NAMI
The Nation's Voice on Mental Illness

BEHAVIORAL HEALTH SERVICES SUBCOMMITTEE of the LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

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Who Is NAMI

- the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness and improving their lives. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raising awareness and building a community of hope for all of those in need.

Why are we here

- NM is about to embark on a new service delivery “redesign”
- It is the 4th “transition” in 13 years
- Each “transition” has an impact on the individual accessing care

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Cost of Transition

- Each transition has been costly to NM by placing expensive administrative burdens on service delivery
  - ❖ Administrative Oversight
  - ❖ Operational Expenses
- Each transition causes confusion to those seeking services and decreases direct care funding

Behavioral Health in New Mexico

- Managed Care In New Mexico
- Local Regional Models
- Gap Analysis
- Carved Out Behavioral Health Dollars – Single Entity Model
- Centennial Care
  - Carve In

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Gap Analysis

- Fragmented System of Care
- Not enough dollars to do what needed to be done
- Become more efficient with minimal dollars
- Carve out the dollars
- Contract with one single entity
- Promote Collaboration
- Streamline the system; effective, efficient

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Managed Care

- **More consumer choice**
- **Benefit Packages**
- **Higher levels of care were available**
- **Regional Presence**
- Layers of Administration
- Lack of Data
- Knowledge in managing Behavioral Health services
- Money for Behavioral Health services was not adequete

Carved Out Single Enitity Model

- Established one State Oversight
- Established Local Collaborative (s) and Behavioral Health Planning Council
- Manage behavioral health dollars under one State Management Contract/MCO
- Improved communication around behavioral health services
- Streamline claims

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Single Entity

- Unable to Pay Claims accurately in a timely basis
- Accountability
- Reduction in services
- Lack of Stakeholder Communication
- Transparency

Regional Care Coordination Model

- **Local; Culturally Competent**
- **Reduced fragmentation**
- **Quality Oversight**
- **Shared policy and communication with DOH**
- Not inclusive of other providers
- Lack of infrastructure to manage system of care

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Reduction in higher levels of Care

- Reductions did not include community and stakeholder input about impact to NM
  - In-State facilities closed
  - Community-based services were slow at getting implemented
  - Hospitals closed psychiatric units
  - Step-down programs non existent
  - Social Detox services disappeared

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State Policy Decisions

- Elimination of CM did not include community and stakeholder input about impact to NM
  - Coordination of care integral to the Mentally Ill.
- Comprehensive Community Support Services only served a distinct population
- Assistance for accessing housing; employment; physical care.

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State Policy Decisions

- Systems design did not include community and stakeholder input about impact to NM
  - Core Service Agency vs. Non-Core Service Agency
  - Design did not promote collaboration among provider network
- Lack of funding, accountability and direction for successful implementation
- Lack of transparency

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State Policy Decisions

- Preparation for Accountable Care Act.
  - Integration models have not included community and stakeholder input about impact to NM
  - Primary Care and Behavioral Health Networks have not been brought together to establish a true integration of care
- Confusion about Health Homes versus Patient Centered Medical Home

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State Policy Decisions

- Lack of accountability:
  - Transition does not nurture a culture of accountability
- Standards of practice not established and monitored for compliance and quality
- Inform recipients of care
  - Explanation of benefits
- Inability of the State to establish a legal, binding, clear contract

What do we need

- Assurance that promises made by MCO are delivered
  - Mobile Crisis Response
  - Increased Psychiatric Services
- Consumer/family inclusion in care decisions and systems design before implementation
- Accurate claims payment systems

What do we need

- Work within a systems improvement model and stay with it
- Services to Native Americans and rural communities are in place
- Protection of Behavioral Health Dollars
- Loss of providers and services
- Lack of beneficiary and community education

NAMI's Concerns

- Centennial Care RFP only mentions Behavioral Health 2 times.
- Centennial Care RFP does not identify the difference between behavioral health and physical health
- Inclusion of Stakeholders in systems design BEFORE it is implemented and ongoing service delivery. This includes family members, judges, schools, employers, housing.

Concerns cont.

- Accountability: State must provide data to support policy decisions about systems design. MCO's need to be held accountable for compliance with contract; Providers must be held accountable for quality of care and sound business practices.
- Detailed, Enforceable Contracts: Assure that promises made in the RFP are implemented as promised.
- Be attentive to the need for young people to easily reach you to get assistance. Once a young person is 18 they have to make the outreach call themselves to get services. This can be very difficult to do. Figure out a way for a family member to be able to help them in this process.

Concerns continued

- Assure that the system is the same across all health plans and that everyone has the same access to the same services.
- Assure that all MCO's and Providers Coordinate with competitors.
- Increase the available services, build the system of care.

Concerns continued

- Do a good job of linking mental health and physical health providers. Co-locate, bring professionals to the people.
- Increase care in rural areas. Don’t rely solely on tele-health, though there is understanding of how this expands resources. We still need to enhance the physical presence of providers where we can.
- Build the system from the bottom up by focusing on the question “What happens to me…?”

Build a Quality Framework

- Promote the most effective prevention, treatment and recovery practices for behavioral health disorders
- Assure behavioral health care is person- and family-centered
- Encourage effective coordination within behavioral health care, and between behavioral health care and other health care and social support services
- Assist communities to utilize best practices to enable healthy living
- Make behavioral health care safer by reducing harm caused in the delivery of care
- Foster affordable high quality behavioral health care for individuals, families, employers, and governments by developing and advancing new delivery models

**SAMSHA Priorities

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THANK YOU FOR YOUR TIME AND OPPORTUNITY