Presentation to the LHHS, Behavioral Health Services Subcommittee Behavioral Health Purchasing Collaborative Update

Sidonie Squier, Secretary HSD

August 19, 2011

New Mexico Human Services Department

Behavioral Health Purchasing Collaborative Update: Presentation Overview

Overview

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Behavioral Health Purchasing Collaborative Update: Director's Report FY10

Summary of FY10 Director's Report

- **Total Unduplicated Consumers Served: 81,816[1]**
  - Adults (18 and over): 47,893 58%
  - Children (under 18): 35,104 42%
- **Total Amount of Direct Service Spend: $330,471,066[2]**
  - Adults (18 and over): $ 86,975,561 33% [1]
  - Children (under 18): $ 180,018,123 67% [1]

[1] Does not include ATR, Sexual Assault or BHSD Medication Fund Consumers of 4,048. These consumers may have received services from the other funding pools, thus may be duplicated.

[2]Includes Pharmacy, Value Added Services and Invoice Billings (no individual encounters)

Full Table is available at
http://www.bhc.state.nm.us/pdf/BH%20Collaborative%20Agenda%20and%20Handouts%207-14-11.pdf

Behavioral Health Purchasing Collaborative Update: Director's Report FY10

OptumHealth
NEW MEXICO

Behavioral Health Collaborative Directors' Report
Report Title: DRLC-02 Consumers Served and Expenditures by Fund (Green) Statewide
Reporting Period: 07/01/2009 - 06/30/2010
Service Dates: 07/01/2009 - 06/30/2010
Paid Thru: 06/27/2011

	Contract Direct Service Dollar Amount	Under 18	Amount	18 - 20	Amount	21 - 64	Amount	65 and Over	Amount	TOTAL Consumers	Claims & Encounters	Pharmacy	Invoice Billings Payable Standing/Not Encountered	Total Direct Service Amount Year
Medicaid Managed Care	$ 320,524,640	23,252	$ 148,206,912	2,755	$ 8,189,951	17,496	$ 10,910,458	807	$ 2,975,796	46,318	$ 196,183,121	$ 10,290,524	$ -	$ 276,673,637
Medicaid Fee for Service	$ 29,744,320	5,977	$ 38,382,458	703	$ 2,273,153	5,013	$ 4,170,458	130	$ 69,719	11,823	$ 31,905,002	$ 1,468,277	$ -	$ 33,373,138
TANF	$ 680,000	-	$ -	13	$ 2,225	42	$ 264,551	-	$ -	55	$ 174,186	$ -	$ 320,741	$ 495,097
DOH	$ 7,623,383	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	$ -	$ 7,239,081	$ 7,239,081
HSD/BHSD	$ 43,863,963	72	$ 251,229	1,123	$ 1,139,824	21,419	$ 38,759,930	813	$ 3,004,414	23,427	$ 42,476,396	$ -	$ 16,674,872	$ 67,362,397
CYFD	$ 9,371,224	4,788	$ 5,121,173	332	$ 245,466	11	$ 4,868	3	$ 11,111	5,052	$ 5,424,671	$ -	$ 3,201,507	$ 8,626,178
NMCD	$ 6,335,705	18	$ 5,280	179	$ 67,317	3,546	$ 5,264,228	34	$ 22,083	3,776	$ 5,359,149	$ -	$ 482,894	$ 5,842,043
MFA	$ 641,450	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	$ -	$ 606,081	$ 606,081
ALTSD	$ 56,421	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	$ -	$ 56,421	$ 56,421
Comm Reinvestment (3)	$ -	-	$ -	-	$ -	-	$ -	-	$ -	-	$ -	$ -	$ -	$ -
TOTAL AMOUNT	$ 390,739,276		$ 190,018,123		$ 10,945,136		$ 73,913,181		$ 2,117,244		$ 306,003,484	$ 31,759,853	$ 31,717,599	$ 370,471,066

TOTAL Unduplicated Consumers (1)		35,104		6,147		41,693		1,790		81,819
BHSD Medication Fund Consumers		-		18		349		-		349
ATR Consumers		-		275		2,819		19		3,111
Sexual Assault Consumers (4)										568
*** Total Estimated Consumers including ATR, BHSD Medication Fund & Sexual Assault		35,106		6,841		44,846		1,799		85,864

	Sexual Assault Consumers (4)							
Month	Under 18	18-25	26-35	36-45	46-55	56+	Unknown	Total
July	3	12	9	5	3	2	-	34
August	4	4	3	-	-	-	-	7
September	11	18	16	15	1	4	-	65
October	6	8	11	5	5	6	-	41
November	11	5	7	3	3	5	-	40
December	4	5	15	12	6	5	-	47
January	6	4	16	8	3	1	-	38
February	12	10	11	5	4	3	-	45
March	13	7	12	13	4	1	-	50
April	22	10	12	9	8	2	-	63
May	11	12	8	11	12	3	-	57
June	11	7	4	4	3	-	-	29
Total	143	98	120	91	68	34	1	568

Consumer counts within each age group are unduplicated. However, due to consumer birthdates, the consumer may be counted in another age group as a unique consumer within that age group if their birthdate during the year caused them to move into another age group category and they received services within that respective age group designation. Total consumers are unduplicated. If a consumer received services in multiple age group categories, they were not counted only once as a unique consumer in the overall total. As a result, the overall total consumer column will not equal the sum total of the age categories. Total consumers are duplicated across funding streams as a consumer may receive services from multiple funding streams.

(1)

(2) **Estimated Amounts (outstanding claims FY10 as of 05/31/11) - Finance $ 3,699,009**

(3) Comm Reinvestment - This amount is embedded with MCO dollar.

(4) Sexual Assault consumer data is received from Providers in the aggregate using age categories that do not match the categories in the Directors Report.
***** Included within HSD/BHSD consumer served are the Sexual Assault and ATR consumers. These could be duplicated consumers within the age group category.**
Due to privacy constraints, the SE is not able to determine if these consumers are duplicated.

