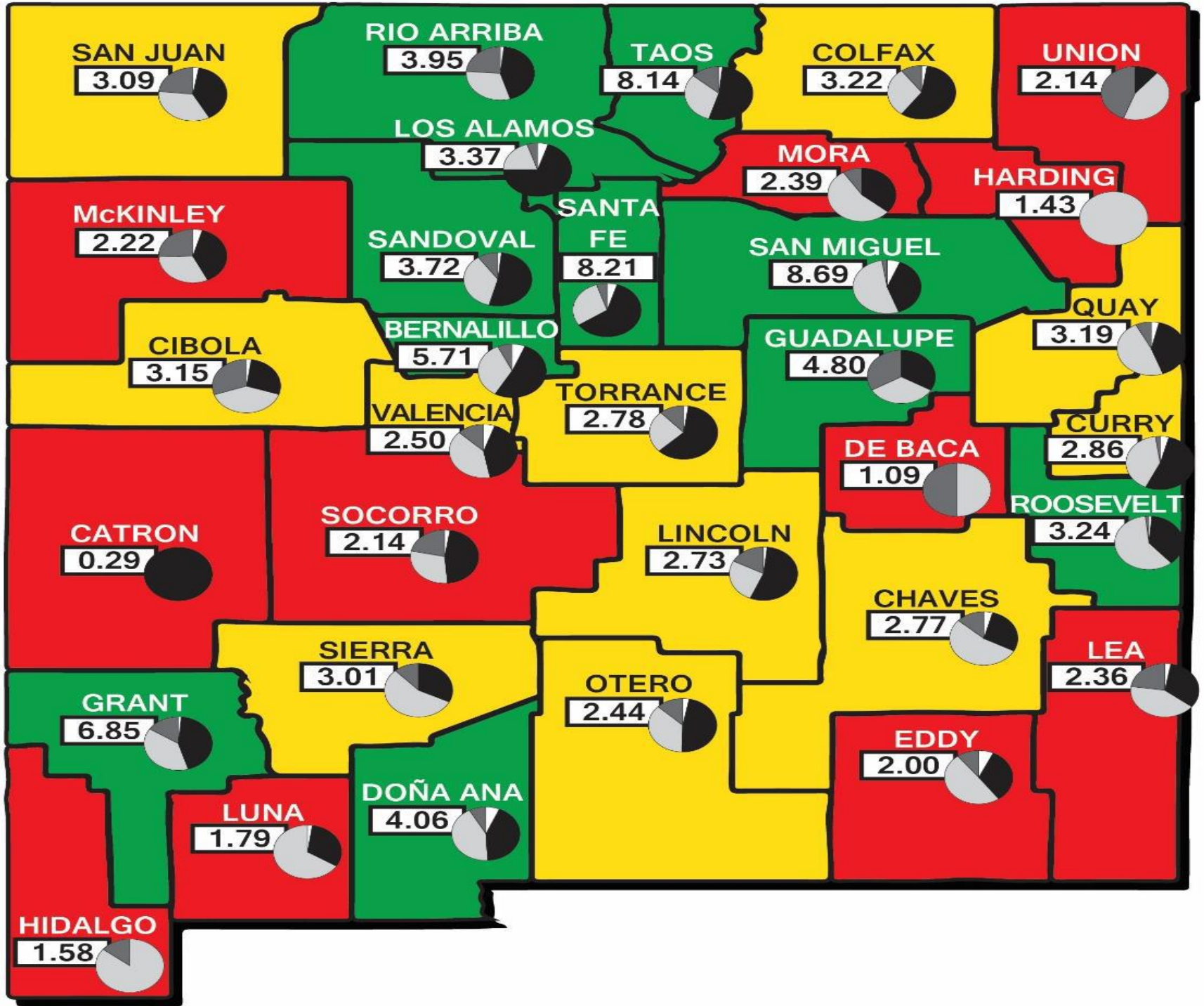
Behavioral Health in New Mexico

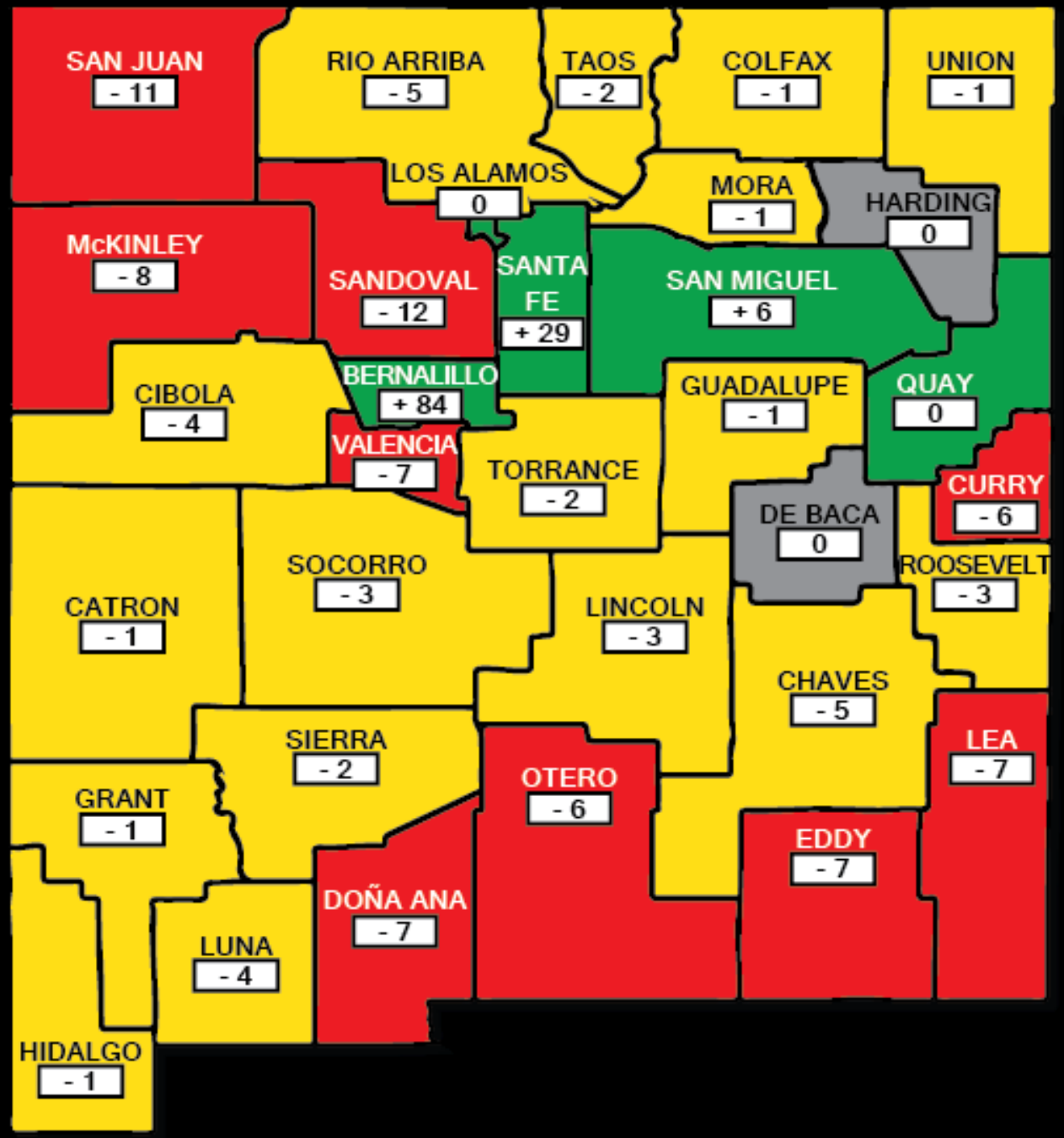
Challenges, Medicaid Contributions, New Opportunities

Challenge # 1: New Mexico Behavioral Health Workforce & Access to Care

New Mexico Health Care Workforce Committee 2018 Annual Report

More than 50% of New Mexico adults with mental health conditions do not receive needed treatment


SAN JUAN
3.09
RIO ARRIBA
3.95
TAOS
8.14
COLFAX
3.22
UNION
2.14
LOS ALAMOS
3.37
MORA
2.39
HARDING
1.43
McKINLEY
2.22
SANDOVAL
3.72
SANTA FE
8.21
SAN MIGUEL
8.69
QUAY
3.19
CIBOLA
3.15
BERNALILLO
5.71
GUADALUPE
4.80
TORRANCE
2.78
VALENCIA
2.50
CURRY
2.86
DE BACA
1.09
ROOSEVELT
3.24
CATRON
0.29
SOCORRO
2.14
LINCOLN
2.73
CHAVES
2.77
SIERRA
3.01
LEA
2.36
OTERO
2.44
GRANT
6.85
EDDY
2.00
DOÑA ANA
4.06
LUNA
1.79
HIDALGO
1.58
Behavioral Health Providers per 1,000
Highest Tertile (3.23 - 8.69 per 1,000)
Middle Tertile (2.40 - 3.22 per 1,000)
Lowest Tertile (0.00 - 2.39 per 1,000)
0
Total Behavioral Health Providers per 1,000
Proportion of Providers Who Are:
Prescribers
Independently Licensed
Non-Independently Licensed
Substance Abuse Treatment Providers



