



**Presentation to LFC: Behavioral Health Collaborative Strategic Plan,
SFY2015-SFY2017**
Wayne Lindstrom, CEO, BH Collaborative
June 7, 2017

New Mexico Human Services Department

Strengthening NM's Behavioral Health Service Delivery System

New Mexico's behavioral health service delivery system cannot sufficiently make necessary quality gains while continually being overstressed by the demands associated with complex regulations, inflexible financial incentives, and an inadequate workforce

Strategic Planning Process

- ▶ Planning Session held July 30, 2015
- ▶ Diverse group of stakeholders included:
 - Senior managers from BH Collaborative agencies
 - Two cabinet secretaries (Indian Affairs and Veteran Services)
 - Three deputy secretaries (HSD, PED, CYFD)
 - County Commissioners
 - Behavioral Health Planning Council
 - Local Collaboratives
 - MCOs
 - Behavioral Health Providers Association
 - Other BH professional associations
 - UNM partners
 - Peers and family members
 - Legislative Finance Committee
 - Association of Counties

Initial Steps

- ▶ December 2015 – draft report completed
- ▶ January 2016 – final plan adopted by Behavioral Health Collaborative
- ▶ Work groups formed and goals identified in three areas:
 - Finance
 - Regulations
 - Workforce
- ▶ Executive Team created with reps from BHSD, MAD and CYFD
 - Meets bi-monthly to monitor implementation

Finance Goals

- I. To increase the productivity, efficiency, and effectiveness of New Mexico's current behavioral health delivery system.
- II. To implement a value-based purchasing system that supports integrated care and reinforces better health outcomes.
- III. To identify, develop, and promote the implementation of effective strategies for state, counties, and municipalities to work together to fund the provision of better BH care, especially for high utilizers.

Accomplishments – Finance

- ▶ Strengthening Sustainability of Services:
 - Medicaid Rule Change to be promulgated in Summer, 2017 to streamline service and staffing requirements
 - CCSS will no longer require certification
 - Recovery Services to be delivered for both individuals & groups
 - ACT regulations modified to broaden staffing
 - IOP certification process simplified
 - Training & TA for peers in CCSS & supervision of CSWs
 - Reimbursing Nursing-based services in BH settings



