



HUMAN
SERVICES
DEPARTMENT



HSD Behavioral Health Presentation to LHHS

August 5, 2021

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

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START...

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Navajo and Pueblo past and present.

With gratitude we pay our respects to the land, the people and the communities that have contributed to what today is known as the State of New Mexico.



PHOTO COURTESY: HSD Employee

Time	Presenter	Topics
9:15AM – 9:30AM	Bryce Pittenger	Behavioral Health Collaborative Overview
		Collaborative Goals 1 & 2 Accomplishments and Next Steps
9:30AM – 9:50AM	Neal Bowen	Adverse Childhood Experiences (ACEs) Overview
9:50AM – 10:20AM	Bryce Pittenger	Collaborative Goals 3 & 4 Accomplishments and Next Steps
10:20AM – 11:00AM	Neal Bowen	Administrative Services Organization Overview
		Access to Behavioral Healthcare in NM
		988 Crisis Now
11:00AM – 12:15PM		Questions & Answers



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

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.



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.



MEET THE JOHNSON FAMILY...

- David – 36; Amanda – 33; Mia – 9
- Mia brought to the attention of CYFD by her 3rd Grade teacher for neglect, teacher was concerned by her grooming and clothes, and unkempt appearance.
- CYFD assessment reveals David is carpenter, Amanda works in retail.
- Economic strain has risen during pandemic
 - Food insecurity is frequent; rent payments have been missed
 - Relationship between them has become tense
 - David abusing opioids over the last year following shoulder surgery.
- David arrested for DUI, briefly jailed just before CYFD involvement





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

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



We help families and communities

2. Develop community based mental health services for kids and families.



We treat the whole person

3. Effectively address substance use disorder.



We advance social equity

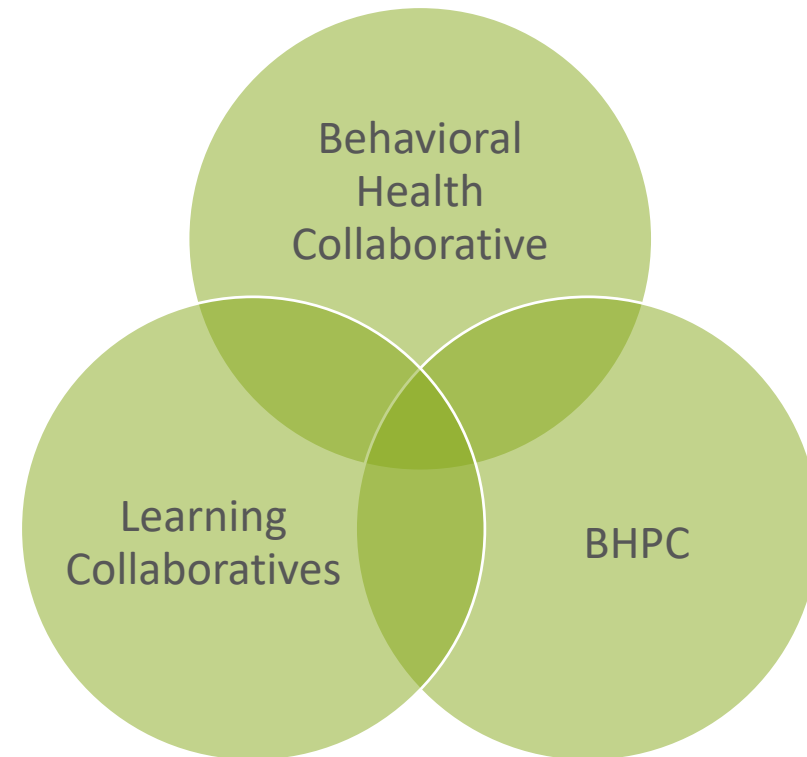
4. Effectively address behavioral health needs of justice-involved individuals.

NEW MEXICO BEHAVIORAL HEALTH COLLABORATIVE ACCOMPLISHMENTS SINCE 2019

What we accomplished

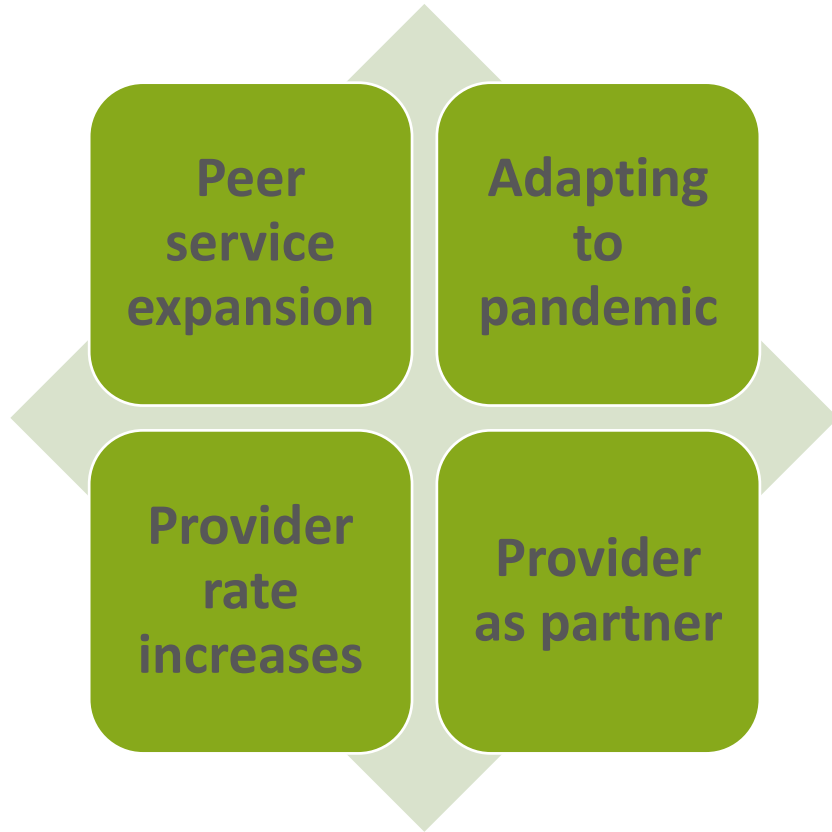
- August 2019 BHC executive departments met and designed 4 goals and FY 2020 budget expansion
- October 2020 full time CEO
- Monthly Strategic planning meetings with Cabinet Secretaries
- Monthly Operations planning meetings with designated behavioral health liaisons
- BHC quarterly meetings
- ASO: 2 new departments, ECECD and DDC
- Local Collaborative survey

How we accomplished it



GOAL 1: BEHAVIORAL HEALTH WORKFORCE

What we accomplished



Where we're going



GOAL #1 ACCOMPLISHMENTS: WORKFORCE

Provider rate increases

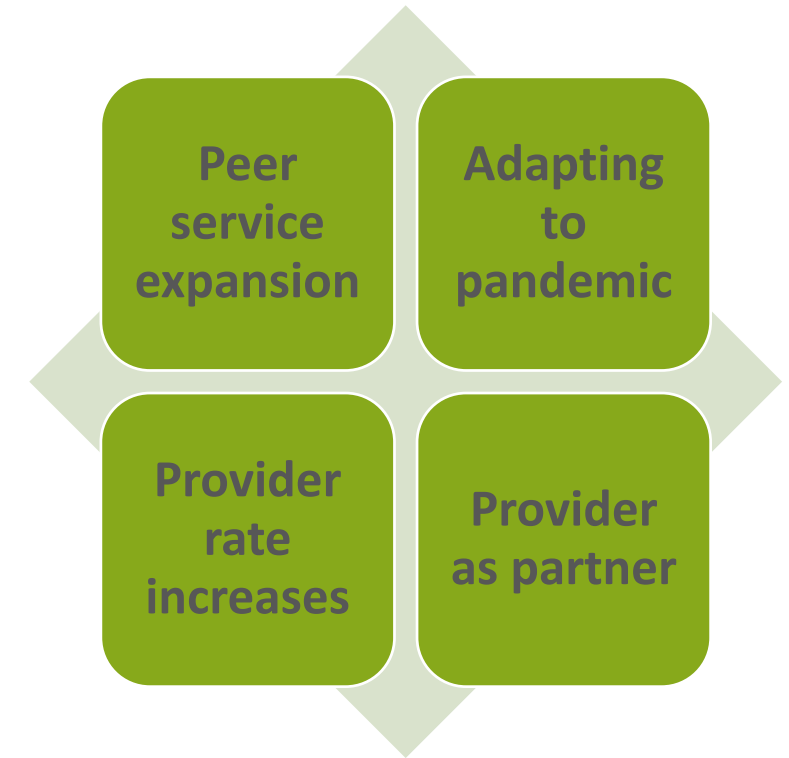
- Effective 10/01/19, rate increase to bring Medicaid rates up to at least 90% of Medicare. BH Fee schedule released with Medicaid Managed Care Organization (MCO) Letter of Direction (LOD) #19.
- COVID-19 LOD #21 gave temporary increase to BH services of 6.81% from April 1, 2020 to June 30, 2020.

Providers as partners

- Resolved lawsuits and welcomed 2013 providers back.
- BHSD formed provider workgroup on credentialing process and claims issues with providers and MCOs.

Peer service expansion

- 14 peer-support trainings with total of 353 people
- 403 fully certified peers statewide currently
- 7 peers employed by NM Corrections Dept. with project ECHO pilot.
- Family-Peer service development through High-Fidelity Wraparound (CYFD/HSD) and Youth Peer development (CYFD)



GOAL #1 ACCOMPLISHMENTS: WORKFORCE

Adapting to COVID-19 pandemic

1. 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

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

NMConnect
Call, Text & Access
Mental Health Resources
1-855-NMCRISIS (662-7474)
Toll Free and Confidential 24/7/365
www.nmcrisisline.com

Download now!

