HEALTH CARE
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COURTS, CORRECTIONS, AND JUSTICE LEGISLATIVE COMMITTEE JUNE 27, 2024

KARI ARMIJO, CABINET SECRETARY

INVESTING FOR TOMORROW, DELIVERING TODAY.

AGENDA

- Behavioral Health Continuum of Care Overview
- Prior State of Access to Behavioral Health (2019)
- Current State: Building a New Behavioral Health Network in NM
  - Growth in core behavioral health providers
  - Network gap/analysis
  - Crisis Now
  - Certified Community Behavioral Health Clinics (CCHBCs)
- Future State:
  - The New Mexico Health Care Authority
  - Medicaid reforms:
    - Turquoise Care MCO requirements
    - Turquoise Care Medicaid 1115 Waiver
      - Coverage of services 30-days prior to release for justice-involved individuals

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HEALTH CARE AUTHORITY

MISSION

We ensure New Mexicans attain their highest level of health by providing whole-person, cost-effective, accessible, and high-quality health care and safety-net services.

VISION

Every New Mexican has access to affordable health care coverage through a coordinated and seamless health care system.

GOALS

IMPROVE Leverage purchasing power and partnerships to create innovative policies and models of comprehensive health care coverage that improve the health and well-being of New Mexicans and the workforce.

SUPPORT Build the best team in state government by supporting employees' continuous growth and wellness.

ADDRESS Achieve health equity by addressing poverty, discrimination, and lack of resources, building a New Mexico where everyone thrives.

PROVIDE Implement innovative technology and data-driven decision-making to provide unparalleled, convenient access to services and information.

MEET JENNY*

- Jenny is a mom of five children (ages 2, 4, 5, 7 and 10). She is in an abusive relationship with their father that ended one night after he shot her friend in front of her, resulting in the removal of her children from her home.
- Jenny's life spiraled out of control. Her longtime dependency on alcohol increased in an attempt to deal with her severe trauma.
- Jenny has not seen her children in over 1 year.
- Knowing that she would do anything to get her children back, Jenny seeks help from a local social services organization, which refers her to a recovery center for alcohol use.

**Actual HSD customer; name and image changed for privacy.*

UNDERSTANDING THE BEHAVIORAL HEALTH CONTINUUM OF CARE

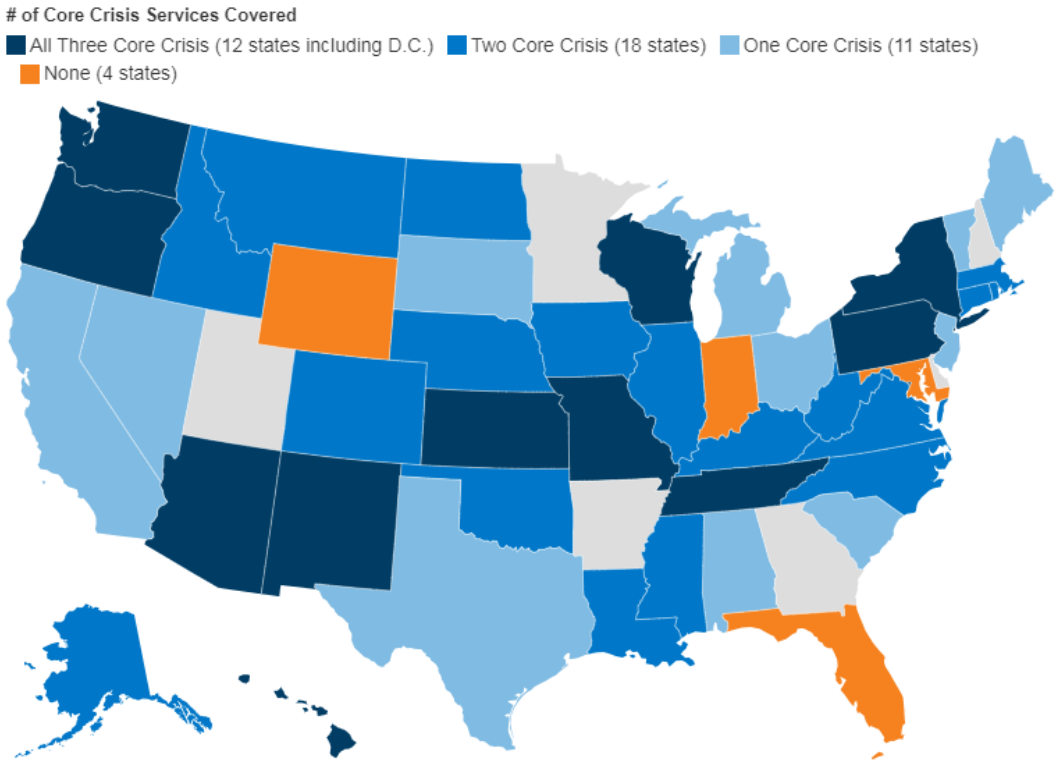
- **Prevention**: Harm Reduction, PAX Good Behavior Games, Yellow Ribbon suicide prevention training.
- **Early Intervention**: Screening, Brief Intervention, and Referral to Treatment (SBIRT), Multisystemic Therapy (MST), Functional Family Therapy (FFT), peer support for families and youth.
- **Treatment**: Intensive Outpatient Program (IOP), Adult Accredited Residential Treatment Center (AARTC), Assertive Community Treatment (ACT), crisis triage, Core Crisis Services.
- **Recovery**: Peer support, wellness centers, Linkages and Supportive Housing, 12-step (mutual support groups), Medications for Opioid Use Disorder (MOUD)

Figure 1

Fee-For-Service (FFS) Medicaid Coverage of Core Crisis Services, as of 7/1/2022

n=45 responding states

3 Core Crisis Services = Crisis Hotline, Mobile Crisis Units, and Crisis Stabilization



NOTE: Crisis hotline services are available to anyone free of charge across all states, but some Medicaid programs help to finance crisis hotlines by reimbursing crisis hotline services, which might include 988 or other hotlines. SOURCE: Behavioral health supplement to the annual KFF survey of state Medicaid officials conducted by Health Management Associates, October 2022

PNG

KFF

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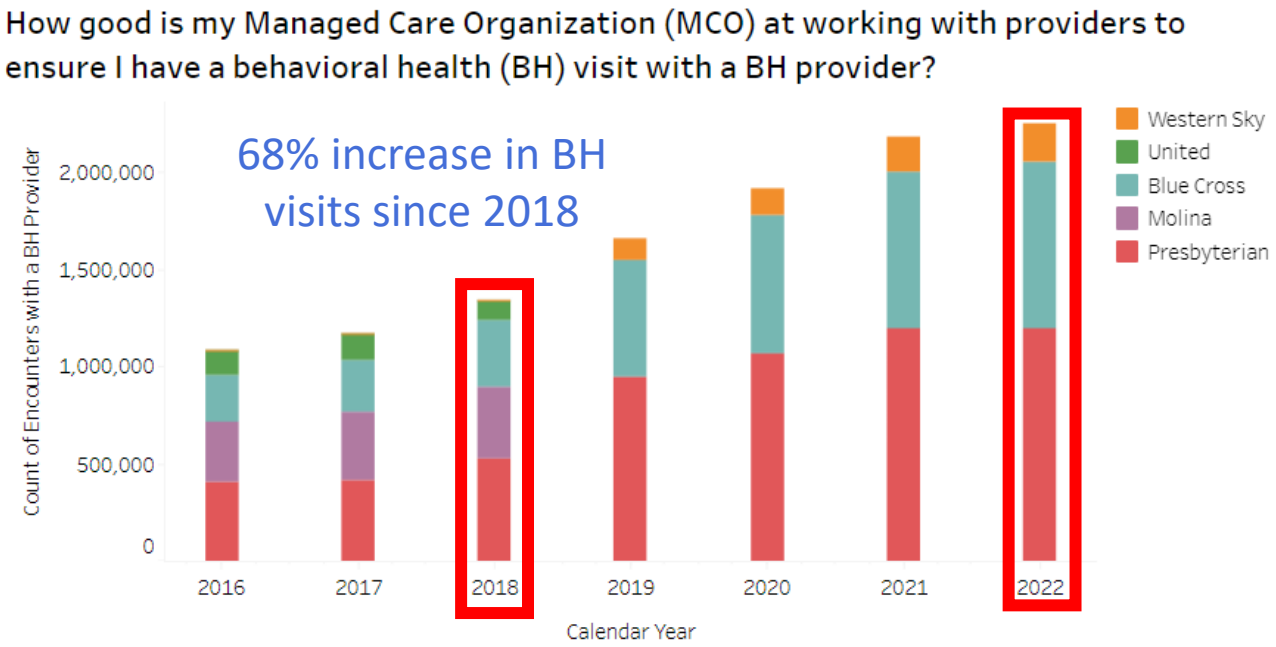
PRIOR STATE OF ACCESS TO BEHAVIORAL HEALTH SERVICES

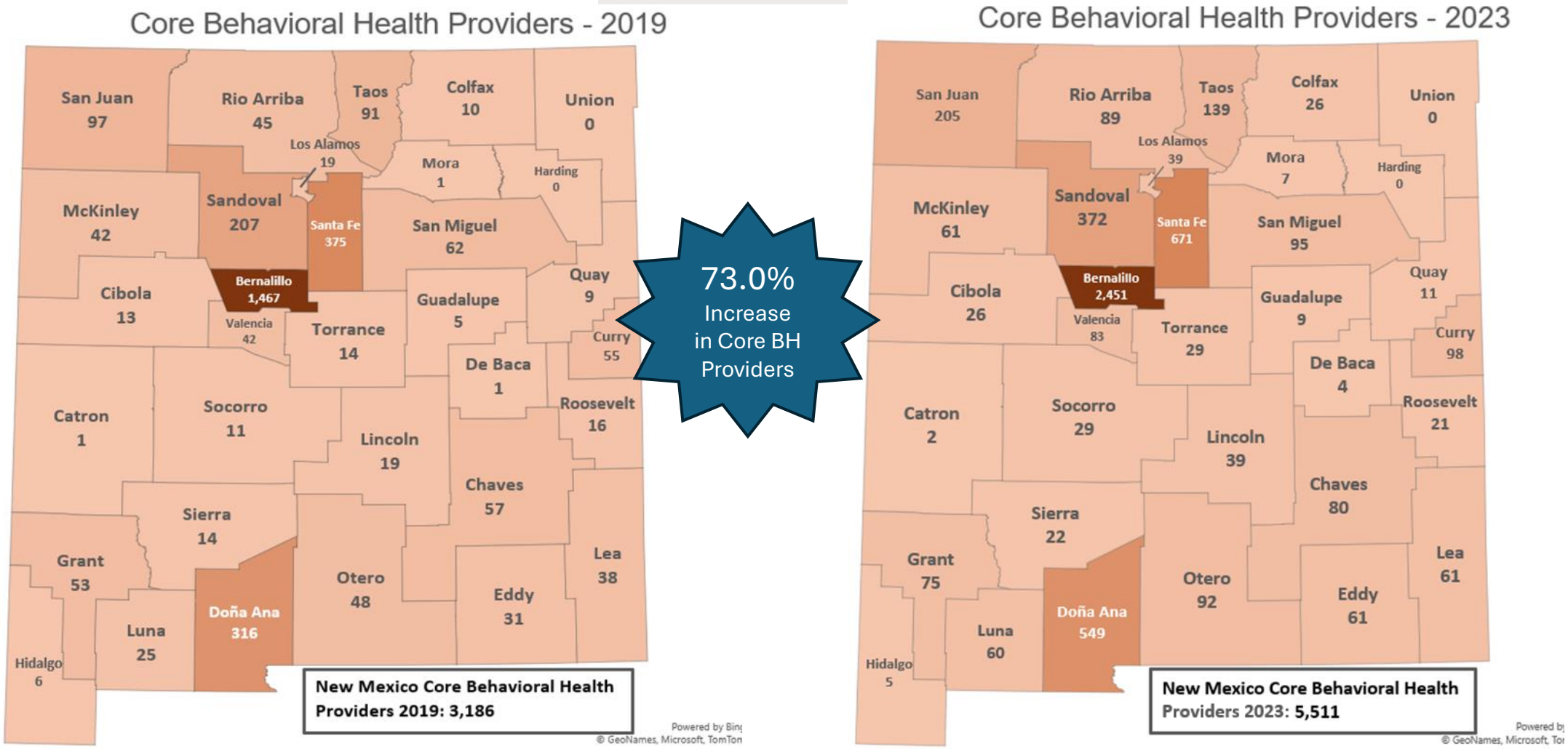
REBUILDING THE BEHAVIORAL HEALTH NETWORK

- In 2013, NM Medicaid payments froze to 15 behavioral health providers, resulting in:
  - Abrupt closure of all 15 provider agencies
  - Limited access to services
  - Higher wait times
  - Exacerbated workforce shortage across NM
  - Insufficient funding to support remaining providers
  - Fragmented services and lack of coordination
- This administration has worked to build and expand a foundation of services and providers, narrowing the deficit in access to care.



