OVERVIEW OF THE BEHAVIORAL HEALTH EXPERT PANEL WHITE PAPER
The Behavioral Health Restructuring Process

• A Behavioral Health Steering Team formed to develop a process to gather input

• A Behavioral Health Expert Panel of 50 behavioral health state experts gathered for 3 meetings representing:
  • Consumers and family members
  • Advocates
  • Providers (youth and adult)
  • With support from state agency personnel and national experts
Context of the Need for This Process:

• Medicaid Modernization
• New contracts for the Statewide Entity and Saluds
• Implementation of federal health care reform in 2014
• Movement towards health home models of integrated health care
Guiding Principles for Behavioral Health System Restructuring

• Protecting and strengthening behavioral health
• Integrating behavioral health and physical health
• Shaping our future using what we have learned from the past and our vision for the future
• Maintaining focus on recovery and resilience
• Focusing on individual outcomes and wellness
The Questions

• How do we build a statewide model of integrated care that supports a strong behavioral health system?

• Should behavioral health be carved out, carved in, or should a hybrid model be developed?

• What is unique to New Mexico that must be addressed in the development of any structure, contract or RFP?

• What works and also what needs to change in the current Behavioral Health Collaborative and SE structure?
Regarding essential aspects of any new model:

• Regardless of model, we need to improve collaboration between physical and behavioral health (integration)
• There must be transparency and accountability for quality of care
• The model should support consumer-driven services
• Behavioral health services and funding must be protected while allowing flexibility and interface with physical health
• The behavioral health system must focus on wellness, prevention and early intervention
• There must flexibility within the behavioral health system
• Specific behavioral health needs must be prioritized within any given model and resourced accordingly
• There must be better data collection, and reporting
Regarding Structure:

- Improvement in specific behavioral health outcomes for consumers and families is more critical than the specific model selected (carve in, carve out, or a hybrid model)
- Need to increase integration of behavioral health with primary care
- Interest in local/regional governance and administrative structures within any new model
- Some strong voices that the next entity/entities that manage the behavioral health system should be a non-profit(s) and possibly a New Mexico agency(ies)
Regarding Funding:

• Behavioral health funding must be tracked separately
• Dollars must be maximized for services and minimized for administration
• Need to incentivize integration
• Need to support services that promote coordination between emergency rooms and outpatient services
• Need to protect specific services including psycho-social, transportation, supportive housing and employment, respite, infant mental health, school mental health, and peer supports
• Need to incentivize services provided in rural/frontier areas
• There is an interest in performance contracting
• There is an interest in money following the individual
• There is an interest in using capitation rather than fee-for-service
• Cost savings should be used for prevention and early intervention
Regarding Governance:

• Increased consumer, family, and provider involvement in policy development and decision making related to behavioral health care and services

• Greater transparency and accountability throughout the behavioral health system to improve quality of care

• Continued active support for local and regional governance, involvement, and decision making

• Governance must be “transparent”, with the ability to make significant decisions and provide clearly understood rationales

• Mission, roles, expectations, and relationships for all components of the governance structure (the Collaborative, LCs, Planning Council, etc.) must be clearly defined and delineated
Regarding Cultural Competency:

• Model must recognize the diversity of the State
• Model must be flexible enough to support culturally appropriate services for each region and specific population across the state
• There must be improved access for consumers regardless of where they are within the state, especially for Native Americans
• Need significantly more input from Native American communities to ensure that new model fits with tribal behavioral health programs
Regarding Consumers and Family Members:

• Consumers must be involved in every aspect of the behavioral health system including its design, implementation, governance and provision of services.
• Stronger mechanisms must be in place to ensure that consumers have the ability to provide meaningful input.
• Ongoing efforts must continue to reduce stigma.
• Peer and family specialists are critical to the system and we must increase their presence and roles.
• Ongoing focus on recovery and resiliency.
Regarding Children and Adolescents:

- Our behavioral health system must prioritize our children, ensure age appropriate models, and ensure we don’t push children’s needs into an adult model.
- Behavioral health services must be integrated with the educational system at all ages across the lifespan.
- Schools and primary care providers must play a much stronger role in prevention, wellness and the early identification of behavioral health needs and linking to and with providers.
- Transition services for youth (ages 15-21 and 18 to 24) must be improved so children and youth move seamlessly to adult services.
- Public schools and the Public Education Department must be more involved in screening and early identification, with quality services which prevent the misdiagnosis of children based on available funding.
Regarding Prevention and Wellness

• The behavioral health system must use funding to better support wellness, prevention, and early intervention activities.
• Money must be identified for wellness, prevention, and early intervention services through both the behavioral health and physical health system(s).
• There is a call for more “creativity” in thinking about how we fund and support wellness and prevention that suggest using resources outside of the medical system and might include community-based initiatives, population-based efforts, reliance on the public schools and others.
Other

- Need a thoughtful plan for transition to ensure a smooth and successful process for consumers and providers
- There must be better oversight of any entity(ies) that is(are) administering behavioral health
- There must be very detailed contracts with very clear expectations and increased readiness reviews
- Billing and paperwork must be simplified and reduced
- Integration between behavioral and physical health must also focus on links with the educational system and schools; the Tribes and Tribal systems; Corrections, the criminal and juvenile justice system and programs such as Jail Diversion
- An expanded focus on developing the state’s behavioral health workforce must begin, including recruiting, retaining, and training behavioral and physical health professionals statewide, especially in frontier and rural regions
For more information

• Please visit the Center for Behavioral Health Training and Research (CBHTR) website at: www.cbhtr.org\bhept

• At this site you will find meeting minutes, notes, BHEPT presentations, relevant articles and a copy of the white paper

• Email responses\comments to: bhept@cbhtr.org
Questions