

BACKGROUND

New Mexico has some of the poorest substance use and behavioral health outcomes in the country. The alcohol-related death rate in New Mexico, which increased 34 percent between 2010 and 2016, has been nearly twice the national average for two decades and has ranked 1st, 2nd, or 3rd worst since 1981. New Mexico's suicide, drug overdose, and mental illness rates also rank among the worst nationally, with the worst outcomes concentrated in specific geographical regions.

According to the *2019 State of Mental Health in America*, New Mexico improved from 46th to 31st in the national overall adult behavioral health rankings, and is 37th in the youth behavioral health rankings between 2017 through 2018. New Mexico's drug overdose death rate has improved from 50th in the country to 32nd for multiple reasons including a small but significant drop in the state's overdose death rates, while concurrently other states overdose death rates rapidly increased.

However, New Mexico continues to lead the country in adults and youth with substance abuse disorders, high suicide rates, and an unmet service need for individuals with mental illness of 21.6 percent. Based on 2019 data from the U.S. Health Resources and Services Administration, in New Mexico, only 33 percent of youth with major depression received mental health treatment and 56 percent of adults with mental illness received treatment. New Mexico's death rate from alcohol-related chronic disease has been first or second in the nation for the past several years. The leading causes of alcohol-related chronic disease mortality include chronic liver disease, alcohol dependence and abuse, hypertension, and stroke.

Access to Behavioral Healthcare Services

New Mexico has considerable unmet need for substance use disorder (SUD) services and treatment. Although federal, state, and local entities fund programs addressing behavioral health and substance use – including Medicaid behavioral healthcare, state-funded behavioral health investment zones, problem-solving courts, services funded by local liquor excise taxes, and services funded by the local DWI grant fund – the impact of current programming is unclear and service misalignments and funding gaps exist.

- Federal Medicaid funds are directed toward evidence-based substance abuse disorder services and may not cover alcohol abuse treatment, such as social detoxification, as it is not considered evidence-based at this point.
- Jurisdictional issues can present obstacles for individuals moving between state and tribal areas and Indian Health Services (IHS) and other facilities.
- State general fund revenue is possibly being used for SUD services that could be funded with Medicaid, IHS, local DWI, and local liquor excise tax funds.

LFC Health Notes: Adult Behavioral Health. Medicaid expansion has provided access to behavioral health services for over 250 thousand New Mexican adults, about a third of whom have made use of those services to address conditions they may have lived with untreated for some time due to lack of insurance

AGENCY: HSD, DOH, CYFD, NM Behavioral Health Providers Association, Bernalillo County

DATE: July 10, 2019

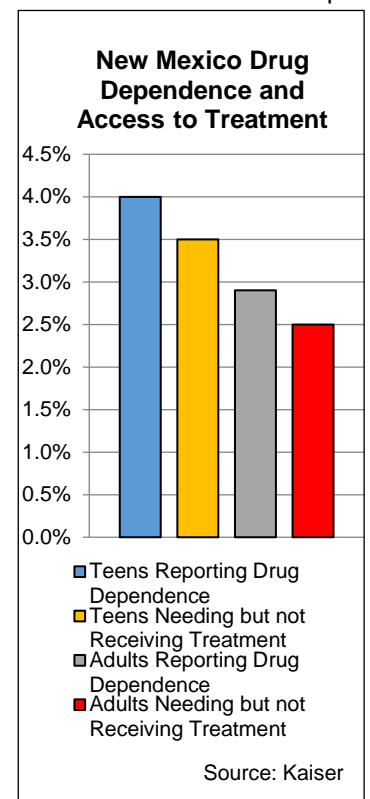
PURPOSE OF HEARING: Update on Community-Based Behavioral Health Services:

