who are serving multiple counties may not be serving the county on a full-time basis.

# FEDERAL FUNDING

# FEDERAL FUNDING FOR BEHAVIORAL HEALTH IN NM

Federal Funding Source	Amount	One/Multi- year	Year(s)	Estimated New Mexicans Served
Community Mental Health Block	\$4,070,758	2 Year Renewal	Recurring	TBD*
Grant (MHBG)	4	Annual amount		
Substance Abuse Block Grant	\$9,565,630	2 Year Renewal	Recurring	TBD*
(SABG)		Annual amount		
Supplemental Block Grant	\$30,417,874	One Time	3/15/2021 -	TBD*
Funding		Funding	3/14/2023;	
Block Grant Covid Relief			8/1/2021 -	
American Rescue Plan Act (ARPA)			9/30/2025	
Federal Discretionary Grants	\$20,519,555	Multi-Year	Varies by Grant	Varies by Grant
TOTAL FUNDING	\$64,573,817			

<sup>\*</sup>The Block Grant billing mechanism tracks expenditures and number of claims. BHSD is developing a new mechanism that includes the number of people served. Projects in the supplemental funds category are in the planning stages and the number of people served will be determined based on project type.



# MENTAL HEALTH BLOCK GRANT

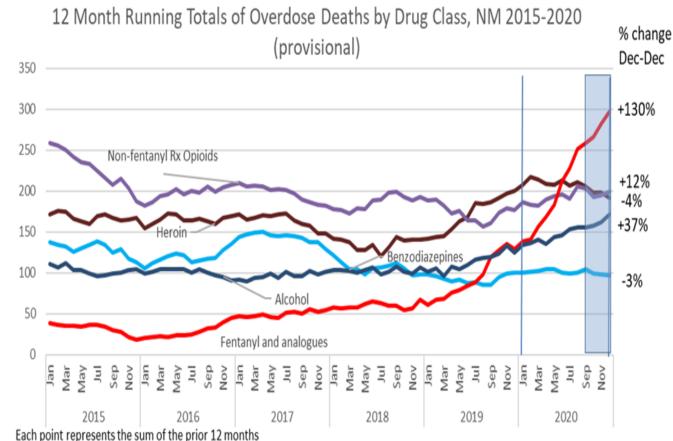
#### TYPICAL SPENDING

- First Episode Psychosis
  - Specialty care program for youth ages
     15-30 years and their families
- Admin 5% (HSD ASD)
- Crisis Systems of Care 5%
  - This is new in 2021, being used to facilitate 988 planning and implementation
  - 988 is nationwide 3-digit number for mental health crisis and suicide prevention services to be operational nationwide by July 2022.



# SUBSTANCE ABUSE PREVENTION AND TREATMENT (SAPTBG)

- Base Funding: \$9,565,630
- Mandated set asides:
  - 20% Minimum for Prevention
    - NM uses 30% for Prevention
  - \$857,201 minimum maintenance of effort for women and dependent children (based on 1992 expenditures)
    - NM budgets \$1.6M
  - Unspecified amount for street outreach
    - NM budgets \$306,000
  - 5% Maximum for Administrative costs



