New Mexico

UNIFORM APPLICATION
FY 2007 - STATE IMPLEMENTATION REPORT

COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 08/20/2007 - Expires 08/31/2008

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Center for Mental Health Services
Division of State and Community Systems Development
Introduction:
The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane. Rockville. MD 20857.

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New Mexico

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New Mexico

Adult - Summary of Areas Previously Identified by State as Needing Improvement

Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement
Part D. Implementation Report

I. Narrative Content of the Implementation Report

Adult

1. Summary of areas previously identified by the state as needing improvement

New Mexico’s FY-07 CMHS Block Grant application was created as the state entered its second year of the implementation of the Purchasing Collaborative’s (Collaborative) contract with the single state entity, ValueOptions New Mexico (VO-NM) to manage both the children and adult publicly financed behavioral health service system. This transformation utilizes VO-NM as the provider network manager for both Medicaid-funded and non-Medicaid funded services to insure better utilization of funding streams, streamlined administrative processes for providers and, most importantly, easier access of services for consumers and families.

In the FY-07 CMHS Block Grant application, unmet service needs for the adult system in New Mexico were categorized under the six goals set by the President’s New Freedom Commission. Key areas identified in this application as needing improvement included lowering suicide rates; increasing consumer and family involvement in the transformed behavioral health services system; integration of public health approach to overcome disparities; increasing capacity for prevention and early interventions; increasing research and training capacity; and coordination of multiple data systems across the Collaborative’s 17 member agencies.

New Mexico employed several key processes during FY-07 to address these areas identified as needing improvement. These included:

1) New Mexico Behavioral Health Strategic Plan

In FY-07, the New Mexico Behavioral Health Plan was refined through a planning and development process under the Collaborative in partnership with the Behavioral Health Planning Council (BHPC). This Plan includes goals, a clear road map for reaching each of the goals and sub-goals and, where appropriate, outcome measures. The Plan’s 5 goal areas are consistent with the President’s New Freedom Commission Goals and include:

- Goal I: Assist Consumers to Participate Fully in the Life of Their Communities
- Goal II: Reduce the Adverse Effects of Substance Abuse and Mental Illness
- Goal III: Promote Behavioral Health
- Goal IV: Develop the Behavioral Health Workforce
- Goal V: Manage Available Funds Effectively and Efficiently

A key result of this planning and development process was the identification of ten (10) strategic priorities, which continue to guide and direct the work of agency staff. These 10 strategic priorities are discussed in greater detail in New Mexico’s FY-08 CMHS Block Grant application and include:

- Consumer Driven Services and System
- Substance Abuse Services
- Transportation
- Supportive Housing
- Children’s Services
- Services to Native Americans
- Crisis Response and Jail Diversion
- Law Enforcement
- Evidence-Based Practices and Professional Training
- Improving Efficiency & Effectiveness

Each of these 10 priority areas rely on interdepartmental staffing to insure collaboration in the design and evaluation of appropriate pilot projects before system-wide implementation.

2) Coordinated Behavioral Health Budget
FY-07 marked the first time during the behavioral health transformation in New Mexico that the budget requests submitted by the 17 agencies comprising the Collaborative were coordinated through the Collaborative. This coordinated presentation of Collaborative agencies’ behavioral health budgets and expansion of services requests reflect the goal of transforming both the purchase of behavioral health services and the configuration of the behavioral health service array available to consumers in the state.

3) Contract Negotiation
The real life implementation of the purchasing collaborative model is further reflected in the involvement of key member agencies, contributing knowledge, expertise and leadership skills to contract negotiation between the Collaborative and the Single Statewide Entity during negotiation of the FY08 ValueOptions’ contract.

4) Coordinated Legislative Agenda
In FY-07, a coordinated legislative agenda was also developed and implemented by the Collaborative’s member agencies and the Local Collaboratives. This coordinated legislative agenda represented several months of input from both the member agencies and members of the Local Collaboratives, including consumers and family members. Several key behavioral health budget and program expansion items were identified through this process, including funding for Supportive Housing and Total Community Approach. This coordinated legislative agenda also included items that were advanced through the 10 strategic priorities (Item 2) to be prepared for the SFY-09 coordinated budget request.

5) Behavioral Health Planning Council
The reconstitution of the New Mexico Behavioral Health Planning Council is the final significant event in the transformation of the mental health and behavioral health service system in FY-07. In an effort to expand consumer and family participation on the BHPC and better reflect the rich and varied experience and expertise of the Local Collaboratives, BHPC membership make-up was reconfigured. The new BHPC has been expanded to include 3 representatives from each of the Local Collaboratives, of which at least 2 are required to be a consumer and/or family member. The process for identification, nomination, appointment and orientation of these new members was
completed in May, 2007. A key task of the BHPC in the Spring of 2007 was the review and comment on the FY-2008 CMHS Block Grant application. New members contributed greatly to the review process, which was completed in September, 2007.
New Mexico

Adult - Most Significant Events that Impacted the State Mental Health System in the Previous FY

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY
Part D. Implementation Report

I. Narrative Content of the Implementation Report

Adult

2. Most significant Events that Impacted the state mental health system in pervious FY

As noted in New Mexico’s FY-07 Community Mental Health Block Grant application and continuing under the FY-08 application submitted in September, 2007, the behavioral health service system in the state is transforming. Under the auspices of the 17-agency Behavioral Health Purchasing Collaborative (the Collaborative) and through a contract with the Single Statewide Entity (ValueOptions), the transformation of the publicly funded behavioral health service system continued in FY-2007. Key highlights for the fiscal year include:

1) Chief Executive Officer
In FY-07, Linda Roebuck was hired as the Chief Executive Officer (CEO) for the Collaborative. Ms. Roebuck is a veteran of the Missouri state mental health system.

As part of the transformation of the behavioral health system, the role of CEO for the Collaborative was also expanded to include the role of single state authority for mental health. The combining of these key roles into one position and person has allowed for critical unified leadership and direction between the Collaborative and the Behavioral Health Services Division (BHSD).

2) BHSD Transfer
In FY-07, legislation was signed by Governor Richardson which transferred BHSD from the Department of Health (DOH) to the Human Services Department (HSD). This transfer, which commenced on July 1, 2007 (FY-08), is intended to place both BHSD and the Medicaid authority in the same department to insure better coordination of Medicaid and non-Medicaid behavioral health services. An enhanced role for BHSD in providing critical staffing for the Collaborative is an additional benefit of this transfer.

3) 2007 Legislative Session
In the 2007 Legislative Session, several key budget and memorials were introduced and signed by Governor Richardson that enhance critical behavioral health service needs and represent planning and evaluation processes during FY-07 that included Collaborative member agencies, VO-NM, the Behavioral Health Planning Council (BHPC) and the Local Collaboratives. Funding in the amount of nearly $42 million includes targeted appropriations for:

- Jail Diversion
- Mobile Crisis Services
- Methamphetamine Treatment Services
- Psychotropic Medications
- Total Community Approach
- Supportive Housing
- Regional Detoxification Services
- Acupuncture Services
- Traditional Healing Services
- PTSD Treatment
- Veterans Behavioral Health Services
- Compulsive Gambling Services
- Day Programs for persons with severe mental illness

**Other legislation includes:**
HB 713- Counseling and Therapy Licensure Requirements-Establishes requirements for Grandfathered Licensure for Substance Abuse

SB 456- Expanding Telehealth Provider sites

SB 536- Mental Health Insurance Benefit Coverage

SJM 34- appoints a Task Force to study the feasibility of locating a satellite behavioral health facility in Dona Ana
New Mexico

Adult - Purpose State FY BG Expended - Recipients - Activities Description

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.
Part D. Implementation Report

I. Narrative Content of the Implementation Report

3. Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

As noted in the FY-2007 CMHS Block Grant Application and this Implementation Report, New Mexico’s behavioral health services system is in its 3 year of a decade-long system transformation. One of the key goals of this transformation is to utilize all public financing for behavioral health services (i.e. Medicaid, State funds, Block Grants, Competitive Grants, Special Appropriations, etc.) in a strategic, coordinated and collaborative manner that increases access to services and supports recovery for consumers and their families. Several structures have been created to achieve this goal: the 17-member Purchasing Collaborative (Collaborative); the Behavioral Health Planning Council (BHPC)-designed to provide planning for both mental health and substance abuse treatment services; Local Collaboratives- a key community, consumer and family structure designed to insure local involvement in the restructuring of the behavioral health service system; and the Single Entity (SE)- ValueOptions New Mexico (VO-NM)- implemented to manage the behavioral health provider network, manage behavioral health services funds, and streamline administrative and data collection functions.

Community Mental Health Services Block Grant (CMHS-BG) funds are utilized in New Mexico to achieve these goals. The chart below is arranged according to the VO-NM five (5) regions in New Mexico. Funds are utilized by each community-based agency to provide mental health services to persons who are not Medicaid eligible, based on eligibility criteria established by the Behavioral Health Service’s Division and to provide for non-Medicaid reimbursed services to Medicaid eligible consumers. Services must meet the Collaborative’s Service Definitions and approved levels of care.

