



BEHAVIORAL HEALTH COLLABORATIVE FY21 BUDGET REQUEST
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BRIAN BLALOCK (CYFD), DAVID SCRASE (HSD); BRYCE PITTENGER, BHC CEO

NOVEMBER 20, 2019

BEHAVIORAL HEALTH COLLABORATIVE (BHC)

Agencies

1. Aging and Long-Term Services
2. Children, Youth, & Families Department
3. Corrections Department
4. Department of Health
5. Department of Workforce Solutions
6. Higher Education Department
7. Human Services Department
8. Indian Affairs Department
9. Public Education Department

Leadership

- Separation of Director of Behavioral Health Services Division (BHSD) in HSD and BHC CEO, recognizing success requires a singular focus of leadership.
 - Bryce Pittenger: Interim BHC CEO
 - Neal Bowen: BHSD Director
- BHC Meets quarterly
- Cabinet Secretaries meet monthly.
- Interagency team (Children's Cabinet, Governor's Office) accountable to goals.



BH PREVALENCE IN US & NEW MEXICO

ANNUAL ESTIMATED PREVALENCE AMONG U.S. ADULTS, BY CONDITION, 90,000,000 CLIENTS:

1. Anxiety Disorders: 53% of total (48 M)
2. Major Depressive Episode: 20% (18 M)
3. Posttraumatic Stress Disorder: 10% (9 M)
4. Bipolar Disorder: 8% (7 M)
5. Borderline Personality Disorder: 4% (3.5 M)
6. Obsessive Compulsive Disorder: 3% (3 M)
7. Schizophrenia: 2% (1.5 M)

<https://www.nami.org/learn-more/mental-health-by-the-numbers>

NM MEDICAID CLIENTS WITH MENTAL DISORDERS DIAGNOSES, 2019, 176,307 CLIENTS:

1. Depressive Disorders: 48% of total (85,105)
2. Anxiety Disorders: 48% (84,520)
3. Trauma and Stressor Related Disorders: 37% (64,653)
4. Neurodevelopmental Disorder: 12% (21,809)
5. Bipolar and Related Disorders: 10% (18,172)
6. Schizophrenia Spectrum/Psychotic Disorders: 7% (11,766)
7. Disruptive, Impulse Control, and Conduct Disorders: 6% (11,088)

Source: Internal Analysis of Medicaid Data, CYFD, 2019

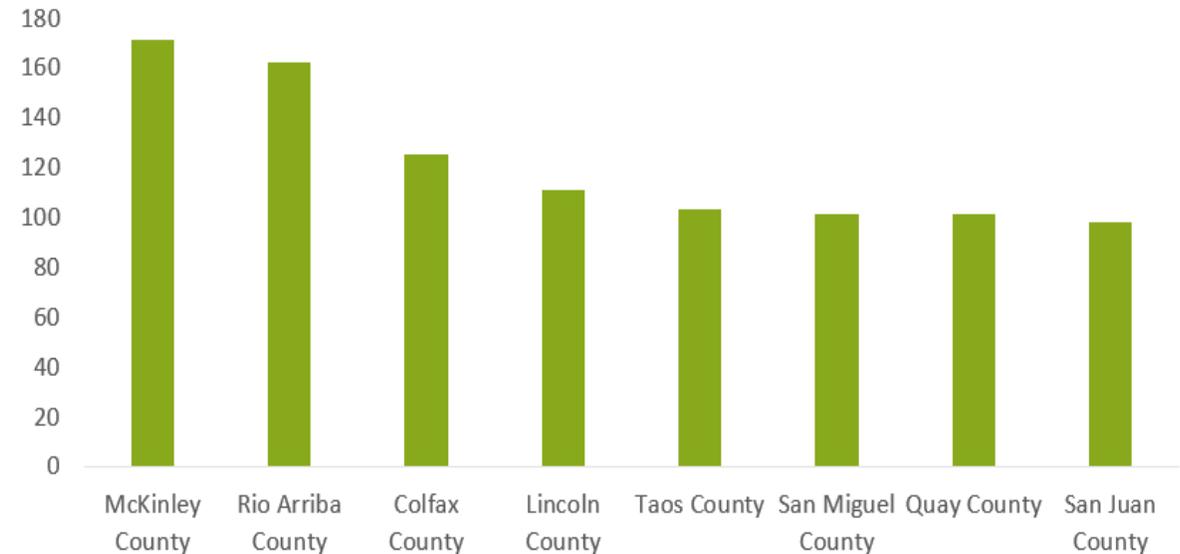


HIGH COSTS OF SUD & BH: DEATHS OF DESPAIR

- Deaths of despair are a primary reason why NM's health status is worsening relative to U.S.
- Disability adjusted life years (DALYs) combine premature years of life lost with years lived with a disability for a population
 - The goal is to have the lowest number of DALYs

DEATHS OF DESPAIR RATES, COUNTIES WITH HIGHEST RATES, NM, 2016-2018

DEATHS PER 100,000 POPULATION, AGE-ADJUSTED

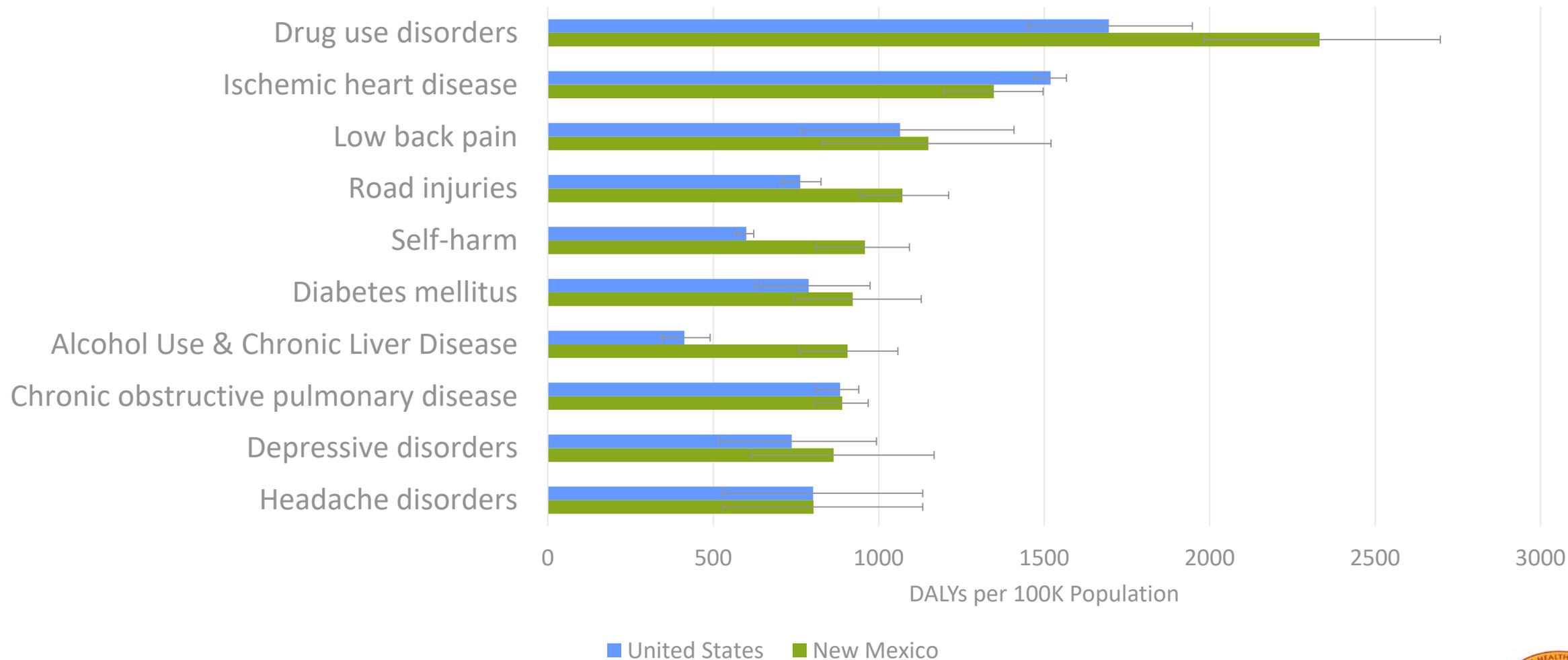


Source: NMDOH Epidemiology and Response Division, Bureau of Vital Records and Health Statistics
 Deaths of despair include deaths from suicide, drug overdose and 100% alcohol-attributable causes. Note that deaths that are 100% attributable to alcohol do not include all alcohol-related deaths. For instance, motor vehicle crashes and liver cirrhosis are often, but not always, attributable to alcohol and are not included in this definition of "deaths of despair."



