

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

**November 7, 2014
Room 322, State Capitol
Santa Fe**

The fourth meeting of the Behavioral Health Subcommittee of the Legislative Health and Human Services Committee (LHHS) was called to order by Representative Elizabeth "Liz" Thomson, chair, on Friday, November 7, 2014, at 8:35 a.m. in Room 322 of the State Capitol in Santa Fe.

Present

Rep. Elizabeth "Liz" Thomson, Chair
Sen. Bill B. O'Neill
Sen. Gerald Ortiz y Pino
Sen. Mary Kay Papen
Rep. Edward C. Sandoval

Absent

Sen. Benny Shendo, Jr., Vice Chair
Sen. Sue Wilson Beffort
Sen. Craig W. Brandt
Rep. Sandra D. Jeff
Sen. Howie C. Morales
Rep. Paul A. Pacheco

Guest Legislator

Rep. James Roger Madalena

Staff

Shawn Mathis, Staff Attorney, Legislative Council Service (LCS)
Michael Hely, Staff Attorney, LCS
Rebecca Griego, Records Officer, LCS
Nancy Ellis, LCS

Minutes Approval

Because the subcommittee will not meet again this year, the minutes for this meeting have not been officially approved by the subcommittee.

Guests

The guest list is in the meeting file.

Handouts

Copies of all handouts, including those from public comment, are in the meeting file.

Friday, November 7

Welcome and Introductions

Representative Thomson welcomed those assembled and asked subcommittee members and staff to introduce themselves. The chair noted that this is the last meeting of the interim, and she described today's presentations as fulfillment of an assignment by the New Mexico Legislative Council to the subcommittee to identify realistic and achievable long-term solutions to address behavioral health needs in New Mexico. The council also asked that initiatives be phased over a five-year period. A working group was established by the subcommittee and identified seven proposals being presented today for vetting by the subcommittee as a whole. Representative Thomson said that because a subcommittee cannot endorse legislation, a letter of recommendation to the LHHS to endorse the legislation would be attached to each approved initiative.

FOCUS/Milagro Proposal

Andrew Hsi, M.D., M.P.H., is a professor of pediatrics and principal investigator for the FOCUS program at the University of New Mexico Health Sciences Center (UNMHSC). FOCUS provides supports and services for families of children from birth through three years of age who are at risk for or experiencing developmental delays. Dr. Hsi described the consequences for infants born to opioid-addicted mothers (one out of every 15 births at UNM Hospital) and the need to enhance early brain development starting in fetal life (see handouts). While residential treatment of pregnant substance-abusing women is available for a small number of Bernalillo County residents at Milagro in Albuquerque, most New Mexico communities do not have access to such services.

Larry Leeman, M.D., M.P.H., is medical director of the Milagro residential program, which provides substance abuse aftercare, recovery and support to pregnant and postpartum women and their infants, and he is also a professor of family and community medicine, obstetrics and gynecology and co-medical director of the Mother Baby Unit at UNM Hospital. Dr. Leeman described details of a proposed FOCUS/Milagro project that would expand medical home services to three additional communities and serve up to 400 women annually (see handout). If left untreated, lifelong injury can occur to babies born to mothers who are addicted to drugs, Dr. Leeman explained, and there are few resources in New Mexico for treatment. The proposed joint program would offer wraparound services in a medical home model with extensive case management. Currently, the Milagro program is based in Albuquerque, and while participants come from throughout the state, transportation remains a struggle for most.

Marcia Moriarta, a clinical psychologist who is an associate professor of pediatrics and executive director of the Center for Development and Disability at UNMHSC, emphasized the importance of early intervention and home visiting as a universal model, and she described her role in FOCUS/Milagro as one of integrating the various resources for treatment and prevention.

On questioning by subcommittee members, Dr. Hsi described the three components of the \$3.5-million, five-year program request: 1) training and technical assistance, with early

intervention specialists housed at a center of excellence at UNMHSC; 2) funding for an additional three communities to develop provider networks and local centers for excellence; and 3) direct funding for additional providers in two other communities by fiscal year 2018. A member asked for a more detailed budget. Currently, limited activities are being funded by Medicaid, the Family Infant Toddler Program and the federal home-visiting program from the Children, Youth and Families Department.

A letter of recommendation to the LHHS was approved, and Senator O'Neill agreed to sponsor the bill.

