Behavioral Health Collaborative

Experts recommend expanding behavioral health outcome measures beyond traditional clinical outcomes focused on symptoms to areas such as quality of life, housing, and economic stability, as well as personal empowerment and engagement in care and community.

In June 2016, the leading peer-reviewed journal, *Health Affairs,* reported there is little evidence the quality of behavioral health care in the U.S. improved in the last ten years. In New Mexico, limited resources, dispersed rural communities, and chronic lapses in infrastructure and capacity building have resulted in mental health and substance abuse problems lagging below the lackluster national performance.

Further, *Health Affairs* indicated the level of performance and the rate of improvement of Healthcare Effectiveness Data and Information Set (HEDIS) measures for behavioral health are only mediocre. Among commercial plans, average HEDIS performance on four behavioral health measures reported in 2014 was 48 percent, compared to an average of 72 percent for physical health measures such as measures assessing cardiovascular and diabetes management, indicating that on average, people with mental health or substance use needs get recommended care less than half the time.

Health Affairs reports, from 2001 to 2013 the number of practicing psychiatrists in the U.S. declined 10.2 percent. Limited access to psychiatrists may be a contributor to the underuse of mental health services.

In New Mexico, recommended treatment occurs even less frequently, with follow-up appointments at seven and 30 days occurring less than 50 percent of the time, which could be somewhat understated due to delays in claims for follow-up appointments. HSD is working with managed care organizations to improve discharge planning and follow-up coordination.

The Behavioral Health Network of Care is operating as the official website for the Behavioral Health Collaborative. This portal can be accessed at: http://www.newmexico.networkofcare.org/mh/

HSD reports a 5.7 percent increase in the total number of people receiving behavioral health services from calendar year 2014 to calendar year 2015. Centennial Care (Medicaid managed care) experienced a 14.2 percent increase; Medicaid fee-for-service showed an 8.8 percent increase. The department reports a 32 percent drop in the number of clients receiving non-Medicaid services through the Behavioral Health Services Division, primarily due to increased Medicaid coverage for clients previously receiving state-funded services. Data for FY16 quarter three are not yet available and information for FY15 may be slightly underreported since HSD reports the data is on a calendar year basis.

For 2018, HSD is proposing a new behavioral health HEDIS measure to track follow up visits for people admitted to the emergency department with a principal diagnosis of alcohol or other drug dependence.

		FY15 Actual	FY16 Target	Q1	Q2	Q3	Rating
1	Readmissions to the same level of care or higher for children or youth discharged from behavioral health residential treatment centers and inpatient care	8.2%	5.0%	6.1%	5.8%	5.6%	Y
2	People with a diagnosis of alcohol or drug dependency who initiated treatment and received two or more additional services within 30 days of the initial visit (semiannual)	19%	35%		14.5%		Y
3	Individuals discharged from inpatient facilities who receive follow-up services at seven days	33.0%	45%	31.4%	31.2%	29.6%	R
4	Individuals discharged from inpatient facilities who receive follow-up services at 30 days	49.3%	65%	52.5%	50.7%	47.3%	R
5	Youth on probation served by the statewide entity	64.4%	54%	Annual	Annual	Annual	

NEW MEXICO LEGISLATIVE FINANCE COMMITTEE

PERFORMANCE REPORT CARD
Behavioral Health Collaborative
Third Quarter, Fiscal Year 2016

6	Suicides among fifteen to nineteen year olds served by the statewide entity	2	2	0	0	0	G
7	Individuals served annually in substance abuse and/or mental health programs administered through the Behavioral Health Collaborative, Centennial care and Medicaid fee-for-service programs (in thousands)	153	110	133	154		G
8	Adults with mental illness and/or substance abuse disorders receiving services who report satisfaction with staff's assistance with their housing need	61.5%	75%	Annual	Annual	Annual	
9	Increase in the number of persons served through telehealth in the rural and frontier counties (quarter results are not cumulative)	2,699	1,500	1,435	1,647	1,355	G
Program Rating		Y					Y

House Bill 212 from the 2015 Regular Session required medical assistance reimbursement for crisis triage center services. These centers are health facilities where police can drop off individuals in psychiatric crisis to receive appropriate care. HSD and DOH are drafting rules for both facility licensing and program reimbursement; HB212 indicates the rules should be adopted and promulgated by July 2016.

Looking forward, *Health Affairs* points out that healthcare reform, parity of insurance coverage, and increased understanding of how behavioral health impacts population health and health care costs has created new demands and opportunities for assessing quality of mental health care. The authors stress the importance of expanding outcome measurement (specifically, moving beyond clinical outcomes to incorporate quality of life, housing and economic stability), as well as the need for improved measures addressing structural approaches (including accreditation or recognition programs such as patient-centered medical homes), integrated care, psychosocial interventions, and substance abuse disorders.

Only five of the 651 measures endorsed by the National Quality Forum are related to substance abuse.

In July, 2016, the New Mexico Behavioral Health Collaborative voted to approve its strategic plan drafted in January 2016. The 18-month strategic plan focuses on addressing structural roadblocks to improving care such as identifying inconsistencies in behavioral health statutes, regulations and policies; increasing the productivity and effectiveness of the current provider network, and finding ways to support and attract new behavioral health practitioners to the state. An example of an important structural element is medical health homes, an optional Medicaid benefit for states to coordinate care for people with chronic conditions. After a delay in implementation, in early 2016 two health homes were approved in the counties of San Juan and Curry. The homes have currently enrolled about 300 members and are intended to provide integrated health care for beneficiaries with a primary condition of serious mental illness or severe emotional disturbance.

The Substance Abuse and Mental Health Services Administration (SAMHSA) selected NM as one of 10 sites for a federal FY16 combined Community Mental Health Services Block Grant and Substance Abuse Prevention and Treatment Block Grant. The purpose is to assess New Mexico's compliance with the authorizing legislation and implementing regulations governing the block grants, as well as SAMHSA's statutory fiscal and financial management policy.

In a June 2016 letter to HSD, the Legislative Finance Committee and the Legislative Health and Human Services Committee requested a more detailed assessment of the gaps in the state's behavioral health system and how they will be addressed. Committee members also requested additional detailed information regarding types of services provided, locations served, and expenditure information.