



## **BHPC Meeting Minutes February 10, 2021**

### **BHPC Members Present:**

Susie Kimble, Chair  
Carol Luna Anderson, Vice-Chair  
Nancy Passikoff  
Jane Jackson Bear  
Gail Falconer  
Lisa Trujillo  
Cindy Collyer  
Michael Estrada, Department of Corrections  
Alice King, Division of Vocational Rehabilitation, Las Vegas  
Jackie Nielsen, BHSD  
Carol Kane, Oxford House  
Tim Kane, Oxford House  
Cathi Valdes, BHPC Administrative Support

### **Guests:**

Pilo Bueno, Presbyterian Health Plan  
Doug Calderwood, Aging and Long-Term Services Department  
Leslie Kelly, Public Education Department  
Shayna Klassan, Department of Health, Office of School and Adolescent Health  
Mark Garnand, Western Sky Community Care  
Melissa Moya, Santa Fe County Fire Department  
Ashley Sprunk, Department of Corrections  
Lisa Jackson, Envive Solutions  
Laurie Kerr, Envive Solutions  
Wendy Linebrink-Allison, NMCAL  
Pattie Hartman, Community Advocate in Las Cruces  
Melisha Montano, BHSD/OPRE  
Mike O'Brien, DVR  
Christine Fuller, DVR

### **Introductions of those present.**

**Approval of Agenda:** Cindy moved approval of the agenda. Gail seconded the motion. The motion passed.

**Approval of Minutes:** Michael moved approval of the minutes. Carol Kane seconded the motion. The motion passed.

Cathi announced that the Governor signed the declaration making February 10, 2021 Behavioral Health Day in New Mexico.

**Consolidated Customer Service Center (CCSC) Discussion:**

Cindy: You need a case number to take advantage of the call center. If you wait until the very end of the options, you can get some information. The CCSC number is the same number as the Income Support Division. What do they know about behavioral health services?

Nancy: She couldn't get anywhere. It is not consumer friendly. She is worried about the evolution of OPRE and the loss of the consumer affairs portion of OPRE.

Alice: She doesn't have a case number, so it wasn't helpful for her.

Gail: Consumers used to be able to call the Office of Consumer Affairs to find out about conferences that were coming up and be able to get funding to attend them.

Melisha: What do you mean about the evolution of OPRE? She has her phone number advertised and she is available 24/7.

Nancy: The Office of Consumer Affairs was a grassroots effort to be available to answer general questions. Who can do that now? She is glad that Melisha is coming to the meetings.

Melisha: The three OPRE staff are available to answer the phone. They will return calls if they miss them.

Cindy: The Office of Consumer Affairs gave those with severe mental illness someone to contact.

Wendy: The NMCAL Peer to Peer Warmline has peers working all hours to take their calls.

Susie: What number should be called?

**OPRE Update:**

Melisha: She shouldn't have to defend OPRE at every meeting. OPRE has an outstanding training program. They will reopen peer applications for CPSW trainings in March 2021. For CPSWs, the Code of Conduct is very important. Do No Harm. Starting in February, 145 to 150 peers will be able to take the CPSW exam on-line. OPRE provides free trainings, newsletters and jobs for peers. The Hallmark Project is a peer support service for individuals impacted by COVID 19. It is a two-year project. CARES funding supports this effort.

Susie: We don't want to attack you.

Carol: The statewide CCSC number is not helpful to our population. OPRE is one of the most important programs in BHSD. There is not an OPRE 24/7 number for peers. NMCAL does that.

Wendy: We should maybe incorporate routing of CCSC calls regarding behavioral health to NMCAL. Dr. Bowen is working on this.

**Supported Employment Presentation by Division of Vocational Rehabilitation:**

Dr. Mike O'Brien and Christine Fuller: Power Point was sent to BHPC after the meeting.

Mike: He comes from the Clubhouse Model for supported employment. Employment plays an important role in recovery. Work has a powerful impact on people. Employment gives them a chance to move forward.

Christine: There is a lack of access to employment services -- 60% want to access employment services, but only 20% have access to it.

Nancy: In Raton, we can't break the cycle of minimum wage. Loss of Medicaid is an issue. How could DVR set up a facility in Raton? They have a UNM HERO program there now.

Mike: There is a Clubhouse in Walla Walla, Washington with no professional staff. You need to have a model to follow. NAMI can help. With COVID, we need to make sure they have computers so they can search for employment on-line. COVID has changed the perception of how we work. There are new opportunities now.

Jane: Are you collaborating with tribes and tribal employers?

Mike: DVR has three federally funded Native American programs, Navajo Nation, Laguna-Acoma pueblos and Jemez Pueblo, that are looking at self-employment and other employment. He meets with the tribes quarterly.

Jane: The Jemez Pueblo project includes Zia and Santa Ana pueblos.

Gail: Employing people who have talent in jobs that they like to do is the most successful model.

Mike: We are looking for real jobs that people want according to their career interests and values.

Susie: We may have you back to update us on supported employment.

**Behavioral Health Day and Awards Celebration:**

Carol: The event was a huge success. When we had the presentations in the Capitol rotunda, we couldn't so most people did pay attention. This year we had the Governor and many cabinet secretaries. They were able to talk from where they were, rather than having to travel to another destination.

**Subcommittee Updates:**

**NASC/Jane:** We are trying to get a meeting together by the end of the month or next month. We are encouraging COVID vaccinations. There are special vaccination clinics on the weekends on the Navajo Nation where 10% of the population has been vaccinated out of 300,000 plus members.

**CASC/Gail:** We are going to reach out to the youth to get them involved in future meetings. Alicia Salazar talked about what our priorities would be. Number one is the development of additional community-based services for children and youth.

ASAM/Jackie: The suicide ad hoc committee met. They talked about the legislation that is being considered. We should look at adding suicide prevention to the crisis and violence paper that Lisa is developing. Jackie was able to distribute all the COVID coloring books.

**State Agency Updates:**

**DVR/Alice:** They have released a couple hundred on the waiting list to clear it out.

**Corrections/Mike Estrada:** They are vetting new providers for probation and parole in the Albuquerque area. They are conducting audits of providers.

**PED/Leslie:** They are hiring a program manager for the \$10,000,000 school based mental health grant. They will utilize an online platform for social emotional mental health.

**ALTSD/Doug:** They are looking at ways to reach out to help seniors with the social isolation they are experiencing during COVID lock downs. ALTSD sponsors a Senior Social Hour each week. The Senior Olympics have an exercise class on their website. They encourage people to send card and letters to those individuals in nursing homes, especially over the holidays. This has resulted in pen pal relationships. They are also encouraging seniors to receive COVID vaccinations and assist those who cannot use the DOH website to register for the vaccination. They also host vaccinations at the senior centers and are working with UNMH for the Albuquerque area.

Nancy: How do we get those to frontier New Mexico?

Doug: Contact the Aging Resource Center at <https://www.nmaging.state.nm.us/adrc.aspx>; or at 1-800-432-2080.

**MCO Updates:**

**Presbyterian Health Plan/Pilo:** They are focusing on the SOAR academy training staff on how to use it. Everything is done over the phone. Presbyterian is offering a class in note taking/documentation for CPSWs that is worth 1.5 CEUs. They are also piloting a class on Cultural Sensitivity that will include women's issues and disparities in the future.

**Western Sky Community Care/Mark:** They has been focusing on compliance with state requirements. New Mexico Medicaid MCO providers can do health risk assessments to assign CPSWs and care coordinators for members to assist with finding housing and food. Each MCO has value added benefits. Western Sky's valued added benefits include traditional healing and infant car seats, among other things.

**Meeting adjourned. Next BHPC meeting will be held on Wednesday, April 14, 2021.**



**BHPC Meeting Minutes  
April 14, 2021**

**Present:**

Susie Kimble, BHPC Chair  
Carol Luna Anderson, BHPC Vice-Chair  
Carol Kane, BHPC Member  
Tim Kane, BHPC Member  
Kendra Morrison, BHPC Member  
Gail Falconer, BHPC Member  
Nancy Passikoff, BHPC Member  
Lisa Trujillo, BHPC Member  
Cindy Collyer, BHPC Member  
Jackie Nielsen, HSD Behavioral Health Services Department (BHSD), BHPC Member  
Eldred Lesensee, Indian Affairs Department, BHPC Member  
Michael Estrada, Corrections Department, BHPC Member  
Shayna Klassen, Department of Health, BHPC Member  
Leslie Kelly, Public Education Department, BHPC Member  
Lupe Salazar, Barrios Unidos  
Nathan Lawson, BHSD/OPRE  
Patrick Byers-Smith, BHSD/OPRE  
Melisha Montaña, BHSD/OPRE  
Monica Talavera, BHSD/OPRE  
Tiffany Wynn, BHSD  
Laurie Kerr, Envive Solutions  
Lisa Jackson, Envive Solutions  
Russ Lyles, Blue Cross Blue Shield  
Melissa Moya, Santa Fe County Fire Department, MIHP-COOP  
Pilo Bueno, Presbyterian Health Plan  
Mark Garnand, Western Sky Community Care  
Kyle Livingston (affiliation)  
Valentina Livingston, NM State Project Coordinator, Building Healthy Military Communities

Wendy Linebrink-Allison, NMCAL/Protocol Services  
Cathi Valdes, BHPC Administrative Support

## **Introductions**

**Approval of Agenda:** Nancy Passikoff moved approval of the agenda. Cindy Collyer seconded the motion. The motion passed.

**Approval of Minutes:** Approval of February 2021 minutes will be postponed until the June 2021 BHPC meeting.

**Council observed a moment of silence for those lost to COVID-19.**

**Council members provided their remembrances of the late Mark Simpson, former BHPC member.**

**BHSD Update, Tiffany Wynn:** The BHSD budget is intact, having suffered budget reductions. The Junior Budget Bill funding has provided funding for housing and outreach service in Northern New Mexico. BHSD has issued a call for mini grants totaling several hundred thousand dollars to bring BHSD providers into HIPAA and high-tech compliance post COVID19 when the health emergency has ended. BHSD has also called for mini grants for CPSW supervision that will be culturally humility and trauma informed. The OPRE Steering Committee is bringing in training from the National Council on Peer Support to build a model and provide recovery planning for CPSWs to create a frame to practice in. Daily updates are being provided on the CCSC call center. Calls are being monitored and feedback provided.

The professional manuals created by the New Mexico Recovery Project for employers and employees are available on the nmrecovery.org website. The project is a statewide Substance Use Recovery and Treatment Collaborative with a mission of:

- expanding access to substance use treatment
- increasing the healthcare workforce
- increasing access to community-based behavioral health services for children and other underserved populations

The SAMHSA block grant for substance use disorder and mental health services will have additional funding for services that pass four gates:

1. Statewide
2. Sustainability
3. Quality assessment
4. Align with the HSD strategic plan

There will also be COVID extension grants for wellness centers.

Regarding the Kevin S settlement, CYFD and HSD have met the main deliverables. The document is 400 pages with a 78 page data validation plan that is under review. It should be reviewed by the end of April and can then be released to the public.

**Susie Kimble:** What can people see in communities from the Kevin S settlement? What difference will it make?

**Tiffany Wynn:** It will now be a fully trauma-informed system of care that treats people with dignity. The focus will be on youth who are in protective services. Case Western University will build expertise for providers and their staff. There will be benchmarks for treatment foster care. We will start seeing more relatable services. For youth who are placed out of state, HSD and CYFD will have a review team for all placement and to develop a plan for bringing the youth back to New Mexico.

**Kendra Morrison:** We have been dealing with the same things for a very long time. What will be different to be helpful?

**Tiffany Wynn:** CYFD and HSD are collaborating and the ability to leverage expertise will change the trajectory of the system. There will be intensive home-based services. It will be a trauma responsive care system.

**Susie Kimble:** The BHPC would like to help.

**Jane Jackson Bear:** Is there tribal input on the communities?

**Lisa Trujillo:** We have the ability to participate and want to be helpful.

**Cindy Collyer:** Valle de Sol is closing its offices in New Mexico effective the end of July 2021. The state is managing the transitions and will be partnering with multiple agencies. Clients have a choice of where to go. MCOs will track patients and meet with BHSD so no one loses care.

**Nancy Passikoff:** Consumers want to be part of which providers come into the counties. LC8 helped bring support with the previous transition.

**OPRE Update, Melisha Montano:** Melisha provided an OPRE update via Power Point that was shared with the BHPC members. Since she became the OPRE Director, there have been 655 CPSW applicants. Of those, 193 made the cut and are being trained. Every year OPRE trains CPSW trainers utilizing workforce readiness funding from CMS.

Building Healthy Military Communities, Valentina Livingston: Valentina presented her project utilizing the Power Point which was shared with those present and is incorporated into these minutes.

## BUILDING HEALTHY MILITARY COMMUNITIES PILOT

### Addressing Challenges to Readiness, Resiliency, Recruiting and Retention and the Health Equity of the Force

#### NM BHMC Overview

Ms. Valentina Livingston, New Mexico State Coordinator, Contractor  
14 April 2021



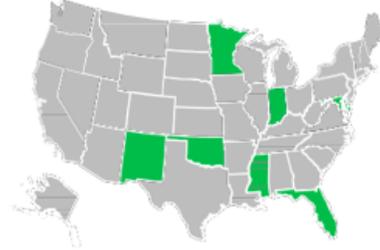
**Talking points:**

- Overview of BHMC Pilot
  - Priority Area 1: Physical Fitness and Nutrition Strategy Updates
  - Priority Area 2: Mental Health, Behavioral Health and Substance Misuse Strategy Updates
  - Priority Area 3: Employment and Financial Health Strategy Updates
  - Questions

## OVERVIEW OF BHMC PILOT

### The BHMC Pilot...

- ...is Congressionally mandated. The Pilot is a multi-year, multi-state effort that is part of a larger initiative to achieve **force resiliency and readiness** in all three military components: Active Duty, Reserve, and National Guard as well as Recruiting and Cadet Commands
- ...aims to **better understand and address unique readiness and well-being challenges** facing geographically dispersed Service members, their families, and the communities in which they live
- ...takes a **data-driven approach** to contextualize and geospatially map data that identifies county-level challenges and poor health outcomes in order to provide targeted interventions
- ...engages **Service leaders, Service members, their families, and the community** to identify capabilities and gaps
- ...**builds partnerships** at the local, state, and Federal levels to successfully achieve the Pilot aims and amplify impact



States were selected based on several factors including **geography, Service member population density, Service diversity, the presence of Active Duty and/or Reserve Component units, under-represented minorities, and documentation of poorer Health Related Quality of Life (HRQoL)**, which is used as a proxy measure for readiness



## OVERVIEW OF TOTAL FORCE FITNESS (TFF)

Total Force Fitness (TFF) is the DoD's integrated, capability-based framework for **optimizing the human performance, mission readiness, and resilience** of Service members and families of the Joint Force.

