## Meeting Minutes
### New Mexico Behavioral Health Collaborative
#### Meeting – September 23, 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](http://www.bhc.state.nm.us)

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<td><strong>Present were:</strong></td>
<td>Katie Falls/HSD, Charissa Saavedra/HSD, Marisol Atkins/CYFD, Linda Homer/BHC, Teresa Gomez/BHC, Michael Spanier, Matthew Onstott/ALTSD, Lisa Marie Gomez/IAD, Charles Pacheco/DWS, Jessica Aufrichtig/PED, Michael Estrada/NMCD, Alfredo Vigil/DOH, Rose Baca-Quesada/MFA, Sam Howarth/HPC, Daniel Roper/DVR, Ricardo Campos/DOT, Patrick Putnam/DDPC, Grace Escamilla/DVS, Angel Roybal/BHC</td>
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<td>1. Call to Order and Introductions</td>
<td>Alfredo Vigil, Chair called the meeting to order at 1:05 pm, with a quorum present.</td>
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<td>A MOTION was made by Pat Putnam to approve the minutes from the August 26, 2010 Behavioral Health Collaborative Meeting. The MOTION was SECONDED by Michael Estrada and was PASSED unanimously.</td>
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<td>A MOTION was made by Pat Putnam to approve the minutes from the July 22, 2010 Behavioral Health Collaborative Meeting. RESOLVED: That the minutes of the July 22, 2010 meeting, are hereby adopted and approved in their entirety except:</td>
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<td>Listed under Public Input, Mark Johnson’s comment is corrected (highlighted) as follows:</td>
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<td>He is the CEO of Easter Seals El Mirador which is a not profit organization that serves people with disabilities throughout northern New Mexico.</td>
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<td>His comments are geared towards Core Service Agency.</td>
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<td>He thinks philosophically that it is not a new concept. Other states are doing it. It is somewhat new territory for New Mexico.</td>
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<td>There is a potential here for some negative implications and dangerous territory.</td>
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<td>There are a couple of issues that have come to mind and he has researched a little bit nationally from other states that have implemented CSA. We have to be real careful.</td>
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<td>When we talk about conflict of interest, we need to be very careful about when you have a system where only designated agencies can do assessments; the potential for self referral is very evident. Organizations that have been …or put out of business if the CSA designee does not choose to work with them.</td>
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<td>We all have heard some verbiage about CSAs and the intent to work collaboratively with organizations and local communities. We hope for this and we are certainly going to try to give it everything that we can to make sure this is accomplished. There are no guarantees and we need to keep an eye on that.</td>
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<td>The potential if violation for freedom of choice is another issue of concern. This is a very important fact particularly when you are talking about Medicaid dollars. Non-designated Core service designated agencies need to be part of the service delivery</td>
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| 2. Behavioral Health Collaborative CEO Updates | System especially if the consumer chooses them to protect their right to freedom of choice. There is no process that requires CSA’s to assure choice by sub-contracting with existing local non-designated CSA providers.  
- Developmental Disability providers, advocates, government officials etc. have worked collaboratively for over 30 years. They are very careful in maintaining the integrity of this system. Specifically what this means is that they have a similar CSA so-to-speak designation where you have case managers that do assessment but by design they can’t deliver the service. There is a very much a separation of duty. This was designed to keep the integrity in check.  
- He would encourage the Collaborative to be very aware of some of the potential dangers of the road we are taking. Be aware of potential conflict of interest and true freedom of choice where individual consumers can continue to access their services from the providers of their choice from their local communities.  
The **MOTION** was **SECONDED** by Daniel Roper and was **PASSED** unanimously. |
| 3. Core Service Agency (CSA) Updates | **Handout: Memorandum 6/26/07- Agreement for cross-agency coordination of care for individuals with Autism Spectrum Disorders**  
- The first draft of the strategic plan is complete. The focus is on issues around health care reform. It will be out for general public review and comment beginning in October  
- Applications will be submitted in January for the “Money Follows the Person Planning Grant”  
- Public testimony about autism has taking place at the last few meetings Collaborative meetings. A group of people from OHNM, Department of Health and the Autism Task Force are meeting to discuss issues being faced.  
- The process talked about in the above-mentioned memo is being implemented  
- Sam Baca and Linda Roebuck met with folks from New Mexico’s Con Alma Health Care. They are discussing funding resources to help with Local Collaborative sustainability  
- Awaiting approval for the Access to Recovery (ATR) grant | OptumHealth New Mexico’s Elizabeth Martin and Pam Martin provided a brief CSA update as follows:  
- CSA community meetings have been conducted the last couple of months. Another round of community meetings will take place in six months  
- A consumer CSA information line has been set up by Optumhealth NM  
- Every fourth Friday of the month the CSA’s gather for collective learning  
- The first quarterly collective learning meeting open to all providers is scheduled on October 8, 2010  
- The CSA Communications Team continues to meet on a regular basis  
- Focusing on contracting with CSA’s  
**Transition RE:** Consumers who are receiving CCSS services in non-CCSS eligible agencies  
- They have three months of data:  
  - In June there were about 5,100 receiving CCSS services and in August there were 5,300. As part of this transition they are not seeing a number of individuals receiving services decrease but in fact there was a small increase  
  - Of the 5,300 people who received services in August, 600 were at that time in non-CCSS eligible programs  
  - 200 individuals were in agencies or programs that are actively to subcontract with eligible agencies. It is anticipated that another 200 of those people will not be transitioned |
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| 4. Community Buprenorphine Collaborative Project | - The agencies who are seeking subcontracting have let them know that they are not doing transitioning because it is their intention to form the relationships. OptumHealth NM will be monitoring carefully to make sure those relationships are developed during the timeframe  
- 80% of their consumers are in three agencies |