Download on the App Store

GET IT ON Google Play

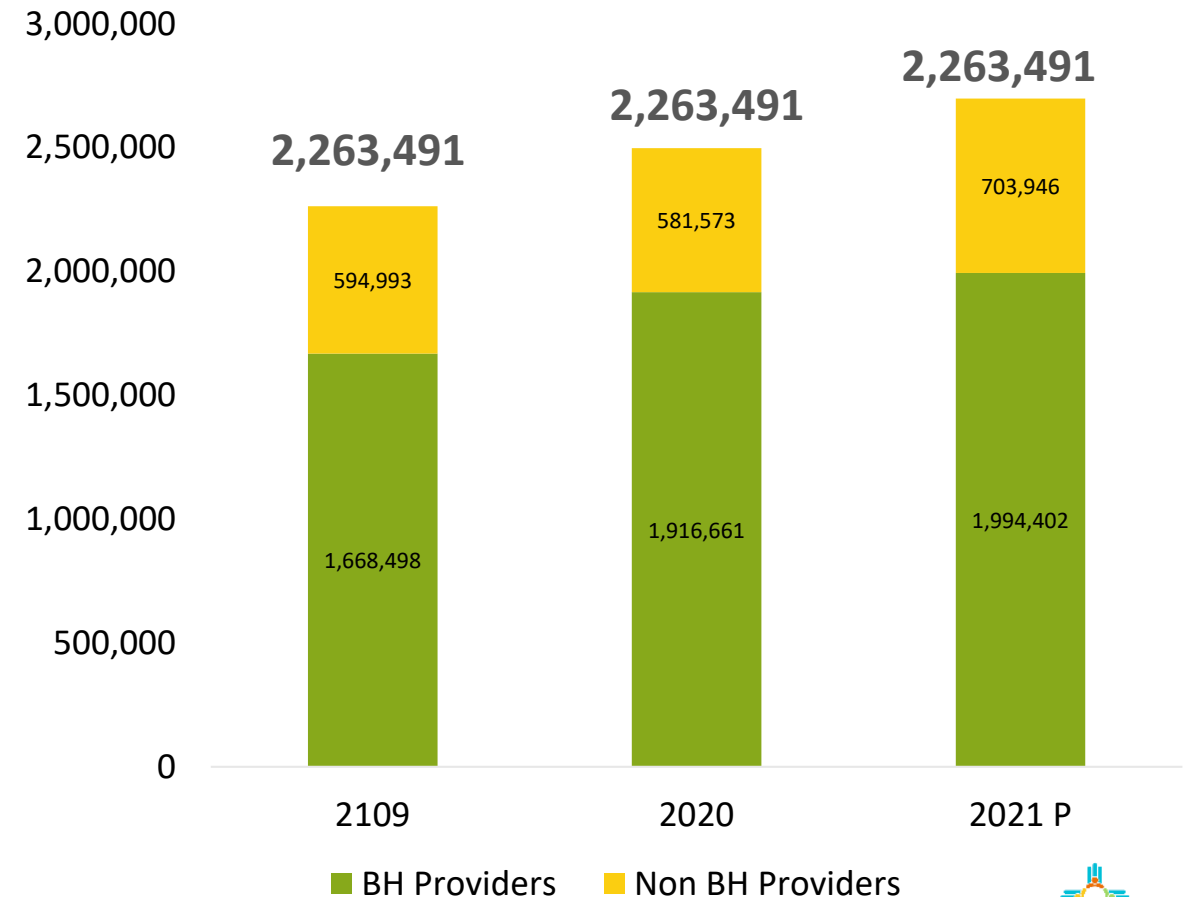
Peer to Peer Warmline

New Mexico
Crisis and Access Line

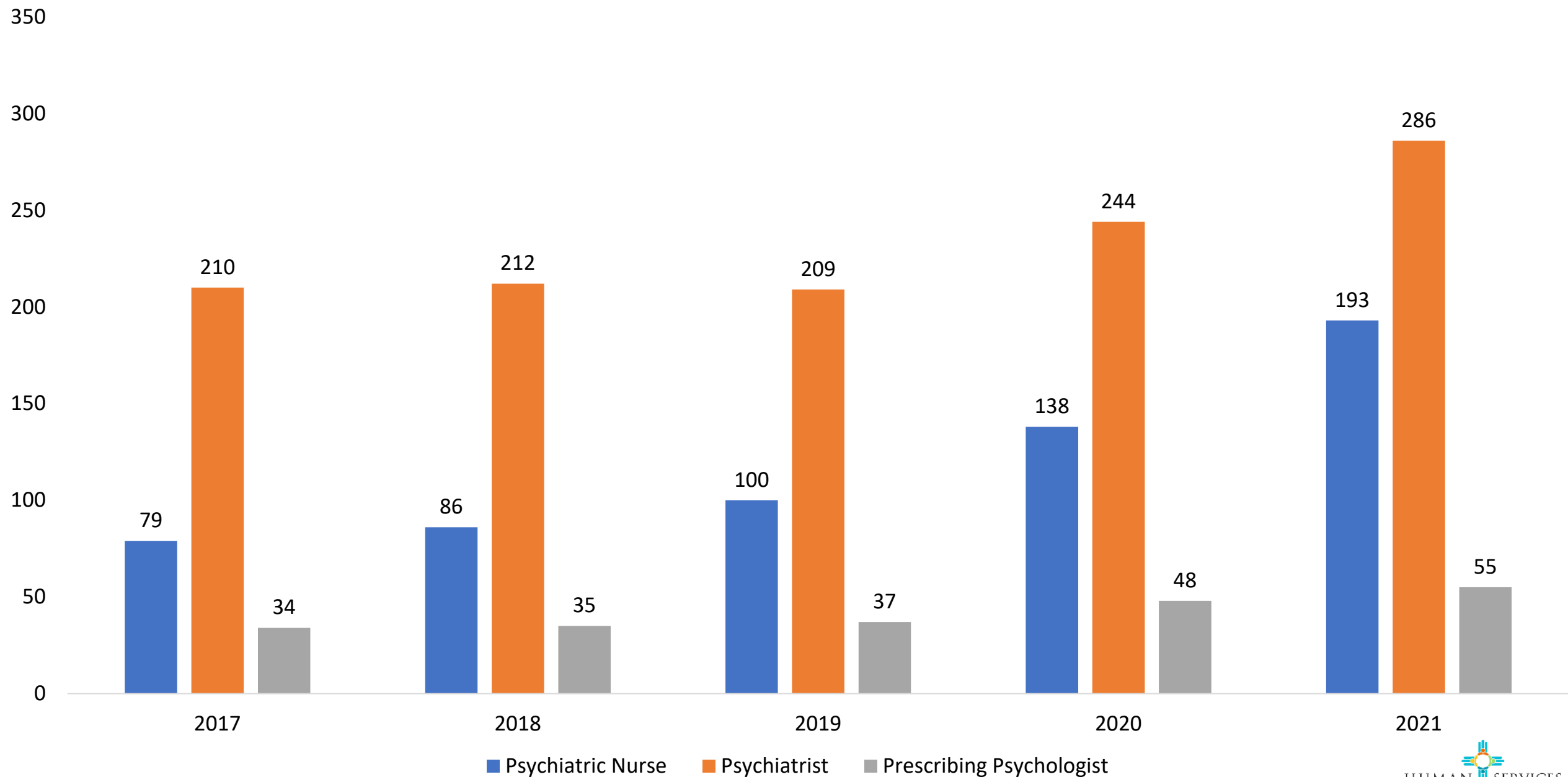
BEHAVIORAL HEALTH ENCOUNTERS 2019-2021

- 2021 values projections 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



NM Behavioral Health Provider Expansion, 2017-21



■ Psychiatric Nurse ■ Psychiatrist ■ Prescribing Psychologist

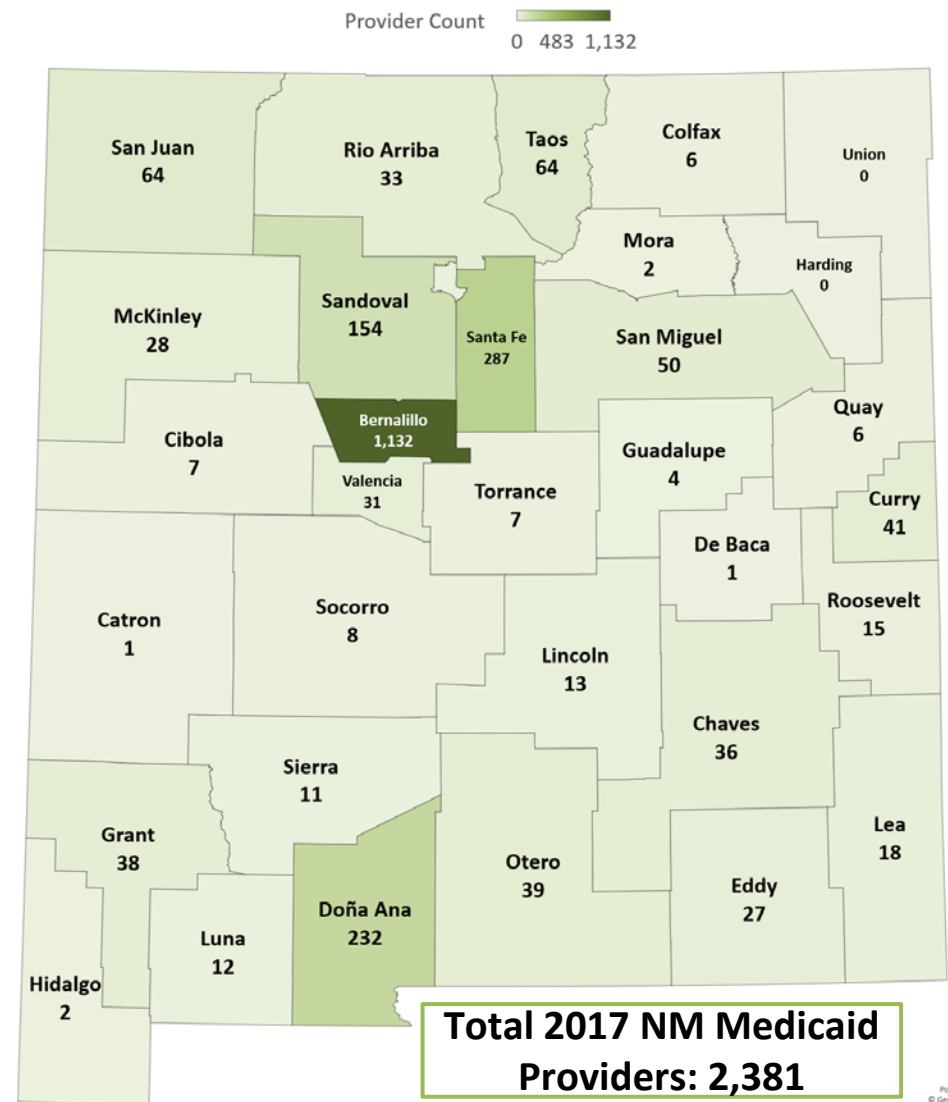


Investing for tomorrow, delivering today.

Source: NM HSD, Behavioral Health Services Division

PROVIDER NETWORK GROWTH 2017 TO 2021

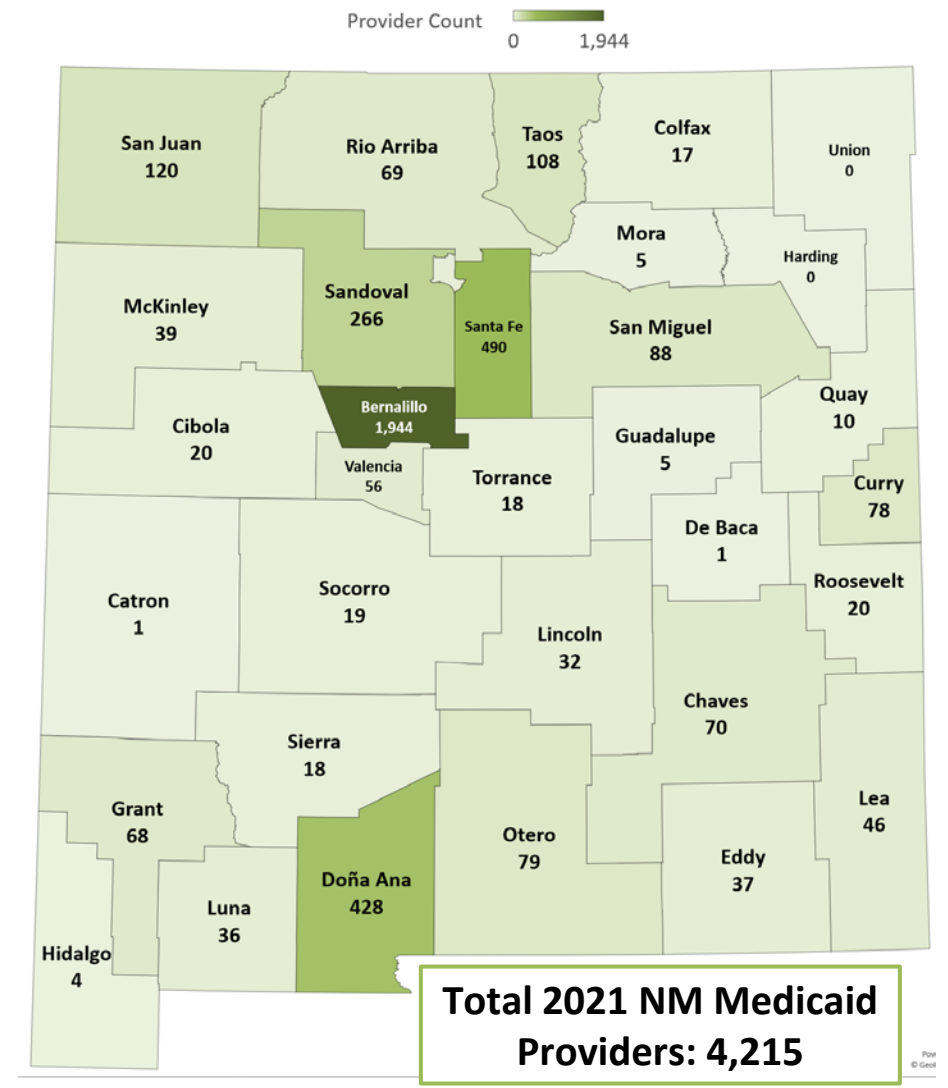
2017 Medicaid Core BH Providers by County



Total 2017 NM Medicaid Providers: 2,381

Increase of 1,834 providers (77% growth)

2021 Medicaid Core BH Providers by County



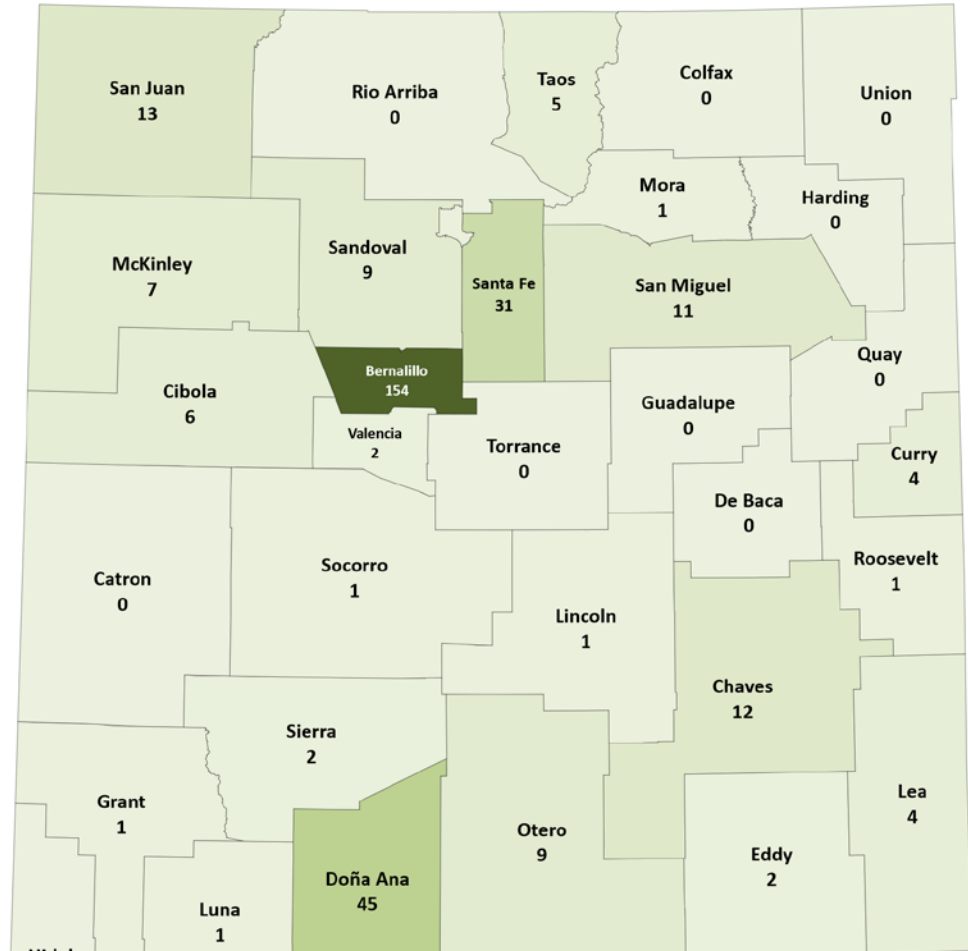
Total 2021 NM Medicaid Providers: 4,215

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

2017 Medicaid Psychiatric Providers by County

Provider Count 0 77.5 154

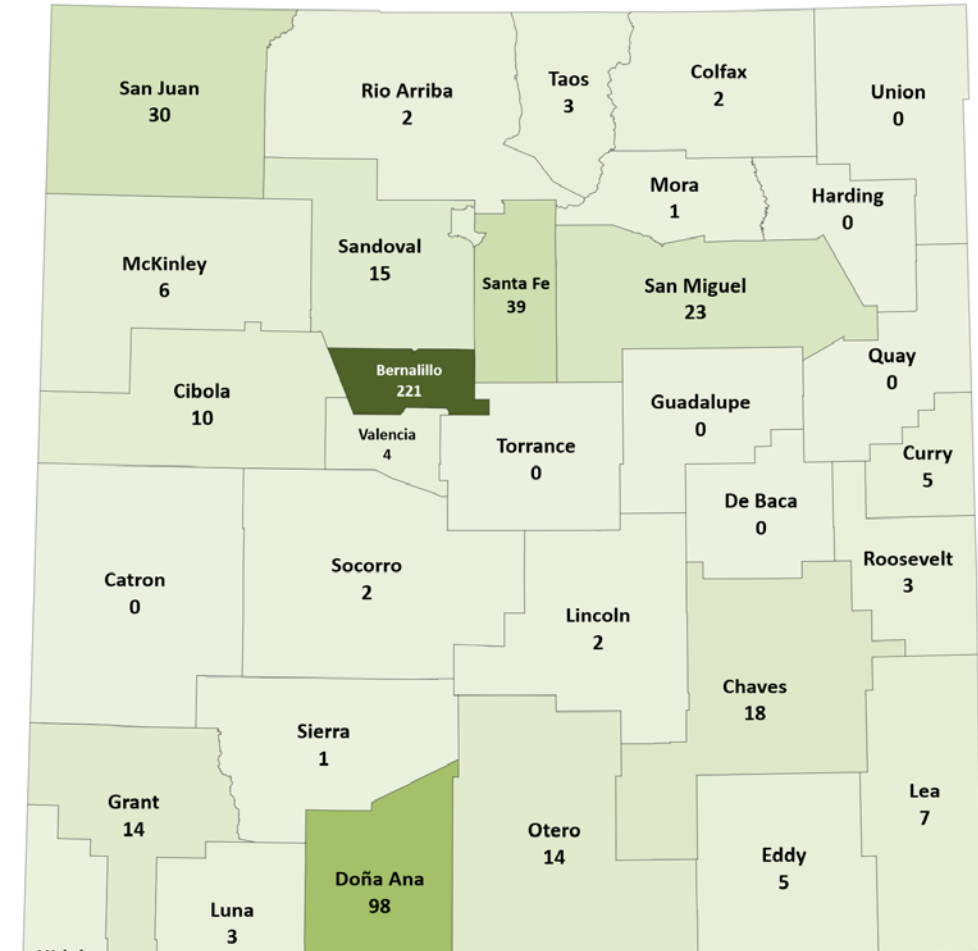


Total 2017 NM Medicaid Psychiatric Providers: 323

Increase of 211 providers (65% growth)

2021 Medicaid Psychiatric Providers by County

Provider Count 0 111 221



Total 2021 NM Medicaid Psychiatric Providers: 534

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.

GOAL #1: WHERE WE ARE GOING...

Improve quality

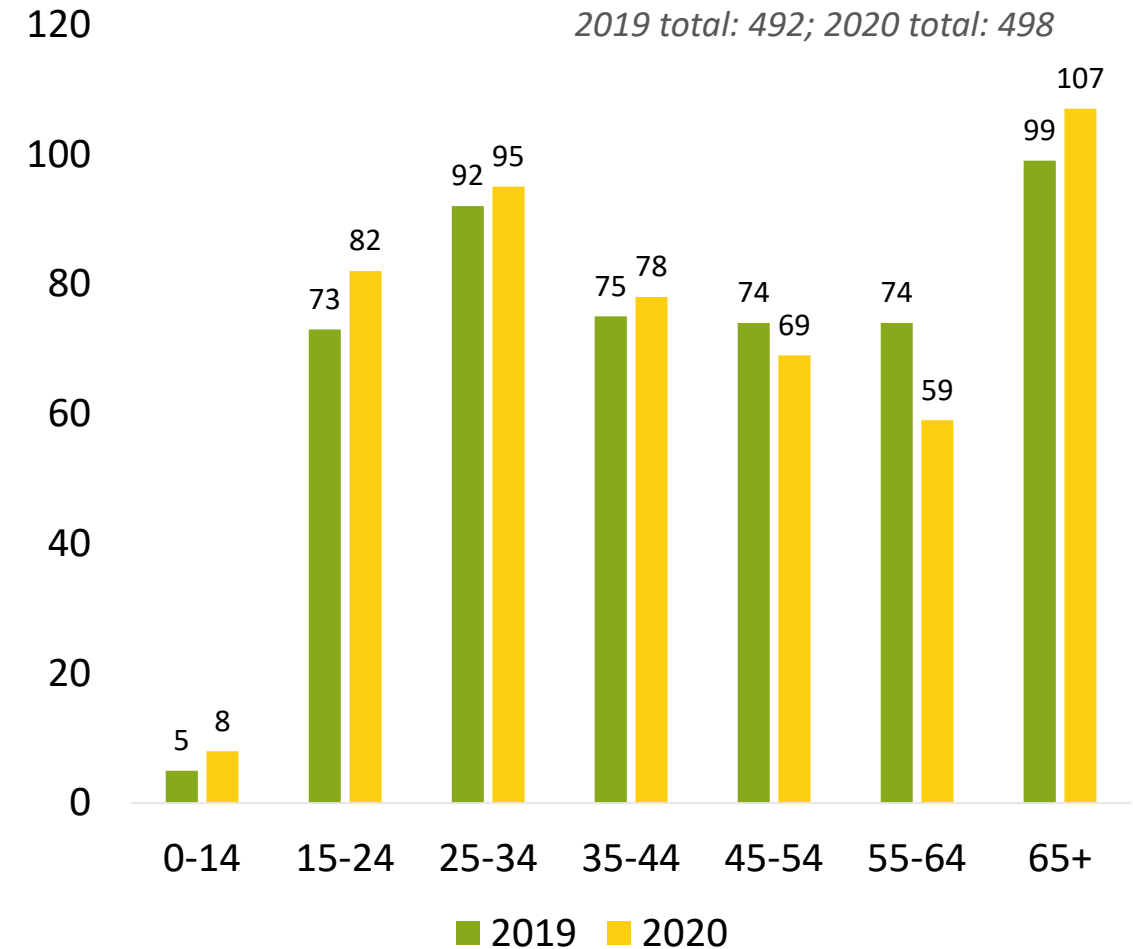
- Use of Evidence Based Practices
- Early childhood Clinical Consultation model [ECECD Strategic Plan](#)
- NMSU Center of Innovation ([COI](#)) coordination
- Increase disability community competency in BH
- Increase Clinical supervision competency

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 2nd highest suicide death rate in 2018 (14 deaths per 100,000 population)

NM Suicides by Age Group, 2019-20



GOAL #1: WHERE WE ARE GOING...