COMMUNITY MENTAL HEALTH BLOCK GRANT

<table>
<thead>
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<td>Mental Health Resources</td>
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<td><strong>TOTAL ALLOCATION</strong></td>
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New Mexico

Child - Summary of Areas Previously Identified by State as Needing Improvement

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement
Part D. Implementation Report

I. Narrative Content of the Implementation Report

Children

1. Summary of areas previously identified by the state as needing improvement

In New Mexico’s FY-2007 Community Mental Health Block Grant application, the Children, Youth and Families Department (CYFD) identified several key areas of focus for the year. These areas included:

- Increasing children’s mental health services;
- Over reliance on out-of-home placements, including residential treatment;
- Fostering relationships with Local Collaboratives;
- Improving working relationship with ValueOptions- New Mexico (VO-NM);
- Increasing behavioral health services for youth with SED and co-occurring substance abuse disorders;
- Addressing on-going issues regarding youth suicide;
- Increasing services for youth who are dually diagnosed as SED/NBD; and
- Increasing services for youth transitioning from both substitute care and juvenile justice services.

Several key initiatives were implemented under the leadership of CYFD through the Collaborative and in coordination with VO-NM to address these areas. These initiatives include:

1) Clinical Home Project

Clinical home is a model of providing behavioral health care in a coordinated manner. In a clinical home, a designated provider helps a consumer coordinate and manage all of their care. The target populations for the clinical home project are youth who are legally involved with the juvenile court and are in out-of-home placements or at risk of such placements. The goal of the project is to fundamentally change the system’s response to youth at risk of an out of home placement, improve quality of life for youth and families who have significant behavioral health needs and rebalance the system of care between residential and community-based services.

During FY-2007, in partnership with Value Options New Mexico (VO-NM) and ten behavioral health providers, a nine-month pilot project was developed to test the effectiveness of the clinical home model. A final evaluation of the pilot will be completed in FY-2008 before statewide implementation.
2) **Transition Coordinators**

FY-2007 marked the first year of the development and implementation of CYFD staff as Transition Coordinators for youth in the juvenile justice system, specifically youth paroling from the juvenile correctional facilities. Modeled upon the Intensive Aftercare Program (Office of Juvenile Justice Delinquency and Prevention; David Altschuler, Ph.D.), the transition coordinators are responsible for coordinating services to meet the young adult’s service needs during the reentry process. This includes coordination with ValueOptions-New Mexico, the single entity for behavioral health services, as well as education, employment, housing, physical health, transportation, recovery and resiliency, etc. resources. Additionally, support and assistance are provided to the families of the youth before, during and after incarceration as requested. Transition services are available for and provided to this young adult population until they are 21. It is anticipated that these transition coordinators will enable young adults to access the behavioral health services and social supports (i.e. benefits, housing, and employment) needed to support recovery and reduce recidivism in both the juvenile justice and adult criminal justice systems.

3) **Behavioral Health Across Divisions**

CYFD is one of the largest state agencies, with approximately 2000 employees and 4 divisions. CYFD is mandated to provide protective services for youth and families and services for juvenile justice involved or incarcerated youth and their families. Experience with these populations indicate the need for coordinated behavioral health services for children, youth and their families regardless of how they become involved with the system of care.

In response to this need, CYFD created a Behavioral Health Manager position in FY-2007. This position is responsible for the coordination of behavioral health services across the divisions in CYFD as well as coordination with the Collaborative and VO-NM.

4) **Expanding Evidence-based Practices**

A key weakness of the children’s behavioral health service system is the lack of mental health services for children, youth and their families, especially in the rural and frontier area of the state. In FY-2007, Multi-Systemic Therapy (MST) was added to the Medicaid benefit package, which will allow appropriate expansion of the service beyond the original service teams. MST services are currently provided by seven community based behavioral health agencies in 12 counties across the state.

Additionally, CYFD/JJS has eight clinical field services teams located in CYFD field offices across the state. These teams provide a range of clinical services, including triage/staffing, diagnostic and biopsychosocial assessments, crisis intervention, consultation, resource and referral and Functional Family Therapy (FFT). Currently there are 30 FFT therapists statewide. The implementation of clinical field services...
teams in the juvenile justice arena has created an opportunity to increase community based care and response to the needs of the children and families involved with this system.
New Mexico

Child - Most Significant Events that Impacted the State in the Previous FY

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY
Part D. Implementation Report

I. Narrative Content of the Implementation Report

Child

2. Most significant Events that Impacted the state mental health system in previous FY

Children, Youth and Families Department (CYFD) continued to provide leadership and vision to the Purchasing Collaborative regarding behavioral health issues for children, adolescents and their families in both the protective services and juvenile justice services during FY-2007. Secretary Dorian Dodson chaired several Purchasing Collaborative (Collaborative) meetings during FY-2007 in preparation for her tenure as co-chair of the Collaborative commencing July 1, 2007 (FY-2008). The rotation of the chairmanship of the Collaborative is a critical feature of the partnership model implemented in New Mexico to transformation of the behavioral health service system. This rotation allows for the sharing of leadership regarding guidance and direction of the Collaborative across 17 diverse agencies.

Other key events during FY-2007 that impacted the children’s state mental health system include:

Legislative Session
In the FY-07 Legislative Session, new funding for services appropriated to CYFD included:

- Autism-to increase social interactions for children and young adults with autism spectrum disorders and provide training for staff and caregivers
- Behavioral Health Wrap Around in the 3rd Judicial District-funding to provide flexible services
- Early Childhood Mental Health Training Institute- to develop and maintain the infrastructure and staff and evaluate and provide critical resource supports for an early childhood mental health training institute that uses a continuum of care model based on national best practices
- Home Visiting- to develop a comprehensive, long-range plan to phase in a statewide system of universal voluntary home visiting that serves new families during pregnancy and continuing for up to three years

- Pre Kindergarten
- Americorps/Civic Engagement
- JJAC Continuum
- Adolescent Transition (FY 06 funding, FY07 implementation)
New Mexico

Child - Purpose State FY BG Expended - Recipients - Activities Description

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.
Part D. Implementation Report

I. Narrative Content of the Implementation Report

3. Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

As noted in the 08-CMHS Block Grant application, the Children’s portion of the Mental Health Block Grant is used to support the Multisystemic Therapy system of care. In keeping with federal mandate, these funds are targeted to children with serious emotional disorders or neurobiological disorders (SED/NBD). MST is currently targeted for juvenile justice involved adolescents with these disorders.

FY-07 Expenditures amount to $383,800. CYFD is anticipating the expansion of MST funding through the Medicaid State Plan. If this expansion does not occur, CYFD and the Collaborative will review other potential service options designed to increase access for children with SED/NBD.

FY-07 expenditures are for MST Training, Supervision and Licensing Fee support and MST Services for Non-Medicaid Eligible Youth.
Name of Implementation Report Indicator: Increased Access to Services (Number)

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<th>Denominator</th>
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<th>FY 2007 Actual</th>
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Table Descriptors:

**Goal:** Adult Goal 2. Develop a behavioral health system of care sufficient to serve as a safety net for New Mexico adults who are uninsured, financially and clinically in need.

**Target:** To ensure that clients who meet the financial and clinical criteria of automatic or priority one level continue to receive services given the reduction in service funding.

**Population:** Uninsured adults at 150 percent of the federal poverty level (80 percent of RFP targeted population).

**Criterion:** 2: Mental Health System Data Epidemiology
3: Children's Services

**Indicator:** A count of all registered behavioral health clients in the automatic and priority levels to evaluate the appropriateness of the current 80/20 population service targets given the adjustment BHSD made to financial eligibility from at or below 100% of the federal poverty level to at or below 150% of the federal poverty level.

**Measure:** Numerator – The number of clients registered who meet the Automatic and Priority 1 eligibility criteria during fiscal year 07. Denominator – The total number of clients registered and who received behavioral health services during SFY07 with non-Medicaid funds.

**Sources of Information:** ValueOptions-MIS

**Special Issues:** FY-07 was the 2nd year of the contract with a VO-NM, the statewide entity that manages the direct service funds for the New Mexico Behavioral Health Purchasing Collaborative. As part of that contract, they are responsible for reaching the priority targets maintained in the prior year.

As noted in the FY-2008 application, this measure will be expanded to include both medicaid and non-medicaid persons being served under the VO-NM contract as part of the Governor's Performance Measures.

**Significance:** Given the improvements made under the VO-NM single payer system, more clients should get identified as eligible for Medicaid funding. The 80% target set by BHSD will be reviewed by the Collaborative during FY-08.

**Activities and strategies/changes/innovative or exemplary model:** Funding from the CMHS Block Grant has traditionally been targeted to persons who are not medicaid eligible or for services not reimbursed for medicaid eligible consumers. BHSD established eligibility criteria as part of the former RCC structure and, as noted above, VO-NM is contractally obligated to meet enrollment targets of 80/20 for priority 1 clients.

In keeping with the overall goal of the transformation of the behavioral health services system in New Mexico and in accordance with the Governor's Performance Measures, the state will expand this measure in FY-08 to include both medicaid and non-medicaid populations.

