Objectives for Today’s Discussion

- Interagency BH Purchasing Collaborative
  - What Is It and What Is Its Mission?
  - Who Is Involved?
  - How Is It Structured?

- Where Are We To Date?
  - Phases & Expectations
  - Workplan for FY 2007
  - Legislative Proposals for FY 2008

- How Are We Evaluating It?
  - Qualitative
  - Quantitative Performance Measures
INTERAGENCY BEHAVIORAL HEALTH PURCHASING COLLABORATIVE –

WHAT, WHO & WHY?
What Is It?

- Statutory Legal Entity Charged with Overseeing NM’s Behavioral Health Delivery System
  - HB 271 passed and signed, creating Collaborative and Behavioral Health Planning Council (BHPC), signed by Governor and effective May 19, 2004

- Unique Public Policy Initiative to Address Fragmentation and Increase Quality of Services & Consumer Outcomes
  - Replaced multiple departments’ oversight into one legal entity (Collaborative)
  - Replace multiple advisory bodies into one statutory advisory body (BHPC)
  - Replacing multiple contracting mechanisms and administrative infrastructures with one statewide entity (ValueOptions)
  - Addressing New Freedom Commission recommendations to states and Gap Analysis recommendations to New Mexico about both structure and programs/services
The Collaborative is MORE than just common purchasing through a statewide entity

The Collaborative is MORE than just the ValueOptions contract
Statutory Duties

- Identify BH needs statewide
- Give special attention to regional differences: cultural, rural, frontier, urban, & border issues
- Seek/consider suggestions of Native Americans
- Inventory all MH and SA expenditures
- Plan, design and direct a single statewide BH system
- Contract for operation of one or more BH entities to ensure availability of services (Collaborative decided to do one)
- Develop a comprehensive statewide BH plan
Why A Collaborative?

- Often insufficient and inappropriate services; lack of attention to evidence-based practices
- Lack of common agreement about desired goals and outcomes
- Multiple disconnected advisory groups and processes
- Not maximizing resources across funding streams, especially Medicaid

- Multiple contracts for providers for similar services and populations, with different rates and billing mechanisms

- Insufficient or duplicative oversight of providers and services – little attention to quality or capacity
- **Fragmentation**
  - different departments, funding streams, service definitions, data systems, and oversight mechanisms for Medicaid, non-Medicaid adults, children, people coming out of prisons, individuals charged with DWI, etc.

- **Duplication of effort and infrastructures at state and local levels** (8 different overlapping local administrative infrastructures)
Vision: Quality Behavioral Health Care Promotes Recovery & Resiliency

The State of New Mexico is designing a single BH delivery system in which:

- Support of recovery and resiliency is expected
- Mental health is promoted
- Adverse effects of substance abuse and mental illness are prevented or reduced
- Customers are assisted in participating fully in the life of their communities
- Available funds are managed effectively and efficiently
Who? Statutory Collaborative Members

- Human Services
- Health
- Children, Youth & Families
- Corrections
- Aging & Long Term Services
- Public Education
- Transportation
- Labor
- 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 Health Policy Advisor
New Departments/Entities since 2004 working with the Collaborative

- Public Defender
- Higher Education Department
- Office of Workforce Training and Development
- Veterans Services Department
- Children’s Cabinet Coordinator
What/Who’s Not In?

- Not in VO contract, but coordinating:
  - County DWI Money/Structures
  - Drug and Mental Health Court Services
    Administered by Administrative Office of the Courts (AOC)
  - In-Prison BH services for incarcerated adults
  - Domestic Violence services
  - School-based health centers BH services
  - Some prevention services

- Other funds managed by departments are not yet in VO contract, but may go in later
Collaborative Structure

- Collaborative as Public Policy-Making Board – Operating Under An MOU

- Co-Chairs
  - HSD + Rotating CYFD & DOH every other year

- Collaborative Coordinator (CEO)

- Cross Agency Steering Group

- 8 Cross Agency Teams
WHERE ARE WE TO DATE?
Phases and Expectations

- Ten Year Change Process

- Planning Phase (September 2003 to June 2005)
  - Established in statute; organized
  - Issued RFP; selected & contracted w/ Statewide Entity (SE)

- Phase One (FY 2006)
  - Medicaid, federal Block Grants, GF from DOH, CYFD, ALTSD & NMCD managed by ValueOptions
  - Initial baselines set or designed for evaluation
  - Cross Agency Teams/Structure established and refined
  - Workplan for first year of Phase Two set
  - Performance measures identified
Phase Two (FY 2007 and FY 2008)
- VO will manage prevention, federal grants, additional GF funds for children/youth, and state-operated programs with shadow claims
- System and service changes will occur
- Performance and outcomes will be tracked
- Comprehensive needs will be identified and planned

Phase Three (FY 2009)
- VO will manage additional funds
- Service refinements will be planned and occur
- Additional funding will be sought
- System changes can be made based on performance and outcome data
- Recovery and resilience can become real
Phase One Goals – FY 2006

- People Get Served
- Providers Get Paid
- Data Gets Collected
- Lose No Ground on Performance
What’s Happened So Far? – 1

- Collaborative and BH Planning Council (BHPC) established
- Cross-agency staff workgroups activated (a “virtual department” across agencies, acting as one state)
- RFP issued, proposals reviewed, vendor selected, contract negotiated with ValueOptions
- More cohesive contract for Phase Two developed
- 15 Local Collaboratives developed and recognized within five common geographical regions (13 judicial districts) and a sixth common “region” for 2 Native American populations (see Handout # 1 – Maps and Handout # 2 – Roles Chart)
What’s Happened So Far? – 2