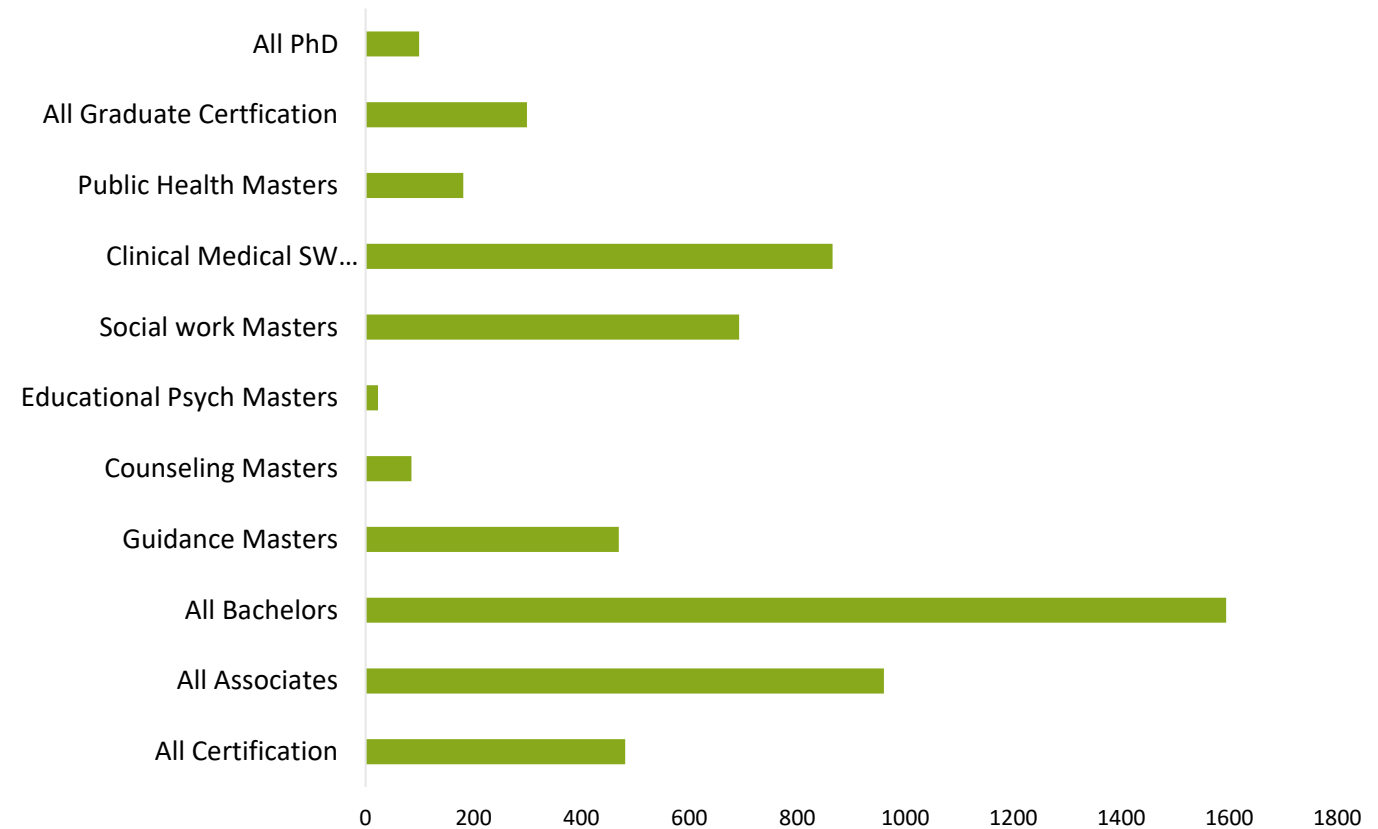
Increase members of workforce who represent the cultural and racial diversity of NM

- 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)

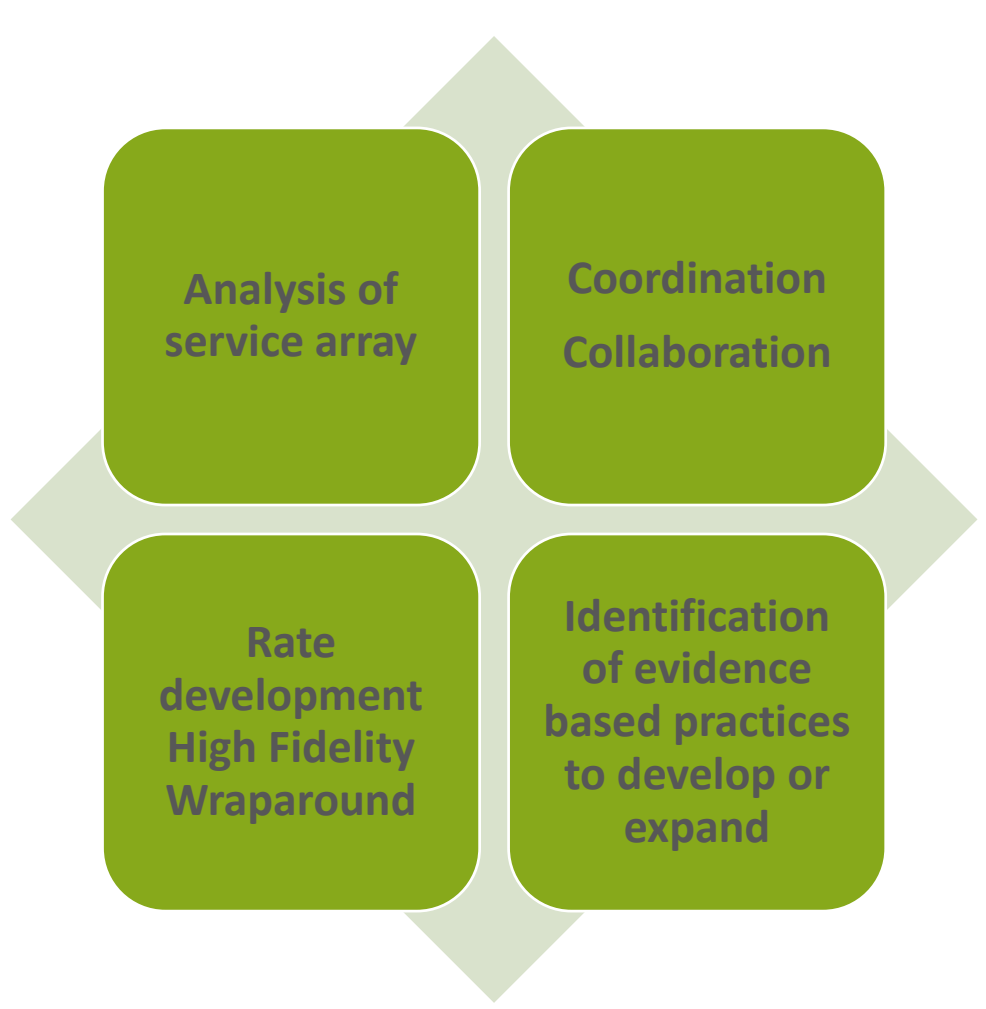
- Rural Tax credits for counselors and Social Workers
- Federal loan repayment options
- NM Higher education State General Fund loan repayment
- Children, Youth and Families Dept. stipends for loan forgiveness

NM Behavioral Health Workforce Graduates 2015-2020



GOAL 2: CHILDREN & YOUTH BH SERVICES

What we accomplished



Where we're going



GOAL 2 ACCOMPLISHMENTS: CHILDREN & YOUTH

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

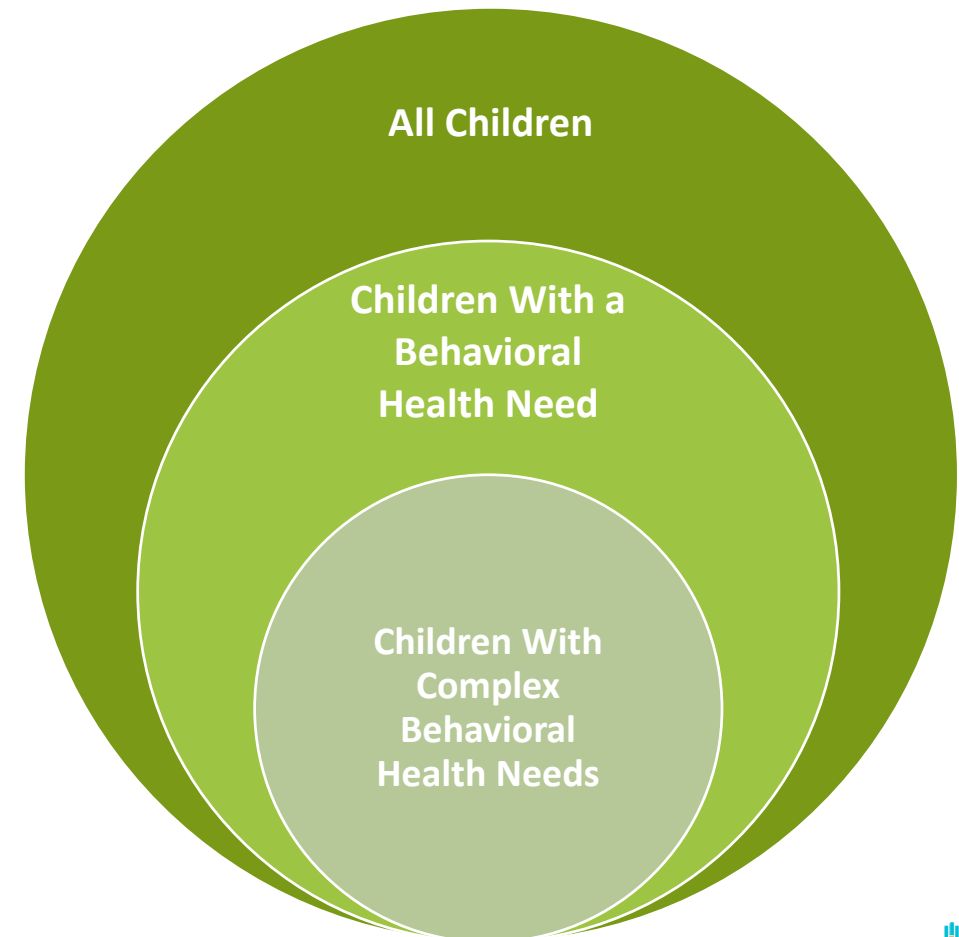
[Services Map](#) for children, youth, and family behavioral health services

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

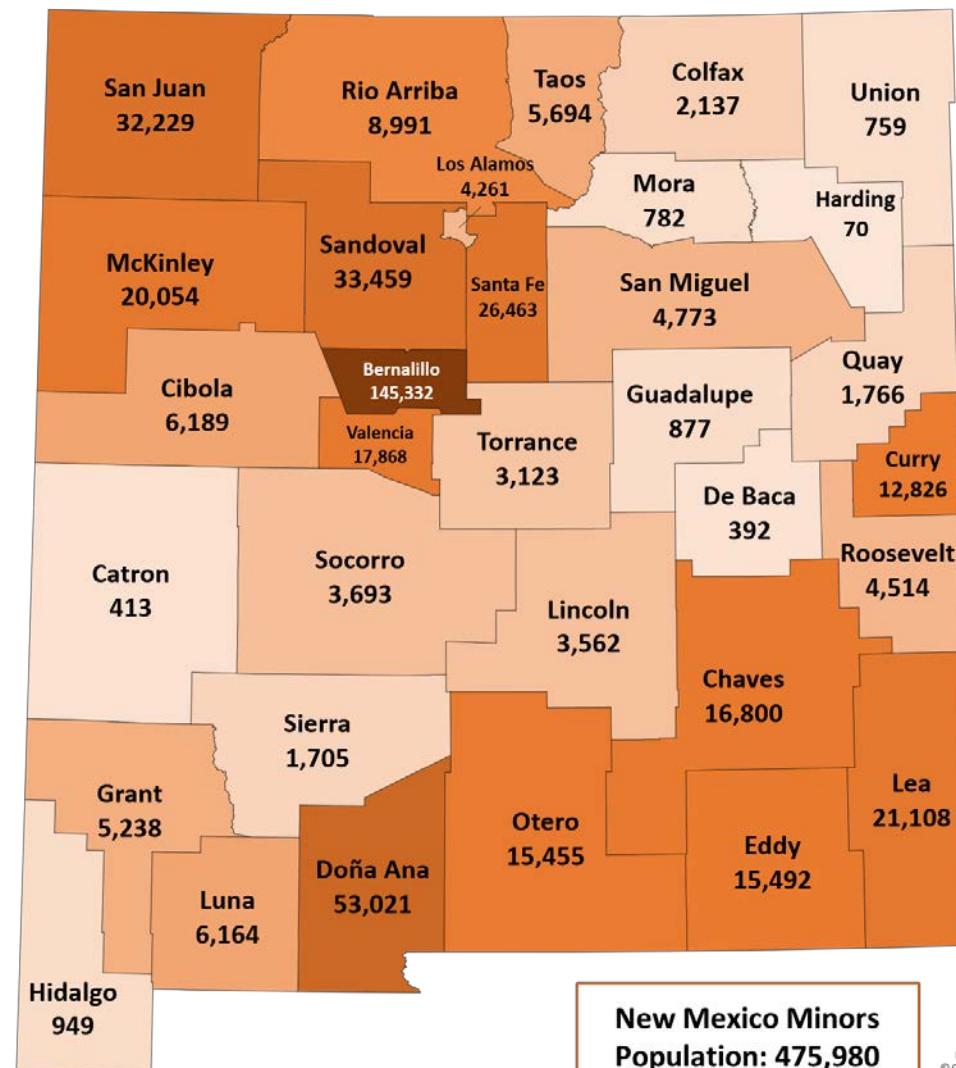


GOAL 2: WHERE WE'RE GOING

- **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 [FFPSA](#)
 - 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