Source: https://sites.google.com/view/nmhsdscorecard/goal-1/mco-behavioral-health

CORE BEHAVIORAL HEALTH PROVIDER GROWTH CY19 – CY23

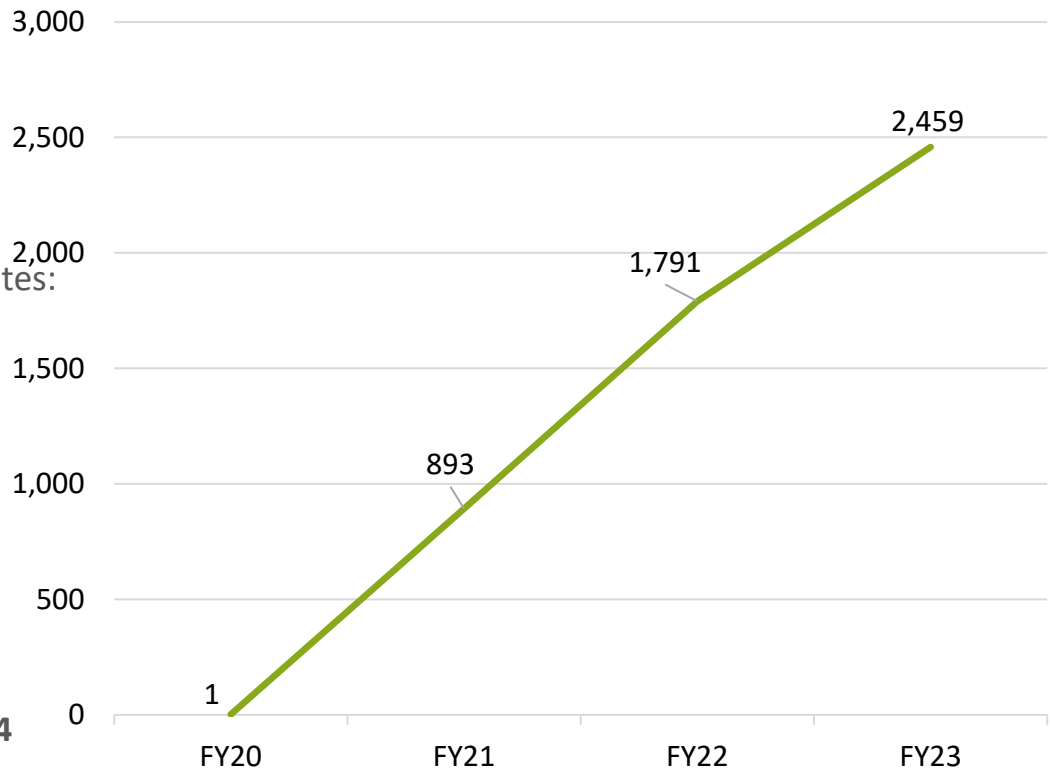


Data Source(s): MMIS, Provider Base

BUILDING THE BH SERVICE CONTINUUM: NEW SERVICES & REIMBURSEMENT FOCUS SINCE 2019

- Medicaid funding for Supportive Housing
- Expansion of Health Homes
- Emphasis on Screening, Brief Intervention, & Referral to Treatment (SBIRT), including new training opportunities for providers
- Adult Accredited Residential Treatment Centers (AARTCs)
- Crisis Triage Centers (CTCs)
- 988 Crisis Line
- Mobile Crisis Response & Stabilization Services
- New community-based evidence-based practices **with enhanced reimbursement** rates:
  - Dialectical Behavior Therapy
  - Eye Movement Desensitization & Reprocessing
  - Trauma-Focused Cognitive Behavioral Therapy
  - Functional Family Therapy
- High Fidelity Wraparound services for children
- Medication Assisted Treatment (MAT) at Public Health Offices
- **Significant Medicaid rate increases for BH services in FY20 (90% of Medicare); FY24 (120% of Medicare); and forthcoming in CY25 (150% of Medicare)**
  - **Provider reimbursement parity also coming in CY25**
  - **Rate increases also apply to primary care**

Adult Accredited Residential Treatment Center Utilization FY20 to FY23



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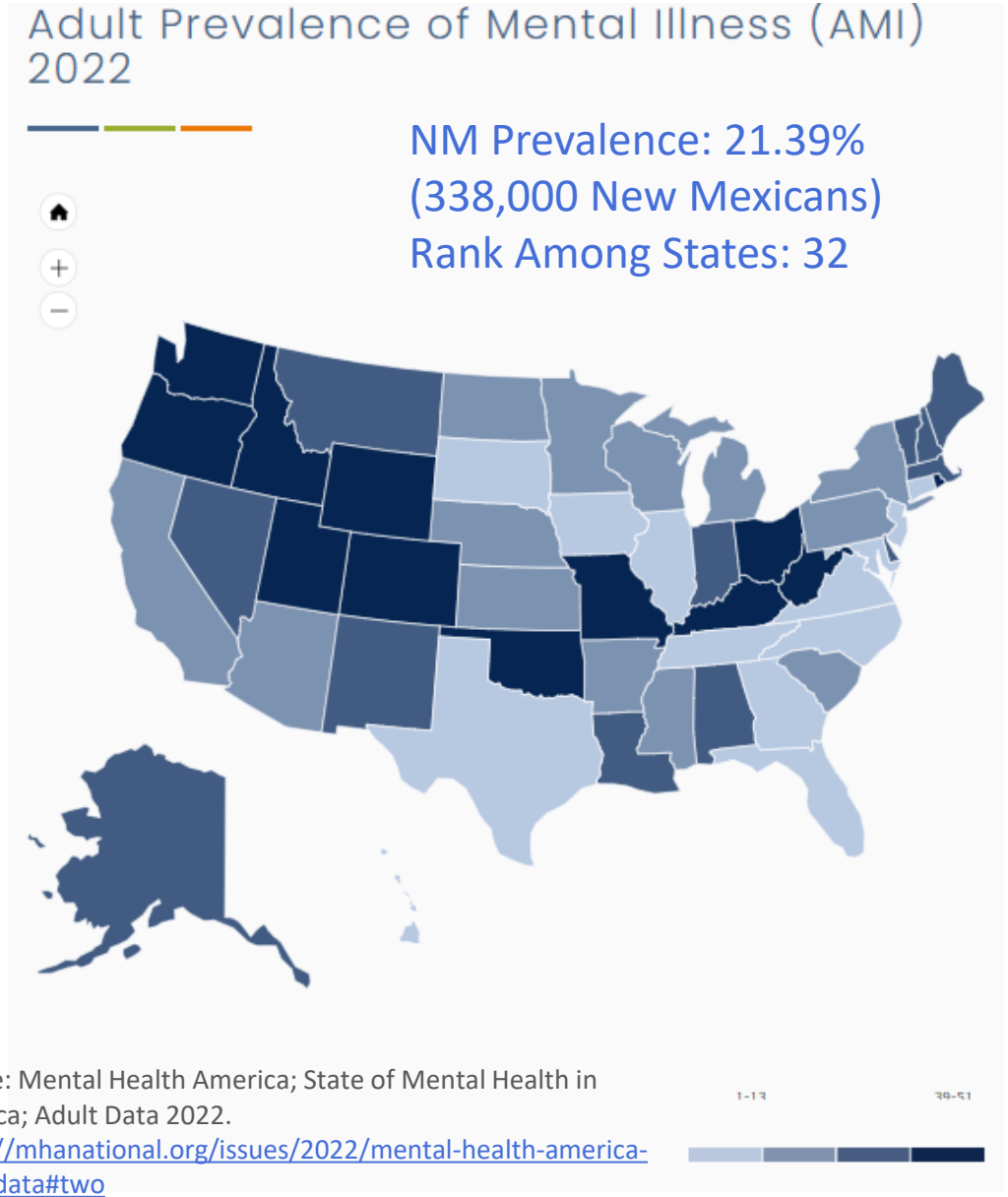
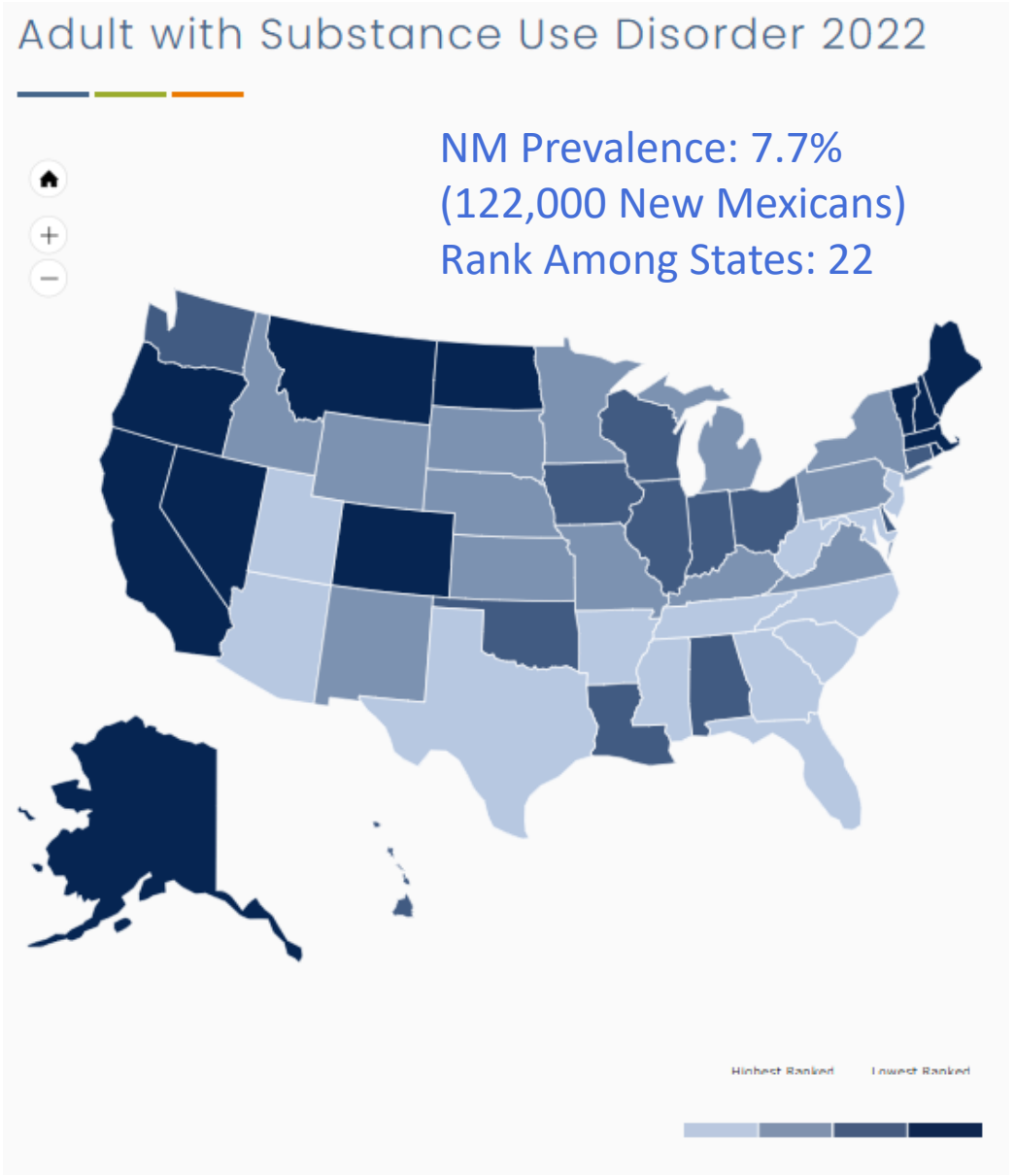
CURRENT STATE: BUILDING A BEHAVIORAL HEALTH NETWORK IN NEW MEXICO

