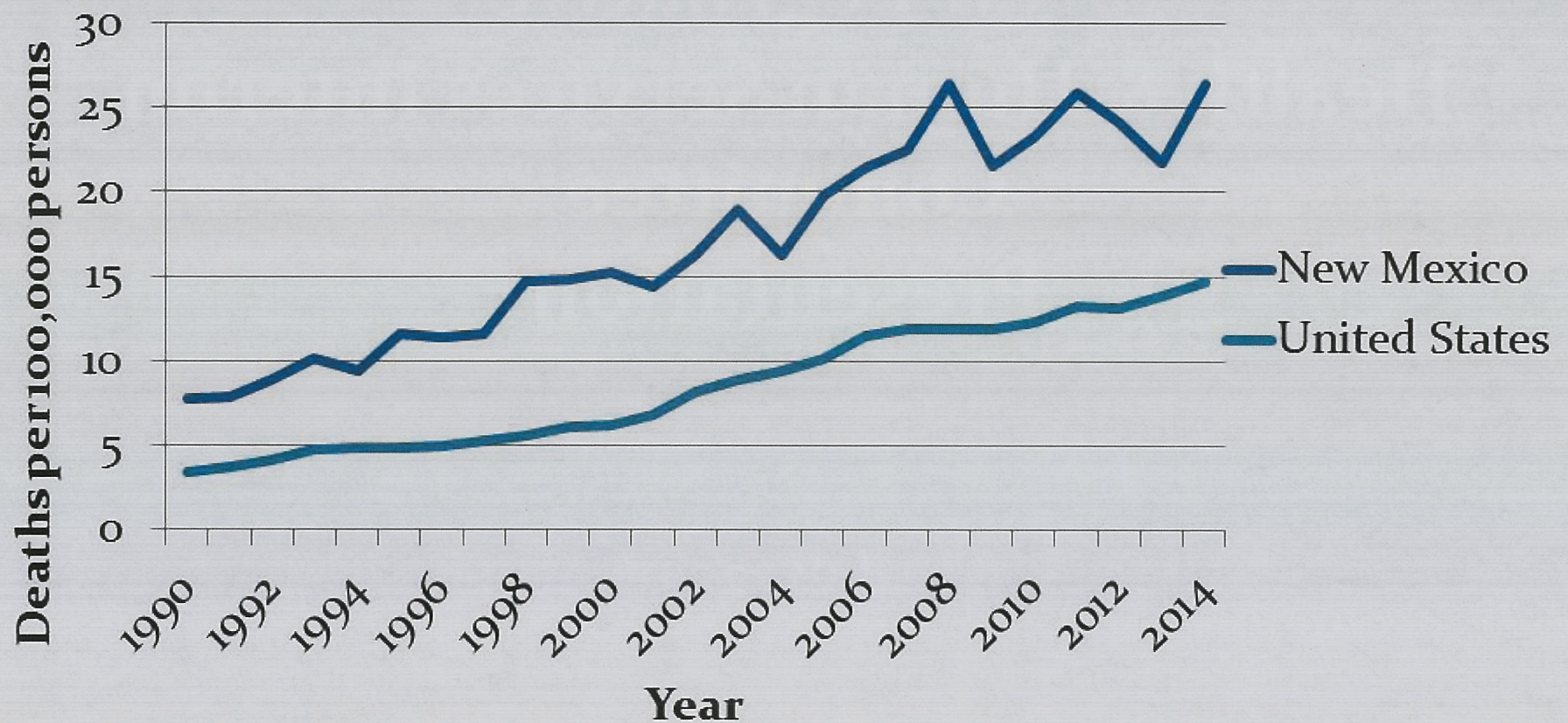


# NM Legislative Health & Human Services Interim Committee Presentation

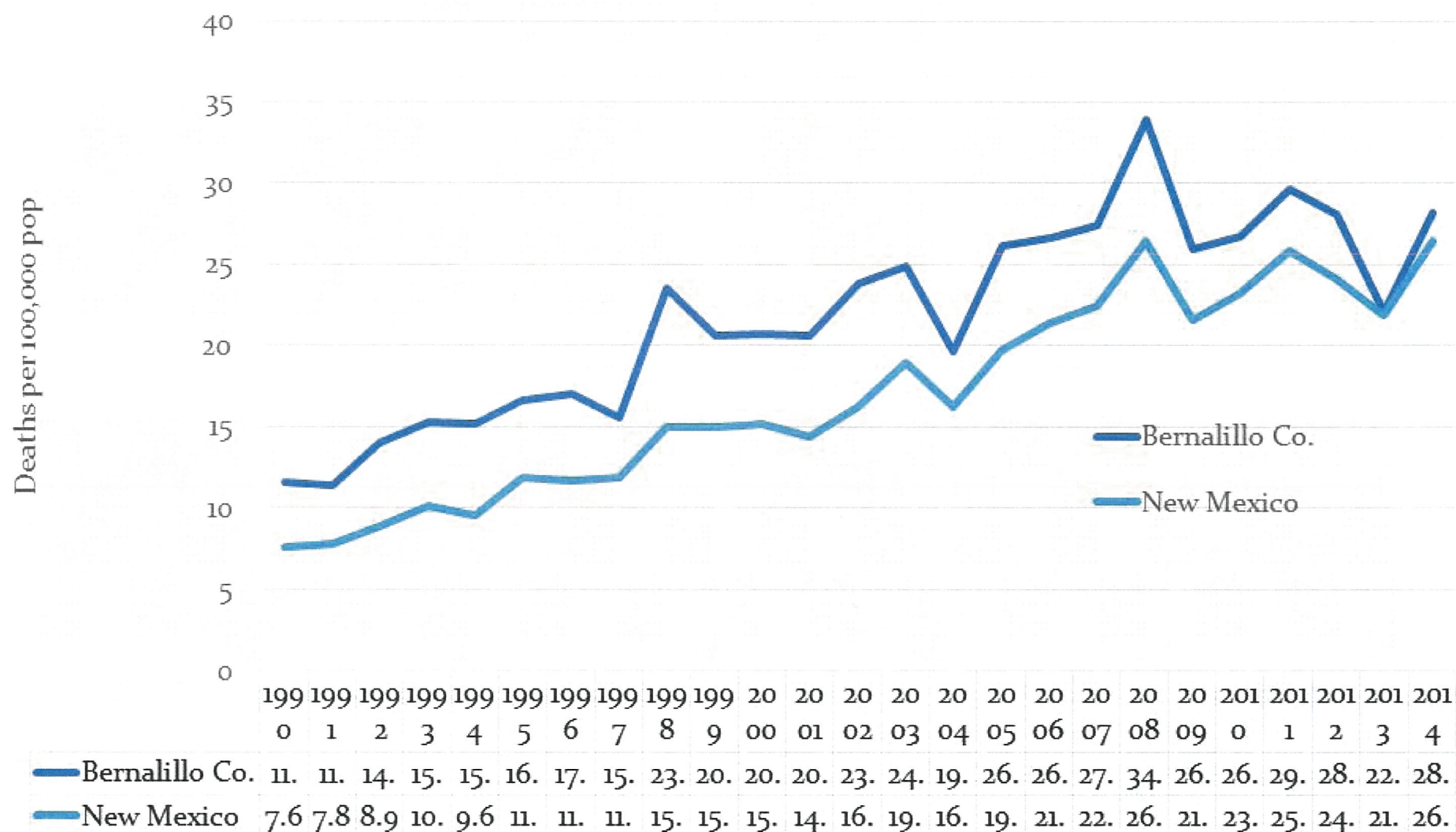
July 27 2016



