November 2, 2007

Mary Mastrandrea, Acting CEO
Value Options New Mexico
PO Box 30650
Albuquerque, NM 87109-0650

Subject: Letter of Direction 19 – Healthy Marriages and Families

Dear Ms. Mastrandrea:

This letter provides direction to the Statewide Entity (SE) on the use of $100,000 that is currently in Attachment D of our contract plus the addition of $100,000 per Article 6.5–Finance Requirements. $100,000 that is already in the contract was an appropriation to the Office of the Governor (see Special Appropriations in Attachment D). The other amount was an appropriation to the Department of Finance and Administration and was left out of the funding table. Both appropriations come under the Laws of 2007, Chapter 21 - Section 6, sub-section 1 and Section 4, sub-section 43.

These funds from the New Mexico Human Services Department (HSD), Behavioral Health Services Division (BHSD) totaling $200,000 shall be used for direct services to support healthy marriage and healthy family living for parents and their children. One program shall be located in Albuquerque and another in Rio Rancho. Each program shall receive $100,000.

The SE shall sub-contract to provide these services and shall receive and pay invoices associated with the program deliverables. The SE shall administer the program in consultation with the Behavioral Health Services Division. Each program shall be required to submit monthly data/reports which the SE will forward copies to BHSD.

Healthy Marriages and Families is a joint collaboration between the SE, the subcontractor, and the Behavioral Health Services Division based upon a Memorandum of Understanding with the Office of the Governor, Department of Finance and Administration and the Human Services Department.

This initiative’s goal is to improve skills in healthy relationships and increase levels of communication for a targeted population in Albuquerque and Rio Rancho.
Each Provider shall pursue the following activities:

1. Marriage Mentoring
   a. Develop a format and a safe environment to provide this couples’ mentoring service.
   b. Insure that a trained mentor/mediator is facilitating this process.
   c. Mentoring will focus on couple stability and individually established goals

2. Couples’ Support Groups
   a. Trained facilitators must lead these groups
   b. Group activities should have a measurable outcome and a means to record progress
   c. Groups must have a structured approach to achieve these outcome measures

3. Advanced Training
   a. Provider will assess the individual strengths of participants
   b. Provider will create training tailored to enhance the individual’s strengths
   c. Trainings will focus on communication and conflict resolution techniques

SE Reporting: Report specification will be provided by BHSD in guidance memorandums through the Collaborative Oversight Cross Agency Team and will include:

1. The number of couples served
2. The curriculum for the trainings and an outline of measurable outcomes
3. Reports on outcomes to include:
   a. Results of satisfaction surveys.
   b. Written reports on the Post Prepare/Enrich questionnaire
   c. The comparison of the administered Pre and Post scores
   d. Demographic information of participants
   e. Reports are to be submitted on a quarterly basis.

SE Payment: Upon receipt of monthly reports and invoice (not to exceed $200,000 including gross receipts tax), the SE may invoice BHSD for these funds, as appropriate. BHSD will process and approve payment to the SE monthly.

The total amount authorized is $200,000.00 for FY08. Payment schedule will be allocated through invoices. The SE will submit invoices for the delivered services for nine-months during the final three quarters. This is a one time allocation and this agreement will conclude with the final payment or June 30, 2008.

Funds shall be identified and accounted for separately by the SE in the A2 and B3 financial spread sheets, added, and incorporated into Table A1 – Total Annual Revenues as a Special Appropriation for Healthy Marriages and Families.

Sincerely,

[Signature]
Linda Roebuck
Chief Executive Officer
This letter provides direction to the Statewide Entity, ValueOptions New Mexico (VONM) regarding the expenditure of $286,000 for School-Based Behavioral Health Services that is currently in Attachment D of the contract. The funds shall be used to improve infrastructure and increase capacity of on-site behavioral health service delivery at specific School-Based Health Centers (SBHC). VONM shall ensure these targeted SBHCs are successful at filing claims and receive reimbursement for their services. Each SBHC site shall report hours of service, sustainability and credentialing status if applicable. VONM shall:

1. Establish a partnership with the Department of Health, Office of School and Adolescent Health (OSAH) to design, implement and evaluate a behavioral health services business model for SBHCs which addresses SBHC infrastructure and its capacity to improve and/or maintain consistent behavioral health services in the school setting.

2. Ensure that $286,000 is distributed for behavioral health services to the agencies as follows:

   - UNM ACL Teen Center, $57,200 funding will be used to maintain services. Reporting from ACL will include update on strategy and activity on building a billing process with I.H.S.
   - Las Clinicas Del Norte, $57,200 funding for Pojoaque and Mesa Vista SBHC to increase behavioral health services.
   - Hidalgo Medical Services, $57,200 funding for Silver City, Cobre and Lordsburg SBHCs to sustain behavior health positions.
   - San Jon Schools, $30,000 funding to develop infrastructure to support credentialing, Medicaid billing and hire additional behavioral health support.
   - Maxwell Schools, $28,000 funding to hire additional behavioral health support.
   - Cuba Wellness Center, $28,200 funding to increase behavioral health services, support Medicaid billing infrastructure, and demonstrate a tele-behavioral health approach to link youth and their families to psychiatry and therapy.
   - R.F.K. Charter School, Albuquerque, $28,200 funding to increase behavioral health services, strengthen infrastructure to support credentialing, Medicaid billing process to submit claims and hire additional behavioral health support.
3. Coordinate with OSAH to define school services reporting requirements and assist with the site credentialing and billing processes so that SBHC are positioned to bill Salud! and/or fee for service.

4. Measure success by the identified SBHC’s ability to deliver behavioral health services, submit claims and receive reimbursement for youth eligible for Medicaid.

5. Submit two reports to the Collaborative Oversight Team describing the goals and the accomplishments to include recommendations of the business model for future use of the funds. The first report due January 30, 2008, is an implementation plan for the project which will include but is not limited to a description of individual SBHC grants and their plan for the use of funding and a VONM-OSAH proposed schedule of periodic technical assistance and monitoring visits to the award sites.

The second and final report submitted on or before July 30, 2008 will provide a narrative summarizing the accomplishments of the project as a whole, an account of the funds spent and a list of recommendations/lessons learned that in concert with OSAH, become the basis for further evaluating the use of the $286,000 for school-based behavioral health services. A more detailed portion of this second report will identify the number and kind of technical assistance provided by site, the number and kind of monitoring visits made to the sites, the use of the funds by site and the number of claims filed and dollars reimbursed by VONM by site.

VONM may invoice BHSD monthly for these funds. The first invoice shall be 7/12 of the total. The total amount authorized for payment to VONM shall not exceed $286,000 for FY08.

