New Mexico Behavioral Health Collaborative

Strengthening New Mexico's Behavioral Health Service Delivery System

A Behavioral Health Strategic Plan for System Improvement

January 14, 2016

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Executive Summary

New Mexico implemented Centennial Care in 2014, integrating behavioral health care with primary and long-term health care. Centennial Care also includes an enriched benefit package that holds the promise of meeting the Triple Aim of the Affordable Care Act -- improving the patient health care experience while simultaneously improving health outcomes and lowering health care costs. In its first two years of implementation, more New Mexicans have accessed BH services than ever before. Despite this achievement, the BH service system has never been able to adequately keep pace with the rapidly changing health care landscape.

> *New Mexico's behavioral health service delivery system cannot sufficiently make necessary quality gains while continually being overstressed by the demands associated with complex regulations, inflexible financial incentives, and an inadequate workforce.*

The Behavioral Health Collaborative launched a strategic planning process, "A Strategic Initiative to Strengthen New Mexico's Behavioral Health Service Delivery System," focusing on three critical domains – regulations, finance, and workforce -- to strengthen its behavioral health service delivery system to be more aligned to meet the Triple Aim and thereby improve the population health of the State. The planning process was driven by three workgroups addressing those critical areas. Over four months those workgroups produced goals, objectives and activities that can be accomplished during an eighteen-month implementation phase.

The resulting *Behavioral Health Strategic Plan for System Improvement* and an *Implementation Phase Summary* with Action Plans for each goal area are presented to the Behavioral Health Collaborative on January 14, 2016. Behavioral Health Collaborative CEO Wayne Lindstrom will appoint an Implementation Team to guide and monitor progress, and present a summary of its results at the end of the implementation period.

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New Mexico's (NM) behavioral health care (BH) system has been increasingly challenged to meet the demands for a comprehensive continuum of services statewide to address the complex needs of its citizens and to have the resources necessary to meet this demand. NM made a major leap forward in 2014 to address these challenges with the implementation of Centennial Care (CC). CC integrates BH care with the rest of health care while also expanding Medicaid coverage to formerly ineligible single adults. It also includes an enriched benefit package that holds the promise of meeting the Triple Aim of the Affordable Care Act: improving the patient health care experience while simultaneously improving health outcomes and lowering health care costs. In its first two years of implementation, more New Mexicans have accessed BH services than ever before. Despite this achievement, the BH service system has never been able to adequately keep pace with the rapidly changing health care landscape. Given that NM and much of the rest of the country has increasingly come to accept that "there is no health without behavioral health," there is a tremendous opportunity for us to partner with a wide range of stakeholders to meaningfully address the barriers that hinder our ability to capitalize on this opportunity.

In a concept paper presented to the BH Collaborative, CEO Wayne Lindstrom emphasized:

> *New Mexico's behavioral health service delivery system cannot sufficiently make necessary quality gains while continually being overstressed by the demands associated with complex regulations, inflexible financial incentives, and an inadequate workforce. As a result, it is time that the problems associated with each of these domains be sufficiently resolved and in a rapid-cycle time frame.*

It was with this intent, that the BH Collaborative launched a strategic planning process focusing on these three domains – regulations, finance, and workforce -- to strengthen the BH service delivery system to be more aligned to meet the Triple Aim and thereby improve the population health of the State. To support this initiative and to provide an enriched context within which to frame addressing the identified domains, the BH Collaborative committed to devoting each of three successive quarterly meetings to a presentation related to each domain. The BH Collaborative was fortunate to have three nationally recognized experts for each of these presentations.

In July 2015, consultant Dale Jarvis, CPA, independent consultant made a presentation on potential alternative finance methodologies that NM might consider to move away from the current fee-for-service (FFS) method of payment, which incentivizes the production of units of service rather than reinforcing the delivery of quality services. John Morris, MSW, Executive Director of the Annapolis Coalition, presented on the BH workforce challenges nationally and what NM could do to better address its challenges. Lastly, on January 14,

2016, Barbara Coulter Edwards, of Health Management Associates and formerly the Centers for Medicaid and Medicare Services, will present on BH-related regulatory reform initiatives that have been implemented and proven to be effective in other parts of the country.

Methodology

The BH Collaborative kicked off its "Strategic Initiative to Strengthen New Mexico's Behavioral Health Service Delivery System" with a day-long strategic planning session on July 30, 2015. Fifty-nine individuals responded to a call for action, and subsequently coalesced into three self-workgroups to focus on the identified areas of finance, regulation, and workforce. Workgroup members elected to participate in the workgroup that was the best fit with their respective areas of expertise, decision-making role, interest, or the perspective of the constituency represented. The facilitated deliberations within the workgroups laid the foundation for the detailed set of actions that have been prescribed for the following eighteen months.

Each workgroup met on three occasions between September and December 2015 to create specific action plans. The *Behavioral Health Strategic Plan for System Improvement* is the result of that work. The prioritized task plans have been developed under each of the goals that have been established for each of the three designated domains.

The Finance Workgroup identified three goals:

1) To increase the productivity, efficiency and effectiveness of the current provider network;
2) To implement a value-based purchasing system that supports integrated care; and,
3) To identify,-develop and promote implementation of effective strategies for state, counties and municipalities to work together to fund the provision of better BH care, especially for high.

The Regulations Workgroup also developed two goals:

1) To identify, align and eliminate inconsistencies in BH statutes, regulations, and policies in order to allow for more effective and efficient operation of the publicly-funded service delivery system;
2) To increase the adoption of person-centered interventions.

