



# San Juan County

## 2019 Behavioral Health Gap Analysis



**“Building Bridges”**



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This report was prepared by MAS Solutions, LLC, in partnership with Ericson Consulting, under contract with San Juan County. The team for this project included:

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**SAN JUAN COUNTY  
2019 BEHAVIORAL HEALTH GAP ANALYSIS  
“BUILDING BRIDGES”**

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## EXECUTIVE SUMMARY

### Overview

San Juan County is committed to developing partnerships and taking actions that will improve the behavioral health of its citizens and the delivery of behavioral health treatment and support services essential to achieving that goal. A first step in this process is to produce a behavioral health gap analysis report for the county. The analysis explores gaps and identifies options that provide opportunities to strengthen the behavioral health service system.

The gap analysis team reviewed quantitative data from a variety of sources to complete the report. The team also hosted six (6) focus groups and completed interviews with more than sixty (60) key informants. The project entailed the identification of:

- Programs and/or program elements that are working effectively and present opportunities for enhancement.
- Weaknesses or gaps in categories of service that present opportunities for improvement.
- Specific populations that appear to be more or less likely to access the “right” services in the “right” way at the “right” time.
- The state of community collaboration.
- Options for the county to consider as it looks to take the next steps forward to more effectively address the human, social, and economic cost of unaddressed and under-addressed behavioral health needs.

We were impressed by the commitment, dedication, and passion expressed by those willing to participate in improving behavioral health services for county residents.

### Report Structure & Gaps

The *2019 San Juan County Behavioral Health Gap Analysis Report: Building Bridges* identifies areas where enhancement is necessary to build new bridges and fortify existing ones to more effectively deliver behavioral health services to more citizens in need of such services. As such, there are sections specific to the identified gaps and the development of numerous possible solution options San Juan County can consider. Gaps have been clustered into five major categories:

1. Coordination, Collaboration, & Alignment
2. Public Education & Awareness
3. Services, Treatment, Access, & Capacity
4. Housing, Transitional Living, & Safe Alternatives
5. Behavioral Health Workforce & Psychiatric Services

Charts on subsequent pages in this summary depict identified gaps and potential options for addressing them. More comprehensive information about program and solution opportunities comprise the body of the full report and can be cross-referenced to the charts presented here for significant background and more detailed information. Solution options are presented as short-term, intermediate-term, or long-term. No distinct timeframe on these sets of solution options is provided, rather they indicate initiatives that we believe could be implemented more efficiently and those that may take longer, require that additional obstacles be addressed, and may require the investment of additional resources. The purpose of this presentation is to provide potential options from which county leaders and decision makers can choose to plan and schedule the next necessary steps forward in addressing existing gaps.

It is certainly possible that some solutions offered as short-term will take longer than anticipated and those listed as longer-term may be implemented more efficiently than projected. We are presenting,

based on our experience and that of jurisdictions where we have worked or are familiar with, a basic framework that includes broad timeline categories and rough cost estimates. Detailed fiscal analysis has not been undertaken; it will be incumbent on the county to further and thoroughly research each of the initiatives they choose to pursue prior to embarking on an active implementation plan. In some cases, the cost estimate column includes a “TBD” (To Be Determined) as further analysis will need to occur to determine both feasibility and cost.

This report offers limited fiscal analysis beyond preliminary cost estimates and an initial take on whether expenses are anticipated to be of a recurring or nonrecurring nature or both. There is, however, a discussion regarding both a potential re-design of the Health Care Assistance Program (HCAP) and the use of HCAP fund balances. These balances, projected to be approximately \$4.3 million by the end of Fiscal Year 2019, are a potential and significant source of nonrecurring revenue that could be applied to some of the suggested opportunities. Another potential revenue source is county general operating funds. The county commission also has the authority to impose a one-eighth (1/8) local option tax that would generate a recurring revenue stream which could be used to address some of the pressing behavioral health needs elucidated in this report. The determination of funding sources and levels, and decisions about the extent to which programs are funded on a recurring and/or nonrecurring basis, will be made by county leaders. Some jurisdictions, such as Bernalillo County, NM, have implemented initiatives on a “pilot” project basis, allowing a period of time for evaluating outcomes prior to an ongoing commitment of funding.

### **Solutions & Recommendations**

This report serves as the first step in a multi-step process, just as whatever initial set of solution options the county chooses to pursue will be the first phase of a multi-phase implementation plan. We suggest that one next step in this process is to use the information contained in this analysis to develop a behavioral health strategic plan that delineates specific action steps, adds precision to timelines, and formalizes cost estimates. We further recommend that the county pursue a “combination platter” of solution options, meaning that an effective implementation strategy would include implementing options that begin to address each of the five clusters.

Our highest priority recommendation is that the county proceed immediately in the hiring of a director to support the further evaluation and the efficient implementation of solutions suggested. This individual becomes the first bridge in implementing the report’s primary recommendation of creating a San Juan County Human Services Coordinating Center (HSCC).

This analysis is structured in such a way as to provide the most pointed presentation of gaps and solution options in the following charts. More context and background are provided in subsequent sections. It should be noted that additional and more specific solution options are contained in the body of the report. For instance, there are components of the single “Services, Treatment, Access, & Capacity” chart that are contained in multiple places in the Opportunities Section of the report, such as the “Criminal Justice Diversion” and the “Enhance Services for Children and Families at School” opportunities.

As detailed in the Methodology Section, key informant and focus group interviews were a primary and invaluable source of information for this report. However, in spite of a multitude of concerted and persistent attempts to connect with both key informants and to coordinate a focus group relative to Native American issues, these efforts proved largely unsuccessful and specific input in this regard was limited. This report does contain recommendations (such as home visitation, home-based, and school-

based programs) that, if implemented, will have a positive impact on Native American communities. If the county opts to initiate a behavioral health strategic plan, a primary aspect of that planning process should include an early and comprehensive effort to engage Native American leaders and behavioral health service providers.

We trust that this analysis provides a sufficient level of background, research, context, delineation of service gaps, and potential solution options in support of San Juan County's commitment to take the next necessary steps forward to building new bridges and fortifying existing ones to enhance the effective delivery of behavioral health services to its citizens.

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## COORDINATION, COLLABORATION, & ALIGNMENT

### GAPS

- Lack of central service coordination and provider collaboration
- Low resource awareness and alignment
- No navigation and resource center
- Ineffective and inconsistent provider meetings
- Insufficient data/budget and performance evaluation analysis capacity
- Limited revenue enhancement strategies and grant writing capabilities
- Indirect management of Stepping Up Initiative
- Lack of effective information/data sharing – few agreements are in place between providers to share information
- Lack of effective/consistent warm handoffs among providers and across levels of service

<b>Short-Term Solution Options</b>	<b>Estimated Cost Recurring (R) /Nonrecurring (NR)</b>
Hire a director for the Human Services Coordinating Center (HSCC) to initiate coordination, collaboration, and provider resource alignment initiatives	\$90,000 (R)
Initiate full accounting of resources/budgets dedicated to behavioral health services	Director will initiate
Appoint a .5 FTE project manager for the Stepping Up Initiative	\$45,000 (R)
Develop and implement a provider/resource survey ( <i>see also Public Education &amp; Awareness</i> )	\$15,000 (NR)
Build an interactive website of providers/resources ( <i>see also Public Education &amp; Awareness</i> )	\$5,000 (NR) \$300 Hosting (R)
<b>Intermediate-Term Solution Options</b>	<b>Estimated Cost Recurring (R) /Nonrecurring (NR)</b>
Ensure interactive website of providers/resources is made available and a process for routine updates is established	\$5,000 (NR)
Establish Human Services Coordinating Center (HSCC) <ul style="list-style-type: none"> <li>• Secure location</li> <li>• Hire navigator, budget staff, and incorporate HCAP staff</li> <li>• Establish HSCC website</li> <li>• Assure the ongoing routine updates of providers/resources takes place</li> </ul>	\$300,000 - \$400,000 (R)
Consider changes to the Health Care Assistance Program including a revised role in contracting/contract oversight in support of deliverables-based performance	TBD
<b>Long-Term Solution Options</b>	<b>Estimated Cost Recurring (R) /Nonrecurring (NR)</b>
Expand HSCC Staff – Add Navigation staff and targeted consultant work (e.g. IT, Crisis, Performance Evaluation)	\$100,000 (R)

## PUBLIC EDUCATION & AWARENESS

### GAPS

- Out-of-date and insufficient information on resource availability
- Unaddressed issues around the stigmatization of behavioral health
- Low awareness of service/treatment availability
- Insufficient suicide awareness and prevention efforts
- Low level of community awareness about behavioral health

<b>Short-Term Solution Options</b>	<b>Estimated Cost Recurring (R) /Nonrecurring (NR)</b>
Research no- low-cost solutions such as: NM Prevention ( <a href="http://www.nmprevention.org">http://www.nmprevention.org</a> ) and Stamp Out Stigma ( <a href="http://stampoutstigma.com/index.html">http://stampoutstigma.com/index.html</a> )	\$0
Develop and implement a provider/resource survey ( <i>see also Coordination, Collaboration, &amp; Alignment</i> )	Cost included in previous chart
Ensure availability and access to interactive website of providers/resources ( <i>see also Coordination, Collaboration, &amp; Alignment</i> )	Cost included in previous chart
Develop a comprehensive public/behavioral health strategic plan in concert with the Human Services Coordinating Center (HSCC) director ( <i>see Coordination, Collaboration &amp; Alignment</i> )	\$30,000 (NR)
<b>Intermediate-Term Solution Options</b>	<b>Estimated Cost Recurring (R) /Nonrecurring (NR)</b>
Hire consultant with public education campaign experience	\$55,000 (NR)
<b>Long-Term Solution Options</b>	<b>Estimated Cost Recurring (R) /Nonrecurring (NR)</b>
Implement a comprehensive public health campaign that focuses on mental health and substance use	TBD based on plan elements No less than \$100,000 (NR)



## SERVICES, TREATMENT, ACCESS, & CAPACITY

### GAPS

- Lack of treatment/service capacity
- Fewer treatment options exist for men than for women
- Long wait times for both assessments and treatment
- Lack of services for children and adolescents
- Lack of after-hours services
- Medication management issues
- Limited service capacity outside of Farmington
- Lack of effective case management
- Re-establishing Medicaid enrollment following release from incarceration
- Underuse of peer support services and interns by providers
- Limited services for the elderly
- Lack of inpatient residential services for substance abuse
- Lack of inpatient and residential services for adolescents
- Limited level of cultural competence

<b>Short-Term Solution Options</b>	<b>Estimated Cost Recurring (R) /Nonrecurring (NR)</b>
Increase the awareness of citizens (including youth) regarding the availability of smart phone apps to assist with self-care, anxiety reduction, and symptoms of depression	\$0 (cost included in <i>Public Education &amp; Awareness</i> campaign)
Increase the availability (frequency) of parenting classes (including “staffing,” locations, marketing, materials)	\$100/class session (R)
Increase awareness of and attendance at the Community Reinforcement and Family Training (CRAFT) seminars	\$0 (cost included in <i>Public Education &amp; Awareness</i> campaign)
<b>Intermediate-Term Solution Options</b>	<b>Estimated Cost Recurring (R) /Nonrecurring (NR)</b>
Create effective memoranda of understanding (MOU) among and between groups; formalize agreements to support the sharing of necessary client information/data; establish multi-disciplinary approaches to “case management”	\$10,000 (NR)
Develop a Friendship Bench Program	\$20,000 (NR) \$5,000 (R)
Develop at least one fully-staffed Mobile Crisis Response Team (MCRT) that includes a behavioral health clinician and a law enforcement officer specifically trained in crisis management	\$125,000 (R) – clinician \$1,000 (NR) – training
Mandate and implement Crisis Intervention Training for all law enforcement personnel	\$20,000 (NR) \$5,000 (R) – training new hires
Implement and expand school-based prevention programs	TBD based on programs selected (R)
Develop and strengthen relationships between schools and behavioral health providers	\$0
Place certified behavioral health peer workers/mentors in the hospital emergency room	\$80,000 (R)

Expand the Treatment Court by adding one pre-trial case manager and increase funding for services contract(s)	\$120,000 (R)
Revise/Create intake and reintegration protocols at the adult detention center that address effective medication management	\$5,000 (NR)
Establish a unit of re-entry/reintegration specialists to support the adult detention facility	\$150,000 (R)
Enhance behavioral health capacity of medical services at the adult detention center	\$100,000 (R)
Provide a comprehensive behavioral health training program for corrections staff, including Crisis Intervention Team (CIT) and Mental Health First Aid (MHFA) training	\$1,000/person (NR)
<b>Long-Term Solution Options</b>	<b>Estimated Cost Recurring (R) /Nonrecurring (NR)</b>
Replicate AXIS program services for men (Phase 1)	\$573,200 (R)
Expand home visitation programs	TBD – NM HSD awaiting approval of amendment to Centennial Care 2.0
Increase home-based services by developing a fund to assist providers in meeting unreimbursed costs with stipends for travel time and mileage	\$100,000 (R)
Develop at least one Assertive Community Treatment (ACT) team	\$300,000 – \$360,000 (R)
Expand the Joint Intervention Program (JIP) by seeking additional grant funding and enhanced funding from partner entities	TBD (R)
Create agreements and clinics on or near school grounds to provide physical and behavioral health services	TBD

## HOUSING, TRANSITIONAL LIVING, & SAFE ALTERNATIVES

### GAPS

- Lack of sufficient and adequate affordable housing
- Lack of transitional living supports
- Limited response to individuals intoxicated in public
- Limited understanding of social determinants of health, such as housing
- Lack of alternatives to hospital/emergency department and jail

<b>Short-Term Solution Options</b>	<b>Estimated Cost Recurring (R) /Nonrecurring (NR)</b>
Explore grant opportunities in all three areas through the US Department of Justice, US Health and Human Services Department, and the US Department of Housing and Urban Development’s HOME Investment Partnership Program	\$0
Use existing toolkits to research, plan, and develop comprehensive and sustainable transitional housing programs (e.g. <a href="https://pocketsense.com/start-transitional-housing-program-5014.html">https://pocketsense.com/start-transitional-housing-program-5014.html</a> ) in partnership with PATH	\$0
Formalize agreements (joint Release of Information [ROI] form) to support the sharing of necessary client information/data	\$10,000 (NR)
<b>Intermediate-Term Solution Options</b>	<b>Estimated Cost Recurring (R) /Nonrecurring (NR)</b>
Establish consulting partnership with a housing expert to create a housing taskforce and transitional living/housing strategic plan	\$30,000 (NR)
Pilot/Establish short-term (up to 60 days) emergency housing solutions for at-risk populations, including staffing	\$100,000 (NR)
Pilot/Develop a temporary/transition housing voucher program	\$100,000 (NR)
<b>Long-Term Solution Options</b>	<b>Estimated Cost Recurring (R) /Nonrecurring (NR)</b>
Replicate or use as a model for expansion the Healing circle Drop In Center in Shiprock	TBD – usually funded through donations and grants
Add behavioral health capacity and an observation unit at the San Juan Regional Medical Center	\$250,000 (R)
Expand the HSCC to include a housing navigator	\$55,000 (R)
Research and engage consulting services for the development of a living room setting and/or a crisis services center	\$75,000 (NR)
Implement a living room setting	\$350,000 (R)