Reviewed by P. Vencio
Review Date 06/27/11

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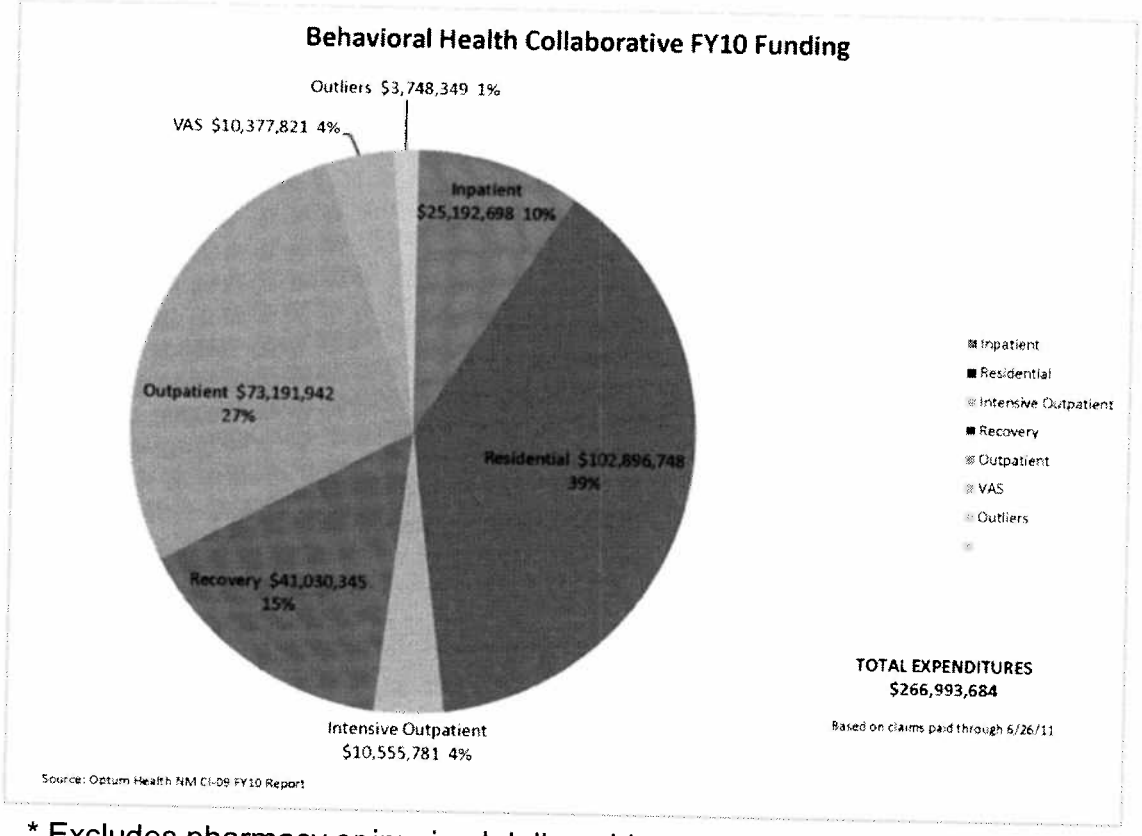
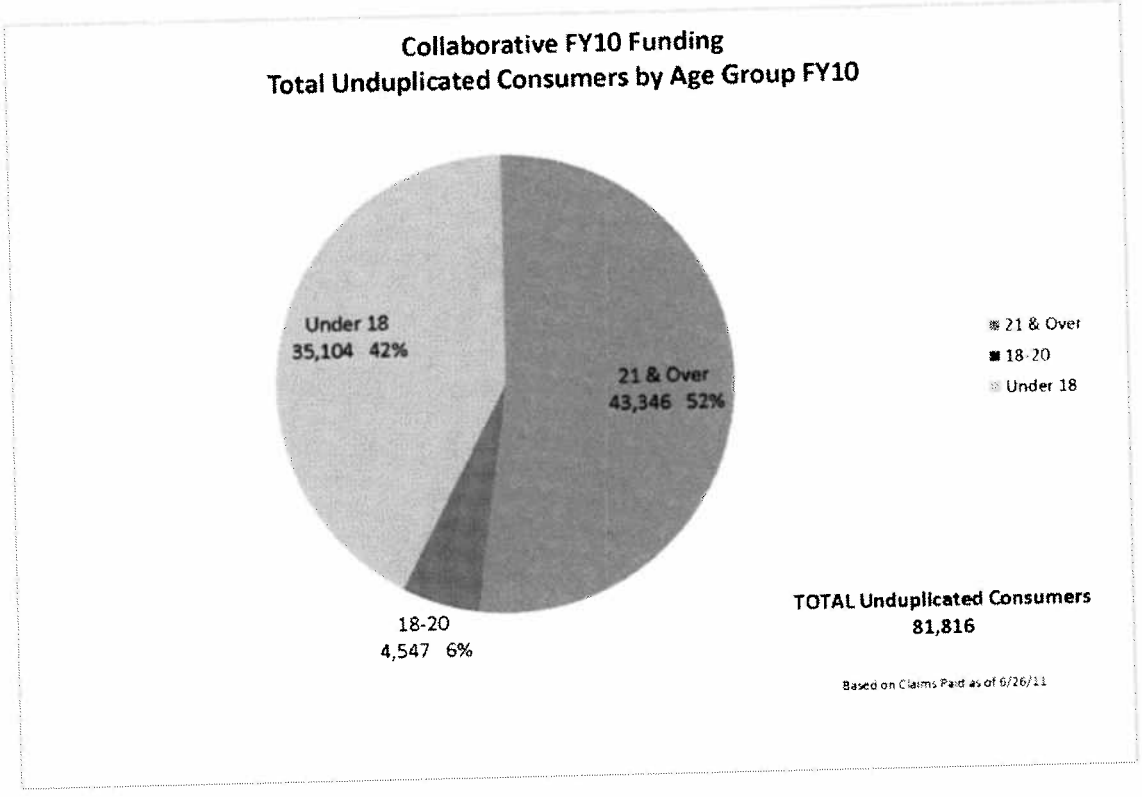
New Mexico Human Services Department

Behavioral Health Purchasing Collaborative Update: Director's Report FY10



* Excludes pharmacy or invoiced deliverables.

