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

August 25, 2017
Science and Technology Center Rotunda
University of New Mexico
Albuquerque

The second meeting of the Behavioral Health Subcommittee (BHS) of the Legislative Health and Human Services Committee (LHHS) was called to order on August 25, 2017 by Senator Bill B. O'Neill, chair, at 9:12 a.m. in the Science and Technology Center Rotunda at the University of New Mexico (UNM) in Albuquerque.

Present
Sen. Bill B. O'Neill, Chair
Rep. Christine Trujillo, Vice Chair
Rep. Sharon Clahchisichilliage
Rep. Rebecca Dow
Sen. Howie C. Morales

Absent
Rep. Doreen Y. Gallegos
Rep. Elizabeth "Liz" Thomson

Advisory Members
Sen. Gerald Ortiz y Pino

Rep. Deborah A. Armstrong
Sen. Mary Kay Papen

Guest Legislators
Rep. Miguel P. Garcia
Rep. Sarah Maestas Barnes
Sen. Nancy Rodriguez

Staff
Michael Hely, Staff Attorney, Legislative Council Service (LCS)
Karen Wells, Contract Staff, LCS

Friday, August 25

The subcommittee members and staff introduced themselves. A quorum was present.

Welcome to UNM Health Sciences Center (HSC)

Paul Roth, M.D., chancellor for health sciences, UNM HSC, welcomed the subcommittee members to UNM. He described the array of services available through UNM HSC, including two new inpatient beds to provide medical detoxification services to adolescents. He provided historical perspective, particularly noting reimbursement challenges. He highlighted the array of behavioral health and substance abuse programs and services in which UNM HSC is engaged. Opportunities to expand services, including an Arizona model for crisis triage centers, are being explored. Dr. Roth responded to questions regarding the scope and availability of programs and services. He noted that UNM HSC has also explored models of restorative justice in San Francisco.

Additional questions and comments were made as follows:

- recognition of the widespread nature of addiction and substance use disorder (SUD) issues in New Mexico;
- limitations of managed care in appropriately meeting the needs of individuals suffering from behavioral health and SUD issues;
- whether UNM HSC could reestablish a local entity to provide a more comprehensive array of services for these individuals with care coordination at the provider level; Dr. Roth thinks that would be an ideal system; however, it would need to have access to adequate resources;
- limitations regarding reimbursement through state requests for proposals (RFPs) for new programs and services;
- opportunities for UNM to serve greater geographical areas in meeting behavioral health and substance abuse needs; telepsychiatry and Project ECHO help in this regard; however, issues of withdrawal require physical presence and a facility to serve these needs; Dr. Roth mentioned a restorative justice program in Taos; he told the subcommittee that he would follow up with the subcommittee regarding the availability of inpatient services, particularly in Taos County;
- a desire for the LHHS, perhaps in conjunction with the Courts, Corrections and Justice Committee, to explore and support restorative justice models of treatment;
- ways in which New Mexico could expand service availability, particularly for inpatient services; although UNM HSC often responds to needs, even without reimbursement, there is no reliable systemic availability of residential treatment centers as there is no reliable funding to sustain such centers;
- recognition that the state currently is funding services for incarcerated youth with behavioral health and addiction issues; facilities are not full; local and community-based services would be more effective; and
- a request for data regarding the capacity and use of the Children's Psychiatric Center at UNM.

Legislative Finance Committee (LFC) Program Evaluation Report: Childhood Behavioral Health

Maria D. Griego, program evaluator, LFC, introduced herself and the other members of the panel presenting on the childhood behavioral health evaluation report, including Sarah Dinces, Ph.D., program evaluator, LFC, and Dr. Wayne Lindstrom, director of the Behavioral Health Services Division of the Human Services Department (HSD). Ms. Griego began with background information regarding the availability of services in New Mexico. The childhood behavioral health evaluation report is a joint project of the LFC, Children, Youth and Families Department (CYFD) and HSD. She reviewed the findings and recommendations of the full report, which was also provided in hard copy to subcommittee members. The effects of poverty, adverse childhood experiences and familial substance abuse are major contributors to the incidence of behavioral health disorders in the state. Ms. Griego reviewed data provided in the report regarding the prevalence of the most expensive child behavioral health disorders in 2015. Trauma is a primary driver of these conditions. A multiplicity of funding sources and access points contributes to confusion and a lack of efficiency in addressing these serious issues. In fiscal year (FY) 2016, New Mexico spent a total of $525 million on behavioral health services and programs, $196 million of which was spent on children, largely through Medicaid. Although the importance of spending funds early in a child's life was acknowledged, the state spent $30 million on prevention and promotion, representing only 15% of the total amount spent on children. Seventy-six million dollars was spent on intervention, and $89 million was spent on acute interventions. Charts included in the report reflect a breakdown of how total dollars were spent and diagnostic categories. The importance of performance measurement was stressed.

