# **MINUTES** of the SIXTH MEETING of the

## LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

# October 9, 2019 University of New Mexico Science & Technology Park Rotunda 801 University Boulevard SE Albuquerque

# October 10, 2019 **University of New Mexico Comprehensive Cancer Center Education Center Boardroom** 1201 Camino de Salud NE Albuquerque

The joint meeting of the Legislative Health and Human Services Committee (LHHS) and the Courts, Corrections and Justice Committee was called to order by Senator Gerald Ortiz y Pino, chair, LHHS, at 9:24 a.m at the University of New Mexico Science & Technology Park Rotunda in Albuquerque.

**Present** Absent

Sen. Gerald Ortiz y Pino, Chair

Rep. Deborah A. Armstrong, Vice Chair

Rep. Gail Armstrong

Rep. Joanne J. Ferrary

Sen. Gregg Fulfer

Rep. D. Wonda Johnson (10/10)

Sen. Bill B. O'Neill (10/9)

## **Advisory Members**

Rep. Phelps Anderson Rep. Karen C. Bash (10/9)

Rep. Micaela Lara Cadena (10/10)

Rep. Miguel P. Garcia

Sen. Linda M. Lopez (10/9)

Sen. Michael Padilla (10/9)

Sen. Mary Kay Papen (10/10)

Rep. William B. Pratt

Sen. Nancy Rodriguez

Rep. Andrea Romero (10/10) Rep. Patricia Roybal Caballero

Sen. Antoinette Sedillo Lopez

Sen. Elizabeth "Liz" Stefanics

Sen. Cliff R. Pirtle

Rep. Rachel A. Black Rep. Zachary J. Cook Rep. Rebecca Dow Rep. Doreen Y. Gallegos Rep. Dayan Hochman-Vigil

Sen. Gay G. Kernan

Rep. Rodolpho "Rudy" S. Martinez

Sen. Mark Moores Rep. Gregg Schmedes Sen. William P. Soules

Rep. Elizabeth "Liz" Thomson

Rep. Linda M. Trujillo

Sen. Bill Tallman Rep. Christine Trujillo

(Attendance dates are noted for members not present the entire meeting.)

#### Staff

Andrea Lazarow, Bill Drafter, Legislative Council Service (LCS) Sabina Gaynor, Bill Drafter, LCS Karen Wells, Contract Staff, LCS

#### Guests

The guest list is in the meeting file.

## **Handouts**

Handouts and other written testimony are in the meeting file.

# <u>Wednesday, October 9</u> — Joint Meeting with the Courts, Corrections and Justice Committee

#### Welcome and Introductions

Senator Ortiz y Pino welcomed committee members, staff and members of the audience. Members and staff introduced themselves.

## Implementation of Senate Bill 124 (2019) in County Detention Facilities

Grace Philips, general counsel, New Mexico Counties (NMC), addressed the committees. She distributed a sample policy developed by NMC's detention affiliate program that establishes a procedure to ensure that incarcerated women who are lactating are permitted to express breast milk for their infants. Ms. Philips noted that the policy reflects best practices. She reviewed the elements of the policy and emphasized procedures to inform lactating women of the ability to express milk; provide privacy for lactating women expressing milk; and safely store, transport or discard milk.

A subsequent discussion among committee members, Ms. Philips and others included the following:

- a committee member said that issues pertaining to milk storage still could face challenges; Ms. Philips responded that she thought those issues have been addressed;
- in response to a question as to whether county detention facilities have breastfeeding equipment available, Ms. Philips responded that all facilities at least have manual pumps;
- in response to a question as to whether accommodations are made for lactating women who are admitted to a detention center on an emergency basis, Ms. Philips stated that most facilities are prepared for that circumstance;

