



# BEHAVIORAL HEALTH UPDATE

9/26/2022

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# BEFORE WE START...

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the first peoples of what today is known as the State of New Mexico, including its Pueblos, Tribes, and Nations past and present.

With gratitude we pay our respects to these communities and their homeland.



Evening drive through Corrales, NM in October 2021.  
By HSD Employee, Marisa Vigil





# MISSION

*To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.*

## GOALS



### We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.



### We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.



### We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.



### We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

# STATE OF BH SYSTEM OF CARE

- 214,951 New Mexicans received publicly funded BH care in the most recent 12 month period

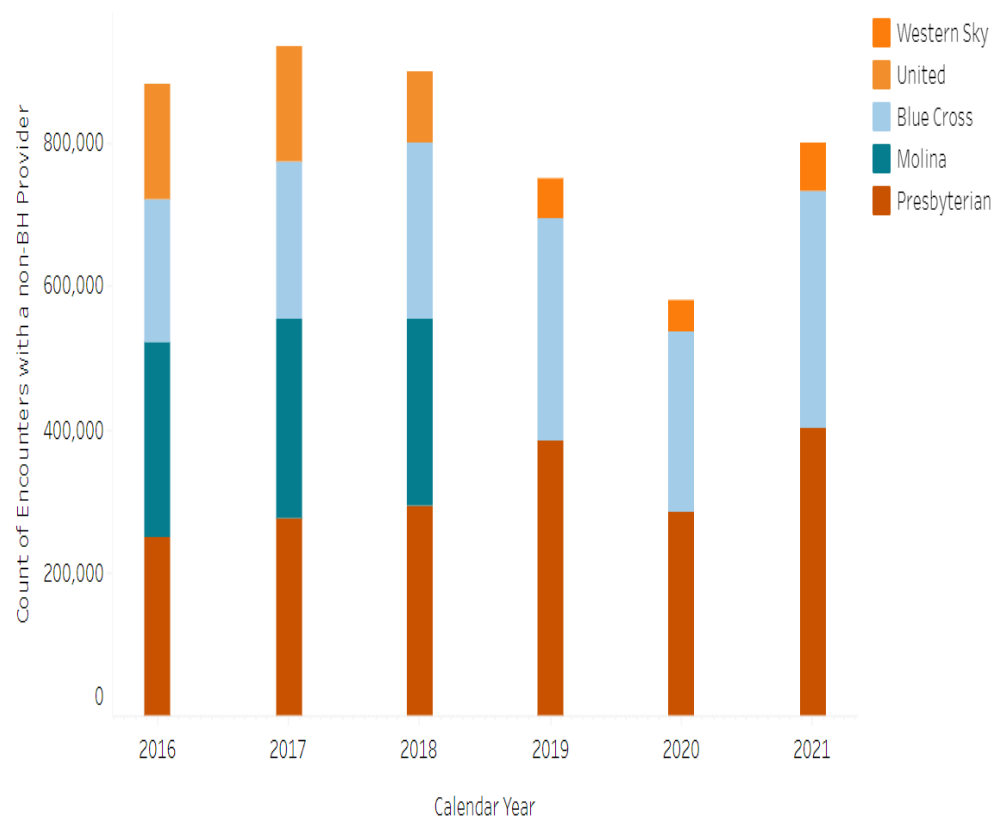
How good is my Managed Care Organization (MCO) at working with providers to ensure I have a behavioral health (BH) visit with a BH or non-BH provider?



