1. **Welcome and Review of Agenda**

Secretary Dorian Dodson called the meeting to order at approximately 1:05 pm. She noted this was an open session and that a quorum was present.

**Attendees**
- Secretary Dorian Dodson, CYFD
- Deputy Secretary Katie Falls, HSD
- Secretary Designate Dr. Alfredo Vigil, DOH
- Secretary Debbie Armstrong, ALTSD
- Deputy Secretary Teresa Gomez, IAD
- Linda Roebuck, BH Collaborative, CEO
- Deputy Secretary Erma Sedillo, NMCD
- Deputy Secretary Rick Martinez, DFA
- Jacqueline Cooper, PDO
- Kristine Jacobus, HPC
- Mercy Lopez, NMDOT
- Vince Baca, NMDWS
- Daniel Roper, DVR
- Vivian Heye, PED

2. **Review and Approval of Minutes**

Secretary Deborah Armstrong moved to approve the minutes from the August 23, 2007 meeting. Vince Baca seconded, and the motion passed.

3. **Proposal on Collaborative By-Laws – Rick Martinez, Paul Ritzma**

At the direction of General Counsel Paul Ritzma Deputy Secretary Rick Martinez reported to the Collaborative about how other boards and commissions around the state have developed by-laws, how effective they are and how the boards or commissions operate.

Most boards and commissions have various subcommittees made up of members that work with staff on related issues and report back to the full board or commission. An example would be the New Mexico Finance Authority (NMFA) that has an investment committee, finance and loan committee, an audit committee, an ad hoc policy committee, etc. etc. These are very effective in that a lot of work is done by staff on related topics that affect the full board that are vetted and reviewed at the sub-committee level with members and staff, and subsequently reported to the full board and voted on at that point.

Deputy Secretary Rick Martinez respectfully requests that the Collaborative create a sub-committee to look at these and do a comprehensive review of the structure of this collaborative, come back to the full committee with a recommended set of by-laws that includes restructuring of the collaborative if applicable and recommended sub-committees to address critical areas within the collaborative.
Vince Baca moved that the Collaborative create a sub-committee to look at creating by-laws. Secretary Deborah Armstrong seconded and the motion passed.

4. **BHPC Report – Trinidad de Jesus Arguello, Letty Rutledge**  
Chairperson Trinidad de Jesus Arguello reported on the following:  
**Overview of BHPC August Meeting:**  
CMHS Block Grant Application in conjunction with the Behavioral Health FY 2008 Strategic Plan was reviewed by five planning Council members and recommendations were given to state staff in preparation for the Implementation phase. The application as a whole was well organized, written and the vision “is wonderful.” The state staff should be commended for their hard work.  
Recommendations submitted to State and Governor and approved by the BHPC included the 10 actions in the State Strategic Plan.

**Behavioral Health Day at the Legislature – January 21, 2008:**  
An Ad Hoc Committee is working on coordinating the event. They are in the process of identifying one consumer and/or family member “STAR” by LC nominations. One or two “STAR’S” will be selected depending on State funds.

**Local Collaborative Legislative Priorities:**  
Council members participated on a paired comparison exercise in prioritizing the BH 2008 Strategic Plan. The tabulated results prioritized are:  
1. Children Services (203)  
2. Supportive Housing (193)  
   • Substance Abuse  
   • Consumer Driven Services and System  
   • Transportation  
   • Services to Native Americans  
   • Law Enforcement  
   • Evidence-Based Practice & Professional Training  
   • Improving Efficiency and Effectiveness

**Consumer Work Group – Topic: Barriers to Consumer Participation at BHPC and Local Collaborative:**  
1. Reports (VO/State) are often submitted without consumer input.  
2. It is difficult to give information to LCs from the BHPC meetings.  
3. Council members get overwhelming information.  
4. Local Collaboratives need to allow consumers to participate in meetings and listen to what they have to say  
**Suggestions by Council members:**  
1. Practice leadership skills.  
2. Tone down professional vocabulary/acronyms.  
3. Have the consumers invite speakers to come to the meetings.  
4. Let consumers talk at each of the meetings – related to LC meetings.
Take Home Points from the BHPC:

- Decisions from VO contradict what has been communicated by others. There appears to be a lack of coordination and communication between the State, VO, providers and local communities. Providers often do not understand the changes – or why they are being made.
- VO must be present at all BHPC meetings. When Pam Galbraith is unable to attend, a decision making administrator should attend in her place. (This has been discussed with Pam Galbraith, and the situation has been rectified).
- Information should go out early for everyone to review before the BHPC meeting.
- Council members feel like the State is talking down to local communities, and telling them what needs to be done instead of the BHPC/Collaborative/Subcommittees talking to the State with their recommendations/issues/concerns.
- Consumers feel they are often excluded from full participation at meetings, including LC meetings.
- There is a deep concern regarding the lack of providers and resources in communities.
- There should be more input from the Subcommittees and the work they are doing.
- Vague and confusing concepts presented at meetings make it difficult for consumers and others to understand.

