

Behavioral Health Collaborative Updates



Bryce Pittenger, CEO for the Legislative Health and Human Services
July 11, 2022

BEFORE WE START...

On behalf of all colleagues at the Behavioral Health Collaborative, 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.

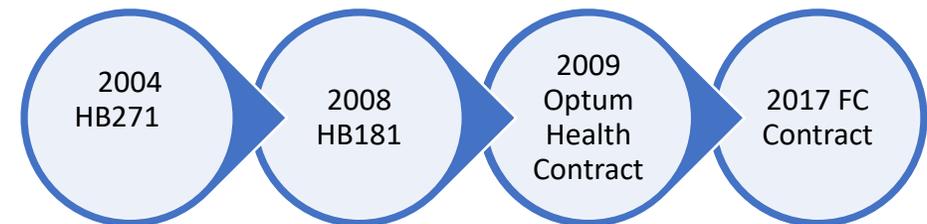


PHOTO COURTESY: HSD Employee

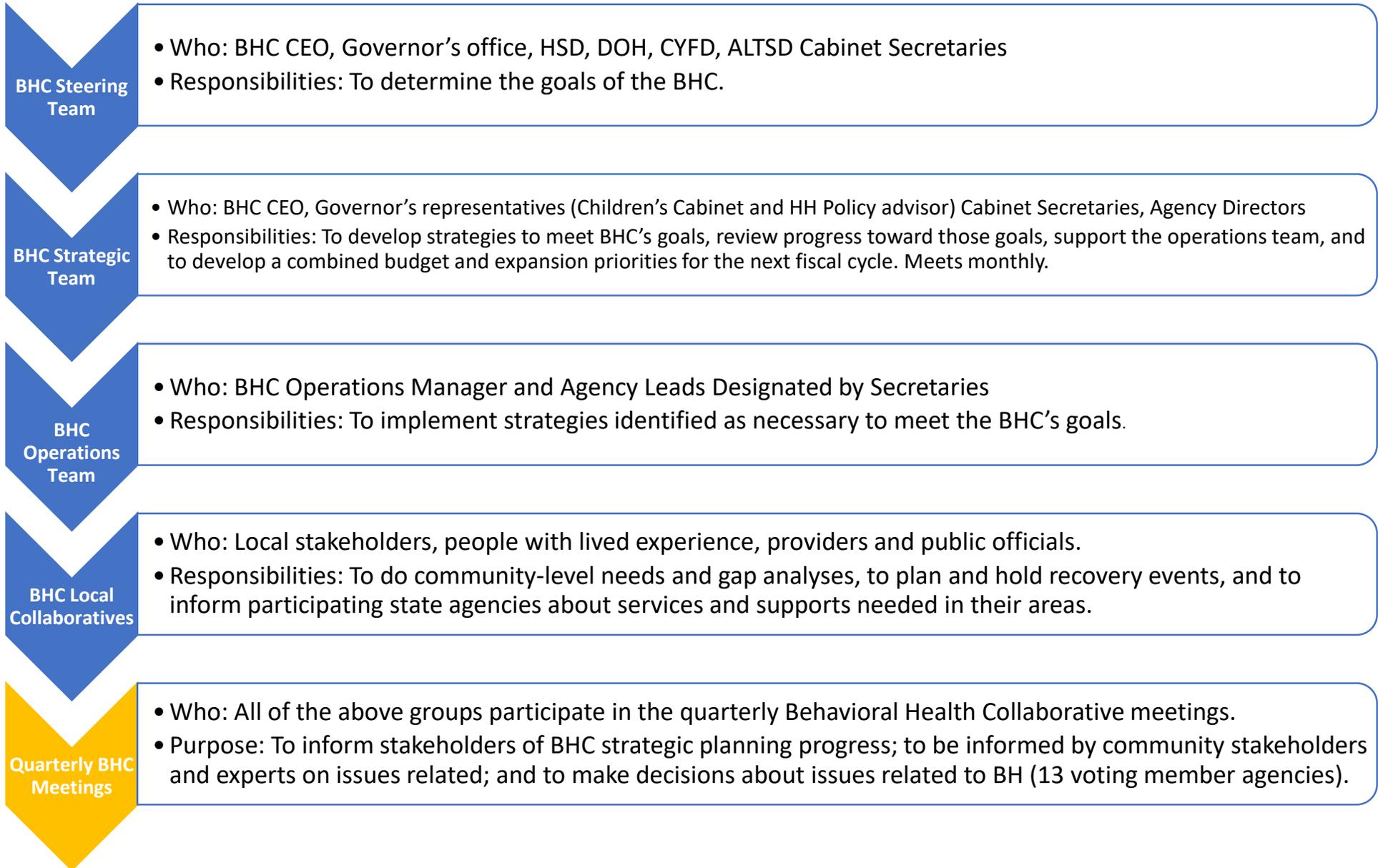
Behavioral Health Collaborative purpose and timeline

The purpose... is to develop a statewide system of behavioral health care that promotes the behavioral health and well-being of children, individuals and families; encourages a seamless system of care that is accessible and continuously available; and emphasizes prevention and early intervention, resiliency, recovery and rehabilitation. HB271 2004

- 2004 [HB271](#) chaptered the creation of a statewide behavioral health collaborative
- 2008 [HB181](#) chaptered the requirement of a separate consolidated budget request for behavioral health services for member agencies
- 2009 OptumHealth Administrative Services Organization Contract
- 2017 Falling Colors Contract as statewide Administrative Services Organization
- 2021 Extended Falling Colors Contract



Structure of the Behavioral Health Collaborative: Interagency Strategic Planning and Coordination



BHC Executive Members

Behavioral Health Collaborative

HSD-Human Services Department

CYFD-Childrens Youth and Families

DOH-Department of Health

DWS-Department of Workforce Solutions

NMCD-New Mexico Corrections Department

GCD-Governors Commission on Disability

DFA-Department of Finance

GHPC-Governors Health Policy Advisor

DDPC-Developmental Disability Planning Council

ALTSD-Aging and Long Term Services Dept.

IAD-Indian Affairs Department

MFA-Mortgage Finance Authority

DOT-Department of Transportation

DVR-Division of Vocational Rehabilitation

PED-Public Education Department

AOC-Administrative Office of the Courts

ECECD-EARLY CHILDHOOD EDUCATION AND CARE DEPT

Health and Policy Commission NOT ACTIVE

NON-VOTING MEMBERS

PDO-Public Defender Office (non-voting)