The Workforce Workgroup developed four goals:

1) To support the development of behavioral health practitioners;
2) To build a more multidisciplinary and competent BH workforce;
3) To promote the future of excellence in the behavioral health workforce and prepare for integrated care; and,
4) To improve the public image of behavioral health professions, raise awareness of its impact on the population and promote the effectiveness of the service delivery system.

Each of the established goals has specific objectives and action steps to move toward the identified change that is needed. Each workgroup was made up of a wide variety of stakeholders, and the goals reflect that variability. The resulting *Action Plans* are therefore at different levels of specificity. The work of the three groups has been organized into a

working draft matrix – the *Implementation Phase Summary* -- where each needed action is shown with a responsible party(-ies) and a corresponding timeframe for completion (attached).

Implementation Phase

Wayne Lindstrom, PhD, BH Collaborative CEO will appoint an Implementation Team, following adoption of the Strategic Plan by the BH Collaborative, to further refine the action plan and potentially establish further operational objectives with tasks, timelines, and assignments as they prove necessary to meet the identified goals. BH Collaborative member agencies may be asked to assign staff to be responsible for particular action items under their respective authorities.

Dr. Lindstrom will present a progress report at each quarterly meeting of the BH Collaborative through the eighteen-month implementation period. An evaluation of the Plan and its resulting impacts will be completed at the conclusion of the implementation phase.

Finance

GOAL 1: TO INCREASE THE PRODUCTIVITY, EFFICIENCY, AND EFFECTIVENESS OF NEW MEXICO'S BEHAVIORAL HEALTH SERVICE DELIVERY SYSTEM.

Objective 1: Strengthen the Sustainability of the behavioral health (BH) Provider Network.

a. Identify unnecessary service definition requirements and regulatory barriers for all BH services but in particular focused on Comprehensive Community Support Services (CCSS) and Recovery Services so that both services are more available and accessible.

b. Review the adequacy of peer delivered and recovery focused reimbursement rates, and allow for payment of individual services in addition to group services.

c. Develop and routinely distribute and make available (publicly posted) a performance dashboard related to timely claims payment rates denial rates, and resolution timeline rates by payor; and identify practice and payor improvements to reduce denial rates.

d. Provide guidance materials and technical assistance to help providers to correctly document and bill for services.

e. Develop and report publicly on all expenditures, by service and provider types for each payor, so that a comprehensive picture of what the BH service system is purchasing can be broadly understood.

Objective 2: Assure that the Business Model Supports the Clinical Model.

a. Provide funding for Clinical Supervision through incentives or bonus payments that are potentially tied to quality indicators; and invest in other areas worth leveraging, for a sounder return on investment, such as attaining quality standards, supporting multidisciplinary team consultation, implementing evidence-based best practices, and diverting BH utilization from emergency departments and detention centers.

b. Identify ways to utilize and fund best practice models for clinical practice, such as multidisciplinary teaming, Quality Service Reviews, Wrap Around, and Treat First.

c. Determine and remediate what is prohibiting providers from being able to implement and make more available the services that reduce costs and improve quality outcomes.

d. Develop new participation incentives for providers to implement integrated care.

Objective 3: Further Strengthen Care Coordination within Centennial Care.

a. Review the on-going evaluations of Centennial Care's Care Coordination services to determine areas for improvement and implement corresponding performance improvement projects as appropriate.

b. Develop and disseminate an evaluation report on Care Coordination, i.e., its cost effectiveness, efficiency, and outcomes.

c. Examine the implementation of Health Homes (HH) and Certified Community Behavioral Health Clinics (CCBHC) as an opportunity to learn lessons that may support shifting certain types of Care Coordination from the MCOs to the provider organizations at the community level.

GOAL 2: TO IMPLEMENT A VALUE BASED PURCHASING SYSTEM THAT SUPPORTS INTEGRATED CARE AND REINFORCES BETTER HEALTH OUTCOMES.

Objective 1: Study the Managed Care Organization's (MCO) Pilot Payment Reform Projects and to determine the models with the greatest efficacy

a. Identify the pilot payment reform projects with the most significant results; and determine which of these are the "best fit" given NM's present service infrastructure and capacity.

b. Identify payment reform initiatives that have been implemented in NM, and other states, that have the potential to improve quality and cost effectiveness of services in NM.

c. Analyze the findings and present alternative payment recommendations to the BH Collaborative.

Objective 2: Fund Infrastructure Development (data, referral, reporting capacity, IT technical support, and communication) to increase BH Electronic Medical Record (EMR) Adoption and Health Information Exchange (HIE) Participation.

a. Create an incentive for BH EMR adoption one standard deviation beyond the current rate and increase BH participation in HIE by the same rate by July 2017.

b. Develop and make available implementation guidance to assist providers with integrated EMR/HIE implementation.

c. Ensure all efforts are aligned with and all resulting systems are certified for "meaningful use.

d. Incentivize the use of the HIE to facilitate care coordination across health and human service delivery systems in support of client health.

Objective 3: Develop and implement a phased service payment methodology that incentivizes the delivery of quality outcomes while improving population health. (In a typical phased process, and similar to that endorsed by the Centers for Medicaid and Medicare Services, the first phase is fee for service, the second phase is a hybrid of fee for service and a set of robust quality measures. Third and fourth phases represent major shifts toward a system that is completely value based, which includes the capacity to exchange data across service systems and is committed to purchasing outcomes and not activity.)

a. Propose the phases of a payment reform framework and the respective requirements to reach each phase.

b. Develop and disseminate the methodology's logic model and other information necessary to create broad provider, payor, and other stakeholders' understanding of the framework and why it would reinforce the further adoption of best practices.

c. Support at least 50% of CMHCs to move from Phase I to Phase II within the 18 months of this Plan.

d. Evaluate the impact of each phase, while implementing the next, in producing better quality outcomes and population health.

e. Benchmark the effects of this payment methodology against the performance of other alternative payment methodologies.