TFF is a **multi-domain framework** that provides DoD with the capability to **understand, assess, and maintain** the full spectrum of components affecting Service member readiness and their ability to meet mission requirements.

The mission of TFF is to measurably improve the human performance and readiness of the Joint Force through **application of data-driven insights** that inform, prioritize, and accelerate development of a combat-credible and lethal force.



## BHMC HOLISTICALLY SUPPORTS THE DOD COMMUNITY

To support the DoD Community as a whole, the BHMC Pilot broadens DoD's approach to understanding and addressing the needs and challenges of geographically dispersed Service members, recruits, and their families. Drilling down beyond a national or regional approach, BHMC is **focused strategically on the specific needs and resources within DoD, states, and local communities.**



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## BHMC INTENDED OUTCOMES

The BHMC Pilot seeks to evaluate meaningful outcomes, measures, and benchmarks demonstrating impact on force readiness. **BHMC is currently partnering with the** Uniformed Services University of Health Sciences (**USUHS**), Consortium for Health and Military Performance (**CHAMP**) with support from Operation Live Well (**OLW**) to measure:

- Retention rate
- Service member readiness to deploy
- Prevalence of disease and non-battle injury (DNBI)
- Impact of including DoD perspective on every state's State Health Improvement Board (or equivalent)
- Impact of question added to the Behavioral Risk Factor Surveillance System (BRFSS) survey that specifically asks respondents about their current military status

USU's Consortium for Human and Military Performance (CHAMP) continues to manage ongoing 7 evaluation efforts.

## INTERIM INDICATORS

TFF Domain <sup>^</sup>	Interim Impacts of the BHMC Pilot
<b>Physical*</b>	<ul style="list-style-type: none"> <li>Improvement in Army Total Force Physical Fitness Test (APFT) failure rates and average scores improved in all 6 Pilot states</li> </ul>
<b>Social*</b>	<ul style="list-style-type: none"> <li>Improvement in the percent of Soldiers agreeing they are satisfied with their marriage in 5 of 6 Pilot states</li> </ul>
<b>Psychological*</b>	<ul style="list-style-type: none"> <li>Improvement in the percent of Soldiers with a failed drug test in all 6 Pilot states;</li> <li>Improvement in percent of Soldiers with "moderate risk" alcohol consumption patterns in 4 of 6 Pilot states</li> <li>Improvement in the percent of Soldiers with moderate or greater levels of depression in 5 of 6 Pilot states</li> <li>Improvement in the percent of Soldiers with mental health concerns receiving treatment concurrently in 4 of 6 Pilot states</li> <li>Improvement in percent of Soldiers reporting trouble sleeping in 4 of 6 Pilot states</li> </ul>
<b>Ideological &amp; Spiritual*</b>	<ul style="list-style-type: none"> <li>Improvement in the percent of Soldiers who would keep their job given the choice in 4 of 6 Pilot states</li> <li>Improvement in the percent of Soldiers who believe their job has meaning and are committed to their job in 5 of 6 Pilot states</li> <li>Improvement in the percent of Soldiers who believe they are a person of dignity and worth in 5 of 6 Pilot states</li> <li>Improvement in the percent of Soldiers who believe they have purpose in life in 5 of 6 Pilot states</li> </ul>
<b>Nutritional*</b>	<ul style="list-style-type: none"> <li>Improvement in the Food Environment Index, which tracks access to healthy foods and food insecurity, in 5 of 6 Pilot states</li> </ul>
<b>Medical/Dental Preventive Care*</b>	<ul style="list-style-type: none"> <li>Improvement in percent of Service members who are undeployable due to Dental Class 2, 3, or 4 in all 6 Pilot states</li> </ul>

<sup>^</sup>Measures across 6 of the 8 TFF domains are currently being considered for evaluation of the interim impact of the BHMC Pilot. The DoD's Environmental Fitness data is difficult to segment/isolate by state and Financial Fitness is a new TFF domain (as of the 2020 update to CICS 3405.01—currently in formal coordination).  
<sup>\*</sup>Data Sources are Defense Training Management System (DTMS) for Physical; Global Assessment Tool (GAT) for Social; Drug and Alcohol Management Information System (DAMIS), GAT, Periodic Health Assessment (PHA) for Psychological; GAT for Ideological & Spiritual; US Department of Agriculture's Food Environment Atlas and Map the Meal Gap for Nutritional; and PHA for Medical/Dental Preventive Care.

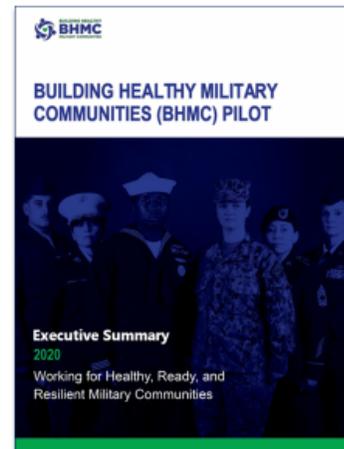
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## STRATEGIES FOR SUSTAINMENT & NEXT STEPS

When the BHMC pilot concludes, the Department will review the pilot's salient findings, lessons learned, and final outcomes and determine a way forward to capitalize on key pilot insights

**The BHMC Pilot would benefit from more time to both realize its full measurement potential and sustain the important work State Coordinators are doing on the ground**

With support from the Services, the Military Family Readiness Council (MFRC) has included in their annual report final recommendations to include BHMC continuance or expansion to additional, if not all, states and territories in support of military family readiness.



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## State Overview:



New Mexico Service Members, Veterans and their Families have shown readiness concerns in these 7 counties:

County	Population	# of Military Members	# of Military Families	# of Veterans	Per Capita Income
Bernalillo	676,773	5,668	6,759	52,937	\$41,038
Dona Ana	215,579	1,406	1,908	14,595	\$32,852
McKinley	72,564	172	159	3,311	\$25,688
Otero	65,817	4,117	4,844	9,397	\$34,686
San Juan	126,926	317	242	7,628	\$38,007
Sandoval	142,507	947	1,407	11,257	\$38,667
Santa Fe	148,750	360	397	9,132	\$51,461



## ■ New Mexico's Lines of Effort



### ■ Increase Physical & Nutritional Fitness

- Y.M.C.A Army Combat Fitness 8-week program
- Good Food NM Texting Program
- NMFMA Train-the-Trainer
- Nutrishop 6-week weight challenge
- National Park and State partnership
- Operation Veteran Wellness Virtual Run

### ■ Mental and Behavioral Fitness

- Mental and Behavioral Health Virtual Forums
- SAMHSA's Talk. They Hear you
- NM 5-Actions Program
- Suicide Prevention
- Ask the Question Toolkit
- Forward Flag QPR Free training
- COVID-19 Mental/Behavioral Health
- Ideal Option Partnership
- Together With Veterans – VA

### Employment & Financial Health Fitness & Community Outreach

- County Monthly/Quarterly Meetings
- Monthly Newsletter
- PFCs awareness
- Soldier & Family Resource Center

**Priority Area 1: Physical Fitness and Nutrition Strategy Updates**

*GOAL: Enhance healthy eating and an active lifestyle to improve the readiness and well-being of Service Members and their families.*

**STRATEGY 1.1.1:** Increase SM utilization of food assistance and nutrition programs and tools.

**STRATEGY 1.1.2:** Educate Service members on the benefits of Good Food New Mexico texting platform.

**STRATEGY 1.1.3:** Coordinate with the New Mexico Farmers' Marketing Association to teach free "train-the-trainer" nutritional courses to SMs in leadership roles and volunteer family readiness support group leaders.

**STRATEGY 1.2.1:** Increase partnerships with community stakeholders, universities, community colleges, non-profits, and businesses to add or expand their Service Member and family's membership benefits/services/programs to improve physical activity.

**STRATEGY 1.2.2:** Advocate with state, local and national parks and recreation for discounted or free park and recreation access for all Veteran and Military Service Members.

**Priority Area 2: Mental and Behavioral Health and Substance Misuse**

*GOAL: Increase the awareness and utilization of the mental and behavioral health, and substance misuse resources available to the New Mexico Service Members and their families by 2022.*

**STRATEGY 2.1.2:** Work with partners to develop strategies to improve awareness of and access to alcohol/tobacco prevention resources.

**STRATEGY 2.1.3:** Work with Unified Prevention Coalition on the SAMHSA's Talk! They Hear You Campaign.

**STRATEGY 2.2.2:** Work with partners to develop strategies to improve awareness of suicide prevention trainings for military affiliated members and their families.

**STRATEGY 2.2.1:** Partner and collaborate with the New Mexico Department of Health's Suicide Prevention Coalition, the New Mexico Mayors Suicide Prevention Collaborative and the NMNG Suicide Prevention Taskforce to increase awareness of suicide prevention for all SM and their families and to increase early identification of suicide.

**Priority Area 3: Employment and Financial Health Strategy Updates**  
*GOAL: Improve SM and family financial health and decrease unemployment.*

**STRATEGY 3.1.1:** Encourage SMs to attend health and wellness fairs, employment fairs, and other direct outreach opportunities to increase their awareness and utilization of employment and financial services.

**STRATEGY 3.2.1:** Work with Personal Financial Counselors (PFCs) to develop strategies to reach military-affiliated populations beyond the current catchment area of the PFCs.

**NOTE:** For more information about the Building Healthy Military Communities, please contact Valentina Livingston at [valentina.l.livingston.ctr@mail.mil](mailto:valentina.l.livingston.ctr@mail.mil) or at (505) 234-3010.

**Nancy Passikoff:** She reached out to have the VA clinic join their LC8. How can she connect with them?

**Valentina Livingston:** The VA is providing services through tele-health for Colfax County.

**Jane Jackson Bear:** Are you working with tribal communities?

**Valentina Livingston:** Valentina has been working with the Native American collaboratives. Tribes have their own veterans' programs.

**Subcommittee Updates:**

**Finance Committee Report, Gail Falconer:** Gail presented the BHPC budget adjustment that needs a vote. Funding has been moved into the BHPC Administrative Support line item to cover the costs of the Administrative Support position. Because the budget adjustment came from the Budget Committee, it does not need a motion or second. Just a vote on the issue. The motion to approve the budget adjustment was approved.

**NASC, Jane Jackson Bear:** The March 16<sup>th</sup> NASC meeting was virtually hosted by LC18. The next NASC meeting will be May 18<sup>th</sup> and will be hosted by LC16. NASC is allocating funding for Native American LCs. The pueblos are still on lock down.

**NASC, Eldred Lesansee:**

- NASC met on March 16<sup>th</sup> via Zoom. Hosted by LC18 Chair Evelyn Naranjo, NASC welcomed the Native American Health Network to present and conduct a talking circle focusing on Relationships to others and oneself. NASC also welcomed several LC18 community member presentations on Suicide Prevention efforts and Ideal Options' services. Our next meeting is on Tuesday, May 18<sup>th</sup>.
- LC 15, 16, and 18 continue to virtually convene. In particular, LC 15 Navajo Nation looks to host a presentation series on Fatherhood and Male Figures. LC 16 Five Sandoval looks to enhance its community outreach by updating its brochures and pamphlets and by distributing safety essential bags to members. LC 18 will continue to support its members of the Eight Northern Pueblos by delivering another round of care packages.

**CASC, Kendra Morrison:** CYFD did a presentation on their behavioral health programs. They are doing the same things over and over again. She doesn't feel they are utilizing our expertise.

**ASAM, Jackie Nielsen:** During the ASAM meeting she gave an update on the legislature and presented the Mental Health America 2021 State of Mental Health in America that presented data from 2017 and 20189 for adults and children. New Mexico ranked number 9 of 51 for adults but ranked near the bottom for children and youth. NAMI Walks fundraiser will be held virtually on May 22<sup>nd</sup>.

**Nancy Passikoff:** The Valle del Sol closure, the Springer prison closure and the Raton nursing home closure has people in the community on high anxiety.

**Jane Jackson Bear:** For the Navajo Nation, there is a COVID hardship fund that has been established. The Nation has an enrollment of 450,000. There are 250,000 on the reservation, and of those, 90,000 have been vaccinated. Navajo Nation President Jonathan Nez conducts town halls to promote vaccinations. The Nation uses primarily the Moderna with Pfizer available every once in a while.

Corrections Department, Michael Estrada: They have two new Torrance County providers. Thanks to the MCOs for coming through with a complex case to assist a man who is getting paroled.

**Indian Affairs Department, Eldred Lesansee:** IAD Updates:

- In May 2021, NASC will honor Mental Health Awareness Month by sponsoring four (4) Native American youth wellness events in Isleta Pueblo, Jicarilla Apache Nation, Mescalero Apache Tribe, and Zuni Pueblo. The events will lead up to IAD's 2021 Indigenous Youth Virtual Summit to be hosted on June 11-12, 2021.

- IAD has continued its collaboration with Harvard University to conduct vital behavioral health research in Native American communities. Working with two phenomenal graduate students, IAD, with the support of NASC, will complete its semester-long research report on how Tribal governments have responded to behavioral health challenges during the COVID-19 pandemic. The report will be publicly available on IAD's website.

