

# EXPANDING COMMUNITY-BASED BEHAVIORAL HEALTH SERVICES

LEGISLATIVE FINANCE COMMITTEE | JULY 10, 2019



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Department



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Health



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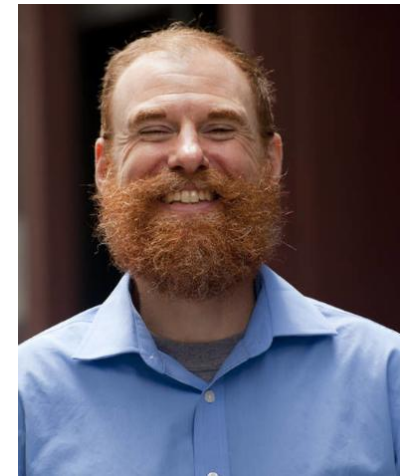
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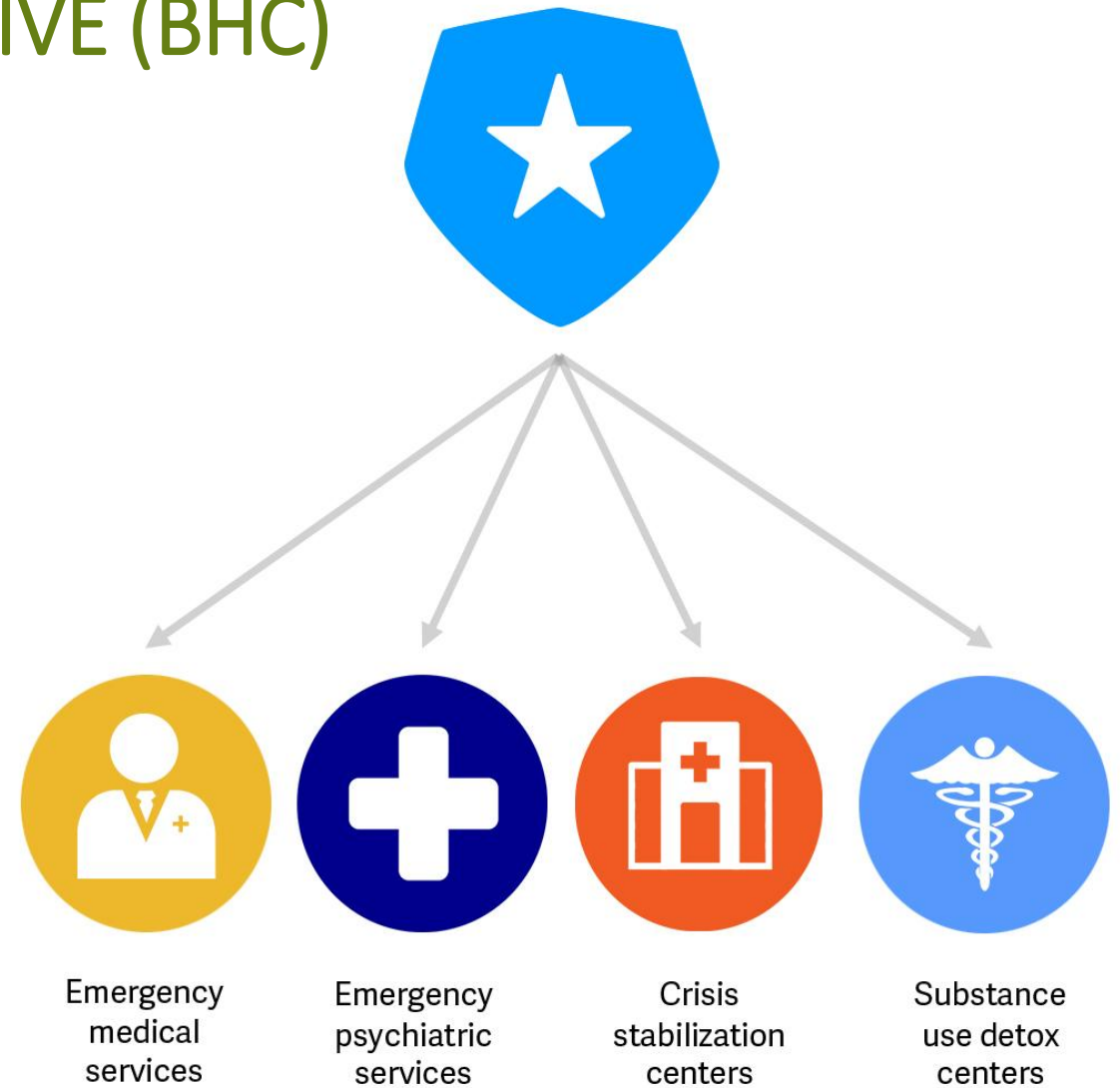
Jane Wishner  
Executive Policy Advisor  
for Health and Human  
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Mariana Padilla  
Children's Cabinet Director

# BEHAVIORAL HEALTH COLLABORATIVE (BHC) GOALS

- 1) Expansion of Behavioral Health Provider Network
- 2) Expansion of Community Based Mental Health Services for Children
- 3) Effectively Address Substance Use Disorder (SUD)
- 4) *Proposed New Goal: Behavioral Health Services for Criminal Justice Involved*



Source: Melissa Reuland, Matthew Schwarzfeld, and Laura Draper, *Law Enforcement Responses to People with Mental Illnesses: A Guide to Research-Informed Policy and Practice*, (New York: The Council of State Governments Justice Center, 2009).



# BHC GOAL 1: EXPANSION OF BEHAVIORAL HEALTH PROVIDER NETWORK

- There is a significant problem with access to Behavioral Services in the state for Medicaid members
- Estimates suggest that only one-third of BH providers take Medicaid patients
- The incidence of BH issues is higher in the Medicaid population
- Benchmarks are difficult to obtain

Psychiatrists Compared to Benchmark, 2017

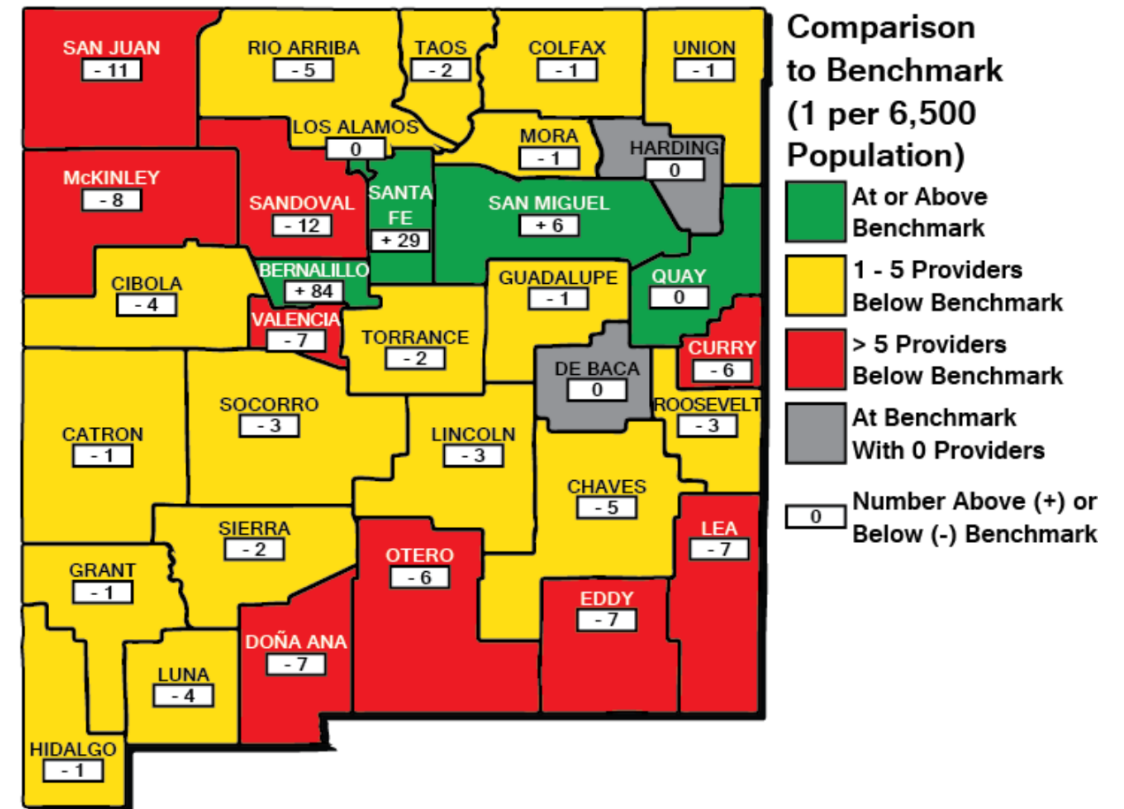


Figure 2.9. Psychiatrist workforce relative to the national benchmark of one psychiatrist per 6,500 population is shown in the white boxes. Each county's color indicates whether it is at or above benchmark (green), below benchmark by five or fewer providers (yellow), or below benchmark by more than five providers (red). Gray counties have no providers and benchmark values of zero.

