



THE FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH

Report on Targeted Technical Assistance NEW MEXICO - DECEMBER 18-19, 2003

THE REQUEST

In September, 2003, Governor Bill Richardson announced that New Mexico would be embarking on a re-design of its entire behavioral health system. This behavioral health initiative is designed to reduce the fragmentation and improve the systems of care for children and adults living in New Mexico. The results New Mexico is seeking are better services, better outcomes and better use of the State's money.

New Mexico's behavioral health initiative will include all child, adult, mental health, substance abuse, federal and state funds administered by multiple state agencies. It will be administered and managed through an interdepartmental purchasing collaborative. The new behavioral health system is expected to be operational by July 1, 2005, and as clinically sound and recovery and resiliency oriented as possible.

This initiative and the request are consistent with the President's New Freedom Commission Report on Mental Health calling for comprehensive state planning, attention to prevention and early intervention, and utilization of evidence-based practices in behavioral health services.

THE PARTICIPANTS

The conveners of the Behavioral Health Summit were the State agencies involved in this future purchasing collaborative, called the Behavioral Health Design Work Group. The lead agencies are the Children, Youth and Families Department represented by the Secretary and the Children's Behavioral Health Director; the Department of Health represented by the Secretary and the State Commissioner of Mental Health; the Human Services Department represented by the Secretary who oversees the Medicaid agency and its Director, The Governor's Health Policy Advisor and the remaining key stakeholder agencies who have behavioral health monies within their program and budget.

The first day's discussion was open to the public. Over 100 people attended. They consisted of family members, consumers, advocates, providers, Native American tribes that represent the entire age spectrum from children to geriatric populations. There were also youth consumers, policy makers, managed care organizations, and representatives from other state and local agencies (Albuquerque's director of special education and for example). Audience members came from many different communities in New Mexico and the cultural diversity of the state was well represented. The Behavioral Health Design Work Group (attached) and its Stakeholder Advisors were all in attendance.

The second day's discussion was open only to members of the Behavioral Health Design Work Group. Key staff from over a dozen different state agencies participated.

THE PROCESS

New Mexico sought the best advice nationally for the design of their new system. They convened a Behavioral Health Consultation Summit on December 18th and 19th, 2003, in Santa Fe, New Mexico to assist all the State's stakeholders in transforming a "blank slate" into a responsive and effective system of care for children and their families. They specifically requested that Trina Osher, Federation of Families for Children's Mental Health, participate regarding the behavioral health needs of children and families.

Along with Ms. Osher, there was a panel (attached) of other national experts in children's mental health, adult mental health and substance abuse, consumers, behavioral health financing structures and models as well as a representative from the Substance Abuse and Mental Health Services Administration.

On day one, the panel had a breakfast briefing with Pam Hyde, Secretary of the New Mexico Department of Human Services. This was followed by an all day public meeting at the State Capitol Building during which the panel responded to questions posed by Secretary Hyde (attached) and members of the Behavioral Health Design Work Group Advisory Committee. During the last hour of the hearing, the expert panel heard comments and testimony from the general public. The public hearing was followed by a two-hour reception where panel members had informal conversation with the stakeholders from the audience.

On day two, the panel met with key staff from the state agencies who belong to the New Mexico's Behavioral Health Design Work Group. This was an informal discussion allowing the Work Group members to probe the expert panel more deeply on specific aspects of the task they face. An outline for a white paper and strategies for defining the population, funds, and services that would be included in the purchasing collaborative were discussed. Pros and cons of various types of purchasing entities were also discussed at length.

Both days, the sessions were chaired by Secretary Hyde. The public hearing was recorded on tape and notes were taken by New Mexico state agency staff on both days.

THE OUTCOMES

The goal of this targeted technical assistance activity was to provide advice on the development of a child-centered, family focused, community based and culturally competent system of care for children and families. It is expected that New Mexico's Behavioral Health Design Work Group will use what they learned from the two days of discussion to develop a purchasing collaborative that will result in improved service delivery and service outcomes for children and families.

Throughout both days, Trina Osher offered examples and lessons learned from the experiences of other states, family-run organizations, systems of care for children and their families, and state and national policy arenas. While there was no formal evaluation of the proceedings for either day, informal feedback was extremely positive from both Work Group members and the general public.

New Mexico's Behavioral Health Design Work Group has a substantial task ahead and a very tight time frame in which to accomplish it. During the next year and half, they may seek additional assistance from the Targeted Technical Assistance Project.

NEW MEXICO BEHAVIORAL HEALTH DESIGN CONSULTATION DAY December 18, 2003

QUESTIONS FOR THE CONSULTANT PANEL

Models, Structures and Financing

1. Purchasing Collaborative Structures

- 1.1. What other states have used purchasing collaboratives? For what purposes, populations, services? How are they structured? How do agencies share clinical quality and fiscal monitoring responsibilities while in a purchasing collaborative?
- 1.2. What should we consider as we develop a statewide behavioral health purchasing collaborative in New Mexico?

2. Financing

- 2.1. What factors are used to determine what dollars and services are included in the behavioral health system purchased and overseen by a purchasing collaborative and what dollars and services are excluded? Specifically, what about state facilities, services for persons connected to the judicial or correctional system, services for American Indians, prevention services, pharmacy?
- 2.2. What are the benefits and drawbacks of risk-based financing mechanisms such as capitation and case rates? How is financial risk addressed by the contractor(s) in other behavioral health systems? Are there other such mechanisms we should consider? How can we use financing as a tool to assure the right amount and kind of services are delivered?
- 2.3. Given that multiple funding sources with different requirements and expectations will be involved, how can we keep these sources clearly identified and all the requirements met while still allowing maximum flexibility and blending of resources?