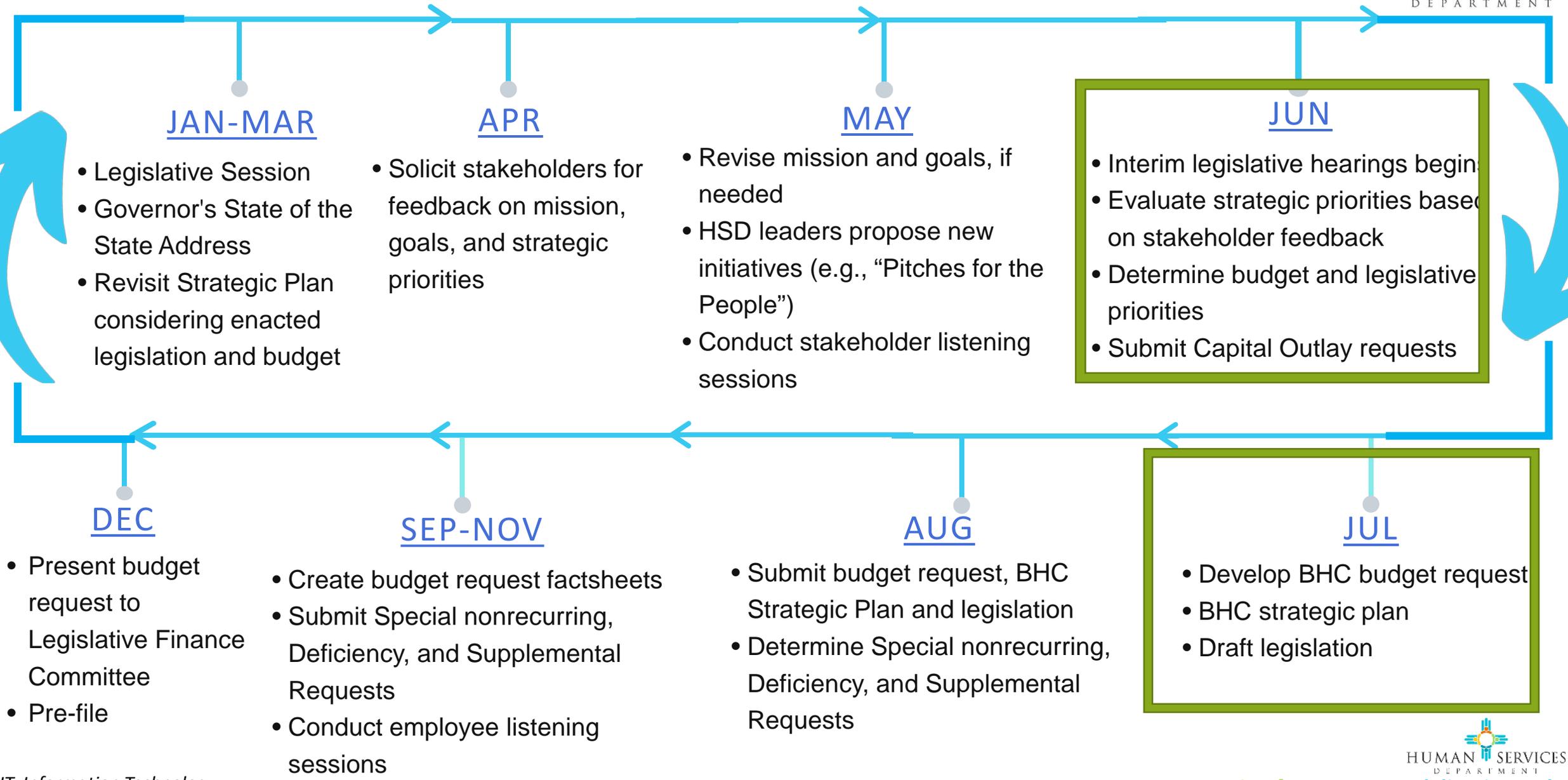
DVS-Department of Veterans Services (non-voting)

NMHED-Higher Education (non-voting)

Children's Cabinet (non-voting)



BHC Annual Strategic Planning Cycle



*IT: Information Technology



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

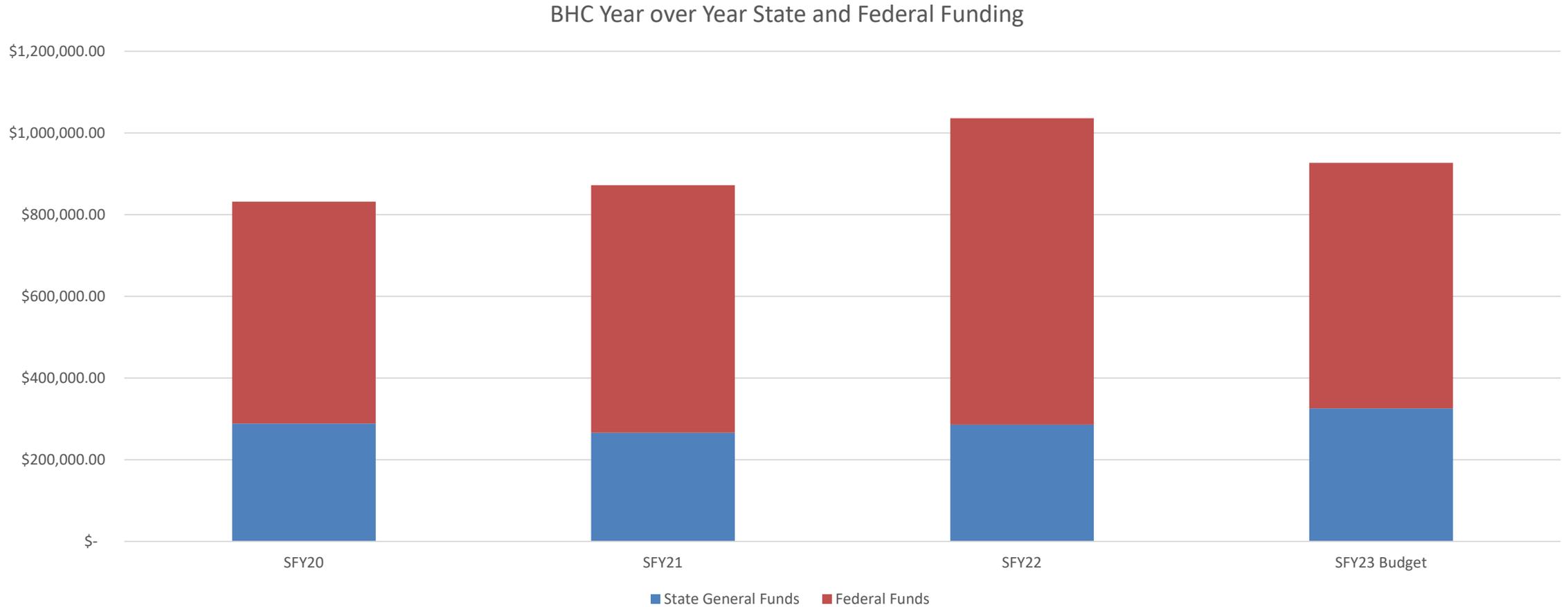
3. Effectively address substance use disorder.



We advance social equity

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

BEHAVIORAL HEALTH COLLABORATIVE YEAR OVER YEAR



GOAL 1: STRENGTHEN AND EXPAND SERVICES TO ENSURE A COORDINATED SYSTEM OF CARE

Objectives

FY22 Legislation and FY23 Funding



- **\$50 million HED to increase the graduates of BH and Child Welfare**

Goal #1: Improve Quality

- HSD and CYFD will offer training and certification to eligible providers beginning Fall 2022 in Evidence Based Practices:
- Metric: How many trained and certified in FY23, by location and provider type
- Status: completing rate development; NMSU Center Of Innovation will provide administrative functions
- Recent survey of provider workforce: Reimbursement, stipends, free training; Access to training statewide (in-person, virtual), training coordination, training promotion



CENTER OF
INNOVATION

For Behavioral Health and Wellbeing



Investing for tomorrow, delivering today.

Description of Evidence Based Practice	Eligibility criteria	Age	Caseload size	Average Episode of care
Trauma Focused Cognitive Behavior Therapy is an Evidence-based treatment to help children and adolescents recover after trauma. TF-CBT is a structured, short-term treatment model that effectively improves a range of trauma-related outcomes	0 to 21, recommendation for OP level of care, history of identified trauma (not necessary but preferred)	3 to 100	1:25	3 to 6 months
Dialectical Behavior Therapy (DBT) is a comprehensive treatment that includes many aspects of other cognitive-behavioral approaches, such as behavior therapy; including (a) five functions of treatment, (b) biosocial theory and focusing on emotions in treatment, (c) dialectical philosophy, and (d) acceptance and mindfulness.	SED dx; borderline criteria; at risk or engaged in self harm behavior	13-100	1:15	6 months
Family Functional Therapy (FFT-TF) a trauma-focused family intervention for youth. FFT works primarily with 11 to 18-year-old youth who have been referred for behavioral or emotional problems by the juvenile justice, mental health, school, or child welfare systems.	SED dx: at risk for delinquency, violence, substance use, or other behavioral problems such as Conduct Disorder or Oppositional Defiant Disorder.	11 to 18	1:12	3 to 6 months
Multisystemic Therapy (MST) is an intensive home-, family-, and community-focused treatment for youth with serious antisocial behavior and their families.	SED dx; at risk or in Juvenile justice system; issues in legal, community, and family domains;	11 to 18	1:05	4 months
Eye Movement Desensitization and Reprocessing (EMDR) is a structured therapy that encourages the patient to briefly focus on the trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements), which is associated with a reduction in the vividness and emotion associated with the trauma memories.	Because stability must come first, you don't use EMDR to process trauma when a patient is not physically and emotionally safe.	3 to 100	1:25	3 months
High Fidelity Wraparound (HFW) is intensive care coordination that supports the services and systems a youth and family already have in place and helps identify new ones that may be needed. Wraparound is not a service. It is an approach or process of working with families that makes their existing services more effective	SED Dx; functional impairment; multisystem involvement (BH, PS, JJ, special education); at risk or in an out of home placement	0 to 21	1:10	6 months