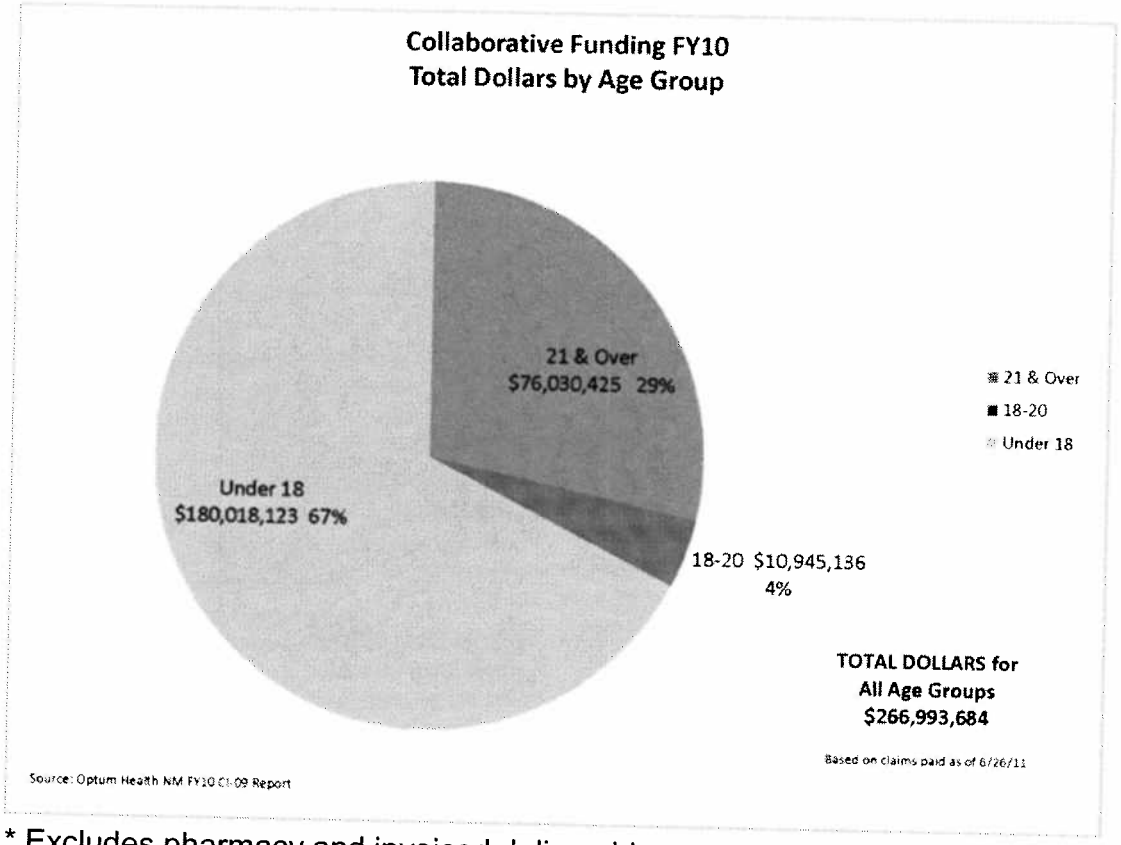
Behavioral Health Purchasing Collaborative Update: Director's Report FY10



Source: Optum Health NM FY10 CI-09 Report

* Excludes ATR/Sexual Assault/BHSD medication fund consumers.

Behavioral Health Purchasing Collaborative Update: Director's Report FY10



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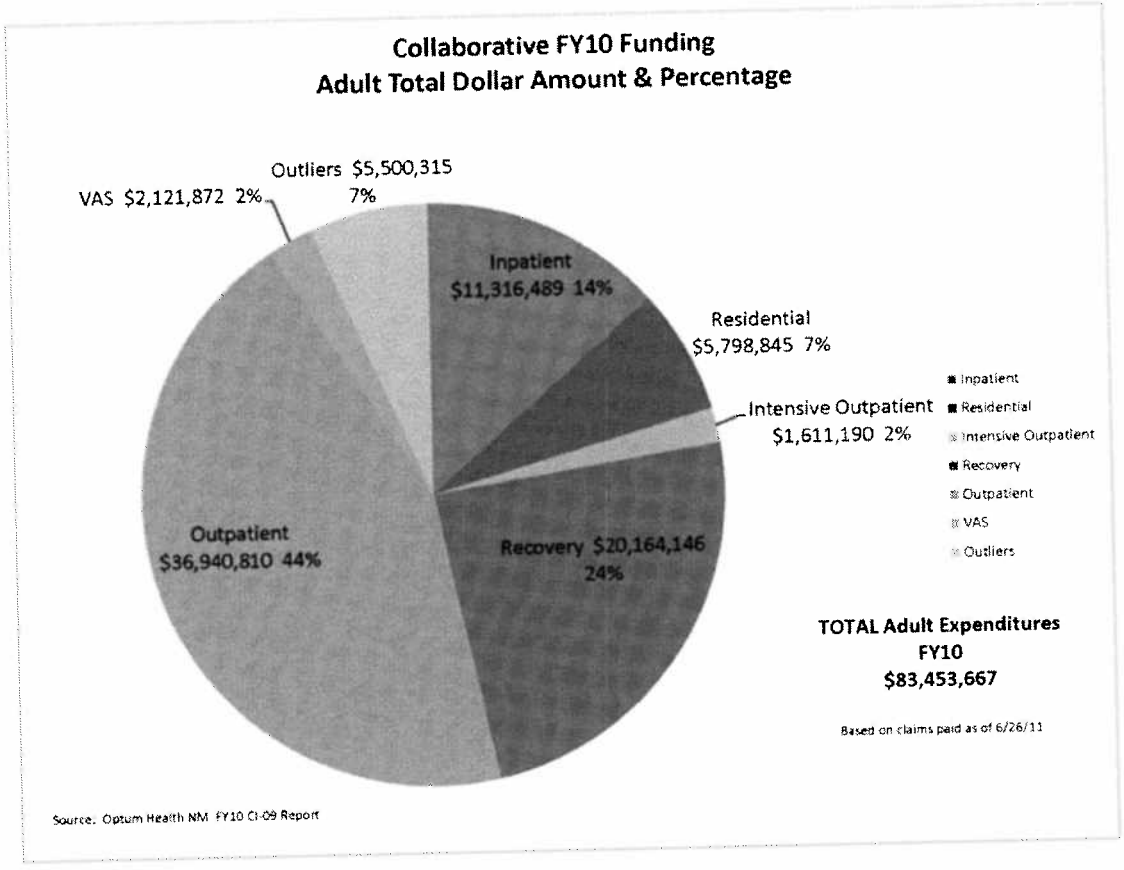
Behavioral Health Purchasing Collaborative Update: Director's Report FY10



