# New Mexico Behavioral Planning Council

**Minutes of Wednesday, September 27, 2006!**

106 West Frontage Road - Room 309 at Traditions!

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## Guests

- Tom Alvarez
- Pamela Galbraith
- Don Maestas
- Sally Kroner
- C. Rooney
- Dean Fixsen
- Melissa Van Dyke
- Julie VonOntjes
- Kimmie Jordan
I. Sign-In and Announcements
   • Chairperson Susy Ashcroft commenced the meeting at 9:20 a.m. by welcoming members and guests, and encouraged members to remain until the end of the meeting.
   • Future BHPC meetings were requested to be changed to November 15 and December 13 to accommodate holiday schedules. The BHPC will address this later and vote on the proposed changes.
   • The order of the agenda was changed until a full quorum was established in order to approve the agenda and the August minutes.
   • Quorum was established at 10:30 a.m.
   • Introductions of guests were made. Included in the audience were Mr. Dean Fixsen and Ms. Melissa Van Dyke from the National Implementation Research Network Florida Mental Health Institute, University of South Florida. They are currently contracted through the Transformation Grant to provide technical assistance on developing and implementing plans/policy at the state and organization level to benefit the intended consumer.

II. Approval of Agenda
   Lynn Pedraza moved that the agenda be approved, seconded by Susy Trujillo. Agenda was approved.

III. Approval of August 23 Minutes
   Robert Love moved that the August minutes be approved, seconded by Erin Hourihan. Minutes were approved.

IV. ValueOptions New Mexico Report - Pam Galbraith, CEO
   • Next cycle of reinvestment money applications are due by the second week of November. Funds will be distributed in December. Focus will be on non-administrative costs. Letters of support and recommendations from the Local Collaboratives (LC) should accompany applications. The BHPC was reminded that statewide initiatives need BHPC recommendations.
   • Chris Carson is not leaving after all, as was announced at the August BHPC meeting.
   • A Claims Manual for providers will be available mid October, which will include answers to frequently asked questions, and will help with claims submission.
   • Applications for reinvestment will be on the website and passed to the LC leadership.

IV. ValueOptions Data Reports - Sally Kroner, HSD; Paula Tietjan, ValueOptions; Dee Durant, ValueOptions
   • A handout composed of four critical indicator reports as requested by the Oversight Team was provided to the Council. The executive summaries represented different FY06 quarters.
     1. Critical Incidents Report #4:
        o 155 critical incidents were reported during first FY06 Quarter; less than the previous quarter due to clarification and narrowing of definitions.
Incidents include but are not limited to suicide, suicide attempts, assault, detention, protective custody, and death (includes medical-related death).

Primary category of incidents is injury and emergency room services followed by elopements (e.g., running away). Violence is the third highest.

VO will conduct both announced and unannounced site reviews of providers in response to reports; is working on performance improvement and education to various parts of the system; and is studying patterns of critical incidence.

In response to questions from the Council, VO clarified that reports are based on what VO providers report; that data includes Medicaid and other providers; that VO is just getting to the point of having enough data to study patterns, and that emergency services include physical and mental services.

VO also reported that many of the incidents take place at residential facilities; that providers will receive training on reporting and identifying critical incidents, and that Local Collaboratives could be utilized to improve compliance and reporting.

Council members suggested that there may be an undercount of suicide attempts and discussion ensued regarding other possible sources and ways to track additional suicide incidents.

To avoid misleading or confusing interpretations of the data reports, the Council requests that VO indicate at top of reports that data only includes ValueOptions clients, not all of the population.

2. Appeals Report #3:

Appeals take place for prior authorization of care or for requests for higher levels of care than meet the criteria for that specific level of care. VO follows the Medicaid appeal process.

The 3rd Quarter of FY06 shows an increase of appeals from the previous six months, which is attributed to the “do no harm” phase VO initially practiced to assist providers and consumers during the learning curve of the new system. Later the appeals increased as utilization reviews based on medical necessity was implemented as part of the utilization plan.