Goal #1: ZERO SUICIDE

- Zero Suicide is a way to improve suicide care within health and behavioral health systems. The 7 elements are:

- LEAD system wide change
- TRAIN a competent workforce
- IDENTIFY people with suicide risk
- ENGAGE people at risk with plan
- TREAT people at risk
- TRANSITION people with support

<https://zerosuicide.edc.org/about/framework>

Age-specific Suicide Rates
per 100,000 in New
Mexico 2020

15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75-84 years	85+ years
28.8	37.0	28.3	32.9	22.5	23.6	30.0	44.6

Age-adjusted Suicide Rates per 100,000 in New Mexico 2020 by Health Region; U.S. 2000 Standard Population used for adjustment

NW	36.7
NE	19.7
Metro	23.4
SE	25.6
SW	20.9

SUICIDE DEATHS in New Mexico in
2020 by Gender and Mechanism

	Male Deaths	% Male Deaths	% Female Deaths	Female Deaths
Firearm	257	63.0	42.6	46
Poisoning	29	7.1	23.1	25
Suffocation	104	25.5	28.7	31
Other	18	4.4	5.6	6
Total	408	100.0	100.0	108

ZERO SUICIDE ACCOMPLISHED AND NEXT STEPS

- Suicide Prevention across departments: Monthly since 9/2020
- Department of Health Garret Lee Smith Grant (\$2.2 million FY23) training trainers across the state in suicide gatekeeper trainings
- Scope of work and dates finalized with Zero Suicide
- Began steering committee monthly with departments
- Kick off September 2022 for Suicide Prevention awareness month
- Indian Affairs FY23 funding for mini grants for tribes to address suicide

<https://nmcrisisline.com/news-events/>

[Collaborative Assessment and Management of Suicide](#) trainings began June 2022: 33 trained YTD

A Stepped Care Model for Suicide Care



<https://cams-care.com/wp-content/uploads/2019/02/A-Stepped-Approach-to-Clinical-Suicide-Prevention.pdf>

Goal #1: Increase cultural and linguistic capacity of BH Workforce

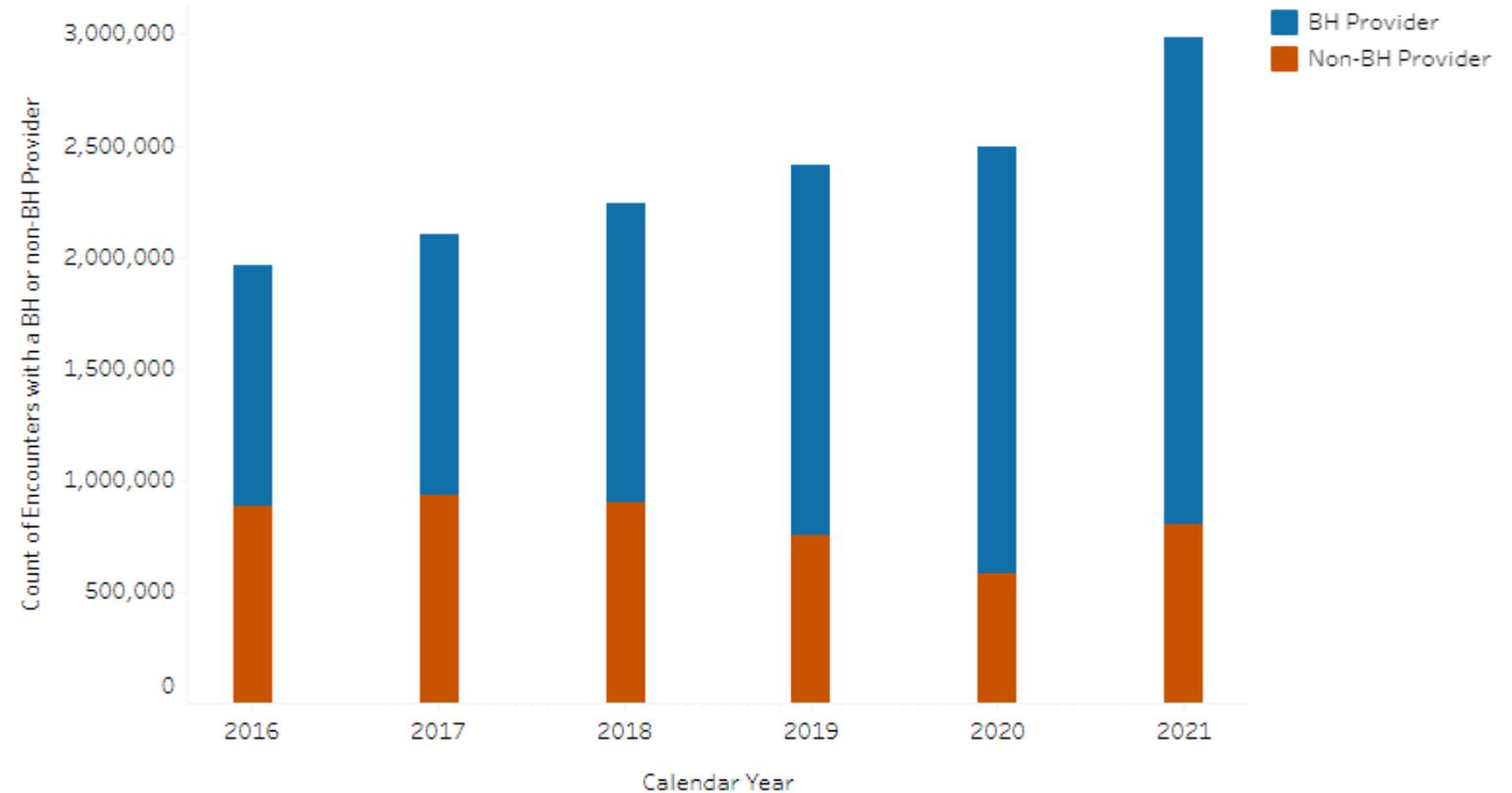
Provider TYPE	Total Count	American Indian or Alaska	Asian or Pacific Islander	Black or African American	White	Hispanic or Latino
NM Population	2,117,522	232,927	42,350	55,055	1,734,250	1,043,938
		11%	2%	3%	81.90%	-49.30%
Prescribers	277	18 (6.5%)	12 (4.3%)	6 (2.2%)	219 (79.1%)	44 (17%)*
Ind. License	3,443	110 (3.2%)	22 (.6%)	71 (2.1%)	2965 (86.1%)	812 (25%)
Non-Ind. License	1,430	86 (6.0%)	9 (.6%)	43 (3.0%)	1122 (78.5%)	697 (48.9%)
Substance Use	276	58 (21%)	0	15 (5.4%)	164 (59.4%)	123 (44.7%)

- BHSD is contracting with a vendor to analyze a BH interpreter certification

Goal #1: Trend of BH provider utilization

Why is this important? During the pandemic medical professionals needed to attend to physical illness. The shift to behavioral health providers, who are often better trained to provide care, is a trend that needs to continue.

