



Behavioral Health Purchasing Collaborative

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Overview of Today's Discussion

- The Behavioral Health Collaborative
 - Vision and Goals
 - Role of the Collaborative
 - Role of the Statewide Entity
 - Accomplishments
 - Accountability
 - Future of Collaborative



Collaborative Vision & Goals

A single behavioral health service delivery system in New Mexico in which:

- the support of recovery and development of resilience are expected,
- mental health is promoted,
- the adverse effects of substance abuse and mental illness are prevented or reduced,
- the behavioral health customers are assisted in participating fully in the life of their communities, and
- available funds are managed effectively and efficiently.



Role of the Collaborative

- Identify behavioral health (BH) needs
- Inventory mental health & substance abuse expenditures
- Plan, design & direct a single statewide BH system
- Develop a comprehensive statewide BH plan
- Monitor service capacities and utilization
- Give special attention to regional differences: cultural, rural, frontier, urban, & border issues
- Engage Tribes pursuant to the State Tribal Collaboration
- Contract for operation of BH statewide entity (SE)



Statutory & Working Members

- **Human Services**
- **Health**
- **Children, Youth & Families**
- **Corrections**
- **Aging & Long Term Services**

Funding Agencies

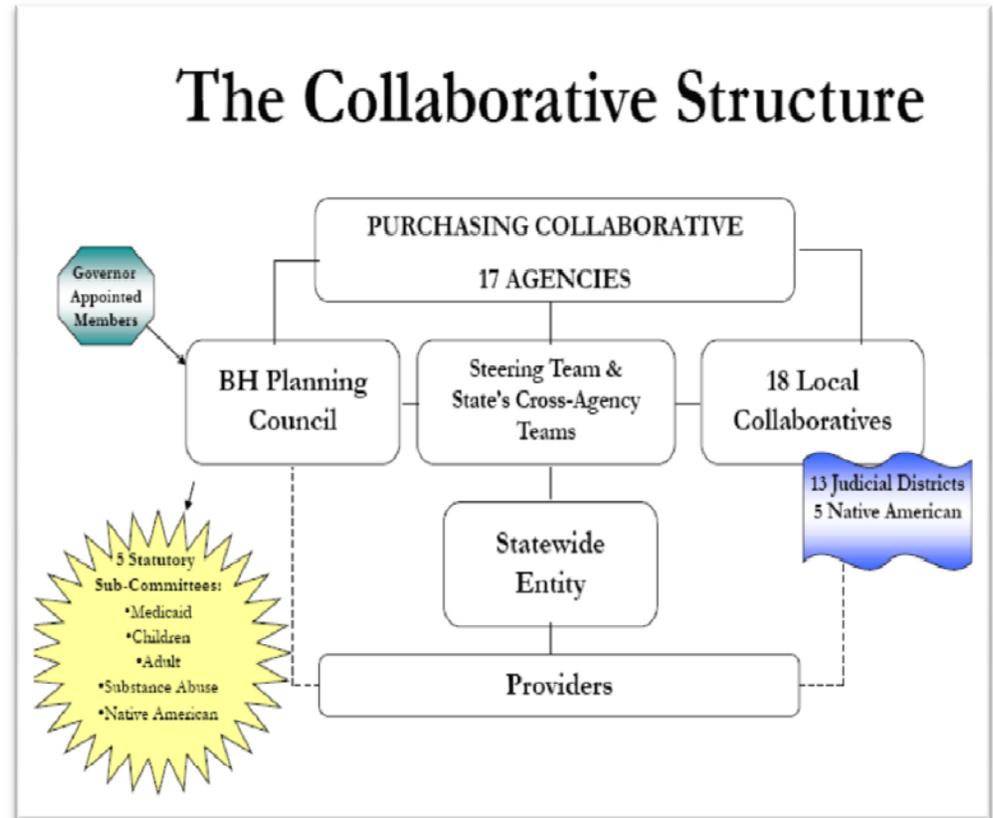
- **Public Education**
- **Transportation**
- **Workforce Solutions**
- **Indian Affairs**
- **Finance & Administration**
- **Division of Vocational Rehabilitation**
- **Admin. Office of the Courts**
- **Mortgage Finance Authority**
- **Health Policy Commission**
- **Developmental Disabilities Planning Council**
- **Governor's Commission on Disability**
- **Governor's Senior Policy Advisor on Health**

