



Current Progress

This report focuses on our progress made from October to December in each objective, since we submitted a request for an extension in October.

1) Set shared regional behavioral health priorities for restoring system disruptions that resulted from the 2013 behavioral health shutdown through the development and wide-scale distribution of a strategic plan that clearly defines behavioral health goals and allows for the coordinated facilitation of the identified goals.

Outcome 1: LC3 members will report a 15% increase in 2 out of 5 areas on the Strategic Impact Measurement Worksheet.

The Strategic Impact and Measurement Survey (SIMS), developed in conjunction with NMSU SOAR, was completed by LC3 members in October, and the final report was presented to the board in November. The report is attached.

A total of 41 LC3 members completed the survey. Currently we have 187 LC3 members on our list, so clearly there is more opportunity to further engage members and gather more data.

It has proven more difficult to gather data electronically as opposed to in person in this pandemic environment. We have heard and also experienced ourselves, that members are being inundated with emails and survey outreach, to the point of being overwhelmed. Surveys have become the primary method to gather information in this virtual environment, not only for LC3 but other organizations as well. Taking surveys has become tedious and confusing for some because we are seeing an exponential increase in email communication. Knowing this, we will have to make adjustments as we strategize how to better engage and gather data moving forward.

Our next steps in meeting this goal are to adjust our method in which we gather data from LC3 members, and identify the 2 areas on the SIMS worksheet where we want to see improvement. Finally, we will share the SIMS survey findings, and final report with the new evaluator who comes on board to assist with defining how to measure our progress in reaching this goal. I am confident we can meet this goal with the extension of Year One that was recently granted.

Outcome 2: Within 12 months of program initiation, NMSU Southwest Outreach Academic Research (SOAR) Evaluation & Policy Center, in partnership with the LC3 will conduct an assessment of the behavioral health system in the region.

This goal has been met, and the data assessment report is attached.

Our current evaluation team, NMSU SOAR, completed the data assessment and presented the information to LC3 members and partners during our December event. The virtual event was open to the public and there were approximately 100 people in attendance from elected leaders to practitioners to community members. Although the assessment was specific to Doña Ana County, there were participants from all over the state. New Mexico's Lieutenant Governor Howie Morales and the Chief Executive Officer of the Behavioral Health



Collaborative with the New Mexico Human Services Department also addressed LC3 members and expressed their willingness to find ways to work together. Other presenters were members of the following LC3 Committees: Strategic Planning, Communications & Board Development, and the Policy & Advocacy Committee. The event was a celebration of LC3's successes, and a practical call to action. Its purpose was also to raise awareness about LC3 and invite more community members to participate.

Our next step is to use the data assessment to inform our strategic planning process and form a Common Agenda, which is the first condition of the Collective Impact Strategy. We have met with a national consultant from the Tamarack Institute and have invited them to assist us with the strategic planning process, since our target date for the convening is March of 2021. This leaves us only two months to prepare for the strategic planning convening, which is a relatively short time. Subsequently, the LC3 board decided it would be a good use of our time and budget to work with the Tamarack Institute. The Tamarack Institute can help fortify the structure of the collaborative and align it with the Collective Impact Strategy. At the time of this writing, Tamarack Institute submitted a draft proposal to the LC3 Collaborative Coordinator, and the next step is to present the final proposal to the board for approval.

Also, the final data assessment report will be shared with the new evaluator when they are hired. The evaluator will assist the strategic planning committee by providing further analysis of the data assessment, present data to LC3 as needed, and evaluate our progress. LC3 staff and board members are in the process of vetting and hiring an evaluator, which we hope to secure by January 2021.

2) Develop regional training capacity through evidence-based behavioral health provider training opportunities that build the behavioral health system and support access to specialty providers.

Outcome 1: Within the first 120 days, the Local Collaborative 3 will develop 5 key training and technical assistance partnerships with local, regional, state, and national behavioral health partners such as the Behavioral Health Planning Council, National Latino Behavioral Health Association, and Serious Mental Illness Advisor for SAMSHA, New Mexico State University, the Safety + Success Institute, and New Mexico Chapter of National Association of Social Workers.

This goal has been met in a timely manner, however, with an extension to July, 2021, we can continue to deepen our partnerships as we continue to achieve Year One's goals, and to explore pathways of sustainability for LC3 with our key partners.

Outcome 2: By Day 180, develop a training plan and calendar for the forthcoming calendar year that includes training and technical assistance for services along the adult, child, and adolescent service continuum.

