

DBHS STRATEGIC PLAN 2020 July Annual Review

STRATEGIC GOAL #1:

Development and Implementation of Services

Overview

Provide, fund, or collaborate to assure availability of the right kind and the right amount of behavioral health prevention, treatment, rehabilitation, and recovery support services for Bernalillo County residents. For years, Bernalillo County has been the leading resource for addiction services. However, with the securement of the Behavioral Health Initiative gross receipts tax (GRT) dollars, Bernalillo County has an opportunity to do more. There continues to be concern, in Bernalillo County and elsewhere, about the fragmentation of behavioral health service delivery, particularly for those individuals with severe and persistent behavioral health challenges or complex needs that require services from multiple agencies.

DBHS Strategic Plan	Strategic Plan Update	Funding	Recognition
<p>Goal 1.1: Filling Gaps in the Behavioral Health Array of Services.</p> <p>The Department of Behavioral Health Services (DBHS) has focused on the development of services and integration of care through identification of prevention, treatment rehabilitation, and recovery supports. DBHS has to this point procured, contracted, and managed and evaluated a diverse portfolio of behavioral health services. Beyond what has already been contracted, a variety of interventions will soon be implemented. The intended interventions include collaborations between DBHS and the University of New Mexico Hospital (UNMH) in order to expand existing programs to meet gaps in the crisis continuum and to further develop crisis triage services in Bernalillo County. Several next steps are in development that will expand crisis and stabilization services, while also incentivizing all BHI-funded</p>	<p>In July 2019, UNMH assumed operational responsibilities of the Medical Observation and Treatment Unit (MOTU) under the direction of the on-site Medical Director. Currently MOTU provides 24-7 onsite RN staffing, responding to any issues for clients in the Detox unit, and will respond to emergencies in the Crisis Stabilization Unit, Public Inebriate Intervention Program and the Supportive Aftercare Program.</p> <p>DBHS continues to collaborate with UNMH and first responders to support the Public Inebriate Intervention Program (PIIP). PIIP programming relieves congestion in emergency rooms and provides a resource for first responders besides jail or emergency transportation to a hospital. DBHS is continuing to make efforts to transition PIIP into a comprehensive observation and assessment unit, which the addition of at least 40 beds. It was determined that unit will not need additional medical licensed staff on each shift.</p> <p>Crisis Stabilization Unit (CSU) opened on the CARE Campus December 9, 2019 which supports 5</p>	<p>DBHS has invested \$4,000,000.00 in non-recurring funds to expand the CARE Campus.</p> <p>DBHS has allocated \$20,000,000 in non-recurring BHI funding for the facility development and capital costs associated with building a new Crisis Triage Center and Psychiatric Replacement hospital. In this effort, UNMH has agreed to allocate matching funding in support of this project.</p>	<p>Bernalillo County DBHS was awarded the National Council for Behavioral Health (NATCON) Innovation Award, which recognizes honorees in a complex health care landscape, mental health and addiction treatment organizations who are thinking “outside of the box” for creative solutions to challenges.</p> <p>DBHS has been recognized with an Achievement</p>

<p>providers to create sustainable, effective linkages between service providers and the people they serve. Bernalillo County can improve service recipients' access to preventive and on-going community services.</p> <p>a) UNMH will take over operations of the Medical Observation and Treatment Unit (MOTU) on the Zuni Road campus.¹ This will include staffing and operating the clinic, developing policies and procedures, and providing medical direction as well as on-call medical consultation. DBHS will also implement a transition of the existing Public Inebriate Intervention Program (PIIP) to a more comprehensive observation and assessment unit. This transition will include medical direction by the new medical provider, the addition of at least 20 beds, and medically licensed staff on each shift, including a mid-level practitioner during business hours and a paramedic available between 7:00 p.m. and 7:00 a.m. daily.</p> <p>b) DBHS and UNMH will develop a 16-bed crisis stabilization unit on the Zuni Road campus. The new unit will provide residential stabilization services for individuals with substance use disorders, mental illness, or co-occurring disorders. The provider is expected to provide medical and behavioral health services including</p>	<p>individuals. CSU was issued a temporary licensure. Permanent State licensure was delayed as inspection teams were on hold due to COVID-19. On August 6, 2020 receive an onsite visit with the Department of Health and received a Permanent Annual Licensure for the service on the CARE Campus. UNMH medical staff will provide medical oversight to the Unit in fall 2020.</p> <p>Architectural plans have been finalized for a new Detox Unit, the Observation and Assessment Unit as well as an Outpatient Clinic and Living Room Model program. Phase 1 of the redesign is scheduled to begin following the groundbreaking on June 30, 2020.</p> <p>In August 20, 2019 the Bernalillo County Commission approved the renaming of the Metropolitan Assessment and Treatment Center to the Comprehensive Assessment and Recovery through Excellence (CARE) campus and the facilities main building was renamed the William H. Wiese Treatment and Resilience Center in recognition of Dr. Wiese, a retired physician, long-time volunteer, who served on multiple committees, who helped shaped many of the programs offered at the facility, and led the Bernalillo County Opioid Accountability Initiative.</p> <p>In February 2020 UNM Health System presented an Evaluation and Advisory services for Behavioral Health Strategic plan update. The plan provided forecasted growth for inpatient and outpatient needs, a timeline for Crisis service Expansion, and preliminary short term Strategic recommendations.</p>	<p>\$10,000,000 in non-recurring dollars were also allocated for the expansion of behavioral health Crisis triage center services.</p> <p>\$3,000,000 in recurring funds have been allocated for Crisis Services on the CARE Campus.</p>	<p>Award from the National Association of Counties (NACo). NACo recognized the SAC program for their collaboration with Parks and Rec in the category of Parks and Recreation.</p> <p>On 8/6 DBHS received permanent Crisis Triage Center (CTC) licensure from the New Mexico Department of Health. The county is the second recipient of this CTC licensure in the State of New Mexico, and the only active license within the county.</p>
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¹ This location/facility is currently referred to as Metropolitan Addiction Treatment Services (MATS). However, DBHS is seeking to change the name to be more inclusive of its future mission serving individuals with mental and/or substance use disorders. This name change is expected in 2019.