Benchmarks

At or above

1-5 providers below

Over 5 below

At with 0

0 # above or below

Psychiatrists

an additional 111 psychiatrists would be needed for all New Mexico counties to meet the national benchmark (one per 6.500

Rec. 11 Finalize and promulgate changes to the New Mexico Medicaid Behavioral Health Regulations to identify physician assistants as a behavioral health provider type, which will allow Medicaid reimbursement of services when delivered by physician assistants in behavioral health settings.

(2) The non-independently licensed rendering practitioner must be one of the following:

(a) a licensed master's of social work (LMSW) licensed by RLD's board of social work examiners;

(b) a licensed mental health counselor (LMHC) licensed by RLD's counseling and therapy practice board;

(c) a psychologist associate licensed by the RLD's psychologist examiners board;

(d) a registered nurse (RN) licensed by the New Mexico board of nursing if a behavioral health certified nurse practitioner or clinical nurse specialist or physician is supervising; or

(e) a licensed physician assistant certified by the state of New Mexico if supervised by a behavioral health physician or DO.

Rec. 10 Finalize and promulgate changes to the New Mexico Medicaid Behavioral Health Regulations to reimburse Medicaid services when delivered by behavioral health interns in community settings.

(3) Non-licensed practitioners must be one of the following:

(a) a master's level behavioral health intern;

(b) a psychology intern;

(c) a pre-licensure psychology post doctorate student;

(d) a certified peer support worker; or

(e) a certified family peer support worker.

Other Changes to Increase Access
in the New BH Rule and Fee Schedule

- Increased rates by 20% for targeted, high need services
  - Treatment Foster Care for youth
  - Assertive Community Treatment for serious mental illness
  - Group Therapy
  - Individual Peer Support
  - After hours & Holiday therapy
  - Comprehensive Community Support Services rendered in the community
  - Crisis Mobile Teams (doubled the rate)

- Congregated services for community based crisis stabilization centers

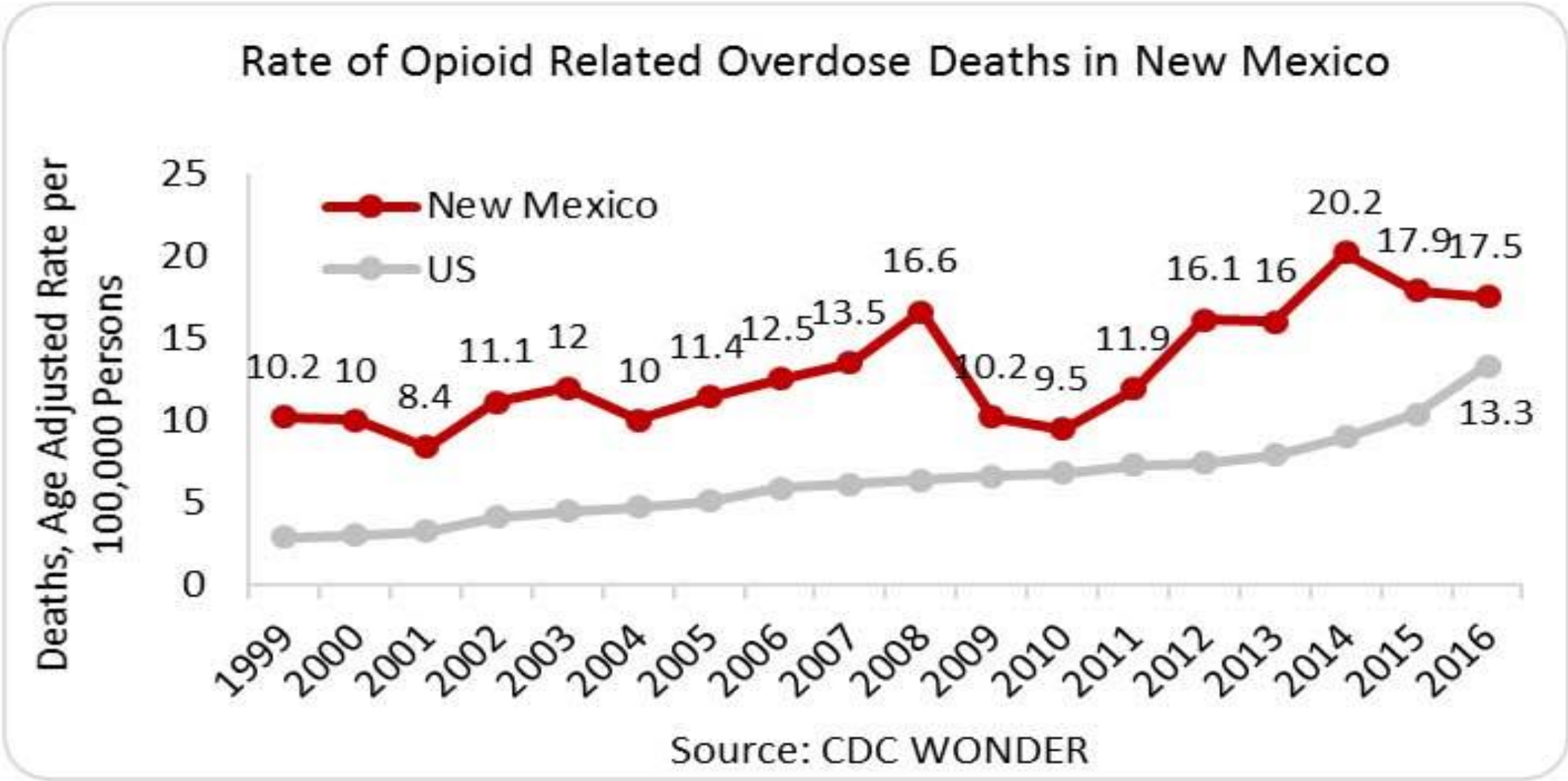
Fostered Better Outcomes with the Providers We Have

