



New Mexico Behavioral Health The Provider Perspective

INTERIM LEGISLATIVE HEALTH AND HUMAN SERVICE COMMITTEE
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NMBHPA in FY 17

- **Acknowledging 2013 Impact; move from rehashing to rebuilding**
- **History and Mission:** To establish a unified voice for providers
- **FY 2017 Strategic objectives**
 - **Increase Membership;** 41 members, 9 new in FY 2017
 - **Improve Legislative presence and effectiveness;** SB 84 “Behavioral Health Collaborative Membership”
 - **Increase Workforce Capacity;** joining forces with CBHTR Workforce Development Project
 - **Behavioral Health Systems;** be proactive and inclusive in solving system problems. Tracker, billing for multiple groups per day, prolonged psychotherapy, nurse medication administration .

NMBHPA in FY 17 - continued

- **Monthly Meetings**
 - Membership – business and presentations
 - BHSD, MAD, CYFD and MCO's – Tracker issues, receive state updates
- **Contributions**
 - Spring 2016 - budget reduction discussion
 - December 2016 Rate Cut Advocacy
 - CCBHC proposal participation – member agencies
 - Health Home development – member agencies
 - Waiver Renewal recommendations
 - Service Definition recommendations
 - Coordinate Case Review Team

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BH System Progress

Excellent access to state agencies, shared commitment to open communication and system improvement, common agenda.

Initiatives

- Treat First
- CCBHC and Health Home
- Opioid treatment program
- IT systems improvement – Falling Colors, planned 2018 IT system upgrade
- Workforce study and Summit planning

Sustaining Progress is not easy

- Complex issues and requirements
- Financial problems
- Changing leadership and priorities

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BH System Challenges

Access to care and the numbers.

- What do the numbers really tell us?
- Apples to apples, or apples to oranges
- Do the numbers tell the story we want to be told, that community based care is expanding and improving

Parity – Level playing Field

- Comparable rates
- Comparable work load and regulations

Functional “Gap Analysis”

- Emphasis on building system, and not deploying resources and energy to simply define the landscape.
- Comprehensive gap analysis does not have to be repeated. Local/county entities can and should describe their regional service needs

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System Challenges – Service Gaps

- Gap 1
 - Early childhood and infant mental health
- Gap 2
 - Community based options, including BMS, Wrap-around, group homes, Peer Support, Supportive Housing, etc.. Even though New Medico received substantive grant funding to develop Wrap-Around and build a community based Children’s system of care over the past 8-10 years, it has not translated into sustainability. We have been very successful shutting down RTC beds and groups home beds, but have completely failed to bring up the necessary community supports.

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System Challenges – Rate Gaps

- Gap 1
 - Service rates do not reflect community based care system goals. Inpatient and residential receive highest rates and Providers cannot afford to offer effective and desirable community options if they lose money. E.G., BMS reimbursement is \$31/hour which doesn't adequately cover costs.
- Gap 2
 - AZ companies – There is strong belief that the Arizona companies received significant financial incentives to come to New Mexico. Yet those who left couldn't succeed on the rates they received. This has been very difficult for New Mexico providers to understand.
- Gap 3
 - FQHC's – big rate differential to state funded providers which is another example of lack of parity.

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System Challenges – Regulation Gaps

- Gap 1
 - Consistent requirements between NMAC regulations and non-NMAC descriptions. Promulgated over years of state agency and MCO changes. Current plan is to eliminate Service Definitions and put everything into regulation but completion target date is unknown due to bureaucratic delays.
- Gap 2
 - Community Mental Health Center certification and licensing requirements were written in 1996 and have not been updated.

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Solutions and Recommendations

Rate and fee schedule analysis; Revise rate structure to achieve budget neutral realignment of services

- Identify where to incentivize community based services e.g., BMS, peer support, providing safe living options such as supported housing and group homes.
- Identify where to de-incentivize higher cost care (jails, ER's).

Regulation Reform

- Complete current reformation efforts
- Reduce irrelevant overregulation

Pass "Behavioral Health Collaborative Membership", Sen. Jerry Ortiz y Pino

Pass "Medicaid Access, Disputes & Fraud", Sen Mary Kay Papn

NMBHPA members , July 1, 2017

ABQ Health Care For The Homeless, Inc.
 All Faiths
 Assurance Home
 Attachment Healing Center
 Bernalillo Academy
 Childhaven
 Desert Hills New Mexico
 Desert View Family Counseling
 El Puente de Encuentros
 Duke City Recovery Toolbox
 Guidance Center Of Lea County, Inc.
 Hildalgo Medical Services
 Kids Counseling Inc

La Casa Bueno Salud
 La Clinica De Familia
 La Familia, Inc.
 Las Cumbres Community Services
 Mental Health Resources, Inc.
 Mesilla Valley Hospital
 New Day Youth & Family Services
 New Mexico Crisis And Access Line
 New Mexico Solutions
 Open Skies Healthcare
 PB & J Family Services, Inc
 Presbyterian Medical Services
 Sage Neuroscience Center
 Saint Martin's Hospitality Center

Santa Fe Mountain Center
 Santa Fe Recovery Center
 Serna Strategic Solutions Llc
 Southern Peaks Regional Treatment Center
 Southwest Behavioral Health IPA
 Southwest Family Guidance Center & Institute
 Tafoya & Associates Behavioral Heal
 The Community Lighthouse
 The Life Link
 Therapeutic Living Services, Inc.
 UNM Hospitals
 Valle del Sol
 Youth Development, Inc.
 Youth Shelters & Family Services