<p>medication management. It is the intention of the County to provide 24-hour staffing to meet client needs. This unit is to be licensed as a crisis triage center in accordance with New Mexico Department of Health regulations. UNMH is expected to comply with all provisions of the regulations and bill for Medicaid and other third-party payers to the extent possible.</p> <p>c) UNMH will also expand services on its Marble Avenue campus. Initial capacity will be a minimum of 10 adult patients to include a peer-based “living room” model program staffed with peers, community support workers, and other appropriate staff to provide patients with support and access to resources.</p> <p>d) DBHS will work with UNMH to develop an outpatient clinic on the Zuni Road campus in order to engage with clients pre- and post-crisis. This clinic will provide medication assisted treatment (MAT) as well as outpatient medical and behavioral services and will be accessible to the public.</p> <p>e) UNMH Health Sciences Center will work in collaboration with Bernalillo County to design and build a new hospital to include an expanded Psychiatric and Emergency Services (PES) Center (including a crisis triage center) as determined necessary.</p>	<p>DBHS and UNM HSC continue to collaborate, through an established agreement to develop a Crisis Triage Center and Psychiatric Replacement Hospital which will function as step down services for individuals who need continued stabilization after being evaluated in the emergency room or inpatient facility and do not meet the medical necessity criteria for inpatient services. Negotiations regarding site location and service provision are actively taking place.</p> <p>DBHS continues to identify additional gaps in the services continuum, such as the following proposal:</p> <p>Services modeled on the Supportive After Care (SAC) program but modified to meet the needs of the 18-24 (young adult) population. A 28-day program is being proposed and its feasibility assessed. This would be on the second floor of the current facility, with a client capacity of 10-16 individuals.</p>		
<p>Goal 1.2: Coordination Among and Evaluation of Services to Improve Outcomes</p>	<p>DBHS BHI team maintains a high level of communication with all BHI providers including quarterly provider meetings and monthly contract compliance meetings. The BHI team</p>	<p>DBHS has allocated the following in BHI programming:</p>	<p>DBHS has been recognized with a NACo Achievement</p>