- Treat First Clinical Model – Pilot Moves to Best Practices
  - Clients needs addressed at first encounter
  - Reduces no-show rate for next encounter
  - "Treat First Talks" – an educational web-site (in development)

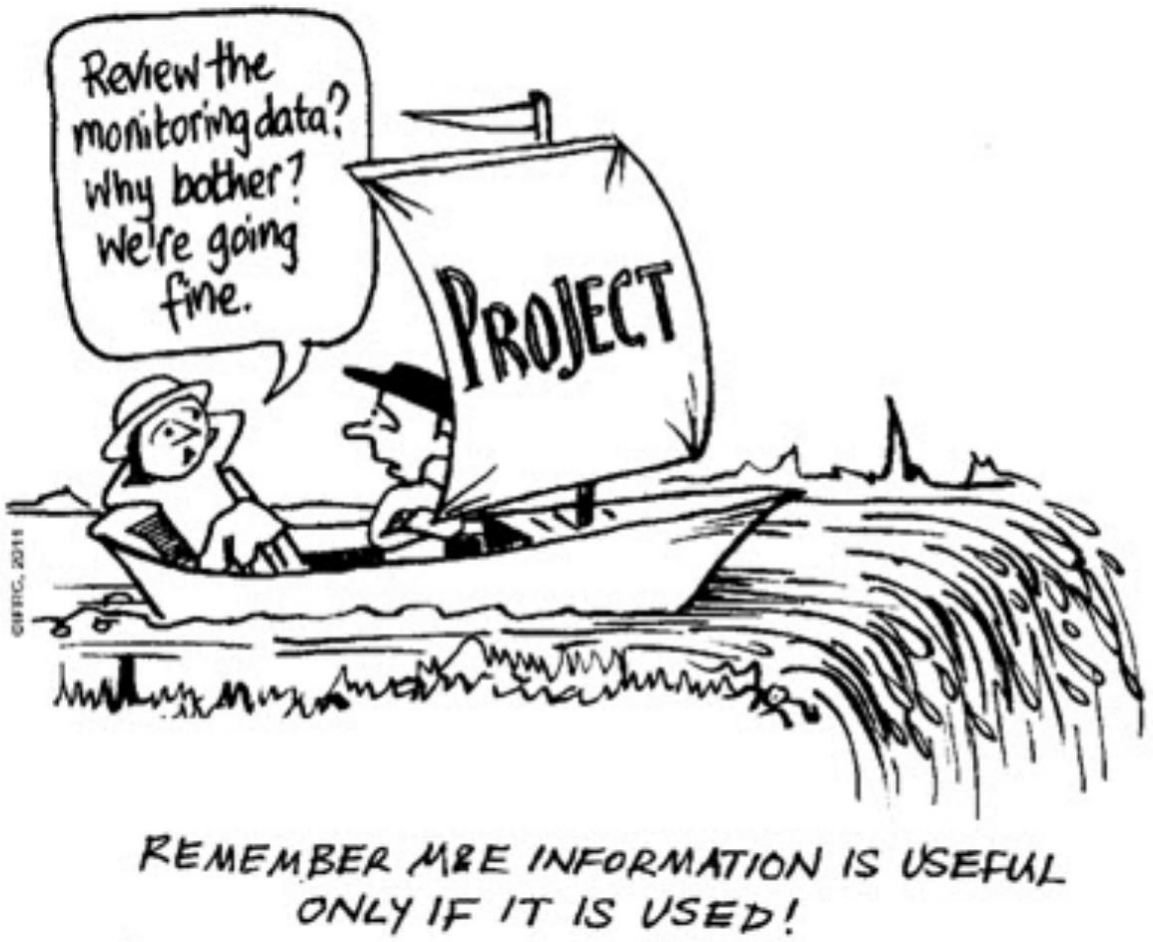
- Reimbursement for Interdisciplinary Teaming (integrated care)