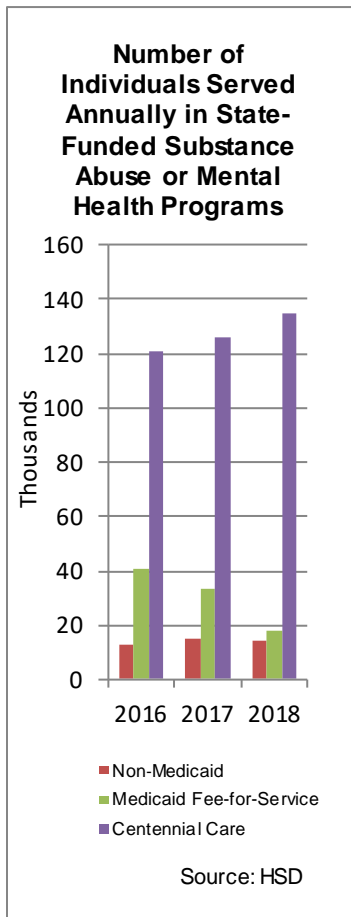
- Strategic Vision, Plan, Goals
- Providers' Perspective
- View of a Comprehensive System of Behavioral Health Services

WITNESSES: Dr. David Scrase, HSD Secretary, Kathyleen Kunkel, DOH Secretary, Brian Blalock, CYFD Secretary, Maggie McCowen, Director, NM Behavioral Health Providers Association, Maggie Hart Stebbins, Bernalillo County Commissioner

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EXPECTED OUTCOME: Update





HSD reports the total number of individuals receiving behavioral health services in New Mexico decreased from 2017 to 2018, from 174,072 clients in 2017 to 166,939 clients in 2018, but the number of people grew who were receiving behavioral health services through Centennial Care Medicaid managed care.

coverage. Particularly vulnerable groups, including the homeless and justice-involved populations, have gained access to services they have never been able to obtain. The Medicaid program spent \$96 million on behavioral health services for people who gained access to Medicaid as a result of Medicaid expansion in 2016. A 2018 LFC *Health Notes* found that overall spending on behavioral health services for the expansion population has risen faster than the number of people using those services. One key driver: a 167 percent increase in Medicaid spending for substance abuse treatment services between 2014 and 2016.

Medicaid managed-care organizations (MCOs) have persistent gaps in their provider networks, but robust growth in behavioral health services provided by federally qualified health centers (FQHCs) is a positive sign of improved access to care. Behavioral health visits to FQHCs increased by 62 percent from 2014 to 2015, and then by another 110 percent from 2015 to 2016. Mental health clients increased by 66 percent between 2014 and 2016, while substance abuse clients increased by 584 percent.

However, despite relatively high rates of utilization and substantial expenditures, the outcomes for the program are unclear and appear mixed at best. For the five-year period between 2013 and 2017, the trend for BHSD performance measures was mixed, with downward or cautionary trends on most measures. Even for measures with improvement, outcomes have been below the agency’s established target. Evidence-based treatment protocols – the best way to get genuinely effective treatment in a cost-effective manner – appear to be used relatively frequently for substance abuse disorders but less so for more widely used mental health therapy. On the other hand, the state’s rate of drug overdose deaths declined slightly between 2014 and 2015 and then stayed flat between 2015 and 2016, a positive trend that may be partly the result of increased access to substance abuse treatment for the Medicaid expansion population.

State Strategic Vision, Plan, and Goals for Expanding Community-Based Behavioral Health Services

Human Services Department

In December 2018, the Human Services Department (HSD) received approval from the federal Centers for Medicare and Medicaid Services (CMS) for its 1115 waiver renewal, Centennial Care 2.0.

Medicaid Behavioral Health. Centennial Care 2.0 includes funding for supportive housing, the evidence-supported approach known as screening, brief intervention and referral to treatment, accredited adult residential treatment centers, and social detoxification services. It also would expand the use of Medicaid health homes treating co-occurring serious mental illness and substance use disorders and would waive the exclusion in federal law that prohibits Medicaid reimbursement for private and state-run “institutions of mental disease” that provide inpatient psychiatric services.

The Human Services Department reported to the Medicaid Advisory Committee that beginning July 1, 2018, Medicaid implemented a first round of behavioral healthcare provider rate increases. Behavioral health rates increased by 20 percent for assertive community treatment, 20 percent for treatment foster care, 20 percent for group psychotherapy, and a 20 percent increase for behavioral health

practitioners working on holidays, weekends and after-hours services. The cost of these increases including state and federal funds totaled \$7.5 million.

