# Meeting Minutes
New Mexico Behavioral Health Collaborative
Meeting – August 26, 2010

1:00 p.m. – 5:00 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, Matthew Onstott/ALTSD, Alvin Warren/IAD, Ken Ortiz/DWS, Kristine Meurer/PED, Michael Estrada/NMCD, Paul Ritzma/GHPC, Alfredo Vigil/DOH, Rose Baca-Quesada/MFA, Sam Howarth/HPC, Ralph Vigil/DVR, Ricardo Campos/DOT, Patrick Simpson/AOC, John Block III/GCD, Patrick Putnam/DDPC, Jacqueline Cooper/PDO, Angel Roybal/BHC</td>
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<td>1. Call to Order and Introductions</td>
<td>Katie Falls, Chair called the meeting to order at 1:05 pm, with a quorum present.</td>
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<td>• Approval of the NM Behavioral Health Collaborative Minutes from July 22, 2010 (Decision Item)</td>
<td>A MOTION was made by Pat Putnam to approve the minutes from the July 22, 2010 Behavioral Health Collaborative Meeting. The MOTION was SECONDED by Michael Estrada and was PASSED unanimously.</td>
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<td>• Approval of the corrected NM Behavioral Health Collaborative Meeting Minutes from June 24, 2010 (Decision Item)</td>
<td>The motion written next to agenda item # 7 Letter of Agreement with OptumHealth should read as follows:</td>
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<td>2. Joint, Nonbinding Veterans’ Jail Diversion Resolution (Decision Item)</td>
<td>A MOTION was made by Pat Putnam to approve the minutes from the June 24, 2010 Behavioral Health Collaborative Meeting. RESOLVED: That the minutes of the June 24, 2010 meeting, are hereby adopted and approved in their entirety except:</td>
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<td>The motion written next to agenda item # 7 Letter of Agreement with OptumHealth should read as follows:</td>
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<td>A MOTION was made by Matthew Onstott to accept the Letter of Agreement between the New Mexico Behavioral Health Collaborative and United Behavioral Health operating as OptumHealth New Mexico. The MOTION was SECONDED by Marisol Atkins and was PASSED by all members present voting in the affirmative except for Lisa Marie Gomez who voted in the negative.</td>
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<td>The MOTION was SECONDED by Michael Estrada and was PASSED unanimously.</td>
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Handouts: Strategic Plan Veterans First Jail Diversion Grant New Mexico

MOVED, SECONDED and CARRIED that the New Mexico Behavioral Health Collaborative Resolution related to the Jail Diversion/Veteran's First Grant is accepted. Pat Putnam abstained.
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<td>3. <strong>Consumer Youth and Family Standards</strong></td>
<td><strong>Handout- Update to the NM Purchasing Collaborative on the development of Consumer, Youth and Family Involvement Standards</strong>&lt;br&gt;A PowerPoint presentation was provided to the Collaborative regarding the development of Consumer, Youth and Family Involvement Standards. It was based on the following Components:&lt;br&gt;• Collaborative Direction&lt;br&gt;• Purpose of Consumer, Youth and Family Standards&lt;br&gt;• Starting Point&lt;br&gt;• Flow Chart&lt;br&gt;• Process Steps May- August 2010&lt;br&gt;• Major Themes and Highlights&lt;br&gt;• Next Steps&lt;br&gt;• Contact Information&lt;br&gt;</td>
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| 4. **Budget Update FY2010** | **In brief as of July 1, 2010:**<br>**HSD-**<br>• Started out with a reduced budget based upon what was flat from last year<br>• Includes sanding reduction based on House Bill 2<br>• More cost containment in order to live within the budget<br>• A 3.2% cut which will effect the HSD/Behavioral Health Services Division<br>• Grants have been applied for to help with staffing<br>• Federal incentive funds have helped the Child Support Enforcement Division<br>• We have been able to protect some Medicaid program services through cost containment<br>**DDPC-**<br>• Hired lawyer who will continue to provide legal services<br>• They will be out of money in the guardianship program by mid-April<br>• This year their budget was cut an additional $200,000<br>**NMCD-**<br>• Their treatment budget has been cut by $500,000<br>**DOH-**<br>• They have been affected by the Federal Medical Assistance Percentages (FMAP)<br>• The FMAP directly affects the Developmental Disabilities Waiver<br>• Re-applied for a waiver application with HSD which will need to be completed by the end of the calendar year<br>• Public Health received a significant less amount of money for the tobacco settlement fund<br>**CYFD-**<br>• Top priority is maintain core services<br>• Budget realignments and revenue transfers<br>• Cuts in juvenile justice services<br>• Trying to minimize cuts by through use of contracts
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<td>5.  <strong>DCAP Monitor’s Update</strong></td>
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**Major Activities:**