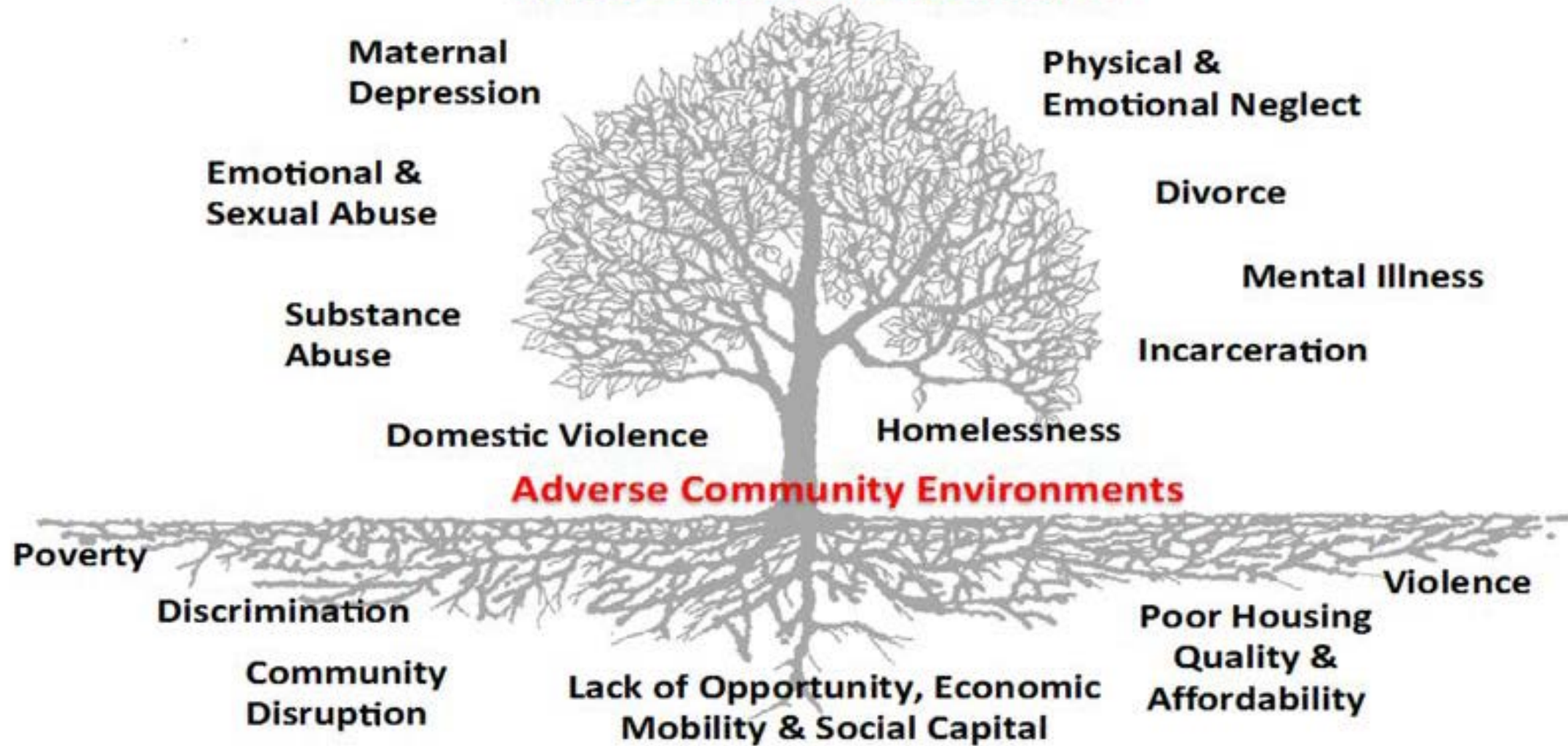




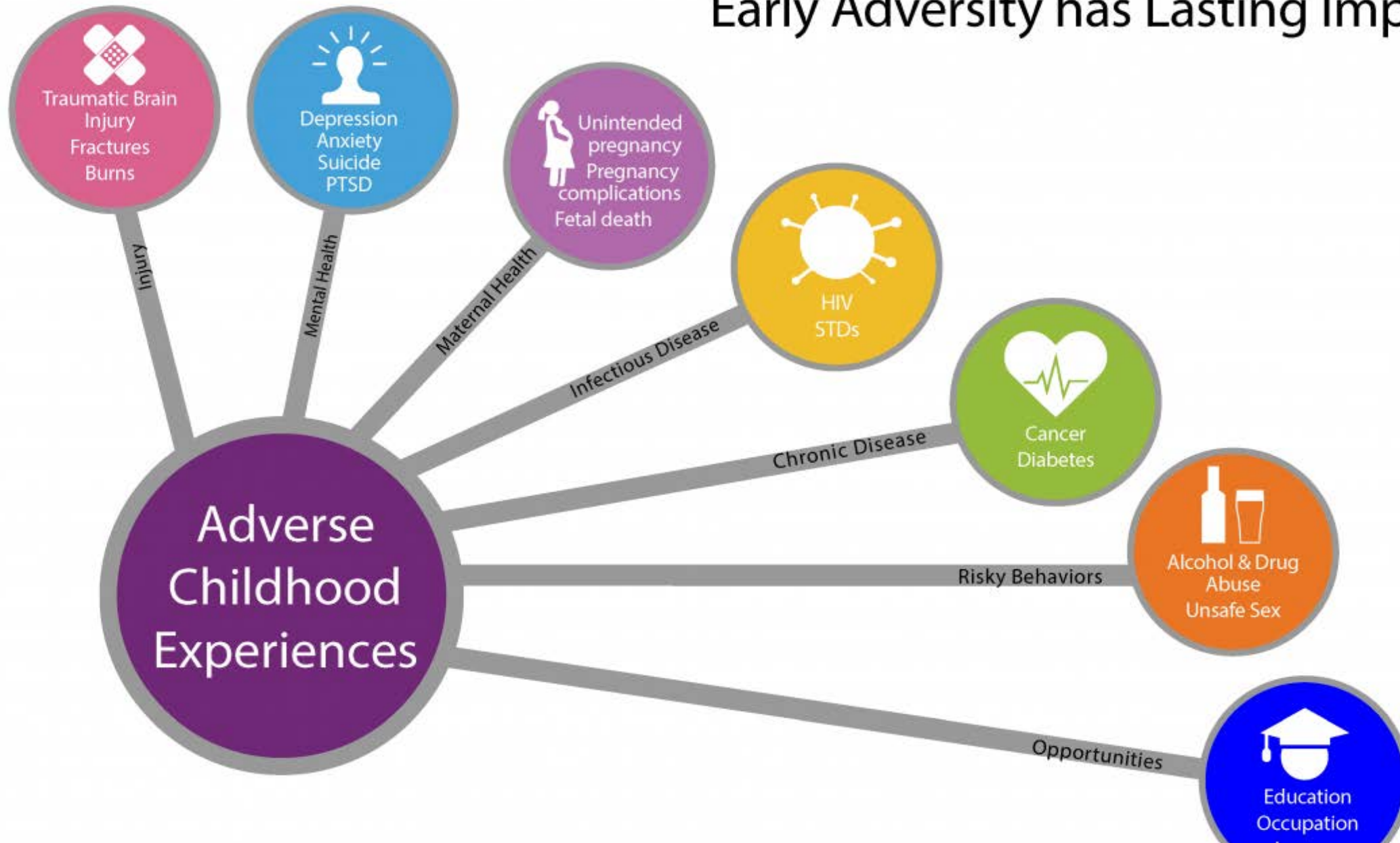
ADVERSE CHILDHOOD EXPERIENCES (ACEs)

The Pair of ACEs

Adverse Childhood Experiences



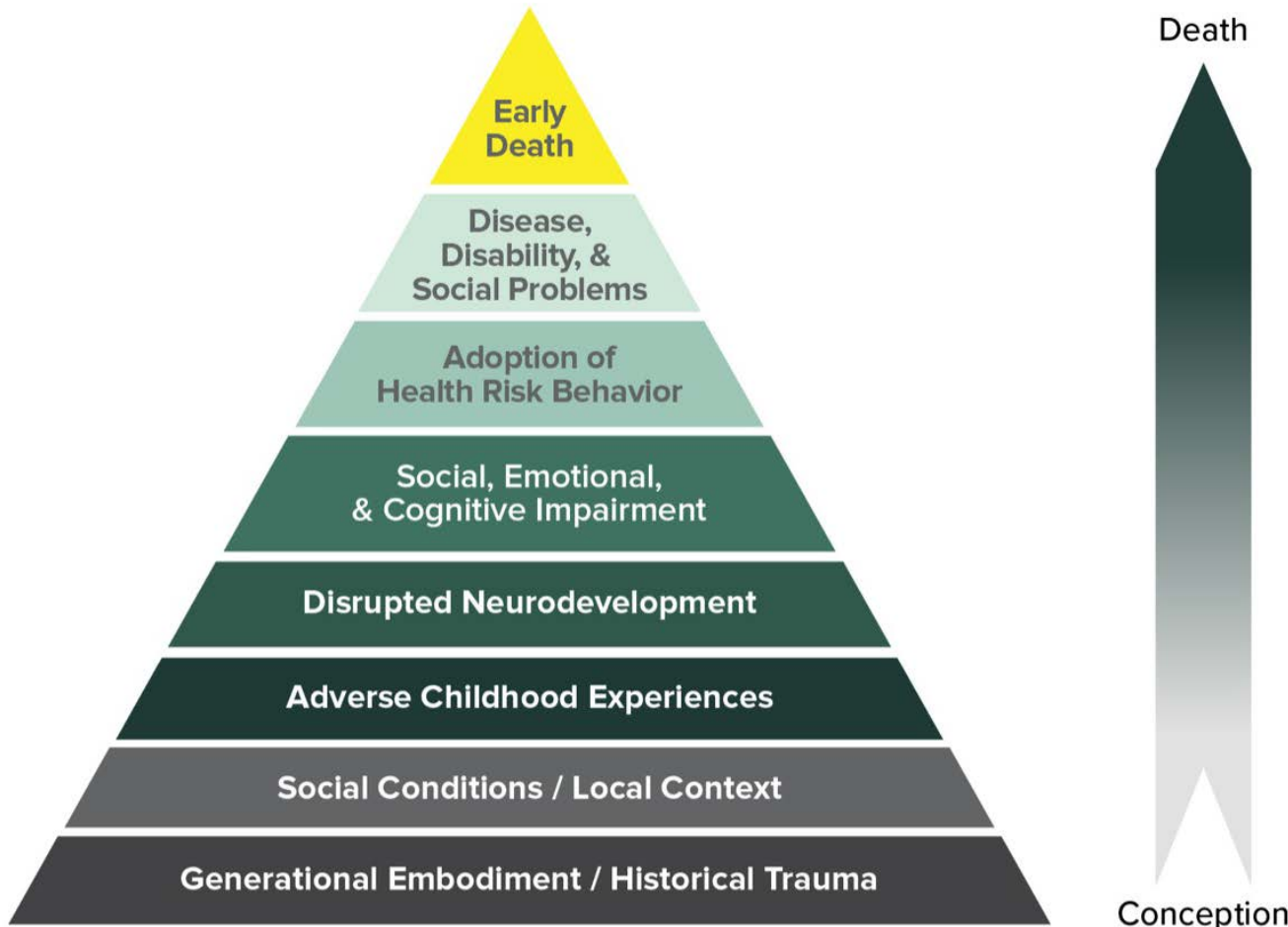
Early Adversity has Lasting Impacts



**Among Children from Birth through Age 17,
Percentage Reported to have had 0, 1, 2, and 3+
Adverse Childhood Experiences (2018)**

	0 ACEs	1 ACEs	2 ACEs	3+ ACEs
US	55%	24%	11%	10%
NM	48%	25%	9%	18%

Table source: <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>



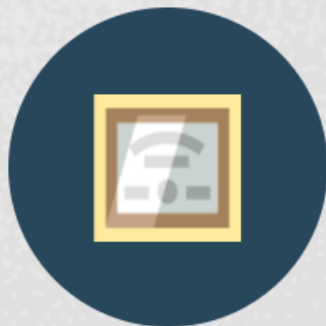
Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Some Groups Are More Likely to Have Experienced ACEs

Multiple studies show that people who identified as members of these groups as adults reported experiencing significantly more ACEs:



Black, Hispanic/Latino, or multiracial people



People with less than a high school education



People making less than \$15,000 per year



People who are unemployed or unable to work



Lesbian, gay, bisexual, or transgender people

Among New Mexicans...

67.3% of people identify as nonwhite¹

14.4% did not graduate high school (ranks 7th in US)²

16.0% are in poverty (ranks 3rd in US)³

7.9% unemployed (ranks 1st in US)⁴

4.5% identify as LGBTQ+ (estimate)⁵

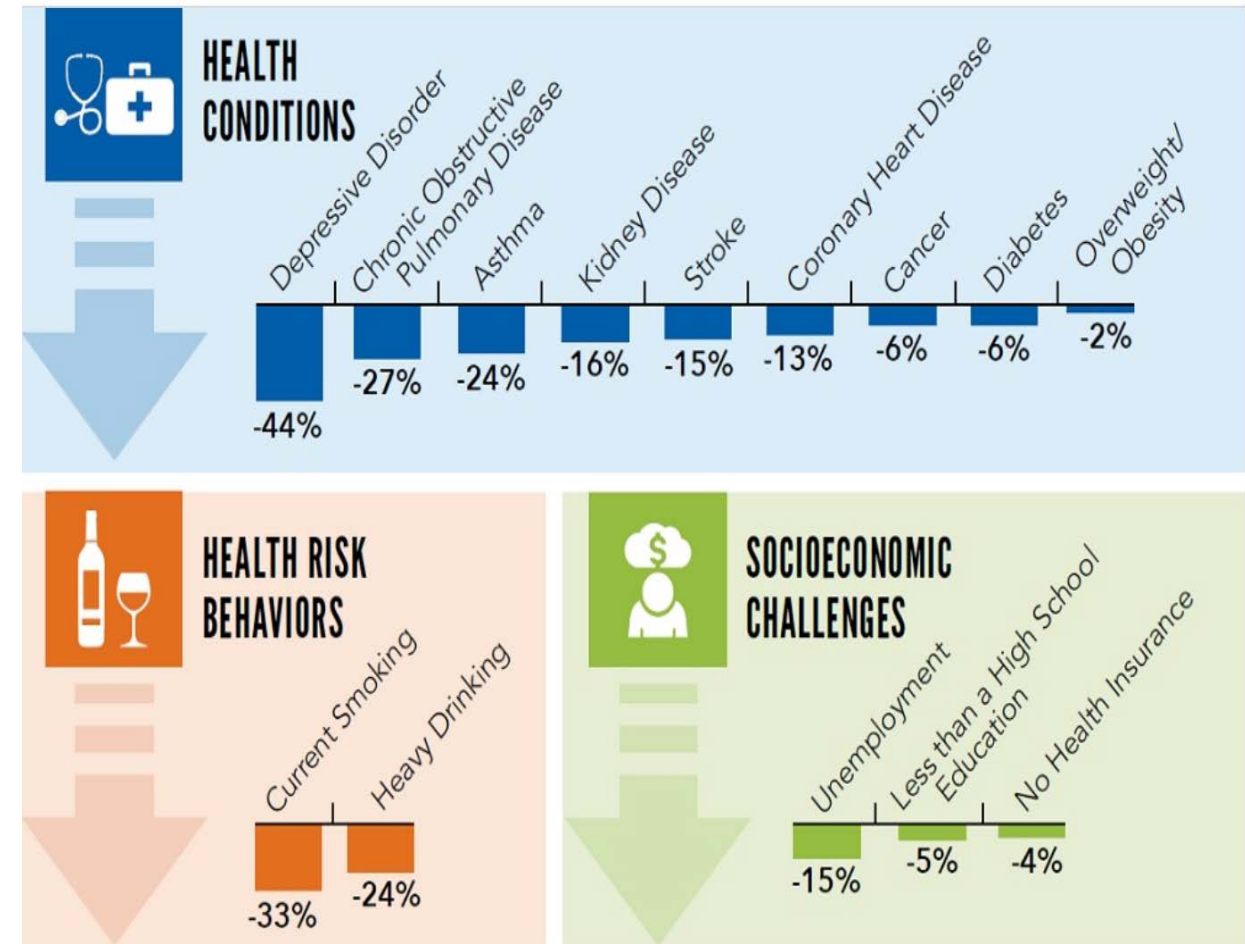
Sources: <https://vetoviolenecdc.gov/apps/aces-infographic/home>; 1. <https://www.census.gov/quickfacts/fact/table/NM,US/EDU635219>; 2. <https://www.census.gov/newsroom/releases/xls/cb12-33table1states.xls>; 3. <https://www2.census.gov/programs-surveys/demo/tables/p60/270/state.xlsx>; 4. <https://www.bls.gov/web/laus/laumstrk.htm>; 5. <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#density>

PREVENTING ACES

CDC Recommendations

1. Strengthen Economic Supports to Families
2. Promote social norms that protect against violence and adversity
3. Ensure a strong start for children
4. Teach skills
5. Connect youth to caring adults and activities
6. Intervene to lessen immediate and long-term harms

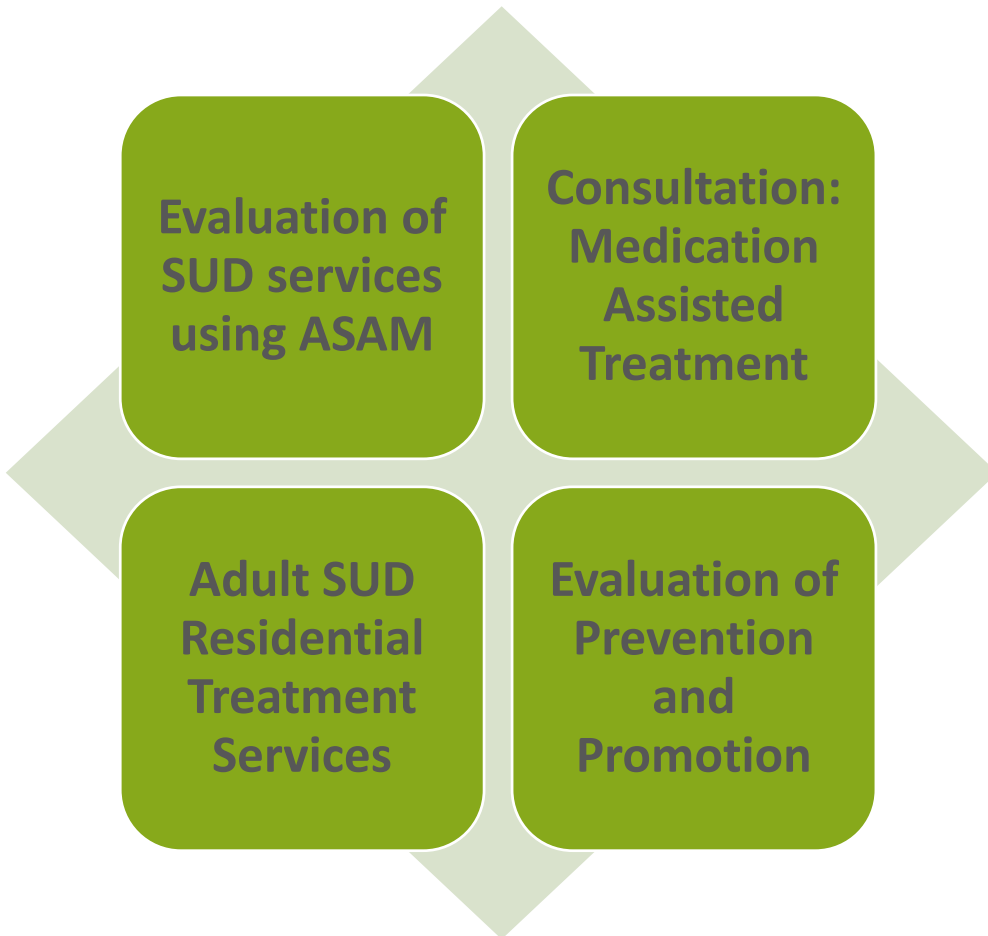
Potential reduction of negative outcomes in adulthood, CDC



<https://www.cdc.gov/vitalsigns/aces/index.html>

GOAL 3: ADDRESSING SUBSTANCE USE DISORDER (SUD)

What we accomplished



Where we're going



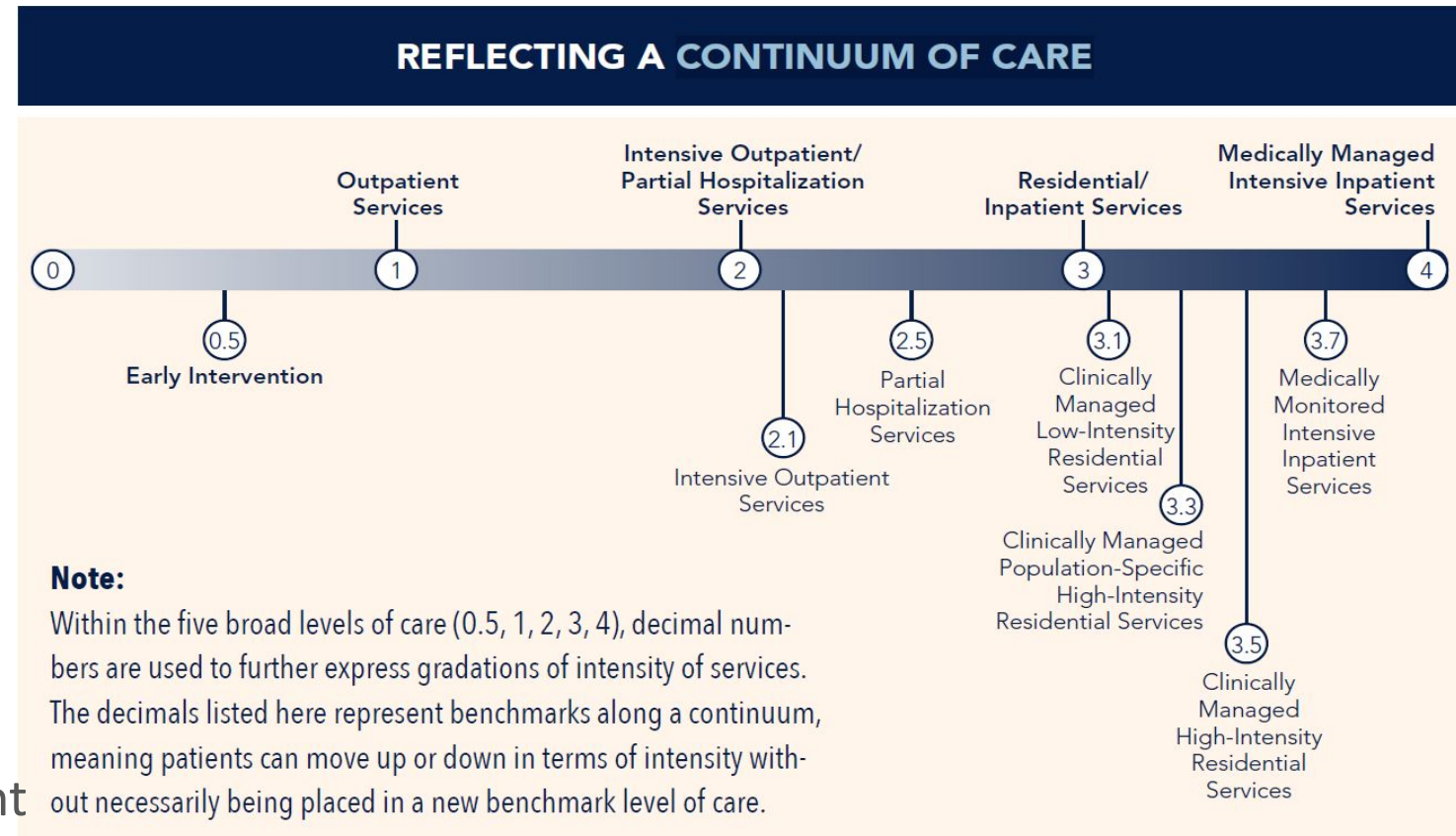
GOAL #3 ACCOMPLISHMENTS: SUBSTANCE USE DISORDER