In May 2019, HSD announced it will flow funding to Medicaid MCOs to raise certain Medicaid provider payment rates effective July 1, 2019, in an effort to protect New Mexico's healthcare delivery network. The provider rate increases will include dispensing fees paid to community-based pharmacies through Medicaid, and HSD plans to add services for transitional care and chronic care management and supportive housing services for Medicaid members with serious mental illness. HSD intends to make additional Medicaid payment rate increases on October 1, 2019, to address insufficient payments at certain Federally Qualified Health Centers (FQHCs) including those providing behavioral health services.

Medicaid-Funded Adult Residential Treatment Centers. Under the Centennial Care 2.0 enhancements to behavioral health services, HSD will offer the state's first-ever Medicaid reimbursement for adult residential treatment centers (ARTCs) for substance abuse disorders (SUD). However, the benefits from this change may take time to be realized. According to HSD's Behavioral Health Services Division (BHSD), only six of the current 18 residential treatment providers are accredited which is a requirement for Medicaid reimbursement. HSD and the Department of Health are still working on promulgating the licensing regulations, and HSD is still developing its reimbursement model.

Substance Use Disorder Treatment in Institutions for Mental Disease. Medicaid has historically covered very few inpatient mental health services for adults, with services primarily limited to acute or emergency situations where hospitalization is medically necessary. The limitations have extended to the setting of care as well and prohibit services delivered in an institution of mental disease (IMD) defined in federal law as a hospital, nursing home, or other residential treatment facility with the primary purpose of treating individuals with mental diseases, although the facility may also offer medical and nursing care. Initial Medicaid legislation excluded all IMD-based services for all populations except adults over 65 years old; subsequent changes allowed coverage for inpatient psychiatric treatment for children under 21 and for services received in IMDs with fewer than 17 beds. New Mexico's three DOH behavioral health facilities are IMDs with more than 16 beds.

Driven by the national opioid addiction crisis, the federal Center for Medicare and Medicaid Services (CMS) has recently taken steps to make IMDs more accessible. To address the pressing national need for SUD services, particularly pronounced among Medicaid recipients, the agency has opened two routes states can follow to add IMD coverage to their Medicaid programs.

The first route allows states to include IMD services in their Medicaid plan designs through substance use disorder (SUD) service delivery transformation projects. To receive CMS approval, the projects must be designed around the American Society of Addiction Medicine (ASAM) levels of care for adult SUD detoxification and ensure access to a wide array of evidence-based SUD services.

The second route provided additional IMD options when CMS issued new rules for Medicaid managed care. States have always had the option to offer some services "in lieu of" other services available under their state plans, if the new services are cost-effective and medically appropriate. The new managed-care rule extended that category to include up to 15 days per month of psychiatric or SUD inpatient or crisis residential services received in an IMD. New Mexico's Human

Non-Accredited ARTCs

- Bernalillo County Addiction Treatment, Abq
- Eight Northern Indian Pueblos Council - New Moon Lodge, Ohkay Owingeh
- Four Winds Recovery Center, Farmington
- Hoy Recovery Program, Espanola/Velarde
- Interfaith LEAP Inc. - Sangre De Cristo House, Pena Blanca
- JCH Inc., dba Golden Services - Villa de Esperanza, Carlsbad
- Na'Nizhoozhi Center - A Bridge to Recovery, Gallup
- NM Department of Health, Turquoise Lodge, Abq
- NM DOH Rehabilitation Center Chemical Dependency Unit, Roswell
- Rehoboth McKinley Christian Health Care Services, Gallup
- Viewpoint Rehabilitation Center, Rio Rancho

Accredited ARTCs

- Casa Feliz, Taos Recovery, Inc. dba Vista Taos Renewal Center, Taos
- Life Healing Center, Santa Fe
- Navajo Regional Behavioral Health Center, Shiprock
- New Mexico VA Health Care System, ABQ
- Santa Fe Recovery Center, Santa Fe
- Shadow Mountain Recovery, Taos and Abq

Services Department has acted on both these fronts, including one change as a part of its Centennial Care 2.0 application and covering the other through a letter of direction to the managed-care organizations.