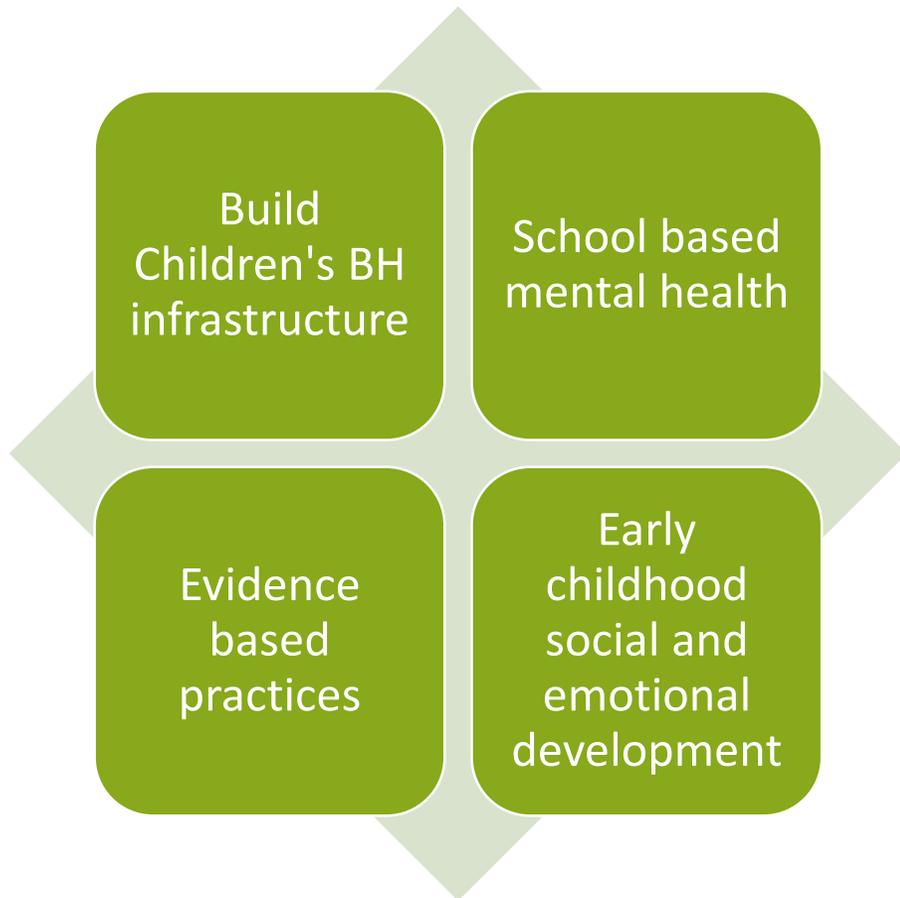
How good is my Managed Care Organization (MCO) at working with providers to ensure I have a behavioral health (BH) visit with a BH or non-BH provider?



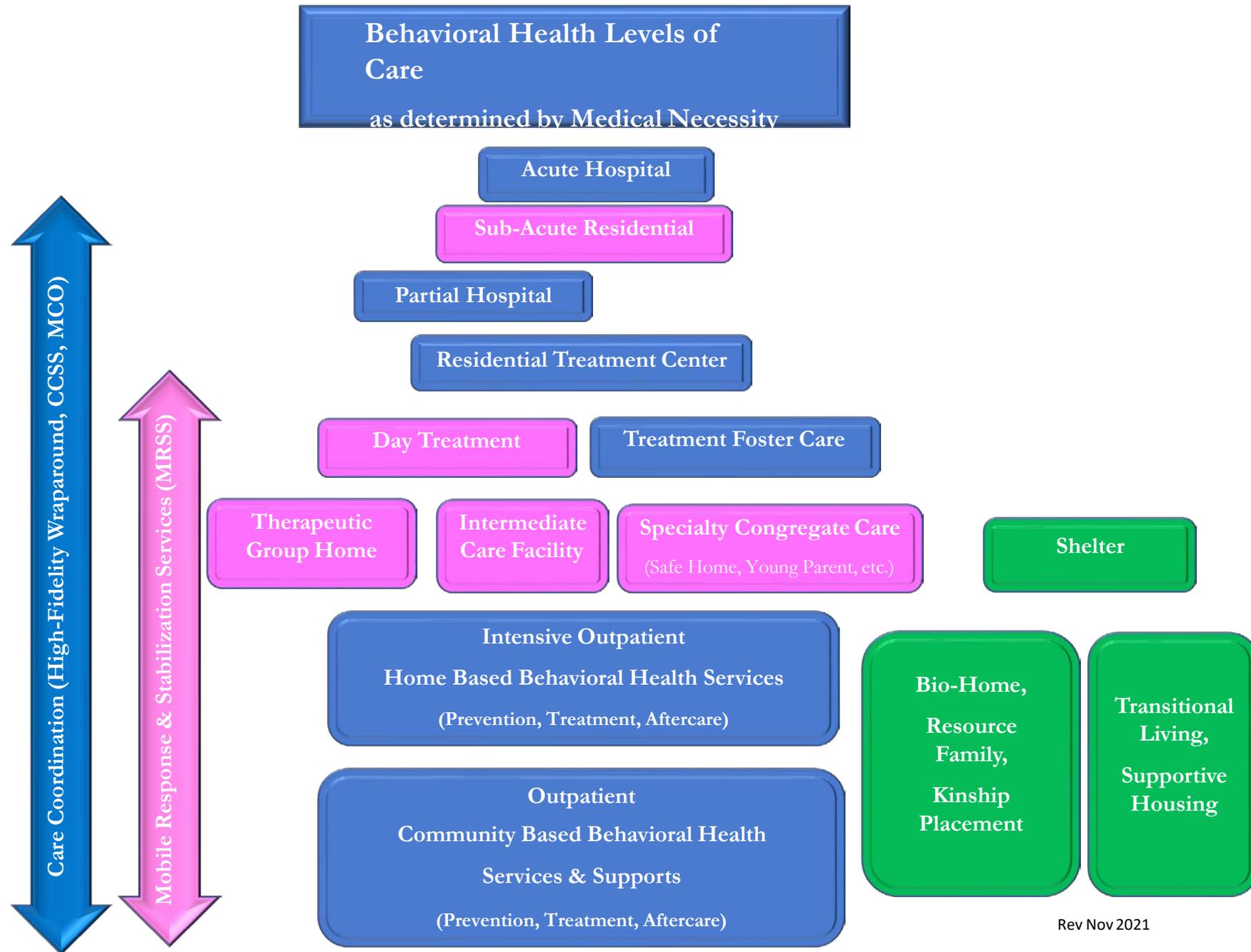
Last updated: 4/17/2022

GOAL 2: CHILDREN & YOUTH BH SERVICES

FY23 New Funding



- PED \$15 million for at risk students
- \$20 million HSD for Children's BH infrastructure
- ECECD \$1 million OSF for Infant Mental Health Clinical Consultation
 - SB 38 chaptered completing ECECD's authority

