Children’s Sub-Committee  
Draft Meeting Minutes  
January 20, 2009

In Attendance:
LC1: Lisa Trujillo (BHPC)
LC2: Nancy Jo Archer, Rena Brown (LC2/PBDC), Joe Harris (LC2/UNM), Beverly Nomberg, Lynn Pedrazza (APS), Rebecca Estrada
LC5: Peggy, Jesse Chavez
LC6: Lisa Murillo, Kathleen Hart
LC7: Gail Falconer (BHPC), Frankie Scofield
LC10: Judy Bonnell
LC12: Tami Spellbring, Erin Hourahan, Debbie Adams, Tammy Lewis
CYFD: Soledad P. Martinez, YFS, Jeff Tintsman, YFS
PED: Jessica Aufrichtig
VO: Steve Johnson
Infant Mental Health: Deborah Harris

Approval of Minutes and Agenda:
Minutes: Gail Falconer moved and Lisa Trujillo seconded and the minutes were approved with the correction to note that Jesse and Peggy were both at the December 16, 2008 meeting.

Agenda: Frankie Scofield moved and Jeff Tinstman seconded and the agenda was approved.

LC/SOC Work Group Recommendations:
Beverly Nomberg spoke about recommendation #7 and suggested that this should clarify that monies not being spent in higher end services should be specifically invested in community based services in the child’s community. The recommendation now reads:

7. The Purchasing Collaborative should have a proactive strategic plan for rebalancing and redistributing resources to provide significant funding for community based services and supports for children and youth and their families with extensive and complex service needs. Monies not being spent on higher end services should be specifically invested in community based services in the community. Data should be provided to document this shift.

It was also suggested that we should have an introduction that describes our purpose: providing LCs, with the tools they need to advocate, to plan, and to develop SOC in their communities.

Data Work Group Recommendations:
Participants reviewed the recommendations from the Data Work Group and suggested that the age group 0-3 years should be a category. They also suggested that the number of Medicaid eligible children and youth should be provided in the “menu of secondary data” and that the number of Medicaid enrolled be on the table of services.

Gail Falconer moved and Beverly seconded a motion to approve both sets of recommendations. The motion passed unanimously by voting members in attendance. Recommendations are attached and will
be presented to the BHPC Steering Committee on February 11, 2009, to the BHPC on February 25, 2009, and to the Purchasing Collaborative on March 26, 2009.

**Infant Mental Health**

It was moved and seconded that the Infant Mental Health Work Group report be accepted and the Work Group officially be endorsed by the CSC. The motion passed. This will be presented to the BHPC Steering Committee on February 11, 2009 and to the BHPC on February 25, 2009.

**PED Proposal**

Jessica explained the proposal PED submitted to build school mental health capacity via training and consultation from the National Assembly on School Based Health Care. They will work with Local Collaboratives and SOC groups to access the training if the grant is awarded.

**Technology**

Many people thought that the telephone works better as does a main site in Albuquerque. Julie noted that without a remote site in Albuquerque, the youth cannot participate.

**Meeting Management**

Letty reminded everyone that if the by laws are passed, there will be one voting member per LC. In terms of LC 6 recommendations, there is a difference of opinion on who gets to talk. In terms of one vote per LC, the LC would select that person.

Perhaps we should have everyone who shows up two or more times (3?) become a voting member. In terms of LC6 recommendations, we do want not limit conversation to just voting members; everyone should talk.

In terms of Santa Fe and Albuquerque dominance, we cannot do on-line meetings (State firewalls); we need to encourage people to attend; we need good telephone capacity. We need to use telephone capacity for Work Group meetings. The group agreed that we need to be more mindful of people participating from remote sites – phone or video. We could structure meetings so that remote sites are first or automatically heard from. We need to fix the video system in Santa Fe.

**Youth Report**

Albuquerque youth have formed YouThink, working on anti stigma, suicide, and related matters. They are working on a Youth Jam. APS provides funding and APS, PBDC, and LC2 are all involved.

