



**Presentation to LHHS: BH Collaborative Strategic Plan
FY2015 - FY2017
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Strengthening NM's Behavioral Health Service Delivery System

New Mexico's behavioral health service delivery system cannot sufficiently make necessary quality gains while continually being overstressed by the demands associated with complex regulations, inflexible financial incentives, and an inadequate workforce

Strategic Planning Process

- ▶ Planning Session held July 30, 2015
- ▶ Diverse group of stakeholders included:
 - Senior managers from BH Collaborative agencies
 - Two cabinet secretaries (Indian Affairs and Veteran Services)
 - Three deputy secretaries (HSD, PED, CYFD)
 - County Commissioners
 - Behavioral Health Planning Council
 - Local Collaboratives
 - MCOs
 - Behavioral Health Providers Association
 - Other BH professional associations
 - UNM partners
 - Peers and family members
 - Legislative Finance Committee
 - Association of Counties

Initial Steps

- ▶ December 2015 – draft report completed
- ▶ January 2016 – final plan adopted by BH Collaborative
- ▶ Work groups formed & goals identified in three areas:
 - Finance
 - Regulations
 - Workforce
- ▶ Executive Team involving BHSD, MAD CYFD
 - Meets bi-monthly to monitor implementation

Finance Goals

- I. To increase the productivity, efficiency, & effectiveness of NM's current behavioral health delivery system.
- II. To implement a value-based purchasing (VBP) system that supports integrated care & reinforces better health outcomes.
- III. To identify, develop, & promote implementation of effective strategies for state, counties, & municipalities to work together to fund the provision of better BH care, especially for high utilizers.

Accomplishments – Finance

- ▶ **Strengthening Sustainability of Services:**
 - Medicaid Rule Change to be promulgated in Summer, 2017 to streamline service & staffing requirements
 - Comprehensive Community Support Service (CCSS) will no longer require certification
 - Peer Support Services to be delivered individually, not only to groups
 - Assertive Community Treatment (ACT) can now be managed by Nurse Practitioners & Prescribing Psychologists
 - Intensive Outpatient Program (IOP) for substance use disorders – certification process simplified
 - Training & TA for peers in CCSS & supervision of Certified Peer Support Workers
 - Reimbursing nursing services in BH settings

