

Behavioral Health Collaborative CEO Report

April 14, 2016

1. Strategic Plan

The BH Collaborative kicked-off its “Strategic Initiative to Strengthen New Mexico’s Behavioral Health Service Delivery System” with a day-long strategic planning session on July 30, 2015. Fifty-nine individuals responded to a call for action, and subsequently coalesced into three workgroups to focus on the identified areas of finance, regulation, and workforce. The facilitated deliberations within the workgroups laid the foundation for the detailed set of actions that have been prescribed for the following eighteen-months.

Each workgroup met on three occasions between September and December, 2015 to create specific action plans relative to each goal and objective:

- Finance Workgroup:
 - 1) To enhance the financial strength of the current provider network;
 - 2) To move toward a value-based purchasing system that supports integrated care; and
 - 3) To create ways for state and local governments to collaborate around fiscal issues that lead to better local systems of care.

- Regulations Workgroup:
 - 1) To identify and recommend how to remedy the complex and sometimes contradictory BH-related regulations and policies;
 - 2) To increase the ability of providers to engage with consumers more quickly and effectively; and
 - 3) To integrate the paraprofessional workforce into the system more broadly.

- Workforce Workgroup:
 - 1) To create easier entry into BH professions;
 - 2) To support the multi-disciplinary nature of providing integrated holistically oriented care; and
 - 3) To promote a future of excellence in the workforce.

The Behavioral Health Strategic Plan and its corresponding Implementation Plan have been completed. The draft was submitted to the BH Collaborative at the January meeting for review. It is being presented for formal adoption at the April 14th meeting. The Implementation Team has been meeting weekly to identify appropriate steps and timeframes for all the activities under the Goals and Objectives, and identifying individuals or groups are to assume relevant tasks.

A progress report will be presented at each quarterly meeting of the BH Collaborative through the eighteen-month implementation period. An evaluation of the Plan will be completed at the conclusion of its implementation.

2. Agave Health's Termination of BH Services

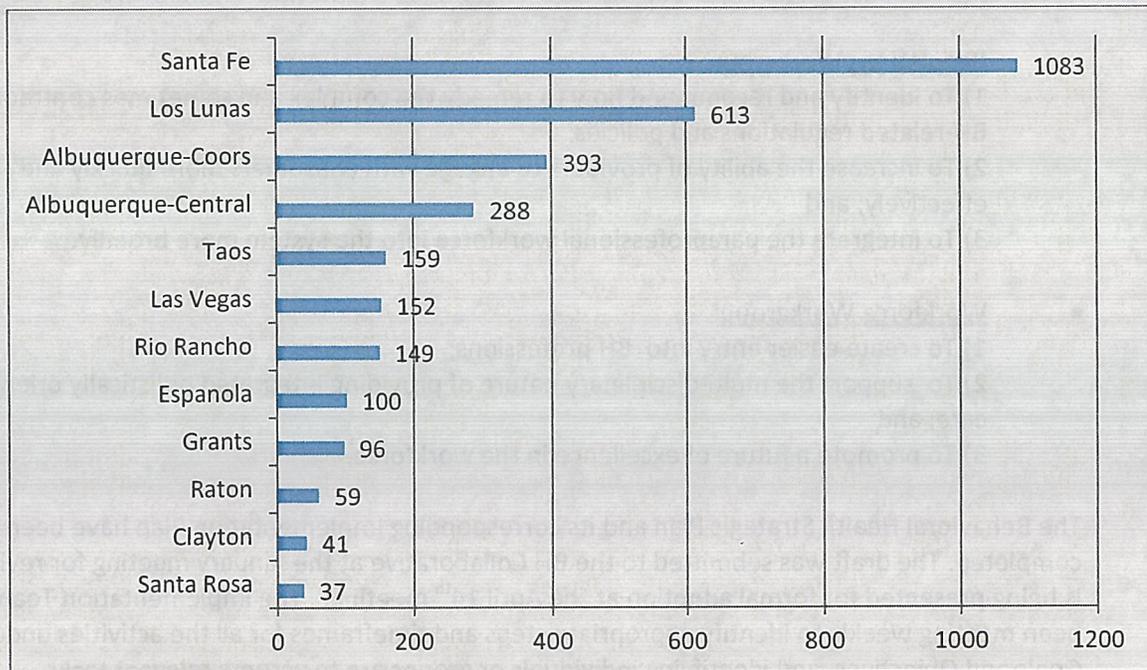
On April 1, 2016, Agave Health's CEO, Dr. Heath Kilgore, issued a 90 day notice of contract termination to the following:

- MAD and BHSD;
- The four Centennial Care Managed Care Organizations (MCO);
- OptumHealth NM;
- Corrections Department; and
- Supportive Housing Coalition of NM.

