## Meeting Minutes
### New Mexico Behavioral Health Collaborative
**Meeting – April 23, 2009**

**1:00 p.m. – 5:00 p.m.**  
Child Support Enforcement Office – Parks Bldg., – 1015 Tijeras NW – Albuquerque, New Mexico

**Handouts:** Copies of the NM Behavioral Health Purchasing Collaborative Meeting public hand-outs may be obtained from the website www.bhc.state.nm.us

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<td>Present were:</td>
<td>Pam Hyde/HSD, Dr. Alfredo Vigil/DOH, Marisol Atkins/CYFD, Linda Roebuck/BHC, Bill Belzner/BHC, Patrick Putney/DDPC, Christina Stick/AD, Kristine Jacobus/HPC, Rick Martinez/DFA, Michael Spainer/ALTSD, Richard Chavez/MFA, Patrick Simpson/AOC, Betty Sparrow Doris/DMS, William O. Blair/PED, Jacqueline Cooper/PDO, John Block III/GCD, Clair E. Dudley/Children’s Cabinet, Angel Roybal/BHC</td>
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<td><strong>Call to Order</strong></td>
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<td>Dr. Vigil, Chair called the meeting to order at 1:00 pm, with a quorum present.</td>
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<td><strong>CSA Report and Recommendations</strong></td>
<td>Handout - CSA Plan and Implementation Timeframes</td>
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<td>In accordance with the recommendations of the New Mexico Behavioral Health Collaborative, Pam Hyde</td>
<td><strong>MOVED</strong> to approve the Core Service Agency (CSA) Plan with the following changes for adoption:</td>
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<td>RE: CSA Plan and Implementation Timeframes</td>
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<td><strong>D. CSA Phase In</strong></td>
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<td>• The overall number and geographic locations of CSAs have been projected, using population, prevalence, geography, and service area. The projection includes 23 designations of adult CSAs and 21 designations of children’s CSAs. During Phase One, it is anticipated that 10 adult CSAs and 9 children’s CSAs will be designated from 6 Local Collaborative areas.</td>
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<td>• During Phase Two (beginning January, 2010) applications for CSAs will be taken from service areas that did not have the projected number of designated CSAs in Phase One. It is the intent that there will be at least one designated CSA by State FY 2011 in each geographic area represented by a Local Collaborative.</td>
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<td><strong>F. Local Lead Agencies for Supportive Housing</strong></td>
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<td>• As part of the implementation of that Long Range Plan, the Collaborative will designate Local Lead Agencies (LLA) to serve as the lead agency for referrals and to be the single point of contact with developers and property managers of Low Income Housing Tax Credit or other types of affordable housing projects funded through Mortgage Finance Agency (MFA). It is anticipated that an LLA will be designated in each geographic area represented by a Local Collaborative.</td>
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<td><strong>H. Populations Served by CSA</strong></td>
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<td>The target populations for CSAs are:</td>
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<td>• Adults with a Serious Mental Illness (SMI), chronic substance abuse disorder, or co-occurring disorders (e.g., mental health/substance abuse; mental health/developmental disability) where the</td>
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<td>mental illness or condition either causes functional impairment or interferes with functioning in a way that inhibits recovery and resiliency goals.</td>
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**A. Basic Requirements**

70.10.11.18 Agency in the Community. The agency articulates a statement of purpose for its primary functions and provides culturally competent services for clients who are bicultural and/or who are non-English speaking, and for clients who have hearing issues requiring sign language services.

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**B. Capabilities**

11. Access to services for persons with physical, cognitive, and other disabilities.

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Outpatient
- Outpatient psychotherapy
- Parent-infant and child-parent psychotherapy
- Outpatient substance abuse treatment
- Co-occurring outpatient services
- School based BH services (including special education)
- School linked BH services
- Psychosocial rehabilitation
- Multi-Systemic Therapy
- Infant and early childhood services
- Outpatient detox

The MOTION was SECONDED by Pat Putnam and was PASSED unanimously.