DALYS: TOP 10 CONDITIONS AGE-STANDARDIZED

NEW MEXICO VS. US, 2017



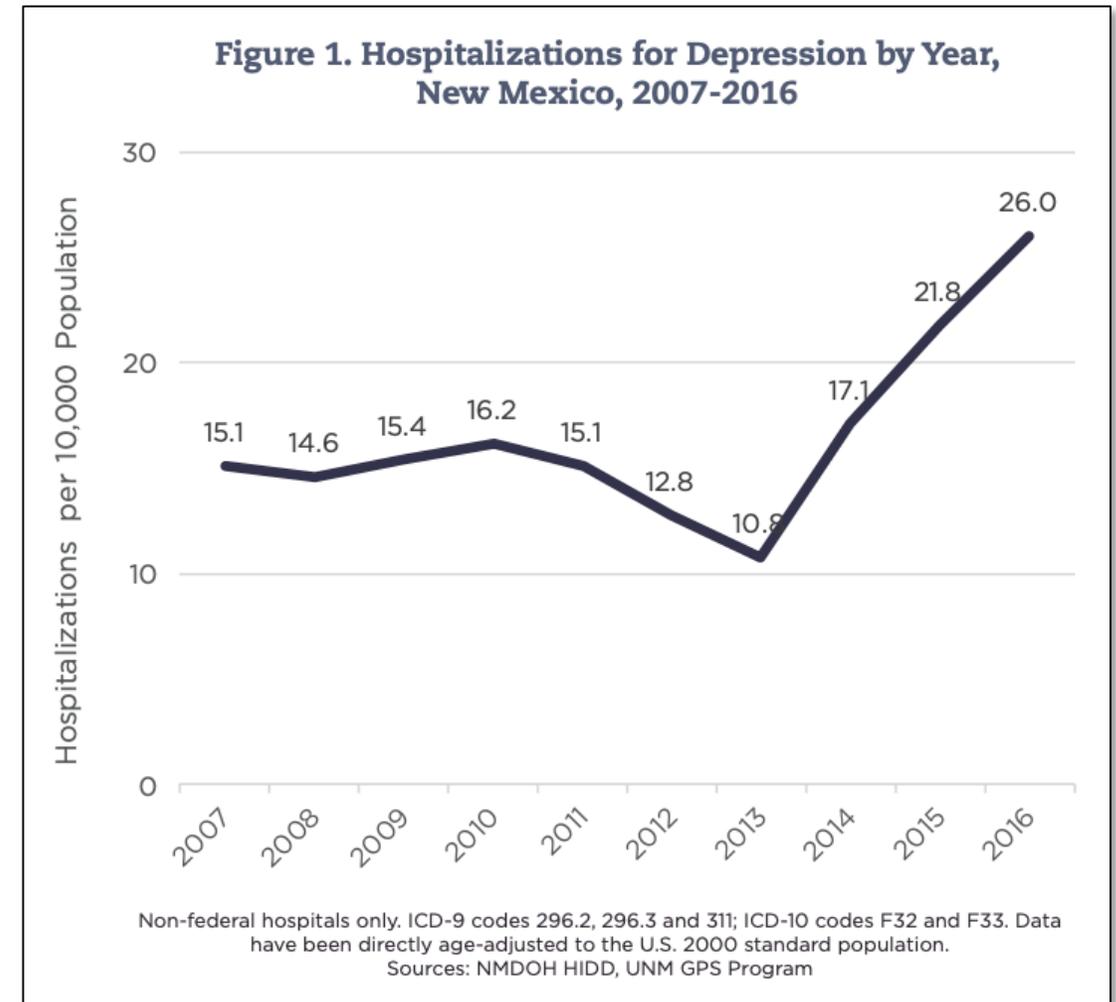
Source: University of Washington, Institute for Health Metrics and Evaluation, GBD Compare



HIGH COSTS OF SUD & BH

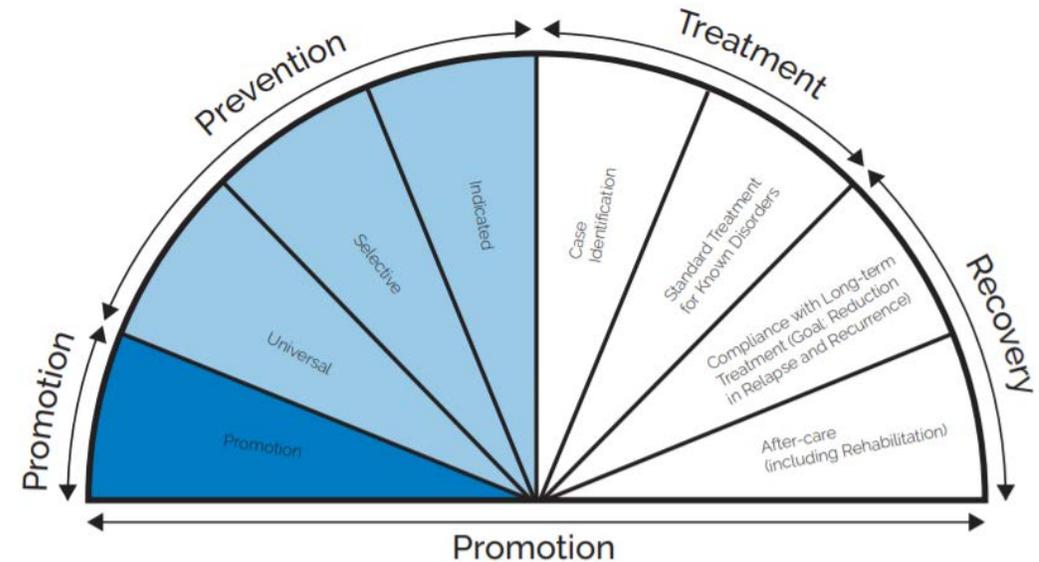
- Untreated mental illness cost ~\$100 B annually in lost productivity.
- People with depression have 40% higher risk of developing cardiovascular and metabolic diseases (those with SMI are nearly 2x as likely).
- NM loses at least \$8 B lifetime earnings for children under 20 affected by childhood psychological and substance use.

Source: <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health/index.shtm> (Results First, June 2017)



PREVENTION & TREATMENT SAVES LIVES & BUDGETS

- A 2016 study found increased investments in BH globally would lead to 43 M extra years of healthy life between 2016-2030 (economic value of \$310 B).
- Benefit to cost ratios of BH global investments are 2.3–3:1 (economic benefits), increasing to 3.3–5.7:1 when health returns also included.



Promotion — These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.

Prevention — Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.