<p>DBHS in coordination with community providers and stakeholders will work on developing new services, new service procurement opportunities, and performance measurement and evaluation of services to assure effectiveness, and service adjustments to improve care and impact.</p> <p>a) DBHS will foster these new services through the final procurement and allocation of non-ear marked BHI funds, the development of services on the DBHS Zuni Road campus, the supervision and contract compliance efforts with currently funded providers, and adjustments based on lessons learned from the problem-based procurement approach, contracting, and management of community behavioral health providers. The problem-based procurement approach works by providing a description of the problem in a request for proposals (RFP) and a request from providers to describe solutions to that problem, based on their expertise and direct service experience.</p> <p>b) DBHS' currently funded BHI projects include: Reduction of Adverse Childhood Experiences (ACES), Youth Transitional Living Services, Community Engagement Teams (CETs), Community Connections Supportive Housing, Mobile Crisis Teams (MCTs), Transition Planning and Re-entry Resource Center (RRC), and Peer Drop-In Centers. Projects in the process of being implemented include: Peer Case Management, Education and Training, Bridging to Behavioral Health, Suicide Prevention, Single Site Supportive Housing</p>	<p>publishes a Monthly Project Status report which provides information about population served and outcomes reached. The BHI team continues to provide contract oversight and implementation of quality improvement efforts, including continuous efforts to streamline contracting, evaluation, and reimbursement processes.</p> <p>As are result of the Public Health Emergency the BHI team worked diligently with providers to support efforts to maintain quality services while responding to the crisis. Information was shared regarding BHI COVID-19 Status updates for all providers which included program modifications to ensure behavioral health services remain available to the community.</p> <p>DBHS has also implemented additional procurement approaches to diversify the allocation of dollars. Below is a description of recent RFP approaches:</p> <p>\$10 million Capital or Startup Funding to Expand the Behavioral Health Continuum RFP was issued which requested proposal submission for agencies to define unmet needs and gaps in continuum of care for marginalized populations. A wide range of submissions were received which included proposal for capital improvements. DBHS is currently under contract negotiations with multiple agencies for award.</p> <p>The Multi-Award for Behavioral Health Program Initiative allowed for service providers to submit their proposal of services offered in a number of categories which allows DBHS to maintain an active pool of vendors who can be approached to support the needs of the community.</p> <p>DBHS maintains an open request for public submission of concepts for review by the BHI</p>	<ul style="list-style-type: none"> • \$10,000,000 in Capital and Startup Funding to Expand BH Services; • \$ 3,000,000 recurring BHI funds to support ACES providers; • \$800,000 recurring for YTLS providers; • \$1,000,000 recurring funds to support CETs; • \$2,700,000 recurring and \$30,827 in non-reoccurring funds to support Community Connections; • \$1,000,000 recurring funds to support Mobile Crisis Teams; • \$700,000 in non-recurring \$1,041,188 in recurring funds to operate the RRC; • \$800,000 in Intensive Case 	<p>Award for Youth Transitional Living Services (Children and youth category), LEAD (Criminal Justice and Public Safety category), Narcan/Naloxone Harm Reduction Program (Health category).</p>
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<p>Project (in collaboration with the City of Albuquerque), and a Multi-Family Single Site Housing Project.</p> <p>c) DBHS will expand prevention efforts through Law Enforcement Assisted Diversion (LEAD), a program implemented by Bernalillo County DBHS in collaboration with the Albuquerque Police Department (APD), the Bernalillo County Sheriff’s Office, the District Attorney’s Office, and the Office of the Public Defender. These parties are working together to develop and implement a LEAD program that will appropriately divert non-violent adults with serious mental illness and/or substance use disorder from the criminal justice system to community-based alternatives and services prior to arrest and booking.</p> <p>d) DBHS will work with the Metropolitan Detention Center (MDC) to staff and operate the Resource Re-Entry Center (RRC) that connects inmates being released from MDC to needed community services. Often releasing inmates have a variety of behavioral health needs that can be addressed through the provision of behavioral health services in the community. This project supports transition planners at MDC and creates the RRC as an effective front door to a network of community services. By working with pharmacy services in MDC, pharmacies in the community, Managed Care Organizations, and the RRC, DBHS hopes to secure needed medications for individuals being released to the community. DBHS is also working with the methadone provider in MDC to ensure that releasing inmates have medication assisted treatment and connection to opioid</p>	<p>Steering Committee. Concepts submitted must be a general ideas without identifying a specific provider. The intention is to allow the public to suggest concepts to be funded by the BHI.</p> <p>DBHS continues to fund BHI Services such as: Adverse Childhood Experiences (ACES) providers who support at risk children and their families across the full continuum of services including: primary prevention, identification, early intervention, support and treatment, harm reduction, outreach, and services in children’s homes and within the community. The target population is youth aged 0 through 5 and school-aged youth up to age 18 at risk for experiencing adverse childhood experiences. DBHS is currently contracting with seven providers.</p> <p>Youth Transitional Living Services (YTLS) services are for at-risk youth precariously housed or homeless, with a mental health or substance abuse diagnosis. The funding provides youth transitional living services and housing for clients. This initiative provides a housing bridge to youth, through services, and includes addressing youth who would otherwise continue to be detained at YSC due to lack of safe transitional housing. DBHS is currently contracting with four providers.</p> <p>Community Engagement Teams (CET) help people and their families voluntarily cope with the effects of mental illness and substance use disorders in the comfort of their homes and communities pre and post crisis. The CET helps individuals avoid the criminal justice system and emergency hospital visits, and employs a recovery-focused approach that promotes wellness, self-management, personal recovery, natural supports, coping skills, self-advocacy, and development of independent living</p>	<p>Management for High Utilizers;</p> <ul style="list-style-type: none"> • \$300,000 recurring funds for Peer Drop in Center; • \$3,000,000 non-recurring funds to support Training and Education efforts; • \$1,000,000 recurring to support Suicide Prevention efforts. <p>The following programs are currently being supported by DBHS in collaboration with other entities and are currently under development:</p> <ul style="list-style-type: none"> • \$1,000,000 recurring and \$2,000,000 in non-recurring to support the Single Site collaboration with the City of Albuquerque; 	
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<p>addiction treatment clinics in the community.</p> <p>e) DBHS will conduct data analysis and evaluation of programs to assess the impact of the BHI on the entire population of users of behavioral health services, including individual program evaluations of the effectiveness of contracted and/or directly delivered programs. Bernalillo County seeks to implement a behavioral health system that measures the effectiveness of and continually strives to improve the performance of implemented programs. In pursuit of this performance management strategy, data analysis and program evaluation will be critical components of the system and will inform what services are needed, how those services are performing, and future funding decisions. The provider for these services in collaboration with DBHS is the University of New Mexico's Institute for Social Research (ISR).</p> <p>f) DBHS will continue to host the Addiction Treatment Advisory Board (ATAB) staffed with medical professionals and addiction specialists to make policy recommendations to help align the County's programming and methods used for service delivery related to addiction treatment and harm reduction services. ATAB's recommendations assist the County in establishing consistency and ensuring best practices for County-administered programs and services as well as emerging contracted services. Some of ATAB's current goals include promoting the use of MAT by behavioral health service providers</p>	<p>skills. DBHS is currently vetting providers for this service.</p> <p>Community Connections Supportive Housing project provides intensive case management and services linked with scattered site housing to a target population of homeless or precariously housed persons with mental illness or co-occurring disorders and whose lack of community based services have resulted in criminal justice system involvement. The program provides intensive wrap-around services and housing subsidies to support the individual's successful reintegration and long-term stability in the community after incarceration. DBHS and Bernalillo County Housing dept. contracts with 2 case management providers and the COA contracts 1 case management provider and 1 housing provider.</p> <p>Mobile Crisis Teams (MCT) respond to individuals experiencing a nonviolent behavioral health crisis that necessitates a 911-response. Six MCTs have been formed, two by Bernalillo County and four by the City of Albuquerque. Each team will consist of a crisis intervention unit deputy paired with a masters' level, behavioral health clinician.</p> <p>Transition Planning and Resource Re-Entry Center (RRC) has been staffed and is in full operation. Transition Planners at MDC assist inmates to develop transition plans. Upon release, virtually every release is transported to the RRC which acts as an effective front door to a network of community services. The RRC is staffed by Boundary Spanning Intensive Case Managers and other DBHS staff who can help individuals with transition plans get the services and supports in those plans, or work with others to connect them to services. Additionally, the Boundary Spanning Intensive Case Managers can empanel individuals</p>	<ul style="list-style-type: none"> • \$1,000,000 recurring & \$8,000,000 in non-recurring to support the development of the Single Site-Multi Family project in collaboration with Bernalillo County Housing Department; • \$800,000 recurring and \$800,000 non-recurring funds to support School Based Health Centers. <p>DBHS invests \$250,000 in recurring dollars to support LEAD programming.</p> <p>DBHS has allocated \$646,000 in contracted services to evaluate DBHS programming and determine the success and continued funding of contracted services.</p>	
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<p>(including increased availability of methadone and Suboxone) and to encourage a change to requirements for acquisition of a State-issued identification card to allow for wider distribution of Narcan to help prevent deaths from opioid overdose.</p>	<p>onto their caseloads and follow them into the community.</p> <p>Peer Support Drop-in Centers serve community members living with mental health and/or co-occurring substance use disorders. Peers, who have lived experience, provide recovery services and create an environment where members have a robust opportunity to connect to services, reduce harm to themselves and engage in healthy life-changing recovery efforts. DBHS has contracted services with two providers</p> <p>DBHS is supporting Education and Training on behavioral health awareness, information, and skills for community members and professionals in direct contact with populations with behavioral health needs or who need assistance in order to navigate behavioral health and other community services. Contracted with seven providers, five new contracts executed in January 2020</p> <p>Suicide Prevention services seek to assist Individuals and communities with training, education, and services focused on suicide prevention. Suicide is a difficult and complex social health problem facing residents of Bernalillo County. Understanding how social factors like mental illness, substance use, violence, isolation, and stress may be interrelated motivating factors for the prevalence of suicide is important in the development of strategies of prevention for this prevalent social problem. DBHS Contracts with 3 Organizations providing an array of suicide prevention services for youth and young adults</p> <p>Projects in development include: a Single Site Supportive Housing Project (in collaboration with the City of Albuquerque), a Multi-Family Single Site Housing Project and expansion of School Based</p>		
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	<p>Health Centers (SBHS) and specifically, behavioral health services at SBHS</p> <p>DBHS will continue to expand prevention efforts through its LEAD program and increased its collaboration to include the 2nd Judicial District Attorney's Office and people with lived experience. To date over 80 Police Officers have received training on LEAD programming.</p> <p>DBHS continues to work with UNM ISR who has developed the BHI Rolling Evaluation Plan (REP) which takes into account the challenges of evaluating multiple providers and contracts, funded at various levels for different services with programs in different stages of implementation and program maturity, and with different evaluation needs. The plan encompasses evaluability assessments, process evaluations and outcome evaluations of projects and providers funded by the BHI. We also provide technical assistance, consulting, and other services to the BHI that are not described in this document.</p> <p>DBHS continues to host the ATAB committee who developed the <i>Standards for the Treatment of Opioid Use Disorder</i> on August 20, 2018. CARE campus Suboxone induction and maintenance which began in 2020 and is being administered in alignment with the Standards for Treatment authored by ATAB. On April 28, 2020 ATAB requested and received new committee appointments meant to diversify the committee and include Addiction Specialists such as Peers.</p>		
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STRATEGIC GOAL #2:
Maximizing Resources and Community Collaborations