# NEW MEXICO HEALTH CARE WORKFORCE COMMITTEE REPORT, 2018

*Table 3.1. Summary of Open-Ended Responses Regarding Barriers to Behavioral Health Workforce*

In your opinion, what is the greatest barrier to acquiring quality behavioral health care workforce members in New Mexico?		
Response	Frequency	Percent
<b>Salaries and benefits</b>	29	36.3%
<b>Quality education programs and supervisory training</b>	20	25.0%
<b>Reimbursement rates</b>	13	16.3%
<b>High need / high stress / impoverished populations</b>	9	11.3%
<b>Licensing / credentialing requirements</b>	8	10.0%
<b>Supervision for unlicensed clinicians</b>	8	10.0%
<b>Geographic location</b>	6	7.5%
<b>Changes in state policies / administrations</b>	6	7.5%
<b>Cultural training needs (particularly with Native American populations)</b>	4	5.0%
<b>Need for bilingual / multilingual providers</b>	3	3.8%

# INTERVENTIONS TO EXPAND BEHAVIORAL HEALTH PROVIDER NETWORK

- Expand potential new services by \$34 M (7/2018, 1/2019)
- Expand base payment rates for E&M codes (7/2019) and expanded BH services (10/2019)
- Address ongoing administrative appeals and lawsuits
  - Update on settlements
- Work with DOH, HED, and DWS to expand BH workforce
- Identify new opportunities to expand loan forgiveness

Top 30 BH Outpatient Proc Codes	
90837	PSYTX PT&/FAMILY 60 MINUTES
H0020	ALCOHOL AND/OR DRUG SERVICES; METHADONE
S5145	FOSTER CARE THERAPEUTIC, PER DIEM
90834	PSYTX PT&/FAMILY 45 MINUTES
90847	FAMILY PSYTX W/PT 50 MIN
H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE
H2033	MULTISYSTEMIC THERAPY FOR JUVENILES, PER
90791	PSYCH DIAGNOSTIC EVALUATION
H2015	COMP COMM SUPP SVC, 15 MIN
H2017	PSYSOC REHAB SVC, PER 15 MIN
90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MUL
H2015	COMP COMM SUPP SVC, 15 MIN
90832	PSYTX PT&/FAMILY 30 MINUTES
0365T	ADAPTIVE BEHAVIOR TX ADDL
T1026	PED COMPR CARE PKG, PER HOUR
0365T	ADAPTIVE BEHAVIOR TX ADDL
H2012	BEHAV HLTH DAY TREAT, PER HR
H2014	SKILLS TRAIN AND DEV, 15 MIN
S5145	FOSTER CARE THERAPEUTIC, PER DIEM
G9001	COORDINATED CARE FEE, INITIAL RATE
90846	FAMILY PSYTX W/O PT 50 MIN
H0039	ASSER COM TX FACE-FACE/15MIN
80307	DRUG TEST PRSMV CHEM ANALYZR
90863	PHARMACOLOGIC MGMT W/PSYTX
90792	PSYCH DIAG EVAL W/MED SRVCS

# CENTENNIAL CARE 2.0

## BH EXPANSION OF SERVICES COVERED

- Individual and Family Peer Support
- After hours, weekends and holiday service
- Assertive Community Treatment
- Comprehensive Community Support Services
- Crisis Treatment Center and Crisis Stabilization
- Intensive Outpatient Services
- Opioid Treatment Program
- Partial Hospitalization expansion/ incentives
- Screening, Brief Intervention and Referral to Treatment
- Accredited Residential Treatment Centers
- Group Psychotherapy
- Interdisciplinary Teaming
- New modifiers for BH evaluation and management codes
- Use of BH Interns in community program
- Recovery services for individuals not just groups
- Adding Certified Family Peer Support Worker
- Treatment Foster Care Level I and II
- Expanding the types of agencies that can deliver Comprehensive Community Support Services
- CareLink New Mexico, Health Home expansion



# THE SHAKE-UP

*The Shake-Up* is a nonprofit documentary about mental healthcare in New Mexico made in partnership with the New Mexico Community Foundation. The film depicts the cause and consequences of the Medicaid freeze of 2013. It is showing on New Mexico PBS.

Showings:

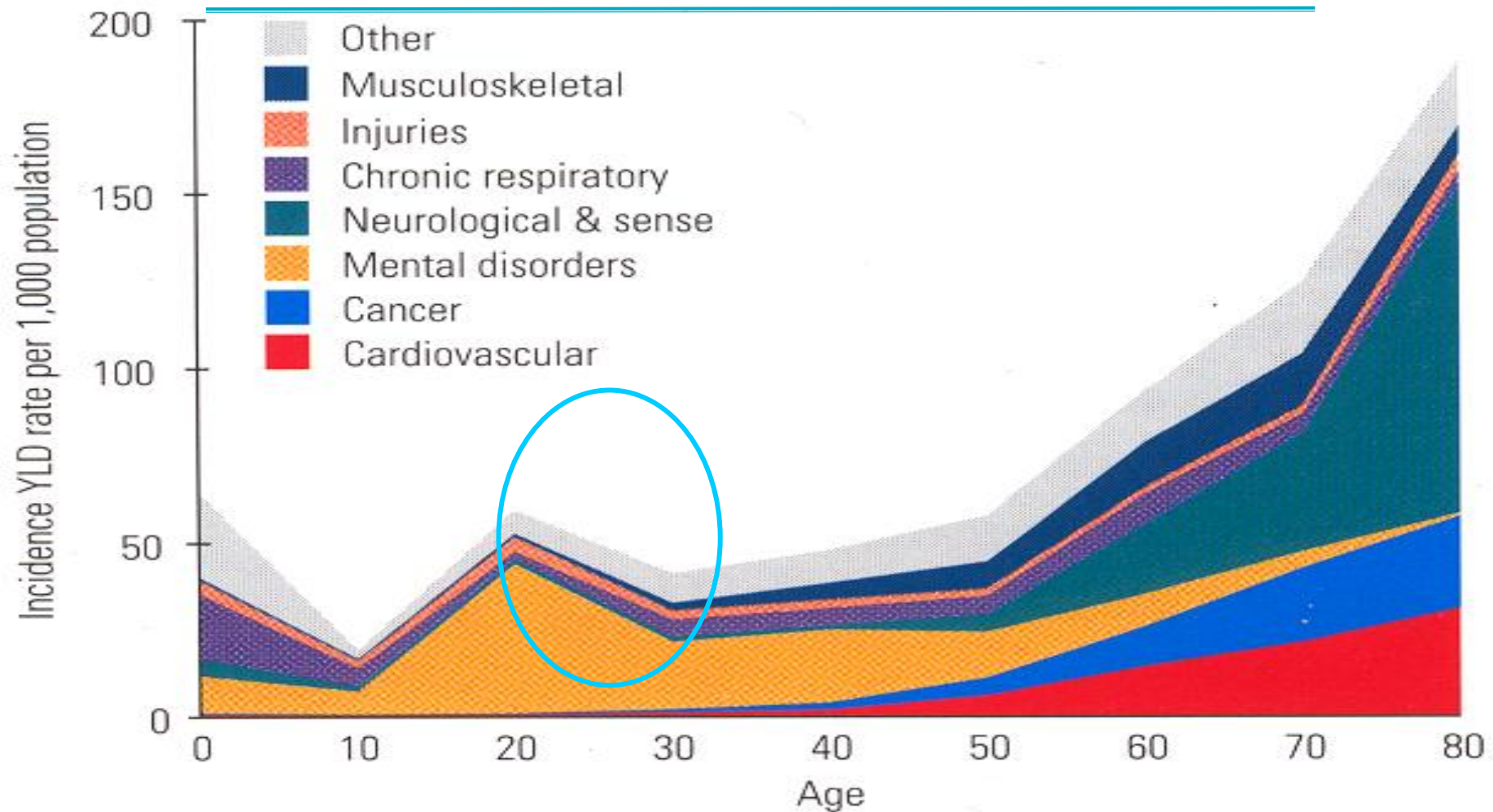
- July 17, 2019
  - [Santa Fe, NM: Center for Contemporary Arts](#)
- August 27, 2019
  - [Santa Fe, NM: National Association for Rural Mental Health Conference](#)



## BHC GOAL 2: EXPANSION OF COMMUNITY BASED MENTAL HEALTH SERVICES FOR CHILDREN



# INCIDENCE OF DISEASE ACROSS THE LIFESPAN



## **WHY MENTAL HEALTH MATTERS TO YOUTH:**

- Suicide is the second leading cause of death among youth ages 10-19.
- New Mexico has the highest suicide rate in the country for youth ages 15-19.
- According to a NIMH survey, about half of all foster youth have “clinically-significant” emotional or behavioral problems. Only 1/4th of whom received care during the one-year time period of the survey
- To put it in perspective, 30% of former foster care children suffer from PTSD as adults, compared with the approximately 15% of U.S. combat veterans who suffer from PTSD (American Psychological Association, 2012)

## MEDICAID/EPSDT – MEDICAL NECESSITY

“Such other necessary health care, diagnostic services, treatment, and other measures ... to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan.”