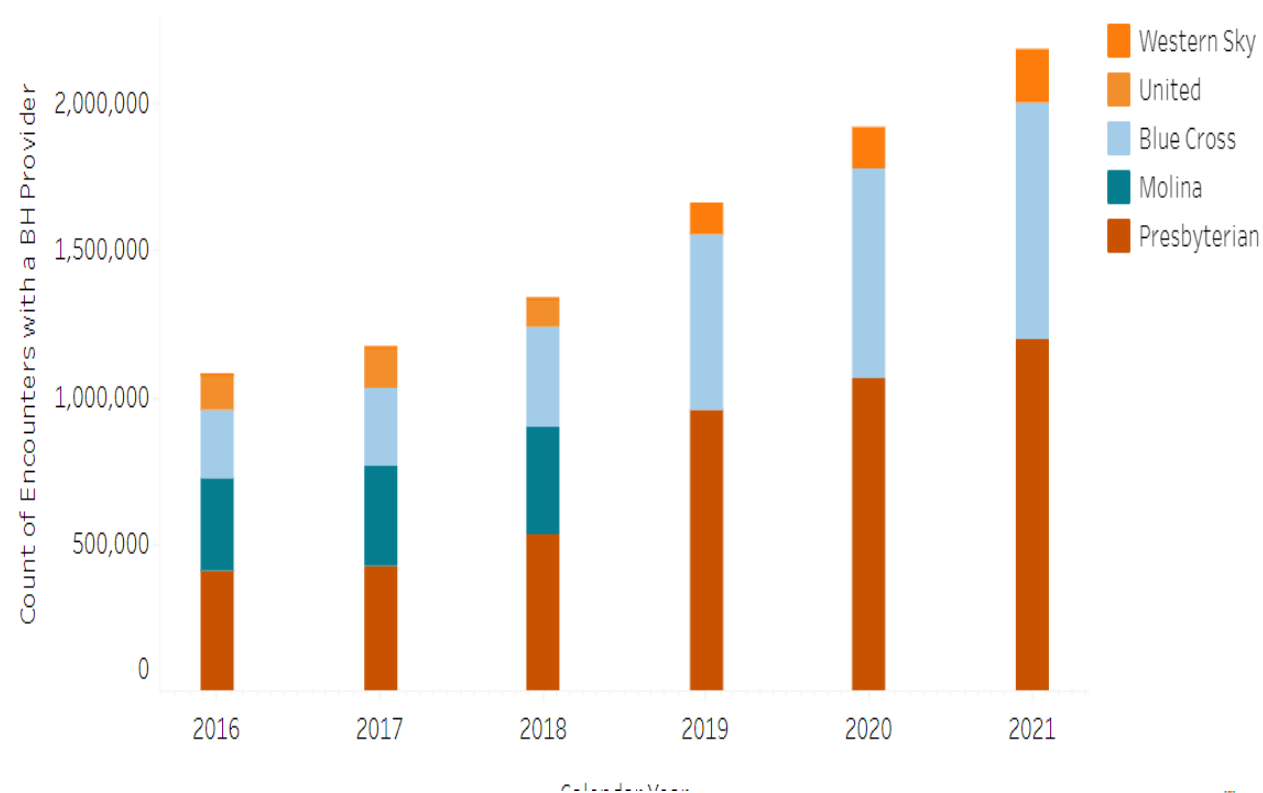
Last updated: 4/17/2022

# INTEGRATED SYSTEM OF CARE

How good is my Managed Care Organization (MCO) at working with providers to ensure I have a behavioral health (BH) visit with a non-BH provider?