**Target Achieved or Not:** Numerator is 15,188 out of 23,055, which is 65.9%. This falls below the target of 80% due to...
Not Achieved/If Not, Explain Why: several factors, including 12.2% of persons being served by VO-NM with an "unknow" priority category.
ADULT - IMPLEMENTATION REPORT
Increased Access to Services

Foot Notes

• FY 2005 Actual now contains updated data for those 12 months. • First Priority clients are at less than or equal to 150% of poverty level and meet clinical criteria plus all automatic priorities (Crisis, sexual assault, Medicaid clients only for services not reimbursed by Medicaid) are eligible.
Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

<table>
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<th>Fiscal Year</th>
<th>Performance Indicator</th>
<th>Numerator</th>
<th>Denominator</th>
<th>FY 2005 Actual</th>
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<th>FY 2007 Target</th>
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</tr>
</tbody>
</table>

Table Descriptors:
Goal: Adult Goal 1B Reduced utilization of psychiatric inpatient beds.
Target: To measure of state mental health hospital readmissions at 30 days.
Population: Adults with a serious mental illness
Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services
Indicator: Number of patients-in-residence in New Mexico Behavioral Health Institute who are SMI.
Measure: Numerator – Number of persons with an SMI diagnosis, aged 18+, who are readmitted to New Mexico Behavioral Health Institute within 30 days of discharge. Denominator – Number of persons with an SMI diagnosis, aged 18+, discharged from New Mexico Behavioral Health Institute during the past year.
Sources of Information: NMBHI
Special Issues: The New Mexico Behavioral Health Institute has changed to a single payer source for the Medicaid program. This source is emphasizing shorter length of stays for in-patients. • As the hospital has reduced the length of stay for our patients to meet the expectations of our payer source, the readmission within 30 days of a previous discharge rate has increased from 2% to approximately 7.5% for this fiscal year. This is the only major factor that has changed within our system within the last year. The length of stay has become shorter at the same time the number of readmissions within 30 days has increased. More patients have multiple short admissions than in the past. • There have been problems with obtaining appointments for some of the patients after patients have been discharged from the facility. • In addition, many of the patients have lost benefits after being in-patients and do not have access to medications after discharge. This is due to the waiting period to re-establish eligibility for SSI/SSDI and that the patients are unable to afford out-of-pocket cost for the proper medications.
Significance: A major outcome of the transformation of the behavioral health services system in New Mexico is the development of more community-based services that are expected to reduce utilization of state-operated psychiatric inpatient beds. Key initiatives designed to increase these community-based services were formulated during FY-07 and will be implemented during FY-08.
Activities and strategies/ changes/ innovative or exemplary model: New Mexico Behavioral Health Institute is committed to keeping individuals in the least restrictive environment suitable for optimal care. The medical staff will be reviewing the issue to determine more specific causes and actions to take to improve both aspects of care: shorter length of stay and reduced readmission within 30-day rates. The New Mexico Behavioral Health Institute will continue to use more aggressive pharmacological treatment and increase interaction with local mental health community treatment programs.

Additionally, as noted in the FY-08 application, the Collaborative and VO-NM are identifying other potential resolutions to the issue and will be tracking 7-day and 30-day follow up with consumers discharged from NMBHI.
Target Achieved or Not Achieved/If Not, Explain Why:

As noted above, the movement to shorter lengths of stay is a key component of increased readmission rates. During FY-08, it is anticipated that this trend will stabilize.
Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

<table>
<thead>
<tr>
<th></th>
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<th>FY 2007 Target</th>
<th>FY 2007 Actual</th>
<th>FY 2007 Percentage Attained</th>
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</table>

Table Descriptors:

Goal: Adult Goal 1C Reduced utilization of psychiatric inpatient beds.

Target: To measure state mental health hospital readmissions for 180 days.

Population: Adults with a serious mental illness.

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: Number of patients-in-residence in New Mexico Behavioral Health Institute who are SMI.

Measure: Numerator – Number of persons with an SMI diagnosis, aged 18+, who are readmitted to New Mexico Behavioral Health Institute within 180 days. Denominator – Number of persons with an SMI diagnosis, aged 18+, discharged from New Mexico Behavioral Health Institute during the past year.

Sources of Information: NMBHI

Special Issues:
The New Mexico Behavioral Health Institute has changed to a single payer source for the Medicaid program. This source is emphasizing shorter length of stays for in-patients. • As we have reduced the length of stay for our patients to meet the expectations of our payer source, the readmission within 180 days of a previous discharge rate has increased from 2% to approximately 11% for this fiscal year. This is the only major factor that has changed within our system within the last year. In other words: the length of stay has become shorter at the same time the number of readmissions within 180 days has increased. More patients have multiple short admissions than in the past. • There have been problems with obtaining appointments for some of the patients after patients have been discharged from the facility. • In addition, many of our patients have lost benefits after being in-patients and do not have access to medications after discharge because of the waiting period to re-establish eligibility for SSI/SSDI and cannot afford out-of-pocket cost for the proper medications.

Significance:
A major outcome of the transformation of the behavioral health services system in New Mexico is the development of more community-based services that are expected to reduce utilization of state-operated psychiatric inpatient beds. Key initiatives designed to increase these community-based services were formulated during FY-07 and will be implemented during FY-08.

Activities and strategies/changes/innovative or exemplary model:
New Mexico Behavioral Health Institute is committed to keeping individuals in the least restrictive environment suitable for optimal care. The medical staff will be reviewing the issue to determine more specific causes and actions to take to improve both aspects of care: shorter length of stay and reduced readmission within 180-day rates. The New Mexico Behavioral Health Institute will continue to use more aggressive pharmacological treatment and increase interaction with local mental health community treatment programs.

Target Achieved or Not Achieved/If Not, Explain Why:
As noted above, the movement to shorter lengths of stay is a key component of increased readmission rates. During FY-08, it is anticipated that this trend will stabilize.
Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
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<th>FY 2007 Target</th>
<th>FY 2007 Actual</th>
<th>FY 2007 Percentage Attained</th>
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Table Descriptors:
Goal: Adult Goal 1D People in New Mexico will receive evidence-based services and interventions delivered in a timely, culturally competent manner, which promotes recovery and increased quality of life.

Target: New Mexico will improve quality and appropriateness of care provided through the implementation of evidence based services and interventions.

Population: SMI Adults

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems 3: Children's Services

Indicator: Number of evidence-based practices provided by New Mexico.

Measure: Number of evidence-based practices in New Mexico.

Sources of Information: ValueOptions reports and BHSD's reports based on its ability to access data from the VO Information database.

Special Issues: Due to transformation activities in FY-07, the Evidence Based Practices Programs was in transition during the year. 2 EBP's were piloted during FY-07. See below.

Significance: A major outcome of the development of a community-based system of care is quality and appropriateness of care.

Activities and strategies/changes/innovative or exemplary model:

In FY-07 the BHSD, in collaboration with VO-NM, in the implementation of the Co-Occurring State Incentive Grant (COSIG). Additional information is provided in this implementation report under "Number of persons receiving Integrated Treatment of Co-Occurring Disorders".

Additionally in FY-07, the Collaborative, VO-NM, the City of Albuquerque (COA) and the pilot provider agency (UNM) established a partnership to identify critical community, provider and clinical factors critical to the successful implementation of ACT services. Additional information is provided in this implementation report under "Numbers of persons receiving Assertive Community Treatment".

Two other EBP's were identified in the FY-07 application for implementation-Supported Employment, and Supported Housing. These EBP's will be piloted in FY-08.

The goals and objectives for further systemic implementation of the COSIG, ACT, Supported Employment, and Supported Housing are targeted at moving these initiatives into universal practice. To meet this goal, BHSD will be working with the single statewide behavioral health entity, ValueOptions to further develop expectations of all comprehensive, community-based mental health providers to adopt and implement the practice guideline sets for each initiative. Additionally, the piloting of each of these EBP's allow for partners to identify key community, provider and clinical readiness requirements in order to insure successful implementation of these EBP's to maintain fidelity to the models and achieve positive outcomes for consumers.

Target Achieved or Not? With the extensive transformation of the New Mexico behavioral health system of care during
Not Achieved/If Not Achieved, Explain Why:

FY-07, the pilot implementation of EBPs for Supportive Employment and Supportive Housing will commence in FY-08.
Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Supported Housing (Number)

<table>
<thead>
<tr>
<th>(1) Fiscal Year</th>
<th>(2) Performance Indicator</th>
<th>(3) Numerator</th>
<th>(4) Denominator</th>
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<td>FY 2007 Percentage Attained</td>
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Table Descriptors:
Goal: to be developed in FY-08
Target:
Population:
Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services
Indicator:
Measure:
Sources of Information:
Special Issues:
Significance:
Activities and strategies/changes/innovative or exemplary model:
Target Achieved or Not Achieved/If Not, Explain Why:
Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Supported Employment (Number)

<table>
<thead>
<tr>
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<th>(3) FY 2006 Actual</th>
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Table Descriptors:
Goal: to be developed in FY-08. Please see New Mexico's FY-08 CMHS Block Grant Application
Target:
Population:
Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services
Indicator:
Measure:
Sources of Information:
Special Issues:
Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:
Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Assertive Community Treatment (Number)

<table>
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<th>Fiscal Year</th>
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</table>

Table Descriptors:

Goal:  
Target:  
Population:  
Criterion:  
Indicator:  
Measure:  
Sources of Information:  
Special Issues: In FY-07, a partnership between the Collaborative, VO-NM, City of Albuquerque (COA) and the pilot service partner (UNM) was established to study and learn from the implementation of ACT services in Albuquerque. This partnership has identified key community, provider and clinical benchmarks that appear to influence the ability of providers to implement ACT services with fidelity to the EBP. An ACT New Mexico Readiness Tool is currently under development, based on these findings and will be piloted in FY-08. The ACT- New Mexico partners will review the findings of this pilot before ACT services are expanded to other communities.