**42 U.S.C. § 1396d(r)**



# LFC RESULTS FIRST REPORT

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“The chances of positive client outcomes when children reach the level of acute out-of-home care diminish. A greater emphasis on prevention and early and community-based interventions ... could more effectively address the needs of some of these children before they reach the point of needing acute interventions.”

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# Pediatric Psychosocial Preventive Health Model

Addressing traumatic stress in the pediatric healthcare setting

## CLINICAL/TREATMENT

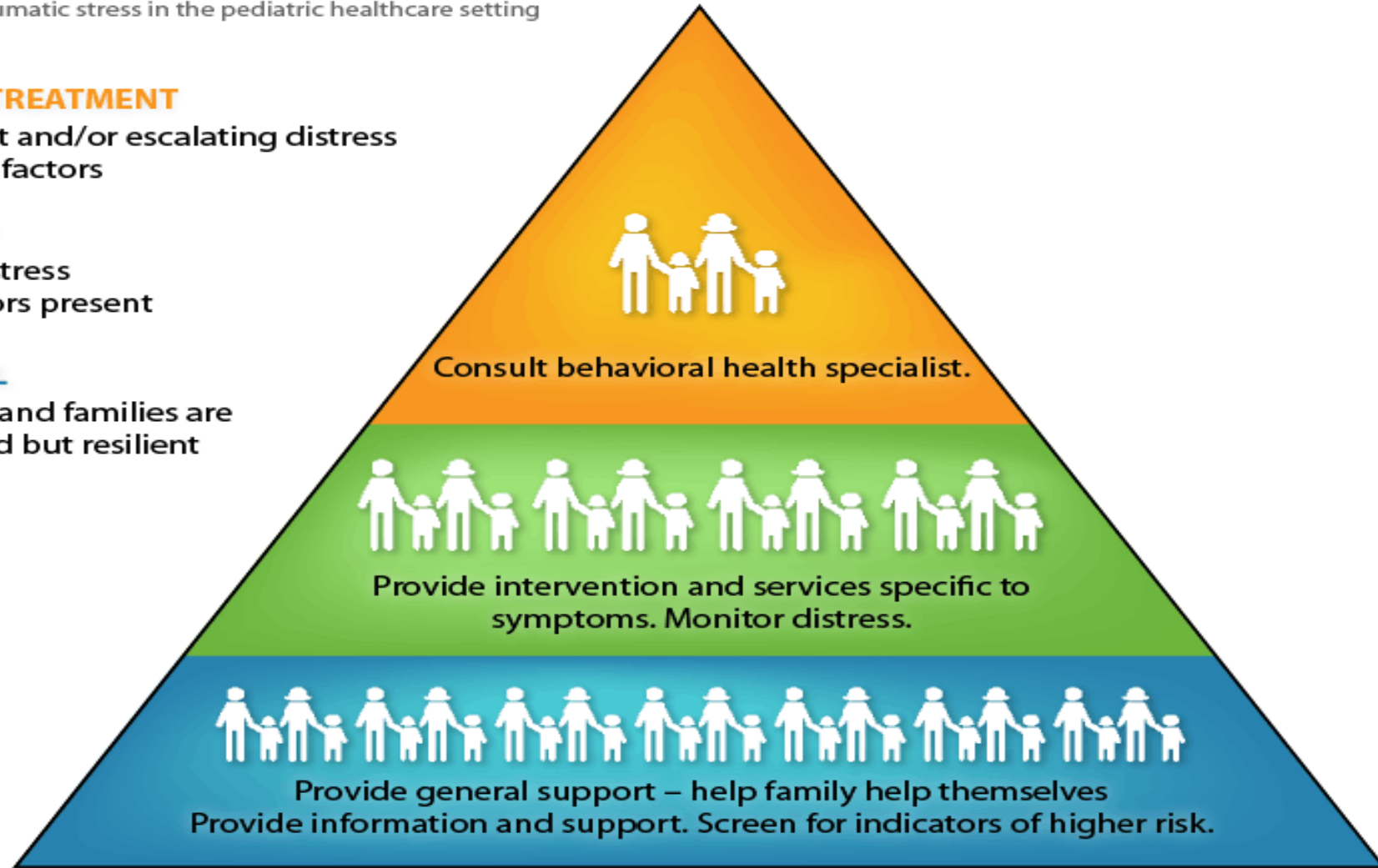
- Persistent and/or escalating distress
- High risk factors

## TARGETED

- Acute distress
- Risk factors present

## UNIVERSAL

- Children and families are distressed but resilient



© 2005, 2010 Center for Pediatric Traumatic Stress, The Children's Hospital of Philadelphia.

# THE DIRECTIONS TO GET THERE

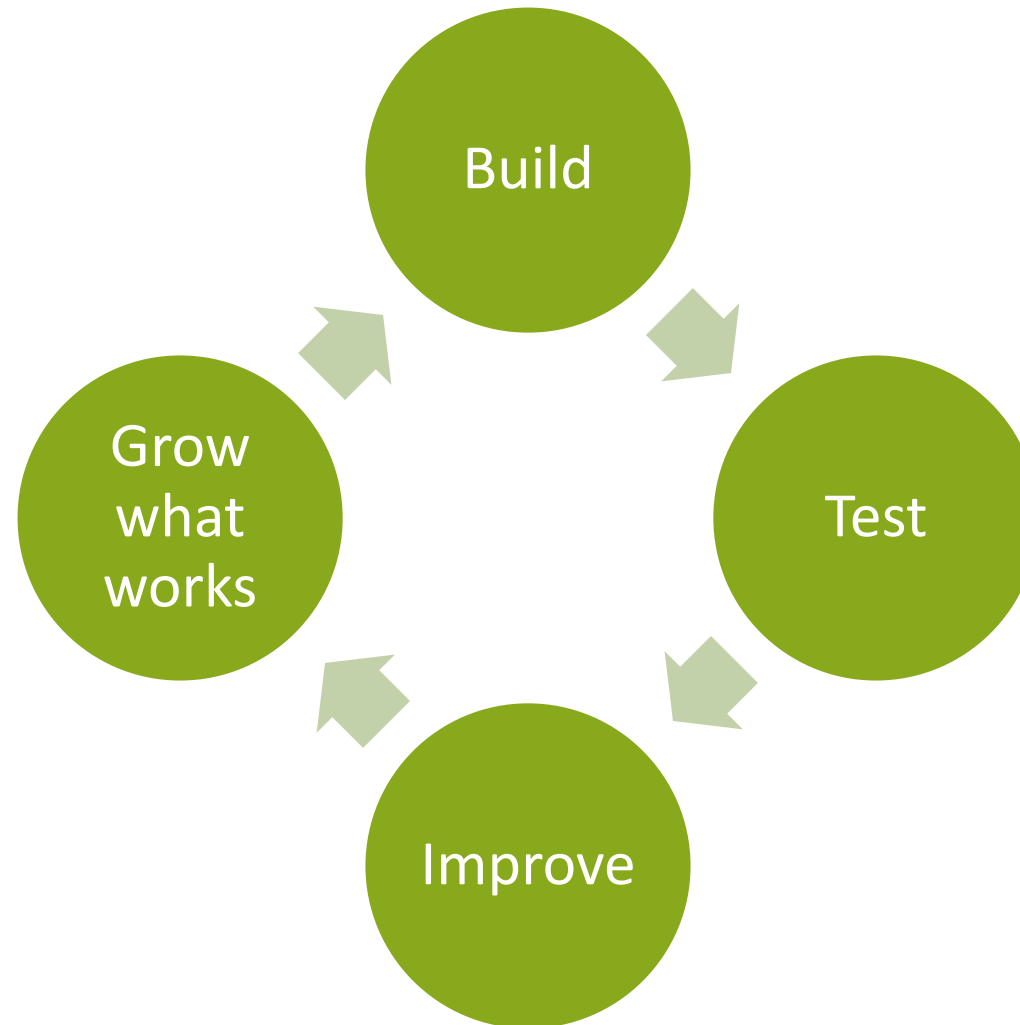


# THREE-PART FRAMEWORK

- Menu of available array
- Clear mechanism to order/refer
- Clear mechanism for due process



# HELP NOW + FUTURE BUILD





## WHAT'S NEXT: BH R&D

### Therapeutic Behavioral Services (TBS)

- Time limited, intensive, strength-based, community-located
- Behavioral support to prevent institutionalization