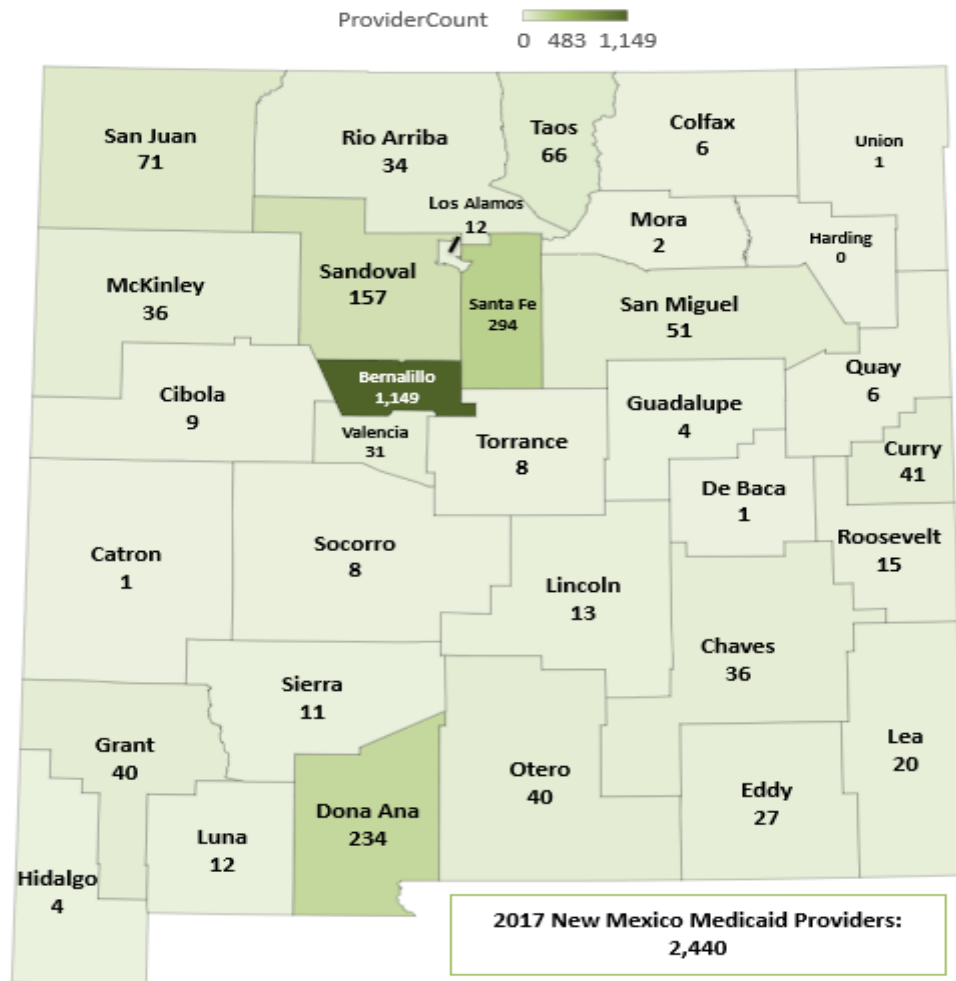


How good is my Managed Care Organization (MCO) at working with providers to ensure I have a behavioral health (BH) visit