- Developed BH Policy Manual with best practices as an educational tool – CYFD, BHSD, MAD, UNM

Challenge # 2 – Opioid and Other Substance Use Crisis



Six CMS Goals to Combat the OUD/SUD Crisis



1. *Reduction in overdose deaths, particularly those due to opioids.*
2. *Increased rates of identification, initiation, and engagement in treatment.*
3. *Increased adherence to and retention in treatment.*
4. *Reduced utilization of emergency departments and inpatient hospital settings for treatment where the utilization is preventable or medically inappropriate through improved access to other continuum of care services.*
5. *Fewer readmissions to the same or higher level of care where the readmission is preventable or medically inappropriate.*
6. *Improved access to care for physical health conditions among beneficiaries.*

Centennial Care 2.0 Waiver
Behavioral Health Component

Focus on substance use disorders – the continuum of care

CMS Milestones

1. Access to critical levels of care for OUD and SUD
2. Use of Evidence-based, SUD patient placement criteria
3. Use of nationally recognized SUD specific program standards to set provider qualifications for residential treatment facilities
4. Implementation of comprehensive treatment and prevention strategies to address OUD
5. Improved care coordination & transitions between levels of care

Use of Evidence Based SUD Patient Placement Criteria and Access to critical levels of care for OUD and SUD

Addressed in an Implementation Plan Showing existing services and Gaps in Service Offerings

American Society of Addiction Medicine (ASAM)

0.5 – Early intervention - Screening & Prevention
1.0 - Outpatient – Less than 9 hours services/week
2.1 – Intensive Outpatient – More than 9 hours/week
2.5 – Partial Hospitalization; Day Treatment
3.1 Clinically Managed Low-Intensity Residential
3.3 Clinically Managed Population Specific High Intensity Residential
3.5 Clinically Managed High Intensity Residential
3.7 Medically Monitored Intensive Residential
4.0 Medically Managed Intensive Inpatient

Milestones 1 & 2
- Access to critical levels of care
- Use of evidence based practices

0.5 – Early intervention

Screening & Prevention

2 gaps addressed

- Screening, brief intervention & referral to treatment (SBIRT)
- Pre and post tenancy support for housing

SBIRT

Screening, Brief Intervention, Referral to Treatment (SBIRT)

This initiative is a public health approach that serves individuals who are at risk of having or have a substance use disorder. New Mexico's SBIRT serves individuals 18 years or older who are at risk for having or have a substance use disorder, as well as individuals who suffer from anxiety, depression, and trauma.

The current operational sites include:

- First Nations Community Health Source (Zuni), Albuquerque
- UNM Hospital/ Trauma Unit, Albuquerque
- Santa Fe Indian Hospital
- Aspen Medical Center – Santa Fe
- Christus St. Vincent's Entrada Contenta – Santa Fe
- Christus St. Vincent's Family Medicine Center – Santa Fe
- White Sands Family Medical Center, Alamogordo

SBIRT

Expansion of Program begins 1/01/19

Current program funded through a grant

which ends in October

CC 2.0 Waiver Request and State Plan Amendment
Lowering age to 14 and above
Screening tools relevant to age
Expand into comprehensive types of medical settings
Expand throughout State
Trained practitioners as a requirement to participate
Expanding cadre of Peer Support Workers to screen
Reimbursement through Medicaid – FFS & MCO
Maintaining screening for SUD, trauma, depression, anxiety

Housing Assistance for Individuals with Severe BH Conditions

The 2nd preventive measure

It's the service to find it, and sustain it….