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
- 8 Adult Accredited Residential Treatment Centers (AARTC), 236 beds, 7 ARTC's in process

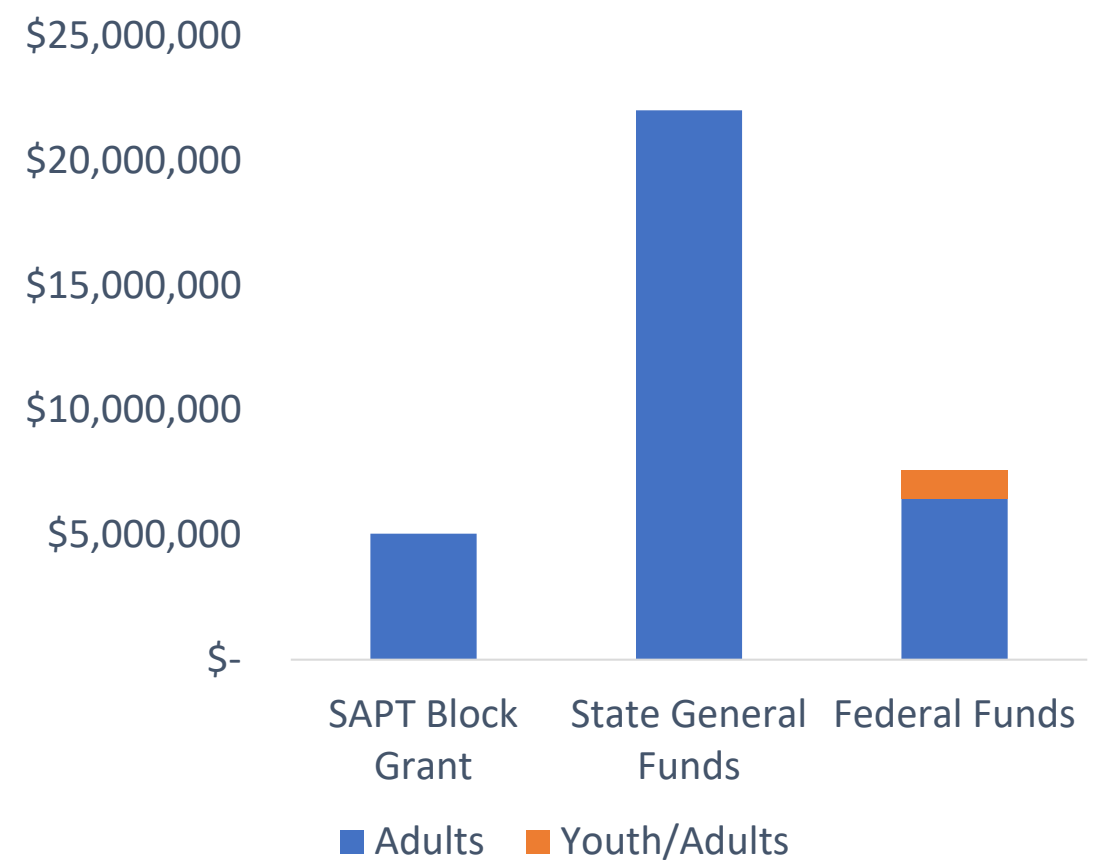


STATE GENERAL FUNDS SAVED BY TRANSITIONING ADULT ACCREDITED RESIDENTIAL TREATMENT CENTER (AARTCS) TO MEDICAID

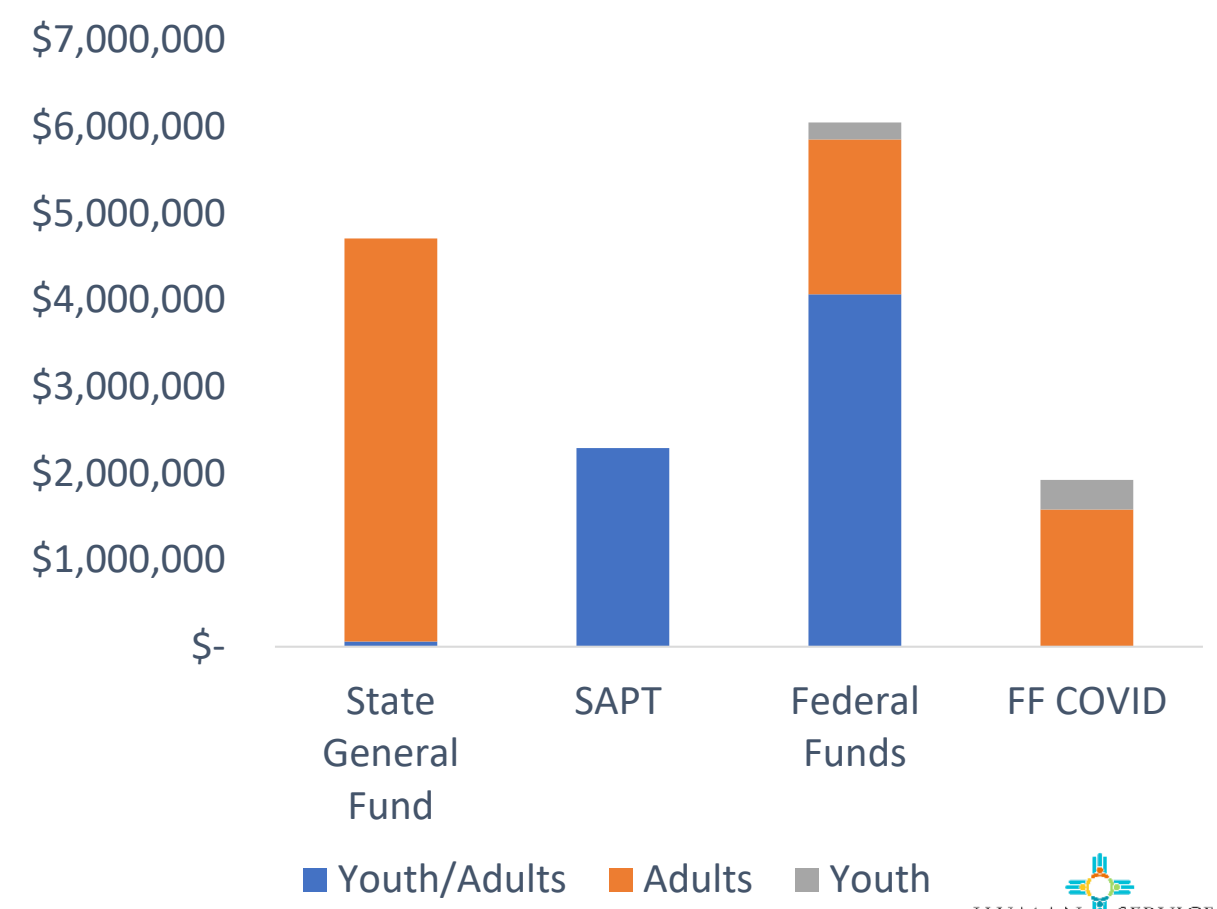
Provider status	FY20	FY 21	GF
AARTCs that transitioned to Medicaid	\$13,634,575	\$5,967,750	(\$7,666,825) Savings
New AARTC		\$568,700	\$568,700
Not Medicaid	\$2,253,750	\$2,234,900	(\$18,850) Savings
	\$15,888,325	\$8,771,350	(\$7,116,975) Savings

GOAL #3: SUBSTANCE USE DISORDER FY21 FUNDING

NM Behavioral Health Treatment non-Medicaid Funding, FY 21



NM Behavioral Health Prevention Funding, FY 21



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 #3: WHERE WE ARE GOING...


Review use of all SUD screenings across primary care and BH settings

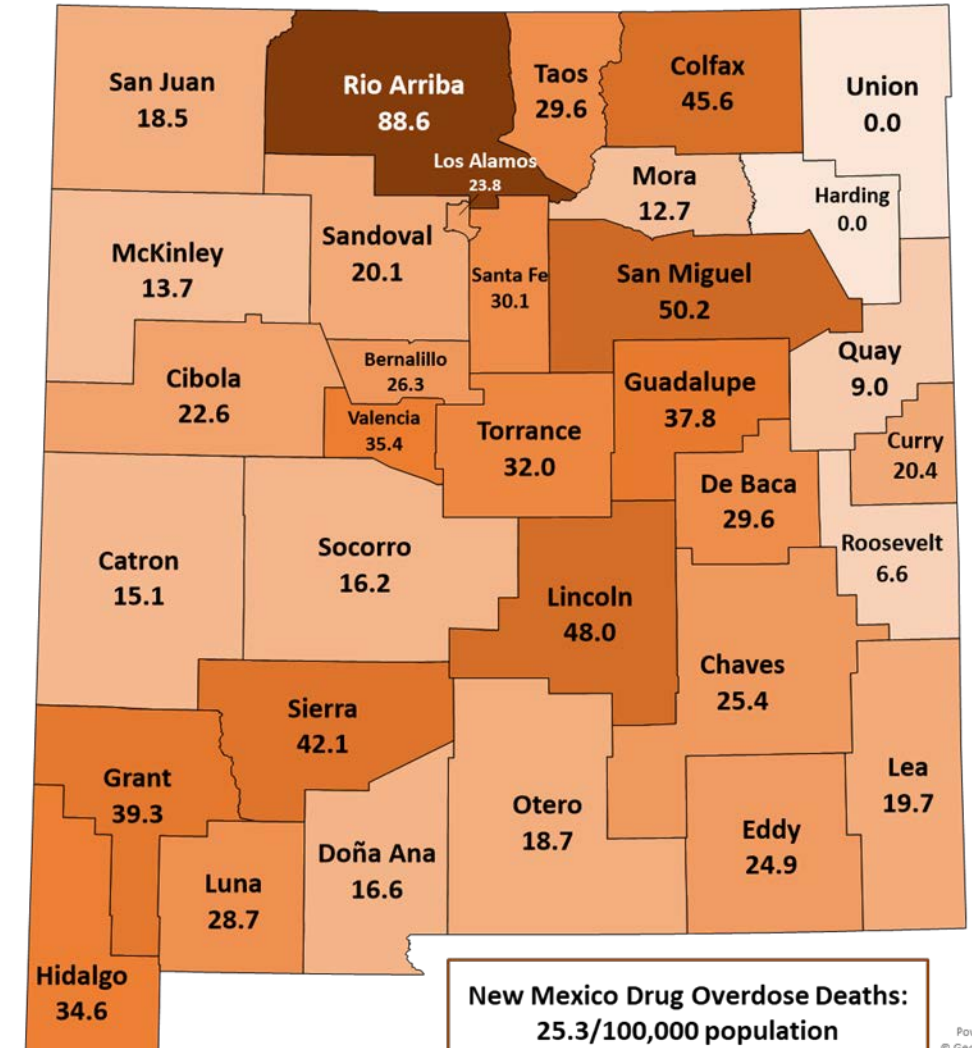
- Identify screenings to use, by setting, for adults and youth
- Collect data and analyze
- Implement screens and data collection

Expand prevention and intervention services for youth

- Utilize Interagency Steering to address gaps in Intensive Outpatient Programs (focus groups with providers)
- Work with Residential Treatment providers to specialize
- Explore detox options, Medication Assisted Treatment, and Prevention alternatives for youth

Drug Overdose Death Rate per 100,000 Population by County, 2013-17

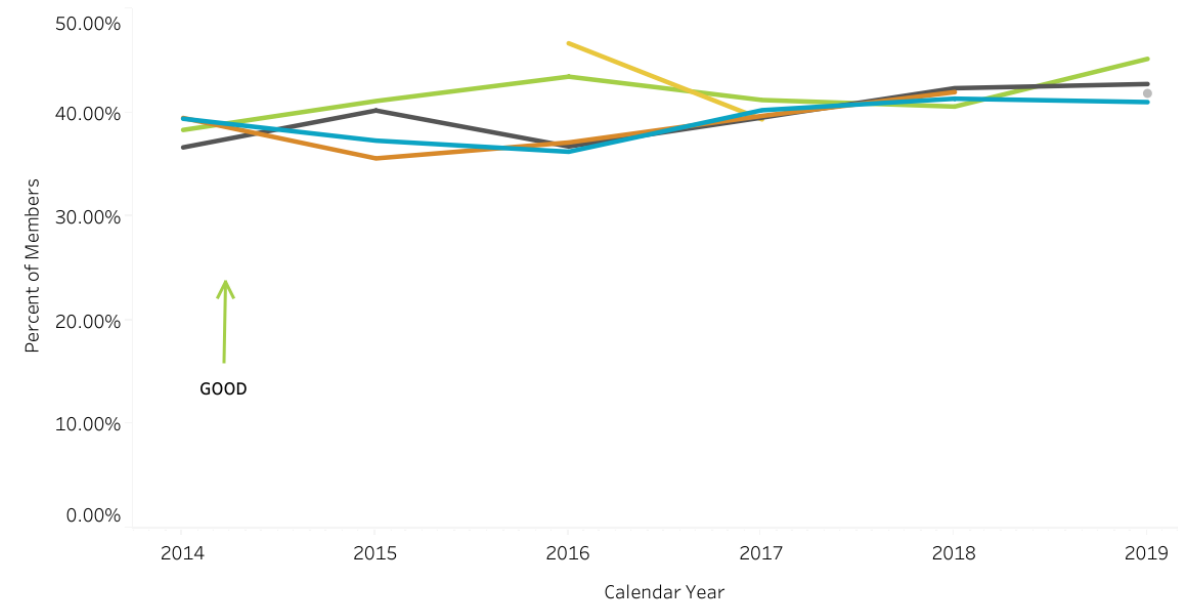
Deaths per 100,000 Age-adjusted  0.0 35.4 88.6



INITIATION OF SUD TREATMENT

- Comparison is to Mountain States (Arizona, Colorado, Idaho, New Mexico, Montana, Utah, Nevada and Wyoming): 45.2%
- NM MCOs report between 41% and 42.8%
- Drug Overdose Deaths in NM increased 25% in 2020

How good is my Managed Care Organization (MCO) at working with providers to ensure I receive treatment initiation for alcohol or other drug (AOD) dependency, should I need it?



Data updated: 6/2020

- Measure Names
- Blue Cross
 - Molina
 - Presbyterian
 - United
 - Western Sky
 - Quality Compass Census Mountain Average

Description: The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received Initiation of AOD Treatment.
Reports: Annual (last year's data published at end of June).
Numerator: Initiation of AOD treatment within 14 days of the Index Episode Start Date (IESD).
Denominator: Members 13 years and older with a new episode of AOD abuse or dependence during the Intake Period.
Target: 2014-2020: improve by 2% or meet regional average; 2020-2022: all MCOs improve by average amount to meet regional average in 2023.
Data Source: MCO audited HEDIS report.