Drug types are not mutually exclusive

2020 data are provisional as of 7/14/21 and subject to change

Source: NM DOH Bureau of Vital Records and Health Statistics death data



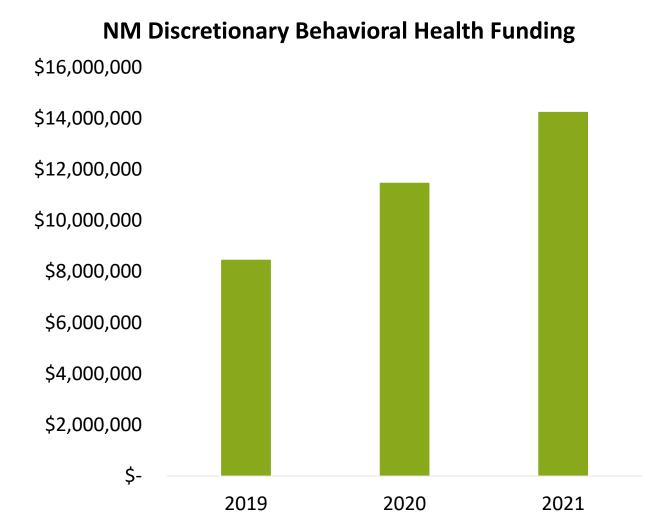
# SUPPLEMENTAL BLOCK GRANT FUNDING

- Part of federal stimulus packages from 2020 and 2021
  - Both MHBG and SAPTBG
  - Same set asides and restrictions
- Decision making governed by:
  - Alignment with HSD/BHSD strategic plan
  - Statewide implication
  - Use of evidence-based modalities
  - Potential for Sustainability
  - Stakeholder Consultation

	COVID 2020 3/2021 -3/2023	ARPA 2021 9/2021-9/2025
Substance Abuse	\$8,965,460	\$7,742,900
Substance Abuse Examples	\$480,000 Strategic Prevention Framework	\$774,290 Detox Service Expansion
Mental Health	\$5,026,825	\$8,862,695
Mental Health Examples	\$465,000 Zero Suicide	\$868,269 Recovery Services Enhancement

# FEDERAL DISCRETIONARY GRANTS

- Based on Congressional funding priorities
  - 19 grants totaling \$14,249,722.93
     in 2021.
- Used to expand services, demonstrate a concept, or otherwise improve system of care.
- Examples:
  - State Opioid Response
  - Opening Doors (treatment for neighbors experiencing homelessness)
  - FEMA COVID Crisis Counseling





# BEHAVIORAL HEALTH COLLABORATIVE BRYCE PITTENGER, CEO

# **MISSION**



To work collectively to improve the lives of New Mexicans by ensuring that Behavioral Health care is-accessible, of high quality, collaborative, fiscally responsible, and meets the needs of our diverse population

# **GOALS**



We connect people to supports

Strengthen and expand services to ensure a coordinated system of care.



We treat the whole person

3. : Effectively address substance use disorder.



We help families and communities

Develop community based mental health services for kids and families.



We advance social equity

 Effectively address behavioral health needs of justice-involved individuals.

# GOAL 1: BEHAVIORAL HEALTH WORKFORCE

# What we accomplished

Adapting Peer service to pandemic expansion Provider Provider rate as partner increases

# Where we're going



# GOAL #1 ACCOMPLISHMENTS: WORKFORCE

#### Adapting to COVID-19 pandemic

- Use of Certified Peer Support Workers (CPSWs) through ESF6 28 CPSWs served 415 people in COVID-19 shelters
- 2. Over 50 CPSWs served as crisis counselors trained by FEMA, assisting over 43,000 people
- 3. Early adaptation and reimbursement for telehealth

#### **Interagency Suicide Prevention Workgroup**

- Public Service announcements
- 2. Wellness promotion...Path to Wellness
- 3. Mental health Mondays
- 4. Began Zero Suicide implementation planning





# GOAL #1: WHERE WE ARE GOING...

#### Improve quality

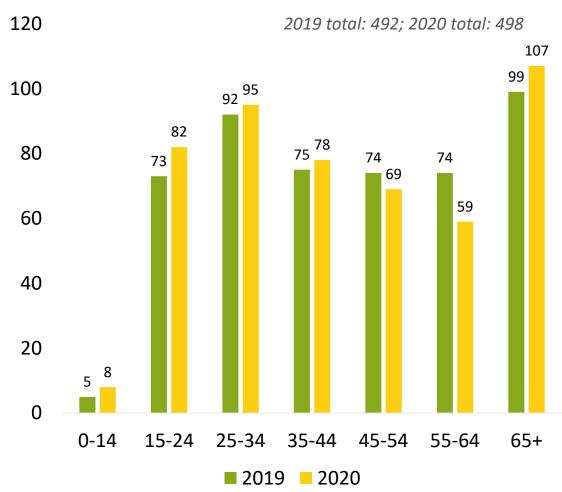
- Use of Evidence Based Practices
- Early childhood Clinical Consultation model <u>ECECD</u>
   <u>Strategic Plan</u>
- NMSU Center of Innovation (<u>COI</u>) coordination
- Increase disability community competency in BH
- Increase Clinical supervision competency

#### **Improve Access**

- Sustain Telehealth
- 988 Crisis Now! Planning efforts aligned
- Suicide Prevention across departments
- Expand referral platform and processes
- No Wrong Door for all

NM had 2<sup>nd</sup> highest suicide death rate in 2018 (14 deaths per 100,000 population

#### NM Suicides by Age Group, 2019-20



Investing for tomorrow, delivering today.