- in response to a question about the effective date of the policy, Ms. Philips stated that the policy is required to become effective by January 1, 2020;
- in response to a question about how complications and problems with the policy could be addressed, Ms. Philips said that counties have the flexibility to alter the requirements of the policy to address problems as they arise;
- in response to a question about whether the milk of a lactating woman who is also enrolled in medication-assisted treatment (MAT) for addictions could be tainted, Ms. Philips said that a consulting physician who reviewed the proposed policy said that the milk would be safe in that situation;
- Marcia Hefker, nurse practitioner, Springer Correctional Center, added that the facility's practice is to conduct random drug tests on lactating women;
- Debra Newman, treatment provider, First Judicial District Court, noted that there is pressure from the pharmaceutical industry to utilize Vivitrol (long-acting naltrexone) because it is not a controlled substance and is marketed to correctional facilities. Ms. Newman added that mortality data is not yet established for this drug, and committee members urged follow-up on this issue;
- a committee member asked whether any county detention facilities offer referrals for tubal ligation; Ms. Philips responded that she was not aware of any facilities that offer access to elective procedures;
- a committee member expressed concern about a lack of medical units for storage of expressed milk in certain areas of the state and asked whether the policy would require revisions to reflect those challenges; Ms. Philips noted that facilities will at least have a refrigerator in which to store milk and that the policy contains provisions for disposal of milk after three days and for accurate labeling; and
- in response to a question as to whether county detention facilities require random drug testing, Ms. Philips stated that all detainees are subject to random drug testing.

## **Medication-Assisted Treatment in Correctional Facilities**

Timothy P. Condon, Ph.D., research professor, Center on Alcoholism, Substance Abuse and Addictions, University of New Mexico, and Matthew A. Elwell, C.J.M., warden, San Miguel County Detention Center (SMCDC), addressed the committees.

Dr. Condon provided statistics regarding the prevalence of opioid use disorder (OUD) in New Mexico. He noted that the United States has a higher rate of incarceration than any other country in the world. He asserted that 70 percent of prison populations have inmates with drug abuse problems, although he believes that this number has decreased.

Dr. Condon noted that there are a variety of treatment options for OUD. He asserted that despite relapse rates being similar to other chronic diseases, OUD relapse is not treated the same as other medical conditions. He asserted that a continuing care model is essential and outlined what such a system would provide. He noted that individuals with OUD who are in the criminal justice system are dying at a higher rate than the general public. He identified types of OUD medications, including opioid agonists (methadone and buprenorphine) and opioid antagonists

(naltrexone). He stated that despite progress in MAT administration in the criminal justice system, recidivism is still high. He stressed that opportunities exist to expand the use of MAT in the criminal justice system. He described a study of community-based MAT in a large detention center that resulted in decreased inmate recidivism. He identified numerous national organizations that have endorsed this approach.

Mr. Elwell provided statistics regarding addiction in New Mexico, with particular focus on Las Vegas. He stated that 90 percent of inmates in San Miguel County are addicted to drugs or alcohol. He provided an overview of MAT as provided in the SMCDC, which includes detoxification followed by administration of naltrexone (Vivitrol), counseling, release planning, community involvement and assured continuum of care for up to six months. He described a program offered at an inpatient reintegration center at the SMCDC that was created four years ago to provide outpatient services. He noted that participants are strictly screened prior to admission into the program. He described elements of the program, including self-reflection and establishment of a long-term commitment to sobriety. He stated that training for a job interview is provided before discharge from the program. He stated that outpatient treatment, including counseling, continues for six months following discharge. Mr. Elwell provided statistics about the program so far, noting that the recidivism rate is 43 percent, compared to 85 percent for those not in the program. He highlighted outcomes, such as finding housing, employment, restored family relationships and reduced sentences. He identified funding that the SMCDC received through a state grant called the Intervention Demonstration Project.

Subsequent questions and comments by committee members and responses by panel members included the following:

- in response to a request for clarification regarding types of opioid addiction, Mr. Elwell stated that most opioid-addicted inmates are addicted to heroin;
- a committee member requested identification of the anticipated number of inmates statewide who would be willing to participate in MAT; Mr. Elwell noted that at the SMCDC, only about 20 percent of inmates volunteer to participate;
- in response to a question about what incentives are needed to increase enrollment in MAT, Mr. Elwell stated that only incentives that reduce sentence or probation time seem to be effective and added that provision of housing and assurances of employment following discharge are equally important;
- in response to a question about the existence of studies that may demonstrate the positive benefits of MAT, such as reductions in recidivism and participation in the community, Dr. Condon said that those studies demonstrate fewer behavioral problems, a decrease in violence and greater participation in activities;
- in response to a question about whether there are any issues concerning contraband in detention facilities that use MAT, Dr. Condon stated that some studies show there is less of a problem with contraband, since inmates are receiving the drugs for which they have an addiction;