Source: <https://sites.google.com/view/nmhsdscorecard/goal-1/mco-behavioral-health>

OPIOID TREATMENT PROGRAMS

- Provide array of services to folks suffering from Opioid Use Disorder, including Methadone, and potential for other Medication Assisted Treatment
- Only facilities allowed to provide ongoing Methadone treatment
- Approved by BHSD, Accreditation and SAMHSA certification required, with licenses from other entities (e.g. DEA and BoP)
- MAT in Opioid Treatment Program must include counseling

NM Opioid Treatment Programs		
County	Number of Providers	Number of Clients
Bernalillo	12	5,018
Chaves	1	181
Doña Ana	1	288
Rio Arriba	2	572
Sandoval	1	148
San Juan	1	160
Santa Fe	2	647
Valencia	1	313
TOTAL	21	7,327

MEDICATION ASSISTED TREATMENT (MAT)

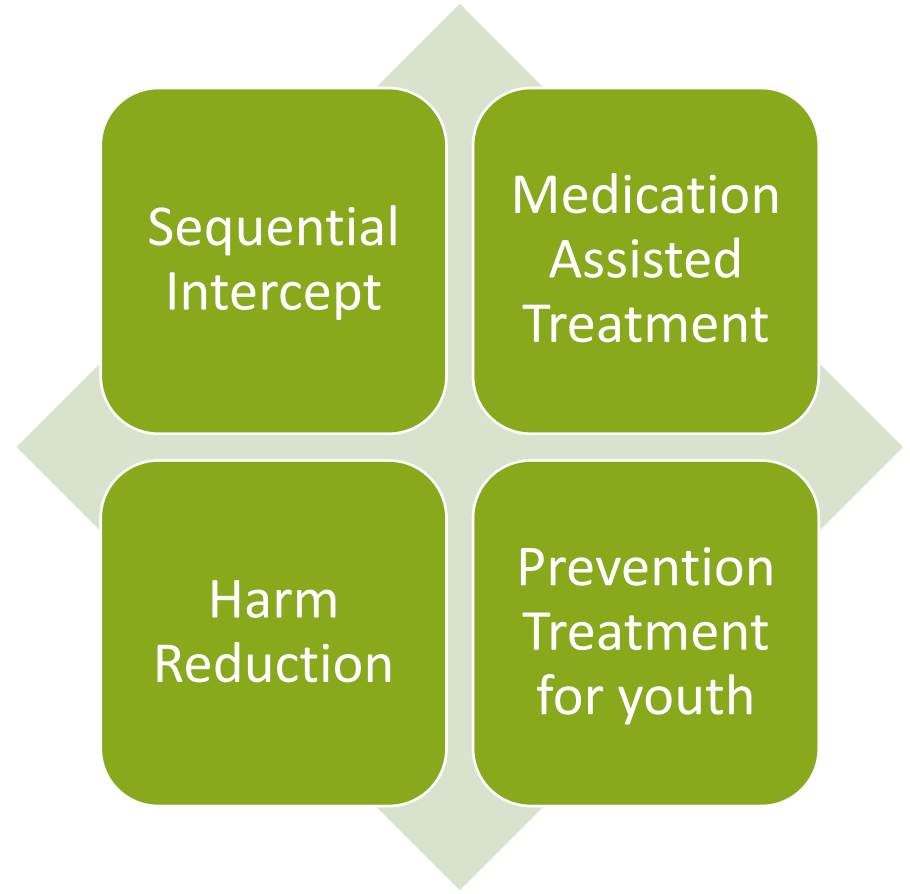
- Availability based on Prescriber Training
 - MDs/DOs; NPs; PAs
 - Limited panel allowed
- Variety of locations
 - Primary Care
 - SUD treatment facilities
 - Jails
- For opiates:
 - Methadone
 - Buprenorphine
 - Naltrexone
- For EtOH
 - Acamprosate
 - Disulfiram
 - Naltrexone

GOAL 4: SERVICES FOR JUSTICE-INVOLVED INDIVIDUALS

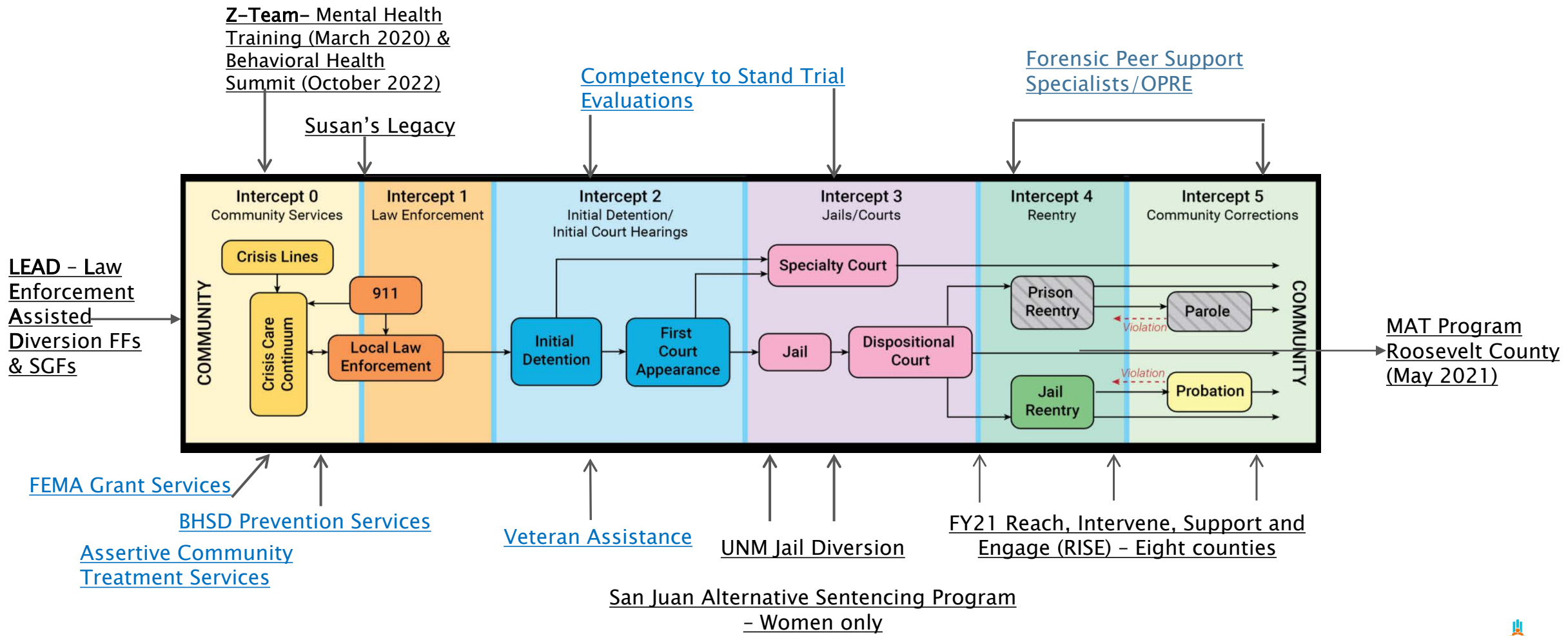
What we accomplished



Where we're going



GOAL #4: EFFECTIVE INTERVENTIONS FOR JUSTICE INVOLVED INDIVIDUALS



MAT Program
Roosevelt County
(May 2021)

GOAL 4 ACCOMPLISHMENTS: JUSTICE-INVOLVED SERVICES

Mapped services for justice-involved individuals using Sequential Intercept Model

Administrative Office of the Courts Treatment Courts Intercept 3

- FY 2020 1,658 people served (\$10.2 million)
- FY 2021 1,389 people served (\$10.2 million)

BHSD

- **Intercept 1:** Pre-arrest diversion FY21 \$3.3 million: Gallup, Dona Ana, Tribal LEAD, LEAD Santa Fe, Taos, San Juan, San Miguel, Lea, and Bernalillo
- **Intercepts 2-5:** Treatment FY 2021:
 - \$6.1 million veterans, RISE, forensics
 - UNM, Peer Support Training

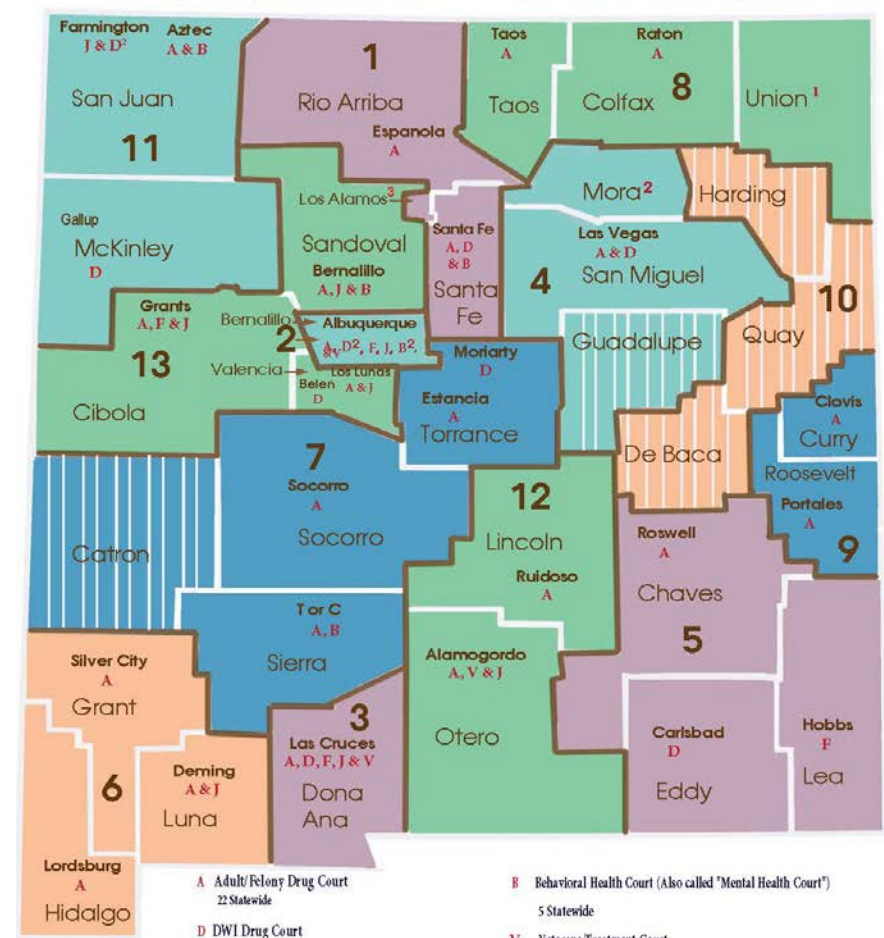
NM Corrections Department

- Peer Support Workers

NEW MEXICO TREATMENT COURTS

DISTRICT, METROPOLITAN, MAGISTRATE & MUNICIPAL PROGRAMS IN THE STATE'S 13 JUDICIAL DISTRICTS

As of March 30, 2021, 28 counties and 12 of the state's 13 judicial districts have at least one drug court program. Five counties (striped) and one judicial district (the 10th) do not yet.



- A** Adult/Felony Drug Court 22 Statewide
- B** Behavioral Health Court (Also called "Mental Health Court") 5 Statewide
- D** DWI Drug Court 11 Statewide
- F** Family Dependency Drug Court 4 Statewide
- J** Juvenile Drug Court 9 Statewide
- V** Veterans Treatment Court 3 Statewide
- 1** Union County residents are served by Colfax County Drug Courts
- 2** Mora County residents are served by San Miguel County Drug Courts
- 3** Los Alamos County residents are served by Rio Arriba County Drug Courts

GOAL #4 ACCOMPLISHMENTS: JUSTICE-INVOLVED SERVICES

CYFD

- **Intercept 3** Alternatives to detention (Juvenile Community Corrections): FY21 \$2.4 million **1,180** youth served
- **Intercept 0** Mentoring (Deflection): FY21 **2,500** youth served \$2.7 million
- **Intercept 0** Prevention (Juvenile Justice Advisory Councils): FY21 **5,471** youth served \$2.2 million
- **Intercept 4** (Facilities): FY21 **207** youth served \$2.7 million

48	ECONOMIC WELL-BEING			
	Rank 48th	UNITED STATES		NEW MEXICO
CHILDREN IN POVERTY US: 12,000,000 NM: 116,000	22% 2010	17% 2019 BETTER	30% 2010	25% 2019 BETTER
CHILDREN WHOSE PARENTS LACK SECURE EMPLOYMENT US: 18,833,000 NM: 151,000	33% 2010	26% 2019 BETTER	37% 2010	32% 2019 BETTER
CHILDREN LIVING IN HOUSEHOLDS WITH A HIGH HOUSING COST BURDEN US: 21,570,000 NM: 124,000	41% 2010	30% 2019 BETTER	33% 2010	26% 2019 BETTER
TEENS NOT IN SCHOOL AND NOT WORKING US: 1,115,000 NM: 12,000	9% 2010	6% 2019 BETTER	12% 2010	11% 2019 BETTER

GOAL #4: WHERE WE ARE GOING...

Sequential Intercept

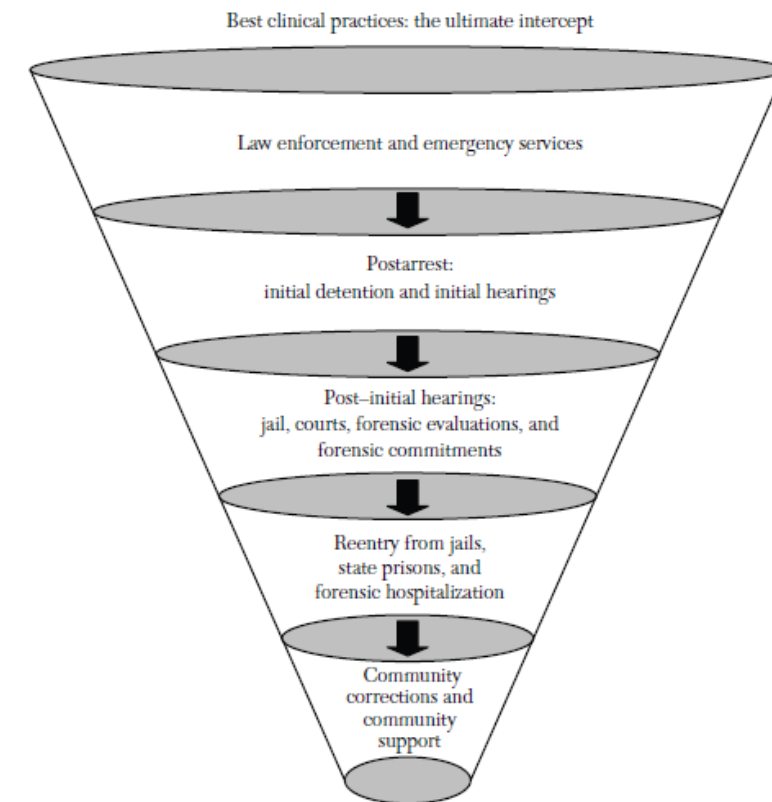
- Plan to increase intercepts service and supports
- Collaborative with Courts on Z-team initiative
- Align federal and state funds to strengthen hub and spoke model

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)

Figure 1

The Sequential Intercept Model viewed as a series of filters



GOAL #4: WHERE WE ARE GOING...

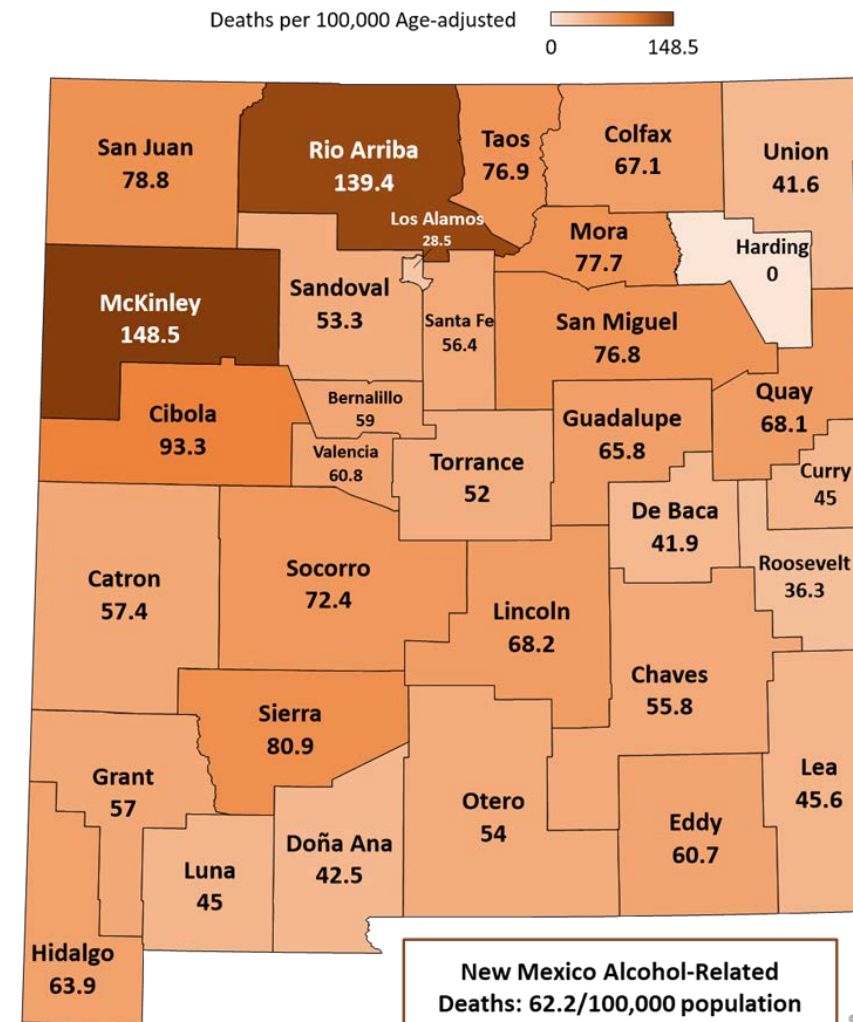
Harm Reduction

- Sustain Narcan for overdose prevention
- Promote use of Fentanyl testing strips in pilot with ABQ and BERNCO (in possible development)

Prevention and Treatment for Youth

- Increase alignment of youth serving systems
- Use of SBIRT in primary care settings
- Utilize School Based Health Centers for Intercept 1
- Review Intensive OP for youth: 9 providers, only 3 serving SUD
- Review accredited residential treatment center for youth with SUD as primary