Agave Health also issued a 30 day notice of contract termination to the following entities:

- NM Boys and Girls Ranches;
- CYFD;
- Correctional Health Partners (Immediate termination: no services are being provided); and
- DOH - Children's Medical Services

Agave Health has 12 locations in 10 counties and reports to serve 3,170 Centennial Care members. Nine of the locations deliver children's services, two deliver adult services, and one delivers services to both adults and children. Agave reported also on the number of members provided services at each location:



The MCOs and OptumHealth NM are currently reviewing the last 90-days claims data to gather information on members who will require transitioning to a new provider and will need care coordination. The MCOs will submit the information by Friday, April 15, 2016. In addition, the payors will be issuing an RFI to other provider organizations, in each service area, that have indicated an interest in assuming the services of Agave Health.

3. NatCon2016

Representatives of BHSD traveled to Las Vegas, NV the week of March 7th to exhibit at the Annual Conference of the National Council Conference for Behavioral Health which had over 5,000 attendees. Recruitment of BH professionals from out-of-state was the primary purpose of this outreach effort. BHSD interacted with over 2,500 individuals who responded very positively to this promotion. A common refrain heard from attendees was, "I wish our state would do this." BHSD partnered with the NM Department of Tourism and utilized tools of engagement to include job vacancy listings and giveaways with a NM theme. In addition, the CEO of the BH Collaborative participated in a pre-conference institute on BH integration within public health.

4. CareLink NM Health Homes

This system innovation is intended to enhance integration and coordination of primary, acute, BH, and long-term care services and supports for persons with chronic conditions across the lifespan. CareLink NM Health Homes involve a multi-disciplinary team that partner with enrolled members to develop and implement a service plan designed to meet all of the person's behavioral, social, and health needs. This is a patient-centered approach within which care coordination will occur at the community level for both CC enrollees and FFS. The SPA for this program has met with CMS approval and the initial roll-out of CareLink NM is occurring in San Juan County under the auspices of Presbyterian Medical Services (PMS) and in Curry County by Mental Health Resources (MHR). Following this implementation, and based on lessons learned, HSD will consider additional sites in other areas of NM, as well as, expansion of qualifying conditions to include SUD.

5. Behavioral Health Investment Zones

BHSD received a \$1 million allocation in FY16 for the establishment of BH Investment Zones. The two counties, Rio Arriba and McKinley Counties, were identified as the two counties in NM with the highest levels of combined incidence of mortality related to alcohol use, drug overdose and suicide. BHSD established an application process for these two counties to be designated as BH Investment Zones which qualifies each of them for \$500,000 to implement a plan that will best address the needs in these priority zones. Both counties have completed and submitted their respective applications which have been approved.

Rio Arriba County has established a coalition know as Opioid Use Reductions (OUR) as the BHIZ collaboration structure. The partners include: the lead agency, Rio Arriba County Health and Human Service Department (RACHHSD), El Centro Family Health Presbyterian Medical Services, Hoy Recovery Program, Espanola Presbyterian Hospital, Rio Arriba County Detention Center, La Clinica del Pueblo de Rio Arriba, Espanola Public Health Office, Espanola Valley School District, Agave Health, Las Cumbres Community Service, Inside Out, Valle del Sol of NM, Santa Fe Mountain Center, North Central Community Based Services, Honor of Our Pueblo Existence, Rio Arriba County Substance Treatment, Outreach and Prevention Program, Rio Arriba Youth Service Providers.