- Common service definitions developed
- First revision of rates toward commonality
- Comprehensive planning efforts started
  - First plan due September 30, 2006
  - Comprehensive BH planning special appropriation in federal budget
  - Legislative priorities for FY 2008 identified
- Intervention in specific trouble spots locally and regionally
What’s Happened So Far? – 3

- Creation of 34 additional school-based health centers with BH components
- Additional suicide prevention activities
- Additional drug abuse (esp. methamphetamine) funding
- Children’s residential treatment services study and redesign
- Housing plan beginning, with emphasis on adults with serious mental illness and youth in transition to adulthood
- Primary care and BH interface to address pharmacy and psychiatric consultation based on acuity rather than diagnosis, especially for rural areas
What’s Happened So Far? – 4

- Provider capacity survey, report, and training
- Executive Order to address licensing and credentialing of professional workforce (psychologists, social workers and counseling professions); three pieces of legislation to make reciprocity easier
- Consortium for BH Training and Research (CBHTR) kicked off with new Department of Higher Education to address workforce and evidence-based practices development and dissemination
What’s Happened So Far? – 5

- Multiple grants sought and supported
- Transformation Grant obtained from SAMHSA to fund 20+ staff and assist with technical assistance and consumer/family involvement
- Methamphetamine/Substance Abuse Grant with local providers
- Telehealth services grant to develop curriculum and capacity
  - Just received word that 2nd year funding is in federal budget
What’s Happened So Far? – 6

- Evaluation efforts begun; evaluation resources obtained

- Initial data from first six to nine months started to come in and be reconciled

- Claims payment issues identified and being addressed at state, VO and provider levels; DOH and HSD planning meeting with providers and VO about identified issues

- 21 performance measures (40+ metrics) identified for Phase Two and Three (See Handout # 3 – Performance Measures)
What’s Happened So Far – 7

- Medicaid state plan changes done or underway – ACT; MST, IOP, CCSS, telemedicine
- Increased Medicaid expenditures with additional federal funds
- Reinvested over $5 million in local communities in FY 2006; developed criteria and process for over $6 million for FY 2007
- Creating coordinated legislative process with Local Collaboratives
- Cross agency teams solidified and work plan set
Work Plan for FY 2007

- See Handout # 4 – Work Plan
- Each Cross Agency Team (CAT) headed by state staff, with Collaborative subcommittee
- Each have priorities to accomplish or at least address during FY 2007.
Legislative Proposals & Process – FY 2008

- (See Handout # 5 – Local Collaborative Priorities and Handout # 6 – Preliminary Statewide Legislative Priorities)
- Two Priorities identified by each of 15 Local Collaboratives
- Priorities identified by BHPC subcommittees
- Statewide priorities incorporating LCs and BHPC priorities and others identified by other stakeholders
- Legislative Review Team (state staff & BHPC reps) – headed by Secretary Armstrong
- Help Executive and Legislature target budget priorities
- Completed by Fall 2006
Administration is proposing a transfer of the BH Services Division from DOH to HSD – legislative authority & budget transfer

Will allow HSD to focus on funding, service delivery, workforce and consumer issues; and DOH to focus on public health aspects of behavioral health

- DOH – retain 12 staff and suicide & substance abuse prevention messaging/leadership
- HSD – receive 30+ staff and SA & MH federal Block Grants & GF services for adults; related data requirements; existing federal grants; SA prevention training/certification; methamphetamine services implementation; consumer support issues; workforce issues; and technical assistance re evidence-based practices (EBPs), including supported housing and employment for SMI adults

Will be a separate division within HSD, reporting to Deputy Secretary Katie Falls, with policy oversight by Secretary Hyde and Collaborative; MAD will continue Medicaid behavioral health work separately
HOW ARE WE EVALUATING THE COLLABORATIVE’S EFFORTS?
MacArthur Foundation Network on Mental Health Policy Research (National Experts)
- Two baseline reports on the Collaborative & Local Collaboratives
- Returning/follow-up visits – Fall 2006 & 2007

Specialist visits planned re consumers, seniors, Native Americans, and disabled individuals; funded by RWJ Foundation

Multiple Meetings with Stakeholders, by Collaborative Members, VO, LCs and BHPC

Legislative Reviews
- Individual
- LFC Audit (just beginning)
QUANTITATIVE

- 21 Performance/Outcome Measures (40+ Metrics) – See Handout # 3 – funded in part by CMHS and McCune

- Funds Mapping (Harvard Economist); funded by MacArthur and RWJ
  - To track impact of service delivery changes on outcomes

- Creation of BH Data Warehouse; funded in part by SAMHSA
  - To track outcome data across multiple sources – Collaborative members and VO
Contract Oversight Cross Agency Team

- Review of VO data, reports, systems, contract performance monthly; report consolidation (See Handout # 7)
- Pending Medicaid External Quality Review Organization (EQRO) report – almost completed
- Pending report on Medicaid claims payment – in process, to verify VO claims payment data and identify claims payment problems
Qualitative & Quantitative

Support for Independent Investigators’ Grant Proposals

- BHRSW (ABQ) NIMH Grant Looking at Impact on SMI Adults in Rural Areas
- Possible expansion to juvenile justice populations
- Proposal for population-based study in NM – baseline and later – by RAND and Harvard
- NM researchers’ ideas
SAMHSA Transformation Grant (T-SIG) required evaluation components

- RFP out now for independent evaluator

New Mexico Seen as *THE* National Leader in BH Reform, Therefore Many Want To Review
MUCH ACCOMPLISHED

MUCH YET TO BE DONE

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DISCUSSION