Alcohol-Related Deaths by County per 100,000 Populations, 2013-2017



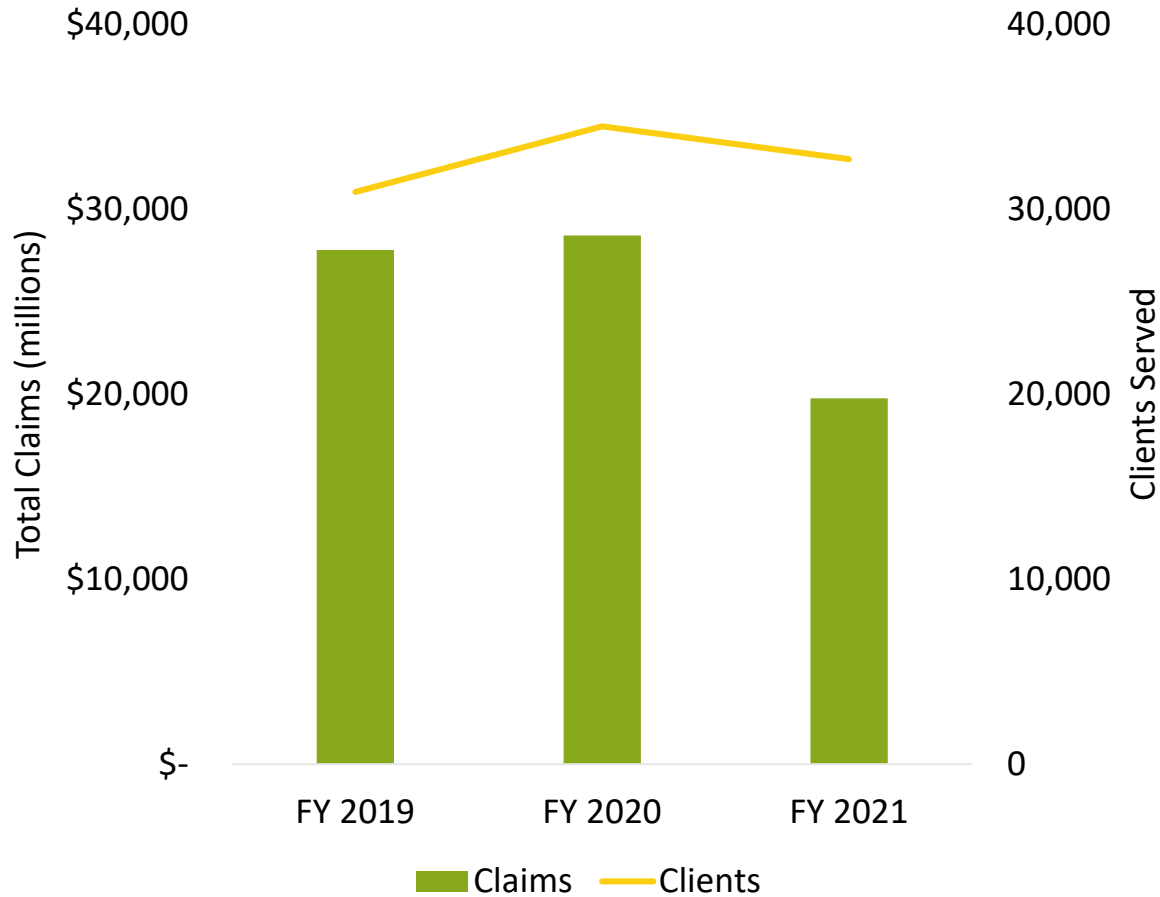
Source: Data obtained from NM-IBIS: <https://ibis.health.state.nm.us/indicator/view/AlcoholRelatedDth.Cnty.html>. New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health. New Mexico Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, <http://gps.unm.edu/>. U.S. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, <http://www.cdc.gov/nchs/>

ADMINISTRATIVE SERVICES ORGANIZATION (ASO): FALLING COLORS

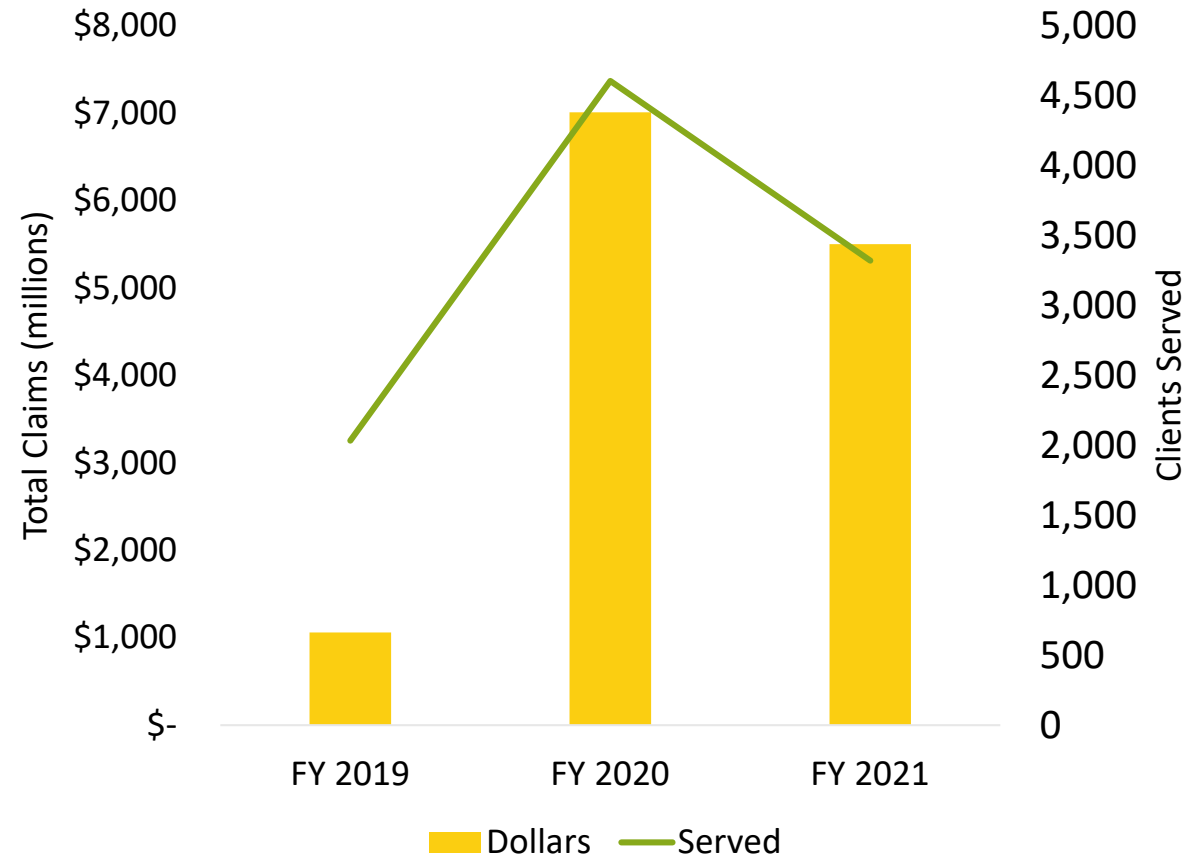
Federal and State dollars spent on services

NON-MEDICAID DOLLARS SPENT, PEOPLE SERVED: 3 YEARS

Adult Non-Medicaid Behavioral Health Claims (Millions) & Clients, FYs 2019 - 21



Children Non-Medicaid Behavioral Health Claims (Millions) & Clients, FYs 2019 - 21



TELEHEALTH SERVICES THROUGH ASO FY 2020-2021 (DOES NOT INCLUDE MEDICAID SPENDING)

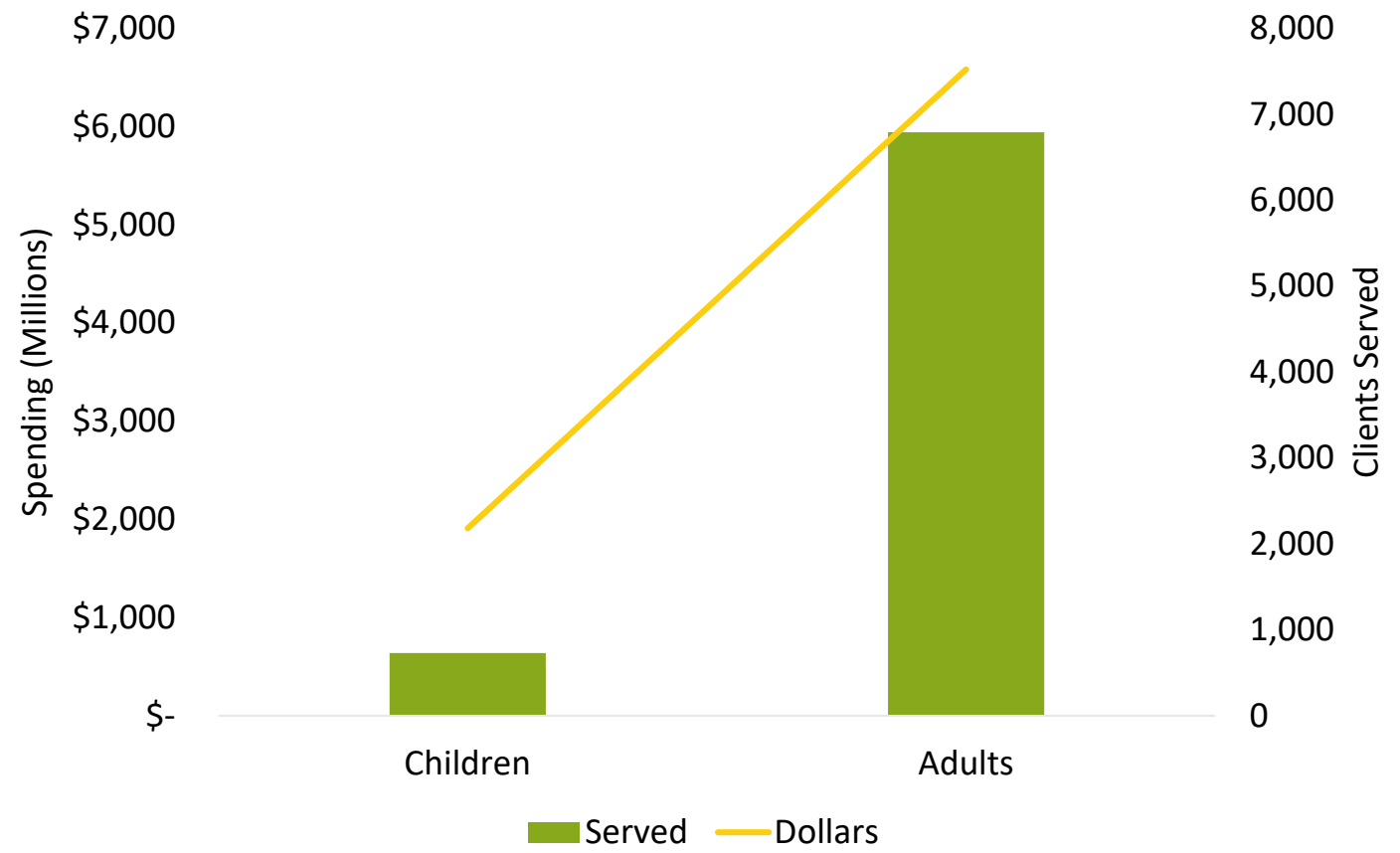
Adults top 4 services

- Psychotherapy (32,137 served)
- CCSS (21,690)
- Case Management (5,659)
- Psycho-social Rehab (3,795)

Children top 4 services

- CCSS (3,010)
- Psychotherapy (2,122)
- Family Psychotherapy (1,848)
- Medication monitoring (288)

NM Telehealth Clients & Spending (Millions), FY 20-21



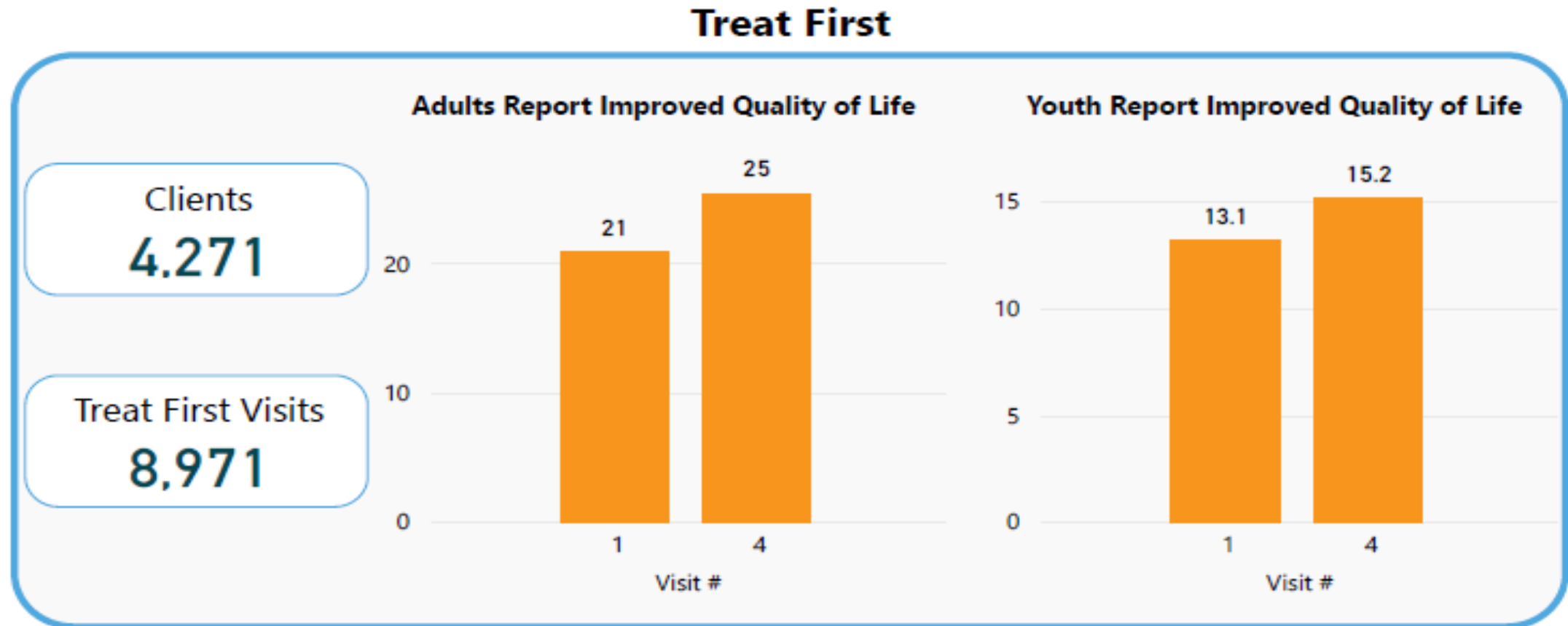


ACCESS TO BEHAVIORAL HEALTH SERVICES

FEMA COVID CRISIS RESPONSE GRANTS

- Trained Certified Peer Support workers in crisis counseling
- Initiative embraced by Navajo Nation and Native American neighbors in particular
 - McKinley, Sandoval, San Juan, Santa Fe, Bernalillo, Doña Ana
- Since October 2020 over 41,000 individuals served, including:
 - 3,374 who utilized individual crisis counseling
- Total Cost \$1.35M
- <https://www.facebook.com/nmcovid19supportservices/videos/97872410826037>

TREAT FIRST IMPACT



Source: NM HSD, Behavioral Health Services Division, June 2021.