McKinley County has developed a BHIZ oversight board that includes the City of Gallup as the Local Lead Agency, and the following authorities: McKinley County, Northwest New Mexico COG, Navajo Nation, and Zuni Pueblo. The Implementation Team includes Rehoboth McKinley Christian Health Care Services (RMCHCS), the Northwest New Mexico Council of Governments, Navajo Nation, Pueblo of Zuni, Na'nízhoozhí Center, Inc., Western New Mexico University, Health Alliance, Gallup Police Department, Gallup Fire and Rescue, and Gallup Share & Care Coalition .

6. PAX Good Behavior Game

The PAX Good Behavior Game (PAX GBG) has been found to reduce disruptive behaviors, hyperactivity, and emotional symptoms. Its long term outcomes include reduced need for special education services, reductions in drug and alcohol addictions, serious violent crime, suicide contemplations and attempts, and initiation of sexual activity with increases in high school graduation rates and college attendance. The most recent cost benefit analysis on the PAX GBG conducted by the Washington State Institute for Public Policy has shown that the program returns \$57.53 for every \$1 invested.

Dr. Dennis Embry, President of the PAXIS Institute, has presented to NM's Children's Cabinet on PAX GBG. BHSD's Office of Substance Abuse Prevention (OSAP) is coordinating plans for implementation in approximately 219 elementary grade classrooms across the state by June 30th, impacting about 4585 children. On January 11th & 12th, PAXIS Institute provided the first a two-day PAX GBG training for 35 1st grade teachers and administrators in Farmington as part of a six-school demonstration pilot project, resulting in approximately 825 students receiving PAX through the end of the school year.

One hundred and fourteen teachers and administrators participated in the Santa Fe Public Schools (SFPS) PAX training on March 18th and 19th. Eighty-two classrooms of grades K-6 will implement PAX from April 4th through May 20th, resulting in approximately 1800 students receiving PAX. Additionally, the SFPS Special Education Director has expressed an interest in having all her staff trained in PAX GBG.

Eighty-six teachers and administrators participated in four trainings for the Espanola Public School (EPS) during March. Eighty-four classrooms of grades K-3 implemented PAX GBG from April 7th through May 27th, resulting in approximately 1600 students receiving PAX in Espanola. Additionally, EPS will conduct PAX trainings during their Summer Institute. They intend to train 100 new teachers on June 15th and 16th and will offer two half-day "booster" trainings on June 17th.

A two day PAX GBG training was held for Bloomfield Public Schools on April 1st and 2nd. Eighteen 3rd grade teachers participated and began implementation April 4th through May 25th, resulting in approximately 360 students receiving PAX. In total, BHSD expects 4,585 students to receive at least seven weeks of PAX GBG by June 2016.

7. Crisis Triage and Stabilization Centers

Established by HB 212, a Crisis Triage and Stabilization Center is a health facility that is licensed by DOH, is not physically part of an inpatient hospital or included in a hospital's license; and provides stabilization of behavioral health crises, including short-term residential stabilization. The enabling legislation calls for HSD to establish a reimbursement structure for this new Level of Care (LOC) and provided \$1.75 million towards their implementation. This is a LOC that has been missing in NM's BH service system and was recommended for establishment by the House Joint Memorial 17 Task Force.

HSD and DOH are drafting rules both for facility licensing and program reimbursement. The draft rules will allow a community to choose a variety of models of crisis triage and stabilization,

including solely outpatient or ambulatory, residential with and without detox services, not to exceed medically monitored detox (ASAM level 3.7). The facilities will be licensed by the Department of Health, and the Program will be certified by the Human Services Department, Behavioral Health Services Division. While the initial phase of such centers will focus on adults, CYFD is continuing to investigate mechanisms that would allow for similar services for youth. Avenues allowing for prospective payment mechanisms, possibly through the new CFCBHCs, are also being researched to identify other states that have used this form of payment mechanisms.

8. New Mexico Crisis and Access Line (NMCAL)

In March of 2016, the NM Crisis and Access Line (NMCAL) handled 2,624 calls. This includes 1,363 calls on the Statewide Crisis and Access Line and NM calls for the National Suicide Prevention Lifeline (NSPL), 626 calls for the Peer-to-Peer Warmline, and 635 after-hours calls forwarded from NM's Behavioral Health Core Service Agencies (CSA's). While it was not always the presenting issue, concerns related to suicide were reported on 27.1% of clinical calls. During this same period, 274 NMCAL callers reported concerns about suicide – either for themselves, or for the person of concern. NMCAL clinicians work with callers to deescalate the emergency and create safety plans. Hospital or emergency services are referred to only when there is no less intrusive way to keep callers safe.