Outcome 3: Train and/or provide 100 individuals annually in the key partners system with training related to service or system improvement in the areas identified by the assessment, and/or in line with the adult, child, and adolescent service continuum.



These two outcomes have been partially met with LC3 members completing 41 trainings from our training partner, SAMSHA Serious Mental Illness Adviser. In addition there were an unknown amount of trainings completed with our other training partner, the National Hispanic & Latino Mental Health Transfer Technology Center (MHTTC). Due to issues tracking and collecting completed trainings, we were not able to get the results at the time of reporting from the National Hispanic & Latino MHTTC. We will continue to work with them to develop an improved tracking system. The trainings that we were able to track from SAMSHA SMI showed LC3 members who have completed the trainings are psychiatrists, nurses, social workers, and others. Among some of the trainings that were completed, topics ranged from “Assessment and Prescribing in Correctional Settings” to “COVID-19 and Mental Health: Caring for the Public and Ourselves” to “Screening for Psychosis in Adolescents: Consideration of the Knowns and Unknowns”. Further examination of completed trainings should also assist in identifying the training needs of LC3 members.

In October and November, we worked with our training partners (SAMSHA SMI and Nat'l. Hispanic & Latino MHTTC) to better organize the trainings by availability such as pre-recorded webinars, trainings accessible on the YouTube platform, and trainings that can be requested tailored to the agency, and also by the CEUs (Continuing Education Units) that they would receive upon completion. We created a training section in our newsletter with the comprehensive training list and as we continued to identify the training needs of LC3 members, we highlighted them in the newsletter for easy access. For example, we highlighted trainings on compassion fatigue, since we were hearing that many of our members were experiencing fatigue due to the pandemic. In addition, we sent a separate email to our LC3 listserv with all the training opportunities listed for easy access. Many of our community partners have requested LC3's training list. The training lists are also available on the LC3 Committees Google site for members. Finally, we have also started offering trainings to various community partners such as the City of Las Cruces Mayor's Suicide Prevention Taskforce and The Unified Prevention Coalition that focuses on prevention of youth alcohol and drug use and misuse. Some of the members of these coalitions are also LC3 members. Furthermore, we developed a training to address compassion fatigue along with our LC3 Co-Chair who is a Life Coach and mentors youth in developing their life philosophy. It is a series of four trainings offered in December to all LC3 members and the community, and has had decent participation. Moreover, there are LC3 members that are developing new services external to the collaborative process, so this presents an opportunity to explore how LC3 can provide training and technical assistance to their endeavor since we have strengthened our collaborative relationship over the past year. In short, we are exploring different methods to provide easy access and further identify training needs to increase training capacity.

Next steps include utilizing the completed data assessment to inform our training needs, continue working with LC3 members to identify training needs, and develop a better system to track trainings with our training partners and the LC3 Training and Technical Assistance Committee. Furthermore, identifying the three new services to fill the gaps in the behavioral health system, will bring more clarity about what training is necessary to launch those services. Once we are clear about the new service that an agency is going to commit to providing for our community, we can deploy our training resources directly to their staff and provide them with the necessary training to deliver that service.



Outcome 4: Work with the Behavioral Health Services Division and NMSU SOAR to quantify changes in access to specialty or evidence based care providers from established baseline user data at the completion of year one, with further assessment in year two.

The first part of this goal has been met with the completion of the data assessment by NMSU SOAR. The findings of the data report have established baseline user data that can be used to quantify the changes in access to specialty or evidence based care providers in Year Two.

NMSU SOAR analyzed data requested from the Behavioral Health Services Division (BHSD) for the following reporting criteria to include specific provider type and specialty but not diagnostic criteria. Requested data for Medicaid & Non-Medicaid claims, and Non-Medicaid - Invoice Based; Service dates for four years for trend data to include calendar years 2013, 2015, 2017 and 2019, and detailed below.

- Aggregate data only - no individual information for clients is requested.
- Number of services and providers in the lists below and number of clients who have used these services during the time period above
- Residence for clients and providers in Dona Ana County localities only
- Provider and client zip codes requested as well
- Client race/ethnicity totals also requested

Specify service and/or drug codes. (CPT,HCPCS, UBREV, DRG, NDC, etc.)

