NEW MEXICO INTERAGENCY BEHAVIORAL HEALTH PURCHASING COLLABORATIVE
Public Meeting – August 31, 2006
Minutes

1. Welcome and Review of Agenda
Secretary Pam Hyde called the meeting to order at approximately 8:40 am. She noted this was an open session and that a quorum was present.

Attendees

Sec. Pam Hyde, HSD
Sec. Designate Dorian Dodson, CYFD
Sec. Michelle Lujan-Grisham, DOH
Lionel Holguin, MFA
Director Pat Putnam, DDPC
Deputy Sec. Teresa Gomez, IAD
Bill Belzner, ALTSD
Deputy Sec. Marlin Mackey, DOL
Gary Beene, DVR
Ricardo Campos, DOT
Mary Beresford, GCD
Patricio Larragoite, HPC
Peter Bochert, AOC
Michelle Welby, GHPC
Ad Hoc Members Present
Jacqueline Cooper, PDO
Claire Dudley, Children’s Cabinet

2. Review and Approval of Minutes
Director Pat Putnam moved to approve the minutes from the July 19, 2006, meeting. Secretary Michelle Lujan-Grisham seconded, and the motion was approved.

3. PANEL A: The Case for Mandated Community Treatment
Honorable Pete Dominici, US Senator – Senator Dominici stated that the New Mexico state legislature is considering a law similar to Kendra’s Law in NY that would mandate treatment for persons with mental illness. He also stated he understands the civil rights issues, but that there are other rights that need to be considered, for example, a person’s right to feel safe and not to be accosted, harmed or hurt by somebody who is mentally ill.

Honorable Joni Gutierrez, New Mexico State Representative – Representative Gutierrez stated that that a law similar to NY’s Kendra’s Law would only affect those who are severely mentally ill and an imminent danger to others. She believes that the government’s role should be to protect communities in this type of situation.

Jonathan Stanley, J.D., Assistant Director, Treatment Advocacy Center, VA – Mr. Stanley stated that he believes in AOT (Assisted Outpatient Treatment) as a valuable tool in addressing a small percentage of persons with mental illness who are refusing treatment and might otherwise pose a danger to others. He estimated that about 75 persons per year will use or benefit from AOT if a law passes. According to Mr. Stanley, 42 states have adopted AOT. Mr. Stanley stated that out patient treatment, court ordered treatment in the community, Kendra’s Law and AOT have been successful in the treatment of mental illness.

Joanna Salinas, National Alliance on Mental Illness (NAMI) of New Mexico – Ms. Salinas described her family’s experience and stated that mandated community treatment will allow
families to get the help they need for family members who are suffering from mental illness. People who suffer from mental illness will benefit from the structure of mandated community treatment.

4. PANEL A Dialogue with Collaborative
Secretary Lujan-Grisham – How do you explain the fact that some treatments work and some don’t even with mandated treatment? Isn’t it better for states to make minor changes to the mental health law and build on the services currently available?
Senator Dominici – This cannot be a reason for not implementing Kendra’s Law. The laws don’t work all the time. There are still going to be people who are mentally ill committing crimes, but we need to implement a system that takes care of the mentally ill people that are committing crimes. New Mexico is not the first state to try this, take a look at the results from New York, a state that has implemented Kendra’s Law.
Deputy Secretary Cross Maple – How do families get the help they need to make sure that their children are being properly medicated? Are medications necessary for children?
Jonathan Stanley – Kendra’s Law only applies to those who are 18 years or older. There are programs for families and children. NAMI offers family classes for this type of situation.
Secretary Hyde – Would Representative Joni Gutierrez support an appropriation to the bill? Would she support a sunset provision and evaluation of the bill?
Representative Joni Gutierrez – In response to Secretary Hyde’s question, Rep. Gutierrez indicated she would definitely support an appropriation and that she is open to suggestions about a sunset and evaluation, but it would not be her preference. She feels any bill can be rescinded by the legislature if it is not working.
Senator Dominici – He is in support of both the appropriation and would agree to a sunset for the bill. Senator Domenici promised to advocate for and work toward additional funding for behavioral health services in New Mexico.

5. PANEL B The Case Against Mandated Community Treatment
Bob Bernstein, Executive Director, Bazeleon Center for Mental Health Law – Mr. Bernstein stated that mandated community treatment sends a very bad message to people with mental illness. The four things to remember while considering implementing mandated community treatment are no one is advocating for dangerous people, with or without mental illness to be on the streets; if a quick fix existed we’d likely already know about it; things will go wrong even in a well-functioning system; people with mental disabilities and the people that serve them have great untapped capabilities. The seven things to do before implementing mandated community treatment are: carefully analyze the causes of failure; systematically ask consumers what would have helped; systematically ask providers what tools and resources they lack; make demands on the mental health field to solve clinical problems; make mobile services the norm; open the doors for early intervention.
Marilyn Rohn, NM Behavioral Health Consumer Advisory Council – Mandated community treatment bill should not be passed without looking at why consumers are not accepting treatment. More services are needed, not more forced treatment. Services are sometimes refused because they are not effective for that individual. Mandated community treatment does not work, look at the statistics/results in New York. Please try to find an alternative to Kendra’s Law.
Barbara Lampert, MD, Psychiatrist – Kendra’s Law does not give people with mental illness a choice in treatment or a choice in the type of medication they receive. Having that choice is critical to treatment success and to the therapeutic alliance with treatment providers.