- **State Public Defender**
- **Higher Education**
- **Veterans Services**
- **Children's Cabinet**

Working with Collaborative

Collaborative Structure

- Collaborative as 17-member Public Policy-Making Board
- Statutory Co-Chairs – HSD Secretary Constant + Rotating CYFD (FY10) & DOH (FY11) Secretaries every other year
- Collaborative CEO
- Cross Agency Steering Group
- Cross Agency Teams such as Contract Oversight, Quality, Administration/Data and Capacity Development
- Single Advisory Structure Appointed by Governor from Local Collaborative Representatives– Behavioral Health Planning Council (BHPC)
- 18 Local Collaboratives (see map on page 21)





Continuum of Care

The Continuum of Care of behavioral health services are managed by multiple Collaborative agencies

■ Inpatient Facilities:

□ DOH:

- Sequoyah (Children's Mental Health)
- Behavioral Health Institute (Adult Mental Health)
- Turquoise Lodge (Adult Substance Abuse)
- Ft. Bayard (Adult Substance Abuse)

■ Prevention and Early Intervention

□ DOH:

- School-based behavioral health clinics

□ DOH transferred to HSD/BHSD:

- Community-based substance abuse prevention for children and adults



Continuum of Care (2)

■ **Community-based Services**

- CYFD: Children's community-based services
- HSD:
 - Behavioral Health Services Division (BHSD): Adult Community-based services
 - Medicaid: funds both inpatient and community care for children and adults
- DOH transferred to HSD/BHSD: Compulsive Gambling and Pre-Admissions Screening and Resident Review (PASRR)
- ALTSD: older adult community-based services
- NMCD: behavioral health reentry programs for probation/parolees



Consolidation of Services

HSD/ Behavioral Health Services Division

- Beginning July 1, 2010 Human Services Department, through Joint Powers Agreement with Department of Health will Manage:
 - Office of Substance Abuse Prevention (OSAP)
 - Compulsive Gambling Council
 - Pre-Admissions Screening and Resident Review (PASRR)
- Benefits:
 - Managed by existing administrative staff
 - Allow treatment and prevention to be integrated



Role of the Statewide Entity

The Collaborative's Administrative Partner

In State Fiscal Year 2010 (SFY10), the Collaborative purchased behavioral services through a contract with the statewide entity, OptumHealth NM (OHNM) for \$378 million

- OHNM is responsible for managing contracts with a Network of Providers who deliver a high quality continuum of services.
- OHNM monitors financial and clinical services and provides reports to demonstrate performance
- SFY10 First Three Quarters:
 - \$235,408,000 paid out in services
 - 75,430 unduplicated persons served
- SFY10 First Half:
 - 221 agencies/facilities and 597 independently licensed solo practitioners contracted in statewide Provider Network



Collaborative Accomplishments

- Building Comprehensive Systems of Care
- Increasing Effectiveness and Efficiency
- Increasing Accountability
- Increasing Consumer and Family Voice



Comprehensive Systems of Care

Establishing Clinical Homes through Core Service Agencies (CSAs) and Local Systems of Care

- A CSA provides a point of entry and comprehensive care for children, youth & families and adults who have a diagnosis of severe emotional disturbance (SED), serious mental illness (SMI) or substance use dependence.
- A CSA must provide eligible CSA clients access to:
 - Psychiatric services
 - Medication management
 - 24/7 for crisis services
 - Comprehensive Community Support Services (CCSS)
- Individuals with highest needs are assigned a certified Community Support Worker (CSW) to provide CCSS
 - CSW, consumers, families and the CSA work together to promote recovery
- Currently there are 41 designated CSAs throughout the state to target the SED and SMI populations