Overview
Maximize resources and partnerships to assure needed behavioral health services are available. This goal works to integrate programs and services across the behavioral health system. Faced with a lack of collaboration and coordination across systems and between provider's individuals in the community are faced with a fragmented system of care. Lack of integration has increased service cost for providers and clients; reduced the

quality of health and behavioral health care outcomes; and led to difficulty in funding services and to higher costs to the larger social, behavioral, and medical systems of care. Efforts need to be made to maximize and leverage available State, federal, and private funds and to build collaborative relationships between players in the behavioral health system.

DBHS Strategic Plan	Strategic Plan Update	Funding	Recognition
<p>Goal 2.1: Funding and Regulation</p> <p>Medicaid and Medicare: DBHS will support federal and State efforts to influence and support the efficient use of various financing mechanisms for behavioral health services. DBHS will develop analysis of diversity of behavioral health services that are essential for treating behavioral health conditions and determine which of those services are not covered under Medicaid, Medicare, and/ or private insurance.</p> <p>a) DBHS will develop a description of what is covered by commercial insurance to understand what services can and cannot be billed. DBHS will encourage health insurance enrollment and outreach to individuals from various racial, ethnic, and LGBTQ populations.</p> <p>b) DBHS will continue to seek opportunities to collaborate with local government partners in order to leverage funding for services that could be funded with those County or City funding streams.</p> <p>c) DBHS will continue to apply for available funding to support current and future initiatives and collaborate with partners funded through State, local, federal, and foundation grants. For example, DBHS has applied for and secured Substance Abuse and Mental</p>	<p>DBHS has worked with Hyde and Associates to perform an analysis of costs/benefits of becoming a Medicaid provider. The analysis Hyde and Associates Profit and Loss Analysis documented was completed and provided to DBHS on May 16, 2020 and was reviewed by DBHS Leadership staff.</p> <p>DBHS continues to collaborate with the City of Albuquerque on a number of project, including the MCT, Community Connections, and the Single Site project as well as the following:</p> <p>The City of Albuquerque has committed to operating the Westside Emergency Housing Center (WEHC) year-round to provide emergency shelter to single men, single women and families with children experiencing homelessness from Albuquerque and unincorporated Bernalillo County. The County is partnering with the City to provide support of costs related to operating the Center and by providing peer case management through an existing County contractor.</p> <p>DBHS also collaborates interdepartmentally including the housing department and Public Safety such as the Community Connections, MCT and the Tiny Home Village.</p> <p>DBHS will continue to apply for available funding to support current and future initiatives and collaborate with partners funded through State, local, federal, and foundation grants to build a continuum of care and array of services that can fill</p>	<p>DBHS supports \$400,000 in non-recurring funds to support the City in operation of the Westside Shelter.</p> <p>DBHS supported \$750,000 in non-recurring funds to support Bernalillo County Housing Department in the development of the Tiny Homes Village.</p> <p>. BJA-COAP Grant to Conduct Mobile Outreach was awarded September 2019 in the amount of \$1,200,000. The federal grant was partially matched at through BHI funds for a total of \$1,380,684.</p> <p>DHHS SAMHSA early psychosis grant was awarded September 2018 and</p>	<p>Care Campus CSU, Detox, and SAC Programming was successfully evaluated by the Commission on Accreditation of Rehabilitation Facilities (CARF) on 9/17-9/18. DBHS is currently awaiting formal notification of accreditation status.</p>