National Association of Mental Health Planning & Advisory Councils Training:

- NAMHPAC training was held on September 18 and 19, 2007. Overall, the training was a success. We had good attendance, participation, and presentations. The presentations were a hit, and positively welcomed.
- BHPC members participated in an exercise focused on identifying perceived system barriers, and exploring opportunities to improve the BHPC overall functioning.

Recommendations:

- Re-think monthly BHPC meetings. Monthly meeting can cause hardships to those providers attending the meetings.
- LCs – allow them to make presentations at the BHPC meetings.
- Requests made by the State to LCs should take into consideration timing of request and turn around period for activities to be completed.
- Status of Council meetings – Topic by members should be considered for input on agenda (this should be done through the sub-committees process).
- Request for summary of activities where BHPC left off during their break.
- Requesting use of facilitator in place of Robert’s Rule of Order.

Conclusion:

I have only one of many concerns at present and that is the lack of participation by subcommittee Chairs at the BHPC Executive Committee meetings. I recommend exploring committee meeting schedules that conflict with the BHPC Ex. Comm. Meetings.

5. **Status of Medicaid: Current and Proposed Changes from CMS – Matt Onstott**

Matt Onstott reported on the following:

Substance Abuse State Plan Amendment (SPA)
• SPA will have three substantive changes—addition of “chemical dependency” to first paragraph of the “Rehab Option” section such that all rehabilitative services will be available for individuals with a primary diagnosis related to mental health or substance abuse.
• Addition of Intensive Outpatient Therapy (IOP)
• Addition of Medication Assisted Substance Abuse Treatment

Changes to the Medicaid program
• Centers for Medicare and Medicaid Services (CMS) issued a Notice of Proposed Rulemaking on August 13, 2007 related to the “Rehab Option”
• The proposed rule would clarify some existing CMS policy as well as articulate some new policies.
• Significant aspects of this rule for New Mexico include:
  • All services must be part of a plan of care and meet a rehabilitation goal in order to qualify for federal reimbursement
  • Services must focus on the ability to perform a function, regardless of whether the individual was able to perform that function in the past
  • The exclusion of federal reimbursement for services through a single daily “bundled” rate. This would affect many of the residential services in the state
  • Prohibits federal payment for services deemed “intrinsic elements” of other programs. This, too, would have a significant impact on residential services as CMS may see these as “intrinsic elements” of child welfare programs.
  • In addition to the proposed rule, CMS, through the President’s budget proposal, would curtail Medicaid administrative claiming and transportation reimbursement for school health programs. This could reduce revenue to school districts by millions of dollars.

6. Update/Correction Regarding VO Purchase – Paul Ritzma
General Counsel Paul Ritzma reported to the Collaborative on the research he had done following a public comment made at the August Collaborative meeting. Mr. Ritzma stated that the research he had done on Crestview Partners, a company that FHC Health Systems (ValueOptions New Mexico’s parent company) has acquired as a new investor, turned up nothing negative. Also, ValueOptions issued a letter to Collaborative members regarding the public comment made at the August Collaborative meeting.

7. Public Comment
Dr. David Ley – New Mexico Solutions
Mr. David Ley, Director of NM Solutions and Secretary of the Youth Provider Alliance, made the following two statements:
1. Both the Los Lunas substance abuse programs described earlier today, and the Children’s BH Purchasing Plan endorsed by this body, explicitly intends an increase in the utilization of CD-IOP. However, ValueOptions has recently taken aggressive steps to significantly restrict utilization of this service. Interested and willing providers are being told that they cannot provide this service if they have not done so in prior fiscal years. Existing IOP providers are being limited and "capped" in the amount of CD-IOP services they can provide and be reimbursed for. CD-IOP is an enhanced benefit currently but is an EPSDT service for those under 21 and thus should be eligible for Medicaid reimbursement.
I ask the Collaborative what its plan is to address this discrepancy. I suspect the answer is likely to be either the proposed State Plan Amendment or use of ATR funds. However, a State Plan Amendment, putting CD-IOP on Medicaid is likely to take at least a year. The ATR funds are limited, do not represent an increase in funds or services over existing levels, and do not, to my understanding, reimburse for adolescent services, as intended in both the Los Lunas project and the Children's Purchasing Plan. I encourage the Collaborative to ask how CD-IOP services can be increased as intended, when ValueOptions is restricting funding for this service.

2. The Youth Provider Alliance is advocating against the proposed CMS Rehab rule change. However, both the Alliance and I personally invite collaborative discussion and planning with providers and the State, to develop plans that may address necessary changes in TFC while minimizing the impact to highly vulnerable children and their families.