## BEHAVIORAL HEALTH WORKFORCE & PSYCHIATRIC SERVICES

### GAPS

- Lack of acute psychiatric services – particularly for children
- Over reliance on law enforcement and the criminal justice system for crisis response, assessment, and treatment
- Lack of licensed, qualified professionals
- High turnover rates, lengthy vacancies, and significant recruitment issues for providers
- Underutilization of university supports in training, research, supervision, and internship programs
- Insufficient training or education is available to develop a behavioral health workforce
- Lack of effective clinical supervision

Short-Term Solution Options	Estimated Cost Recurring (R) /Nonrecurring (NR)
Establish remote training program through UNM’s Department of Psychiatry and Behavioral Sciences Division of Community Behavioral Health	Access to Internet (R)
Join the Western Interstate Commission for Higher Education (WICHE) NM rural psychological consortium	State-funded
Establish access to online courses through SAMHSA’s Mental Health Technology Transfer Center (MHTTC)	Access to Internet (R)
Intermediate-Term Solution Options	Estimated Cost Recurring (R) /Nonrecurring (NR)
Establish remote supervision program for master’s level social workers through UNM’s Department of Psychiatry and Behavioral Sciences Division of Community Behavioral Health	\$2,000/year (R)
Maximize attendance/participation at the National Association of Rural Mental Health’s (NARMH) annual conference ( <i>From Surviving to Thriving: Embracing Connections</i> ) in Santa Fe – August 2019	\$1,200/person (NR)
Enhance the use of telepsychiatry	TBD – hourly fees
Begin developing a peer workforce	Per-diem costs to travel for required training (NR)
Long-Term Solution Options	Estimated Cost Recurring (R) /Nonrecurring (NR)
Create a behavioral health technician program at San Juan College	TBD
Engage with the UNM Division of Community Behavioral Health to host rural psychiatry residencies	\$55,000 - \$70,000 (R) Housing (R)
Create a tuition stipend linked to a commitment to remain and work in the county following graduation with a social work degree earned at NM Highlands University in Farmington	TBD
Engage with UNM Health Sciences School of Medicine for clinical psychology interns focused on Multicultural Rural and Native American Behavioral Health	\$20,500 (R) Housing (R)

## ABOUT SAN JUAN COUNTY



*(Bisti/De-Na-Zin Wilderness, San Juan County, NM. Photo by John Fowler on Unsplash)*

San Juan County (SJC), New Mexico (NM) is located in the far northwest corner of the state. This geographic region is known as the Four Corners as it is the intersection of four states: Arizona, Utah, Colorado, and New Mexico. In excess of 63% of San Juan County's 5,513 square miles are on Native American reservation lands – mostly Navajo Reservation lands.<sup>1</sup>

During the last 20 years, the county has experienced significant fluctuations in population. In 2000, the population was 113,800 and rose to over 130,000 by 2010 (a 14.2 percent increase). By 2016, population had declined to approximately 115,000 (an 11.5 percent reduction from 2010) and by 2018, population had again risen to in excess of 130,000.<sup>2</sup> Economic factors such the closure of the San Juan mining operations have played a role in these fluctuations. Recent state legislation (Senate Bill 489 being Laws 2019, Chapter 65 – The Energy Transition Act) will result in the anticipated closure of the San Juan Generating Station which will have a further and significant adverse impact on the economy of the county.

At 130,000 persons, San Juan County is the fifth most populous of New Mexico's 33 counties. Farmington, in the north central portion of the county, is the largest urban area with a population of nearly 46,000, approximately 35.4% of the county's population.<sup>3</sup>

The median age in the county is 34.8 and the median income (as of 2016) is \$48,624. As of 2017, the unemployment rate is 7.2% and the poverty rate is 20.6%. The poverty rate jumps to 29.2% for the 0 – 17 age range and increases to 47.4% among the Native American population.<sup>4</sup>

Fourteen percent (14%) of the county's population (ages 0 – 64) are uninsured, but the uninsured rate dips to 7% for children and adolescents (ages 0 – 18). Among the county's insured population, 43.7% are covered by Medicaid<sup>5</sup>. In terms of access to physical health care and mental health care, there are 61 primary care physicians (PCPs) and 201 mental health professionals for every 100,000 in population. Approximately two-thirds (66.4%) of the county's population has a primary care physician. This percentage falls below both the New Mexico average of 71.5% and the United States average of nearly 77%.<sup>6</sup>

## BEHAVIORAL HEALTH DATA

In a county where over 20% of adults' experience mental health distress, over 20% of youth (grades 6 – 12) have serious thoughts of suicide and 20% of county residents report that they or a family member have a problem with drugs or alcohol,<sup>7</sup> it is clear that mental health issues pose a serious concern for a significant number of community members. Implementing more effective means for addressing these issues warrants an enhanced level of attention.

In the *2017 Community Health Needs Assessment Report* prepared for the San Juan Regional Medical Center (SJRMC) and the San Juan County Rehabilitation Hospital by Professional Research Consultants, mental health ranked as the top concern in an online key informant survey, followed by substance abuse. According to this same survey, 14% of respondents indicated that they experienced difficulties in accessing treatment or counseling for mental health or substance abuse issues. Additionally, 40% of respondents rated mental health service quality as "poor." Survey respondents prioritized the following mental health factors:

- Crisis intervention for mental illness
- Parenting skills
- Suicide prevention

San Juan County has both a high adult suicide attempt rate (twice the state average) and a high suicide death rate. According to the *2016 San Juan County Partnership Needs Assessment*, in 2014, the United States had a suicide rate of 13 per 100,000 and New Mexico had a suicide rate of 22 per 100,000. New Mexico is the sixth worst state in the country in suicide rate among youth and San Juan County is the sixth worst county in the state. The suicide death rate is particularly high among youth (ages 15 – 24). The youth suicide rate among Native American males in San Juan County is four times higher, at 52 per 100,000, than the United States suicide rate.<sup>8</sup>

Mental health data for youth in NM are particularly concerning and, as will be depicted later in this report, services available in San Juan County to address these issues for youth are particularly lacking. According to a NM Department of Health (DOH) report on the state of mental health, for San Juan County during 2015, one-third of high school youth reported feeling sad and hopeless, with a higher prevalence in girls than boys. Additionally, 16.5% of adolescents (grades 9 – 12) reported seriously considering suicide and an even higher rate (27.6%) of 6th – 8th graders reported seriously considering suicide.<sup>9</sup>

San Juan County is seventh among New Mexico (NM) counties for alcohol-related deaths; NM is the worst state in the nation relative to this statistic. At 78.8 deaths per 100,000 in population, SJC's alcohol-related death rate is 27% higher than the New Mexico rate and more than double (130% higher) the

national rate of 34 deaths per 100,000.<sup>10</sup> Although 18 – 24 year olds account for about 10% of the county’s population, they are the drivers in approximately 33% of the alcohol-related crashes.<sup>11</sup>

Among the leading causes of unintentional injury deaths in the county in 2014 was poisoning. Of the 27.4 poisoning deaths, two-thirds were drug overdoses. In a state that ranks second in the country in drug overdose deaths, the San Juan County drug overdose rate has more than tripled since 2002.<sup>12</sup> The county is no stranger to the national and state opioid epidemic. For adults, from 2010 – 2014, there were 204 opioid overdose related emergency department visits at the San Juan Regional Medical Center.<sup>13</sup>

## **THE PROJECT**

In recognition of the behavioral health challenges adversely impacting the citizens of San Juan County, county leaders are opting to explore opportunities to identify and take steps forward in strengthening behavioral health services and the behavioral health service system. An initial step in this process entailed a team of county representatives reaching out to leaders of the Bernalillo County Department of Behavioral Health Services (BCDBHS). Bernalillo County is entering the fourth year implementing its Behavioral Health Initiative (BHI).<sup>14</sup> San Juan County was interested in gleaning what it could from lessons learned by Bernalillo County.

A primary recommendation made by the leaders of Bernalillo County’s BHI and adopted by the San Juan County team was to pursue consultation services from a behavioral health advisor. The general focus for these consultation services is to identify gaps in behavioral health services (this includes both mental health and substance abuse issues) and to suggest options for county leaders to consider in order to more effectively address the behavioral health needs of local citizens.

A significant driver for this project was the recognition by SJC leaders that they, like other county leaders across the state, needed to do their part to increase the effective development and delivery of much needed behavioral health services. Subsequent to meeting with Bernalillo County and upon recommendation of the BCDBHS management team, San Juan County leaders formalized a working relationship with a behavioral health consulting team, whose lead consultant has been engaged since 2017 as part of a behavioral health advisor team for the initiative being implemented by Bernalillo County.

The project entailed the identification of:

- Programs and/or program elements that are working effectively and present opportunities for enhancement.
- Weaknesses or gaps in categories of service that present opportunities for improvement including implementation of new initiatives that can contribute to better behavioral health outcomes.
- Specific populations – be they categorized by gender, ethnicity, diagnosis, or age – that appear to be more or less likely to access the “right” services in the “right” way at the “right” time.
- The state of community collaboration – which working relationships are truly working, which necessary working relationships are non-existent, and which working relationships need to be bolstered or require more specific focus.
- Options for the county and the community to consider as it looks to take the next steps forward in more effectively addressing the human, social, and economic cost of unaddressed and under-addressed behavioral health needs.

Some of the behavioral health gaps experienced in San Juan County are unique to the county, while other issues are consistently experienced by other NM counties or are statewide issues. This report looks at and details the issues unique to the county and, when applicable, those experienced elsewhere in NM. County leaders, conscious of limited human and financial resources, are focusing on implementing evidence-based initiatives that have a proven record of success.

The agreement between San Juan County and MAS Solutions became effective on December 31, 2018. Primary tasks included:

- Collecting, inventorying, and analyzing existing documents and research that provide information regarding behavioral health services.
- Identifying government officials, providers, community members, and other key informants in order to arrange for interviews.
- Identifying provider groups and other networks delivering services and arranging for focus group interviews.
- Developing a common set of questions to guide focus group discussions and key informant interviews.
- Creating a data structure to summarize and integrate key elements of information derived from these interviews.
- Summarizing results and themes.
- Presenting options for consideration.
- Producing a behavioral health gap analysis report.

## **METHODOLOGY**

The primary methodology used to gather information was conducting key informant interviews and focus groups. The qualitative information derived from these sources provides multiple perspectives and “angles” from which complex issues can be viewed. The assorted “lenses” provide a more robust accounting of the community’s “take” on the behavioral health challenges with which it is confronted on a daily and, often, hourly basis. Through this methodology, patterns emerged that indicate the primary strengths, gaps, and needs of the community.

We were impressed with key informants’ willingness to respond to our questions (see Appendix A of this report) with honesty, integrity, forthrightness, and with passion, energy, and commitment to doing their part to improve services in the county. Participants were appreciative of the commitment of county leaders to take this step forward in identifying behavioral health service gaps and expressed hopefulness that subsequent steps forward will be taken as it considers options and takes action. The following individuals and organizations participated in focus groups and key informant interviews:

### **Focus Groups**

- Presbyterian Medical Services
- San Juan Regional Medical Center
- San Juan County Employees (Warden and Adult County Detention Staff; Director, SJC Health Care Assistance Program; Director, Juvenile Services; Director and Deputy Director, Alternative Sentencing; DWI Director)
- Families/Advocates of persons that have received behavioral health services
- Individuals with lived experience that have received behavioral health services in San Juan County



- Small and medium sized providers (Desert View Counseling, Four Winds Recovery, Correct Care Solutions, San Juan Regional Behavioral Health, New Mexico Treatment Services, and multiple independent practitioners)

### **Key Informants**

- County Commissioners
- County Managers/County Administrative Officer
- City Administrators

### **Representatives of:**

- Aztec School District
- Bloomfield School District
- Farmington School District
- SJC Emergency Management Office Safe Schools Committee
- San Juan County Partnership
- Law Enforcement (Sheriff's Office, Police Departments)
- Fire Departments
- Cottonwood Clinical Services
- Totah Behavioral Health
- Childhaven
- Second Chance Counseling
- Family Crisis Center
- 11th Judicial District Court, including two Judicial Court Judges
- Piñon Hills Community Church
- The Family Crisis Center
- The NM Association of Counties
- Doña Ana County Health and Human Services
- The University of New Mexico Department of Psychiatry Division of Community Behavioral Health
- LGBT Community and Advocates
- Veterans Administration
- Multiple Individual Behavioral Health Providers
- Director, NM Human Services Department's Behavioral Health Services Division (BHSD)
- Clinical Services Manager, BHSD
- Director, Office of Peer Recovery & Engagement, BHSD
- Director, Children, Youth and Families Department's Children's Behavioral Health Services (CYFD BHS)
- Community Behavioral Health Clinician, CYFD BHS
- CEO, San Juan Independent Practice Association
- Chief Mental Health Officer, Hidalgo Medical Services (Grant and Hidalgo County)
- Director, City of Santa Fe Community Services Department
- Former Director, Santa Fe County Health Care Assistance Program
- NM State Senator Steven Neville
- NM State Representative Rod Montoya
- Executive Director, San Juan County Partnership
- Executive Director, People Assisting the Homeless

## Interview Questions

Interview questions were designed to optimize the capacity to detail and summarize responses and to enhance reliability in identifying themes. Notes were taken in every focus group and interview conducted, inserted into a data structure, listed by issue and associated data element, and “coded” into corresponding response categories. A comprehensive listing of the data elements captured for each issue is included as Appendix B. The following issues formed the data structure.