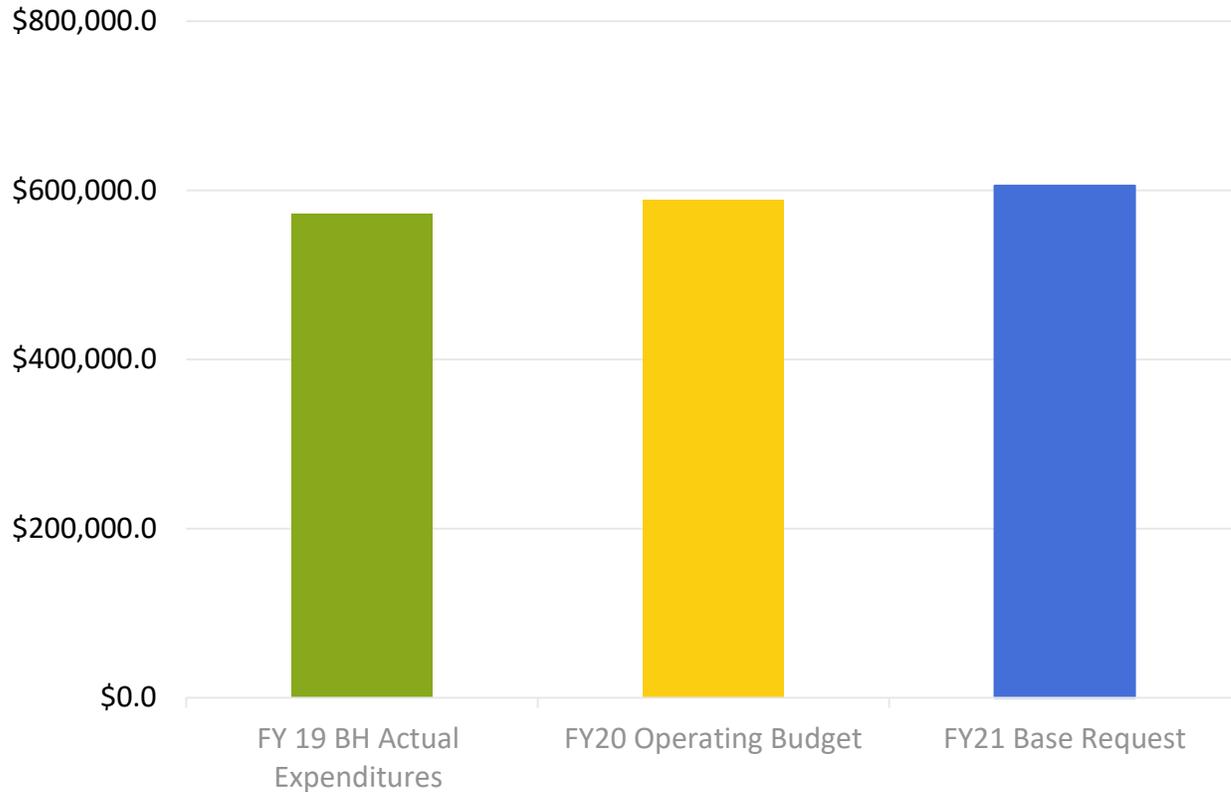
Treatment — These services are provided for individuals diagnosed with a substance use or other behavioral health disorder.

Recovery — These services support individuals' abilities to live productive lives in the community.

Source:
www.samhsa.gov/prevention

BH INVESTMENTS: HSD OVERVIEW

BHC FY21 Compilation Summary: HSD



	FY20 Operating Budget	FY21 Base & Expansion Request
Medicaid BH FFS	\$39,200.7	\$38,049.0
CC 2.0 BH	\$353,472.6	\$358,853.0
Medicaid Expansion BH	\$138,545.7	\$148,630.0
BHSD SUD	\$32,453.9	\$32,077.7
BHSD Community Services	\$24,584.7	\$34,390.7
Total	\$588,257.6	\$612,000.4

Source: HSD FY21 Budget Request, BHSD Division, Submitted to DFA, 2019

BHSD Community Services is the FY21 Expansion Request



CORTEZ FAMILY*

- Parents Tom (38) and Erica (38) years old, born and raised in NM, with 3 children.
- Multilingual: English and Spanish.
- Both have HS education; Tom is certified electrician and Erica is stay-at-home parent.
- Devoted to family- Tom's parents, Cynthia, lives with the family.
- Live in a rural area, enjoy cycling and hunting as a family. (Closest provider is 60 minutes away).
- Family lacks a computer, but owns smartphones.

* To protect confidentiality, the Cortez family is a composite of several HSD customers

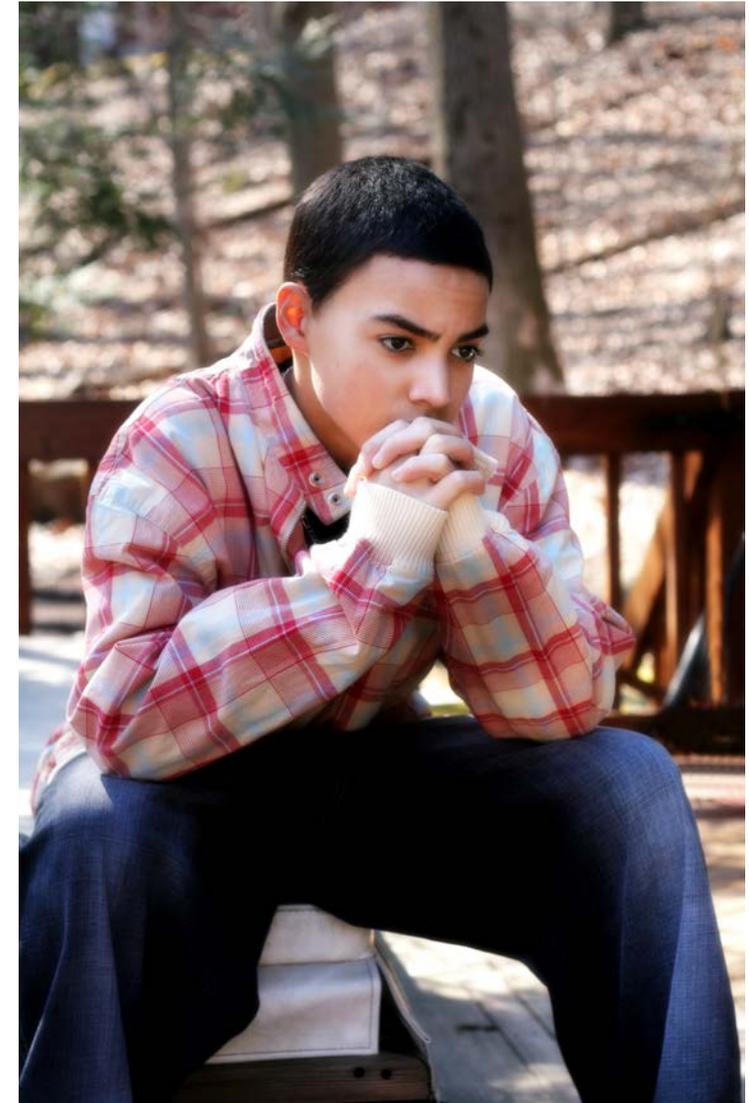


Cortez family left to right: John, Tom Jr., Erica, Cynthia, Nicole, Tom Sr. Eldest child, Daniel, not pictured.

CORTEZ FAMILY*

- Tom is serving a 26-month sentence for a nonviolent substance use-related offense.
- Erica is experiencing chronic sadness and anxiety- difficulty seeking treatment.
- Tom's father, Tom Sr., currently hospitalized (complications related long-term alcohol use).
- Cynthia is a caretaker to the grandchildren, and is concerned about family finances and her own health.
- Eldest child, Daniel, currently resides in juvenile justice facility due to substance use and fighting on-campus.

* To protect confidentiality, the Cortez family is a composite of several HSD customers.



BEHAVIORAL HEALTH COLLABORATIVE

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.

