

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

**September 8, 2017
Memorial Medical Center
Las Cruces**

The third meeting of the Behavioral Health Subcommittee was called to order on September 8, 2017 by Senator Bill B. O'Neill, chair, at 9:10 a.m. in Conference Rooms A and B of the Memorial Medical Center (MMC) in Las Cruces.

Present

Sen. Bill B. O'Neill, Chair
Rep. Christine Trujillo, Vice Chair
Sen. Howie C. Morales
Rep. Elizabeth "Liz" Thomson

Absent

Rep. Sharon Clahchischilliage
Rep. Rebecca Dow
Rep. Doreen Y. Gallegos

Advisory Members

Rep. Deborah A. Armstrong
Sen. Gerald Ortiz y Pino
Sen. Mary Kay Papen

Guest Legislator

Rep. Joanne J. Ferrary

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.

Friday, September 8

Subcommittee members and staff introduced themselves. A quorum was present.

Welcome to MMC

John Harris, chief executive officer (CEO), MMC, made welcoming remarks. Mr. Harris commented that the hospital is moving toward being a regional health system and that it has a 12-bed inpatient behavioral health unit.

Southwest New Mexico Inmate Support Program (SNMISP)

Mary Stoecker, lead consultant, SNMISP; and Cari Lemon, director, Grant County Community Health Council, and program manager, SNMISP, introduced themselves. Ms. Stoecker provided an overview of the history and goals of the SNMISP. The program utilizes the "wraparound" model incorporating both inmates and their families. Ms. Lemon reviewed the principles of the model, which is a team-based, outcome-oriented approach that respects the individual and family voice and choice.

Ms. Stoecker identified cost savings of the model, noting that, although the program began with a three-year funding grant, that grant has expired, and the governor vetoed a bill to renew it. She identified the benefits and successes of the program to date. The SNMISP has experienced positive developments with its recidivism rate. Of all inmates served, only one has returned to jail. Personal stories were shared. Barriers to continuing wraparound services include lack of funding, lack of outpatient services, transitions and post-incarceration job placement. Ms. Stoecker asked the subcommittee to support a bill for funding of a three-year grant to support the program.

Subcommittee members asked questions and expressed concerns regarding the following:

- a recommendation that the SNMISP partner with the New Mexico Association of Counties to work with the Governor's Office to support legislation to fund the SNMISP;
- clarification regarding the extent to which the opioid overdose reversal drug, naloxone, is used in jails; it is used, but no details exist on how widespread its use is;
- clarification regarding the process for evaluation for inmate participation in the program; it is a voluntary program;
- ways in which barriers to program participation are being addressed; continued funding is essential; communication is key;
- recognition that funding for local programs is always challenging, especially in tight budget times;
- a recommendation to consider framing legislation as a project in a judicial district or a statewide project to make funding more likely;
- opportunities for accessing community value-added dollars within Medicaid managed care organization (MCO) contracts; special projects are also required under their contracts and might be more fruitful;
- why violent inmates are not currently included; in the future, they probably will not be excluded; and
- clarification of follow-up after release from jail.

Improving Behavioral Health Care Access

Maggie McCowen, executive director, New Mexico Behavioral Health Providers Association (NMBHPA); David Ley, Ph.D., executive director, New Mexico Solutions; and Sylvia Barela, M.B.A., chief operations officer, Santa Fe Recovery Center, were invited to address the subcommittee.

Ms. McCowen began by stressing that this issue is ongoing and is still fraught with difficulties. The Office of the Inspector General of the U.S. Department of Health and Human Services (DHHS) is planning to come to New Mexico to conduct an evaluation of the Human Services Department (HSD), the extent to which Medicaid MCOs include behavioral health providers and the providers' availability to meet the needs of enrollees with behavioral health issues. She believes that there is a lack of connectivity at present that impairs access to services. Three key areas of focus are: monitoring; administrative burdens; and provider-based workforce issues.

Dr. Ley noted that although behavioral health issues are now talked about freely and openly, the issues are complex and difficult to address. Program monitoring begins with defining in advance what will be measured and with consistent attention to those measures. This is especially important with Medicaid, which tends to change monitoring approaches frequently due to changing goals, partners and stakeholders and required reporting methods. There is still no publicly available data about access to services statewide. Collecting, tracking and monitoring data on a consistent and ongoing basis is critical. Methods must anticipate the changing nature of health care delivery systems and the effect of these changes on the vulnerable population being served. The inevitable changes that will occur with Centennial Care 2.0 are likely to be disruptive. Continual disruption of administrative requirements leads to disruption in service delivery. Lack of consistent information challenges the ability of providers and policymakers to identify client and budget needs and properly address them.