Comprehensive Systems of Care

Evidence Based Practices

- Multi-Systemic Therapy (MST)
- Intensive Outpatient Program (IOP)
- Medical Assisted Treatments (i.e., buprenorphine and naltrexone)
- Veterans Program
- Jail Diversion
- Supportive Housing
- Wraparound Approach



Comprehensive Systems of Care

Supporting Quality Care & Building Capacity

- Supporting Quality Care Through:
 - Quality Services Reviews (QSR)
 - Addiction Severity Index (ASI-MV)
 - Children & Adolescent Functional Assessment Scale (CAFAS)
- Building Capacity for Training and Evaluation
 - Consortium for Behavioral Health Training & Research (CBHTR) supports statewide behavioral health collaboration across higher education
 - CBHTR Coordinates the essential training for the CSA's (i.e., wraparound, CCSS, CAFAS)
 - Conducting evaluation studies on Total Community Approach, Veterans Services and co-occurring assessment tool
 - Coordinating and Research & Evaluation
 - **CBHTR Website - <http://www.cbhtr.org>**



Increasing Effectiveness and Efficiency

- Consolidated Funding: From 5 Departments across 16 funding streams
- FY07 – FY09: Maximized Medicaid funding by approximately \$9.9 million by converting claims from other funding streams to Medicaid coverage
- Opened the Medicaid Plan for IOP (Youth & Adults) and CCSS and MST
- Strengthened Oversight and Contract Management



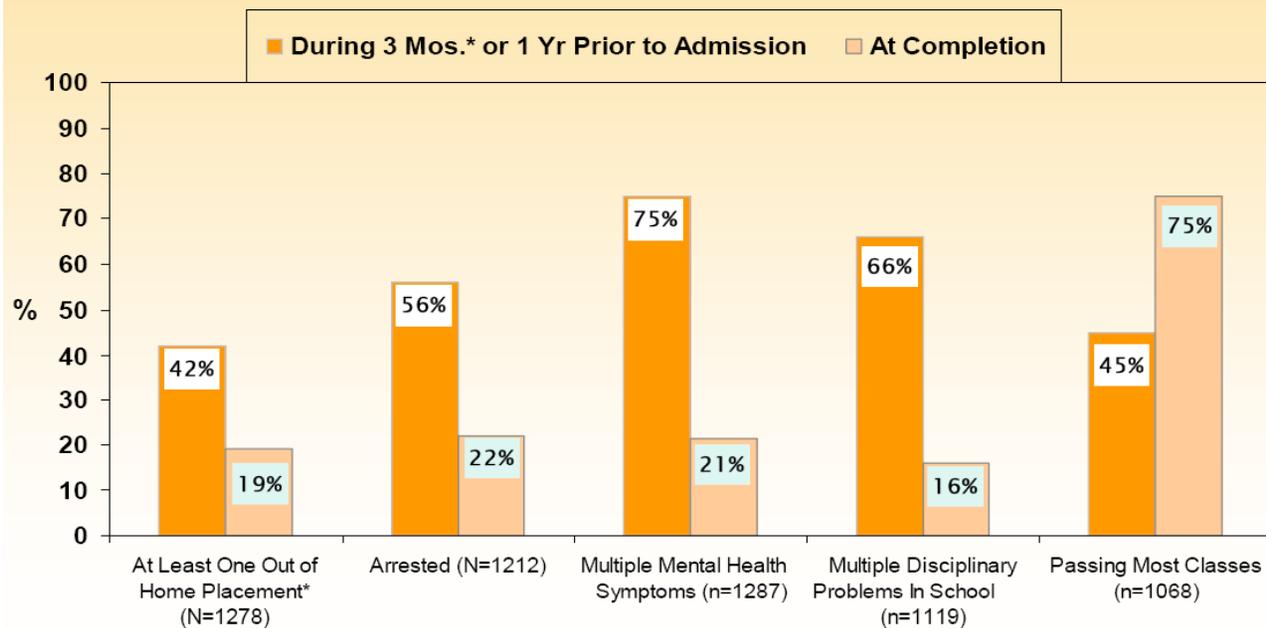
Accountability

- Performance Measures
 - Multi-Systemic Therapy (MST)
 - Addiction Severity Index
 - Consumer Satisfaction Results
 - Supportive Housing