## Drug Overdose Death Rates New Mexico and United States, 1990-2014

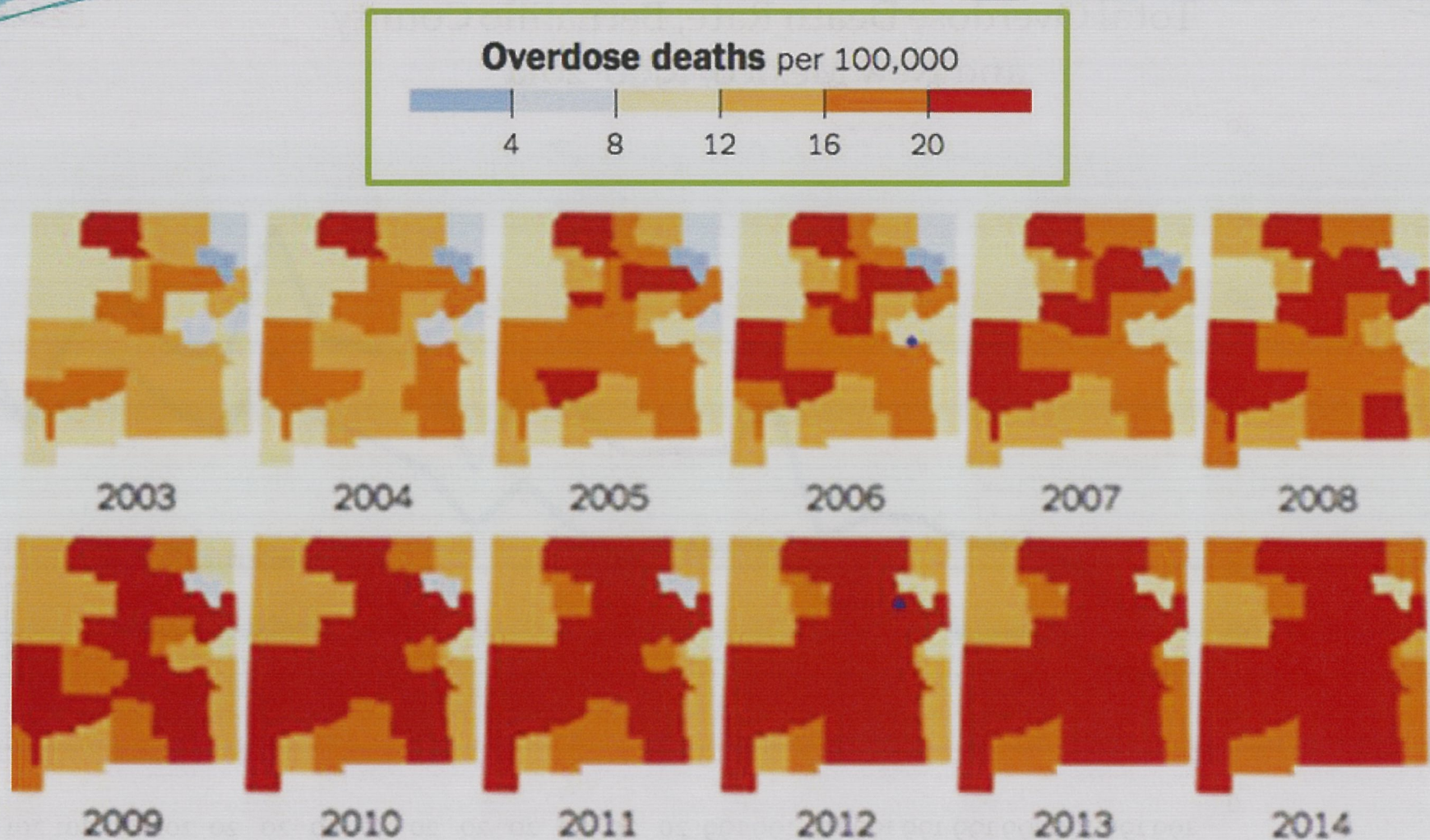


## Total Overdose Death Rate, Bernalillo County and New Mexico, 1990-2014





## New Mexico Overdose Deaths, 2003-2014



Source: New York Times: *How the Epidemic of Drug Overdose Deaths Ripples Across America*. January 19, 2016





