MINUTES
of the
FOURTH MEETING
of the
BEHAVIORAL HEALTH SUBCOMMITTEE
of the
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE

October 24, 2017
State Capitol, Room 321
Santa Fe

The fourth meeting of the Behavioral Health Subcommittee was called to order on October 24, 2017 by Senator Bill B. O'Neill, chair, at 9:14 a.m. in Room 321 of the State Capitol in Santa Fe.

Present
Sen. Bill B. O'Neill, Chair
Rep. Christine Trujillo, Vice Chair
Rep. Sharon Clahchischilliage
Rep. Doreen Y. Gallegos
Sen. Howie C. Morales
Rep. Elizabeth "Liz" Thomson

Absent
Rep. Rebecca Dow

Advisory Members
Sen. Gerald Ortiz y Pino

Rep. Deborah A. Armstrong
Sen. Mary Kay Papen

Guest Legislators
Rep. Joanne J. Ferrary
Rep. Miguel P. Garcia
Rep. Sarah Maestas Barnes
Sen. Nancy Rodriguez

Staff
Michael Hely, Staff Attorney, Legislative Council Service (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.

Tuesday, October 24

Welcome and Introductions

Subcommittee members and staff introduced themselves.

High-Risk Youth Suicide

April Miller, executive director, The Sky Center/New Mexico Suicide Intervention Project (Sky Center), identified the history and mission of the Sky Center. She provided a snapshot of suicide among youth in the nation, county and city. New Mexico's incidence of youth suicide ranks fourth in the nation. A 2015 youth risk and resiliency survey (YRRS) reported that 43.3% of Santa Fe County adolescents had seriously thought about suicide. Data regarding attempted suicide as well as risk factors and warning signs were described. Depression is a key factor in suicide attempts. There are four steps to help avert suicide: 1) know the warning signs; 2) notice changes in moods and behavior; 3) express "I'm concerned about you"; and 4) invite young people to describe what they are feeling. Following up with a direct question, "Are you thinking of hurting or killing yourself", provides the opportunity for concrete intervention. The Sky Center is providing many services to help mitigate the occurrence of suicide, including counseling, education, training, outreach to schools, a crisis hotline and other direct interventions.

Jenn Jevertson, prevention coordinator, Santa Fe Public School District (SFPSD), noted that one population that is especially vulnerable to suicide is the LGBTQ+ population. Gender-identity issues addressed in the 2015 YRRS reflected that LGBTQ+ students have missed school and/or experienced bullying in higher percentages than straight youth, and they report feeling unsafe at school. Young people who are homeless have issues regarding family rejection, which is a contributing factor in placing these youth at risk of suicide. Each episode of LGBTQ+ victimization increases the likelihood of self-harming behavior by 2.5%. Suicide is now the second-leading cause of death among all individuals between the ages of 10 and 24. LGBTQ+ youth are four times more likely to attempt suicide. In New Mexico, 8% of young people have attempted suicide and 32% of LGBTQ+ young people have attempted suicide. Ways to protect LGBTQ+ youth include suggestions for legislative and public action to protect them, prevention of bullying and education of the public to reduce the stigma.

Carol Moss, epidemiologist, Injury Prevention Program, Epidemiology and Response Division, Department of Health (DOH), discussed suicide among American Indian youth. Statistics over a five-year period indicate that New Mexico has a higher incidence of suicide than the rest of the nation. Data regarding suicide by race and ethnicity reflect a significant disparity between Native Americans of all ages and American Indian youth. Data for all ages show that the rate of suicide among males is three and one-half times the rate among females. This trend is significant among American Indian males. Geographic data regarding American Indian youth in the northwest part of the state reflect a suicide rate that is more than double that of the metropolitan region. Data regarding the method of death show that American Indian youth use strangulation (suffocation) to a much greater degree than the white population. Ms. Moss

identified numerous evidence-based suicide prevention programs and other public health strategies currently being implemented by the DOH. The department is seeking to hire a suicide prevention coordinator to help communities develop and support suicide prevention programs.