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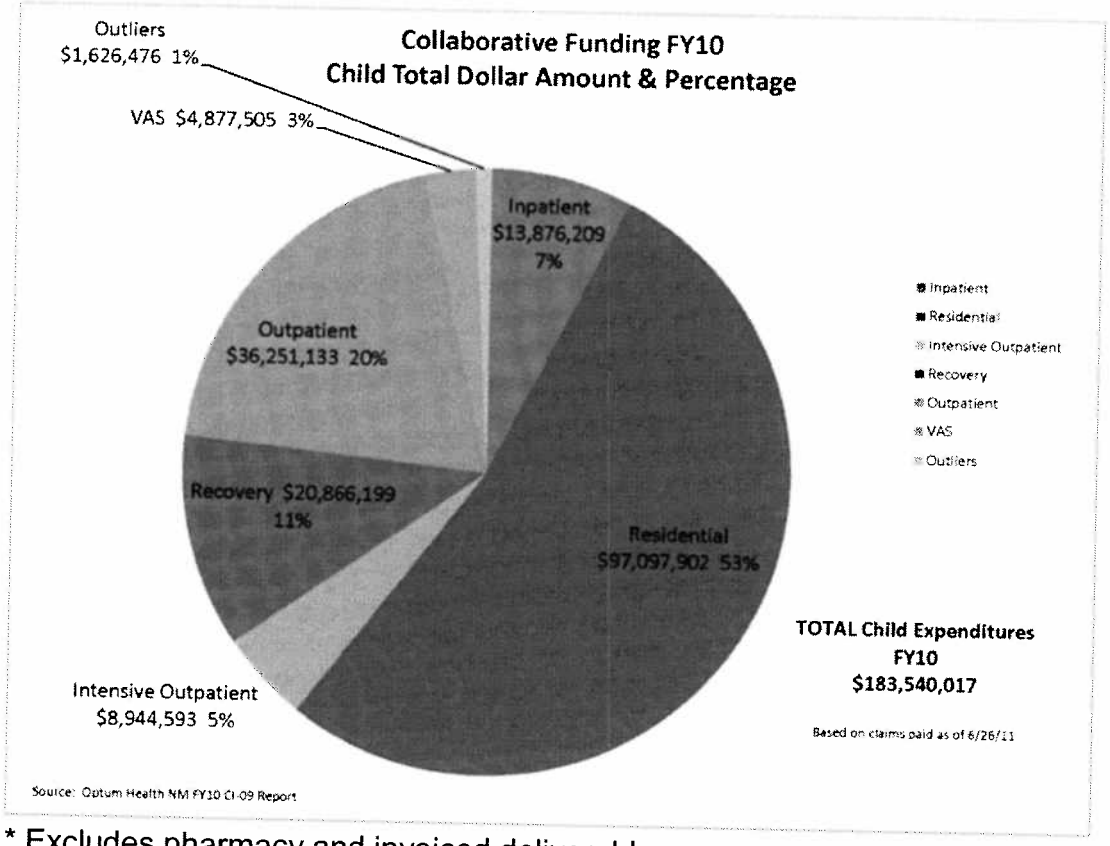
Behavioral Health Purchasing Collaborative Update: Director's Report FY10



* Excludes pharmacy and invoiced deliverables.

