



**Presentation to Legislative Health and Human Services Committee**  
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**October 20, 2014**

**New Mexico Human Services Department**



## Behavioral Health Collaborative Strategic Plan FY11 – FY14

*“The greatest mistake in the treatment of diseases is that there are physicians for the body and physicians for the soul, although the two cannot be separated.” – Plato*



## Behavioral Health Collaborative

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- ▶ The Vision: To be a single statewide behavioral health delivery system in which:
  - Funds are managed to create an environment in which the support of recovery & the development of resiliency is expected;
  - Mental health is promoted;
  - Adverse effects of substance abuse & mental illness are prevented or reduced; &
  - Behavioral health consumers are assisted in participating fully in the lives of their communities.



# Behavioral Health Collaborative

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## ▶ Responsibilities:

- Inventorying all expenditures for mental health & substance abuse services;
- Assuring funds are managed efficiently;
- Assuring availability of services throughout the State;
- Paying special attention to regional, cultural, rural, frontier, urban & border issues;
- Seeking & considering suggestions of Native Americans.
- Contracting with a single, statewide services purchasing entity (SE);
- Monitoring service capacities & utilization in order to achieve desired performance measures & outcomes;



# Behavioral Health Collaborative

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## ➤ Responsibilities:

- Making decisions regarding funds, interdepartmental staff, grant writing & grants management;
- Planning comprehensively to meet state & federal requirements;
- Overseeing systems of care, data management, performance & outcome indicators, rate setting, services definitions;
- Considering consumer, family and citizen input, monitoring training, & assuring that evidence-based practices receive priority; and
- Providing oversight for fraud & abuse and licensing & certification.





## Behavioral Health Collaborative

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- ▶ Composition comprised of 17 state partners:
  - Administrative Office of the Courts
  - Aging and Long-Term Services Department
  - Children, Youth and Families Department
  - New Mexico Children's Cabinet
  - Corrections Department
  - Department of Finance and Administration
  - Department of Health
  - Department of Transportation
  - Department of Veteran's Services
  - Department of Vocational Rehabilitation
  - Department of Workforce Solutions





# Behavioral Health Collaborative

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- ▶ **Composition continued:**
  - Developmental Disabilities Planning Council
  - Governor's Commission on Disability
  - Governor's Health Policy Advisor
  - Health Policy Commission
  - Human Services Department
  - Indian Affairs Department
  - Mortgage Finance Authority
  - Public Defender
  - Public Education Department





## Behavioral Health Planning Council

- ▶ Established to ensure the Collaborative's success through a range of statutory duties:
  - Membership of 40 consists of consumers, family members, providers, & advocates that represent each of the Local Collaboratives (LC), in addition to at-large & state agency secretaries or their proxies, appointed by the Governor;
  - An Executive Committee directs the work; &
  - Five statutory subcommittees that meet monthly & quarterly to work on initiatives and projects for the Council.





# Behavioral Health Planning Council

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## ▶ Duties:

- Advocating for adults, children & adolescents with mental illness; severe emotional, neurobiological & behavioral disorders; & substance use & co-occurring disorders;
- Reporting to the Governor & Legislature on the adequacy & allocation of behavioral health services throughout the state;
- Supporting the development of a comprehensive, integrated, community-based behavioral health system of care;





# Behavioral Health Planning Council

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## ▶ Duties:

- Advising state agencies responsible for behavioral health services for children & adults; and
- Reviewing & making recommendations for the comprehensive MH & SA Block Grants, the state plan for Medicaid services, & any other plan or application for federal or foundation funding for BH services.