## Behavioral Health at MDC

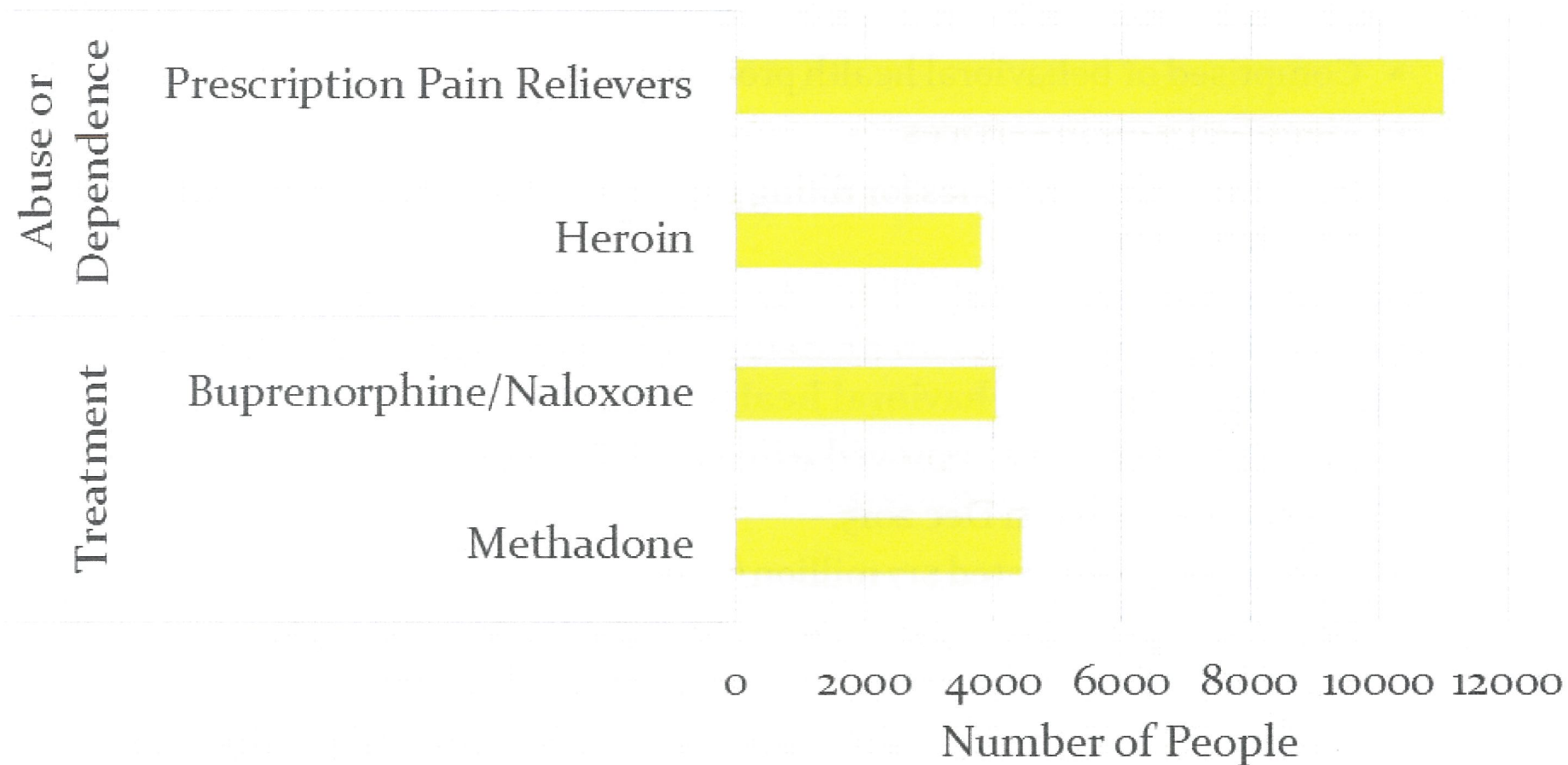
- 42% of MDC inmates are on the PSU caseload
- 38% of all males at MDC are on PSU
- 65% of all females at MDC are on PSU
- 18% of all males have a Severe Mental Illness
- 27% of all females have a Severe Mental Illness
- Most recent local study (2003) found 75% of all incoming males and 74% of females tested positive for drugs
- 2002 national study found 68% of jail inmates were dependent or abused alcohol or drugs







Estimated Number of People with Abuse/Dependence on  
Opioids and Numbers of People in Treatment, NM, 2014







# *HISTORY*

- **2011-2016 Bernalillo County Opioid Abuse Accountability Summit**
- **2014 Joint County and City Task Force**
  - Comprised of behavioral health professionals
  - identified gaps in services
  - Recommended priorities for filling gaps in Central NM's behavioral health system
- **2014 General Election Ballot - 69% of Bernalillo County voters approved advisory question on new gross receipts tax dedicated to expanding access to behavioral health services**
  - County Commission approved 1/8 cent GRT in 2015
  - Revenue available in Dec 2015.
  - Generates an estimated \$17 million/year
  - Goal: To expand access to needed behavioral health services for individuals living with mental or substance use disorders
  - Goal: to collaborate with other governments, funders, and providers to leverage all resources into comprehensive system of care