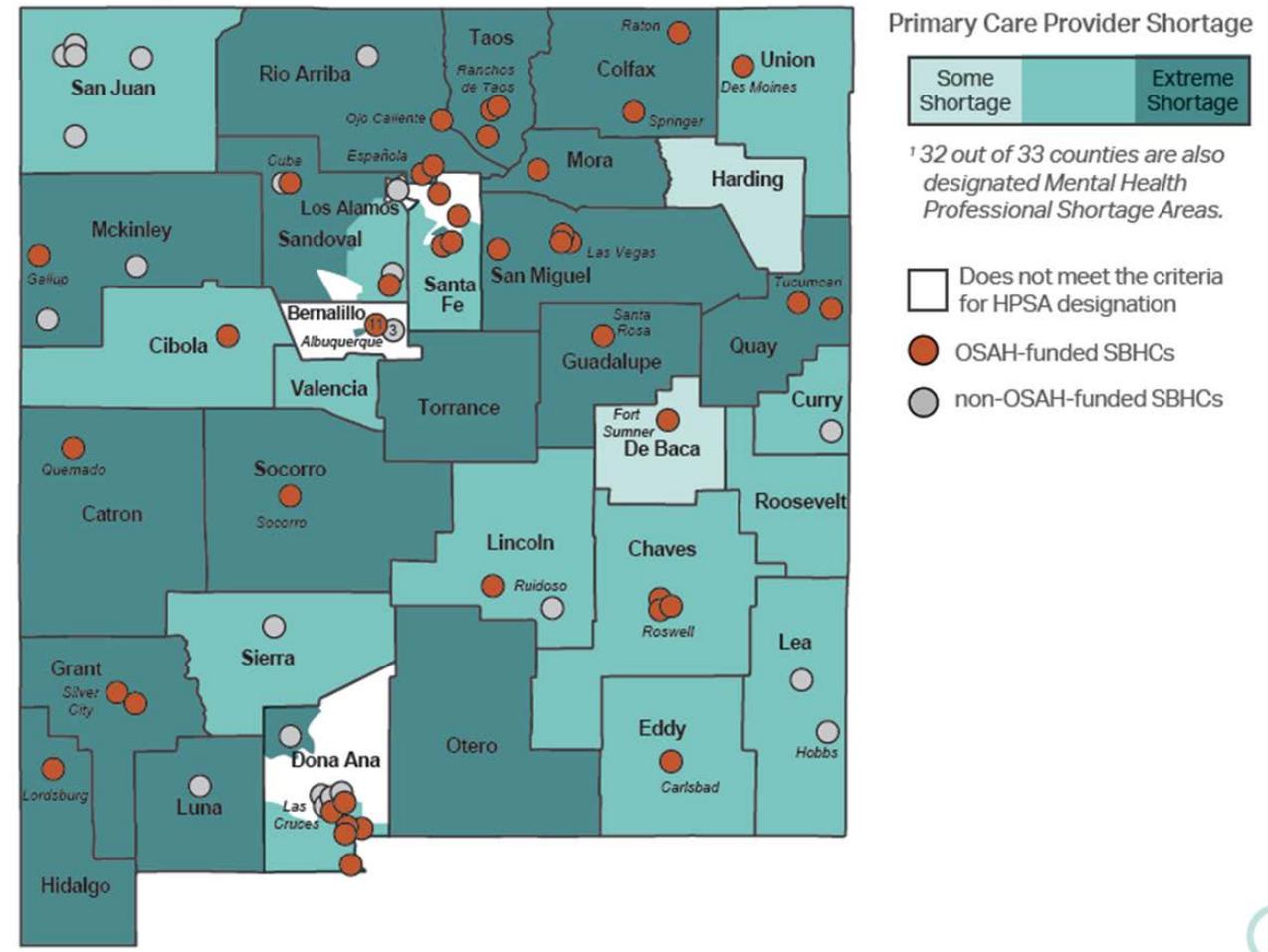


Goal 2: Build Children's BH infrastructure

- 4 Acute Hospitals
- 2 Partial Hospital Programs
- 11 Residential Treatment
 - 3 Native with IHS funding
 - 2 private, no Medicaid
 - 2 state run
 - 4 Private and publicly funded
- 9 Treatment Foster Care Agencies
- 1 Day Treatment Program
- 1 Youth intermediate Care Facility
- 2 Therapeutic Group Homes
- 2 Specialty Congregate Care*
- Children's Mobile Response and Stabilization in development
- 8 Multi-systemic Therapy teams (5 in start up)
- 2 Functional Family Teams (2 in start up with CYFD)

79 School Based Health Centers serving NM

Providing Care in Underserved Communities ¹



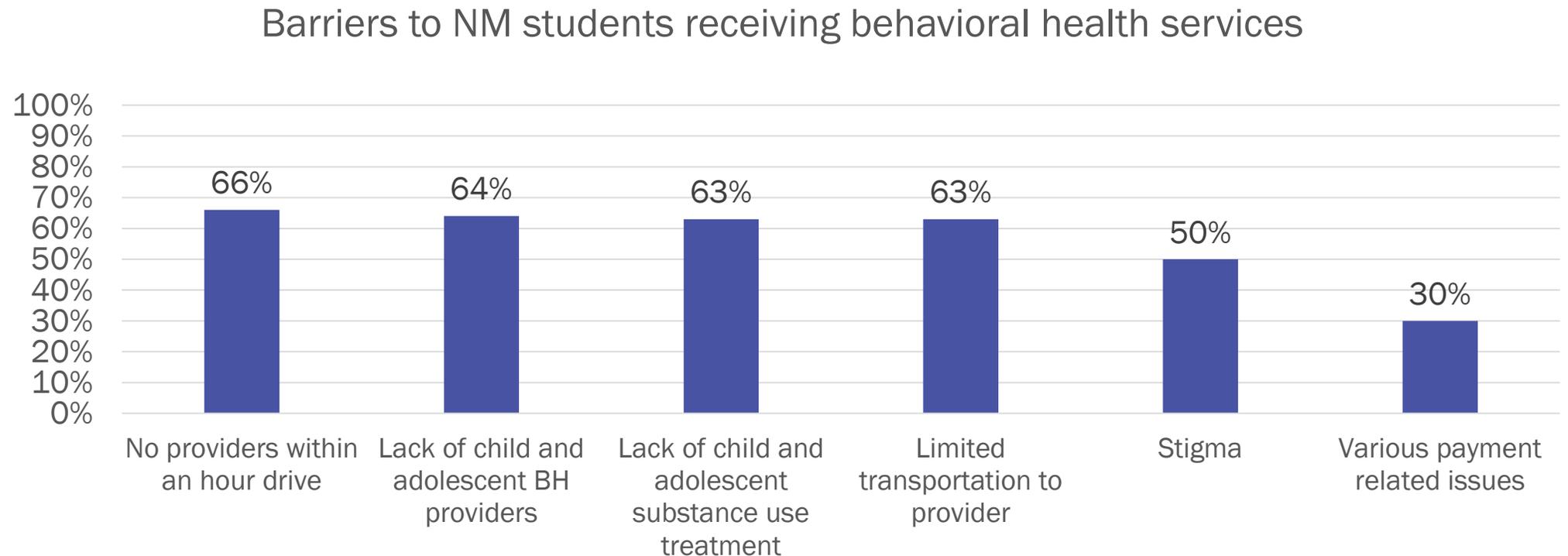
*Title IV-E and SGF

Goal #2 School Based Mental Health Services

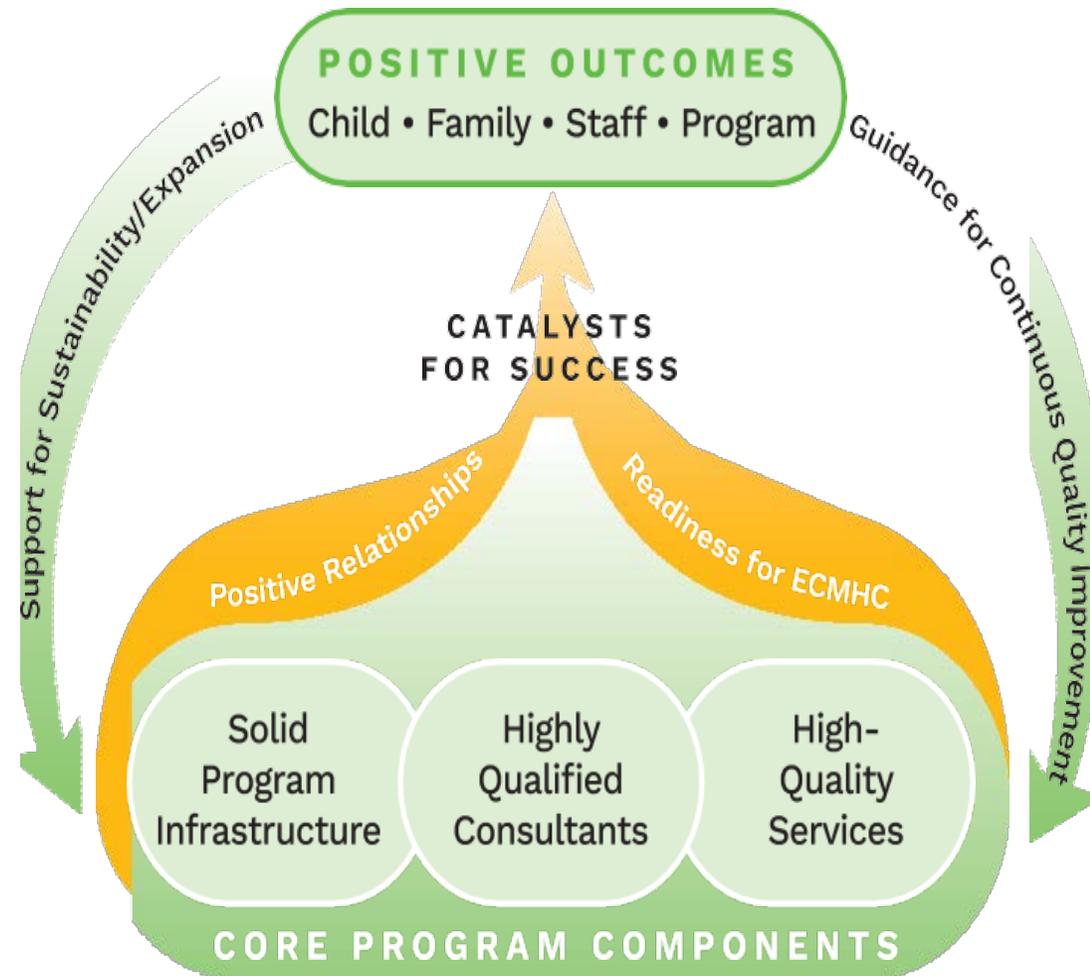
- Continue free SEL portal for schools launched in August of 2021, 7 mindsets platform
www.NewMexicoSELportal.com
- Continue Partnership with Transforming Education to provide webinar series and targeted support to participating mini-grant school recipients
- Continue partnership with 12 school leaders to link SEL implementation to positive school outcomes
- Public Education Department is work with Medicaid to expand the billable services and provider types within schools
- Social and Emotional Learning has expanded and school districts are able to access both the curriculum and technical support

