**Meeting Minutes**  
New Mexico Behavioral Health Collaborative  
Meeting – October 28, 2010

1:00 p.m. – 4:00 p.m. State Capitol Building, Room 307 – 490 Old Santa Fe Trail – Santa Fe, 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>Katie Falls/HSD, Bill Dunbar/CYFD, Linda Homer/BHC, Teresa Gomez/BHC, Michael Spanier/ALTSD, Alvin Warren/IAD, Stephanie Gonzales/DWS, Kristine Meurer/PED, Michael Estrada/NMCD, Sam Howarth/DOH, Ralph Vigil/DVR, Ricardo Campos/DOT, Patrick Putnam/DDPC, John Block III/GCD, Patrick Simpson/AOC, Jacqueline Cooper/PDO, Len Malry/NMHED, Angel Roybal/BHC</td>
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1. Pre-Meeting Presentations  
   • Survey on Independent Living for Persons with Disabilities

Handout- Selected Findings from the 2010 Survey of Independent Living for New Mexicans with Disabilities  
The PowerPoint presentation was based on the following components:
   - Development of the Survey
   - Respondents by Geographic Region
   - Findings: Disability, Services and Supports
     - Type of Disability
     - Services and Financial Supports
   - Findings: Independence in Choosing Where to Live
     - Choice in Deciding Where to Live
     - Satisfaction with Decision Making in Choosing Where to Live
   - Findings: What's Important in Deciding Where to Live?
     - What’s Important in Deciding Where to Live?
     - Gaps in Importance and Satisfaction
   - Findings: Current and Preferred Living Situations
     - Satisfaction with Current Living Situation
     - Gaps: Current and Ideal Living Situations
     - Living with Biological Family as Preferred Living Situation by Type of Disability
     - Living Alone as Preferred Living Situation by Type of Disability
     - Congregate Housing as Preferred Living Situation by Type of Disability

Handout- Practice & System Development using QSR/Welcome Developing World Class Practice!  
*Dr. Ivor Groves, Human Systems & Outcomes, Inc.*
What we accomplished:  
Since inception of QSR Protocol design and pilot, we have:  
- conducted 2 Reviewer trainings on the children’s QSR protocol and 2 trainings in the adult QSR protocol;  
- 31 local agency staff and 19 state staff participated in training;
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| • Evaluation Report on the “Talk about It Campaign” | • provided “on-the-job” review opportunities to 50 trained persons who were “shadow reviewers” in local QSR onsite reviews;  
• Conducted onsite reviews in 9 communities across 18 agencies (9 children and 9 adult agencies).  
• Reviewed specific practices with 35 children and families and with 23 adult consumers  
• Interviewed more than 600 persons involved with behavioral health services in the 9 communities. |
| What we are trying to do | • Direct more focused attention on the core mission of high quality and consistent practice,  
• Stimulate more focus and discussion on the core practice functions of engagement, deep understanding, teaming, communication and collaboration, and timely and consistent implementation,  
• Obtain an initial impression of how consistently these functions were occurring internal to CSAs and across agencies |
| Challenges to the CSA | • Direct more focused attention on the core mission of high quality and consistent practice,  
• Stimulate more focus and discussion on the core practice functions of engagement, deep understanding, teaming, communication and collaboration, and timely and consistent implementation,  
• Obtain an initial impression of how consistently these functions were occurring internal to CSAs and across agencies |
| State Level Challenges | • Fining tuning the business/funding model to fully support the family centered, team based, recovery practice model. Authorization and billing parameters not supportive of good teaming.  
• Need to provide clear expectations/guidance in all child and adult serving agencies of the mandate to participate in interagency teaming and effective reciprocal communication. Clear practice expectations!  
• Fining tuning the business/funding model to fully support the family centered, team based, recovery practice model. Authorization and billing parameters not supportive of good teaming.  
• Need to provide clear expectations/guidance in all child and adult serving agencies of the mandate to participate in interagency teaming and effective reciprocal communication. Clear practice expectations! |
| Working with Optumhealth: | • Celebrate effective collaboration by local OptumHealth care coordinators with some kids & teams.  
• Community perception that multiple failures and crises are required to get the appropriate services resulting in potentially irreparable harm to child or adult consumer.  
• Priority towards placement in TFC results in poor matches in placement because the numbers and quality of TFC are inadequate. Approval process for residential placement needs to be refined. Delays result in deterioration & inappropriate placements |
The PowerPoint presentation was based on the following components:  
• Purpose  
• Phases in the Evaluation: Part One  
• Phases in the Evaluation: Part Two |
2. **Call to Order**