with a BH provider?



# DISTRIBUTION OF MEDICAID 'CORE' BH PROVIDERS

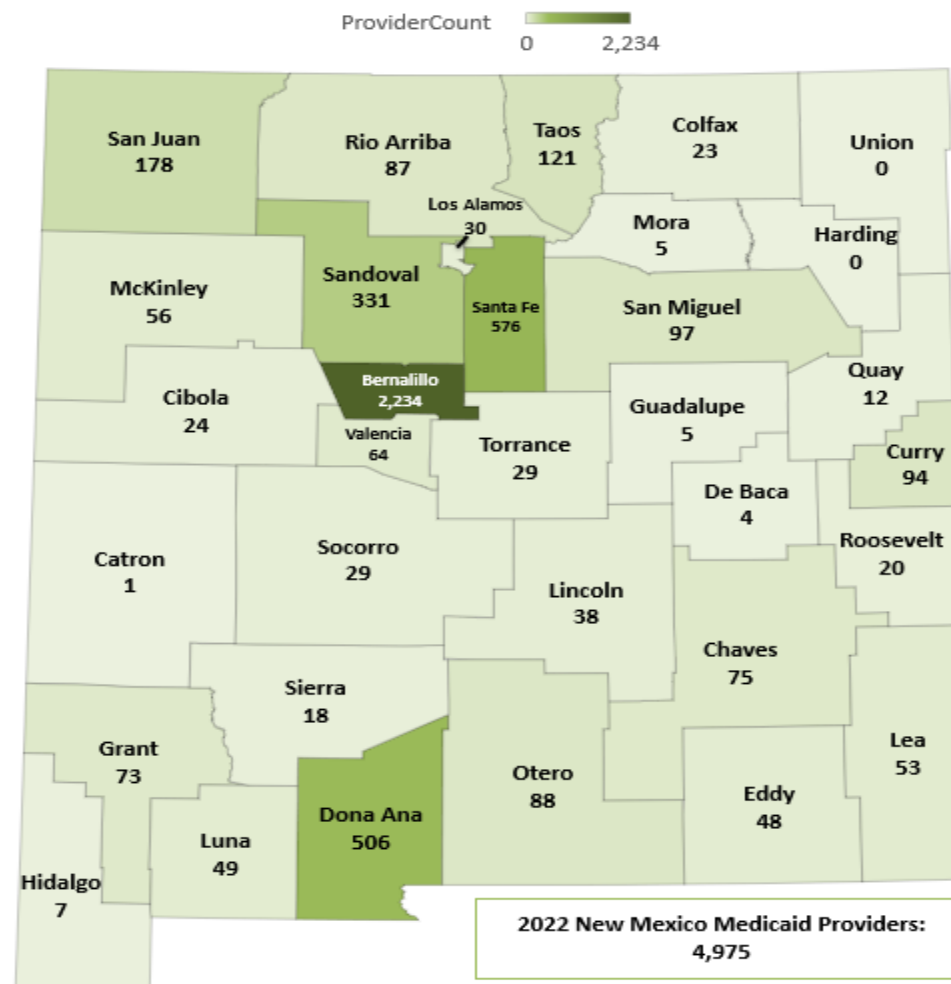
2017 Medicaid Core BH Providers  
by County