Goal #2: School Based Health Centers: why we should expand

2020 Inventory of BH in NM Public Schools



Goal #2: Early Childhood Social and Emotional Development



- Developed, recruited and are finalizing hire of State level Coordinator of IECMH Consultation
- Secured \$1 million for ECMHC (FY23)
- Developed a Theory of Change to guide model development
- Held the Dare to Dream Summit attended by 75 individuals to inform stakeholders of ECMHC plan
- Garnered interest of 25 individuals/ organizations interested in either providing ECMHC, or being involved in model development, training, evaluation, funding
- Securing enrollment of 12- 15 ECMH Consultants in Georgetown University's IECMHC Certificate Program

GOAL 3: ADDRESSING SUBSTANCE USE DISORDER (SUD)

Objectives



FY22 Legislation and Support

HB52 allows the Department of Health to distribute fentanyl test strips and sterile supplies to reduce overdose and the spread of infectious disease.

HB52 Use Dose of Reality and Another Way NM media campaigns to educate about HB52 and attract more participants in Harm Reduction programs

Vital Strategies as Technical Assistance (TA) with State leadership, over 5 years

Goal #3: Rising tide of new drug death

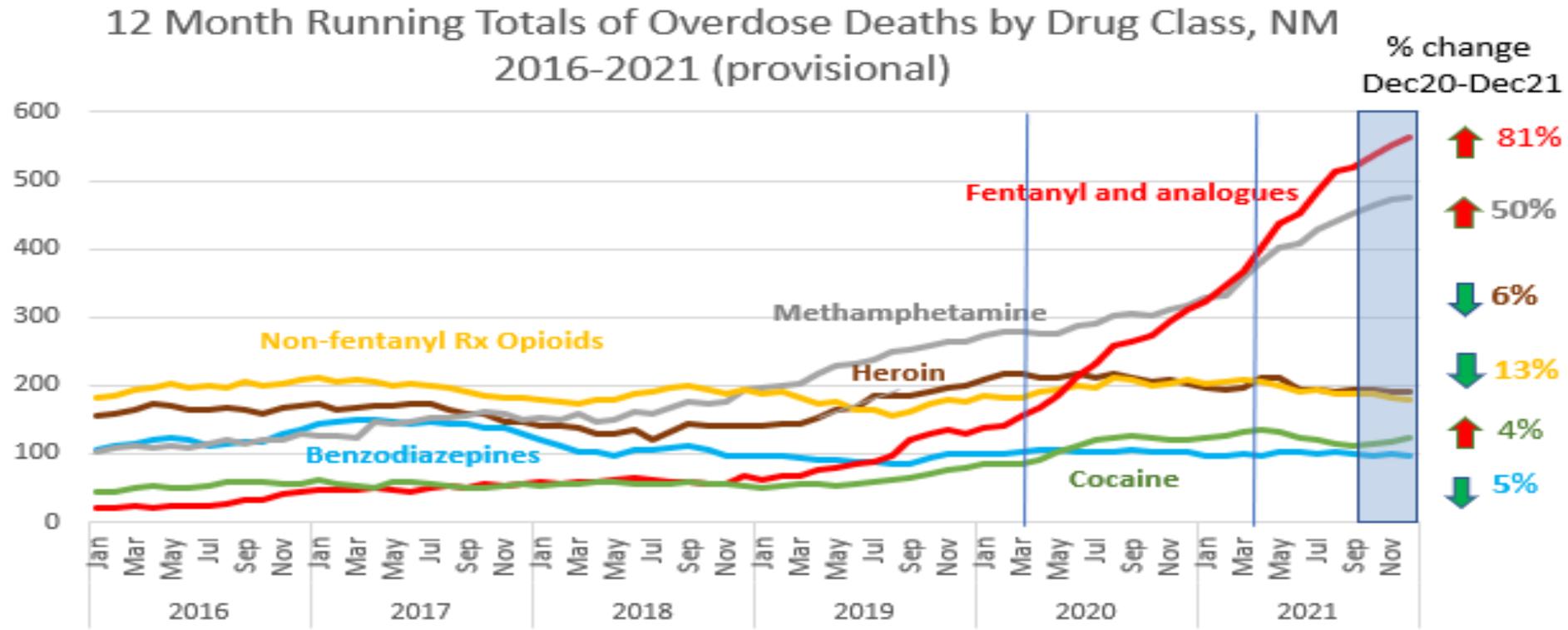


DEA illustration of 2 milligrams of fentanyl, a lethal dose in most people

In NM, the rate of fentanyl related overdose has increased 680% between 2015 and 2019.

- Synthetic opioids have flooded the drug supply chain and can be found in most heroin and pressed pills (blues)
- Fentanyl is 100 times stronger than heroin. A 3 milligram dose is fatal for the average adult male.
- Fentanyl test strips are inexpensive, easy to use, and would allow individuals to detect fentanyl. Many individuals would use less, use with Narcan available, use with someone else present, or not use at all, with knowledge that fentanyl was present.

GOAL 3: FENTANYL DOMINATES OVERDOSE DEATHS



Each point represents the sum of the prior 12 months
 Drug types are not mutually exclusive
 2021 data are provisional as of 5/18/22 and subject to change
 Source: NM DOH Bureau of Vital Records and Health Statistics death data

Goal #3: Harm Reduction Transition

Harm Reduction Transition

- Expand Harm Reduction action to attract a wider community to serve (**Promotion**)
- Fentanyl Test Strip education and distribution as part of a comprehensive intervention
- Use Dose of Reality and Another Way NM media campaigns to educate about HB52 and Harm Reduction Act changes
- Expand NARCAN supply and distribution