1. **Week of meetings included:**
   - Discussions related to the immediate and long term changes to the Service Registration system that will make it easier and more intuitive for the provider community to use but continue to capture critical data that the State, Optum, and providers need to manage the system. These discussions are on-going.
   - Discussions related to the Charter through which the Provider Council will be made a permanent part of the Optum operations; the proposed charter is under review by the State.
   - Discussions with Optum about reinstating the Wildcard edit (or, more specifically, eliminating wildcard payment). While we are close to resolution, a final decision on the timing of this edit will be made within the next week.
   - Meetings with individual providers who agreed to have their Wildcard impact reports used as a means to validate the accuracy of the report and how best to mitigate the administrative and financial burden on providers when the edit is reinstated.
   - Meeting with the Department of Indian Affairs to discuss approaches to dealing more successfully with those IHS and 638 providers who have not yet signed contracts with Optum.

2. **Reconciliation Update**
   - 141 Providers involved in the process.
   - 49 have agreed with the reports and either repaid or made arrangements to repay.
   - 42 have completed their requests for reconsideration and are in the process of reconciling with Optum.
   - 4 are still in the process of submitting requests for reconsideration.
   - 46 providers have either not responded at all or are still in the early stages of putting together their requests for reconsideration; of these 3 providers have now received letters giving a deadline for responding or face clipping of claims.

3. **Standard Edits**
   - 4 of the 6 standard edits are now back in place.
   - Reports of the impact suggest that these edits are not causing significant difficulties for providers.
   - 5th edit is Wildcard: more complicated process: hope to make a final decision on the date for resumption within the next week.

Katie Falls provided an overview of the Federal Medical Assistance Percentages (FMAP).

- Protective services- $2m cut
- Issues with FMAP are less significant
- Youth and family services behavioral health cut $6m.
- Early childhood cut severely from last year
- $250,000 to help protective services in Las Cruces

**ALTSD:**
- Since FY09 they have lost 12.5% of their general funds
- At the beginning of the year when they set up their operating budget, they successfully set aside 3.2%
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| **6. Letter Of Agreement**<br>**Update-Prevention Initiatives** | - 6\textsuperscript{th} and final is the NPI—date for that edit is still uncertain—depending on how long to make some of the changes recommended for wildcard, NPI may go first.  
4. Regional Offices  
  - Pursuant to new letter of Agreement, we will begin tour of Regional Offices in October. Optum has done some fairly significant reorganizing of their New Mexico operation and we have agreed to give this reorganization a month or two to settle before we begin our tour of the Regions.  
5. Hewitt Audit  
  - Webinar presentation of the final Hewitt Audit conducted two weeks ago. No further questions or follow up from the State and this item is considered closed. |
| The Behavioral Health Collaborative Oversight Subcommittee met today regarding the $2 million for suicide and substance abuse prevention. Secretary Alvin Warren reported the following:  
**Anticipated Funding:**  
1. Anticipated Total Available Funding: $2,000,000.00 total over 3 years  
   - Up to $900,000.00 Year 1,  
   - Up to $650,000.00 Year 2,  
   - Up to $450,000.00 Year 3  
2. Anticipated Number of Year 1 Awards: 10  
3. Anticipated Year 1 Award Amount: Up to $100,000.00  
4. Length of Project Application Period: 1 to 3 years  
**Eligibility:** These funds will be made available in 2 components:  
1. 80% of the funds will be for programs that mostly serve Native Americans. Tribal governments, tribal 638 programs, tribal coalitions, tribal consortia, tribal colleges, or Native American Organizations are all eligible to apply for these funds.  
2. 20% of the funds will be for programs that serve Native Americans and other populations in rural and frontier counties. Private or non-profit agencies, public agencies, public or private universities and colleges, community and faith based organizations and OptumHealth New Mexico contracted providers that serve Native Americans and other populations are eligible to apply for these funds.  
**RFP Recommendation:**  
Notification of Awards will be made on November 1, 2010 |
| **7. Value Added Services** |  
**Handout- OptumHealth New Mexico Value Added Services August 26, 2010**  
The presentation focused on three areas that frames their plan for FY11  
- OHNM Proposal and Delivery of Value Added Services  
- Value Added Accomplishments for New Mexico  
- Plan for FY11  
The SE shall fund Value Added Services that include two components:  
(a) Community reinvestment and  
(b) Non-entitlement services offered to individual Medicaid managed care consumers. |
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| 8. Behavioral Health Collaborative Strategic Plan Update             | **Handout- Behavioral Health Collaborative Strategic Plan**  
1. A “Writing Team” has been appointed.  
2. A 30 member Review Team is being established- The Review Team will gather on September 28, 9-12pm in Santa Fe to review draft document.  
3. An additional venue is being organized to gather broader public input; it is scheduled for October 19, 2010.  
4. The plan will be modified based upon public input and a revised version will then be brought to the December Collaborative meeting for discussion, modification and approval.  
   The framework is based on the following components:  
      • Holistic Service Array  
      • Quality Improvement and Accountability  
      • Workforce Development  
      • Infrastructure  
      • Financing Strategies  
      • Consumer and Family Engagement  
|                                                                      |                                                                                                                                                                                                         |
| 9. CSA Update                                                       | **Handout- Core Service Agency Asked Questions/FACTS AT A GLANCE: Basic Information**  
**Handout- OptumHealth New Mexico Core Service Agencies Answer Line**  
**Handout-Schedule of CSA Community Meetings**  
   • A workgroup, training committee and social marketing group have been developed  
**Transition Process-Four Steps:**  
1. Manage data-Identifying the agencies who have consumers that are now receiving services  
2. Contact providers who are neither tribal 638, FQHC, CMHS, or CSA to make sure that they have a complete understanding of the process that needs to happen between now and December to successfully transition their clients to provider clients of choice  
3. Provide client specific data. The goal is to track every single person currently in care to identify where they are  
4. Launch, report and receive process  
   Currently they have data from June and July documenting agencies that they will meet with. They have many more discussions to arrange. There are fifteen agencies that will be impacted. Four have completed the transition process. |
|                                                                      |                                                                                                                                                                                                         |
| 10. Public Input                                                    | **Regina Roanhorse:**  
   • She thanked the Collaborative for the $2 million funding towards suicide and substance abuse prevention especially in Native American communities.  
   • This in only a temporary solution. The Collaborative needs to continue to apply for grants to keep the funds flowing.  
   • Continue to look at the schools that have been impacted and help them with resources that they need to survive.  
   • A special thanks to Carol Levine from Optumhealth New Mexico who took the time to meet with her yesterday so that things remain on track with projects. |


