

**MINUTES
of the
SECOND MEETING
of the
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

July 15-17, 2015

**Barbara Hubbard Room, Pan American Center, New Mexico State University
La Clinica de Familia, 385 Calle de Alegre, Building A
Las Cruces**

The second meeting of the Legislative Health and Human Services Committee (LHHS) was called to order on July 15, 2015 by Senator Gerald Ortiz y Pino, chair, at 8:30 a.m. in the Barbara Hubbard Room in the Pan American Center at New Mexico State University (NMSU) in Las Cruces.

Present

Sen. Gerald Ortiz y Pino, Chair
Rep. Nora Espinoza, Vice Chair
Rep. Deborah A. Armstrong
Rep. Miguel P. Garcia (7/16, 7/17)
Sen. Gay G. Kernan
Rep. Tim D. Lewis
Sen. Benny Shendo, Jr. (7/16, 7/17)

Absent

Sen. Mark Moores

Advisory Members

Sen. Jacob R. Candelaria (7/16)
Sen. Linda M. Lopez (7/15, 7/17)
Rep. James Roger Madalena (7/16, 7/17)
Sen. Cisco McSorley (7/17)
Sen. Howie C. Morales (7/17)
Sen. Mary Kay Papen (7/15)
Sen. Nancy Rodriguez
Rep. Patricio Ruiloba
Sen. William P. Soules
Sen. Mimi Stewart (7/15, 7/17)

Sen. Sue Wilson Beffort
Sen. Craig W. Brandt
Rep. Gail Chasey
Rep. Doreen Y. Gallegos
Sen. Daniel A. Ivey-Soto
Rep. Terry H. McMillan
Sen. Bill B. O'Neill
Sen. Sander Rue
Rep. Don L. Tripp
Rep. Christine Trujillo

Guest Legislators

Sen. Joseph Cervantes (7/15)
Rep. Jeff Steinborn (7/15)

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

Staff

Michael Hely, Staff Attorney, Legislative Council Service (LCS)

Shawn Mathis, Staff Attorney, LCS

Nancy Ellis, LCS

Diego Jimenez, Research Assistant, LCS (7/15, 7/16)

Nancy Martinez, Intern, LCS

Guests

The guest list is in the meeting file.

Handouts

Handouts and other written testimony are in the meeting file.

Wednesday, July 15 — Barbara Hubbard Room, Pan American Center, NMSU**Welcome and Introductions**

Senator Ortiz y Pino welcomed those assembled and asked committee members and staff to introduce themselves. The committee has much work ahead of it during the interim, with 22 days of scheduled meetings in which it will examine many complex issues, said Senator Ortiz y Pino. He then introduced Donna Wagner, Ph.D., dean of the College of Health and Social Services at NMSU.

Dr. Wagner described NMSU as having more than 30 years' experience dealing with most of the issues on the committee's agenda during this interim, and she directed committee members' attention to her handout, which details the college's role in preparing students and meeting needs of the state's aging work force. Dr. Wagner also introduced epidemiologist Jill McDonald, Ph.D., who will draw on her extensive background in maternal and child health as the new director of the Southwest Institute for Health Disparities Research at NMSU. Dr. McDonald's research will examine health disparities, such as child obesity rates, across southern New Mexico and the border region, with the goal of informing better public policy decisions.

Cooperative Extension Service Health Outreach

Karim Martinez, county program director and home economist with the Dona Ana Cooperative Extension Service at NMSU, provided committee members with a presentation and handout on the historic role of the extension service in cooperation with county, state and federal governments. In addition to traditional roles in nutrition, food safety and preservation, parenting skills, physical activity and youth development, the extension service now is expanding to include training in health, health insurance literacy and chronic disease self-management. Ms. Martinez reminded committee members that the extension service has long provided trusted services in communities throughout the state and that its infrastructure could be extremely valuable to the legislature in helping to deliver new programs and services.

Behavioral Health System Update

Wayne Lindstrom, Ph.D., director of the Behavioral Health Services Division (BHSD) of the Human Services Department (HSD) and chief executive officer (CEO) of the Interagency Behavioral Health Purchasing Collaborative, described the state's system for behavioral health services as one of the most fragmented he has ever seen. Dr. Lindstrom urged legislators to look at simplifying the system rather than overhauling it yet again, focusing on reducing regulations and streamlining how it is financed. Work force issues are, by far, the biggest challenge to the system, Dr. Lindstrom asserted, with tremendous service provider pipeline issues that have not been resolved. Reimbursement rates are not high enough, he said, despite a recent 12.5 percent increase in rates.

In response to committee members' questions about the 2013 behavioral health upheaval and the recent departure of La Frontera New Mexico, an organization brought in from Arizona to replace providers accused of fraud, Dr. Lindstrom said that he was not working in New Mexico in 2013 and has had to "play the hand" he was dealt. Nonetheless, by working with local communities, the latest transition is going well, he said, and committee members will hear more about this in testimony later today. A two-year plan for the entire behavioral health system is being assembled by the BHSD, with input from providers and judicial and corrections representatives. Dr. Lindstrom provided members with a 2015 report of behavioral health collaborative initiatives. He said that there will be an opportunity for public input on the proposed two-year plan within the next several months. Other committee members expressed concern to Dr. Lindstrom about excessive use of psychotropic drugs, rather than behavior modification, in children in foster care and in low-income families; urged payment of funds withheld by the state to providers who have been cleared of fraud charges; and inquired about efforts to identify behavioral health service users "lost" during the 2013 transition.