- Residential Treatment Centers for Youth & Adults (SUD) - All codes
- Institutions for Mental Disease - All codes
- Withdrawal Management - All codes
- Crisis Triage Center - All codes
- Partial Hospitalization - CPT S0201
- Opioid Treatment Program - H0001-H0020
- Other Specialized Outpatient Services & SBIRT - H015-G0043
- Other BH Evaluation & Therapy - G0176-T1001
- Psychological Testing - All codes EXCEPT test administration & scoring

Next steps is to share the findings with the new evaluator to develop a mechanism to measure our progress to increase access to specialty providers, and to continue to work with BHSD for further assessment in Year Two. In addition, increasing access to specialty providers will be incorporated into the strategic planning process as a priority item.

3) Work with local and regional behavioral health providers and system of care administrators to develop services and programs that fill service continuum gaps.

LC3 will utilize peer and evidence-informed approaches to provide diverse system solutions in partnership with local and regional behavioral health providers and administrators to minimize service continuum gaps.



The extension of Year One into July is necessary to achieve this goal particularly because the pandemic has, and continues to, diminish providers' capacity, making commitment to new services even more difficult. However, LC3 members continue to explore potential opportunities. In November, an LC3 member presented The Soteria House model at the general meeting which "is a Therapeutic Community Residence for the prevention of hospitalization for individuals experiencing a distressing extreme state, commonly referred to as psychosis." The presentation allowed LC3 members to ask questions about the service, and engage in a robust conversation about the potential of the new service for our community. The LC3 Board also had a discussion regarding the Request for Proposal by the City of Las Cruces for a crisis intervention program. We discussed what role LC3 could play in providing training and technical assistance, and/or as a community partner in general to support and encourage LC3 members to submit a proposal.

The completed data assessment has begun to reveal the gaps in behavioral health services that are needed in our community such as mental health services in schools, increased access to services for our most vulnerable populations particularly in the rural areas of the county, sustain policies that create a more resilient system that can withstand disruption, and develop mechanisms that strengthen collaboration and continuity of care for clients.

The next steps to achieve this goal is to identify the three services during the first quarter of 2021, and have three LC3 agency members commit to providing those services in our strategic planning convening in March.

Barriers

We were relieved to receive an extension to complete Year One objectives and goals because it gives us time to overcome the barriers we have faced this year. As stated in our request for extension, our two primary barriers are the current COVID-19 pandemic environment, and losing our evaluation team in November 2020.

The challenges created by the pandemic in the past year are numerous. The capacity of our LC3 partners has significantly diminished as they have expressed being in "survival mode". They are sharing with us that they are exhausted and experiencing compassion fatigue, and in addition, have also had to deal with staff members who have contracted the virus, which further depletes providers' resources. The pandemic is taking its toll on our providers' behavioral health, and we cannot take this information lightly. In fact, in a recent polling of LC3 members, 26% stated that LC3 should prioritize providing support for members experiencing compassion fatigue. We are trying to meet these needs by building a centralized collaborative system that provides real time information and resources for providers, plus developing trainings as mentioned above in the trainings section. A shift in behavioral health outcomes in our local communities cannot happen without building a solid foundation of invested and well-resourced providers.

The pandemic has also taken away our ability to engage with both LC3 and community members directly and halted in-person convenings. This has especially had a negative impact on engaging with our rural communities who do not have access to the internet or technology, and also with clients who felt more trusting in an in-person setting versus a virtual environment.



Finally, the pandemic will have a significant impact on the ability of LC3 members to commit to providing new services to fill the existing gaps in behavioral health.

In addition, LC3 will need time to find, and transition to, a new evaluator. We will work to secure a new evaluator who can partner with us during the extension period of December 1, 2020 to July 31, 2021. There are two potential evaluators that will be interviewed and selected by the board and LC3 staff. We then need to prepare a contract to retain their services. We hope to have the selection process completed by the end of January 2021.

The extension of time has already proven successful in meeting our goals. November and December have been extremely productive as we continue to outline next steps to meet our objectives, keep building a functional collaborative mechanism that meets the needs of LC3 members, align the collaborative with the Collective Impact Strategy, and search for ways to diversify our funding moving forward. We also ended the year on a high note with a successful event that demonstrated our commitment to work collaboratively, and also the vast support from our community members.

Again, we are grateful for the extension of time which will also allow us to diversify our funding portfolio to sustain the initiative for the next few years, as initially intended. This initiative, and our community's larger vision and commitment to build the Ideal Behavioral Health system fuels us to find a way to continue our work in improving behavioral health systems to reduce stigma and increase access for people across our community. We are committed to this project to the fullest extent and understand the magnitude of the need to continue the crucial work we have started.