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| **Kevin Ferris-**<br>Handout- People Owning System Change<br>Handout- Kevin Ferris – Biography | RE: The state to mandate the position of Certified Peer Support Workers in the CSA’s:<br>From his experience it is imperative that the state mandates the minimum of 2 FTE Certified Peer Support Worker positions in each CSA’s. His experience with Arizona and Minnesota officials who failed to mandate similar position allowed providers with good intentions to postpone the hiring. It is not popular to have mandates given to agencies but this one that is need if the state of New Mexico is really serious about caring out the Adult Behavioral Health Purchasing Plan of 2010.  
- Peers workers need to work in pairs to support each other  
- 2 FTE can allow full coverage even if part time positions are available  
- Resistant, unconvinced, providers will learn peers are a valued compliment to system of care  
Thank you for your valuable time. |
| **Bruce Evans-** | He seconds Kevin Ferris’s important idea regarding the mandate of the certified peer support specialist  
- Those that were trained as peer support specialist do wonder why they do not get hired by the providers  
- Peer support is very valuable  
- Peer support specialists can fill the needs in the service system that might not be dealt with otherwise  
- Kevin has a lot of experience in Arizona and really knows what he is talking about  
- I has also been his observation that if something isn’t mandated in the contract, nothing will happen  
- He complements OptumHealth NM for getting out a presentation on the CSAs  
- The financial situation is very tough and should continue to be a priority but it is going to be very challenging  
- He took the initiative to sit down and talk with some of our republic legislators and was surprised to discover how receptive most of them were  
- A lot of the legislators do understand the needs of the behavioral health community, Collaborative and providers  
- Question: He is wondering why the number of people currently enrolled in CSAs is very low. Its only a little over 5,000. The percentage is vastly larger that that. We know this from state and provider statistics.  
- Thanks to Jacqueline Cooper and Pat Putnam for their very insightful questions  
- There are many issues that we need to work on. He values your efforts and cooperation in getting new people involved  
- It is going to take a while once our finances return to normal to rebuild the mental health system  
- He also wonders why with such a large contract with the single entity that some of the services mentioned can not be met  
- He agrees with the idea that the possibility of re-negotiating the contract be considered |
| **11. Adjourn** | There being no further business, the meeting adjourned at 3:52 p.m. |