Update on New Mexico Crisis and Access Line (NMCAL) and Proposal for Behavioral Health Clearinghouse and Help Line

Phil Evans, president and chief executive officer (CEO) of NMCAL, appeared with J. Martin Rodriguez, program manager, to describe details of the crisis access line that provides professional counselors 24/7 for New Mexico (see handouts). Mr. Evans said he and others have been working diligently to get the word out about the crisis line, and they have recently completed circuit of conferences and meetings with organizations in communities throughout the state. The crisis line (855-NMCRISIS) provides specially trained counselors who hold at least a master's degree in a behavioral health-related field who speak with callers who have concerns about suicide, drugs and alcohol, anger, domestic abuse and many other mental health issues. Counselors employ solution-focused brief therapy techniques and mental health first aid, and they may involve emergency services if warranted by safety concerns. The development of a crisis line came out of House Joint Memorial 17 in 2011, Mr. Evans said, and his parent company, ProtoCall Services, Inc., based in Portland, Oregon, was contracted by OptumHealth New Mexico as part of the Interagency Behavioral Health Purchasing Collaborative in December 2012. The line became active in February 2013 and handled 3,093 calls in its first year of operation, in addition to answering another 3,011 calls for core service agency crisis lines. The number of callers is increasing significantly each month, he said.

On questioning by subcommittee members, Mr. Rodriguez and Mr. Evans said their company is a privately held corporation and that it was contracted, without bid, by OptumHealth New Mexico utilizing non-Medicaid funds. ProtoCall does not have contracts with any of Centennial Care's four managed care organizations (MCOs), Mr. Evans said; he assumes the MCOs all have their own call lines. He emphasized that NMCAL has immediate interpretive services available for callers whose first language is not English, and he said efforts are under way to add services for the Navajo Nation. Providing referral for follow-up services is important for many callers, he said, and NMCAL maintains a current database of local providers. The 2013 contract for ProtoCall in New Mexico was \$900,200, Mr. Evans said, based on 4,000 calls a month, and the current contract ends on December 31. Discussions are under way with OptumHealth about the future, he said. A subcommittee member inquired about reports of a high-level OptumHealth executive being hired by NMCAL; Mr. Evans confirmed that Rosemary Strunk, formerly senior director of service delivery for OptumHealth New Mexico, is now chief operating officer of ProtoCall Services, Inc.

Carolyn Bonham, M.D., associate director of the Brain and Behavioral Health Institute (BBHI) at UNMHSC, presented a proposal to fund a single source for referral and information for New Mexicans dealing with brain and behavioral health issues (see handout). Needs were identified by a coalition of 16 advocacy groups, including those that address stroke, Alzheimer's disease, brain injury, epilepsy, addictions, mental illness, autism, Parkinson's disease, Down syndrome, multiple sclerosis, congenital conditions and others. Priorities identified by the coalition included the need for information on access to care (specialists, available hospital beds, etc.); education for providers, patients and families; support, including respite, for patients and families; and basic needs such as transportation, housing and health care. Dr. Bonham detailed plans for a statewide mapping of existing resources and contact information and collaboration with all agencies and networks that coordinate and provide care for those with brain and behavioral health conditions. The clearinghouse and associated "warm line" phone service would utilize these collaborations to help individuals navigate the complex system of services and needs. A five-year budget presented by Dr. Bonham, broken out by year, totaled \$1,737,500, plus \$173,750 for program evaluation.

On questioning of Dr. Bonham, one member commented that it is not good to have a system of treatment based on medication, that the brain is exceedingly complex and that there are many different ways to treat it. Another member agreed with the collaborative approach of this proposal and applauded the benefit of bringing researchers across different disciplines to consult with one another. Dr. Bonham described plans to establish Domenici Hall on the UNM campus as a hub for the BBHI and plans in 2015 to establish a center for brain recovery and repair and to develop major new interdisciplinary programs utilizing federal funding.

The project was approved for a letter of recommendation to the LHHS for endorsement, and Senator Ortiz y Pino agreed to be the sponsor of the legislation.