PREVALENCE OF SERIOUS MENTAL ILLNESS IN NEW MEXICO





Source: Mental Health America; State of Mental Health in America; Adult Data 2022.
https://mhanational.org/issues/2022/mental-health-america-adult-data#two

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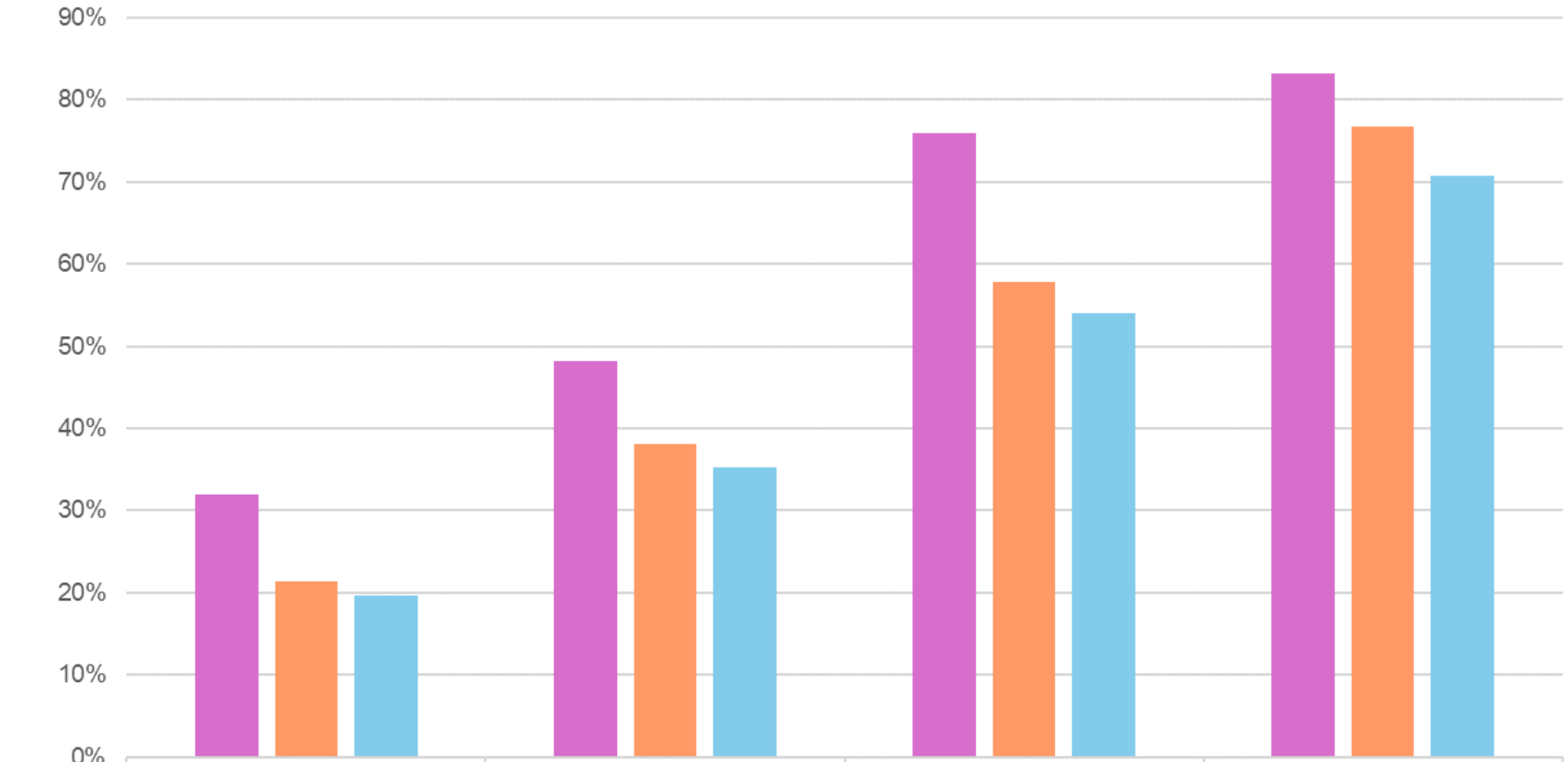
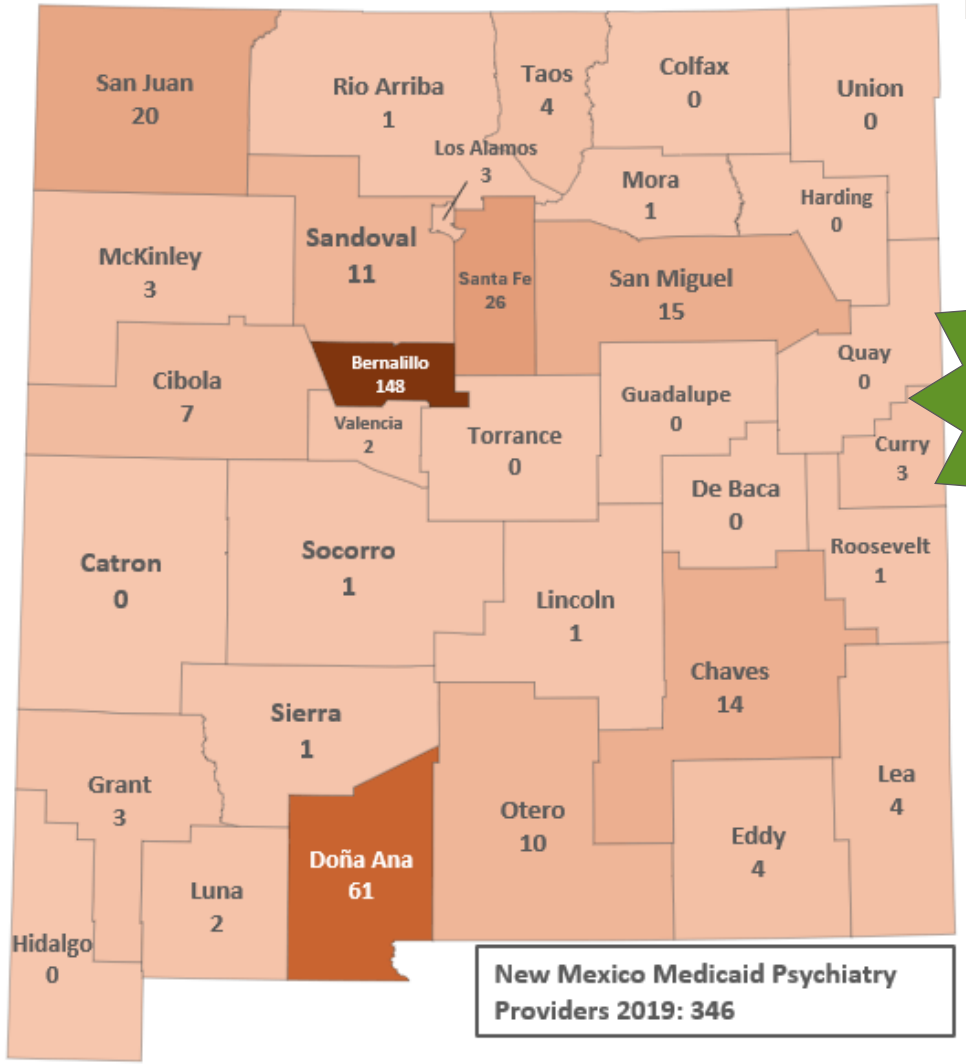
MOST CORE BH NETWORK GROWTH IN FRONTIER & RURAL COUNTIES

- 73% growth in core BH providers since 2019:
  - 83.1% growth in frontier providers
  - 76.7% growth in rural providers
  - 70.7% growth in urban providers

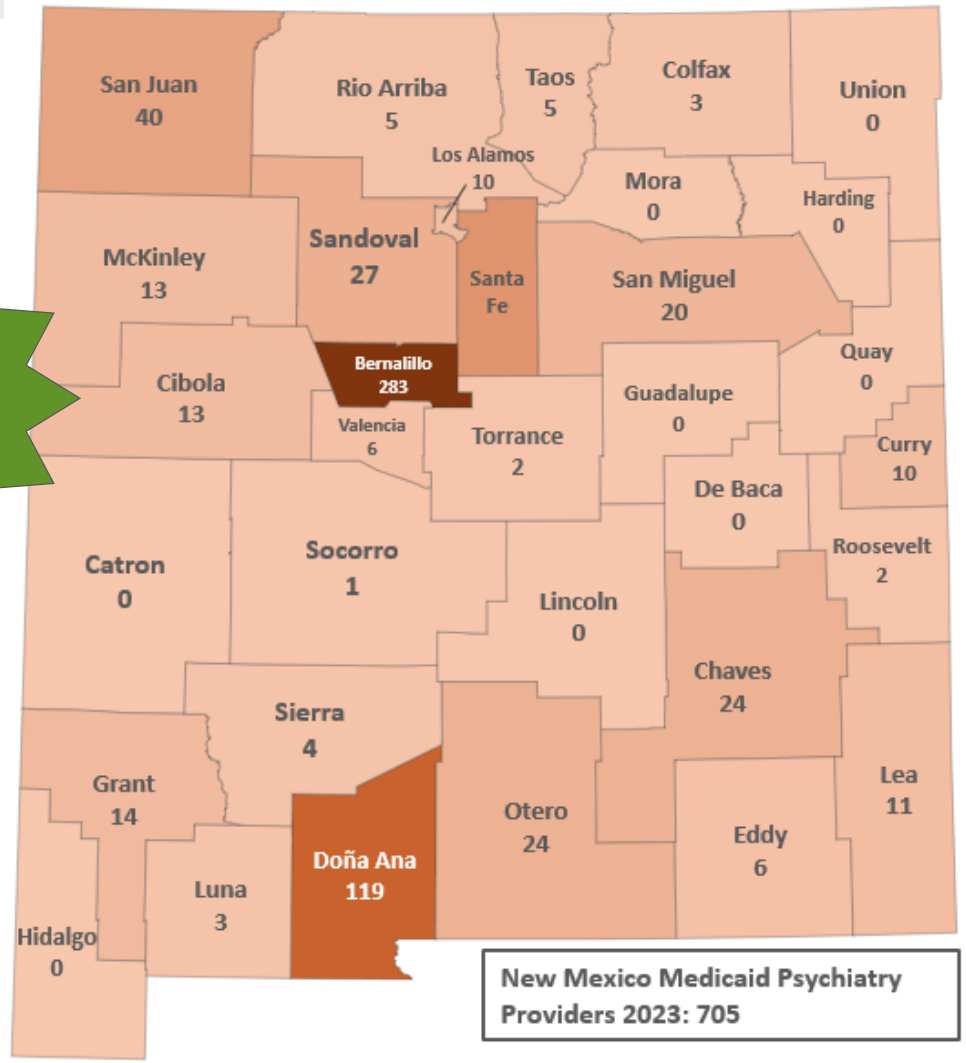


	2020	2021	2022	2023
Frontier	31.9%	48.2%	75.9%	83.1%
Rural	21.4%	38.1%	57.9%	76.7%
Urban	19.7%	35.3%	54.0%	70.7%