Motion for Letter Approved

A committee member moved that a letter be sent from the committee to the attorney general urging that the remaining investigations of behavioral health care providers be resolved as soon as possible. Another committee member noted that the legislature provided additional funding to the attorney general specifically for this purpose. The motion was seconded and passed unanimously.

School, Law Enforcement, Judicial and Corrections Behavioral Health Panel

Judge Marci E. Beyer and Judge Mary W. Rosner, both of the Third Judicial District Court, described increasing problems with fewer mental health services available for both children and adults. Delays in assessments for youth, a lack of residential treatment options and fewer therapeutic foster families leave her with very few treatment options, Judge Beyer explained, and often children are returned to families that have no training or services available. The more contacts juveniles have with the system, the more likely they are to repeat; the longer detentions and the delays keep children caught on a treadmill, she said. Judge Rosner described her work with adults in evidentiary hearings for an involuntary hold. A person who needs long-term health care can be sent to the New Mexico Behavioral Health Institute (NMBHI) in Las

Vegas, 400 miles away, but if the patient has a dual diagnosis, such as alcoholism and mental illness, the patient will not be accepted. The average stay in Las Vegas is four to seven days, she said, and such a short-term effort serves neither the state nor the individual. Judge Rosner emphasized what is needed most is a long-term state mental health facility in Dona Ana County.

Martin Greer, Ph.D., lead psychologist for the Las Cruces Public School District, described a network of professional counselors throughout the school system and the services available at five school-based health centers in high schools (see handout). Collaboration with community behavioral health service providers has been good, Dr. Greer said, with a mobile crisis service and the use of behavior management services (BMS) being especially valuable. Despite an increase in serious cases over the past three years, BMS has essentially disappeared, he lamented. Difficulties in getting counseling appointments, frequent changes in therapists and the lack of BMS have been upsetting to families.

Major Brent Barlow, Dona Ana County Sheriff's Department, provided a snapshot of the overwhelming work requirements for his short-staffed deputy sheriffs in their role to ensure public safety. He ticked off a list of many mandated services to be provided by the sheriff's department, but mental health provider is not one of them. Nonetheless, last year his deputies made 89 transports to the NMBHI and spent countless hours in hospital emergency rooms (ERs) waiting with arrestees for services. While Major Barlow supports the planned crisis triage center in Dona Ana County, he sees the 10-bed facility as a "drop in the bucket"; what is desperately needed here is a long-term mental health facility, he said.

Sergeant Robert McCord, Las Cruces Police Department, told committee members that he has increased crisis intervention training for officers, now up to 75. In the month of June, approximately two persons per day were taken into custody in Las Cruces who had behavioral health issues. It is a serious national issue that one in three incarcerated individuals is mentally ill, Sergeant McCord said, and he feels the proportion is actually higher. New Mexico has increased its population but reduced the number of beds available for help, and he agrees with fellow panelists that resources are severely lacking in the southern part of the state. Chris Barela, director of the Dona Ana County Detention Center, said that incarceration has become the default mental health treatment in the county and is averaging longer periods of time.

On questioning, committee members and panelists discussed the following issues:

- the importance of early intervention and the fact that 70 percent of visits to school-based health centers in Las Cruces are for mental health services; only 10 percent are for reproductive health;
- problems with dual diagnoses and denial of payment by health insurers;
- the possible reexamination of the long-term value of BMS in schools;
- the need for standards for credentialing and licensing for crisis triage centers, which are a new level of care; and
- the possibility of Mesilla Valley Hospital becoming a long-term care facility.

Hospital Behavioral Health Panel

Steve Ruwoldt, chief operating officer of Memorial Medical Center in Las Cruces, said his hospital, with 12 psychiatric beds and one psychiatrist on staff, is focused on acute care. The average stay in the psychiatric unit, which is located in the hospital but is isolated, has been 4.5 days during the last three to four years. The 30-day readmission rate for Memorial Medical Center's psychiatric unit is 9.7 percent, Mr. Ruwoldt said.

Robert Mansfield, CEO of Mesilla Valley Hospital, described the hospital's 88-bed psychiatric facility (see handout) as being licensed by the Department of Health (DOH) to provide acute care services; it is not licensed to provide long-term care. Mesilla Valley Hospital serves the entire state, with about half of its patients coming from Dona Ana County. The beds are broken down into the following categories: adolescent, 14; adult, 24; geriatric, 11; intensive care, 12; and substance abuse, 27. The hospital has seen an increase in walk-ins, Mr. Mansfield said, with up to 10 people per week coming in for help. Currently, the hospital is experiencing significant resource issues with recruitment of psychiatrists and nurse practitioners. There has been an increasing problem with discharged patients (445 through June) unable to get follow-up appointments with behavioral health providers within the prescribed seven days.

Kelly Clark, R.N., chief quality officer at Mountain View Regional Medical Center, said that the center does not have any psychiatric beds, but has experienced a significant increase in behavioral health ER visits, a 41 percent increase over the past three years. There was also an increase of 27 percent during the same period in behavioral health transfers from the center to other facilities for admission elsewhere. In 2014, there was a total of 34,560 visits to the center's ER, with 2,584 of those visits for behavioral health issues.

On questioning, committee and panel members discussed the important role of law enforcement with behavioral health emergency admissions, varying rates of compensation for care and the possibility of establishing a day-treatment program at Mesilla Valley Hospital.