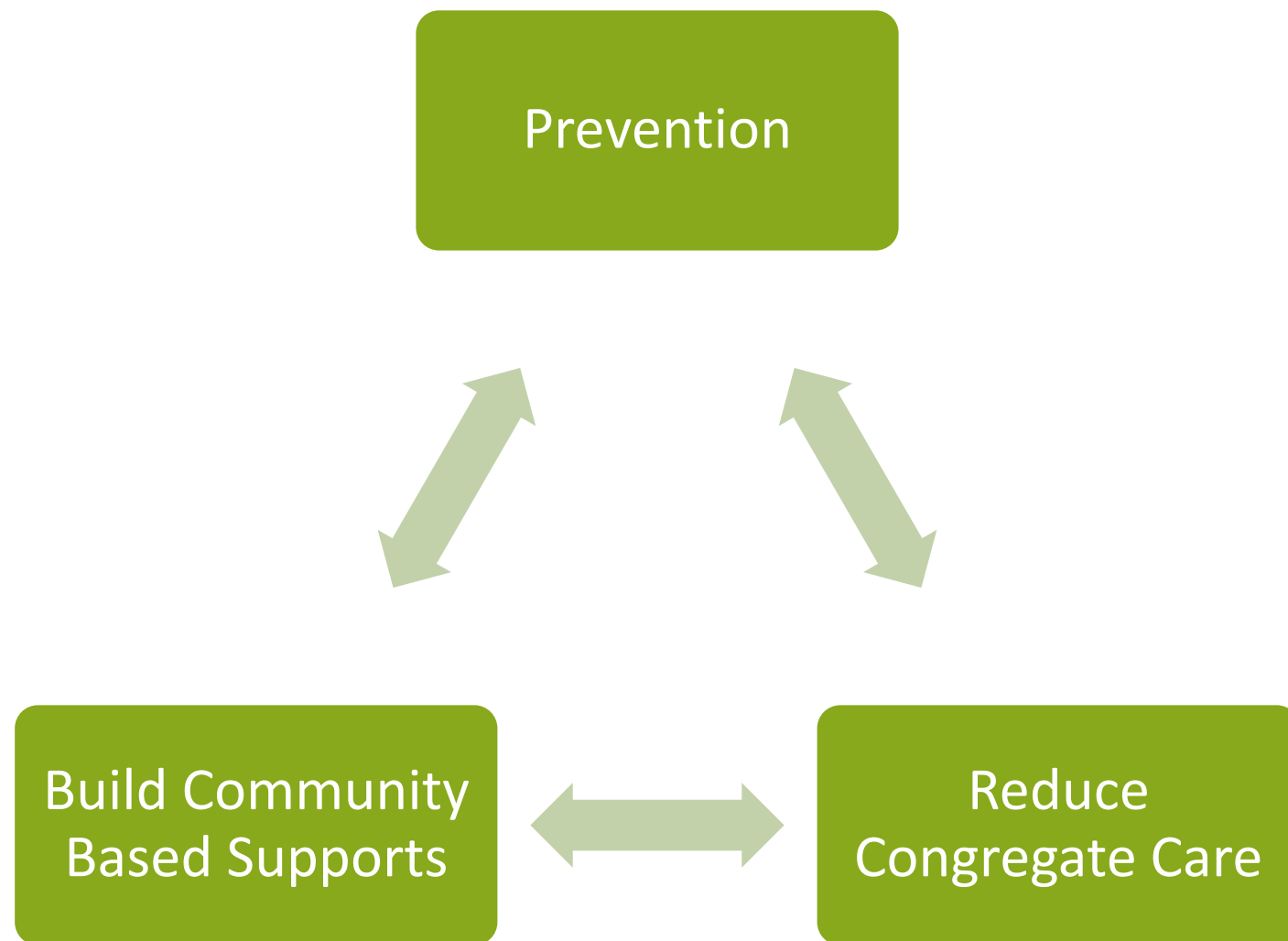
### Therapeutic Case Management (TCM)

- Non-clinical intervention with an emphasis on lived experience and connection/maintaining

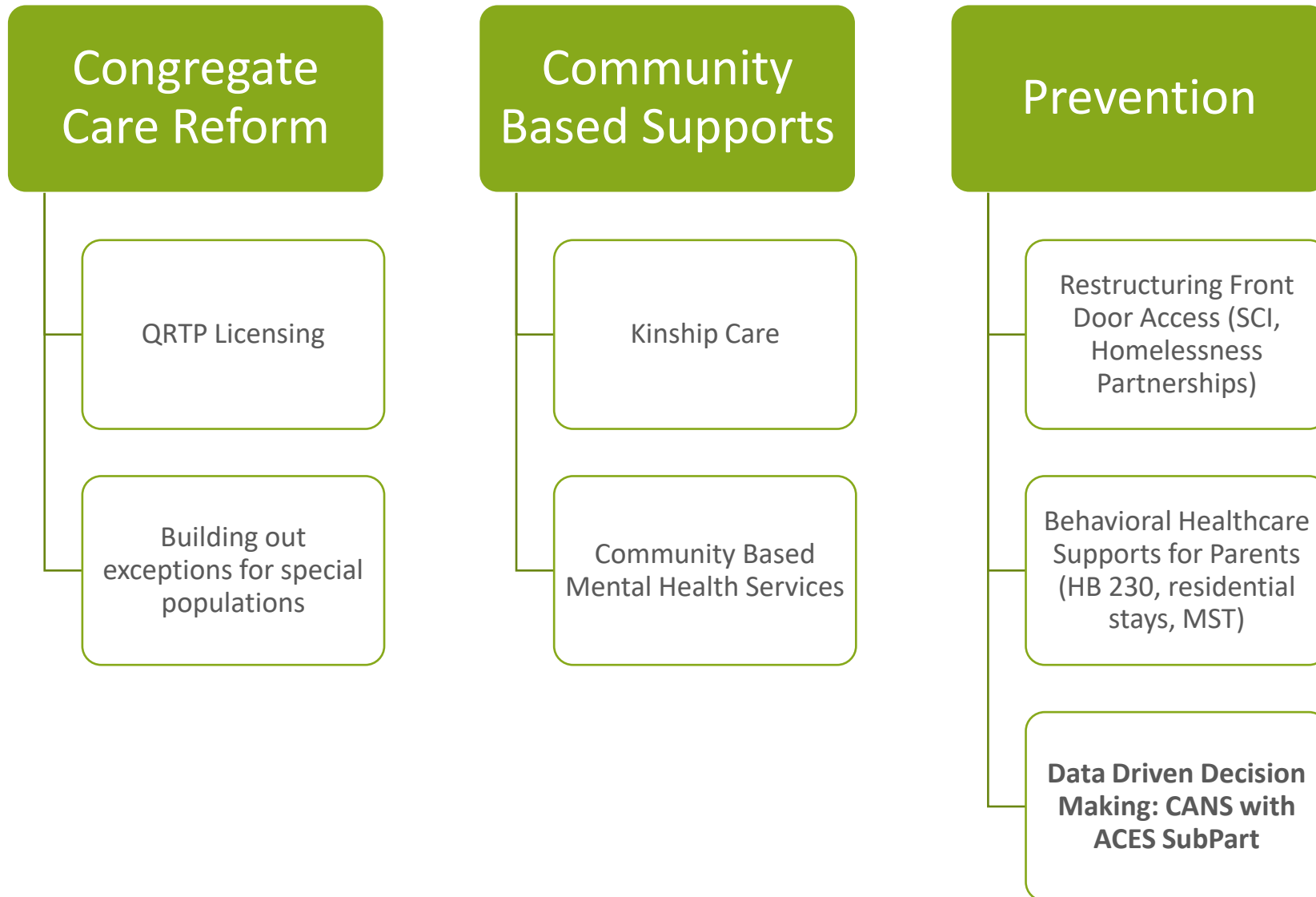
### EMT Corps

- Workforce development with wraparound therapeutic supports

# WHAT'S NEXT: REDUCING INSTITUTIONALIZATION AND CONGREGATE CARE



# IMPLEMENTING THE CHANGE – THREE WORK STREAMS



## BHC GOAL 3: EFFECTIVELY ADDRESS SUBSTANCE USE DISORDER (SUD)



# HB230

- Representative Trujillo bill signed into law in 2019
- Mandates health and safety medical plans for parents and caregivers of any baby born substance exposed
  - Includes legal (alcohol, prescribed medications) and illegal substances
  - Focuses on medical treatment to help ensure the ongoing safety of the child
- Mandates notifications to CYFD when a baby is born substance exposed and if there are problems in implementation of safety plan so that additional support can be provided
- Puts New Mexico in compliance with new\* federal guidelines.