Objective 4: Identify payment strategies linked to quality and efficiency measures.

a. Develop and identify quality (and outcome) measures, including useful measures for client experience that address satisfaction, access, and quality, as well as, functionality.

b. Align quality measures, to the maximum extent possible, across the various payors, regulatory authorities, and accrediting bodies.

c. Develop and implement provider incentives for participation in quality reporting.

GOAL 3: TO IDENTIFY, DEVELOP, AND PROMOTE THE IMPLEMENTATION OF EFFECTIVE STRATEGIES FOR STATE, COUNTIES, AND MUNICIPALITIES TO WORK TOGETHER TO FUND THE PROVISION OF BETTER BH CARE, ESPECIALLY FOR HIGH UTILIZERS.

Objective 1: Further heighten the awareness of the need for collaboration between state and local governments to better address BH issues.

a. Provide a guide on nationally established inter-governmental and private sector models of collaboration to local NM governmental jurisdictions, with case illustrations, that have proven effective in addressing social needs.

b. Educate, local governments on the most efficacious collaborative approaches and identify partners that support an integrated, comprehensive response to "high utilizers" of BH services — "build a bridge to reach better outcomes for high use clients".

c. Incentivize participation by these identified partners in collaborative BH-related projects to better address the needs of high utilizers.

d. Evaluate these collaborative projects and report on the results achieved in reducing utilization and improving outcomes.

e. Use the collaborative model lessons learned into all relevant state level strategic planning processes.

f. Support and incentivize collaboration among the various BH-related advisory and planning groups affiliated with local governments and communities — including Health Councils, Local Collaboratives, and Prevention Coalitions — in order to increase their effectiveness in addressing local BH issues.

g. Showcase county and municipal BH innovations, to include relevant websites, newsletters, and other forums such as those used by the Association of Counties' and the Municipal League.

Objective 2: Pursue partnership opportunities between municipal/county governments and the state for BH system innovations.

a. Develop collaborative funding and program models between the state, local governments, and the private sector to support local BH systems, including: expansions of community-based supportive housing programs, jail diversion for individuals with BH conditions, and BH crisis response models.

b. Construct a methodology whereby local financing from county or municipal sources could be utilized as a "match" for Medicaid.

c. Delineate a pathway whereby local governments can use increased revenue resulting from "matching Medicaid" to expand the local continuum of care beyond what is included under the existing CC benefit plan.

d. Reinvest cost savings resulting from effective BH programming into further strengthening community-based BH services, especially wrap-around, prevention and wellness, and early intervention for children and adolescents.

Objective 3: Capitalize on BH-related innovations within Bernalillo County to leverage meaningful BH service system effects in other counties.

a. Collaborate with Bernalillo County to maximize revenue streams for the new BH service structure that will potentially lead to a reduction in costs and the achievement of better outcomes.

b. Disseminate lessons learned from this collaboration to other communities across the state.

c. Replicate and adapt this collaborative approach to meet the BH needs of other local or tribal governments who are receptive to partnering with the state.

Regulations

GOAL 1: TO IDENTIFY, ALIGN, AND ELIMINATE INCONSISTENCIES IN BH STATUTES, REGULATIONS, AND POLICIES IN ORDER TO ALLOW FOR A MORE EFFECTIVE AND EFFICIENT OPERATION OF THE PUBLICLY-FUNDED SERVICE DELIVERY SYSTEM.

Objective 1: Report on a consistent basis to BH stakeholders on the progress towards achieving needed regulatory changes that are being worked on by a variety of workgroups.

a. Examine the constituents who are participants in these workgroups, the leadership for each, and their respective scopes of work.

b. Map out these SOWs and conduct a gap analysis to determine if there exist BH regulations that serve as barriers to effective and efficient BH service delivery that are not currently under review and if so, assign to the appropriate workgroup for review.

c. Assure that each workgroup is engaging in a Review Process that identifies regulations requiring revision, including any identified through the gap analysis.

d. Issue a quarterly progress report on the proposed BH regulatory changes made by the respective workgroups and the time table for administrative rule promulgation to include public comment periods.

e. Establish a training and communication plan relative to the adoption of new or revised BH administrative rule adoption that includes provider, consumer, and other stakeholder input.

Objective 2: Consolidate provider audit processes across all public BH payors, to the maximum extent possible, and implement Deemed Status so that provider organizations with national BH accreditation can forgo duplicative certification and licensing processes.

a. Facilitate a task force comprised of representatives from public BH payors that is charged with consolidating provider audit processes to the maximum extent possible and upon completion propose a consolidation plan for review by the appropriate state authorities and to the BH stakeholder community.

b. Upon review and approval, implement the consolidated BH provider audit process subsequent to the development and implementation of a communication plan for the publicly funded BH provider network.

c. Implement "deemed status" in lieu of state certification and licensing surveys to the extent that national BH accreditation standards are congruent with those in NM.

GOAL 2: INCREASE THE ADOPTION OF PERSON-CENTERED INTERVENTIONS.

Objective 1: Develop and implement a "Treat First" practice model that addresses presenting problems first before initiating the assessment process thereby making service more accessible.

a. Finalize a "Treat First" protocol.

b. Identify "beta" provider sites to test the protocol.

c. Subsequent to beta testing, revise the protocol as appropriate.

d. Develop and implement a provider training curriculum.

e. Establish a web-based data collection and evaluation system.

f. Gain the support of regulatory authorities and payors to support the "Treat First practice adoption.

g. Launch trial practice period.

h. Produce final report identifying lessons learned and recommendations with the intent of bringing the model to scale.