Subcommittee members had questions and made comments in the following areas:

- whether districts outside of Santa Fe have a suicide prevention coordinator; this is not known; in Santa Fe, having one is very effective;
- recognition of the importance of communities and schools working together;
- whether laws regarding bullying-prevention efforts are effective; having laws on bullying sets expectations and raises awareness and, to that extent, is effective in making schools safer;
- clarification regarding the source of the DOH demographic data that were shared; those slides come from the death file;
- whether the data reflecting a drop in the incidence of suicide among American Indian youth reveal anything about the reason for the decline; this is not specifically known;
- whether there are efforts to provide shelter for LGBTQ+ youth outside of Albuquerque; more and more entities are recognizing the needs of this population;
- whether programs working with animals are being used to reach youth at risk of suicide; there is not awareness of any research in this area specific to suicide;
- whether talking about suicide directly is effective in identifying youth at risk; yes, the opportunity to talk about suicide is very effective in lowering the risk of suicide among vulnerable youth;
- clarification regarding the meaning of the "+" in LGBTQ+; it is intended to make the acronym more inclusive and means "etc.";
- clarification regarding funding for the Sky Center; funding is primarily through donations, local grants, the city, the county and the DOH;
- whether services are covered by Medicaid; the Sky Center does not have the infrastructure to manage Medicaid billing;
- whether there is a role for school-based health centers in suicide prevention; yes;
- ways in which classroom teachers can become more aware of the risk factors for suicide; the most important thing is for teachers to develop a comfort level in asking questions when risk factors are noticed;
- recognition of the importance of in-service training regarding suicide prevention;
- whether there is a crisis line for LGBTQ+ youth who are feeling suicidal; national resources exist to guide the response of local hotlines;
- whether the Children, Youth and Families Department (CYFD) trains staff in recognizing risk signs; the Sky Center is available to conduct training for the department;
- the potential for research to be done regarding the role of public health in addressing youth suicide;
- an observation that requiring gun registration at gun shows could reduce the incidence of youth suicide;

- clarification regarding the annual budget of the Sky Center; it is $450,000; and
- whether there is an intergenerational aspect to suicide; yes; additionally, social pressures, such as the "choking game", may have an effect.

Human Services Department (HSD) Transition Processes When a Behavioral Health Provider Intends to Terminate Services

Wayne Lindstrom, Ph.D., director, Behavioral Health Services Division (BHSD), HSD, introduced three colleagues: Michael Nelson, deputy secretary, HSD; Karen Meador, deputy director, BHSD, HSD; and Mica Tari, deputy director, BHSD, HSD.

Dr. Lindstrom identified specific requirements for managed care organizations (MCOs) at such time as a provider notifies the HSD of its intention to terminate involvement with Medicaid. Policies and procedures are intended to ensure safe transitions for behavioral health clients. Details of the process were provided in a handout. Dr. Lindstrom noted that, generally, behavioral health clients do not officially resign from active involvement in treatment, making identification of an accurate caseload difficult. Within the BHSD, there are two contract managers who work with MCOs and providers to achieve a smooth transition. There are a variety of reasons for closure of provider organizations that may or may not be voluntary, according to Dr. Lindstrom. Termination may be necessary due to health and safety issues or improper business activities. A series of tools have been developed over time to respond to different types of transitions. Because of the wide array of reasons for termination, Dr. Lindstrom noted that the tools and processes are often inadequate and that customized approaches may be necessary. He emphasized the importance of working with behavioral health providers to understand the elements necessary to ensure a safe and seamless transition, with no interruption of necessary services. Dr. Lindstrom discussed the circumstances under which a closure can be averted and ways in which technical and other support can be provided to keep the provider organization open, including provision of outside consultants.

Subcommittee members had questions and made comments in the following areas:

- circumstances under which the state could get a court order to take over a provider organization; this is a contingency of which the BHSD is aware if there are no overriding health or safety issues that require immediate closure;
- whether clients have the opportunity to change MCOs when there is a dispute between an MCO and a provider that cannot be resolved; Mr. Nelson stated that the preference is to broker an agreement between the MCO and the provider, and there are provisions that can allow this to take place;
- a recommendation that this provision should be streamlined in favor of the client;
- clarification regarding the number of terminations that have occurred in the current MCO contract period; there have been six;
- clarification regarding the process by which a provider terminated by an MCO may appeal; some providers initiate termination; if the termination is initiated by the

MCO, the HSD strives to mitigate the differences; when a provider and an MCO are unable to come to a formal financial agreement, there is no appeal process;