Project ECHO Proposal to Expand Capacity to Provide Behavioral Health Services in Primary Care

Miriam Komaromy, M.D., associate director of Extension for Community Healthcare Outcomes (Project ECHO) and an associate professor of internal medicine at UNMHSC, described details of a plan to utilize tools and training in motivational interviewing to help engage patients with behavioral health and substance abuse issues in primary care settings (see handouts). Dr. Komaromy had presented this proposal to the subcommittee previously, but she was reviewing it for members' consideration today. The model involves training primary care clinical teams throughout the state led by nurse practitioners or physician assistants and including community health workers. These teams would be intensively trained through Project ECHO, then remain involved in weekly conferences with addiction specialists, psychiatrists and other specialists. It is a five-year plan with five new sites to be launched each year, for a total of 20, and will expand mental health and addiction services in a state that is largely rural and lacks access to providers. Dr. Komaromy provided a budget breakdown for each year of the project, totaling \$10,547,689 over five years, and stated that before the program ends, each nurse practitioner or physician assistant should be able to generate enough claims to fully support his or her salary. A Princeton, New Jersey, firm would provide evaluation of the project.

A subcommittee member lamented that all Medicaid behavioral health care dollars are tied up with Centennial Care and posited that this program would be a wiser use of those funds. The member said he would be willing to sponsor a bill to reallocate some of these dollars.

The project concept was recommended for endorsement by the LHHS, and Senator Ortiz y Pino agreed to sponsor the bill.

Proposal to Protect and Expand Behavioral and Primary Health Services in School-Based Health Clinics

Adrian Carver, president-elect of the board of directors of the New Mexico Alliance for School-Based Health Care, described his organization's proposal to protect and expand school-based health centers. It is a project that transcends politics and will provide significantly increased return on investment, Mr. Carver said (see handouts). The \$3.325 million request for funding through the Office of School and Adolescent Health of the Department of Health (DOH) proposes to add 20 new clinics over a five-year period and to increase hours of operation at existing clinics. Studies show that the investment will increase the state's graduation rate, he asserted. Suzanne Gagnon, a long-time nurse practitioner and now a Robert Wood Johnson Foundation (RWJF) nursing and health policy fellow at the RWJF Nursing and Health Policy Collaborative, described the fluid relationship between health and education, and the economic benefit of place-based care. School-based health clinics offer primary care and behavioral health services in the same location, she said, and analyses of services provided show a potential sixfold return on investment for the community (see handout).

On questioning, a member asked the presenters whether clinics can be self-sustaining. Mr. Carver said it costs approximately \$300,000 a year to run a clinic and about half of that may be reimbursable through Medicaid, depending on where the clinic is located. There are currently 52 school-based health clinics in New Mexico providing more than 45,000 visits a year. Previously, there were more clinics, but funding was reduced during the economic downturn and some clinics were closed, Mr. Carver explained. A member said he found the project budget confusing and suggested that a more detailed budget be developed with the Office of School and Adolescent Health before presentation to the Legislative Finance Committee.

The proposal was approved for recommendation to the LHHS, and Senator Ortiz y Pino agreed to sponsor the legislation.

Heading Home Proposal

Dennis Plummer, CEO of Albuquerque Heading Home, emphasized the strong connection between housing and health, and he asserted that state investments in the physical and behavioral health systems are ineffective when someone does not have a home. Mr. Plummer said that there clearly is power behind the Heading Home model based on its success and that it is the smart way to do the right thing (see handout). He noted that Albuquerque Heading Home has been invited to present at an upcoming international conference in Brazil, and officials from Anaheim, California, who are looking into replicating the model in their community, have made several visits to Albuquerque. In addition, Albuquerque Heading Home

was featured by the federal Substance Abuse and Mental Health Services Administration in its September 2014 newsletter (see handout). Albuquerque Heading Home is currently housing more than 400 individuals and families and has a retention rate of over 80 percent. Mr. Plummer described the basic tenets of the program and how it has resulted in more than 31 percent savings over the cost of services traditionally provided to the homeless population, as verified by several different studies (see handouts).

The \$10.9 million proposal being set forth today would provide an opportunity to replicate the success of Albuquerque Heading Home in other New Mexico communities, Mr. Plummer said. Over a five-year period, targeted communities would include Las Cruces, Santa Fe, Farmington and Gallup, and the program budget includes the calculation that more than \$5 million would be saved by the state over that same period (see handout). The five counties selected, including a ramp-up of the program in Albuquerque during the first year, are those that show the greatest need in the state, he said. Each community would have its own metrics, project manager and multiple case managers hired from existing agencies and would collaborate with other agencies and volunteers in the community. While there would be plenty of opportunity to tailor specific needs to the community, contracts would require that the successful Albuquerque model be followed. Nearly everyone has a family or home somewhere, Mr. Plummer commented about the homeless, but many have lost that connection. He has seen many families reunited once the homeless person becomes stabilized with housing.