Accountability

Multi-Systemic Therapy

Youth who Completed MST: Outcomes for Out of Home, Arrests, and School from Prior to Admission to Completion of Treatment





Accountability

Supportive Housing

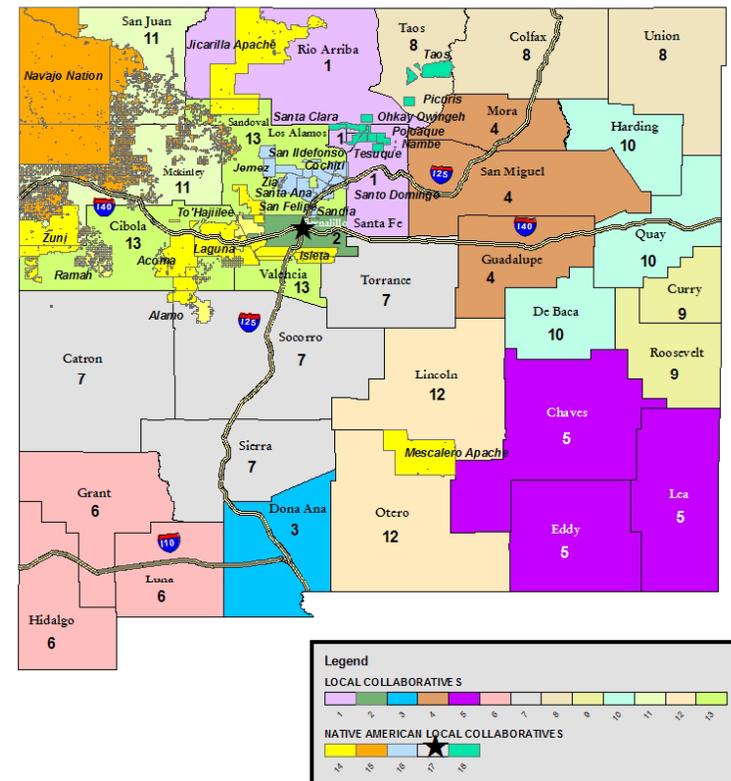
- 8% increase in supportive housing units for persons with disabilities (59 units) from 2008-2010
- Created 73 additional supportive housing units via Low Income Housing Tax Credit program (2008-2020)
- Invested in development of 97 supportive housing units through the Collaborative's Supportive Housing Development Funds (2008 – 2010)

Consumer and Family Voice

- Established a single comprehensive BH Planning Council
 - 45 members,
 - 61% family members and consumers,
 - Includes representatives from local collaboratives

- Established 18 local collaboratives, consisting of family, youth and consumer membership who provide advice to the state on local needs and support initiatives to build local systems of care

- Developing provider standards for consumer engagement



* Source New Mexico Behavioral Health Collaborative
 * Created by New Mexico Health Policy Commission

Alamo, Ramah, & To'Hajiilee areas are Navajo Chapters however are members of Local Collaborative 14
 ★ - LC17 Off Reservation Native Americans



Directions and Issues for the Future

■ Workforce Development Issue:

- Higher Education Strategy for Workforce Development
- Training for Existing Providers, Maintaining and Enhancing Skills
- Addressing Shortages in our Workforce (pediatric psychiatrists, psychiatrists)
- Challenges



Directions and Issues for the Future (2)

- **New Comprehensive Behavioral Health Strategic Plan**
- **Integration of Primary Care and Behavioral Health**
- **Strengthening the Linkages of Prevention Programs across Agencies**
- **Emphasis on Early Intervention**
- **Regional Systems of Crisis Response and Care**
- **Emphasis on Targeted Returning Veterans Services**
- **Health Care Reform**



Questions?