- Community Awareness of Current Services Available
- Improve Collaboration and Advocacy Among and Between Behavioral Health Providers
- Treatment Capacity
- Community Response to Behavioral Health Crises
- Initiatives SJC Should Prioritize to Improve Services or Fill Gaps
- Specific Outcomes That Should Be Prioritized
- Underserved Populations
- Changes Needed to Take Next Steps Forward
- Next Steps
- Final Comments

## Documents Reviewed

- 2017 Community Health Needs Assessment, San Juan County, NM
- 2008 San Juan County Needs Assessment, San Juan County Partnership
- 2012 San Juan County Needs Assessment, San Juan County Partnership
- 2016 San Juan County Needs Assessment, San Juan County Partnership
- Stepping Up Resolution and Work Plan
- NM Behavioral Health Collaborative Provider Guide
- NM BHSD Analytics
- NM School Health Manual
- NM Health Care Workforce Committee 2018 Annual Report
- American Foundation for Suicide Prevention – NM Suicide Facts & Figures 2018
- NM Department of Health – State of Mental Health in New Mexico 2018
- NM Network of Care Behavioral Health Services
- NM Behavioral Health Collaborative Strategic Plan
- NM Indicator-Based Information System (NM-IBIS)
- Publicly-funded Behavioral Health Treatment Services for Children & Youth in NM Geomap
- Websites
  - National Association Rural Mental Health ([narmh.org](http://narmh.org))
  - National Association of County Behavioral Health and Developmental Disability Directors ([nacbhd.org](http://nacbhd.org))
  - National Association of Counties ([naco.org](http://naco.org))
  - Second Step ([secondstep.org](http://secondstep.org))
  - Center for Health Care Strategies ([chcs.org](http://chcs.org))
  - Centers for Medicare & Medicaid Services ([cms.gov](http://cms.gov))
  - Health Affairs ([healthaffairs.org](http://healthaffairs.org))
  - Stepping Up Initiative ([stepuptogether.org](http://stepuptogether.org))
  - Sandy Hook Promise ([sandyhookpromise.org](http://sandyhookpromise.org))

## THEMES, CHALLENGES, & GAPS

Through review of research collected and all of the qualitative input from focus groups and key informant interviews, challenges in addressing the behavioral health of citizens in San Juan County can be summarized into five primary areas: (1) Services and Treatment – Access, Capacity, & Resources, (2) Behavioral Health Workforce & Training, (3) Homelessness, Transitional Living, & Housing, (4) Collaboration, Coordination, & the Continuum of Care, and (5) Public Education & Awareness. Many challenges have been described and it will take the collective effort of the whole community to create the necessary strategies to address identified gaps and strengthen supports to county citizens. A particular strength noted by consultants was the desire of everyone interviewed to improve conditions for all San Juan County citizens and to be actively engaged in the pursuit of solutions.

### Services & Treatment – Access, Capacity, & Resources



*“We don’t have enough of anything.”  
– Community member*

While a rather terse statement, the quote succinctly notes what a significant majority of individuals and groups shared during data gathering. Concerns about access to treatment, knowing what services exist, and long wait times is prevalent, in addition to the array of services that simply do not exist in the county.

- The lack of service capacity is related to funding.  
*“If we could create some youth services here - especially in crisis situations - we wouldn't have to fly our children to other places for treatment. We spend \$17,000 of taxpayer money to get a child into treatment. Those resources could be better spent on the front end of preventing crises.” – Community member*
- Fewer treatment options exist for men than for women.
- There are long wait times for both assessments and treatment.
- Services for children and adolescents are lacking across the board.  
*“If you have a child in crisis there is nowhere they can go to be treated locally. If a child makes a threat and says he/she is suicidal they are flown to treatment many hours away. There is no family involvement that way and no follow up when they come home. Often times they are just medicated into submission instead of helped.” – Family member*
- No medical detoxification program is available.
- There is a lack of all services during evenings, weekends, and holidays.  
*“There are no after hour supports for people.” – Community member*
- People experience medication management issues such as overmedication, interruption of medication regimen (e.g. at jail, on release, returning from residential treatment facilities), or the inability to follow-through with taking medications without assistance.
- Service capacity is very limited outside of Farmington. Distance to services is a significant issue for the Native American population in the western part of the county.  
*“There are no services outside of Farmington so it’s hard to be aware if you aren’t here. You only learn about services when there is a need. We have to drive a long way (one hour each way) to get services.” – Family member*
- There is a lack of effective case management.
- Medicaid enrollment is suspended when a person is incarcerated.

- There is underuse of peer support services and interns by providers at all levels, including in the hospital emergency department.
- Services for the elderly are very limited.  
*“The elderly are unserved and isolated, as are people with disabilities. Transportation can be difficult and finding services as well. Through some outreach we’ve been doing we’ve learned of the greater need for older folks.” – Provider*
- Lack of inpatient residential services for substance abuse.
- Lack of inpatient and residential services for adolescents.  
*“There are no inpatient services for children. They are flown to other counties to be seen. If there is an emergency they can wait between 5 – 7 days in the emergency room for bed space.” – Provider*
- Acute psychiatric services are lacking.  
*“We’re using the jail as a place to become psychiatrically stable. That’s inappropriate. Corrections officers are not trained to deal with people who have such significant needs.” – School personnel*
- Treatment that is available doesn’t always “translate well” to the Native American and Latino populations. Culture is not attended to.
- Many adults and families are covered by Medicaid. Finding a provider willing to accept that insurance is difficult.  
*“Why would providers work and bill Medicaid at such reduced reimbursement rates? Primary docs are providing most of the mental health services.” – County commissioner*

### Behavioral Health Workforce & Training



*“We haven’t been fully staffed since the NM behavioral health audit of 2013. People just left.” – Provider*

Rural and frontier counties, by their very nature, experience a greater degree of difficulty attracting businesses and professionals. This struggle increases when an area is reliant on a primary industry – oil and gas, mining – and that industry is depleted. In addition to losing citizens

actively employed in that industry, the loss of entire families to other areas also impacts employment and resources. There are significant concerns about the ability to attract, maintain, and retain a behavioral health workforce to meet community needs.

- There is a strong reliance on law enforcement, probation and parole, the courts, and detention for crisis response, assessment, and treatment.  
*“The only way to get help is to wind up in the criminal justice system first and then have court ordered treatment. That’s what happened to me – twice.” – Individual with lived experience*
- There is a lack of licensed, qualified professionals to deliver services.
- Psychiatric time is very limited, particularly for children.  
*“We need more psychiatric services for children and youth. We have only one child psychiatrist. Most services are offered via telehealth and parents and youth are not always responsive to that.” – School personnel*
- Providers experience high turnover rates, lengthy vacancies, and significant recruitment issues.  
*Staff turnover in agencies is a problem. Young people often quit services long before they are ready because the person they were seeing has left and they aren’t interested in seeing anyone new.” – School personnel*

*“It can take one to one and one-half years to hire a licensed clinician.” – Provider*

- University supports in the areas of training, research, supervision, and internship programs are underutilized.
- Little training or education is available to develop a behavioral health workforce.
- There is a lack of effective clinical supervision.

*“I’m working on finishing my PhD. I’m going to have to leave the county and my job so that I can find an effectively supervised internship position.” – School personnel*

## Homelessness, Transitional Living, & Housing



*“If we don’t deal with the chronic problems of homelessness and poverty it doesn’t matter what else we try to do.”  
– Person with lived experience*

There is a lack of safe, affordable housing across the county which contributes to public intoxication, the victimization of the mentally ill, and the inability to make and maintain gains in treatment and recovery. There are few opportunities for transitional living supports. Additional concerns about poverty, food insecurity, and jobs further exacerbate the situation.

- There is a lack of sufficient and decent affordable housing. There is a significant lack of transitional living supports.  
*“Virtually all treatment needs rest on people being able to have secure housing and not be food insecure. When there is a break in treatment (e.g. inpatient to outpatient) people wind up on the streets and we have to begin again as they cycle back through the system.” – Provider*
- The community is focused on “street inebriants.” There seems to be little understanding of all that contributes to the issue, including social determinants of health.  
*“We have a ‘ginormous’ alcohol problem and no capacity to address it.” – Provider*  
*“People have preconceived ideas about alcoholism – they don’t see it as a disease therefore there is little understanding of the need for treatment. It’s easier to ignore it and say that ‘inebriants’ are at fault for their behavior.” – School personnel*

## Collaboration, Coordination, & the Continuum of Care



*“We need a central hub, a ‘clearinghouse,’ that could provide assistance with case management, housing, food assistance, medication management, etc. Without coordination there is no way to effectively help an individual.” – County employee*

While there is focus and attention to the lack of service access and capacity, there is also a lack of understanding of what does exist and the breadth of resources that may be available and underused because of this lack of awareness and coordination. It is difficult to coordinate and collaborate services across providers, let alone across systems, when people do not know what exists and how to figure it out when there is a need.

- There is no central coordination point to create a system that will work for people needing assistance.

- Providers do not know one another and are unaware of services others provide.
- Collaboration between providers is not coordinated. There are a variety of monthly and quarterly meetings that can be attended, but attendance is sporadic and all meetings are identified as having little in the way of tangible outcomes.  
*“There are too many siloed meetings (e.g. local collaborative, Mental Health Task Force, Frontline Workers, CHAPS, CHIC). Meetings should be combined and streamlined related to time. Lots of talking and no action is our current norm.” – Provider*
- Lack of effective information/data sharing. Few agreements are in place between providers to share information.
- Providers exhibit a survival mentality. There is a lack of focus on specific areas of expertise.  
*“Providers are competitive with one another – they are running a business, a ‘human business.’ I don’t think they work together at all.” – County employee*  
  
*“There are territorial issues. Not everyone plays well in the sandbox. We need to focus on specific specialties/expertise and act together as teams.” – Provider*
- There is a lack of effective and consistent warm handoffs among providers and across levels of service.
- High turnover and vacancy rates for staff create less time for networking and relationship building by service providers.  
*“Service providers are stretched too thin. There isn’t time for collaboration as everyone is working at capacity.” – Community member*

## Public Education & Awareness



*“We need an all-out media blitz to help people understand that behavioral health is everyone’s business. We need news articles, billboards, provider contact information to share. If we saturate the community perhaps we can start to remove some of the stigma preventing people from reaching out.” – County employee*

Mental illness and addiction have been difficult to talk about throughout the course of Western civilization. There remain those who believe that diseases of the brain are moral failings instead of illnesses. Stigma is prevalent, particularly among Latino and Native American cultures (though it crosses every ethnicity). No one wants others to think that they or a family member are weird, or different, or threatening, or strange. There is a need to put more effort into normalizing behavioral health as essential to overall health.

- Stigma is a massive barrier to people accessing mental health and substance abuse services.  
*“Stigma around mental illness is very, very high here. People that have never experienced mental health issues themselves or in their families feel that persons with serious mental illness are violent. They don’t want to get involved.” – Social services provider*
- Resource availability is not up to date, nor is it widely known. The community is unaware of support services that could be accessed by individuals and families.
- Lack of provider capacity is cited by the large majority of people interviewed. In concert, there is also little awareness of what services are available and who is providing them, even among and between service providers.

- Suicide awareness and prevention efforts are insufficient county-wide.  
*“There are lots of barriers to addressing suicide. The community doesn’t do this well. Culture plays a part in this. We see a lot of self-harm behavior in the schools, but there is nothing being done in the community to raise awareness about the need for assistance.” – School personnel*
- Community awareness is low about behavioral health – not just services. There is a need for a comprehensive public education campaign.

### **Moving Forward**

There is a breadth and depth of concerns for the behavioral health of San Juan County citizens. Among all that has been noted, three areas of gaps were most prevalent as concerns and where action should be focused: children and adolescents, coordination and collaboration, and housing supports. The next section of this report lays out 11 major opportunities that the consultants believe should be considered by San Juan County and possible solutions for addressing those opportunities. With the exception of the first opportunity noted – *Develop a Coordination, Collaboration, and Alignment Response* – the others follow in no particular order.

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## STRATEGIC OPPORTUNITIES

### Primary Opportunity: Develop a Coordination, Collaboration, & Alignment Response

An overriding theme identified in this report is that collaboration between providers; the multitude of systems that encounter persons with mental illness, emotional disturbance, and substance use disorders; and available resources – treatment and support – are not coordinated and aligned. The consultants heard a clear call to address the significant gap that is the county’s capacity to deliver effective behavioral health services.

*“...Without coordination there is no way to effectively help an individual.”*

While San Juan County may be able provide some immediate funding to implement other options presented in this report, the consulting team believes the single most important role the county can play is that of coordinator. The “role” of coordinator includes assuring systemic needs are communicated; priorities are shared across entities; responsibilities are assigned; activities are accomplished; and outcomes are assessed, reported, and continually evaluated. Coordination entails a convening function in terms of bringing providers, system stakeholders, representatives of county and city governments, and other primary participants together (including people with lived experience, families, and advocates) to collectively share in the responsibility and accountability for steps taken forward.<sup>15</sup>

The key component of the path forward is the creation of a coordinating and convening body that forms a central “hub” around which constructive collaboration can occur. Adverse consequences of the current, predominantly informal and often disjointed system, entails wasted time and energy of those acting in separate organizational structures, operating in limited confines, and a high level of burden and pressure placed on a few entities. A coordinating entity will open the community to more opportunities to address, in a comprehensive and cohesive manner, the complex consequences of unaddressed and under-addressed behavioral health issues in SJC.

Additionally, this central hub will support better alignment of efforts so that more services and supports are provided to more citizens, advocacy across communities is enhanced, resources are maximized, and relationships can be efficiently developed with state partners. An important early task in meeting the objective of aligning resources and advocating for additional resources to address priority needs of its most at-risk citizens will be a full financial accounting of the total budget (for all entities and from all funding sources) currently being directed toward behavioral health services. It is impossible to optimize and target resources absent a full accounting of both dedicated and potentially available resources.

The coordinating entity must also develop options to broaden the resource base through an array of revenue enhancement strategies, building on what already exists, and perhaps partnering with other counties and/or state organizations. Revenue enhancement strategies are included in the following section of this report.

### Proposed Solution: Create a County-based Human Services Coordinating Center

*“We need a central hub, a ‘clearinghouse,’ that could provide assistance with case management, housing, food assistance, medication management, behavioral health resources, etc.”*

The consultants suggest that the San Juan County Commissioners authorize and appropriate the requisite level of resources necessary to create a Human Services Coordinating Center (HSCC). Initially, we recommend that the HSCC consist of no less than three (3) full-time equivalent (FTE) staff – a



director, a peer navigator, and a data/budget/revenue analyst. The consultants also recommend that the Director of the SJC Health Care Assistance Program (HCAP) be incorporated into center staff.

The duties and responsibilities of the HSCC include:

1. Continuous Coordination and Convening of All Stakeholders
2. Provider and Resource Awareness and Alignment
3. Comprehensive Behavioral Health Treatment and Support Resource and Navigation Center
4. Data/Budget/Revenue Analysis
5. Grant Writing Capabilities (outsourced if individuals hired do not possess such skills)
6. Coordination and Management of the SJC Stepping Up Initiative

The HSCC would address multiple themes identified by key informants, including that resource availability which is currently not up to date or widely known be resolved (see *Opportunity: Increase Public Education & Awareness* for a proposed solution to developing this information database). To a significant degree, the community is unaware of support services that could be accessed by individuals and families. This includes the absence of an up-to-date accounting of provider services and capacity. There is a marked lack of awareness about what services are available and who is providing them, even among and between the service providers.

This recommendation includes the hiring of, at outset, one (1) peer navigator position. A peer navigator connects citizens to resources within a behavioral health network to address the unmet, non-medical social needs of individuals. The navigator's role is to help steer the individual through the array of complex health/behavioral health services. Trained, skilled, and experienced navigators are a key element to assuring individuals gain access to the services they need, when they need them, and are able to transition from one service to another without "falling through the cracks."

