

Behavioral Health Collaborative



Bryce Pittenger, CEO for the Legislative Finance Committee
August 18, 2022

BEFORE WE START...

On behalf of all colleagues at the Behavioral Health Collaborative, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Navajo and Pueblo past and present.

With gratitude we pay our respects to the land, the people and the communities that have contributed to what today is known as the State of New Mexico.

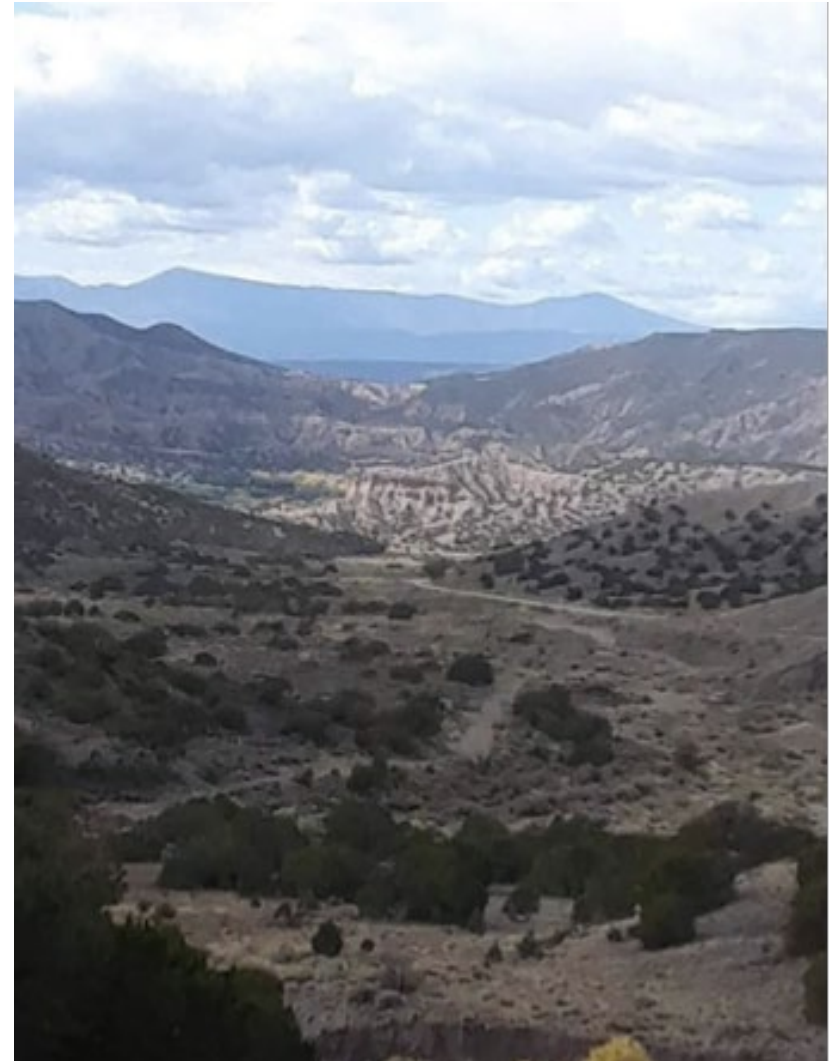
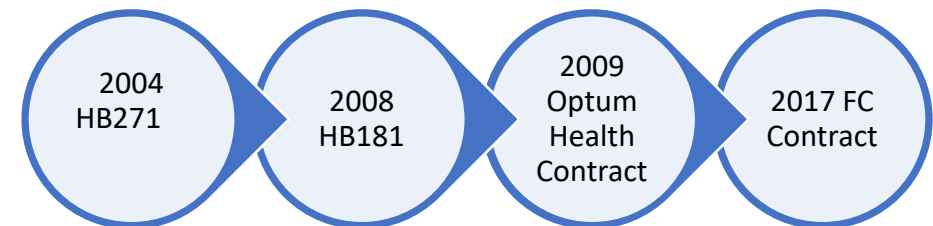


PHOTO COURTESY: HSD Employee

Behavioral Health Collaborative purpose and timeline

The purpose... is to develop a statewide system of behavioral health care that promotes the behavioral health and well-being of children, individuals and families; encourages a seamless system of care that is accessible and continuously available; and emphasizes prevention and early intervention, resiliency, recovery and rehabilitation. HB271 2004