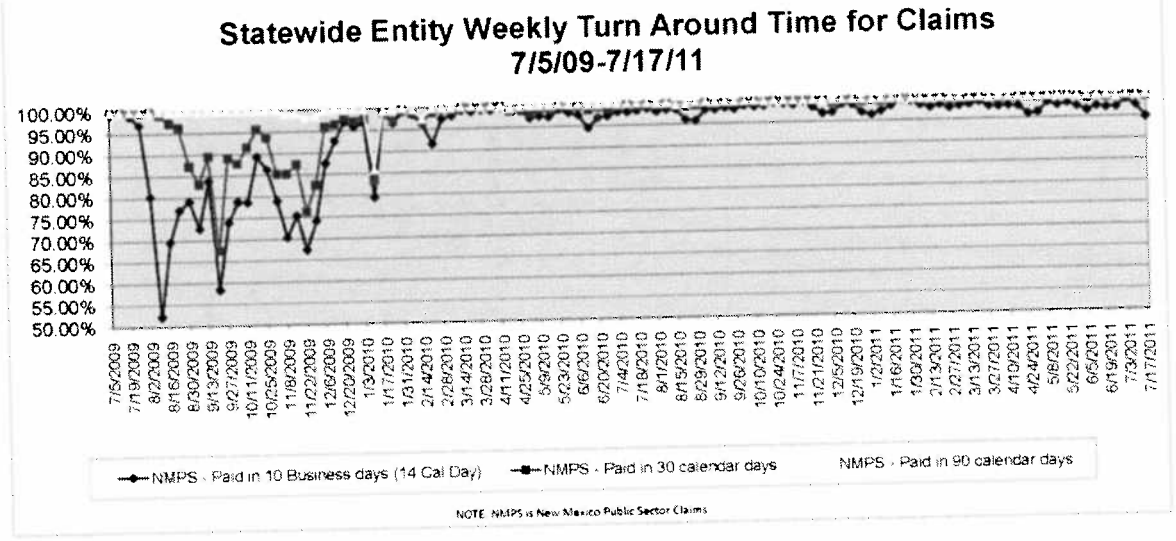
Behavioral Health Purchasing Collaborative Update: Director's Report FY10

BEHAVIORAL HEALTH COLLABORATIVE: Turn Around Time for Claims Payment

Due to the transition in July 2009 to a new Statewide Entity (SE) for Behavioral Health Services, the new SE had challenges having their financial system appropriately and timely process payments for providers. The contract provides for the goal for claims payment: 95% paid within 10 business days, 98% within 30 business days, and 99% within 90 business days. This goal has been consistently achieved since the first quarter FY 2011.

Most common reasons for claims denial are: Missing procedure code, duplicate claim submission, expense is not covered in plan, missing explanation of benefits, claim was originally overpaid, missing name address or license level.

Source: Optum Health NM



New Mexico Human Services Department

Behavioral Health Purchasing Collaborative Update: Status of Directed Action Plan for the Statewide Entity

Background

- After July 2009 go-live of the OHNM system, significant issues arose
  - Claims processing
  - Service registration
  - Other operations
- Mitigation to keep providers "whole" included
  - Relaxed Edits
  - Expedited Payments
- DCAP Imposed in October 2009, with consultant, Alicia Smith & Associates (ASA) to monitor

Behavioral Health Purchasing Collaborative Update: Status of Directed Action Plan for the Statewide Entity

Analysis of Systems in November/December 2009

- ASA helped the Collaborative analyze OHNM's systems and operations through extensive involvement with Collaborative staff, behavioral health care providers, and OHNM staff.

- January 2009 – DCAP was expanded to track multiple items and ASA stayed to oversee progress toward "steady-state" performance.
- January 2010 – DCAP was amended in order to track the remaining corrective actions in 4 main areas:
  - Claims Processing
  - Claims Submission
  - Financial Management
  - Provider Relations

Behavioral Health Purchasing Collaborative Update: Status of Directed Action Plan for the Statewide Entity

ITEMS CLOSED:

- Timeliness and Accuracy of Claim Payments – closed pending FY10 and FY11 closeout, but Ongoing Monitoring of Performance is occurring
- Provider Fee Schedule and Claim Adjudication Dispute Process – closed
- Payment to non-contracted Indian Health Service providers – closed
- Authorization Process and Reporting – closed
- Financial Reporting – closed
- Provider Contracting - closed

Behavioral Health Purchasing Collaborative Update: Status of Directed Action Plan for the Statewide Entity

ITEMS OPEN:

- Expedited Payment Reconciliation – Open pending completion of recoupment and reconciliation (OptumHealth providing data to close this item)
- Reimplementation of Standard Edits – Open pending completion of reprocessing (OptumHealth providing data to close this item)
- Encounter Data – Open pending resolution with Medicaid
- Service Registration – Proposal to re-vamp service registration has been approved by the Collaborative
- Fund management and mapping – Open pending resolution of reconciliation issues above
- Call Center and Complaint Monitoring – a revamp of the Provider Relations function at OHNM is in progress

Behavioral Health Purchasing Collaborative Update: Status of Directed Action Plan for the Statewide Entity

- Monitoring of the OHNM by the Collaborative
- Began July 1, 2011 with "soft handoff" by ASA to the Deputy CEO and Oversight Team of the Collaborative
- Restructuring of Oversight Team with working subcommittee structure is being developed
  - Monitoring open DCAP items
  - Monitoring Contract Performance
  - Oversight of all Policy and Procedures

Behavioral Health Purchasing Collaborative Update: Clinical Triggers

History

OptumHealth New Mexico was sanctioned on February 16, 2011 for:

1. Not adopting guidelines for clinical triggers for Behavioral Management Skills (BMS) and Psychosocial Rehabilitation (PSR) services in consultation with contracting health care professionals or network providers
2. Not providing requisite notice and obtaining requisite approval from the Collaborative before implementing clinical triggers for BMS & PSR services
3. Creating a significant change in the NM behavioral health system by imposing clinical triggers for BMS & PSR services

Behavioral Health Purchasing Collaborative Update: Clinical Triggers

The sanction was appealed twice, and finally upheld on June 10, 2011 by the Co-Chairs of the Collaborative.

Summary of the final decision:

- OHNM will ensure provider payment of the approximately 60% of BMS & PSR claims between 1/1/11 and 3/31/11
- OHNM will work with the New Mexico Medical Review Association (NMMRA) to conduct an independent re-review of approximately 40 percent of the BMS & PSR denied claims between 1/1/11 and 3/31/11
- NMMRA will determine if the claims constitute "medically necessary services"
- NMMRA will present its findings to both OHNM and the Collaborative after its review

Behavioral Health Purchasing Collaborative Update: Clinical Triggers

Current Status:

- OHNM began the reconsideration process of BMS & PSR claims on 4/7/11.
- The reconsiderations are resulting in a higher rate of approval than originally estimated at 60% to approximately 80%.
- NMMRA will begin review of BMS and PSR claims submitted for reconsideration from 1/1/11 to 3/31/11 that are still being denied on August 29, 2011.
- The Collaborative will expect the report within 60-90 days.