# *HISTORY*

- **2014 Task Force – Four Key Conclusions and Service Areas**
  1. **Increase crisis services** including evaluation, stabilization, referral and support services
    - reduce law enforcement encounters/provide trained BH intervention
    - resources for families and individuals in need of services
    - divert from criminal justice system
  2. **Resiliency supports** including supportive housing & effective case management
- **Education, prevention, early intervention, and harm reduction**
  - mental health first aid
  - identification of and assistance to at-risk populations



# City/County BH Task Force Recommendations

## Crisis

- Crisis Response and Stabilization Center
- Mobile Crisis Teams
- Law Enforcement Response, Including Crisis Intervention Unit

## Community Supports

- ▶ Intensive Case Management
- ▶ Courts and Criminal Justice Improvements, Including:
  - ▶ Mental Health, Homeless and Veteran's Courts
  - ▶ Streamlining the Bench Warrant Process
  - ▶ Resources for Competency and Treatment Guardianship
- ▶ Medicaid Accessibility and Outreach

## Housing

- ▶ Permanent Supportive Housing

## Prevention

- ▶ Community Engagement Teams
- ▶ Prevention for Children and Mental Health First Aid



# CPI BH Business Plan Recommendations

## Administrative structure within the Government

### Crisis

- ▶ Crisis Center
- ▶ Mobile Crisis Teams
- ▶ Crisis Transportation

### Community Supports

- ▶ Crisis Respite Services
- ▶ Intermediate Levels of Care
- ▶ Intensive Case Management Teams
- ▶ Forensic Assertive Community Treatment
- ▶ Substance Abuse outpatient treatment services

### Housing

- ▶ Permanent Supportive Housing
- ▶ Youth Transitional Living Services

### Prevention

- ▶ Community Engagement Team(s)
- ▶ School-Based Substance abuse intervention
- ▶ Early Prevention/Family Intervention (0-5 years)