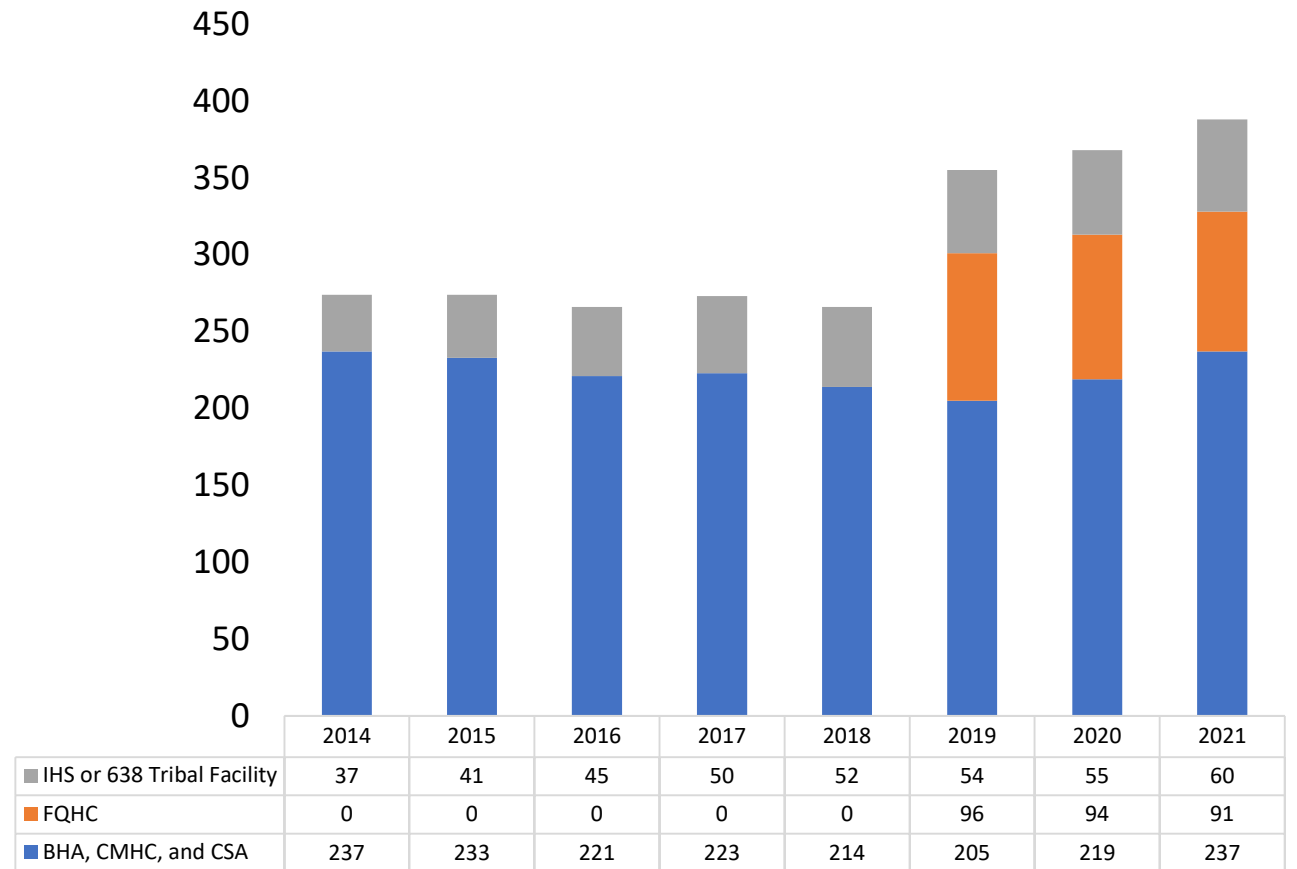
- 2004 [HB271](#) chaptered the creation of a statewide behavioral health collaborative
- 2008 [HB181](#) chaptered the requirement of a separate consolidated budget request for behavioral health services for member agencies
- 2009 OptumHealth Administrative Services Organization Contract
- 2017 Falling Colors Contract as statewide Administrative Services Organization
- 2021 Extended Falling Colors Contract



Year over year BH organizations

- BHA (Behavioral Health Agencies) – these tend to be smaller, independent outpatient practices with at least one specialized behavioral health service
- CMHC (Community Mental Health Centers) – these are comprehensive mental health clinics with a full array of outpatient mental health and substance use services
- CSA (Core Service Agencies) – these agencies are similar to CMHCs in the range of services provided and were an initiative from 2006. Currently, few agencies are using this designation and most new agencies tend to be designated as either BHAs or CMHCs
- FQHC (Federally Qualified Health Centers) – these agencies provide a broad array of primary care services including onsite outpatient behavioral health treatment. Federally, there has been an initiative to increase the behavioral health services provided in these settings and the NM numbers are consistent with an increased focus on behavioral health service delivery in these settings.
- IHS or 638 tribal facility – these agencies serve American Indians and provide a range of outpatient primary care, mental health and substance use services