Peter Cubra – LC2
Mr. Cubra stated that we would like to see ValueOptions start distributing the denial reports again. He thanked Secretary Hyde and HSD for the substantial increase for behavioral health Medicaid funded services. He stated that LC2 will work very hard to try to get the money approved through the legislature. Mr. Cubra believes that the LC Budget Priority process was set up in such a way that local collaboratives feel like their input was not important. He also stated that he believes the process was set up like that deliberately. He asked the Collaborative that the report that was done by the McArthur Foundation be made public for review and comment.

John Snowden
Mr. Snowden would like to echo Mr. Cubra’s comments about the LC Budget Priority process. He believes that the process that the local collaboratives worked on is not going to be utilized. Mr. Snowden also believes that there are a lot of problems with the communication process; he feels that he cannot go back to the NAMI board and tell them that the Collaborative is listening to them.

Ginny Wilson – Santa Fe Clubhouse
Ms. Wilson has been working with the Santa Fe Clubhouse for the last couple of years. She invited Collaborative members to the open house for the Santa Fe Clubhouse on October 25, 2007 starting at 3:30 pm. Ms. Wilson also invited the Collaborative members to visit the web site. The Santa Fe Clubhouse is always looking for funding; they would like to be part of the state and Governor’s budget.

Suzanne Pearlman – Cross Agency Team Lead
Ms. Pearlman informed the Collaborative of the following training:
UNM/Center for Rural & Community Behavioral Health and COSIG are sponsoring a statewide Native American Co-Occurring Disorders Training Series in October and November 2007. The training is funded by the New Mexico Department of Health & Human Services Division.
The training series has three training's with three different dates to choose from. The training will be held at five sites for 3 hours. The sites are: Gallup, Farmington, Albuquerque, Santa Fe and Mescalero.
On the registration form please select a date and site you are can attend the training and then **fax your registration form to: 505-272-1876.** Some sites do NOT list locations but they will be announced, therefore it is important that you register so I can give you the location information. In addition, CEUs have been applied for through UNM Continuing Education.

8. **VONM Contract Status Report FY07 4th Quarter – Matt Onstott**

Matt Onstott reported on the following:

**Oversight report:**

- Highlights of reports - Prior Authorization, Appeals, Grievances
- FY07 Compliance Audit - Looks at compliance with Medicaid Managed Care regulations
  - FY06 was minimally compliant (75%); FY07 was fully compliant (93%)
  - Score on IT system audit was 100%
  - Areas of improvement – grievance system; reimbursement; benefit package; consumer bill of rights.
  - Areas still needing improvement – Member Education will require a Corrective Action Plan
- Denial Audit Directed Corrective Action Plan from State to ValueOptions will focus on:
  - UR Case Documentation Criteria
  - Alternative Service Case Documentation
  - Care Coordination issues
- Focused Continuum of Care Audit of Behavioral Health (BH) Services
  - Comprehensive audit of all clinically-related denials issued by VONM during the month of June 2007. In addition to the clinical denials, NMMRA will also review all approvals, care coordination, grievances, appeals, and fair hearings.
- Facility/Service Closures – Oversight Team has been tracking closures and service discontinuations.
  - Letter sent to VO 9/10/07 asking:
    - What you believe to be the root causes of these closures/service terminations;
    - A listing of new community service providers since January 2006;
    - What providers may have opened services, programs, or agencies in the place of those that have closed in those communities, and VO’s role in bringing up those services;
    - How these closures may be affecting access to services, especially in rural and frontier areas of the state;
    - How capacity is being affected (e.g., an RTC may have had only a few consumers when they closed, but may have had many empty beds); and
    - VONM’s strategic planning process as it relates to provider capacity and moving from residential services to community-based services.
References – Updates and Presentation:

Linda Roebuck, CEO of the Behavioral Health Collaborative, gave brief updates on the following:

- Medicaid Updates – State Plan Amendment for Substance Abuse
- Collaborative Conference (see John’s handout)
- Transportation Pilot (see handout)
- Los Lunas Substance Abuse Treatment & Training Center
- Veterans PTSD Project
- Housing
- At Director Putnam's request, two new ad hoc groups will be formed: one dealing with the clinical needs of high need consumers of any part of the behavioral health system and the other working with the needs of the DD/MI population. The former group, a clinical multi-disciplinary team (MDT), will consist of representatives of all Collaborative agencies and the Statewide Entity who deal with clients whose behavioral health needs exceed the capacity of any one agency or the SE to meet, and therefore require the combined deliberations of multiple entities. This group will be convened in February.
- The second group will attempt to deal with the needs of the very vulnerable developmentally disabled mentally ill dually diagnosed population in New Mexico. The purpose of this group will be to examine the critical needs of this population, and identify both gaps in service and possible program and funding resources - both new and existing - to meet those needs. This group will be constituted in April 2008.

The documents can be found on the Behavioral Health Collaborative website:
http://www.bhc.state.nm.us/pastmeetings

There being no further business, the meeting adjourned at 3:30 pm.