Objective 2: Develop Adult Residential Treatment Center (RTC) standards to prepare for probable coverage under Medicaid.

a. Complete a NM environmental scan of Adult RTCs to determine what the service gaps are and where.

b. Promulgate standards for this service and adopt the allowance for "deemed status."

c. These standards should be promulgated within the context of the Continuum of Care framework.

Workforce

GOAL 1: SUPPORT THE DEVELOPMENT OF BEHAVIORAL HEALTH PRACTITIONERS.

Objective 1: Expand the number of BH interns across BH disciplines.

a. Inventory the number of current BH interns placed across publicly funded BH provider organization.

b. Inventory universities, professional associations, and provider associations for BH intern candidates in need of internship opportunities listed by period of availability. (e.g., annual, semester).

c. Higher Education Department will host a web-based clearinghouse of BH internship opportunities in medical, university, large behavioral health employees, and other behavioral health settings; and, the BH Collaborative will link those internship opportunities, as well as internship candidates, on its Job Board which is a feature of the BH web portal, Network of Care.

d. Assure adequate clinical supervision of services provided by behavioral health interns.

    1. Review the findings of the Behavioral Health Workforce subgroup of the New Mexico Healthcare Workforce Committee on how other states have addressed internship supervision and financing.

    2. Reimburse for Medicaid and non-Medicaid services provided by of BH interns that are supervised by independently licensed BH clinicians.

Objective 2: Develop and implement a methodology for orienting BH practitioners on how to gain entry into, and more effectively operate in, the NM publicly funded BH service delivery system.

a. Develop a BH Clinical Practice Provider Guide that explains the system, rules, regulations, payors, Licensing Boards, etc. and make it available in multiple formats, and on the BH the Network of Care.

b. Provide orientations to students enrolled in BH-related professional programs within NM's colleges and universities to introduce them to the needs and demands of the NM publicly funded BH service delivery system.

c. Promote the growth of the NM BH workforce.

1. Promote and market the BH Clinical Practice Provider Guide (see activity 'a' above).

2. Market NM BH vacancies to out-of-state providers.

3. Develop a targeted marketing campaign that can be presented at upcoming state and national conferences.

4. Establish a Job Board on the BH Network of Care.

Objective 3: Incentivize the recruitment of out-of-state BH clinical talent.

a. Examine the findings from the current study of all licensure Boards on reciprocity requirements.

b. Remove licensure reciprocity barriers to the recruitment of experienced BH professionals to NM.

c. Support the establishment of recruitment and relocation benefits for out-of-state BH talent.

d. Support mechanisms for retaining BH-related new hires who are unable to be reimbursed while licensure, rostering, credentialing, and contracting processes are pending.

Objective 4: Encourage licensed BH professionals who are not currently providing services in the public health system to provide these services.

a. Review the 2014 regulations and licensing department survey findings to understand practice patterns across all behavioral health disciplines including client caseloads and acceptance of Medicaid and other public payment sources.

b. Conduct focus groups with professional associations to better understand any barriers and potential strategies with regards to participation in the public behavioral health system.

c. Develop a statewide plan to increase participation in Medicaid funded and other publicly funded behavioral health services.

GOAL 2: BUILD A MORE MULTIDISCIPLINARY AND COMPETENT BH WORKFORCE.

Objective 1: Improve administrative efficiency in the provider network to support competent practice.

a. Increase the EHR adoption rate by one standard deviation (Finance, Objective 2a).

b. Increase concurrent clinical documentation by 25%.

c. Increase the adoption rate by 25% of the "open access model" to improve access while significantly reducing "no shows" and thereby improving efficiency.

d. Increase the adoption rate of structured group therapy programs by 25% thereby increasing service capacity, provider productivity, and bottom line financial performance.

e. Increase the adoption of productivity standards for all service providers by 25%.

f. Provide consultation and technical assistance in support of strategic alliances, mergers, and acquisitions to potentially obtain economies of scale.

Objective 2: To improve clinical practice through increased access to and financial support of appropriate clinical supervision.

a. Allow for cross-disciplinary clinical supervision.

    1. Review BH-related professional licensing board requirements to determine what changes need to be supported.

    2. Gain the support of the BH professional associations for cross-disciplinary supervision where appropriate.

    3. Develop and implement strategies to change Board requirements where necessary.

    4. Advocate with Boards that group models of supervision be allowed for a percentage of supervision hours to be delivered in group formats by a range of qualified, independently licensed behavioral health providers, including; psychiatric nurse, practitioners, clinical nurse specialists, independently licensed social workers, independently licensed counselors, psychologists, and psychiatrists.

b. Increase accesses to clinical supervision, accomplished in groups through telehealth and face-to-face, particularly in rural and underserved areas.

c. Implement alternative payment methodologies to FFS thereby making clinical supervision valued for improving quality while not seeming a financial liability on a provider organization.

Objective 3: Develop and clarify reimbursement mechanisms for non-independently licensed counselors and social workers using clinical supervision oversight that contributes to progress towards independent licensure.

a. Establish training and orientation guides for BH providers on how to develop clinical supervision programs that educate providers on providing and seeking reimbursement for services under Medicaid.

b. Review and identify areas in which the BIL4NILs certification process can be improved and expedited.

Objective 4: Reimburse nursing-based services in behavioral health setting.

a. Identify services and regulations that exclude RNs with psychiatric specialty training and certification so to revise and include them as providers in BH settings.