# GOAL #1: WHERE WE ARE GOING...

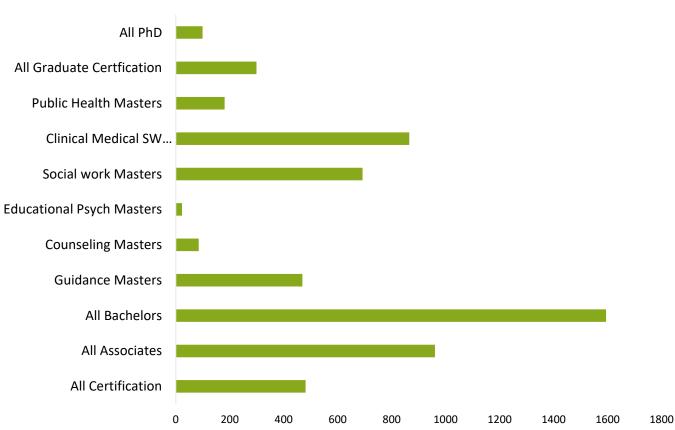
# Increase members of workforce who represent the cultural and racial diversity of NM

- Partner with African American, Hispanic/Latino, and Native American Providers Associations to align efforts to increase workforce diversity
- Explore policy and practice, suggest changes
- Analyze current workforce practitioner language and ethnicity; Analyze prevalence of certified interpretation, cost, training and certification needs

#### Financial incentives (explore)

- Rural Tax credits for counselors and Social Workers
- Federal loan repayment options
- NM Higher education State General Fund loan repayment
- Children, Youth and Families Dept. stipends for loan forgiveness

# NM Behavioral Health Workforce Graduates 2015-2020



# GOAL 2: CHILDREN & YOUTH BH SERVICES

# What we accomplished

Analysis of service array

**Coordination Collaboration** 

Rate development High Fidelity Wraparound Identification of evidence based practices to develop or expand

# Where we're going

Expand
Evidence
based
practices

Expand
High-Fidelity
Wraparound

Reform residential treatment services

Expand prevention services



# GOAL 2 ACCOMPLISHMENTS: CHILDREN & YOUTH

**Analysis**: Understand current provider network and service provision across the state. Determine needed prevalence.

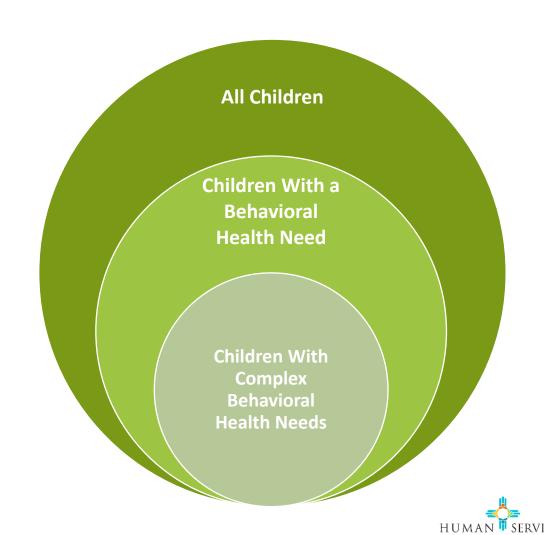
<u>Services Map</u> for children, youth, and family behavioral health services

#### **Collaboration in Process (continue)**

- 1. PED, CYFD, HSD, DOH on School Based Health Centers
- 2. CYFD, HSD, DOH, PED, DDC on special education training and supports
- 3. CYFD/HSD on joint process to offer BH care to children, youth, families with BH needs
- 4. PED, CYFD, HSD, DOH on funding for BH services in schools outside the Individualized Education Plan (IEP)