# STATE TARGETED RESPONSE (STR) & STATE OPIOID RESPONSE (SOR) INITIATIVES OVERVIEW

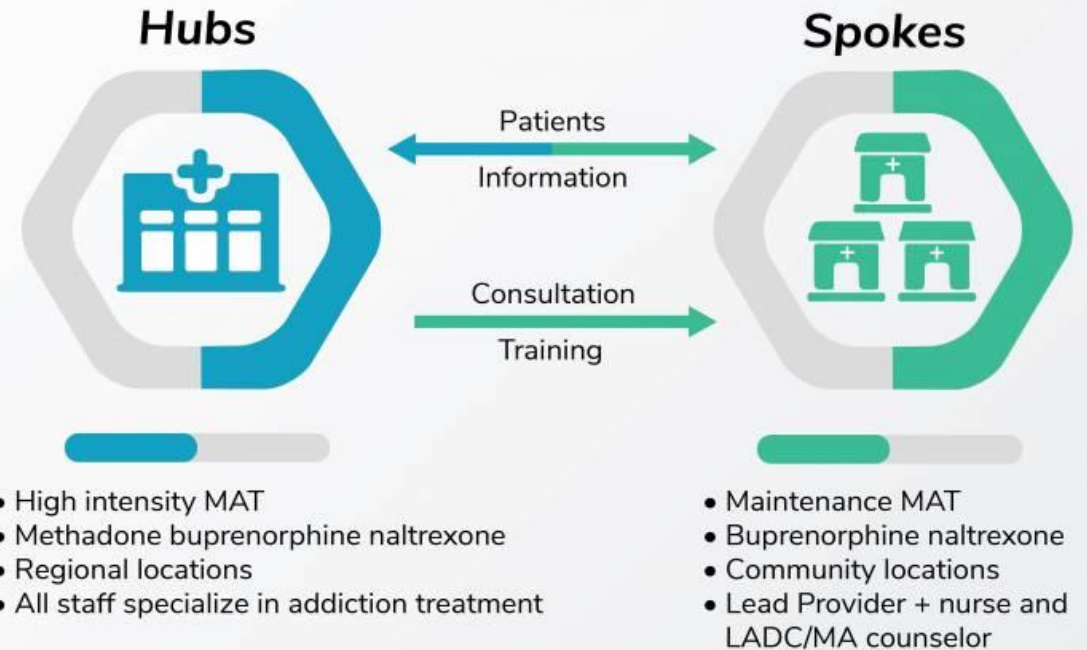
## Adapted Evidence-Based Implementation Model

- Original Hub-and-Spoke model from Vermont with excellent outcomes for expanding MAT
- Adapted for rural NM to include ECHO-based support and education, and development of a virtual central hub
- (NMOpioidHub.com) to support best practices and standards of care for MAT for OUD in NM

Engagement of over 60 agency and organizational partners in prevention, harm reduction, treatment and recovery across NM to support STR and SOR efforts.

For detailed information for all individual efforts please contact Project Director, Julie Salvador, at [jgsalvador@salud.unm.edu](mailto:jgsalvador@salud.unm.edu).

## Vermont Hub and Spoke Model

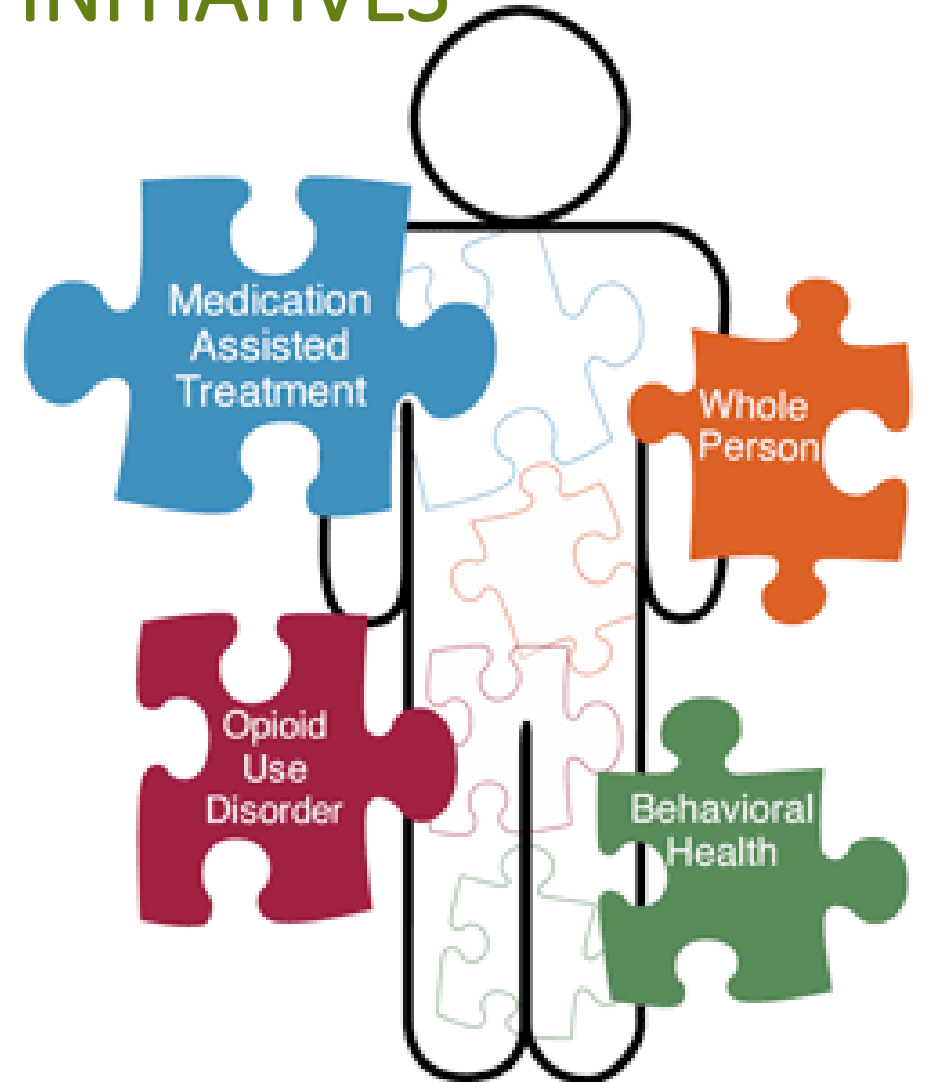


Source:  
<https://blueprintforhealth.vermont.gov/>

# STATE TARGETED RESPONSE (STR) & STATE OPIOID RESPONSE (SOR) INITIATIVES

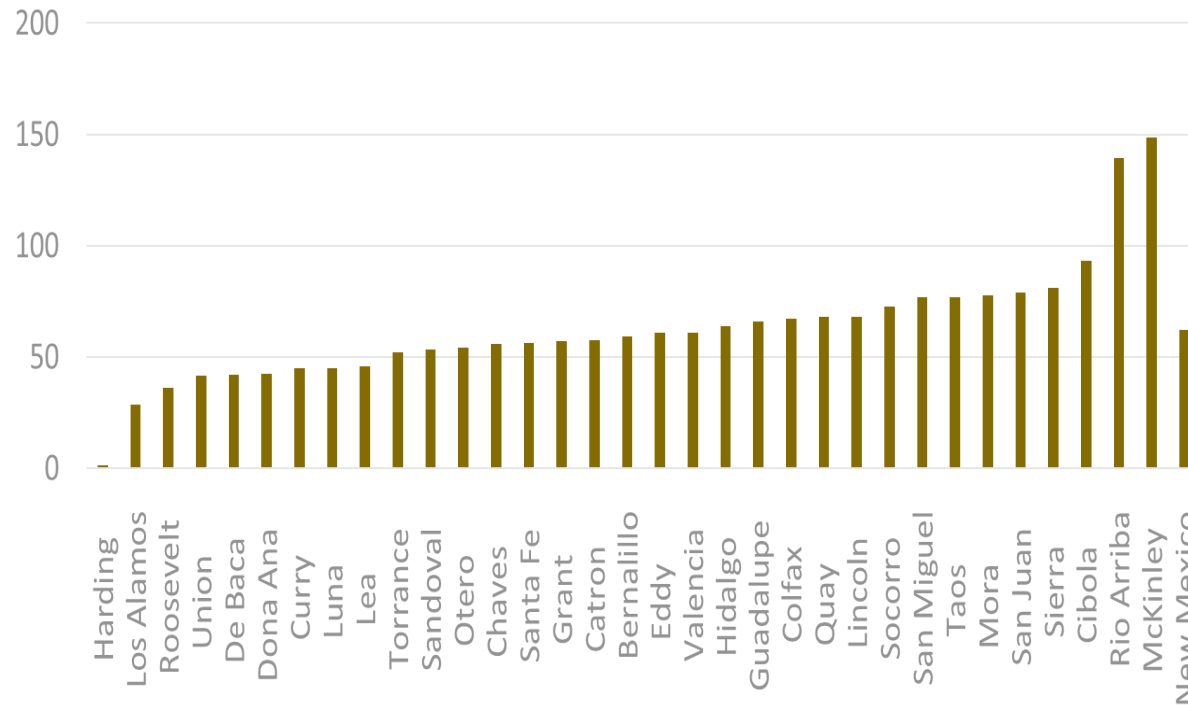
Expansion of evidence-based prevention, harm reduction, treatment and recovery:

- **Prevention:** 58 Elementary & Middle Schools (7 Indigenous PAX)
- **Harm Reduction:** 3424 individuals trained, 8011 kits distributed and 72 OD reversals reported
- **MAT Treatment:** 1443 new individuals served
- **Recovery:** 5642 individuals served; Expansion of MAT in criminal justice settings
- **Workforce Expansion:** 2020 workforce individuals trained
- **Engagement with Tribal Communities**
- **Coordination of efforts**
  - Overdose Prevention and Pain Mgt Advisory Council
  - PDO/STR/SOR Governance Meetings