Santa Fe County is making extensive use of navigators in the further development of its Accountable Health Community (AHC).<sup>15</sup>The relationship between individuals served and these navigators is at the core of an AHC. This jurisdiction has recognized the role social determinants of health such as housing, income, transportation, food, utilities, and education play in the health of individuals and a community, and in reducing health care costs. Poverty, lack of housing, inadequate transportation, and social supports are issues often experienced by persons with significant behavioral health needs. This recognition has resulted in a commitment by Santa Fe County to support the development of an Accountable Health Community by funding navigators and other critical services for individuals with challenges addressing these social determinants in order to improve their health outcomes. SJC would be well-served to learn from its neighbors in the development of an HSCC.

Navigators also help the county understand, in a very pragmatic client-by-client and case-by-case way, where service gaps exist and where provider/resource disconnects are resulting in unacceptable outcomes for service recipients and their families, as well as for the service system itself. The initial recommendation calls for one navigator to work out of the HSCC. This lead navigator would be responsible for connecting with individuals that act in this role, though their title may be something other than a navigator (e.g. client/constituent services coordinator, re-entry/discharge specialist), in agencies, departments, and facilities throughout the county. The HSCC navigator will work, initially within existing resources, to build a network of "navigators." Eventually, this network will require expansion and specialization (such as in areas of housing, children's services, benefit assistance, etc.) As the HSCC is developed and can be expanded, it will be essential to incorporate information related to

housing, food supports, transportation, education, and employment so that the HSCC becomes “a one-stop-shop” for individuals with any need to access information.

**Projected Cost**

An initial budget for the HSCC falls in the range of \$300,000 – \$400,000 (R) including staff other than the director. A director for the HSCC should be hired as quickly as possible to initiate coordination, collaboration, and provider resource alignment initiatives. (Cost estimate: \$90,000 (R).) It is likely that there will be additional start-up costs in year one, some of which will be non-recurring (e.g. equipment, computers, supplies, furniture, and possible office space renovation). It may be that the county has space available in a centrally located property that could mitigate some of these expenses. Initial funding could be included in the FY20 (July 1, 2019 – June 30, 2020) San Juan County General Fund budget. Another funding option is the Health Care Assistance Program (HCAP) fund balance. (As of June 30, 2019, it is projected this fund balance will be approximately \$4.3 million.) Additional funding options include the imposition of a local tax option or long-term foundation/grant funding.

**Additional Options**

A long-term solution recommended is to increase staffing at the HSCC (increased navigation staff and targeted consulting staff (e.g. IT, Crisis, Performance Evaluation) would add additional expenses to operation of the HSCC. (Cost estimate: \$100,000 (R).) An additional solution option is to consider a revised role in contracting/contract oversight in support of deliverables based performance. (Cost estimate: TBD.)

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## Opportunity: Increase Public Education & Awareness

Increasing awareness for citizens across San Juan County about mental health and substance abuse issues and available assistance was cited by virtually every type of key informant – persons with lived experience and families, providers, county officials, law enforcement, first responders, supporting agencies, the hospital, and schools. The belief exists that the stigma which surrounds mental illness and substance use disorders must be addressed so that individuals will seek services. A significant part of this includes awareness of how to reach out if you do need help. The federal Substance Abuse and Mental Health Services Administration (SAMHSA) supports a campaign to “change direction.” This campaign promotes that mental health is as essential as physical health and that all people can learn to recognize and address the signs of emotional suffering.

Increasing awareness and education about mental health and wellness can contribute to accessing services sooner. According to the National Alliance on Mental Illness (NAMI), 50% of all lifetime mental health conditions begin by age 14 and 75% by age 24.<sup>16</sup> Even though 70 – 90% of individuals with serious mental illness can experience a significant reduction in symptoms and an increase in the quality of life, less than 50% of adults with any identified mental health concern get the help they need.<sup>17</sup> In order to begin to reverse this trend, NAMI supports public awareness campaigns that fight stigma, provide support, educate the public, and encourage advocacy for parity to behavioral health and substance use care and treatment with physical health care.

Based on a lack of awareness about mental health and substance use issues, what services are available in San Juan County, and how to access behavioral health services, a consistent dissemination of accurate information about behavioral health and wellness is needed. Initially, this will consist of a public education campaign. Additionally, understanding of currently available county resources is a required component of such a campaign.

### Possible Solutions

#### *Create a Public Health Campaign*

A comprehensive campaign needs to take into account planning, time, messaging, multiple communication platforms, and budgeting. A public health campaign often has many layers, dependent on the breadth of the audience one is trying to reach. It may not be simple and it may take some significant time to engage the community in a way that makes a difference. Campaigns develop over time as the needs of the community change. These campaigns must engage key stakeholders and community leaders from the outset.

1. Materials that can be incorporated into such a campaign have been developed, are readily available at little to no cost, and do not need to be recreated. For example, NM Prevention (<http://www.nmprevention.org>) has created an entire campaign called “A Dose of Reality” that addresses addiction and provides a toolbox of resources from posters to window clings to radio spots to print ads all at no charge. Multiple organizations around the country, such as Stamp Out Stigma (<http://stampoutstigma.com/index.html>), offer resources for community use. Thousands of communities across the nation do everything they can to keep mental illness and substance use issues in the forefront to promote improved health. (Cost estimate: \$0)
2. Messaging must be developed that targets citizens from “cradle to grave” and a variety of language and platforms must be used – billboards, newspapers, social media, radio, television, signs, fact sheets, websites, community conversations, neighborhood meetings, etc. It must include self-help measures, “what to look for,” and where to get help (from crisis lines to

inpatient treatment). (Cost estimate: \$55,000 (NR) for consultant with public education campaign experience)

3. Resourcing a campaign is determined by how many activities are undertaken and what efforts at fundraising are initiated. Communities often have champions on different topics willing to contribute to the resource base for such an effort. Developing a robust plan (most successfully in combination with the Human Services Coordinating Center [HSCC]) is the best opportunity for effectiveness and efficiency. (Cost estimate: TBD based on plan elements, no less than \$100,000 (NR).)

#### *Understanding Resources*

There is no single “spot” in San Juan County that citizens can find information about resources and services that are available when they need behavioral health assistance. Many providers are not familiar with one another. There is lack of understanding of available programs, who qualifies, how to get started, and what capacity exists in both the professional community and among the general public.

1. Engage a consultant through coordination with the newly-formed HSCC or task the HSCC director to generate a provider survey to gather information about specific programs, specialties, capacity, wait times, licenses, accreditations, provider types, insurances, contact information, etc. The survey can be modeled after others that have been done across the nation and used to create a comprehensive directory. Information can be gathered online and/or in person. (Cost estimate: \$15,000 (NR) dependent on involvement of a local coordinating entity).
2. Build an interactive website that maintains all of the information collected in the provider survey that can be easily and routinely updated by each provider to assure their information remains current with changes in staffing, specialties, capacity, etc. (Cost estimate: \$5,000 (NR) for development; \$300 (R) for ongoing hosting charges.)
3. Ensure the website of providers/resources is made available and a process for routine updates is established, disseminated, and monitored. (Cost estimate: \$5,000 (NR).)

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### **Opportunity: Grow the Capacity of Existing Services**

San Juan County has the opportunity to build on existing behavioral health system strengths. One such strength is the dedication of multiple providers and stakeholders to commit to collective and necessary actions to improve the delivery of behavioral health services. Programs exist that have a current functional foundation which can be further developed and efficiently built upon.

As has been noted, the emphasis on creating more service opportunities for children and adolescents was cited by a majority of key informants. The lack of a comprehensive continuum of care means that any child in need of acute care is sent out-of-county or out-of-state. A number of services exist for children and adolescents in the county and can be expanded with focused attention. Specific treatment services where the county and providers should place emphasis for growth include those that were incentivized, in 2018, with a 20% increase in Medicaid reimbursement rates. While not exclusive to child and adolescent services, targeting these areas will allow for the development of “case management” through Comprehensive Community Support Services (CCSS), increasing the ability to see more individuals at one time through greater use of group therapy, and increasing access to care by providing services “after hours.” Growing those services can go a long way to bridging the “middle gap” between assessment and acute care for children and adolescents.

At the end of March 2019, the NM Children, Youth and Families Department (CYFD) announced it had been awarded a \$5 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand its capacity to serve youth in transition from ages 16 – 25. San Juan County is one of two counties partnering with CYFD on the project. As part of the launch of this project, extensive community involvement in learning methods for developing wraparound services for other children, adolescents, and families should occur. As planning and learning are taking place concurrently, it is anticipated that service expansion will occur in a more efficient manner.

A key element to growing the capacity of existing services is to grow the peer support component of multiple services. Over the past 15 years, there has been dramatic growth of peer-based interventions targeted to individuals with behavioral health issues. These programs often function within the context of larger medical and treatment-based systems, but focus on developing connected relationships with clients and linking clients with available services. This emergence of peer programming represents a shift from a medical or correctional approach to treatment of mental illness and substance abuse issues toward a recovery/rehabilitation approach.<sup>18</sup>

The peer worker is an integral and highly valued member of the multi-disciplinary team. Whether adult, youth, or family peer, the peer specialist provides formalized peer support and practical assistance for individuals who are receiving services to help them regain control over their lives and unique recovery process. Through wisdom from their own lived experience, they inspire hope and belief that recovery is possible. Through a collaborative peer process, information sharing promotes choice, self-determination and opportunities for the fulfillment of socially valued roles and connection to their community. Certified peer specialists contribute to the overall delivery and navigation of services county-wide.

Peer drop-in centers are peer-directed centers where individuals experiencing behavioral health issues develop their own resources and relationships to support and supplement mental health and addiction treatment services. Involvement in drop-in centers lessens social isolation, offers opportunities to engage in support groups, find connections to resources (such as food, housing, and education), and develop healthy interpersonal relationships. Many drop-in centers offer workshops addressing issues such as stress management and personal safety to help individuals build skills.<sup>19</sup>

To optimize these opportunities, the county will need to gather additional and specific information regarding available services via the development and distribution of a provider survey. Completion of the recommended provider survey (see *Opportunity: Public Education & Awareness* for additional information) allows the county to better understand what services are available and in what quantity. Building from this, the county will be able to better determine which specific areas first need focus.

### **Possible Solutions**

1. Increase availability of services for which the state, in July 2018, provided a 20% Medicaid rate increase:
  - a. Group Therapy
  - b. Assertive Community Treatment Services
  - c. Comprehensive Community Support Services (CCSS)
  - d. Treatment services provided after hours (evenings, weekends, and holidays)
  - e. Treat First Clinical Model
2. Increase the capacity to provide wraparound services.
3. Better coordinate care between primary care physicians, behavioral health providers, and schools. Create effective memoranda of understanding among and between groups. (Cost estimate: \$10,000 (NR).)
4. Increase awareness of students (in health curricula or with nurses) and adults (public education campaign, clinic visits) regarding the availability of smart phone apps to assist with self-care, anxiety reduction, and symptoms of depression (e.g. Calm, Headspace, Colorfy, Five Minute Journal, Grateful). All of these apps are free to the user. (Cost estimate: \$0 – cost included in *Public Education & Awareness* campaign.)
5. Make better use of multidisciplinary teams; implement a cross-agency and cross-system release of information tool. (Cost estimate: \$10,000 (NR).)
6. Grow peer delivered services including consideration of a peer-run drop-in center.
  - a. There are currently only five Certified Peer Support Workers (CPSW) in San Juan County. SJC could sponsor additional peer applications for certification by covering travel and lodging costs for training and working with local behavioral health agencies to become approved by the New Mexico Office of Peer Recovery and Engagement for peers to complete pre-requisite hours. More information is available from Mark Garnand (505-476-6290 or [mark.garnand@state.nm.us](mailto:mark.garnand@state.nm.us)). (Cost estimate: Per-diem costs to travel for required training and exam (NR).)
  - b. Replicate or use as a model for expansion the Healing Circle Drop In Center in Shiprock. (Cost estimate: TBD – usually funded through grants and donations.)
7. Increase the availability of parenting classes. (Cost estimate: \$100/class session (R).)
8. Increase awareness of and attendance at the Community Reinforcement and Family Training (CRAFT) seminars held at the Alternative Sentencing complex, which are available to any community members. (Cost estimate: \$0 – cost included in *Public Education & Awareness* campaign.)
9. Appoint a .5 FTE project manager for the Stepping Up initiative (Cost estimate: \$45,000 (R).)
10. Replicate the successful AXIS Program that serves women to a male population. (Cost estimate: \$573,200 (R).)

## Opportunity: Improve Access to Services

There are multiple and often significant impediments to service access. These include a lack of affordable housing, stigma, long waiting lists for services (including initial assessments), and behavioral health staffing shortages, including recruitment of qualified professionals that want to work in a rural community.

### *Home-Based Services*

One element of improving access to services is to design and/or enhance programs that bring services to clients. Many community members experience transportation issues, including lengthy commutes, as a significant obstacle to seeking and obtaining necessary services. This is particularly true for those residing on reservation lands. For the Native American population, these transportation/distance impediments are exacerbated by a lack of culturally relevant services.

The provision of services to clients in their home instead of the clinic has been shown nationally to improve outcomes and increase the likelihood that services can be more time limited, enhancing the ability for clinicians to see more people over time. Evidence-based practices can serve as an effective means of both early intervention and prevention that can mitigate the suffering and expense of unidentified and untreated behavioral health issues. The benefits of delivering services in a home-based environment include the following:

- When a clinician can see a client's home, they are able to gain environmental insights more efficiently. Where and how people live speaks volumes about who they are and what they might struggle with. The clinician can also make sure basic needs are met and connect people to the right resources.
- A good clinician can use natural surroundings to create better therapy interventions specific to a client's needs. From family pictures to the kitchen table, anything can be used to construct a personal therapy experience.
- Clinicians can model behavioral interventions with children for parents during an actual tantrum, work with obsessive-compulsive symptoms through in home exposure techniques, and even help someone with social anxiety take those first few steps outside in months. This level of personalization is simply not possible in an office environment.
- The clinician can speak with family members and other significant people in a client's life who may be unable or unwilling to come to an office. This aids in gathering even more knowledge so they can design a treatment plan to address each unique family/individual situation.
- Home-based services provide a clearer reality of how families interact with each other since they are in a more comfortable setting. Clients sometimes feel as if they are on stage during treatment and being in the home may ease this feeling.
- Many people find it convenient to have a clinician visit their home rather than fight traffic to make it to an appointment or make a long commute.
- It's more private. When a clinician comes directly to a client it removes often unstated concerns about stigma for people seeking treatment.

### *Home Visitation*

Home visitation programs support families expecting a child and/or with young children in promoting positive parenting practices for their young children, screening for risk, and referring families to appropriate community supports. The program promotes child well-being as well as preventing adverse childhood experiences (ACEs). Home visiting is research-based, grounded in best practices, and linked to

goals that include children that are mentally healthy, ready for school, and connected to community supports.<sup>20</sup>

In recognition of the beneficial outcomes deriving from home visiting programs, the New Mexico Human Services Department (on March 1, 2019) submitted to the Centers for Medicare and Medicaid Services (CMS) an amendment to the State Medicaid Waiver Plan (Centennial Care 2.0) to expand the number of counties for a home visiting pilot plan.