Ms. Barela addressed the lack of a consistent process for establishing fiscal priorities for community-based behavioral health services. Very few codes can be billed, and there are limits to what can be billed for different types of services. Therefore, providers are not incentivized to provide those services. Members of the NMBHPA are committed to improving access to needed services and providing input into the development and implementation of approaches that will improve administrative burdens. Ms. Barela also spoke about provider workforce issues related to compensation and lack of job stability. In Item 3 of the handout, a chart describes the challenges posed by increased employee health insurance rates in an uncertain business environment.

Ms. McCowen acknowledged that the issue of rising health insurance premiums is not unique to the behavioral health community; however, in an industry that is already fragile, this issue has a huge impact. She spoke about the potential for developing a comprehensive rate-setting methodology. Colorado has a law that could serve as a model for such an approach, and

such a methodology could go a long way toward stabilizing the behavioral health provider workforce. It would have the further effect of reducing regulatory and administrative burdens and allow delivery of improved quality of care.

The NMBHPA requests legislative support for Senator Papen's bill addressing "Medicaid Access, Disputes and Fraud". The association highlighted a desire for NMBHPA inclusion on the Medicaid Advisory Subcommittee. The NMBHPA requested support for legislative action to define HSD requirements relative to access to services and monitoring and for development of a rate-setting methodology.

Subcommittee members asked questions and made comments as follows:

- recognition that many issues raised in the presentation mirror testimony heard from hospital providers;
- acknowledgment of serious challenges that arise out of inconsistent administration and oversight by four Medicaid MCOs;
- whether telehealth is a partial solution to the lack of community-based services;
- ways in which administrative burdens impair the ability of agencies to engage in innovative approaches to improve service delivery;
- observations about increases in incidents of police intervention in mental health events;
- affirmation about testimony regarding the inconsistency of current collection and reporting of reliable behavioral health data;
- issues of varying reimbursements from various payers, including Medicaid MCOs; it is difficult to negotiate rates; different rates also result in difficulties in billing;
- an observation that having multiple Medicaid MCOs adds an unnecessary level of complexity for providers;
- whether any NMBHPA members are able to purchase health insurance on the exchange; it depends on whether they meet current requirements as a small business; they will be meeting with the exchange leadership to identify what opportunities may exist;
- a request for additional research about opportunities and limitations of creating an Interagency Benefits Advisory Committee approach for small businesses to negotiate health insurance together;
- an observation that the issues affecting behavioral health are universal; child care providers, for example, face the same issues;
- a suggestion that Senator Papen's legislation to address identified problems be broadened to include all entities contracting with state government;
- the extent to which the complexity of the system is the greatest barrier to clients receiving services;
- an observation that the HSD and all state agencies are seriously understaffed; and
- whether another gap analysis is needed or if the one conducted years ago is still relevant; an analysis of what has been done in terms of recommendations in the

previous report would be very valuable; a legislative directive to do the analysis might be needed.

Roque Garcia, CEO, Southwest Counseling Center, a provider that was put out of business in 2013 due to allegations of fraud by the HSD, was asked to make some comments. He noted that administrative costs and the cost of health insurance have always been big issues. Mr. Garcia emphasized that unless the HSD agrees that it has some things to learn from the 2013 experience, no forward progress can be achieved. He also noted an inevitable friction between MCOs and providers, unless there is an intermediary to serve as an advocate. Prior to 2013, the HSD was this entity.

Karen Meador, J.D., senior policy director, Behavioral Health Services Division, HSD, was asked to make some comments about the Administrative Burdens Task Force that the HSD convened. Her understanding is that, currently, the task force is primarily focused on physical health providers rather than behavioral health providers. Ms. Meador noted that consolidation of behavioral health programs into one department has been helpful in addressing this and other issues.

Dona Ana County Behavioral Health Update

Jamie Michael, executive director, Dona Ana County Health and Human Services, provided information to the subcommittee regarding a jail diversion project, known as Stepping Up, which includes projects to establish a crisis triage center, establish collaboration between the 911 center and the New Mexico crisis line, develop a psychiatric residency program and plan for more supportive housing. Ms. Michael also reported on an assisted outpatient treatment program that was made possible through a federal Substance Abuse and Mental Health Services Administration (SAMHSA) of the DHHS grant that the county was awarded to pilot the program. The program assists people to obtain needed services upon release from jail. Based on a letter of interest received by Dona Ana County, the Dona Ana County Board of Commissioners has decided to operate a crisis treatment center as a reentry and jail diversion center. Finally, Ms. Michael informed the subcommittee that Dona Ana County engaged in behavioral health care through support of a county indigent program, a program to provide substance and detox services and various health promotion activities.

Rosario Olivera, chief behavioral health officer, La Clinica de Familia (LCDF), provided an update on the facility, beginning with a report of the number of patients served from 2015 through 2017. In August 2015, LCDF took over the mental health facility Frontera New Mexico. LCDF was able to demonstrate compliance with the Medicaid program in order to submit bills. Efforts to address workforce challenges have been met by partnering with the Behavioral Health Services Division of the HSD, New Mexico State University (NMSU) and the University of Texas at El Paso (UTEP). Internships have been utilized through NMSU and UTEP, and LCDF was able to hire 12 interns. Using an innovative approach known as Treat First, LCDF is improving clinical practice through ensuring timely and effective response to a patient's needs.