These funds shall be identified and accounted for separately by VONM in the Behavioral Health Services Division (DOH) A2 and B3 financial spread sheets and added to the total on the (DOH) A1 financial sheet. Any questions regarding this Letter of Direction (LOD) should be directed to Nancy Michalk at 827-2678 or Yolanda Cordova at 841-5889.
Date: January 03, 2008

To: Mary Mastrandrea
    Acting Chief Executive Officer

From: Linda Roebuck, CEO
    Behavioral Health Collaborative

RE: Letter of Direction # 21
    SFY 2008 HSD/BHSD Allocation of funding for the Access to Recovery (ATR)

This Letter of Direction (LOD) to the Statewide Entity (SE) is to clarify the ATR II Cooperative Agreement to be implemented in partnership with the New Mexico Human Services Department, Behavioral Health Services Division HSD/BHSD. ATR II is in year one of a three year federal cooperative agreement that began September 30, 2007.

Purpose

This letter directs the role of ValueOptions as the single contracts and Joint Powers Agreements manager of the New Mexico ATR II provider network for the HSD/BHSD and the Substance Abuse Mental Health Services Administration (SAMHSA) ATR II cooperative agreement. Sub-contracts and Agreements are to include:

- Santa Fe County (Santa Fe County Central Intake)
- Nava Central Intake(Dona Ana County Central Intake)
- Bernalillo County Central Intake
- Curry County Central Intake
- Hope Springs Central Intake
- Koster & Associates, Inc. (System Data analysis)
- Get It Together, Inc. (Web Site Development and Maintenance)

HSD/BHSD Responsibilities Include

- Serve as Project Director, as stipulated in the grant application and as required by SAMHSA/CSAT. The Project Director shall direct, review and approve the implementation and management of this grant and associated activities and services.
- Serve as the single point of contact with SAMHSA regarding all project matters.
- Provide current information to meet federal requirements.
- Finalize and submit federal reports.
- Attend ATR Planning and implementation meetings.

ValueOptions Responsibilities Include

- Provide data to HSD/BHSD according to federal guidelines and within federal timeframes as requested by state staff.
- Assist in the development of federal documents including, but not limited to monthly, quarterly and ad hoc reports, other requests and reapplications.
- Assure the implementation of ATR activities in accordance with federal requirements including client choice.
ValueOptions Responsibilities Include (Cont.)

- Oversee the ongoing development of the entire ATR provider network.
- Provide the BHSD Project Director with a weekly schedule of all ATR related meetings to include but not limited to providers, operations reviews, central intake visits and audits that VONM staff will be attending.
- Implement onsite (at central intake and provider sites) processes to ensure appropriate clinical services, charting and other record keeping.
- Implement onsite (at central intake and provider sites) processes to assure the appropriate expenditure of ATR resources.
- Implement process that monitors the distribution and expenditure of vouchers
- Provide technical assistance to central intake sites and to providers.
- Assure the provision of ATR services to 8,694 new unduplicated clients within current budgets unless exception is approved by SAMHSA/CSAT.
- Participate in federal meetings and conference calls as required by the Project Director.
- Provide HSD/BHSD with monthly and quarterly financial information on total ATR funding.

<table>
<thead>
<tr>
<th>Resource Allocation</th>
<th>ATR II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and benefits</td>
<td>84,660</td>
</tr>
<tr>
<td>Salaries and benefits Miscellaneous (travel, supplies, equipment, etc.)</td>
<td>8,329</td>
</tr>
</tbody>
</table>

**ValueOptions Dollars for contractors Listed below:**

- Data Compliance Management (Get It Together Inc.) 69,750
- System Data Analysis (Koster and Associates) 46,000
- Santa Fe County (Assessments) 28,125
- Nava Central intake Dona Ana County (Assessments) 28,125
- Pathway's Bernalillo County 67,500
- Curry County Central Intake 46,000
- Hope Spring Central Intake 22,500
- Recovery Support Development 21,761
- Clinical and Recovery Support Vouchers 3,048,853

The total allocated to VO to administer and implement ATR activities: $3,469,603

The table above includes the 15% administration cap allowed for this grant.

Resource allocations may be adjusted in collaboration and with the approval of the Human Services Department/Behavioral Health Services Division.
Payment

VONM may invoice HSD/BHSD monthly for payment. Upon receipt and approval of monthly reports and invoices, VONM will receive 8 monthly payments at $385,511 and the 9th payment at $385,516 for a total amount not to exceed $3,469,603. A spreadsheet of the total ATR funding shall be submitted monthly to BHSD identifying each ValueOptions contractor and provider, vouchers and administration expenditure. This spreadsheet shall identify the allocation as the beginning budget, voucher invoice expenditure for the month VO’s 1/9th drawdown for the month (quarter), and a balance column (Year-to-Date).

If the situation arises where Value Options staff does not deliver all requested and required reports to the ATR II Project Director and/or state staff per state and federal guidelines, the ATR Project Director and/or state staff, may withhold the administration portion of the payment of that month’s invoice until the next invoice cycle. Value Options is to continue with timely payment to providers and central intakes and not withhold payment to their subcontractors.
Date: February 8, 2008

To: Mary Mastrandrea, Acting CEO
ValueOptions New Mexico

From: Linda Roebuck, CEO
Behavioral Health Collaborative

RE: Letter of Direction # 22
Senate Bill 611 Section 26.27 Compulsive Gambling Funds ($100,000)

This Letter of Direction (LOD) to the Statewide Entity (SE) is to clarify how Senate Bill 611 Section 26.27 Cooperative Agreement is to be implemented in partnership with the New Mexico Human Services Department, Behavioral Health Services Division (BHSD).

Purpose:

This letter directs the role of ValueOptions New Mexico (VONM) as the single Contracts and Joint Powers Agreements manager of Senate Bill 611 Section 26.27. Sub-contracts and Agreements are to include:

HSD/BHSD Responsibilities Include:
- Oversee, review and approve Compulsive Gambling Programs developed jointly by State staff and VONM.
- Actively participate in compulsive gambling program and training development meetings with VONM staff.

VONM Responsibilities Include:
- Identify current Compulsive Gambling Treatment (CGT) Providers in the VONM network within 30 days of approval of this LOD.
- With the direction and involvement of BHSD, survey the identified CGT providers within 45 days of approval of this LOD to determine each provider’s readiness and competency for assessing, diagnosing and treating compulsive gambling disorders.
- Based on this survey, develop a Compulsive Gambling Training Plan. The Plan’s focus shall be to train providers, in the VONM network, in the identification and treatment of problem gambling issues. Continuing Education Units (CEUs) must be provided for all workshops. The Plan must include the following:
  - Target audience
  - Number of events for the full time period of the annual Plan
  - Description of how it will be determined where trainings/workshops are held
  - Evidence based (EBP) or best practice models for compulsive/problem gambling
ValueOptions Responsibilities Include: (Cont.)