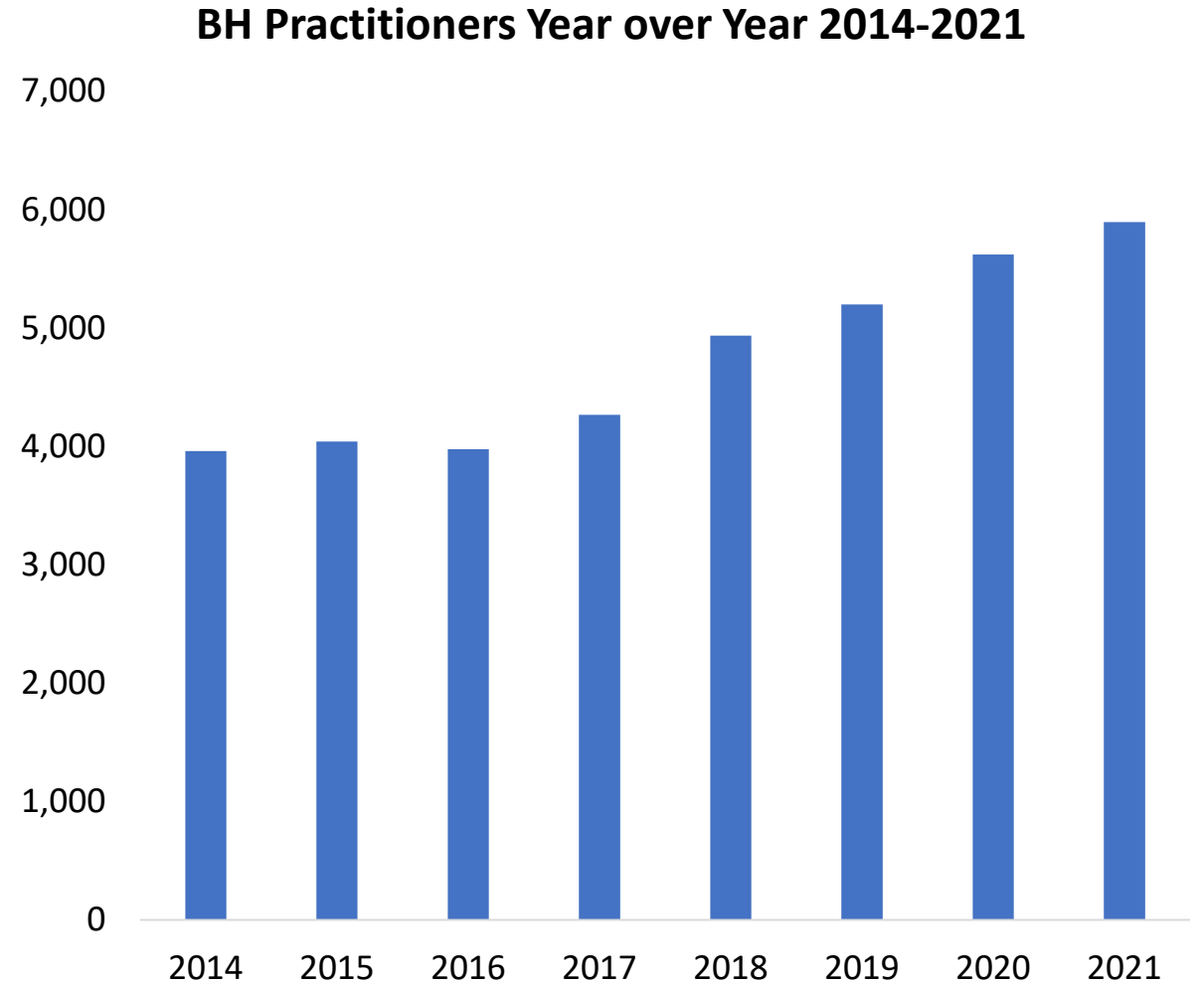
NM Behavioral Health Organizations 2014-2021



Data compiled from reports sent to the state each quarter by each Medicaid Managed Care Company.

Year over year BH practitioners

- Psychiatrists
- Psychologists
- Therapists
- Social workers
- Psychiatric nurse practitioners
- Peer support workers
- Community support workers.
- Growing this workforce across all disciplines continues to be a priority for the state.
 - It takes multiple years to train psychiatrists, psychologists, social workers, therapists, and nurse practitioners.
 - Although peer support workers and community support workers may not require as many years in trainings, it is important to develop and implement strong supervision structures to support their work.



Administrative Services Organization: Falling Colors