### **MCO Updates:**

#### **Western Sky Community Care, Mari Jimenez:**

- Staff continuing to work remote due to COVID19 restrictions
- Continuing to assist members:
  - With care coordination needs
  - To register for COVID vaccines
  - With support to members during the COVID health crisis.
  - With any social determinates of health needs
- Recent Member Advisory meeting (3/25/21)
- Community Advisory Board meeting on 4/15/21 at 3pm
- Three Virtual Baby Showers have been held during COVID with over 100 members in attendance
  - Another Virtual Baby Shower on 4/21/21 at 11am
    - Participants will receive Baby Boxes which include everything that would have been provided at a traditional in person event; diaper bag, diapers, bibs, programs provided by Western Sky.
    - We also reach out to members and coordinate delivery of an infant car seat, at no cost.

#### **Presbyterian Health Plan, Pilo Bueno:**

- PHP is offering a training (also offered via OPRE) for Certified Peer Supports on notes writing. Often peers are not aware of established methods for documenting their services. The class offers 1.5 CEUs.
- PHP requires all CPSWs to be trained in SOAR. The SOAR model is designed to assist children and adults in applying for Social Security disability benefits, including those returning to their communities from jails and hospitals. Youth aging out of the foster care system may apply 180 days before their foster care eligibility will end due to age.
- PHP continues with Mental Health First Aid. This effort is designed to address stigma against people with mental illness and addictions and educate the public on managing mental health crisis situations.

#### **Blue Cross/Blue Shield, Update from Russ Lyles:**

1. We continue with our Just Health programs, doing all outreach telephonically due to the COVID pandemic. We made approximately 10,000 outreach attempts to our members in 2020 and reached approximately 2800 members telephonically. Of those we did Transition of Care assessments on approximately 1800 members that we assisted with transition needs. We are working with both the CARA workgroup to develop processes on working with women who are pregnant and incarcerated and on how we can assist those members, and we are working with

the UNM Echo peer program, and receiving referral from them as well as starting a collaboration with them to work with our members who have Hep-C. We have many success stories from our Just Health program highlighting the results of working with this population.

2. We continue our ED outreach utilizing the EDIE platform, and have expanded it from utilizing 3 CPSW's in the metro area to a statewide program using 18 Transition of Care CC's, 7 additional CPSW's and 5 CC's. We used these staff to concentrate on our BH Performance Measures and it looks like we will hit our HEDIS measures for IET and FUM, which is what we concentrated on using this program.
3. We continue with our Transitional Living Value Added Service. We have a total of 6 providers participating in this program where we target members who are experiencing SUD/Mental Health issues and provide them safe places to live while addressing their SUD issues or Mental Health issues. We provided approximately 2865 days of transitional living in 2020 and served approximately 48 members.
4. We started a new Value-Added service in 2020; respite bed services for those members who are homeless and coming out of a hospital or agency and need extra time to heal. We are partnering with AOC for men and with Barrett House for women. While they are in the respite bed, we work to get them associated with agencies who can help find permanent supportive housing, make sure they have care coordination and that their wounds are healed.
5. We have a Reserved appointment project, established with a provider in southern NM. We have two reserved appointments per week, where we are guaranteed two appointments a week for our members who may not have an established provider or who need an appointment quickly. It has been a success and we are looking at expanding this program in 2021.

**Crisis Response Paper:**

The Crisis Response Paper created by Lisa Trujillo and Nancy Passikoff was presented during the April 8<sup>th</sup> Behavioral Health Collaborative meeting. Dr. Scrase and Bryce Pittenger were very interested in the paper. We will discuss it during the June 2021 BHPC meeting.

**Meeting adjourned.**



**BHPC Meeting Minutes  
June 9, 2021**

**Present:**

Susie Kimble, BHPC Chair

Carol Luna Anderson, BHPC Vice-Chair

Carol Kane, BHPC Member

Tim Kane, BHPC Member

Kendra Morrison, BHPC Member

Gail Falconer, BHPC Member

Nancy Passikoff, BHPC Member

Lisa Trujillo, BHPC Member

Cindy Collyer, BHPC Member

Robinson Tom BHPC Member

Jane Jackson Bear, BHPC Member

Sandtina Melendrez, BHPC Member

Doug Calderwood, Aging and Long-Term Services Department, BHPC Member

Jackie Nielsen, HSD Behavioral Health Services Department (BHSD), BHPC Member

Eldred Lesansee, Indian Affairs Department, BHPC Member

Ashley Sprunk, Corrections Department, on behalf of Michael Estrada, BHPC Member

Shayna Klassen, Department of Health, BHPC Member

Leslie Kelly, Public Education Department, BHPC Member

Bryce Pittenger, CEO, Behavioral Health Collaborative

Tiffany Wynn, BHSD Deputy Director

Russ Lyles, Blue Cross Blue Shield

Melissa Moya, Santa Fe County Fire Department, MIHP-COOP

Pilo Bueno, Presbyterian Health Plan

Mark Garnand, Western Sky Community Care

Wendy Linebrink-Allison, NMCAL/Protocol Services

Natalie Rivera, Barrios Unidos

Marina Estrada

Cathi Valdes, BHPC Administrative Support

## Introductions

**Approval of Agenda:** Gail Falconer moved approval of the agenda. Cindy Collyer seconded the motion. The motion passed.

**Approval of Minutes:** Carol Luna Anderson moved approval of the February 2021 minutes. Sandtina Melendrez seconded the motion. The motion passed. Tim Kane moved approval of the April 2021 minutes. Cindy Collyer seconded the motion. The motion passed.

**Council members shared memories of Adan Carriaga. The art show during the Albuquerque Celebrates Recovery event in September will be in Adan's memory.**

**Special Announcement:** Robinson Tom reported that the Rehoboth McKinley Christian Health Care Services closed their inpatient services last Friday (June 4<sup>th</sup>).

**Kevin S Settlement Agreement, Bryce Pittenger:** The Human Services Department and the Children, Youth and Families Department meet four to five times a week to discuss the Kevin S Settlement Agreement. The departments must hold and meet the targets set in the agreement for 24 months. They need to utilize shelters as they were intended, not eliminate them. One Family, One Plan – it needs to take into consideration the needs and strengths of both the family and the child. **High Fidelity Wraparound** services are developed for them utilizing **CANS**. Outcomes are incentivized, with a per member per month Medicaid reimbursement rate that is being requested via an amendment to the Medicaid Centennial Care 1115 waiver.

The goals of the **High-Fidelity Wraparound** process include:

- Creating a plan to help meet the behavioral health needs prioritized by the youth and family
- Improving the youth and family's ability to manage their own services and supports
- Developing and strengthening the youth and family's natural social support system over time
- Integrating the work of all child-serving systems and natural supports into one organized and effective plan

**CANS: The Child and Adolescent Needs and Strengths (CANS)** is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.

**Carol Luna Anderson:** Does anything support families that have to take off work or travel? Is there an incentive for them? Any financial compensation to support them?

**Bryce:** She and Tiffany will take that back to the group.

**Tiffany Wynn:** The services are centered around what works for family and children. The Teaming Code is the most underutilized in the Medicaid program.

**Bryce:** It would be ideal to have adult wraparound services too.

**Jane Jackson Bear:** She is appalled that these services weren't happening to begin with. How are the tribes responding? Are you fulfilling the agreements with the tribes?

**Bryce:** She can take those questions back to the group. She is not involved in the ICWA (Indian Child Welfare Act) conversations.

**Tiffany:** She will get Jane with Shelly Begay the HSD Native American Liaison and Donna Lynn the CYFD Native American Liaison. There has been a lot of tribal engagement. System changes are happening. There is a lot of work and healing to be done. There are four components:

- Indian Child Welfare Act
- Trauma responsive care for systems at CYFD and HSD
- Workforce development and joint process plans
- Kinship placements for Native American youth to keep them on tribal lands

**Susie Kimble:** Answers to many of the questions are in process. The departments are working toward resolution, but not everything has been accepted by the complainants.

**BHSD Provider Changes, Tiffany Wynn:** Valle del Sol is leaving New Mexico, but several New Mexico providers are taking over their workload:

- Presbyterian Medical Services – already established in many of the areas
- Team Builders – will initially be in seven areas and will be rebuilding in a number of areas for all nine locations with smaller ones this month and larger ones by the end of July

WellSpring Recovery Center in Gallup closed on June 4<sup>th</sup>.

**Nancy Passikoff:** NOESIS is going through a transformation. They are reorganizing and will be renamed.

**Tiffany:** BHSD met with Katie Webb, NOESIS, who said there would be a new business name and a new Executive Director under her. However, the Four Corners Detox Facility is fully operational (operated by Santa Fe Recovery Center).

**Nancy:** What happened to Inside Out in Taos? Why did it close?

**Tiffany:** Kathy decided not to continue the program in Taos.

**988 Crisis Now, Tiffany:** The new 988 Crisis Now system will be active in July 2022. There are four work groups, one of which is working on the crossover between 911 and 988.

**Cindy Collyer:** How will this be publicized?

**Tiffany:** There will be a media campaign as we get closer to July 2022.

**OPRE Update, Tiffany:** OPRE has caught up on the CPSW trainings and there is no longer a waiting list for the trainings. There will be virtual and in-person CPSW trainings during the next year. Meetings are ongoing with the New Mexico Credentialing Board for Behavioral Health Professionals regarding the fixes needed for the CPSW exam process and other credentialing issues. Funding was provided for September Recovery Month events. Applications were received by Recovery Communities of New Mexico. The HSD operations division shot off all BHSD land line phones in the offices and replaced them with cell phones. There is now a new number for OPRE: 505-372-9212.

**Kendra:** Are the CPSW trainings conducted by OPRE culturally responsive?

**Tiffany:** OPRE has been working with the African American Affairs Department and the National Latino Behavioral Health Association, and the Native American Association to make certain that the trainings are culturally responsive.

**Presentation: Behavioral Health Crisis Response, Lisa Trujillo and Nancy Passikoff:** Attached are the Position Paper and the Power Point that they discussed. Having the right people involved in any crisis response is critical. Data sharing that doesn't violate HIPAA laws makes it difficult for agencies to cooperate on cases. A locally driven response is necessary to establish a Crisis Triage Center. The Livingroom Model is the most comfortable situation for crisis response. Any response should be community-based, team-based, and culturally competent. Continuity of programs is vital.

**Susie:** What are the next steps?

**Lisa:** Local community organizations needed to be built up to make able to create a locally appropriate response to crises. BHPC could participate in that process.

**Nancy:** This would be a good chance for the local collaboratives to bring groups together.

**Susie:** There should be a meeting with Dr. Neal Bowen and Bryce Pittenger to discuss the plan. We should also meet with the Association of Counties. They are very active in local responses to these types of issues for their populations. How to spread things further? Parts of the state do not have local collaboratives. We should hold at least one Town Hall Meeting that would come up with suggestions and ideas, not complaints.

**Lisa:** The state must give local communities the tools to do this.

**Mental Health America Report, Jackie Nielsen:** Cathi sent the 2021 State of Mental Health in America Power Point report to members following the meeting.

**2021 The State of Mental Health in America, published by Mental Health America:** Jackie Nielsen presented the Mental Health America report on their most recent behavioral health survey results that ranks states on the availability of services. A copy of the report was sent to all ASAM members and is attached to the minutes. The data were collected through many surveys conducted during the years of 2017 and 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA), The Centers for Disease Control and Prevention (CDC), and the Department of Education (DoE). New Mexico's overall ranking is number 34. An overall ranking 1-13 indicates lower prevalence of mental illness and higher rates of access to care. An overall ranking 39-51 indicates higher prevalence of mental illness and lower rates of access to care. The combined scores of 15 measures make up the overall ranking. The overall ranking includes both adult and youth measures as well as prevalence and access to care measures.

**2021 Overall Ranking:**

New Mexico's overall ranking is number 34 out of 51. An overall ranking 1-13 indicates lower prevalence of mental illness and higher rates of access to care. An overall ranking 39-51 indicates higher prevalence of mental illness and lower rates of access to care. The 15 measures that make up the overall ranking include:

1. Adults with Any Mental Illness (AMI)
2. Adults with Substance Use Disorder in the Past Year
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Substance Use Disorder in the Past Year
6. Youth with Severe MDE
7. Adults with AMI who Did Not Receive Treatment
8. Adults with AMI Reporting Unmet Need
9. Adults with AMI who are Uninsured
10. Adults with Cognitive Disability who Could Not See a Doctor Due to Costs
11. Youth with MDE who Did Not Receive Mental Health Services
12. Youth with Severe MDE who Received Some Consistent Treatment
13. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
14. Students Identified with Emotional Disturbance for an Individualized Education Program
15. Mental Health Workforce Availability

**Adult Ranking**

New Mexico is ranked number 8 out of 51 on Adult measures. The 7 measures that make up the Adult Ranking include:

1. Adults with Any Mental Illness (AMI)
2. Adults with Substance Use Disorder in the Past Year
3. Adults with Serious Thoughts of Suicide
4. Adults with AMI who Did Not Receive Treatment
5. Adults with AMI Reporting Unmet Need

6. Adults with AMI who are Uninsured
7. Adults with Cognitive Disability who Could Not See a Doctor Due to Costs

### **Youth Ranking**

New Mexico is ranked number 50 out of 51 on Youth measures. The 7 measures that make up the Youth Ranking include:

1. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
2. Youth with Substance Use Disorder in the Past Year
3. Youth with Severe MDE
4. Youth with MDE who Did Not Receive Mental Health Services
5. Youth with Severe MDE who Received Some Consistent Treatment
6. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
7. Students Identified with Emotional Disturbance for an Individualized Education Program

### **Prevalence of Mental Illness:**

New Mexico is ranked number 38 out of 51 for the Prevalence of Mental Illness. The 6 measures that make up the Prevalence Ranking include:

1. Adults with Any Mental Illness (AMI)
2. Adult with Substance Use Disorder in the Past Year
3. Adults with Serious Thoughts of Suicide
4. Youth with At Least One Major Depressive Episode (MDE) in the Past Year
5. Youth with Substance Use Disorder in the Past Year
6. Youth with Severe MDE

### **Access to Care Ranking:**

New Mexico is ranked number 25 for the Access to Care Ranking for adults and youth. The 9 measures that make up the Access Ranking include:

1. Adults with AMI who Did Not Receive Treatment
2. Adults with AMI Reporting Unmet Need
3. Adults with AMI who are Uninsured
4. Adults with Cognitive Disability who Could Not See a Doctor Due to Costs
5. Youth with MDE who Did Not Receive Mental Health Services
6. Youth with Severe MDE who Received Some Consistent Treatment
7. Children with Private Insurance that Did Not Cover Mental or Emotional Problems
8. Students Identified with Emotional Disturbance for an Individualized Education Program
9. Mental Health Workforce Availability

### **Mental Health Workforce Availability:**

New Mexico is ranked number 10 out of 51 for mental health workforce availability. The term “mental health provider” includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health care, but not yet certified peer specialists (because peer specialists are primarily covered only by Medicaid, and qualifications for them vary by state).