VALLE DEL SOL TRANSITION

- Arizona provider in NM since 2013
 - Left NM effective 7/30/21
 - 1,386 patients impacted
- Formal process for identifying providers supported to ensure continuity of care:
 - Clinical Capability
 - Financial and Administrative Stability
- Held 4 Community Meetings
- Presbyterian Medical Services: Effective 7/1/21
 - Grants
 - Española
- Team Builders – returned provider impacted by 2013:
 - Effective 7/14/21: Moriarty
 - Effective 7/19/21: Clayton, Raton
 - Effective 7/30/21: Grants, Los Lunas, Taos, Santa Rosa

988 – CRISIS NOW

988 AND CRISIS NOW OVERVIEW

- 988 Enacted by Federal Legislation October 2020
- Scheduled Date to go live: July 16, 2022
- Vibrant/Lifeline planning grant: April – December 2021
- Mental Health Block Grant Set Aside for Crisis: \$219,000 for Federal FY 22 for planning

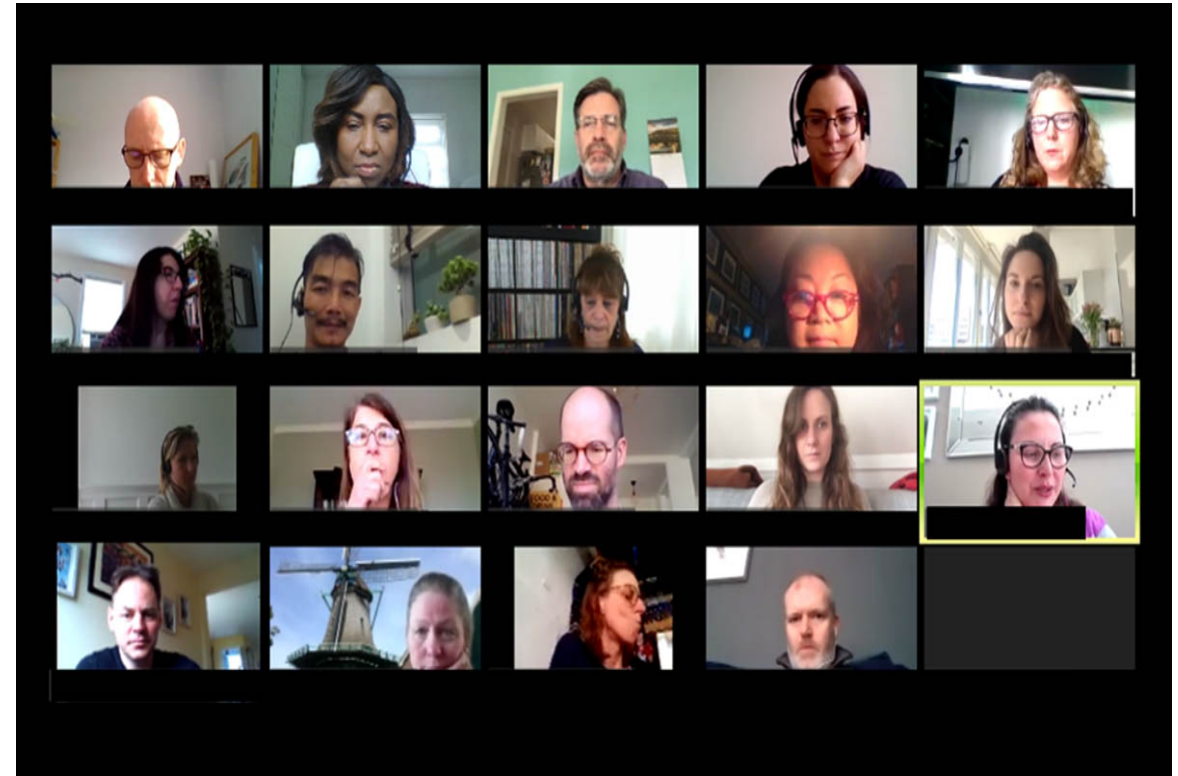


NM 988 PLANNING PROCESS MAY TO JULY 2021

- Overall Advisory Council
 - Contributes membership to 5 Working Groups:
 1. Specific communities
 2. Tribal communities
 3. 988/911 Collaboration
 4. Mobile Crisis Response
 5. Crisis Triage Center +
- Core working team of BHSD and Consortium for Behavioral Health Training and Research
- Made progress report to BH Collaborative 7/8/21
- Overall plan due by December 2021

988 COMMUNITY STAKEHOLDER INPUT

- Providers as well as state and county representatives who work with:
 - People with lived experience
 - Survivors of suicide
 - Trans and LGBTQ+ communities
 - Black, Indigenous, and People of Color (BIPOC) communities
 - Domestic violence and sexual assault survivors
 - The immigrant and asylum seeker community
- Separate Tribal Communities Group
- Listening Sessions in August/September



988 COMMUNITY STAKEHOLDER INPUT

Community Identified Concerns

- Fear of Law Enforcement response leading to death, harm, or deportation of the person seeking help.
- Not knowing where to safely seek help from or having the financial resources to access help.*
- Long wait times or travel times to hospitals or other crisis stabilization locales.

**Most common concern among those making comments in Spanish*



988/911 COLLABORATION

- Understand and identify solutions to anticipated needs related to expanded call center usage and role for NM crisis BH system (air traffic controller model/SAMHSA best practices).
 - Resolve
 - Refer (community services including BH appts./Crisis Triage Centers)
 - Dispatch Mobile Crisis Teams
 - Follow up
- Understand and seek solutions to increase and improve the interaction between Public Safety Answering Point (911) and call centers (988) in NM, including interoperability.

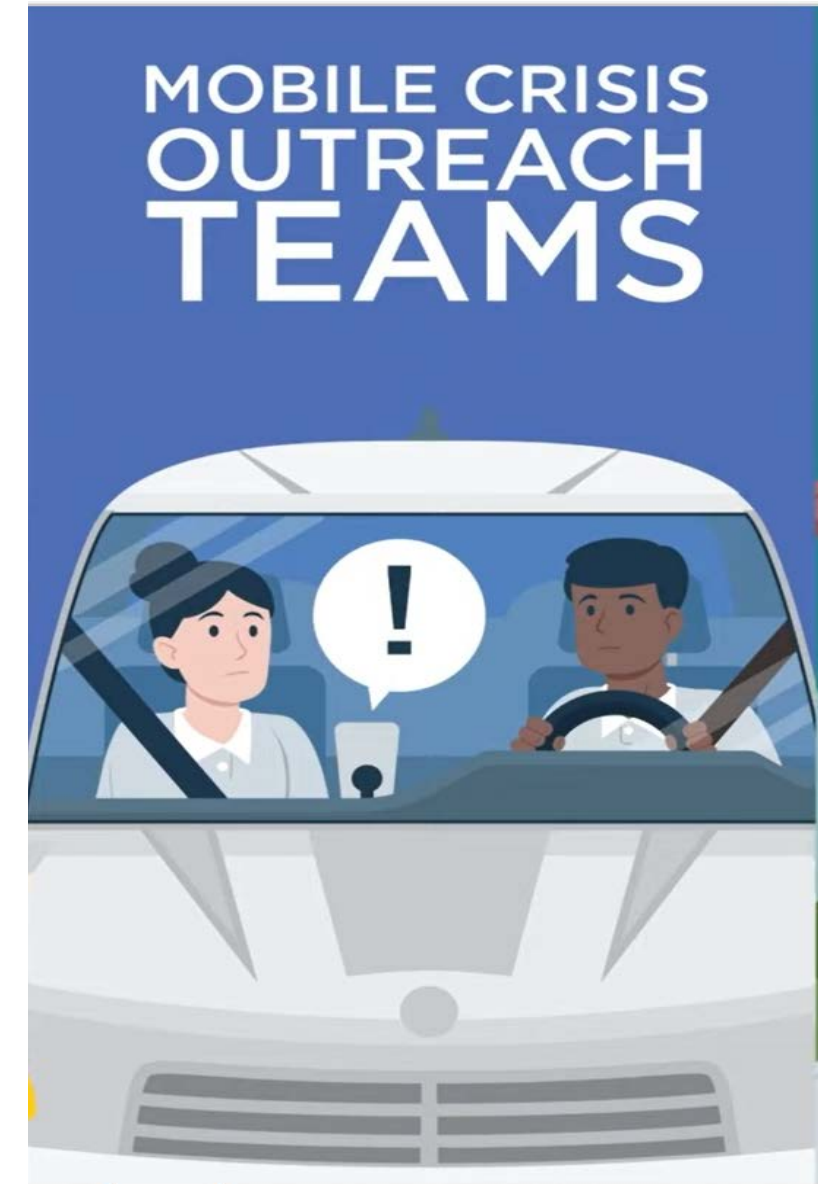


MOBILE CRISIS RESPONSE

- Identify training needs and opportunities for call centers, first responders, 911 operators, crisis team operators, and community members.

Main models of mobile crisis response:

- *Co-response teams:* Activated by 911.
- *Community mobile crisis teams:* Potentially activated by 988.
- *Mobile crisis teams for youth* (CYFD youth mobile crisis team pilots in Chavez, Sandoval, and Valencia counties).
- *Mobile crisis teams serving American Indian communities.*
- *Community Engagement Teams:* include initial contact by someone with lived experience (currently operating in Bernalillo county).



CRISIS TRIAGE CENTER +

- Develop statewide Crisis Receiving/Stabilization Services *plan* that accounts for cultural, regional, and local differences.
 - Identify existing services/types of care available within 5 health regions that serve as (or support) Crisis Receiving/ Stabilization Services.
- Map identifying existing services across NM.
- Identify gaps in crisis services.
- Identify best practices and innovative models.

Elements on the CTC+ continuum



Crisis Center or
Crisis Hub



Medical Triage/
Screening



Behavioral Health
Urgent Care



Intensive
Community-based
Continuing Crisis
Intervention



23-hr Obs/
Extended Obs



Residential Crisis
Program
Continuum



Hospitals
(role in crisis services)

THE JOHNSON FAMILY TODAY...

- Mia and family receive High-Fidelity Wraparound services and overall plan of care
- David begins MAT in jail, referred to FQHC for ongoing care, including treatment for depression
- Community Reinforcement Approach – Family Training
- Parenting supports, including Family Peer Support
- Income support through ISD
- Mia not removed, significant progress being made





HUMAN
SERVICES
DEPARTMENT



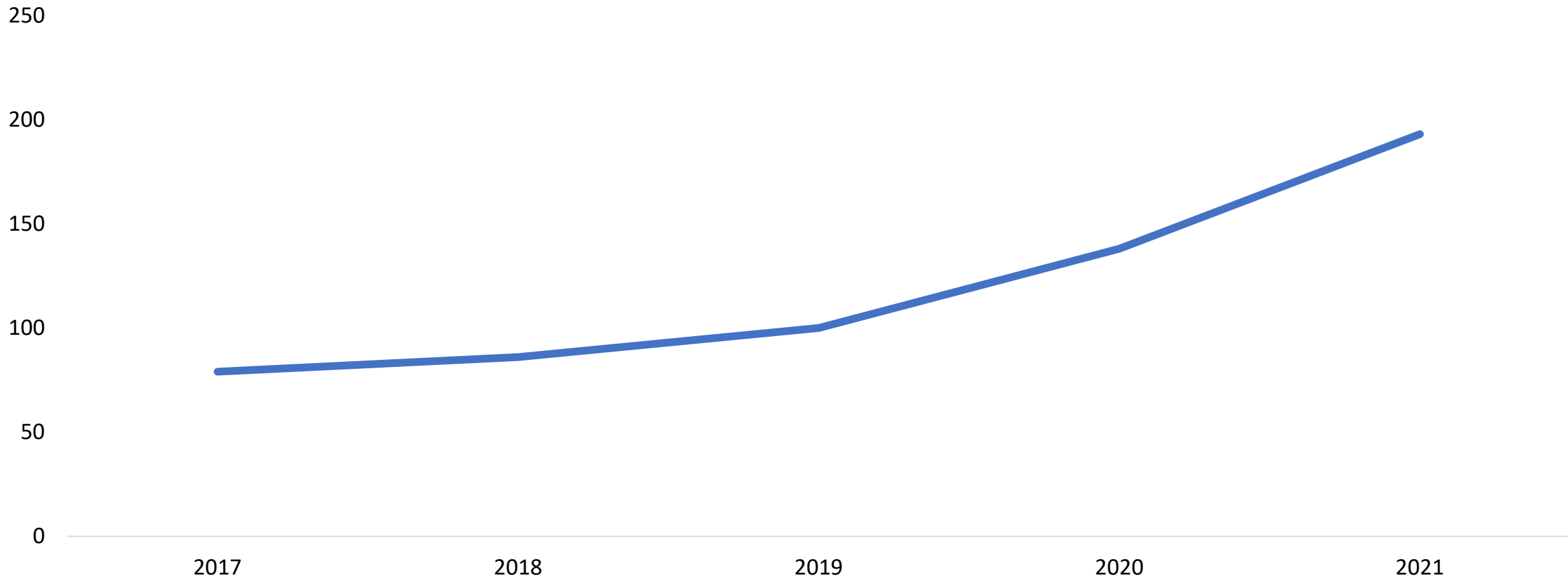
QUESTIONS

INVESTING FOR TOMORROW, DELIVERING TODAY.

APPENDIX

PROVIDER NETWORK GROWTH: PSYCHIATRIC NURSES

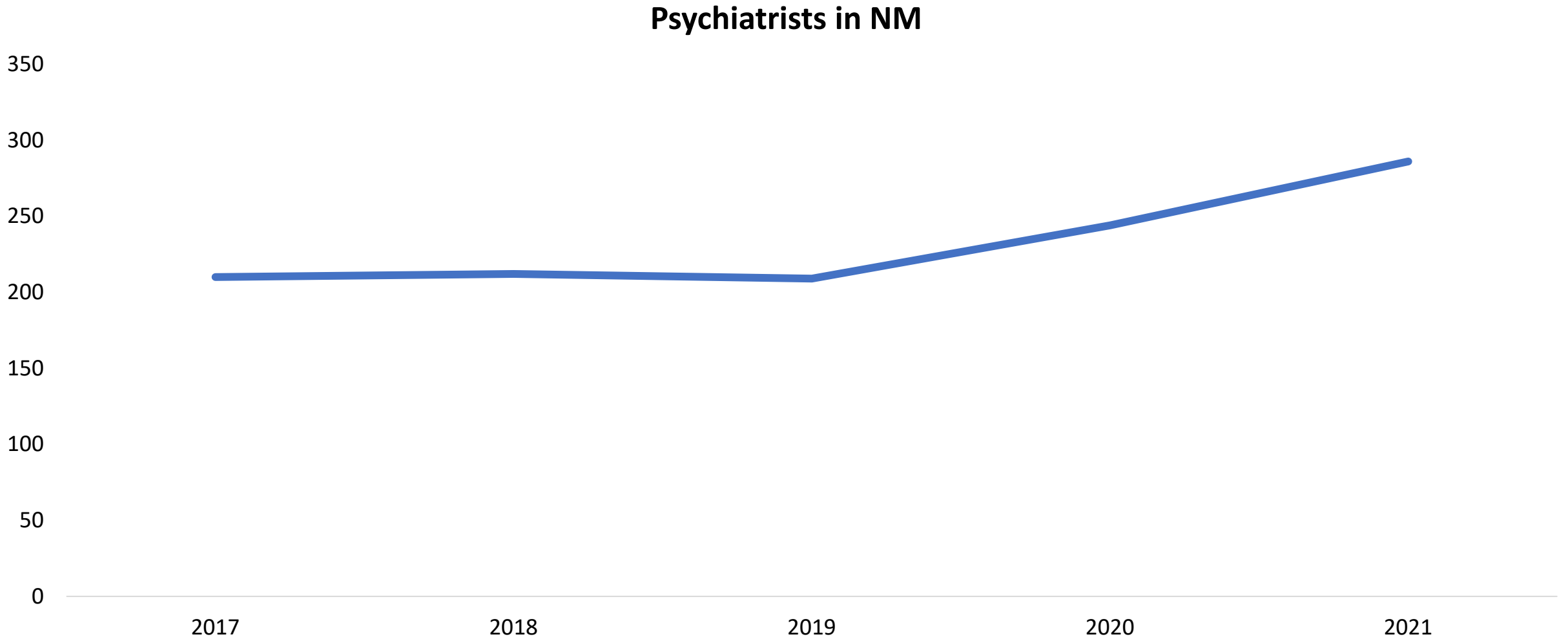
Psychiatric Nurses in NM



Source: New Mexico Human Services Department Behavioral Health Services Division analysis. July 2021.



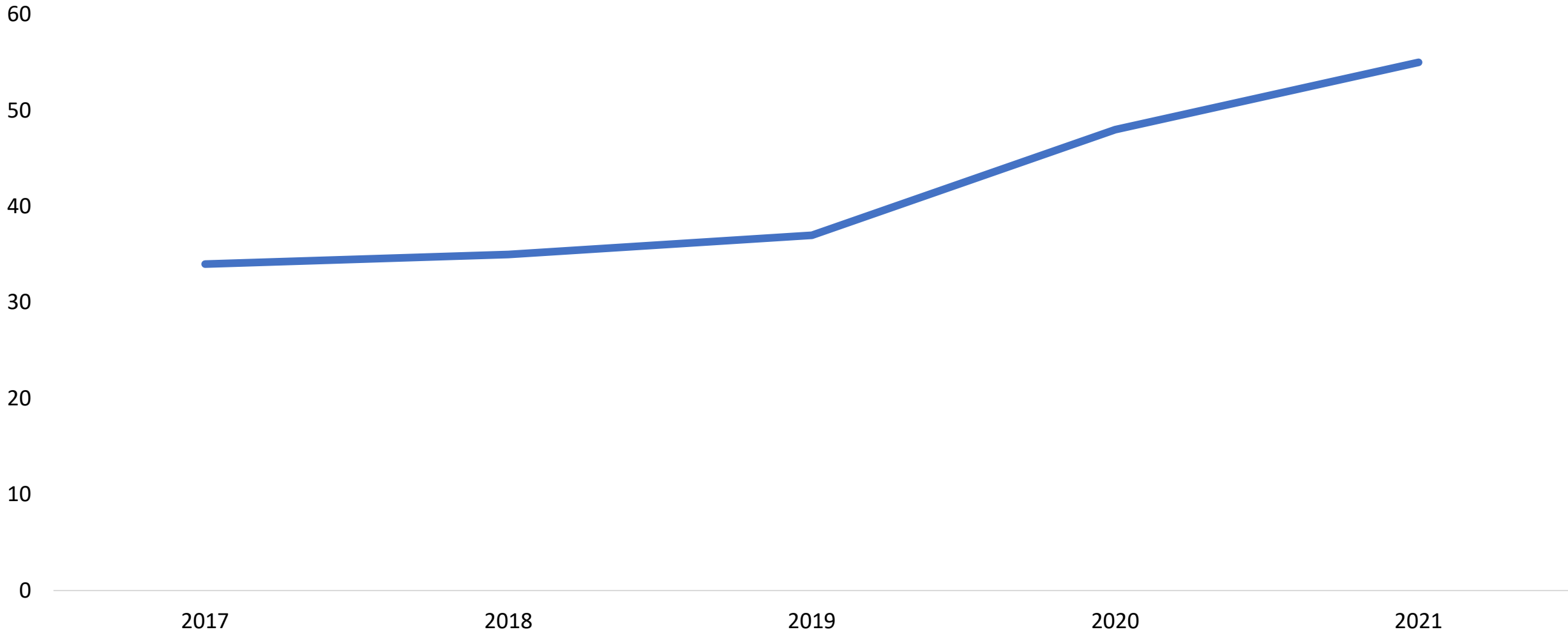
PROVIDER NETWORK GROWTH: PSYCHIATRISTS



Source: New Mexico Human Services Department Behavioral Health Services Division analysis. July 2021.

PROVIDER NETWORK GROWTH: PRESCRIBING PSYCHOLOGISTS

Prescribing Psychologists in NM



Source: New Mexico Human Services Department Behavioral Health Services Division analysis. July 2021.



Investing for tomorrow, delivering today.