Rate development: High-Fidelity Wraparound

**Evidence Based Practice development** 



# GOAL 2: WHERE WE'RE GOING

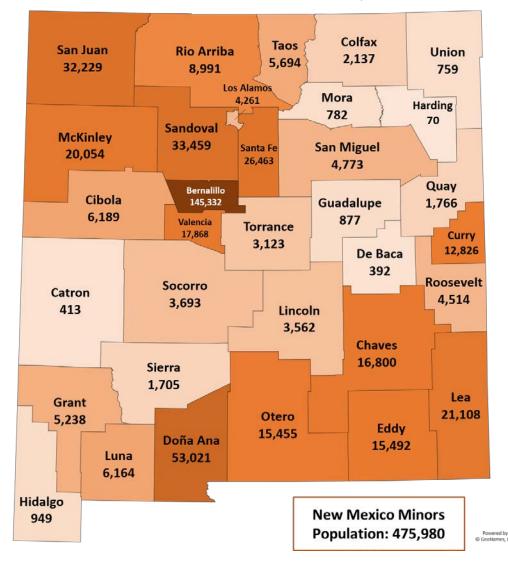
- Expand Evidence based practices training
- Double High-fidelity Wraparound to 35 facilitators
- Reform Residential Treatment Services
  - Building Bridges Initiative: Evidence based national approach to reforming youth RTC's
  - Qualified Residential Treatment
     Program development (regulation change) per the
     Family First Prevention and Services Act <u>FFPSA</u>
  - Target date: October 2021

#### Identify prevention gaps

- Plan to close gaps with (FFPSA) federal funding
- Social Emotional Learning curriculum for PED
- Align suicide prevention ask from Goal #1 for children, youth, and transition age youth

# Minors (Under 18 Years) Resident Population by County as of 2019

Resident Population 70 145,332



# GOAL 3: ADDRESSING SUBSTANCE USE DISORDER (SUD)

# What we accomplished

Where we're going

Evaluation of SUD services using ASAM

Consultation:
Medication
Assisted
Treatment

Adult SUD Residential Treatment Services Evaluation of Prevention and Promotion

Expand
Medication
Assisted
Treatment

Review and create harm reduction strategies

Review and expand use of screens throughout system

Expand prevention and intervention services for youth



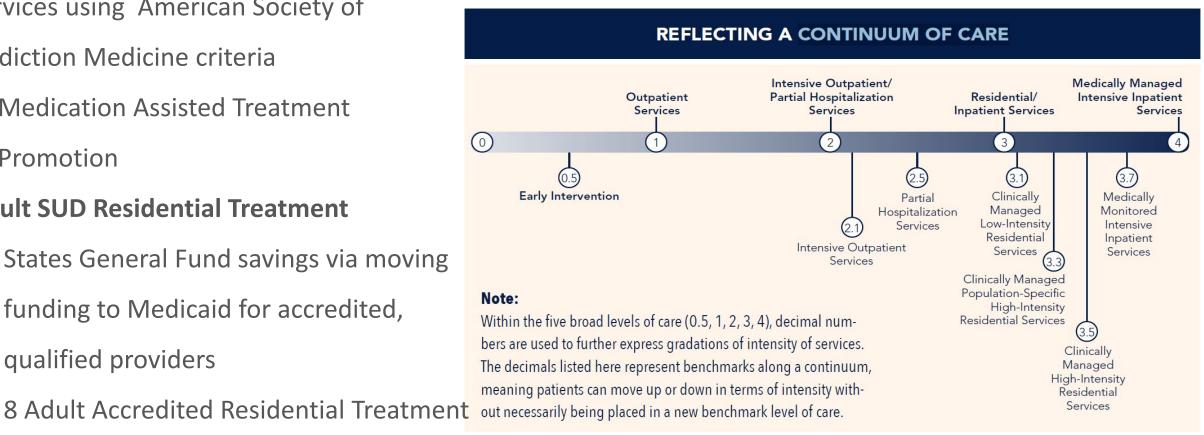
## GOAL #3 ACCOMPLISHMENTS: SUBSTANCE USE DISORDER