Objective 5: Integrate Certified Peer Support Workers (CPSWs) into new models of service delivery.

a. Increase and expand use of Certified Peer Support Workers (CPSWs).

    1. Define the skills, competencies, and functions of CPSWs.

    2. Educate the professional associations and potential employers on the benefits of CPSW.

    3. Examine current Medicaid rules and identify any limitations or administrative barriers of inclusion of CPSWs.

b. Align Medicaid payment for 'Recovery Services' to include individual, in addition to group services, and open the availability of services to more providers than just Core Service Agencies.

c. Improve and change, where needed, the training, certification, and relevant statutes to include Youth Peer Support and Family Support Specialists.

d. Look at existing regulations surrounding the limitations placed on individuals wanting to become certified to include other subgroups, such as, former inmates from the penal system to work with prisoners in existing jails and prisons.

e. Align CPSW training to meet service needs, such as, training specific to substance abuse, mental health, and co-occurring issues.

f. Work with existing Behavioral Health Managed Care Organizations and local providers to encourage expanded use of CPSWs in their workforce.

Objective 6: Expand integrated care models by ensuring that there is comprehensive representation by relevant licensed behavioral health professionals and certified paraprofessionals according to their scope of practice and full spectrum of skill-sets on all multidisciplinary teams.

a. Inventory current provider type representation in public facilities such as CCBHCs, Community Mental Health Centers, Federally Qualified Health Centers, and HHs. Include: psychiatrists or psychiatric nurses, psychologists prescribing/non-prescribing, counselors, social workers, nurses, as well as, and to include in this spectrum paraprofessionals, (e.g., peer support, Certified Nurse Aids, community workers, etc.), or those who may not be able to bill for services but who are integral to this team-based integrated model.

b. Develop a matrix of Evidence Based Practices and relative staffing requirements as an inventory of what is standard practice in integrated care model.

c. Ensure that all new and revised regulations for program licensing and certification in integrated care settings have appropriate multidisciplinary teams in accordance with national standards and/or Evidence Based Practices for integrated care models.

d. Request that licensing boards review the Scope of Practice statutes to more clearly define and delineate practices among psychiatrist, psychologist, psychiatric nurse, counselors, and social workers.

e. Request certification and paraprofessional boards to review the policies for scope of practice and clearly define and delineate the practices, and the roles and responsibilities of various paraprofessional provider types.

Objective 7: Add Social Workers, Preventionists, and Counselors to the list of health care professionals who are eligible for the NM Rural Health Care Practitioner Tax Credit Program.

GOAL 3: PROMOTE THE FUTURE OF EXCELLENCE IN THE BEHAVIORAL HEALTH WORKFORCE AND PREPARE FOR INTEGRATED CARE.

Objective 1: Expand statewide access to telehealth client care, as well as consultation, with behavioral health clinicians.

Objective 2: Support the development of community-based psychiatric residency programs in New Mexico.

Objective 3: Increase access to resources across the health sector to enhance collaboration and cooperation among independent practitioners and providers.

Objective 4: Develop a social marketing campaign for broad utilization of Network of Care.

GOAL 4: IMPROVE THE PUBLIC IMAGE OF BH PROFESSIONS, RAISE AWARENESS OF ITS IMPACT ON THE POPULATION AND PROMOTE THE EFFECTIVENESS OF THE SERVICE DELIVERY SYSTEM.

Objective 1: Develop a Social Marketing Campaign that aims to improve the image of the BH professions and increase its desirability.

a. Build a coalition of partners to identify a common message and a campaign implementation process.

    1. Develop an implementation plan.

    2. Present relevant recommendations to potential sponsoring partners.

b. Implement a campaign that has a single focus, common message, and integrated sense of purpose.

    1. Hire a professional marketing/public relations agency.

    2. Promote benefits, results, and a positive image.

c. Identify and establish public advocates, supporters, and spokespersons.

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A Behavioral Health Strategic Plan for System Improvement
Implementation Phase Summary With Responsible Parties and Timelines

Finance Action Plan

GOAL 1: TO INCREASE THE PRODUCTIVITY, EFFICIENCY, AND EFFECTIVENESS OF NEW MEXICO'S CURRENT BEHAVIORAL HEALTH DELIVERY SYSTEM.							
G1, OBJECTIVE 1: Strengthen the sustainability of the BH Provider Network.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Identify unnecessary service definition requirements and regulatory barriers for all BH services but in particular focused on Comprehensive Community Support Services (CCSS) and Recovery Services so that both services are more available and accessible.							
b. Review adequacy of peer delivered and recovery focused reimbursement rates, and allow for payment of individual services and in addition to group services.							
c. Develop and routinely distribute and make available (publicly posted) a performance dashboard related to timely claims payment rates denial rates, and resolution timeline rates by payor; and identify practice and payor improvements to reduce denial rates.							
d. Provide guidance materials and technical assistance to help providers to correctly document and bill for services.							
e. Develop and report publicly on all expenditures, by service and provider types for each payor, so that a comprehensive picture of what the BH service system is purchasing can be broadly understood.							
G1, OBJECTIVE 2: Assure that the Business Model supports the Clinical Model.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Provide funding for Clinical Supervision through incentives or bonus payments that are potentially tied to quality indicators; and invest in other areas worth leveraging, for a sounder return on investment, such as attaining quality standards, supporting multidisciplinary team consultation, implementing evidence-based best practices and diverting BH utilization from emergency departments and detention centers.							

b. Identify ways to utilize and fund best practice models for clinical practice, such as, multidisciplinary teaming, Quality Service Reviews, Wrap Around, and Treat First.							
c. Determine and remediate what is prohibiting providers from being able to implement and make more available the services that reduce costs and improve quality outcomes.							
d. Develop new participation incentives for providers to implement integrated care.							
G1, OBJECTIVE 3: Further Strengthen Care Coordination within Centennial Care.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Review on-going evaluation of Centennial Care's Care Coordination services to determine areas for improvement and implement corresponding performance improvement projects as appropriate.							
b. Develop and disseminate an evaluation report on Care Coordination, i.e., its cost effectiveness, efficiency, and outcomes.							
c. Examine the implementation of Health Homes (HH) and Certified Community Clinics (CCBHC) as an opportunity to learn lessons that may support shifting certain types of Care Coordination from the MCOs to the provider organizations at the community level.							