- whether the HSD has a contract with a consultant in Arizona in these situations; no; Presbyterian Healthcare Services has such a contract, which it has offered to the HSD as a resource;
- whether the lawsuit between La Frontera and OptumHealth New Mexico has been settled; this is not known;
- whether there is recourse if a provider announces its intention to terminate with very short notice; yes; the HSD works closely with the MCO, and the providers to try to avoid a closure;
- whether MCOs can withhold payments or take other measures; each circumstance is different and requires individualized approaches;
- clarification regarding the 30-day window for a provider and an MCO to resolve issues; communication between the BHSD and the MCO is key;
- clarification regarding requirements to become a provider; the answer depends on the type of provider, the services it provides, credentialing and certification by national organizations and state licensure requirements;
- clarification regarding the reason for closure of two youth facilities in the Las Cruces area; they had very low occupancy rates; both facilities were unable to increase occupancy;
- whether MCO contracts can be made available to legislators who are asked to approve funding for MCOs; the contracts are public and are posted on the HSD website; the HSD does not have copies of the contracts between MCOs and providers;
- a comment that there is no transparency in Medicaid managed care to show accountability and how money appropriated by the legislature is being spent; the accountability arises from oversight and compliance that the state ensures with its contracts with the MCOs;
- whether there is legal authority to require copies of proprietary contracts between MCOs and providers; Mr. Nelson will check into that;
- an observation that the names of MCO providers are contained in provider network directories; however, names of other contractors with which the MCOs consult are not available;
- a comment that behavioral health services are operated under a payment model and are no longer operated under a public health model;
- encouragement to rewrite the MCO contracts to benefit providers; MCOs are making a lot of money from behavioral health programs and are not adequately reimbursing providers;
- whether the Arizona companies that took over behavioral health services are required to reimburse the state for money paid to lure them to New Mexico; this is not known;
- whether there were written agreements at the time; agreements would have been between OptumHealth New Mexico and the Arizona companies, and the HSD does not have that information; and

- whether assurance can be given that New Mexicans are receiving the behavioral health services that they deserve; services could expand if the state were to have an adequate workforce to meet the known needs.

Public Comment

Dr. Michelle Coleman, president, Attachment Healing Center, provided follow-up information based on suggestions offered by the Legislative Health and Human Services Committee (LHHS) at its August meeting. She would like to expand to other communities, if funding can be found.

Santa Fe County Behavioral Health Initiatives

Rachel O'Connor, director, Community Services Department (CSD), Santa Fe County, introduced Alex Dominguez, behavioral health manager, CSD; Kyra Ochoa, M.P.H., program manager, CSD; Mark Boschelli, L.P.C.C., L.D.A.C., Presbyterian Medical Services; and Monica Leyba, chief nursing executive, Christus St. Vincent Regional Medical Center (CSV).

Ms. O'Connor provided an historical view of how behavioral health initiatives have evolved in Santa Fe County. The Santa Fe County Health Action Plan, covering 2015 through 2017, prioritizes needs and action steps. Indicators include reducing alcohol abuse, reducing drug abuse, reducing the incidence of low-birth-weight babies, reducing suicides and increasing consumption of healthy foods as well as enrollment in health insurance. These priorities grew out of a health needs assessment completed in 2013.

Ms. Ochoa identified behavioral health and substance abuse treatment initiatives provided and/or funded by Santa Fe County in partnership with other entities in the county, including La Familia Medical Center, the SFPSD, CSV and United Way. Programs include residential substance abuse treatment, treatment for pregnant women, navigation services and a mobile integrated health office. Ms. Ochoa spoke about harm-reduction and -prevention services through a program called Santa Fe Opiate Safe, developed in partnership with the Santa Fe Prevention Alliance to address the opioid epidemic. Narcan is now being made available in accordance with current federal Centers for Disease Control and Prevention best practices. The SFPSD purchased 650 Narcan kits, which led to numerous reversals of overdoses. In coordination with the city-run Mobile Integrated Health Office program, families are visited and trained within a day of an episode. The Law Enforcement Assisted Diversion Program is financially supported by the county.

Mr. Dominguez discussed enhanced social wraparound services and detox services supported by Santa Fe County, CSV and the Santa Fe Recovery Center. He also addressed crisis services in the county. Mr. Boschelli described the program implemented by Presbyterian Medical Services: a crisis line is open 24 hours per day, with appropriate dispatches and follow-up linkages to services. Data reflect that 101 emergency room (ER) visits have been diverted to community service providers.

Ms. O'Connor reported on a summit Santa Fe County hosted to identify behavioral health priorities. A bond initiative has allowed the county to proceed with development of a crisis center model to provide a safe and secure place for adults with behavioral health issues and their families and to connect them with resources. The primary goals of the center and the population to be served were identified. An array of integrated services was described. A request for proposals (RFP) has been issued to manage and implement the model.