FY 21 BUDGET REQUEST HIGHLIGHTS

- Total GF request of \$32,253.0
- Federal funds leveraged: \$12,138.0–\$18,138.0*
- People served: 61,038*
- Providers/Organizations reached: 3,052*
- Housing Supports: \$10,900.0
- Children's Supports: \$9,630.0

**Projections*



GOAL 1: BUILD A NEW BH PROVIDER NETWORK

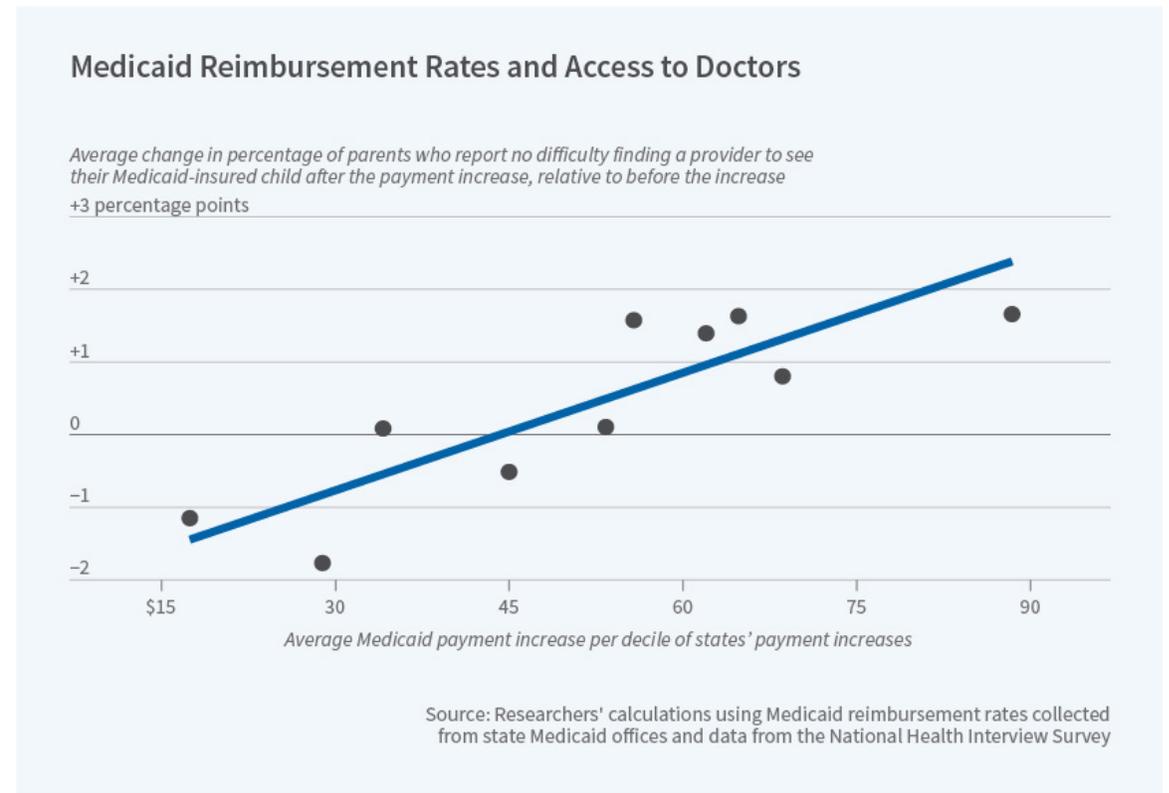
ERICA CORTEZ



GOAL 1: BUILD A NEW BH PROVIDER NETWORK

Goal 1 YTD Progress

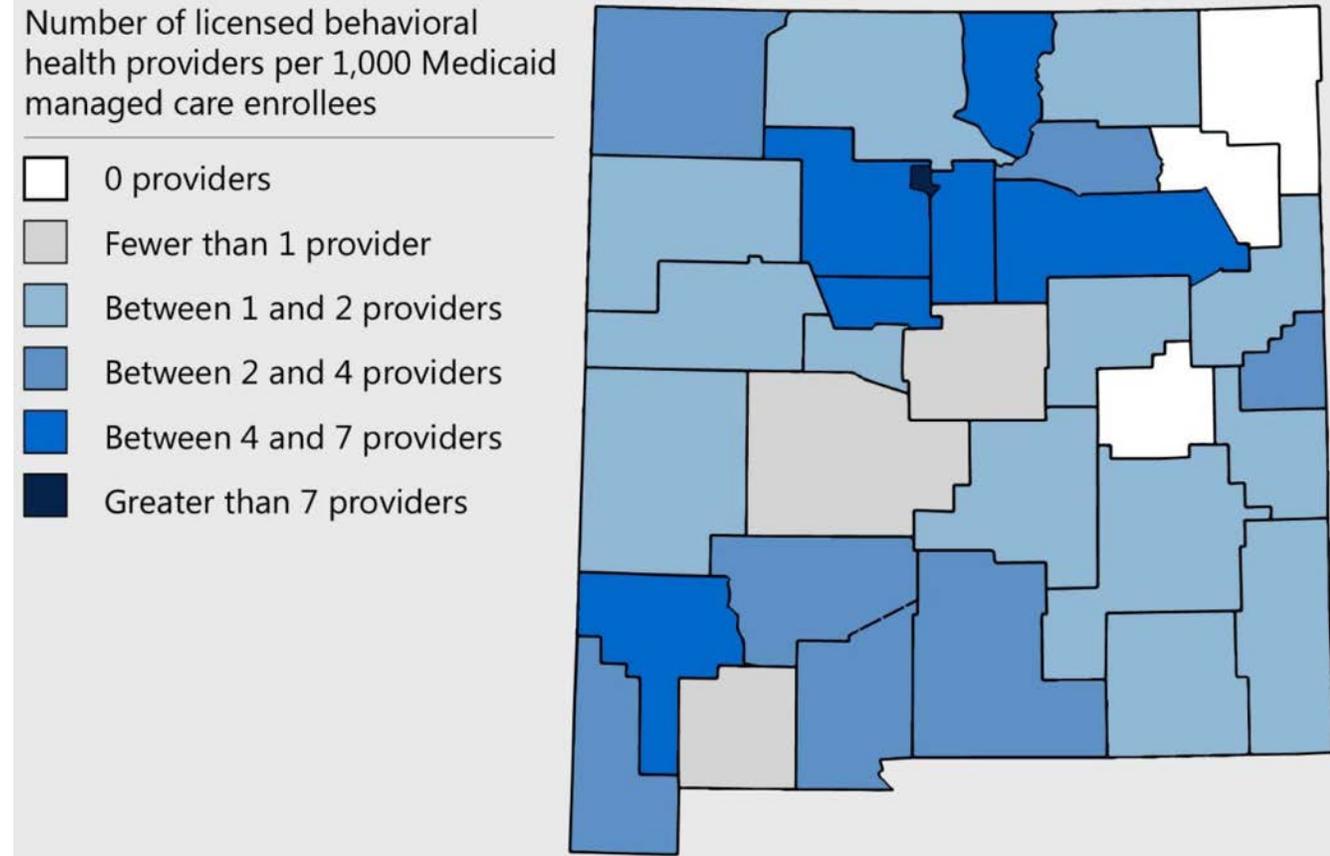
- 10/1 Medicaid BH Provider Rate Increases \$58,600.0.
- [HB 480](#) Graduate Medical Education Expansion Grants for primary care residency programs.
- Settled half of BH lawsuits and we are in the process of settling remaining half.



GOAL 1: BUILD A NEW BH PROVIDER NETWORK

Goal 1 Room for Growth

- 2019 HHS OIG report identified BH provider shortages in every county.
- Only 30% of NM BH providers serve Medicaid managed care enrollees.
- BH performance incentives in managed care contracts.



Source: <https://oig.hhs.gov/oei/reports/oei-02-17-00490.pdf>



GOAL 1 FY21 BUDGET REQUEST: BUILD A NEW BH PROVIDER NETWORK (\$11,450.0 GF)

MAJOR REQUESTS

- Physician training assistance and financial aid for non-physicians (HSD): \$1,250.0
- Startup fund for businesses (HSD): \$1,000.0
- Medicaid BH provider rate increases (HSD): \$4,000.0
- Supportive Housing (HSD): \$4,000.0