9. Network of Care (NOC)

The BH NOC is now the official website for the BH Collaborative. The intent is for this website to be the one-stop-shop for everything you ever wanted to know about BH within NM. Key features of the BH NOC include a BH Learning Center which is designed to educate, inform, and provide access to the most relevant BH information available; a user-friendly client interface that enables NOC partners to easily display local content throughout the site; an advanced Social Networking platform which is designed to promote collaboration and coordination across diverse groups; and a HIPAA- and HL7-compliant, Personal Health Record which stores valuable medical and legal information and documents. This portal can be accessed at:

<http://www.newmexico.networkofcare.org/mh/>

Development of the BH NOC is ongoing. Newest features include Supportive Housing information and a Quality Improvement resource area that shares a broad range of documents on consumer views and study results. Coming soon will be a comprehensive portal for providers, where news, opportunities, training schedules, and resource documents on services and regulations can all be shared. For the period of March 13 through April 12, 2016, the NM BH NOC had 93 visitors per day and viewed 173 pages on average. The mean number of page visits per visitor was 1.86. A total of 5,382 pages were viewed, by a total of 2,901 visitors. The most popular service directory page in the period was Taos/Raton Valle del Sol (74 views), followed by Alternative House Inc/La Posada Halfway House in Albuquerque (55), Agave Los Lunas (53), and Agave Health in Taos (51). For BHSD page, the most frequently visited topic was OPRE (91), followed by the BH Collaborative (68) and Supportive Housing (37).

The Veterans NOC continues to improve, sharing crucial information about services and opportunities with veterans, family members, active-duty personnel, reservists, members of the New Mexico National Guard, employers, service providers, and the community at large. This site is available at: <http://newmexico.networkofcare.org/Veterans/>

Other BH Collaborative member organizations are reminded that Trilogy, Inc., has other portal domains available to serve NM and they include: Seniors and People with Disabilities, Children and Families, Developmental Disabilities, Domestic Violence, Public Health, Prisoner Re-entry and Corrections, and lastly, Foster Care. The BH Collaborative strongly supports adoption of additional portals by the respective agencies and is eager to assist with their development.

10. Certified Community Behavioral Health Clinics (CCBHC)

The Substance Abuse and Mental Health Services Division (SAMHSA) selected NM as one of twenty (25) states as a recipient of the planning grant funds to establish CCBHCs. Eight (8) of the 1st year planning grant recipients will be selected as demonstration states in year two. The CCBHCs represent an opportunity for NM to improve BH by providing community-based BH treatment, to advance to the next stage of integration with physical health care, to assimilate and utilize evidence-based practices on a more consistent basis, and to provide improved access to high quality services.

Teresa Gomez has been contracted as the Project Manager and Roxane Spruce Bly as the Medicaid Contractor, Mary Ann Shaening as the Certification Contractor, and Dale Jarvis, CPA, Fiscal Consultant. Ms. Bly, along with Mr. Jarvis and Sally Wait, MAD BH Manager are all responsible for assisting in the development of a Prospective Payment System (PPS), Medicaid Administrative Rules, and State Plan Amendment (if necessary). Dr. Shaening will work with Karen Meador in BHSD to address certification standards in accordance with federal guidance and will develop the Request for Certification for providers who meet the readiness criteria as articulated in the Readiness Assessment.

The CCBHC Implementation Team has completed Readiness Assessments with six of the prospective CCBHC sites. The Team will continue working closely with these sites to develop clinic-specific PPS rates based on their cost reports, provide training on a range of related topics, and provide guidance on improving clinic readiness.

The Request for Certification is in process and incorporates the standards outlined in several federal documents. Standards are being cross-referenced to Readiness Assessment items to assure comprehensiveness and to facilitate the certification decision-making process.

