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How New Mexico Is Redesigning the Behavioral Health System

By Georgia Glasow, RN, BSN, MSN, New Mexico

Behavioral Health of Children and Youth Has Become an Increasingly Important Issue for School Nurses.

Q: What is the connection between school nurses and behavioral health?

A: New Mexico has over 500,000 individuals who have behavioral health disorders, and each of these individuals has family members who are directly affected by this. About 25%-35% of those New Mexicans with substance abuse or behavioral health disorders will receive services from the publicly funded system of care. It is estimated that 19,025 youth and 131,112 adults have substance use disorders, including 3,047 individuals in the state's jails and prisons. New Mexico has among the highest percentage of nonelderly uninsured, with 27% uninsured, as compared to the national averages of 16%. Over 50% of children qualify for free and reduced lunch. The above statistics underscore the need for a behavioral health system that will provide prevention, intervention, treatment, and follow-up (New Mexico Comprehensive Behavioral Health Plan "Behavioral Health Needs and Gaps in New Mexico," May 2005).

In July of 2003, the President's New Freedom Commission identified fragmentation as a critical issue facing behavioral health services in New Mexico and throughout the country. The commission called on the federal government and states to conduct comprehensive planning to address this fragmentation. New Mexico is one of the first states to attempt a comprehensive approach to planning and redesigning the financing and oversight of services funded, provided, and/or managed by 15 state departments.

Legislation that created the Behavioral Health Purchasing Collaborative (BHPC) became law in May 2004. This collaboration of state agencies jointly procured a single statewide entity, *Value Options*, whose staff is responsible for all behavioral health services and most of the mental health and substance abuse dollars. The BHPC meetings are open to the public and time is set aside for the public to comment. A significant number of stakeholders, including consumers, family members, providers, and advocates, have taken advantage of these meetings, as well as various other mechanisms, in order to provide input.

In the beginning phase, the goal is to achieve a smooth transition for consumers while ensuring that services are delivered, providers are paid, and required data are collect-

ed. A significant planning process is taking place that will include addressing issues pertaining to the consumer, the consumer's family, providers, and staff, including increasing access to behavioral health services in schools and in school-based health centers. In 2004, the legislature appropriated money to double the number of school-based health centers in New Mexico, bringing the total to about 65. One of the requirements is that they must offer behavioral health services to the students that will increase the referral resources for behavioral health services for school-age children and their families. School nurses work with staff in the school-based health centers to ensure that students are referred to appropriate providers and that there is sensitivity and support from the school staff. They also encourage collaboration among providers regarding services to each student to ensure a holistic approach and continuity of care.

Issues include culturally competent providers and services, recruitment and retention of a diverse group of providers to meet the needs of a diverse population, and the development of structures and processes that recognize the value of traditional healing practices in a manner that will allow for their reimbursement. Sustainability of *all* cultures will be addressed during this process as well.

A Behavioral Health Planning Council was created in order to meet federal advisory council requirements and to provide consistent, coordinated input to the BHPC. The members appointed by the governor include consumers, family members, providers, and representatives from state agencies responsible for behavioral health, such as education and vocational services, housing, transportation, and corrections/justice. Individuals were chosen in such a manner to ensure geographical and cultural representation. No more than 49% of the membership can be providers or state agency representatives.

Local collaboratives have been formed to provide strong local input to the behavioral health planning and to enhance partnerships among communities. There are 15 local collaboratives, 2 of which represent Native Americans. Membership includes consumers, family members, youth directly affected by behavioral health needs, persons with disabilities who experience behavioral health issues, representatives from existing health-focused groups, school nurses, and members of faith communities. Each of the local collaboratives went through a process of recognition. An extensive letter of readiness was prepared by

members of the local collaborative and presented to the Behavioral Health Purchasing Collaborative. All 15 have been recognized.

The Native American presentation to the Purchasing Collaborative was particularly impressive because it was the first time that family members had articulated publicly the extent of the problems of substance abuse, suicide, other behavioral health issues, and their feelings and frustrations regarding where and how to seek assistance for behavioral health disorders. There was a general feeling of hope and happiness that this would enable them to have a voice in the assessment, planning, and decision-making processes related to behavioral health.

A consortium for behavioral health training and research has been formed to gather a group of behavioral healthcare resources in New Mexico to provide information and support for addressing the crucial healthcare needs in New Mexico. These needs include improved access to quality care, especially in rural and frontier areas and minority populations; developing a diverse workforce highly trained in quality evidence-based practice; and developing health services research and evaluation capacity. This consortium will be based outside of any one particular state agency or university. There will be a group focused on Behavioral Healthcare Capacity Development and one on Behavioral Healthcare Research and Evaluation. An advisory board will provide advice and input from national

behavioral health-related foundations, policy and research networks, and other sources.

This streamlined structure will form the basis for the prevention, intervention, treatment, recovery, and resiliency for persons with serious behavioral health disorders and for their families, providers, and community leaders. It is the goal of this transformation in the behavioral health system in New Mexico to ensure that lives are better for individuals with behavioral health disorders and their families and friends who care for them.

For more information on this topic, please contact your State School Nurse Consultant. Please visit the National Association of State School Nurse Consultants' website at www.nassnc.org.

Resources

New Mexico Behavioral Health Initiative; News and Resources <http://www.state.nm.us/hsd/bhdwg/history.html>

The Behavioral Health Purchasing Collaborative
Substance Abuse in New Mexico: A Public Health and Safety Perspective

Common Questions Collaborative NASMHPD Presentation
Value Options Implementation Plan 41305

Value Options Proposal Summary
Collaborative Organizational Chart

BH RFP

Behavioral Health Needs and Gaps in New Mexico May 2005

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