**Evaluation** of substance use disorder services using American Society of Addiction Medicine criteria

Medication Assisted Treatment Promotion

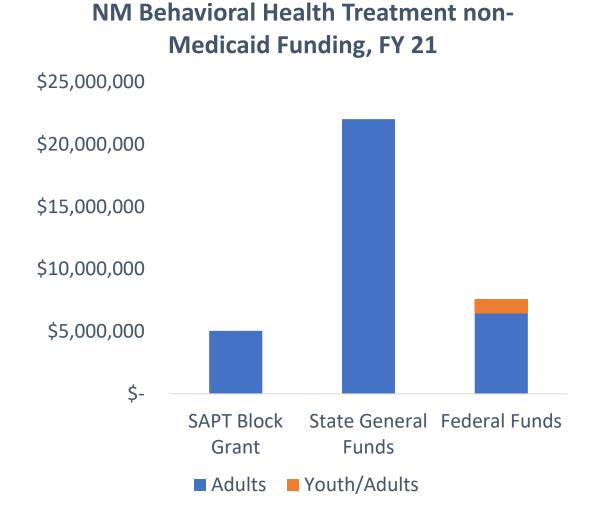
#### **Adult SUD Residential Treatment**

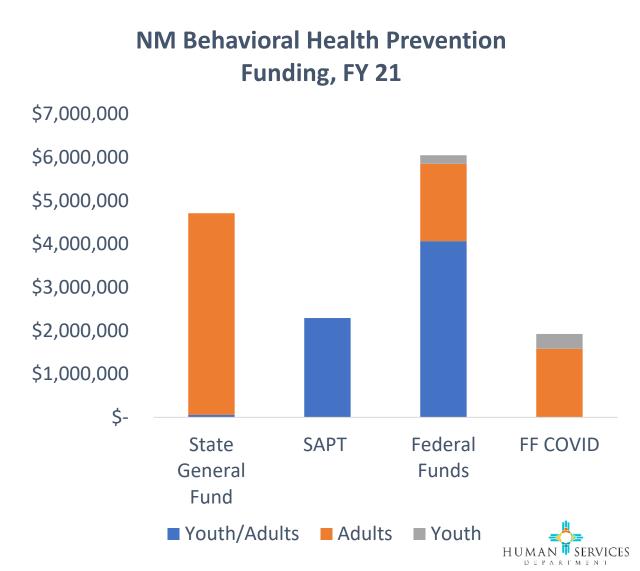
- States General Fund savings via moving funding to Medicaid for accredited, qualified providers
- Centers (AARTC), 236 beds, 7 ARTC's in process





# GOAL #3: SUBSTANCE USE DISORDER FY21 FUNDING





# GOAL #3: WHERE WE ARE GOING...

# **Expand Medication Assisted Treatment**

- Develop Strategy with Pew and National Governor's Assoc
- Develop pilot with NMCD
- Continue to develop and expand
   Opioid Treatment Programs
- Explore mobile means for rural areas

#### **Harm Reduction**

 Maintain NARCAN supply and distribution (FY 2021 YTD 2,682 trained; at least 300 overdose reversals)



https://doseofreality.com/

# GOAL 4: SERVICES FOR JUSTICE-INVOLVED INDIVIDUALS

# What we accomplished

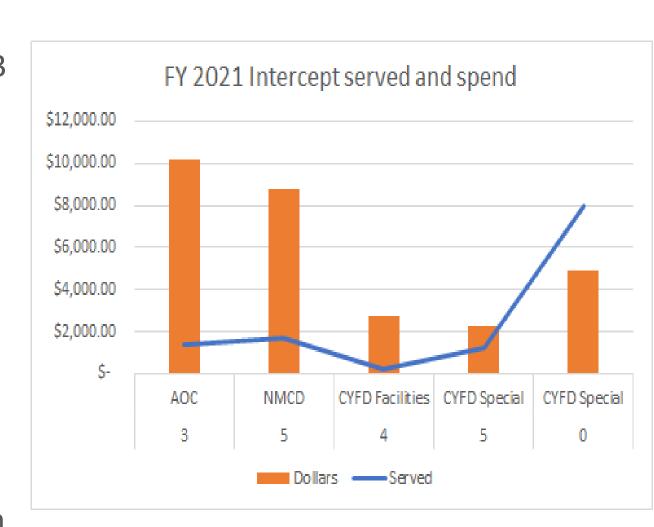
# Where we're going



Medication Sequential **Assisted** Intercept Treatment Prevention Harm Treatment Reduction for youth

