

New Mexico Behavioral Health Collaborative



Brent Earnest— Co-Chair · Monique Jacobson — Co-Chair
Wayne Lindstrom—CEO

PO Box 2348, Santa Fe NM 87504
505.476.9266 Phone
505.476.9272 Fax

2015 Behavioral Health Collaborative Initiatives

1. Strategic Plan

A two year strategic planning initiative is planned for July 30, 2015 and will focus on three critical domains: Regulations, Finance, and Workforce. The Strategic Plan is intended to strengthen the sustainability of the publicly-funded behavioral health service system. These three domains have been consistently cited by various reports, workgroups, advisory bodies, and advocacy groups as critical to system improvement.

Each of the next three BH Collaborative quarterly meetings will also be devoted to these same three foci. The next meeting on July 9th will center on Finance and Dale Jarvis, CPA will conduct a two hour presentation on prospective payment methodologies and tying them to performance measurement.

2. Major Service Transitions

Turquoise Health and Wellness ceased providing BH services in NM effective March 31, 2015 and La Frontera (LF) subsequently announced terminating its NM operations to be effective May 31, 2015. Since LF's termination announcement, its various service area transitions have been staggered so that Otero and Lincoln Counties were scheduled for June 30th and Dona Ana County for July 31st. These two large BH provider organizations, originally from AZ, assumed services in 2013 following the referral of 15 BH providers to the AG for allegations of waste, fraud, and abuse.

Through the collaboration of the MCOs, state, county, and city government, each of the impacted communities across 14 NM counties have had BH services transitioned to an established provider in the community. In most instances, services have been assumed by a Federally Qualified Health Center (FQHC). Since FQHCs receive an enhanced payment rate and offer primary care integration, this is anticipated to strengthen the BH system.

3. Quality Service Review Case Formulation and Clinical Documentation Training

This training is being provided to the new "transitioning providers" by BHSD. This training is intended to prepare the transitional providers for appropriate treatment planning and clinical documentation for those being served with SED/SMI conditions.

4. UNM Consortium for BH Training and Research: Workshops on BH Clinical Practice

These are free educational workshops for providers planning on expanding behavioral services into their current practices. These NM-specific presentations are designed to promote successful practice while integrating BH into an array of health care services. The full-day workshops are convened onsite and include a morning session of essential information on current best practices

5. in BH. The afternoon sessions consist of a choice of three workshops from a menu of options that best meet an organization's goals and needs. These workshops can be tailored towards administrators and supervisors, clinicians and/ or front line staff. Continuing education credits are offered. Thus far, 300 personnel at La Clinica de Familia in Las Cruces have been trained.

6. Core Service Agency (CSA) Early Warning System

In conjunction with the MCOs, and with the assistance of the BH consulting firm, Parker Dennison which is under active engagement with PHP, the MCOs and Optum Health are collaborating with HSD in monitoring CSA financial performance. A reporting template is provided on a monthly basis to each CSA that reflects financial performance for the previous month. A monthly telephonic check-in meeting following receipt of these reports is scheduled if necessary to address any questions or concerns. Additional actions, such as technical assistance or a corrective plan of action, are implemented as appropriate.

7. Crisis Triage and Stabilization Centers

Established by HB 212, a Crisis Triage and Stabilization Center is a health facility that is licensed by DOH, is not physically part of an inpatient hospital or included in a hospital's license; and provides stabilization of behavioral health crises, including short-term residential stabilization. The enabling legislation calls for HSD to establish a reimbursement structure for this new Level of Care (LOC) and provides \$2.5 million towards their implementation. This is a LOC that has been missing in NM's BH service system and was recommended for establishment by the House Joint Memorial 17 Task Force. Currently HSD is consulting with CMS on adding this service to the Medicaid benefit and is in the process of forming a work group with DOH and CYFD to begin the process of promulgating licensing rules for this LOC.

8. Behavioral Health Investment Zones

HB 108 stipulated that the BH Collaborative would divide the state into geographically designated investment zones for non-Medicaid BH services no later than July 1, 2016. While HB 108 was vetoed, the Governor retained the \$1 million allocation for the establishment of BH Investment Zones. DOH is currently compiling the epidemiological data and other source data that identifies the communities in NM with the highest levels of combined incidence of mortality related to alcohol use, drug overdose and suicide and any other data deemed necessary to establish and prioritize BH Investment Zones. Once identified, BHSD will work with the communities to put together a plan that will best address the needs in one or two of the highest priority zones.