**Handout - Expanding access to treatment for opiate addiction: Successes and Barriers**
- % of 12th graders reporting non-medical use in past year, 2007  
- Unintentional overdose deaths involving opioid analgesics now exceed the sum of deaths involving heroin or cocaine  
- New Mexico has a huge opioid addiction problem  
- In response to the problems of opiate and alcohol addiction, and the highest rates of Hepatitis C infection in the US, they launched a program in 2006 to expand access to addiction treatment in our large, poor, rural state: Project ECHO  
- What is Extension for Community Healthcare Outcomes (ECHO)?  
- Project ECHO: methods  
- How does ECHO work for Addiction Treatment  
- Observational data on Buprenorphine effectiveness  
- Overall Overdose Mortality  
- Buprenorphine treatment outcomes at 6 months  
- Criminal Activity past 30 days in buprenorphine-treated patients (self-reported)  
- RCT of buprenorphine  
- Buprenorphine vs Methadone  
- Ranking has increase from 13th to 5th in the US since the start of ECHO: buprenorphine providers per capita  
- Survey of ECHO buprenorphine prescribers: What has been the impact of prescribing buprenorphine on our clinical practice?  
- Why do so few trained prescribers actually prescribe?  
- Huge reimbursement barriers for NM PCPs who wish to treat opiate addiction |

**Handout - Medication Assisted Therapy (MAT) in New Mexico**
**Handout - Heroin-Not my Kid……Parent Seminar September 21, 2010**
- Public Health Impact of Opiate Addiction in NM  
- NIH Consensus Statement 1997  
- Medication Assisted Therapy  
- Methadone and buprenorphine are the “nicotine patches” of heroin addiction treatment  
- Costs of Opiate Dependence among Incarcerated People  
- Treating Drug Abuse and addiction in the Criminal Justice System  
- Untreated Heroin Dependency has the highest Recidivism rate for women at NM Women’s Correctional Facility in Grants  
- Bernalillo County Metropolitan Detention Center (MDC)  
- 3,000 opiate detoxifications per year at MDC  
- MDC Methadone Maintenance Treatment (MMT) Program  
- Department of Health Suboxone Induction Program Albuquerque, NM
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| **5. Co-Occurring State Incentive Grant (CoSIG) Update** | - Department of Health Buprenorphine Programs in Las Cruces and Santa Fe  
- MAT in New Mexico  
- Barriers to Buprenorphine Access  
- Barriers to Methadone Access  
- New Mexico needs MAT “treatment on request”  
- Recommendations for Increasing Access to MAT  