- Pre-Tenancy support
  - Outreach
  - Housing search
  - Application assistance
  - Obtaining furnishings/household supplies
  - Move in assistance

- Tenancy Sustaining Support
  - Property owner relationship management
  - Tenancy rights and responsibilities education
  - Eviction prevention
  - Subsidy program adherences

Milestone 1
- Access to critical levels of care
- Prevention

Accredited Residential Treatment Centers for SUD

Another Gap Addressed

3.1 Clinically Managed Low-Intensity Residential

- ❑ Step down longer term ARTC for adults recovery before transitioning to community –

One reimbursement level

3.3 Clinically Managed Population Specific High Intensity Residential

- ❑ Mid level ARTC stay with slower pace for cognitive difficulties or other impairments

3.5 Clinically Managed High Intensity Residential

- ❑ Mid level ARTC with withdrawal management (3.2 WM)

Second reimbursement level

3.7 Medically Monitored Intensive Residential

- ❑ Short term M.D. & nursing care for withdrawal management

Third reimbursement level

Milestone 3
SUD Program standards to set provider qualifications for ARTCs

Crisis Triage Centers

Features

- OP or residential
- Voluntary admission
- Alternative to ED or jail
- Community relationships
- 24/7 admission
- Ages 14 and above (optional)
- Maximum 16 beds
- Stay up to 8 days
- Detoxification services optional

- Legislation to add OP option to residential option passed
- Legislation to allow hospital based crisis triage centers passed
- DOH Licensing near the finish line
  - All comments responded to and/or incorporated
- MAD Rule begins promulgation
- Cost based pricing

Added SUD to qualifying admission criteria for programs

Milestone 4

Comprehensive prevention & treatment strategies to address OUD

- Added SUD to Partial Hospitalization & re-drafted definition
- Added SUD to all programs specific to SMI/SED
- Expanding Peer Support for SUD in many venues
- Added Medication Assisted Treatment to OTPs & other services
- Establishing monitoring for Opioid drug utilization

SUPPORT for Patients and Communities Act

•requires the establishment of drug management programs for at-risk beneficiaries,

•establishes drug review and utilization requirements,

CC 2.0 SUD Opportunity # Five

Expand CLNM HHs & Add SUD

The SUPPORT for Patients and Communities Act
extends the enhanced federal matching rate for expenditures regarding substance use disorder health home services – 6 more months

- Current requirements: Chronic conditions only
  - Serious mental illness for adults
  - Severe emotional disturbance for children
  - All comorbidities are part of care

- CC 2.0:
  - Consider adding substance use disorder to chronic conditions
  - Consider children only and adult only as long as both in same county
  - Consider expansion throughout State in 2 more phases

CLNM Health Home Expansion

Current Health Homes (Expansion April – July 2018)

CLNM Provider	Current Members (10/01/18)	Projected 12/31/18
Guidance Center Lea County (Hobbs) Children's wrap-around	222 34	1,062 53
Hidalgo Medical Services (Lordsburg & Silver City)	104	471
Kewa Pueblo Health Corp (Santo Domingo Pueblo)	104	117
Mental Health Resources (Tucumcari, Fort Sumner, & Portales) Children's wrap around Mental Health Resources (Clovis) (live 2016)	249 23 750	1,190 68 750
New Mexico Solutions (Albuquerque)	127	486
Presbyterian Medical Services (Rio Rancho) PMS – (Farmington) (live 2016)	39 208	270 750
UNM Hospital Clinics (Albuquerque) (live 7/01/18)	120	2,677
TOTAL	**1,923** **57** WRAP	**7,753** **121** WRAP

