New Mexico Interagency
Behavioral Health Purchasing Collaborative (IBHPC)
Public Meeting, August 5, 2004
Minutes

Deputy Secretary Fred Sandoval, Department of Health, called the meeting to order, welcomed those present and thanked Sandia Pueblo for hosting the meeting. Collaborative members introduced themselves and reviewed the process for the collaborative work. Deputy Secretary Sandoval and Pam Hyde, Secretary of the Human Services Department, co-chaired the meeting.

Attendees:
Deputy Secretary Fred Sandoval, DOH
Secretary Pam Hyde, HSD
Deputy Secretary Erma Sedillo, DOC
Secretary James Jimenez, DFA
Assistant Secretary Catherine Cross Maple, DVR
Assistant Secretary Patricia Parkinson, PED
Terrelene Gene, IAD
Executive Director Patricio Larragoite, HPC
Executive Director Mary Beresford, Governor’s Commission on Disability
Jackie Ingle, DOL
Executive Director Katherine Miller, NM-MFA
Jessica Sutin, Governor’s Health Policy Advisor
Bruce Fox, Public Defender’s Office
Ken Martinez, CYFD
Executive Director Pat Putnam, Developmental Disabilities Planning Council

Fred Sandoval called for the review of the minutes from the June 11, 2004 meeting. Patricio Larragoite moved for approval of the minutes, the motion was seconded by Catherine Cross-Maple and the minute were approved by consensus, amended as follows:

- Throughout document change “Procurement Collaborative” to “Purchasing Collaborative”;
- On page 3, second paragraph, the following sentence was added: “Catherine Cross-Maple suggested that the next meeting include a discussion about how we will know we are successful and what are expected outcomes.”

Problems to be Solved and Expected Results
Secretary Hyde advised the group that the “Problems to be solved” item on agenda was driven by two things: how know if we are successful; and time pressure for the request for proposals (RFP). She referred attendees to items in the handouts on problems from public presentations and reviewed these problems.

Deputy Secretary Sandoval asked the group to review the Problems to be Solved document and a discussion ensued, including issues around involvement of the New Mexico Chief Information Officer.

A question was raised regarding clarification of attention to people with “unique services.”, specifically, whether the term includes dual diagnosis as well as physical disability and program access. Secretary Hyde stated that there is a subgroup addressing the issue of people with complex needs and that there is a concept paper on this issue although it may not be complete. She invited those with specific issues to provide input.
Secretary Hyde noted that page 10 of the Draft Implementation Plan contains the Collaborative’s vision statement.

**Presentation of Evaluation Concepts**

Betty Downes and Behavioral Health Manager Leslie Tremaine from HSD presented the evaluation concepts, proposing three types of evaluation and referring the group to the *Evaluation Prospectus* document in the handouts.

Ms. Tremaine stated that New Mexico’s initiative is informing the Behavioral Health field in general; it is a comprehensive approach and a ‘tool kit’ for other states. Among the issues discussed were goals of the Collaborative, achieving consensus and tasks involved in redesigning the infrastructure.

A discussion regarding the benefits and costs of the process and the issue of accountability was had, including such issues as program design, financial management, information management, collaborative decisionmaking, services system capacity, coordination, advocacy and planning.

Ms. Tremaine advised the group that HSD has applied for a Real Choice, CMS grant to help with the evaluation process, which includes three focuses: consumer-led efforts – create family and consumer led evaluation processes to help steer this process; consumer and family assistance in overseeing the process; and family- and consumer-operated services to be part of the services offered. Other possible funding sources include the McCune Foundation; the Robert Woods Johnson Foundation; the Center for Mental Health Services (CMS), which may be issuing an RFP for transformation grants; the McArthur Foundation; the Center for Health Care Strategies; the Survey and Analysis branch of CMHS; and the National Institute of Justice (NIJ). The Department of Labor also has grant initiatives for re-entry issues. Other agencies will look for grants that will aid the evaluation process.

Other issues discussed during this segment of the meeting were recovery and resiliency, the network of local area of providers, evaluation of the transition from youth programs into an adult system. Ms. Tremaine invited people to contact her with additional comments.

**Performance Measures for Statewide Entity**

Ken Martinez (CYFD), Leslie Tremaine (HSD) and Alana Reeves (HSD) discussed issues related to performance measures for the Statewide Entity. Key elements of this process are ensuring providers are paid, services are delivered and data is gathered to determine the measure. It was explained that having a measurement means there has to be way to get information and a way to verify success in order to measure whether or not the state is doing its job, i.e.: “Are we having access to care?”; “Is statewide entity producing?”; and “What is happening from a consumers prospective?” The measure for the first year will become the building block for consecutive years, and we expect the criteria to expand as move forward.

Specific examples can be found on pages 64-73 of the draft implementation plan. Phase I appears on pp. 64-68. Although not listed on these pages, the individual performance measure required by the legislature for each state agency will also be included.

Suggestions for other measures included: consumer focus; increase in community-based care (i.e. school-based health center care, home-based, etc.); access and availability; recidivism in incarceration; school success (attendance and dropout rates, etc.); employment; housing; increase
in customer- and family-run programs’ DWI reduction in fatalities; transition issue from youth to adult (18-25 year old, breakdown by age categories); increase in services to those with disabilities, i.e. employment, housing. It was agreed that the real difficulty will come in how we measure global outcomes.

Ms. Tremaine reminded the Collaborative that in Phase I, the focus will be on four main areas:
1. Services continue to be provided;
2. Providers are paid;
3. Data needed for required reporting;
4. Current level of performance is maintained or increased.