**BHPC Elections of Officers:** Election of officers was held for the BHPC. The slate below was presented to the Council. Susie Kimble moved approval of the slate. Gail seconded the motion. The motion passed unanimously. The FY2022 BHPC officers are:

- Chair:** Susie Kimble
- Vice-Chair:** Carol Luna Anderson
- Consumer Representative:** Cindy Collyer
- Behavioral Health Advocate:** Nancy Passikoff
- Native American Representative:** Robinson Tom
- Family Representative:** Tim Kane
- Provider Representative:** None

**NOTE:** Carol Luna Anderson also serves as the BHPC Medicaid Advisory Committee Representative.

**BHPC Subcommittee Updates:**

**Adult, Substance Abuse and Medicaid Subcommittee (ASAM), Jackie Nielsen:** Jackie Dougherty from DOH presented the suicide data. New Mexico is now ranked #4 in suicide deaths, an improvement from New Mexico's previous rating of #2. She is the only person in the Office of Suicide Prevention in New Mexico. There is a coalition assisting in the writing of the New Mexico Suicide Prevention Plan. Hopefully the Governor will adopt it. The plan would provide leverage in how to allocate funding in a meaningful way. ASAM also started the conversation about housing and will continue with the housing focus. The funding for housing has increased from \$2.6 million last year to \$6.4 million this year.

**Nancy:** We can advocate as the BHPC. Perhaps combining all budgets from agencies into one funding source.

**Carol:** The Way Home Housing Conference that will be held June 17<sup>th</sup> and 18<sup>th</sup>. It will be recorded. Presenters are coming with answers to what are we going to do about the issue of homelessness.

**Children and Adolescent Subcommittee (CASC), Kendra Morrison:** Bryce gave a presentation on the Kevin S Settlement Agreement focusing on expansion of Wraparound Services. She also discussed the goals of the Behavioral Health Collaborative.

**Native American Subcommittee (NASC):** No report from NASC.

**BHPC Finance Committee, Gail Falconer:** We need more people to join the Finance Committee. We must spend the FY2021 allocation from Behavioral Health Services Division (BHSD) or we will lose the money. The BHPC Finance Committee recommends using the funding to buy promotional items and gifts for September Recovery Month Celebrations and 2022 Behavioral Health Day. The BHPC budget for FY2022 is \$61,600. Gail discussed the FY2022 budget that was

displayed during the Zoom meeting. There is no seconded needed to adopt the budget. A vote was taken. The budget passed unanimously.

Jackie: The SAMHSA Behavioral Health Block Grant application review will begin in July. An ad hoc committee of BHPC members is needed. There is BHPC funding available for stipends and mileage (if needed). The following members expressed interest in serving on the committee: Gail Falconer, Nancy Passikoff, Lisa Trujillo, Susie Kimble, and Leslie Kelly (PED). Meetings will be held via Zoom for now. The first meeting will be July 13<sup>th</sup> from 9:00 AM until Noon.

### **State Agency Reports:**

**Department of Corrections, Probation and Parole Division, Ashley Sprunk:** They are continuing to vet new providers and programs across the state.

**Public Education Department (PED), Leslie Kelly:** Funding through a United States Department of Education (USDE) grant is expanding opportunities for placing behavioral health staff in schools. [www.nmeop.com](http://www.nmeop.com)

The New Mexico Public Education Department (NMPED), Safe and Healthy Schools Bureau, was awarded a USDE grant to increase the number and quality of school-based mental health (SBMH) providers in high-need schools. By partnering with local education agencies (LEAs), universities, Native American communities, and other state agencies, EOP will increase the number of SBMH providers and access to care for school-aged youth in identified communities.

### **Tuition Reimbursement & Loan Repayment**

We are recruiting students who are enrolled in master's level or doctoral behavioral health programs (counseling, psychology, social work) in participating New Mexico universities (ENMU, NMHU, NMSU, UNM, WNMU). EOP will provide financial incentives (tuition reimbursement and loan repayment), along with resources and support to eligible participants.

### **Internship/Practicum Placement Stipends**

Stipends are available to qualifying EOP participants who complete practicums/internships via a partnering university placement (in an EOP approved high-need school/district) and commit to minimum employment of two years post-graduation in a high-need school/district. More information regarding this opportunity is forthcoming.

### **Post-Graduation Opportunities**

In an effort to retain and recruit school-based behavioral health professionals, stipends are available to providers employed in EOP approved schools/districts.

If the number of eligible participants exceeds the available grant funding, preference will be given to providers in LEAs identified with the highest needs, as per grant guidelines (ex., poverty, student-to-mental health provider ratio, etc.).

#### **Licensure Fee Reimbursement**

Qualified EOP participants are eligible for reimbursement for professional licensure exam fees.

#### **Managed Care Organizations:**

**Presbyterian Health Plan, Pilo Bueno:** Dr. Mark Pedrotti manages the brain injury group with the ECHO program. During their virtual meetings they present cases and experts talk about the best practices to help the person managing the case. (Project ECHO is a revolutionary guided-practice model that reduces health disparities in under-served and remote areas of the state, nation, and world. Through innovative tele-mentoring, the ECHO model uses a hub-and-spoke knowledge-sharing approach where expert teams lead virtual clinics, amplifying the capacity for providers to deliver best-in-practice care to the underserved in their own communities.) Presbyterian also held the second Behavioral Health Advisory Committee meeting. Providers, members, Presbyterian behavioral health staff, and guest speakers. Margot Feldvebel, LCSW, from the Brain Injury Alliance talked about foods that feed the brain. First is dark chocolate! She also talked about mental games you can use to exercise the brain. The brain is resilient, and we can recovery from brain injuries with the correct treatment. Presbyterian is completing the MHSIP data. (SAMHSA's Mental Health Statistical Improvement Program Survey). Presbyterian members report being appreciative of behavioral health services. Presbyterian offered Mental Health First Aid throughout the month, providing it to 100 people online. They are working with OPRE on Cultural Sensitivity training, correct charting for peers, and QPR trainings (Question, Persuade, Refer).

**Nancy:** Speech pathology/therapy does a lot to retrain the brain.

**Pilo:** Occupational therapy is used too – word/image association.

**Western Sky Community Care, Mark Garnand:** The staff is still working remotely. The marketing team coordinated vaccination events in underserved areas of Albuquerque. The Smart Start program for babies continues, with Virtual Baby Showers where car seats, breast pumps, and other items new families need are provided to attendees. Western Sky is a New Mexico Athletic Association sponsor for high school athletics. They are also one of the sponsors for New Mexico United professional soccer team. If any member has a question, the first point of contact would be their care coordinator.

#### **Member Updates:**

**Nancy:** The transition to Team Builders has created almost a PTSD-like effect after the loss of that provider is 2013. They are also looking at the loss of the prison in the same area.

**Lisa:** Espanola Pathways Shelter acquired an old motel for short term housing to allow people to get on their feet.

**Susie:** Las Cruces is opening the Crisis Triage Center. The building was built in 2013, but there was not funding to staff it.

**Natalie Rivera:** September 12<sup>th</sup> Barrios Unidos will be hosting a September Recovery Month event. They received a grant from Recovery Communities of New Mexico. They may hold it at a park in Espanola. There will be a car show and families will be fed. Chef Ruiz will be cooking. There will be a car wash fund raiser with peers being part of it. Recovery Friendly Taos also received a grant and will host their Healthy Living Day on September 13<sup>th</sup>. San Juan County also received a grant.

**Lisa:** The High Road Art Tour is the last two weekends of September. They will have a site at the Barrios Unidos event.

**Meeting adjourned. Next meeting will be held on August 11<sup>th</sup> at 10:00 AM.**



## **BHPC Meeting Minutes August 11, 2021**

### **BHPC Members Present:**

Susie Kimble, BHPC Chair  
Carol Luna Anderson, BHPC Vice-Chair  
Carol Kane, BHPC Member  
Tim Kane, BHPC Member  
Kendra Morrison, BHPC Member  
Gail Falconer, BHPC Member  
Nancy Passikoff, BHPC Member  
Lisa Trujillo, BHPC Member  
Cindy Collyer, BHPC Member  
Jane Jackson Bear, BHPC Member  
Sandtina Melendrez, BHPC Member  
Eldred Lesansee, Indian Affairs Department, BHPC Member  
Doug Calderwood, Aging and Long-Term Services Department, BHPC Member  
Rosella McCaffrey, CYFD, BHPC Member  
Jackie Nielsen, HSD Behavioral Health Services Department (BHSD), BHPC Member  
Eldred Lesansee, Indian Affairs Department, BHPC Member  
Michael Estrada, Corrections Department, BHPC Member  
Shayna Klassen, Department of Health, BHPC Member  
Leslie Kelly, Public Education Department, BHPC Member

### **BHPC Guest Present:**

Danielle Cossett, CYFD, Behavioral Health Services Director  
Ilse Amaya, CYFD Infant Mental Health Coordinator  
Carla Bachechi, CYFD, Kevin S Settlement Coordinator  
Russ Lyles, Blue Cross Blue Shield  
Pilo Bueno, Presbyterian Health Plan  
Maricella Jimenez, Western Sky Community Care  
Mark Garnand, Western Sky Community Care

Wendy Linebrink-Allison, NMCAL/Protocol Services  
Marina Estrada  
Laurie Kerr  
Cathi Valdes, BHPC Administrative Support

## **Introductions**

**Approval of Agenda:** Carol Luna Anderson moved approval of the agenda. Sandtina Melendrez seconded the motion. The motion passed.

**Approval of Minutes:** Shayna Klassen moved approval of the February 2021 minutes. Cindy Collyer seconded the motion. The motion passed.

## **CYFD Infant Mental Health: Ilse Amaya, Infant Mental Health Coordinator**

### **What are Infant Mental Health Services?**

- Clinical services for infants and young children, ages 0 to 5, who have experienced trauma and/or are experiencing mental health, attachment, and/or behavioral problems targeting the caregiver-infant relationship as the vehicle for restoring and protecting the infant's or young child's mental health.
- Ameliorating the transmission of intergenerational trauma between parents and Infants through effective dyadic and triadic clinical work.

CYFD Behavioral Health Services Infant Mental Health has elected Child Parent Psychotherapy (CPP) as the clinical intervention model for services, as it is the only Evidence Based Practice through PEW First Results Clearing House for infants 0-3 who have experienced trauma.

- Services for any infant 0-5 and their current legal caregiver whether in CYFD custody or not, can be self-referred or referred by another provider or community agency

### **IMH CPP TEAM**

- Services for infants 0-5 in the custody of CYFD Protective Services, and their caregivers, in order to work towards restoring and repairing the caregiver-infant relationship
- Foster Parent Intervening in order to address developmental needs and concerns by providing developmental guidance and support to foster parents to decrease the risk of multiple placements – up to four months, or longer if needed
- Works closely with other team members such as PPW's, GAL's, CASA, Childcare providers, etc.
- Clinicians participate in Family Centered Meetings
- Clinicians provide Judicial Court Reports

CYFD BHS currently has:

- 16 providers across the state, 2 are new to FY22

- 47 clinicians statewide
- 24 clinicians finalizing their CPP Rostering (certified) in December
- 33 new clinicians joining the new CPP Learning Collaborative in January

CYFD is always looking for providers to train and expand services to so if you know of any please send them our way!

Our Webpage:

<https://cyfd.org/behavioral-health/infant-and-early-childhood-mental-health-services>

How to contact us:

Ilse Amaya  
 IMH CPP Coordinator  
[ilse.Amaya@state.nm.us](mailto:ilse.Amaya@state.nm.us)  
 (505)469-5833

Jamie Standridge  
 IMH CPP Coordinator  
[jamie.standridge2@state.nm.us](mailto:jamie.standridge2@state.nm.us)  
 (505) 228-5944

Maya McKnight  
 BHS Behavioral Health Manager  
[maya.mcknight@state.nm.us](mailto:maya.mcknight@state.nm.us)  
 (505)469-4282

**Nancy:** Do you coordinate with home health agencies?

**Ilse:** Yes, and we provide training that is open to the public to make them more knowledgeable.

**Gail:** Using the words “infant mental health” can evoke images of a child on a couch talking to a psychiatrist. I’m glad you are doing this program and providing education for the public.

