

## Statewide MST Implementation in New Mexico

Successes and Overcoming Challenges




### New Mexico Background

- ▶ Very poor state
- ▶ Primarily rural and frontier
- ▶ At or near the bottom in most measures of child well being (Annie E. Casey Kids Count)
- ▶ Few General Fund dollars for initiatives but high federal match rate for Medicaid
- ▶ Able to build on already expanded Medicaid services and eligibility for <18 population (1992-1996)
- ▶ Medicaid Managed Care environment starting in 1996
- ▶ The Children, Youth and Families Department (CYFD) responsible for child welfare, juvenile justice and children's mental health

### Objectives

- ▶ The Children, Youth and Families Department interested in:
  - ▶ Establishing a more community system of care
  - ▶ Statewide availability of services
  - ▶ Achieving better outcomes
  - ▶ Addressing disproportionate minority confinement
- ▶ Medicaid looking for cost effective alternatives to RTC
- ▶ Determine if model works with New Mexico ethnic mix

### Pilot Project

- ▶ Collaborated with Medicaid and managed care organizations to implement a pilot project
- ▶ Built on previous CYFD and Medicaid initiatives
- ▶ Started with two providers, one team each
- ▶ Both in metropolitan areas

### Factors Contributing to Successful Statewide Implementation

- ▶ Buy in from MCO's
- ▶ Established steering committee to monitor pilot project and troubleshoot problems
- ▶ Local stakeholders/ champions emerged (MCO Psychiatric Director, JPPO's, providers)
- ▶ JPPO's came to see as an important part of continuum due to observed outcomes
- ▶ Successful outcomes both anecdotally and by program evaluation
- ▶ Carve out of mental health
- ▶ Addition of MST To Medicaid state plan (may want to amplify this)

### Challenges to Statewide Implementation

- ▶ Staff hiring and retention in rural and frontier areas
- ▶ Fidelity requirements hard to meet in rural frontier areas
- ▶ Critical mass of clients to be cost effective in rural/frontier areas
- ▶ Oversight by MST (fidelity) more intrusive than state funded services
- ▶ Fitting a violence prevention model into Medicaid (insurance based) system



### CEI 2015 Ultimate Outcomes New Mexico

<b>AT HOME</b>	<b>85.7%</b>	These results are based on a review of all standard NM teams that were open in 2015 and served by the CEI Network Partnership.  Total number of families discharged=565. Total number of families with opportunity to complete a full course of treatment=498.
<b>IN SCHOOL/ WORKING</b>	<b>86.3%</b>	
<b>NO ARRESTS</b>	<b>88.5%</b>	

- ### Lessons Learned
- ▶ Develop community based system of care first
  - ▶ Pilot project a good mechanism to demonstrate efficacy
  - ▶ Incentivize providers through cost structure
  - ▶ Collaboration with all system stakeholders a must
  - ▶ More effort with Juvenile judges
  - ▶ Family Voice

- ### How Decision Makers and Champions Influenced Challenges and Successes
- ▶ Steering Committee extremely effective at identifying problems and lobbying for workable solutions
  - ▶ Provided structure for emerging champions to have an effective voice