- in response to questions from a committee member, Dr. Condon stated that Moral Reconation Therapy is evidence-based, although it is not currently the most common approach and that this type of therapy is generally focused on social norms and helping individuals to overcome trauma and negative behaviors;
- a committee member commented that alcohol is a serious problem in New Mexico and asked whether alcohol addiction receives the same amount of attention as opioids; Dr. Condon agreed that it is a problem and stated that there are medical treatments for alcohol abuse;
- a committee member noted that methamphetamine and cocaine use are still big problems and asked about medical treatments for addictions to those substances; in response, Dr. Condon stated that there are presently no medical treatments for methamphetamine and cocaine;
- in response to a question as to why the SMCDC uses Vivitrol, Mr. Elwell stated that it is less subject to abuse by inmates;
- a committee member asked if the SMCDC enrolls inmates in Medicaid upon release from incarceration and whether Medicaid access to supportive housing is being used; Mr. Elwell responded that these individuals are successfully enrolled in Medicaid, but the SMCDC has not yet sought supportive housing options;
- in response to a question about funding sources for the SMCDC, Mr. Elwell noted that the SMCDC is currently funded by a grant;
- a committee member asked about barriers for inmates in county jails to obtain access to attorneys; Mr. Elwell responded that inmates are permitted to see their attorneys at any time, but the SMCDC prefers that attorneys make an appointment;
- a committee member asked about the incidence of parole violations at the SMCDC; Mr. Elwell responded that 20 percent of inmates violate parole;
- a committee member suggested that parole and probation reform be considered by the legislature;
- in response to a question as to whether there are any community programs for the children of inmates, Mr. Elwell said that he believes that the only facility providing this service is the Metropolitan Detention Center in Bernalillo County;
- a committee member asked whether an evaluation to study race and ethnicity issues had been conducted in the context of the SMCDC program, and Mr. Elwell responded that race and ethnicity issues are being studied, adding that the SMCDC is looking at adverse childhood experiences (ACEs) as contributing factors for substance abuse and subsequent incarceration; and
- a committee member asked if any state correctional facilities are planning to establish reintegration centers, and Ms. Hefker noted that she is the only provider administering MAT and that she conducts reintegration sessions with inmates who are close to release.

#### **Public Comment**

William Zunkel, advocate, expressed appreciation for the presentation on MAT and stated that he knows it to be a very effective program of treatment.

Former Senator Cisco McSorley noted that managed care organizations are supposed to be creating medical transition plans for inmates about to be released and then to provide transition services. He said that the Human Services Department (HSD) is working on that initiative.

Esli Ornelas, Medicaid JUST Health Program specialist, HSD, stated that the program is currently providing the type of service discussed by former Senator McSorley. A member noted that this is an important part of criminal justice reform efforts and requested that the HSD report back to the committees on whether additional funding is needed to support the program.

Debra Newman asserted that clients released from prison overwhelmingly want Suboxone upon release from prison to treat their OUD but that Suboxone is not available in any prison in New Mexico and Vivitrol is not as effective as Suboxone.

## **Approval of Minutes**

Senator Ortiz y Pino recognized a motion to approve the July 24-25, 2019 and the September 12, 2019 minutes of the LHHS. The motion was seconded and passed without objection.

#### **Restraints for Students with Disabilities**

Representative Javier Martínez was invited to address the committees. Representative Martínez noted that an appropriation of \$460 million was made in 2019 to address the needs of at-risk students. He asserted, however, that more work needs to be done, especially for students with disabilities, who may end up in the criminal justice system due to behavioral issues in school. He described a previously introduced bill, House Bill 567 (2019), also called "Michael's Law", that addressed these issues, including a requirement to forbid use of restraints and seclusion for children with developmental disabilities.

Kendra Morrison and Laura Gutierrez, advocates, were introduced. Ms. Morrison reviewed laws and previous bills designed to meet academic needs of students, identify the unique needs of students with disabilities and establish limits on the use of physical restraints. Ms. Gutierrez stated that there are children with behavioral health issues in need of special support and that the current system does not meet those needs. She stated a desire that everyone work together to address the needs of vulnerable children.

Representative Martínez stated that he wants to reintroduce legislation that he sponsored in 2019 to address those issues. He asserted that inadequate funding has exacerbated the situation.