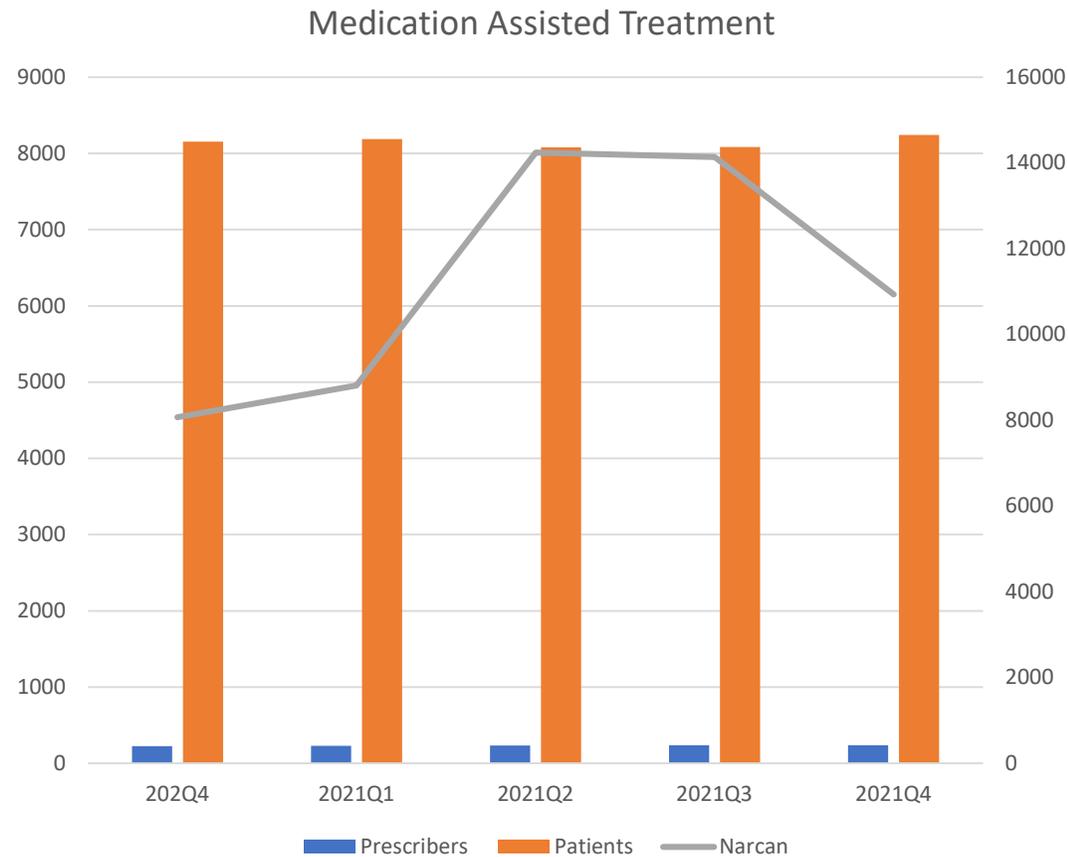


Budget and Legislation



- HB 52: Harm Reduction Act Amendments, amends the Harm Reduction Act to expand supplies or devices provided to harm reduction program participants. More specifically, HB52 allows the Department of Health to distribute fentanyl test strips and sterile supplies to reduce overdose and the spread of infectious disease and enables the department to act quickly to address the lethal additives in drugs.

Goal #3: Effective Interventions for Substance Use Disorder: Medication Assisted Treatment



- Why is this important? We need more prescribers of MAT.
- Average 230 MAT prescribers with at least 10 patients
- Reported reversals using Narcan
 - 3911 2020 4th Quarter through 2021 4th Quarter

Goal #3 Prevention and peer intervention services

Actions

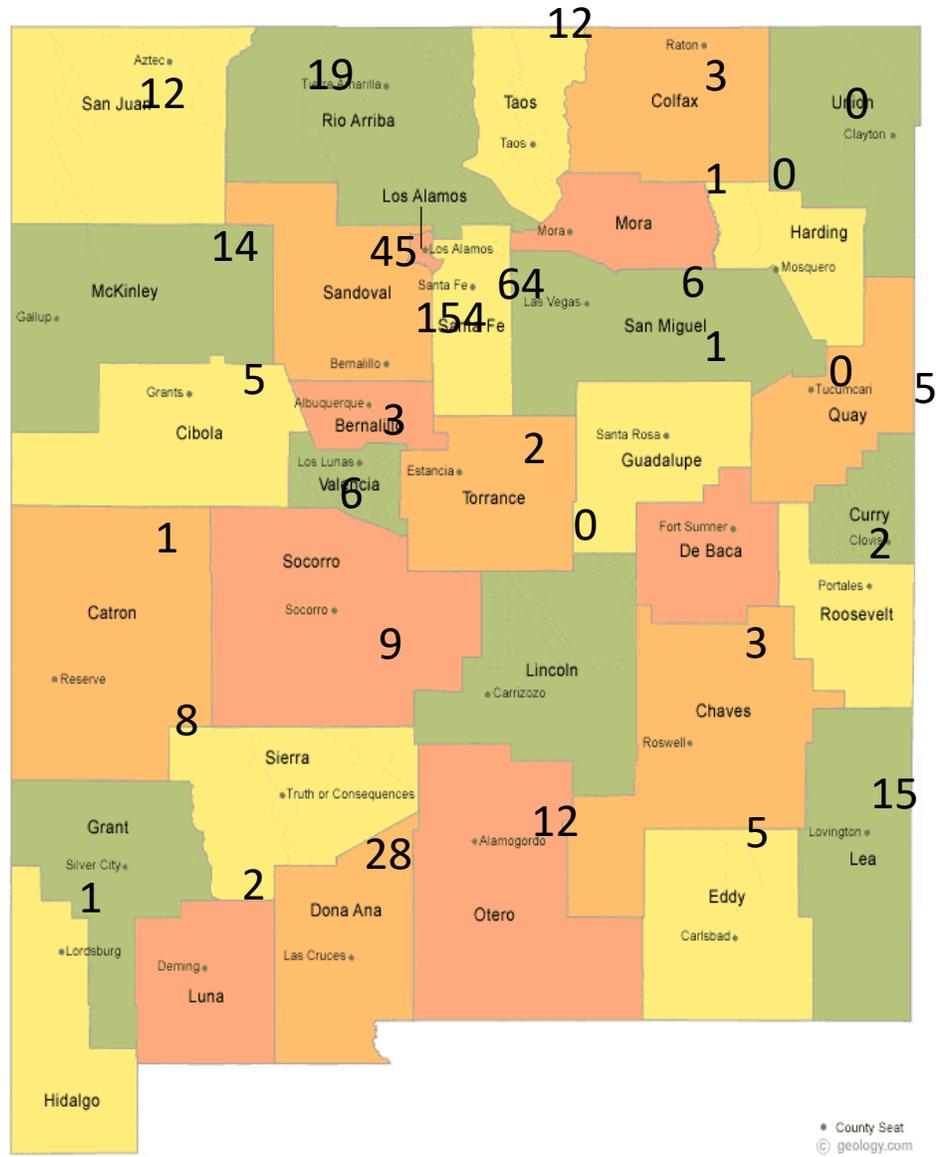
Secondary Prevention:
Rural and Frontier

NM Connect – Warm
Line and 5 Actions

Expand Certified Peer
Support Certification
(CPSW)

Expand Integrative
Forensic training for
Peers

CPSW by County – January 2022



Metrics

January through March 2022, 32 of the 94 participants are from rural and frontier areas.

FY22, there were 390 new users to the 5 Action program on NMConnect

Total CPSW in New Mexico - May 2022 563

Total CPSW employed – May 2022 365

New program to have train the trainer technical assistance from other states (October 2022)

Goal #3 Expand Use Of Screening and referral to treatment in Primary Care

Actions

- SBIRT training and TA for providers
- Stigma reduction trainings for PCP and Staff
- SBIRT assessments conducted

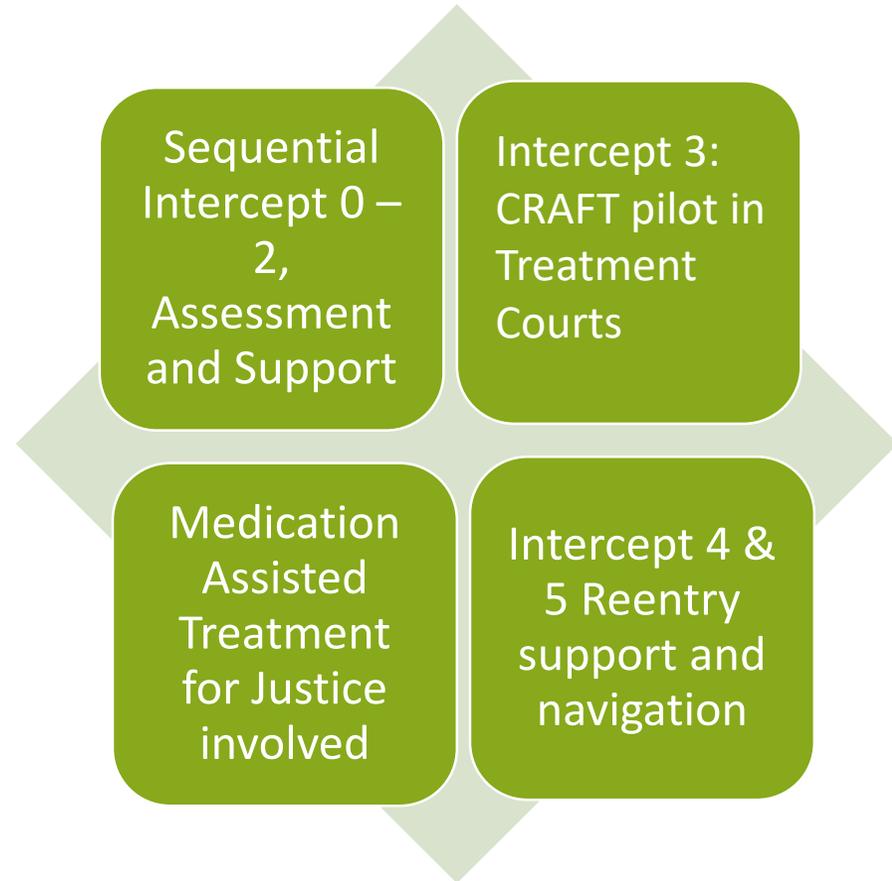
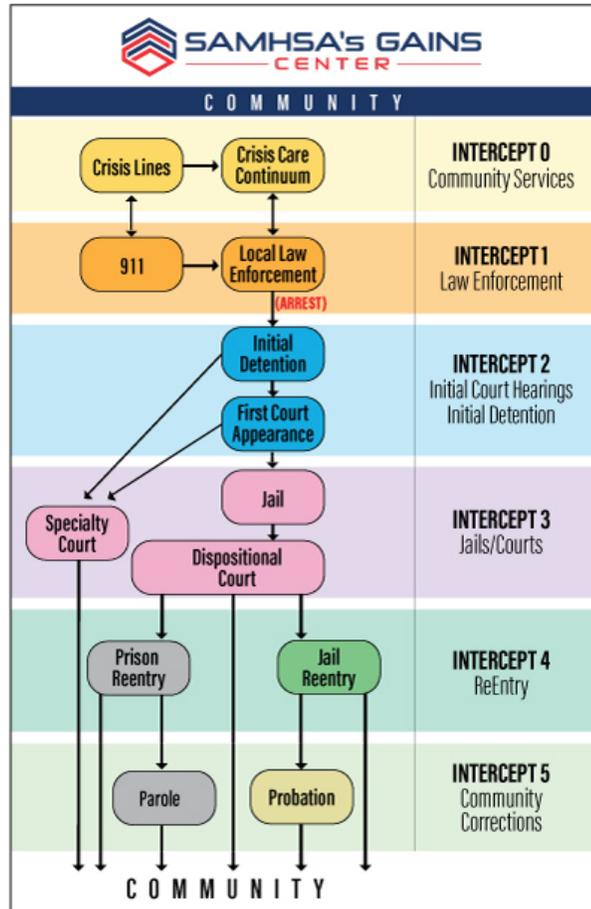
Metrics

