CHARTING THE COURSE FOR THE FUTURE:

The New Mexico Behavioral Health Transformation Process – Lessons Learned

Pamela S. Hyde, J.D.
Secretary, Human Services Department
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WHY IS NEW MEXICO CHANGING?

- Often insufficient & inappropriate services
- Lack of common agreement about goals and outcomes
- Not maximizing resources across funding streams
- Multiple disconnected advisory groups & processes
- Fragmentation (different departments, funding streams, service definitions, data systems, and oversight mechanisms for Medicaid, non-Medicaid adults, children, people coming out of prisons, and individuals charged with DWI)
- Duplication of effort & infrastructures at state & local levels (8 different overlapping local administrative infrastructures)
- Higher administrative costs for providers (multiple contracts for similar services and populations)
- Insufficient or duplicative oversight of providers & services – little attention to quality
GUIDING CONTEXTS

- Behavioral Health Gaps and Needs Analysis in New Mexico – 2002
- President’s New Freedom Commission Report – 2003
- New Mexico Behavioral Health System History – since 1997
- New Administration That Wanted to Be Active, Bold and Innovative – “New Mexico on the Move” – since January 2003
VISION:
Quality BH Care Promotes Recovery/Resiliency

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

- Available funds managed effectively & efficiently
- Support of recovery & resiliency expected
- Mental health promoted
- Adverse effects of substance abuse & mental illness prevented or reduced
- Customers assisted in participating fully in the life of their communities
VISION: Quality BH Care Promotes Recovery/Resiliency

Statutory Language: Primary purpose of this model: to develop an efficient quality-driven statewide system of behavioral health care that

- Promotes behavioral health and well being of children, adults and families;
- Encourages a seamless system of care that is accessible and continuously available; and
- Emphasizes health promotion, prevention & early intervention, resiliency, recovery and rehabilitation.
WHAT’S HAPPENED SO FAR?

• Interagency BH Purchasing Collaborative formation – September 2003 Press Release; HB 271 effective May 19, 2004

• BH Planning Council established – per HB 271

• Cross-agency staff workgroups activated (a “virtual department” across agencies, not a reorganization)

• Local Collaboratives being developed within five common geographical regions and a sixth common “region” for Native American populations

• RFP issued, proposals reviewed, vendor selected

• Contract negotiated with ValueOptions
WHAT’S HAPPENED SO FAR?

• Common service definitions developed (still pending: Community Support Services, children’s residential)
• Evaluation efforts and resources in process of being obtained
• Executive Order to address licensing and credentialing of professional workforce (psychologists, social workers and counseling professions)
• Consortium for BH Training and Research (CBHTR) conceived with new Department of Higher Education to address workforce/evidence-based practices
THE COLLABORATIVE

Departments:
• 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
COLLABORATIVE 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 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
THE COLLABORATIVE

NEW MEXICO INTERAGENCY
BEHAVIORAL HEALTH PURCHASING COLLABORATIVE
(HB271 -- Co-Chairs)

Behavioral Health Coordinator

Cross Agency Coordinating Team

Statewide Entity (SE)

Behavioral Health Planning Council
(HB271)

Adult
Children
Native American
Neuro-behavioral
Employment

Executive
Medicaid
Substance Abuse
Criminal Justice
Housing

Local Collaboratives (LC)
Regional Teams

Local Collaborative Team
Administrative Support Services Team
Policy & Planning Team
Workforce Program Development & Research Team

Behavioral Health Providers

Regional Teams:
- LC Region 1
- LC Region 2
- LC Region 3
- LC Region 4
- LC Region 5
- LC Region 6
FIRST PHASE GOALS (FY06)

• Consumers/families continue to be served with a smooth transition
• Providers continue to be paid in a timely fashion
• State and federally required data are collected and reported
• Performance & outcomes are maintained as they have been up to this point
PHASE ONE ACTIVITIES

- Focus on customer/family, provider transitions
- Development of Local Collaboratives
- Development of administrative supports (for ~$350 million state and federal dollars from six departments)
- Role of Statewide Entity in supporting transition – cross-agency state team “readiness reviews”
- Development of evaluation plans
- Negotiation of system performance indicators and customer outcomes for Phases Two and Three
- Beginning workforce development
- Stronger focus on telehealth approaches in rural areas (including work with new Telehealth Commission, implementation of SBIRT and Congressional Appropriation on telehealth for rural BH)
BEYOND PHASE ONE
(Phase Two = FY 07 & FY 08; Phase Three = FY 09)

• Inclusion of new funding streams/services ($50-$100 million additional state and federal funds)
• Increase in evidence-based practices (and practice-based evidence)
• Increased workforce development activities
• Improved system performance/efficiency
• Streamlined and user-friendly systems for providers, customers
• Improved customer/family outcomes focused on recovery and resiliency
WHAT HAVE WE LEARNED?

- Social capital & culture (from current culture to a culture of change and excellence)
- Time & resource requirements
- Details & data vs. the Big Picture (eye on the longer-term vision while attending to current details)
- Importance of executive/legislative support
- Change management challenges
- Transparency & participation
- Impact of strong leadership (at secretary, Gov, legislative, staff and stakeholder levels)
- Real meaning of “partnership” (give and take; need to sustain the engagement and interest)
BROMIDES FOR TRANSFORMATION

• Look for and take opportunities that present themselves

• Do something – anything – act!
  – rather than build a bridge to cross the chasm; leap and then realize you need to learn to fly

• Find partners and give them what they need

• Work hard – extra – above and beyond; you have to want it – BAD!

• Consumers/families have to want it, work for it, trust it
  – Harness the natural desire of consumers/families for change and improvement; it’s about our systems/jobs, but it’s about their lives
BROMIDES FOR TRANSFORMATION

• Make your Governor look good; it’s about the politics!

• Don’t surprise legislators or key constituencies; it’s about trust! (own your mistakes)

• Put it in economic terms; it’s about the money!

• Be able to explain it to your kids or your grandparents on a four floor elevator ride – the mayonnaise story; it’s about the message!
  – Engage the media and the public