New Mexico Behavioral Health Collaborative

Behavioral Health Strategic Plan
DRAFT 3/30/07

VISION

A single behavioral health service delivery system in New Mexico in which behavioral health consumers are assisted in participating fully in the life of their communities; the support of recovery and development of resiliency are expected; behavioral health is promoted; the adverse effects of substance abuse and mental illness are prevented or reduced; and available funds are managed effectively and efficiently.

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GOAL I: Assist Consumers to Participate Fully in the Life of Their Communities

1. Adult consumers have housing, employment and/or supports to successfully manage life challenges; to live, work, learn and participate fully in the lives of their communities.

How We Get There…	Measuring Our Performance…	Cost
a. Complete and implement a supportive housing plan to address development of supportive housing units, programs and rental or home ownership assistance b. Develop supported employment plan with identified goals and timelines c. Expand opportunities for consumer and family education, e.g., as leaders in Local Collaboratives, peer specialists, community organizers, Wellness Recovery Action Plan educators, and advocates	Percentage of adults with serious mental illness and/or addictive disorders who: • Live in safe, affordable housing of their choice • Engage in competitive or supported employment of their choice • Report satisfaction with social relationships and engagement in their communities Change in consumer-based scores on self-assessment of recovery over time, e.g. Recovery Assessment Scale (RAS)	

2. Children with serious emotional disturbances are successful in school, engaged in civic life and adequately prepared for successful adulthood.

How We Get There…	Measuring Our Performance…	Cost
a. Establish data interface with PED b. Identify PED's criteria for success in school and apply to SED children and youth to develop a baseline c. Make success in school a required outcome of every individualized treatment plan for children and youth with SED d. Develop standards for behavioral health services in schools e. Train teachers, school officials, parents and others to support success of SED children f. Enhance transitional living support for older youth: service development and financing; provider capacity building; coordination with adult services	Percentage of parents of Seriously Emotionally Disturbed Children (SED) who report that their children are successful in school Percentage of SED children who are successful in school based on the Public Education Department's criteria for school success for all children Number of youth age 15 – 19 with behavioral health diagnoses who report meaningful civic involvement Percentage of SED children who transition from childhood to adulthood with housing, education or employment, and independent living skills	

GOAL I: Assist Consumers to Participate Fully in the Life of Their Communities

3. Consumers play an active and authentic role in Local Collaboratives' (LCs) membership and leadership

How We Get There…	Measuring Our Performance…	Cost
a. Define processes for LCs input to planning, policy-making, legislative priorities, system evaluation b. Ensure LCs have the resources and technical assistance to reach their self-defined goals c. Assist each LC to develop and report a membership list and leadership structure that reflects credible movement toward 50% or greater consumers and families d. Require each Local Collaborative to develop and submit a consumer/family engagement plan for 2008-2010.	Percentage of consumers and their families who report active engagement in LCs Percentage of LCs with leadership structures and membership lists that reflect significant/increasing percentage of consumers Proportion of LCs' activities that reflect significant focus on ideas, problems, and concerns documented as identified by consumers and families.	

4. The Behavioral Health Planning Council (BHPC), comprised of more than 50% consumers and families, is an effective advisory voice to the: Collaborative, Legislature, Governor and Public

How We Get There…	Measuring Our Performance…	Cost
a. Support and assist BHPC to fulfill its roles as delineated in the Collaborative's Matrix of Roles: • Quality/Oversight • Planning • Community Reinvestment • Local Coordination • Legislative Approach • Service Development b. BHPC creates annual work plans and charge for and each of its standing committees; review progress publicly at the end of the year	Number of BHPC policy recommendations that are presented to the Collaborative, Legislature, or Governor. Number of BHPC policy recommendations based on and reflecting stakeholder input	

5. Local service delivery systems are consumer driven and involve families appropriately

How We Get There…	Measuring Our Performance…	Cost
a. Define processes for consumer and family input to service system development, treatment planning, and evaluation b. Require provider governing boards to include appropriate numbers of consumers and families and to reflect the cultural diversity of their communities c. Identify and strengthen consumer family initiatives, activities, and networks	Number of consumers and families reporting satisfaction with services Number of provider governing boards with consumer and family members and cultural diversity reflective of the community served Increase in percentage of service dollars utilized by consumer or family operated services	