Significance:  
Activities and strategies/changes/innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:
**Transformation Activities:**

**Name of Implementation Report Indicator:** Evidence Based - Number of Persons Receiving Family Psychoeducation (Number)

<table>
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<th>FY 2007 Target</th>
<th>FY 2007 Actual</th>
<th>FY 2007 Percentage Attained</th>
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**Table Descriptors:**

**Goal:** As noted in New Mexico's FY-08 application, New Mexico will participate in the implementation of this EBP sometime after SFY-09.

**Target:**

**Population:**

**Criterion:** 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

**Indicator:**

**Measure:**

**Sources of Information:**

**Special Issues:**

**Significance:**

**Activities and strategies/changes/innovative or exemplary model:**

**Target Achieved or Not Achieved/If Not, Explain Why:**
ADULT - IMPLEMENTATION REPORT

**Name of Implementation Report Indicator:** Evidence Based - Number of Persons Receiving Integrated Treatment of Co-Occurring Disorders (MISA) (Number)

<table>
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<th>(1) Fiscal Year</th>
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<th>(4) FY 2007 Target</th>
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**Table Descriptors:**

**Goal:**
Goal 1A Develop a system of care that provides integrated treatment for co-occurring disorders throughout the service system at all levels of care.

**Target:**
To increase access for individuals with co-morbid psychiatric and substance use disorders, paying particular attention to the SMI population.

**Population:**
Adults diagnosed with mental health and substance abuse or addiction.

**Criterion:**
1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

**Indicator:**
Number of persons receiving integrated treatment of co-occurring disorders (MISA).

**Measure:**
Numerator - the number of clients with co-occurring disorders who received behavioral health services during the fiscal year. Denominator - the total number of clients who received behavioral health services during the fiscal year. (This measure has been changed in FY-07 to reflect services provided at the 3 adult pilot sites).

**Sources of Information:**
Co-occurring state incentive grant (COSIG) and ValueOptions New Mexico Management Information Systems.

**Special Issues:**
The CO-SIG grant has allowed New Mexico to pilot the implementation of co-occurring disorders treatment at 1 child and 3 adult providers' sites. In partnership with the Collaborative, VO-NM, and pilot providers, a review of critical community, provider and clinical readiness factors has been conducted and recorded in a "lessons learned" document.

Additionally, under the Collaborative, a Co-Occurring Priority Work Plan was developed in FY-07 for implementation in FY-08. This plan includes strategies to insure system and clinical changes financed through the CO-SIG grant are sustained beyond the end of the grant. As such, this plan has linked to the roll out of Clinical Home and Comprehensive Community Supports (CCSS) projects.

**Significance:**
The CO-SIG grant has allowed New Mexico to understand the challenges in the development of an integrated treatment system of care for co-occurring disorders. The importance of recognition and access to appropriate integrated services for co-occurring disorders has a particularly profound impact upon individuals experiencing both mental health and substance abuse issues. It is imperative for this population to receive integrated treatment in a cohesive manner in order to successfully support their recovery process. And "lessons learned" from CO-SIG implementation will be utilized to insure appropriate implementation of integrated treatment for persons with co-occurring disorders in the behavioral health services system as well as guide the implementation of other projects such as Clinical Home and CCSS.

**Activities and**
As noted above, a COD Priority Work Plan was developed in FY-07 and is currently being
implemented. FY-07 activities included on-going Policy Academies for pilot sites, (Olin- please add more).

COSIG remained involved in several state and public committees to improve provider expertise and the overall delivery system. These committees include the Substance Abuse Committee, the Capacity and Program Development Committee, and the Policy Sub-committee of the Behavioral Health Purchasing Collaborative. In FY-07, COSIG selected one child demonstration site in addition to the three demonstration sites already piloting co-occurring treatment under the grant. These sites are The Life Link in Santa Fe, Rehoboth in Gallup, and First Nations in Albuquerque. (what the kid's site?)

The CO-SIG projects served 174 persons during FY-07.
Foot Notes

*Transformation services activity: co-occurring services
ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Illness Self-Management (Number)

<table>
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<td>FY 2007 Target</td>
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Table Descriptors:

Goal: As noted in the FY-2008 CMHS Block Grant Application, New Mexico will participate in the implementation of this EBP sometime after FY-2009.

Target:

Population:

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/changes/innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:
**Name of Implementation Report Indicator:** Evidence Based - Number of Persons Receiving Medication Management (Number)

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**Table Descriptors:**

**Goal:**
As noted in the FY-2008 application, New Mexico will participate in the implementation of this EBP after FY-2009.

**Target:**

**Population:**

**Criterion:**
1: Comprehensive Community-Based Mental Health Service Systems
2: Children's Services

**Indicator:**

**Measure:**

**Sources of Information:**

**Special Issues:**

**Significance:**

**Activities and strategies/changes/innovative or exemplary model:**

**Target Achieved or Not Achieved/If Not, Explain Why:**
ADULT - IMPLEMENTATION REPORT

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
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Table Descriptors:

Goal: Goal 1F People in New Mexico will receive services and interventions delivered in a timely, culturally competent manner, which promotes recovery and increased quality of life.

Target: New Mexico will improve quality and appropriateness of care provided.

Population: Adults with a serious mental illness.

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems 3: Children's Services

Indicator: Percentage of consumers that report satisfaction with treatment.

Measure: Numerator: Number of positive responses reported in the satisfaction domain on the adult consumer survey. Denominator: Total responses reported in the satisfaction domain on the adult consumer survey.

Sources of Information: Annual Consumer Satisfaction Project consumer survey.

Special Issues: • New Mexicans in recovery from mental illness and substance abuse lead or play a major part in project coordination, design, implementation, data collection, and information dissemination. • The telephonic and face to face survey instruments for adult and child populations are based on the national 28-item Mental Health Statistics Improvement Project (MHSIP) with additional items on substance abuse, housing, and employment in the adult version. It also includes a section where participants can comment either on specific survey items or about their general perceptions of the programs where they receive services. • It is available in English and Spanish. • During the first year in transition under the Purchasing Collaborative, the enrollment data are missing 3,800 cases, which impacts the above projection.

Significance: A major outcome of the development of a community-based system of care is quality and appropriateness of care.

Activities and strategies/changes/innovative or exemplary model: Consumer Satisfaction Project (CSP): The NM Consumer Satisfaction Project (CSP) is a joint effort between the Department of Health Behavioral Health Services Division (DOHBHSD), Human Services Division HSD/MAD, Value Options Department of Recovery and Resiliency (VO) and Children Youth and Family (CYFD). Its purpose is to assess consumer satisfaction. The Consumer Survey Project (CSP) is designed to promote consumer and family involvement in the community for recipients of behavioral health services. The objectives of the Consumer Satisfaction Survey Project are to show how consumers and families could indicate satisfaction through the inclusion of their voice and their involvement in all levels of the service delivery system. The Project has been almost entirely consumer-driven. Information from 1035 surveys have been analyzed for FY-07.

Target Achieved or Not Achieved/If Not, Explain Why: Target achieved
**Name of Implementation Report Indicator:** Office of Consumer Affairs Training Program

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**Table Descriptors:**

**Goal:** Goal 5B To enable individuals with a serious mental illness to self-monitor and manage their own recovery. To enhance integration into the community.

**Target:** To train 24 consumers as certified WRAP educators. In Our Own Voice has been replaced with anti-stigma training.

**Population:** SMI Adults.

**Criterion:** 5: Management Systems

**Indicator:** The number of mental health and substance abuse consumers trained as WRAP.

**Measure:** The number of consumers who are trained as certified WRAP.

**Sources of Information:** Value Options reports, the BHSD Management Information System, Mental Health Providers, technical assistance visits, and consumer surveys.

**Special Issues:**
- N/A FY 2007 Target The WRAP program has finished.
- The Recovery Empowerment Specialist (RES) training program has changed it's name to Citizen Organizer and continues to focus on these goals: 1) empowerment of consumers, 2) sharing and teaching of recovery concepts, and 3) the development of shared leadership. These programs orchestrate recovery orientation from a system perspective and closely integrate the efforts of consumers, family members, mental health professionals and administrators through initiatives, projects and programs.

**Significance:** The intent behind the use of WRAP is to enable individuals with serious mental illness to self-monitor and manage their recovery. This initiative is designed to decrease symptoms, reduce mental illness discrimination, enhance consumer integration in the community and increase personal responsibility to improve the individual’s quality of life.