Panel of La Frontera New Mexico Replacement Providers

Suzan Martinez de Gonzales, CEO of La Clinica de Familia (LCDF), said the 30-year-old nonprofit organization was asked by the HSD to consider taking on core behavioral health services in Dona Ana County following the departure of La Frontera New Mexico. On August 1, 2015, LCDF will assume La Frontera New Mexico's patient caseload. LCDF is a federally qualified health center (FQHC). The clinic was built as a medical/dental facility and is transitioning to become a mental health center, as well. Ms. Martinez de Gonzales described many challenges and barriers (see handout) to this transition, including rebuilding trust within the community. Approximately 85 percent of the staff from La Frontera New Mexico will transfer to LCDF, which has been working closely with the managed care organizations (MCOs) in billing procedures, as reimbursement rules and regulations for FQHCs differ from those of other providers. Acquisition of medical records and assessments, training and orientation of staff and licensing and credentialing are all slated for completion by the official August 1 transition date. Ms. Martinez de Gonzales emphasized that she has requested that the state provide an audit of

revenue generated by LCDF under the new FQHC model at 3-, 6- and 12-month intervals to ensure that the payment structure is adequate. If it is not, she said, she will ask for a second infusion of funds to provide services to the approximately 4,000 behavioral health consumers who were being served at one time or another by La Frontera.

A committee member moved that a letter be sent from the LHHS to the Medicaid MCOs stating that the LHHS supports LCDF's request for the close financial monitoring requested by Ms. Martinez de Gonzales. The motion was seconded and passed unanimously.

Neil Bowen, Ph.D., is the chief mental health officer at Hidalgo Medical Services (HMS), which has clinics in six locations and is a core service agency serving Hidalgo and Grant counties. Dr. Bowen told committee members that six weeks into their assumption of La Frontera clients, things are going much more smoothly than anticipated, as services were stepped up to accommodate additional consumers (see handout). The licensure process and coordination of patient information were challenging, Dr. Bowen said, and recruitment of staff remains a problem in this part of the state.

Doug Smith, executive vice president of Presbyterian Medical Services, which has locations in Luna, Otero and Lincoln counties, said transition goals have been met (see handout). Mr. Smith posited that with 140,000 behavioral health consumers statewide, efforts should not be directed toward building a "health care center" but rather toward building a health care system. He urged a reduction in silos of health care and a movement toward an integrated model, focusing on collaboration. Addressing the issues of barriers and challenges, Mr. Smith said, "Work force, work force and work force," and urged legislators to triple the state's current plans for payment of educational debt to help attract new recruits.

On questioning, committee members and panelists discussed the following issues:

- concern about the FQHC model allowing payment for only one service, despite multiple services being provided on the same day;
- why local agencies were willing to step in after La Frontera New Mexico left, claiming \$10 million in losses;
- problems with provider recruitment, especially as it relates to finding the provider's spouse a good job;
- problems with time lines for credentialing and plans to require all MCOs to use the same national organizations; and
- efforts to locate behavioral health consumers who may have "fallen through the cracks" during the past three years' upheaval.

Behavioral Health Report from MCOs

Felicia Spaulding, representing Blue Cross Blue Shield New Mexico (BCBS), said that out of a total enrollment of 125,905 BCBS members in New Mexico, 13,565 have been identified with a behavioral health diagnosis, and, of those, 522 are affected by La Frontera New Mexico's recent departure (see handout). Multidisciplinary planning is an important part of

efforts to build a behavioral health network, Ms. Spaulding said, and there are many benefits involved with the FQHC model.

Steve DeSaulniers, director of health plan operations in behavioral health for Molina Healthcare of New Mexico (Molina), reported a total of 218,553 Molina members statewide, with 23,383 having received behavioral health services (see handout). Mr. DeSaulniers said the transition of services has been a very collaborative process that started in January, with Molina contacting consumers to make certain that they got appointments with new providers. He also described care coordination activities, what he termed a "breakthrough" in telecommunications that can provide access from home or a nearby clinic and the expansion of peer support services.

Liz Lacouture, executive director of behavioral health for Presbyterian Healthcare Services (PHS), said her organization, which has been serving Medicaid consumers since 1987, has 40,000 new expansion members out of a total of 206,379 members (see handout). Approximately 1,000 PHS members are affected by La Frontera's departure, she said, and by pulling together with the BHSD, Children, Youth and Families Department (CYFD) and New Mexico Crisis and Access Line, PHS has really committed to making the transition go as smoothly as possible. In this transition, the FQHCs are getting the support they need, Ms. Lacouture said. In a recent satisfaction survey, PHS members rated services as good or better than before the transition.

Denise Leonardi, M.D., chief medical officer of United Healthcare Community Plan of New Mexico (UHC), said that of UHC's 80,775 total members, approximately 44 percent came from the expansion of Medicaid and 13 percent are behavioral health consumers (see handout). Of the latter, 326 have been affected by the behavioral health transition. Dr. Leonardi said her organization believes in holistic care and provides support for mental health "first aid" in Spanish and in English, and for chronic disease management. A value-added service is transportation to and from a pharmacy for pick-up of medication.

Timothy Miller, executive director of OptumHealth New Mexico, said his organization administers non-Medicaid funds for approximately 30,000 consumers. Spending decisions are made by the state, and there is a three-day turnaround for payment to providers.

On questioning, committee members and panel presenters discussed the following topics:

- lack of awareness of the New Mexico Crisis and Access Line and the funding struggles of the Nurse Advice New Mexico service;
- gaps in Medicaid care coordination, with only two percent of MCO members receiving this service, according to the Legislative Finance Committee (LFC);
- efforts to increase access to detox services for adolescents and adults;
- identification of other behavioral health providers that may be in financial trouble;
- formulary exception process for prescription needs; and
- behavioral health service coverage for Sierra County.