Subsequent questions and comments by committee members and responses by panel members included the following:

- in response to a committee member's question as to whether dyslexia and early tests to identify it are related to the legislation discussed by Representative Martínez, Representative Martínez stated that the bill is intended to ensure proper diagnosis of disabilities and adequate resources to meet student needs, while Ms. Morrison stated that it is not a major focus, but would be included in the proposed legislation;
- in response to a question as to whether the effort proposed in the legislation is adequately funded, Representative Martínez stated that he would ensure that a valid fiscal impact report would accompany the legislation and asserted that better training, adequate personnel and safety for children who may become violent due to disabilities will be included as elements of the bill;
- a committee member suggested consideration of adding law enforcement support in the proposed legislation;
- a committee member noted that in order to properly diagnose a child with a disability contemplated by the legislation, a school-based pediatric diagnostician might be required; Representative Martínez responded that schools will be required to develop specific policies and plans and further added that identification of the costs of the bill will be critical, including options for hiring professionals;
- a committee member noted that it is important to recognize hearing problems that could act as contributing factors to unruly behavior;
- a committee member asked if the proposed legislation would address training of educators and staff at schools and law enforcement; Representative Martínez asserted that the bill addresses training and can specify recipients of training;
- a committee member suggested that the proposed legislation reflect the complex needs that arise in a typical public school classroom and address how to balance the needs of one disruptive child against the needs of all other students in a classroom; Representative Martínez agreed that schools need more resources and not just funding;
- a committee member suggested studying models in other states;
- a committee member noted that there is a need to train families in addition to school staff;
- a committee member commented that addressing the developmental disabilities waiver waiting list is critical; and
- an announcement was made that the Public Education Department (PED) is planning to sponsor a conference on special education this year.

## **Public Comment**

Gail Stewart, a lawyer who represents children with disabilities, stated that the PED has not followed through with requirements of previous legislation on the topic of the preceding panel discussion. She asserted that schools need to commit to training on strategies other than restraints. She stated that restraints and seclusion are being used on children who cannot speak for themselves.

Dianne Occasio, advocate, urged consideration of the realities of classrooms in public schools in the development of legislation.

## **Juveniles Serving Lengthy Sentences**

The Honorable Richard C. Bosson, former justice and chief justice (retired), New Mexico Supreme Court; Senator O'Neill; Francesca Duran, member, Incarcerated Children's Advocacy Network; George Davis, M.D.; and Denali Wilson, student, University of New Mexico School of Law, presented on juvenile sentencing.

Senator O'Neill addressed the issue of juveniles serving lengthy jail sentences. He stated that he desires a discussion about very long sentences, essentially equivalent to life without parole, that are given to young individuals who commit serious crimes while still adolescents. He said that he would like to identify a mechanism for those young individuals to have access to a parole hearing. He asked the members to consider if there is a reasonable response to this challenging situation.

Judge Bosson spoke about a case in 2017 in which a juvenile committed a heinous crime over a two-year period when he was 14 or 15 years old. He was sentenced to 45 years in prison before being eligible for parole. He noted that when a juvenile is sentenced as an adult, the law requires a judge to assess whether the individual has any potential to be rehabilitated and grow into a responsible adult. He acknowledged that these cases are very difficult. He expressed gratitude that the legislature might be willing to explore this issue.

Dr. Davis, who identified himself as a child psychiatrist, spoke about adolescent brain development. He described some hypothetical situations in which adolescents process decision making much differently than adults, sometimes with tragic results. He noted that these decisions are almost always influenced by peers and involve a sense of urgency. He stated that between the ages of 10 and approximately 14, the incidence of accidents and mortality among youth rises exponentially. Homicides, suicides, unsafe sex and other dangerous behaviors increase during this time. Brain development gets progressively better with every passing year; instability is transient.

Ms. Wilson, a third-year law student, provided statistics about individuals who received lengthy prison sentences for crimes committed as adolescents. She asserted that it is unfair to make predictions about how children will develop as adults. She noted that in 2018, the New Mexico Supreme Court held that children sentenced as adults must be afforded a meaningful opportunity to obtain release by demonstrating maturity and rehabilitation. She suggested that in those situations, individuals are entitled to another chance.

Ms. Duran asked the members to consider what actions can be taken to change the approach to incarceration of children. She stated that she was formerly incarcerated and was given the chance to reenter society and become a mother. She added that she believes that children should be held accountable but should be afforded meaningful opportunities for review

while in prison and to demonstrate that they have changed. She stated that provision of mental health services during incarceration is critical.