+ 103.8%



2022 Medicaid Core BH Providers  
by County

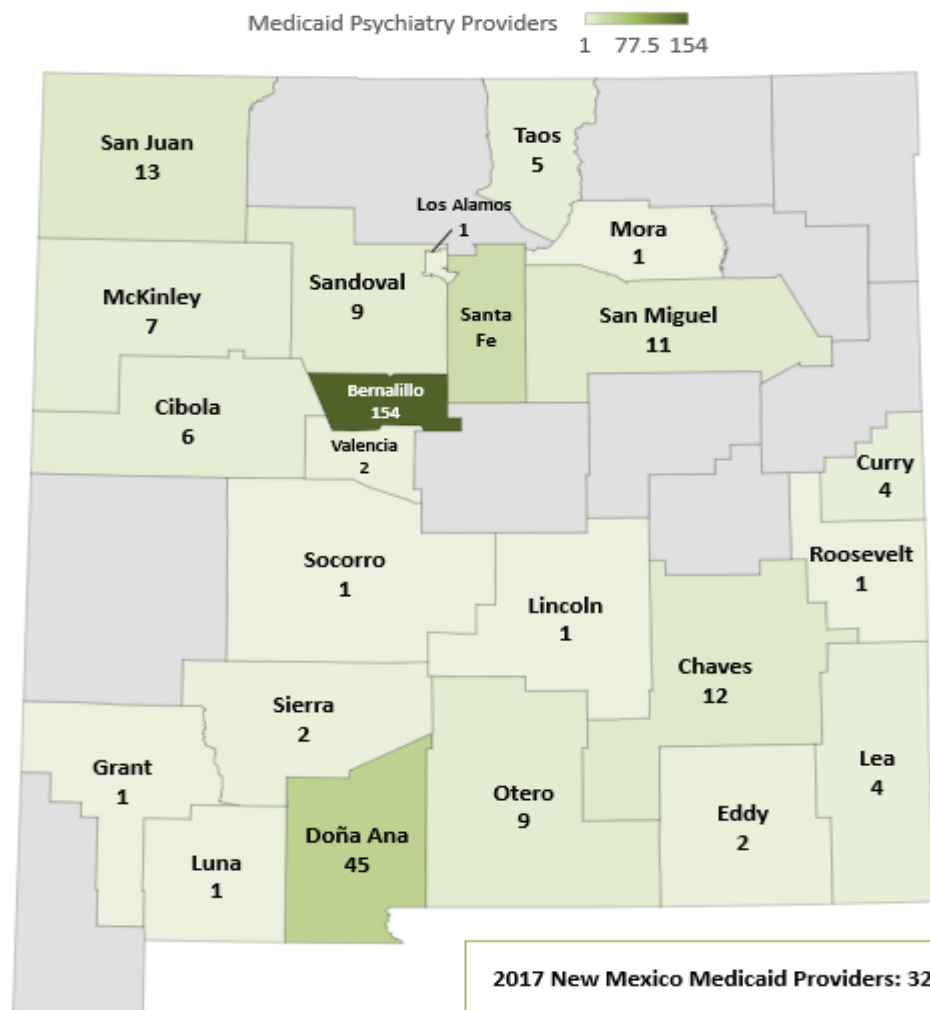


Source: New Mexico Human Services Department, Behavioral Health Services Division based on provider enrollment in the Medicaid system. The totals do include providers who offer services in multiple counties throughout the state, however have a Medicaid provider identification for each area serviced. Providers who are serving multiple counties may not be serving the county on a full-time basis.