Nancy Koenigsberg, NM Protection Advocacy – Kendra’s Law is not the answer. The “catch and release” procedure needs to stop, people with mental illness are in and out of institutions and jails, funds and resources are not being utilized. Please look into community based services and crisis services and fully fund a functioning mental health services system before trying anything so drastic as mandated community treatment. If passed, the bill should definitely include a sunset and evaluation.

6. PANEL B Dialogue with Collaborative

Director Pat Putnam – How are we going to get people to admit they have mental illness? How do we expect the people with mental illness to take responsibility when the state does not take the responsibility to provide services?

Jacqueline Cooper – If the law said that there had to be proof that good services are being offered, would you support the bill?

Marilyn Rohn – In response to Jacqueline Cooper’s question, no, you have to consider that individuals will accept and in fact ask for services they feel are helpful to them and that they had a part in selecting for themselves.

Secretary Lujan-Grisham – What do we do with those individuals who refuse treatment, even mandated treatment, should we eliminate the mental health law and eliminate the process?

Marilyn Rohn – In response to Secretary Lujan-Grisham, there has to be a win, win situation. When somebody is involuntarily hospitalized, it should be viewed as a failure in the system, not as a failure of the individual.

Secretary Hyde – Is there anything that would make Kendra’s Law acceptable to the panel opposing it? Is there a time when you would support Kendra’s Law?

Barbara Lampert – Some adjustments need to be made to the bill as proposed. She would like to be involved in the discussions regarding making changes to the law. We need to look at the system that is already in place and put more money into it.

Director Pat Putnam – There is a lack of housing and services, there is no real answer to Secretary Hyde’s question.

Deputy Secretary Catherine Cross Maple – What kinds of alternatives should we be looking into? What kind of time frame is there to come up with alternatives?

Marilyn Rohn – In response to Deputy Secretary Cross-Maple, there are no specific time frame for looking into alternatives.

Jacqueline Cooper – Bernalillo County has a mental health court. This is an example of successful mandates by judges for individuals accused of or convicted of a crime to participate in treatment as an alternative to incarceration. The public should sit in on some of the court sessions to see exactly how they work.

7. PANEL C Behavioral Health Service Needs in New Mexico

Pam Sanchez, Susy Ashcroft and Becky Beckett reported on the New Mexico Comprehensive Behavioral Health Plan. Key dates are September 7, 2006 the Planning Committee will meet; September 27, 2006 a draft copy will go to the BHPC for review; September 28, 2006 a draft copy will go to the Collaborative for review; September/October 2006 plan submission. The Plan reflects the Gap Analysis, the local collaboratives’ focus
groups and priorities, the BHPC’s planning process and priorities, and ideas that have come to the Collaborative from stakeholders in other ways.

8. PANEL C Dialogue with Collaborative
Director Patricio Larragoite – The issue of cultural competency is a huge issue for the Health Policy Commission. New Mexico has made great progress towards behavioral health but one area of great need is interpreters. Can the local collaboratives make interpreters a priority?
Pamela Sanchez – The lack of interpreters is a huge issue that the local collaboratives are working to resolve.
Secretary Pam Hyde – This has been a tremendous amount of work, required by state statute and by federal direction. The submission of the plan in October is only the beginning. There will be additional work that needs to occur as planning is refined over time. Thanks to Pam Sanchez, Fred Sandoval who started the process, Amy Buchanan and the local collaboratives cross agency team, all the local collaboratives and the BHPC for their efforts getting us this far.

9. PANEL D What the Research Says Part I
John Monahan, Ph.D., Doherty Professor of Law, University of Virginia – Dr. Monahan reported on the relationship between mental illness, violence and outpatient commitment. The general public has a very unrealistic view of violence by people with mental illness. The great majority of people with mental illness never commit a serious violent act. This exaggerated stereotype contributes greatly to stigma and discrimination. The rate of serious violence is somewhat higher in people with mental illness than in other people. Much of this violence is associated with substance abuse, but people with mental illness are more likely than other people to abuse substances and people with mental illness who abuse substances are more likely than other substance abusers to be violent. Voluntarily engaging in treatment drastically reduces the likelihood that someone with mental illness will be violent.
Marvin Swartz, M.D., Duke University Medical Center - Dr. Swartz reported on Assisted Outpatient Treatment/Involuntary Outpatient Commitment. North Carolina has a similar law to New York’s Kendra’s Law, but in North Carolina the law is used inconsistently throughout the various counties. OPC (Outpatient Commitment) can reduce hospital recidivism, however, OPC must be applied for an extended period; it is most effective for people with psychotic disorders and it is only effective when delivered in combination with frequent mental health services. OPC can reduce violence, victimization, family strain, arrests and improve medication adherence and quality of life. However, to be effective OPC must be delivered for an extended period and in combination with regular mental health services. A study was ordered by New York’s state legislature of the Pilot NYC Law (pre Kendra’s Law); consumers randomly received AOT (Assisted Outpatient Treatment) vs. Enhanced Services. There is a new evaluation of Kendra’s Law underway by order of the NY state legislature. If New Mexico passes a law similar to Kendra’s Law, evaluate it.

