

# **National Technical Assistance Center- T&TA Initiative to Support Transformation**

**New Mexico MHT SIG Presentation**

**April 10, 2007**

**Albuquerque, New Mexico**



# Why Is New Mexico Changing?

- Often insufficient & inappropriate balance of services; lack of attention to evidence-based practices
- Insufficient or duplicative oversight of providers & services – little attention to quality
- Not maximizing resources across funding streams, especially Medicaid
- Multiple disconnected advisory groups & processes



- **Duplication of effort & infrastructures at state & local levels (8 different overlapping local administrative infrastructures)**
- **Fragmentation, i.e., “boutique providers”, funding streams in silos, multiple service definitions and data systems, etc.**
- **Higher administrative costs for providers (multiple contracts for similar services and populations)**



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

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



# The Collaborative Members

- Human Services
- Health
- Children, Youth & Families
- Corrections
- Aging & Long Term Services
- Public Education
- Transportation
- Labor
- Indian Affairs
- Public Education
- Children's Cabinet
- Higher Education
- Finance & Administration
- Division of Vocational Rehabilitation
- Admin. Office of the Courts
- Mortgage Finance Authority
- Health Policy Commission
- Developmental Disabilities
- Veterans Services
- Public Defender
- Governor's Health Policy Advisor
- Office of Workforce Development



# The Collaborative's 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 one or more BH entities to ensure availability of services (one selected)
- Develop a comprehensive statewide BH plan

# PURCHASING COLLABORATIVE

Statewide Behavioral Health Planning Council  
(advisory – made up of 51% consumers)

Single State-Wide Management Entity  
*Value Options*

15 Local Collaboratives

# COMMUNITY PROVIDERS





# What's Happened So Far?

- Collaborative and BH Planning Council established – per HB 271
- ValueOptions Selected as Statewide Entity
- Cross-agency staff workgroups activated (a “virtual department” across agencies)
- 15 Local Collaboratives developed (13 judicial districts and a sixth common “region” for 2 Native American populations)
- Common service definitions developed



# What's Happened So Far?

- Comprehensive planning and evaluation efforts commenced
- Improved licensing and credentialing of professional workforce; three pieces of legislation to make reciprocity easier
- Creation of 34 additional school-based health centers with behavioral health components



## What's Happened So Far?

- Additional drug abuse (esp. methamphetamine) funding
- Medicaid state plan changes – ACT; MST, IOP, CCSS, etc.
- Residential treatment services study
- Provider capacity survey and training



## What's Happened So Far?

- Housing plan begun, with emphasis on adults with serious mental illness and youth in transition
- Telehealth services grant to develop curriculum and capacity
- 21 performance measures (40+ metrics) identified
- Shared process with Local Collaboratives to develop legislative agenda

# Barriers

- “We have always done it this way”
- Funding mechanisms
- Rural and Urban split
- Territoriality
- Complexity
- History of exceptions
- Wide mix of providers (technological sophistication, financial health, maturity, etc.)
- Mixed ability of consumers / family members to have a voice



# What Have We Learned?

- Creating the expectation of change and excellence; overcoming inertia
- Time & resource requirements – collaboration is hard and time-consuming
- Importance of action and perseverance– rather than build the bridge; leap then learn to fly. Keep moving!!!
- Details and data vs. the “Big Picture” (eye on the longer-term vision while attending to current details)



# What Have We Learned?

- Communications – the importance of “the elevator story”
- Change management challenges – memory loss requires keeping the vision alive; remind people of how the details matter; overcome defensiveness: manage the tension between inclusion and decisiveness
- Participation – Resist the temptation to work in isolation - build structures that encourage / expect / require partnership
- Rising expectations; rising resistance



# What Have We Learned?

- Impact/critical role of strong leadership (at Secretary, Gov, legislative, staff and stakeholder levels)
- Real meaning of “partnership” (enough trust: give and take; need to sustain the engagement and interest)
- Critical nature of private sector partner – flexibility & agility, risk-taking, keeping the faith, willingness to take the heat (ValueOptions has been a critical player)
- Transparency – Use it to challenge mythology
- Perseverance



# What Have We Learned?

- Understand business realities – financially incentivize what you want to have happen
- Shared outcomes. Use them as a unifying force.
- Reflect on your language