



HUMAN  
SERVICES  
D E P A R T M E N T



988 CRISIS NOW IMPLEMENTATION

7/11/2022  
DR. NEAL BOWEN

*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, Diné and Pueblo past, present, and future.

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



Evening drive through Corrales, NM in October 2021.  
By HSD Employee, Marisa Vigil



# 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 make access EASIER

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



## We communicate EFFECTIVELY

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



## We support EACH OTHER

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



## PLEASE DIRECT QUESTIONS TO:

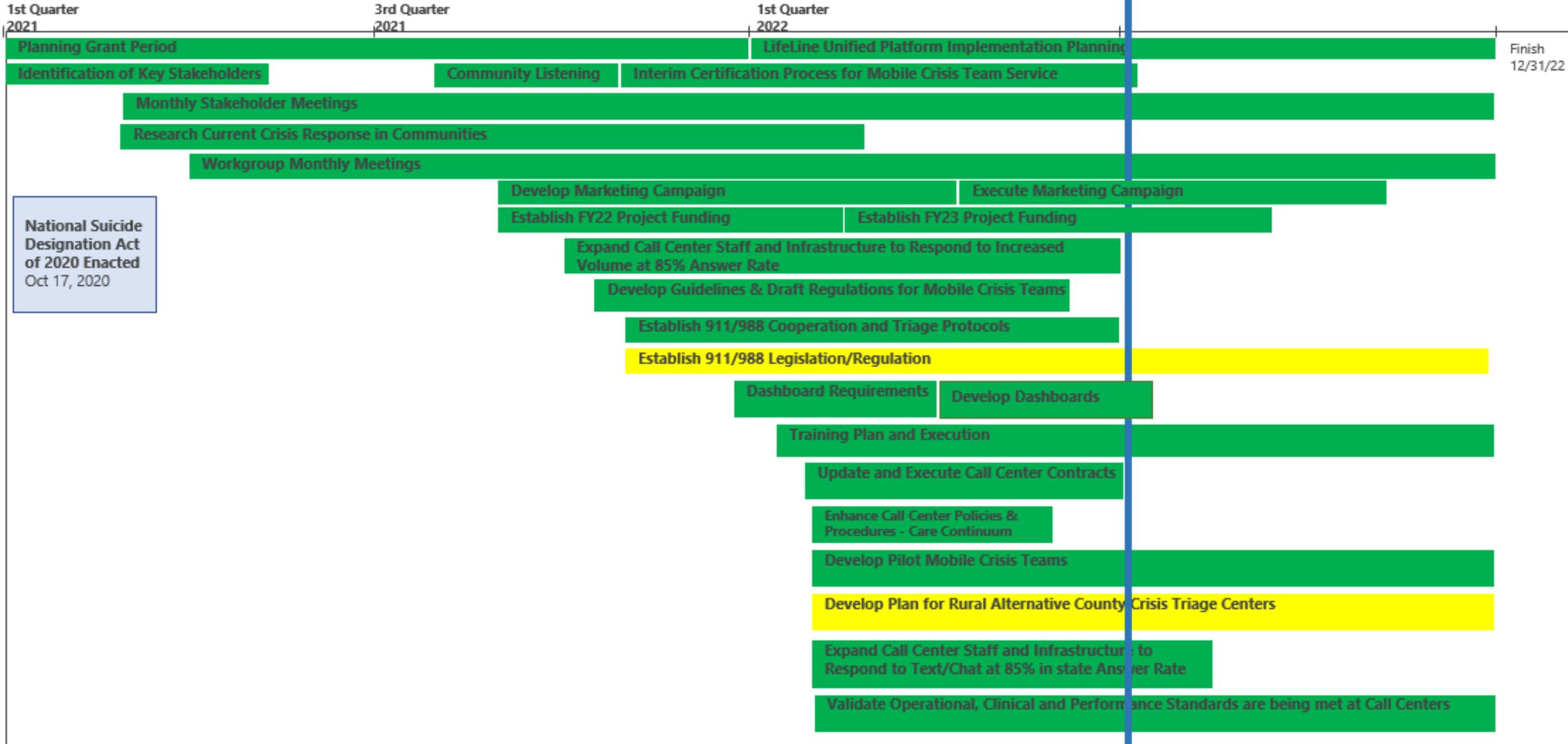
- Sally Jameson
  - [Sally.Jameson@state.nm.us](mailto:Sally.Jameson@state.nm.us)
- She will ensure timely response to all of your questions

# 988 OVERVIEW

- The Crisis Now continuum needs:
  - “Care Traffic Control”
  - BH Mobile Crisis response if needed
  - Safe place to go – CTC+
  - Move from crisis as disruption in care to crisis as opportunity for coordination of care



# 988 CRISIS NOW TIMELINE



# LEGISLATIVE NEEDS



- Potential Legislation
  1. Stable, ongoing financing through \$0.20 monthly fee on telephone lines
    - Half the rate currently paid for 911
  2. This may well be embedded in overall 988 enactment legislation establishing 988 structure and authority

# NMCAL CRISIS CALL CENTER IS READY

Crisis lines accepting all calls and dispatching support based on the assessed need of the caller

24/7/365 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat).