**Activities and strategies/ changes/ innovative or exemplary model:** [G 1, 2] The Office of Consumer Affairs (OCA) promotes grassroots development for consumer services at all levels in the community and statewide. Consumers play a major role in the formulation, development and implementation of initiatives and activities designed to best serve their needs. The OCA in collaboration with the Department of Recovery and Resiliency at ValueOptions New Mexico (VONM) conducted a WRAP facilitator survey of individuals that were previously trained to facilitate WRAP groups throughout New Mexico. This was done in an effort to identify the strengths and weaknesses within New Mexico WRAP programs. OCA and VONM will continue to work together to provide support to WRAP facilitators in creating new groups and in sustaining those groups that are currently active. Consumers are trained as certified WRAP educators. OCA continues to implement Citizen Organizer, and anti-stigma training programs to enable individuals with a serious mental illness to self-monitor and manage their own recovery and to enhance integration into the community.* This responds to the President’s New Freedom Commission call for a national campaign to reduce mental illness stigma and involve consumers and families in fully orienting the mental health system towards recovery.

**Target Achieved or Target Achieved or**

WRAP Educator training has been discontinued however; our current educators have been
facilitating WRAP groups in jails, drop in centers and psychosocial rehabilitation programs throughout FY 07. In addition, in FY 07 the Office of Consumer Affairs rolled out the Certified Peer Specialist program by certifying 18 consumers to be trainers in this program. Subsequently 50 consumers have been trained to be Certified Peer Specialists (CPS). It is anticipated that our CPS workforce will take on the tasks of teaching recovery skills to consumers around the state both within and outside provider agencies. In addition it is planned for the CPS’s to have an active roll in anti-stigma trainings. Several of the previously trained WRAP Educators were among those certified as peer specialists.
Name of Implementation Report Indicator: Targeted Services to Homeless Populations

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Table Descriptors:

Goal: Goal 4B To significantly reduce the State mentally ill/co-occurring homeless census by appropriately housing and providing effective, accessible mental health treatment services.

Target: To stabilize and improve the functioning level and quality of life of homeless persons with SMI or homeless persons with co-occurring disorders.

Population: Homeless persons with SMI or co-occurring disorders

Criterion: 4: Targeted Services to Rural and Homeless Populations

Indicator: Number of SMI/co-occurring homeless reported housed and receiving mental health services during the fiscal year.

Measure: Count of persons with SMI or Co-occurring who are housed and receiving mental health services.

Sources of Information: VO-NM MIS, NM PATH Programs. (05 data reflects number of enrolled persons in the PATH program.)

Special Issues: This measure will change in FY-08 to align with the Governor's Performance Measure- to increase perceivable of adults with mental illness and/or substance abuse receiving services with decent, safe and affordable housing. Given the transformation of the New Mexico behavioral health service system, both Medicaid and Non-Medicaid consumers served by VO-NM will be included.

Significance: [G 2] Homelessness is a major deterrent in providing an integrated continuum of mental health services. Assuring access to case management services for persons diagnosed with a serious mental illness is a critical service for the homeless population. Both the President's New Freedom Commission Report Goal 2 and the HUD report on Chronic Homelessness have identified housing as a key critical factor/service in a responsive mental health system.

Activities and strategies/changes/innovative or exemplary model: FY-07 continued the implementation of the collaborative approach to the purchasing of public behavioral health services through a contract with ValueOptions of New Mexico. In previous years, under the Regional Care Coordination Plan (RCCP), persons who are homeless and meet clinical criteria for behavioral health services were considered an automatic priority. This prioritization has not changed under the ValueOptions contract.

The Behavioral Health Purchasing Collaborative has commissioned the development of a statewide housing plan that will reflect the housing development, housing support and supportive service needs of the populations served under the ValueOptions contract. This plan will be completed during FY-08 and pilots will be implemented.

Target Achieved or Not Achieved/If Not, Explain Why: FY-06 goal was to establish baseline and FY-07 was to exceed this target by 1%. 1.84% is percentage reported in GPM's.
Foot Notes

*Transformation infrastructure and service activity: both relating to supported housing.
Name of Implementation Report Indicator: Universal Screening

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Table Descriptors:
**Goal:** Goal 4A All adults who enter the public health clinics in Taos, Las Vegas, and Raton, will be screened for indications of substance abuse and mental health problems.

**Target:** To increase the number of substance abuse screenings in public health clinics in Taos, Las Vegas, and Raton.

**Population:** Adults who are non-dependent on substances, but who are at risk for substance abuse.

**Criterion:** 4: Targeted Services to Rural and Homeless Populations

**Indicator:** Number of people who receive substance abuse and mental health screenings in public health clinics in Taos, Las Vegas, and Raton.

**Measure:** Number of people who receive substance abuse and mental health screenings in public health clinics in Taos, Las Vegas, and Raton. FY-07 target was 300 people in the 3 public health centers.

**Sources of Information:** Screening, Brief Intervention, Referral and Treatment Grant (SBIRT).

**Special Issues:** • Contract with Public Health Division of the New Mexico Department of Health, • Workforce issues, and • Continued funding after SBIRT grant ends (sustainability), • One pilot site was changed from Chimayo to Las Vegas. • One Measures are reduced in FY07 due to the fact that the final year of the SBIRT grant is only six months. Given that this grant will expire, a strategy is being developed to incorporate the gains towards universal screening beyond the pilot sites and programming.

**Significance:** Screening for co-occurring disorders plays an integral role in the evaluation process.

**Activities and strategies/changes/innovative or exemplary model:** [G 3, 4] The primary care settings that have behavioral counselors paid through this grant include primary care clinics in rural areas, three public health offices in rural areas, and 8 school based health centers.*

**Target Achieved or Not Achieved/If Not, Explain Why:** Target achieved.
* Transformation services activity: school based mental health services and co-occurring services.
Name of Implementation Report Indicator: Workforce Development Program

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Table Descriptors:
Goal: Goal 5A To create an environment that will improve recruitment, retention and competence in behavioral health providers.

Target: To increase the number of behavioral health professionals practicing within the Collaborative/VO provider system in New Mexico.

Population: Providers of behavioral health services, including clinicians and program administrators; consumers; state agency staff, and other appropriate professionals.

Criterion: 5:Management Systems

Indicator: The number of behavioral health professionals practicing within the Collaborative/VO provider system in New Mexico.

Measure: The number of behavioral health professionals practicing within the Collaborative/VO provider system in New Mexico.

Sources of Information: Survey of behavioral health providers within the Collaborative/VO system conducted in SFY 2006 and SFY 2007

Special Issues: Three 2006 Legislative bills that removed administrative barriers to the process of bringing experienced behavioral health providers to New Mexico passed. Through this legislation, mechanisms for simplifying the process for reciprocity for qualified practitioners were eased for the Boards of counseling and therapy, psychology, and social work.

Significance: A workforce development program must be formalized that assist behavioral health professionals and consumers to stay abreast of changes in the service delivery field; help maintain professional licensure/certification; continue the effort towards recognizing and effectively treating behavioral health disorders; and empower consumers through their involvement at all levels of service delivery which includes professional training. Recruitment and retention are critical factors in a cost effective and efficient healthcare delivery system and have been identified as issues to be placed at the forefront of current and future workforce endeavors.

Activities and strategies/ changes/ innovative or exemplary model: The transition from the Regional Care Coordination Plan to ValueOptions, the state wide entity charged with providing behavior health services, began July 1, 2005 and has just entered its second year of operation. This change from a regional-based to statewide-based service administration has led to a new approach to updating the direct care providers and agencies on newly emerging treatment modalities, evidence-based and best practices as well as providing competency-based trainings for clinicians. New Mexico Consortium for Behavioral Health Training and Research (NM CBHTR). State fiscal year 2007 focused on The New Mexico Consortium for Behavioral Health Training and Research (CBHTR) has been working towards improved workforce development by determining the State’s behavioral health needs through a compilation and assessment of BH providers identified for each of the thirty-three New Mexico counties. In addition, the scope of existing training resources has been identified through a mapping of behavioral health education and training programs offered through New Mexico universities and colleges by county. Further, an on-going compilation of New Mexico conferences and workshops providing training opportunities towards specialized interests and
continuing education opportunities is underway. Resources in telehealth have been surveyed to identify technical needs and access for existing and potential rural training.

**Target Achieved or Not Achieved/If Not, Explain Why:**

While passage of legislation in FY-06 supports workforce increases, NM CBTHR focused efforts in FY-07 on improved workforce development through other mechanisms, including the upgrading of knowledge, skills and abilities of current workforce.
**Name of Implementation Report Indicator:** Increased Access to Services (Number)

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**Table Descriptors:**

**Goal:** Increase access to services for children with SED/NBD.

**Target:** To increase the number of children receiving mental health services

**Population:** Children and youth with severe emotional disorders and or neurobiological disorders, aged birth to 21.

**Criterion:**
- 2: Mental Health System Data Epidemiology
- 3: Children's Services

**Indicator:** The number of children and youth receiving mental health services during the fiscal year. At a minimum, annual service total will be maintained.

**Measure:** In FY07 VO-NM, as the single entity managing children and youth mental health services, is continuing to report on the unduplicated count of mental health service provided to recipients funded through CYFD General Fund and Medicaid services.