**Sandtina:** Trauma can be experienced in utero.

**Ilse:** Prenatal infant behavioral health training is provided by Dr. Jane Clark and Elisa Torres.

**Managed Care Organization Update:**

**Presbyterian Health Plan, Pilo Bueno:** Presbyterian is working with communities to create five or six community September Recovery Month events. Presbyterian provides SOAR services for members -- SAMHSA’s SOAR program increases access to Social Security disability benefits for eligible children and adults who are experiencing or at risk of homelessness and

have a serious mental illness, medical impairment, and/or co-occurring substance use disorder. These services facilitate their applications for Supplement Security Income (SSI) and Social Security Disability Income (SSDI). Safe and stable housing is also a focus for Presbyterian. Mental Health First Aid trainings are provided each month to anyone interested in taking the course. It is very much in demand. The Hepatitis C initiative provides incentives to providers and members for seeking treatment services. Presbyterian is providing a 6 CEU cultural sensitivity training and a 6 CEU ethics training. Presbyterian and the Coalition to End Homelessness has rental assistance programs that provides up to 15 months of housing or funds to pay rent to avoid eviction. The links are:

- [https://www.needhelp-payingbills.com/html/new\\_mexico\\_eviction\\_prevention\\_services.html](https://www.needhelp-payingbills.com/html/new_mexico_eviction_prevention_services.html)
- <https://www.renthelpnm.org/>

Each Medicaid Managed Care Organization has a Housing Liaison. If you have a client who needs assistance, contact their MCO and find out if they have a Care Coordinator assigned to them. However, once someone has been evicted, it is harder to get them back into housing. Presbyterian's Housing Liaison is:

**Trina Wheeler, LMSW, CCM, CPSW, SOAR**

Housing Program Manager  
Presbyterian Health Plan  
9521 San Mateo Blvd. N.E.  
Albuquerque, NM 87113  
505 923-6825 (office)  
505 252-8345 (mobile)  
twheeler3@phs.org  
wheelert@magellanhealth.com

Each MCO also has a Justice Liaison. Presumptive Medicaid eligibility and care coordination is put in place prior to release from incarceration. Ours is Kaley Gonzales. Following is the information about Presbyterian's Justice Liaison:

**Kaley J. Gonzales, MSW**

Justice Systems Liaison  
Presbyterian Centennial Care  
Magellan Health Services  
9521 San Mateo Blvd NE  
Albuquerque, NM 87113-2237  
(505-264-5109)  
kjohnsong@phs.org

**Blue Cross Blue Shield, Russ Lyles:** BCBS is working on the same things as Presbyterian. Their Statewide Eviction Fund provides up to \$1,000 per occurrence. It can also be used for move-in expenses such as utility deposits. The Just Health Program addresses the prison and detention center population. BCBS has 32 staff to support this effort, including care coordinators and peer support workers (CPSWs). They are stationed close to jails throughout the state to be able to identify members prior to release to establish a ninety-day transition plan that includes a job, housing and food needs. BCBS collaborates with the other MCOs. They will often go as a team to meet with wardens. They are also working with the CARA program (The Comprehensive Addiction and Recovery Act (**CARA**) is the most comprehensive effort undertaken to address the opioid epidemic, encompassing all six pillars necessary for such a coordinated response – prevention, treatment, recovery, law enforcement, criminal justice reform, and overdose reversal.) BCBS is working with UNM ECHO program to identify people who are positive for Hepatitis C. They also have peers visiting emergency rooms to connect with members prior to release. They use the EDIE system (**EDIE** is an Emergency Department-based, collaborative care management tool for coordinating the care of the highest needs patients providing real time information about the patient.)

**Western Sky Community Care, Maricella Jimenez:** The staff is still working remotely. Being home has allowed them to reach more members telephonically. They are active in the September Recovery Month events. They have held vaccine events and giveaways of school supplies in Roswell, Albuquerque, Las Cruces and Shiprock. WSCC works with UNM for those members who go into the emergency rooms to assist in their integration back into the community.

**BHSD Update, Jackie Nielsen:** Effective July 21, 2021 at 11:59 PM, all Valle del Sol clients were transitioned to Team Builders. BHSD has been meeting with them, and CYFD and the MCOs twice a week to ensure a smooth transition. The Medicaid Specialty Behavioral Health Services rules comment period is over. The final rules will be issued shortly. Currently, the Behavioral Health Manual revision is out for public comment. You can find it on the HSD website: <https://www.hsd.state.nm.us/providers/behavioral-health-policy-and-billing-manual/> . During work on the Kevin S Settlement, a lot came to light about staff and training. It is important to keep Native American children with family and within their culture. All BHSD employees must take the NICWA training (National Indian Child Welfare Association). The SAMHSA Block Grant application is due on September 1<sup>st</sup>. She will have the majority completed by Friday and the BHPC Ad Hoc committee will then review and comment on it. Supplemental funds for the block grant have been provided through the COVID Relief Act and President Biden’s American Rescue Act. BHSD is creating a plan for those funds which must be spent from fiscal year 2023 – 2025. Dr. Neal Bowen is the BHSD Director and the New Mexico State Behavioral Health Authority. Bryce Pittenger is the CEO of the Behavioral Health Collaborative which works with all the state agencies involved in provision of behavioral health services.

**Susie:** Where is BHSD on hiring for the BHPC liaison position?

**Jackie:** It has been advertised and we are waiting to receive the applications.

**Kevin S Settlement Update, Carla Bachechi, Kevin S Coordinator:**

Background:

- *Kevin S., et al. v. Blalock, et al., No. 1:18-cv-00896* filed on September 22, 2018, against the New Mexico Children, Youth and Families Department (CYFD) and New Mexico Human Services Department (HSD)
- Law suit alleged New Mexico foster care lacked safe, appropriate, and stable placements and behavioral health services to meet the needs of Children in State custody with legal claims brought under the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act, the Indian Child Welfare Act (ICWA), and entitlements under Medicaid/EPSDT.
- CYFD & HSD entered a settlement with the plaintiffs on March 26<sup>th</sup>, 2020.

The settlement agreement details the State's commitments in a set of four Appendices:

- **Appendix A - Trauma-Responsive System of Care**
- **Appendix B - Least Restrictive and Appropriate Placement**
- **Appendix C – Indian Child Welfare Act**
- **Appendix D – Behavioral Health Services**

**Appendix A - Trauma-Responsive System of Care**

CYFD and HSD will build and support a trauma-responsive system of care for all Children in State Custody. A trauma-responsive system of care is one that identifies, recognizes, understands the effects of, and provides sufficient services and supports to ameliorate trauma, including secondary trauma. A trauma-responsive system of care must also support and serve other stakeholders, including families and persons who work for or on behalf of children, youth, and families.

- Conduct trauma screenings for all children taken into CYFD custody.
- Provide trauma training for all system stakeholders.
- Utilize collaborative decision-making to develop an individualized plan for each child.
- Create and implement a Quality Assurance, Improvement, and Evaluation Plan to improve the quality of care, transparency, and accountability.
- Shift from what's wrong with you to what happened and how can we help?
- Approach for building empathy and shared understanding that includes the child's trauma history, the impact of that trauma on how the child experiences the world, and how we will be responsive to help get the child what s/he needs
- Trauma screenings (CANS-ACES)
- Trauma trainings for staff + providers including a training + coaching plan



**Appendix B – Least Restrictive and Appropriate Placement**

CYFD and HSD strengthen a system for placing children in out-of-home care in stable, safe, appropriate, community-based placements in the least-restrictive environment.

- Expand kinship placements and reduce out-of-state placements.
- Provide culturally appropriate placements.
- Eliminate certain emergency placements.
- Provide community-based mental health services to support all placements.
- Bring youth in out-of-state congregate placements back home in family placements with supports whenever possible.



- Kinship care targets and processes
- Out-of-state placements targets and processes
- “Culturally appropriate homes” targets and processes
- Targets and processes for certain types of congregate care settings (eliminating shelters, short-term non-placements)
- Overlapping focus with ICWA appropriate placements and community based mental health services
- Individualized planning team meetings for any youth in certain specified placements

### **Appendix C – Indian Child Welfare Act**

CYFD and HSD will serve Native American families, strengthen relationships with each of the New Mexico Tribes and Pueblos, comply with the Indian Child Welfare Act (ICWA) in its letter and intent, and make every effort to ensure that all Native Children and families receive appropriate support and services.

- Increase culturally appropriate placements, practices and services for native children and families.
- Develop and implement ICWA trainings and a dedicated ICWA unit.
- Work with stakeholders to present a state ICWA law that affirms and expands upon federal mandates.

### **Appendix D – Behavioral Health Services**

CYFD and HSD will build a statewide, community-based mental health system that all children and families will be able to access, regardless of where they live. The system will include a diverse and full spectrum of community-based services, will decrease reliance on congregate care, keep families together in their community to the maximum extent possible, and greatly reduce reliance on out of state residential placements.

- Expand community based mental health services including High-Fidelity Wraparound, intensive case management, and intensive home-based services to ensure services are available to every Child in State Custody for whom they are medically necessary.
- Establish new regulations governing medication protocols.
- Conduct regular individualized team planning meetings to determine appropriate level of services tailored to the child’s needs.
- Require training through its contracts for those providing care coordination for children in state custody who receive Medicaid, consistent with the requirements in place under Section 3.3.5 and 4.4 of the Centennial Care 2.0 MCO contracts with HSD.

## **Progress to Date**

### **Creating a Trauma Informed System:**

- Created a Child and Adolescent Needs and Strengths (“CANS”) and Crisis Assessment Tool (“CAT”) and working to create a training curriculum and certification process to ensure every child in state custody receives screenings.
- Updated criteria to ensure children suffering from serious emotional disorders (SED) will have access to intensive home-based services.
- New Individualized Planning Process (IPP) for child and family team meetings to prioritize the child’s voice and choice, connect families to natural supports, and are respectful of the child’s family and unique cultural heritage.

**Developing more appropriate placement options, reducing congregate care and institutionalization, and increasing utilization of kinship care and guardianships:**

- A new Kinship Unit created to support families and field staff.
- Between January 2019 and April 2021, initial relative placements increased from 4 percent to 48 percent.
- CYFD will continue working to remove barriers to kinship placements, including streamlining foster care licensing requirements to allow the provision of services and economic support to relative placements.
- Team meetings for all youth in out-of-state placements and 30-day team meetings to review all Indian Child Welfare Act-eligible youth in non-ICWA preferred placements are already in place.
- New procedures to ensure no child under 18 will be placed in any hotel, motel, or office unless there are extraordinary circumstances are necessary to protect the safety and security of the child.
- Joint clinical reviews of any out-of-state placement are now required every 30 days for children placed out of state and team meetings are convened prior to a youth being placed out of state.
- Developing and promoting a warm line for Resource Families and parents who need assistance meeting the behavioral needs of the children in their care.

**Working collaboratively with New Mexico's 23 tribes and pueblos and the Navajo Nation to establish and nurture trusted partner relations.**

- Created an Office of Tribal Affairs headed by a full-time Director of Tribal Affairs to address the needs of tribal families, identify culturally relevant services, develop intergovernmental agreements, provide technical assistance to the tribes, and coaching for CYFD staff in their interactions with tribal children, youth, and families.
- Revitalized prioritization of culturally appropriate placements.
  - In 2020, the Tribal Affairs Division began conducting a compliance review of all ICWA cases
  - New procedures to ensure preferred placement and out-of-preferred placement reviews every 30 days until a child is in a preferred placement.
  - In FY20, CYFD saw a 13 percent increase in placement of Native American children in custody with relatives.
- In partnership with The National Indian Child Welfare Association (NICWA), developing a New Mexico specific ICWA training curriculum and plan.
- Worked collaboratively with the Administrative Office of the Courts, the 2nd Judicial District Court, the New Mexico Tribal ICWA Consortium, the Navajo Nation, and Casey Family Foundation Indian Child Welfare Program to develop a dedicated Indian Child Welfare Special Court in Bernalillo County.

### **Expanding Access to Behavioral Health Services and Building the Workforce:**

- Increased Medicaid reimbursement rates for multiple Medicaid-funded behavioral health services.
- Supported the workforce development of High-Fidelity Wraparound, youth and family peer, and other services through federal grants in scattered sites. Since 2019, High Fidelity Wraparound sites have increased by more than 100 percent and BHS work to expedite and streamline Medicaid credentialing for behavioral health providers has set High Fidelity Wraparound at the threshold of becoming financially self-sustaining through the increased capacity of providers to bill through Medicaid.
- New regulations governing medication protocols to ensure that Children in State Custody are not overmedicated, while ensuring timely access to medically necessary medication and treatment.

### **Next Steps**

- Roll out of training, certification and implementation of CANs and CATs screenings
- Roll out of Trauma Responsive training for all staff, contractors, providers, resource families and MCO care coordinators
- Development and roll out of ICWA training for all staff
- Outreach to Native communities to create partnerships for native resource families and access to culturally relevant services
- Continue building access to Behavioral Health Services and expanding the workforce.

**Susie:** When the oversight period is over, are there plans to have these improvements happen forever?

**Carla:** These are system changes in each unit within CYFD and HSD/BHSD. There is a strong commitment to maintain these going forward. In the future, the Kevin S product may be codified in state law. They want to make certain of what they are obligating the state to.

### **BHPC Subcommittee Updates:**

**CASC, Cathi Valdes:** The next meeting will be September 14<sup>th</sup>.

**ASAM, Jackie Nielsen:** ASAM re-elected the co-chairs from the previous year:

**Mental Health** – Lisa Trujillo

**Substance Abuse** – Gail Falconer

**Medicaid** – Sandtina Melendrez

The co-chairs will have more of a voice this year when ASAM looks at the priorities that have been identified: housing and access to services.

**NASC:** No update. The next NASC meeting will be September 21<sup>st</sup>.

MAC, Carol Luna Anderson: The MAC met for 3 ½ hours and received a 117-page handout. The Centennial Rewards Program gives members rewards for performing certain things. There are 16 of them, such as medication management for schizophrenia and bi-polar. The program is quite successful. Huge dollars are coming to the state and the federal match for Medicaid is increasing for certain things. Blue Cross Blue Shield presented New Mexico State University \$500,000 for nursing and social work students. The current MCO contracts expire on December 31, 2022. We can extend them up to four years, one year at a time. It takes 18 months to do a procurement and readiness reviews. Performance measures have been added for early diagnostic services for children. The Medicaid Value Added Services have been redesigned. 86% of the MCO contract must go to direct services. Under the Public Health Emergency, everyone on Medicaid stays on Medicaid. That declaration is ending on December 31, 2021, which means those on Medicaid now who do not qualify will be disenrolled. There were about 7,000 dis-enrollments a month prior to COVID. We need to keep an eye on this. The Medicaid budget for FY2020 and 2021 will have a surplus. There will be a deficit of \$87million for FY2022 and FY2023. All of the additional funding coming into the state because of COVID must be utilized by FY2024. We must continue new programs to use the special funds for them. Funding can be used for buildings. The Medical Assistance Division is coming up with a plan for expenditure of the funding and will then put it out for 60-day public comment. Medicaid is focusing on workforce, infrastructure, navigation and services:

- Expansion of Mi Via Program, supportive housing, group homes for disabled persons, housing for older adults, and training for school-based service providers
- Behavioral health facilities will be funded to increase technology

As of June 2021, there are 937,200 New Mexicans receiving Medicaid representing 45% of all New Mexicans, 58% of all children, and 71% of all births are covered by Medicaid.