Behavioral Health Purchasing Collaborative Update: Quality Improvement Priority #1

Appropriate Psychotropic prescribing practices for children

- What prescribing practice "outliers" are we targeting for review?
  - Greater than three behavioral health medications prescribed
  - Two or more antipsychotic medications prescribed
  - Consumers within 0-5 years of age prescribed *any* behavioral

Behavioral Health Purchasing Collaborative Update: Quality Improvement Priority #1

What Prescribers types in the Behavioral Health System (all of whom must be certified and/or licensed within their respective New Mexico board)

- Psychiatrist
- Psychologist with prescribing privileges
- Nurse Practitioner
- Certified Nurse Specialist

Behavioral Health Purchasing Collaborative Update: Quality Improvement Priority #1

The Below Data Tables are for Consumers Under 18 Years Old:

Average # of Consumers (October 2010- May 2011)						
Greater than 3 Medications for the Month	% of Total BH Consumers Under 18	Two or More Antipsychotic Medications	% of Total BH Consumers Under 18	Age 0-5 years old Receiving any Medication	% of Total BH Consumers Under 18	Total # of BH Consumers Under 18 Served in FY10*
422	1.20%	110	0.31%	213	0.61%	35,090

*as per CI-09 Report issued 3.31.2011

# of Prescribers Identified for Each Target Prescribing Practice (October 2010- May 2011)						
Greater than 3 Medications for the Month	% of Total BH Prescribers	Two or More Antipsychotic Medications	% of Total BH Prescribers	Age 0-5 years old Receiving any Medication	% of Total BH Prescribers	Total # of BH Prescribers in OHNM System*
124	18.10%	93	13.58%	91	13.28%	685

*As per OHNM Pharmacy

New Mexico Human Services Department

Behavioral Health Purchasing Collaborative Update: Performance Measures/Quality Improvement

Quality Improvement Subcommittee: FY11 Priorities

Topic Tracking Sheet

Priorities	Indicators
Program Quality	
1. Appropriate Psychotropic prescribing practices for children	Agreed upon these indicator analyzed by age (under 5yrs, 6-12, 13-18) and gender: •Greater than 5 medications filled at the pharmacy in the past 30 days •Children less than or equal to 18 years of age. The results will be broken down by age groups 0-5 years, 6-12 years, and 13-18 years. It will also be broken out by gender •Agreed upon Psychiatric classes •A separate breakout will be for all cases where the child is receiving three or more antipsychotic medications A separate breakout for all cases where a child 0-3 years receives any medication in the above classes
2. Successfully implement evidenced-based and practice-based treatment alternatives, specifically: • Adult: Substance Abuse IOP • Children: Substance Abuse IOP	Adults: For consumers who had been in 3 or more months of IOP services, what % have been admitted to a higher level of care within 30,60 90 days.
	Children: Approve 5 adolescent Substance Abuse IOP Providers by the end of FY11
Client Outcome	
3. **Increase in # and % of high severity clients who categorically improve on the ASI drug & alcohol domains**	• Clinical practice has incorporated the ASI findings into the treatment plans and CCSS service plans. • Timely and accurate administration of the ASI-MV to all adult clients with substance abuse problems (both state general and Medicaid funded);
Service System Improvements	
4. Successful implementation of the Core Service Agencies (CSA) infrastructure	Indicators that a Quality Improvement System is operating: 1. The Quality Improvement System evidences detail structure, staffing and last Annual evaluation and 2010 QM Plan report 2. Consumer and family participation is high in the Quality Improvement System. 3. There is recent successful measureable improvement and the steps that were taken to effect the

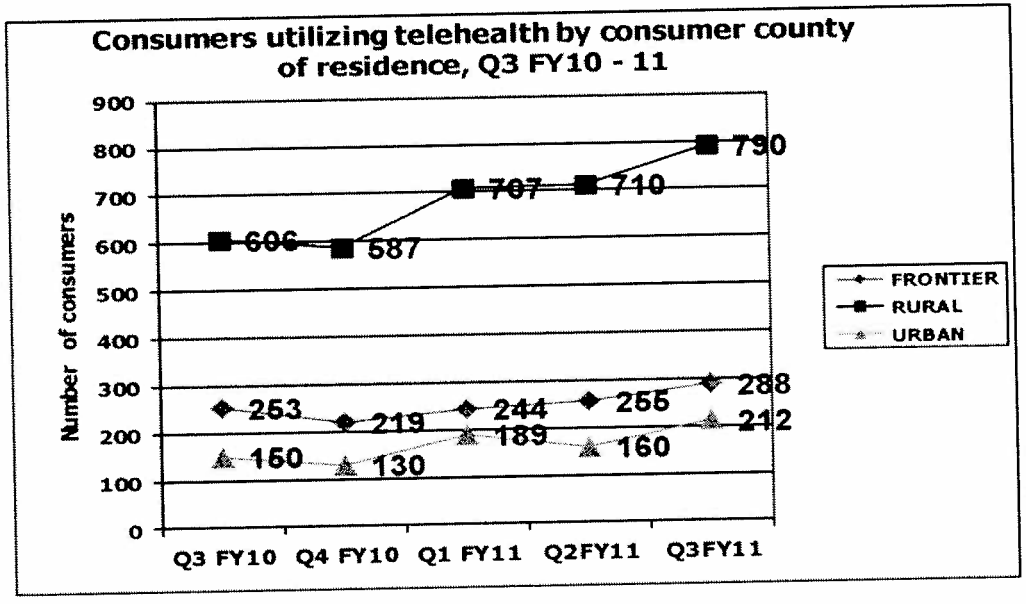
Behavioral Health Purchasing Collaborative Update: Performance Measures/Quality Improvement