According to NM-IBIS, of the 4,587 New Mexico families served in FY17, only 226 families were served in San Juan County, 4.9% of the statewide families served. Given the efficacy of home visiting as a key early intervention option, additional resources and advocacy for home visitation for additional SJC families will be of significant benefit. Expanding home visiting programs would build on a community strength – San Juan County rates extremely high on the percent (89.5%) of youth that report a caring supportive family relationship.<sup>21</sup>

### *Friendship Benches*

The Friendship Benches program is an evidence-based talk therapy initiative that is rooted in indigenous concepts. This program engages seniors (particularly grandmothers) who are trained to provide services to youth in rural areas that may not have access to either any behavioral health providers or to behavioral health providers with a culturally sensitive perspective. This program serves several important purposes, including addressing isolation among Native American elders and providing safe and easy access to healthy dialogue with a caring adult. Services are not provided in a clinic setting. Rather, friendship benches are found in parks and other areas where young people may not be reluctant to go, further addressing efforts to move past issues of stigma.<sup>22</sup>

### **Possible Solutions**

1. Expand home visitation programs. (Cost estimate: TBD – NM HSD awaiting approval of amendment to Centennial Care 2.0.)
2. Develop a Friendship Bench program. (Cost estimate: \$20,000 (NR), \$5,000 (R).)
3. Expand and/or replicate the community's successful home-based programs.
4. Develop a fund to assist providers in meeting unreimbursed costs with stipends for travel time and mileage to deliver home-based services. (Cost estimate: \$100,000 (R).)
5. San Juan County should begin to grow its own behavioral health workforce capabilities.
  - a. There are currently only five Certified Peer Support Workers (CPSW) in San Juan County. Enhancing the number of CPSWs in the county increases the ability to provide support services to persons experiencing serious mental illness and addiction. SJC could sponsor additional peer applications for certification by covering travel and lodging costs for training and working with local behavioral health agencies to become approved by the New Mexico Office of Peer Recovery and Engagement for peers to complete pre-requisite hours. More information is available from Mark Garnand (505-476-6290 or [mark.garnand@state.nm.us](mailto:mark.garnand@state.nm.us)). (Cost estimate: Per-diem costs to travel for required training and exam (NR).)
  - a. New Mexico Highlands University operates a Farmington campus and offers undergraduate and graduate degrees in social work. San Juan County could encourage the enrollment of individuals in these programs by offering a stipend for tuition linked to a commitment to remain and work in the county following graduation. (Cost estimate: TBD.)



- b. The county could work with San Juan College and the NM Behavioral Health Services Division of the Human Services Department to create a program to train behavioral health technicians. (Cost estimate: TBD.)
- 6. Address the lack of affordable housing (see *Opportunity: Develop Safe Alternatives*). Explore opportunities for grant funding from the US Department of Housing and Urban Development's HOME Investment Partnership Program. (Cost estimate: \$0)

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## **Opportunity: Enhance Services for Children and Families at Schools**

Schools are a natural place to deliver additional services to children and adolescents, particularly at the end of the school day. Most children, adolescents, and families are comfortable in the school environment and may be more receptive to prevention and intervention in that setting. The availability and delivery of school-based mental health services are evolving as a strategy, in part, by removing barriers to accessing mental health services. Schools can be the primary providers of mental health services for many children. In some regions of the state, behavioral health services are delivered through school-based health centers that perform functions such as diagnostic screenings that enhance the chances for more accurate diagnosis and assessment of treatment progress. Some schools have developed multi-disciplinary teams that consist of nurses, teachers, mental health consultants, and physicians.

There is an increasing prevalence of schools implementing three-tiered behavioral health systems that include:

1. Prevention
2. Early identification/intervention for children with minimal mental health needs
3. Addressing issues for children/adolescents with serious emotional disturbance (SED) or serious mental illness (SMI)

As indicated in the Themes, Challenges, & Gaps section of this report, there is a glaring need for additional services for children and adolescents. Beyond the extensive response by the community to the immediate trauma experienced as a consequence of an active shooter school crisis and multiple suicides, there is a need for continuous and consistent services delivered to children and adolescents. There is also a need for services and interventions that go beyond the academic needs (and outside the academic day) of children/adolescents, including early identification and effective intervention with children/adolescents that are at risk of emotional disturbance, self-harm behaviors, suicidal thoughts, and substance abuse.

### **Possible Solutions**

1. Assure the delivery of prevention programs in schools.

A number of schools in districts across San Juan County have used curriculum such as Second Step and the PAX Good Behavior Game to improve social emotional learning. The curricula assist elementary and middle school aged children to better manage emotions, solve problems, facilitate interactions, and deal with peer pressure. Introducing this type of programming in schools (whether Second Step, WINGS, GoZen, etc.) is proven to increase resilience, reduce anxiety, and increase emotional intelligence, thereby protecting children and adolescents from greater difficulties in the future. Programs also exist for after school experiences. (Cost estimate: TBD (R) based on programs selected.)

2. Implement Wings For L.I.F.E. – Life-skills Imparted to Families through Education.

Wings for L.I.F.E. is an empowerment program that provides life-skills, education, training, and support for children and family members of prisoners (returning citizens) and at-risk youth. Some of the educational topics that are addressed include single parenting, finances – how to stretch a dollar, discipline, acceptance issues, prison visits, feeding a family, substance abuse and signs, reintegration and reunification issues, legal issues, public defenders, work/job issues, holidays, and anything else of interest to the group. Search Institute's® 40 Developmental

Assets® are incorporated into the training. The program was developed in Albuquerque and has been replicated in Roswell. Assistance is offered to help communities begin the process of developing a local program, including ideas for fundraising. More information is available at [information@wingsforlifeinternational.org](mailto:information@wingsforlifeinternational.org) or 505-291-6412. (Cost estimate: TBD.)

3. Develop relationships between schools and behavioral health providers.
  - a. There is no restriction in New Mexico for providers to deliver outpatient treatment services at schools. Because access to services is noted as a significant area of concern across San Juan County, partnerships between providers and schools can increase the capacity for more children – and their families – to receive care. Services could be provided individually or in groups. The NM Human Services Department’s Behavioral Health Services Division has implemented a 20% Medicaid rate increase for group therapy provided by licensed clinicians. Connections between such clinicians and schools offers the opportunity for more young people referred for similar reasons to access treatment. (Cost estimate: \$0)
  - b. In conjunction with the NM Department of Health Office of School and Adolescent Health, the NM Human Services Department’s Medical Assistance Division School Health Office, and managed care organizations, create agreements and clinics on or near school grounds to provide physical and behavioral health services.  
(<http://www.hsd.state.nm.us/LookingForInformation/school-based-health-center-managed-care-organization-project.aspx>). (Cost estimate: TBD.)

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## **Opportunity: Enhance Crisis Response & Stabilization**

San Juan County is not unlike other counties that are increasingly focused on addressing the adverse impacts of unaddressed and under-addressed behavioral health issues. These issues require attention at all stages of the continuum of care – from initial crisis response to crisis stabilization, to short- and intermediate-term solutions, to how to more effectively work with individuals that are incarcerated. Early intervention and diversion are certainly priority goals, but it is also imperative to strengthen the service system at all mile markers along the road.

### *Mobile Crisis Response Teams*

Mobile Crisis Response Teams (MCRTs) are an essential component of the behavioral health services array. The team operates in coordination with law enforcement (some teams consist of both a clinician and a member of law enforcement specifically trained in crisis intervention) and Emergency Medical Services. MCRTs provide immediate response and stabilization for individuals experiencing a behavioral health crisis. Team members conduct an on site assessment and counseling to de-escalate the situation and provide linkages to community based behavioral health services. Goals include helping to prevent the need for emergency department use, reduce deaths by suicide, and reduce/divert the number of individuals with behavioral health issues arrested and detained in the county jail. MCRTs also help train and support law enforcement personnel in their interactions with individuals with behavioral health needs to assure safety for everyone involved in such crisis situations.<sup>23</sup>

San Juan County has taken strides relative to improved behavioral crisis response training for law enforcement personnel, but more can be done. In Bernalillo County, there are currently four (4) MCRTs and the number will soon increase to six (6). Each team consists of a behavioral health specialist and a law enforcement officer that has received highly specialized crisis intervention training.

### *Emergency Rooms – Behavioral Health Peers/Mentors*

Recent data reveals that more than four (4) million Americans present to emergency departments each year with behavioral health complaints and that hospitals are struggling to keep up with demand. Research also indicates that approximately 80 percent of these situations can be successfully resolved within 24 hours. One key to effectively addressing these issues is a collaborative mentoring approach that centers on both the individual's immediate needs while in the emergency department and subsequent post-crisis needs upon discharge.<sup>24</sup>

### *Crisis Services Centers*

The county, as is the case for many if not all counties, needs to identify and/or create a functional space for individuals to be that are experiencing a mental health or substance use crisis. New Mexico jurisdictions such as Bernalillo County, Santa Fe County, and Doña Ana County are in various stages of building and moving toward implementing operations for a Crisis Services Center (also referred to as a Crisis Triage Center). Such a center is designed to enhance opportunities for recovery for adults experiencing crises involving mental illness and/or substance use issues.

The result of most responses to behavioral health crises events that cannot be de-escalated on site requires transport to an emergency room or jail. Many communities lack the capacity to provide a viable alternative to an unnecessary entry into the criminal justice system or a traumatizing admission to an overburdened hospital system. Crisis centers or transitional residential centers can fill a significant role as a service hub for those communities fortunate enough to have them. However, what happens after the crisis is stabilized and the individual no longer needs this residential setting remains a significant question. The lack of or high cost of available housing and post-crisis intensive services often results in

losing track of the individual or of additional crises or criminal justice involvement in the future. In some communities, Assertive Community Treatment (ACT) teams, mental health or drug courts, supported housing, and extensive peer supports help to fill the after-crisis service needs for individuals with serious mental illness and helps to maintain individuals' engagement with services over time.<sup>25</sup>

The process of developing a behavioral health crisis services center is a lengthy one and the costs, both recurring and nonrecurring, are significant. San Juan County may want to consider this option in the future, but also consider in the near term, less expensive and more efficiently implemented options to fill this community gap of crisis stabilization, such as the implementing of a "living room setting" which can serve as a safe alternative for crisis stabilization.

#### *Partial Hospitalization*

Implementation of a partial hospitalization program would provide an intensive level of non-residential services similar to inpatient care but in an outpatient setting. This service can be of particular benefit for individuals with substantial clinical treatment needs, but who can be safe going home at night. This program can serve the purpose of a structured level of support to avoid inpatient or residential care or after an inpatient stay for an individual with ongoing but short-term intensive treatment needs.<sup>26</sup>

#### **Possible Solutions**

1. Mandate Crisis Intervention Training for all law enforcement personnel. Incorporate behavioral health professionals in existing crisis response activities. (Cost estimate: \$20,000 (NR); \$5,000 (R) training new hires.)
2. Develop at least one fully-staffed Mobile Crisis Response Team (MCRT) that includes a behavioral health clinician and a law enforcement officer specifically trained in crisis intervention. (Cost estimate: \$125,000 (R) for a behavioral health clinician; \$1,000 (NR) for training.)
3. Add a newly developed location/program at the San Juan Regional Medical Center that would serve as an adjunct service for crisis stabilization, but also be different from an emergency room, psychiatric emergency room, or an inpatient hold or stay.
  - a. This could be a space carved out in the hospital for mental health observation and evaluation or could be implemented in a separate facility, such as an urgent care center.
  - b. Behavioral health specialists, including peer specialists, would staff the unit, offering the capacity to work with individuals and arrange for appropriate placement and services without having to rush individuals out the door until next steps are put into place.
  - c. This replicates a portion of the Treatment Court programs that keep an individual housed (albeit in jail) until such time as housing is solidified and services have been put in place. (Cost estimate: \$250,000 (R).)
4. Place certified peers/mentors in the hospital emergency department (or newly developed behavioral health observation unit (*Possible Solution #3* above) to support patients experiencing a behavioral health crisis by navigating subsequent treatment options. (Cost estimate: \$80,000 (R).)
5. Enhance the service array through development of a partial hospitalization program with San Juan County Regional Medical Center. (Cost estimate: TBD.)
6. Consider, in the long-term, allocating necessary resources to develop a comprehensive Crisis Triage Center. (Cost estimate: TBD.)

## Opportunity: Develop Housing, Transitional Living, & Safe Alternatives

In order to implement an effective continuum of care, existing bridges must be fortified and new bridges constructed. There must be a bridge from crisis response/stabilization and a stepping into the provision of initial services and ongoing treatment. There must be a place and a set of services available for individuals reintegrating into the community from facility or residential treatment. There must be a way or a safe place for individuals to go subsequent to a hospital stay or a period of incarceration. Concurrently, there must be a set of safe and effective alternatives to a hospital emergency room visit or incarceration. For many, there must be a place to live, albeit a temporary and/or transitional one, in order for the critical first step into services to be offered as a possibility.

### *Transitional Housing*

Transitional housing connotes a supportive or supported accommodation that bridges the gap from homelessness or emergency shelter habitation to more permanent housing. An important element of transitional housing is the provision of structure, supervision, services (such as case management and counseling), education, and training. It represents an intermediate step in the housing continuum and can be either scattered or permanent sites. Many individuals that cycle through the county behavioral health, hospital, and criminal justice systems experience homelessness or unstable housing. Often these individuals in need of services cannot be located. If the county could find a way to provide, if only on a temporary basis, a place for these individuals to live, service delivery would be more likely. As part of a transitional housing program, some communities (such as Bernalillo County) offer short-term temporary housing vouchers for at-risk populations.<sup>27</sup>

### *The Living Room Model*

There is also a strong peer component of a cutting edge model known as The Living Room (TLR). The county may consider pursuing implementation of this approach that is an outpatient, voluntary, alternative care setting for persons in emotional distress related to behavioral health. TLRs are increasingly recognized as an effective way to reduce psychiatric emergency department visits while improving outcomes for people in need. Services in a living room setting are more effective than emergency departments for some behavioral health populations because they have the capacity to provide care that is immediate, client-focused, and recovery-oriented. TLR's use trained peers with personal experience in managing the challenges of behavioral health who can provide support for de-escalation, support in identifying needed resources, and short-term mentorship. In addition, this program can contribute to cost avoidance for the county by decreasing the demand on area emergency rooms and the criminal justice system while simultaneously caring for guests in a less intrusive setting. TLRs are effective at addressing clients in distress, connecting individuals to behavioral health treatment, diverting clients from a higher level of care to a lower level of care, and providing resources and support for suicide prevention.<sup>28</sup>

Living room employees should be licensed and/or certified professionals within their area of expertise and learned experiences. They must have training, certification, and credentials required in accordance with their specified positions. An optimally staffed TLR will include a combination of the following types of professionals:

- An independently licensed behaviorist (mental health counselor or clinical social worker) trained in both peer development and peer supervision
- Certified Peer Support Workers with lived experience with mental illness or substance abuse, a Community Health Worker, and/or Community Support Specialist
- A Patient Service Representative to support the center in its workload

- A Peer Recovery Educator

Specific services to be provided include, but are not limited to:

- Support from trained Recovery Support Specialists and program staff
- Helping clients to create individual recovery service plans based on recovery goals and steps to achieve those goals
- Assist participants to access benefits, entitlements, legal assistance, civic restoration, transportation support, health management, stable housing, education, and employment connections
- Peer and family strength-based skill building and educational groups
- Support peers in decision-making and to de-escalate from crisis
- A safe space in which to rest or relax
- Assistance with problem solving<sup>29</sup>

#### *Multi-Disciplinary Team/Assertive Community Treatment*

An effective approach for working with and supporting individuals with complex behavioral health issues is the multi-disciplinary team approach. The benefits include mitigating the “un-merry go round” for individuals experiencing multiple visits to multiple providers, the emergency room, and engagement with the criminal justice system. Individuals that are high/frequent utilizers of behavioral health services not only produce a significant cost on the system, but also contribute to the frustrations and disappointments associated with unmet needs and poor outcomes.