- A training schedule must be included as Attachment 1 to the Plan. The training schedule can be subject to revision and approval by BHSD before finalization. The schedule must include the following:
  - Title of each training/workshop
  - Brief description of each workshop and identify if this is an EBP or best practice model
  - Name and credentials of trainer(s).
  - Dates of training and training hours for each workshop
  - Site of training to include city and location and
  - Maximum class size
  - Number of individuals registered for each training/workshop
  - Number of individuals completing each training/workshop
  - Summary of evaluation, by participants, of each training/workshop, reported monthly
- A training budget must be included as Attachment 2 to the Plan. Please use attached budget summary sheet.
- Implement and complete trainings between March 1, 2008 and June 30, 2008.
- By June 15, 2008, provide BHSD staff with recommendations for expenditure of the FY09 recurring funds of $100,000.
- Provide BHSD with a monthly status report on compulsive gambling activities and initiatives.
- Develop, in conjunction with BHSD staff, a plan for measuring treatment outcomes in FY09, including professional development and change of treatment professionals as a result of previously attended trainings.
- Participate as requested to implement actions and programs as defined by the Compulsive Gambling Council.
- Participate as a team member on the Compulsive Gambling Council.
- Provide technical assistance to providers regarding compulsive gambling assessment, diagnosis and treatment.
- The funding from this appropriation is recurring. As a result, the plan developed here for FY08 shall bridge to programs in FY09 to maintain continuity and leverage FY08 funding and initiatives.

Payment

The SE may invoice BHSD monthly on 1/12th draw for $8333.33 each month. The legislation for these dollars does not allow for administrative costs. Upon receipt and approval of monthly reports and invoices a total amount not to exceed $100,000 will be paid. A spreadsheet of the total Senate Bill 611 Section 26.27 funding shall be submitted monthly to BHSD identifying each VONM contractor and provider, vouchers and administration expenditure. In addition, these funds shall be identified and accounted for separately by the SE in the BHSD A2 and B3 financial spreadsheets and added to the total on the BHSD A1 financial sheet.

Any questions regarding this LOD should be directed to Kim Horan at 827-2637.
Date: February 11, 2008

To: Mary Mastrandrea
Acting Chief Executive Officer

From: Bill Belzner, Deputy CEO
Behavioral Health Purchasing Collaborative

Re: Letter of Direction #23
Children's Functional Assessment Rating Scale (CFARS)

This Letter of Direction (LOD) to the Statewide Entity (SE) is to inform ValueOptions New Mexico (VONM) of the decision Children, Youth and Families Department has made regarding the Children’s Functional Assessment Rating Scale (CFARS) instrument.

This letter is to inform ValueOptions that Children, Youth and Families Department will no longer be requiring contracted providers to use the CFARS instrument for gathering and reporting functional assessment information for evaluating children or tracking outcomes.

Therefore, ValueOptions shall ensure that contracted providers are informed of this change immediately.

In the event that the Children, Youth and Families Department decides to require the implementation of a functional assessment tool in the future, ValueOptions will be notified with the specific requirements regarding the implementation of such a tool.
Date: February 26, 2008

To: Mary Mastrandrea
    Acting Chief Executive Officer

From: Bill Belzner, Deputy CEO
       Behavioral Health Purchasing Collaborative

Re: Letter of Direction: # 24
    CYFD Flex Fund

This Letter of Direction (LOD) to the Statewide Entity (SE) is to inform ValueOptions New Mexico (VONM) of the decision Children, Youth and Families Department has made regarding guidance for the administration of the CYFD Flex Fund.

Flex fund dollars are allocated to serve the following priority populations:

1. Children/youth/families involved in the child welfare system. "Involved in the child welfare system" is defined as having an open case at the time of request for flex funds with CYFD Protective Services or Tribal Social Services. Any child/youth/family referred for flex fund dollars would have an assigned Protective Services, or Tribal Social Services worker.

2. Children/youth/families involved in the juvenile justice system. "Involved in the juvenile justice system" is defined as having an open case at the time of request for flex funding with CYFD Juvenile Justice or Tribal Juvenile Justice Services. Any child/youth/family would have an assigned Juvenile Justice worker, or Tribal Juvenile Probation Officer.

3. Children/youth with significant mental health needs at risk of involvement in either the protective services or juvenile justice systems. "At risk of involvement" is defined as any child/youth who does not currently have an open case.

Consistent with previous directives, any available funding sources, i.e., Medicaid, private insurance, and/or contract funds, are accessed prior to utilizing flex fund dollars. In order to rule out alternative funding mechanisms and ensure that priority population is served, flex fund expenditures require preauthorization. The form used by providers to request flex funds at a minimum requires the following information:

- For all requests, a statement that other funding sources are not available and/or the child/youth is not eligible to receive such funding;
- For an open CYFD case, the name of the Protective Services case worker or Juvenile Justice Probation Officer;
- For an open CYFD case, the FACTS identification number for the child or family for whom funding is sought; and
- For a child/youth not involved in an open CYFD case, a brief statement identifying the at risk issue.
- For denied requests, documentation of the reason for the denial.

The flex funding is allocated as follows: 45% of the total funding amount for children/youth and families involved with CYFD Protective Services or Tribal Social Services; 45% for children/youth and families involved with CYFD Juvenile Justice or Tribal Juvenile Justice Services; and 10% for at risk children/youth.
ValueOptions New Mexico shall continue providing the monthly Flex Fund prior authorization report through the designated staff person of the Collaborative Oversight Committee for CYFD review. This report shall include the percentage by priority population of the amount expended to date, FACTS # and referring CYFD worker (PS or JJS). A Guidance Memorandum (GM) will be prepared to reflect these changes and will be submitted through the Oversight Committee. ValueOptions New Mexico will meet with CYFD on a quarterly basis to review flex fund expenditures. The CYFD Deputy Secretary of Administrative Services is authorized to adjust expenditure percentages as needed to ensure the needs of the priority populations are met and funds are expended.

ValueOptions shall require providers applying for flex funds to follow Prior Authorization requirements for all levels of care (i.e. residential, TFC) currently required for other funding sources overseen by ValueOptions.

ValueOptions New Mexico will implement this Letter of Direction no later than March 1, 2008. Prior to implementation, ValueOptions New Mexico shall provide information and direction to the provider network to allow for access to flex funds.
Date: February 27, 2008

To: Mary Mastrandrea
Acting Chief Executive Officer

From: Bill Belzner, Deputy CEO
Behavioral Health Purchasing Collaborative

Re: Letter of Direction: #25
Use of $13K CYFD Flex Funds for Consultation & Training by Dr. Thomas Grisso

This Letter of Direction (LOD) to the Statewide Entity (SE) is to inform ValueOptions New Mexico (VONM) to immediately establish a contract with Dr. Thomas Grisso to provide consultation and training on the subject of Juvenile Forensic Evaluations. Children, Youth and Families Department (CYFD) representatives have been in contact with Dr. Grisso who has confirmed his availability and interest in providing such services for CYFD and VONM. Dr. Grisso is Professor of Psychiatry, Director of the Mental Health and Law Core at the CMHSC, and the Coordinator of the Law-Psychiatry Program within the Psychiatry Department of the University of Massachusetts Medical School. He is a nationally recognized expert in Juvenile Forensics.

Dr. Grisso will begin providing consultation on specific documents that CYFD and VONM will provide him beginning in mid-March. In addition, he will be present in New Mexico May 28-30, 2008 to provide formal training and live consultation for Juvenile Forensic Evaluators, Children’s Court Judges statewide, and both CYFD and VONM staff.