Dr. Dinces described an inventory of children's behavioral health programs in New Mexico and the dollars allocated to each. Interventions at the acute, interventional and prevention levels were briefly described. She highlighted the effectiveness and return on investment of spending ($9.00 for every $1.00 spent) for prevention and promotion programs and services. Eighty-two percent of spending in this area went to evidence-based programs. Intervention therapies such as multi-systemic therapy are evidence-based and can be very effective; however, they are not available in rural areas, where functional family therapy may be more effective.

Ms. Griego described three areas of potential for improving the management of the children's behavioral health system: planning, implementation and monitoring. She noted the challenges of accomplishing improvement in a state with varied abilities and limited resources. Data regarding availability of services can be obtained, but identification of need is less reliable. Identification of appropriate benchmarks for measurement is difficult. Many questions are unanswered at this point, she said.

The report concludes that the impact of undiagnosed or untreated behavioral health issues has dire long-term effects, including a lower potential for employment, lower earnings, high suicide rates, increased memory problems and emotional instability. Collection of data is essential to determine not only the prevalence of disorders, but the effectiveness of programs.

Program evaluation is critical, especially for newly implemented programs, to ensure proper stewardship of scarce resources. The report strongly recommends that goals be set for planning, implementing and monitoring program development in the next strategic plan of the Interagency Behavioral Health Purchasing Collaborative.

The CYFD and HSD recommended actions that could be taken in each area of management. The LFC has volunteered to conduct annual reports on progress.

Dr. Lindstrom touched on some highlights, noting that this report represents the first time that a "results-based" report has been created upon which the three agencies whose work is covered by the report actually collaborated on a successful report. He spoke about the dependence on residential treatment centers (RTCs) in the state, which have been shown to be either unsuccessful or even damaging to children. It will take time to replace RTCs with other evidence-based programs that are much more successful but that are not available. He identified that a misleading part of the report is the decision that was made early on to focus on primary diagnoses, which leads to an impression that SUDs are not prevalent in the state. This is not true, according to Dr. Lindstrom. He identified the PAX Good Behavior Game as the most successful approach in schools to teach children how to self-regulate. This is a skill that children can learn and that significantly reduces the incidence of behavioral health and addiction disorders. The program has a demonstrable and impressive return on investment. By the end of this year, there will be 600 teachers trained in the model and 6,000 children who have benefited. Implementation statewide is desired and would be beneficial. Given its track record, he believes the PAX Good Behavior Game to be the one investment that would have the greatest impact in the state.

Questions and comments were made as follows:

- clarification of the number of children in RTCs who are also taking prescription drugs; according to the report, 8% of expenditures for children's behavioral health are for prescription drugs;
- whether New Mexico's reliance on residential treatment is comparable to national data; the prevalence of RTCs is a nationwide trend;
- acknowledgment that treatment of behavioral health disorders is very dependent on a medical model of treatment; many medications used for behavioral health disorders have never been studied for use in children;
- whether spending on autism is included in behavioral health spending reports; it is considered a developmental disorder and, therefore, is not included in this report;
- whether and how wrap-around services are included in comprehensive community support services (CCSS) and where case management fits into the picture; Dr. Lindstrom noted that the current trend is that high-fidelity wrap-around services are more intense than CCSS but could be included and would result in a more robust and inclusive treatment approach;
- clarification regarding how Medicaid dollars are being spent in different ways than General Fund dollars; the BHS asked Dr. Lindstrom to provide a summary breakdown