A multi-disciplinary and multi-provider intervention approach focuses on common goals and collective actions taken toward shared beneficial outcomes. Assertive Community Treatment (ACT) teams offer a multi-disciplinary team approach to community based treatment, rehabilitation, and supportive services for adults with serious and persistent mental illness (SPMI). This evidence-based approach has shown success in averting hospital admission, residential placement, and criminal justice intervention for those living with SPMI.

The ACT model is an evidence-based approach that can help reduce costly and short-term inpatient care as well as reducing engagement with the criminal justice system and increasing housing stability. A behavioral health expert operating an ACT team in another New Mexico community described ACT as a “psychiatric unit without walls.”

#### *Community Engagement Teams*

Community Engagement Teams (CETs) are a recovery-focused approach to help individuals and their families cope with the effects of mental illness and substance use disorders in their homes and communities. Efforts include both pre- and post-crisis phases and avoiding unnecessary hospital emergency and/or inpatient treatment and engagement with the criminal justice system. CETs are a short-term alternative to inpatient care and are designed for individuals facing challenges to living safely in the community and those at high risk of experiencing a crisis. The team often consists of three to five (3 – 5) members including a clinician, peer specialist, and case manager. Bernalillo County is operating a pilot CET program as part of its Behavioral Health Initiative.

#### *Data/Information Sharing*

A significant aspect of collaboration between multiple entities is the need to develop strategies to share necessary information regarding mental health diagnoses, status, medication regimens, criminal justice involvement, and services of individuals experiencing behavioral health issues to optimize the

effectiveness of treatment and smooth transition from one service to the next (maximizing warm handoffs). This challenge can be addressed in a number of ways. Data sharing agreements and/or protocols (including use of business associates agreements and memorandums of understanding), care coordination collaborations, and/or universal releases of information (ROI). An example of a multi-agency ROI from Kansas is included as Appendix C.

### **Possible Solutions**

1. Pilot/Establish a short-term (up to 60 days) emergency housing solutions for at-risk populations, including staffing. (Cost estimate: \$100,000 (NR).) Solution option 1 is proposed, initially, as nonrecurring. After a period of evaluation, if it is determined that the benefits and positive outcomes derived from these initiatives warrant ongoing funding, the county could opt to provide these housing options on a recurring basis.
2. Pilot/Develop a temporary/transitional housing voucher program. (Cost estimate: \$100,000 (NR).) Solution option 2 is proposed, initially, as nonrecurring. After a period of evaluation, if it is determined that the benefits and positive outcomes derived from these initiatives warrant ongoing funding, the county could opt to provide these housing options on a recurring basis.
3. Create a transitional housing taskforce.
  - a. Establish a consulting relationship with a housing expert to create the taskforce and develop a transitional living/housing strategic plan. (Cost estimate: \$30,000 (NR).)
  - b. Utilize existing toolkits to develop comprehensive and sustainable transitional housing programs such as those found at <https://pocketsense.com/start-transitional-housing-program-5014.html>. (Cost estimate: \$0)
  - c. Explore grant opportunities (this can be an HSCC function) through the US Department of Justice and US Health and Human Services Department. (Cost estimate: \$0)
  - d. Consider the expansion of the suggested county HSCC to include a housing navigator. (Cost estimate: \$55,000 (R).)
4. Consider the development of a living room setting with a strong peer component.
  - a. Research and engage consulting services for the development of a living room center and/or crisis services center. (Cost estimate: \$75,000 (NR).)
  - b. Cost estimate: \$350,000 (R) for four positions outlined in the above description.
  - c. There may be additional nonrecurring costs associated with building renovation.
5. Develop at least one Assertive Community Treatment (ACT) team to enhance the availability of services to the adult community. ACT services have a reimbursement incentive from Medicaid. (Cost estimate: \$300,000 - \$360,000 (R).)
6. Formalize a multi-disciplinary team approach (utilizing existing county expertise) and protocols that include case/client staffings and the sharing of necessary information. (Cost estimate: \$10,000 (NR).)
7. Develop more formalized agreements (joint Release of Information [ROI] form) to support the sharing of necessary client information/data in the name of more coordinated services. (Cost estimate: \$10,000 (NR).)



## Opportunity: Enhance Criminal Justice Diversion

### *Treatment Court*

The 11th District Court operates a Treatment Court (Drug Court and Mental Health Court) for both adults and juveniles. The treatment received through Adult Drug Court is highlighted by intensive outpatient services mandated as a condition of probation. The services are prescribed as part of a post-adjudicated and post-plea arrangement for felony offenders. The 12-month program includes three to six (3 – 6) months of aftercare. Designed to serve 55 individuals per year, in 2018 the court actually served 70 individuals. The program includes a state-funded case manager position.

The Adult Mental Health Court is also a post-plea program that serves approximately 45 individuals per year. A highlight of this program is that individuals remain incarcerated (for up to 2 –3 days) until services, including housing, are in place. Services include case management, psychosocial rehabilitation, medication management, and, for those with co-occurring issues, substance use therapy. *“The revolving door of family members with multiple civil commitments in court every few months is unacceptable.”*

For youth/juveniles both mental health and drug court services are available. For youth, the mental health (wellness) program does accept pre-plea arrangements (as there may be competency issues). However, the Youth Drug Court arrangement is post-plea and includes a mental health assessment, substance abuse group therapy, individual and family therapy, case management, and Community Counseling and Supportive Services (CCSS). The wraparound services are provided, through contract, by Presbyterian Medical Services.

*“The community is too comfortable thinking that this is a police problem....it starts with philosophy...we need to get hallucinating people into treatment; it would help to be able to mandate folks into treatment.”* There are multiple aspects of stigma for communities to effectively address the needs of those struggling with behavioral health issues. Stigma creates obstacles to a community successfully meeting the need to provide services and discourages those that need these services from seeking help. This report contains an opportunity related to public education and awareness that can begin to chip away at these discouraging elements. Suffice it for now to indicate that the thinking that dealing with those in behavioral health crisis or those with ongoing behavioral health needs is a law enforcement or hospital or jail problem is one such element of stigma the county must effort to combat.

### *Joint Intervention Program*

The Joint Intervention Program (JIP) was initiated in 2014 and includes San Juan County, the San Juan Regional Medical Center, City of Farmington, and Presbyterian Medical Services as project partners. At inception, the initiative identified 10 high and frequent utilizers of medical and behavioral health services, estimating that the combined cost to the community of providing services to these individuals amounted to \$500,000 per year. As a result of the implementation of the JIP, it is estimated that these costs were cut in half.

*“Public inebriation is a long-standing issue and remains the county’s number one problem.”* The genesis of this multi-agency effort was to create a safe place to get the county’s inebriated residents off the street. Initially, the pilot project was simply a place to be. Through evolution, the project has grown to include access to clinical services such as substance abuse counseling.

Currently, Paul’s Place has 45 beds (including eight for women) and has served several groups of 10 – 12 individuals at any one time. Although referrals to the program come from a number of sources, the primary referral source is the courts. Nearly 45% of the funding (\$300,000) of what is now a six to 12-

month multi-phased program derives from a state DWI grant. The additional funding comes from the partner entities as provided in an intergovernmental agreement.

### **Possible Solutions**

*“If additional funding were made available, we could add a case manager and assign to pre-trial supervision those with Serious Mental Illness (SMI)...issues could be identified earlier and services could be started earlier.”*

1. Expand the Treatment Court Program.
  - a. Fund an additional pre-trial case manager position in the Treatment Court program. (Cost estimate: \$60,000 (R).)
  - b. Expand the contract with Presbyterian Medical Services – or contract with an additional provider – to provide wraparound services to youth/juveniles in the treatment court program. (Cost estimate: \$60,000 (R).)
  - c. Consider the development of court ordered/mandated options such as Assisted Outpatient Treatment, medication management, and assigning treatment guardians.
  - d. Place greater emphasis on pre-trial services in program growth.
2. Continue implementation of the SJC Stepping Up Initiative.
  - a. Appoint a .5 FTE project manager to lead the Stepping Up Initiative. (Cost estimate: \$45,000 (R).)
  - b. Build on initial steps to ensure additional training in responding to behavioral health crises.
  - c. Assure that all law enforcement officers and other first responders (city and county) can participate in Crisis Intervention Team (CIT) training. (Cost estimate: \$20,000 (NR), \$5,000 (R) for new hires.)
  - d. Develop at least one Mobile Crisis Response Team that includes a behavioral health clinician and a law enforcement officer specifically trained in crisis intervention (see additional information in *Opportunity: Enhance Crisis Response and Stabilization*). (Cost estimate: \$125,000 (R) for behavioral health clinician; \$1,000 (NR) for training.)
  - e. Build on positive relationships that exist between law enforcement and judicial entities by enhancing and formalizing consistent interactions with district attorneys, public defenders, and judges to educate and engage these critical collaborators. This could include conducting joint “staffings” for repeat offenders known to have behavioral health issues. This creates a stronger foundation from which successful intervention can occur prior to further and deeper engagement, including incarceration(s), in the criminal justice system.
3. Address the lack of affordable housing. Explore opportunities for grant funding from entities such as the US Department of Housing and Urban Development’s HOME Investment Partnership Program. (Cost estimate: \$0)
4. Enhance inpatient mental health services through, at a minimum, increased staffing at the hospital for the psychiatric unit.
5. Expand the Joint Intervention Program (JIP) by seeking additional grant funding and enhancing funding from the partner entities. Additional cost-avoidance can be achieved through investment in this successful program.
  - a. An infrastructure for both “a place” and services already exists. Additional space and wraparound support services could be grown and additional clients served. (Cost estimate: TBD (R) based on grants and enhanced funding from partner entities.)

## Opportunity: Increase Support for the Adult Detention Center & Reintegration

Important elements of a healthy behavioral health system include enhancing “upstream” initiatives that divert individuals from entry into the criminal justice system and incarceration. In some cases, entry into the system and county detention are not avoidable, even when behavioral health issues are significant contributing factors to criminal acts. Many communities, the state, and the nation as a whole grapple with how to effectively and positively impact (or at least not adversely impact) the behavioral health of incarcerated individuals.

*“The jail is the county’s primary mental health facility.”*

The vast majority of San Juan County’s Adult Detention Center’s (ADC) population is incarcerated for one (1) year or less. In 2018, the average daily population was 601.5 and of these, an average of 36.5 were incarcerated for longer than 12 months.<sup>30</sup> As such, stays are of a relatively short-term variety. It is crucial that corrections officers and other detention center staff have the capacity and training to effectively deal with incarcerated individuals – particularly those presenting with behavioral health needs – that are housed in the ADC for a relatively short amount of time and, perhaps more importantly, that clear and clearly communicated transition protocols are in place for those leaving an incarceration setting and preparing for community reintegration. The number of individuals presenting with significant behavioral health issues during incarceration is substantial and available professional support is not meeting needs. With a lack of resources at the time of release, the cycle of individuals returning to the jail continues at a rapid pace.

Medicaid services are suspended when individuals are incarcerated. This is typical across the nation. Some states terminate Medicaid for incarcerated individuals. Little support is offered from NM Medicaid managed care organizations (MCOs) to outreach to individuals prior to release to change the suspension. This further exacerbates issues associated with re-entry to the community on release. Three issues are central to addressing individuals with behavioral health needs at the jail – providing the appropriate and ongoing training for corrections staff to help them better address presenting problems, increasing the amount of support available in the ADC medical unit, and creating an effective process on release to assist in transition to follow-up care.

Other elements that some communities, such as McKinley County, have incorporated into their detention center-related array of services, are specific recovery units that function through the adult detention centers/jails. Bernalillo County has developed a resource re-entry center adjacent to its adult detention center that serves as a reintegration stepping stone for those released from incarceration to receive referral to support services prior to re-entry back into the community (<https://www.bernco.gov/metropolitan-detention-center/resource-re-entry-center.aspx>).

### Possible Solutions

1. A national best practice is to make use of community providers to deliver care in the jail setting. Use of community providers is particularly important to prevent jail entry in the first place, but also to facilitate community re-entry if a person becomes incarcerated and to prevent recidivism.
2. Integrate care as much as possible. Different drug formularies between community behavioral health and county jail systems, different care requirements across these systems, and confusing funding streams all lead to major difficulties in care delivery for persons at risk of becoming incarcerated or who actually are incarcerated. Review which of these obstacles exist in SJC and

- work in tandem to eliminate them. (Cost estimate: \$5,000 (NR) to revise/create intake and reintegration protocols addressing effective medication management.)
3. Give greater emphasis to the SJC Stepping Up Initiative to continue work to grow jail diversion options.
    - a. Appoint a .5 FTE project manager to lead the Stepping Up Initiative. (Cost estimate: \$45,000 (R).)
    - b. Make use of The National Association of Counties (NACo) and the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD) for technical assistance to improve behavioral health services for those at risk of incarceration (<https://stepuptogether.org/>).
    - c. Increase Alternative Sentencing Options. Expand the AXIS program and replicate it for men. (Cost estimate: \$573,200 (R).)
  4. Establish a unit of re-entry/reintegration specialists to address issues such as individuals discharged prior to a supportive services plan being in place and absent a place to go. Re-entry specialists would perform a liaison function between ADC staff and community providers to assure that these necessary elements to release and community reintegration are in place and that the potential for rapid recidivism is mitigated. Formalize protocols for those transitioning to support these efforts with peer navigators. (Cost estimate: \$150,000 (R) for two (2) re-entry specialists.)
  5. Bolster the ADCs internal behavioral health unit. Enhance psychiatric and other high-level behavioral staff on the “front-end” (during initial intake) to address issues such as medication management, provide additional capacity to offer group therapy during the term of incarceration, enhance the ability for the medical unit to provide training in mental health to correctional officers, and, as is suggested above, enhance capacity to work with the community on better release/community reintegration strategies. (Cost estimate: \$100,000 (R).)
  6. Provide a comprehensive and ongoing behavioral health training program for corrections staff. Assure that all corrections officers receive Crisis Intervention Team (CIT) training and Mental Health First Aid Training. Develop partnerships with university faculty to offer continuing education for corrections staff. (Cost estimate: \$1,000/person (NR).)
  7. Consider the introduction of Happify (<https://my.happify.com/>) to assist detention staff in reducing stress and building emotional health and wellness. (Cost estimate: TBD.)
  8. Pursue a portion of \$2.5 million in funding (State General Fund) appropriated in Laws 2019, Chapter 271, Section 5, Item (77) that indicates, in part, that “...To reduce reincarceration...and to improve...county jail services...counties and agencies may apply for grants to increase access to evidence-based behavioral health services...”