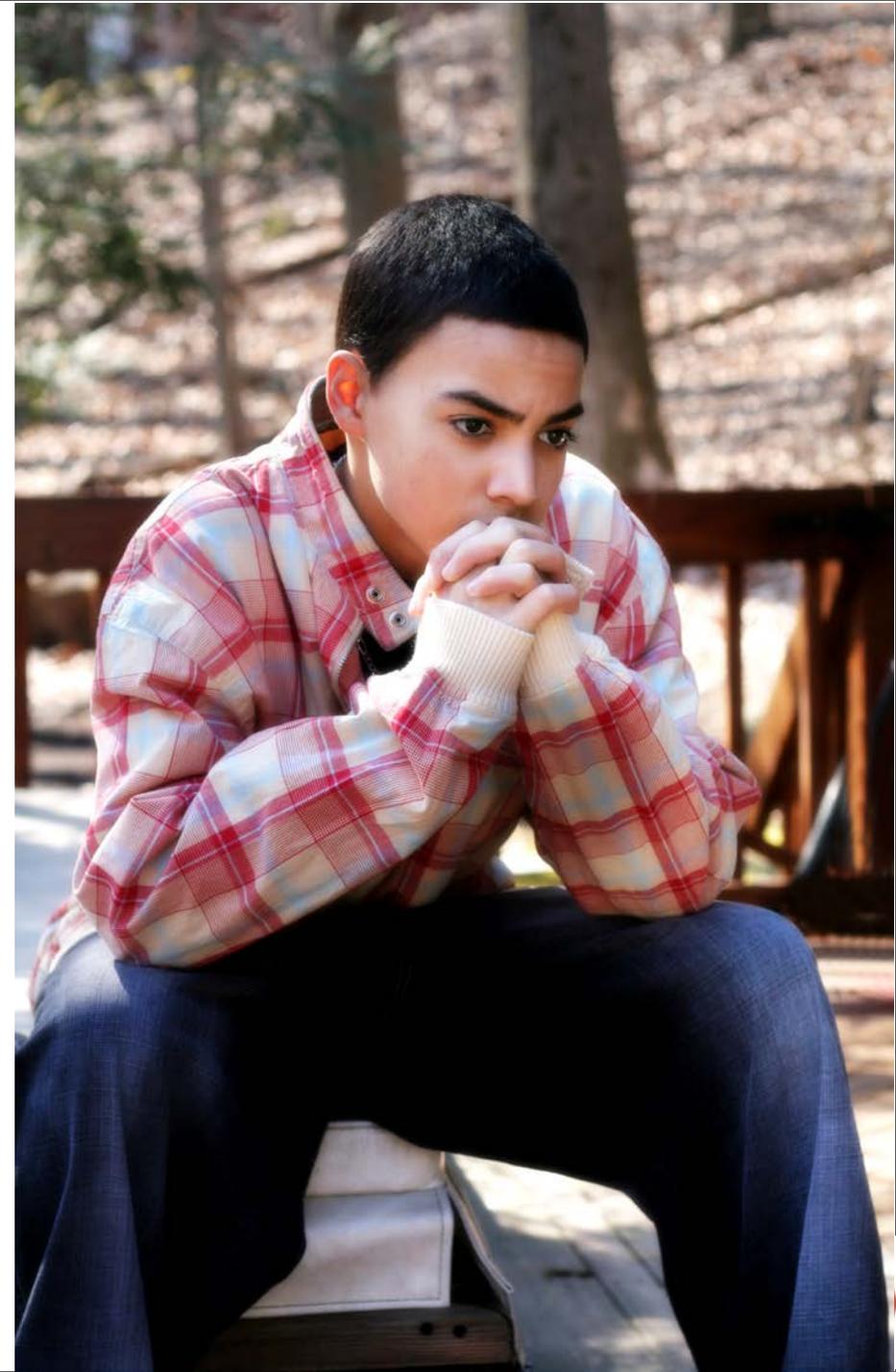
PROJECTED RETURN ON INVESTMENT

- Federal funds leveraged: \$11,584.0
- People served: 51,296
- Providers engaged: 2,750+



GOAL 2: DEVELOP COMMUNITY BASED MENTAL HEALTH SERVICES FOR KIDS AND FAMILIES

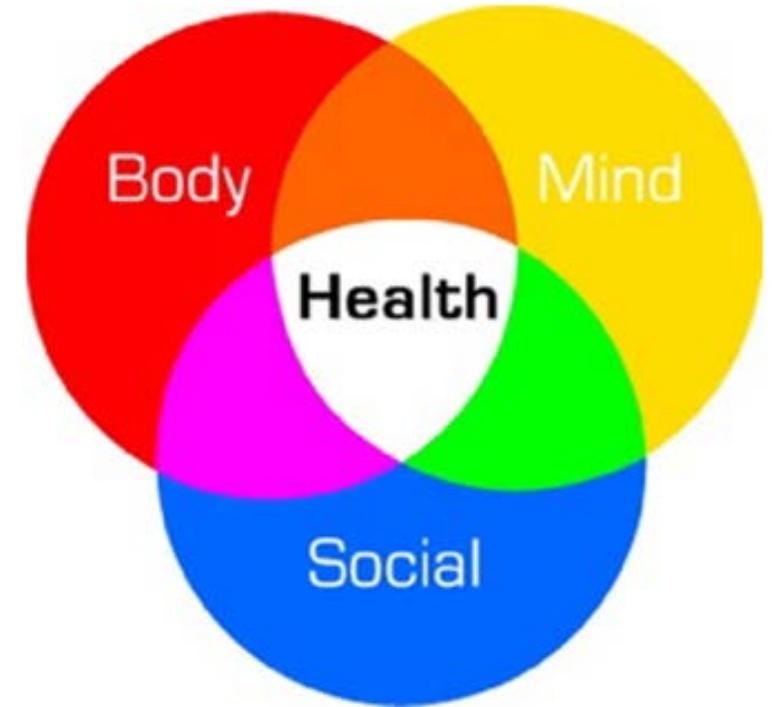
DANIEL CORTEZ



GOAL 2: DEVELOP COMMUNITY BASED MENTAL HEALTH SERVICES FOR KIDS & FAMILIES

Goal 2 2019 Progress

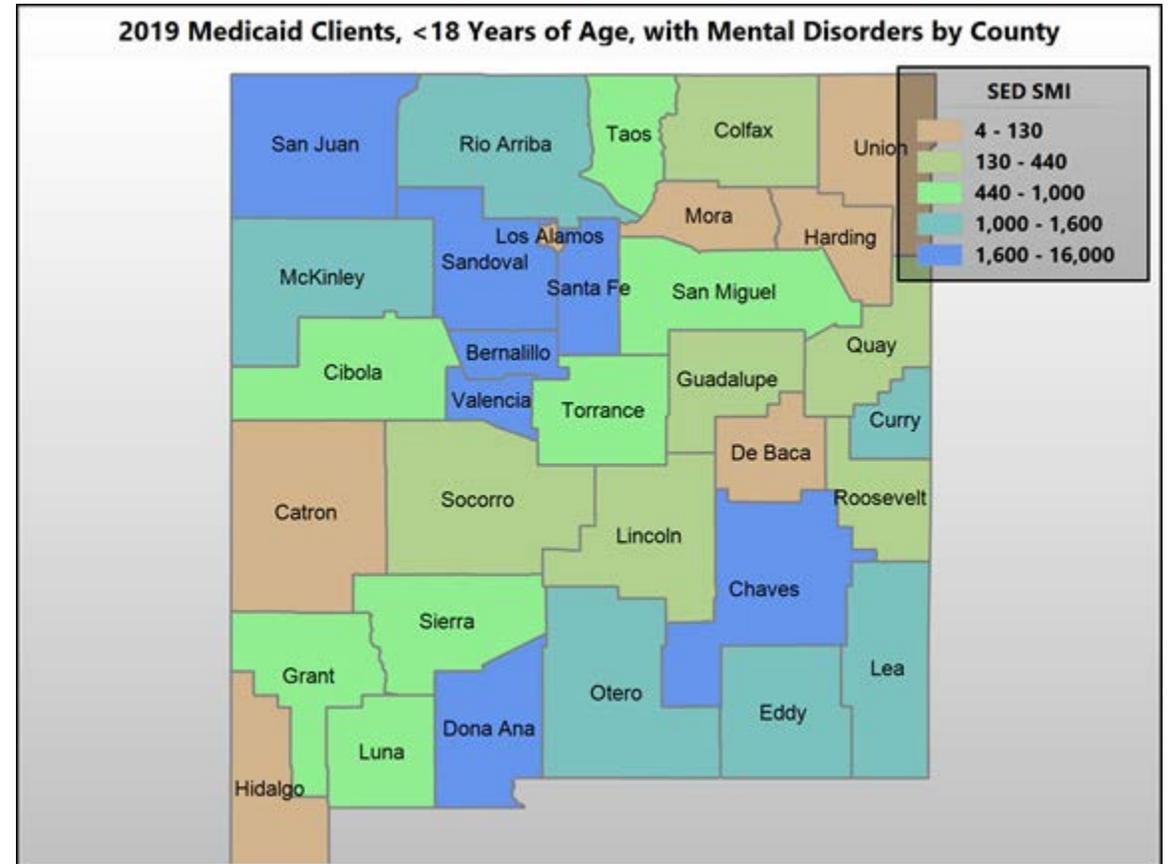
- 5 projects: infant mental health, high fidelity wraparound, behavior management services, family certified peer support, and EMS corps.
- Launched data modules and tools including CANS/ACES, CARA portal, and child sex trafficking assessments for all eligible CYFD clients.
- Awarded federal grant (\$3 M/year x 4 years) for crisis stabilization, wraparound, youth peer support, and respite.
- Increased collaboration with school-based health centers.