In order to expedite the contracting process with Dr. Grisso, CYFD authorizes the use of $13K of Flex Funds to initiate the contracting process. (The funds will be broken down as follows: $150/hour x 20 hours for consultation; $3500/day x 2 days for formal training.)

It is the understanding of CYFD and the BH Purchasing Collaborative that at least half of the $13K funds will be reimbursed to the CYFD Flex Fund by VONM from other financial sources prior to June 30, 2008.

Attached is the C.V. of Dr. Thomas Grisso for use in formalizing the contract. Please contact Bill Dunbar or Marisol Atkins, Deputy Secretaries for CYFD, should you have questions or need additional information.
DATE: April 15, 2008

TO: Mary Mastrandrea, Acting CEO
    ValueOptions of New Mexico

FROM: Linda Roebuck, CEO
    Behavioral Health Purchasing Collaborative

RE: Letter of Direction (LOD) #26
    Comprehensive Community Support Services (CCSS) Capitation of Units

This LOD requires ValueOptions (VO) to “cap” Comprehensive Community Support Services (CCSS) for the HSD Medicaid Managed Care and Coordinated Fee for Service programs, HSD/BHSD contracted services and CYFD contracted services. The cap shall be set at 6 hours (a total of twenty-four (24) fifteen (15) minute units) per consumer, per month. The Collaborative does recognize that, based upon the clinical or acute needs of some consumers, additional units of CCSS may be necessary. In order to serve these consumers, we request that VO establish a prior authorization process for CCSS to allow providers to request additional CCSS services.

The CCSS services cap is to go into effect immediately upon the receipt of this LOD, including the prior authorization process. Collaborative staff will review the prior authorization process after it is implemented. VO will supply to the Oversight Team a monthly summary of additional CCSS hours authorized that includes the following information: the client affected (name and social security number), the number of additional hours authorized, and the reasons for authorizing the additional hours. This should be completed by funding source.

Should you have any questions, please contact either me (476-7108) or Geri Cassidy at 827-3143.
Date: May 8, 2008

To: Eddy Broadway, CEO
ValueOptions New Mexico

From: Linda Roebuck, CEO
Behavioral Health Collaborative

RE: Letter of Direction # 26 (Addendum)
Exemption of IHS and Tribal 638 providers from CCSS “Cap”

The purpose of this LOD is to notify ValueOptions that Medicaid-enrolled Indian Health Services and Tribal providers operating under P.L. 93-638 contracts (IHS and 638s) shall be exempted from CCSS registration and prior authorization.

HSD/MAD will be sending out letters to IHS and 638 Tribal Medicaid providers informing them of the exemption from the registration and prior authorization process. IHS and 638s will continue to be reimbursed by VONM for Medicaid CCSS at the IHS all-inclusive outpatient rate (also referred to as the “OMB” rate).

Should you have any questions, please contact Shari Roanhorse-Aguilar, Native American Liaison at (505) 827-3133 or Geri Cassidy, Chief Behavioral Health Manager at (505) 827-3143.
Date: May 12, 2008

To: Eddy Broadway, CEO
ValueOptions New Mexico

From: Linda Roebuck, CEO
Behavioral Health Collaborative

RE: Letter of Direction # 26 Addendum #2
Comprehensive Community Support Services (CCSS) Guidance

This Letter of Direction (LOD) serves to provide ValueOptions (VO) with further guidance on the implementation of the “cap” for CCSS. It is the intent of the Collaborative to ensure that implementation of the cap for CCSS is not unduly burdensome to providers and allows for providers requesting additional units of CCSS for consumers to get approval in a timely and efficient manner.

With this in mind, the Collaborative instructs VO to allow providers to provide 72 units of CCSS within a 90 day period without prior authorization.

In order to assess that the process is not unduly burdensome, the Collaborative and VO will solicit the input of stakeholders in the implementation of documents and activities for the CCSS prior authorization process. The Collaborative shall be responsible for coordinating the meetings.

Should you have any questions, please feel either me (476-7108) or Geri Cassidy at 827-3143.
Date: May 19, 2008

To: Eddy D. Broadway, CEO
ValueOptions New Mexico

From: Bill Belzner, Deputy CEO
Behavioral Health Purchasing Collaborative


This Letter of Direction provides clarification for the Statewide Entity (SE) regarding the implementation of the ASI-MV as a clinically meaningful outcome measurement tool as required by State Agencies and identified in the contract (FY08) as follows:

Article 4.1.B.4.b General Requirements

At minimum, fifty (50) percent of individuals with substance use issues served by the SE shall have an Addiction Severity Index (ASI-MV) Drug/Alcohol Use score of four (4) or higher at the time of enrollment.

i. All individuals with substance abuse and/or co-occurring disorders shall be administered the ASI-MV.

ii. The composite scores determined at the following intervals: at admission, at ninety (90) days and then at treatment plan review, but no longer than one hundred-twenty (120) days thereafter and at discharge shall be reported by the providers.

Article 5.6.N.4.e Quality Management/Quality Improvement (QM/QI) Requirements.N.4.e

Percent of people receiving substance abuse treatment who demonstrate improvement on three (3) or more domains on the Addiction Severity Index (ASI); and,

Article 5.16.F.3.e Training Requirements.F.3.e

Services and practices related to specific Collaborative agency initiatives and block grants including but not limited to Addiction Severity Index (ASI)... (the rest of the text in this section is omitted and not relevant to this LOD).
In partnership with the Collaborative, ValueOptions New Mexico (VONM) will continue to work with Behavioral Health Services Division (BHSD) to implement processes in order to produce ever-evolving, clinically meaningful, and provider network/consumer friendly outcome measures through the use of the ASI-MV for consumers screened for alcohol and/or other substance abuse.

Category change is measured by the initial administration of the ASI-MV as compared to the most recent administration. The alcohol and/or other substance abuse performance measure has the population categorized into “high”, “medium” and “low” substance user groups on the Drug and Alcohol domains. These groupings were validated in the 2005 Inflexxion study prepared for the BHSD by Dr. Albert Villapiano. The data from this study served as the baseline for the BHSD alcohol and/or other substance abuse consumers and, for establishing the Governor’s Performance Measure targets for Fiscal Years 06, 07 and 08 for each of the Alcohol and Drug Composite Scores which are stated below.

In consultation with VONM, in order to replicate and validate the performance measure from one year to the next, the implementation guidelines include, but are not limited to, the following:

**Implementation Guideline**

1. VONM must assure that all providers required to use the ASI-MV as part of the Collaborative ASI-MV Implementation, are using ASI-MV and not any other version of the ASI. Exceptions to this policy are addressed below in point 10 of these guidelines.