## Opportunity: Increase Access to Training & Supervision

Locating and accessing sufficient supervision and training for clinicians and peers is difficult in San Juan County. This challenge is a barrier to the recruitment and development of a qualified behavioral health workforce. High quality supervision is a must for those entering behavioral health services fields and a must for a community seeking behavioral health services delivery from qualified professionals. Not only is adequate training and supervision needed at the outset of a career, but it is required to maintain licensure. Ongoing support for opportunities for professional development also contribute to success in recruitment and mitigates retention issues. Options are available to address these challenges and, if implemented, can contribute to the development and sustainability of a stronger behavioral health workforce in San Juan County.

### Possible Solutions

1. Within the University of New Mexico (UNM) Department of Psychiatry and Behavioral Sciences Division of Community Behavioral Health exists a program to provide remote supervision for master's level social workers completing their required hours to obtain licensure. Social workers must complete 3,600 hours of supervised work to be licensed, which requires 90 hours of supervision. It takes individuals between 2.5 – 5 years to complete these required hours, depending on if they are working full- or part-time. Using a Health Insurance Portability and Accountability Act (HIPAA)-compliant Zoom platform, the department provides this tele-supervision at no charge to individuals accepted into the program.
  - a. Cost estimate: \$2,000 (R) for access to a HIPAA-compliant Zoom platform.
  - b. Such software may be in place with providers already offering telepsychiatry. Collective purchasing of a subscription by the county could allow multiple individuals to take advantage of this service.
  - c. More information is available from Molly Faulkner, PhD, CNP, LISW (505-239-8256 or [mfaulkner@salud.unm.edu](mailto:mfaulkner@salud.unm.edu).)
2. The UNM Department of Psychiatry and Behavioral Sciences Division of Community Behavioral Health also offers on site and remote trainings at no charge to students, clinicians, peers, and administrators. Grants through the NM Department of Health and the NM Human Services Department (specifically the Behavioral Health Services Division) are how these services are funded. Approximately 60 – 80 webinars are offered every year on topics ranging from child and adolescent behavioral health to psychopharmacology to substance abuse to suicide prevention. Emphasis is placed on the dissemination, modeling, and use of evidence-based practices. For those persons not licensed and seeking continuing education credit through these trainings, a certificate of completion is offered to support a developing knowledge base that can be reflected in a resume.
  - a. Cost estimate: Access to the Internet.
  - b. Anyone in San Juan County can receive information about upcoming training through the division's listserv. The division requests that San Juan County identify individuals and groups that should receive this information and assure that contacts are sent to the division for linkages.
  - c. More information is available from Avi Kreichman, MD (505-272-6238 or [akreichman@salud.unm.edu](mailto:akreichman@salud.unm.edu)).
3. The National Association of Rural Mental Health (NARMH) is holding its annual conference August 26 – 29, 2019 in Santa Fe. *From Surviving to Thriving: Embracing Connections* offers plenary and concurrent learning sessions covering a multitude of topics central to effective rural mental health services such as effective telepsychiatry, workforce development, addressing stigma, opioid use, school-based mental health, working with Native American populations,

family systems, and building effective collaborations. Several of the sessions are being offered by NM citizens. A comprehensive agenda is available at <http://www.togpartners.com/narmh/2019/agenda.aspx>. If San Juan County compiled a team of seven (7) persons to attend, that group could cover every session offered. They could then create a series of community forums in San Juan County to further disseminate the information. Complete information can be found at <http://www.togpartners.com/narmh/2019/hotel.aspx>. (Cost estimate: \$1,200/person)

4. The NM Human Services Department's Behavioral Health Services Division (BHSD) has entered into a relationship with the Western Interstate Commission for Higher Education (WICHE) to launch a rural psychological consortium in the state. BHSD would be interested in licensed psychologists in San Juan County who would like to participate. More information is available from the BHSD Office of the Director (505-476-9266). (Cost estimate: \$0, state-funded.)
5. The Mental Health Technology Transfer Center (MHTTC) is funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). Through the MHTTC, online courses are offered through HealthKnowledge (on demand) and scheduled webinars on a variety of topics. Information is available at <https://mhttcnetwork.org>. (Cost estimate: Access to the Internet.)

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## Opportunity: Enhance Psychiatric Availability

San Juan County, per the recent NM Workforce Committee Report (October 2018), has 11 less psychiatrists than is considered optimal for the size of the population. There are currently nine (9) psychiatrists serving the county; the national benchmark for a county with a population the size of San Juan County is twenty (20) psychiatrists. Concerns are growing as other local psychiatrists look to retire in the coming months. The availability of child psychiatric time is particularly troubling.

There is a plethora of challenges for psychiatrists providing services in rural areas such as San Juan County. These include working with impoverished populations, the stigmatization of mental health and substance use conditions, reduced access to treatment, provider shortages, high suicide rates, and higher rates of binge drinking. These are but a few of the challenges for rural communities in recruiting psychiatrists. The shortage of psychiatrists is escalating into a national crisis; this is even more so in rural communities.

Though there are significant challenges, there are also some viable options such as telepsychiatry. This option provides the capacity for an individual residing in a rural community to communicate sensitive issues via a local HIPAA-compliant clinic setting with a qualified professional. Additionally, models of collaborative care are being developed that serve to bridge mental health expertise to primary care physicians and pediatricians.

More universities are promoting and offering residencies in rural psychiatry, including the University of New Mexico (UNM). Programs such as UNM's Project ECHO (Extension for Community Healthcare Outcomes) create communication between rural health care providers and university partners. This helps mitigate the isolation that rural psychiatrists can experience.

### Possible Solutions

1. UNM's Division of Community Behavioral Health offers a nationally-recognized program for psychiatry residents to serve and learn in rural communities. Research indicates that individuals who complete rural residencies are more likely to serve in a rural setting following completion. Additionally, if the resident has had a positive experience in bonding with the greater community, they are more likely to return to that community. The UNM psychiatric residency program is a minimum of four years, but can range up to seven depending on specialties being sought.
  - a. Residents receive a stipend that is based on what year of residency is being completed. UNM has also noted that it is helpful if counties where residents are placed can also provide housing. (Cost estimate: \$55,000 - \$70,000 (R), TBD housing (R).)
  - b. The program would require that San Juan County have a local psychiatric preceptor to guide the training. The preceptor becomes part of the UNM faculty.
  - c. Though a long-term solution to this opportunity, immediate action to begin the process offers a start on enhancing availability. More information is available from Jose Canaca, MD, director of the rural residency program (505-272-6130 or [jcanaca@salud.unm.edu](mailto:jcanaca@salud.unm.edu)).
2. Enhance the use of telepsychiatry. There is a large evidence base for the use of telepsychiatry as a delivery method for mental health services. In terms of care quality, the evidence suggests that telepsychiatry is comparable to face to face in the reliability of assessment and effective treatment of a range of behavioral and mental health disorders. There are many nationally recognized telepsychiatric providers. The best are those that align the same clinician to an organization for continuity of care – the individual being served sees the same person for each visit.

- a. Participating organizations pay hourly fees to the telepsychiatry agency. Billing of insurance is the responsibility of the agency and reimbursement is kept by the agency.
  - b. Encourage providers to increase the use of effective telepsychiatry to serve a greater number of citizens.
3. UNM's Health Sciences School of Medicine offers year-long clinical psychology internships with the selection of one intern each year to focus on its Multicultural Rural and Native American Behavioral Health track.
  - a. Interns receive a stipend. (Cost estimate: \$20,500 (R), TBD housing (R).)
  - b. More information is available from Lindsay Smart, PhD, director of training (505-272-2190 or [lsmart@salud.unm.edu](mailto:lsmart@salud.unm.edu)).
4. According to the American Medical Association, New Mexico is one of 12 states in which psychiatric nurse practitioners are not required to have physician oversight to prescribe medication. Given the decline in the psychiatrist workforce and the anticipated expansion in the workforce of psychiatric mental health nurse practitioners (PMHNP), enhancing the use of PMHNPs is an option worthy of further exploration.

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## **REVENUE SOURCES & NEXT STEPS**

Limitations on resources is an ongoing challenge for communities in search of building a stronger continuity of care into the delivery of behavioral health services. The most advantageous financial approach will be to optimize revenue source diversity. The county has funding options, not the least of which are fund balances that have accumulated in its Health Care Assistance Program (HCAP). Consistent with an innovative precedent for success set by a New Mexico County (Santa Fe), this report recommends the utilization of a portion of these fund balances to begin the initial phase of an approach to bolster existing services, patch gaps in its behavioral health continuum of care, and plot the course to the implementation of new and needed evidence-based services. Additional funding sources are discussed below.

Regardless of the funding mix, a priority will be creating a well-considered strategic plan for behavioral health to include immediate, mid-term, and long range timelines and implementation schedules. A behavioral health strategic plan can be created from the opportunities and solution options presented in this report. It is the consultants' primary recommendation that San Juan County look first to creating the Human Services Coordinating Center (HSCC). Doing so offers the ability to more rapidly craft a strong plan and more quickly begin to address identified needs.

### **Health Care Assistance Program (HCAP) Fund Balance**

The Health Care Assistance Program is administered by each of New Mexico's 33 Boards of County Commissioners (BCC). This program is established in accordance with the Indigent Hospital and County Health Care Act, being Laws 1978, Section 27, Article 5. One purpose of this program (as cited by Otero County in its program description) is to provide access to health care that reduces long-term medical and social costs. "An effective health care system must retain local health care efforts, stimulate local innovations for meeting particular health needs and use existing resources to expand health care options..."<sup>31</sup>

Included in the definitions of this statute is one for "health care services" that, in part, "means treatment and services designed to improve health in the county indigent population including...preventative care and health outreach services..." An additional definition is included for "planning" that, in part, "means the development of a county-wide or multicounty health plan to improve and fund health services in the county..."<sup>32</sup>

It is suggested that the SJC Board of County Commissioners utilize its authority to direct additional resources to address the health and, in particular, the behavioral health needs of its communities through the measured yet innovative use of the HCAP fund balances to move "up stream." We further suggest that the county use the Santa Fe County Accountable Health Community implementation plan as a guide. An important element of this initiative was transitioning HCAP from being strictly a claims-based system to being both a claims-based and a deliverables-based contract system.

Santa Fe County developed a three-year funding plan, approved by its BCC that utilized its HCAP fund balances to the tune of \$1.7 million in the first year.<sup>33</sup> This initiative contained elements of planning and service delivery that was rooted in implementing behavioral health system changes. The plan for the first year included funding for additional FTE and consulting/project management services, additional funding for deliverable-based provider contracts, community-based navigation contracts, creating a resource guide, creating a flexible funding account, implementing a senior services behavioral health

pilot project, the purchase and distribution of Naloxone, and doing outreach and insurance (Medicaid) enrollment.

Although consultation with Santa Fe County as well as other counties (including those that have a more conservative perspective relative to limitations on the use of these funds) and legal analysis is suggested prior to the commitment of these funds, it is our perspective that HCAP fund balances can appropriately and legitimately be used for the purposes recommended.

### **County General Funds**

The General Fund is the county's primary operating fund and includes funding for county-run programs and resources traditionally associated with government. The majority of this funding comes from property tax and gross receipts tax (GRT). The county could, in its FY20 budgeting process, allocate additional resources to health and human services to place more emphasis on closing identified gaps. Doing so may also stem the outflow of funds (avoid costs or reduce the level of funding increase) in some programs, such as in adult detention center programs and law enforcement overtime costs, through efforts that prevent higher cost services from being so heavily utilized.

It is presumed that, as part of the county's FY20 budget deliberations, a full analysis will occur to determine the optimal utilization of its general fund (as well as other funds). One aspect of this analysis will be a full accounting of funds used for health and human services needs, including if additional funds can be appropriated for behavioral health purposes and/or in support of opportunities and solutions forwarded in this report. An additional aspect of this analysis should be a review or re-review of county laws, resolutions, or ordinances that place unnecessary restrictions on the use of funds for behavioral health purposes or for which an additional earmarking of funds for behavioral health purposes is possible.

### **Grant Funds**

San Juan County receives federal and state grant funding from a variety of agencies. As has been noted by the county in its past financial reports, county projects and programs could not exist without funding from these various agencies. As more attention is paid at the federal level to areas such as taking action on overdose deaths and the behavioral health workforce, the county should continue to seek opportunities to partner with state agencies to identify additional funding. One such state grant is noted in the solutions section of the adult detention center and reintegration opportunity.

In addition to federal and state grant opportunities, there are multiple private philanthropic foundations that focus a significant part of their giving on behavioral health. Research into these foundations and information hubs for future opportunities to apply should be considered. Some of these include:

- The David and Lura Lovell Foundation (<https://lovellfoundation.org/programs-funded/>)
- Ittleson Foundation (<http://www.ittlesonfoundation.org/mental-health/>)
- John D. and Catherine T. MacArthur Foundation (<https://www.macfound.org/>)
- Rural Health Information Hub (<https://www.ruralhealthinfo.org/funding/topics/mental-health>)
- New Mexico GrantWatch (<https://newmexico.grantwatch.com/>)

### **Special Revenue Funds**

Special revenue funds are used to account for the proceeds of specific revenue sources that are legally restricted to expenditure for specific purposes. These sources include taxes, state and federal grants, and other sources. In November 2014, Bernalillo County voters approved (with a 69% voter approval rate) a nonbinding question on a general election ballot measure that mentioned a one-eighth (.125) of

one percent mental health tax. The following February (2015), the Bernalillo County Commission voted (by a 3-2 margin) to increase the gross receipts tax rate by a one-eighth (.125) of one percent “hold harmless” increment. This increment is generating approximately \$20 million annually that is allocated to behavioral health initiatives.<sup>34</sup>

The option of increasing the gross receipts tax rate to produce a recurring revenue stream for behavioral health purposes is available to the San Juan County Commission. It should be noted that while nearly 70% of voters were in support of such action and though a clear need had been identified in Bernalillo County, a comprehensive and detailed action plan was not ready when the tax was implemented. The delay in beginning new initiatives created a variety of concerns and responses until initiatives began to be implemented. This behavioral health gap analysis report provides San Juan County with an opportunity to present a set of specific initiatives to address clearly identified needs that could justify a potential revenue enhancement measure.

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## **CONCLUSION**

The primary recommendation proposed through this report is to enhance the coordination, collaboration, and alignment of behavioral health services in San Juan County. There are a variety of successful programs that deliver behavioral health services and dozens of practitioners with the knowledge, passion, and commitment to make a positive difference in the lives of San Juan County's residents struggling with behavioral health issues. There is a team in place, a team that needs to be led. The team needs to be strengthened but, more than anything else, they need to be consistently convened and effectively led. This is the role envisioned for the county – that of coordinator and convener.