# GOAL #4: WHAT WE HAVE DONE FY2021

- Intercept 0: CYFD 7991 served \$4.9 million
- Intercept 1: BHSD Pre-arrest diversion \$3.3 million
- Intercepts 2-5: BHSD \$6.1 million RISE,
   Veterans, Forensics, Peer support
- Intercept 3: AOC Treatment Courts 1389 served for \$10.2 million
- Intercept 4: CYFD facilities 207 served for \$2.7 million
- Intercept 5: NMCD probation and parole programs 1725 served for \$8.7 million
- Intercept 5: CYFD alternatives to detention 1235 served for \$2.2 million





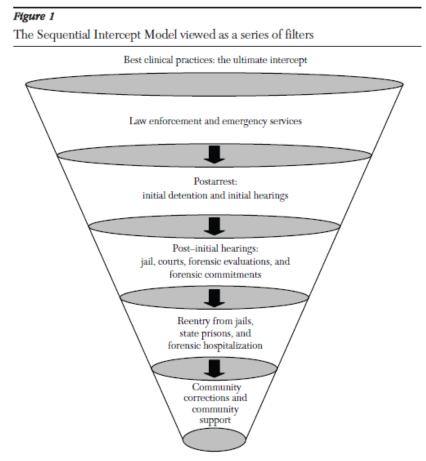
# GOAL #4: WHERE WE ARE GOING...

#### **Sequential Intercept**

- Plan to increase intercepts service and supports
- Collaborative with Courts on Z-team initiative
- Align federal and state funds to strengthen hub and spoke model

#### **Medication Assisted Treatment**

- Increase qualified prescribers, and number of people they are serving, with MAT for Opioid Use Disorder
- Align MAT across intercepts
  - PEW project (BHC, DOH, NMCD, HSD, GOV)
  - National Gov's Association (BHC, DOH, NMCD, GOV, HSD)
  - NMCD/HSD pilot (details in development, Roosevelt County September 2021)