2. VONM will issue a policy and procedure manual on the ASI-MV administrations that includes the following:
   a. Administration is indicated as an “initial” or as “follow-up” ASI-MV.
   b. Initial ASI-MV administrations are to be completed no later than 2 weeks after treatment intake.
   c. ASI-MV follow-up shall be completed at 90 days, at no longer than one hundred-twenty (120) days thereafter, and at discharge whichever comes first, using the ASI-MV.
   d. Providers are required to complete ASI-MV records on all appropriate consumers to the ASI-MV data center.
   e. Until otherwise arranged, provisions must be made for VONM to continue to have access to the individual’s ASI-MV severity scores, composite scores and their dates of administration currently collected through the VONM enrollment system.

3. For the applicable population, VONM will track and report on the following targets throughout the process:
   a. By the end of FY08, VO will have established provider level baselines, and set benchmarks for significant improvement, towards a rate of ASI-MV initial administrations of consumers that have an initial diagnostic category of alcohol, drug, substance abuse or co-occurring disorder.
   b. By the end of FY08, VO will have established provider level baselines, and set benchmarks for improvement,
towards a rate of ASI-MV follow-up administrations of consumers that have an initial administration of the ASI-
MV.

c. The expected target category change rate for High
Category alcohol use by the end of FY08 is 80%.

d. The expected target category change rate for High
Category drug use by the end of FY08 is 75%.

4. VONM will report progress in achieving targets 3.a through 3.d above to
the Collaborative’s Quality Improvement subcommittee. Reporting of the
data identified in 3.c. and 3.d. is specified in the Guidance Memorandum,
PM 4.2.e – Effectiveness of Community based Substance Abuse Services
for Adults. Quality improvement interventions and their impact on both the
ASI-MV implementation and enhancement of clinical practice will be
reported to the Collaborative’s Quality Improvement subcommittee.

5. VONM will inform the Collaborative of the projected cost of expanding the
implementation of the ASI-MV to other target populations such as
Medicaid.

6. VONM will track the number, type and hours of training and TA provided
as well as the number of providers who have completed each training or
participated in TA activities. These trainings and TA as well as related
training on the ASAM criteria shall be included in calculating the overall
cost.

7. The VONM ASI-MV Quality Improvement committee which includes
BHSD and Inflexxions will meet at least quarterly. Progress on
implementation, training, data management, quality improvement, next
steps, etc. shall be documented through meeting minutes.

8. The VONM ASI-MV Quality Improvement committee will engage provider
clinicians in an advisory capacity to: review the biannual Performance
Measure 4.2.e findings and the preliminary data reported on Table 1;
explore treatment strategies that produce better clinical outcomes as
reflected in the ASI-MV; review progress in reaching rate of initial and
follow-up targets; examine the barriers to implementation; and, recommend
ways to encourage clinical enhancements at the provider level.

9. Furthermore, the ASI-MV clinical advisory work group will serve to advise
VONM and BHSD regarding any clinical and financial implications of
expanding the use of ASI-MV to alcohol and/or other substance abuse
collaborative populations i.e. Medicaid. The work group will share
important lessons learned and provide advice on reasonable performance
expectation for the five remaining ASI-MV domains.

10. The ASI-MV may be inappropriate for some or all consumers of an agency
because of cultural, language issues, reading level, or developmental,
cognitive or physical reasons. It is the intention that clinicians assess an
individual’s need to be administered the ASI-MV on another day (in order
to produce reliable and valid results;) or, that another ASI tool would be
appropriate and should be used; or that, regardless of the ASI tool, an ASI
administration would be inappropriate, unreliable and would not produce
valid results. In all cases in which a substitution is made, or the
administration is ruled out, the clinician is required to document in the
consumer’s clinical record, the reason for the substitution or for excluding
the consumer from taking the ASI-MV. When the ASI is substituted for the
ASI-MV, the provider is required to report the ASI Drug/Alcohol Use
severity scores, all composite scores and their dates of administration in the
VONM enrollment system. The following will be included in the policy
and procedure manual for VONM as reasons for excluding certain
individuals from using the ASI-MV:

a. **Cultural reasons.** A provider may substitute the ASI for the
ASI-MV in circumstances in which the provider determines
that the cultural background of the consumer is such that the
administration of the ASI-MV is not culturally appropriate
and that using the ASI-MV would result in invalid or
unreliable responses.

b. **Language reasons.** A provider may substitute the ASI for the
ASI-MV in circumstances in which the provider determines
that the language background of the consumer is such that
the administration of the ASI-MV is not appropriate and that
using the ASI-MV would result in invalid or unreliable
responses.

c. **Reading level.** A provider may substitute the ASI for the
ASI-MV in circumstances in which the provider determines
that the reading level of the consumer is such that the
administration of the ASI-MV is not appropriate and that
using the ASI-MV would result in invalid or unreliable
responses.

d. **Developmental disability, cognitive disability or other
physical disability.** A provider may substitute the ASI for the
ASI-MV in circumstances in which the provider determines
that a disability of the consumer is such that the
administration of the ASI-MV is not appropriate and that
using the ASI-MV would result in invalid or unreliable
responses.
DATE: April 22, 2008

TO: Eddy Broadway, CEO
ValueOptions New Mexico

FROM: Linda Roebuck, CEO
Behavioral Health Purchasing Collaborative

RE: Letter of Direction (LOD) # 28
FY08 Substance Abuse and Prevention Training (SAP) Block Grant Funds

In the ValueOptions New Mexico contract for Fiscal Year 2008, Page 3 of Attachment D specifies ValueOptions New Mexico has been allocated a total of $5,482,500 of SAP Block Grant Funds for State FY08. This amount is in error. The correct amount should reflect $4,333,208 which constitutes a variance of $1,149,292. This is the same amount which ValueOptions records as unallocated for SAP Block Grant funds.

This LOD specifies the disbursement process for the unallocated funds in the amount of $1,149,292 during the current fiscal year ending June 30, 2008:

- The SE March invoice for SAPT services will be paid in the full amount of $456,875.
- The Behavioral Health Services Division (BHSD) will allocate and pay to the SE $221,333 in SAPT funds for April.
- For May and June of 2008 BHSD will not allocate SAPT Block Grant funds to the SE.
- Effective May 1, 2008, however, the SE will use the unallocated SAPT Block Grant funds at the rate of $456,875 per month.
- July 1, 2008 BHSD will allocate SAPT Block Grant funds as specified in the 2009 Contract,

Any questions regarding this LOD should be directed to Harrison Kinney at 827-2598.
<table>
<thead>
<tr>
<th>Month</th>
<th>Incorrect Allocation</th>
<th>Allocation Proposal</th>
<th>Usage Should Be</th>
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<td>456,875.00</td>
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<tr>
<td>Nov</td>
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<td>Dec</td>
<td>456,875.00</td>
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<tr>
<td>Mar</td>
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<tr>
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<td>Jun</td>
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<td>SAPT Allocation</td>
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<td>4,333,208.00</td>
<td>4,333,208.00</td>
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<tr>
<td>Difference</td>
<td>1,149,292.00</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Date: April 22, 2008
To: Eddie Broadway, CEO
    ValueOptions New Mexico
From: Linda Roebuck, CEO
    Behavioral Health Collaborative
RE: Letter of Direction # 29
    House Bill 2 (HB2) Substance Abuse Screening, brief intervention, referral, and
treatment services State General Fund ($100,000)

This Letter of Direction (LOD) to the Statewide Entity (SE) is to clarify how the appropriation
made in the General Appropriation Act, Laws of 2007, Chapter 28, Section 5 (74), for $100,000
in State General Fund, "for screening, brief intervention, brief treatment and referral to more
intensive treatment for persons at risk for dependence on alcohol or drugs," is to be allocated.