# ALCOHOL RELATED DEATHS

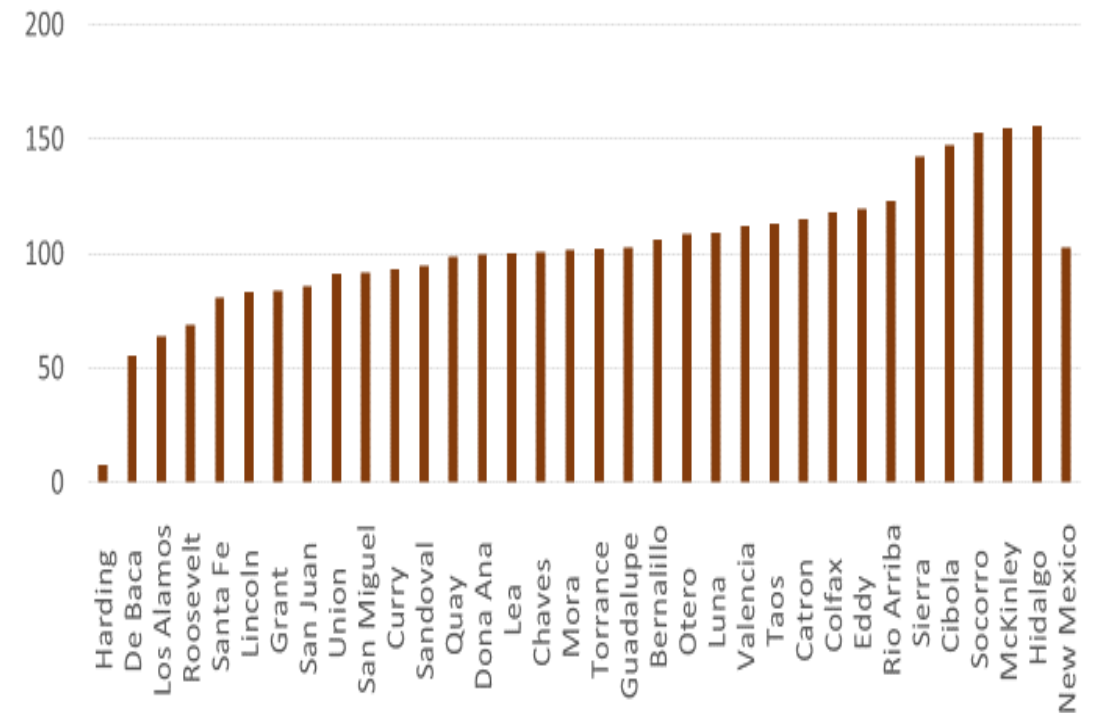
Alcohol-related Death Rate by County, NM, 2013-2017



Rates are age adjusted to the US 2000 standard population

Source: NMDOH Bureau of Vital Records and Health Statistics, UNM/GPS population estimates

Alcohol-related Death Rate Age 65+ by County, NM, 2013-2017

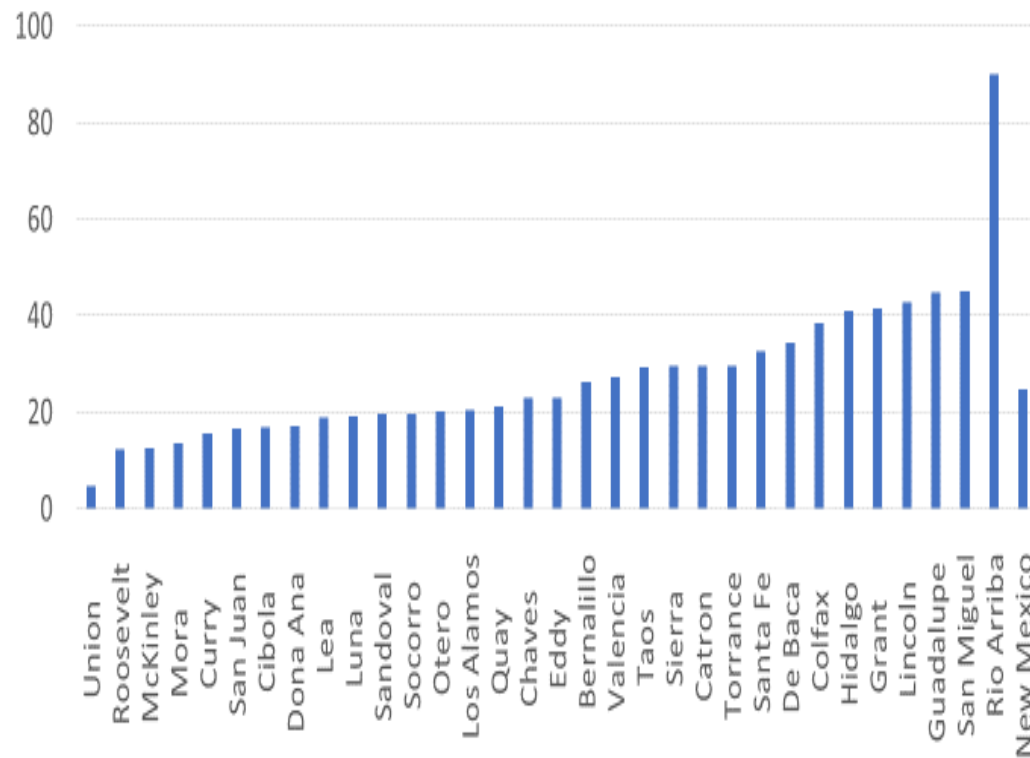


Rates are age adjusted to the US 2000 standard population

Source: NMDOH Bureau of Vital Records and Health Statistics, UNM/GPS population estimates

# DRUG OVERDOSE DEATHS

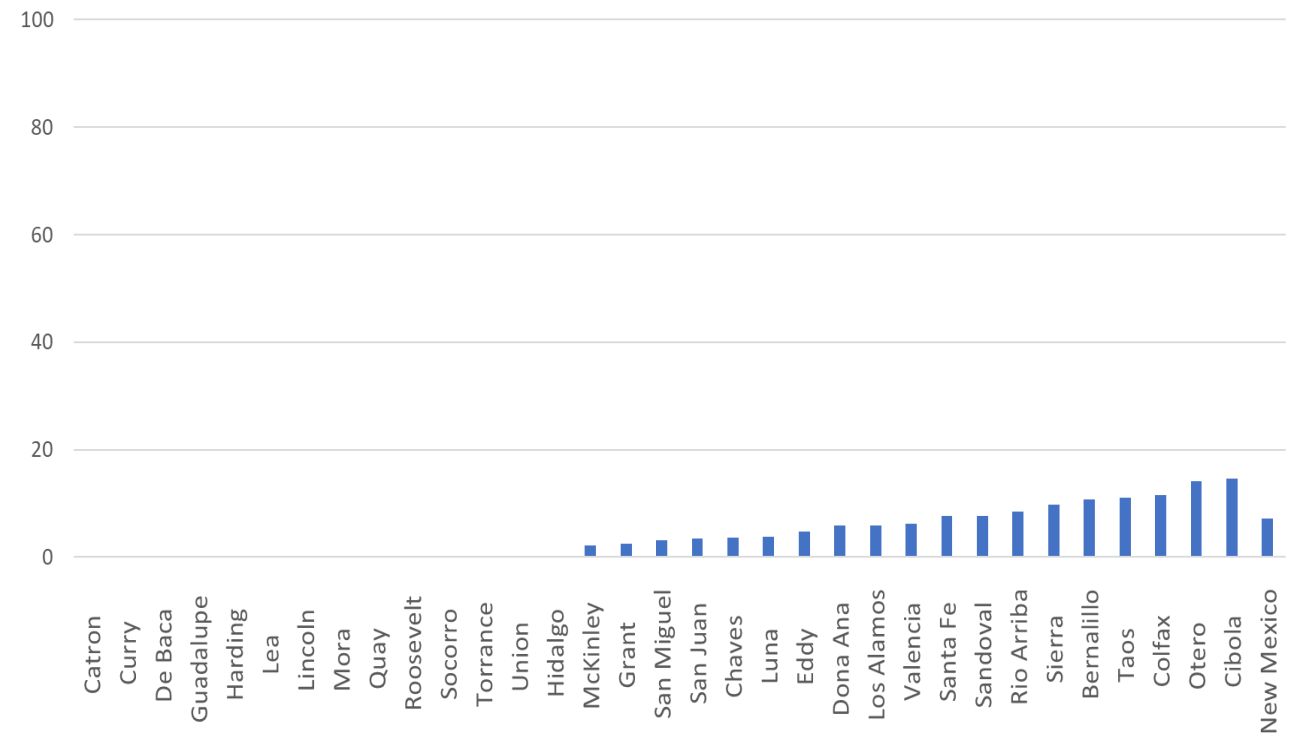
## Drug Overdose Death Rates by County, NM 2013-2017



Rates are age adjusted to the US 2000 standard population

Source: NMDOH Bureau of Vital Records and Health Statistics, UNM/GPS population estimates