Priorities	Indicators
	change are documented. 4. The System addresses all required elements and the relationship between these measures & those in the CSA's QMS are clear. Required elements include: ▪ Referrals- no reject policy ▪ Intake: initial face to face within 24 hours ▪ Assessments and Service Plans: initiated within 72 hours of initial intake ▪ Enhanced Assessments: Use the format specified ▪ Each individual has access to a Community Support Worker ▪ Crisis Services: access to crisis stabilization services 5. Track and trending of CSA clients 6. All CSA clients have an individual Crisis plan. Once standards are adopted, all Crisis Plans will meet standard within CSA's.
5. Increase Provider competence in building recovery & resiliency - oriented treatment systems at the provider level.	• Strengthen and expand the role of Family/Peer Specialist in agencies • Improve recovery-based practice with clinical staff in agencies • Clients' satisfaction with their providers recovery -oriented services
6. Development a comprehensive continuum of care for adults, youth & children	Adults: Length of time to next appropriate level of care, specifically: ▪ What is the readmission rate to inpatient and residential care? ▪ Percent of clients who receive 7 and 30 day follow-up from: ✓ Residential Substance Abuse to IOP ✓ Inpatient to CCSS
	Children: Trend the number of children & youth served, unit of services and expenditures on a monthly basis. Length of time to next appropriate level of care
7. Improved access and availability of services to rural and frontier consumers through use of telehealth technology	Within the current sites, establish baseline data on: # clients served by telehealth # units by type of service Track expansion of sites and services. Qualitative measure for Client satisfaction
• Appropriate access to services for older consumers with a behavioral health disorder.	Older Adults 1. Critical Incidents by type and age 2. Major Diagnostic Category

Behavioral Health Purchasing Collaborative Update: Performance Measures/Quality Improvement

Improved access and availability of services to rural and frontier consumers through use of telehealth technology

In Q3FY11 (seventh quarter of program), 1,321 unique consumers residing in 27 New Mexico counties received Behavioral Health services via Telehealth resulting in claims paid by OptumHealth New Mexico.



New Mexico Human Services Department

Behavioral Health Purchasing Collaborative Update: Health Homes

Health homes (HH): What are they?

- New opportunity for Mediaid programs through Section 2703 of the Affordable Care Act (ACA)
- Medicaid can provide and pay for six new and previously unreimbursed services
  1. Comprehensive care management;
  2. Care coordinationa nd health promotion;
  3. Comprehensive transitional care/follow-up
  4. Patient and family support;
  5. Referral to community and social support services' amd
  6. Use of HIT to link services.

Behavioral Health Purchasing Collaborative Update: Health Homes

Health homes: What are they?

- Opportunity to enhance integration and coordination of primary, acute, behavioral health, and long-term care services and supports across person's lifespan
- Funding = federal and state dollars
- HH provide significant coordination of behavioral and physical health care

Behavioral Health Purchasing Collaborative Update: Health Homes

Who would receive HH services?

- Medicaid beneficiaries with:
  - Two or more chronic conditions (mental health, substance abuse, asthma, diabetes, heart disease, being overweight); or
  - One chronic condition and at risk for a second; or
  - Serious and persistent mental health condition.
- Cannot exclude dual eligibles (Medi-Medi)

Behavioral Health Purchasing Collaborative Update: Health Homes

What is New Mexico's vision?

- Target HH program geographically and leverage existing infrastructure
- Phase in using two-pronged approach:
  - Phase 1: Provide HH services to eligible Medicaid beneficiaries with serious mental health diagnoses
  - Phase 2: Provide HH services to beneficiaries with complex physical health diagnoses via primary care infrastructure

Behavioral Health Purchasing Collaborative Update: Senate Memorial 56

Adolescent Opioid Addition Treatment Study

Sponsor: Eric G. Griego

Senate Memorial 56 resolves that the Interagency Behavioral Health Purchasing Collaborative (Collaborative) develop a comprehensive, statewide plan for treatment of opoioid addiction for adolescents including steps for implementing the plan. The plan is due to submission to the Interim Health and Human Services committee by October 2011.

Behavioral Health Purchasing Collaborative Update: Senate Memorial 56

In response to Memorial 56:

- The Collaborative created a 30+ member Core Team in March 2011 comprised of representatives of addicted consumers; family members; Children Youth And Families Department; Behavior Health Services Division; Department of Health; University of New Mexico; Behavioral Health Services Division; youth and adult behavioral health provider agencies; Office of Consumer Affairs; Drug Policy Alliance; Albuquerque School District; OptumHealth; and, other stake holders.
- The Core Team meets on alternate weeks for two hours and is in process of writing the comprehensive state plan for treatment of opioid addiction including gaps analysis and steps for implementation for persons age 14-24 to be completed by October 2011.
- BHSD and OptumHealth are completing a state wide survey to identify current prevalence of opioid and heroin use and service resources and gaps as an essential component of developing the required implementation plan.
- The Core team is producing a youth to youth video on heroin addiction funded by the Office of substance Abuse prevention to be completed and aired in October 2011.

Behavioral Health Purchasing Collaborative Update: Senate Memorial 56

Timeline

- The Core Team is scheduled to have completed the statewide plan for treatment of opioid addiction for adolescents including steps for implementing the plan in October 2011.

Behavioral Health Purchasing Collaborative Update: House Memorial 13

Gender-Specific Drug Treatment Standards

Sponsor: Mimi Stewart

Intent of the Memorial:

- The memorial is requesting the Behavioral Health Services Division (BHHSD) of the Human Services Department to convene a workgroup to create gender-specifc treatment standards and rules for women and girls seeking treatment for substance abuse.