Two types of appeals; administrative and clinical.

There are stringent turnaround times for requests.

In response to a question from the Council, pharmaceutical information is found on a separate report.

3. Prior Authorizations Report #1

Service prior authorization includes but is not limited to acute inpatient care, residential treatment, transitional living services, and therapy.

The 1st Quarter FY06 report shows an increase of administrative denials and terminations of care compared to previous quarters, again due to VO’s initial practice of “do no harm.”

Over 50% of the denials are based upon provider non-compliance in completing the prior authorization requests.

98% of services requested are approved.

Improvement of services is accomplished through pre-certification, reviews and auditing and verification.

In response to a comment from the Council, VO said that Functional Family Therapy may seem small but the service lasts for a long time.
4. **Grievances Report # 2**
   - The 3rd Quarter FY06 report illustrates that the number of consumer grievances has increased from the same quarter for FY05, and the number of provider grievances has decreased.
   - VO has a formal grievance process which requires an acknowledgement, follow up and resolution to the grievance. Approximately 64% of the FY06 grievances were filed for or on behalf of consumers and 36% by providers.
   - The majority of grievances by consumers are related to quality of care. Complaints span the continuum, i.e., formulary choices, access to care, appeal process not followed.
   - Provider complaints are often related to claims not being paid; denial of claims; and lack of timely response from VO. VO is tracking these actions to ensure better services in the fourth quarter.
   - Most consumers tend to be funded by Medicaid and this report is targeted for this audience and therefore there is a higher than normal impact upon HSD because of the funding source.
   - It is difficult to quantify issues without a written formal grievance, so providers are encouraged to file a formal complaint in order to make the necessary changes.

➢ **Action:** A Pharmacy report will be provided for the October BHPC meeting.

V. **Neurobehavioral Subcommittee Report** – Sally Kroner,HSD
   - Three priorities have been identified to help educate the Legislature on cognitive disorders issues.
     1. Reduce waiting time to receive services
     2. Increase training for parents across the state
     3. Define training for autism spectrum disorder—it is intensive.
   - This subcommittee cannot address case management issues related to persons on the Developmental Disability Waiver, specifically out of state placements. Such issues are the State’s responsibility, not VO’s.

VI. **Mandated Community Treatment** – Karen Meador, Director BHSD
   - Karen Meador asked for comments, recommendations and concerns from the Council regarding the recommended changes to the original Kendra’s Law bill that was introduced in the 2006 Legislature and modified by a work group convened by Secretary Pam Hyde. The Council was also asked to give input on the August 31st Behavioral Health Purchasing Collaborative meeting which addressed mandated community treatment.
   - Comments included the following:
     - It was disappointing that Senator Dominici and Representative Gutierrez left before national experts spoke.
     - The bill needs more rewriting.
     - Judges and courts need education regarding the difference between persons with traumatic brain injury and persons with mental illness.
     - Without resources for a system of care and an infrastructure, as reported by researcher Steffanie Lamell in her report regarding the New York’s system, New Mexico may not have the ability to meet the criteria as currently written in the proposed law.
     - A sunset clause should be considered in order to mandate research and to see how this new system will work.

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o NM should be more vocal about getting more funding for services and resources instead of passing a punitive law against those with services.

