

# BEHAVIORAL HEALTH COLLABORATIVE

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October 31, 2022

Legislative Health & Human Services Committee

Bryce Pittenger, CEO



# 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.

# Goal #1: Strengthen and expand workforce

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

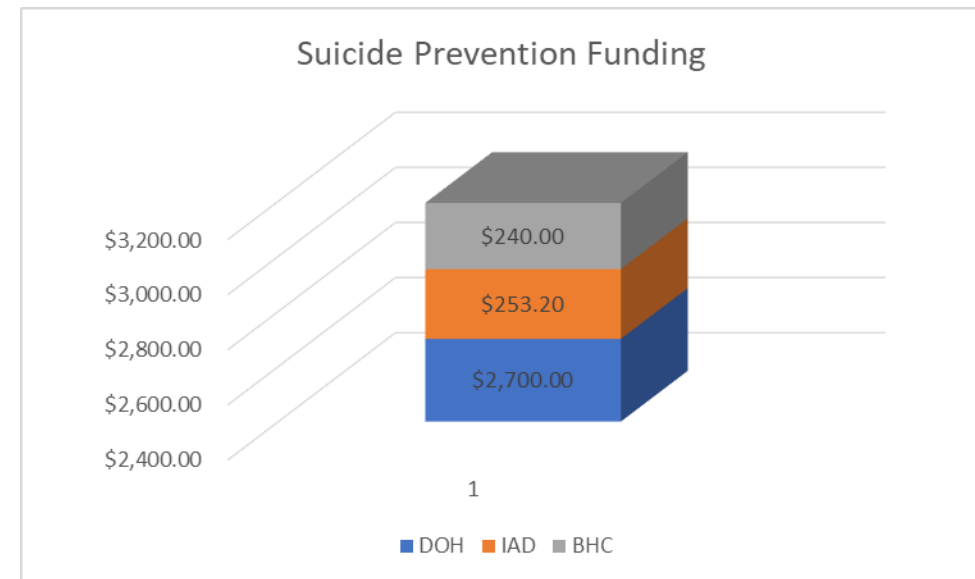
- LEAD system wide change
- TRAIN a competent workforce
- IDENTIFY people with suicide risk
- ENGAGE people at risk with plan
- TREAT people at risk
- TRANSITION people with support

NMCONNECT App Enhancement; Collaborative Assessment and Management of Suicide (CAMS); Gatekeeper trainings (QPR and MHFA)

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

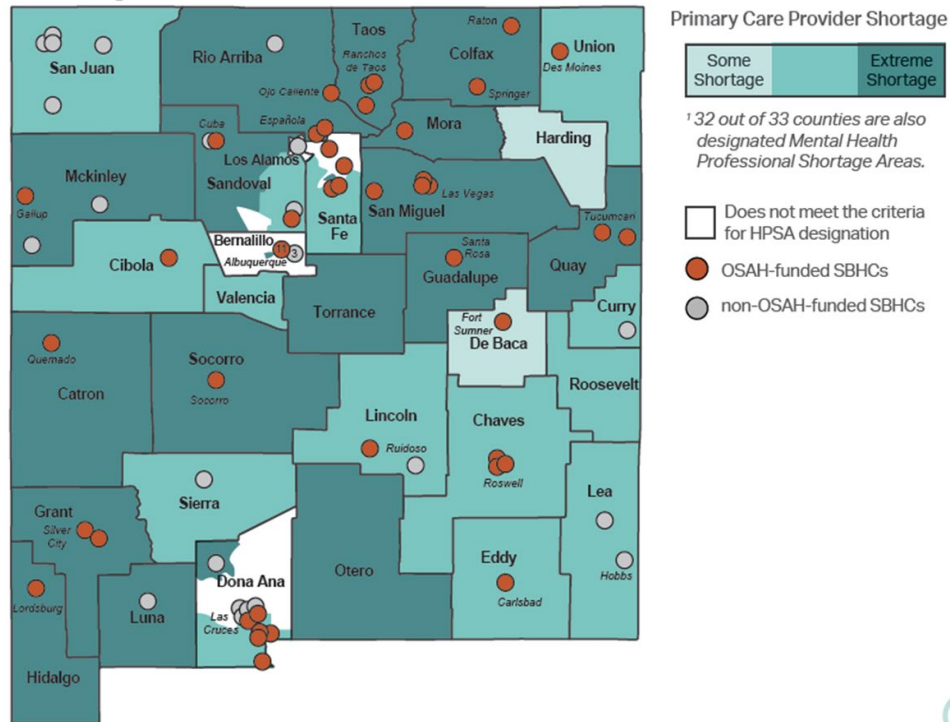
15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75-84 years	85+ years
28.8	37.0	28.3	32.9	22.5	23.6	30.0	44.6