<p>Health Services Administration (SAMHSA) grants for services for community members that are criminal justice involved. BHI funding has given Bernalillo County a good head start in the development of services but will not be enough to build a continuum of care and array of services that can fill the gaps in services in the behavioral health system.</p> <p>d) DBHS will apply for a Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation certification to become eligible for other available funding. Consideration and planning are underway to develop the infrastructure necessary to become a Medicaid and Medicare provider (including accreditation) so the County can begin to bill these sources for any eligible County-operated programs in order to maximize County funding for non-eligible service needs.</p>	<p>the gaps in services in the behavioral health system. For example:</p> <p>DBHS has was notified by the Bureau of Justice Assistance that the COAP Grant to Conduct Mobile Outreach proposal has been awarded, though, due to COVID19, activities have not commenced. Once cleared to provide such outreach, a team of one RN, one Intensive Case Manager, and one Peer will utilize the retrofitted DBHS RV to visit predictable locations at predictable times. In these locations and at these times, the team will conduct harm reduction activities such as needle exchange, needle pick-ups, Narcan distribution and training, provide immunizations and basic wound care, and referral and resource information. Additionally, the Peer and Case Manager are available to provide ongoing case management, supports, and connections to needed supports and services. The needle map will be used to identify outreach locations.</p> <p>SAMHSA early psychosis grant that funds the CONNECT program at UNM in an effort to develop a system of care to expand the capacity to serve youth at high risk for psychosis, with the aim of improving current function and delaying or preventing onset of psychosis. The goals of CONNECT is to 1) Increase the capacity to provide outreach and other engagement strategies to youth 12-25 years old at high risk for psychosis and their families, 2) Increase the capacity to screen and assess youth who may be at high risk for psychosis and co-occurring disorders, 3) Increase the capacity to provide evidence-based interventions using a stepped-care model to youth that addresses symptoms and behaviors associated with psychosis, 4) Increase the capacity to collaborate across UNMH program and community agencies and</p>	<p>is a total of \$1,600,000 over a 4 year period (\$400,000/year).</p> <p>BJA-COAP/COSSAP Grant was awarded September 2018 with a total of \$488,238. The federal grant will be partially matched at through BHI funds resulting in \$611,198 in additional funds over a two-year period.</p> <p>DBHS Innovation Fund award was for a total of \$50,000 Additionally, DBHS will receive an Appropriation of \$189,714 in August 2019 from the NM Department of Finance and Administration to further support LEAD.</p>	
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	<p>programs to ensure coordinated care, and 5) Demonstrate improved outcomes among enrolled individuals.</p> <p>DBHS was also 1 of 11 jurisdictions around the country selected as a recipient of the Bureau of Justice Assistance COAP/COSSAP Grant which includes technical assistance from Council of State Governments Justice Center providers and is a collaboration with Bernalillo County Criminal Justice Coordinating Council (CJCC), Jail Diversion Subcommittee to develop a comprehensive system analysis and inventory of services “Sequential Intercept Map, as well as support case management services to individuals with mental illness, substance use disorders or co-occurring disorders who currently face numerous and difficult obstacles connecting to needed services when transitioning back to community from jail.</p> <p>During FY20, the Innovation Fund National Grant award was received from the John D. and Catherine T. MacArthur Foundation and the Urban Institute’s Innovation Fund that provided \$50,000 for initial programming for the Bernalillo County LEAD Bernalillo County will receive funding from the New Mexico State Legislature to further support LEAD.</p> <p>Care Campus staff applied for the Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation. An entirely virtual survey of the Crisis Stabilization Unit, Detox, and Supportive After Care Programs took place 9/17-9/18. DBHS is currently awaiting formal notification of accreditation status.</p>		
<p>Goal 2.2: Collaborations</p>	<p>DBHS will work to develop collaborations with an array of partners including but not limited to:</p>		<p>DBHS has been recognized by the</p>