Challenge # 3: Child Well-Being – 50th in Nation*

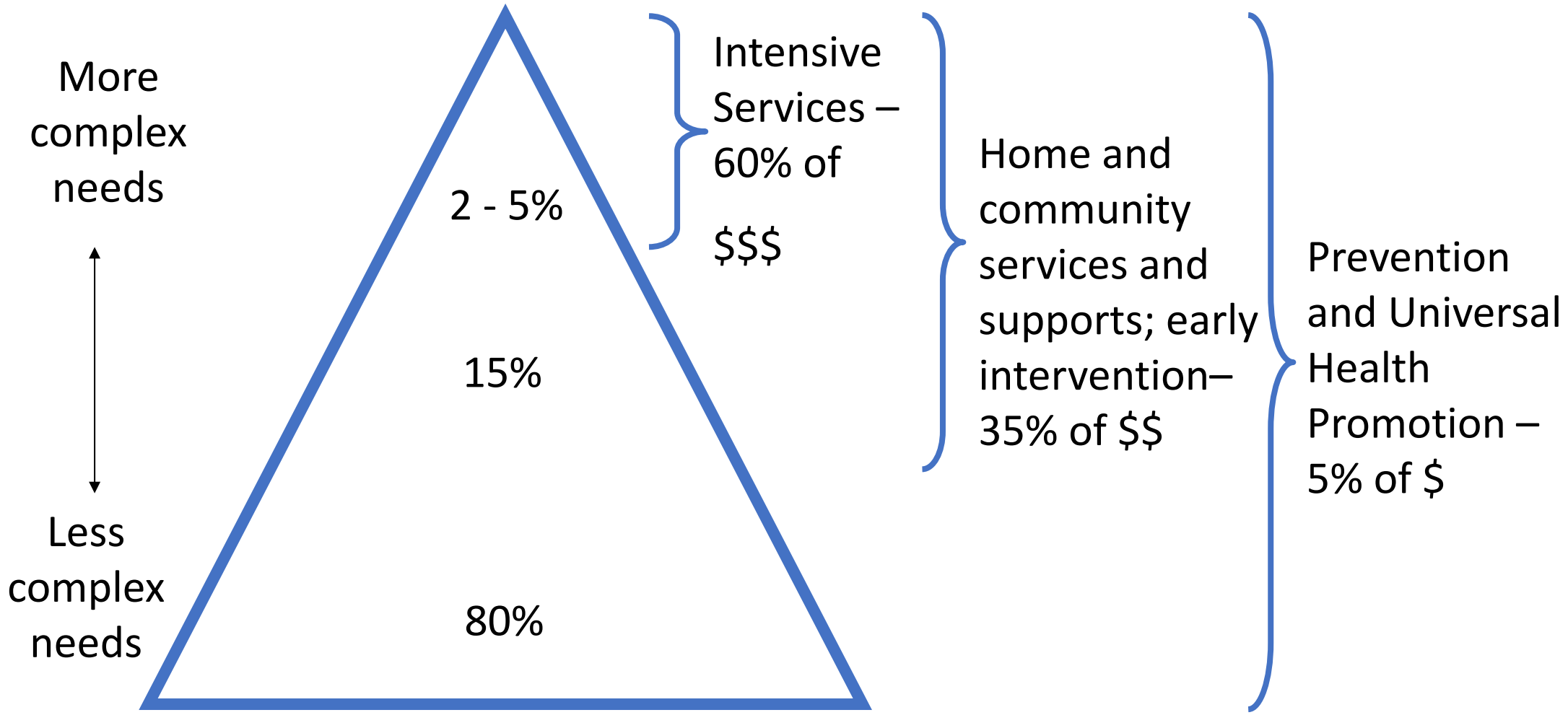
"An estimated 13-20% of children in the United States (up to 1 out of 5 children) experience a mental disorder in a given year…"
Centers for Disease Control and Prevention. Mental health surveillance among children –

About one out of every ten youth is estimated to meet the Substance Abuse and Mental Health Services Administration (SAMHSA) criteria for a Serious Emotional Disturbance (SED), defined as a mental health problem that has a significant impact on a child's ability to function socially, academically, and emotionally
Costello, EJ, Egger, H, Angold, A. 10-year research update review: The epidemiology of child and adolescent psychiatric disorders

Neither traditional case management nor MCO care coordination have proven sufficient for children and youth with significant behavioral health needs

**Kids Count 2018 Databook*

Prevalence/Utilization Triangle



Human Service Collaborative

Pires, S. (2010). *Building systems of care: A primer, 2nd Edition.* Washington, D.C.: Human Service Collaborative for Georgetown University National Technical Assistance Center for Children's Mental Health.