GOAL II: Reduce the Adverse Effects of Substance Abuse and Mental Illness

1. Substance abuse services are readily accessible and responsive to consumers' needs.

How We Get There…	Measuring Our Performance…	Cost
a. Develop substance abuse benefit in Medicaid State Plan b. Implement Intensive Outpatient Services, Addiction Severity Index Multi-media Version and American Society of Addiction Medicine (ASAM) placement criteria c. Develop state of the art residential and community-based treatment program in Los Lunas, to serve as statewide resource for training professionals, law enforcement, courts, etc d. Pilot Total Community Approach in three to five sites, including in at least one Native American community e. Expand DWI Treatment options in coordination with DWI Czar	Increases in: • Number of individuals served annually in substance abuse programs through the statewide entity • Percentage of people receiving substance abuse treatment who demonstrate improvement on three or more domains of Addiction Severity Index Decreases in: • Number of DWI arrests among persons receiving substance abuse services through the statewide entity • Number of illicit drug arrests among persons receiving substance abuse treatment and service through the SE	

2. Persons needing services, no matter where they live, easily access a community-based service system that is clinically sound, utilizes evidenced-based practices, as appropriate, and is culturally competent.

How We Get There…	Measuring Our Performance…	Cost
Implement and evaluate: a. Comprehensive Community Support Services and Core Service Agencies b. Develop Cultural and Linguistic Competency Plan (ethnicity, spirituality, gender, physical ability, culture, sexual identify, literacy level, primary language) c. Inclusion of traditional healers/culturally specific healing practices in service definitions, increasing their use (e.g.. Tribal Healing-to-Wellness/Peacemaker Court) Expand: d. Screening and integrated treatment for consumers with co-occurring disorders e. Assertive Community Treatment f. Mobile crisis units g. Access to clinical services through Telehealth	**Increase:** • Individuals served annually in substance abuse and mental health programs and evidence-based practices/programs • Percent of children with improved functional assessments between admission and discharge in community based programs • Programs/agencies using promotoras, peer specialists, nurse practitioners and/or programs designed specifically for persons who are Native American or who are Spanish-speaking • Percent of adults who present with substance abuse or psychiatric disorders who are screened for Co- Occurring Disorders • Percent of rural and frontier consumers with access to appropriate behavioral health providers within 60 and 90 miles respectively.	

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GOAL II: Reduce the Adverse Effects of Substance Abuse and Mental Illness

3. Persons leaving jails, prisons, juvenile justice facilities and their families receive adequate and appropriate services

How We Get There…	Measuring Our Performance…	Cost
a. Increase provider capacity and services for persons with behavioral health needs leaving jails or prisons, including youth leaving the juvenile justice system b. Increase the use of culturally appropriate evidenced-based practices proven to reduce risk of recidivism, e.g. Assertive Community Treatment, skills training using cognitive behavioral treatment model c. Implement and evaluate program of adolescent transition coordinators supporting youth back into the community from juvenile justice facilities d. Provide judges, attorneys, and parents with knowledge of treatment alternatives to incarceration to facilitate and support jail diversion efforts	Decrease the percent of adults and youth served who have contact with juvenile justice or adult corrections Increase the percent of Juvenile Justice clients completing course of functional family therapy (FFT) who do not become re-involved with the Juvenile Justice system within one year post-discharge Increase the number of youth and adults diverted from custody and referred to community-based treatment Decrease recidivism rates among those previously incarcerated adults receiving evidence-based behavioral health services post-release	

4. High risk individuals and populations have access to specialized services as needed.

How We Get There…	Measuring Our Performance…	Cost
Develop and/or enhance: a. Intensive services/supports for children/ adolescents with behavioral health needs who are in custody or at-risk of out-of-home placement. b. Local capacity for services close to home for children and youth currently placed out-of-state c. Geriatric behavioral health service priorities d. Intensive services/supports for adults with behavioral health needs in custody or receiving protective services e. Services to veterans, returning soldiers, and their families through FY08 Post Traumatic Stress Disorder Pilot of coordinated services, including telehealth, and continuation of Eye Movement Desensitization and Reprocessing g. Options for appropriate assessment, diagnosis, treatment for children and adults with neuropsychological disorders	Increase: • number of high risk individuals served • number of individuals in custody or receiving protective services who receive behavioral health services and supports • number of children and adults with neuropsychological disorders receiving appropriate assessment, diagnosis and treatment Reduce: • Suicide rate (calendar year) among adults 65 years and older per 100,000 • Suicide among adults 65 years and older served by Statewide Entity • Suicide among veterans/returning military served by Statewide Entity Number of children and youth placed out-of-state for care	