NEW MEXICO MEDICAID PSYCHIATRY PROVIDERS CY19 – CY23



104% Increase in Psychiatry Providers



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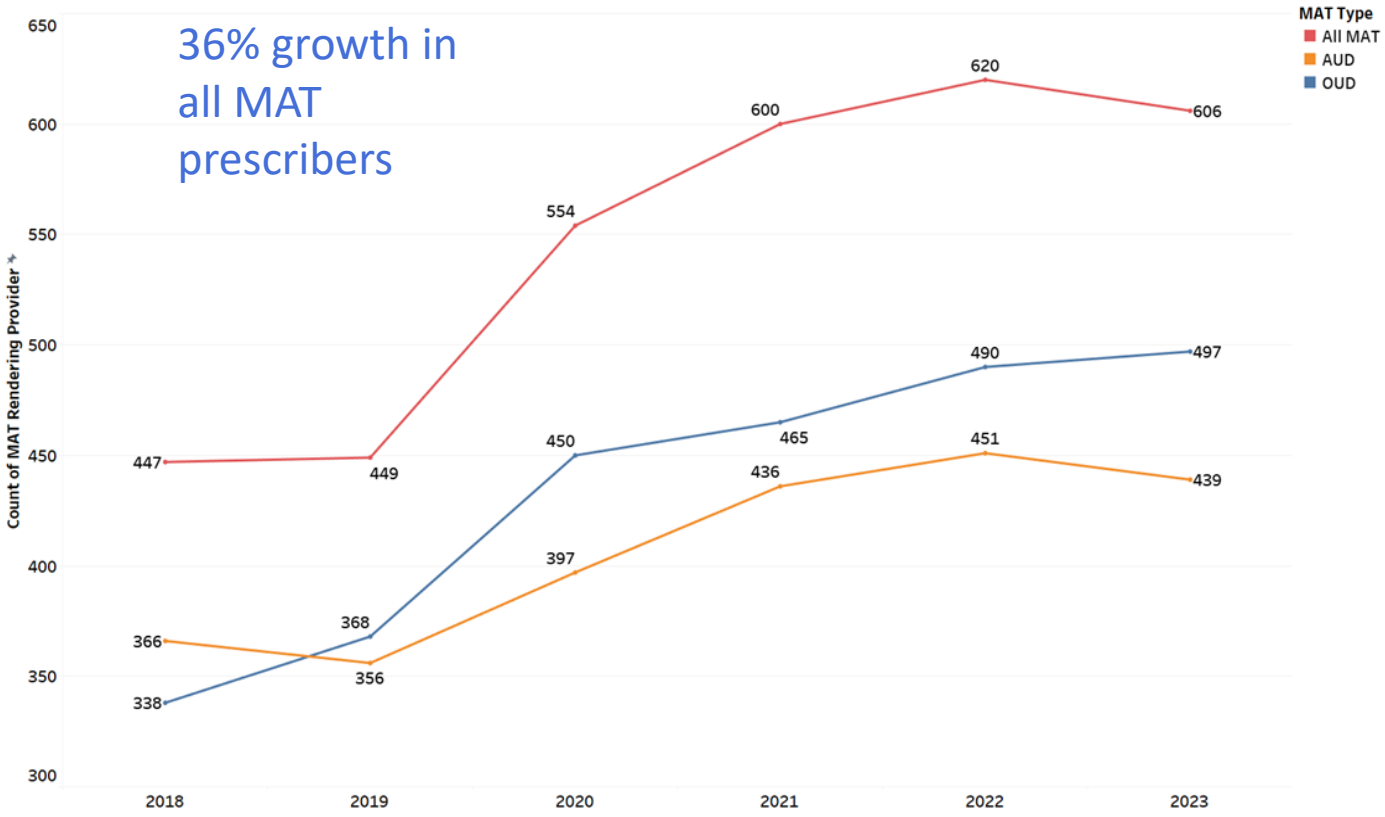
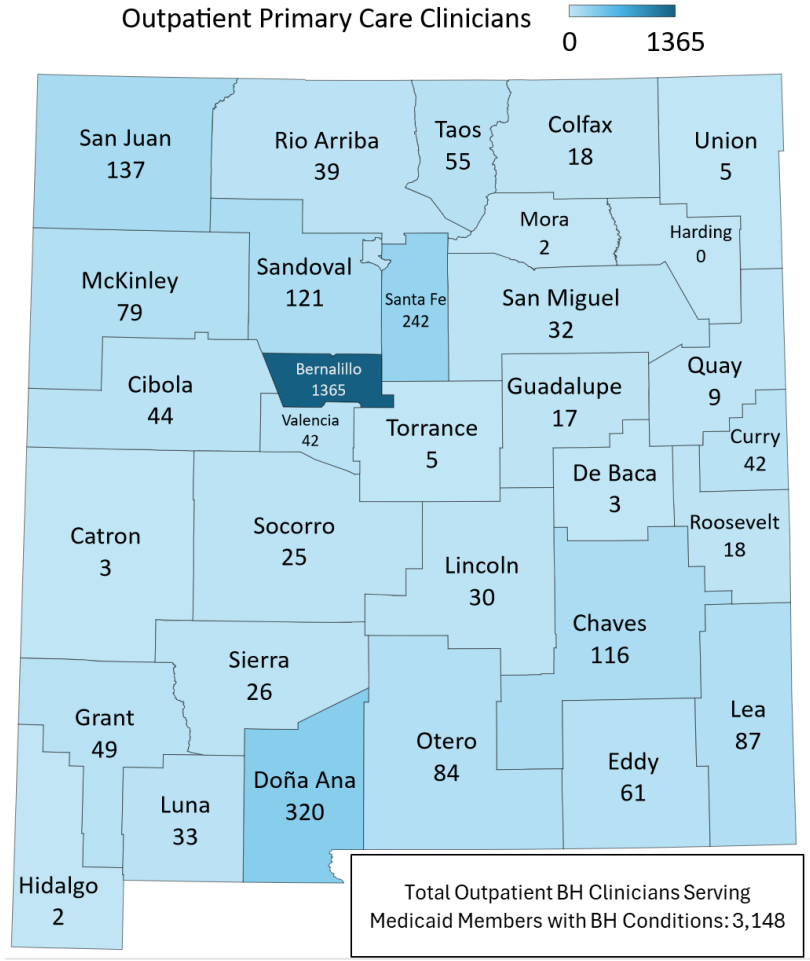
INCREASING BH OUTPATIENT AND MEDICATION ASSISTED TREATMENT CAPACITY IN NM

Change in NM Medication Assisted Treatment Prescribers, 2018-2023



Outpatient primary care clinicians serving individuals with BH conditions through NM Medicaid, 2023



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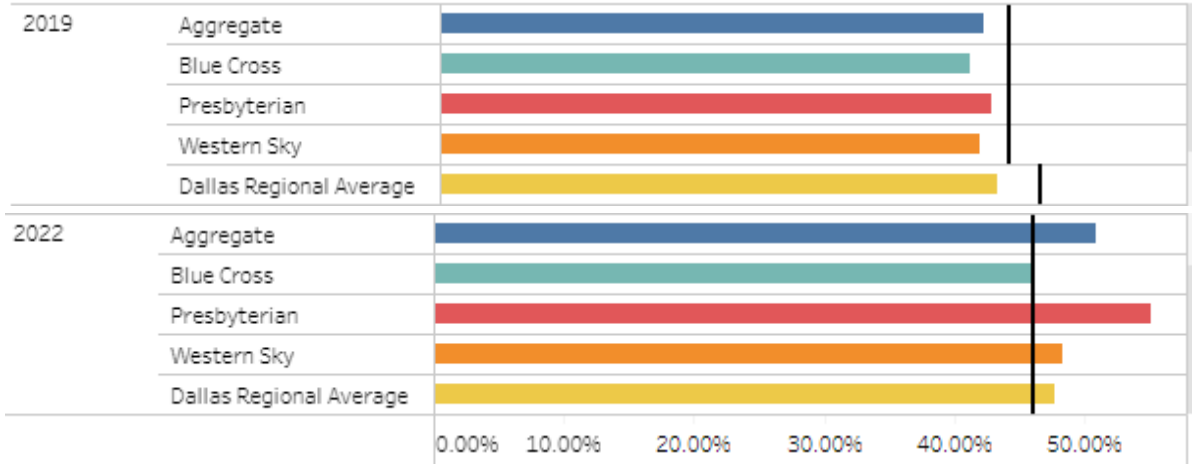
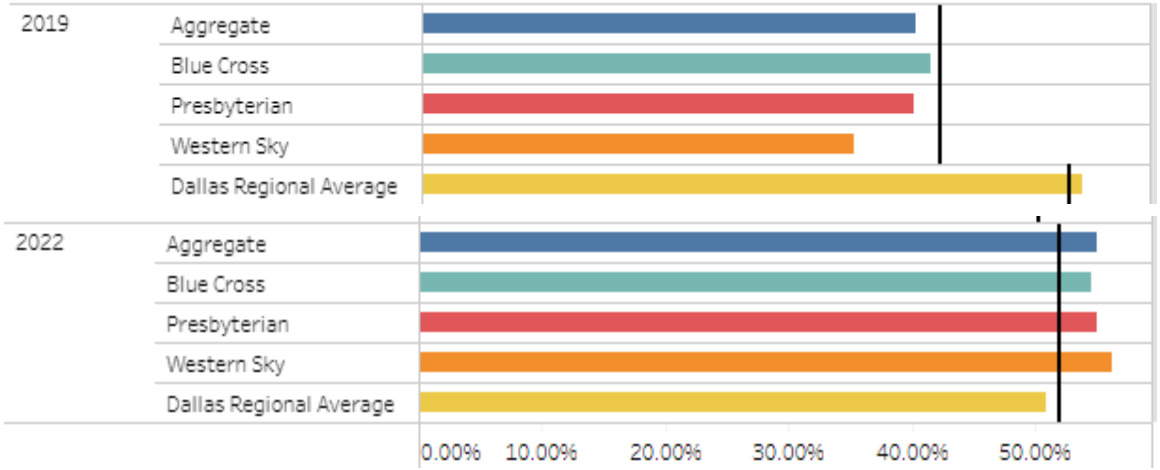
MEASURING OUTCOMES & SERVICE UTILIZATION

How good is my MCO at working with providers to ensure I receive treatment initiation for alcohol or other drug dependency, should I need it?



21% aggregate increase since 2019
NM performance in 2022: 50.97%
Regional average in 2022: 47.70%

How good is my Managed Care Organization (MCO) at working with providers to ensure I receive a follow-up with a mental health practitioner within 30-days after a hospitalization for mental illness?