Department of Health

At the April 2019 New Mexico Behavioral Health Collaborative meeting, it was announced the Department of Health (DOH) would take the lead for addressing substance use disorder (SUD) issues in New Mexico.

State Behavioral Health Facilities’ Access Improvements. The Department of Health’s (DOH) facilities that provide behavioral health services are well positioned to take advantage of federal Medicaid behavioral health policy changes included under Centennial Care 2.0. These changes should offer DOH opportunities to improve performance, serve more people, and become more financially self-sustaining. Likely, the most important imminent change will allow the department to take advantage of Centennial Care 2.0 provisions for facilities classified as institutions for mental disease to receive Medicaid revenue and offset the need for 100 percent general fund revenue.

Alcohol and Opioid Abuse Crisis. The negative consequences of excessive alcohol use are costly and lead to high blood pressure, heart disease, stroke, liver disease, and cancer of the mouth, breast, throat, esophagus, liver and colon. Other negative consequences of alcohol use include domestic violence, crime, poverty, unemployment, injuries, and mental illness. According to the federal Centers for Disease Control and Prevention (CDC) these consequences cost New Mexico \$2.2 billion in 2010. The U.S. Surgeon General’s national prevention strategy calls for support for state, tribal, and local implementation and enforcement of alcohol control policies and emphasize the identification of alcohol abuse disorder with intervention, referral, and treatment.

In 2016, *America’s Health Rankings* placed New Mexico second for drug deaths in the United States; drug deaths among men were nearly double the national rate. One way to reduce drug deaths is to ensure widespread availability of naloxone, an opioid overdose reversal medication. Recent legislation allows any individual to possess naloxone and authorizes licensed prescribers to write standing orders to prescribe, dispense, or distribute Naloxone. In recent years, the number of New Mexico pharmacies dispensing naloxone increased from nearly none to 40 percent.

While naloxone is effective at reducing opioid deaths, it is not effective at treating underlying addiction issues. According to the Department of Health, “In 2015, 1.7 million opioid prescriptions were written in New Mexico, dispensing enough opioids for each adult in the state to have 800 morphine milligram equivalents (MME), or roughly 30 opioid doses.” CDC recommended strategies include increasing the use of prescription drug monitoring programs, implementing policy and procedure changes to reduce prescribing and detect inappropriate prescribing, increasing access to treatment services, and assisting local jurisdictions. In 2016, New Mexico was one of 14 states to receive federal supplemental funding to implement these strategies, and in 2017 through 2018 New Mexico went from 50th to 32nd in the country’s drug overdose death rate. While DOH

Legislation in other states that limits opioid prescribing includes:

- Twenty-eight states enacted opioid prescription limits (such as limiting initial prescriptions to a seven-day supply).
- Some states set dosage limits using morphine milligram equivalents.
- Some states limit opioid prescriptions to acute pain and not chronic pain.
- Seven states authorized appropriate state agencies to set limits by rule.

In 2016, there were

1,456

Alcohol-related deaths in New Mexico



This equates to an average of **FOUR** people dying **EVERY DAY**.

successfully tracks opioid epidemic indicators, a coordinated, comprehensive statewide treatment strategy is still needed.

Children, Youth and Families Department

According to a National Institute of Mental Health survey, about half of all foster youth have “clinically-significant” emotional or behavioral problems, only a quarter of whom received care. Out-of-home placement is associated with disruptions in attachment relationships as children’s attempts to form secure attachments with a primary caregiver are interrupted. Foster youth often experience violence and neglect prior to placement, leading to a higher prevalence of mental health needs, and foster youth are at an increased risk of exposure to risk factors, such as poverty and maltreatment, putting them at greater risk for mental health issues.

Geo-Mapping. In order to give New Mexico families and children more opportunities to succeed, the Children, Youth and Families Department (CYFD) is bringing together programs for children and adults with a deliberate and coordinated approach. Programs that seek to improve child outcomes should be coordinated with services that address the needs of parents. CYFD is involved with initiatives using geospatial analysis and community needs assessments to guide place-based approaches to address multiple factors impacting children and families’ behavioral health.