Committee Requests for Information

Requests from committee members for further information from all MCOs included the following:

- a copy of the waiver policy for care coordinators who are fearful of a particular home visit to a consumer for an assessment;
- contact information (i.e., a business card) from each of today's presenters;
- a list from each MCO of contracted behavioral health providers in southeastern New Mexico; and
- the number of "super utilizers" of emergency services, broken out by county.

Approval of Minutes

Minutes from the June 5, 2015 meeting of the LHHS in Santa Fe were unanimously approved.

Public Comment

Ron Gurley, who runs a jail diversion program, told members that they were going to see a major effort in southeastern New Mexico to get a 100-bed mental health hospital. More money is needed for pretrial services, medications and other jail diversion efforts, he said. Mr. Gurley's wife, Nicole Gurley, described the many difficulties in helping to provide for their adult daughter, who has had life-long mental health issues.

Penny McCameron, a United States Army veteran, said she was healthy all of her life until she suffered a severe back injury, which ultimately plunged her into poverty and homelessness. She came today to thank legislators for the expansion of Medicaid and for case managers and a care coordinator from UHC who provided the help she needed to reassemble her life.

Becky Beckett has been a member of the local mental health task force and a consumer for her adult daughter, and she has been through all three transitions in New Mexico's behavioral health system. She lamented the loss of services in the region and was critical of Memorial Medical Center, which she said has recently curtailed its mental health services.

Anna Otero Hatanaka, executive director of the Association of Developmental Disabilities Community Providers, criticized New Mexico for refusing to release funds owed to agencies that have been cleared of fraud accusations by the attorney general. She noted that the state did not have any problem finding the money to pay Arizona agencies to come into New Mexico to take over those businesses.

Portofino Ordinales thanked Molina and the state's drug court system for getting him the help he needed and for giving him a new life.

Recess

The committee recessed at 5:50 p.m.

Thursday, July 16 — LCDF, Las Cruces

Welcome and Introductions

Representative Espinoza reconvened the meeting at 8:30 a.m. in Conference Rooms A and B at LCDF, 385 Calle de Alegria in Building A. Representative Espinoza welcomed those assembled and asked legislators and staff to introduce themselves.

Tour of LCDF Facility

Ms. Martinez de Gonzales offered committee members and staff a tour of the combined health/dental clinic and administrative offices/call center at the LCDF location. Two full-time dentists, two full-time dental hygienists, four physicians and one nurse practitioner provide services with expanded hours at LCDF. Ms. Martinez de Gonzales said that LCDF has been working closely with officials at Burrell College of Osteopathic Medicine, which is under construction on the NMSU campus, for the future provision of expanded psychiatric services.

Community Services Block Grant (CSBG)

Marilyn Martinez, director of the Income Support Division of the HSD, described the history of the CSBG, a federal program administered through the states that was first authorized in 1981 for the purpose of reducing poverty (see handout). In New Mexico, an annual allocation of more than \$3.5 million is distributed to community action agencies (CAAs) throughout the state, 90 percent of which must go to professional service contracts in the six designated regions. A legislative hearing must be held at least every three years in conjunction with development of the CSBG state plan. Five percent of the allocation goes to administrative expenses, with the remaining five percent used for miscellaneous purposes, including innovative programs. Funds are used according to community need to provide services, including emergency food, utility and rent assistance, assistance with prescriptions and employment and training, among others. The HSD provides monthly review, annual audits and on-site management evaluations. In fiscal year 2014, in addition to more than \$3 million in CSBG funds, each CAA also received nearly \$36.4 million in combined federal, state, local and private funding and resources.

Ms. Martinez discussed the state's CSBG 2016-2017 plan that must be accepted by the federal Office of Community Services that has implemented extensive new performance standards. She referred members to the appendix of her presentation (see handout) for more details about the new guidelines. In addition to a legislative hearing, a public hearing on the state's draft plan is scheduled on July 30 in Santa Fe. The plan must be submitted to the federal agency by September 1, 2015.

On questioning, committee members asked Ms. Martinez to provide the following additional information to the committee:

- the name and telephone and email contacts for each agency and each agency's executive director for the six CAAs in New Mexico;
- a breakdown by category of funds spent in the last fiscal year by each CAA;

- copies of comments from the public hearing and how these will be incorporated into the new plan;
- details of the proposed use of innovation funds for training staff; and
- a request for the HSD to notify legislators when the agency is holding a public meeting in legislators' communities.

Supplemental Nutrition Assistance Program (SNAP) — Proposed Rules

Brent Earnest, secretary of the HSD, discussed new rules for the state's work program for the SNAP (see handout). There were 495,195 individuals registered in New Mexico as of May 2015 for this federally funded program, which is administered by the state. The federally mandated employment and training program operated by the state was suspended in 2009 with the federal American Recovery and Reinvestment Act of 2009, but it will now be reinstated, Secretary Earnest said. On May 29, 2015, the HSD published its proposed rule to re-implement the work requirements, which will be finalized by October 1. Many exemptions exist for adults and may apply to 276,007 individuals, Secretary Earnest said, with less than 30 percent being subject to mandatory work requirements (see handout). The new state rule extends requirements to youths aged 16 to 18 who are not in school and to able-bodied adults between the ages of 50 and 59. The HSD, through its contractor, SL Start, will provide assistance to all SNAP recipients to become more self-sufficient and to meet the new work requirements, Secretary Earnest said. The HSD will start "rolling out" implementation of the new requirements on March 1, 2016. Details of work activities that healthy adults without dependents must complete are described in the HSD handout, as are those required for adults with dependents.