• Additional discussion and comments were shared among Council members, which included requests for clarification of definitions, accountability, and the roles of providers and law enforcement officials.
• Mandated Treatment is on the Behavioral Health Purchasing Collaborative agenda for September 28th to discuss and decide whether they will make a particular recommendation to the Governor. The Council offered the following suggestions for modifying the proposed bill:
  1. No forced meds (because of side effects).
  2. This law will not solve the problem without adequate services.
  3. Concern over law enforcement involvement; non lethal deterrents.
  4. Parents need to have the right to get treatment for their children.
  5. Must first educate judges, law enforcement, etc. about persons with brain injury who are often misdiagnosed.
  6. Must have clear criteria (serious factors) for assessing the need for mandated treatment.
  7. Address basis needs first, e.g., housing, clothing, food.
  8. Must assign an impartial advocate to each person being considered for mandated treatment.
  9. Criteria has to be more than “self neglect”, not dangerous, not a threat to self or others (clearly define “threat to self and others”).
  10. Resources must be available.
  12. Must have Sunset Clause, research, administrative oversight to insure that services are available and delivered.
  13. Consumers must be involved in developing the treatment plan (completed before hearing).
  14. Do not want a Legislative memorial.
• Because parents are not decision makers of mental health, discussion was held regarding the need to educate children on mental health services so that they may possibly avoid later problems as adults.

➢ Action: Chair Ashcroft will present the Council’s recommendations to the BH Purchasing Collaborative on September 28th.
• Karen Meador suggested that Council members let Tom Smith know if they are interested in receiving materials that were presented at the August 31 BH Purchasing Collaborative meeting.

VII. Action Item: Comprehensive Behavioral Health Plan - Pam Sanchez, HSD; Becky Beckett, Vice-Chair BHPC
• Co-chair Becket offered several edits to the Plan which included emphasizing in the report that the Council is more than just an “advisory body” and changing the wording/language in some areas. Pam Sanchez will make the recommended changes. The Plan must be submitted by October 9, 2006. There is a little time to take additional comments but there are some things that are process-related and cannot be changed.
• Motion to approve Plan with amendments was made by Co-chair Beckett; seconded by Carol Luna-Anderson.
➢ Motion Passed. Two abstained.
• Comments and suggestions should be sent to Pam Sanchez for inclusion with the grant application.

VIII. Comprehensive Behavioral Health Plan (CBHP): What Do You Think? – Carol Kinney
• Cathy Kinney from Kinney Associates developed an evaluation tool related to the overall CBHP planning process and will distribute it to the Council, Local Collaboratives, the steering teams, and the BH Purchasing Collaborative. Council members were given the survey to complete and return to Ms. Kinney today.
• Questions on the survey included whether the document is believed to be data driven and useful and if the time was well used during the planning process.

IX. Action Item - Plan Synar: Substance Abuse and Prevention Training Block Grant - Becky Beckett, Vice-Chair and Don Maestas, BHSD
• The Synar national initiative is to reduce tobacco use by minors. According to a compliance check recently, 9% of vendors sold tobacco to minors, which is below the compliance recommended rate of 20%.
• Syna is one component of the SAPT application. The annual report has been submitted to Substance Abuse Subcommittee for their review.
• Co-chair Beckett had previously reviewed the report and made comments.
• Council members expressed confusion and concerns regarding the report, and felt that more time was needed to review the report in order to comment.
• Mr. Maestas said that this is the first year that this report needed to be presented to the Council for review and approval since 1997 when the Synar initiative was implemented.
• After some discussion regarding tabling the report, Karen Meador noted that both block grants be placed on a yearly schedule to allow the Council more time to review these documents.
• Carolyn Luna-Anderson moved that the plan be accepted as presented and that Don take into account the feedback provided and that external comments will be incorporated in the final report. Motion was seconded by Frankie Scofield.
➢ Motion Passed. One person voted nay.

X. Up-Date on the 15 Local Collaboratives - Amy Buchanan, CAT Team Leader
• A PowerPoint Presentation was given that identified the Cross Agency Team (CAT) and provided an overview of what the CAT members provide and do not provide for communities and their Local Collaboratives (LCs). Each CAT member presented highlights and work in progress for their own collaboratives.
• Fifteen LCs are active in six Department of Health Regions across the state.
• Initiatives in the various LCs include implementing teleconferencing capacity, conducting training and facilitation of meetings, identifying and providing interpreters for meetings (both Spanish language and sign language), reaching out to and networking with communities, and providing technical assistance as needed.