This project was recommended for endorsement by the LHHS, and Senator Ortiz y Pino agreed to sponsor the legislation.

Proposal to Increase Psychiatric Nurse Practitioners in New Mexico

Pamela Schultz, Ph.D., R.N., associate dean and director of the School of Nursing at New Mexico State University (NMSU), presented a six-year proposal to increase the number of psychiatric/mental health nurse practitioners graduating from NMSU, which has the only program in the state (see handout). Dr. Schultz noted that the plan would include offering stipends and tuition assistance to students willing to sign an agreement to deliver services in rural and underserved areas upon graduation for at least three years, utilizing mobile devices and telehealth modalities. Challenges to the plan include identifying 24 qualified students each year to enter the program and locating sufficient clinical sites to support the expanded admissions, as well as increasing credentialed faculty. Dr. Schultz presented budgets for each of the six years, varying from \$1.11 million to \$1.54 million, and also described future plans for a nurse-managed clinic at NMSU, although this project has not yet been approved by the administration. The need for more trained psychiatric health workers in New Mexico is critical because of the expansion of Medicaid and an estimated one-in-four adults living with a serious mental health condition.

Wayne Lindstrom, Ph.D., director of the Behavioral Health Services Division (BHSD) of the Human Services Department (HSD), who was in the audience, agreed that psychiatric nurse practitioners are important extenders to work force shortages, noting a greater need for these practitioners specializing in treating children. Dr. Schultz explained that there is only one certification, but courses have been added to the curriculum specific to treatment of children and

adolescents, as well as to the elderly. Vicente Vargas, state director for the Office of Government Relations at NMSU, who also was in the audience, was urged by a subcommittee member to ask the Board of Regents of NMSU for its endorsement of this proposal.

This proposal was approved for a letter of recommendation to the LHHS, and Senator Papen offered to sponsor the legislation.

Behavioral Health and Primary Care Coordination: New Mexico Health Connections (NMHC) Perspective

Matt McFadden, senior director of behavioral health management for NMHC, told members he was very excited about the proposals he heard today, and he then proceeded to describe the advent of his own organization, which is run by a board of directors composed of physicians and clinicians. Profits go to lower premiums and improved benefits, Mr. McFadden said, and it came about because it was mandated by the federal Patient Protection and Affordable Care Act. As a nonprofit health insurance cooperative, NMHC is able to provide better coverage at a lower cost, he said. NMHC is committed to patient-centered coordinated care and has assembled a network of health care providers focused on keeping consumers healthy and out of the hospital. Mr. McFadden described three coordination-of-care projects that are under way: 1) coordinating care when it is not co-located; 2) coordinating co-located care; and 3) coordinating care that is fully integrated. NMHC is also in the first year of a pilot project for diabetes sufferers who are screened for behavioral health issues, and it plans to expand this project to cover other chronic disease sufferers. Educating behavioral health care providers to the benefits of coordinated care is another goal of the organization, he said.

A member noted that NMHC does, indeed, have the lowest premiums on the New Mexico Health Insurance Exchange. The member asked Mr. McFadden about "medical necessity" and how it is defined by the NMHC. It is defined according to New Mexico Medical Society guidelines and standards, Mr. McFadden said, but NMHC has the ability to override a determination. There is no limitation on the number of outpatient mental health visits, he added; NMHC leadership believes in mental health treatment. Asked about the finances of the nonprofit, Mr. McFadden said assets are better than expected and reserves have been left untouched so far.

During the delay before the next presentation, Ms. Mathis, at the behest of Senator Papen, passed out copies of documents provided by the HSD in response to Senator Papen's February 25 inquiry regarding the amount of funds still being withheld from provider agencies accused of fraud. The total dollar amount of claims and invoices currently subject to the pay hold is \$11,339,515, according to the HSD spreadsheet provided, and these are being held in a non-interest-bearing account by OptumHealth New Mexico. A member noted that on page 3 of this packet, it is stated that Presbyterian Medical Services settlement funds were used to reimburse expenses of Valle Del Sol of New Mexico, Inc., and Turquoise Health and Wellness, Inc. The member said he found this source of payment to be very odd.