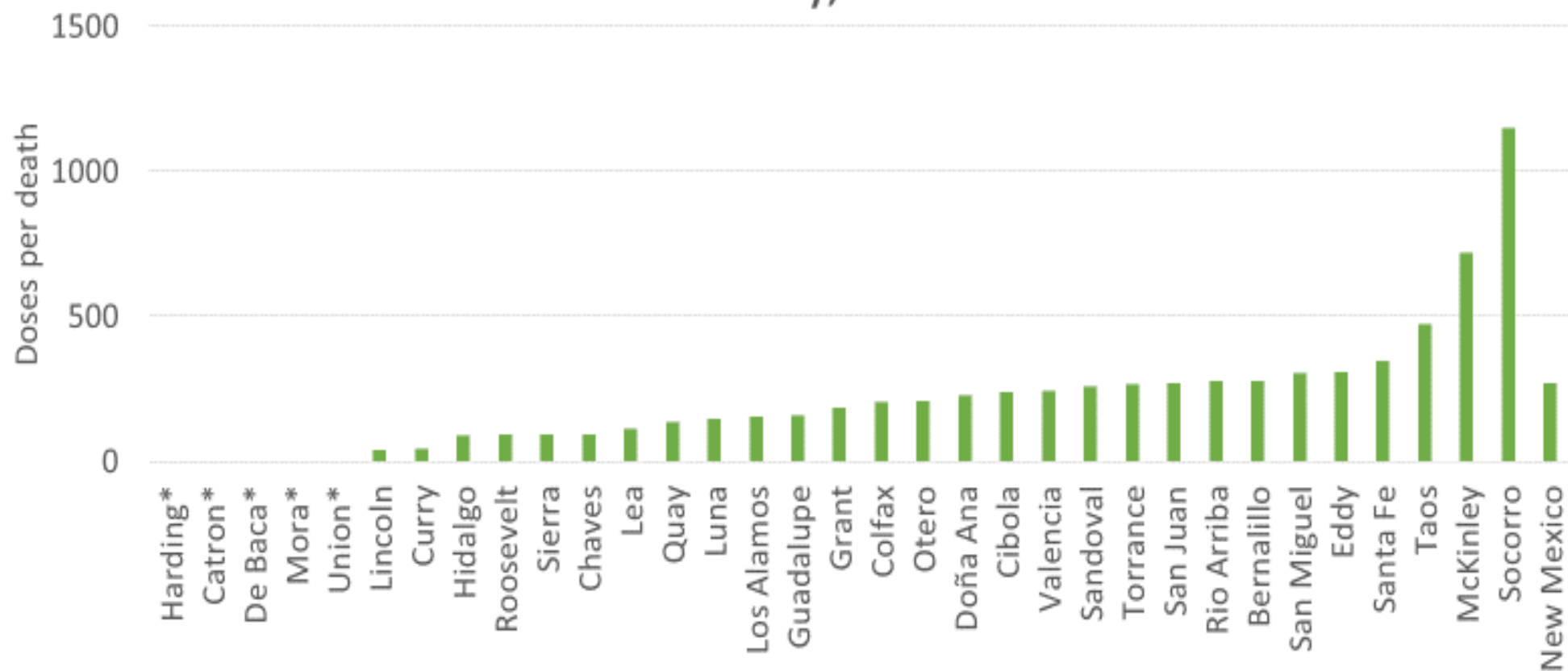
## Drug Overdose Death Rates Age 65+ by County, NM 2013-2017



Rates are age adjusted to the US 2000 standard population, counties with less than 1 death per year suppressed

Source: NMDOH Bureau of Vital Records and Health Statistics, UNM/GPS population estimates

## Buprenorphine/naloxone Prescriptions Filled (2018) per Opioid Overdose Death (2013-2017 average) by County, NM

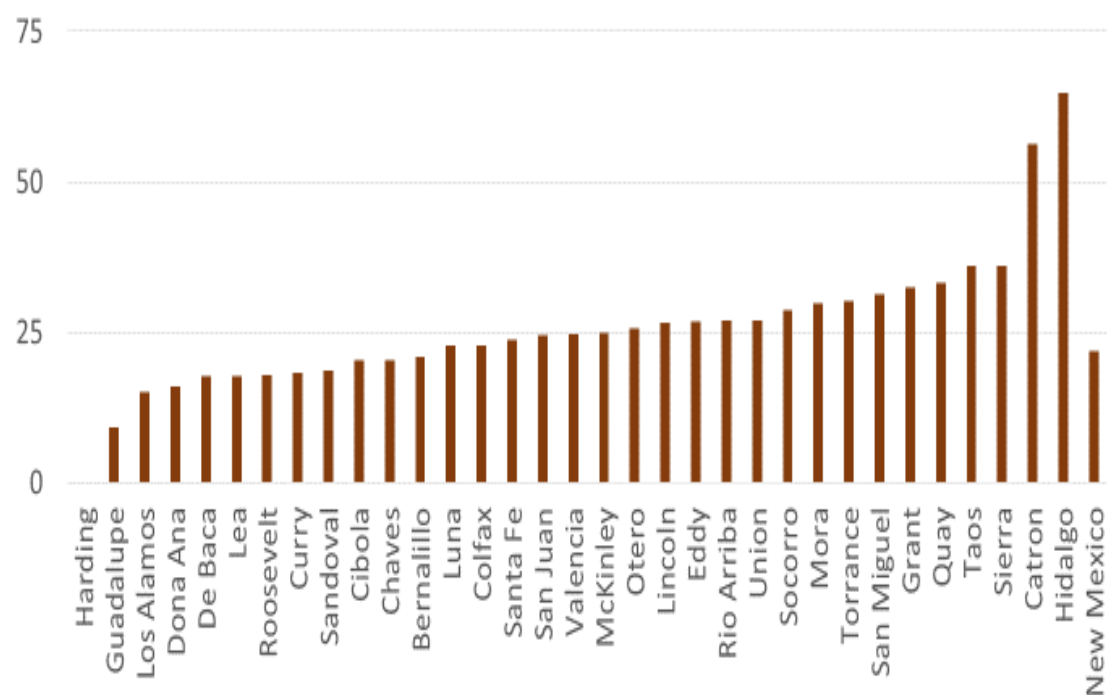


\* counties with less than 1 death per year excluded

Sources: NM DOH Bureau of Vital Records and Health Statistics; NM Board of Pharmacy Prescription Monitoring Program

# SUICIDE RATES

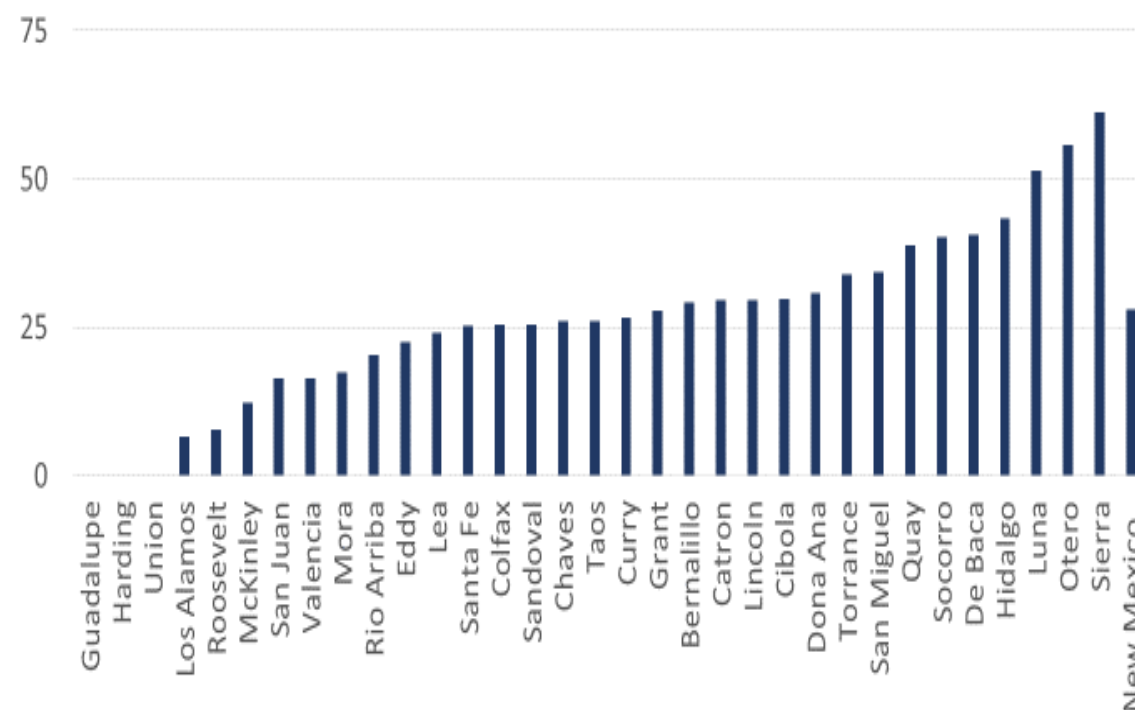
## Suicide Rate by County, NM, 2013-2017



Rates are age adjusted to the US 2000 standard population

Source: NMDOH Bureau of Vital Records and Health Statistics, UNM/GPS population estimates