The SE contracts with Sangre de Cristo Community Health Partnership for activities for the
SAMHSA/CSAT Screening, Brief Intervention, Referral, and Treatment Grant (SBIRT). Sangre
de Cristo receives $246,327.50 on a monthly 1/12th draw. The SE shall pay Sangre de Cristo as
follows for May 2008: $100,000 in General Appropriation Act State General Fund and
$146,327.50 in federal funds.

The SE may invoice BHSD for $100,000 on its May invoice. The legislation for these dollars
does not allow for administrative costs. These funds shall be identified and accounted for
separately by the SE in the BHSD A2 and B3 financial spreadsheets and added to the total on
the BHSD A1 financial sheet.

Any questions regarding this LOD should be directed to Marizza Montoya-Gansel at 827-2641.
DATE: April 22, 2008

TO: Mary Mastrandrea, Chief Operating Officer
ValueOptions New Mexico

FROM: Linda Roebuck, CEP
Behavioral Health Purchasing Collaborative

RE: Letter of Direction # 30
Otero County Council on Alcohol Abuse & Alcoholism –
Supplemental state general funding in the amount of $124,798
In FY 08

This Letter of Direction (LOD) to the Statewide Entity (SE) authorizes the release of funding to the Otero County Council on Alcohol Abuse & Alcoholism (OCCAAA) program to help them continue residential substance abuse treatment services.

Purpose:

This letter directs the role of ValueOptions as the single contracts and Joint Powers Agreements manager of statewide behavioral health services which includes substance abuse services. Sub-contracts and Agreements are to include:

HSD/BHSD Responsibilities include:

- Provide a one time allocation of $82,000 for program development, training, debt reduction and program enhancements from unallocated FY 2008 State General Funds.
- Increase the monthly draws for April, May and June, 2008 by a total of $42,798 or $14,266 per month (from $25,834 per month to $40,100 per month).
- Ensure that OCCAAA receives the total amount of supplemental funding ($124,798).
- At this time there are no supplemental funds available in FY 2009.

ValueOptions Responsibilities include:

- Assist OCCAAA to develop a business viability plan which allows the OCCAAA program to operate within its FY 2008 BHSD base allocation (without the supplemental funding) in FY 2009. At this time there are no supplemental funds available in FY 2009.
• VONM Regional and Service Systems Relations staff, in partnership with OCCAAA, will develop this business viability plan by **May 15, 2008**. It shall include:
  o a review of assets, liabilities, costs and financial management;
  o identifying and addressing leveraging connections to other funding streams to enhance program viability;
  o a process to facilitate the development of its Board of Directors ability to develop local and county funding.
• Provide technical assistance, training, and appropriate fiscal management.
• Act as a flow through for the total amount of this supplemental funding ($124,798) to OCCAAA.

**Payment:**

BHSD will process payments not to exceed $122,100 for the month of April ($40,100 + $82,000) and $40,100 each for the months of May and June. Total additional payments to VONM for OCCAAA shall not exceed $124,798. Expenditures shall also be accounted for in the BHSD A1, B2 and B3 financial spreadsheets.

Any questions regarding this LOD should be directed to Harrison Kinney at 827-2598.
<table>
<thead>
<tr>
<th>Month</th>
<th>Current Allocation</th>
<th>Additional One Time GF Allocation</th>
<th>Additional Three Months in FY08 Allocation</th>
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<td>25,834.00</td>
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<td>Mar</td>
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<td>14,265.00</td>
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<td>Jun</td>
<td>25,834.00</td>
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<td></td>
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<td>310,008.00</td>
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<td>Supplemental</td>
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<td>Total Supplemental and Base Allocation to Otero County in FY08</td>
<td></td>
<td>434,806.00</td>
</tr>
</tbody>
</table>
Date: May 12, 2008

To: Eddy Broadway, CEO
Value Options New Mexico

From: Linda Roebuck, Collaborative CEO

Re: Letter of Direction #31
BHSD Medication Fund Payments for NMBHI and Medication Rooms

Dear Mr. Broadway:

This Letter of Direction is to inform ValueOptions New Mexico (VONM) of the decision the Collaborative has made regarding expenditures from the BHSD medication fund and to give instructions regarding those expenditures. These instructions apply to the FY08 BHSD medication funds only.

1. VONM should immediately disburse $110,000.00 from the medication fund to the New Mexico Behavioral Health Institute to offset payment for medications given at discharge.

2. VONM should disburse 30% of the dollar amounts listed in the table below from the medication fund to the agencies listed as soon as possible. VONM should make it clear to the agencies that the money is intended to supplement non-billable medication room services only. Instructions regarding further disbursement to these agencies will be sent by July 8, 2008 when the total amount of other fund expenditures is known.
<table>
<thead>
<tr>
<th>Agency</th>
<th>Amount Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Life Link</td>
<td>$21,041</td>
</tr>
<tr>
<td>St. Martins</td>
<td>$64,313</td>
</tr>
<tr>
<td>Tri-County Community Services</td>
<td>$58,940</td>
</tr>
<tr>
<td>Los Alamos Family Council</td>
<td>$5,000</td>
</tr>
<tr>
<td>Health Care for the Homeless</td>
<td>$66,815</td>
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<tr>
<td>(HCH)</td>
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</tr>
<tr>
<td>Mental Health Resources</td>
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</tr>
<tr>
<td>Counseling Associates</td>
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<tr>
<td>Guidance Center of Lea County</td>
<td>$58,825</td>
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<tr>
<td>Carlsbad Mental Health Center</td>
<td>$66,936</td>
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<td>Valencia Counseling</td>
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<tr>
<td>Ayudantes</td>
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</tr>
<tr>
<td>Rehoboth McKinley</td>
<td>$16,768</td>
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<tr>
<td>St. Vincent’s Hospital</td>
<td>$69,238</td>
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<tr>
<td>Southern NM Human Development</td>
<td>$22,000</td>
</tr>
<tr>
<td>Soccoro Mental Health</td>
<td>$18,499</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$664,701</strong></td>
</tr>
</tbody>
</table>

3. When these funds are disbursed VONM should make it clear to the facility or agency that this is a one time only disbursement for FY08.