# Behavioral Health Planning Council

## ▶ Subcommittees:

- Adult Subcommittee –Chaired by Human Services Department (HSD), makes recommendations to BHPC regarding services for adult consumers & their families;
- Children's Sub Committee – Chaired by the Children, Youth and Families Department (CYFD), advocates for families, children & adolescents with or at-risk of emotional, neurobiological & behavioral disorders, including substance abuse & co-occurring disorders;
- Medicaid Sub Committee – Chaired by the Medical Assistance Division (MAD), educates & advises BHPC & the Medicaid Advisory Committee (MAC) on matters relating to BH relative to Medicaid; &
- Native American Sub Committee – Chaired by the Indian Affairs Department (IAD), comprised of BHPC members from Region 6: Native American & other BHPC representatives interested in NA BH needs.



## Local Collaboratives

- ▶ Developed for each of New Mexico's thirteen judicial districts, & a LC (5) that represents sovereign Tribes, Nations, Pueblos & off-reservation populations.
- ▶ Each LC is comprised of consumers, family members, advocates & providers, who contribute to consumer-informed policies & planning.
- ▶ Purpose:
  - Develop strong local voices to guide BH planning & services;
  - Represent local viewpoints & provide advice & guidance to BHPC;
  - Enhance NM's BH Plan;
  - Assist in the collection & reporting of data including health indicators;
  - Ensure that local consumers, advocates, & provider organizations are able to inform system transformation efforts; &
  - Plan the prevention, early intervention, health promotion, wellness, education, personal health responsibility, facility infrastructure, & licensing & credentialing efforts in their respective regions.





## Behavioral Health Single State Entity (SE)

- ▶ OptumHealth New Mexico (OHNM) was the SE until 12/31/13
  - Contracted with approximately 1,200 providers serving approximately 76,000 persons annually.
  - SE responsibilities included but were not limited to:
    - Recruiting, credentialing & contracting a network of BH providers of culturally sensitive, behavioral health services for all age groups to meet access and capacity requirements;
    - Braid federal & state funds from multiple sources into one payer system;
    - Pay claims & invoices;
    - Provide utilization management, quality assurance & quality improvement functions;
    - Ensure that services support recovery and build resiliency;
    - Maintain an accurate data management system to accurately track service activities at the system, provider, & client level.



## Behavioral Health Single State Entity (SE)

- ▶ Responsibilities continued:
  - Managed on average over \$62M in BH funds per FY;
  - BHSD's contributed \$48.4M of these dollars with over \$8.3M SAPT Grant dollars;
  - SAPT BG Prevention Dollars (\$2.2M) were allocated to 19 provider organizations, including schools, county organizations, pueblos, & non-profits; &
  - SAPT BG Treatment Dollars (\$6.1M) were allocated to 20 provider organizations including Indian Pueblos & the Navajo Nation which serviced over 6,702 individuals.



## Behavioral Health Services Division (BHSD)

### ► Responsibilities:

- Administration of SAPT & CMHS Block Grants;
- Management of the non-Medicaid OHNM contract (FY15: \$55.6M);
- Management of federal discretionary grants including Access To Recovery (ATR), Mental Health Transformation Grant, Jail Diversion Veterans First, & SBIRT;
- Function as the State Opioid Treatment Authority;
- Provide homelessness service planning & funding through the Projects in Assistance to Transition from Homelessness (PATH) Grant; and
- Sponsors & funds consumer operated wellness centers & drop in centers; the certified peer specialist process; & training & educational opportunities.



## Behavioral Health Carve-In & Integration

- ▶ Centennial Care, statewide Medicaid Managed Care Plan, implemented on January 1, 2014:
  - Medicaid expansion under the ACA was included;
  - BH was for the 1<sup>st</sup> time carved-in;
  - OHNM during this same period, has been under contract extension to manage non-Medicaid funds;
  - BHSD & MAD have partnered to assure quality BH integration;
  - Four MCOs:
    - Blue Cross/Blue Shield
    - Molina
    - Presbyterian
    - United Health Care (UHC)
  - Native Americans can elect to remain Fee For Service administered by Xerox.





## Funded Native American Behavioral Health Services

- ▶ Barbara Alvarez, BHSD Tribal Liaison, will now present BHSD Native American BH services with a separate handout.
- ▶ Thank you!