GOAL 2: TO IMPLEMENT A VALUE BASED PURCHASING SYSTEM THAT SUPPORTS INTEGRATED CARE AND REINFORCE BETTER HEALTH OUTCOMES.							
G2, OBJECTIVE 1: Study the Managed Care Organizations (MCO) Pilot Payment Reform Projects and to determine the models with the greatest efficacy.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Identify the pilot payment reform projects with the most significant results; and determine which of these are the "best fit" given NM's present service infrastructure and capacity.							
b. Identify payment reform initiatives that have been implemented in NM, and other states, that have the potential to improve quality and cost effectiveness of services in NM.							
c. Analyze the findings and present alternative payment recommendations to the Behavioral Health Collaborative.							

G2, OBJECTIVE 2: Fund Infrastructure Development (data, referral, reporting capacity, IT technical support, and communication) to increase BH Electronic Medical Record (EMR) Adoption and Health Information Exchange (HIE) Participation.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Create an incentive for BH EMR adoption one standard deviation beyond the current rate and increase BH participation in HIE by the same rate by July 2017.							
b. Develop and make available implementation guidance to assist providers with integrated EMR/HIE implementation.							
c. Ensure all efforts are aligned with and all resulting systems are certified for "meaningful use".							
d. Incentivize the use of the HIE to facilitate care coordination across health and human service delivery systems in support of client health.							
G2, OBJECTIVE 3: Develop and implement a phased service payment methodology that incentivizes the delivery of quality outcomes while improving population health. (In a typical phased process, and similar to that endorsed by the Centers for Medicaid and Medicare Services, the first phase is fee for service, the second phase is a hybrid of fee for service and a set of robust quality measures. Third and fourth phases represent major shifts toward a system that is completely value based, which includes the capacity to exchange data across service systems and is committed to purchasing outcomes and not activity.)							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Propose the phases of a payment reform framework and the respective requirements to reach each phase.							
b. Develop and disseminate the methodology's logic model and other information necessary to create broad provider, payor, and other stakeholders' understanding of the framework and why it would reinforce the further adoption of best practices.							
c. Support at least 50% of CMHCs to move from Phase I to Phase II within the 18 months of this plan.							
d. Evaluate the impact of each phase, while implementing the next, in producing better quality outcomes and population health.							
e. Benchmark the effects of this payment methodology against the performance of other alternative payment methodologies.							

G2, OBJECTIVE 4: Identify payment strategies linked to quality and efficiency measures.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Develop and identify quality (and outcome) measures, including useful measures for client experience that address satisfaction, access, and quality, as well as functionality.							
b. Align quality measures, to the maximum extent possible, across the various payors, regulatory authorities, and accrediting bodies.							
c. Develop and implement provider incentives for participation in quality reporting.							

GOAL 3: TO IDENTIFY, DEVELOP, AND PROMOTE THE IMPLEMENTATION OF EFFECTIVE STRATEGIES FOR STATE, COUNTIES, AND MUNICIAPLTIES TO WORK TOGETHER TO FIND THE PROVISION OF BETTER BH CARE, ESPECIALLY FOR HIGH UTILIZERS.							
G3, OBJECTIVE 1: Further heighten the awareness of the need for collaboration between state and local governments to better address BH issues.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Provide a guide on nationally established inter-governmental and private sector models of collaboration to local NM governmental jurisdictions, with case illustrations, that have proven effectiveness in addressing social needs.							
b. Educate local governments on the most efficacious collaborative approaches and identify partners that support and integrated, comprehensive response to the "high utilizers" of BH services —"build a bridge to reach better outcomes for high use clients".							
c. Incentivize participation by these identified partners in collaborative BH-related projects to better address the needs of high utilizers.							
d. Evaluate these collaborative projects and report on the results achieved in reducing utilization and improving outcomes.							
e. Use the collaborative model lessons learned into all relevant state level strategic planning processes.							
f. Support and incentivize collaboration among the various BH-related advisory and planning groups affiliated with local governments and communities—including Health Councils, Local Collaboratives, and Prevention Coalitions—in order to increase their effectiveness in addressing local BH issues.							

d. Showcase county and municipal behavioral health innovations, to include relevant websites, newsletters, and other forums such as those used by the Association of Counties and the Municipal League.							
G3, OBJECTIVE 2: Pursue partnership opportunities between municipal/county governments and the state for BH system innovations.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Develop collaborative funding and program models between the state, local governments, and the private sector to support local BH systems, including: expansions of community-based supportive housing programs, jail diversion for individuals with BH conditions, and BH crisis response models.							
b. Construct a methodology whereby local financing from county or municipal sources could be utilized as a "match" for Medicaid.							
c. Delineate a pathway whereby local governments can use increased revenue resulting from "matching Medicaid" to expand the local continuum of care beyond what is included under the existing CC benefit plan.							
d. Reinvest cost savings resulting from effective BH programming into further strengthening community-based BH services, especially wrap-around prevention and wellness, and early intervention for children and adolescents.							
G3, OBJECTIVE 3: Capitalize on BH-related innovations within Bernalillo County to leverage meaningful BH service system effects in other counties.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Collaborate with Bernalillo County to maximize revenue streams for the new BH service structure that will potentially lead to a reduction in costs and the achievement of better outcomes							
b. Disseminate lessons learned from this collaboration to other communities across the state.							
c. Replicate and adapt this collaborative approach to meet the BH needs of other local or tribal governments who are receptive to partnering with the state.							