10. PANEL D Dialogue with Collaborative
Director Pat Putnam – What is the number of people in New Mexico that AOT would apply to?
Dr. Swartz – In response to Director Putnam, the number depends on the counties and their courts’ use of the law. Estimating a number for New Mexico based on North Carolina or New York is not really possible.
Director Gary Beene – In North Carolina was there a difference between urban and rural?  
Dr. Swartz – In response to Gary Beene, no, it depended on the judges and how they wanted to use the law.
Secretary Dorian Dodson – Evaluation is essential to pass the law, what are the bottom line evaluation questions that should be asked?  What are the outcomes you value during the transformation taking place in New Mexico?
John Monahan – Data about what the impacts are, how many people are affected, what services they used, whether their treatment was “successful” and by what standards. Looking at the NY and NC studies would inform those questions.
Secretary Pam Hyde – Is it true that 42 other states have a law like Kendra’s law in New York?
Dr. Swartz – No, very few states have a law like that. However, most states have some form of outpatient commitment law taking the form of trial visits after hospital stays or allowing judges to commit individuals to community treatment in lieu of hospitalizing them, but using the same criteria as civil commitment to a facility. Kendra’s law uses different criteria and is currently being used largely as a way to extend oversight of treatment for those leaving state hospitals.

11. PANEL D What the Research Says Part II
Jeff Swanson, Ph.D., Department of Psychiatry & Behavioral Sciences, Duke University School of Medicine – Dr. Swanson reported on outpatient commitment and violence, quality of life and recipients’ perception of personal benefit. Can outpatient commitment prevent violence in the community? Yes, but only when combined with frequent services. Can outpatient commitment enhance consumers’ quality of life? Yes, but the pathway is via effective services and coercion associated with OPC can also exert a negative effect. To what extent do consumers who receive outpatient commitment themselves endorse the benefit of this policy afterwards? Most do not, however, the chance of endorsing OPC increased significantly for people with good outcomes on OPC – those who stayed out of the hospital and were functioning well in the community. Psychiatric advance directives may offer a helpful instrument to plan ahead for treatment during future mental health crises, may increase consumers’ autonomy; provide useful information to clinicians; and may enhance working alliance between clinicians and consumers.
Stephanie Le Melle MD, Columbia University/New York State Psychiatric Institute – Dr. Le Melle reported on SPOS (Single Point of Access), Kendra’s Law The New York Story. SPOS is a major investment in time and resources; there are multiple stakeholder views about the impact of SPOS; and many questions still need to be answered – need for more outcomes research to determine effectiveness. SPOS was designed to be enacted in the outpatient setting. In New York SPOS is primarily a condition of discharge from a hospital setting. SPOS was developed to equitably assign high risk, hard to treat individuals with increased needs in a system with limited resources. New York has significantly more resources even before Kendra’s law than does New Mexico and additional dollars were provided as a direct result of Kendra’s law enactment.

12. PANEL D Dialogue with Collaborative
Peter Bochert – How did New York fund Kendra’s Law, i.e., where did the money come from?
Dr. Le Melle – In response to Peter Bochert, it was appropriated in the state budget as new dollars for the mental health system and new dollars specifically for those subject to Kendra’s Law.

Director Pat Putnam – What is the impact of passing an AOT law without an increase in services?

Dr. Le Melle – In response to Director Putnam, the waiting list to get treatment was as long as three months. It would be hard to imagine a state as under resourced as New Mexico implementing such a law. Judges might simply not choose to or not be able to use it.

Secretary Hyde – Is there a way to get these better enhanced services, are there services delivery ways besides the two things combined?

Dr. Le Melle – In response to Secretary Hyde, if the services are available it is up to the provider to engage the clients, with smaller caseloads and better relationships.

13. Public Input
Approximately 30 individuals provided public input, some in favor of a law similar to Kendra’s Law and some opposed to a law similar to Kendra’s Law.

14. Collaborative Reaction and Discussion
Secretary Lujan-Grisham moved to table further discussion of this agenda item until the September meeting to allow Collaborative members’ time to digest some of the information provided. The motion was seconded and unanimously passed.

Director Pat Putnam moved to adjourn the meeting. Ricardo Campos seconded the motion and it unanimously passed.