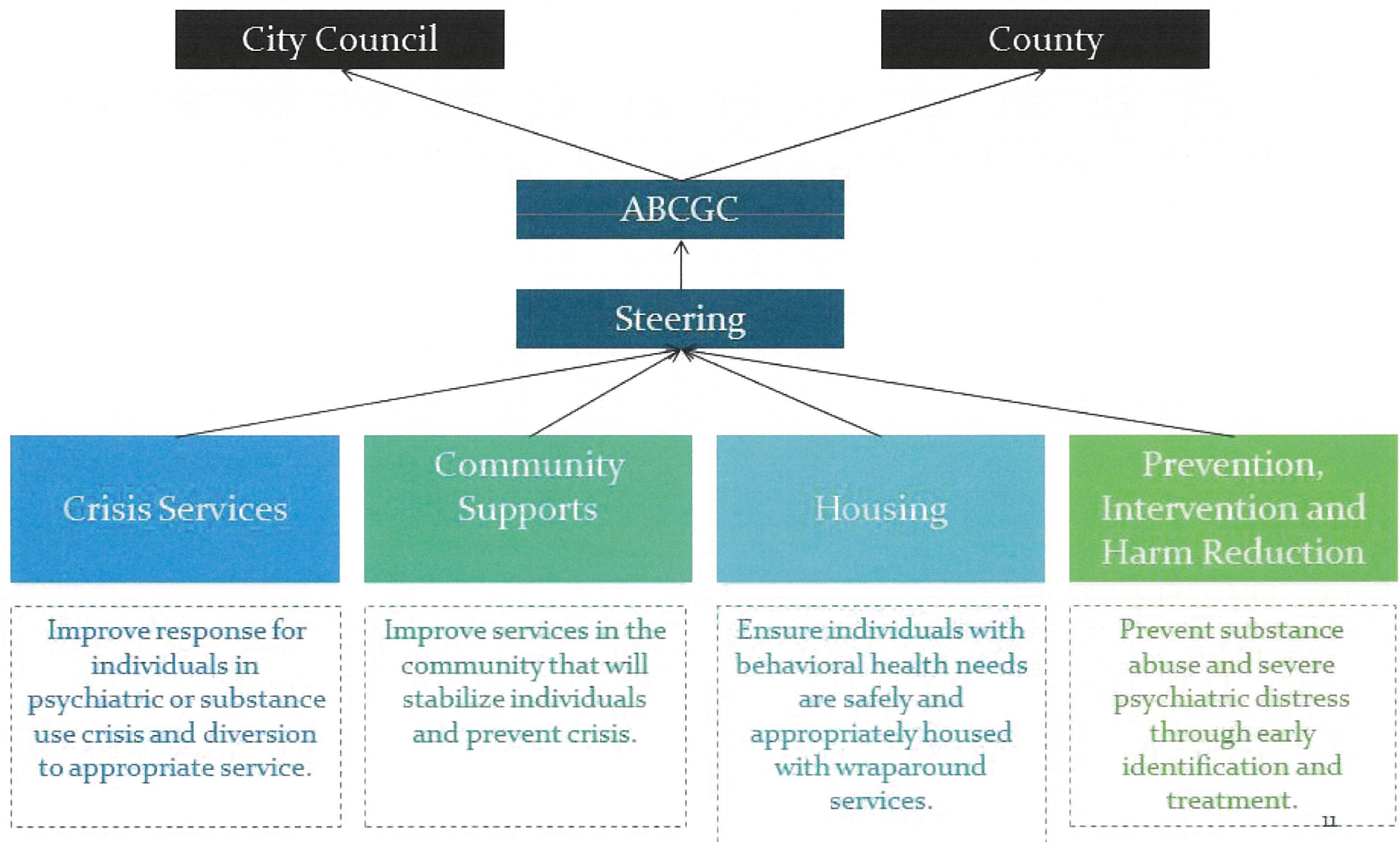


# Collaboration

- 2015 - Resource Group Meetings: local governments, providers, non-profits, and other funders of BH services meet monthly to identify opportunities for collaboration
- 2015 - ABCGC, an existing joint city-county board, was identified as venue to review proposed behavioral health projects and offer opportunities for collaboration and cooperative funding
- ABCGC Steering Committee, consisting of city, county, community, and provider representatives, guides implementation of the initiative.
- Using outcomes from recent studies and community input, the Steering Committee identified the following priorities and working subcommittees: (1) **Crisis Services**; (2) **Community Supports**; (3) **Housing**; (4) **Prevention, Intervention and Harm Reduction**.



# ABCGC Structure and Goals







## LEVERAGING RESOURCES AND SERVICES

- Partnerships have allowed Bernalillo County to increase the reach and expand the scope of services to those in need and their families.





## CRISIS SERVICES - NMCAL

- **New Mexico Crisis & Access Line**
- A new “front door” for behavioral health to create core services necessary to build a crisis network
- Statewide hotline funded by State of NM Human Services Department
- NMCAL and Bernalillo County are training 911 dispatch with protocol involving behavioral health intervention and referral services
- Cost to Behavioral Health Tax: Estimated \$0





## STABILIZATION SERVICES - UNMH

- A second “front door” for behavioral health to create core services necessary to build a crisis stabilization network
- UNMH/Bernalillo County Mill Levy and lease negotiations
- Mid-level medical services, such as partial or day hospitalization, respite services for continued stabilization, and medication management
- Development and expansion of social/non-medical supports, such as short-term intensive case management, assessment referrals, discharge planning, outpatient addiction treatment services, and medication monitoring
- **All services proposed are contingent on the Mill Levy negotiations.** If not all services are approved in the negotiations, Bernalillo County may have to fund some services from Behavioral Health Tax revenues





## REGIONAL MOBILE CRISIS TEAMS

- More diversion resources to aid first responders and law enforcement
- City and County working groups are discussing mobile crisis unit partnerships between APD and BCSO



# MDC Initiatives

- Medicaid Enrollment at MDC
- Pilot with Molina
- Warm Handoff Initiative
- proposed “Reception Center” for newly-released inmates





## APS/Community Schools

- Students who get mental health services:
  - test scores up 11%
  - passing grades up 31%
  - Absences down 20%
  - Suspensions/Expulsions down 44%
- Students who need BH services:
  - When referred to mental health services outside schools, only 10-15% end up getting care
  - **When referred to mental health services at school, more than 90% of students end up receiving care**
- *California Department of Education Diagnostic Center (2015)*