Mental Health
Costliest Health Condition of Childhood

Mental Health Disorders

Asthma

Trauma Related Conditions (e.g. accidents)

Acute Bronchitis

Infectious Diseases

Human Service Collaborative

Soni, 2009 (AHRQ Research Brief #242)

Children Using Behavioral Health Care in Medicaid with Top 10% Highest Expenditures

- Have mean expenditures of $46,959
  - BH expense: $36,646
  - PH expense: $10,314

Expense is driven by use of behavioral health, not physical health care

Pires, S., Gilmer, T., McLean, J. and Allen, K. 2018. *Faces of Medicaid Series: Examining Children's Behavioral Health Service Use and Expenditures:, 2005-2011*.
Center for Health Care Strategies: Hamilton, NJ.
Available at: https://www.chcs.org/resource/faces-medicaid-examining-childrens-behavioral-health-service-utilization-expenditures/

Human Service Collaborative

Add Children Only Health Homes with WrapAround

Children and Youth with Serious Behavioral Health Conditions Are A Distinct Population from Adults with Serious and Persistent Mental Illness

Do not have the same high rates of co-morbid physical health conditions.

Have different mental health diagnoses (ADHD, Conduct Disorders, Anxiety; not so much Schizophrenia, Psychosis, Bipolar as in adults), and diagnoses change often.

Are multi-system involved – two-thirds typically are involved with CW and/or JJ systems and 60% may be in special education – systems governed by legal mandates.

Coordination with other children's systems (CW, JJ, schools) and among behavioral health providers, as well as family issues, consumes most of care coordinator's time, not coordination with primary care, though primary care coordination also important.

To improve cost and quality of care, focus must be on child and family/caregiver(s) – takes time – implies lower care coordination ratios and higher rates.

Human Service Collaborative

Pires, S. March 2013 *Customizing Health Homes for Children with Serious Behavioral Health Challenges.* Human Service Collaborative. Washington, D.C.

New Service in Centennial Care 2.0

- Home-visiting pilot program in up to four designated counties (including Bernalillo County) that focuses on pre-natal, post-partum and early childhood development

  - Working in collaboration with CYFD
  - Two delivery models identified:
    - Nurse Family Partnership and
    - Parents as Teachers
  - Different sets of services depending on type of visit:
    - Prenatal visits
    - Post-partum visits
    - Infant/child visits

Nurse-Family Partnership
Helping First-Time Parents Succeed®

Parents as Teachers

Challenge # 3: Child Well-Being –

Zero To Three Initiative

MAD, BHSD, CYFD, DOH, Providers, BH Associations, Foundations

Goals

1. To develop a continuum of behavioral and emotional health services in NM which are connected through referrals and patient information incorporating all existing services and new service opportunities from prenatal through 5 years old;

2. To incorporate the DC 0 – 5 classification system into the continuum at all service locations, ages 0 – 5

Infant and Early Childhood Mental Health Continuum

Promotion

Prevention

Developmentally Appropriate Assessment and Diagnosis

Treatment

Increasing intensity and specialization of services and supports

The Continuum of Care				Underpinnings	
Promotion: **Statewide recognition & Marketing (DC: 0 – 5); develop mapping of all services/agencies & providers**	**Prevention:** Home visiting; Developmental domains; social/emotional education; breast feeding; care coordination of high risk parents; navigators; family	**Screening, assessment & diagnosis:** tools, diagnosis, workforce & education	**Treatment:** access to care, workforce & education	**Financing the initiative**: (grants, philanthropy)	**Reimbursement for service & regulation:** Consistency between DOH, CYFD, & HSD regulations; develop new required regulations

Other News
Centennial Care MCO Enrollment

- The three MCOs selected by HSD to provide services effective January 1, 2019 are:
  - Blue Cross/Blue Shield of New Mexico
  - Presbyterian Health Plan
  - Western Sky Community Care

- Open Enrollment
  - **October 1, 2018 – November 30, 2018**
- During these 2 months, Centennial Care enrollees can choose the MCO to provide their Medicaid services
- Enrollment selections made during open enrollment will be effective on **January 1, 2019**

Open Enrollment

- Any individual currently enrolled with Blue Cross or Presbyterian who does not choose a new MCO will be re-enrolled with his/her current MCO

- All other Centennial Care enrollees who do not choose an MCO will be auto-assigned to a MCO

- MCO choices and assignments will be effective on January 1, 2019

- All Centennial Care enrollees who choose or are assigned to a MCO during open enrollment will have 3 months (starting January 1, 2019) to change their MCO if they want to

We are making significant changes to the system, but there is still work to do…