37% aggregate increase since 2019
NM performance in 2022: 55.02%
Regional average in 2022: 50.93%

Source: NM Human Services Department Performance Scorecard – sites.google.com/view/nmhsdscorecard/home

CURRENT ACCESS TO CARE FOR SPECIALIZED SERVICES

Health Homes - 12 locations

- No wait times

Intensive Outpatient Program (IOP) – 86 sites

- Up to one week wait time at some sites, but referrals are made between IOPs to find openings as quickly as possible

Assertive Community Treatment - 7 sites

- No wait times, but it may take a week to locate and engage the individual to begin service

Adult Accredited Residential Treatment Centers (AARTC) - 10 providers

- Five out of the 10 providers have no wait times and no waitlist
- Providers can enroll a client in treatment within the same day or up to 48 hours
- Providers with a waitlist report waiting periods of up to three-weeks
- The wait times affect detox and men's residential beds

Comprehensive Community Support Systems (CCSS)

- No wait times

IMPROVING ACCESS TO CARE

- Rural Health Care Delivery Fund (2023 HB2)
  - Grants awarded totaling $80M for FY24-26
  - Funding 54 projects with 50 organizations
    - 30 projects to expand behavioral health; 18 for primary care
- Expanding and/or creating services across all eligible rural New Mexico counties
- 85% of projects launched in the last 3-6 months
- Total service revenue generated reaching over +$1.5M so far in FY24
- $46M in additional funding appropriated to the HCA in its FY25 budget

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SUPPORTING THE BEHAVIORAL HEALTH WORKFORCE

- Health Professional Loan Repayment Program
  - Repayment for outstanding student loans of practicing health professionals
  - 3-year service commitment to practicing in an underserved area of New Mexico
  - 26% of repayments have been to mental health professionals; FY24 average awarded debt was $45,250
  - Data show high rates of ongoing retention in NM among providers →
- Administrative simplification
  - Most BH services exempted from prior authorization
  - Expanded trainings for peer support workers
  - Single credentialing coming soon
  - New provider enrollment system Fall 2024

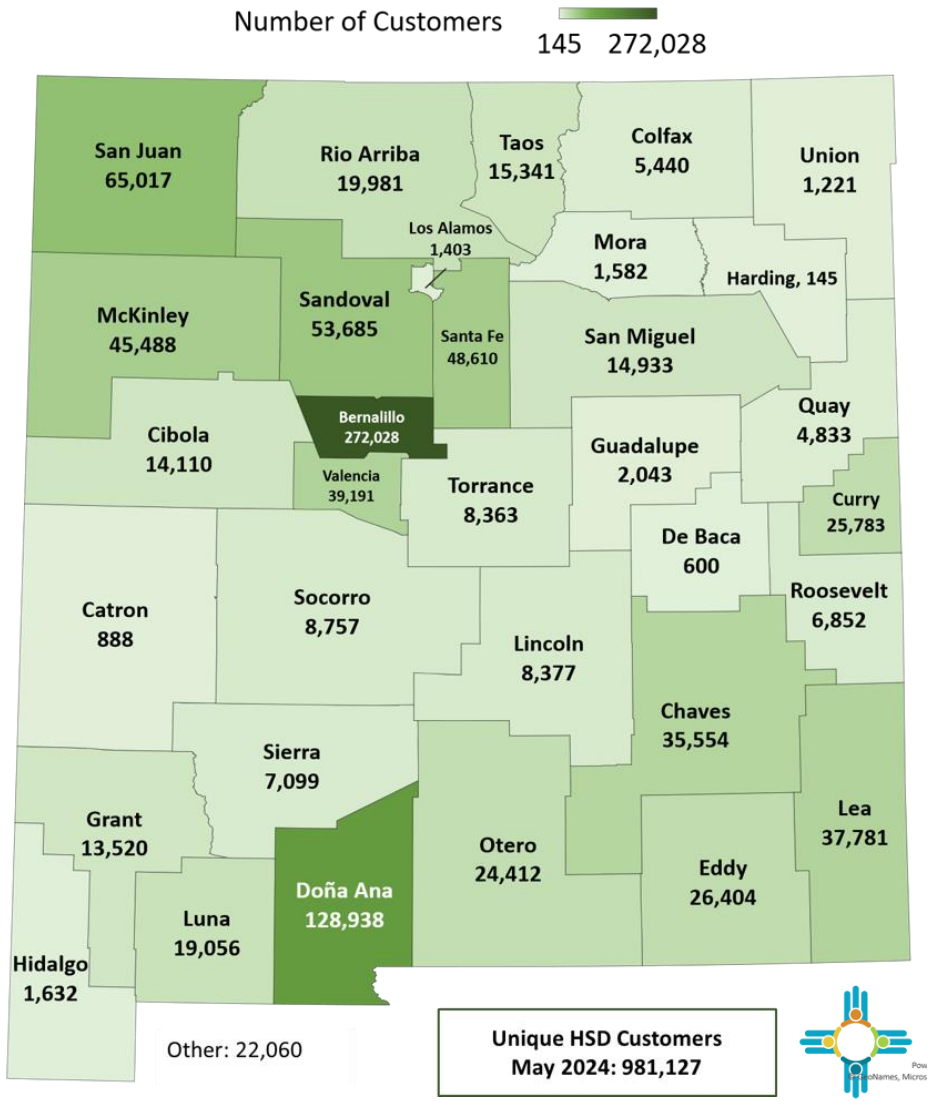
Health Professional Loan Repayment Program Retention		
2018-2024 Data	**Working in New Mexico**	**Not Working in New Mexico**
Allied	91%	9%
Medical	93%	7%
Nursing	100%	0%
Behavioral Health	85%	15%
Dental	56%	44%

FUTURE STATE

THE HEALTH CARE AUTHORITY WILL SERVE 50% OF NEW MEXICANS BEGINNING JULY 1, 2024

The HCA will include:

- All existing divisions/units from the current Human Services Department
- From the Department of Health:
  - Developmental Disabilities Supports Division
  - Division of Health Improvement
- From the General Services Department:
  - State Health Benefits
- From the Office of the Superintendent of Insurance:
  - Health Care Affordability Fund



Map Source: https://www.usnews.com/news/best-states/articles/food-stamp-benefits-by-statehttps://www.usnews.com/news/best-states/articles/food-stamp-benefits-by-state

MEDICAID TURQUOISE CARE IS COMING JULY 1, 2024

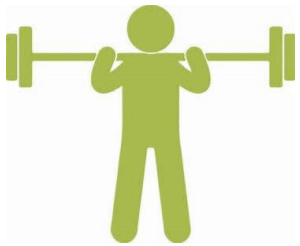
Vision: Every New Mexico Medicaid member has high-quality, well-integrated, person-centered care to achieve their personally defined health and wellness goals.

Goal 1

Build a New Mexico health care delivery system where **every** Medicaid member has a dedicated health care team that is accessible for both preventive and emergency care that supports the whole person – ***their physical, behavioral, and social drivers of health.***

Goal 2

Strengthen the New Mexico health care delivery system through the expansion and implementation of **innovative** payment reforms and value-based initiatives.



Goal 3

Identify groups that have been historically and intentionally **disenfranchised** and address health disparities through strategic program changes to enable an **equitable** chance at living healthy lives.

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NEW TURQUOISE CARE BENEFITS

TURQUOISECARE

- Continuous Medicaid eligibility for children up to age 6
- ★ Expanded Access to Supportive Housing
- ★ Addition of Chiropractic Services (in progress)
- Additional availability for members to join Community Benefit program
- ★ Home visiting help for new mothers (in progress for four more models)
- ★ Community Health Workers added as Medicaid providers
- ★ Increased behavioral health therapy support and care coordination

MEDICAID JUSTICE-INVOLVED REENTRY WAIVER

- Federal approval requested to reinstate Medicaid coverage for incarcerated individuals 30-90 days prior to release to ensure:
  - Enhanced and seamless transition out of carceral settings;
  - Improved access to services after release; and
  - Coordination of wraparound services prior to release (i.e., transportation, food, housing)
- **Approval expected in July 2024**
- Builds on New Mexico's existing JUST Health program which offers:
  - Transition of Care (TOC) assessment and plan for inmates prior to release to establish appointments, referrals, pharmacy access, and transportation; and
  - Care coordination, BH screening, and MAT

- An estimated 80 percent of individuals released from prison in the United States each year have a substance use disorder, or chronic medical or psychiatric condition.[4]
- Incarcerated individuals have four times the rate of active tuberculosis compared to the general population, nine to 10 times the rate of hepatitis C, and eight to nine times the rate of HIV infection.[5]
- Correctional facilities in Los Angeles County, New York City, and Cook County, Illinois, have become the three largest mental health care providers in the country.[6]

Source: The Commonwealth Fund, State Strategies for Establishing Connections to Health Care for Justice-Involved Populations: The Central Role of Medicaid, https://www.commonwealthfund.org/sites/default/files/2019-01/Guyer_state_strategies_justice_involved_Medicaid_ib_v2.pdf

MCO CONTRACT IMPROVEMENTS

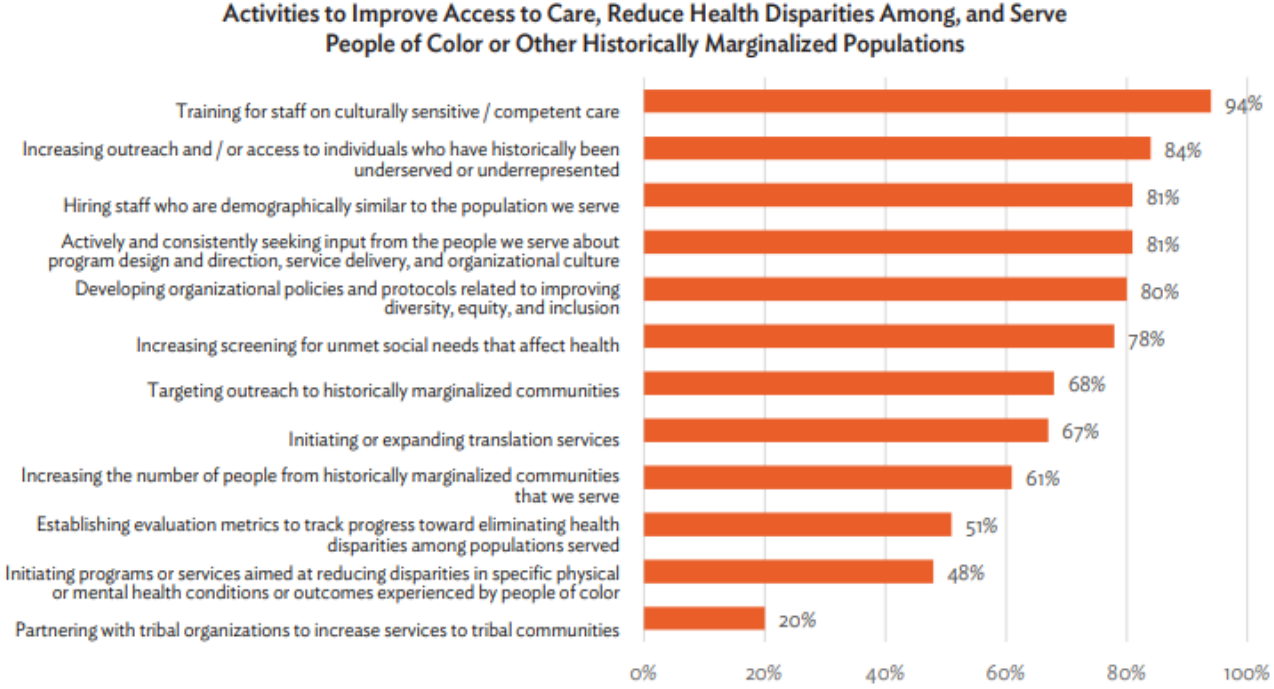
Area of Accountability	ENTENNIALCARE2.0	TURQUOISECARE
Provider Reimbursement	Limited specificity on how providers should be reimbursed	• Required reimbursement **at or above the Medicaid fee schedule** • **CY25 rate increase: 150% of Medicare for BH and primary care**
Provider Network	Specifications for member accessibility to defined providers and services	• Emphasis on community-based models (CCBHC, HFW), provider training, and accuracy of provider directory information • Secret shopper evaluations of patient access • **Appointment availability standards for BH (assessments in 7 days, follow-up care in 7 days, non-urgent outpatient care in 30 days, and crisis services within 90 minutes)**
Community Reinvestment	Minimal requirements	• MCOs must contribute 5% of after-tax underwriting margin (profit) to BH-focused community reinvestments
MCO Staffing & Expertise	Minimal requirements	• Full-time BH Director at each MCO • Dedicated liaisons for: Housing, court, justice-involved, Children in State Custody, and crisis care • CARA care coordinators in hospitals; MCOs required to contact every pregnant member after a positive pregnancy test
Health Equity	No requirements	• MCOs required to apply population health strategies to improve outcomes • Requirement for peer and family supports at the MCO level • Health information exchange requirements to better support member care and communication among providers • Care coordination focusing on high cost and high-needs individuals