Ms. Ochoa described a project called an "accountable health community", which is a model promoted by the federal Centers for Medicare and Medicaid Services to align services and ensure that behavioral health clients move efficiently through a variety of services. The project entails conducting a gap analysis, developing navigation services and enhancing information technology capability and data analysis. Ms. O'Connor stressed the seriousness of the opioid crisis and the anticipated need for more medical detox services.

Ms. Leyba introduced Mary Bednar, director of emergency services, CSV; Mary Magnusson, clinical manager, Behavioral Health Services, CSV; and Jesse Cirolia, manager of community health, CSV, as experts should questions arise. She described the intersection among many conditions for which a person accesses ER services that are either caused by, or related to, addiction and/or behavioral health issues. An estimated 11% of the 55,000 ER visits per year at CSV have a primary behavioral health diagnosis. She described the services provided by the hospital, including inpatient and outpatient behavioral health services, emergency psychiatric assessment services and high utilizer group services. She described the ways in which CSV financially supports adult behavioral health in the community, for a total of $763,811. She noted that an outside behavioral health consultant has been engaged to review the appropriate support role of the hospital.

Sylvia Barela, chief executive officer, Santa Fe Recovery Center, and Andres Mercado, mobile integrated health officer, Santa Fe Fire Department, introduced themselves.

Subcommittee members had questions and made comments in the following areas:

- whether the indigent fund pays for county programs and services; a small portion is paid for through the indigent fund;
- clarification regarding Santa Fe County's goals for alcohol treatment; the detox center will be located at the Santa Fe Recovery Center; wraparound services and navigation will be provided there;
- whether there are opportunities to maximize Medicaid funding for behavioral health services; a few programs are able to receive a small amount of Medicaid funding; once rules are promulgated, the Santa Fe Crisis Center may offer an opportunity to allow Medicaid reimbursement;
- whether medical detox is provided at CSV; yes, on the floors but not in the behavioral health unit; CSV and Santa Fe County are in discussion regarding how to expand that service;

- clarification regarding admission criteria for the inpatient behavioral health unit; that is part of what the behavioral health consultant is looking at; Ms. Magnusson noted the unit is primarily used for those who are acutely psychotic and for some dually diagnosed individuals;
- clarification regarding the anticipated length of stay in the county crisis center; it is 24 hours;
- a question for Dr. Lindstom regarding progress on development of regulations for crisis centers; the HSD has worked with the DOH and the CYFD to do this; their intention has been to make regulations as flexible as possible; the HSD is exploring reimbursement mechanisms for the living-room-model crisis center that the county intends to develop;
- whether Santa Fe County has been consulted in the development of the regulations; no;
- an observation that, in the past, community providers were at the table in developing regulations to get the best expertise available;
- whether there is a time line for when the proposed regulations will be available for public comment; not at the moment;
- whether Santa Fe County has explored the use of the "centering parenting" model as presented by the Office on African American Affairs at the last meeting of the LHHS; La Familia Medical Center is looking at doing this;
- whether county indigent funds are limited to providing detox services to residents of Santa Fe County; some people outside of the county can qualify;
- an observation of the importance of the availability of detox services;
- clarification regarding the capacity of the Sangre de Cristo House, which is an inpatient transitional living facility; it currently has about 25 residents, who will stay approximately 30 days;
- whether the Santa Fe Recovery Center has a residential component; yes, it has a limited number of inpatient beds, but expansions are under way;
- whether the Santa Fe Crisis Center exists yet; it does not; an RFP has been issued;
- ways in which the mobile crisis unit is funded; the county provides about $450,000 to fund this;
- ways in which the Santa Fe Crisis Center is to be funded; a bond initiative combined with a gross receipts tax increase will fund the center;
- clarification of why children and youth are excluded from the inpatient behavioral unit; the population is small, so it has not been possible to staff such a program; the University of New Mexico is helping to cover these services;
- whether there are plans for outpatient rehabilitation services; there will be both outpatient and residential services.
- whether court-ordered services are covered by any funding source; yes; they are covered by BHSD general funds so long as clients meet medical necessity criteria for admission; the fact that the services are court-ordered will not alone ensure coverage by private insurance;

- clarification that residential treatment center regulations do not apply when it comes to crisis triage centers; Medicaid does reimburse for residential treatment for children and adolescents; and
- clarification that under proposed regulations, a crisis treatment center would not be considered such and would need to be called something else.

Adjournment

There being no further business, the meeting was adjourned at 4:05 p.m.