## Suicide Rate by County, Ages 65+, NM, 2013-2017

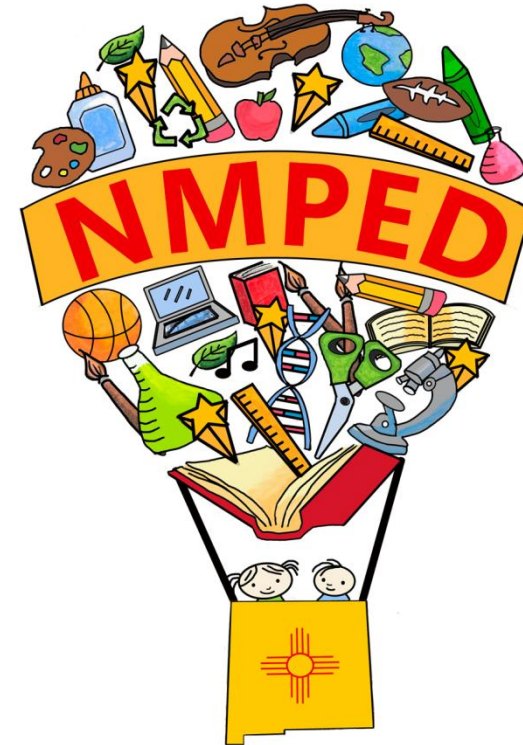


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Source: NMDOH Bureau of Vital Records and Health Statistics, UNM/GPS population estimates

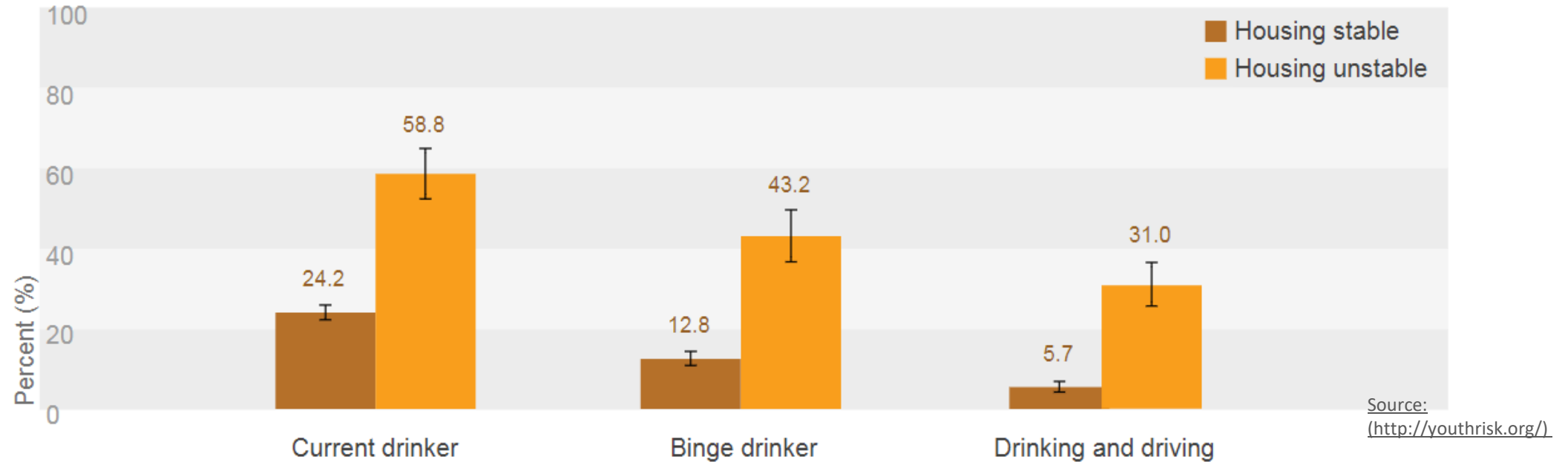
## PED COLLABORATION

- BH Collaborative has formed an ad hoc planning group to include health secretaries as well as secretaries of PED and IAD
- PED has the potential to be extremely helpful in the expansion of community based mental health services for children





# PUBLIC EDUCATION DEPARTMENT BEHAVIORAL HEALTH SUPPORTS FY20



Ongoing partnership with NMDOH for 2019 Youth Risk and Resiliency Survey to middle and high school students this fall.

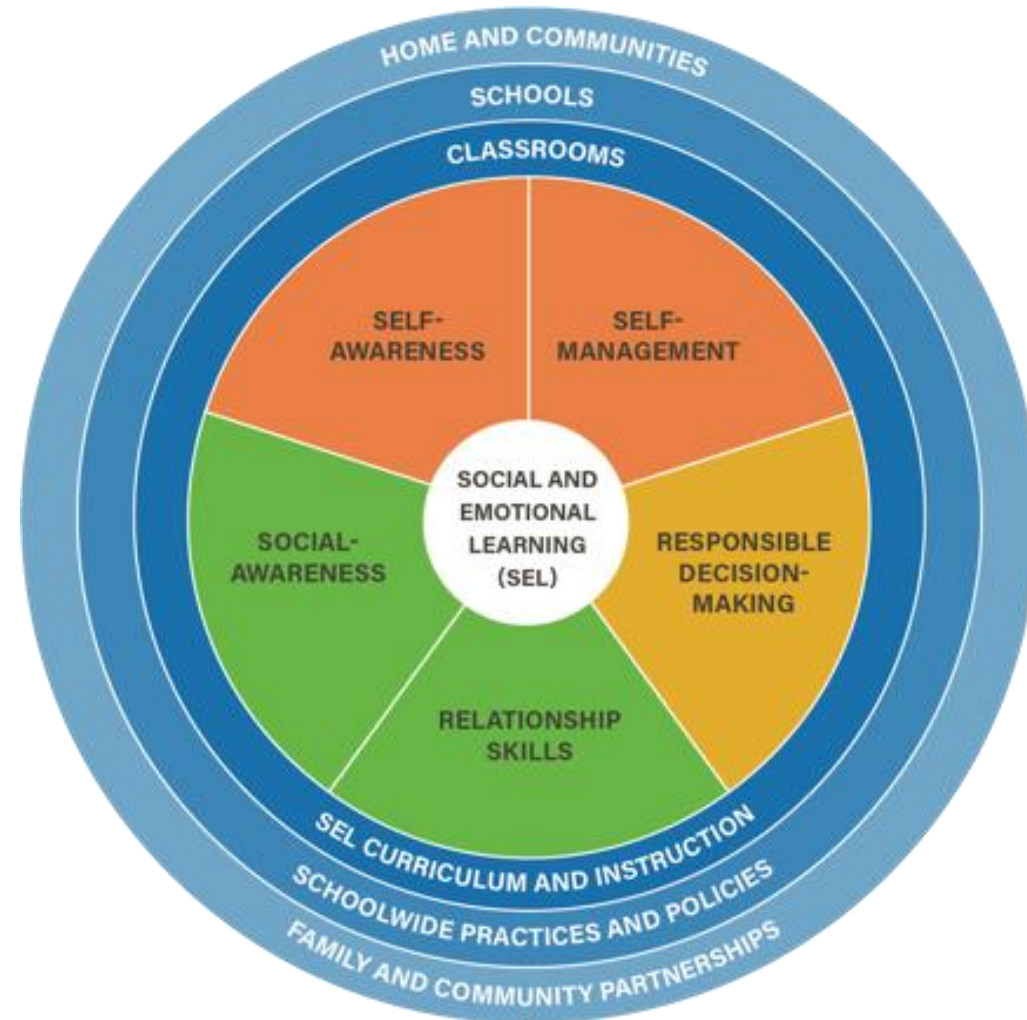
# PUBLIC EDUCATION DEPARTMENT BEHAVIORAL HEALTH SUPPORTS FY20

- New Behavioral Health Coordinator position in the Safe and Healthy Schools Bureau
  - Supports behavioral health services in school-based health centers, provides professional development on bullying prevention (Safe Schools for All Students Act) and suicide prevention initiatives, and assists in crisis recovery postvention efforts in schools.
- Collaboration in a state planning team working to bring regional youth summits to New Mexico on opioid awareness and other health risk behavior prevention strategies.



# PUBLIC EDUCATION DEPARTMENT BEHAVIORAL HEALTH SUPPORTS FY20

- Annual School Health Education Institute focusing on the Whole School, Whole Community, Whole Child model.
  - The theme of this year's Institute is Social and Emotional Learning (SEL) for Student Success.
- A statewide SEL conference for school personnel in the Spring of 2020.
  - Offered through a 2019 legislative appropriation



# SUMMARY

## Behavioral Health Collaborative Goals

- 1) Expansion of Behavioral Health Provider Network
- 2) Expansion of Community Based Mental Health Services for Children
- 3) Effectively Address Substance Use Disorder (SUD)
- 4) *Proposed New Goal: Behavioral Health Services for Criminal Justice Involved*

## Critical Success Criteria:

- ✓ Collaboration between key agencies: ALTSD, CYFD, DOH, HSD, IAD, PED
- ✓ Organized BHC with strategic goals
- ✓ Evidenced-based approach to improvement

Sufficient resources allocated to effectively address problems