UNM serves as the evaluator of this grant, and have taken the lead on gathering readiness assessment data, designing a statewide needs and gaps analysis, and ensuring timeline data entry into the SAMSHA TRAC database on a quarterly basis. UNM is also working with Steven Flint at BHSD and Dale Jarvis to construct a data request to MAD to gain Medicaid data to inform the needs assessment for each agency and statewide. In addition, UNM is working with Falling Colors Technology to develop the data infrastructure necessary for the CCBHC demonstration project. The statewide Behavioral Health Treatment Gaps Analysis Survey (Needs Assessment) has been reviewed and vetted by various stakeholder groups. UNM's Dr. Deb Altschul, Dr. Caroline Bonham and Dr. Julie Salvador will administer, collect, and analyze the statewide Needs Assessment, which will be used to inform the CCBHC demonstration proposal.

In March, the CCBHC Ad Hoc Committee was convened with approximately 25 participants representing a wide range of stakeholders. The purpose of the Ad Hoc Committee is to guide the process of certification, development of the PPS, and garner stakeholder input and endorsement of NM CCBHC adoption. The Ad Hoc Committee will meet on the 4th Wednesday of each month

during the months of April through September to guide these processes and provide critical stakeholder input.

11. Sexual Assault Service Expansion

An increase of funds in the amount of \$205,840 was allotted to the five sexual assault programs in December, 2015. Due to budget cuts the NM Coalition of Sexual Assault Programs did not receive an increase to their budget as projected. However the NM Coalition of Sexual Assault Programs is utilizing their current annual allocation of \$927,254. Services continue to be provided to consumers with a hold on the expansion of services that included prevention, promoting awareness, and enhancing treatment through increased training to service providers.

12. Prevention “Partnership for Success” Grant

BHSD’s Office of Substance Abuse Prevention (OSAP) has been awarded this SAMHSA grant of \$1.68 annually for 5 years (\$8 million total) to address underage drinking and youth prescription drug abuse. The counties receiving funding through the new grant are Chaves, Cibola, Curry, and Roosevelt. These counties were selected using a data-driven analysis of risk factors and need, including youth use of alcohol and prescription drugs. Each county’s coalition is undergoing a rigorous needs assessment, capacity building, and planning process to ensure that prevention strategies implemented through the new grant are successful in reducing underage drinking and prescription drug misuse in their respective communities.

The new sub-grantees attended an OSAP Recipient Meeting and New Grantee Orientation Meeting in Albuquerque in February where they received information on substance abuse epidemiological data, community level data collection, NM ATODA Prevention Workforce Trainings, the Strategic Prevention Framework process, training on Synar tobacco prevention activities, and PFS 2015 grant requirements, timelines, and expectations. Technical assistance visits for the new counties were conducted in February and a Coalition Development Training was held in March. A Coalition Development Training will be held on April 27th for the six schools of the NM Higher Education Prevention Consortium. A Needs Assessment Training is scheduled for the counties and schools respectively in April and May.

13. National Strategy for Suicide Prevention (NSSP)

This \$1.47 million, 3 year SAMHSA grant is implemented in Bernalillo, Otero and Curry counties pilot sites, each of which have completed the first of the standardized screening and safety planning trainings. The trainings were conducted by NSSP/BHSD grant partner UNM. The target audience was BH providers in these counties and their respective surrounding counties. The trainings were well attended and sparked additional training requests. The sites are now in the process of scheduling and finalizing the second round of trainings.

Currently, BHSD and UNM are launching training for primary care and emergency departments. Training modules include a 60-90 minute presentation for physicians, nurse practitioners, physician assistant nurses; and may also be of interest to pharmacists, and administrative and clerical personnel. The primary care provider module covers information about suicidality among patients in healthcare, development of office policies and protocols, patient education, and intervention including screening and safety planning. The emergency department module covers information about suicidality among patients presenting to emergency departments, primary and secondary screening tools, suicide risk assessment, management of the suicidal patient, and discusses SAMHSA’s SAFE-T Guide (Suicide Assessment Five-step Evaluation and Triage). A follow

up survey will be conducted to determine if methods were implemented, and if policy and procedures were changed as a result of the trainings.