9. New Mexico Crisis and Access Line (NMCAL)

The Scope of Work for ProtoCall, the contractor that manages NMCAL, has been expanded to include the following:

a. Peer-to-Peer Warm Line

This service will be provided by Certified Peer Support Workers, operating alongside and in close coordination with, the existing professional staff of NMCAL. The Warm line was identified as a need by the House Joint Memorial 17 Task Force and will provide telephonic

support to BH consumers and families. The Warm Line is under development with a soft launch planned for August 3, 2015.

b. Coordinated After-Hours Crisis Access Program

This program is designed for Core Service Agencies and non-CSA Providers. What had existed as an unfunded mandate of individual CSAs, is now a statewide service provider option in collaboration with ProtoCall under its NMCAL contract. This enhanced capacity allows for a reduction in administrative cost and burden while increasing consumer access to an optional single statewide streamlined process for after-hours telephonic crisis response.

c. Public Awareness Campaign

A statewide campaign is under development to make New Mexicans aware of NMCAL and thereby increase its statewide utilization with the intent of averting suicides and other BH crises.

10. Network of Care (NOC)

The Network of Care was specifically recommended to all states and counties by the President Bush's New Freedom Commission on Mental Health. This unique and successful program has served tens of millions of consumers during the past decade and its BH web portal is being customized to become the website for the BH Collaborative and launch is anticipated in July, 2015. The Department of Veterans Services is also working on its own customized web portal.

Key features of NOC include a BH Learning Center which is designed to educate, inform, and provide access to the most relevant BH information available; a user-friendly client interface that enables NOC partners to easily display local content throughout the site; an advanced Social Networking platform which is designed to promote collaboration and coordination across diverse groups; and a HIPAA- and HL7-compliant, Personal Health Record which stores valuable medical and legal information and documents.

11. Supportive Housing

a. Project Rental Assistance (PRA)

Mortgage Finance Authority (MFA) has been awarded \$2,278,447 to assist state housing agencies to expand the supply of integrated Permanent Supportive Housing (PSH) opportunities consistent with the U.S. Supreme Court's Olmstead decision, the Americans with Disabilities Act, and best practice PSH models, while leveraging mainstream affordable housing, Medicaid, and other community-based support service resources for people with long term disabilities.

b. Social Innovation Fund Pay for Success

HSD is one of six sub-grantees selected through an award from the Corporation for National and Community Service. Technical Assistance under the Social Innovation Fund Pay for Success initiative is designed to support cities, states, and nonprofit organizations working to create and evaluate innovative ways to finance high quality, effective supportive housing interventions producing measurable outcomes for individuals and communities.

c. H2 Action Planning Session has been convened as part of HUD's H2 Initiative Technical Assistance series which was awarded to the NM Coalition to End Homeless and the City of

ABQ and is aimed at developing an action plan to leverage Medicaid resources to increase supportive housing opportunities.

d. Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-States)

This grant application has been submitted. The purpose of this program is to enhance or develop the infrastructure of states and their treatment service systems to increase capacity and provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services, permanent supportive housing, peer supports, and other recovery support services.

e. Transitional and Supportive Housing Programs

Legislation was passed in the 2015 Session to support efforts to end homelessness, including a general fund appropriation to BHSD that includes \$650,000 for transitional and supportive housing programs.

f. Housing Supports, Health, and Recovery for Homeless Individuals (HHRHI)

This federal grant of \$5.4 million over 3 years will enhance the infrastructure of New Mexico's (NM) behavioral health service system to increase capacity and provide accessible, effective, comprehensive, coordinated and sustainable services to 450 individuals (150 per year) who experience chronic homelessness and have substance use disorders (SUDs) and/or serious mental illnesses (SMIs), in three counties: Bernalillo, Doña Ana and Santa Fe.

12. Certified Community Behavioral Health Clinics (CCBHC)

The Substance Abuse and Mental Health Services Division (SAMHSA) intends to select up to twenty (25) states as recipients of the planning grant funds of up to \$2 million for one year; eight (8) of these planning grant recipients will be selected as demonstration states. BHSD is applying for one of these planning grant awards which are expected to be announced in September, with planning grants beginning in October, 2015. The demonstration grant application will be due October 31, 2016 and the demonstration period will be for 2 years.

The CCBHCs represent an opportunity for NM to improve the BH of citizens by providing community-based mental health and substance use disorder treatment, to advance to the next stage of integration with physical health care, to assimilate and utilize evidence-based practices on a more consistent basis, and to provide improved access to high quality services. While CCBHCs are to provide services to all who seek help, it is anticipated that the CCBHCs will prove particularly valuable for individuals with serious mental illness (SMI), children and adolescents with serious emotional disturbance (SED) and those with co-occurring mental health, substance use and/or physical health disorders. Those who are most in need of coordinated, integrated quality care will receive it from CCBHCs. It is expected that CCBHCs will offer care that is person-centered and family-centered, trauma-informed, and recovery oriented and that the integration of physical and behavioral health care will serve the "whole person."