GOAL 2: DEVELOP COMMUNITY BASED MENTAL HEALTH SERVICES FOR KIDS & FAMILIES

Goal 2 Room for Growth

- Trauma responsive
- Multi-generational
- Community based services
- Reflective of population served
- Leveraging federal programs (e.g., Families First)



GOAL 2 FY21 BUDGET REQUEST: DEVELOP COMMUNITY BASED MENTAL HEALTH SERVICES FOR KIDS & FAMILIES (\$9,618.0 GF)

MAJOR REQUESTS

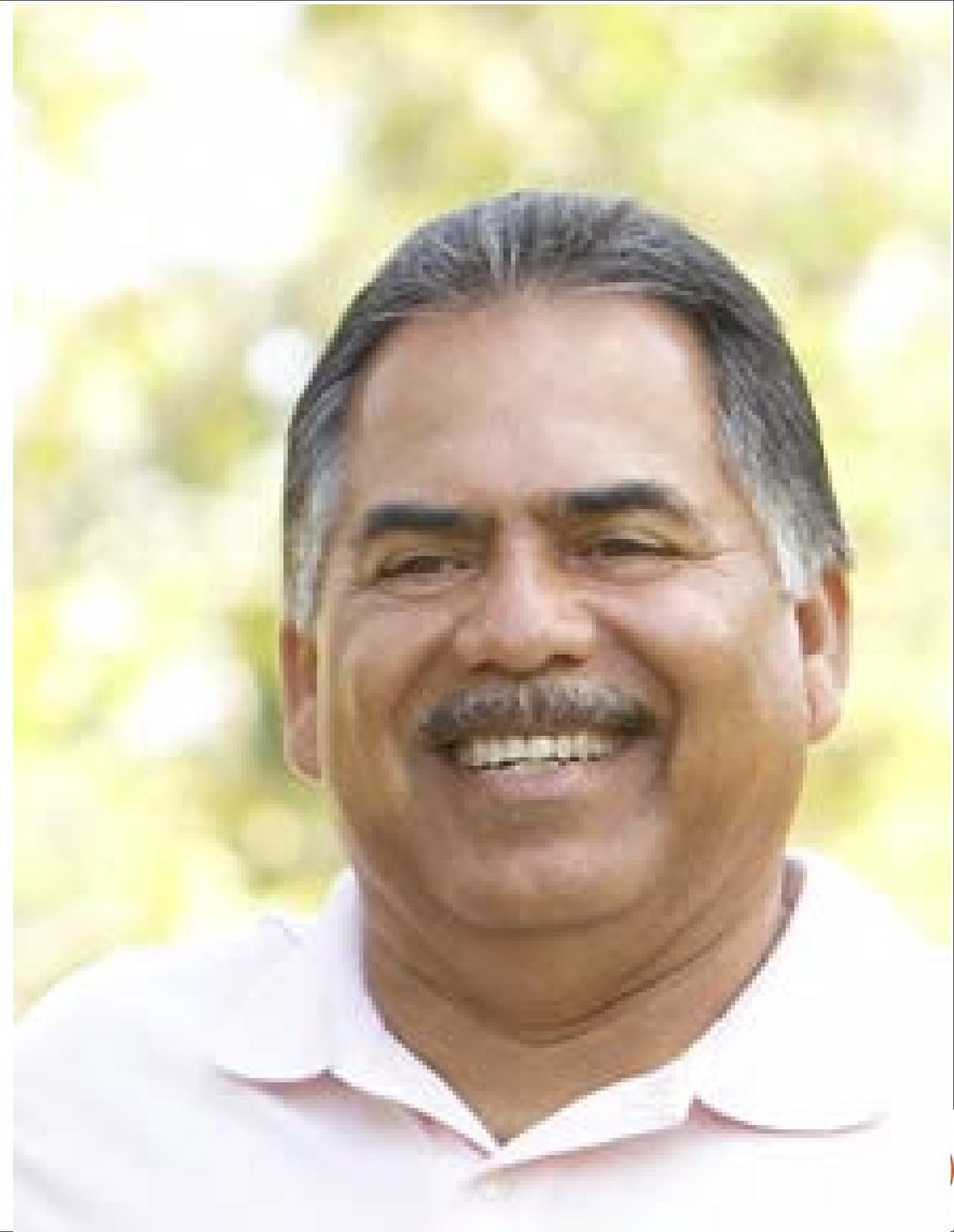
- Multisystemic Therapy infrastructure expansion (CYFD): \$3,000.0 (all non-recurring)
- Intensive transitional living programs (CYFD): \$2,000.0
- 15 FTE for evidence based/promising practices (CYFD): \$1,400.0

PROJECTED RETURN ON INVESTMENT

- Federal funds leveraged: \$407.7 (needs further study)
- People served: 3,400
- Provider Orgs engaged: 180

GOAL 3: EFFECTIVELY ADDRESS SUBSTANCE USE DISORDER

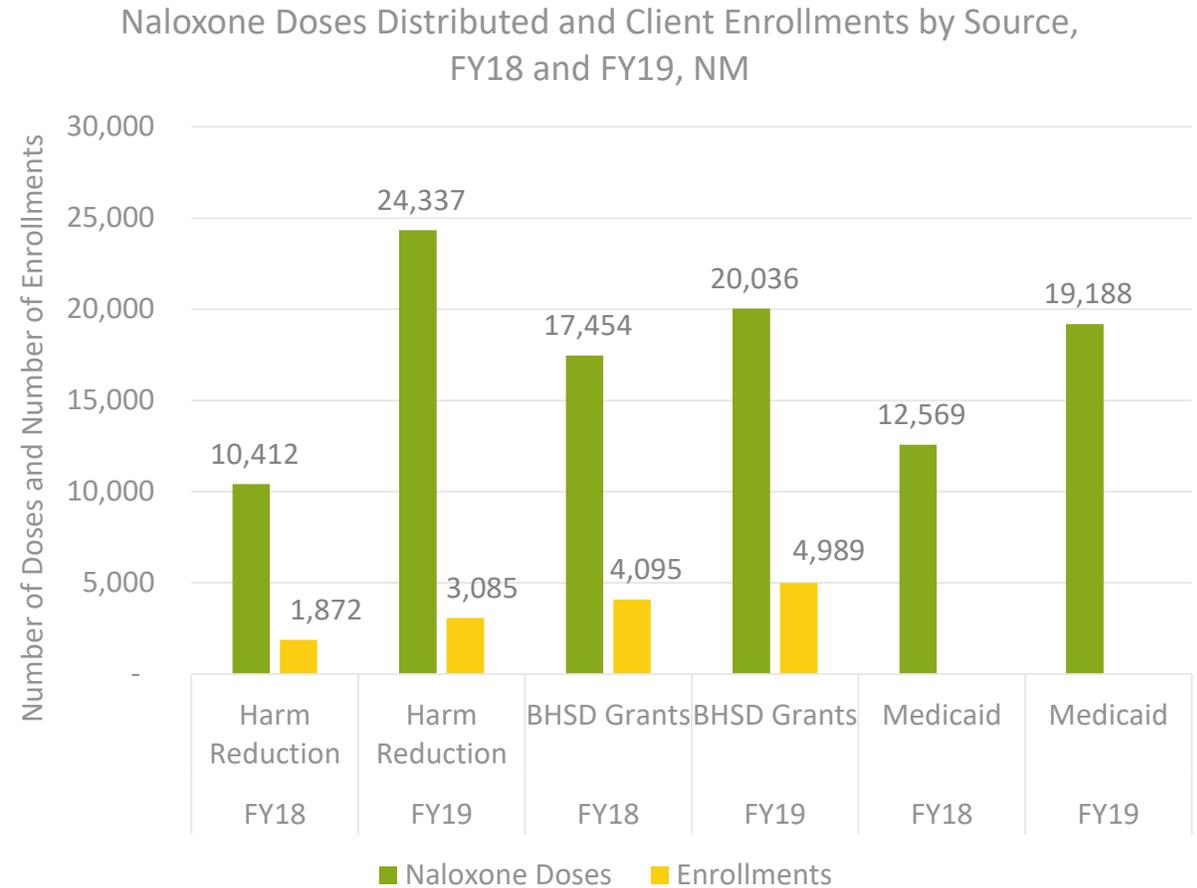
TOM CORTEZ, SR.