Accomplishments – Finance

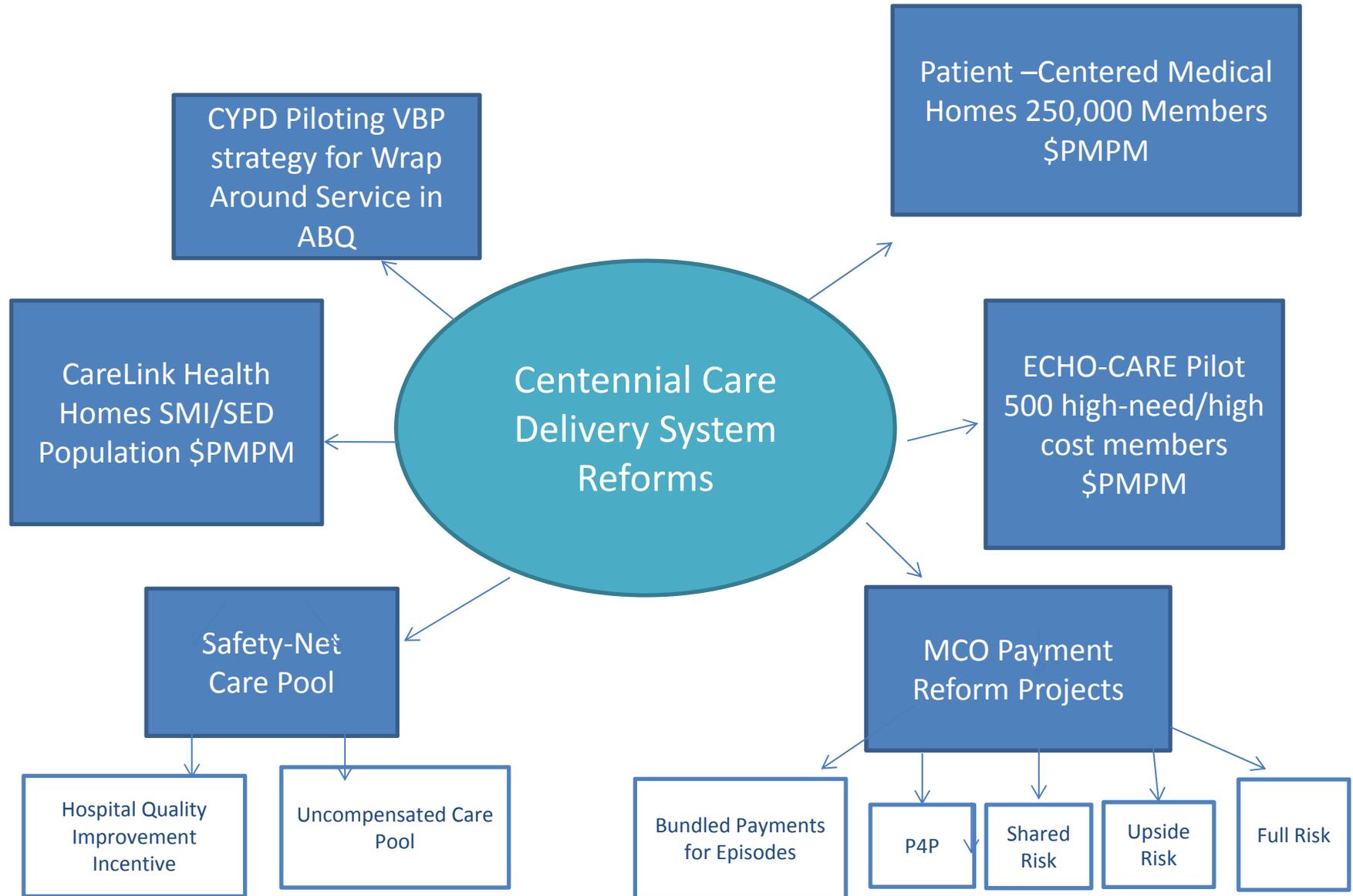
- ▶ Implementing Evidence–Based Practices:
 - Wrap Around
 - Infant Mental Health
 - Multi–Systemic Therapy
 - Dialectical Behavioral Therapy
 - Assertive Community Treatment
- ▶ Implementing Innovations:
 - Integrated Quality Services Review
 - CareLink
 - Treat First
 - Opioid State Targeted Response



Value-Based Purchasing



Pathways to Value-Based Purchasing



Accomplishments – Finance

- ▶ **Supporting EMR Infrastructure Development:**
 - Emergency Department Information Exchange (EDIE) now implemented in 8 hospitals statewide and expanding
 - Expanded Care Link advancing payment reform through capitated payments for 6 services in selected CMCH's & 2 FQHC's

- ▶ **Partnering with Counties & Municipalities to fund better provision of behavioral health services:**
 - The January 2017 Association of Counties Conference showcased BH innovations in the counties of McKinley, Rio Arriba, Bernalillo, and Dona Ana. Program is set for AOC's June conference and focuses on opioid crisis with attendees receiving Naloxone kits.

Accomplishments – Finance

- Developed and funded two Investment Zones; Rio Arriba County has implemented county-wide Pathways care coordination system; McKinley County has renovated the Gallup Detox center, converted old hospital into a SUD RTC.
- Bernalillo County approved \$16 million to fund behavioral health services, and 4 BHSD staff have received certificates of appreciation for participating in the 4 subcommittees.

Regulations Goals

- I. To identify, align, and eliminate inconsistencies in BH statutes, regulations, data, and policies in order to allow for a more effective and efficient operation of the publicly funded service delivery system.
- II. Increase the adoption of person-centered interventions.