Regulations Action Plan

GOAL 1: TO IDENTIFY, ALIGN, AND ELIMINATE INCONSISTENCIES IN BH STATUTES, REGULATIONS, AND POLICIES IN ORDER TO ALLOW FOR A MORE EFFECTIVE AND EFFICIENT OPERATION OF THE PUBLICLY-FUNDED SERVICE DELIVERY SYSTEM.							
G1, OBJECTIVE 1: Report on a consistent basis to BH stakeholders on the progress towards achieving needed regulatory changes that are being worked on by a variety of workgroups.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Examine the constituents who are participants in these workgroups the leadership for each, and their respective scopes of work.							
b. Map out these SOWs and conduct a gap analysis to determine if there exist BH regulations that serve as barriers to effective and efficient BH service delivery that are not currently under review and if so, assign to the appropriate workgroup for review.							
c. Assure that each workgroup is engaging in a Review Process that identifies regulations requiring revision, including any identified through the gap analysis.							
d. Issue a quarterly progress report on the proposed BH regulatory changes made by the respective workgroups and the time table for administrative rule promulgation to include public comment periods.							
e. Establish a training/communication plan relative to the adoption of new or revised BH administrative rule adoption that includes provider, consumer, and other stakeholder input.							

G1, OBJECTIVE 2: Consolidate provider audit processes across all public BH payors, to the maximum extent possible, and implement Deemed Status so that provider organizations with national BH accreditation can forgo duplicative certification/licensing processes.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Facilitate a task force comprised of representatives from public BH payors that is charged with consolidating provider audit processes to the maximum extent possible and upon completion propose a consolidation plan for review by the appropriate state authorities and to the BH stakeholder community.							
b. Upon review and approval, implement the consolidated BH provider audit process subsequent to the development and implementation of a communication plan for the publicly funded BH provider network.							
c. Implement "deemed status" in lieu of state certification/licensing surveys to the extent that national BH accreditation standards are congruent with those in NM.							

GOAL 2: INCREASE THE ADOPTION OF PERSON-CENTERED INTERVENTIONS.							
G2, OBJECTIVE 1: Develop and implement a "Treat First" practice model that addresses presenting problems first before initiating the assessment process thereby making service more accessible.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Finalize a Treat First protocol							
b. Identify "beta" provider sites to test the protocol							
c. Subsequent to beta testing, revise the protocol as appropriate.							
d. Develop and implement a provider training curriculum.							
e. Establish a web-based data collection and evaluation system.							
f. Gain the support of regulatory authorities and payors to support the "Treat First" practice adoption.							
g. Launch trial practice period.							
h. Produce final report identifying lessons learned and recommendations with the intent of bringing the model to scale.							

G2, OBJECTIVE 2: Develop Adult Residential Treatment Center (RTC) standards to prepare for probable coverage under Medicaid.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Complete a NM environmental scan of Adult RTCs to determine what the service gaps are and where.							
b. Promulgate standards for this service and adopt the allowance for "deemed status;"							
b. These standards should be promulgated within the context of the Continuum of Care framework.							

Workforce Action Plan

GOAL 1: SUPPORT THE DEVELOPMENT OF BH PRACTITIONERS.							
G1, OBJECTIVE 1: Expand the number of BH interns across BH disciplines.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Inventory the number of current BH interns placed across publicly funded BH provider organization.							
b. Inventory universities, professional associations, and provider associations for BH intern candidates in need of internship opportunities listed by period of availability (e.g., annual, semester).							
c. Higher Education Department will host a web-based clearinghouse of BH internship opportunities in medical, university, large behavioral health employees, and other behavioral health settings; and, the BH Collaborative will link those internship opportunities, as well as internship candidates, on its Job Board which is a feature of the BH web portal, Network of Care.							
d. Assure adequate clinical supervision of services provided by behavioral health interns.							
G1, OBJECTIVE 2: Develop and implement a methodology for orienting BH practitioners on how to gain entry into, and more effectively operate in, the NM publicly funded BH service delivery system.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Develop a BH Clinical Practice Provider Guide that explains the system, rules, regulations, payors, Licensing Boards, etc. and make it available in multiple formats, and on the BH the Network of Care.							
b. Provide orientations to students enrolled in BH-related professional programs within NM's colleges and universities to introduce them to the needs and demands of the NM publicly funded BH service delivery system.							
c. Promote the growth of the BH workforce.							
G1, OBJECTIVE 3: Incentivize the recruitment of out-of-state BH clinical talent.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Examine the findings from the current study of all licensure Boards on reciprocity requirements.							

b. Remove licensure reciprocity barriers to the recruitment of experienced BH professionals to NM.							
c. Support the establishment of recruitment and relocation benefits for out-of-state BH talent.							
d. Support mechanisms for retaining BH-related new hires who are unable to be reimbursed while licensure, rostering, credentialing, and contracting processes are pending.							
G1, OBJECTIVE 4: Encourage licensed BH professionals who are not currently providing services in the public health system to provide these services.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Review the 2014 regulations and licensing department survey findings to understand practice patterns across all BH disciplines including client caseloads and acceptance of Medicaid and other public payment sources.							
b. Conduct focus groups with professional associations to better understand any barriers and potential strategies with regards to participation in the public BH system.							
c. Develop a statewide plan to increase participation in Medicaid funded and other publicly funded BH services.							