Source: New Mexico Human Services Department, Behavioral Health Services Division based on provider enrollment in the Medicaid system. The totals do include providers who offer services in multiple counties throughout the state, however have a Medicaid provider identification for each area serviced. Providers who are serving multiple counties may not be serving the county on a full-time basis.

# DISTRIBUTION OF MEDICAID BH PRESCRIBERS

2017 Medicaid Psychiatric Providers  
by County

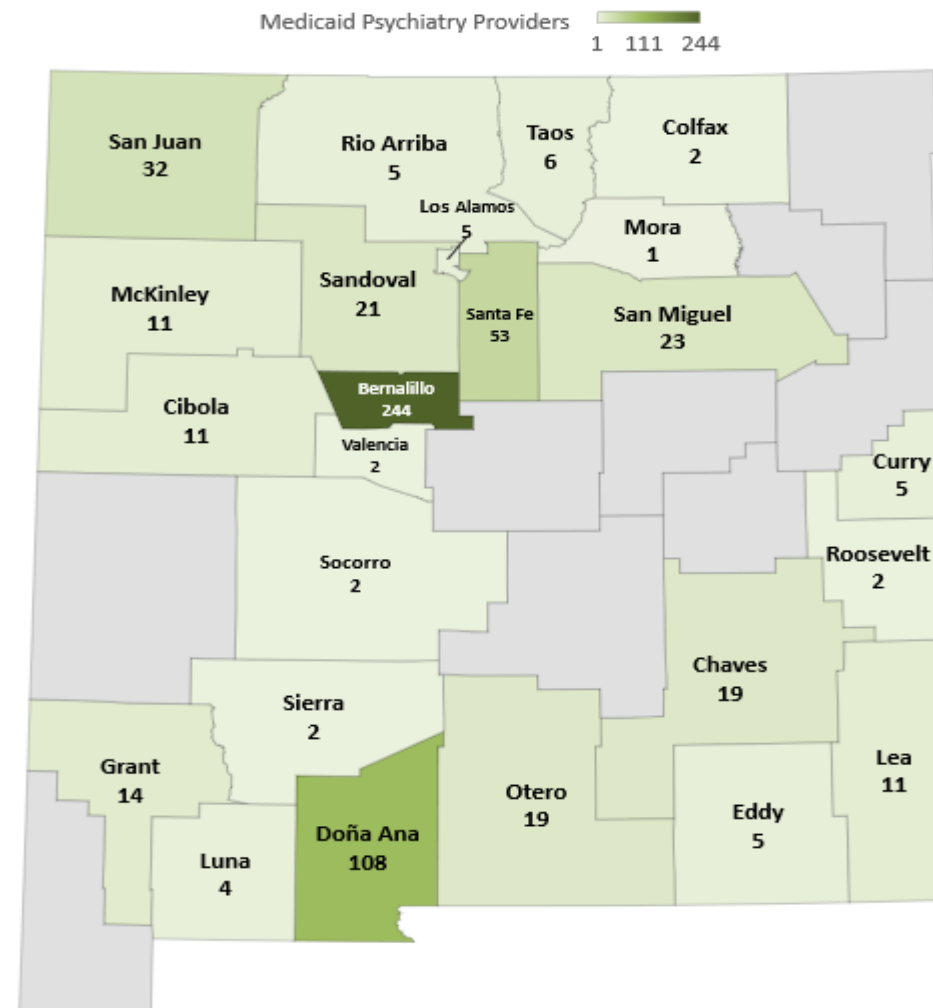


Source: New Mexico Human Services Department, Behavioral Health Services Division based on provider enrollment in the Medicaid system. The totals do include providers who offer services in multiple counties throughout the state, however have a Medicaid provider identification for each area serviced. Providers who are serving multiple counties may not be serving the county on a full-time basis.

+ 87.9%



2022 Medicaid Psychiatric Providers  
by County



Source: New Mexico Human Services Department, Behavioral Health Services Division based on provider enrollment in the Medicaid system. The totals do include providers who offer services in multiple counties throughout the state, however have a Medicaid provider identification for each area serviced. Providers who are serving multiple counties may not be serving the county on a full-time basis.