- Approval of the NM Behavioral Health Collaborative Meeting Minutes from September 23, 2010 *(Decision Item)*
- Announcements

Sam Howarth, Chair called the meeting to order at 1:05 pm, with a quorum present.

A **MOTION** was made by Bill Dunbar to approve the minutes from the September 23, 2010 Behavioral Health Collaborative Meeting. The **MOTION** was **SECONDED** by Michael Spanier and was **PASSED** unanimously.

Linda Homer made the following three announcements:

**Handout- Healthy Homes: The Peer Experts Supportive Housing Program**

1. The Behavioral Health Collaborative has been awarded a SAMHSA grant in the amount of $734,500 per year for five years to fund a pilots in Santa Fe County operated by The Life Link and in San Juan County operated by Totah (an operation of Presbyterian Medical Services) to develop best practices in evidence-based trauma-informed *Permanent Supportive Housing* to adults with Serious Mental Illness and co-occurring substance use disorders who are homeless or at risk of homelessness. *Permanent Supportive Housing* includes safe and affordable rental housing linked to voluntary and flexible consumer driven recovery supports. Based on the results of the pilots the Collaborative will develop strategies to sustain and rollout best practices across the state. The project is a product of the Collaborative’s *Long Range Supportive Housing Plan*. Project evaluation is provided through the University of New Mexico-Center for Rural and Community Behavior Health.