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GOAL III: Promote Behavioral Health

1. Youth suicide rates in New Mexico are among the lowest in the nation.

How We Get There…	Measuring Our Performance…	Cost
a. Increase the number of outreach and behavioral health educational presentations to teens. b. Implement and expand prevention and early intervention programs for youth suicide in at least four rural communities in New Mexico c. Educate youth, families and communities on youth suicide issues e. Implement the Suicide Screening Protocol at all School–Based Health Centers.	For youth(ages 15-24) decrease in: • Suicide rates • New Mexico suicide rates as compared to other states • Percent of youth reporting they have considered suicide • Percent of youth who report they have attempted suicide Increase in: • Number of calls to DOH-funded youth response hotline • Number of parents participating in prevention programs	

2. Consumers, family members and the public access information about behavioral health and related services quickly and easily.

How We Get There…	Measuring Our Performance…	Cost
a. Develop and implement a communications plan for internal and external communications including: • Interactive website • Print and electronic media • Public Service Announcements • Forums and Conferences b. Involve consumers and family members in communication plan development and evaluation	Individuals participating in behavioral health informational events evidence increase in knowledge based on pre- and post- event surveys Number of behavioral health website users yearly Individuals using the website report satisfaction based on users completing pop-up evaluation questions Number of Collaborative stakeholders reporting an understanding of Collaborative decision-making procedures	

3. Native Americans are fully engaged in the delivery of prevention services consistent with traditional healing practices.

How We Get There…	Measuring Our Performance…	Cost
a. Support Native American communities to increase awareness and promote community action on issues of youth suicide, teen pregnancy, domestic violence, substance abuse and alcohol b. Increase Intergovernmental	Decrease in suicide rate among Native Americans Increase Number of Intergovernmental agreements with tribes, Pueblos, and Indian Nations relating to prevention activities	

GOAL III: Promote Behavioral Health

Agreements (IGAs) with tribes, pueblos, and Nations to refer youth to Tribal Healing-to-Wellness & Peacemaker Courts		

4. All children, from birth, receive appropriate prevention and early intervention services.

How We Get There…	Measuring Our Performance…	Cost
a. Implement universally-available, voluntary home visiting to promote the healthy development and well-being of newborns, while fostering healthy families b. Support the efforts of the Early Childhood Mental Health Institute and certification of early childhood mental health specialists c. Train families and increase public awareness of the preventability of early problems d. Increase the use of culturally appropriate screening tools in multiple settings to identify behavioral health problems early with appropriate referrals	Increase percent of newborns receiving a home visit Increase number of families accessing local services resulting from home visit referrals Increase in number of certified Early Childhood Mental Health Specialists completing the course of study through the Early Childhood Mental Health Institute Decrease in number of children with behavioral health disorders who enter school with undiagnosed or untreated behavioral health concerns	

5. Consumers and their families live, work, and learn free of stigma.

How We Get There…	Measuring Our Performance…	Cost
Develop and implement : a. A consumer and family driven anti-stigma campaign, which is culturally appropriate b. Outreach programs that acquaint the public with early warning signs and how to best respond to at risk individuals	Consumers and family members report experiencing a reduction in stigma on yearly consumer satisfaction survey	

6. Individuals, families and communities experience personal, physical and social well-being, free of misuse of alcohol, tobacco and other drugs.

How We Get There…	Measuring Our Performance…	Cost
a. Promote positive youth development opportunities in schools, workplaces, juvenile probation/parole, Protective Services, and Juvenile Justice Facilities	Increase in positive behaviors and attitudes per Youth Risk & Resiliency Survey(YRRS) and Risk Factor Surveillance System (BRFSS) for adults	

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GOAL III: Promote Behavioral Health

b. Enhance services to domestic violence victims to improve client competencies in social living, coping, and thinking skills c. Maintain effective prevention strategies that impact availability of illicit drugs in targeted communities d. Build capacity for culturally competent evidence-based alcohol, tobacco and other drug prevention programs for: schools, families, and communities statewide e. Use environmental strategies to impact: • access to and promotion of alcohol use • enforcement of alcohol and drinking and driving laws, • low perceived risk of binge drinking, drinking and driving, and norms accepting of drinking and drugging	Decrease in incidence of domestic violence among families receiving behavioral health services Increase percent of program participants between the ages of 12 – 17 who perceive: • Drugs as harmful • Alcohol as harmful • Tobacco as harmful Reduction in arrests for illicit drug possession in targeted communities Reduction in reported underage drinking	