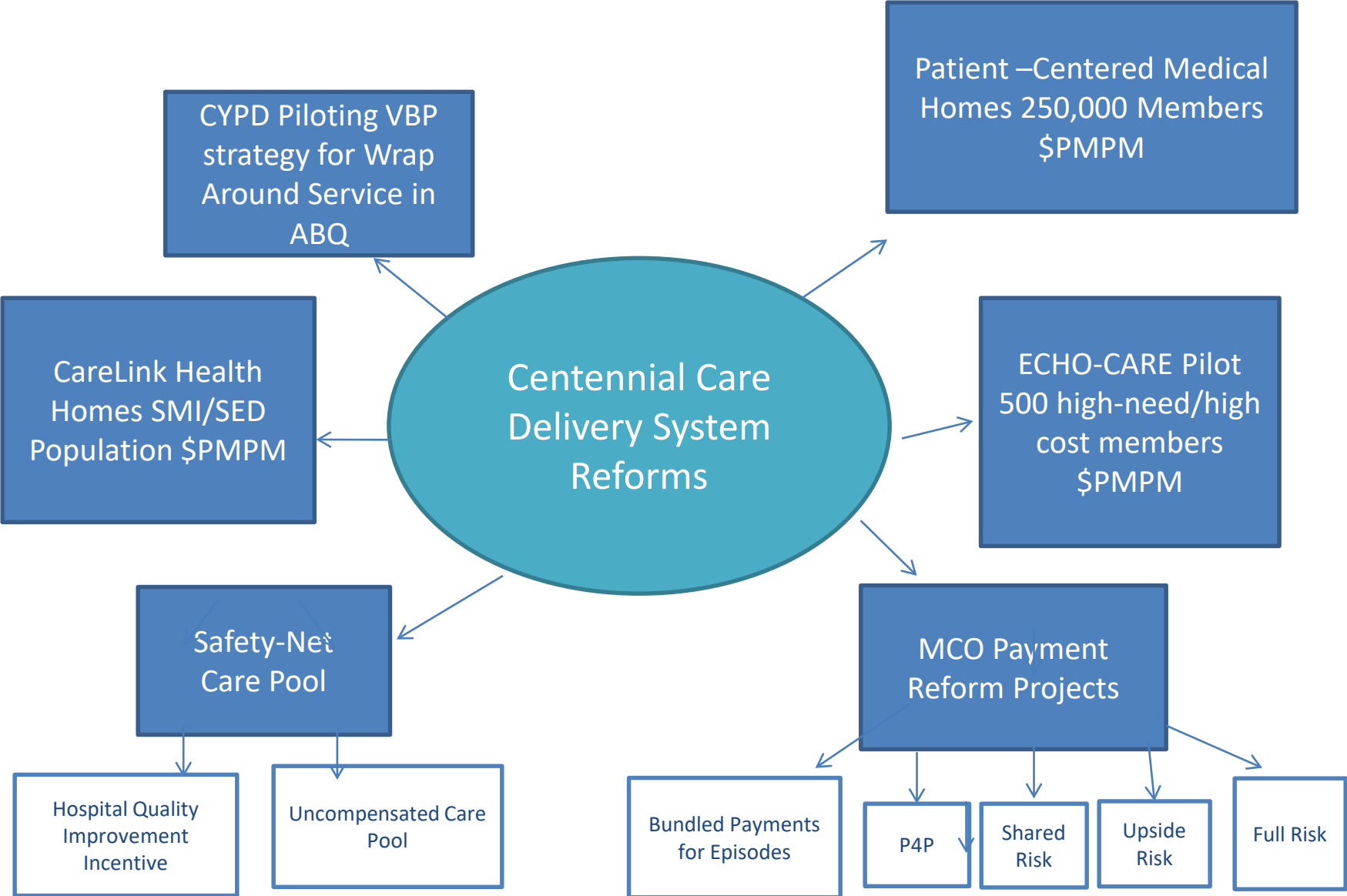
Accomplishments – Finance

- ▶ **Implementing Evidence–Based Practices:**
 - Wrap Around
 - Infant Mental Health
 - Multi–Systemic Therapy
 - Dialectical Behavioral Therapy
 - Assertive Community Treatment
 - PAX Good Behavior Games (GBG)
- ▶ **Implementing Innovations:**
 - Integrated Quality Services Review
 - CareLink NM (BH Health Homes)
 - Treat First
 - Opioid State Targeted Response

Value-Based Purchasing



Pathways to Value-Based Purchasing



Accomplishments – Finance

- ▶ Supporting EMR Infrastructure Development:
 - Emergency Department Information Exchange (EDIE) implementation in hospitals statewide & paid by MCOs
 - CareLink NM provides capitated payments for 6 health promotion services in selected CMCH's & FQHC's
- ▶ Partnering with Counties & Municipalities to fund better provision of behavioral health services:
 - January, 2017 Association of Counties Conference showcased BH innovations in the counties of McKinley, Rio Arriba, Bernalillo, & Dona Ana
 - Program is set for AOC's June Conference and focuses on opioid crisis & harm reduction

Accomplishments – Finance

- Developed and funded two BH Investment Zones
 - Rio Arriba County has implemented county-wide Pathways care coordination system
 - McKinley County has renovated the Gallup Detox Center & converted old hospital into a Residential Treatment Center (RTC) for substance use disorders
- Bernalillo County approved over \$16 million levy to fund expanded BH services
 - BHSD staff have received Certificates of Appreciation for participating in the 4 ABCGC subcommittees

Regulations Goals

- I. To identify, align, and eliminate inconsistencies in BH statutes, regulations, data, and policies in order to allow for a more effective and efficient operation of the publicly funded service delivery system.
- II. Increase the adoption of person-centered interventions.

Accomplishments – Regulations

- ▶ MMIS Replacement Project (MMISR) FY19;
 - Progress on six-module RFPs:
 - Proposals submitted: Data System & Integration Platform
 - 2 RFP's in review stage: Financial Services & Quality Assurance
 - 2 RFP's under development: Population Health Management & Unified Public Interface
- ▶ DOH, CYFD, & BHSD collaborating on joint licensing standards for Crisis Triage Centers
- ▶ Treat First in 13 provider organizations in 18 communities
 - In 15 months, 2,600 clients served
 - “No Show” rate is only 17.7% (compared to previous range of 20–45%)

Accomplishments – Regulations

- ▶ There have been no regulations governing adult Residential Treatment Centers (RTC)
 - BHSD will recognize “deemed status” for Adult RTCs if nationally accredited
- ▶ Current challenges: consolidating provider audit processes
 - NCQA Accreditation requirements for MCOs impact the potential for common provider credentialing & audits
 - Contractual language on standard credentialing deferred for upcoming 1115 waiver application & procurement cycle

Workforce Goals

- I. Support the development of BH practitioners.
- II. Build a more multidisciplinary and competent BH workforce.
- III. Promote the future of excellence in the BH workforce and prepare for integrated care.
- IV. Improve the public image of BH professions, raise awareness of its impact of the population, and promote the effectiveness of the service delivery system.

Accomplishments – Workforce

- ▶ **Supporting BH Interns**
 - PED establishing a web-based clearinghouse for internship opportunities
 - BH Workforce Subcommittee has reviewed other states & provided recommendations to the NM Health Care Workforce Committee
- ▶ **Reciprocity**
 - Each of the professional boards is undertaking steps toward reciprocity through rule changes
- ▶ **Building a more competent, multidisciplinary workforce**
 - Promoting cross-disciplinary supervision

Accomplishments – Workforce

- A BH Clinical Practice Guide has been developed & presentations will be given to senior classes at all major universities
- Job opportunities on the NM Network of Care Job Bank
- Presented workforce booths at the National Council on Behavioral Health, the National Association of Social Workers, NM Counseling Association Conference and the NASW–NM Conference
- A NM Behavioral Health Workforce Development Summit is planned for Fall, 2017 bringing together disciplines in academia and BH & primary care practitioners

Accomplishments – Workforce

- A gap analysis conducted to determine EHR usage across BH providers
- Consortium for BH Training & Research at UNM implementing tele-supervision statewide for Social Workers pending independent licensure
- *Pay It Forward* campaign to identify certified practitioners willing to volunteer as Supervisors
- Clinical Supervision Certification established which expands ability to reimburse for services provided by non-independently licensed therapists
- CMS approved State Plan Amendment for Community-Based Psychiatric Residency Program in Dona Ana County
- BH Collaborative submitting an MOU to NM Credentialing Board for BH Professionals – for a credential on behalf of CYFD & BHSD for family support specialists

For More Information

- ▶ Implementation results will be posted in July:
<http://newmexico.networkofcare.org/mh/>
- ▶ Implementation results will be presented to BH Collaborative on July 13, 2017
- ▶ Questions:
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