IMPLEMENTATION OF CCBHCS: COMING JANUARY 2025

- **Certified Community Behavioral Health Clinics (CCBHCs)** provide a comprehensive range of outpatient mental health, substance use disorder, and primary care screening services, serving all ages, regardless of diagnosis, insurance, place of residence, or ability to pay.
- In June, NM was announced as one of 10 states included in the SAMSHA CCBHC Demonstration Program
  - Enhanced federal match 8.48% higher than NM's standard federal Medicaid funding
- CCBHC status enables clinics on average to serve more than **900 more people per clinic than prior to CCBHC implementation** (23% increase)
- CCBHCs provide **access to mental health and substance use care much faster** than the national average – most within a week or less.
- 82% of CCHBCs offer at least one type of MAT for opioid use disorder (compared to 56% of substance use clinics nationwide)

100% OF RESPONDING CLINICS

indicate that CCBHC status has helped them in some way to serve people of color, improve access to care and reduce health disparities in their communities

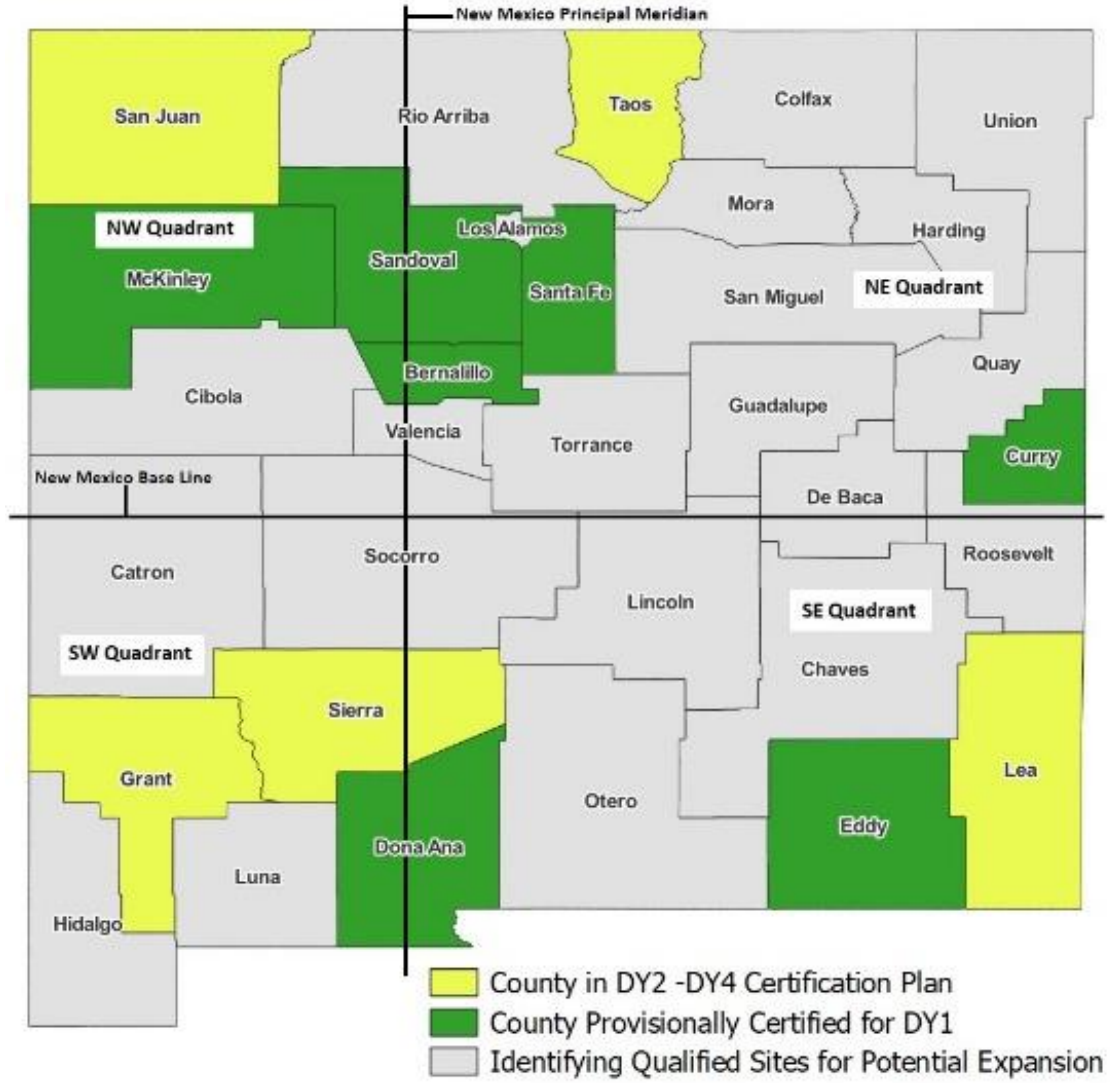


Source: National Council for Mental Wellbeing 2022 CCBHC Impact Report, https://www.thenationalcouncil.org/resources/2022-ccbhc-impact-report/

PROVISIONALLY CERTIFIED CCBHCS

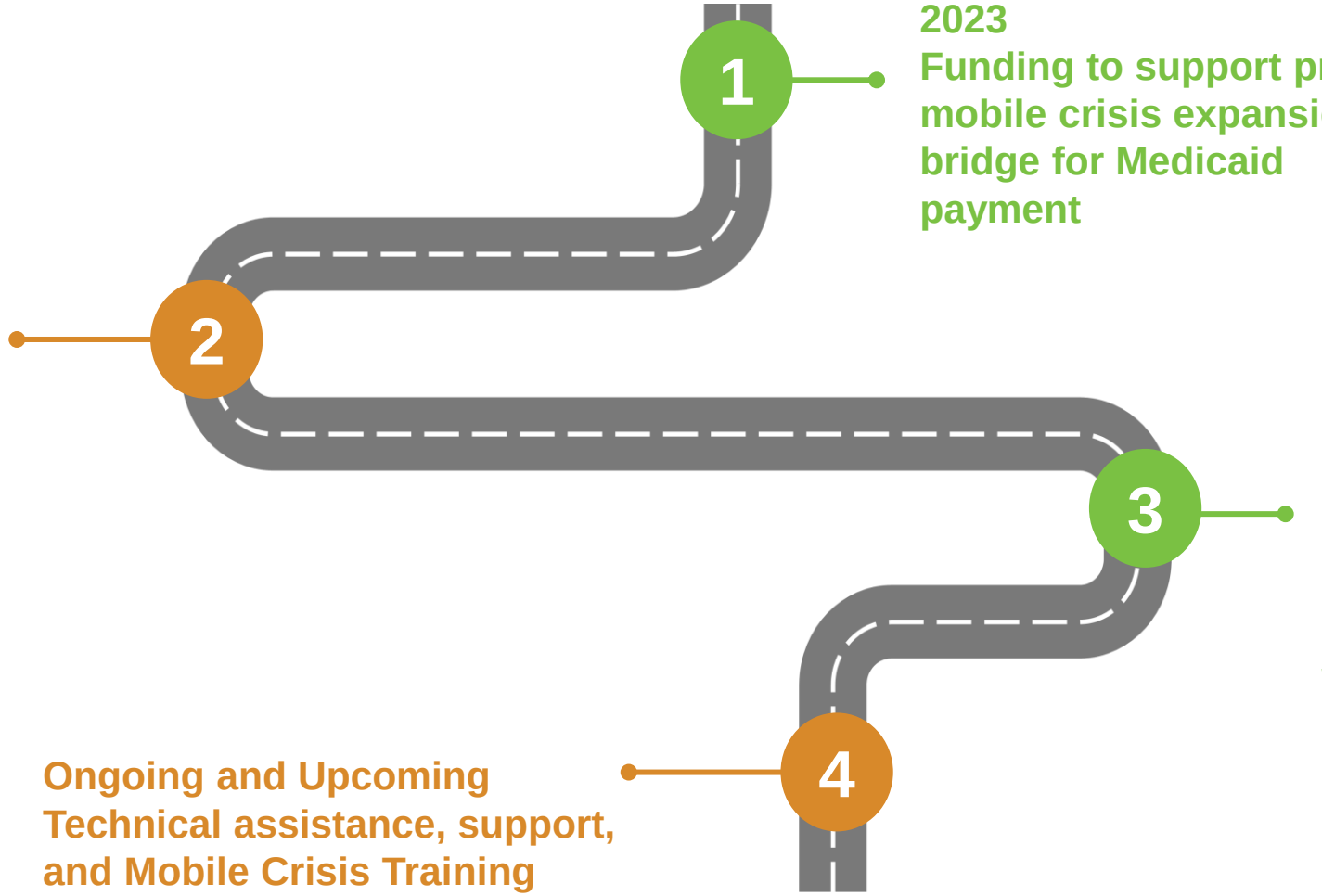
6 HSD/CYFD provisionally certified CCBHCs are eligible to enter the Demonstration program on January 1:

1. University of New Mexico Health System in Bernalillo and Sandoval Counties
2. All Faiths Children's Advocacy Center in Bernalillo County
3. Carlsbad Life House in Eddy County
4. Families & Youth Innovations Plus in Doña Ana County
5. Santa Fe Recovery Center in Santa Fe and McKinley Counties
6. Mental Health Resources in Curry County



PATHWAY TO MEDICAID COVERED MOBILE CRISIS SERVICES

- HCA/BHSD received $2.4 million in federal funding to expand provider capacity to provide mobile crisis services.



CHECKING IN WITH JENNY

- After seeking help, Jenny entered a 30-day residential treatment and detox program in her community.
- She continued on to a Women's and Children's 90-day residential program in Santa Fe.
- After exiting, she moved into a "Bridge House" sober living program.
- While in supportive living, she took advantage of parenting classes and domestic violence survivors' classes.
- With the help of counseling and her case management team, Jenny was able to reconnect and heal the relationship with her children.
- After completing treatment, she returned home having secured permanent housing, stable employment, a lifetime restraining order against her abuser and, most importantly, reunification with her children.

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THANK YOU & QUESTIONS

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APPENDIX

INVESTING FOR TOMORROW, DELIVERING TODAY.

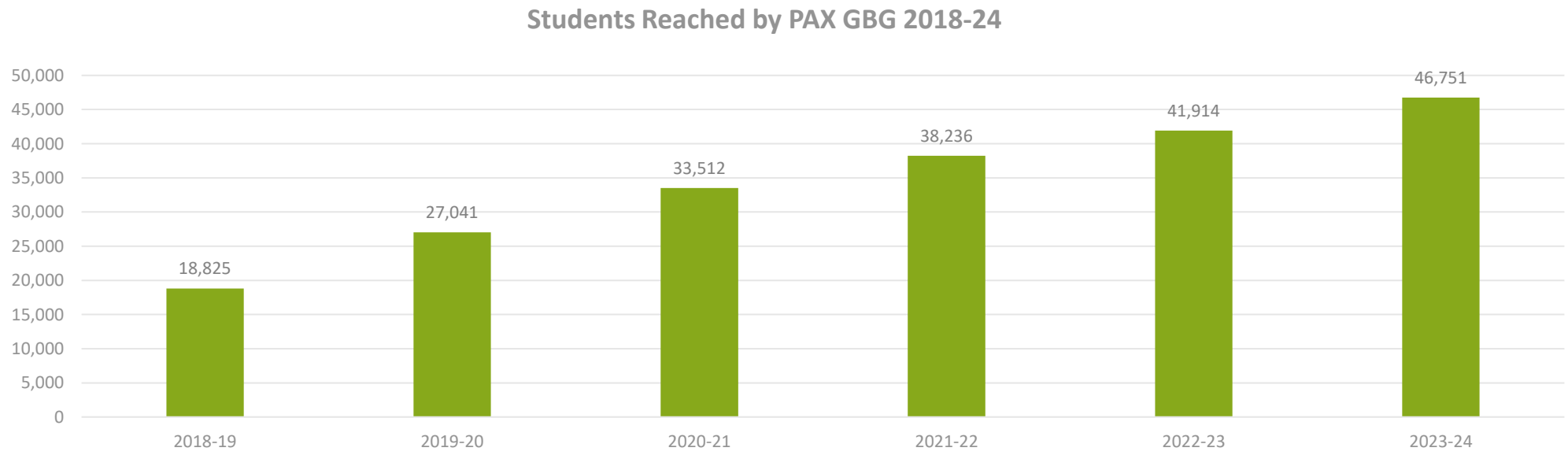
TURQUOISE CARE MCO REQUIREMENTS- INCARCERATED/ DETAINED

- The MCOs have policies and procedures for ensuring that Members from incarceration or detention facilities transition successfully back into the community. At a minimum, the MCO must:
  - Initiate the HCA approved Transition of Care (TOC) assessment with the Member prior to Member's release or within three (3) business days of notification of Member's release.
  - Medication Assisted Therapy (MAT) services are available to individuals who are incarcerated for the first 30 days. MAT services may be administered to a Medicaid enrolled individual who has been incarcerated for less than 30 days in the facility.
  - Contact the Member monthly for three (3) months after Member's release to ensure continuity of care has occurred and that the Member's needs have been met.
  - Conduct an additional assessment within seventy-five (75) calendar days of Member's release to determine if the transition was successful and identify any remaining ongoing needs.