XI. Behavioral Health Systems Division (BHSD) Up Date - Karen Meador, Director
• The Behavioral Health Purchasing Collaborative has a new Website address http://www.bhd.state.nm.us.
• Current BHSD vacancies are posted and resumes were solicited to the Council members if they were interested in applying.
• Ayudantes will be closing down its methadone program between now and February, not its mental health facility. VO has identified at least one alternate new provider in Las Vegas and has a transition plan in place which will take place in February.
• The New Mexico Medical Review Association (NMMTA) report on VO is available.
➢ Action: Council members would like to know if the NMMRA report is available for the public. BHSD staff will check.
XII. Business Items

- Behavioral Health Legislation Day is scheduled for March 6, 2007 at the Round House rotunda. Co-chair Beckett will convene a planning group immediately following today’s meeting. Volunteers were solicited for input and initial planning.
- Chair Ashcroft suggested alternative dates for the November and December BHPC meetings: November 15 or 29 and December 13, which will be a meeting combined with a celebration party for the work this Council has done over the years.
- Woods Houghton moved to accept November 15. Seconded by Jane Anne Oldrup.

➤ Motion passed to have November meeting on the 15th of that month.

- Ophelia Rinaldi motioned to have a volunteer committee to plan the party, but there were not enough council members in attendance to discuss at this time. There were concerns about giving non members invitation lead time and the location for the meeting. Albuquerque and Santa Fe sites will be considered.

➤ Action: BHPC staff will inquire about a location for a meeting and a luncheon and provide an update at the October BHPC meeting.

- Chair Ashcroft said there is a need to have more formal communications with Department of Corrections and would like them to participate more actively in this meeting.
- There will be discussion on Oct 16, 1-5 in Santa Fe to discuss building more LC’s for Native Americans. Contact Susan Pearlman/Susy Ashcroft for more information.

XIII. Certification for Prevention Specialists (CPS) - Frank Magourilos, Chair NM Credentialing Board for Behavioral Health Professionals

- The Board has added two new levels for beginner and senior levels for Prevention Specialists, and informational handouts were provided. Not all trainers are aware of this addition and the Board is providing educational outreach to get the word out.
- The following are responses to questions and comments from the council:
  - No criteria that Prevention Specialists must be recovering addicts.
  - Certification fees are usually paid by agencies.
  - Internship may take place at the introductory level in prevention of 1000 hours or 6 months in the field.
  - This certification might help to reduce the confusion between the “prevention” and “treatment” fields.

XIV. Public Input

- Self Directed Medicaid Waiver was approved and will go into effect in New Mexico.
- CA-CREP (Council for Accreditation of Counseling and Related Educational Programs) is an independent agency recognized by the Council for Higher Education Accreditation to accredit master's degree programs in several counseling areas, including mental health counseling. They recently did a credential review of New Mexico State University's Master of Arts Degree in Counseling. CA-CREP was not aware of the "President's New Freedom Commission" report. This was of some concern as they are reviewing programs that educate and issue master degrees for school counselors. They need to be aware of this report as it addresses the behavioral health needs in the schools.
• Female incarceration is increasing in New Mexico, mostly due to drug related crimes. Law enforcement requires treatment in long term care facilities, but there are not enough beds resulting in many women going out of state. Department of Corrections should be here to hear about out-patient treatment needs.

➢ **Action: Chair Ashcroft will notify Secretary Pam Hyde about agencies that are not participating at the BHPC.**

• The State has created an ADA Council, a collaboration of all state agency ADA coordinators. The next meeting is Oct 11th at State Library, 10-11. Public is invited to attend.
• Motion to adjourn made by Robert Love.
➢ **Motion passed.**

Meeting adjourned at 2:00 pm.

Minutes respectfully submitted by Letty Rutledge on October 12, 2006.