



OVERVIEW:

For more than a decade, the Behavioral Health (BH) Collaborative (Collaborative) has worked to bring state agencies, representing health care and finance, together to build an innovative, cost-effective system that addresses behavioral health needs in New Mexico.

- The findings of a 2002 Gaps and Needs Analysis pointed out the need for a more responsive, integrated behavioral health system that would support communities and people living with BH conditions.
- In 2004, legislation for the Collaborative was signed into law. Leaders from 16 state agencies began working together building a family-focused and individually-centered BH care system with services that would foster an individual's capacity for recovery and resiliency.
- The legislation requires the Collaborative to develop a delivery system of culturally relevant BH services for infants, children, adolescents, adults and seniors. The delivery system must be accessible from urban, rural and frontier locations. The delivery system must also address workforce development and retention, including quality improvement issues.
- The legislation also requires the Collaborative to meet quarterly, to report to the LFC quarterly and annually on measures and outcomes.

SUMMARY:

- In FY2017, the Collaborative membership was comprised of 17 state agency leaders - cabinet secretaries, directors, and administrators - with a collective interest in improving behavioral health care systems and services for all New Mexicans.
- The Collaborative is required to bring together state agencies to form partnerships, and funding streams which will improve the State's BH care system.
- The Collaborative's work supports multiple statewide projects, including Centennial Care and statewide non-Medicaid BH services through an administrative services only contract with Optum Health NM.
- New Mexico is participating in Medicaid expansion under the provisions of the Affordable Care Act (ACA) which extends Medicaid coverage to adults with household incomes below 138% of federal poverty level. On January 1, 2014, Centennial Care was implemented as the statewide Medicaid managed care plan under an 1115 demonstration waiver. For the first time, BH services were carved into the Medicaid managed care program. This expansion of Medicaid has relieved pressure on non-Medicaid BH funding.

Behavioral Health Collaborative Strategic Plan: January, 2016 June, 2017

The Finance Workgroup identified three goals:

- 1) To increase the productivity, efficiency and effectiveness of the current provider network;
- 2) To implement a value-based purchasing system that supports integrated care and reinforces better health outcomes; and,
- 3) To identify, develop and promote implementation of effective strategies for state, counties and municipalities to work together to fund the provision of better BH care, especially for high utilizers.

The Regulations Workgroup also developed two goals:

- 1) To identify, align and eliminate inconsistencies in BH statutes, regulations, and policies in order to allow for more effective and efficient operation of the publicly-funded service delivery system;
- 2) To increase the adoption of person-centered interventions.



The Workforce Workgroup developed four goals:

- 1) To support the development of behavioral health practitioners;
- 2) To build a more multidisciplinary and competent BH workforce;
- 3) To promote the future of excellence in the behavioral health workforce and prepare for integrated care; and,
- 4) To improve the public image of behavioral health professions, raise awareness of its impact on the population and promote the effectiveness of the service delivery system.

A detailed project plan has been implemented to accomplish the goals of the Strategic Plan and a progress report is issued at each quarterly meeting.

CURRENT FUNDING:

No funding is allocated to operate the Collaborative. The Director of the Behavioral Health Services Division serves as the CEO of the Collaborative. The Collaborative manages BH funds from the Human Services Department and the Children, Youth, and Families Department.

CURRENT INITIATIVES:

- **BH Health Homes:** two have been established in the eastern and northwestern parts of NM and additional sites are in planning.
- **Certified Behavioral Health Clinics (CCBHC):** Received a SAMHSA planning grant to establish Comprehensive Community-Based Health Clinics (CCBHCs). These clinics expand services to youth and adults needing BH services, as well as, physical health services. The CCBHC Planning Grant has resulted in the certification of 6 CCBHCs but New Mexico was not selected as one of the eight demonstration states. A no cost extension has been received enabling the CCBHC Project team to remain in operation through June 30, 2017. The certified sites have been asked whether they are interested in becoming health homes and in which counties.
- **Treat First:** This model of care is an innovative approach to clinical practice improvement. It has been in pilot mode within six provider organizations. The organizing principle has been to ensure a timely and effective response to a person's needs as a first priority in approach. One of the primary goals has been to decrease the number of members that are "no shows." Within six months of the trial, 800 clients had been subject to the Treat First Model which demonstrated to be effective in enhancing client engagement, reducing the number of "no shows," increasing the quality of the assessment and treatment plans, and in some cases, escalating the case closure rate. As a result of this success, the Treat First pilot has been extended by nine months to permit further expansion and the adoption of new rules so that Treat First can be recognized as standard clinical practice.
- **NM BH Network of Care (NOC):** The NOC web portal capacity has been expanded to include the implementation of web portals for Veterans' Services and for Aging and Long Term Services. The Network of Care portal allows local services to be searched as well providing information about the Collaborative, consumer and family services, prevention programs and the work of the Behavioral Health Planning Council.
- **Crisis Triage Centers (CTC):** Enabling legislation was passed in 2015 to establish Crisis Triage Centers as part of BH continuum of care. Currently, NM is promulgating licensing standards for these facilities and a Medicaid payment mechanism to financially sustain them.
- **NM Crisis and Access Line (NMCAL):** began operations in February 2013. NMCAL is available 24 hours a day and seven days a week to respond to calls related to behavioral health crises and how to access services. It is staffed by mental health professionals who connect consumers to local providers and state agencies. NMCAL also has a peer-operated Warm Line that connects callers with persons in recovery who are trained as Certified Peer Support Workers.



- **BH Planning Council:** This multi-stakeholder body, along with its subcommittees provides a consumer and family voice to the Collaborative and advises it, BHSD and CFYD on the application of the federal BH Block Grants.
- **Local Collaborative Alliance (LCA):** This statewide Alliance of Collaboratives serves to bring together diverse interests to plan collaboratively at the local level to meet BH needs.