Potential Uses of State Comprehensive BH Plan – Working Document

[NOTE: This document is a beginning for discussion with the Behavioral Health Planning Council (BHPC), Local Collaborative representatives, and the Interagency BH Purchasing Collaborative (Collaborative) and its members about the role and potential uses of comprehensive behavioral health planning. It may also be used to discuss with legislators, the Executive and other entities (e.g., community health councils, the Medicaid Advisory Committee (MAC), the Long Term Care Advisory Committee, the Developmental Disabilities Planning Council (DDPC), DWI Councils, etc.) the role of behavioral health planning in New Mexico, and the appropriate uses of those planning efforts to drive policy changes, resource development, and service delivery into the future.]

Statutory Basis for Behavioral Health Planning
In 2004, the New Mexico State Legislature passed a law directing the Department of Health (DOH) to develop a comprehensive state health plan. This law, NMSA Section 9-7-4.1 requires that DOH develop a biennial comprehensive strategic plan for health to include, “the diseases, injuries and risk factors for physical, behavioral and oral health that are the greatest cause of illness, injury or death in the state, with special attention to and recognition of the disparities that currently exist for different population groups.” The health plan must look at the uninsured and the role of various agencies in identifying strategies and interventions to provide health care coverage, access and quality. Additionally, it must look at prevention, early intervention and health promotion, wellness, education and personal health responsibility as well as workforce initiatives, facility infrastructure, and licensing and credentialing. This plan must also look at “programs, services and activities designed address the needs of [people with disabilities], [those who are elderly] and other special-needs populations.” To develop the plan, specific data, health indicators and public input are required.

That same year, the State Legislature passed and the Governor signed into law a statute creating the Collaborative (NMSA Section 9-7-6.4) and the BHPC (NMSA 24-1B-4). The statute creating the Collaborative requires that the Collaborative do the following:

1. Identify needs and plan for services – “identify behavioral health needs statewide, with an emphasis on that hiatus [gap] between needs and services set for in the department of health’s gap analysis and in on-going needs assessments, and develop a master plan for statewide delivery of services;”

2. Attend to regional differences – “give special attention to regional differences, including cultural, rural, frontier, urban and border issues;”

3. Inventory expenditures – “inventory all expenditures for behavioral health, including mental health and substance abuse;”
4. **Plan, design and direct** – “a statewide behavioral health system, ensuring both availability of services and efficient use of funding, taking into consideration funding appropriated to specific affected departments;” and

5. **Contract** – “for operation of one or more behavioral health entities to ensure availability of services throughout the state.”

This legislation directs that “[t]he plan for delivery of behavioral health services shall include specific service plans to address the needs of infants, children, adolescents, adults and seniors as well as to address workforce development and retention and quality improvement issues.” The legislation identifies principles that the plan shall take into consideration. It goes on to direct that “[t]he plan shall be revised every two years and shall be adopted by the department of health as part of the statewide health plan.”

The President’s New Freedom Commission Report identified the need for every state to do comprehensive, cross-agency and cross-system behavioral health planning. In addition, Federal law requires that the State have a planning body to assist in determining the best uses of the Community Mental Health Services Block Grant, for which the state must submit an annual application and plan. The State’s Substance Abuse Prevention and Treatment Block Grant application is also required to have public input. In addition, New Mexico received a SAMHSA Mental Health Transformation State Incentive Grant (MHT SIG) that requires a statewide comprehensive plan to guide the transformation process supported by the grant.

The Collaborative uses the statutory BHPC and the Local Collaboratives (LC) it has recognized to be the voice and planning body for 13 geographic and two Native American local areas. The information and local input developed by the BHPC and the LCs will be used to add to statewide and national data first constructed through the Behavioral Health Gap Analysis created in 2002.

**Purpose of Planning Documents**

These planning documents guide and provide information for many activities, including but not limited to:

1. Fulfilling statutory requirements;

2. Fulfilling requirements of the State’s MHT SIG, which calls for a statewide comprehensive BH plan;

3. Providing guidance for the State’s applications for federal funds; and

4. Providing information for needs statements for State, local, provider and consumer/family grant applications to foundations, and Federal and State governmental entities.

The Collaborative members also intend to utilize the information provided through this overall planning process to:
1. Inform testimony before the State Legislature about statewide and specific local behavioral health needs;

2. Inform individual legislators whether pieces of legislation or budget proposals are consistent with statewide or locally identified needs;

3. Develop budget and legislative priorities for the Executive and legislative bodies;

4. Inform members of New Mexico’s Congressional delegation about New Mexico’s behavioral health needs and whether national proposals will meet or inhibit meeting those needs;

5. Inform national planners, researchers and federal officials about New Mexico’s needs as it relates to needs identified in other states or in the country as a whole;

6. Inform critical decision-makers about the disparities in behavioral health care among parts of New Mexico and between New Mexico and other states;

7. Advocate for resources and policies as well as inform state capacity and program development efforts to fill some of those behavioral health needs in Collaborative agencies, at the local or national levels, or in other state entities;

8. Inform and revise other planning processes overseen by Collaborative agencies to incorporate needs, issues and recommendations developed in the Comprehensive BH Planning Process, such as the comprehensive strategic plan for health, the Aging and Long-Term Services Department Long-Term Care Plan, the HSD Medicaid State Plan, the DDPC’s plan, etc.)

9. Direct community health councils to utilize the local plans to guide and provide content for the mental health and substance abuse sections of the local health plans developed by community health councils; and

10. To the extent resources are available and flexible, direct the Statewide Entity to fund new services and redirect resources where possible to needs identified in the statewide and local planning processes (e.g., through reinvestment funding, capacity building, network development and provider contracting)

The Collaborative recognizes that LCs are just beginning their planning processes and that all of these inter-related planning processes will be refined over time for the biennial updates to the statewide Comprehensive BH Plan. The Collaborative also recognizes that planning for FY08 is already well under way and may be almost completed by the time the LCs are finished with their first round of planning.

Therefore, the Collaborative will utilize input provided during the last two years of public meetings, the initial feedback from LCs during the spring and summer of 2006, the input received at the HHS Secretaries’ Spring Tour meetings in the spring of 2006, other public processes utilized by various Collaborative agencies, and an update of prior years’ planning efforts by each Collaborative member agency to provide as much preliminary guidance as possible to budget, legislative and regulatory planning processes requiring a completion sooner than the completion of the first round of statewide BHPC and local LC planning. The Collaborative anticipates over time that the
statewide BHPC and local LC planning will be the primary drivers in developing the planning elements and program development priorities in future years.

For this process to be successful, each LC and the BHPC, along with the Statewide Entity and Collaborative members individually and collectively, must participate to the extent they can, and take the process seriously. The process is evolving, being refined, and improving as it continues.