



# **BEHAVIORAL HEALTH PURCHASING COLLABORATIVE UPDATE**

**Presentation to Interim  
Indian Affairs Committee**

**Linda Roebuck-Homer, Collaborative CEO  
August 11, 2009**



# Outline of BH Presentation – August 11, 2009

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- Collaborative Membership and Duties
- Behavioral Health Services Data
- FY09 Accomplishments
- FY10 Contract with Statewide Entity
- Biggest Issues Facing Behavioral Health System
- Switch to Fee For Service
- Priorities for Services
- Local Collaboratives and Behavioral Health Planning Council



## Statutory Members

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



## New Departments/Entities since 2004 working with the Collaborative

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- State Public Defender
- Higher Education Department
- Veterans Services Department
- Department of Workforce Solutions  
(Replacing DOL & OWTD)
- Children's Cabinet



# Collaborative's Statutory Duties

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- Identify BH needs
- Inventory mental health & substance abuse expenditures
- Plan, design & direct a single statewide BH system
- Contract for operation of statewide BH entity
- Develop a comprehensive statewide BH plan
- Give special attention to regional differences: cultural, rural, frontier, urban, & border issues
- Seek/consider suggestions of Native Americans



# Behavioral Health Services Data

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- 63,682 individuals served\*
- \$226,757,363 paid for services\*
  - 6,719 Native Americans served in FY08 (July 1, 2007-June 30, 2008)
    - ~9.4% of all those who received services through the Statewide Entity. Of those served:
      - 1,513 are females under age 18
      - 1,947 are males under age 18
      - 1,686 are females age 18 or older
      - 1,573 are males age 18 or older
  - 5,674 Native Americans served in first three quarters of 2009 (July 1, 2008 – March 31, 2009)



## FY09 Accomplishments

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- FY09 Bid for Statewide Entity Contract - Contract awarded to OptumHealth New Mexico
- Implementation of Core Service Agencies (CSA) – 11 CSA's going live October 2009; establishes clinical homes for consumers
- Implementation of Housing Plan – focus on housing development; Las Vegas; Stimulus Funding; Tax Credits; Wait List
- Pilots for Quality Service Review System – New Quality Improvement Information for State and Local Collaboratives



## FY09 Accomplishments

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- BH Collaborative Conference – (December 2008)
- Consortium for Behavioral Health Research and Training (CBHTR) – Established Training Curriculum for Wraparound and for CCSS; Evaluation for Returning Soldiers and Veterans Projects and Total Community Approach (TCA) projects; Developed NM Research Network
- Expansion of Returning Soldiers and Veterans Pilots – San Juan and McKinley Counties
- Expansion to Three New Native American Local Collaboratives (LC) – Five Sandoval; 8 Northern; Off Reservation; New LC 14





## FY10 Contract with OptumHealth

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- ALTSD - \$59.4 (GF)
- CYFD – 9,748.8 (GF & Fed)
- DOH – \$5,757.5 (GF & Fed)
- NMCD - \$6,593.5 (GF)
- HSD Non-Medicaid - \$ 53,320.8 (GF & Fed Block Grants – MH, SA & TANF)
- HSD Medicaid Managed Care - \$256,424.0\* (GF & Fed)
- HSD Medicaid Cd Fee for Service - \$46,306.5\* (GF & Fed)
  
- TOTAL FY10 = Approximately \$378,210.5 (GF & Fed)  
Overall Admin = Approx \$47,785.0 (12.6%)
  
- (Total FY09 w/ VONM = Approx \$367,567.3(GF & Fed))