<p>Foster integration between behavioral health and community organizations, social support, local and federal government agencies and leaders, and prevention systems.</p> <p>a) DBHS will work to develop collaborations with an array of partners including but not limited to: County and City leaders and service systems (schools, detention centers, courts, law enforcement, etc.), funders, providers, community organizations, persons at risk, persons served, persons in recovery and their families, advocacy groups, colleges and universities, other jurisdictions, and State and national organizations.</p> <p>b) DBHS will work with stakeholders and community partners to address financial barriers and develop coordination among providers.</p> <p>c) DBHS will assess services availability and advocacy opportunities to address social determinants such as: housing, health care, food and nutrition, transportation, education and employment.</p> <p>d) DBHS will analyze and evaluate current County operated and County funded programs to identify challenges to referral processes, needed additions to program offerings to address diverse client needs, appropriate changes in level of care or intervention based on changes in client status, and the continuing challenge of assuring consistent “warm hand-offs” in the</p>	<p>County and City leaders and service systems (schools, Universities, hospitals and health centers, detention centers, courts, law enforcement, etc.), funders, providers, community organizations, persons at risk, persons served, persons in recovery and their families, advocacy groups, colleges and universities, other jurisdictions, and State and national organizations.</p> <p>On February 26, 2020 a proposal was submitted by Special Projects Coordinator, Amber Salazar, to implement a comprehensive prevention intervention program to address social determinants of health that enables change and improvement to achieve health equity, eliminate health disparities, and improve the quality of life among individuals receiving clinical services. This proposal is currently being reviewed by UNM ISR to become part of the overall evaluation of services.</p> <p>DBHS will continue to work with the National Association of Counties, the Council of State Governments, the Safety and Justice Challenge, the MacArthur Foundation, the Urban Institute, Bernalillo County Criminal Justice Coordinating Council, and other national partners to share our success and lessons learned with other jurisdictions working to expand their behavioral health continuums.</p>		<p>National Association of Counties (NACo) as an Innovator in the ‘Stepping Up Initiative’ designed to reduce the number of people incarcerated who have mental illness. Bernalillo County was the 18th county nationwide to receive this status. While working with MDC, DBHS established programs to identify the number of people living with mental illnesses entering the jail system, ensuring that those people are connected with services, and developing a comprehensive plan that will lead to an actual reduction in the number of people living with mental illnesses in our jail.</p>
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<p>context of wrap-around services tailored to individual client needs</p> <p>Goal 2.3: Workforce Development and Education</p> <p>Workforce problems are prevalent in all areas of behavioral health and continue to negatively affect prevention and treatment. Workforce and education issues include retention of behavioral health staff, low wages with lack of benefits, inability to meet State licensure requirements, and pressure on programs and providers to meet high needs without enough resources.</p> <p>a) DBHS will develop evidence-based training and practices focused on employment, supervision, and education of peer services in the behavioral health field. Peer providers are increasingly needed in the development and growth of the behavioral health workforce. Utilizing best practices and training techniques to hire and support a peer workforce, DBHS will expand the impact and reach of the current capacity of direct services. To that end, DBHS plans to implement peer programming in the services it provides and fund programs that utilize peers in a way that fills gaps in the continuum of care in Bernalillo County.</p> <p>b) DBHS has developed and will implement a plan to increase the recruitment and retention of direct service providers within traditionally non-represented groups to reflect the racial/ethnic, gender, sexual orientation,</p>	<p>DBHS BHI has established contractual agreements provide education and training targeting behavioral health awareness, community training, such as Mental Health First Aid and train-the-trainer programs, to raise awareness, understanding, and skills to deal with behavioral health issues. An intended target population include Peers as they provide direct care for individuals in need.</p> <p>On April 28, 2020 the BCC approved the BHI proposal for Senior Citizen Peer Case Management. An RFP will be issued to procure services The State of New Mexico is also working on a certification curriculum for Senior Peer Supports. ATAB has designated a Peer Support member of the Board.</p> <p>DBHS has also conducted a Tech Lead compensation review to increase the base pay for DBHS Substance Abuse Technician, which was approved and included in a Career Path.</p> <p>On May 26, 2020 the BCC approved a proposal to add 6 DBHS Permanent Case Manager positions, expanding the behavioral health workforce and increasing the capacity for services provision.</p> <p>DBHS continues to promote Cultural Diversity I the workforce and is in the beginning stages of a Cultural Diversity Plan to be fully developed in FY21</p> <p>DBHS is working with a group of legislators, representatives from the state’s Regulation and Licensing Department and members of the various behavioral health-related Boards and Commissions</p>	<p>DBHS has allocated funding for the following Peer supports:</p> <ul style="list-style-type: none"> • \$500,000 recurring funds to support Peer support Services for Aging Populations; • \$620,000 in recurring funds to support Peer Case Management; • \$300,000 recurring funds for Peer Drop in Center (as mentioned above). 	
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<p>military status, educational, and income diversity in the larger community. Likewise, DBHS will work to increase the diversity and proportional representation of diverse groups within DBHS direct care staff and the programs DBHS funds.</p> <p>c) DBHS will update operations and ensure its workforce is equipped with 21st century knowledge, skills, and technology and that data storage and collection methods are standardized and modernized. By updating the system of collection, storage, and analysis of data, DBHS can ensure it tracks the capacity and the needs of the workforce.</p> <p>d) DBHS will work with UNMH and other training entities and collaborators to analyze behavioral health workforce needs and opportunities and identify ways to increase the numbers and capacities of the behavioral health workforce in Bernalillo County</p>	<p>to make licensure reciprocity easier for licensed individuals who want to work in New Mexico.</p> <p>DBHS has is collaborating with the New Mexico Center for Health Workforce Analysis at UNM HSC who gathers and analyzes health professional licensure and survey data and with UNM-ISR to conduct a preliminary analysis of the licensure requirements for psychologists compared to the requirements in other states.</p> <p>During the Legislative session, DBHS works closely with Dr. Jerry Harrison, Executive Director of NM Health Resources, to advocate for more loan repayment, debt forgiveness, Service Corp and WICHE scholarship monies make it into the budget to incentivize health professionals to come to NM.</p> <p>DBHS Administrator, Sam Howarth, works collaboratively with Senator Ortiz y Pino, Representatives Hochman-Vigil and Thompson, leaders at the Regulation and Licensing Department and Board Members or Commissioners from each of the behavioral health related Boards and Commissions who are working to make reciprocity for folks licensed in other states to get licensed in NM.</p>		
<p>Goal 2.4: Health Information, Technology, and Exchange</p> <p>Utilize data and technology to improve care coordination and evaluate service effectiveness and outcomes.</p> <p>a) DBHS will collaborate with government, hospital, and community stakeholders to develop a system of shared information that</p>	<p>DBHS has developed a County-based Frequent Utilizer tool to help target individuals who cycle disproportionately through the criminal justice system and emergency departments. The tool identifies those who have been to MDC at least twice in the last 18 months and been served at the CARE campus in the same period. Findings can be validated by looking at the number of times each individual has been in the ER in the last 18 months, if they've been diagnosed as having SMI or being at</p>	<p>DBHS has allocated \$200,000 in recurring funds to develop the CARE Campus Client Management System.</p>	

<p>will focus on providing integrated care, appropriate referral and wrap around services, and a larger continuum of care.</p> <p>b) DBHS will work with the requirements and restrictions of federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 42 Code of Federal Regulations Part 2, as well as State confidentiality laws that protect confidentiality and privacy, while also encouraging providers to collaborate to facilitate utilization of behavioral health data that will improve the treatment and support for people with addiction and/or mental illness. Development of an integrated information system will be compliant and consistent with the principles of privacy, confidentiality, and security so important for individuals who engage with services in the behavioral health system while allowing especially important care coordination, evaluation, and research to assure services are effective and high quality.</p> <p>c) DBHS will provide technical assistance and training for behavioral health providers to help them track and serve individuals throughout the array of services – within the criminal justice system, in crisis and emergency services, and in on-going community care.</p> <p>d) DBHS will contract with a data management provider to develop an integrated data system to link critical aspects of all County-administered and contracted behavioral health programs including admission, discharge, demographics, screenings, assessments, case management, transition planning, and referrals. The County currently lacks a flexible, easy-to-use computer</p>	<p>risk for suicide while in jail, and the MDC Intake Screener scores. DBHS can then place an alert on the CARE Campus database. This list will also be provided to the RRC so that they can reach out to individuals when they come through the RRC. Frequent utilizers who are in MDC can also be provided to the Boundary Spanning Intensive Case Managers to engage individuals while in jail or when they come through the RRC. In these three ways we try to offer frequent utilizers case management and connections to needed supports and services from our campus, at the RRC and/or while they are in MDC.</p> <p>During the 2019 Legislative Session the County worked with local and State leaders to advocate for changes in State confidentiality laws. The New Mexico Mental Health and Developmental Disabilities Code (“Mental Health Code”), Chapter 43, Article 1 NMSA 1978, was amended in the 2019 Legislative Session in part to allow for additional disclosures of information under § 43-1-19 and that took effect July 1, 2019.</p> <p>It was later determined that this change does not apply to minors, DBHS and UNM ISR are in current discussion on how this effects evaluation processes. DBHS and UNMISR meet weekly and have drafted an Evaluation Plan to address this concern.</p> <p>DBHS has procured services from Netsmart to assist DBHS in developing a CARE Campus Database for electronic medical records. DBHS is currently working with UNMISR and to prepare for that transfer of data.</p>		
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<p>management system capable of unifying the client-level criminal justice and behavioral health data necessary to screen, assess, and develop individualized plans for supporting high need/high risk clients; track clients across programs and services; conduct quality assurance and quality control activities; and adequately evaluate program effectiveness. It is anticipated that 50 or more individuals from the County, MDC, and DBHS contractors and/or partner agencies will need access to the client management system. The system will need to be configured to provide varying degrees of access to these users. Additionally, the system should accommodate multiple, related programs and/or activity areas, consider user security levels, and be compliant with State and federal laws and regulations.</p> <p>e) The County will work with local and State leaders to advocate for changes in State confidentiality laws as they pertain to access to and analysis of data from County funded programs for research and evaluation.</p>			
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STRATEGIC GOAL #3:
Fostering Education and Engagement in a Deeper Understanding of Behavioral Health

Overview
Engage, communicate, educate, and advocate so that behavioral health and its relationship to community and resident health is understood and acted upon by community leaders, organizations, and residents.