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GOAL IV: Develop the Behavioral Health Workforce

1. Consumers can easily access highly skilled behavioral health professionals as needed across the state.

How We Get There…	Measuring Our Performance…	Cost
a. Recruit, train, and maintain community health workers to improve outreach efforts in African American communities statewide b. Recruit and retain behavioral health professionals with particular focus for those in rural and frontier areas	Change in number of behavioral health practitioners in high need or shortage areas of the state	

2. Consumers of all cultures across the state have access to evidence-based behavioral health practices and programs.

How We Get There…	Measuring Our Performance…	Cost
a. Implement education and training to increase provider capacity to deliver evidence-based and traditional healing practices and to effectively implement new changes to Medicaid state plan. b. Offer training to behavioral health workforce to increase availability of evidence-based services in rural, frontier, and border counties and regions with attention to cultural appropriateness	Number of behavioral health practitioners trained in and appropriately utilizing evidence-based practices that support recovery and resiliency	

3. Behavioral health providers readily access Telehealth options for service delivery and professional education.

How We Get There…	Measuring Our Performance…	Cost
Work with the Telehealth Commission to: a. Identify and develop plan to remove regulatory and administrative barriers to Telehealth, including reimbursement and prescribing b. Work with the Tribal infrastructure to assess tribal technology infrastructure needs to support Telehealth in tribal communities c. Expand Telehealth services in rural NM d. Set standards for and increase use of Telehealth for behavioral health purposes	Number of linked telehealth services statewide Number of tribes, pueblos, and Indian Nations with telehealth technology Regulatory changes implemented to allow for expanded use of telehealth in behavioral health services Increased telehealth access in rural and frontier areas Using telehealth technology increase: • Number of consumer/provider encounters • Number of hours of behavioral health related training	

GOAL IV: Develop the Behavioral Health Workforce

4. Behavioral health providers complete the licensing process easily and in a timely manner.

How We Get There…	Measuring Our Performance…	Cost
1. Track implementation of legislation (07) that allows experienced and qualified Certified Alcohol and Drug Abuse Counselors (CADACs) to be grandfathered into the system as Licensed Alcohol and Drug Abuse Counselors (LADACs). 2. Continue to track all laws implemented to streamline behavioral health licensing protocols and credentialing to ensure compliance and success 3. Continue to work with the Regulations and Licensing Department to ensure good customer service; to support efforts to achieve effective regulation while reducing administrative requirements; and to educate professionals and the public regarding licensing requirements and process	Number of days between receipt of complete licensure applicant packet to process completion Satisfaction with these processes by behavioral health providers Number of CADACs converted to LADACs	

5. Persons pursuing specialty training in behavioral health find it readily available and coordinated across educational institutions

How We Get There…	Measuring Our Performance…	Cost
a. Develop and staff Consortium for Behavioral Health Training and Research to increase workforce capacity by: • coordinating efforts with institutions of higher learning regarding curriculum development and student recruitment • expanding federal funding of research related to workforce development	Increase: • Private and federal funding for research and grants/project • Number of NM institutions of higher education with expanded behavioral health curricula • Number of NM institutions of higher education pursuing professional training in behavioral health related disciplines • Number of these graduates who remain in New Mexico and practice in the behavioral health service system	

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GOAL V: Manage Available Funds Effectively and Efficiently

1. Consumers and providers are part of the process of using data to continually improve the efficiency and effectiveness of services and track consumers and services across all funding streams

How We Get There…	Measuring Our Performance…	Cost
Develop, with consumers and providers, a Quality Improvement and Data Tracking System which: a. Improves management decision making, decision support, and quality improvement capacities across the Collaborative b. Increases data-driven decision making c. Creates an interagency data warehouse	Increased effectiveness and efficiency of all services in support of greater recovery and resiliency of consumers	

2. Contract obligations are satisfactorily met or revised based on feasibility.

How We Get There…	Measuring Our Performance…	Cost
a. Continue oversight cross agency team and strengthens role of Steering Team in reviewing contract related reporting, etc.	Minutes of Oversight and Steering Team reflect review of Statewide Entity performance and related actions consistent with findings	
b. Regular management reports reviewed and discussed with BHPC, Collaborative and Value Options	Minutes of Collaborative, BHPC, and management meetings with Value Options reflect sharing of information and concerns	

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