**Sources of Information:**
- Medicaid and CYFD funded Treatment Foster Care recipients have been added, raising the SED population. Data is from VO-NM system.

**Special Issues:** Target for FY07 have been left blank, due to major system transformation occurring in the behavioral health service system in New Mexico. FY07 data reflects 15 combined funding streams managed for the state by ValueOptions. Previous children's data were drawn only from CYFD contractor funding. In this application an initial follow up cooperative effort with New Mexico HSD/Medicaid allowed for combined figures in Treatment Foster Care. This is reflected in the Evidence Based Section of this Application as well.

**Significance:** The FY05 data reflects the last year in which CYFD's direct service recipients were the sole basis for reporting on this indicator. FY 07 data reflects the combined and cooperative efforts at identifying the SED population and total service recipients. Community based mental health services are critical support services that reduce the need for more intensive and expensive services and out-of-home placements among children and youth with severe emotional disorders (SED) or neurobiological disorders (NBD).

**Activities and strategies/ changes/ innovative or exemplary model:**
The target population for this indicator is children and youth, through age 21 years, who have a current serious emotional disorder (SED) or neurobiological disorder (NBD), specifically resulting in a severe compromise in current level of functioning or a substantial risk of out-of-home placement. In order to minimize later need for more intensive services, including out-of-home placements and hospitalizations, CYFD, through VO-NM, has provided funding to community-based service providers on a state-wide basis. The providers have been contracted to deliver an array of services including several types and levels of assessment, a full range of therapy services, substance abuse counseling, shelter care, wilderness experience, safe house interviews and advocacy services.

In SFY06, VO-NM began managing the provider network of care. CYFD, in conjunction with the Purchasing Collaborative partners and with VO-NM, concentrated on the development and implementation of evidence based services as well as oversight of ValueOptions performance and delivery of services for children. FY 07 system transformation included the expansion of...
these services.

Target Achieved or Not Achieved/If Not, Explain Why:

Number of children served with SED in FY-2007 is 2,624, which is an increase from FY-2006 in number of children served.
Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

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Table Descriptors:
- **Goal:** National Outcome Measure is not applicable.
- **Target:** National Outcome Measure is not applicable.
- **Population:** National Outcome Measure is not applicable.
- **Criterion:** 1: Comprehensive Community-Based Mental Health Service Systems
  3: Children's Services
- **Indicator:** National Outcome Measure is not applicable.
- **Measure:** National Outcome Measure is not applicable.

**Sources of Information:**

**Special Issues:** SAMHSA has clarified with CYFD that state operated RTC's were are not to be considered "state psychiatric hospitals" as defined in the criterion. Therefore, since the state of New Mexico does not operate any psychiatric hospital services for children, this National Outcome Measure is not applicable.

**Significance:** National Outcome Measure is not applicable.

**Activities and strategies/ changes/ innovative or exemplary model:** National Outcome Measure is not applicable.

**Target Achieved or Not Achieved/If Not, Explain Why:**
Child - Implementation Report

Transformation Activities:

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

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Table Descriptors:

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Target:
Population:
Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services
Indicator:
Measure:
Sources of Information:
Special Issues: As noted in the 30-day measure, the state of New Mexico does not operate any psychiatric hospital services for children. As such, this National Outcome Measure is not applicable.
Significance:

Activities and strategies/changes/innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:
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### Goal:
Children and adolescents in New Mexico will receive services that are recognized as evidence based, that are delivered in a timely, culturally competent manner, which promote recovery and enhanced quality of life.

### Target:
New Mexico will improve quality and appropriateness of care provided to children and adolescents.

### Population:
Children and youth with serious emotional disorder (SED) or neurobiological disorder (NBD) who are at risk of out of home placement.

### Criterion:
1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

### Indicator:
Baseline measure of the number of children's evidence-based practices provided by New Mexico.

### Measure:
Number of children's evidence-based practices provided in New Mexico in FY-2007 were expanded to other parts of the state. These EBP's were MST, FFT, TFC.

### Sources of Information:
CYFD MIS and Facts systems, VO-NM MIS and data base.

### Special Issues:
Incorporate these goals into the state system of care. Integration is intended to result in better services for clients served by state systems, in particular the Medicaid, corrections, juvenile justice, and protective services systems.

### Significance:
A major outcome of the development of a community-based system of care is quality and appropriateness of care.

### Activities and strategies/changes/innovative or exemplary model:
Current evidence-based practices identified by SAMHSA for children and adolescents that have been implemented in New Mexico are: Therapeutic Foster Care (TFC), Functional Family Therapy (FFT) and Multi-Systemic Treatment (MST). CYFD will continue to work with its own staff, local providers, ValueOptions, The New Mexico Behavioral Health Collaborative and directly with other State agencies to develop services and track children and adolescents who receive services from evidence-based programs. The system of referrals has was expanded in FY07 to insure that appropriate children in the CYFD Juvenile Justice System and CYFD Protective Services are treated with evidence based services. In FY07, a pilot project on Multidimensional Treatment Foster Care (MTFC) was initiated and is currently being reviewed.

### Target Achieved or Not Achieved/If Not, Explain Why:
The MTFC project was initiated in FY-2007 in one pilot site. Reasons for project closure are being investigated.
Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Therapeutic Foster Care (Number)

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<td>N/A</td>
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</tr>
</tbody>
</table>

Table Descriptors:

Goal: Children and adolescents in New Mexico will receive evidence based services and interventions delivered in a timely, culturally competent manner, that promotes recovery and increased quality of life.

Target: New Mexico will improve quality and appropriateness of care provided to children and adolescents.

Population: Children and youth with or at risk of serious emotional disorder (SED) or neurobiological disorder (NBD).

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: Baseline measure of the number of SED/NBD children and youth receiving evidence-based practices.

Measure: Number of SED/NBD children and youth aged 0-17, who are receiving TFC, FFT or MST services.

Sources of Information: VO-NM has cooperated with HSD Medicaid and CYFD in creating a combined count for TFC. The following are sources of information: CYFD MIS, Medicaid MIS and VO-NM data base.

Special Issues: CYFD has worked with Medicaid to develop a reporting method for TFC for the State in FY05. In FY07 most CYFD Services have been tracked through data collection and reporting by ValueOptions. CYFD also tracks MST use through a partnership with the local providers as well as contracted evaluators. FFT is coordinated through Juvenile Justice Services at CYFD and the information is readily available on the Family Automated Client Tracking System (FACTS).

Significance: TFC is considered an evidence based practice by SAMHSA. A major outcome of the development of a community-based system of care is quality and appropriateness of care.

Activities and strategies/changes/innovative or exemplary model: Current evidence-based practices identified by SAMHSA for children and adolescents that have been implemented in New Mexico are: Therapeutic Foster Care (TFC), Multi-Systemic Treatment (MST) and Functional Family Therapy (FFT). TFC was implemented 12 years ago and has grown to serve a capacity of around 450 children/adolescents on any given day. CYFD continues to work with its staff and local providers through VO-NM to identify, develop and implement evidence-based practices services.

Target Achieved or Not Achieved/If Not, Explain Why: CYFD is working with VO to insure appropriate utilization of TFC. Data reported in FY-07 by VO indicates 110 children with SED in TFC.
**CHILD - IMPLEMENTATION REPORT**

Name of Implementation Report Indicator: Evidence Based - Number of Persons Receiving Multi-Systemic Therapy (Number)

<table>
<thead>
<tr>
<th>(1) Fiscal Year</th>
<th>(2) Performance Indicator</th>
<th>(3) Numerator</th>
<th>(4) Denominator</th>
<th>(5) FY 2007 Target</th>
<th>(6) FY 2007 Percentage Attained</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2005 Actual</td>
<td>N/A</td>
<td>410</td>
<td>8,397</td>
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<td>FY 2006 Actual</td>
<td>.18</td>
<td>446</td>
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<tr>
<td>FY 2007 Target</td>
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<td>505</td>
<td>107.45</td>
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<td>FY 2007 Actual</td>
<td>505</td>
<td>N/A</td>
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Table Descriptors:

**Goal:** Children and adolescents in New Mexico will receive evidence based services and interventions delivered in a timely, culturally competent manner, that promotes recovery and increased quality of life.

**Target:** New Mexico will improve quality and appropriateness of care provided to children and adolescents.

**Population:** Children and youth with or at risk of serious emotional disorder (SED) or neurobiological disorder (NBD).

**Criterion:**
1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

**Indicator:** Baseline measure of the number of SED/NBD children and youth receiving MST.

**Measure:** Number of SED/NBD children and youth aged 0-21, who are receiving TFC, FFT or MST services.

**Sources of Information:** CYFD/FACTS, MST National, FocusEval, Inc. VO-NM MIS

**Special Issues:**
Youth who receive MST services are entered into a national data base for outcome measurements, into an enhanced tracking system designed specifically for New Mexico, as well as tracked for recidivism through a link to the CYFD FACTS system. The introduction of FFT in FY06 negatively impacted referrals to MST. CYFD is addressing this issue through clarifying the triage and referral process. A study conducted by the Technical Assistance Collaborative focusing on this issue in FY06 resulted in the development of an EBP group being developed during FY-07 to identify and problem-solve implementation and other related issues.