Lisa Roberts, who is employed by SL Start, said her company has a contract with the HSD's New Mexico Works program to engage Temporary Assistance for Needy Families (TANF) and SNAP participants in work participation through assessments, screenings and referrals to educational opportunities and through the utilization of a network of employment partners (see handout). SL Start opened its SNAP education and training center in Santa Fe in October 2014, offering additional field office staff and training statewide, Ms. Roberts said. The goal of the program is to increase work participation among New Mexico SNAP beneficiaries by identifying barriers to employment and, ultimately, overcoming those barriers and increasing employment. Some reimbursement is available through the program to overcome the barriers of transportation and child care, Ms. Roberts said.

Paul J. Gessing, president of the Rio Grande Foundation, spoke in support of the proposed reinstituted and expanded work requirements for able-bodied SNAP recipients (see handout). More than 21 percent of all New Mexicans receive food stamps, which are meant to be a bridge for people who are between jobs or who have fallen on hard times, and volunteering and improving work skills through education are great ways to find a job, Mr. Gessing said. The new proposal is reasonable, and it encourages self-reliance rather than dependency, he said. Food stamps do not stimulate the economy; New Mexicans working every day and honing their skills will make the state better and more prosperous, Mr. Gessing opined.

Louise Pocock, attorney with the New Mexico Center on Law and Poverty, disagreed with Mr. Gessing (see handout), and she asserted that the state does not have the resources to handle the 70,000 additional work program clients, citing systemic problems uncovered in a 2014 audit by the U.S. Department of Agriculture (USDA), which oversees the SNAP program, including illegal billing by SL Start. There is no data showing that the existing program has helped people find employment, Ms. Pocock said, and economic conditions in New Mexico are worse now than they were in 2009. Offer these programs on a voluntary basis, she urged; do not cut off funds that help feed families. Ms. Pocock introduced Debra Kidd, a SNAP beneficiary in the work program who disputed Ms. Roberts' version of SL Start services. Ms. Kidd said she never got an individual assessment and, over an extended time seeking assistance, she has never been involved in activities described by SL Start. It sounds great, Ms. Kidd said, and she urged SL Start to follow through on these activities.

Ruth Hoffman, director of Lutheran Advocacy Ministry-New Mexico, pointed out that New Mexico has the highest rate of long-term unemployment in the country, and SNAP is a vital program to those struggling to meet their families' nutritional needs (see handout). It is unwise to expand work requirements when there is no evidence that the current program helps SNAP participants attain job skills or find jobs, Ms. Hoffman asserted, and she fears participants will be pushed off SNAP when they are unable to comply with a poorly planned and poorly administered program.

Sandra Aragon, a SNAP recipient, testified to receiving great support from her caseworker at SL Start. She said she was given assistance with her online application, has been inspired to improve her résumé and has been looking for jobs.

On questioning, committee members and panelists discussed the following topics:

- the cost of the new SNAP work program, to be shared equally between state and federal entities, estimated by Secretary Earnest to be \$2 million but countered by Ms. Pocock to be as high as \$7 million;
- the concern about SL Start's capacity to manage the influx of SNAP recipients required to work and the lack of information about anticipated staffing increases, additional office locations and increased access to information about required services;
- tribal concerns about low participation in outreach efforts;
- the concern about good-cause exemptions, the HSD's definition of "disabled" and the effects of behavioral health service disruptions for some beneficiaries; and
- the multiplier effect of SNAP spending in local economies.

Requests to the HSD and to SL Start from committee members included the provision of:

- a copy of results of the 2014 USDA audit of New Mexico's SNAP program, including examination of possible illegal claims by SL Start;
- outcome data from the HSD and SL Start for the SNAP work program since 2011; and

- details of cost estimates for implementation of the new rule.

Public Comment

Bill Jordan, senior policy advisor for New Mexico Voices for Children, told committee members that the \$400,000 appropriated for the SNAP Double Up Food Bucks program at farmers' markets is a big success, but under the new HSD rule, fewer people will be eligible, and the program will be undermined. The problem in New Mexico is hunger, not that there are too many SNAP recipients, Mr. Jordan said. The Kids Count ranking will come out next week, and New Mexico is still at the bottom for child well-being, he said.

Lorenzo Alba, executive director of Casa de Peregrinos, asserted that nonprofits like his that feed people will suffer the backlash of the new work program. In Dona Ana County, 38 percent of those served by his agency are children; in rural areas, 30 percent are senior citizens. Currently, 125 to 150 families are being served in Las Cruces each day that his agency is open.

Javier Benavidez, director in New Mexico of the Southwest Organizing Project, said he is bringing a busload of folks up to Santa Fe tomorrow to testify at the public hearing for the new work rule. Poverty is not a luxury, he stated; corporate tax cuts are.

Las Cruces attorney Yvonne Flores said she was on food stamps during college and the last three semesters of law school, and she could not have made it through without that assistance.

Kari Bachman, coordinator of Place Matters in Dona Ana County, said the SNAP program could be improved; changing work requirements is not an improvement but will increase food insecurity. The proposed changes create a disincentive for participation and have not been proven to be an effective strategy. She reiterated the economic boost that local communities receive for each dollar spent in SNAP benefits. New Mexico is better served by giving benefits to those who deserve them and by helping families out of poverty, she said.