14. Dose of Reality Campaign

This research-based statewide campaign has been launched statewide by BHSD's Office of Substance Abuse Prevention (OSAP) to raise awareness and to educate teens and their parents about the serious risks for addiction and overdose from prescription painkiller abuse. To date, 64 million Dose of Reality ad impressions have been viewed across TV, internet, digital boards, billboards, news print, and movie theater ads. Two websites provide the media materials free for public use: <http://www.nmprevention.org/Dose-of-Reality/Home.html> and <http://doseofrealitynm.com>. Included are education materials, a parent resource kit, fact sheets, and recent state and national epidemiological data. The campaign has provided 399,000 prescription bags with prevention messages to 130 pharmacies statewide.

In addition, a new media campaign was developed to increase awareness of naloxone, a medication used to reverse the effects of an opioid overdose. The campaign began in September 2015 with 353,189 ad impressions viewed across newsprint and 3,090,800 impressions heard over radio through mid-January 2016. An additional 6,826,030 impressions were released through April, to include billboard advertisements. Radio, billboards, news print, and pharmacy bags ads will continue through September, 2016. In March, the naloxone strip print ad (stating "Reverse the deadly effects of a prescription painkiller overdose" in mirror image, followed by "Ask your pharmacist about naloxone") won the American Ad Federation New Mexico Advertising Award for Great Idea.

A BHSD collaboration with Albuquerque City Councilor Diane Gibson was announced in an April 5th news conference to launch a public awareness campaign about naloxone. The public campaign has mounted A Dose of Rxeality posters at bus shelters, inside public buses and in community centers. The campaign includes providing a list of Albuquerque pharmacies dispensing naloxone, and distributing information brochures to community service providers.

Information about prescription opioids, signs of an overdose, and patient education videos can be accessed at: <http://doseofrealitynm.com/2015/08/31/more-info-about-naloxone/>. Media materials are available for download on the website.

15. Cognitive Enhancement Therapy (CET)

CET is an evidence-based cognitive rehabilitation training program for adults with chronic or early-course serious mental illness such as schizophrenia or schizoaffective disorder who have prominent impairment in decision making, initiation of activities, and motivation associated with their illness. CET offers a combination of computer skills training, group sessions and individual coaching sessions to improve neuro-cognition, social cognition, and social adjustment and is associated with improvements in quality of life. Each week, clients participate in a weekly group education session, group computer skills training, and a weekly individual coaching session. Lea County Guidance Center (LCGC), Mental Health Resources (MHR) and UNM are the provider sites for this NM CET. LCGC has trained 3 clinicians in this model and is running two CET education groups. During the CET education groups, consumers support each other and pair up as they learn new skills. UNM has trained 6 clinicians and is running two CET education groups. MHR trained 2 clinicians and is running one CET education groups. This model continues to receive

positive feedback from clinicians and participating consumers. One CET clinician stated “I see significant, positive changes in the individuals who have been participating in CET”.

16. Administrative Improvement Projects

a. Critical Incident Reporting (CIR) Workgroup

A BH sub-workgroup has convened to work on improving definitions and process for BH CIR. The workgroup will make recommendations to BHSD to define, track and trend CIR that are identified as sentinel events. This revised process will align with Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards. If accepted the new protocol will provide the mechanism to ensure the safety and well-being of those receiving BH services. This project is intended to streamline and reduce the administrative burden for BH providers by targeting concerns that require further attention by the relevant authorities.

b. Administrative Burden Reduction Workgroup (ABRWG)

ABRWG continues to address items that can reduce the administrative burden of providers. The major focus of ABRWG is on creating efficiencies by adopting more common MCO provider network training, monitoring, reporting, and auditing processes. To this end, ABRWG has agreed to task smaller workgroups based on recently solicited information on the top five administrative burden concerns from the NM Hospital Association, NMBHPA, Nursing Facility Association, and Long Term Care Association. The concerns were assigned to the following workgroups for study and recommendations:

- Site Reviews;
- Prior Authorizations and Concurrent Reviews;
- Joint MCO trainings; and
- Manual Claims Reviews.

c. Medicaid BH Workgroup

Applications for certification of Behavioral Health Agencies (Medicaid Enrollment Provider Type BHA-432) for Clinical Supervision continue to be accepted. The process includes a Certification Attestation form that guides providers through the requirements and which is submitted along with an application request, a review of the organization’s policies and procedures, a review of the clinical supervision program, and a subsequent site visit when the initial requirements have been determined to be met. There are initial educational materials provided to each applicant and technical assistance offered.