*Handout: NM Implementation Manual and Evidence-Based Fidelity Assessment Tool for Co-occurring Intensive Outpatient Programs*  
*Handout: A Brief Summary of the Co-occurring State incentive Grant*  

A Co-occurring State incentive CoSIG, was awarded to New Mexico by SAMHSA in 2005 and concludes its 5 year run on September 30, 2010. The grant’s purpose was to develop systemic, integrated treatment and for co-occurring psychiatric and substance use disorders. CoSIG initiatives have included:  
- Jail Diversion  
- Consumer Operated initiatives  
- Training to Native American providers  
- Primary Care Prescribing Resource Development  
- Support to Primary Care  
- Collaborative Conference  
- Comprehensive Community Support Services (CCSS)  
- Training  
- Pilots  
- Medication Assisted Treatment  
- Sustainability  

| **6. Behavioral Health Planning Council (BHPC) Report** |  

*Handout: Behavioral Health Planning Council Report to the Purchasing Collaborative*  
*Handout: Annual Report FY 2010 Behavioral Health Planning Council September 15, 2010*  
*Handout: Local Collaborative 3 Report to the Collaborative July to mid August 2010 (Includes mid June through mid August)*  
*Handout: Local Collaborative 3 Report to the Collaborative mid August to mid September, 2010*  

1. **UPDATES:**  
   - SUBCOMMITTEE REPORTS: The Statutory Subcommittees continue to meet monthly and work on their respective strategic priorities.  
   - BHPC REPRESENTATION: They continue to provide representation on the CSA workgroup, the review team for the Comprehensive Strategic Plan Review Team and OHNM Substance Abuse and/or Suicide Prevention funds.  

2. **FUTURE MEETINGS:**  
   - The final meeting of this BHPC will be on Wednesday, December 15, 2010. They are certainly prepared to continue their work as needed until a new Council is appointed into the next administration.  

3. **SPECIAL PROJECTS:**  
   - ANNUAL REPORT: They respectfully submit their Annual Report to Governor Richardson and to the Collaborative. The annual report is also available on the Collaborative website [http://www.bhc.state.nm.us/BHPC/BHPC.html](http://www.bhc.state.nm.us/BHPC/BHPC.html).
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| 7. Budget Compilation | • SAPT: They have also submitted their letter to the CEO Linda Homer regarding the SAPT Block Grant; it will be available on the Collaborative website.  
• STRATEGIC PRIORITIES: They will begin working on their recommendations for the FY12 Strategic Priorities in the next couple months. |

4. OTHER:  
• They had their quarterly meeting BHPC on Wednesday, September 15th. It was very well attended and a great success.  
• They offered the members of the Council, as well as state employees involved in the Collaborative, the opportunity to take the Mental Health 1st Aid (12 hour) course either before or after the BHPC meeting.  
• They are continuing to request people around the state submit their applications to join the BHPC under the next administration.  

5. AGENDAS AND MINUTES – BHPC AND SC’S  
• The agendas and their respective minutes are available on the Collaborative website.  