Zero Suicide kickoff  
September 7 (66 attendees)  
Zero Suicide Academy  
December 13/14 with 14  
teams of 4 each  
Monthly steering  
Monthly Prevention  
Quarterly Coalition



# Goal #2: Community based services for children and families

Providing Care in Underserved Communities <sup>1</sup>



- Increase hours and services in existing School Based Health Centers (SBHCs).
- Operations for the 13 new locations working on SBHC planning with NMASBHC.
- Partner with Federally Qualified Health Centers (FQHC) and medical organizations that currently operate SBHC to increase access to care in underserved communities in their service areas through:
  - Expanding school-based telehealth hub and spoke models and mobile health care delivery.
  - This design will expand health care access to 55 schools and nearly 15,000 students across New Mexico.

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Many SBHCs continue and plan to expand use of telehealth, which they consider an opportunity to better reach more schools generally and smaller and more rural schools particularly. This is crucial for addressing behavioral health needs

79 School Based Health Centers serving NM

Description of Evidence Based Practice	Eligibility criteria	Age	Caseload size	Average Episode of care
<b>Trauma Focused Cognitive Behavior Therapy</b> is an Evidence-based treatment to help children and adolescents recover after trauma. <b>TF-CBT</b> 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
<b>Dialectical Behavior Therapy (DBT)</b> 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
<b>Family Functional Therapy (FFT-TF)</b> 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
<b>Multisystemic Therapy (MST)</b> 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
<b>Eye Movement Desensitization and Reprocessing (EMDR)</b> 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
<b>High Fidelity Wraparound (HFW)</b> is intensive care coordination that supports the services and systems a youth and family already have in place <b>and</b> 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 #2: Community based services for children and families