DBHS Strategic Plan	Strategic Plan Update	Funding	Recognition

<p>Goal 3.1: Community Education and Training about Behavioral Health Needs and Services</p> <p>Educate community leaders, organizations, media, and the public about BH issues, their impact on health, and ways to improve the lives of those at risk of mental or substance use disorders.</p> <p>a) DBHS will develop and sponsor consistent dissemination of accurate information about the BHI and how to access services and engage in wellness will be made available through outreach, a dedicated website, interactive social media, mobile apps, paid media, and public service announcements (PSAs). These efforts will provide enhanced interactive functions for chat capabilities on web and social media platforms as well as mobile apps that offer real-time information on where and how to access services for specific audiences and situations (for example, upon release from MDC or discharge from UNMH PES, for suicide prevention, and/or for recovery support).</p> <p>b) DBHS will contract and fund education and training campaigns targeting behavioral health awareness; community training programs such as Mental Health First Aid (MHFA) and Emotional Connecting, emPowering, Revitalizing (eCPR); and train-the-trainer programs that focus on raising awareness, understanding, and skills to deal with behavioral health issues.</p> <p>c) DBHS will promote suicide prevention by procuring, contracting, and funding providers that utilize effective clinical and professional practices for assessing and treating those identified as at-risk for suicidal behaviors. This might include</p>	<p>DBHS continuously updates the department website with information regarding department initiatives and programming to ensure accurate information is available and accessible to the public. The website houses information about Behavioral Health Services, the Behavioral Health Initiative, Sub Committees, and current/upcoming events. The website also contains Performance Dashboards for DBHS programming which provide statistical information about the population served.</p> <p>DBHS also maintains a contract with Siarza who is responsible for maintaining our Department Facebook, Instagram, and Twitter accounts. A posting calendar is utilized to ensure that content is regularly distributed. DBHS is currently developing plans to create and post digital advertisements on social media platforms.</p> <p>DBHS maintains contracts with KRQE, KOB, and KOAT to ensure we are providing information to the public via traditional media outlets.</p> <p>DBHS is also in preliminary discussion about the use of the both AdWallet and NextDoor applications. AdWallet allows account users to receive information about DBHS and financially incentivizes users to provide feedback based on information shared. NextDoor is an information share app that connects local individuals, agencies, and business in specified neighborhood. The intention for use is that DBHS can instantly share information with the surrounding community and neighborhood associations about programming, events, and supports.</p> <p>In March 2020, DBHS added additional Bridging Dollars to expand effort to increase awareness of, and access to, behavioral health services in the County.</p>	<p>DBHS has allocated \$150,000 in recurring and \$100,000 non-recurring funds to increase awareness of, and access to, behavioral health services in the County through our Bridging Dollars.</p> <p>As mentioned above DBHS has allocated:</p> <ul style="list-style-type: none"> • \$3,000,000 non-recurring funds to support Training and Education efforts. • \$1,000,000 recurring to support Suicide Prevention efforts. 	<p>DBHS has been recognized with an NACo Achievement Award for Needle Mapping (Information Technology category).</p>
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<p>funding a health care system in the Zero Suicide approach or utilization of the First Episode Psychosis (FEP) approach as an early intervention for youth experiencing their first psychotic break.</p> <p>d) DBHS will organize and promote community provider summits and conferences to develop opportunities for provider collaboration and facilitate the dissemination of information to the community about the importance of behavioral health and seeking treatment when needed.</p>	<p>DBHS created a Needle Mapping app that can be accessed from a smart phone or computer. The app allows users to report the number of used needles they have collected, the location where they were collected and the date. This information is automatically transmitted to an ArcGIS needle map that shows a heat map of the density of used needles collected around the County. This map, then, is used to show the density and migration of intravenous drug use in Bernalillo County. This information is used to inform programming, such as the COSSAP grant and to support our partners in outreach efforts.</p> <p>DBHS BHI has established contractual agreements with 8 agencies to provide education and training targeting behavioral health awareness, community training, and train-the-trainer programs, to raise awareness, understanding, and skills to deal with behavioral health issues.</p> <p>The New Mexico Black Mental Health Coalition (NMBMH), a group of licensed mental health providers, have unified to provide the public and peers information about serving Black New Mexicans with mental health needs. The NMBMHC will be focused in 2020 on monthly workshops on topics related to mental health which follow the calendar of mental health observances established by the American Psychological Association.</p> <p>Motivational Interviewing and Training Consulting (MITC) is an Albuquerque behavioral health training institute aims to increase access to quality training and support to individuals who interact with our behavioral health community. Training opportunities in evidence-based modalities include Empathic Listening, Vicarious Trauma, Dialectical Behavior Therapy, Mindfulness Based</p>		
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	<p>Relapse Prevention, and Engaging Others in Treatment.</p> <p>All Faiths will be providing training to first responders and ancillary school staff. Training will provide them with tools to identify and respond to the signs of trauma in children which they serve.</p> <p>ARCA will be providing Acquired Brain Injury (ABI) Training & Education classes for professionals and/or community members who have or may have direct contact with people experiencing behavioral health issues as a result of brain injury.</p> <p>Bernalillo County Community Health Council (BCCHC) will provide education and awareness to increase the community’s knowledge and reduce stigma associated with Opioid Use Disorder and appropriate use of, and availability of, Medication Assisted Treatment in Bernalillo County. BCCHC will increase awareness of resources through the development of a new, updated, user-friendly web-based resource directory of all behavioral health and social services available in Bernalillo County, building on and improving existing directories, that is easily accessible by the community and health care providers.</p> <p>National Alliance on Mental Illness-NM (NAMI-NM) will implement comprehensive NAMI National Standardized classes and support groups for community member who are living with Mental Health conditions and their respective family member and friends. Training will include defining mental illness, education on how to ask for help, how to locate resources and advocate for themselves and others, and how to facilitate support and provide education to others about mental illness.</p> <p>Motivation Interviewing Training and Consulting (MITC) will increase the number of</p>		
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	<p>behavioral health providers, community members, and trainers trained in Motivational Interviewing (MI) and increase their effectiveness in using MI interventions with clients, increase MI listening skills, reduce compassion burnout, and increase MI proficiency during intermediate coaching groups.</p> <p>Serna Solutions will provide education and training for professionals from a County approved menu of options based on demonstrated interest and needs. Additional services provided are Adaptive Leadership Training, Implementing and Sustaining Evidence Based Practice, Supervising Peers as Part of a Multi-Disciplinary Team, Facilitation of Effective Meetings and Panel Discussions, Training and Education Best Practices, and other Trainings as requested.</p> <p>NM Black Leadership Council will implement a training and education program with professionals who have direct contact with Black/African American residents living with a behavioral health issue and the community and family members who support them. NMBLC will raise awareness about behavioral health problems in this specific community, acknowledge historical and current condition and the cultural and community factors that prevent individuals from utilizing services. NMBLC will develop a process to overcome barriers to connect clients to needed services and to assure that evidence base and culturally competent treatments and service are provided</p> <p>DBHS BHI has established contractual agreements with 3 agencies for the provision of suicide prevention programming and services aimed at youth and adults.</p> <p>Albuquerque Public Schools (APS) will implement a comprehensive Suicide Prevention</p>		
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	<p>Program reaching students, teachers and administrators, as well as families and community members served by the district. APS will develop the APS Peer Helper Program with consultation from NMDOH Natural Helpers to foster peer relationships and competency skills among high-risk middle and high school students. APS will provide and develop training for student ‘Peer Helpers’ based on the Natural Helpers program to identify the signs and symptoms of suicidal ideation and be able to respond appropriately. APS will develop suicide prevention protocols for student Peer Helpers to follow, Critical Incident Stress Management (CISM) Train-the-Trainer Certification, utilize the International Critical Incident Stress Foundation Inc. to train three district employees for CISM train-the-trainer certification and promote proposed suicide prevention and intervention services district wide, at all participating schools and through partner organizations, including school based health centers.</p> <p>Centro Savila will implement a comprehensive culturally and linguistically specific, multi-tiered suicide prevention program in the South Valley and International District of Bernalillo County. The Contractor will provide professional services that reduced incidence of suicidal ideation and behaviors in the target population, reduced incidence of suicide and suicide attempts in the target population, increase community and individual awareness of suicide and suicide prevention programs and strategies, and improved behavioral health and community wellness.</p> <p>First Nations Community Health Source will implement a comprehensive Suicide Prevention Project (SPP) with a predominance of residents from southeastern Albuquerque in Bernalillo County.</p>		
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	<p>The DBHS was in the final planning stages of the inaugural Behavioral Health Conference – Breaking Barriers, to be held in Albuquerque NM on May 18 – 20, 2020, followed by the annual Mental Health Awareness day on the plaza. As a result of the 2020 Public Health Emergency, the event was unfortunately cancelled to maintain the safety of the community and adhere to the public health order. The event planned to incorporate a mix of training, innovative program showcases and networking. Scheduled to bring together roughly 1,000 professionals to focus on a variety of behavioral health topics that impact our communities. The various tracks included: Prevention, Intervention and Harm Reduction, Community Supports, Crisis Services and Re-Entry, Housing, and Data and Technology.</p> <p>DBHS will revitalize this planning during 2021 and in the interim will continue to develop opportunities for provider collaboration and facilitate the dissemination of information to the community about the importance of behavioral health and seeking treatment when needed.</p> <p>In May 2020 offered our BHI providers four Medicaid training opportunities with Hyde and Associates, which included the following topics:</p> <ul style="list-style-type: none"> • Treading Water: Key Organization Administrative Competencies • Beefing Up Your Revenue Cycle Management Process • The F-word: Corporate Compliance & Risk Management • The About-Face of Behavioral Health Care During a National Emergency 		
<p>Goal 3.2: Community Education about DBHS Activities and BHI</p>	<p>DBHS publishes a quarterly newsletter which is distributed to various networks and community</p>		