Handout- September 22, 2010 RE: Revision of Behavioral Health Compilation from Member State Agencies  
Handout- September 10, 2010 RE: Transmittal of Behavioral Health Compilation from all State Agencies  
Handout- Behavioral Health Collaborative Agencies FY 2012 Compilation Summary By Agency  

The total FY 2011 Operating Budget for Collaborative activities is $418,539.1 of which $154,144.6 is supported by the General Fund.  
The FY12 base appropriation request is $396,837.4 of which $183,104.8 is from the General Fund. While there are differences in some of the agencies base requests from FY 2011 to FY 2012, the total base appropriation request in FY 2012 represents General Fund increase of $28,960.2 (6.44%) from FY 2011, and a $21,701.7 (4.82%) decrease overall.  
The net General Fund increase can be explained by:  
• Increase in the Human Services Department base appropriation request – $28,938.5 which is primarily attributable to an FMAP reduction because the ARRA enhanced FMAP is no longer available in FY12.  
• Children, Youth and Families Department’s FY12 request is equal to FY11  
• Aging and Long Term Services Department is equal to FY11  
• Department of Finance and Administration is equal to FY 11  
• Decrease in the Department of Transportation of - $188.0  
• Increase in the Developmental Disabilities Planning Council of - $759.9  
• Increase in the Administrative Office of the Courts request of - $990.0 which includes $1,000,000 in Liquor Excise Tax to be received in FY11 and requested as general funds and also as other state funds in FY 12.  
• Decrease in the NM Corrections Department of - $1,371.7  
• Decrease in the Department of Health - $168.5  
There is one General Fund expansion request from the Human Services Department for $35.0 in FY12. No other expansions were requested.
8. **DCAP Monitor’s Update**

- **Handout**: State Monitor Report on OptumHealth New Mexico Claims Processing
  - Topics:
    - Reconciliation
    - Fund burn
    - Standard edits
    - Wildcard edit
    - Claims processing
    - Service Registration

9. **Contract Amendments (Possible Decision Item)**

- **Handout**: Draft State of NM Human Services Department Professional Services Contract Amendment No. 5
- **Handout**: Draft OptumHealth – Amendment 5 Detail

  **MOTION** was made by Pat Putnam to approve the State of New Mexico Human Services Department Professional Services Contract Amendment No. 5 with the exception of Article 19, Paragraph 4, Item O (9). The **MOTION** was **SECONDED** by Michael Spanier and was **PASSED** unanimously.

10. **ValueOptions New Mexico Settlement (Decision Item)**

- **Handout**: Mutual Release of Claims and Settlement Agreement

  **A MOTION** was made by Katie Falls to approve the Value Options of New Mexico, Inc. Mutual Release of Claims and Settlement Agreement. The **MOTION** was **SECONDED** by Michael Spanier and was **PASSED** unanimously.

11. **NM Aging and Long-Term Services Department Presentation on Behavioral Health and Our Aging Population**

- **Handout**: Presentation to the Behavioral Health Collaborative on Older Adult Issues

  Bette Betts provided a PowerPoint presentation based on the following components:
  - 5 older adult cohorts
  - NM’s Senior Tsunami
  - Serious public health problem
  - Cost Shifting
  - Suicide and older adults Nationally
  - Suicide in New Mexico-Older Adults
  - Substance Abuse & the Older Adult
  - Prescription, OTC, Illicit Drugs
  - Evidenced-Based Practices
  - Anticipated Future Needs

12. **System of Care (SOC) Update**

- **Handout**: SAMHSA System of Care Grant Forming the Project Steering Committee