Providing Access to Fresh, Nutritious Foods for Healthy Outcomes: Private/Public Cooperative Programming

A panel presentation that included representatives of Farm to Table, the New Mexico Farmers' Marketing Association and La Semilla Food Center (see handout) provided a report on progress in locally based agriculture and in the recognition of the importance of fresh food; the links between farming, health and local economies; and innovative public/private and community partnerships.

Pam Roy, executive director of Farm to Table, provided the economic backdrop: one in five New Mexicans is on SNAP, 28 percent of the state's children are food insecure and one-half of the state is considered to be a "food desert". Low-income families spend a significantly larger proportion of their income on food, she said. Farm to Table works to promote locally based agriculture by enhancing market opportunities for farmers and by partnering with other

organizations and agencies to bring innovation to food nutrition and farming programs. Ms. Roy said some health clinics and MCOs are reaching out to food organizations, and they provide prescriptions, education and vouchers for fresh food and training and toolkits for community health workers. The Navajo Nation's Diné Food Sovereignty Alliance aims to restore the traditional food system and develop food literacy and wellness training. These efforts are being aided by a new "junk food tax".

Ms. Roy described several innovative programs funded by the state: \$450,000 to farmers for senior citizen and Women, Infants, and Children (WIC) nutrition and \$400,000 for SNAP Double Up Food Bucks to purchase fresh fruits and vegetables at farmers' markets. Others include the Cuba mobile farmers' market, the MoGro mobile market in Sandoval County and the Bernalillo Veggies Van, among others. The New Mexico Grown Fresh Fruits and Vegetables for School Meals program, with \$479,300 in state funding, has numerous community partners throughout the state and is a big success, having engaged more than 7,500 students and trained more than 150 teachers. The New Mexico Food and Agriculture Policy Council, partnering with local and regional policy councils and private nonprofits, is leading the way in New Mexico, Ms. Roy said. She urged legislators to review all food and nutrition programs, to coordinate with state agencies to develop and report on best practices and to maximize funding opportunities for successful programs.

On questioning, committee members discussed with panel participants the following topics:

- ideas for forming a food hub in southern New Mexico, perhaps utilizing public buildings that often sit idle;
- supplemental SNAP dollars delegated for seniors and possible legislation to restore pre-recession levels of added state dollars;
- data collected from the SNAP Double Up Food Bucks program;
- successful food growing programs at some juvenile detention centers; and
- restoration of farmland for organic transition, with assistance from NMSU through a grant program.

Consolidation of Food and Nutrition Programs — Senate Memorial 93

Caitlin Smith, staff attorney for Project Appleseed, an Albuquerque nonprofit organization that works to address the root causes of poverty, discussed Senate Memorial 93 from the 2015 regular legislative session, which directs the LHHS to study the feasibility of combining state-administered nutrition programs (see handout). Ms. Smith's organization recommends combining seven programs into a single state agency whose core competency is social services. Currently, meal programs are administered by the Public Education Department (PED) and the CYFD. Direct certification through SNAP in New Mexico lags behind federal benchmarks requiring that school-age recipients be registered to receive free meals. In 2014, the PED sent out incorrect deadlines and eligibility numbers to school districts, and, in the ensuing crisis, advocates and the USDA conducted trainings around the state with the PED and signed up many more eligible school children. However, the PED remains under USDA oversight. Ms.

Smith concluded that program consolidation is a strong option for increasing effectiveness in the long term.

Steve Hendrix, director of the Early Childhood Services Division, CYFD, described the two food and nutrition programs administered by the CYFD: the Child and Adult Care Food program and the Summer Food Service program (see handout). The first program provides reimbursement to child care providers for nutritious meals and snacks to approximately 37,000 children daily in New Mexico, and the second program provides nutritious meals to children during the summer when school is not in session. Both programs are 100 percent federally funded. Having served over two million meals in 2014, New Mexico ranks second only to Washington, D.C., in delivery success, Mr. Hendrix said. He noted that because of differing USDA regulations and reimbursement rates, bureaucratic barriers will remain, in spite of the goals outlined in Senate Memorial 93. Considering the CYFD's success with its meal programs, the agency is concerned that combining all food and nutrition programs might have the opposite effect by increasing administrative confusion.

Hipolito "Paul" Aguilar, deputy secretary of finance and operations for the PED, was unable to attend but provided a handout that detailed the department's objections to combining all programs under one agency (see handout). Several committee members expressed disappointment that the PED was unable to send a representative to the important discussion.

Kerry Thompson, clinic operations manager for the New Mexico WIC program, said that, under federal law, WIC must be administered by a state health agency, and, thus, its placement under the DOH is mandated (see handout). The New Mexico WIC program serves low-income pregnant women and postpartum women with infants and children up to age five who are found to be at nutritional risk, Ms. Thompson said, and the program serves more than half of all babies in the state. Participants learn about healthy eating, get support for breastfeeding and are informed about available health care and other services. The New Mexico WIC program is a significant resource in the state's effort to prevent obesity in young children, Ms. Thompson said. In 2013, 19 states, including New Mexico, reported to the federal Centers for Disease Control and Prevention a decline in obesity among low-income preschoolers — the first time these numbers decreased in a generation.

Bill Ludwig, regional administrator with the Food and Nutrition Service, USDA, oversees five states, and he emphasized to the committee that, in his opinion, from many years' experience, it does not matter so much which agency handles the program. What is important is the leadership in that agency. SNAP is usually administered by a social services agency because the TANF program and Medicaid are administered by a social services agency and usually serve the same clients. In New Mexico, these nutrition programs are extremely important, Mr. Ludwig emphasized, because of the high levels of poverty. He provided several examples of successful and not-so-successful transitions, and he said that the USDA is here today not to recommend a course of action, but, rather, to provide technical support. Mr. Ludwig had high praise for New Mexico's summer meals program and the WIC program.