GOAL 2: BUILD A MORE MULTIDISCIPLINARY AND COMPETENT BH WORKFORCE.							
G2, OBJECTIVE 1: Improve administrative efficiency in the provider network to support competent practice.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Increase the EHR adoption rate by one standard deviation (Finance, Objective 2a).							
b. Increase current documentation by 25%.							
c. Increase the adoption rate by 25% of the "open access model" to both improve access while significantly reducing "no shows" and thereby improving efficiency.							
d. Increase the adoption rate of structured group therapy programs by 25% thereby increasing service capacity, provider productivity, and bottom line financial performance.							
e. Increase the adoption of productivity standards for all service providers by 25%.							

f. Provide consultation and technical assistance in support of strategic alliances, mergers, and acquisitions to potentially obtain economies of scale.							
G2, OBJECTIVE 2: To improve clinical practice through increased access to and financial support of appropriate clinical supervision.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Allow for cross-disciplinary clinical supervision.							
b. Increase accesses to clinical supervision, accomplished in groups through telehealth and face-to-face, particularly in rural and underserved areas.							
c. Implement alternative payment methodologies to FFS thereby making clinical supervision valued for improving quality while not seeming a financial liability on a provider organization.							
G2, OBJECTIVE 3: Develop and clarify reimbursement mechanisms for non-independently licensed counselors and social workers using clinical supervision oversight that contributes to progress towards independent licensure.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Establish training and orientation guides for BH providers on how to develop clinical supervision programs that educate providers on providing and seeking reimbursement for services under Medicaid.							
b. Review and identify areas in which the BIL4NILs certification process can be improved and expedited.							
G2, OBJECTIVE 4: Reimburse nursing-based services in BH setting.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Identify services and regulations that exclude RNs with psychiatric specialty training and certification so to revise and include them as providers in BH settings.							
G2, OBJECTIVE 5: Integrate Certified Peer Support Workers (CPSWs) into new models of service delivery.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Increase and expand use of Certified Peer Support Workers (CPSWs).							
b. Align Medicaid payment for 'Recovery Services' to include individual, in addition to group services, and open the availability of services to more providers than just Core Service Agencies.							
c. Improve and change, where needed, the training, certification, and relevant statutes to include Youth Peer Support and Family Support Specialists.							

d. Look at existing regulations surrounding the limitations placed on individuals wanting to become certified to include other subgroups, such as, former inmates from the penal system to work with prisoners in existing jails and prisons.							
e. Align CPSW training to meet service needs, such as, training specific to substance abuse, mental health, and co-occurring issues.							
f. Work with existing Behavioral Health Managed Care Organizations and local providers to encourage expanded use of CPSWs in their workforce.							
G2, OBJECTIVE 6: Expand integrated care models by ensuring that there is comprehensive representation by relevant licensed BH professionals and certified paraprofessionals according to their scope of practice and full spectrum of skill-sets on all multidisciplinary teams.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Inventory current provider type representation in public facilities such as CCBHCs, Community Mental Health Centers, Federally Qualified Health Centers, and HHs. Include: psychiatrists or psychiatric nurses, as well as, psychologists prescribing/non-prescribing, counselors, social workers, nurses, and to include in this spectrum paraprofessionals, (e.g., peer support, Certified Nurse Aids, community workers, etc.), or those who may not be able to bill for services but who are integral to this team-based integrated model.							
b. Develop a matrix of Evidence Based Practices and relative staffing requirements as an inventory of what is standard practice in integrated care model.							
c. Ensure that all new and revised regulations for program licensing and certification in integrated care settings have appropriate multidisciplinary teams in accordance with national standards and/or Evidence Based Practices for integrated care models.							
d. Request that licensing boards review the Scope of Practice statutes to more clearly define and delineate practices among psychiatrist, psychologist, psychiatric nurse, counselors, and social workers.							
e. Request certification and paraprofessional boards to review the policies for scope of practice and clearly define and delineate the practices, and the roles and responsibilities of various paraprofessional provider types.							
G2, OBJECTIVE 7: Add Social Workers, Preventionists, and Counselors to the list of health care professionals who are eligible for the NM Rural Health Care Practitioner Tax Credit Program.							

GOAL 3: PROMOTE THE FUTURE OF EXCELLENCE IN THE BH WORKFORCE AND PREPARE FOR INTEGRATED CARE.							
G3, OBJECTIVE 1: Expand statewide access to telehealth client care, as well as consultation, with BH clinicians.							
G3, OBJECTIVE 2: Support the development of community-based psychiatric residency programs in New Mexico.							
G3, OBJECTIVE 3: Increase access to resources across the health sector to enhance collaboration and cooperation among independent practitioners and providers.							
GOAL 4: IMPROVE THE PUBLIC IMAGE OF BH PROFESSIONS, RAISE AWARENESS OF ITS IMPACT ON THE POPULATION AND PROMOTE THE EFFECTIVENESS OF THE SERVICE DELIVERY SYSTEM.							
G4, OBJECTIVE 1: Develop a Social Marketing Campaign that aims to improve the image of the BH profession and increase its desirability.							
Activity	**By Whom**	**Q1**	**Q2**	**Q3**	**Q4**	**Q5**	**Q6**
a. Build a coalition of partners to identify a common message and a campaign implementation process.							
b. Implement a campaign that has a single focus, common message, and integrated sense of purpose.							
c. Identify and establish public advocates, supporters, and spokespersons.							

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