GOAL 3: EFFECTIVELY ADDRESS SUD

Goal 3 YTD Progress

- Increased Naloxone distribution.
- Awarded DOH drug overdose surveillance and prevention grant \$4.7M/year x 3.
- Expanded capacity for medical detox and social rehabilitation at Turquoise Lodge Hospital and improved connections to referral sources.



Source: DOH Internal Analysis, 2019

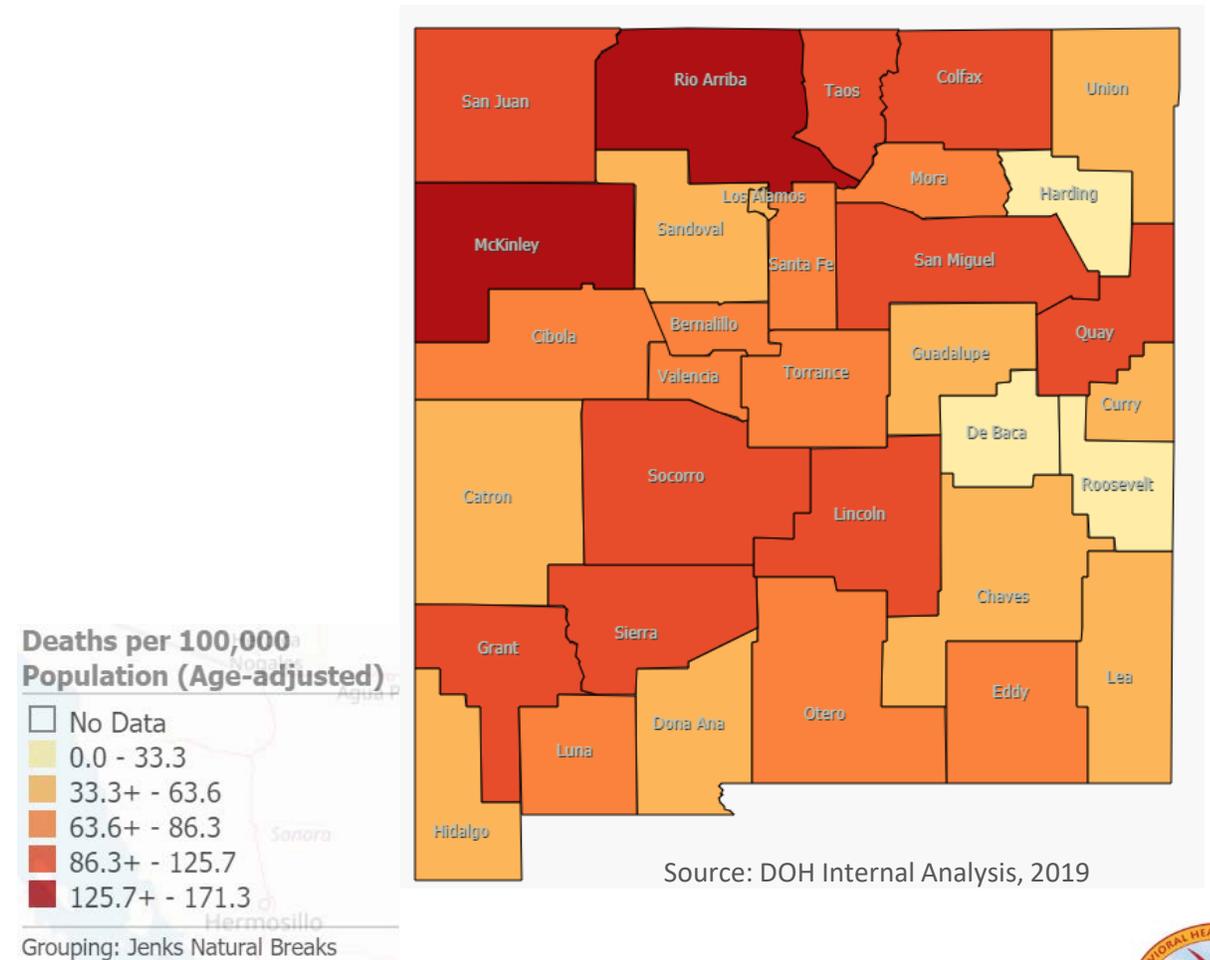


GOAL 3: EFFECTIVELY ADDRESS SUD

Goal 3 Room for Growth

- Medication Assisted Treatment (MAT) availability statewide.
- Focus on reducing alcohol-related deaths in NM.
- Stable housing for individuals in recovery.
- Focus on counties with highest deaths of despair rates (McKinley, Rio Arriba, San Miguel, Sierra, Lincoln).

Deaths of Despair per 100,000



GOAL 3 FY21 BUDGET REQUEST: EFFECTIVELY ADDRESS SUD (\$3,060.0 GF)

MAJOR REQUESTS

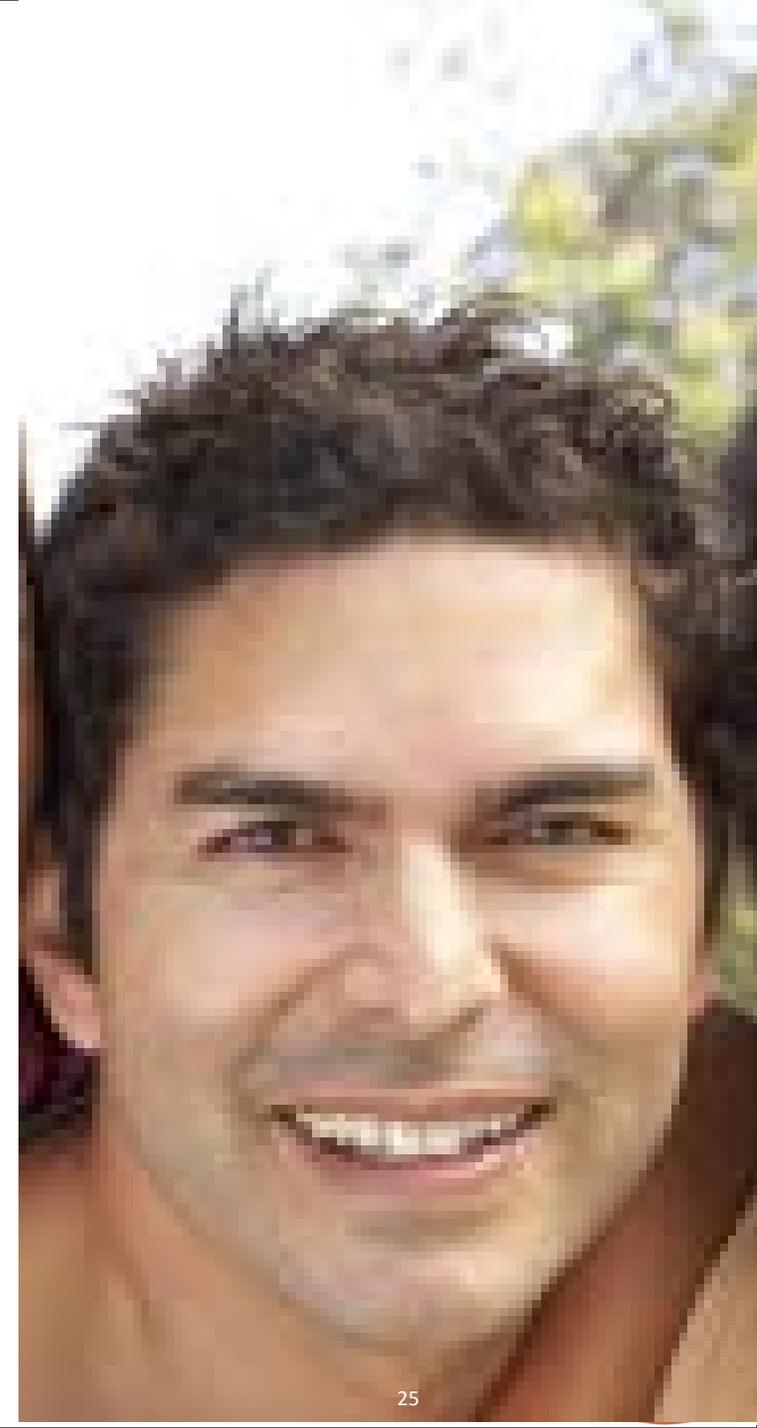
- Increase Access to Medication Assisted Treatment Services (DOH): \$450.0
- Establish Alcohol Prevention Office (DOH): \$180.0
- Create Rapid Rehousing Program for Individuals in Recovery (DOH): \$2,000.0
- Expand Youth Support Services (CYFD): \$430.0