Service Array. In New Mexico, Medicaid’s Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) program is critical to assuring that individual children get the health care they need when they need it. CYFD offers infant mental health services including Parent Infant Psychotherapy, Behavioral Management Services, and Applied Behavioral Analysis.

Additionally, CYFD offers community-based crisis services such as mobile crisis teams and intensive outpatient services. Crisis services include crisis triage centers and crisis shelter care, Comprehensive Community Support Services (CCSS), and the New Mexico Crisis and Access Line (NMCAL).

CYFD’s intensive outpatient services include Multi-System Therapy (MST), Functional Family Therapy (FFT), Intensive Outpatient Treatment (IOP), day treatment, partial hospitalization, and Youth Assertive Community Treatment (ACT). CYFD also provides High Fidelity Wraparound services.

CYFD provides rehabilitation services including medication management, transitional living programs, youth support services, and family peer support services. CYFD also offers rehabilitative community-based services that are individualized mental health and substance use treatment services, including in non-traditional setting such as a school, workplace, or at home.

Despite a comprehensive array of services, children and families in New Mexico still face significant challenges associated with behavioral health issues.

Behavioral Health Providers’ Perspective

The New Mexico Behavioral Health Providers Association reports the state needs more work in development a statewide behavioral healthcare plan based on community needs. The plan should address expanding current services, developing new services, and improving operational effectiveness. The state’s behavioral

Medicaid Centennial Care 2.0 proposes leveraging partnerships such as:

- Carelink NM, the health home model for members with complex behavioral health needs;
- Home-visiting pilot program to improve early childhood outcomes which began Medicaid implementation on January 1, 2019;
- Wraparound service pilot project that provides intensive care coordination for CYFD clients.

health providers face challenges in maintaining and enhancing provider networks and the behavioral health workforce. These issues can be addressed with adequate reimbursement rates, competitive pay, lower cost health insurance and other employee benefits, and developing internships to employment opportunities for students interested in behavioral health service.

The administrative burden on behavioral health providers could be reduced by implementing process reviews and identifying unfunded costs, and eliminating redundancy in the Medicaid system associated with provider credentialing and claims issues. Performance-based payment reform also provides opportunity to improve operational effectiveness.

Local Comprehensive Systems of Behavioral Healthcare

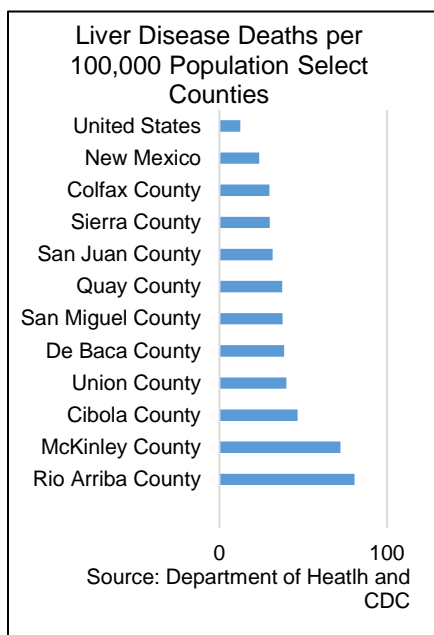
New Mexico’s counties, cities, and local governments are on the front lines of addressing the state’s behavioral health needs. Access to behavioral health care is particularly challenging in rural and frontier communities of New Mexico. The lack of providers, prevalence of chronic health conditions, and geographic isolation create unique barriers for individuals in need of crisis stabilization for serious mental illness and substance use disorders. Emergency departments are often the only treatment option available to stabilize patients experiencing crisis. As a result, many of the state’s innovative strategies are being led by cities and counties. Yet more evaluation and analysis is needed to assure these services are having the intended outcomes.

Bernalillo County Behavioral Health Initiative Continuum of Care

The mission of the Bernalillo County Department of Behavioral Health Services is to improve behavioral health outcomes and reduce the incidence of driving while intoxicated in Bernalillo County through innovative, cohesive and measurable programs, treatment services and supports aimed at preventing the incidence of crisis and substance use disorder.