**Open Space**

We need to know what the new services will be (contract with Optum Health should be done by Thursday). There will be transition teams from each agency to identify priorities we don’t want to lose. One issue is Transitional Living Services. Marisol asked that any concerns be emailed to her or Jeff in the next week. She also said they are looking at CYFD/CBH funds and possible shifts to support SOC development.

The State resubmitted the SOC grant to SAMHSA, reworked and improved with one more anchor site. Jeff suggested that people contact Optum Health to keep Steve Johnson in the system.
**Next Meeting**

The next meeting will be February 24, 2009. The BHPC will meet on February 25, 2009:

**Feb. 24th: Children's Subcommittee 2-5pm.**
- **Host:** Albuquerque - Human Services Dept., **4330 Cutler Avenue NE** (between Washington and San Mateo just north of I-40)
- Santa Fe - Human Services Dept, **37 Plaza la Prenza** - large conference room
- Las Cruces - 2121 Summit Ct.
- Las Vegas - 3112 Hot Springs Blvd.

**Feb 25th: BHPC 9am to 2pm Please RSVP to Leticia.Rutledge@state.nm.us if you will be attending:**
- Santa Fe - Human Services Dept, **729 St. Michael’s Drive** - large conference room
- Albuquerque - **1711 Randolph Rd SE** (near airport)
- Las Cruces - 2121 Summit Ct.
- Las Vegas - 3112 Hot Springs Blvd.
A Work Group of the Children’s Subcommittee met on December 8, 2008 to review the recommendations that were reported in the LC System of Care Summary Report (October 2008 – see attached). The report and recommendations were presented to the Purchasing Collaborative on October 23, 2008. The report was favorably received and the Purchasing Collaborative requested that specific recommendations and priorities be developed. The Work Group drafted the following for review by the Children’s Subcommittee at the December 16, 2008 meeting. The intent of these recommendations is to provide LCs, with the tools they need to advocate, to plan, and to develop SOC in their communities.

**Recommendations**

1. The Purchasing Collaborative should use its authority to promote stakeholder involvement in Local Collaboratives. This would include, but not be limited to, City governments, County governments, Community Health Councils, Schools, Public Health, CYFD-Protective Services, CYFD-Juvenile Justice, law enforcement, the private sector (including business), and others. The Purchasing Collaborative should work within and outside State government to secure the involvement of these groups with Local Collaboratives. The Purchasing Collaborative should develop marketing materials so that stakeholders get what their stake is, why behavioral health is important, and why they should be involved in the Local Collaborative.

2. The Purchasing Collaborative should provide organizational development resources to Local Collaboratives. This would include facilitators and strategic planners especially trained in System of Care and logic models who would work with Local Collaboratives on problem solving and addressing barriers, developing mission and vision, writing business and strategic plans, and so forth.

3. The Purchasing Collaborative should provide technical assistance to Local Collaboratives in becoming a legal entity - a not-for-profit (501-C-3) - and/or finding a fiscal agent.

4. The Purchasing Collaborative should make flex dollars available from reinvestment or other sources for filling local gaps.

5. The Purchasing Collaborative should support the development and description of a System of Care model for rural and frontier communities where there are few resources. They should convene rural and frontier communities that are without resources to work together on this model/ecological design. As appropriate, one or more individuals from other states with expertise in rural/frontier communities and Systems of Care should be brought in to assist in this effort.

6. The Purchasing Collaborative should assure that training and technical assistance in wraparound and System of Care is provided statewide.

7. The Purchasing Collaborative should have a proactive strategic plan for rebalancing and redistributing resources to provide significant funding for community based services and supports for children and youth and their families with extensive and complex service needs. Monies not being spent on higher end services should be specifically invested in community based services in the community. Data should be provided to document this shift.

8. The Purchasing Collaborative should look at rebalancing and redistributing resources to provide significant funding for early childhood and infant mental health.