**Agency Updates:**

**BHSD, Jackie:** Annabelle Martinez is the new Medical Assistance Division Behavioral Health Liaison. BHSD staff are on a non-mandatory tele-work plan. Staff are required to be in the office 10% of the time, or four hours each week. BHSD currently has 37 staff members.

Department of Corrections, Michael Estrada: DOC is vetting new providers. Virtual counseling is being conducted for substance use disorder and mental health issues. There is a new psychologist in Rio Rancho and a new Medication Assisted Treatment Center in Albuquerque. All DOC staff are back in the office. The Project ECHO peer program at UNM links inmates with community resources. Please use Michael as the contact person. He received a lot of help from the MCOs on a special case.

## **Member Updates:**

**Nancy:** It has been hard to get Local Collaborative 8 off the ground. The next meeting will be August 20<sup>th</sup> from 10:00 AM – 11:30 AM. Team Builders and Krossroads will have representatives there to discuss the transition of services. There was a RAIN meeting for Colfax County. There are so many issues requiring coordination. She wants to get the chronically mentally ill involved. How can we engage CPSWs? Perhaps having a peer run clinic would be an idea.

**Question about status of 988 Crisis Now:** Jackie reported that COVID funding has been budgeted for these services. BHSD will request funding for a four-year plan.

**Lisa:** There is a special community work groups throughout the state for the 988 Crisis Now service. There will be ten geographic and population based public meetings to receive input on what they feel they need. The responses will be developed locally. The state will have to work with the local communities.

**Nancy:** She wants to know about funding for the local collaboratives. Perhaps there could be another meeting to specifically address this issue.

**Susie and Jackie:** We could look at having a special meeting later and begin by sending Bryce Pittenger the questions we would like to get answered.

**Lisa:** She had a phone call from someone who was requested to apply for the BHPC. Maybe the Governor's office is vetting new BHPC members.

**Meeting adjourned. Next meeting will be held on October 13<sup>th</sup> at 10:00 AM.**



## **BHPC Meeting Minutes October 13, 2021**

### **BHPC Members Present:**

Susie Kimble, BHPC Chair  
Carol Luna Anderson, BHPC Vice-Chair  
Carol Kane, BHPC Member  
Tim Kane, BHPC Member  
Robinson Tom, BHPC Member  
Lisa Trujillo, BHPC Member  
Cindy Collyer, BHPC Member  
Jane Jackson Bear, BHPC Member  
Sandtina Melendrez, BHPC Member  
Eldred Lesansee, Indian Affairs Department, BHPC Member  
Jackie Nielsen, HSD Behavioral Health Services Department (BHSD), BHPC Member  
Michael Estrada, Corrections Department, BHPC Member  
Shayna Klassen, Department of Health, BHPC Member  
Leslie Kelly, Public Education Department, BHPC Member  
Bryce Pittenger, CEO, Behavioral Health Collaborative

### **BHPC Guests Present:**

Betty Downes, Behavioral Health Services Division Contractor  
Marisa Evans, CPSW  
Thomas Starke, Recovery Communities of New Mexico  
Pilo Bueno, Presbyterian Health Plan  
Valerie Quintana, Presbyterian Health Plan, Community Linkages Program  
Maricella Jimenez, Western Sky Community Care  
Mark Garnand, Western Sky Community Care  
Wendy Linebrink-Allison, NMCAL/Protocol Services  
Marina Estrada, Presbyterian Health Plan  
Laurie Kerr, Envive Solutions  
Wendy Linebrink-Allison, Protocol Services/NMCAL and Peer to Peer Warmline

Cathi Valdes, BHPC Administrative Support

## **Introductions**

**Approval of Agenda:** Carol Luna Anderson moved approval of the agenda. Cindy Collyer seconded the motion. The motion passed.

**Approval of Minutes:** Sandtina Melendrez moved approval of the August 2021 minutes. Tim Kane seconded the motion. The motion passed.

## **Public Comment:**

**Valerie Quintana:** During the Albuquerque Celebrates Recovery events, Donald Hume was awarded the Adan Carriaga Peer Leadership Award. BHPC will send him a letter of congratulations.

**SAMHSA Block Grant Update, Jackie Nielsen:** The block grant application was submitted on September 1, 2021. The BHPC ad hoc committee that reviewed it was comprised of Nancy Passikoff, Lisa Trujillo, Susie Kimble and Sandtina Melendrez. No comments were received from the public comment period. The link for the application was posted on the Network of Care, HSD and Falling Colors websites. There are three sources of funding: 1. Regular block grant funding, 2. COVID Relief block grant funding, and 3. American Rescue Act funding. All three will be utilized for BHSD services. BHSD will conduct listening sessions to obtain input from the public on how to spend the funding. BHSD wants innovative ideas. For Substance Abuse funding can fund training. For Mental Health, services must be inpatient or outpatient. How can we fill the gaps? After the listening sessions, a Request for Proposals will be issued in February 2022 to find providers for those funds. COVID Relief Funds must be expended by March 2023. American Rescue Act Funding must be expended by September 2025. Services will then be supported by the SAMHSA Block Grant funding.

**988 update, Jackie Nielsen:** Tiffany Wynn, who was the BHSD representative on the 988 Crisis Now planning committee has taken a new job. She will be the Director of Policy, Research and Quality for the Early Childhood Education and Care Department. Hazel Mella is the Acting Deputy. The position is currently being recruited. The planning stages for the new system ended on September 30<sup>th</sup>. We don't know if we will receive the federal implementation funding. However, there is Crisis Set Aside funding from the SAMHSA Block Grant for implementation of 988 Crisis Now system on July 2022. Dr. Bowen is requesting 988 Crisis Now funding from the legislature.

**Carol Luna Anderson:** How to reach out to get assistance is a massive education process. The challenge is to take care of those in place who will respond. Who will take which calls? 988? 911? We will have feedback from the summit at the next meeting.

**Cindy Collyer:** How will the public be educated?

**Jackie Nielsen:** There will be media campaigns, public forums, listening sessions, and collaboration with local communities to get the word out.

**Susie Kimble:** When is the 988-line active?

**Jackie Nielsen:** The official date is July 2022.

**Wendy Linebrink-Allison:** 988 is already active. Protocol is already answering those calls. Some telephone providers have already activated the number.

**Jackie Nielsen:** The BHSD Prevention Bureau received renewal grants with a focus on 988. It includes the FEMA work grant and a COVID grant. BHSD is gearing up for the 2022 Legislative Session.

**Susie Kimble:** Susie would like to come to Santa Fe to spend time with the person who is hired for BHSD's BHPC liaison position. Do you have any ideas about when BHSD will be back in the office full time? Will the 2022 Legislative Session be virtual or in-person? Susie hasn't been able to get clarification.

**Jackie Nielsen:** Currently BHSD staff are only required to be in the office 4 hours per week. The times are scattered so not too many staff are there at any one time. We should have the BHPC liaison on board by the end of the month or mid-November. As for the legislative session and the BH Day celebrations, I think we should plan for both in-person and virtual. She has a feeling it will be virtual.

**Carol Luna Anderson:** We could do both. One day virtual and the other face to face. We could film the general sessions.

**Shayna Klassen:** Department of Health is back in the office two days a week, using a scattered schedule. Shayna also shared an event planning resource in the chat box. Not sure if we have the funding, but Kesselman Jones is an event management company that we use for Head to Toe, SHEI and many other things. They can take care of all of this for us. Laura Kesselman <laura@kessjones.com>

**September Recovery Month Update - Thomas Starke, Chair, Recovery Communities of New Mexico:** RCoNM received \$36,000 for Recovery Month, of which 95% went to grants for community events and 5% for a webpage and hosting on-line coverage. The goal was to promote community awareness of recovery. Having to adjust the recovery events from in-person to virtual or minimal contact events proved more difficult than expected. There were 16 events statewide, 15 of them received grants. Most of the events were in the Rio Grande corridor. We need to have representation in the Southeastern part of the state. The Espanola event was led by peers. All events had a large participation by peers who wore OPRE vests and scarves. They communicated the fact the peer support is effective. Two representatives and two senators attended the various events. Gallup's request came in after the funding

deadline, so they did not receive a grant. In spite of that, Hozho had a very successful event. Santa Fe Recovery Center recently opened a 30-day residential treatment center in Gallup. In Farmington, the whole community came together. Albuquerque Celebrates Recovery hosted an online event and an art show at a gallery. Albuquerque Center for Hope and Recovery held two Hero Runs that included provider information booths. New Mexico Women’s Recovery Center hosted a very successful car show. Lad Cruces shifted some of their event on-line. They integrated local government officials who had decision-making authority. In Santa Fe, New Mexico Alumni in Recovery held a motorcycle rally in the Santa Fe Harley Davidson parking lot. This new group is comprised of graduates from drug courts. Numerous judges from throughout the state spoke about their support for the program. The State Police escorted the motorcycle tour around Santa Fe. When asked, the policemen stated that they rode with them in support of the graduates. Recovery Santa Fe’s event was moved on-line. It included youth volunteers who are training assistance dogs to work with behavioral health clients. The dogs received OPRE scarves to wear. Las Vegas held their first event at Luna Community College. They partnered with Suicide Prevention and had a walk. OPRE had a booth staffed by peers at the event. Chimayo redesigned their event to a drive-through grocery and behavioral health literature hand out. Natalie Rivera worked with Lupe Salazar at Barrios Unidos to put the Chimayo event together. Tom would like to encourage groups to partner with other community organizations to host recovery events.

**Betty Downes and Marissa Evans Presentation on Consumer Satisfaction Survey:** The survey was conducted in July 2021. Adults were surveyed first, then youth. While to overall results were slightly lower than the 2020 average, 81% responded that they were more satisfied with services, especially in the Social Domain. Data show comparisons from 2014 through 2021.

**ANNUAL CONSUMER, FAMILY/CAREGIVER & YOUTH SATISFACTION PROJECT FINAL RESULTS  
OCTOBER 13, 2021**

- Overview of Results to be presented:
  - Adult Surveys: 1,051 respondents
  - Family Caregiver Surveys: 1,025 Respondents
- Demographic Profile of Respondents: By Adults & then by Family Caregivers
- Overview of Domains: By Adults & then by Family Caregivers
  - Change from 2020-2021
- By each Domain:
  - trends, compared to National Average, by domain items
  - Domains by Geography: Urban, Rural, Frontier
- Other Areas: Adults: Medication, Substance Use Treatment, Housing, Employment & Care Coordination Family Caregivers: Medication, Care Coordination, Respite

**Adult Respondents by Race**

African American	2.7%
Asian	1.0%
Caucasian	83.3%
Native American	6.9%
Other	2.2%

Unknown 4.1%

**Adult Respondents by Ethnicity**

Hispanic 49.1%  
Not Hispanic 47.0%  
Unknown 3.9%

**Adult Respondents by Gender**

Male 31.1%  
Female 68.9%

**Adult Respondents by Age**

18-24 10.7%  
25-34 30.4%  
35-44 23.4%  
45-54 16.8%  
55-64 14.9%  
65+ 3.7%

**NOTE: For results of the survey, refer to the Power Point that is an attachment with the minutes.**

**Behavioral Health Day at the Legislature, Susie Kimble:** BHPC requested the date of February 9, 2022 for Behavioral Health Day at the Legislature in the Roundhouse Rotunda. Building Services Division has not decided whether any in-person events will be allowed in the Rotunda. Susie would like to hold another Legislative 101 session for participants.

**Update on the Local Collaborative Survey, Bryce Pittenger:** Bryce presented the Local Collaborative survey that she conducted over the summer. This is the same one she previously presented to the council. However, she provided exciting new information. Bryce, on behalf of the Behavioral Health Collaborative, has requested funding for local collaboratives from the 2022 Legislature. The funding would include needs and gaps analysis and funding from recovery events. The Collaborative is also requesting two positions: a liaison with the local collaboratives and a planning position. She is awaiting a decision from the Governor's office on whether the request will be included in the 2023 budget request.

**Update on 988 Crisis Now, Bryce Pittenger:** Dr. Bowen and BHSD are involved in the 988 planning. Danielle Cossett from CYFD is leading the response and stabilization for children. Because of the Kevin S settlement, children will be handled differently. They are working with experts in New Jersey to develop a system where families (parent and children) define what constitutes a crisis.

**Bryce Pittenger:** There is a multi-state agency effort on suicide prevention, a Zero suicide effort. The Collaborative has four goals that overlap in the roles of the BHPC. How do we keep

New Mexico graduates in New Mexico? Bryce would like the BHPC to bring ideas to them on how to achieve the goals.

**Susie Kimble:** BHPC could reach out to the members and do surveys to find out how programs are really working in the communities. BHPC could present the findings to the Collaborative. They could represent the consumer voice, the family voice. We can let you know what people with lived experience are saying, for example, issues with access to services.

**Jane Jackson Bear:** Thank you, Bryce, for providing us with updates and clearing up any confusion. There has been a lot of frustration from members. We greatly appreciate your time.

**Jackie Nielsen:** The BHPC Liaison position will spend 50% of time on the BHPC functions and 50% on outreach events, which could include the Collaborative.

**Susie Kimble:** We will be looking for stars for our 2022 Behavioral Health Day events, whether in-person or virtual.

**Note from the Chat Box:**

**Leslie Kelly, Public Education Department:** PED Updates launched NM SEL Portal [www.newmexicoselportal.com](http://www.newmexicoselportal.com) , It is free for all schools. PED was also awarded a 5-year \$9 million-dollar SAMHSA grant to support mental health services and systems development for Farmington, Santa Fe and Socorro. The grant was for 3 LEA's that met the criteria and a partnership with CYFD.