Integrated behavioral health and interdisciplinary services are being provided at each LCDF clinic.

Subcommittee members had questions and comments as follows:

- identification of the circumstances under which LCDF was able to assume care of behavioral health services in the southern part of the state;
- mechanics by which peer specialists are reimbursed;
- clarification regarding which levels of licensed alcohol and drug addiction counselors can be reimbursed; those who are associates are not reimbursable;
- how mental health patients are reimbursed upon release from jail; Molina Healthcare reimburses for covered services; presumptive eligibility determiners ensure Medicaid coverage immediately;
- whether suicide avoidance is included in crisis intervention training;
- whether reentry behavioral health services apply to adolescents; at present, only adults are covered in this part of the program;
- encouragement to extend all crisis services to adolescents as well as adults as soon as possible;
- clarification about what the SAMHSA is; and
- clarification on workforce needs; psychiatry and licensed independent clinicians are the hardest positions to fill.

NMSU Behavioral Health Update

Alexa Doig, Ph.D., professor and chair, School of Nursing, NMSU, spoke about New Mexico's mental health provider shortage and identified reasons for the shortage. She contends that psychiatric-mental health nurse practitioners could go a long way toward alleviating this shortage. She provided a brief description of these practitioners' training and scope of work. As independent practitioners, they are able to work in rural and frontier areas of the state. NMSU is the only institute that offers a doctoral nurse practitioner program. NMSU offers a \$6,000 stipend to graduates of the program who commit to working in New Mexico for three years. The program is growing, with 20 students currently enrolled. In the past three years, 88 percent of graduates have practiced in the border region. Future goals include an increase in yearly admissions. Increased recruitment activities, mental health career workshops and telemedicine health training should help meet that goal.

Enedina Garcia Vasquez, Ph.D., associate dean for students and programs, College of Education, NMSU, presented information on NMSU's master's degree program in psychopharmacology. The program is the only not-for-profit program in the country offering this degree. Dr. Vasquez explained that the program grew out of the passage of House Bill 170 in the 2002 regular session, which gave prescriptive authority to psychologists. She described the goals of the program, benefits to New Mexico, an overview of the program and highlights of the curriculum. Dr. Vasquez identified the distribution of prescribing psychologists licensed throughout New Mexico. She emphasized NMSU's commitment to quality in this program.

Eve M. Adams, Ph.D., professor of counseling and educational psychology, College of Education, NMSU, spoke about integrated primary care psychology training at NMSU. She identified the primary care sites with which the integrating primary care psychology training program partners and the elements of interdisciplinary and interprofessional education at the university. Students are exposed to interprofessional immersion through team exercises. Immersion outcomes build necessary competencies and develop team expertise. She described elements of the program and curriculum. Graduates of this program are capable of utilizing existing team-based structures and are creating new ones. Dr. Adams told the subcommittee that, because the training occurs in medically underserved areas, the program creates a more culturally competent workforce. Thirty to 40 percent of all students completing the program remain in the state, according to Dr. Adams.

Subcommittee members asked questions and made comments as follows:

- whether there is any collaboration with University of New Mexico's (UNM's) Project ECHO telehealth program; yes;
- the extent to which the population of psychiatric nurse practitioners has grown over time; the legislature has supported six new admissions for two years; this year, the goal is 12 new admissions;
- clarification regarding the location of prescribing psychologists; most remain local;
- whether a prerequisite of the prescribing psychologist program is to be a licensed psychologist; yes;
- whether any of the panelists have input regarding a licensing compact for psychologists; if so, Representative Armstrong would like to be notified;
- whether graduates of NMSU's nurse practitioner program have admitting privileges; very few do; NMSU hopes to work through those barriers;
- an observation that there is international interest in the prescribing psychologist degree;
- clarification regarding where one can get a psychiatric-mental health degree in New Mexico; at NMSU and at UNM; NMSU is the only institution offering a doctoral degree; and
- concern regarding over-prescription of controlled substances and how the prescribing psychologist degree program addresses this; it is part of the curriculum, and prescribing practices are monitored after graduation.

Public Comment

Dr. Harlan Hoover, the seventh psychologist certified to prescribe in the state, noted that he spends much of his time trying to get people off prescription drugs. Dr. Hoover told the subcommittee that he works closely with primary physicians to achieve this. He thanked Senator Papen and all members of the subcommittee who were members at the time of the enabling legislation for their votes to support the measure. He also acknowledged NMSU for supporting the program.

Chris Lopez thanked the members of the subcommittee for all the positive work they do and their support for mental health services. He offered a personal story of a young boy whose suicide was averted due to local services.

Adjournment

There being no further business, the meeting was adjourned at 3:30 p.m.