PREVENTION: NM'S PAX GOOD BEHAVIOR GAME (PAX GBG)

PAX Good Behavior Game© (PAX GBG) is a "universal" prevention program for students in early elementary grades that teaches children to self-regulate, a major protective factor, and reduces off-task behavior – resulting in increased attentiveness and decreased aggressive, disruptive, and withdrawn behavior. Designed as a daily group-based game led by a classroom teacher -- during regular classroom instruction -- it is played by three to six teams of students. Playing the PAX "game" teaches children to focus on classroom work for increasingly longer periods of time, followed by brief periods of release and reward. In the longer term, PAX GBG has been shown in numerous published studies to: increase school completion; reduce adolescent substance initiation, abuse and addiction; reduce violence as victim or perpetrator; and reduce suicidality.

New Mexico's PAX GBG program **trained 453 classroom teachers and other school staff and reached more than 46,000 elementary school students in new and sustaining classrooms from across the state during the 23-24 academic year**. Since 2017 it has served more than 11,000 Indigenous students in 20 tribal schools. Described as "the next big thing in child and adolescent psychiatry" by the *Child and Adolescent Psychiatric Clinics of North America,* PAX GBG is recommended in the *Clinical Manual of Prevention in Mental Health* (Michael Compton) and in *Preventing Mental, Emotional and Behavioral Disorders Among Young People* (National Research Council & IOM).



PREVENTION: BHSD YELLOW RIBBON SUICIDE PREVENTION

Communities In Schools New Mexico

Communities In Schools of New Mexico
Yellow Ribbon Suicide Prevention Program
Spring 2024

YELLOW RIBBON SUICIDE PREVENTION PROGRAM
www.yellowribbon.org

Program Overview

The Yellow Ribbon Suicide Prevention Program is designed to empower school staff, students, and community members with the knowledge and skills necessary to prevent suicides. This initiative focuses on interactive and engaging educational sessions that promote understanding of mental health issues, emphasizing early detection and effective intervention. Each training includes youth, school staff and community components.

Over the course of 3 months in Spring 2024, CISNM facilitated Yellow Ribbon Suicide Prevention trainings in rural and indigenous communities around the state that demonstrated a tailored approach to meeting the distinct needs of each community.

Training Scope

- **Total of 40** youth, school staff and community trainings at 18 distinct sites
- **Training sites spanned 9 counties:** *Catron, Guadalupe, Lea, Rio Arriba, Sandoval, San Juan, San Miguel, Santa Fe, Taos*
- Exempt and non-exempt school staff trained: 386
- Middle and high school students trained: 1,513
- Community members trained: 50
- **Total number of participants trained: 1,949 in 90 days**

Positive Impact

- School staff reported a **21.48% improvement in understanding suicide risk factors and over 30% improvement in their confidence to intervene effectively.**
- Students demonstrated an **18% to 24% improvement** in their understanding of personal challenges leading to suicide and their confidence in recognizing and responding to suicide risks.
- **9 'Ask 4 Help' cards were used by youth in crisis** after participating in these Yellow Ribbon trainings.

EARLY INTERVENTION

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a community-based practice used in primary care and other physical healthcare settings designed to identify, reduce and prevent problematic substance use or misuse and co-occurring mental health disorders as an early intervention. This service is not available in specialized behavioral health settings. Through early identification in a medical setting, SBIRT services expand and enhance the continuum of care and reduce costly health care utilization. The primary objective is the integration of behavioral health with medical care. SBIRT is delivered through a process consisting of universal screening, scoring the screening tool and a warm hand-off to a SBIRT trained professional who conducts a face-to-face brief intervention for positive screening results. If the need is identified for additional treatment, the staff member will refer to behavioral health services.
  - BHSD has trained over 171 Medical provider locations on the use of this tool since 2019.

TREATMENT

- An **Intensive Outpatient Program (IOP) for Mental Health provides** a time-limited, multi-faceted approach to treatment for those with an serious mental illness (SMI) or serious emotional disturbance (SED) (including an eating disorder or borderline personality disorder), who require structure and support to achieve and sustain recovery.
  - IOP for MH just began

- **Intensive Outpatient Programs for Substance Use Disorders (SUD IOP)** provides a time-limited, multi-faceted approach to treatment for those with a moderate to severe SUD or co-occurring moderate to severe SUD and mental illness health diagnosis es who require structure and support to achieve and sustain recovery. A SUD IOP requires a diagnostic evaluation and an ASAM Level of Care assessment SUD multi-dimensional assessment that identifies IOP as a recommended level of care. need.
  - 86 IOP for SUD in 2024

- **Adult Accredited Residential Treatment Centers (AARTC)** provide residential or inpatient treatment for substance use disorder (SUD). Admission criteria and treatment at each level of care is based on ASAM's six dimensions. The State has organized ASAM level of care programming into three tiers.
  - 10 providers in 2024

- **Adult Accredited Residential Treatment Centers (AARTC)** provide residential or inpatient treatment for serious mental illness (SMI). Admission criteria and treatment at each level of care is based on ASAM's six dimensions. The State has organized LOCUS level of care programming into three tiers.
  - 10 providers in 2024

- **Assertive Community Treatment (ACT)** is a voluntary psychiatric, comprehensive case management, and psychosocial intervention program that offers individualized treatment 24 hours a day, seven days a week by an inter transdisciplinary team. The ACT therapy model is based on empirical data and evidence-based interventions that target specific behaviors with an individualized person-centered treatment plan for the Medicaid member. Specialized therapeutic and rehabilitative interventions falling within the fidelity of the ACT model are used to address specific areas of need, such as experiences of repeated hospitalization or incarcerations, severe problems completing activities of daily living and individuals who have a significant history of involvement in behavioral health services. ACT services can be traditional ACT, Forensic, or Coordinated Specialty Care (CSC) services.
  - 7 in 2024

RECOVERY

- **Peer Support Services** is delivered by individuals who have common life experiences with the people they are serving and help extend the reach of treatment beyond the clinical setting into the everyday environment. of those seeking a successful, sustained recovery.
  - 2019- 88 CPSW trained
  - 2024 830 are trained with 313 actively providing Medicaid reimbursable services and support to Medicaid members.
- **Supportive housing** services assist members in acquiring, retaining, and maintaining stable housing, making it more conducive for members to participate in ongoing treatment of their illness and improve the management of their mental and physical health issues. PSH-TSS do not include tenancy assistance in the form of rent or subsidized housing. PSH-TSS instead expands the availability of basic housing supports.
  - 2019- 216 unduplicated members were served who demonstrated housing instability. Individuals can continue to be supported by vouchers to identified vendors as long as they can demonstrated housing instability.
  - 2022- 370 unduplicated members served.

LAW ENFORCEMENT ASSISTED DIVERSION (LEAD)

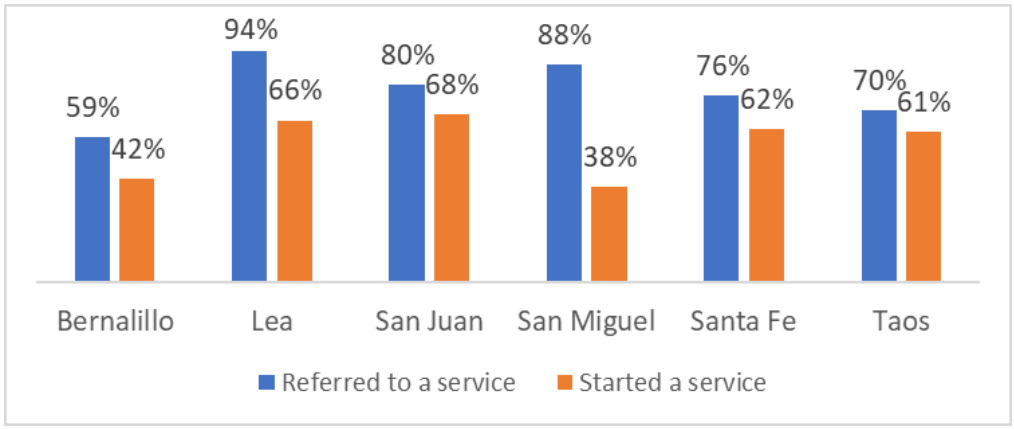
The NM LEAD initiative included six sites in the following counties: Bernalillo, Lea, San Juan, San Miguel, Santa Fe and Taos. The Bernalillo County program, based in New Mexico's largest city, built upon a LEAD program that was initiated in 2019. The other five sites, all based in rural communities, developed new LEAD programs.

Law Enforcement Assisted Diversion **(LEAD)** is a complex model to implement, but NM LEAD demonstrated that LEAD components can be implemented successfully in New Mexico. While no NM LEAD site was able to implement all components to their fullest potential, each LEAD site implemented one or more components with high degrees of fidelity and benefit