Over the course of two months, approximately half of all applications submitted have been processed; all applications have received an initial review with most still requiring further technical assistance. Approximately 40 of 75 non-independent licensee applicants are now rendering services which serves to expand service capacity. The application process is being streamlined to reduce the time required for review from 60 days to 30 days or less. This includes a consideration for “deemed status” if national and/or international clinical supervision certification have been acquired; provider networking to learn from other’s successful clinical supervision programs; and developing a self-survey readiness tool to help providers determine what gaps they may need to address before completing their application.

The updated definition of a BHA-432 and rule change is still pending.

d. BH Provider Guidance

An important part of building capacity in our BH workforce is helping providers understand the BH system and how to navigate it. The BH Provider Guide is a significant part of the plan to do so. It is in its draft stage and set to be released for review and comment to relevant stakeholders, including the BH Provider Association, by the close of April. In addition, our first educational summit for new Master level students at local universities is being planned for the Fall Semester of 2016 in Albuquerque. This will give an opportunity for those students entering into Master's level programs for Social Work, Counseling, or Psychology to learn about becoming a provider in NM. The content will include specialty certifications, licensure, rendering services in both public and private practice settings, state regulations and practice information, types of providers and services in the state, and how to navigate the current system structure. The plan is to review the feedback from this summit in order to develop a similar program for the Spring Semester.

17. Naloxone Pharmacy Technical Assistance

BHSD's Office of Substance Abuse Prevention has contracted with the Southwest CARE Center to provide technical assistance to NM pharmacies currently reimbursed by Medicaid to dispense naloxone, a medication used to reverse the effects of an opioid overdose. On-site technical assistance focuses on increasing patient/customer access to naloxone, increasing the number of pharmacists credentialed to dispense naloxone, and reducing pharmacy barriers to dispensing and billing for the medication. OSAP's A Dose of Reality media campaign works to coordinate with and supply this project with corresponding media materials. The release of the March 18th pharmacy standing orders for naloxone has spurred collaboration with DOH's Prescription Drug Overdose Prevention Program. SW CARE and DOH are working with the NM Pharmacy Association to develop CEUs for the technical assistance provided by Southwest CARE and are developing a "pharmacist on call" program to launch in early April to further assist pharmacists to increase access to naloxone.

18. FY16 Withdrawn Initiatives due to State Budget Crisis

- Prescription drug collection boxes which would have provided a monitored source of disposal for many unused and improperly stored prescription opiates often sitting in home medicine cabinets;
- Prescription drug incinerators would have provided local communities and law enforcement agencies with a means to collect prescription painkillers and dispose of them without problems associated with bio contamination, theft, transportation and transfer;
- Mobile Crisis Response Teams, that were planned for McKinley and Rio Arriba Counties, would have diverted those in BH crisis from psychiatric hospitalization, would have linked suicidal individuals discharged from the emergency department and hospitals to community-based services; and would have also provided diversion from arrest and subsequent jailing;
- NM Supported Employment BH Center of Excellence would have built a supported employment service capacity in NM using an evidence-based best practice;
- NM Peer Empowerment Center would have been peer managed and operated to serve the recovery needs of youth, family, and peers whether veterans, first responders, law enforcement, corrections, or emergency room staff who require recovery supports for PTSD and other related conditions;

- Behavioral Health Planning Council (BHPC) was slated to receive additional funding to develop and implement an orientation and mentorship program that would have included an orientation manual for new members; and a small portion of this additional funding was to be used to support the designated BHPC members who review and analyze the Block Grant Application and other reports;
- Local Collaborative Alliance (LCA) was also slated for additional funding to match its resource development achievements to support capacity-building and infrastructure development; and
- Mesilla Valley Hospital Addiction Recovery Center would have supported the expansion of services to include partial hospitalization, residential, and IOP treatment.