During the lull between presentations, a member asked Dr. Lindstrom for his opinion on the projects presented today. Dr. Lindstrom replied that the number-one priority should be to address work force issues. New Mexico is not producing or retaining enough service providers, Dr. Lindstrom said, and there are huge vacancies all across the state; with increased demand from the Medicaid expansion, it is the perfect storm. Money can be put in all of these programs, Dr. Lindstrom said, but without enough providers, what good will it do? He also pointed out that there are providers who are unable to be reimbursed; the laws are very complex and need to be reexamined. A member noted that New Mexico does not have reciprocity with other states for a social worker license and that this is a problem for providers. The upcoming legislative session would be a good time to address this, members of the subcommittee agreed.

Adolescent Transitional Living and Recovery Center Proposal

Jennifer Weiss-Burke, executive director of Healing Addiction in Our Community (HAC), presented a proposal seeking legislative funding for a transitional living and recovery center offering services that help reconnect adolescents in recovery to their families and communities and provide the motivation to remain in recovery (see handout). Ms. Weiss-Burke cited many previous accomplishments of her nonprofit organization, including service contracts with Bernalillo County and the City of Albuquerque, acquisition of capital outlay and United Way funds and, in collaboration with Bernalillo County, the purchase of six buildings on eight acres of land in the South Valley formerly owned by Hogares, Inc. Describing HAC's numerous collaborations for programs and services, Ms. Weiss-Burke said first-year funds are needed for a one-year pilot program at the center that will be a model for future operations. The pilot will serve a maximum of 10 males between the ages of 14 and 21, while HAC seeks to become licensed and certified as a group home able to access Medicaid funds. There has been a precipitous decline over the last decade in the number of psychiatric inpatient beds available in New Mexico, Ms. Weiss-Burke said, and there is reluctance by insurance companies and Medicaid to pay for long-term treatment. The need is particularly acute for adolescents who require inpatient treatment. Education, legislative activities and harm-reduction and abuse prevention campaigns are all part of HAC's current focus.

Ms. Weiss-Burke provided budget numbers for a five-year operation plan to serve up to 32 residents and projecting a total need of \$1,023,601 in funding from the legislature for the five-year period. The HAC program has the capacity to save the lives of many young New Mexicans who are addicted and to return them whole to their families and communities, she said, instead of incurring the higher cost and harm that comes with incarceration.

The project was approved for a letter recommending endorsement to the LHHS. Senator Ortiz y Pino agreed to be the sponsor.

Youth Risk and Resiliency Survey

Dan Green, survey epidemiologist in the Injury and Behavioral Epidemiology Bureau of the DOH, described results of the 2013 New Mexico Youth Risk and Resiliency Survey (YRRS), which is conducted in the fall semester of odd-numbered years in middle school through high school as part of a national survey designed by the federal Centers for Disease Control and

Prevention. The survey collects information on behaviors that risk student health and on protective (resiliency) factors, Mr. Green said (see handout). New Mexico is one of just a few states that produces data at county and school district levels. Partners, in addition to the DOH, include the Public Education Department, the BHSD, the UNM Prevention Research Center, school districts and the Navajo Nation, resulting in a very high-quality and detailed response, he said.

Participation in the 2013 YRRS involved 72 percent of students (16,390) in middle school and 67 percent of high school students (18,080), well above the 60 percent national average participation, Mr. Green noted. While New Mexico's students report drug and alcohol use at rates significantly higher than the national average, results from the 2013 YRRS do contain some good news, Mr. Green said: alcohol use, some forms of tobacco use, some drug use and behaviors associated with violence have declined. In mental health, there was no change in the number of students reporting persistent sadness, but there was a big drop in suicide ideation and in self-harm behaviors, he said. Resiliency factors include parental involvement with the student, contact with a teacher who believes in the student's potential for success and having a friend the same age who cares about the student. The results of the survey show clearly that resiliency is important, Mr. Green concluded. What parents, teachers and other adults say and do matters to youths.

Public Comment

David Burke urged support for HAC's adolescent treatment program, noting that it is a bipartisan proposition. Kids deserve a second chance, he said, regardless of what their addictions are. He invited legislators to come to Albuquerque and walk through the treatment center site. The results of three neighborhood meetings have been supportive of the project, he said, and plans now are to open the center in the first quarter of 2015. More than 150 volunteers have donated countless hours to this project, which will help youths from all over the state. Because HAC is a nonprofit, Mr. Burke suggested that funding come through the BHSD.

Adjournment

There being no more business before the subcommittee, the meeting was adjourned at 4:10 p.m.