Offer quality coordination of crisis in real-time

SAMHSA Best Practices Guidelines Model incorporated into all Call Center Contracts

Crisis services are for anyone, anywhere, anytime



# FROM NMCAL READINESS REPORT 6/30/22

## UNIVERSAL AND CONVENIENT ACCESS

**Reliable and timely response:** All persons contacting 988 will be connected to professionally trained individuals reliably, efficiently, and in a timely manner.

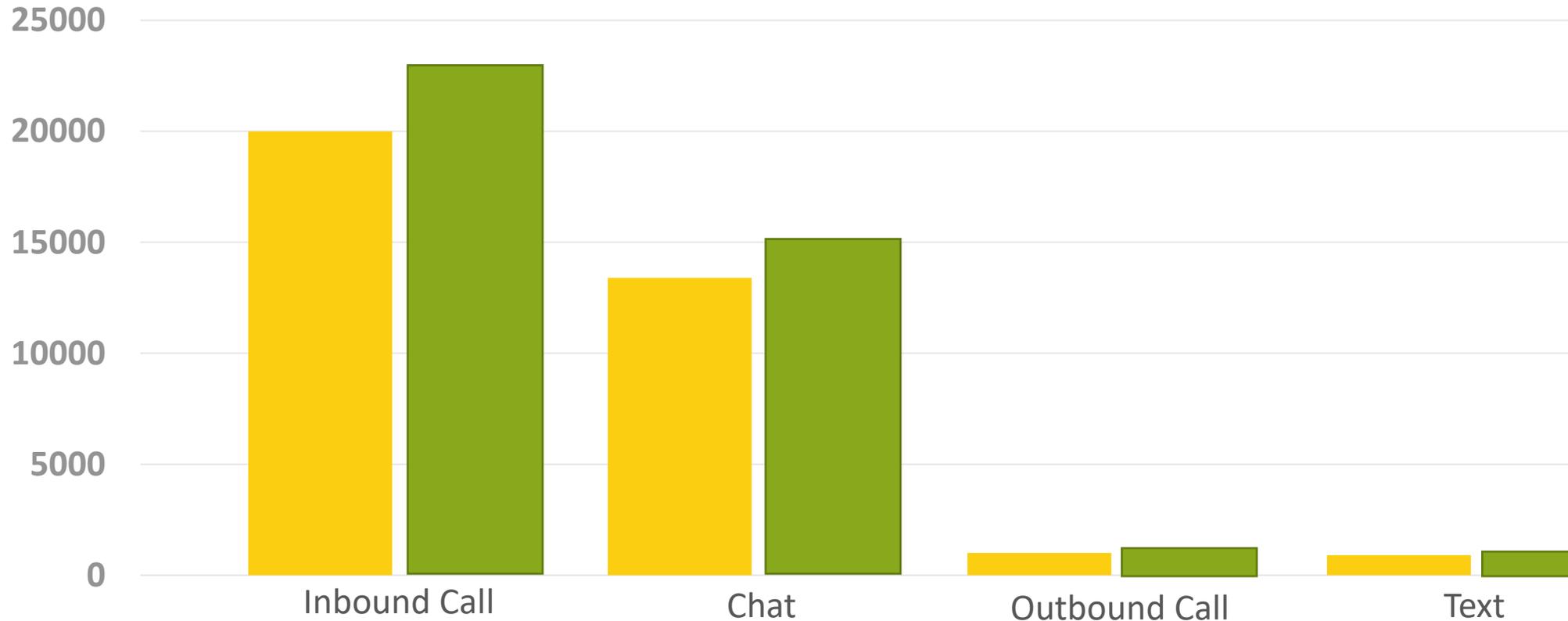
Criteria	Beginning	Emerging	Solidified
How <b>timely and efficient is the response</b> to Lifeline calls?	80 percent answered in 60 seconds or lower service level (e.g., <80 percent, >60 seconds)	90 percent answered in 60 seconds	90 percent answered in 15 seconds
What share (%) of Lifeline calls are <b>currently answered</b> ?	Less than 70 percent of Lifeline calls are answered	70-90 percent of Lifeline calls are answered	More than 90 percent of Lifeline calls are answered
How does the center's <b>timeliness and efficiency of response on the Lifeline compare to its other lines of business (LOBs)</b> , particularly those that are well-funded, if applicable?	Less timely and efficient response compared to other lines of business	Equally timely and efficient response compared to other lines of business	More timely and efficient response compared to other lines of business