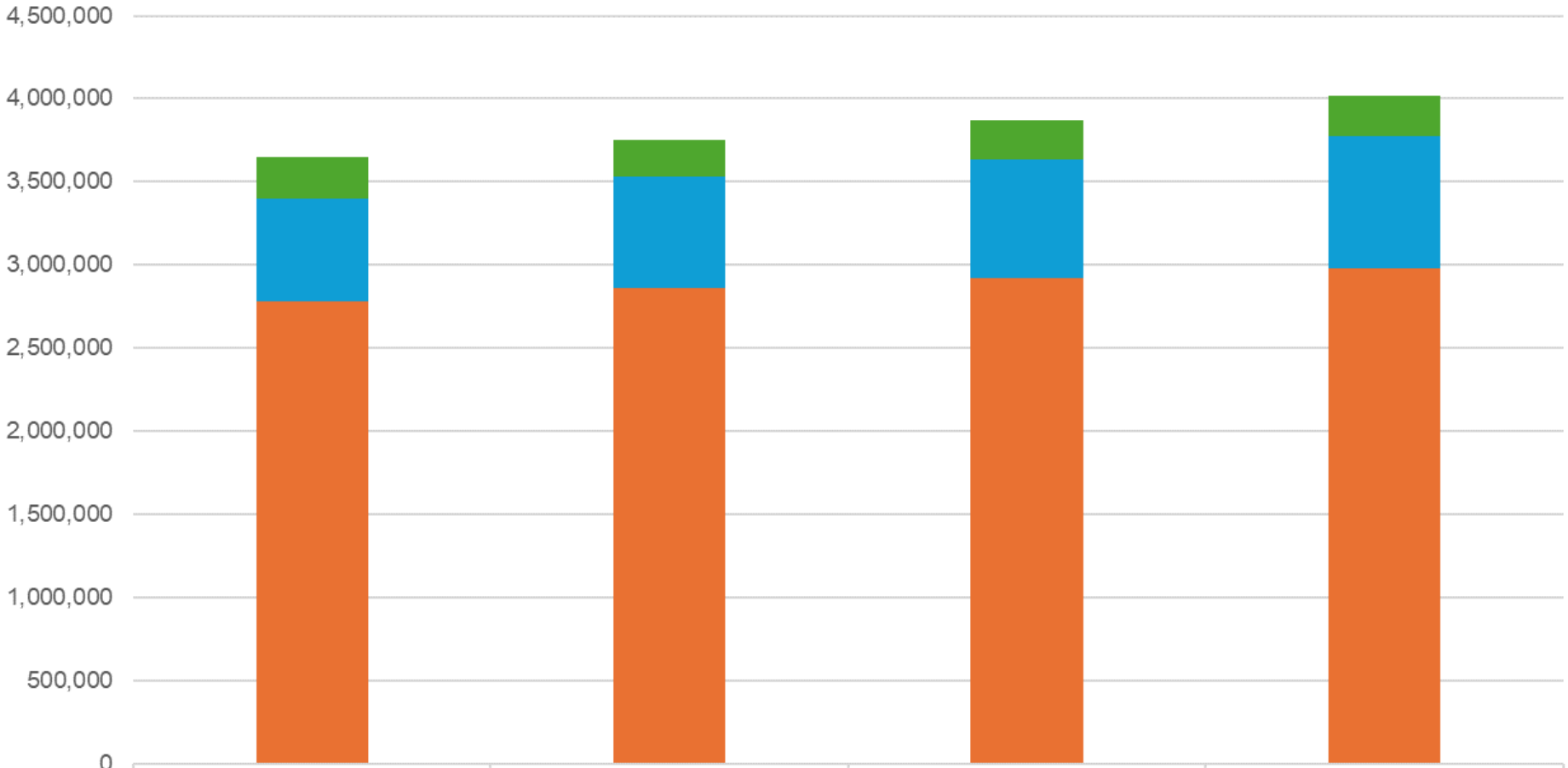
Broader lessons learned were:

- It is best to establish and solidify first responder/law enforcement buy-in before embarking on any diversion programming, and before implementing services.
- Implementing a LEAD model program takes time and is most successful when all components of the LEAD model work in unison.
- Case/care managers who deliver intensive street outreach is a critical component to LEAD toward program success, or any pre-arrest program like LEAD. Delivering this service proved challenging due to high case manager turnover across sites.
- Street outreach is extremely difficult. Ensuring that LEAD case/care managers receive proper training and supervision is key to helping reduce staff turnover, vicarious trauma and burn out.

Site/ County	Total Enrollments	Exits through 2/29/24	Percent Exited
Bernalillo	206	33	16%
Lea	32	9	28%
San Juan	25	2	8%
San Miguel	26	3	12%
Santa Fe	29	14	48%
Taos	23	8	35%
All Sites	**341**	**69**	**20%**



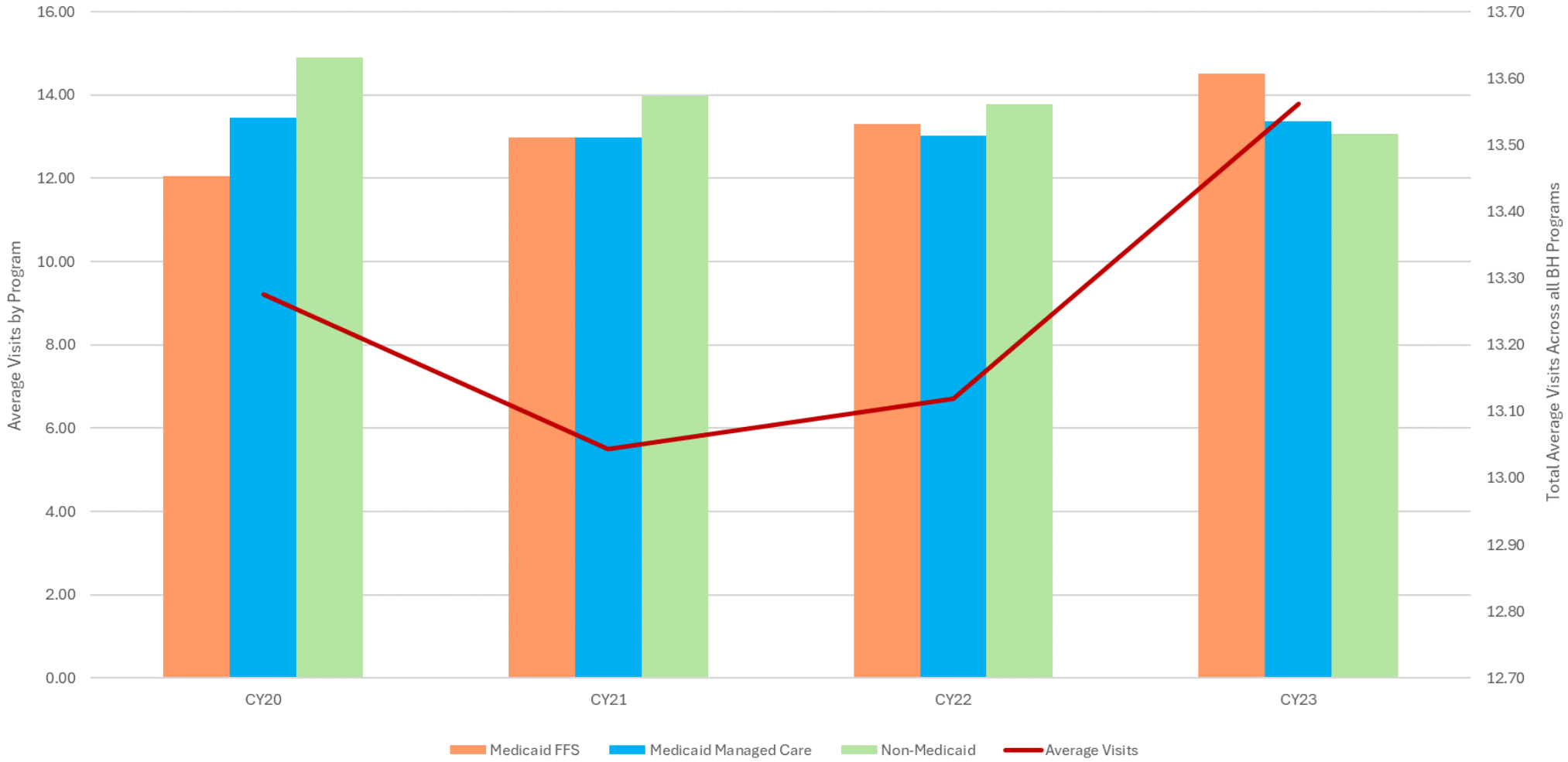
TOTAL VISITS ACROSS NM BEHAVIORAL HEALTH PROGRAMS



	CY20	CY21	CY22	CY23
NON-MEDICAID	244,569	222,766	235,180	239,812
FEE-FOR-SERVICE	620,537	674,151	713,403	796,039
MANAGED CARE	2,781,988	2,857,947	2,920,984	2,978,216
Total	3,647,094	3,754,864	3,869,567	4,014,067

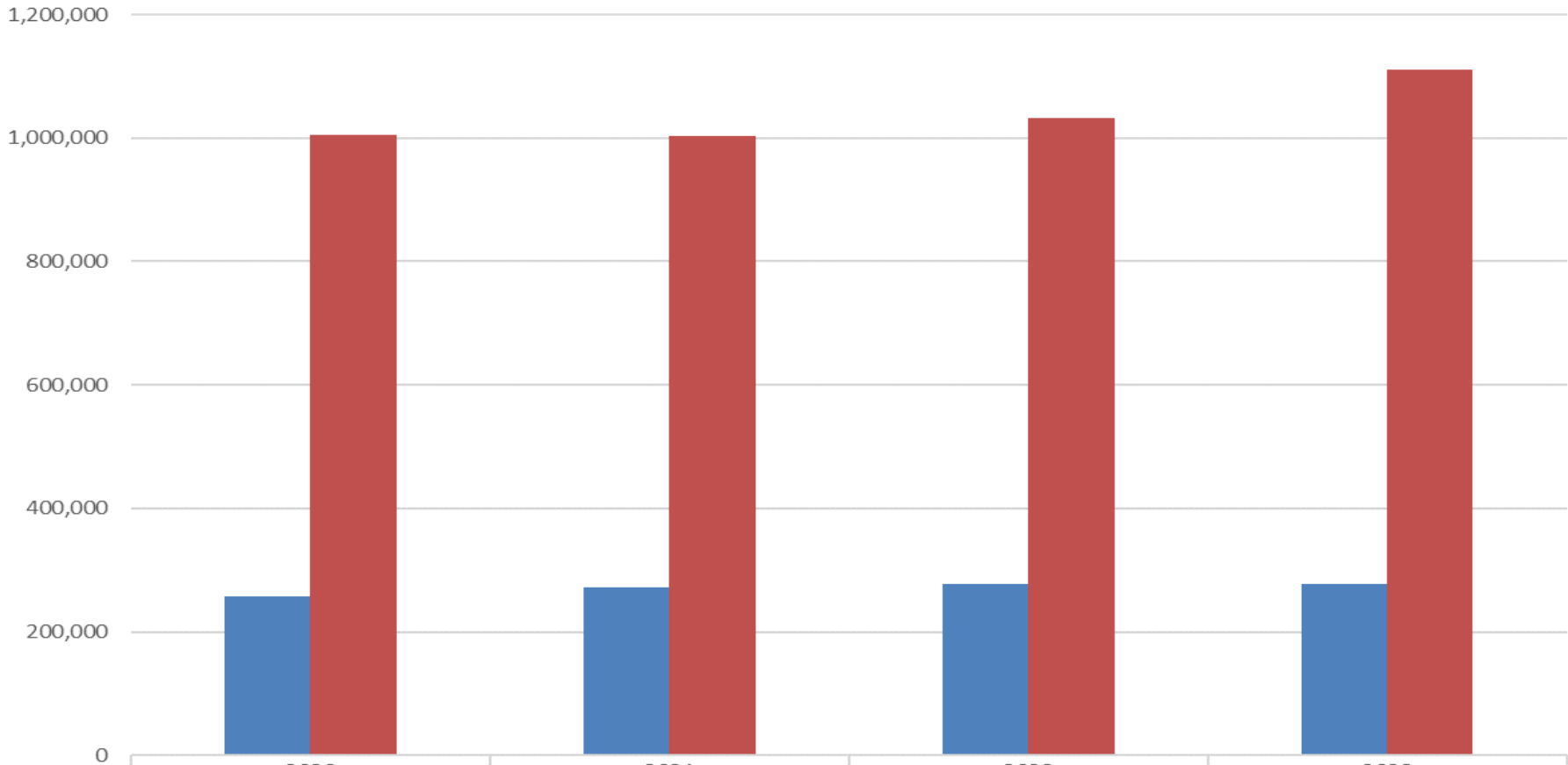
Data Source(s): MMIS, Paid Claims/Encounters; BHSDSTAR, Paid Claims/Encounters

NM AVERAGE RATE OF VISITS BY PROGRAM AND TOTAL POPULATION



Data Source(s): MMIS, Paid Claims/Encounters; BHSDSTAR, Paid Claims/Encounters

TOTAL BH POPULATION COMPARED TO ALL MEDICAID FULL BENEFIT BENEFICIARIES



	2020	2021	2022	2023
BH Persons Served	258,310	271,916	277,884	277,647
Medicaid Population	1,004,429	1,003,865	1,032,775	1,110,608
Percent Served	25.7%	27.1%	26.9%	25.0%

Data Source(s): MMIS, Paid Claims/Encounters; MMIS, Eligibility Tables/Medicaid Eligibility Report