Subsequent questions and comments by committee members and responses by panel members included the following:

- a committee member asserted that cruel and unusual treatment is illegal in this country;
- a committee member offered recognition that sentences given to some nonviolent adolescents are stacked and can result in sentences that are worse than sentences for homicide and suggested that sentencing reform is needed;
- in response to a committee member's question about ages of affected individuals and what might constitute a reasonable time for incarceration, Judge Bosson suggested that an age from 25 to 30 years would be a reasonable age to grant access to a parole hearing and to determine if an individual is or can be rehabilitated;
- an observation was offered that other states may provide options and models for reform;
- a suggestion was offered to explore constitutional issues; and
- a suggestion was made for juvenile sentencing to precede adult sentencing to allow an adolescent access to rehabilitation programs that are available in a juvenile correctional setting but not in adult prisons.

## **Public Comment**

Several individuals provided comments in response to the preceding panel discussion. Individuals providing public comment included: Gerald Byers, Jessica Villanueva, Nancy White-Candelcun, Gail Stewart, Mary Cross, Steven Gamble, Sara Reeser, Justin Allen, Jessica Martinez, Shannon Fleeson, Sophie Asher (for Carnah Hougton), Paul Haidle, Heather Alter, Victoria Yarborough, Sandra Summers-Brown, Paul Mueller and Clint Wellborn, district attorney, Seventh Judicial District.

Some of the individuals providing public comment were advocates for incarcerated individuals, while others discussed consequences to victims of those who are incarcerated.

Advocates of incarcerated individuals described transformational behaviors of some inmates, describing efforts to gain a high school diploma or college degree, become mentors, participate in peer seminary programs and engage in other behaviors aimed at helping others in prison. Many members of this group of presenters stated that they were family members or friends of incarcerated individuals. They generally asserted that at the times the crimes for which the individuals had been incarcerated were committed, the actions of those individuals reflected adolescent brain activity. Some of the individuals providing public comment expressed support for the testimony of Dr. Davis and asserted that a second chance should be offered to those who demonstrate personal rehabilitation and transformation.

Another group of individuals providing public comment discussed impacts on the victims of crimes. They described what they identified as devastating and ongoing pain as a result of the crimes, including murder of loved ones. They asserted that the lives of entire families had been irrevocably altered because of inmates' actions. They stated that they did not believe in restorative justice for these individuals and expressed a conviction that these criminals were beyond transformation.

Many personal stories were shared on both sides of this issue.

The chair thanked all those who provided public comment, acknowledging that each side presented a compelling story. There being no further business, the meeting recessed at 5:50 p.m.

## Thursday, October 10

## **All-Payer Claims Database (APCD)**

Dr. Michael Landen, state epidemiologist, Department of Health (DOH), described the need for health data in New Mexico, asserting that while much was already available, data systems were not aligned. He provided a description of statistics regarding the state's death rate; the top 10 medical and behavioral health conditions by age group; various categories of population-level health data; and sources from which the data arise. He also discussed data that is not available, but that would be useful in developing meaningful health policy.

Dr. Landen described an APCD as a database that systematically collects administrative claims data. He highlighted common elements included and not included in APCDs. He provided information regarding how states that have an APCD are using data to understand and improve care. He described how an APCD could be used to identify spending and cost trends, prescription drug spending and use, key drivers in the opioid epidemic and estimates of the prevalence and cost of chronic disease. He suggested several possible uses of an APCD in New Mexico. Dr. Landen noted that the DOH has been participating in a national task force to promote the development and use of APCDs in each state and suggested a framework to develop an APCD in New Mexico. He identified an appropriation of \$900,000 to establish an APCD that was made to the DOH in 2019 in addition to a separate appropriation of \$275,000 to study health care. He described next steps to design an APCD, develop draft regulations and specifications, issue a request for proposals and select a vendor for the project.