# New Mexico 988 Call Center Volume Projections

Year One (35,300 total contacts)

Year Two (40,595 total contacts)\*

Year One   
Year Two 



\*Year One – National LifeLine Projections - assumes 15% growth rate for year two

# NM CALL CENTERS - LEVEL OF SERVICE EXPECTATIONS

- ✓ 24/7/365 Coverage
- ✓ 12:1 Staff Supervision ratio (minimum) with Independently licensed qualified mental health professionals as supervisors
- ✓ Assess and escalate to appropriate next level in the care continuum



- ✓ 85% call answer rate in year one/ 90% year two
- ✓ 65% of texts/chats response rate in year one/ 75% year two
- ✓ Answered within 20 seconds or less of reaching the call center

# 'CARE TRAFFIC CONTROLLER MODEL'



- OpenBeds
- Mobile Crisis Team Dispatch
- Crisis Triage Centers
- 911/PSAPs
- Consolidated Data Dashboards

# IMPLEMENTATION OF CRISIS NOW

## Vision for 988 & Crisis Services

# 988

### By 2023

**Horizon 1: Crisis contact centers<sup>1</sup>**  
*"Someone to talk to"*

**90%+** of all 988 contacts answered in-state [by 2023]<sup>2</sup>

### By 2025

**Horizon 2: Mobile crisis services<sup>1</sup>**  
*"Someone to respond"*

**80%+** of individuals have access to rapid crisis response [by 2025]

**Horizon 3: Stabilization services<sup>1</sup>**  
*"A safe place for help"*

### By 2027

**80%+** of individuals have access to community-based crisis care [by 2027]

### Underlying principles

*Provide individuals experiencing **suicidal, mental health, and substance use crises**, and their loved ones, with caring, accessible, and high-quality support*

*Ensure **integrated services are available** across the crisis care continuum, supported through strong partnerships (e.g., State, Territorial, Tribal, Federal)*

*Provide **"health first"** responses to behavioral health crises and ensure connection with appropriate levels of care*

*Integrate **lived experiences of peers** and support **for populations at high risk of suicide**, such as Veterans, LGBTQ, BIPOC, youth, & people in rural areas*

*Advance **equitable access to crisis services** for populations at higher risk of suicide, with a focus on Tribes and Territories*

1. Inclusive of intake, engagement, and follow-up

2. Proportion may differ with chat/text vs. calls; "contacts answered" is defined as connected with a trained responder

# MOBILE CRISIS TEAMS



- Operated by behavioral health providers
- Dispatched by NMCAL
- BHL software
- Acute mental health crisis stabilization at home or in the community within a maximum of 90 minutes
- A two member team operating 24/7/365
  - crisis intervention,
  - Screening and assessment
  - referrals to Crisis Receiving Centers
  - time limited follow up services
- MCTs coordinate with law enforcement and first responders as indicated

## MOBILE CRISIS TEAMS

- Respond to mental health and substance use emergencies
- Training will emphasize trauma informed care, cultural humility, crisis de-escalation, suicide risk assessment, self care, and safety planning
- Team members will carry naloxone and will be prepared to respond to substance use overdoses
- Mobile crisis teams will be encouraged to hire peers with lived experience

# CRISIS RECEIVING MODELS

- There are 3 Crisis Receiving Models that will be supported by BHSD in New Mexico.
- All Crisis Receiving Models will be staffed by certified behavioral health professionals
- BHSD's goal is to eventually have a Crisis Receiving Model within 90 minutes of every New Mexican