On questioning, committee members and panelists discussed the following topics:

- progress toward resolution of USDA problems with the PED;
- efforts by the CYFD to scale back some regulations for registered child care homes and encouraging them to stay in the food program; and
- a committee member's observation that staff often follow a program from one agency to a new agency, and, thus, there is no real change.

Requests for Further Information

Committee members asked Mr. Hely to follow up with the PED for a report on what it has done to resolve its problems with certification and with the USDA. Committee members also asked Mr. Hely to provide members with a copy of the report and an update on the PED corrective plan.

Recess

The committee recessed at 4:20 p.m.

Friday, July 17 — LCDF, Las Cruces

Welcome and Introductions

The meeting was called to order by Representative Espinoza at 8:30 a.m. She welcomed those assembled and asked committee members and staff to introduce themselves.

Dona Ana County Health and Human Services Department (DACHHS): Health Care Assistance Program; Community Resource Centers; Crisis Triage; Emergency Medical Services

Jamie Michel, director of the DACHHS, said that Dona Ana County serves a very different constituency from the rest of the state, with many families more connected to Mexico and Texas than to New Mexico. There are three divisions in her department: court compliance; outreach and education; and program operations. Programs offered at six community resource centers throughout the county (see handout) include health promotion (diabetes prevention/management; mental health stigma reduction and access to care; and parent/child development), substance abuse prevention and growing food connections, among others. The department functions as the county health care safety net and provides ambulance services, indigent burials, county-supported Medicaid and health care assistance for the underinsured and uninsured. The department also conducts the local DWI program.

Ms. Michel discussed the county's crisis triage center, which was completed three years ago, but is still not open. The county did not have an operator for the center after the top two choices from a request for proposals dropped out. Recently, however, Mesilla Valley Hospital has agreed to step up to operate the new facility built on land next to the county detention center. Mesilla Valley Hospital CEO Robert Mansfield said that development of an algorithm will help a mobile response team evaluate the needs of individuals needing mental health services.

Joaquin Graham, operations manager of American Medical Response, which holds the contract to provide ambulance service in Dona Ana County, said the frequency of behavioral health transportation is significant, averaging 126 hours per month and involving two emergency medical technicians (EMTs) and a paramedic for transports to Mesilla Valley Hospital, the NMBHI or other facilities. Mr. Graham said his company is working to establish a mental health transport unit for stable patients that would free up the ambulance to return to 911 service. Another issue that needs resolution is adding behavioral health to the scope of practice for EMTs so they can bill for services. On any given day in Dona Ana County, there are between five and 10 calls for strictly behavioral health issues, he said. EMTs are great at evaluating individuals on-site, and EMTs could be tied into a community system where assessments are conducted before calling 911.

On questioning, committee members and presenters discussed the following issues:

- problems with the perception that the new crisis triage center is part of the jail;
- the possibility of state-funded behavioral health beds in Dona Ana County;
- the success of mental health first-aid training in the community and of evidence-based mental health training for promotoras, the latter funded by a foundation grant and being readied to share with other communities;
- the effects of the behavioral health provider shakeup on Dona Ana County, which caused a lack of access to medication for many consumers, increased ER visits and dramatically increased walk-ins to Mesilla Valley Hospital; and
- a call by one committee member urging the committee to endorse legislation for a statewide investment in crisis intervention training.

Addressing Social Determinants of Health in Rural New Mexico

Mary Stoecker, B.S.N., Community Health Promotion Team, Southwest Public Health Region, DOH, described a health system innovation project model, which is now in the design phase, that is a collaboration with the HSD and is funded by the federal Centers for Medicare and Medicaid Services. Three goals of the project are: 1) to provide an enhanced experience of health care; 2) to reduce costs; and 3) to improve population health and health outcomes (see handout).

K'Dawn Jackson, interim director of community and organizational development for HMS, said her organization has been using the promotora/community health worker (CHW) model to help remove barriers and address social determinants in community health. While most of its CHW work has been supported by grants, HMS is now moving toward contracting for services, she said. Results have been measurable, from reducing ER visits to decreasing costly appointment "no-shows" in the clinics and documenting positive lifestyle/behavior changes through CHW intervention. Another important component of community health is improving transportation options in southwest New Mexico, Ms. Jackson said. The Grant County Transit Consortium is working to improve the use of appropriate transportation by urging MCOs to utilize local, rather than out-of-state, providers for non-emergencies and by exploring the possibility of a state transit fund that can be used for a local match in grant applications.

A committee member noted that economic development talks are often about such things as broadband and that this transportation piece needs to be brought before the Jobs Council and the Economic and Rural Development Committee.

Addressing Barriers and Increasing Access to Health Care in Rural New Mexico

Ms. Martinez de Gonzales said that LCDF has eight sites, including two school-based sites, and serves over 24,000 rural patients, with nearly 8,000 of these being Spanish-speaking only. A huge challenge in taking on behavioral health will be to provide services in Spanish; having a translator in the room will not be sufficient, she said. LCDF is in the early stages of acquiring a nearby obstetrics-gynecology and pediatrics clinic that serves the same population. She described a staff of 15 physicians, 10 advanced practitioners, 10 dentists, eight dental hygienists and eight licensed social workers, as well as collaborations and pilot projects with multiple partners. She also noted significant information technology challenges (see handout).