9. The Purchasing Collaborative should make decisions, one way or another, on the infrastructure elements that have been discussed for some time such as expansion of Clinical Homes and designation of Core Service Agencies.
LC Data Needs

Two possible models/approaches were suggested. LC's could look at their specific needs, determine what data they need, and make requests for data or otherwise find it themselves. The other option is to create a template of data that all LC's could access. Ultimately it was determined that we should adopt the second approach for now. This would have three aspects:

- A menu of secondary data sources that would inform need for services with links to those sources and annotation of how to use the data from each, including analyzing gaps; and
- A standard template and report of data, by service category, from the SE showing the numbers of individuals served, the number of units provided, and the amount spent on purchasing services (see draft template below).
- Information about providers and their services, including staff, financial and other resources.

Menu of Secondary Data

There are numerous sources of secondary data that could be compiled under the auspices of the Collaborative, convening the agencies with the appropriate data and figuring out a way to aggregate a profile for counties. Alternatively, we could create a menu of data sources and LCs would directly access the data from the various sources. Some of these sources could include:

1. Community Health Councils are required to produce a Community Health Profile but these are not necessarily inclusive of behavioral health indicators. Since DOH is a member of the Collaborative, we could explore with them the possibility of these indicators being added to CHC profiles. We need to request a copy of the current profile template.

2. DOH has numerous data sources and currently houses the Department of Health, Indicator Based Information System for Public Health (NM-IBIS). Per their website [http://ibis.health.state.nm.us](http://ibis.health.state.nm.us), there are three types of content that can be accessed. (Note that at time, only a few indicator reports are available.)
   - **Indicator Reports** - The Indicator Profile Reports section of the NM-IBIS website contains reports on health indicators. These brief reports provide more up-to-date information than is typically found in paper reports and is formatted for quick reference.
   - **Dataset Queries** - This section of the NM-IBIS website provides custom queries of selected publicly available, deidentified public health datasets. It allows a user to get numeric data using custom, user-defined selections.
   - **Resources and Help** - This section of the NM-IBIS website provides links to resources, such as community health assessment materials, epidemiology and statistics definitions, and help pages for the NM-IBIS Website.

The potential for the IBIS system to inform LCs is enormous and should we go down this road, we can work with Lois Haggard, IBIS Manager, Epidemiology and Response Division. Our understanding is that DOH is willing to add indicator reports to its system. They also provide training for local communities in needs assessment under their Community Health Assessment Program.

3. DOH has Youth Risk and Resiliency Data: [http://www.health.state.nm.us/epi/yrrs.html](http://www.health.state.nm.us/epi/yrrs.html)

4. Kids Count has a lot of data describing the demographic and other characteristics of children and families in each county. This could be a source of Medicaid eligible children. [www.kidscount.org](http://www.kidscount.org)

5. CYFD posts County Profiles on its website with a number of data elements related to Protective Services. They also post Juvenile Justice County Profiles and quarterly and annual Juvenile Justice reports. [http://www.cyfd.org](http://www.cyfd.org)
6. NM Public Education Department Data include School Fact Sheets (attendance, dropout, enrollment, free/reduced lunch, graduation rates, high school competency exams, standards based assessments, and poverty data): www.ped.state.nm.us. There may be additional data at some point available through the STARS system.

**Standard Template - Services Provided (developed and provided quarterly by the SE)**

We created a template for a quarterly report that could be produced for each County and provided to the LCs. The report template could look like something like:

**County Services Data**

**County:**

**Reporting Period:**

**Number of Medicaid Eligible Youth:**

**Age Group:** (reports could be produced for 0-3; 4 to 17, and 18-21; we can select other age groupings as appropriate)

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Numbers Served</th>
<th>Units Provided</th>
<th>Dollars Spent</th>
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<td>In County</td>
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The services would be reported within the major categories of the Children’s Purchasing Plan: Inpatient, Residential, Intensive Outpatient, Outpatient, Recovery, School Based, and Value Added. It was also suggested that the SE provide data quarterly on the number of youth with a substance abuse diagnosis. Eventually, we might even consider requested a report of youth by major diagnostic categories; this information is currently considered unreliable.

**Providers and Services**

Optimally we would like to have county level inventories of providers, services, etc. We currently do not know of a source for this, although we understand that a provider inventory may have been contemplated by CBHTR.