Bernalillo County is working to ensure a continuum of care for individuals living with behavioral health conditions, along with their families. After 69 percent of voters approved taxing themselves to create a behavioral healthcare system, Bernalillo County commissioners passed the Behavioral Health Gross Receipt Tax which funds the county’s Behavioral Health Initiative (BHI). The BHI is overseen and funded by Bernalillo County, but utilizes partnerships within the community to leverage resources, expand services, and improve access to care. The BHI also plays a collaborative role in programs offered by the Sheriff’s Department, the Metropolitan Detention Center, and the University of New Mexico Hospital (UNMH).

Supportive Housing. Together with local services providers, the BHI oversees the following programs: Community Connections Supportive Housing providing intensive case management and services targeting housing for persons with mental illness or co-occurring disorders with criminal justice system involvement or frequent utilizers of the emergency room; Single-Site Permanent Supportive Housing providing up to 60 individual housing units for persons with behavioral health disorders; Youth Transitional Living Services for at-risk youth with a mental health or addiction diagnosis; and Short Term Housing/Sober Living for adults who have completed a 28 day or longer treatment program.



Prevention, Intervention, Harm Reduction. The Bernalillo County Behavioral Health Initiative (BHI) provides the following programs addressing behavioral health prevention, intervention and harm reduction: Community Engagement Teams help people and their families coping with the effects of mental illness and substance use disorders in the comfort of their homes; Education and Training targeting behavioral health awareness including Mental Health First Aid Training; Suicide Prevention focused on enhancing protective and reducing risk factors; Bridging Behavioral Health social marketing initiative increasing awareness of and access to behavioral health services; and Reduction of Adverse Childhood Experiences supporting at risk children and their families across the full continuum of services including primary prevention, identification, early intervention, support and treatment, harm reduction, and services in children's homes.

Bernalillo County Crisis Services. BHI provides the following behavioral health crisis services: Mobile Crisis Teams in collaboration with the City of Albuquerque that respond to individuals experiencing a 911-response nonviolent behavioral health crisis; Transition Planning and Re-Entry Resource Center in collaboration with the Metropolitan Detention Center (MDC) to provide an effective gateway to a network of services; and Behavioral Health Crisis and Stabilization Services in partnership with UNMH to provide services addressing the gaps in the behavioral health crisis continuum of care.

Community Supports. BHI collaborates to provide an array of community supports for persons experiencing behavioral health issues including Peer Driven Drop-In Support Centers to provide a place where fellow participants support one another and receive services; Peer Case Management to help individuals age 14 or older with a primary diagnosis of mental illness based on peer and strengths-based case management; Case Management for Substance Use Disorder provides intensive case management to help navigate a complex service system, and obtain access to treatment and services that support and sustain recovery; and Law Enforcement Assisted Diversion (LEAD) designed to reduce the number of individuals with serious mental illness and/or a substance use disorder who commit low level crimes and cycle through the jail rather than be linked to health and social services. Albuquerque bike patrol officers are trained to identify and appropriately divert individuals to case managers who develop a treatment plan and link individuals to health and social services.

San Juan County Increasing Access to Behavioral Healthcare

Nearly 20 percent of adults and an even greater percentage of youth in San Juan County report having serious suicidal thoughts, but a study conducted by San Juan County indicates services do not meet the community needs, particularly for men, Native Americans, older residents, and youth. The analysis was commissioned by San Juan County to identify gaps in behavioral health services and offers potential solutions to bridging some of the gaps.

Create a San Juan County Human Services Coordinating Center. The analysis found a lack of coordination and collaboration between providers, and no place people can go to find what services are offered. The analysis suggests building an interactive website where patients can learn about providers and resources.

Expand Treatment Court. District Court operates treatment court for both drug addiction and mental health, and in 2018, the San Juan County treatment court

served 70 individuals. Treatment court is designed to help people overcome addiction and develop coping skills, and is available for people whose behavioral health conditions such as addiction, led to the committing a crime.

Develop a Mobile Crisis Response Team. This team would pair law enforcement officers with behavioral health clinicians to respond to calls where people are having a mental or behavioral health crisis.

Expand the Joint Intervention Program. The Joint Intervention Program provides substance abuse and mental health treatment for the people who spend the most time incarcerated or in the emergency room due to substance abuse or mental health conditions.