4. Documentation of these expenditures should be made in the monthly narrative and quarterly analysis of report CI-07b. Documentation of the previous expenditure to Southwest Counseling should also be made in the next monthly narrative for report CI-07b.
Date: May 30, 2008

To: Eddy Broadway, CEO
ValueOptions New Mexico

From: Linda Roebuck, Collaborative CEO

Re: Letter of Direction #31 (Amendment)
BHSD Medication Fund Payments for NMBHI and Medication Rooms

Dear Mr. Broadway:

This Letter of Direction is to inform ValueOptions New Mexico (VONM) of the decision the Collaborative has made regarding expenditures from the BHSD medication fund and to give instructions regarding those expenditures. These instructions apply to the FY08 BHSD medication funds only.

1. VONM should immediately disburse $110,000.00 from the medication fund to the New Mexico Behavioral Health Institute to offset payment for medications given at discharge.

2. VONM should disburse 30% of the dollar amounts listed in the table below from the medication fund to the agencies listed as soon as possible. VONM should make it clear to the agencies that the money is intended to supplement non-billable medication room services only. Instructions regarding further disbursement to these agencies will be sent by July 8, 2008 when the total amount of other fund expenditures is known.
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<tr>
<td>Santa Fe Community Guidance Center</td>
<td>$128,759</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$793,460</strong></td>
</tr>
</tbody>
</table>

3. When these funds are disbursed VONM should make it clear to the facility or agency that this is a one-time only disbursement for FY08.

4. Documentation of these expenditures should be made in the monthly narrative and quarterly analysis of report CI-07b. Documentation of the previous expenditure to Southwest Counseling should also be made in the next monthly narrative for report CI-07b.
DATE:    July 9, 2008

TO:    Eddy Broadway, CEO
       ValueOptions New Mexico

FROM:    Linda Roebuck, CEO
         Behavioral Health Purchasing Collaborative

RE:    Letter of Direction #31 “B”
       Final BHSD Medication Fund Payments for Medication Rooms

Dear Mr. Broadway,

This Letter of Direction is to direct ValueOptions New Mexico (VONM) to make final expenditures from the BHSD medication fund for reimbursement to providers for medication room costs for FY08. These instructions apply to the FY08 BHSD medication funds only.

1. VONM should disburse 11.3% of the dollar amounts listed in the table below from the medication fund to the agencies listed as soon as possible. VONM should make it clear to the agencies that the money is intended to supplement non-billable medication room services only.

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<th>Agency</th>
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<td><strong>Total</strong></td>
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</tbody>
</table>


2. When these funds are disbursed VONM should make it clear to the facility or agency that this is a one time only disbursement for FY08.

3. Documentation of these expenditures should be made in the Q4 quarterly analysis of report CI-07b.
Date: June 2, 2008

To: Eddy Broadway, Chief Executive Officer ValueOptions New Mexico

From: Pamela S. Hyde, J.D. Secretary Human Services Department

Re: Letter of Direction # 32 - Selection of provider organizations and participation in planning and development process leading to construction and operation of the planned Los Lunas Substance Abuse Treatment and Training Center (LLSATTC).

Purpose

This letter directs the role of ValueOptions New Mexico (VONM) as the single contracts and Joint Powers Agreement manager of statewide behavioral health services. Sub-contracts and Understandings to include:

HSD/BHSD Responsibilities

1. Oversee, review, and approve decisions leading to the selection of the qualified provider organization(s) effective June 6, 2008 that is capable of:
   - Providing consultation and technical assistance in the planning, development, implementation and operation for the construction in Los Lunas, New Mexico of a women's residential treatment facility in association with an intensive outpatient treatment and training facility;
   - Providing consultation and technical assistance in the design and implementation of an innovative, culturally competent, integrated, treatment and recovery services array to be provided within the facilities.

2. Review and approve the VONM contract with the selected qualified provider organization(s) to insure the parameters of the contract encompass the state's intent for the design of the facilities and the services to be provided within the constructed facilities.

3. Review and approve the VONM contract or Memorandum of Understanding (MOU) with the Consortium of Behavioral Health Training and Research (CBHTR) to ensure that the parameters of the contract encompass the state's policy for the statewide behavioral health training program.
4. Render direction for the planning and development process for the construction of the planned women’s residential treatment facility and intensive outpatient treatment and training services facility.

5. Render direction in the planning and consultation sessions to facilitate the design of an integrated, evidenced-based, and culturally competent, treatment and recovery service program to be provided by the **qualified provider organization(s)**.

6. Render direction in the preparation and presentation of final plans to the Collaborative, State Agencies, the Governor, and the New Mexico Legislature related to the treatment capacity and funding levels required to operate the planned treatment and training facilities.

7. In collaboration with the General Services Division (GSD), develop, review and approve all documents/plans associated with the programming and construction of facilities for operations of residential and outpatient treatment programs.

**ValueOptions New Mexico Responsibilities**

1. Conduct an open and fair review process leading to the selection of the **qualified provider organization(s)** capable of rendering consultation and technical assistance in the planning and development process for the LLSATTC.

2. Select a **qualified provider organization(s)** that, in addition to providing consultation, is capable of becoming the lead provider(s) and overall program manager for the LLSATTC.

3. Enter into a contract with the **qualified provider organization(s)** to secure their services effective June 6, 2008 for the provision of timely consultation and technical assistance in the design of the facilities and services to be offered in the newly constructed facilities.

4. Enter into a contract or MOU with CBHTR on the development of statewide behavioral health training and telemedicine programs.

5. Participate with the **qualified provider organization(s)** and the Collaborative in the planning and development process leading to the construction and operation of the LLSATTC.

6. Prepare to enter into a Provider Service Agreement with the **qualified provider organization(s)** to operate the treatment facilities as service models, capacity, and funding levels are determined; and in sufficient time to permit service delivery to begin according to the predetermined schedule.

7. Provide a one time payment to the **qualified provider organization(s)** in the amount not to exceed $20,000 in June 2008.

8. Purchase equipment and furniture as approved through Human Services Department-Administrative Services Division for use by CBHTR for the provision of telemedicine and training services at an amount not to exceed $111,150. Such equipment and furniture shall be held by VONM as the property of the state of New Mexico through the Human Services Department (HSD) and shall be returned to or reimbursed to HSD said equipment and furniture upon request or, a point in time when VONM’s contract with the Collaborative ends; which ever is first.

**Payment**

1. One payment shall be made to VONM by the Behavioral Health Services Division (BHSD) in the amount of $21,000 in June 2008. VONM shall distribute $20,000 to the **qualified provider organization(s)** for services rendered under the contract. VONM may access $1,000 (5% of the contracted funds) for administrative indirect costs.
2. One payment shall be made to VONM from BHSD in the amount of $117,000. $111,150 shall be utilized to purchase equipment and furniture as approved through Human Services Department-Administrative Services Division for use by CBHTR for the provision of telemedicine and training services. $5,850 (5% of the contracted funds) VO may access for Administrative Indirect.

3. Total funds allocated to VONM under the Letter of Direction #32 shall not exceed a total of $138,000. Expenditures shall also be accounted for in the BHSD A1, A2 and B3 financial spreadsheets.