Handout - Community Reinvestment Housing VONM Selections

The following programs were selected by VONM as recommendations for the Housing Community Reinvestment:

- Southwest Counseling, Las Cruces
- The LifeLink, Santa Fe
- Socorro Mental Health, Socorro
- St. Elizabeth Shelter, Santa Fe

Pending: There are two additional programs that were recommended by VONM and the Local Collaboratives, but on consultation with the Collaborative CEO and consultation from HSD housing specialists, VONM has pended these two selections in order to get additional specific information to ensure that the programs can meet the requirements of the Community Reinvestment Housing RFP. The decision will be reported to the Behavioral Health Collaborative at the May 2009 meeting.
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| Readiness Review-Implementation Plan OptumHealth | Bill Belzner reported the following:  
1. Staffing  
   - OptumHealth has hired 156½ out of 192 employees  
   - All major positions have been filled and attended a nine week training process  
   - All offices are open  
   - Additional individuals will be hired later in the fiscal year  
2. Network Development  
   - 849 applications have been received  
   - OptumHealth is committed to contracting with every provider in the VO network  
3. Funding  
   - A draft funding table has been provided and is in the process of being reviewed  
   - Final numbers will be certified next week  
   - Fee schedules are being finalized  
4. Readiness Review Process  
   - 96% complete  
   - The schedule for on-site systems review is in place  
   - Document deliverables will be sent out tomorrow  
5. Challenges  
   - IT Systems  
   - Contracting with providers around the state  
   - Clinical Functions | |  
| Telling Our Story With Data- A Guide for and by the Tribes of New Mexico |  
Handout- Telling Our Story With Data/A Guide for and by the Tribes of New Mexico  
A PowerPoint presentation was given by Nadine Tafoya, LISW and Charlene Poola, LISW. It consisted of the following components:  
1. Tribal Data Workgroup  
2. Purpose of the Tribal Data Workgroup  
3. Who’s in our Circle?  
4. Activities to Date  
5. Feedback from Tribes  
6. Why is Tribal Data hard to collect?  
7. Issues to Consider  
8. Measurable Outcomes  
9. Treatment Outcomes  
10. Prevention Outcomes  
11. Next Steps  
Contact Information for questions/comments:  
Nadine Tafoya, LISW- nayanet2426@gmail.com  
Charlene Poola, LISW- cpoola@salud.unm.edu | |  
| Social Inclusion Public Service Announcements | Handout- Talk About It New Mexico Mental Illness and Substance Abuse  
Handout- Talk About It New Mexico web page | |
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<td>May Mental Health Activities</td>
<td>The Collaborative reviewed the Public Service Announcements (PSA), the Talk About it New Mexico website and the ads arranged by Betina Gonzales McCracken, HSD Communications Director and Steven Randazzo, HSD Legislative Liaison/Special Projects Coordinator. The 30- and 60-second PSAs are airing in cooperation with the New Mexico Broadcasters Association and its television and radio partners across the state. The ads will air in movie theaters at Las Cruces, Santa Fe and Albuquerque. They were produced in English, Spanish and Navajo. The PSAs will be able to be viewed and heard on the Talk About it New Mexico website, <a href="http://www.talkaboutitnewmexico.org">www.talkaboutitnewmexico.org</a>. The site will be a resource page where people can find out how to get involved with the Behavioral Health Planning Council, NAMI or Mental Health America and many more groups that help people to openly talk with others about their mental illness or substance abuse problems.</td>
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<td>BHSD Medication Fund Plan</td>
<td>Harrison Kinney and Sally Kroner discussed the OptumHealth BHSD Medication Fund Proposal. The plan has 2 parts: 1. The Medication Fund Plan will serve approximately 870 consumers in one year. The plan will have limitation to maximize the number of consumers that benefit from the fund and to assist with fund management throughout the entire fiscal year. 2. The Low Cost Generic Pilot Plan will be a pilot project utilizing the Wal-Mart low cost generic program. The outline of the plans consisted of the following:  • Eligible Population  • Fund Duration  • Formulary  • Fund Specifics</td>
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<td>Behavioral Health Planning Council Report</td>
<td>Handout-Behavioral Health Planning Council Report to the Purchasing Collaborative  Handout-Reports from the Local Collaboratives Through the Behavioral Health Planning Council (LC6, LC7 and LC10)  Handout- Behavioral Health Planning Council Subcommittee Agendas (Medicaid, Adult And Substance Abuse, and Children’s) 1. UPDATES:  <strong>SUBCOMMITTEE REPORTS:</strong>  Four of the statutory subcommittees met on Tuesday, the 21st of April. The Native American Subcommittee</td>