2022 NM Medicaid providers: 607

# CHALLENGE TO BH SYSTEM OF CARE: ACCESS

## ■ Access to care

1. Not knowing how to get into the BH system
2. Wait lists
3. Uncoordinated care
4. Denial of admission

## ■ Actions to improve access

1. Treat First
2. Health Homes
3. Integrated BH/Primary care
4. 988/Crisis Now
5. CCBHC



# CHALLENGE TO BH SYSTEM OF CARE: WORKFORCE

## ▪ Workforce

1. Still too few practitioners
2. Diversity of practitioners
3. Training
4. Retention
5. Distribution

## ▪ Actions to improve workforce

1. Scholarships and specialty training
  - Increase Credentialed workers
2. Targeted scholarships
  - Building CLAS expenses into bundled rates
3. Evidence based services training
4. Retention bonuses
5. CCBHC

# MORE WE'RE DOING

- Business support to BH System
  - **ENVIVE** – Leadership
    - Targeted for BH Programs
  - **Onyx** – Financial Management
    - Rev Cycle; Financial planning and monitoring; “part time CFO”
  - National Council – Middle Management Academy
    - Improve implementation and administration skills
  - **NMBHPA** – BH Metrics
    - Work with providers to develop metrics
  - **Via Positiva** – CCBHC
    - More accurate cost projections and provider driven decisions



# STATE HEALTH IMPROVEMENT PLAN (SHIP)

*DOH is planning long-term, systematic efforts to improve public health outcomes and we need your help to develop SHIP.*

*We'll:*

- Use data from Community Health Assessments and State Health Assessments to determine priorities.
- Develop goals and strategies to address them.
- Create an operational plan with metrics to achieve these goals.
- To get involved, contact Arya Showers, DOH Director, Office of Policy and Accountability ([aryan.showers@state.nm.us](mailto:aryan.showers@state.nm.us); 505-470-4141).

## IMPROVED HEALTH OUTCOMES THROUGH A COLLABORATIVE STATE HEALTH IMPROVEMENT PLAN

In 2020, Vermont reported 3% decrease in number of households with food insecurity in a combined effort between state agencies and community organizations, to increase access to quality food.

## 988/CRISIS NOW



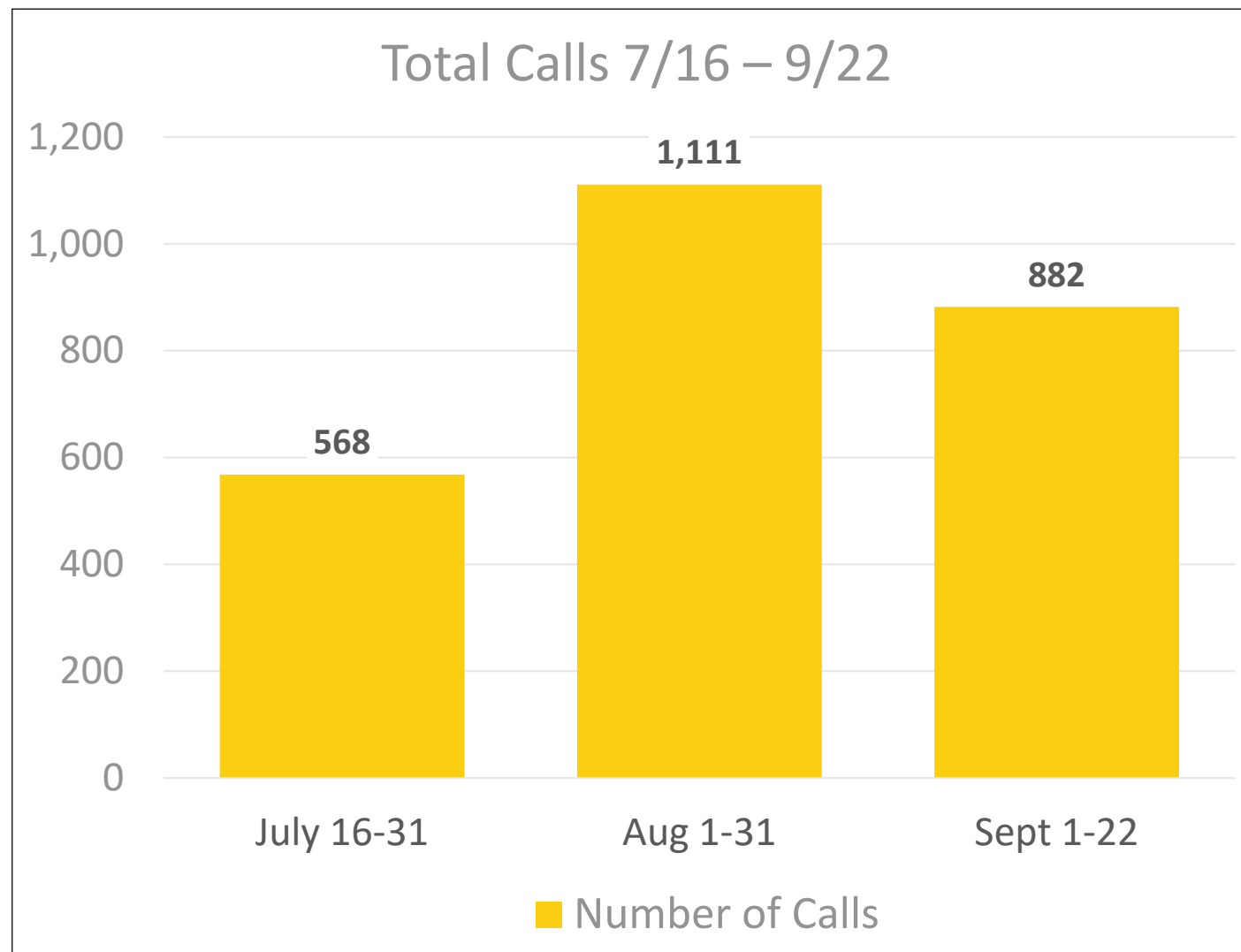
- Expansion of reasons to call – all BH crises
- Behavioral Health Response to BH Crisis!
- Mobile Crisis Teams
- Crisis Stabilization Centers
  - Models for Rural and Frontier areas