**Handout- Access to Recovery (ATR)**

2. New Mexico has received funding for ATR 1, ATR 2 and, just recently, the ATR 3 grant cycles. ATR 1 and ATR 2 have provided services to over 16,000 eligible individuals through six (6) Central Intake sites and approximately 160 ATR providers of clinical and recovery support services.
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<td>3. Core Service Agency (CSA) Update</td>
<td>The CSA implementation workgroup provided the following information to the Collaborative:</td>
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|                                           | • Point of entry into core service agency  
• Determination of eligibility  
• Promote and access to services                                                                                                                                                                        |
*Handout- Local Collaborative # 3 Report to the Behavioral Health Collaborative mid September to mid October, 2010*  
**UPDATES:**  
**SUBCOMMITTEE REPORTS:**  
The Statutory Subcommittees continue to meet monthly and work on their respective strategic priorities.  
**ADULT / SUBSTANCE ABUSE SUBCOMMITTEE:**  
The October meeting of the ASASC was devoted to a discussion of community efforts to build local adult systems of care in rural and frontier areas. The subcommittee's priority for the year is to develop recommendations for the Collaborative about adult systems of care in rural and frontier areas.  
We have previously discussed some of the work under the Children’s System of Care Grant and general aspects of developing systems of care. This month's conversation involved presenters from Catron County, from LC 6 and from LC4. The presenters talked with us not only about their individual local areas but also about the common lessons they had identified from the experiences in these three communities.  
One of the common lessons was the importance of having a local 'champion' for the work on a system of care, particularly a champion able to attract a diversity of people to come and talk about how make a system of care into a reality.  
Another lesson was that collaboration is at times challenging and involves having many people at the table much of the time.  
A third example was that food and charm can't be overemphasized, particularly at the beginning of a collaborative effort. We heard about individual contacts and lunches to attract busy CEOs and the importance of having both prevention and treatment stakeholders attracted.  
The subcommittee looks forward to presenting its recommendations to the Collaborative in the future.  
**CHILDREN / ADOLESCENTS SUBCOMMITTEE:**  
We are increasing our focus on developing solid and consistent feedback loops with Local Collaboratives to enable timely feedback and input into workgroup activities and other CASC activities.  
We reviewed and discussed the Collaborative Draft Strategic Plan, especially the lack of focus on Infant Mental Health. The Infant Mental Health workgroup is conducting a statewide survey of IMH treatment training needs. |
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<td>Contract Amendments</td>
<td>The Adolescents in Transition workgroup continues to work on smoothing transition of young adults to the adult system The Success in Schools workgroup suggests that all Local Collaboratives review the 2009 YRRS (Youth Risk and Resiliency Survey) report, and if their schools choose not to participate, please bring that to the attention of their respective Local Collaborative. The System of Care Grant: Statewide Steering Committee members from all state agencies serving children have been identified. The local anchor sites are finalizing plans for direct services and mechanisms for implementation.</td>
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<td>BHPC REPRESENTATION:</td>
<td>We continue to provide representation on: The CSA workgroup: We are pleased to announce that Mark Simpson, LC 1, has agreed to be the consumer representative for the BHPC on this workgroup. The review team for the Comprehensive Strategic Plan Review Team: We provided an opportunity during the day of our Subcommittee meetings for a two hour public meeting to present the first draft of the Comprehensive Plan. The OHNM Substance Abuse and/or Suicide Prevention funds.</td>
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<td>FUTURE MEETINGS:</td>
<td>The final meeting of this BHPC will be on Wednesday, December 15, 2010. We are certainly prepared to continue our work as needed until a new Council is appointed into the next administration.</td>
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<td>SPECIAL PROJECTS:</td>
<td>STRATEGIC PRIORITIES:</td>
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<td>OTHER:</td>
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<td>AGENDAS AND MINUTES – BHPC AND SC’S</td>
<td>Handout- State of New Mexico Human Services Department Professional Services Contract Amendment No. 6</td>
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<td>6.  DCAP Monitor’s Update</td>
<td><strong>Handout-State Monitor Report on Optum New Mexico Claims Processing</strong>&lt;br&gt;The following topics were reported on:&lt;br&gt;  - Reconciliation  &lt;br&gt;  - Fund burn  &lt;br&gt;  - Standard edits  &lt;br&gt;  - Wildcard edit  &lt;br&gt;  - Claims Processing  &lt;br&gt;  - Service Registration  &lt;br&gt;  - FY11 Fee Schedule Changes</td>
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<td>7.  Recommendations-OptumHealth NM 2$ Million Prevention (Decision Item)</td>
<td><strong>Handout- Excerpt form the Letter of Agreement between the New Mexico Behavioral Health Purchasing Collaborative and OptumHealth New Mexico</strong>&lt;br&gt;<strong>Handout- Letter of Agreement – Proposal for $2m to be used toward the development of behavioral health prevention and treatment systems</strong>&lt;br&gt;<strong>Handout- Steering and Oversight Subcommittee Regarding OptumHealth $2 Million for Suicide and Substance Abuse Prevention-List of Members</strong>&lt;br&gt;<strong>Handout- Steering and Oversight Subcommittee Regarding OptumHealth $2 Million for Suicide and Substance Abuse Prevention-Process Summary</strong>&lt;br&gt;<strong>Handout- OptumHealth New Mexico Request for Substance Abuse and/or Suicide Prevention Proposals Fiscal Year 2011</strong>&lt;br&gt;<strong>Handout- Steering and Oversight Subcommittee Regarding OptumHealth $2 Million for Suicide and Substance Abuse Prevention-Funding Recommendations</strong>&lt;br&gt;A <strong>MOTION</strong> was made by Pat Putnam to approve the Behavioral Health Collaborative Steering and Oversight Subcommittee’s recommendations regarding OptumHealth’s $2 Million for Suicide and Substance Abuse Prevention. The <strong>MOTION</strong> was <strong>SECONDED</strong> by John Block III and was <strong>PASSED</strong> unanimously</td>
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<td>8.  Public Input</td>
<td>No Public Input</td>
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<td>9.  Adjourn</td>
<td>There being no further business, the meeting adjourned at 3:22 p.m.</td>
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