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<td><strong>Public Input</strong></td>
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| met on Friday, the 27th of March; however, due to inclement weather, not all were able to attend. They are continuing to coordinate the agendas and meeting times among the four subcommittees to better facilitate their work. The ad-hoc finance subcommittee continues to meet and work on developing an income statement and a budget for FY09.  
**BY-LAWS:**  The By-laws subcommittee continues to meet to revise the Policies & Procedures manual. They anticipate presenting the draft of that to the BHPC at their May meeting and then plan to vote on accepting those revisions at their August meeting.  
**STRATEGIC PRIORITIES:**  As per the request of the Behavioral Health Collaborative at the January meeting, they are continuing to work on prioritizing the strategic priorities. In addition to asking each of the Local Collaboratives to choose their top three priorities, they are also asking all members of the Planning Council to electronically rank their priorities. They will then summarize that information, present it to the Executive Committee and the full Council at their May meetings and then present to the Collaborative at the June Meeting.  
2. **FUTURE MEETINGS:**  
**LEGISLATIVE REVIEW TEAM:**  The Legislative Review Team (LRT) is scheduled to meet on Thursday, May 7th to review and compile the submissions from the Local Collaboratives and make recommendations to the BHPC. The BHPC will vote on those recommendations at their May meeting and present them to the Collaborative at the May meeting.  
3. **SPECIAL PROJECTS:**  
**COMMUNITY REINVESTMENT:**  The Community Reinvestment Committee (CRC) has completed their review of the System of Care Proposal, submitted their recommendations to the Executive Committee of the BHPC, as well as to the full Council, both of which supported those recommendations. That information was also passed on to VO by the date requested.  
4. **OTHER:**  Two of our BHPC members have resigned, having accepted appointments with OptumHealth. Those members are Dr. Carolyn Thomas Morris, who was appointed as a Native American provider from LC 15 and Frank Chevalier, who was appointed as a family member from LC 9. They currently have 45 members.  
Deffy Roach-  The CSA standards that apply System of Care principles need to be applied not only to providers and the Statewide Entity but to the agencies that participate on the Collaborative, in particular CYFD. CYFD has standards they want applied to providers who serve children and their families but don’t practice what they preach. CYFD's treatment of families is shameful particularly in the Protective Services arena. There are best practices that could be implemented but are ignored. Things could be done differently and better but they do the same “old same old” that impacts families and children negatively. They profile individuals with mental illness and accuse simply because they have a mental health diagnosis. A diagnosis alone does not an abuser make. There are risk factors that are considered criteria for placing children at high risk for abuse but a diagnosis alone is not a risk factor. The anti-stigma PSAs that Betina is producing are excellent and I |
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| Adjourn | am glad they will be aired and I hope that CYFD social workers pay close attention to the PSA because they are guilty of stigmatizing people w/mental illnesses. My son has been profiled and stigmatized by social workers who have decided that he is an abuser simply because he has a diagnosis of bipolar. We have proof from 3 physicians, from 3 different States, from 3 different disciplines that my grandson has bone disease of prematurity. If the fractures had been discovered in the NICU, it would have been diagnosed as bone disease of prematurity, but because they were discovered in the ER, it was diagnosed as abuse. Little was done to get to the truth because it was not the best interests of the children that took priority but instead it became about CYFD and its social workers’ egos. I hope that the standards will be applied to everyone and that best practices are implemented on the ground and not just listed in reports and talked about at meetings so we can all feel good. Regina Roanhorse commented that their Local Collaborative continues to need support from the Behavioral Health Collaborative.  
Handout- Flyer for 2nd Annual Behavioral Health Summit “Creating Pathways For Our Future”  
Handout- Agenda for 2nd Annual Behavioral Health Summit “Creating Pathways For Our Future”  
Handout-Consumer Network and Outreach Project (CNO) | There being no further business, the meeting adjourned at 3:54 p.m. |