**Draft Implementation Plan**
Alana Reeves and Leslie Tremaine of HSD led the discussion on the draft implementation plan, after Secretary Hyde advised the Collaborative that we are moving toward a legal process during the September 3, 2004 IBHPC meeting, where we will hear public input and then go into executive session. Paul Ritzma, General Counsel for HSD, is legal counsel for the Collaborative for Phase I. We have talked with several potential bidders but it is recommended that decisionmakers (members of the Collaborative) no longer meet with potential bidders; however, their staff may.

Ms. Reeves provided an overview of document:
The first section of has overview, design, structure, responsibilities, identifying geographic areas for LSOC development, overview of phases, delegation, HIPAA requirements, qualifications of bidders, and definition of terminology (will be an appendix),

The second section addresses the scope of work for Phase I, including administrative requirements, benefits and services, and consumer rights. Section D addresses Phase II and Section E Phase III.

Ms. Reeves and Ms. Tremaine continued the presentation with emphasis on key elements of document:
- Structure and relationships beginning page 14:
- Geographic Areas for Service Delivery Planning
- Populations and Funding – Administrative Costs
- Anticipated Scope of Work (page 27)

Ms. Tremaine concluded this presentation by advising those present that the Collaborative staff will continue to take public input through August 19, 2004.

**Update Services Workgroup Activities and Tasks**
Leslie Tremaine advised the Collaborative that the services workgroup is continuing to work on common definitions and that the agencies affected need to ensure Collaborative members are getting briefings from staff working on this process. The Department of Health is the primary lead on this process.

**Timelines and Tasks to Finalize and Manage RFP: Designation of Procurement Manager**
Pam Hyde, Alana Reeves and Leslie Tremaline from HSD
Secretary Hyde advised the Collaborative that the goal is to have an entity with whom to contract by March 2005.

**Tentative Timeline**

<table>
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<tr>
<th>Date</th>
<th>Event Description</th>
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<tr>
<td>August 19</td>
<td>Deadline for public comment</td>
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<td>August 24</td>
<td>Behavioral Health Planning Council meeting for public input</td>
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<tr>
<td>September 3</td>
<td>Interagency Behavioral Health Purchasing Collaborative meeting for finalization of RFP and vote</td>
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<td>Mid-September</td>
<td>RFP released</td>
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<td>Mid-September—Mid-November</td>
<td>Procurement Management: pre-bidder conference, answer questions, etc.</td>
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<td>Mid-November</td>
<td>RFP review (small interdepartmental team and consumer and family group)</td>
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<td>Early December</td>
<td>RFT progress report to Collaborative</td>
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<td>Early January</td>
<td>Recommendations for selection of State Entity to Collaborative</td>
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<td>Mid-January</td>
<td>Notify successful bidder</td>
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<td>February</td>
<td>Finalize draft contract</td>
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<td>Mid-March</td>
<td>Finalized contract with appropriate referrals</td>
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<tr>
<td>Between March and July</td>
<td>Work with State Entity</td>
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Contingencies for timeline:
- Complete RFP in time
- At 9/3 meeting Collaborative must agree on document
- Need appropriate number and quality of proposals
- Collaborative must agree on responsive offeror in January
- Departmental homework i.e. Medicaid waivers
- Timely processing for proposed contracts

Secretary Hyde mentioned that, due to July 1, 2005 deadline, it may be necessary to shorten some of these timelines.

Further discussion regarding logistics of executing the contract was had, including required approvals and appropriate signatories.

Deputy Secretary Sandoval raised the issue of having a single procurement manager and the Collaborative agreed by consensus that Leslie Tremaine is the appropriate person to fill that role.

**Public Input**

Deputy Secretary Sandoval opened the meeting up for public input.

Laura Hand, representing the National Alliance for the Mentally Ill (NAMI) New Mexico, offered information about three programs that are effective in Las Cruces and suggesting the Collaborative partner with NAMI in a discussion on how to shape this initiative. The programs are *Family-to-Family, Changing the Times, and in our Own Voice.*
Mark Simpson, President of NAMI’s Santa Fe affiliate and a consumer, then spoke about his three goals of education, support and advocacy. He stated that particular areas of concern included formulary, telehealth, transition from youth to adult, intensive case management, supportive employment, and long-term housing. Other areas of concern are ensuring that persons with mental illness can receive quality treatment in rural and urban areas; that consumer surveys are sometimes vague and need to be graded independently of one another; and that there needs to be better coordination with Intensive Outpatient facilities (IOPs) and doctors in Behavioral Health units and emergency rooms of hospitals with respect to recently discharged patients.

Secretary Hyde responded that the Collaborative doesn’t want a formulary that has failed in the past and that there is a group looking at telehealth infrastructure. Deputy Secretary Erma Sedillo from the Department of Corrections indicated that housing is a concern of the Department of Vocational Rehab (DVR). Catherine Miller from the Mortgage Finance Authority stated that the Governor is committed to housing.

It was agreed that, philosophically, Mr. Simpson and the Collaborative agree on the issues he raised.

Mr. Simpson then thanked Secretary Hyde, Deputy Secretary Fred Sandoval and other members of the Collaborative, stating that he will let consumers know that this process is not as scary as it seems.

**Final comments from Members**
Deputy Secretary Sandoval reminded the Collaborative that each member must make sure that, if the member is unable to attend a Collaborative meeting, Barbara Gay has an original proxy at least one day before the meeting and thanked the Collaborative for their time.

Secretary Hyde thanked the members and the public for the quality of input provided.

The next meeting of the New Mexico Interagency Behavioral Health Purchasing Collaborative will be held on September 3, 2004, in room 307 of the State Capitol, from 1:00 – 5:00 p.m.

It was recommended that Collaborative members themselves no longer meet with potential vendors, although staff may, in the judgment of the Collaborative member, until the actual RFP is released. At that time, there will be a complete “black-out” while the procurement process proceeds.

The meeting was adjourned at 12:15 p.m.