Partner with Universities. There is a lack of qualified, licensed mental health professionals in San Juan County and behavioral health providers tend to experience high turnover rates and recruitment issues. The analysis found there is insufficient training and education available to develop a behavioral health workforce and suggests partnering with the University of New Mexico for training and supervision, as well as psychiatric residencies. The analysis also suggests offering a tuition stipend for people who earn a social work degree at New Mexico Highlands University with the stipulation they remain and work in San Juan County after graduation. It further suggests developing a behavioral health technician program at San Juan College.

San Juan County Peer Drop-In Centers. The analysis suggests using peer workers to help people with behavioral health conditions. A peer drop-in center could lessen social isolation, provide access to support groups, connect people with resources, and help develop interpersonal relationships.

Bring Services to the Patients. The majority of behavioral health services available are in Farmington, which can create challenges for rural San Juan County residents. The analysis recommends developing a home visitation program and increasing school-based mental health services to improve access to services.

Santa Fe County Strategic Plan to Increase Access to Behavioral Healthcare

The Santa Fe County Community Services Department (CSD) engaged in a strategic planning process to develop a Behavioral Health Strategic Plan encompassing prevention, early intervention, treatment, engagement, rehabilitation, and recovery supports for individuals who experience mental illness and/or substance use disorders. In 2017, the county engaged in a health services needs analysis in order to identify gaps in existing services available to meet community needs.

Santa Fe County Behavioral Health Crisis Center. The Santa Fe County Behavioral Health Crisis Center is planned to open in 2020. Although several challenges will need to be successfully navigated including managing the impact of state regulations and licensing requirements, several obstacles have been overcome including securing nonrecurring capital and recurring operational resources. The center will enhance recovery for adults experiencing crises involving mental illness and/or substance use disorder.

Accountable Health Community. Santa Fe County recognized the role social determinants such as housing, income, transportation, food, utilities, and education

play in the health of individuals and a community and in reducing health care costs. The county supports the development of an Accountable Health Community by funding navigators and other critical services for individuals with challenges addressing these social determinants to improve their health outcomes. This effort is reflected in the Behavioral Health Strategic Plan since poverty, lack of housing, and inadequate transportation, utilities, and social supports are issues often experienced by persons with significant behavioral health needs.

Santa Fe County Community Behavioral Health Service Needs. CHRISTUS St. Vincent Regional Medical Center identified behavioral health, including suicide prevention, as high needs for Santa Fe County. The New Mexico Indicator Based Information System (NM-IBIS) recently released data on its age-adjusted deaths by suicide for the 2012-2016 timeframe. Deaths by suicide were 23.2 per 100,000 for Santa Fe County—7.9 percent higher than the state average of 21.5 percent and 71.85 percent higher than the national average of 13.5.

Only eight psychiatric inpatient beds for adults are available in Santa Fe County and none are available for adolescents. The closest additional inpatient or emergency room capacity for adults or adolescents is in Albuquerque or the State-operated facility for adults in Las Vegas. Similarly, no partial hospitalization services exist in the county for any age group and no intensive home-based treatment or multi-systemic therapy exists for children and youth.

One assertive community treatment (ACT) team exists for adults with serious and persistent mental illness. 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 in this population. The lack of alternatives for this adult population makes sufficient ACT capacity critical for Santa Fe County.

Outlook for Expanding Community-Based Behavioral Health Services in New Mexico

The path forward for expanding community-based behavioral health services in New Mexico involves a further engaged community-wide effort. The two primary goals regard coordinating leadership and expanding services to meet community needs. Primary to improving the behavioral health service delivery system is to expand the service alignments that exist and to work with providers to align services that remain disjointed and unconnected. In order to effectuate these changes, leaders will need to direct the building of a sound behavioral health infrastructure and usher in new levels of cooperation, optimization of resources, advocacy, and accountability.

Prevention and recovery will be the outcome goals for early intervention, treatment, and rehabilitation/recovery support services. Expanded behavioral health services focusing on evidence-based proven approaches to achieve these outcomes should be the commitment of state and local leaders, behavioral health providers, and private sector collaborators.