A subsequent discussion between committee members and Dr. Landen included the following comments and questions:

- a committee member suggested that a request be made for additional funding for a study to analyze expanded potential uses for an APCD;
- a committee member stated that data obtained through an APCD has limitations regarding policy development and stated that, for example, claims data may not reveal a need for wraparound services or identify the impact of social determinants of health;

- a committee member asked what a request for proposals for a vendor would include
  and where the APCD would be housed; Dr. Landen responded that examining models
  from other states would be important in making those determinations and that the
  DOH, the HSD, the superintendent of insurance and others would work together to
  identify the structure of the APCD;
- a member suggested the that the Legislative Finance Committee (LFC) should be a partner in development;
- a committee member asked whether the proposed Health Security Act, which has been introduced on numerous occasions, would require the collection of the type of data that would be collected by an APCD; Dr. Landen replied that this would be possible if the act included the proper governance structure to do so;
- in response to a question by a committee member, Dr. Landen said that the DOH has examined the New Mexico Health Policy Commission as a possible vehicle to implement an APCD;
- a member asserted that an APCD should be shielded from political influence and changes in administration;
- in response to a question about the funding needed to implement an APCD, Dr. Landen estimated that \$1.8 million would be needed;
- in response to a question as to whether the APCD would be accessible to health care providers, Dr. Landen responded that the information is claims-based, so much of the information will not be relevant to providers, but a portal for physician use is anticipated;
- in response to a question as to whether there are any privacy concerns in creating a broad database relating to personal health issues, Dr. Landen said that the APCD would comply with the Health Information System Act, which strictly protects privacy, and that information would be aggregated;
- in response to a question about the availability of federal funding, Dr. Landen said that matching funds may be available through Medicaid;
- in response to a question as to whether artificial intelligence is used with respect to the APCD, Dr. Landen noted that it is possible that it would be used and that all tools are being considered; and
- in response to a question as to whether an APCD is currently being implemented or whether the potential for its use is just being assessed, Dr. Landen said that an assessment is under way and has already identified a clear need for better data. He added that geospatial data is out of date and that the state needs to know where there are gaps in the system.

#### **Broadband**

Kendra Karp, director, Office of Broadband and Geospatial Initiatives, Department of Information Technology (DOIT), addressed the committee. She described challenges in providing broadband access in a rural state and identified suggestions to overcome the challenges. She identified sources of federal funding, including grants and loans, to develop rural infrastructure and provide support for telehealth and additional grants for schools and

libraries to establish connectivity. Ms. Karp described existing state programs and grants to support rural infrastructure, telehealth and matching funds for public schools. She noted that the legislature appropriated \$11.3 million to the DOIT, which will expand the Library Broadband Infrastructure Fund, allow expansion of rural broadband services, provide Wi-Fi for the New Mexico Rail Runner Express and provide for rural infrastructure development statewide. She described additional funding through the Indian Affairs Department to build a communications tower and broadband systems on tribal land.

Ms. Karp described the steps and financing involved in the DOIT's Rural Broadband Program. She noted that geospatial data collection and an analysis are under way. She stated that a cabinet-level work group has been established, led by Governor Michelle Lujan Grisham's senior advisor for policy, strategy and communications. She noted that members of an advisory committee have been named and will begin meeting at the end of October. She described the strategy going forward, which relies on public and private partnerships, input from tribal governments and collaboration with key departments of state government.

A subsequent discussion between committee members and Ms. Karp included the following comments and questions:

- in response to a question from a committee member, Ms. Karp clarified that broadband is not regulated, except by competition and affordability, and noted that fiber-optic cable is expensive and privately owned;
- in response to a question regarding steps to improve access to broadband, Ms. Karp stated that all schools are connected to fiber-optic cable, but big challenges remain to implement broadband throughout rural parts of the state;
- a committee member requested a detailed description of the strategic plan to implement broadband statewide, including target dates for completion; and
- some committee members expressed appreciation for the work done to date, but urged continued work toward increased progress in improving access to broadband.

#### **Public Comment**

Blaire Larson, founder, Cancer Services of New Mexico (CSNM), provided a brief overview of the mission of CSNM, which provides education and assistance services to individuals and families dealing with cancer. She stated that between 2005 and 2017, CSNM received \$50,000 per year from the DOH, but that in 2017, CSNM was informed that the funding would cease. She requested that the LHHS support a request to restore the funding.

Chrisann Gray, executive director, Casa Esperanza, which provides lodging to individuals and families traveling to Albuquerque to receive treatment for cancer and other serious illnesses, noted that Casa Esperanza previously received annual funding through the DOH in the amount of \$86,400, but that funding was discontinued in 2017. She requested that the LHHS support a request to restore the funding.