### How does the state develop behavioral health services?

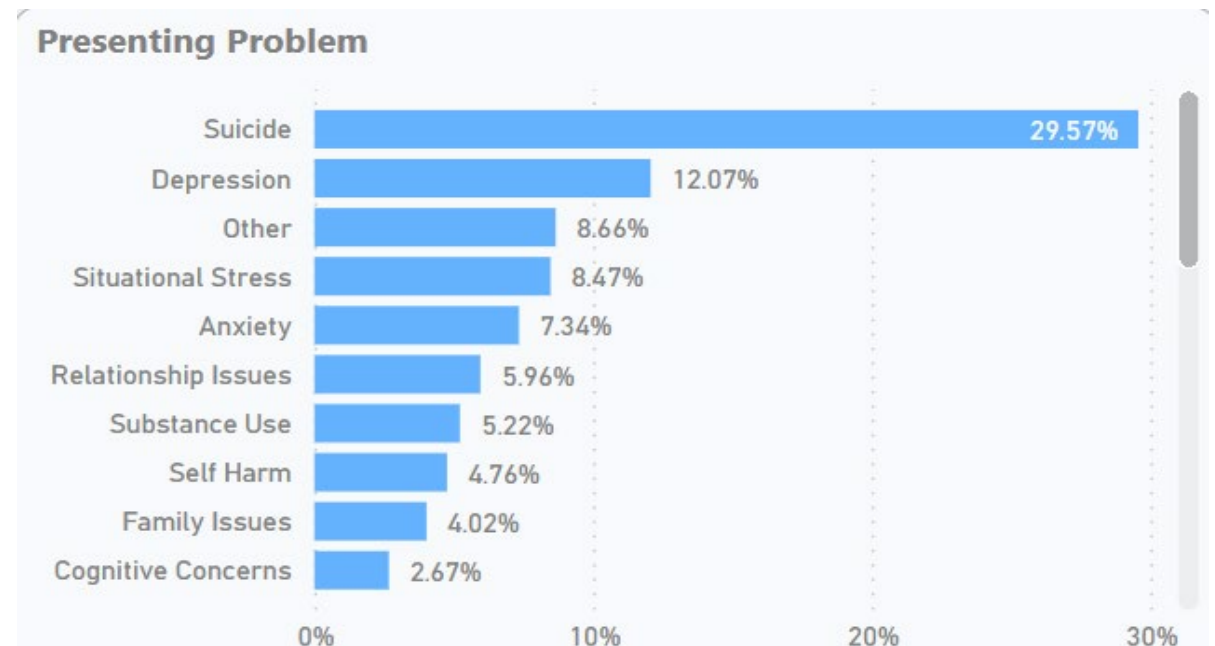
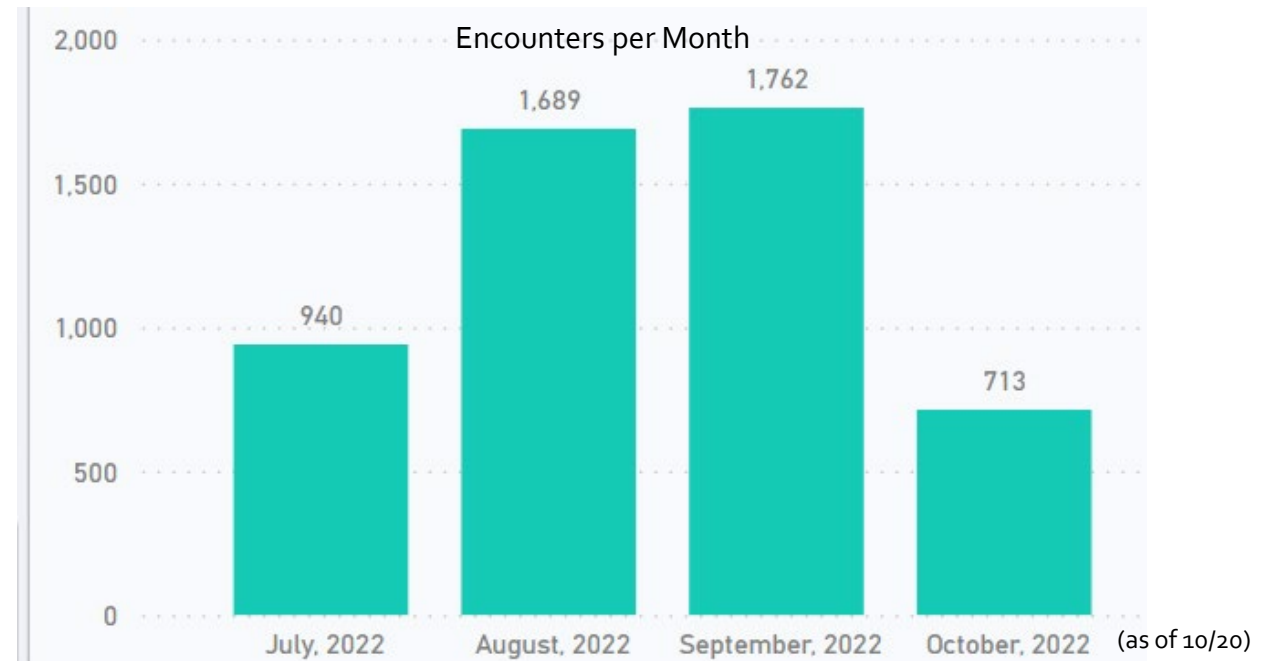
- Federal grants for planning and development
- Coordination with state partners including Medicaid
- Rate development through actuary
- Medicaid request to CMS for inclusion in state plan
- Partnerships with universities to stand up a center for excellence/innovation

### How do we evaluate?

- Structure the outcomes into metrics
- Use data sources to review the impact of the service on the BH population/utilization as a whole

# 988/Crisis Now

- Over 5,000 encounters to date
  - 69% Calls; 16% Chat; 15% Text
- Mobile Crisis
  - Team implementing Dec. 1 in Las Cruces
  - Behavioral Health Link Dispatch tool connection
  - Sandoval Team in implementation phase
  - Rates set
- Crisis Stabilization
  - 4 in service
  - Increased interest from BH Summit
- Certified Community Behavioral Health Clinics to enhance roll out across state



# CCBHC System Development

- FYI+ Received SAMHSA Grant to become CCBHC
  - Certification will be by state
  - Due September 2023
- Goal: CCBHC responsible for every county by end of 2025
- Developing State Plan Amendment
- Applying for SAMHSA Planning Grant
  - Opens door to being Demonstration State

## REQUIRED SERVICES

- 1) Crisis mental health services, including 24-hour mobile crisis teams, emergency crisis intervention services, and crisis stabilization;
- 2) Screening, assessment, and diagnosis;
- 3) Patient-centered treatment planning, including risk assessment and crisis planning;
- 4) Outpatient mental health and substance use services;
- 5) Outpatient clinic primary care screening and monitoring of key health indicators and health risk.
- 6) Targeted case management;
- 7) Psychiatric rehabilitation services;
- 8) Peer support and counselor services and family supports;
- 9) Intensive, community-based mental health care for members of the armed forces and veterans