Sustainability

The vast array of services that are provided by FYI are developed, implemented, and sustained through a continuous team approach that offers a comprehensive method in the delivery of services that effectively fulfills the specific needs of multi-need participants. FYI will combine staff experience and capability with the strong collaborative partnerships that have been developed over the years with key stakeholders and decision-makers in the areas of mental health advocacy to effectively manage, promote, and maintain LC3's mission.

FYI will work diligently to secure and leverage additional funds to sustain the core components of this initiative at the completion of the grant funding cycle. FYI will build capacity on an on-going basis through new and existing collaborations with key partners, and through a continual effort to diversify funds that are sourced from private, national, and state funders, as well as fundraising campaigns.

Future Plans

A surge in behavioral health is upon us as a result of the global pandemic. According to recent data from Dr. Neal Bowen, Director of New Mexico's Behavioral Health Service Division, New Mexico was expecting a surge in behavioral health services in October 2020, and anticipates a 20% increase of services across the board from therapy to hospitalization. In



addition, during late June, 40% of adults in the United States reported struggling with mental health or substance use as a result of the pandemic. Furthermore, according to a recent study by the World Health Organization (WHO), it is estimated that 20% of suicides worldwide are attributable to unemployment. (Source: [Facebook Event “Town Hall: Behavioral Health Support”](#), Oct. 6, 2020)

LC3’s mission is to build a resilient system for providers and clients to better prepare the system for the next disruption. We are still rebuilding from the 2013 behavioral health devastation in New Mexico, and are now navigating the COVID-19 pandemic disruption. Furthermore, we have the opportunity to expand the same model of change that El Paso’s Behavioral Health Consortium has, but we cannot do so without first having the LC3 infrastructure in place and a solid strategic plan. For success, we need to continue to build a solid foundation to move the mission forward. We have made progress towards all of LC3’s goals, but more time is needed to fully accomplish the goals in a meaningful way that will move the initiative forward. In addition, we will need more time to find and transition to a new evaluator to work with the Collaborative. More time is also necessary to continue to develop LC3’s operating infrastructure. LC3 members have formed four committees to further meet the initiative goals and to strengthen partnerships. In August, the following committees were formed: Policy & Advocacy, Strategic Planning, Training and Technical Assistance, and Communications and Board Development. These committees consist of a chair or two co-chairs, and LC3 members who take a particular interest in further developing these areas of the initiative. The committees will continue to work together to plan the next 8 months of the LC3 initiative.

The outputs that will set us up for success in this extension from December 1, 2020 to July 31, 2021 that will bridge Year 1 to Year 2 include, but are not limited to, the following:

1. People - Develop a sustainable process of working together that includes the State BHSD and people at the grassroots level, in a way that benefits both private practitioners and large agencies. For LC3 to succeed, it must be inclusive and cognizant of the needs of all partners who invest their time and make a long-term commitment to building a better behavioral health system.

- a. Hire a new evaluator for LC3 to supplement the data assessment if necessary, assist with the strategic planning process, and develop a plan to measure our progress.
- b. Build a larger presence in the community and raise awareness about LC3, and invite more community members and clients to the table.
- c. Provide more support for providers overwhelmed by compassion fatigue.
- d. Provide professional development for the LC3 Board of Directors.
- e. Continue to understand how the different Collective Impact initiatives and collaboratives in other social determinants of health intersect with LC3, and develop pathways to work collectively to shift behavioral health outcomes in Doña Ana County.
- f. Strengthen working relationships between the LC3 Committees and our partners in Training and Technical Assistance, BHSD, and our new evaluator.



2. **Plan** - Develop a solid strategic plan based on the comprehensive data assessment of the existing behavioral health infrastructure in Doña Ana County.

- a. The new evaluator and the Strategic Planning Committee can analyze the data assessment provided by NMSU SOAR to better understand the gaps in the behavioral health system and plan next steps.
- b. Hire a national consultant from the Tamarack Institute to assist in planning the strategic planning process, and work together with the LC3 staff, board, and the Strategic Planning Committee. LC3 staff has developed a timeline and deliverables for the extension of Year One.

3. **Structure** - Continue to build LC3's operational infrastructure that connects the State's Behavioral Health Division to our local communities, and is driven by the LC3 Collaborative's public-private partnership.

- a. Finish developing a highly trained and functional Collective Impact network.
- b. Develop a centralized and sustainable communication process for providers to facilitate strengthening their partnership and working collaboratively.
- c. Build mechanisms that equip LC3 to fully function such as a website, an organizational chart, and purpose and mission statements for each structural entity such as the Board of directors and LC3 Committees.
- d. Reframe our purpose to appeal to the general public.
- e. Diversify our funding portfolio for sustainability.