There are a multitude of solution options proposed to address identified gaps and opportunities for improvement. Limitations on resources may curtail or delay implementation on some for a period of time. However, it is imperative to keep in mind that the path forward begins with a single step. To their credit, county officials, city leaders, behavioral health providers, law enforcement, and support service providers are ready to take the next necessary steps forward to fortify existing bridges and build new ones.

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## **APPENDIX A**

### **SJC Behavioral Health Analysis Key Informant Questions**

MAS Solutions is tasked with conducting targeted interviews with key informants in order to both provide the best possible information into the development of a behavioral health gap analysis and to support San Juan County and its residents in taking the next necessary steps forward in delivering the most needed behavioral health services.

All questions are specific to San Juan County. We appreciate you taking the time to share your thoughts and ideas.

1. What is your and your organization's role in the delivery of behavioral health services in San Juan County?
2. What Behavioral Health Services for children, adolescents, and adults are available in San Juan County? Where are they delivered?
3. How would you improve collaboration and advocacy among and between San Juan County behavioral health service providers?
4. How aware do you think community members are about the current behavioral health services that are available?
  - a. For persons with mental illness or emotional disturbance
  - b. For persons with substance use disorders/addiction
  - c. For persons who have experienced trauma
  - d. For persons experiencing suicidal thoughts
  - e. For families/caregivers of such persons
5. Is treatment capacity sufficient for children, adolescents, and adults in San Juan County? If no, where do the difficulties lie?
6. What is your sense for how the community responds to behavioral health crises – be they substance/alcohol-related, mental health, or a suicide crisis?
7. Given limited human and financial resources, what are the initiatives SJC should prioritize to improve behavioral health services or fill gaps identified?
8. What specific outcomes should be prioritized?
9. What populations do you think are being underserved? If effectively served, that would benefit most from additional and prioritized services? Please be as specific as possible.
10. What, if anything, do you think needs to change in order to take the next steps forward?
11. What are the next steps on the following fronts:
  - a. Prevention
  - b. Early Intervention

- c. Treatment
    - 1. Mental Illness (especially for persons with serious mental illness such as schizophrenia or other psychotic illnesses, major depression, bipolar disorder, borderline personality disorders)
    - 2. Emotional Disturbance (especially for children and adolescents experiencing bipolar and psychotic disorders)
    - 3. Trauma
    - 4. Suicidal Ideation
    - 5. Substance Use Disorders (especially for those with prolonged substance use and/or addiction be it alcoholism, opioids, or prescription drug misuse)
  - d. Recovery and Resiliency Supports
  - e. Psychosocial Rehabilitation
  - f. School-based Services
  - g. Family and Caregiver Supports
  - h. Peer-Delivered services
  - i. Inpatient to out-patient integration and follow-up
  - j. Healthcare for persons with serious mental illness, emotional disturbance, trauma, suicidal ideation, and/or substance use disorders
  - k. Behavioral Health Workforce
  - l. Grant-Seeking Capacity
12. Is there anything else you would like to comment on or recommend relative to the development of a Behavioral Health Analysis in San Juan County?



## **APPENDIX B**

### **Data Structure**

#### **Issue - Community Awareness of Current Services Available**

- Data Elements
  - ✓ Persons with mental illness or emotional disturbance
  - ✓ Persons with substance use disorders/addictions
  - ✓ Persons who have experienced trauma
  - ✓ Persons experiencing suicidal thoughts
  - ✓ Families/caregivers of such persons
- Response Codes
  - ✓ Capacity
  - ✓ Awareness
  - ✓ Education
  - ✓ Access

#### **Issue - Improve Collaboration and Advocacy Among and Between Behavioral Health providers**

#### **Issue - Treatment Capacity**

- Data Elements
  - ✓ Available Services Children – Mental Health
  - ✓ Available Services Children – Substance Use
  - ✓ Available Services Adolescents – Mental Health
  - ✓ Available Services Adolescents – Substance Use
  - ✓ Available Services Adolescents – Jail Diversion
  - ✓ Available Services Adults – Mental Health
  - ✓ Available Services Adults – Substance Use
  - ✓ Available Services Adults – Jail Diversion
- Response Codes
  - ✓ Capacity
  - ✓ Awareness
  - ✓ Access
  - ✓ Education
  - ✓ New Service
  - ✓ Service Expansion

#### **Issue – Community Response to Behavioral Health Crisis**

- Data Elements
  - ✓ Substance Use/Alcohol Related
  - ✓ Mental Health
  - ✓ Suicide
- Response Codes
  - ✓ Unavailable
  - ✓ Awareness
  - ✓ Poor
  - ✓ Good
  - ✓ Okay

- ✓ Capacity
- ✓ Education

**Issue – What Initiatives Should SJC Prioritize to Improve Services or Fill Gaps**

- Response Codes
  - ✓ Capacity
  - ✓ Access
  - ✓ Education
  - ✓ Affordability
  - ✓ Collaboration
  - ✓ Coordination
  - ✓ New Service
  - ✓ Awareness
  - ✓ Poverty
  - ✓ Service Expansion
  - ✓ Funding

**Issue – What Specific Outcomes Should Be Prioritized**

- Response Codes
  - ✓ Revenue Streams
  - ✓ Funding
  - ✓ Family
  - ✓ Homelessness
  - ✓ Substance Use
  - ✓ Prevention – Youth
  - ✓ Youth
  - ✓ Education
  - ✓ Awareness
  - ✓ New Service
  - ✓ Service Expansion
  - ✓ Coordination

**Issue – Underserved Populations**

- Data Elements
  - ✓ Populations underserved
  - ✓ If served, would benefit most
- Response Codes
  - ✓ Children
  - ✓ Poor
  - ✓ Men
  - ✓ Native American
  - ✓ Older Adults
  - ✓ Serious Mental Illness (SMI)
  - ✓ Everyone
  - ✓ Outlying Communities
  - ✓ Undocumented

### **Issue – What Needs to Change to Take Next Steps Forward**

- Response Codes
  - ✓ Social Determinants
  - ✓ Affordability
  - ✓ Quality
  - ✓ Awareness
  - ✓ Focus
  - ✓ Jobs
  - ✓ Training
  - ✓ Coordination
  - ✓ Revenue Streams
  - ✓ New Services
  - ✓ Education
  - ✓ Coordination

### **Issue – Next Steps**

- Data Elements
  - ✓ Prevention
  - ✓ Early Intervention
  - ✓ Treatment
  - ✓ Recovery and Resiliency Supports
  - ✓ Psychosocial rehabilitation
  - ✓ School-based Services
  - ✓ Family and Caregiver Supports
  - ✓ Peer Delivered Services
  - ✓ Inpatient-to-Outpatient Integration
  - ✓ Healthcare
  - ✓ BH Workforce
  - ✓ Grant Seeking Capacity
- Response Codes
  - ✓ New Services
  - ✓ Youth
  - ✓ Prevention - Youth
  - ✓ Adolescents
  - ✓ Parents
  - ✓ Everyone
  - ✓ Capacity
  - ✓ Education
  - ✓ Capacity
  - ✓ Awareness
  - ✓ Coordination
  - ✓ Service Expansion
  - ✓ Funding

### **Issue – Final Comments**

# APPENDIX C

04/11/2016

## A-I-D Multi-Service Team Multi-Agency Consent for the Release of Confidential Information

\_\_\_\_\_  
(Name of Client) (DOB) (SSN)

The purpose of this form is to allow me to choose how my services are coordinated. I understand that this is my decision to make and that I can change my mind. If I change my mind, I need to make a written request to any of the listed agencies to cancel this consent. I also understand that I can ask a staff member to assist me with this process. If I have a legal guardian, my guardian shall sign or cancel this consent on my behalf.

By checking yes, I am allowing these providers to communicate and exchange information needed to coordinate and continue care, treatment and services. If I check no, I do not want the information exchanged with that provider.

Yes	No	<b>Provider/Agency Name</b>
<input type="checkbox"/>	<input type="checkbox"/>	City of Lawrence Municipal Court staff
<input type="checkbox"/>	<input type="checkbox"/>	Seventh Judicial District Court staff
<input type="checkbox"/>	<input type="checkbox"/>	Defense Attorney:
<input type="checkbox"/>	<input type="checkbox"/>	District Attorney's Office
<input type="checkbox"/>	<input type="checkbox"/>	City of Lawrence Prosecutors' Office
<input type="checkbox"/>	<input type="checkbox"/>	DCCCA, Inc.
<input type="checkbox"/>	<input type="checkbox"/>	Douglas County Sheriff's Office/Reentry
<input type="checkbox"/>	<input type="checkbox"/>	Assessments, LLC
<input type="checkbox"/>	<input type="checkbox"/>	Heartland Regional Alcohol and Drug Assessment Center
<input type="checkbox"/>	<input type="checkbox"/>	Lawrence Community Shelter
<input type="checkbox"/>	<input type="checkbox"/>	Lawrence-Douglas County Housing Authority
<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department for Children and Family Services
<input type="checkbox"/>	<input type="checkbox"/>	Other:

Yes	No	Types of Information	Yes	No	Types of Information
<input type="checkbox"/>	<input type="checkbox"/>	Admit/Discharge Dates	<input type="checkbox"/>	<input type="checkbox"/>	Criminal History
<input type="checkbox"/>	<input type="checkbox"/>	Assessments	<input type="checkbox"/>	<input type="checkbox"/>	Release/Discharge Information
<input type="checkbox"/>	<input type="checkbox"/>	Medications	<input type="checkbox"/>	<input type="checkbox"/>	Verbal Contact
<input type="checkbox"/>	<input type="checkbox"/>	Housing Information	<input type="checkbox"/>	<input type="checkbox"/>	Employment Information
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Client Status, Assessment Results & Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>	General Case Management information

**Date, Event or Condition when Consent Expires:** \_\_\_\_\_. In the event no date/event/or condition is specified, this consent expires one year from the date of signing.

- o I understand that treatment services are NOT contingent upon or influenced by my decision to permit the information release.
- o I understand that the information and records disclosed pursuant to this consent may be protected under 42 CFR Part 2, governing Alcohol and Drug Abuse patient records, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and 45 CFR parts 160 and 164, State Confidentiality laws and regulations, and cannot be released without my consent unless otherwise provided for by the regulations. State and Federal regulations prohibit any further disclosure of such information and records without my specific written consent unless otherwise permitted by such regulation.
- o I understand this includes all health information pertaining to any medical history, mental or physical condition, and treatment received (including services provided at a Community Mental Health Center and/or information related to HIV/AIDS status) in the possession, custody or control of the parties identified in this document, regardless of when such information was generated.

\_\_\_\_\_  
Signature of Client / Date

\_\_\_\_\_  
Witness / Date

\_\_\_\_\_  
Signature of legal guardian, if required / Date

\_\_\_\_\_  
Relationship to consumer

## APPENDIX D

### Men's Axis/Nexus Jail-based Treatment and Transitional Programming Proposal

My proposal includes a phased approach to implementing a men's 60-90 day Axis/Nexus program following treatment best-practices and correctional standards.

#### **Phase 1**

Utilizing existing space, merge the two DWI male dorms to create space in detention for an 18-bed male Axis group.

Utilize existing treatment group room and office space.

Utilize existing Administrative Staff (Clinical Director, Transitional Services Supervisor, Deputy Administrator and Administrator).

#### Added Clinical Staff:\*

Three Counselor IIs - \$192,900\*\*

Two Case Managers - \$121,500

Two Peer Support Workers - \$79,800

\*\*Limiting the group to 15 would allow the possibility of hiring one fewer counselor, thus reducing the personnel costs to \$128,600.

#### Operational Expenses:\*

Inmate food services - \$18,000

Contracted medical services - \$105,000

Emergency room/Miscellaneous medical - \$6,000

Contracted mental health services - \$20,000

Contracted dental services - \$10,000

Contracted pharmacy services - \$20,000

\*Costs are estimates based on current Axis FY19 budget

**Total Cost for Phase 1 implementation = \$573,200**

#### **Phase 2**

Build secure housing for 30 day transitional living and treatment environment.

Increase Administrative staff – Hire Assistant Clinical Director

#### **Phase 3**

Create additional treatment space.

Modify detention space.

**APPENDIX E**  
**San Juan County Behavioral Health Gap Analysis**  
**Solution Options Summary of Initial Cost Estimates<sup>1</sup>**

<b>Coordination</b>	<b>Recurring</b>	<b>Nonrecurring</b>	<b>Total</b>
Short-Term	\$135,300	\$20,000	\$155,300
Intermediate-Term	\$350,000	\$5,000	\$355,000
Long-Term	\$100,000		\$100,000
<b>Total</b>	<b>\$585,300</b>	<b>\$25,000</b>	<b>\$610,300</b>
<b>Public Education</b>	<b>Recurring</b>	<b>Nonrecurring</b>	<b>Total</b>
Short-Term	-	\$30,000	\$30,000
Intermediate-Term	-	\$55,000	\$55,000
Long-Term	-	\$100,000	\$100,000
<b>Total</b>	<b>-</b>	<b>\$185,000</b>	<b>\$185,000</b>
<b>Services</b>	<b>Recurring</b>	<b>Nonrecurring</b>	<b>Total</b>
Short-Term	-	-	-
Intermediate-Term	\$585,000	\$106,000	\$691,000
Long-Term	\$1,003,200	-	\$1,003,200
<b>Total</b>	<b>\$1,588,200</b>	<b>\$106,000</b>	<b>\$1,694,200</b>
<b>Housing</b>	<b>Recurring</b>	<b>Nonrecurring</b>	<b>Total</b>
Short-Term	-	\$10,000	\$10,000
Intermediate-Term	-	\$230,000	\$230,000
Long-Term	\$655,000	\$75,000	\$730,000
<b>Total</b>	<b>\$655,000</b>	<b>\$315,000</b>	<b>\$970,000</b>
<b>Workforce</b>	<b>Recurring</b>	<b>Nonrecurring</b>	<b>Total</b>
Short-Term	-	-	-
Intermediate-Term	\$2,000	\$8,400	\$10,400
Long-Term		\$100,000	\$100,000
<b>Total</b>	<b>\$2,000</b>	<b>\$108,400</b>	<b>\$110,400</b>
<b>Overall Totals</b>	<b>Recurring</b>	<b>Nonrecurring</b>	<b>Totals</b>
Short-Term	\$135,300	\$60,000	\$195,300
Intermediate-Term	\$937,000	\$404,400	\$1,341,400
Long-Term	\$1,758,200	\$275,000	\$2,033,200
<b>Totals</b>	<b>\$2,830,500</b>	<b>\$739,400</b>	<b>\$3,569,900</b>

<sup>1</sup>This summary does not include items in previous charts in the Executive Summary that are marked TBD (To Be Determined) or some of the minimal costs (e.g. Internet access, parenting class sessions). Items in previous charts indicated by range are included above at the midpoint of the range.