Darrick Nelson, M.D., chief medical officer of HMS, said that with 40 percent of the state's primary care physicians now at retirement age, the lack of new providers is the biggest barrier to better health care in rural New Mexico. Maldistribution is also an issue, with half of the state's physicians residing in Bernalillo County. Now, HMS has its first two medical residents from the University of New Mexico and both plan to stay in rural New Mexico, Dr. Nelson said, but a way must be found to increase the number of slots for residency training; there were 600 applicants for those two positions.

Charlie Alfero, executive director of the Southwest Center for Health Innovation, said that "growing our own" is the key. There are many loan repayment programs available to attract health care professionals, and he would much rather see those dollars go to New Mexicans who are more likely stay in the state. The center has been working with more than 6,000 youths over the past five years, holding math, science and other academic preparatory classes to start to create a pipeline of health care professionals. The DOH is talking about diverting this funding elsewhere, and there will be a summit on August 10-11, 2015 at the Indian Pueblo Cultural Center to discuss this and other training issues in Albuquerque, Mr. Alfero said. He urged committee members to attend.

Mr. Alfero also said that the payment system for medical services needs to allow for more creativity in primary care services, including allowing payment for non-face-to-face encounters, such as telemedicine. Volume-based payments are a barrier to rural health care, he asserted; cost-based reimbursement is best for ensuring that wanted services are provided.

On questioning, committee members and presenters discussed the following topics:

- the administrative burden for physicians and dentists, who spend more time on the computer than with patients, driving them toward retirement;
- residency training at community health centers utilizing a unique Medicaid model that avoids the federal cap and costs the state \$25,000 per resident instead of the current \$100,000;

- opportunities with the new Burrell College of Osteopathic Medicine at NMSU; and
- challenges for LCDF in integrating 1,900 behavioral health consumers transitioning from La Frontera New Mexico.

Protective Services for Seniors

Brian Hoffmeister, program evaluator, LFC, discussed results of a report on the Adult Protective Services Division (APSD) of the Aging and Long-Term Services Department (ALTSD), which was presented to the LFC on May 12, 2015. The APSD is charged with investigating reports of maltreatment of incapacitated adults, with the goal of correcting or eliminating abuse, neglect or exploitation, and transitioning the protected adult to the least restrictive safe environment. Allegation investigation is a key service in APSD programs, and, through contracted providers, there is an operation of a system providing in-home services. The LFC evaluation concluded that the APSD does not have sufficient information about client outcomes and the effectiveness of its outreach efforts. The LFC recommended that the legislature clarify definitions of "neglect" and "self-neglect" in statute; consider dedicating other sources of federal funding to the APSD; and consider leveraging general fund dollars with Medicaid case management. The report contained numerous recommendations to the ALTSD, including updating and improving APSD performance measures, monitoring caseloads, engaging NMSU to expand its social work internship program and establishing client outcome performance measures and the production of more comprehensive data for reporting to the public, among others.

Barbara Rios, executive director of the Deming Area Agency on Aging, described her nonprofit organization's work in providing services and programs for the elderly in Luna County. A referral for investigation of possible elder abuse must be documented with a thorough assessment, she said. The majority of referrals are cases of self-abuse, with hoarding, an excess of animals in the home and little or no food for human consumption being the most common issues. Luna County is very rural, with a rapidly aging population, Ms. Rios said, and many folks who moved to Luna County left their support system behind. Her agency can provide complete care services, allowing individuals to remain in their homes as long as possible, and tracks all of its cases. Ms. Rios said she can provide detailed data on outcomes to the state.

Juliet Keene, assistant attorney general, Medicaid Fraud and Elder Abuse Division, Office of the Attorney General, said her division has a different function than that of other state agencies. Created by federal statute for law enforcement, it includes three attorneys, forensic auditors and medical investigators, a fraud investigator and other legal staff. The division investigates Medicaid fraud cases in facilities and against providers for services not rendered and, in some cases, for actual harm done to a consumer. In rural New Mexico, most nursing home care is Medicaid-funded.

Donald Wilson is executive director of The Village at Northrise in Las Cruces, which provides independent, assisted living and nursing home care. Mr. Wilson said that if a person comes into the facility from outside and is being abusive to a resident, the facility reports it to the

APSD. More complicated situations arise when a resident who no longer has the ability to navigate financial decision-making becomes a victim of financial exploitation, sometimes by a family member. Many individuals have not made advance arrangements or designated a power-of-attorney for financial matters. Mr. Wilson said there is an employee abuse registry that can be searched by employers before hiring, but unless there has been a finding by the court, a name cannot be listed, and many cases are pleaded down.

On questioning, committee members and presenters discussed the following issues:

- the need for a systemic look at funding and sources to increase capacity for pursuing reports of abuse, neglect and exploitation;
- the fact that institutional care is covered by state statute, but care in individual homes is not;
- referrals for abuse on tribal lands;
- the hotline for reporting abuse not being available after business hours;
- role of the ombudsman in unannounced visits to facilities; and
- delays and lack of cooperation from MCOs in providing services, such as home-delivered meals, and in disputes over eligibility, payment and changes in level of care.

Public Comment

Becky Horner, state director of the March of Dimes Foundation, told committee members that an increasing number of babies are being born in New Mexico addicted to opiates and other drugs. Her organization will be looking at policy recommendations for the state and at programs to provide services to pregnant women. She provided members with a folder containing information about the March of Dimes and about prenatal drug use and newborn health.

Adjournment

There being no further business before the committee, the second meeting of the LHHS for the 2015 interim adjourned at 3:00 p.m.