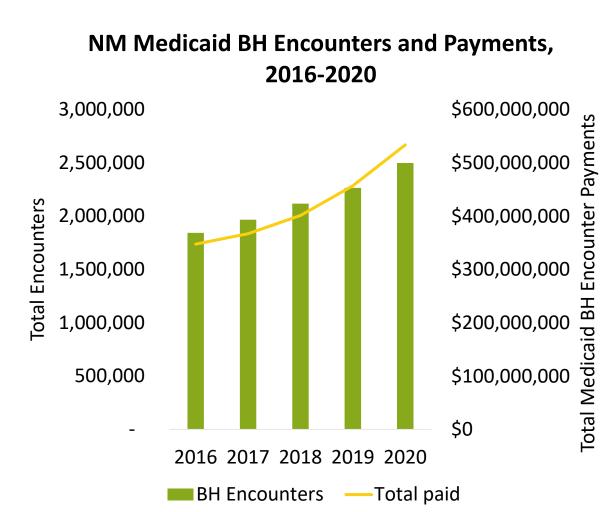




# QUESTIONS

# BH ENCOUNTERS RISING AS PAYMENTS RISE

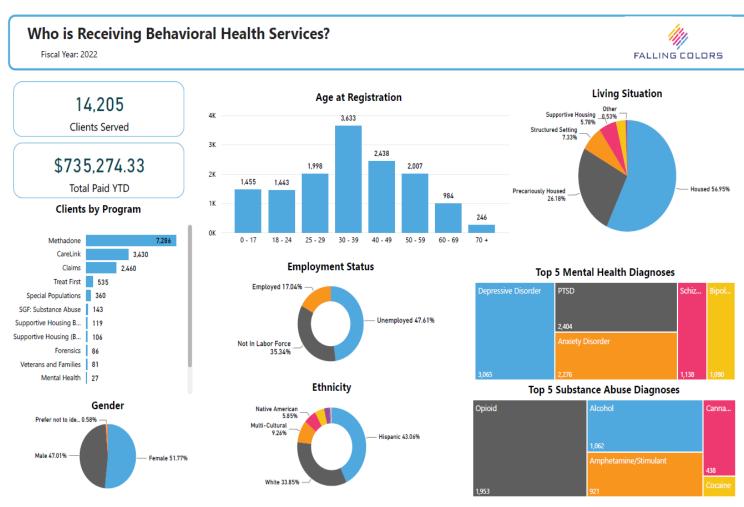
- Medicaid payments for all BH services rising:
  - 2016: \$347.5M
  - 2020: \$534M
  - 2021 YTD: \$282.8M
    - 2021 Projected: \$707M
- Encounters also rising:
  - **2016**: 1,843,863
  - **2**020: 2,498.234
  - 2021 YTD: 1,349,174
    - **2021** Projected: 3,372,935



# DISCRETIONARY GRANT: BRIDGES 2 WELLNESS

Bridges 2 Wellness Grant is a Promoting Integration of Primary and Behavioral Health Care federal grant supporting:

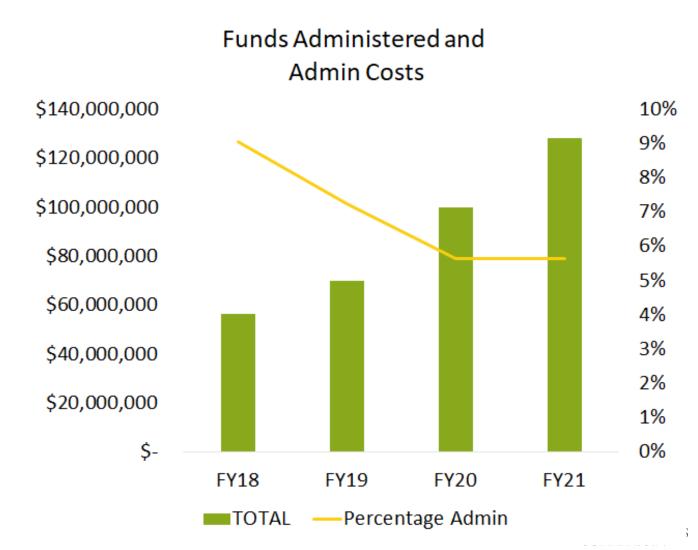
- Intensive support and coordination for Serious Emotional Disturbance/Serious Mental Illness/Substance Use Disorder patients with chronic medical conditions.
- Guidance Center of Lea County receiving funds allowing revamped assessment and treatment plan to be fully integrated, system wide.
- Hidalgo Medical Services creating new internal referral system for better access to specialty BH care with funding support.





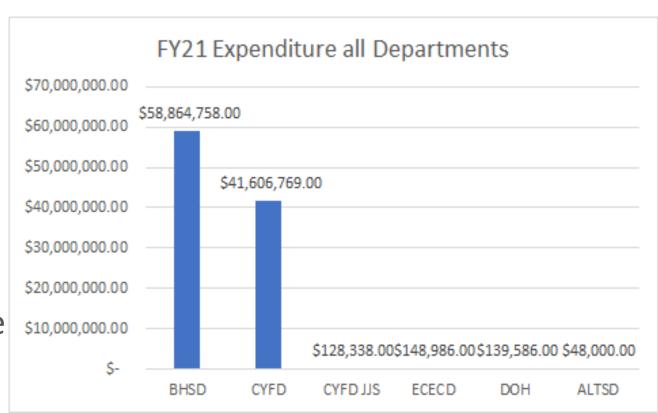
# MANAGEMENT OF NON-MEDICAID FUNDS

- SGF and Federal Funds
   Through Administrative
   Service Organization
   (ASO): Falling Colors
  - BHSD and CYFD