# CRISIS RECEPTION CENTERS

LA SALA CENTER  
SANTA FE  
RECOVERY  
CENTER

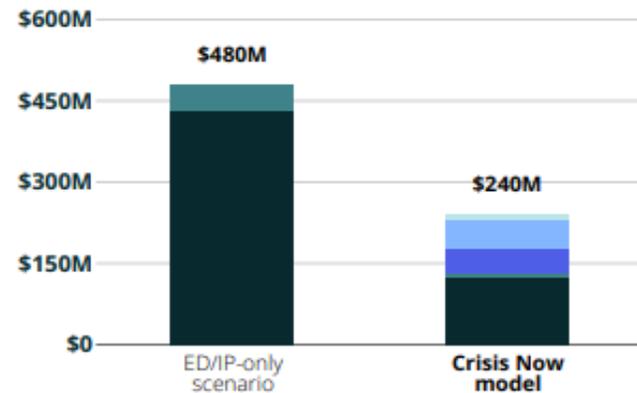
- Three Models for NM
  - Crisis Triage Centers
    - “23 Hour” or up to 14 Days
    - Licensed by DoH
  - Separate Pathway in ED
    - Divert BH pathways to separate triage and response system
  - On Call BH Crisis Receiving
- A space is set up to be used only when needed
- Staffed by trained clinicians as needed
- Allows up to 23-hour crisis stabilization stay

# MODEL BENEFITS FOR NEW MEXICO

## Potential annual behavioral health acute inpatient and crisis care system costs

**\$240 million**

\$240 million lower compared to the ED/IP-only (emergency department and inpatient beds-only) scenario



Site	ED/IP	Crisis Now ①
Mobile crisis teams ①	\$0	\$8.2M
Crisis receiving chairs ①	\$0	\$53.8M
Short-term crisis beds ①	\$0	\$47.1M
Emergency department	\$48.3M	\$6.8M
Acute inpatient beds	\$432M	\$124M

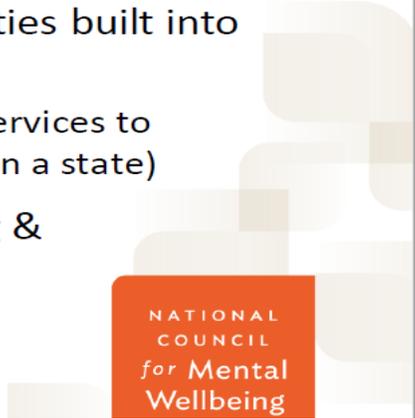
- A Behavioral Health response to a Behavioral Health Crisis!
- In Arizona: Calls for LE response has been reduced by 75%-80% with 22,000 LE hand-offs to MCTs yearly
- Pima County, AZ in 1 year 4,433 law enforcement transfers to MCTs saving 8,800 hours of LE time
- Washington State Institute for Public Policy
  - People were less likely to be placed in jail or a psychiatric hospital, at a savings of \$1,310 per person served

# CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS

## CCBHCs as a Building Block for 988 Implementation

The Certified Community Behavioral Health Clinic (CCBHC) model holds the potential to:

- Fill gaps in communities' crisis response continuum
- Alleviate the workforce shortage
- Provide sustainable reimbursement for certain crisis activities built into CCBHCs' scope
  - Potentially leverage 85% Medicaid match for mobile crisis services to partially finance CCBHC model (has yet to be implemented in a state)
- Establish standardized delivery structure, quality reporting & accountability



NATIONAL  
COUNCIL  
for Mental  
Wellbeing

# Key Features of the CCBHC Model

- CCBHCs are **required to serve everyone** regardless of insurance status or diagnosis
- CCBHCs must meet **timeliness of access standards**, including **immediate response for crisis needs** and access within 10 days or less for routine needs
- CCBHCs must **directly provide or ensure access to an array of crisis response services and supports**, including 24/7 mobile crisis response and crisis stabilization
- CCBHCs must **partner and coordinate with other entities involved in crisis response** (e.g., law enforcement, emergency departments, and more)

## CCBHC PAYMENT METHODOLOGY (PPS)

- **Clinic-specific Medicaid encounter rate delivered on daily (PPS-1) or monthly (PPS-2) basis**
  - The rate includes all allowable CCBHC services and activities\*
  - Payment is only made when a “qualifying encounter” for a Medicaid client occurs
- **Cost-related**
  - Calculated from cost reports (including current and anticipated, direct and indirect costs)
  - Rates must be actuarially sound
  - Not a cost-reimbursable model
- Provides states with tools for periodic rate adjustment and ability to control cost growth year over year
- Opportunity to leverage federal Medicaid match for CCBHC services/activities previously funded through state general funds

\*Allowable CCBHC services and activities are defined by SAMHSA in the [CCBHC criteria](#), with [areas for state discretion/decision-making](#)



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QUESTIONS AND COMMENTS?

*INVESTING FOR TOMORROW, DELIVERING TODAY.*