<p>Communicate with the public, providers and practitioners, advocates, media, and community leaders, and other service delivery systems about DBHS activities, plans, outputs, and outcomes.</p> <p>a) DBHS will develop a quarterly newsletter with updates on DBHS services and an annual report to describe the current capacity and services provided by the department.</p> <p>b) DBHS will advocate with community leaders, State and federal policy-makers, and the public for support of resources, activities, regulatory changes, and other issues to improve the effectiveness and availability of services.</p>	<p>members, as well as published on our website. An Annual report which provides and overview of the year’s advancements, programming, and populations served and department accomplishments is published at the end of each fiscal year, with the FY2020 underdevelopment and scheduled for completion and distribution in July.</p> <p>DBHS Director provides regular updates to the BCC and ABCGC, including a Quarterly Report of department programming, budget, and developments. Additionally, UNM-ISR Evaluation updates have been added to the quarterly presentation. Additionally updates are included Bernalillo County Monthly Newsletter, Neighborhood Association Newsletters, Community Tabling Events, and presentations to Community Groups.</p> <p>DBHS is continuously working with County Commissioners to ensure that Bernalillo County citizens concern are being heard and that the community it aware resources available.</p> <p>DBHS Leadership staff meet regularly to discuss the currently legislative climate and how DBHS can advocate and effective change during the legislation session.</p> <p>DBHS is currently working with legislators and the State to allow booking sheets to be used to secure a New Mexico ID; this will eliminate barriers for re-entry citizens and allow for easier access to supports and immediate needs; such as prescriptions.</p>		
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