\*Projected as of May 2009



## Transition – Providers (as of 8-1-09)

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- **187 of 201 Facility/Clinic Apps Received; 179 Negotiated**
  - Contracts negotiated with 14 of 31 IHS or 638 providers
  - Contracts negotiated with 6 of 12 638 providers
- **698 Individual Practitioner Apps Received; 698 Contracted**
- **303 Pharmacies Under Contract; two more than prior Statewide Entity**
  - Formulary Entered; Unchanged From Previous Formulary
- **1,176 Providers Pre-Registered to Enter Clients & Bill Electronically**
- **Provider outreach constant via strong regional operations**
- **Established expedited payment process for Providers w/ Problems Billing**

***24/7 PROVIDER PHONE LINE – (866) 660-7182***



## Transition – Consumers (as of 8-1-09)

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- **18,000 Service Registrations for Existing Clients Entered by OptumHealth**
- **30,000 Service Registrations Entered to Date by Providers**
- **Service Registration Entry Deadline for Existing Medicaid Clients Extended Until Sept. 30, 2009**
- **5,021 Person-to-Person Contacts and 604 Meetings Held by 53 Peer/Family Messengers. Peer Messenger Program completed 7/17**
  - 9 Navajo-speaking peer messengers engaged
- **Statewide Recovery and Resiliency Goals Approved (8/4/09)**
  - Native American Section of the plan in development

***24/7 CONSUMER PHONE LINE – (866) 660-7185***



# Biggest Challenges for BH Statewide Entity

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- **Less Money Available w/ Increasing Need and Demand – Reduced State & Federal Non-Medicaid Dollars**
  - Means Reduced Dollars for Most Non-Medicaid Providers
- **Non-Medicaid Rates Were Lower Than Medicaid Rates**
  - Equalizing For FY10 Means Equal Access but Less Services & Less People Served
  - Equalizing Geographically Means Less For Some Providers Previously Receiving More Than Other Parts of the State
- **Historical Underfunding and Lack of Increases for Non-Medicaid Populations and Services**
  - Means Community-Based Providers are Critically Under-Resourced W/ Declining Reserves & Less Ability to Continue; Some Near Closing
- **New Dollars Bring New Programs/New Responsibilities While Existing and Basic Services Shrink**
- **Provider Capacity – Financially and Programmatically Inadequate**



## Switch to Fee for Service (FFS)

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- ValueOptions Began Preparing Providers for Transition from 1/12 draw to Fee For Services (FFS) Beginning July 2008
- None of the Native American Provider has had a Contract Reduction
- State Staff Partnered with OptumHealth Staff since March 2009 to Engage with the Native American Providers on FFS Transition Issues
  - Visits to Native American & Tribal providers such as Five Sandoval, Eight Northern, NCI, & First Nations among others
  - Creation of service definitions for traditional activities that are funded through Behavioral Health Services Division
  - Promotion of the use of CCSS for those 638 providers who can also Medicaid bill at a significantly higher rate which will probably lead to increased capacity and access
  - Creation of work groups to assist providers with low Medical Loss Ratio's to identify new services mixes relevant to the persons they serve



# Highest Behavioral Health Priorities

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- **Behavioral Health Planning Council, Representing 18 Local Collaboratives, As Well As the BH Collaborative**
  1. Crisis Services (mobile, 24/7 response, multi-faceted, not just beds)
  2. Supportive Housing (permanent affordable places to live w/ support services)
  3. Transportation (to services and for community living)
  4. Support for Local Provider Base (to prevent eroding access)
  5. Adult System of Care
    - Service Gaps
    - Population Gaps
    - Coordination Among Systems
  6. Children's System of Care
    - Service Gaps
    - Population Gaps
    - Coordination Among Systems



# Local Collaboratives

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- 18 Local Collaboratives (LCs), currently
- Each LC Receives \$18,000 per LC in Federal Grant Funds
- Each LC Receives \$3,000 per LC from Statewide Entity
- Grant funding for transformation and support of LCs ends September 2010
- Local voice, advise and activities critical to continuing the New Mexico transformation
- FY11 funds needed for LCs - \$324,000 (\$18,000/LC)
- FY11 funds needed for Behavioral Health Planning Council - \$50,000