PROJECTED RETURN ON INVESTMENTS

- Federal funds leveraged: \$860.0 - \$6,860.0 (needs further study)
- People served: 1,000
- Provider Orgs engaged: 115

GOAL 4: EFFECTIVELY ADDRESS BH
NEEDS OF JUSTICE-INVOLVED
INDIVIDUALS.

TOM CORTEZ, JR.

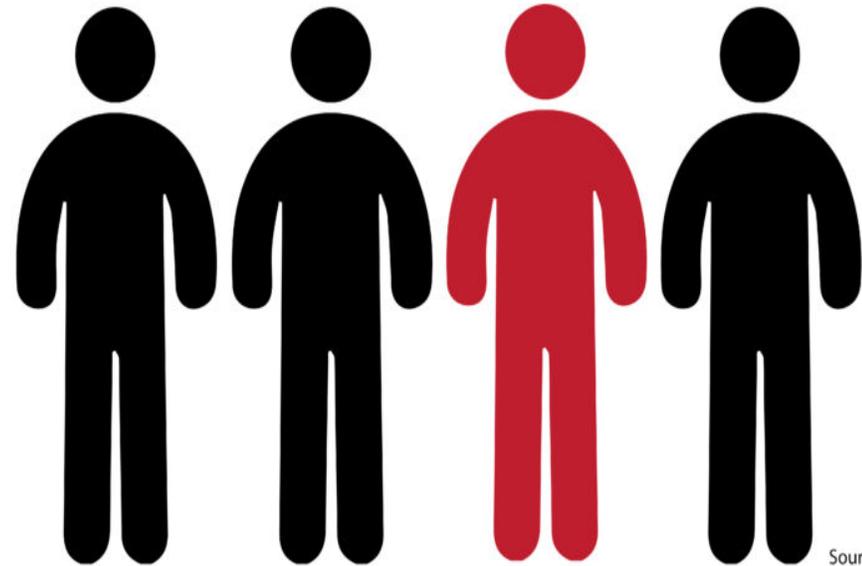


GOAL 4: EFFECTIVELY ADDRESS BH NEEDS OF JUSTICE-INVOLVED INDIVIDUALS

Goal 4 YTD Progress

- \$2,500.0 in HSD grants to 5 rural counties addressing BH and supportive housing needs of people in justice system.
- Opening of Safe Home in Bernalillo for Youth victims of sex trafficking.

ABOUT **24 PERCENT**
OF JAIL INMATES REPORT SYMPTOMS THAT MEET
THE CRITERIA FOR A PSYCHOTIC DISORDER



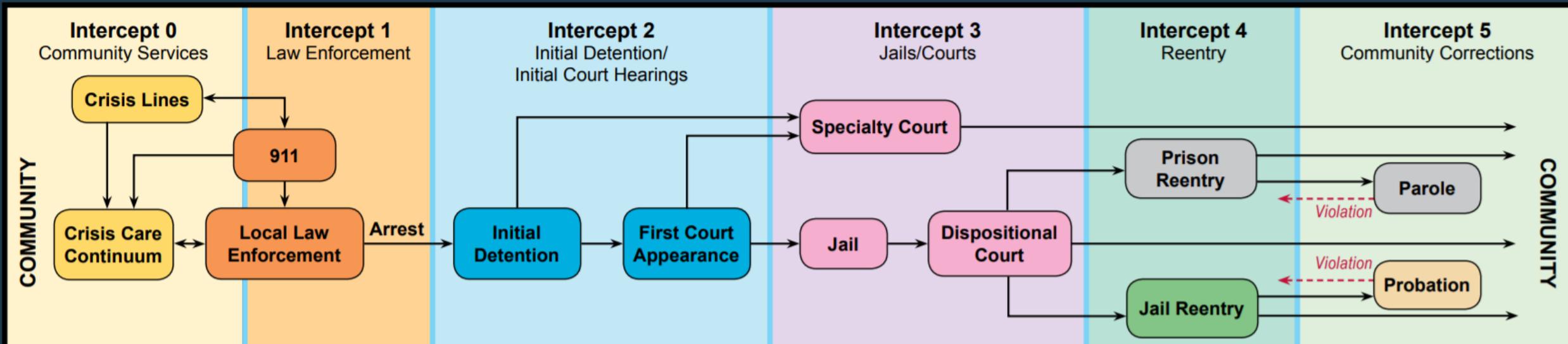
Source: U.S. Department of Justice

GOAL 4: EFFECTIVELY ADDRESS BH NEEDS OF JUSTICE-INVOLVED INDIVIDUALS

Goal 4 Room for Growth

- Bolstering prevention strategies in the community such as Medication Assisted Treatment, expansion of licensed Crisis Triage Centers (CTC), improvement of the state crisis line.
- Create and increase services for inmates transitioning into the community such as supportive housing and peer programs.

The Sequential Intercept Model



GOAL 4 FY21 BUDGET REQUEST: EFFECTIVELY ADDRESS BH NEEDS OF JUSTICE-INVOLVED INDIVIDUALS (\$8,125.0 GF)

MAJOR REQUESTS

- County Intervention Demonstration Project (HSD): \$4,000.0
- Medically Assisted Treatment in a variety of correctional settings (HSD): \$1,000.0
- Law Enforcement Assisted Diversion Program (HSD): \$1,000.0
- Post-release peer support program for individuals reentering community after incarceration (NMCD & HSD): \$1,625.0

PROJECTED RETURN ON INVESTMENT

- Federal funds leveraged: \$46.3 (needs further study)
- People served: 4,373
- Provider Orgs engaged: 9

BHC FY21 BUDGET REQUEST: MAKING A DIFFERENCE FOR THE CORTEZ FAMILY*

FY21 Budget Request Initiative	Support for the Cortez Family
Goal 1: BH provider Medicaid rate increases	Increases in Medicaid provider reimbursement means Erica is more likely to find BH providers in her community.
Goal 2: Multisystemic Therapy infrastructure Expansion	Daniel is able to return to the community and is participating with his family in Multi-systemic Therapy. His therapeutic team is working with his school and Juvenile Probation officer.
Goal 3: Establish Alcohol Prevention Office	Tom Sr. (including his family and care providers) will have increased access to community-based alcohol use supportive services that promote intergenerational recovery and resiliency.
Goal 4: Law Enforcement Assisted Diversion Program	Local law enforcement and healthcare providers will see cost savings captured and reinvested into public health systems that Tom Jr. needs, while simultaneously resulting in fewer arrests for new charges.



* To protect confidentiality, the Cortez family is a composite of several BHC customers

QUESTIONS