13. Partnership for Success Grant

BHSD's Office of Substance Abuse Prevention (OSAP) has been awarded this SAMHSA grant of \$1.6 annually for 5 years (\$8 million total) to address underage drinking and youth prescription drug abuse. The counties receiving funding through the new grant are Chaves, Cibola, Curry, and

Roosevelt Counties. These counties were selected using a data-driven analysis of risk factors and need, including youth use of alcohol and prescription drugs. Each county's coalition will undergo a rigorous needs assessment, capacity building, and planning process to ensure that prevention strategies implemented through the new grant are successful in reducing underage drinking in their communities; and in addition, this grant will significantly expand the six university and college programs that BHSD has been funding.

14. National Strategy for Suicide Prevention (NSSP)

This \$1.47 million, 3 year grant award continues to move forward. Three pilot sites have been launched in three regions: Curry, Dona Ana, and Bernalillo Counties. Each site participated in training conducted by UNM and have begun to inventory and build on existing community systems and practices. The aim is to develop networks in that include primary care physicians, emergency departments, behavioral health providers, justice services, and others to implement measures that are most effective in reducing, and eliminating suicide rates among working-age adults between the ages of 25 -64.

15. Dose of Reality Campaign

This research-based statewide campaign has been launched statewide by BHSD's Office of Substance Abuse Prevention to raise awareness and to educate teens and their parents about the serious risks for addiction and overdose from prescription painkiller abuse.

16. Applied Behavioral Analysis (ABA)

The Applied Behavior Analysis (ABA) rule (8.321 Section 10 NMAC) for Centennial Care members identified with or at risk of developing Autism Spectrum Disorder (ASD) was revised in early 2015 and rule changes became effective on May 1, 2015. The three stage service is currently being delivered by six MAD approved provisional providers and an autism consultant has been retained by BHSD to create opportunities to expand the provider network and to engage in care coordination with complex cases with the respective MCOs.

An Autism Workgroup with representatives from the four MCOs and State Agencies (i.e., MAD BHSD, DOH-DDSD, and CYFD) meet weekly to develop the needed prior authorization forms and level of care guidelines. Training on the ABA service for MCO care coordination staff occurred on Monday, June 29th and on ABA service and billing for MCO billing and provider staff on July 7th.

17. Cognitive Enhancement Therapy (CET)

CET is a cognitive rehabilitation training program for adults with chronic or early-course schizophrenia or schizoaffective disorder who are stabilized and maintained on antipsychotic medication and not abusing substances. CET is evidence-based and is designed to provide cognitive training to participants to help them improve impairments related to neuro-cognition, cognitive style, social cognition, and social adjustment, which characterize these mental disorders and limit functional recovery and adjustment to community living. Three NM providers are currently being trained in this methodology: Guidance Center of Lea County, Presbyterian Medical Services, UNM, and Life Link.

18. Community Engagement Teams (CET)

The purpose of the Community Engagement Team is to utilize community outreach to engage and link a person with a serious mental disorder or illness who is unlikely to live safely in the community to voluntary treatment and other services; to reduce the rate of intervention by law enforcement, involuntary hospitalization or incarceration through early outreach to prevent or lessen the mental deterioration of persons with a serious mental disorder or illness who are unlikely to live safely in the community; and to lessen the duration and severity of a mental disorder or illness of persons with a serious mental disorder or illness that are unlikely to live safely in the community through early detection and targeted intervention. Guidelines for the operation of these Teams have been developed in collaboration with the Bernalillo Mental Health task Force and will be on the agenda for adoption by the BH Collaborative at its July 9, 2015 quarterly meeting.

19. Administrative Improvement Projects

a. Critical Incident Reporting (CIR) Workgroup

The products of this workgroup have resulted in the release of a Letter of Direction to the MCOs and the distribution of a Behavioral Health Critical Incident Reporting Protocol that includes a single form for reporting, as well as, directions on an alternative online option using the HSD web-portal. There is a subgroup that is finalizing the details of Critical Incident training which will include a calendar of trainings and webinars.

b. Administrative Burden Reduction Workgroup

Several areas of work have been completed including the finalizing of the common Prior Authorization and Disclosure form to be uniform across all MCO's; updating of Level of Care Guidelines; and using CAQH as the common provider credentialing by all of the MCO's.

c. Clinical Policy Group

Finalized a new SED/SMI Checklist Criteria for review and approval by the BH Collaborative. This version eliminates the GAF score requirement, includes personality disorders, and is streamlined to better utilize the DSM V and its reference its criteria.

d. Medicaid BH Workgroup

In order to expand workforce and access to services, a Clinical Supervision Policy is being finalized to allow for qualifying provider organizations to bill for services rendered by non-independently licensed (NILs) clinicians. The policy is in final draft while the relevant rules are promulgated, NILs are enrolled as Medicaid Providers, and any relevant supplements are issued.