**Meeting adjourned. Next BHPC meeting will be held on December 8<sup>th</sup> at 10:00 AM.**



## **BHPC Meeting Minutes December 8, 2021**

### **BHPC Members Present:**

Susie Kimble, BHPC Chair  
Carol Luna Anderson, BHPC Vice-Chair  
Carol Kane, BHPC Member  
Tim Kane, BHPC Member  
Lisa Trujillo, BHPC Member  
Cindy Collyer, BHPC Member  
Gail Falconer, BHPC Member  
Jane Jackson Bear, BHPC Member  
Sandtina Melendrez, BHPC Member  
Kendra Morrison, BHPC Member  
Jackie Nielsen, HSD Behavioral Health Services Department (BHSD), BHPC Member  
Leslie Kelly, Public Education Department, BHPC Member  
Doug Calderwood, Aging and Long-Term Services Department, BHPC Member

### **BHPC Guests Present:**

Natalie Rivera, BHSD Liaison to the BHPC effective December 13<sup>th</sup>  
Pilo Bueno, Presbyterian Health Plan  
Maricella Jimenez, Western Sky Community Care  
Marina Estrada, Presbyterian Health Plan  
Wendy Linebrink-Allison, ProtoCALL Services/NMCAL and Peer to Peer Warmline  
Laurie Kerr, Envive Solutions  
Lisa Jackson, Envive Solutions  
Christina Wolford Castillo, LMSW, Supporting People in Need (Silver City)  
Hans Voss, Attorney, Speaker  
Cathi Valdes, BHPC Administrative Support

### **Introductions**

**Approval of Agenda:** Nancy moved approval of the December 2021 agenda, with options for fluidity within the agenda. Gail seconded the motion. The motion passed.

**Approval of Minutes:** Sandtina Melendrez moved approval of the October 2021 minutes. Kendra Morrison seconded the motion. The motion passed.

**Public Comment:**

**BHSD Update, Jackie Nielsen:** BHSD is ready for the 30-day 2022 Legislative Session. They are in the process of hiring a policy analyst to assist with review of legislation. The 988 Crisis Now system implementation is moving forward. AGORA at UNM and NMCAL will officially go live in July 2022. Some telephone providers have already activated the number. NMCAL has already been taking calls from the system. Dr. Neal Bowen is requesting additional funding to implement the 988 system from the legislature. Jackie filed the SAMHSA block grant expenditure report. PIRE will be holding listening session regarding new block grant funding that includes COVID and American Rescue Plan funding. As soon as the dates and locations are chosen, an announcement will be sent out. BHSD has hired a replacement for the BHPC Liaison position. That person's name is Natalie Rivera. Her first day at BHSD will be December 13<sup>th</sup>.

**Leslie Kelly:** She received a letter from the Governor appointing her to the BHPC.

**Susie Kimble:** Michael Estrada, Corrections Department, received a letter from the Governor removing him from the BHPC. A new representative will be chosen by the Corrections Secretary.

**Update on Local Collaborative Survey, Susie Kimble:** Bryce has been reaching out to the local collaboratives to find out their level of involvement and their funding needs. She has requested funding for the local collaboratives in her FY2023 budget request to BHSD.

**MCO Updates:**

**Presbyterian Health Plan (PHP), Pilo Bueno:** MHSIP surveys continue. He presented the findings for families and children at the CASC meeting on December 7<sup>th</sup>. There will be a focus group this afternoon with families to walk through the outcomes in an effort to improve the quality of services. COVID has had a tremendous impact on members' perspective of services they received. PHP has created a training offered to CPSWs on documenting services. The New Mexico Credentialing Board for Behavioral Health Professionals has approved a new Code of Ethics for CPSWs. The NMCBBHP will provide an electronic training for the new Code. PHP is looking to have all of its CPSWs receive national certification by March 2022. PHP continues to work with supportive housing for members. All PHP staff are SOAR certified, which gives individuals experiencing homelessness a step-up in applying for SSI and SSDI.

**Question from Several Members:** Can they take the documentation training?

**Pilo Bueno:** Joell Jones from PHP provides the documentation training. It is a 1.5 CEU training. Documentation training is also offered by Life Link Training Institute.

**Western Sky Community Care, Maricella Jimenez:** Documentation is very rigorous to meet Medicaid, state and corporate requirements. All the MCOs have trainings for it. Each MCO has different systems that are used for entering documentation. Western Sky is purchasing gifts so that children of members receive something for Christmas. They are also holding virtual baby showers that include car seats and baby supplies, as well as support for the families.

**Hans Voss, Attorney at Law:** Hans is the Past President of the New Mexico State Bar and the former Grant County Attorney. He also served on Advocates for Kids while they were sunseting. Sandtina referred Hans to the BHPC to provide information about the New Mexico Mental Health Code. He is willing to present at three different meetings. The Legislature passes a law that identifies an agency to create the administrative code. Upon signature by the Governor, the legislation becomes law. As an example, DOH put together the administration code for the recreational marijuana with the assistance of experts. The code is then submitted for public hearings. The New Mexico Supreme Court has a New Mexico Compilation Commission that includes Supreme Court decisions, Acts, Administrative Code. Go to [www.nmonesource.com](http://www.nmonesource.com) . Regarding the question that BHPC members had on the 72-hour behavioral health hold, browse the 1978 statutes annotated and look for information about 72-hour hold. You can also research Chapter 20 of the Administrative Code. The State Library is a wonderful resource that can help you with your search. Sometimes a learned person publishes an article for the Law Review. Agencies are sometimes not 200% behind the law. HIPPA does not apply to attorneys, as they are not health care providers. The statute goes into detail for the hearing within 24 hours. Perhaps there could be a handbook put together for BHPC similar to the one that CYFD has for adoptions.

**Jane Jackson Bear:** Native Americans who transition back and forth who are committed off the reservation but want to go home, how can you leverage the facility to cooperation with their return home?

**Hans Voss:** He doesn't know if the court would say whether an individual is to be returned home. Courts don't have jurisdiction over follow-up after release. And there are jurisdictional issues of non-tribal courts on tribal lands. He will look into it further.

**Update on Special Session, Susie Kimble:** There is funding for homelessness, Department of Transportation and Tourism. Dr. Neal Bowen is presenting the BHSD budget at LFC for FY2023. In it is the funding for Local Collaboratives and the 988 Crisis Now system implementation. Everyone is asking for more money during the 2022 Legislative Session.

**Jackie Nielsen:** BHSD will hold listening sessions for how funding will be spent.

**Susie Kimble:** The BHPC would like an invitation for input.

**Lisa Trujillo:** BHSD should spread the word about the 988 Crisis Now system. People need to get back into therapy.

**Behavioral Health Day Update, Cathi Valdes:** The virtual event will take place on February 9<sup>th</sup> from 9:00 AM until 11:30 AM. She will be working with Natalie Rivera, the new BHSD Liaison to the BHPC, to ensure a successful event. Nominations for Behavioral Health Stars, Carol Luna Anderson, Lifetime Achievement and John Henry awards have been received. The deadline for submission of nominations is close of business on December 30<sup>th</sup> (December 31<sup>st</sup> is a State holiday).

**Susie Kimble:** Bryce Pittenger is working on a Lifetime Achievement Award for Nancy Jo Archer.

Subcommittee Reports:

**ASAM,** there was no meeting.

**CASC, Kendra Morrison:** Pilo Bueno gave a report on the MHSIP surveys. Wendy Linebrink-Allison showed the new NMCAL promotional videos/ads.

**NASC, Jane Jackson Bear:** NASC was cancelled in November. The next meeting is December 14<sup>th</sup>. Indian Affairs Department sponsored ZOOM meetings on mental health.

#### **State Agency Updates:**

**Leslie Kelly, Public Education Department:** The SAMHSA Project AWARE (Advancing Wellness and Resiliency in Education) State Education Agency Grant has the LEAAs partnering with CYFD. It is a five-year \$9 million grant. Three LEAAs are involved in behavioral health infrastructure improvement: Socorro, Farmington and Santa Fe. Las Cruces bowed out. The goal is to get services for children and families. There will be navigators to partner with behavioral health agencies. They will be trained in Mental Health First Aid and QPR. There will be money to hire clinicians. UNM is the evaluator. Connect Care Coordination Program will make it possible to get services within 72 hours.

HB287, Access to Culturally Appropriate Services, was passed by the 2021 Legislative Session but was vetoed. The intent was to create behavioral health services for every child that is culturally and linguistically appropriate.

**Lisa Trujillo:** The Surgeon General reports that mental health for youth is degrading. There is unresolved trauma with children and then they act out. There is also concern about adults working in the schools. They are leaving education and it's a crisis. How can we support educators? We need to create conditions for safety and learning and provide support for adults in schools.

**Carol Luna Anderson:** People are burned out with negativity. We need to reset attitudes. To update you on the MAD Director, Nicole is not leaving. She will direct MAD for a year.

**Wendy Linebrink-Allison:** ProtoCALL is working with the state on a 988 Crisis Now implementation awareness campaign, as well as other campaigns: Resource Parent campaign (formerly known as Foster Parent), Family Support campaign, Mental Health Monday campaign – Path to Wellness, and monthly SUD webinars.

**Jane Jackson Bear:** Pueblo members have to leave their closed communities to go to work. There is paranoia when they reenter their community.

**Meeting adjourned. Next BHPC meeting will be held on February 9<sup>th</sup> from 1:00 PM to 3:00 PM.**



**BHPC Meeting Minutes**  
**April 13, 2022**

**BHPC Members Present:**

Susie Kimble, BHPC Chair  
Carol Luna Anderson, BHPC Vice-Chair  
Sandtina Melendrez  
Lisa Trujillo  
Katana Wolf  
Patricia Vigil  
Micah Pearson  
Monica Miura  
Jaime Campbell  
Betty Whiton  
Mary Stramel  
Craig O'Hare  
Jeremy Lihte  
Stacy Keener  
Patrick Byers-Smith  
Noreen Kelly  
Jane Jackson-Bear  
Lonna Valdez  
Fredrick "Rick" Vigil  
Craig Sandoval  
Jennifer Weiss-Burke  
Dorothy Forbes Sack  
Dr. Diana Trujillo  
Leslie Kelly  
Christin Fuller  
Dr. Wendy Price  
Jeanne Masterson  
Lisa Howley, BHSD

Jacqueline Nielsen, BHSD  
Arya Showers  
Daniel Ekman  
Doug Calderwood, representing ALTSD Secretary Katrina Hotrum-Lopez  
Jovanna Archuleta, ECECD  
Rick Miera  
Natalie Rivera, BHSD Liaison to BHPC

**Guests in attendance:**

Maricella Jimenez, Western Sky Community Care  
Stanford Kemp, Behavioral Health Collaborative  
Rosella McCaffrey, CYFD  
Patricia Archuleta, CYFD  
Melisha Montaño, BHSD, Office of Peer Recovery and Engagement  
Lupe Salazar, Barrios Unidos  
Julie Weinburg, Office of the Superintendent of Insurance, Life & Health Division Director  
Marina Estrada, Western Sky Community Care  
Melissa Moya, Santa Fe County Fire Department  
Pilo Bueno, Presbyterian Health Plan  
Jackie Muncy, Socorro Public Schools  
Samantha Gonzales, Socorro Public Schools  
Cathi Valdes, BHPC Administrative Support

**Introductions**

**Approval of Agenda:** Sandtina Melendrez moved approval of the agenda. Craig O’Hare seconded the motion. The motion passed.

**Approval of Minutes:** Carol Luna Anderson moved approval of the December 2021 minutes. Lisa Trujillo seconded the motion. The motion passed.

**988 Crisis Now Update – Jacqueline Nielsen** (Power Point presented during meeting is attached)

**988 Crisis Now OVERVIEW**

**A Behavioral Health response to a Behavioral Health Crisis!**

**The Crisis Now continuum needs:**

- Care Traffic Control
- BH Mobile Crisis response if needed
- Safe place to go – Care Traffic Control+

- Move from crisis as disruption in care to crisis as opportunity for coordination of care

#### **988 CALL CENTERS**

- New Mexico Crisis and Access Line
  - Calls, Text, Chat
- Agora and out of state as back up
- Open Beds for coordination

#### **MOBILE CRISIS TEAMS**

- Operated by behavioral health providers
- Dispatched by the primary 988 call center
- Acute mental health crisis stabilization at home or in the community within a maximum of 90 minutes
- A two-member team operating 24/7/365
  - Crisis intervention,
  - Screening and assessment
  - Referrals to time limited follow up services
- Mobile Crisis Teams coordinate with law enforcement and first responders as indicated

#### **CRISIS RECEPTION CENTERS**

##### **Three Models for NM**

- Crisis Triage Centers – 4 centers, one residential “23 Hour” or up to 14 Days
  - Licensed by Department of Health
- Separate Pathway in Emergency Department
  - Divert Behavioral Health pathways to separate triage and response system
- On Call Behavioral Health Crisis Receiving
  - A space is set up to be used only when needed
  - Staffed by trained clinicians as needed
  - Allows up to 23-hour crisis stabilization stay

### **BHSD Office of Peer Recovery & Engagement (OPRE) Update – Melisha Montañó**

#### **Wellness Center - Request for Applications**

- OPRE currently funds 5 Wellness Centers
- 17 applications have been received to fund Wellness Centers

#### **Certified Peer Support Workers (CPSWs)**

- Currently have almost 600 CPSWs
  - 534 currently approved
  - 84 candidates trained and completing certification requirements

#### **4<sup>th</sup> Annual Peer Summit**

- Held last week in Las Cruces to celebrate individuals in recovery

### **CPSW trainings**

- 14 virtual trainings have taken place in the past year
- A provider portal has been added to the OPRE website to expedite training for their employees

### **State Agency Updates**

#### **Early Childhood Education and Care Department – Jovanna Archuleta**

- ECECD received \$1 million for infant behavioral health services

### **BHPC Subcommittee Updates**

#### **Adult, Substance Abuse and Medicaid (ASAM) – Jacqueline Nielsen, BHSD**

- 4/12/2022 - 988 Crisis Now presentation – same as the one presented to BHPC

#### **Children and Adolescent Subcommittee (CASC) – no report**

#### **Native American Subcommittee (NASC) – no report**

### **Managed Care Organization Updates:**

#### **Presbyterian Health Plan – Pilo Bueno**

- SSI/SSDI Outreach, Assessment & Referral (SOAR) trainings continue to be offered to Presbyterian Health Plan staff to serve members who are experiencing homelessness and behavioral health issues
- Mental Health First Aid is offered monthly to anyone interested in taking it
- Trauma-informed care is being rolled out to communities
- Mental Health Statistical Improvement Program (MSHIP) survey will begin June 6<sup>th</sup>
  - Provides the consumer voice regarding the services they receive

#### **Western Sky Community Care – Maricella Jimenez**

- Western Sky offers the same training as Presbyterian Health Plan
- Implementing a new program to address suicide in adolescents and minors
- Currently have an open CPSW position in Albuquerque

### **Presentation: Office of the Superintendent of Insurance – Julie Weinburg, Life & Health Division Director**

#### **SB317- Limits on BH Cost Sharing Prohibition**

- Prohibits health insurance carriers from applying deductible, coinsurance, or copayments to *covered* behavioral health services
- Description of services can be found in OSI Bulletin 2021-009\* issued 6/14/2021
- Emergency room and urgent care services for a BH related condition are not included in cost-sharing exemption

### **SB317 – Applicability**

- Prohibition does not apply to services from out-of-network providers unless:
  - Services from provider were prior authorized by the health plan; or
  - Services were subject to the Surprise Billing Act
- Prohibition does not apply to deductibles for individuals enrolled in a Health Savings Account (HSA) eligible, High-Deductible Health Plan (HDHP)
  - IRS does not exempt BH services from deductible requirements in HDHPs
  - However, coinsurance and copayments are prohibited after the deductible is met.
- SB317's no cost sharing prohibition applies to:
  - Fully insured health insurance plans
  - State employee health insurance plans
  - Public school employee health insurance plans
- SB317's no cost sharing prohibition does NOT apply to:
  - Self-insured health insurance plans
  - County and municipal employee health insurance plans; public higher ed institutions
  - SB317 does not apply to Medicare, Medicaid or other federally sponsored health insurance coverage

### **SB317 – Difficult Situation: Patients with Self-Insured Plans**

- Individuals covered by self-insured plans are usually surprised to find out that SB317 does not apply to them.
- Recommended that the provider collect the cost-sharing amount and then advise the patient to contact the company's HR or Benefits office.
- The patient may want to appeal to the employer to comply with SB317 because that is best for its employees.