# TOTAL CALLS: 7/16 – 9/22

Total  
number  
of calls from  
7/16 – 9/22

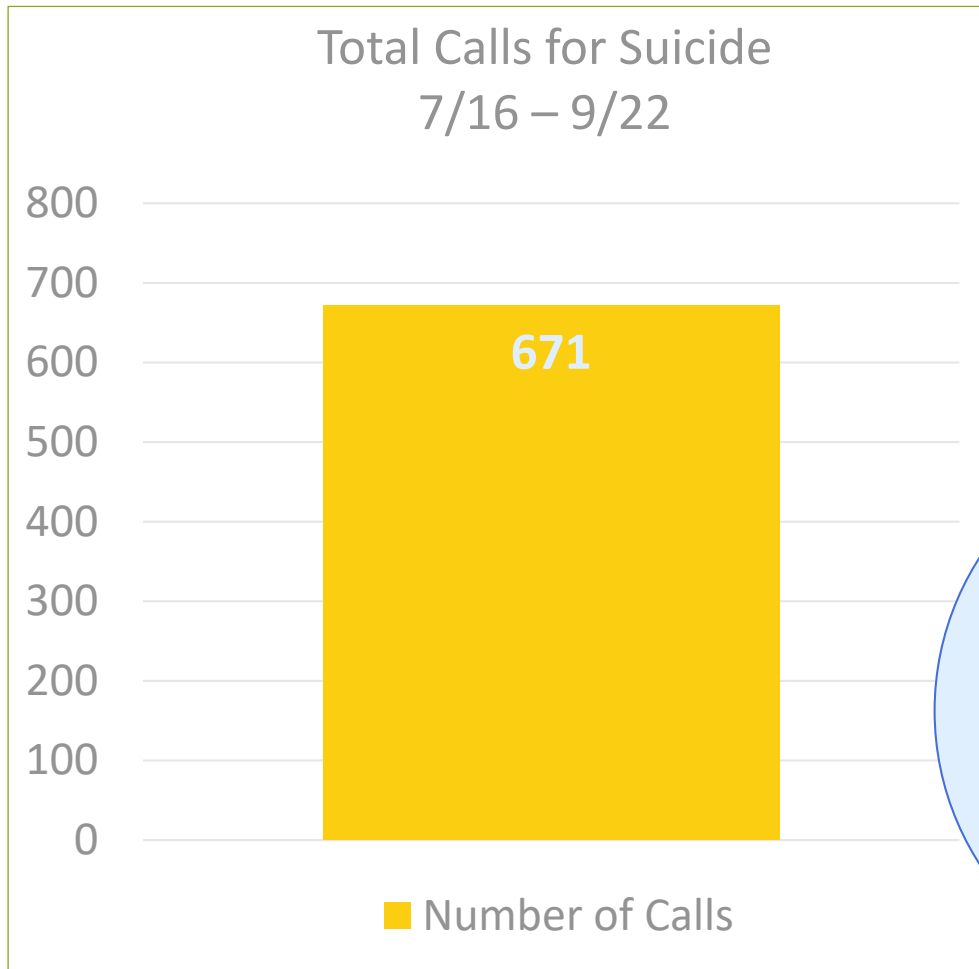
**2,561**  
CALLS

Average of  
~37 calls per day





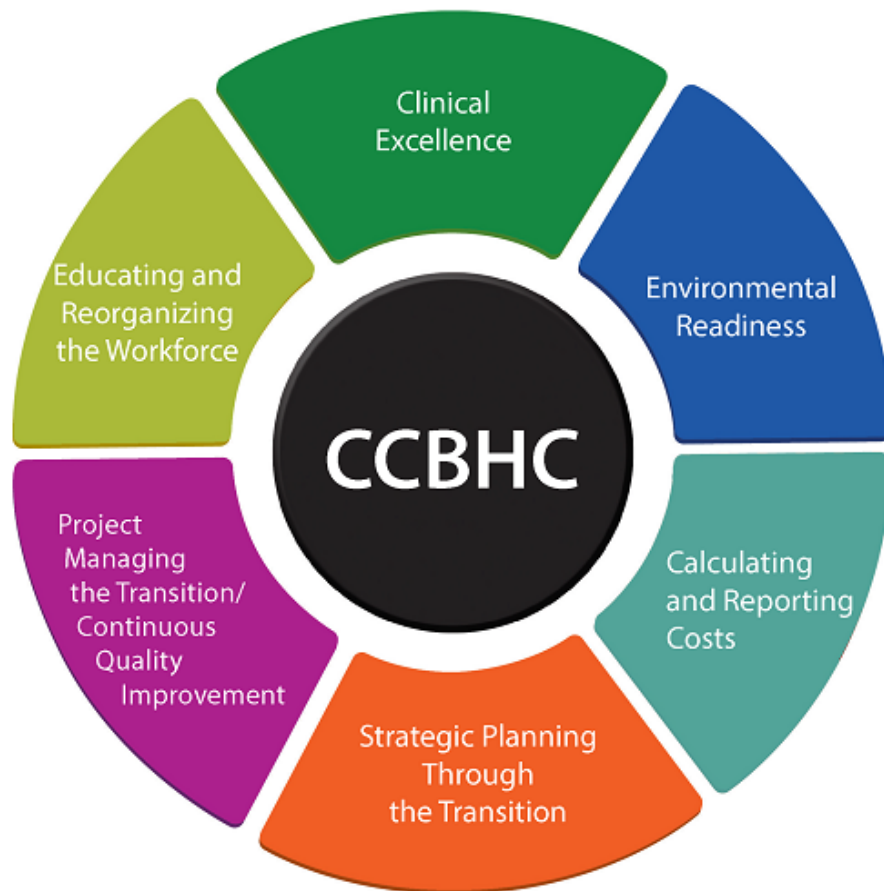
# #1 PRESENTING PROBLEM: 7/16 – 9/22



36% of calls to 988 since inception were related to Suicide



# CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS



- Federally developed provider type
- State certification
- Potential cost based Prospective Payment System
- 4 Agencies awaiting word on SAMHSA Grant
  - One awarded Grant 9/23/22 Las Cruces

# NEW MEXICO FINANCE AUTHORITY BH FUND

- Behavioral Health Capital Fund
  - Authority expanded in 2019
  - Current funding is low for the system expansions coming up
- Authority to support implementation (start up) costs and working capital would be helpful







QUESTIONS? COMMENTS?

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