Any questions regarding this LOD should be directed to Harrison Kinney at 827-2598.
Date: May 8, 2008

To: Eddy Broadway, CEO
ValueOptions New Mexico

From: Linda Roebuck, CEO
Behavioral Health Collaborative

RE: Letter of Direction # 33
Gambling Accountability and Transparency Assessment

This Letter of Direction (LOD) to the Statewide Entity (SE) provides a methodology to conduct a comprehensive assessment of current treatment services, provider training courses, crisis hotline effectiveness, gaming employee training and prevention programs to encourage responsible gaming available in New Mexico for pathological gambling and problem gambling.

Purpose:

This letter directs the role of ValueOptions New Mexico (VONM) as the single Contracts and Joint Powers Agreements manager.

HSD/BHSD Responsibilities Include:

Oversee the project, review the findings and approve the deliverables prior to public presentation.

VONM Responsibilities Include:

- Contract with UNM-CASAA to conduct a comprehensive assessment of the services currently available in New Mexico for gambling, specifically treatment services, treatment services provider training, crisis hotline, gaming employee training, and prevention programs to encourage responsible gaming.

- Direct that the project begin as soon as possible in May, 2008.

- Coordinate with UNM-CASAA that Drs. Woodall and Lopez Viets employ the following methodology:
  1) Systematically collect data from individuals and agencies providing treatment for pathological and problem gambling, counselor training, and the gambling hotline.

  2) Systematically collect data from individuals, agencies and gaming entities providing prevention services and activities to promote responsible gaming (see the list of identified organizations).
Identified Organizations for Participation in the Proposed Assessment

The NM Council on Problem Gambling (NMCPG); (Kandace Blanchard);
A random sample of counselors trained by the NMCPG to provide gambling treatment;
The Evolution Group (Daniel Blackwood);
The NM Responsible Gaming Association (Jeff Jojola);
ValueOptions (VO) management and a random sample of providers within the VO network.
A random and representative sample of Casinos and Racinos in New Mexico – NM Gambling Control
Board (Don Dutton)
NM Lottery

- Direct the contractor to collect responses to the questions and conduct the activities as listed in the
  Attachment to this Letter of Direction.

- Provide regular status reports on the progress of the project to HSD/BHSD.

- Require the following project deliverables:

  1) A final report which will detail the aims and research scope of the project, will describe the
     methodology employed in the assessment, the results of the assessment, and the conclusions and
     limitations of the conducted research.

  2) An associated MS PowerPoint presentation to be provided to the NM Compulsive Gambling
     Council, which includes the Governor’s Office, the NM Dept. of Health, and the NM Human Services
     Department.

     The PI and Co-I will be responsible for public presentation of the PowerPoint presentation with the
     relevant NM Compulsive Gambling Council identified audiences.

Payment

The SE shall utilize HSD/BHSD State General Funds already allocated to VO and which are identified within
VO reports as "unallocated". VO shall pay payments of $31,180 in May 2008 and June 2008 to UNM-
CASAA for a total not to exceed $62,360.

The SE shall identify and account for these funds in the BHSD A-2 and B-3 financial spreadsheet reports
and these funds shall be added to the total on the BHSD A-1 financial report.

Any questions regarding this LOD should be directed to Harrison Kinney at 827-2598.
ATTACHMENT
(LOD# 33)

Activities Associated with the Specific Areas of Gambling Services to be Assessed

1. Adherence Issues around Treatment Services
   
   **Aim:** To provide a comprehensive description of treatment services available in New Mexico for pathological gambling and problem gambling as these exist in New Mexico and training courses or services available to counselors as they currently exist, in relation to the evidence base and any existing standards.

   **Treatment Services:**

   1. Which organizations and/or providers (individually or in groups) are providing treatment? What is the total number of individual providers providing services?
   2. What kinds of treatment services are offered?
   3. How do organizations ensure that providers are adhering to treatment guidelines/standards, if any?
   4. Are there evidence-based practices and/or best practices that are accepted by experts in the field?
   5. If so, is the treatment provided consistent with treatment standards, best practices and/or evidence based practice?
   6. What pre-treatment data are collected?
   7. What outcome measures are used? How are gambling behaviors, controlled gambling, relapse, and abstinence defined? Are treatment drop-outs followed up?
   8. Is there collateral verification?
   9. What are the outcomes based on the data that are being collected?
   10. How do treatment providers screen potential patients for gambling problems?
   11. What services are provided to significant others?
   12. In what languages is treatment offered? How do organizations ensure that providers are competent and fluent?

   **Treatment Services Provider Training:**

   1. What treatment services training programs exist in New Mexico?
   2. What is the content, duration, and format of existing trainings?
   3. How many providers receive each type of training?
   4. How often do they need to be re-certified, or how often do they need to get continuing education units?
5. Is specialized training generally considered necessary by experts in the field? Are there national standards for training, and if so, do current training programs meet them?
6. Please provide training by scope of license – counselor and therapists, psychologist, physician, etc.

2. **Crisis Hotline**
   **Aim:** To describe utilization of the hotline, disposition of calls, and evidence of effectiveness.
   1. How may calls are received each month?
   2. How many calls have been received in the past 12 months and in previous years?
   3. Breakdown of what are the calls related to (self, family member, etc.)?
   4. If related to treatment services – are people getting referred? To whom?
   5. Are there data showing how many people who contact the hotline get help—follow-up with the referral?
   6. Other evidence of effectiveness?

3. **Gaming Employee Training**
   **Aim:** Determine and describe employee training programs within the Racinos and Tribal casinos, and compare current use and practices to available best standards, practices and standards in other gaming situations and the Responsible Gaming Literature.
   1. Describe the overall scope of Responsible Gaming training in New Mexico Racinos and Casinos, and examine whether the current trainings meet defined goals, identify gaps and review the nature of any data elements that are used to show goal accomplishment.
   2. Review the Responsible Gaming as well as clinical and treatment literature to identify best practices or evidence-based approaches based on outcomes and determine the extent to which those practices are in use now in New Mexico and whether and/or how best practices could be adopted.
   3. Indicate whether other alternative gaming employee training programs could be adopted, and whether such adoption would provide improvements in training efficacy and responsible gaming in casino and racino situations.
   4. Examine casino and racino employee training programs to identify:
      a. Are training methods and practices different between casino and racino employees?
      b. Are employee trained to identify and empowered to cut-off problem gambling?
      c. If so, does this training work?
      d. Identify other potential training programs for casino/racino employees
      e. Should different training methods be considered?
4. Prevention programs to encourage Responsible Gaming

Aim: Identify and describe what programs are funded. Determine if there is any evidence of efficacy for the existing prevention programs.

1. Identify funded primary prevention programs.
2. Review the Responsible Gaming literature to identify best practices or evidence-based approaches regarding prevention – based on outcomes - and the extent to which those practices are in use now in New Mexico.
3. Gather available data on identified primary prevention of problem gambling programs; determine the nature of the data elements now being employed, and whether improvement in data elements would be useful.
4. Establish what populations and sub-populations are targeted by these programs, if any.
5. Use available data to understand:
   a. The process and method of existing prevention programming
   b. Available evidence for efficacy of the programming