### **SB317 – How Do You Know?**

- Generally, you cannot tell from an insurance card whether the plan is self-insured or fully insured or an HSA-eligible, high-deductible health plan (HDHP).
- Most insured individuals don't know whether their plan is self-insured or fully insured.
- Most people know if they are enrolled in an HDHP.
- Best way to know is to confirm eligibility and benefits with the insurance company.
- Out-of-state employers offering a fully insured health plan are subject to the New Mexico Insurance Code.

### **SB317 – Provider Reimbursement**

- In cases where the no-cost sharing provisions of SB317 apply, the insurance company will reimburse the provider the full, contracted reimbursement rate.

## **Public Comment**

**Micah Pearson** - There are payment disparities between behavioral health service reimbursements and physical health reimbursements. Peer bills get paid 40% to 60% of the cost of services.

**Susie Kimble** – Please serve on a subcommittee or consider running for one of the BHPC officers: BHPC Chair or BHPC Vice-Chair; Chair of a subcommittee (ASAM, CASC, or NASC); or serve as one of the representatives to the Executive Board – Peer, Native American, Family Member, Provider, or Advocate. State agency staff cannot serve as the subcommittee chair but can serve as the co-chair. Each year BHPC sponsors Behavioral Health Day at the Legislature with agency booths and recognition of Behavioral Health Stars. This is a great way to promote recovery. We will begin planning for the 2023 Behavioral Health Day in the fall. We are also involved in September Behavioral Health Month events around the state.

**Carol Luna Anderson** – The focus of the BHPC is on the public behavioral health system, such as the Medicaid MCOs and how coordination of care is done.

**Jane Jackson Bear** – Congratulations to the new Native American representatives to the BHPC. Please join us for the Native American Subcommittee (NASC) meeting on April 19<sup>th</sup>.

**Monica Miura** – Is the BHPC involved in the creation of the Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant application?

**Carol Luna Anderson** – The BHPC plays a critical role in the development of the Behavioral Health Block Grant application. Cindy Romero is the new BHSD Block Grant Coordinator. We will have her present at a future BHPC meeting.

**Meeting adjourned. Next BHPC meeting will be held on June 8<sup>th</sup> from 9:00 AM until 12:00 PM.**



**BHPC Meeting Minutes  
June 8, 2022**

**BHPC Member Present:**

Susie Kimble, Chair  
Carol Luna-Anderson, Vice-Chair  
Santina Melendrez  
Lisa Trujillo  
Katana Wolf  
Patricia Vigil  
Micah Pearson  
Monica Miura  
Betty Whiton  
Craig O'Hare  
Jeremy Lihte  
Stacy Keener  
Patrick Byers-Smith  
Jane Jackson Bear  
Rick Vigil  
Craig Sandoval  
Jennifer Weiss-Burke  
Dorothy Forbes Sack  
Dr. Diana Trujillo  
Leslie Kelly  
Christine Fuller  
Dr. Wendy Price  
Jeanne Masterson  
Lisa Howley  
Jackie Nielsen  
Arya Showers  
Daniel Ekman  
Rick Miera

**Guests Present:**

Natalie Rivera, BHSD liaison to BHPC  
Cathi Valdes, BHPC Administrative Support  
Colinda Vallo, Native American Liaison for BHSD and IAD  
Bryce Pittenger, CEO, Behavioral Health Collaborative  
Eric Mares, Taos Behavioral Health  
Melissa Moya, Santa Fe County Fire Department  
Cindy Romero, BHSD, SAMHSA Block Grant Coordinator  
Patricia Archuleta, CYFD  
Doug Calderwood, representing ALTSD Secretary Katrina Hotrum-Lopez  
Valerie Quintana, Rape Crisis Center of Central New Mexico  
Kristy Ozzello, CPSW  
Juanita Cohn, Taos Behavioral Health  
Lisa Jackson, Envive Solutions  
Laurie Kerr, Envive Solutions  
Marina Estrada, Presbyterian Health Plan  
Pilo Bueno, Presbyterian Health Plan  
Tom Starke, Recovery Communities of New Mexico

**Approval of Meeting Agenda and Minutes**

**Approval of June 8, 2022 Agenda:**

Micah Pearson moved approval of the June meeting agenda. Stacy Keener seconded the motion. The motion passed.

**Approval of the April 13, 2022 Minutes:**

Sandtina Melendrez moved approval of the April meeting minutes. Jane Jackson Bear seconded the motion. The motion passed.

**Election of BHPC Officers**

**The BHPC officers up for election:**

- Chair
- Vice-Chair
- Native American Representative
- Family Member
- Advocate
- Person with Lived Experience
- Provider

### **Discussion of the Responsibilities of BHPC Officers:**

BHPC officers attend between three and five hours of BHPC-related meetings per month. BHPC officers attend the bi-monthly two-hour meetings of the BHPC Executive Committee held the first Tuesday of every odd numbered month (January, March, May, July, September, and November). Every BHPC member must belong to one of the subcommittees. Those two-hour meetings are the second Tuesday of every even numbered month (February, April, June, August, October, and December). BHPC meetings are three hours long and are held the second Wednesday of every even numbered month. BHPC officers may be asked to represent BHPC at the quarterly Behavioral Health Collaborative meetings.

### **Discussion of Whether State Employees Can Serve as BHPC Officers:**

State agency members of the BHPC are appointed by the Governor for the programs they represent, not their agencies. There is a concern about the optics of having a BHPC officer be a state employee. There could also be issues of conflict of interest when issues brought before the BHPC conflict with the agency position. It was felt that for the election today, state employees would not be eligible to run for a BHPC position. The BHPC will look at the current by-laws to review any changes that may be needed regarding state employees serving as BHPC officers.

### **Election of BHPC Officers:**

Following are the officers that were chosen by the BHPC members:

- **Chair – Katana Wolf**
- **Vice-Chair – Jeremy Lihte**
- **Native American – Patricia Vigil**
- **Family Member – Sandtina Melendrez**
- **Advocate – Patrick Byers-Smith**
- **Lived Experience – Stacy Keener**
- **Provider – Jennifer Weiss-Burke**

## **Behavioral Health Collaborative Update**

Bryce Pittenger, CEO of the Behavioral Health Collaborative, would like to know how the BHPC would work best with the collaborative. Dr. Scrase, HSD and DOH Secretary and Barbara Vigil, CYFD Secretary, are the current co-chairs of the collaborative. BHPC is on the agenda for each collaborative meeting and BHPC members are encouraged to participate in the strategic planning process that is underway. For Fiscal Year (FY) 2023, the collaborative received recurring funding for the Local Collaboratives. The funding application process will be a simple one. Bryce's contact information: [Bryce.pittenger2@state.nm.us](mailto:Bryce.pittenger2@state.nm.us); 505-231-6736.

## Behavioral Health Services Division Update

Jackie Nielsen discussed the 988 Crisis Now implementation set for July 16, 2022. The current national suicide hotline number will change to 988 on that date. BHSD has been presenting information to counties for planning mobile crisis teams. Currently there are three crisis stabilization centers with the goal of adding three to four more by December 2022. 988 Crisis Now trainings are being conducted for tribal and non-tribal communities.

FEMA funding has been received for the wildfires in Colfax, Lincoln, Mora and Valencia counties to hire Certified Peer Support Workers to assist the 3,400 individuals who have been evacuated from the wildfires.

Human Services Department has launched disaster SNAP program for New Mexicans impacted by the wildfires. Anyone not currently receiving SNAP can apply in person June 7 – 13 at any Income Support Division office or other locations listed on the HSD website.

Chess Health offers APP-based peer support for persons in treatment or recovery from substance use disorders.

The new Medicaid 1115 demonstration waiver for Centennial Care is under development. Input from BHPC members should be routed to Jackie by the end of the week. She will then route it to the Medical Assistance Division. The draft of the waiver will be ready August 1<sup>st</sup>. There will be a public comment period from August to October. The waiver application will be submitted to the Center for Medicare and Medicaid Services in November. The 1115 Waiver recommendations go to: [Valerie.Tapia@state.nm.us](mailto:Valerie.Tapia@state.nm.us) with a copy to: [Charles.canada@state.nm](mailto:Charles.canada@state.nm)

## State Agency Updates

**Aging and Long-Term Services, Doug Calderwood:** ALTSD has been providing support for those impacted by the wildfires by providing support services at the Senior Citizen Centers, checking on seniors in the impacted areas, and delivering meals. The Administration for Community Living will be providing coordinated health needs for seniors through the Senior Citizen Centers. There will be contacts for four regions of the state to coordinate and follow-up on assessments to refer to other providers.

**Division of Vocational Rehabilitation, Christine Fuller:** There are now under 500 people on the waiting list. They are now working on applications from October 2021.

**Department of Health, Arya Showers:** The DOH budget request for FY 2024 includes a base increase to expand service offered by public health offices. The space at Sequoia is being studied for substance use disorder and mental health services to provide safety net services.

**Public Education Department, Leslie Kelly:** PED has secured funding for social emotional learning and Project ECHO which improves the lack of access some students have to equitable, high-quality learning and support by connecting teachers and principals with experts who can address needs specific to their school's culture and students.

**Corrections Department, Dr. Wendy Price:** On May 31<sup>st</sup>, 11 inmates from the Penitentiary of New Mexico in Santa Fe were approved as Certified Peer Support Workers (CPSWs). Office of Peer Recovery and Engagement (OPRE) will train the inmates at the Southern New Mexico facility. Dr. Price also offered help for individuals who have been impacted by the wildfires. Please reach out to her.

### **BHPC Subcommittees Updates**

At the August 12<sup>th</sup> meetings, the BHPC subcommittees will hold elections for the chairs and co-chairs of the ASAM, CASC, and NASC.

### **Managed Care Organization Updates**

**Presbyterian Health Plan, Pilo Bueno:** On June 6<sup>th</sup>, the Medicaid Managed Care Organizations began the Mental Health Statistical Improvement Program (MHSIP) survey to determine consumer satisfaction with behavioral health services that are being provided. Presbyterian is providing a six-hour cultural sensitivity training at the Psychosocial Rehabilitation Association of New Mexico (PSRNM) conference on June 10<sup>th</sup>. They are also offering Juneteenth training on June 20<sup>th</sup> that will provide two continuing education units. Presbyterian is an inclusive organization and is funding PRIDE parades in Santa Fe and Albuquerque. Pilo's contact information: [pbueno@magellanhealth.com](mailto:pbueno@magellanhealth.com)

### **September Recovery Events**

**Tom Starke, Recovery Communities of New Mexico,** invited BHPC members to participate in the in-person recovery events that will take place throughout New Mexico during September. A listing of the events will be sent to Natalie Rivera for distribution to the BHPC members. Tom's contact information: [tomstarke@comcast.net](mailto:tomstarke@comcast.net)

### **Public Comment**

**Valerie Quintana** – She inquired about the possibility of having a national certification for CPSWs. Pilo Bueno provided information at Presbyterian Health Plan is looking at getting national certification through Florida for their CPSWs. The cost is \$500 and requires 3,000 hours of field

work. OPRE and the New Mexico Credentialing Board for Behavioral Health Professionals would have to agree on reciprocity for a national certification.

**Katana Wolf** – She would like to have meetings on how to set up the BHPC structure. Jackie Nielsen stated that BHSD staff need to be present during those meetings. Katana’s personal contact information: cell phone 575-288-8846; [Katanawolf1@gmail.com](mailto:Katanawolf1@gmail.com)

**Susie Kimble** – The Medicaid 1115 Medicaid waiver request should be on the August 10<sup>th</sup> meeting agenda. We should also look at mentors for new BHPC members.

**Monica Miura** – Who pulls together the CASC meetings? We need to create an ad hoc work group for children’s services in the 1115 Medicaid waiver. She wants to make certain that children’s services are being considered. Is it appropriate for BHPC members to provide input?

**Cathi Valdes** – She pointed out that BHPC members can only provide testimony as an individual, not as someone representing the BHPC, unless the testimony being presented has been approved by the BHPC. Jane Jackson Bear echoed this policy – “nothing about us without us.”

**Meeting adjourned. Next meeting August 10, 2022 at 9 AM via Zoom.**