Behavioral Health Purchasing Collaborative Update: House Memorial 13

Process to Date:

- *BHSD has facilitated the creation of a taskforces. The HM13 task force members are JoAnne LaPorto, director UNM's ASAP, Larrea Lavoiscia, clinical director, Crossroads for Women in Albuquerque, Martin Garcia, First Nations, Mike Stoll, Director residential programs Carlsbad Mental Health Center, Terri Novavia, case manager with Susan's Legacy, Brenda Martinez, Optum Health and convened by BHSD's Bobbie Lightle, Women's Services Specialist, BHSD.* The task force has been meeting regularly since March 2011. It has built on the work of the 2009 Senate Memorial 19 ***Prenatal Care and Treatment for Substance Abusing Pregnant Women*** that reviewed and made recommendations from "Guidance to States: Treatment Standards for Women with Substance Use Disorders"; NASADAD, Washington, DC, 2008 and TIP 51, "Substance Abuse Treatment: Addressing the Specific Needs of Women"; U.S. Department of Health and Human Services, SAMHSA, CSAT, 2009 on 25 service elements. In addition to reviewing the 25 service elements, the task force has focused on the development of core competencies for mental health and substance abuse service providers. The competencies reviewed the research and knowledge as well as the skills needed for effective treatment, these are: 1. Sex and Gender Differences, 2. Relational Approaches for Women, 3. Understanding Trauma, 4. Family-Centered Needs, 5. The Special Considerations During Pregnancy, 6. Knowledge of Women's Health and Health Care, and 7. Collaboration and Interdisciplinary Effectiveness. The next meeting will have a panel of 6 female consumers who have been are or continuing with substance abuse treatment from community providers in order to share their experience of what has been effective and what they would like to see changed in the delivery of services.

Behavioral Health Purchasing Collaborative Update: House Memorial 13

Timeline for completion:

- Schedule of meetings: August 19, September 9, October 21
- November 4: Review the draft report for the Legislative Health and Human Services committee by December 1, 2011.
- November 9: Final report to Harrison Kinney, Executive Manager, BHSD

Behavioral Health Purchasing Collaborative Update: House Joint Memorial 17

Sponsor: Rick Miera

Intent of the Memorial:

- The memorial is requesting the Behavioral Health Purchasing Collaborative to convene a task force to study the needs and resources available for people with mental health disorders in crisis situations and to develop strategies to improve services to reduce the number of these individuals who are in detention facilities or require law enforcement intervention.

Behavioral Health Purchasing Collaborative Update: House Joint Memorial 17

Process to Date:

- Linda Homer, CEO of the Collaborative appointed Grace Phillips of the NM Association of Counties and Daphne Rood-Hopkins from HSD/BHSD to co chair the task force. A steering committee was formed in June that has facilitated the planning of meetings with the task force. The task force members were selected from the state agencies named in the memorial as well as law enforcement, and community leaders from across the state. There is active participation in the task force from the National Alliance for the mentally ill and consumers who have experienced the system first hand. The plan is to hold five meetings over the summer to study the issue and develop consensus as to the best strategies to recommend in the report. The first meeting provided an opportunity for the task force members to give their perspective as to the problem. Several important themes emerged from this meeting and included;
- The lack of a crisis system and the lack of adequate community services produce the environment where law enforcement and the county detention facilities is the de facto treatment facility in many counties.
- Funds spend to maintain the individuals in detention facilities could be better spent on alternatives and would require less funds overall. Counties could save money.

Behavioral Health Purchasing Collaborative Update: House Joint Memorial 17

Process to Date continued:

- Training for law enforcement, first responders and others who interface with individuals with mental health disorders would improve the effectiveness of these interactions and reduce escalation of encounters.
- Awareness and education for the public would dispel the belief that individuals with mental health disorders are dangerous.
- Peer support and peer run services were repeatedly identified as critical components of any crisis system.
- New Mexico lacks a venue for people for people to go for help, whether that is by a person experiencing a mental health need or crises or by the public for information about mental health questions. Members identified the value of "warm lines," where a qualified professional is available to the public 24 hours, seven day a week.

Behavioral Health Purchasing Collaborative Update: House Joint Memorial 17

The second and third meetings included presentations by members of the task force regarding past and present crisis and triage programs that have been effective in New Mexico, and examples of diversion programs here in New Mexico. The fourth meeting will be focused on reviewing components of a crisis system that have been proven to be effective. The fifth meeting will focus on selecting components of a crisis system and coming to consensus on other recommendations the task force would like to have in the report.

Timeline for completion:

- The task force has held three meetings and the final two are scheduled for August 25 and September 15th. The co chairs will work with Linda Homer to review and develop funding options for the crisis system components. The final report will be submitted on or before December 1st 2011.

Behavioral Health Purchasing Collaborative Update: House Memorial 45

House Memorial 45

- HM45 requests a task force to review New Mexico law and practices regarding civil commitment proceedings and treatment guardianship for individuals living with mental health disorders and to review issues raised in a number of bills that were introduced in the 2011 Legislative Session. New Mexico's mental health code has not been thoroughly reviewed since the 70s. The organizing meeting for the Task Force will take place on Tuesday August 30th from 12:30-4:30. Interested parties may attend in person in Santa Fe or my video conference from Las Cruces, Silver City, Roswell and possibly other locations as needed.

Behavioral Health Purchasing Collaborative Update: House Memorial 45

- Rep. Kintigh, who sponsored the Memorial, will attend via videoconference link from Roswell.

- The agenda for this first meeting is expected to include:
  - Introductions, including particular interests in the Memorial
  - Working protocols/ground rules
  - Workgroups needed (probably two)
  - Communication and document sharing
  - Public testimony or input

- Representatives from advocacy organizations, consumers and family members, district attorneys, BHI, adult provider representatives and others who expressed interest to Rep. Kintigh during the legislative session have been invited to this first meeting.