


New Mexico Transformation- Psychiatry Role

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VISION:

Quality BH Care Promotes Recovery for All:

- **Single BH service system – seamless, accessible, available**
 - **Effective, efficient funds management**
 - **Recovery, resiliency supported**
 - **Mental health promoted**
 - **Adverse effects of substance abuse & mental illness prevented/reduced**
 - **Customers participate fully in the life of their communities**
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Transformation Structure

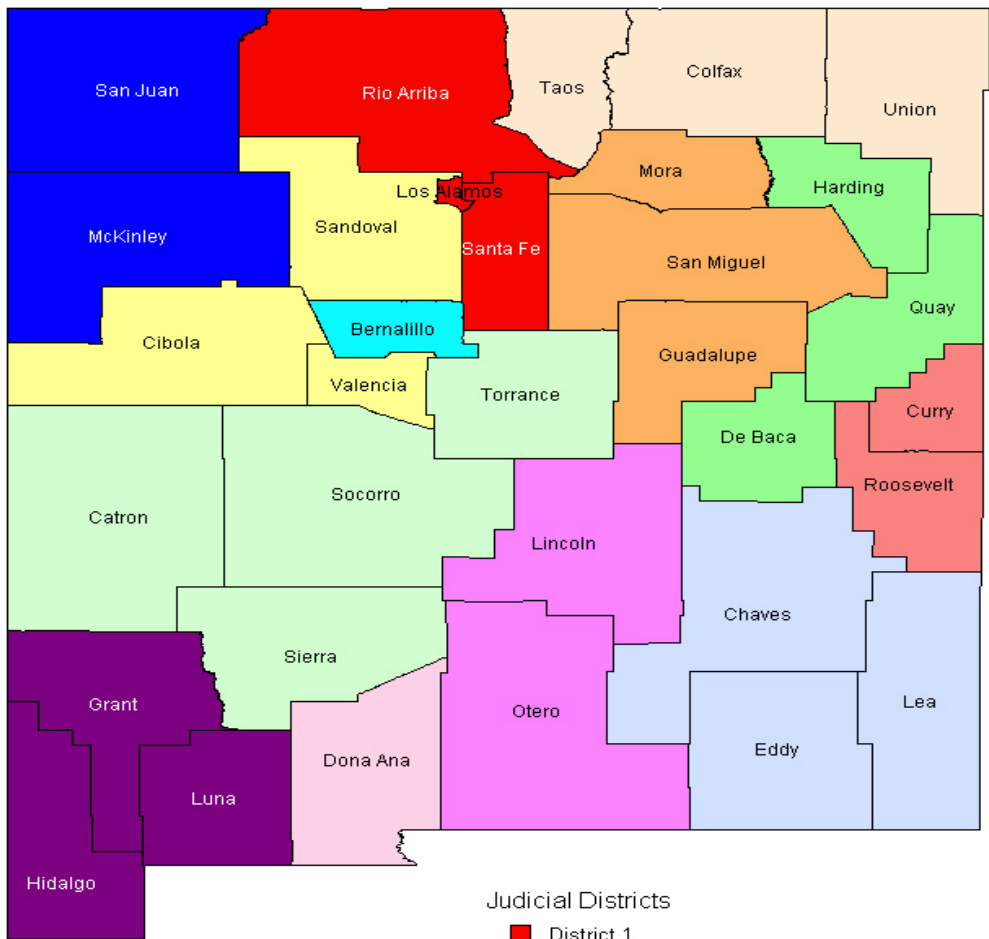
- NM Behavioral Health Purchasing Collaborative-17 state agencies and boards
- Statewide Entity-ValueOptions New Mexico
- Local Collaboratives
- Behavioral Health Planning Council



The 17 State Agencies Are:

- ❖ Human Services
- ❖ Aging & Long Term Services
- ❖ Children, Youth & Families
- ❖ Department of Health
- ❖ Corrections
- ❖ Public Education
- ❖ Transportation
- ❖ Finance & Administration
- ❖ Indian Affairs
- ❖ Labor
- ❖ Division of Vocational Rehabilitation
- ❖ Administrative Office of the Courts
- ❖ Mortgage Finance Authority
- ❖ Health Policy Commission
- ❖ Developmental Disabilities Planning Council
- Governor's Commission on Disability
- Governor's Health Policy Advisor

Judicial District Map



Judicial Districts

- District 1
- District 10
- District 11
- District 12
- District 13
- District 2
- District 3
- District 4
- District 5
- District 6
- District 7
- District 8
- District 9

Initial Psychiatric Involvement at State Level (4 psychiatrists, ~2 FTEs)

- Development of Transformation grant application-systems consultation
- Medicaid and Psychopharmacology Consultation role
- Support for SIG- esp. CoSIG grant
- Interface with primary care system initiatives
- Role with Juvenile Justice issues



Oversight of Developed Sub-Committees and Programs

- Behavioral Health-Primary Care Interface
- Suicide Prevention Leadership Role (Garrett Smith)
- Developmental Disability/ BH interface
- Telepsychiatry and telebehavioral health development
- School Mental Health Issues
- State-University Collaborative Efforts



Linkage to State Psychiatrists

- Regular communication with Rural and Community Psychiatry group, developed in partnership with APA-
Focus on rural issues
- Community Psychiatry representation on VO Pharmacy and Therapeutics Committees and advisory committees
- Presentation to Child Psychiatry Association, who are very concerned about access to appropriate care and developing their own response tools
- NMPMA little direct involvement



NM Consortium for Behavioral Health Training and Research

- State-University collaboration to increase state behavioral health workforce trained to implement evidence-based practices
- Partner on evaluation/services research of behavioral system restructuring
- Partnership among state Behavioral health Purchasing Collaborative, HED, universities and community colleges statewide.
- Psychiatrist as interim director, linking to other programs statewide