3. Models

- 3.1. What are the various types of managing entities that other states are using to administer behavioral health services? What are the pros and cons of ASOs, at-risk BHOs, provider networks, etc.?
- 3.2. Are there models at the state or local level that you think we should look at as we design our system in New Mexico?
- 3.3. How do the various models deal with the interface with other systems such as housing, employment, corrections, justice, schools, primary care, etc?

4. "Regional Presence"

- 4.1. How do the various models address regional issues? What factors should we consider as we determine which functions are best done locally to address the unique needs of a specific geographic area, and which are best done statewide for consistency?
- 4.2. Are there structural models that you would suggest we look at? For example, what about sub-capitation of providers or facilities? What about provider networks? What about consumer and family operated services, advisory groups and/or oversight groups?
- 4.3. How many levels of subcontracting do other behavioral health systems use – advantages and disadvantages?

Procurement, Contracting and Oversight

1. Procurement

- 1.1. What have states done to assure that what they ask for in the procurement process is what they want and what they get?
- 1.2. Did other states use a phased-in approach in developing their behavioral health systems – advantages and disadvantages?

2. Contracting

- 2.1. What are the elements of a good contract that will assure we get the most from the dollars we have to spend?
- 2.2. What should be included in the contract to assure consumer and family operated services are encouraged and supported?

3. Oversight and Quality

- 3.1. What have other states done to assure that providers use evidence-based or promising practices that are oriented to recovery and resiliency?
 - 3.1.1. How have other states dealt with licensing and credentialing issues?
 - 3.1.2. What are the elements of good member services that other states require of their contractors and their providers?
 - 3.1.3. What have other states/local jurisdictions done about behavioral health performance measures and outcomes?

Advisory Groups

- 3.2. How are advisory groups used in other behavioral health systems? Has any state or local jurisdiction created a single integrated behavioral health advisory group that meets all state and federal requirements?
- 3.3. What other ways do states use to obtain provider, consumer, family, and child/adolescent input and direction to service delivery and systems of care?

Populations and Services

1. What factors help decide who is included in the behavioral health system (from the beginning) and what services they get and what services they won't get?
2. Given New Mexico's limited services and disparate funding streams, what should we consider to make existing dollars go further to provide more or better services?
3. Has anyone done a particularly good job of incorporating cultural requirements into their system? Who is doing the best job serving persons who are Hispanic, American Indian, Spanish-speaking, or native language speakers?
4. How have consumer and/or family operated services been encouraged or required in other states or local jurisdictions?
5. Are there special considerations you would suggest for children/adolescents? For SMI adults? For the general population? For American Indians? For persons with substance abuse disorders? For DWI offenders? For persons with multiple diagnoses, especially those with co-occurring substance abuse and mental illness and persons who are developmentally disabled and mentally ill or substance abusing?

NM Behavioral Health Design Work Group Staff

Adelsheim, Steve	NM Department of Health
Anker-Unnever, Lynne	NM Aging and Long Term Care Department
Carol Upham	NM Department of Public Safety
Cassidy, Geri A	NM Human Services Department
Hanna, Dave	NM Department of Finance and Administration
Falls, Katie M	NM Human Services Department
Fernandez, Troy	NM Health Policy Commission
Gene, Terrelene	NM Department of Indian Affairs
Hyde, Pam	NM Human Services Department
Ingram, Carolyn	NM Human Services Department
Callaghan, Jack	NM Department of Transportation
Joyce Johnson	NM Department of Finance and Administration
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Segotta, Faron	NM Department of Public Safety
Helwig, Sherry	NM Department of Corrections
Smith, Donna K	NM General Services Division
Sutin, Jessica	NM Office of the Governor
Tavarez, Rich	NM Department of Health
Trujillo-Knauer, Patsy G.	NM Aging and Long Term Care Department
Warner, Ken	NM Children, Youth & Families Department

CONSULTANTS TO BHDWG

December 18th and 19th Consultant Meeting in Santa Fe, NM

ATTENDING IN PERSON

- Richard Dougherty, Ph.D. - Dougherty Management Associates, Inc
- Colette Croze – Croze Consulting
- Jan McCarthy, MSW – Director, Child Welfare Policy, Natl. TA Center for Children's MH
- John O'Brien – The Technical Assistance Collaborative
- Rusty Dennison, MBA – President, Parker Dennison & Assoc., Lt.
- Neil Cash – President/CEO, Community Partnership of Southern Arizona
- Wilma Townsend, MSW – The Technical Assistance Collaborative
- Trina Osher – Coordinator of Policy & Research, Federation of Families for Children's MH

ATTENDING BY PHONE

- Professor Howard Goldman – Univ. of Maryland School of Medicine, Dept. of Psychology
- Gail P. Hutchings, M.P.A. – Senior Advisor to the Administrator, Substance Abuse & Mental Health Services Administration
- Professor Richard Frank – Harvard Medical School, Dept. of Health Care Policy
- Sheila A. Pires, M.P.A. – Partner, Human Services Collaborative

INVITED BUT NOT ATTENDING

- A Kathryn Power, M.Ed. – Director, Center for Mental Health Services
- Mark Schaefer – State of Connecticut

ONLY ATTENDING THE DECEMBER 4 MEETING

- Henry J. Steadman, Ph.D. – President, Policy Research Associates, Inc.