Number of SBIRT trainings conducted
 Number of Stigma Reduction trainings
 Number of Medicaid claims filed for SBIRT assessments administered



- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

GOAL 4: EFFECTIVE BH FOR JUSTICE-INVOLVED INDIVIDUALS



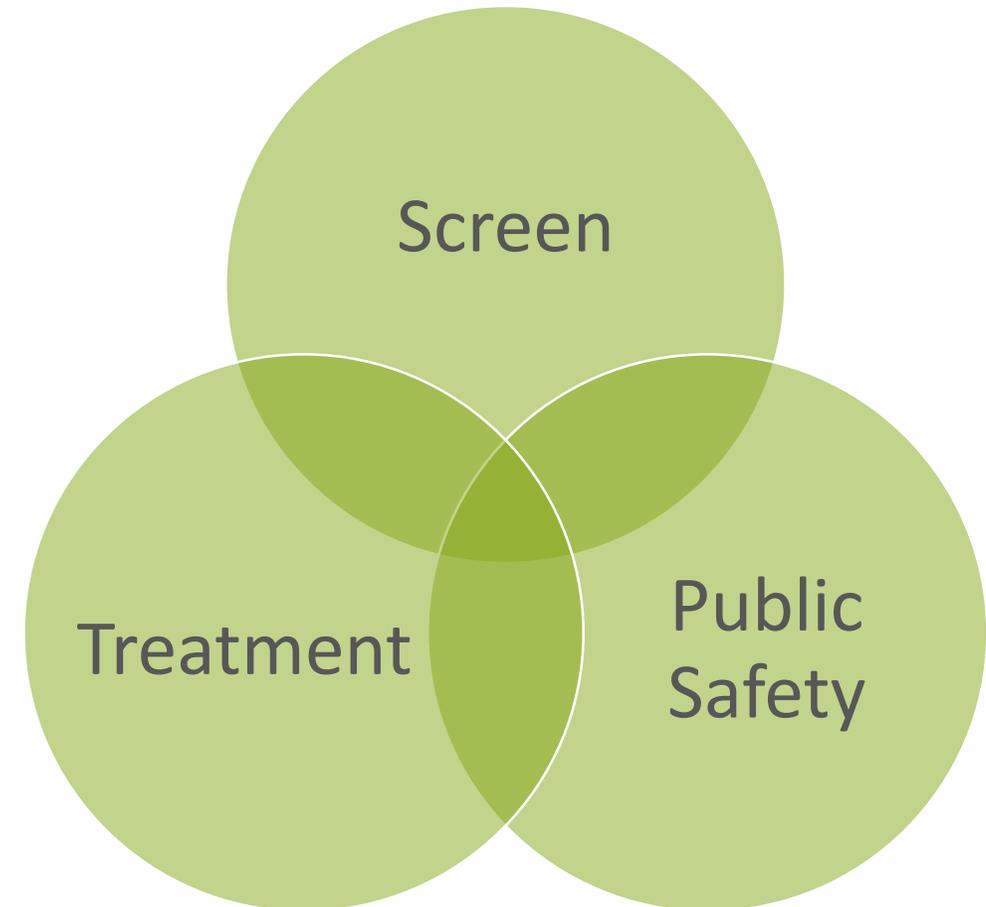
<https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>

GOAL #4 ASSESSMENT AND SUPPORT

ACTION

- Improve identification of needs by identifying an assessment/screen to be used at intercept points
- Ensure assessment is utilized for linkage to services and sentencing

Work with New Mexico Corrections Department and Administration of Courts to develop appropriate assessments for justice involved to identify Mental Health and Substance Use Disorder issues for proper adjudication and sentencing



Goal 4: COUNCIL OF STATE GOVERNMENTS

STATES SUPPORTING FAMILIAR FACES

2022 Activities

- Initial stakeholder engagement (Winter/Early Spring 2022)
- Request for technical assistance from state leaders, including commitment to participate in state “task force” to develop policy recommendations (est. 3 meetings June-September 2022)
- Coalition-building with communities engaging in Familiar Faces work, including a series of peer learning events (Summer 2022)
- Development of written policy recommendations (By end of year 2022)

Non Partisan group that works across branches of Government



**The Council
of State
Governments**

The Supreme Court of NM is Lead, BHC and Legislative Representative are part of the team

Goal 4: Collaboration with the Supreme Court

BHC will participate



Administrative Office of the Courts

FOR IMMEDIATE RELEASE

April 11, 2022

Contact: Barry Massey, public information officer

bmassey@nmcourts.gov

505-827-4805

505-470-3436

Supreme Court creates statewide judicial commission on mental health

SANTA FE – The state Supreme Court announced today the creation of a permanent commission to improve how the justice system responds to people experiencing mental health related issues.

The New Mexico Commission on Mental Health and Competency will include representatives of the executive, legislative and judicial branches of government, tribal governments, advocates for behavioral health services and housing, those with a life experience in mental health issues, and criminal justice system partners – law enforcement, prosecutors and defense counsel.

"The commission will develop a roadmap for New Mexico to better meet the behavioral health needs of adults and juveniles who come into contact with our state judicial system," said Justice Briana Zamora, who will serve as the Court's liaison to the commission.

Goal #4: Expand Medication Assisted Treatment

Actions

- First phase: Develop MAT provider network for courts and reentry
- Stigma reduction training for prison and detention staff
- Continue expanding peer support for court and reentry participants

Metrics

- Number of new MAT providers working with justice involved
- Number of staff attending stigma reduction trainings
- Number of Peers specially trained to work with justice involved



STIGMA

Goal #4 Reentry and Support

Actions

- Distribution of Narcan and Fentanyl test strips upon release
- Expand linkage to care provider network
- Expand use of peer support post release and link to 5 Actions

Metrics

- Track distribution of Narcan kits and Fentanyl Test Strips
- Track reentry linkages to providers working with justice involved individuals (MAT and Social Determinant Needs)
- Track forensic trained peers and new users to 5 Actions

Highest Risk of Overdose

FY21 - FY22 11 Facility Totals	Number of Released Nonviolent Drug Offender
January	22
February	14
March	41
April	16
May	19
June	25
July	34
August	20
Sept	29
Oct	14
Nov	29
Grand Total	263



Questions? Answers?

Please direct written questions to

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