## PRIORITY EXPENDITURES OF BEHAVIORAL HEALTH TAX REVENUES

- Permanent Supportive Housing
  - Community Connections
  - Expand to add additional 200 units
- Community Engagement Teams & Mobile Crisis Teams
- Identifying individuals at risk of mental and substance use disorders (ACEs) and providing appropriate intervention
- Adolescent Transitional Living
- Data analysis and outcomes evaluation





# SUPPORTIVE HOUSING

## FIRST STEPS

- Scattered Site Housing
  - Goal: 100 additional vouchers - City and County
  - Expand the Current Supportive Housing Program called Community Connections to include referrals from the Community
- Single Site Supportive Housing
  - 100 new beds with support
  - City/County workgroup – plan and identify appropriate locations



# ADOLESCENT TRANSITIONAL LIVING

- Transitional housing (6 months to 2 years)
- Life skills and other wrap-around services
- Potential target populations within the transition age youth category (14-24)





# PREVENTION, INTERVENTION & HARM REDUCTION

- Pilot - Community Engagement Team
  - Peer level support
  - Intervene before a crisis episode occurs
  - Intervene after a crisis to prevent reoccurrence
- Pilot – Identification of individuals with significant number of Adverse Childhood Experiences
  - Focus on at-risk families to identify children exposed to ACEs
  - Referral to appropriate services
  - Fund services when they don't exist

# Target Population: High-Frequency Users

Bernalillo County and UNM Institute for Social Research analyzed data on high-frequency users of behavioral health services at the jail between 2012 and 2015.

**As the number of admissions per person to the Psychiatric Service Unit (PSU) caseload increases the number of total bookings per person increases**

**The 600 individuals with the highest number of PSU admissions in 34 months:**

- 64% had a Serious Mental Illness (SMI)
- On average, had 8 bookings into the jail
- Spent 336 days (11 months out of 34) on average in the jail, averaging almost 41 days per booking

Identifying the needs and characteristics of the population with frequent use of healthcare and criminal justice resources allows access to services to be prioritized and services to be designed to meet the needs of that population.



# Data Driven Justice

Identifies drivers of criminal justice system costs, targeting alternative allocation of resources to reduce costs

Population data and cost data:

i.e. Who is in our system, why, what is the burden and how could we serve them and our budget better





# Data Collected for Data Driven Analysis

Population data: guides the system on where to target strategies to improve public safety, individual outcomes and yield cost savings

Cost data: identifies areas that consume disproportionate resources and quantify anticipated savings

Both are relevant to performance measures





# Steps for Implementation

- Collect and analyze data
- Interagency strategic planning based on data
- Identify cost saving, public safety, improved outcome strategies
- Implement strategies
- Document savings and impact
- Implement reinvestment strategies





## Use of Data Driven Strategies

- Bernalillo County has been using data driven strategies to work with criminal justice partners to reduce the jail population
- Population has been reduced by 48%
- Bernalillo County is now working on data driven strategies to address behavioral health needs-the Frequent Utilizer Study





# Community Connections

- Supportive housing program for persons with behavioral health disorders in the criminal justice system
- Collaboration with the City of Albuquerque
- Eligibility:
  - Homeless or precariously housed
  - Behavioral health disorder
  - Involvement in the criminal justice system
  - 30% of average median income
- APIC Best Practice Model
  - Assess
  - Plan
  - Identify
  - Coordinate





# Best Practice Components

- Providers conduct programming in the MDC facility
- Intake assessments are completed prior to discharge
- Discharge planning addresses immediate needs upon release and responsible individual including medication
- Housing immediately upon release
- Wrap around services:
  - Case Management-12-15:1 ratio
  - Individual and group counseling
  - Vocational and educational services
  - Parenting and Family Support
  - Assistance accessing benefits
  - Medical and psychiatric care





# Population Served

- Currently are 44 individuals housed
- Capacity is expected to be 90-100 individuals
- Current population has an average of 12 bookings in MDC and 550 bed days in MDC
- Full range of diagnoses all have behavioral health disorder, most have SMI or Axis II
- Some have violent history where that history is related to untreated mental health or substance abuse disorder
- Will use FUSE study when completed to target services





## DATA ANALYSIS and EVALUATION

1. Collect and evaluate current/past data and best practices
2. Program evaluation
3. Collective impact
4. Performance management





## Expected Outcomes

- Reduced recidivism
- Reduced use of emergent services
- Improved quality of life for individuals in program
- Improved public safety for the community