**Significance:** A major outcome of the development of a community-based system of care is quality and appropriateness of care.

**Activities and strategies/ changes/ innovative or exemplary model:**
Current evidence-based practices identified by SAMHSA for children and adolescents that have been implemented in New Mexico are: Therapeutic Foster Care (TFC), Multi-Systemic Treatment (MST) and Functional Family Therapy (FFT). MST was implemented five years ago and has seen significant growth from two teams by two providers to nine teams by five providers. CYFD will continue to work with its staff and local providers to identify, develop and implement evidence-based practices services. Additionally, CYFD will continue to work with VO-NM, local providers and other State agencies to track children and adolescents who receive evidence-based services.

**Target Achieved or Not Achieved/If Not, Explain Why:**
Target achieved
**Name of Implementation Report Indicator:** Evidence Based - Number of Persons Receiving Family Functional Therapy (Number)

<table>
<thead>
<tr>
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<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
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</thead>
<tbody>
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<td><strong>Fiscal Year</strong></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Performance Indicator</strong></td>
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<td>.40</td>
<td>800</td>
<td>674</td>
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<td>84.25</td>
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<td><strong>Numerator</strong></td>
<td>474</td>
<td>1,003</td>
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<tr>
<td><strong>Denominator</strong></td>
<td>8,397</td>
<td>2,473</td>
<td>--</td>
<td>N/A</td>
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</tr>
</tbody>
</table>

**Table Descriptors:**

**Goal:** To maintain a statewide FFT program embedded in the CYFD Juvenile Justice System.

**Target:** New Mexico will improve quality and appropriateness of care provided to children and adolescents.

**Population:** Children and youth with or at risk of serious emotional disorder (SED) or neurobiological disorder.

**Criterion:**
1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

**Indicator:** Baseline measure of the number of SED/NBD children and youth receiving FFT services.

**Measure:** Number of SED/NBD children and youth aged 0-21, who are receiving TFC, FFT or MST services.

**Sources of Information:** CYFD FACTS, VO-NM MIS

**Special Issues:** FFT is coordinated through Juvenile Justice Services at CYFD. The information is readily available on the Family Automated Client Tracking System (FACTS).

**Significance:** FFT is a component of an array of evidence based services aimed at reducing New Mexico's rate of residential treatment center placements. A major outcome of the development of a community-based system of care is quality and appropriateness of care.

**Activities and strategies/changes/innovative or exemplary model:** Current evidence-based practices identified by SAMHSA for children and adolescents that have been implemented in New Mexico are: Therapeutic Foster Care (TFC), Multi-Systemic Treatment (MST) and Functional Family Therapy (FFT). FFT was implemented midway through FY 05 and has grown rapidly as indicated in the data tables. CYFD, in collaboration with VO-NM are developing and implementing a process to insure appropriate referrals to each of its evidence based services in a coordinated manner. CYFD will continue to work with its staff and local providers to identify, develop and implement evidence-based practices services. Additionally, CYFD will continue to work with VO-NM, local providers and other State agencies to track children and adolescents who receive evidence-based services.

**Target Achieved or Not Achieved/If Not, Explain Why:** 07 target was set prior to review of data from JJS.
Name of Implementation Report Indicator: Client Perception of Care (Percentage)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
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<th>Numerator</th>
<th>Denominator</th>
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<tr>
<td>FY 2006 Actual</td>
<td>.81</td>
<td>600</td>
<td>744</td>
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<tr>
<td>FY 2007 Target</td>
<td>.81</td>
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<tr>
<td>FY 2007 Actual</td>
<td>91.38</td>
<td>731</td>
<td>800</td>
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<tr>
<td>FY 2007 Percentage Attained</td>
<td>11,281.48</td>
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Table Descriptors:
**Goal:** People in New Mexico will receive services and interventions delivered in a timely, culturally competent manner, which promote recovery and increased quality of life.

**Target:** New Mexico will improve quality and appropriateness of care provided.

**Population:** Children and youth with a serious emotional/neurobiological disorder.

**Criterion:**
1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

**Indicator:** Percentage of consumers that report satisfaction with treatment.

**Measure:**
Numerator: The Average Proportion Positive of all responses to the satisfaction subscale.
Denominator: Total responses reported in the outcome domain on the adult consumer survey (families).

**Sources of Information:**
Mental Health Statistics Improvement Project (MHSIP) instrument consumer survey for adults and children. Telephonic and mailed surveys were used. Data for children will be available starting in the FY06 Block Grant Implementation report.

**Special Issues:**
In FY07 CYFD introduced a number of initiatives designed to which should reduce the state's level of out-of-home/residential treatment services and increase client satisfaction with services (children, youth and their families). Community based, evidence based/best practice services have been shown to be more effective than residential treatments. A collaborative/interdepartmental approach in New Mexico should assist in the increased availability of these services in forthcoming years.

**Significance:**
FY06 was the first year that CYFD reported consumer satisfaction baseline data on behavioral health services for children and youth. A major outcome of the development of a community-based, consumer driven system of care is quality and appropriateness of treatment. The children's consumer survey should reflect an increasing satisfaction with state supported programs in broadening areas of service.

**Activities and strategies/changes/innovative or exemplary model:**
The NM Consumer Satisfaction Project (CSP) is a statewide consumer-driven continuous quality improvement activity which surveys consumer satisfaction with state-funded treatment and support services. New Mexicans receiving mental health and substance abuse services are responsible for or play a major part in project coordination, design, implementation, data collection, and information dissemination. The CSP survey instrument is based on the 38-item Mental Health Statistics Improvement Project (MHSIP) instrument and includes items on substance abuse, housing, employment, and consumer empowerment. The instrument is delivered in both English and regional Spanish. The annual survey is measured on five scales: Access, Appropriateness, Satisfaction, Effectiveness, and Empowerment (the latter scale is unique to New Mexico).

In FY0, CYFD continued its collaboration in funding, designing and delivering the Consumer Satisfaction Survey using monies provided by the federal Data Infrastructure Grant. Respondents were identified as any individual (in the case of a child-the parent or guardian) who received services funded by any of the three health and human services state agencies.
(CYFD, HSD and DOH) in the previous year.

Target Achieved or Not Achieved/If Not, Explain Why:

91.4% reported satisfaction (families) in annual survey. Target met.
**Name of Implementation Report Indicator:** Provide Co-occurring Disorders Treatment

<table>
<thead>
<tr>
<th>(1) Fiscal Year</th>
<th>(2) FY 2005 Actual</th>
<th>(3) FY 2006 Actual</th>
<th>(4) FY 2007 Target</th>
<th>(5) FY 2007 Actual</th>
<th>(6) FY 2007 Percentage Attained</th>
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</thead>
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<td>Performance Indicator</td>
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<td>N/A</td>
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</tr>
<tr>
<td>Denominator</td>
<td>N/A</td>
<td>N/A</td>
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<td>N/A</td>
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</table>

**Table Descriptors:**

**Goal:** Establish baseline. Identify, measure and treat youth with COD. Providing co-occurring treatment is a NM Children's BH system transformation activity. NFG:2.1, 2.4, 4.3, 5.2. Comprehensive BH Plan Goal and NM Performance Measure 6 & 17.

**Target:** Provide a statewide system of integrated, evidence based services for SED/NBD youth with co-occurring disorders.

**Population:** SED/NBD children and youth receiving services in the public New Mexico behavioral health system.

**Criterion:** 1: Comprehensive Community-Based Mental Health Service Systems

**Indicator:** Numerator: Percent of youth receiving co-occurring treatment services. Denominator: Youth identified as SED/NBD in the New Mexico public behavioral health system.

**Measure:** Number of youth receiving co-occurring disorders treatment.

**Sources of Information:**
- CYFD FACTS: Juvenile Justice Involvement
- Medicaid/ValueOptions: Data Base reporting on co-occurring population and services. · http://www.reclaimingfutures.org/quickfacts.asp · Interviews with COSIG Implementation Team.

**Special Issues:** Recent studies show effective drug and alcohol treatment requires a “network” of community support and treatment providers for the young person’s success in the community. Teens with substance-abuse issues who receive care through this network fare much better than those not receiving it. In a recent study which linked youth to such a network, after 12 months, less than half as many of these youth (compared with a control group) were back in confinement and more than twice as many continued to abstain from subsequent drug and alcohol use. The COD model which is selected by CYFD will no doubt utilize a network of services and providers. CYFD has experience in implementing evidence based, multi-systems models.

**Significance:** The establishment of an evidence based, co-occurring treatment system for youth is a state behavioral health system transformation activity. Such a system addresses a major gap in services in New Mexico as well as a performance issue which is high on the list of federal, state and local concerns. A COD youth service system is a complex piece of cooperative work amongst multiple levels of providers and systems. Most of the successful programs are comprehensive: they address the multiple problems of children, youth, or families wherever they arise—in the family, the community, the health-care and school systems, and the housing and labor markets. They tend, insofar as possible, to deal with the roots of those problems, rather than just the symptoms, and they are typically inspired by some of the best thinking we have on the causes of violent crime, delinquency and of child maltreatment.