Accomplishments – Regulations

- ▶ MMISR to be completed by 2018; progress on six-module RPF:
 - 2 Proposals being submitted (Data system & Integration platform)
 - 2 RFP's in review stage (Financial services & Quality assurance)
 - 2 RFP's to be developed (Population Health Mgmt & Unified Public Interface)
- ▶ Collaboration by DOH, CYFD, and BHSD on joint standards for Crisis Triage Centers
- ▶ *Treat First* operating across 13 agencies in 18 local communities. In 15 months, 2,600 clients served. “No Show” rate is only 17.7% (compared to previous range of 20–45%)

Accomplishments – Regulations

- ▶ BHSD policy will reflect acceptance of adult RTC national accreditation
- ▶ Current challenges: Consolidating provider audit processes
 - Medicaid parity review may impact strategies
 - NCQA requirement a barrier to MCO centralized certification and consolidation of audits
 - Contractual language on standard credentialing deferred for upcoming 1115 waiver application and procurement cycle

Workforce Goals

- I. Support the development of behavioral health practitioners.
- II. Build a more multidisciplinary and competent BH workforce.
- III. Promote the future of excellence in the BH workforce and prepare for integrated care.
- IV. Improve the public image of BH professions, raise awareness of its impact of the population, and promote the effectiveness of the service delivery system.

Accomplishments – Workforce

- ▶ **Supporting BH Interns**
 - PED establishing a web-based clearinghouse for internship opportunities
 - BH Workforce Subcommittee has reviewed other states and provided recommendations given to the NM Health Care Workforce Committee
- ▶ **Reciprocity**
 - Each of the professional boards is undertaking steps toward reciprocity through rule changes
- ▶ **Building a more competent, multidisciplinary workforce**
 - Promoting cross-disciplinary supervision

Accomplishments – Workforce

- A BH Clinical Practice Provider Guide has been developed and presentations will be given to senior classes at all major universities
- Have posted job opportunities on the NM Network of Care website
- Presented at workforce booths at the National Council on Behavioral Health, the National Association of Social Workers, NM Counseling Association Conference and the NASW–NM Conference
- A NM Behavioral Health Workforce Development Summit is planned for Fall, 2017 bringing together disciplines in academia and BH & primary care practitioners

Accomplishments – Workforce

- A gap analysis conducted to determine EHR usage across BH providers. Sponsored an EHR Vendor event.
- CBHTR developing tele-supervision statewide for Social Workers working towards independent licensure
- *Pay It Forward* campaign to identify certified practitioners willing to volunteer as Supervisors.
- Completed Clinical Supervision Certification. Expands ability to fund non-independently licensed therapists.
- CMS approved NM State Plan amendment for the FQHC Community-based psychiatric Residency Program in Dona Ana County
- BH Collaborative to submit an MOU to NM Credentialing Board for BH Professionals – creates a joint credential on behalf of CYFD & BHSD for peer and family support specialists.

For More Information

- ▶ Detailed Strategic Plan Implementation document will be posted on the New Mexico Network of Care website in mid-July, 2017
- ▶ Plan will be presented to BH Collaborative on July 13, 2017
- ▶ <http://newmexico.networkofcare.org>

New Mexico Behavioral Health Collaborative: Strengthening New Mexico's Behavioral Health Service Delivery System

New Mexico's behavioral health service delivery system cannot sufficiently make necessary quality gains while continually being overstressed by the demands associated with complex regulations, inflexible financial incentives, and an inadequate workforce.

<i>Finance</i>	<i>Regulations</i>	<i>Workforce</i>
<p>Goal:</p> <ul style="list-style-type: none"> I. To increase the productivity, efficiency, and effectiveness of New Mexico's current behavioral health delivery system. II. To implement a value-based purchasing system that supports integrated care and reinforces better health outcomes. III. To identify, develop, and promote the implementation of effective strategies for state, counties, and municipalities to work together to fund the provision of better BH care, especially for high utilizers. 	<p>Goal:</p> <ul style="list-style-type: none"> I. To identify, align, and eliminate inconsistencies in BH statutes, regulations, data, and policies in order to allow for a more effective and efficient operation of the publicly funded service delivery system. II. Increase the adoption of person-centered interventions. 	<p>Goal:</p> <ul style="list-style-type: none"> I. Support the development of behavioral health practitioners. II. Build a more multidisciplinary and competent BH workforce. III. Promote the future of excellence in the BH workforce and prepare for integrated care. IV. Improve the public image of BH professions, raise awareness of its impact on the population, and promote the effectiveness of the service delivery system.