## Update on Medicaid Management Information System Replacement (MMISR) Project

Russell Toal, deputy secretary, HSD, and Brenda Fresquez, program evaluator, LFC, addressed the committee. Ms. Fresquez gave a summary of the findings of an LFC program evaluation regarding the state's MMISR project. She noted that the project, which is estimated to cost \$201 million, is a high-risk project. She described the extent to which Medicaid serves New Mexico residents at a cost of nearly \$6 billion in 2019. She observed that the federal Centers for Medicare and Medicaid Services (CMS) are requiring states to establish a modular system for the MMISR project and will provide 90 percent federal matching funds for development and implementation costs. The approach proposed by the state, which has been approved by the CMS, includes multiple modules combined into one system. She noted that the HSD is collaborating with other human service-related departments to meet the needs of residents. She noted various challenges that the HSD has faced and described several approaches to mitigate these challenges. She noted that since the change in administration, the HSD has taken steps to reduce risks going forward.

Mr. Toal identified the reasons for pursuing the MMISR project, including that the current system does not meet federal certification requirements. He provided additional details regarding the scope of the project, stressing that the primary goals are to improve access to Medicaid services for all participants and to integrate and serve all health and human services agencies in the state. He responded to the recommendations identified in the LFC program evaluation and described the progress that has been made since January 1, 2019. Mr. Toal described the benefits that will be provided once the MMISR project is complete, including improved ease of use for providers and enrollees and enhanced data analytics. He emphasized that the new system will have a unified portal, one online stop for services and a consolidated customer service center. Mr. Toal reviewed the time line for completion and a projected budget request for 2021, emphasizing a dedicated intention to maximize federal funding wherever possible.

A subsequent discussion between committee members and Mr. Toal included the following comments and questions:

- in response to a question about how the HSD has responded to the recommendations of the LFC regarding administration of the project, Mr. Toal stated that the HSD has hired a dedicated project manager who is addressing all recommendations and delays. He added that the HSD is on time with the project and with addressing quality measures:
- a committee member asked why the modular approach was chosen for the MMISR project; Mr. Toal responded that the CMS has required states to implement a modular approach and that the state could lose \$6 million to \$8 million by not meeting the federal certification requirements;
- in response to a question about the goal of the MMISR project regarding quality measures, Mr. Toal stated that New Mexico will be able to compare statistics and

- metrics with all other state Medicaid programs and that the goal is to move to an enterprise system of management;
- in response to a committee member's question, Mr. Toal stated that the state will be able to measure outcomes and that interventions will be more targeted, resulting in improved control of health care costs;
- in response to a committee member's request, Mr. Toal clarified that the total project cost is \$221 million and that \$13 million of the cost will be paid by other agencies, while 90 percent of the total cost will be covered through the Medicaid matching funds. He added that the cost may increase, but that final bids from prospective vendors have not yet been received on two of the modules; and
- a committee member asked how the project would improve accessibility, and Mr. Toal responded that ongoing reports will be provided to departments, legislators and others on request. Similarly, Medicaid will have the ability to respond to data requests and generate requested data reports.

## Rolling out New Technology Modules to Facilitate Service Delivery

Brian Blalock, secretary, Children, Youth and Families Department (CYFD), described ways in which the new MMISR project will benefit the CYFD and the phases in which the CYFD module will be completed. He asserted that development of the MMISR project will permit data-driven decisions for all services provided by the CYFD. He emphasized the department's focus on ACEs and described ACEs-tool screens that will be incorporated into the CYFD's MMISR module. He described the Child and Adolescent Needs and Strengths (CANS) tool, which is a multipurpose tool developed for children's services. The CANS assessment will support decision making, including level of care and service planning, facilitate quality improvement initiatives and allow for the monitoring of outcomes of services. He noted that versions of the CANS assessment are currently used in 50 states in child welfare, mental health, juvenile justice and early intervention applications.

A subsequent discussion between committee members and Secretary Blalock included the following comments and questions:

- in response to a question about the total anticipated cost to the CYFD for the MMISR module implementation, Secretary Blalock indicated that the CYFD portion would result in a \$4.1 million cost to the General Fund, but the total cost for the module, with federal matching funds, is anticipated to be \$36 million; and
- a committee member asked how the CYFD is building data capability in rural parts of the state without reliable broadband; Secretary Blalock responded that the CYFD is collaborating with other agencies, including the Homeland Security and Emergency Management Department, to find high-tech solutions to rural challenges. He stated that while the CYFD cannot pay for broadband, it can pay for connectivity and receive 90 percent Medicaid matching funds to accomplish this.

## Adjournment

There being no further business, the meeting adjourned at 4:40 p.m.