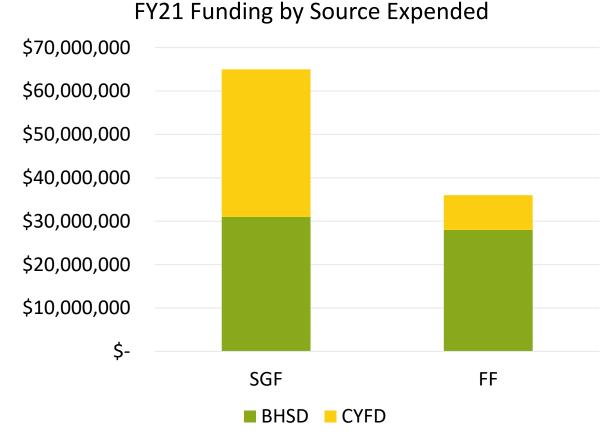
# ADMINISTRATIVE SERVICES ORGANIZATION

- 35,918 people served
- 340 active providers
- \$25.5 million in claims
- \$15 million CYFD/Protective Services
- \$14 million CYFD/Domestic Violence
- \$7 million SGF Substance Abuse
- •\$6 million Opioid SOR grant
- \$5 million Prevention

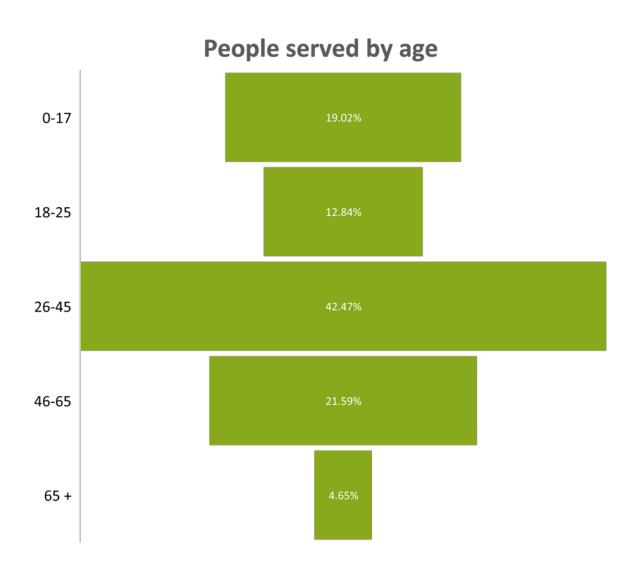


# ADMINISTRATIVE SERVICES ORGANIZATION

- \$12.8 million SGF Substance Abuse BHSD
- \$9 million Mental Health BHSD
- •\$5.1 million Supportive Housing BHSD
- •\$3.8 million Youth Shelter CYFD



# CLIENT SERVICES BY COUNTY



County	Clients	Expended Amount
Bernalillo	14,768	\$7,381,219.03
Dona Ana	4,655	\$1,988,644.96
Santa Fe	3,742	\$3,744,992.13
Lea	2,191	\$1,117,139.90
Sandoval	1,797	\$738,611.01
San Juan	1,551	\$2,236,138.75
Curry	1,406	\$399,593.69
Rio Arriba	1,326	\$1,093,550.84
Valencia	811	\$202,218.14
Eddy	804	\$1,616,116.33
Grant	700	\$157,024.06
Chaves	653	\$623,634.53
Taos	597	\$933,306.28
Mckinley	533	\$2,065,806.12
Roosevelt	409	\$82,735.47
San Miguel	320	\$93,034.27
Otero	278	\$192,271.95
Colfax	254	\$246,123.95
Cibola	160	\$157,733.52
Quay	159	\$56,626.57
Socorro	116	\$72,914.32
Luna	111	\$67,475.23
Hidalgo	102	\$5,173.09
Lincoln	100	\$33,385.62
Torrance	85	\$49,680.50
Union	46	\$47,517.31
Sierra	40	\$6,405.00
	35	\$63,704.18
Catron	29	\$23,685.72
De Baca	18	\$160.00
Los Alamos	12	\$16,831.43
Total	35,918	\$25,517,504.38