**Activities and** Given the transformation of behavioral health services in New Mexico, efforts regarding the
design and implementation of treatment services for co-occurring disorders for youth in the state were delayed until FY-07. CYFD, in conjunction with VO-NM and as part of the Co-Occurring Disorders State Incentive Grant (CO-SIG) under BHSD was engaged in one pilot site during FY07. This site began the implementation of the model and received extensive training on both fidelity to the EBP and outcomes resulting from the use of the EBP.

The goal is to implement a statewide system for treatment of COD amongst SED/NBD youth. It is anticipated that this pilot will allow CYFD and VO-NM to identify key strategies in the implementation of EBPs for all children and youth served by the transformed behavioral health service system.

FY-07 has served as the pilot year for the implementation of this EBP and preliminary baseline data is being reviewed.
Transformation Notes: Mental Health Transformation Services- Track and provide co-occurring services.
**Transformation Activities:**

**Name of Implementation Report Indicator:** Reduce Out-of-Home Treatment for SED/NBD Population

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Performance Indicator</th>
<th>Numerator</th>
<th>Denominator</th>
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<td>N/A</td>
</tr>
<tr>
<td>FY 2007 Target</td>
<td>5,000</td>
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<td>N/A</td>
</tr>
<tr>
<td>FY 2007 Actual</td>
<td>N/A</td>
<td>--</td>
<td>N/A</td>
</tr>
<tr>
<td>FY 2007 Percentage Attained</td>
<td>N/A</td>
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</table>

**Table Descriptors:**

**Goal:**
Provide increased evidence and best practice community based services to more effectively serve the target population. New Freedom Goals: 2.3, 2.4, 2.5.

**Target:**
Reduce the use of out-of-home placement for those in the target population who would be better served with evidence/best practice based community services.

**Population:**
Severly emotionally/neurobiologically disturbed youth, 18 and under in age.

**Criterion:**
1: Comprehensive Community-Based Mental Health Service Systems

**Indicator:**
Numerator: In FY05 number of SED youth in out-of-home placement reported by Medicaid. Denominator: Not available from Medicaid for FY05.

**Measure:**
The number of SED youth placed out of the home for behavioral health treatment as reported by Medicaid. CYFD acknowledges that members of the target population will experience multiple out-of-home placements in a given year and over the course of treatment.

**Sources of Information:**
New Mexico Medical Assistance Division (Medicaid) services and reimbursement as managed and reported by ValueOptions.

**Special Issues:**
Reducing out-of-home placement of SED/NBD youth is a behavioral health system transformation goal for New Mexico. It is also linked to the state's Comprehensive Behavioral Health State Plan.

In FY-05, there were almost 5,380 youth in therapeutic out-of-home placements in New Mexico. Forty-five percent (45%) of these youth were place in Accredited Residential Treatment Centers (ARTCs), 23% were in non-accredited residential treatment centers (RTCs) or group homes (GH), and 22% were in therapeutic foster care (TFC). Total expenditures for these out of home placements were approximately $55.8 million. Of this $55.8 million (M), with $18.3M was for youth in therapeutic foster care settings.* In response to this heavy use of out-of-home placement, CYFD implemented the development of the Clinical Home Project during FY-06 and FY-07, in conjunction with VO-NM and the Collaborative.

In coordination with 10 behavioral health providers, a nine-month pilot was tested during FY-07 to determine if youth at risk of or returing from out-of-home placement could be successfully served in community settings.

Clinical home is a model of providing behavioral health care in a coordinated manner. In a clinical home, a designated provider helps a consumer coordinate and manage all of their care. This empowers individuals, families and providers to work as partners in their care in a spirit of personal and organizational accountability. The goal is to create a holistic and well-monitored treatment experience. This requires services to be accessible, family centered, coordinated and culturally appropriate.

Clinical homes are multi-service agencies (or clusters of agencies) that will provide essential community-based services to participants in the pilot project. Services include, but are not
limited to assessment, treatment planning, substance abuse and mental health services and adolescent and family support services. The pilot agency coordinates care and follows the youth even when referred to another agency for services.

The Collaborative has contracted with a qualified evaluator to conduct an evaluation of the pilot, which served youth in Albuquerque, Las Cruces and Santa Fe. This review will be completed in January, 2008. Based on the review of this evaluation, a plan for implementing clinical homes across the state will be developed, reviewed with each local collaborative and other key stakeholders and implemented as appropriate.

CYFD is also participating in the introduction of Comprehensive Community Support Services (CCSS: Described below), as an additional means of addressing the needs of youth at risk for out-of-home placement as well as returning from such placement. In cooperation with the HSD Medical Assistance Division (Medicaid), CYFD is working to introduce CCSS to staff and provider agencies throughout the state for a SFY08 second quarter start date.

Significance:
A New Mexico children's behavioral health system transformation goal: The New Mexico Children, Youth and Families Department is undertaking the measurement of a new State Performance Indicator in the FY07 CMH Block Grant Application. The indicator has two parts to its measurement: 1. Reduce youth out-of-home behavioral health treatment placement and, 2. Increase number of youth accessing effective community based services. This latter indicator will be reported as part of the “Increased Access to Services” National Outcome Measure. Reducing out-of-home placement is a key element in the New Mexico Behavioral Health children’s system transformation effort. It is central to the goals of CYFD, the State Comprehensive Behavioral Health Plan and the New Mexico Behavioral Health Collaborative.

Making progress toward this goal requires an increase in evidence and best practice based community services as well as an increase in the number and accessibility of all community based mental health services for youth and their families. In a cross agency, collaborative effort, CYFD is participating in the introduction of Comprehensive Community Support Services (CCSS is described below), as an additional means of addressing the needs of youth at risk for out-of-home placement as well for those returning from such placement. In cooperation with the HSD Medical Assistance Division (Medicaid) CYFD is working to introduce CCSS to state staff and provider agencies throughout the state for a SFY08 second quarter start date.

Activities and strategies/ changes/ innovative or exemplary model:

STRATEGIES BEING INITIATED TO REDUCE RESIDENTIAL TREATMENT FOR YOUTH

1) COMPREHENSIVE COMMUNITY SUPPORT SERVICES (CCSS): CCSS is a new service being added to the Medicaid state plan and state funded only menu of services for children and adults. CCSS is a community-based service based on the concepts of recovery and resiliency. It includes those services formerly included in case management but also includes psychosocial rehab, life skills and peer supports. CCSS is designed to be more consumer driven with an emphasis on delivering the services and supports necessary to maintain SDMI adults and SED/NBD children and adolescents in the community. It will replace case management on or around January, 2008.

2) CORE SERVICE AGENCIES (CSAs) Please note discussion under special issues regarding this pilot. Expansion of this service beyond the pilot site will be considered after the January, 2008 evaluation is completed and reviewed by the Collaborative and CYFD.

3) REDEFINE RESIDENTIAL TREATMENT LEVELS OF CARE The Behavioral Health Purchasing Collaborative will re-define residential levels of care. This will include revision of service descriptions and criteria to utilize residential treatment services in a manner more consistent with need and philosophy. Accredited residential treatment centers (ARTC’s), group homes and treatment foster care will be the only out-of-home placement levels of care.

4) EXPAND NUMBER OF EVIDENCED BASED PRACTICES AND NUMBER OF
CLIENTS SERVED In addition to the development of CCSS, community based evidenced based practice will be emphasized. Multi-Systemic Therapy is being added to the Medicaid state plan and expanded as appropriate. See the NOM on Evidence Based Practice in this application.


Target Achieved or Not Achieved/If Not, Explain Why:

As noted above, the utilization of out-of-home placements in New Mexico is being addressed through several strategies.
Transformation Notes: Mental Health Transformation Infrastructure Activity- Development or expansion of provider network. Utilize evidence based practices.
November 30, 2007

The Honorable Bill Richardson
Governor of New Mexico
State Capitol Building, Room 400
Santa Fe, New Mexico 87501

Honorable Governor Richardson:

The New Mexico Behavioral Health Planning Council (BHPC), in its role as the single statewide advisory body for the behavioral health system for children, adolescents and adults has conducted a review of the SFY-07 (FF-08) Implementation Report for the Community Mental Health Services (CMHS) Block Grant.

Reviewers note the following concerns and recommend that these concerns be addressed in SFY-08:

Lack of goals on inpatient or outpatient treatment for problems associated with Substance Abuse (Alcohol, Drugs, etc.), including lack of funds for involuntary treatment. A recommendation is made that this concern be addressed as part of the Native American Strategic priority;

Criteria for providing Traditional Healing Services and liability insurance for practitioners of Traditional Healing Practices, as required by the Single State Entity; and

Focus on the reduction of out-of-home placements for children in tandem with the creation of additional community-based services.

The Council values and welcomes the opportunity and responsibility given to each and everyone of us as a group and individually, in pledging support to the changes and challenges for the transformation of behavioral health services for our state. The leadership from your Office and the Collaborative improves overall behavioral health services in New Mexico.

Respectfully submitted,

Trinidad de Jesus Arguello, PhD
Chairperson, Behavioral Health Planning Council
OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.