  At the March 2010 Collaborative meeting on 3/25/10, CYFD Deputy Secretary Marisol Atkins made a presentation on the SAMHSA System of Care grant awarded to CYFD. As part of that presentation, Deputy Secretary Atkins stated that a Project Steering Committee would be formed comprised of representatives of all Collaborative children and family serving state agencies.
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| 13. Public Input | **Kevin Ferris-**:<br>He believes that the Collaborative meeting is a place where changes take place and also a good time to keep the Collaborative informed<br>He comes before the Collaborative wearing different hats:<br> Hat 1-As a person who attends LC2 Bernalillo County meetings, some of their accomplishments are as follows:<br>  ✓ Educating consumers and providers concerning CSAs<br>  ✓ During legislation, they educated on proposed changes to the constitutional amendment of brain disorders and other matters that impact consumers, families and providers<br>  ✓ Solving the issue on determining how they are able to locate more CSAs for Bernalillo county<br>  ✓ Informing people about Peer and Family Specialists<br>  ✓ Consumer and family voice in allowing the CSA sub-contracts<br>  ✓ Professional credit for educational programs<br>  ✓ In 2011 LC2 is looking to educate the public about mental illness and how common it is<br>  ✓ Pulling resources to help prevent stigma<br>  ✓ Increase the variety of people that participate in LC2<br>  ✓ Marketing and public relations media<br> Hat 2-Consumer Wellness Conference September 29-30, 2010<br>  ✓ The Consumer Wellness Conference suffered downsizing due to lack of funding<br>  ✓ Thanks to OHNM, Behavioral Health Services, Office of Consumer Affairs, UNM, hospital service foundations, consumers, and LC2 for making the conference possible during these hard times<br> Hat 3-Statewide consumer organization<br>  ✓ They met last week and discussed the development of organizational structure, expanding the network, and LC sustainability<br>  ✓ A grant has been submitted for a national consumer support technical assistance center<br>  ✓ We look forward to building a group of consumers statewide that can assist the Collaborative and many other groups to have the voice of change that is needed to bring to legislature<br>**Bruce Evans-**:<br>He is a Co-chair for a Santa Fe Local Collaborative<br>A special thanks to Kevin Ferris and all for effort put into the grant submission RE: Consumer support technical assistance center<br>It is challenging for consumers representing several counties to work together<br>Thank you Bette Betts for the ALTSD very important report RE: Older Adult Issues<br>✓ Shortage of trained service workers and resources<br>✓ My impression is that primary care positions are somewhat unsophisticated about dealing with elderly people especially the ones with mental health needs<br>✓ Consumers as young as forty-five are dying primarily from poor primary care services<br>✓ In many cases, consumers may have up to four different doctors with the intake of more that 10 medications which can trigger other problems<br>✓ Obesity is a leading cause of death and many of the people who suffer this condition are not being treated
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| | propery  
| ✓ Physicians are not receiving reimbursements they need  
| ✓ Reconfigure how we deliver services  
| • The Collaborative members are very professional and sophisticated. They understand a lot of the issues  
| • He is drained with issues being identified that continue not to be addressed  
| • We have a lot of legislators that support medical and behavioral health issues  
| • He was pleased to see Tim Jennings here today  
| • Continue outreach to legislators  
| • Lack of funding is a main concern  
| • The Behavioral Health Planning Council is doing a good job, looking forward to the CYFD System of Care initiatives |

*Tim Jennings-*

• Its always interesting when you look at health care:  
  ✓ Where we are  
  ✓ How we got there  
  ✓ How are we going to go down the road  
• A new rehabilitation center in Roswell is near complete and no one will contract with them  
• His office has received complaints from constituents who indicate that the statewide entity will not contract with our own state agencies  
• How can the state of New Mexico have a behavioral health plan and not contract with a center in our own state  
• We want to make sure that we do not destroy relationships that have been developed in the past  
• We have a significant need for veteran health care  
• When you look at where we are right now with cuts taking place, we are just about where the Senate thought we ought to be  
• The possibility of more cuts remains  
• Both governor candidates pledge for no tax increases  
• We all have to pull together to figure out how to do more with less  
• New Mexico mental and behavioral health do not have as large constituent base as the public schools  
• Generating enough money does not come close to solving the problems we currently have  
• The recession is not over in New Mexico  
• We have a wreck coming  
• Transition always results with new administration  
• Our economy is not fixed yet  
• He has witnessed very interesting discussions in today’s meeting, The NM Aging and Long-Term Services Department Presentation on Behavioral Health and Our Aging Population is very much a concern of his. He knows a family member eighty years of age that is currently facing the same issues discussed during the presentation  
• He encouraged people to visit the rehabilitation center in Roswell to witness the programs for challenged children  

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<td>There being no further business, the meeting adjourned at 4:11 p.m.</td>
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