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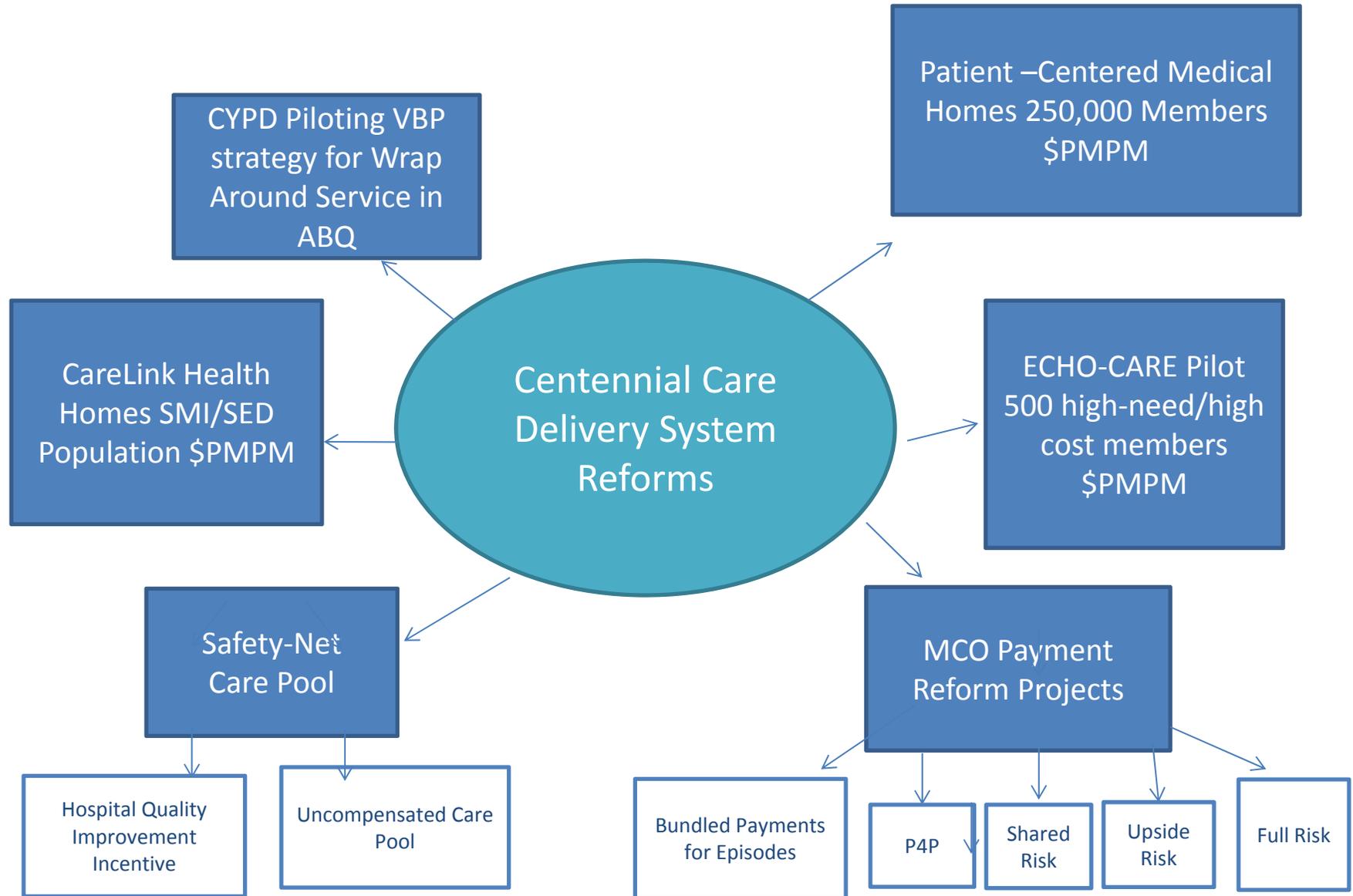
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