What is an Adult Behavioral Health Purchasing Plan

The Adult Behavioral Health Purchasing Plan is the strategy the Collaborative will use to determine the amount and type of services it wishes to purchase for the use of adults with behavioral health disorders and who are eligible to use the public system.
The strategy is predicated on multiple factors including but not limited to:

- public policy;
- need;
- desired outcomes;
- amount of funding;
- payer requirements;
- cultural and geographic issues;
- identification of best practices for desired outcomes;
- workforce development and other issues.
Components of the Adult Purchasing Plan

- Identify the public policy that will “drive” the plan.
- Identify broad desired outcomes across the system.
- Identify a process to provide a critical analysis to direct the purchasing plan.
- Identify the balance of services the Collaborative is currently purchasing.
- Identify, based upon public policy, desired outcomes and data, then a new balance of services to be achieved over time.
- Develop short term and long term strategy to change the purchasing of services so as to stimulate the desired outcomes.
A Behavioral Health Collaborative policy is to promote a Systems of Care (SOC) approach within the adult behavioral health service system.

The adult SOC is the over riding strategy to weave systemic initiatives, services, programs and supports to provide a strong service platform consumers may use to identify and meet their chosen recovery goals in their home community.
What Services the Collaborative is Currently Purchasing for Adults?

- **Inpatient**
  - Psychiatric Hospital
- **Residential**
  - Transitional Living
  - Residential Substance Abuse Treatment
  - SA Detoxification
- **Intensive Treatment**
  - Assertive Community Treatment
  - Intensive Outpatient Program
  - Limited Crisis
- **Outpatient**
  - Individual, Family and Group
  - Medication Administration
  - Assessment/Evaluation
  - Treatment Plan Development
  - Psychosocial Rehabilitation Services
- **Recovery**
  - Supported Employment
  - Comprehensive Community Support Services
  - Supportive Housing
“Collaborative Expenditures” include HSD-MAD, HSD-BHSD, HSD-TANF and NMCD behavioral health monies spent through the SE.
Current % of Services, for Each Service Category, by Agency – FY09

<table>
<thead>
<tr>
<th>Service Category</th>
<th>MAD</th>
<th>BHSD</th>
<th>NMCD</th>
<th>TANF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>51%</td>
<td>41%</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>55%</td>
<td>41%</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>Recovery</td>
<td>65%</td>
<td>34%</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Residential</td>
<td>0%</td>
<td>69%</td>
<td>28%</td>
<td>3%</td>
</tr>
<tr>
<td>Inpatient</td>
<td>83%</td>
<td>17%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Intensive Outpatient

- MAD: 0%
- BHSD: 4%
- NMCD: 55%
- TANF: 41%

Inpatient

- MAD: 17%
- BHSD: 83%
- TANF: 0%
- NMCD: 0%

Outpatient

- MAD: 8%
- BHSD: 41%
- NMCD: 51%
- TANF: 0%

Residential

- MAD: 28%
- BHSD: 69%
- NMCD: 3%
- TANF: 0%
The Differences between Medicaid and BHSD Funding Pools

Medicaid and BHSD are the two primary payers for adult behavioral health services. The funding pools have similarities in some areas but are quite different in other areas.

- Medicaid pays exclusively for services such as CCSS or outpatient counseling or inpatient services. BHSD does pay for services but almost 40% of its funding also pays for programs which are a collection of integrated services and activities for special populations (such as Jail Diversion, Sexual Assault, Native American Services) and are not part of the purchasing plan.
- Medicaid has to pay all claims for all eligible services provided to a Medicaid recipient by an eligible provider. BHSD contracts with a provider for a certain amount of money and once the funds are used for the year no more claims can be paid.
- There is great overlap in services that Medicaid & BHSD both pay for but there are some differences for example Medicaid does not pay substance abuse residential treatment and BHSD does not pay ACT services.

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What Programs the Collaborative is Currently Buying for Adults

In addition to purchasing services the Collaborative also purchases programs from specific providers which are an integrated collection of services, linkages, support and education toward addressing the needs of a specific population. These programs or special initiatives include:

- Jail Diversion
- Veterans and Family Services and Supports
- Native American Services
- Specialized Methamphetamine Programs specific to a community.
- Homeless Services
- Sexual Assault Evaluation, Treatment, Support & Education
- Total Community Approach
- ? [insert Corrections and ALTSD programs/money]
Medicaid vs. All Other Adult Funders

- Outpatient
- Intensive Outpatient
- Recovery
- Residential
- Inpatient

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Parameters for the Purchasing Plan

• Data Driven
• Recovery Outcome Focused
• Cost Effective
• Culturally and Regionally Sensitive
• Community-based
• Evidence-based as appropriate
  *(outcomes-based)*
What are the Service Priorities in New Mexico?

• Core Service Agencies (CSA) as the clinical home for adults with severe and/or multiple service needs
• Overall development of SA continuum of care
• Focused effort on SA IOP fidelity and expansion
• Limited crisis services for CSA consumers
• Integrated behavioral health and medical health services
• Supportive Housing
• Consumer Operated Services
Proposed Mental Health Service Changes

- Strategically place CSAs in communities across the state
- Increase CSA capacity to serve adults with severe or multiple behavioral health disorders
- Facilitate seamless transition for adolescents with SMI moving from Children’s CSA to an Adult CSA
- Build capacity of CCSS to support consumers in housing, employment, social connectedness and community tenure
- Develop consumer-operated services, based on consumers’ Recovery Plan, that complements CCSS services
- Build links between CSA crisis services and community-based systems
- Promote integration of behavioral and medical health services

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Proposed Substance Abuse Service Changes

• Develop and refine a SA continuum of care by:
  – Defining criteria for each level of service in the treatment continuum
  – Increasing the number of people who get access to residential substance treatment by reducing length of stay
  – Requiring ‘warm handoff’ of all consumers to next level of care in treatment continuum

• Increase access to fidelity-based IOP treatment services

• Develop SA standards of care for each level in the continuum of care
  – Promote use of CSA clinical home function for consumers with chronic substance dependence
  – Promote integration of behavioral and medical health services
Specific Recommendations for the FY11 Adult Purchasing Plan

• ↓ Transitional Living Services ↑ Supportive Housing
• ↓ PSR and * introduce Consumer-Operated Services
• ↓ outpatient therapies and ↑ CCSS
• ↑ Consumers served by SA residential with same funding amount
• ↑ utilization of SA IOP
Federal activities with possible future impact on NM services

- Electronic health records
- Co-location of BH and PH at FQHCs
- Increased use of performance indicators related to reimbursement
  - Shared-risk contracting
  - Pay-for-performance contracting
- Prevention as SAMHSA initiative
- Health Care Reform changes
Where We Are Headed

A Purchasing Plan for Adults that aligns with the Collaborative Vision of recovery and hope.