of how and what children's behavioral health services are funded by non-Medicaid dollars;
- clarification regarding PAX Good Behavior Game funding and whether evidence has been gathered from schools that have implemented this model; Dr. Lindstrom responded there is more evidence on the effectiveness of this model than any other model; a 60% reduction in disruptive behavior is reported within the first 90 days of implementation; other results will not be seen in the short term; Dr. Lindstrom agreed to provide results of independent evaluators;
- ways in which the PAX Good Behavior Game affects the incidence of mental illness and helps children with special needs; children in schools implementing this model develop resiliency due to the safe, supportive environment; children feel more valued and protected; and
- clarification regarding models that use incentives to keep youth out of RTCs.

Relationship-Based, Outcome-Focused Therapy

Dr. Michele Coleman, president and founder of the Attachment Healing Center (AHC), introduced Gwendolyn Griffin, placement supervisor, CYFD, and Jan Greco, a parent whose family the AHC has served. Dr. Coleman provided a brief description of the AHC, which is an outpatient, relationship-based, in-home form of therapy. It is informed by neuroscience. Treatment, which focuses on attachment, is provided through the parents. She offered an example of successful treatment with a real-life case. She projected the potential for significant cost savings with greater use of the model. She has conducted qualitative as well as quantitative research with the CYFD. She is eager to be a part of the solution to treat behavioral health disorders in children more effectively through greater collaboration with the state and higher reimbursement.

Ms. Griffin provided additional anecdotal information to support the effectiveness of this approach to therapy. Parents learn techniques for healing from trauma, and children are able to stop taking psychotropic medications with the help of the AHC, according to Ms. Griffin.

Ms. Greco shared a personal story of rescuing eight children from an unsafe living situation in foster care. After three years of traditional therapy, the children are still experiencing negative behaviors. They trust no one. Dr. Coleman and attachment therapy offered a way to interact in a more positive way and to become a better parent to these children.

Subcommittee members had questions and concerns in the following areas:

- whether there has been follow-up with the mother in the story provided by Dr. Coleman; yes, there has been follow-up with that family;
- whether this approach to therapy is available elsewhere in New Mexico; yes, in several locations;
- agreement that more relationship-based, outcome-focused attachment therapy providers are needed;

- support for therapy approaches that support families and parent-child relationships;
- whether there is a possibility of this type of therapy being included in Centennial Care; it is currently funded by Medicaid; Dr. Lindstrom is very supportive of the approach;
- how long the AHC has been in operation — since 2006; and how many clients have been treated — about 500 clients;
- clarification regarding how the AHC is funded; it is funded through Medicaid and private payers;
- how this approach could be embedded statewide; since Medicaid is statewide, and since this is a covered service, expansion is possible as providers see the advantage; and
- whether the Centennial Care contracts could make use of attachment therapy; the current shortage of providers makes that problematic; Dr. Coleman noted that a training program for providers is already under way.

Bernalillo County Behavioral Health Consortium

Debbie O'Malley, commissioner, District 1, Bernalillo County; Maggie Hart Stebbins, commissioner, District 3, Bernalillo County; Douglas H. Chaplin, director, Family and Community Services, City of Albuquerque; Maurice Tohen, M.D., Dr. PH, M.B.A., chair, Department of Psychiatry, UNM HSC; Eric Garcia, deputy chief, Albuquerque Police Department; Lieutenant Pete Golden, Bernalillo County Sheriff's Office; and Paul Guerin, Ph.D., director, Center for Applied Research and Analysis, UNM Institute for Social Research, were invited to address the subcommittee.

Commissioner O'Malley began by providing an overview of the behavioral health initiative. It started with a ballot question in 2014 to establish a one-eighth percent gross receipts tax to be used to expand access to more behavioral health services in Bernalillo County. The ballot was supported by 69% of the voters. She described a flow chart that the Bernalillo County Board of Commissioners used to identify a path forward.

Commissioner Hart Stebbins described the need for services based on facts and statistics in the county. Programs to address those needs include mobile crisis teams, prevention, support and early intervention services. Programs also include: services to reduce adverse childhood experiences; youth transitional living services; community connections; a peer support drop-in center; and a transition planning and re-entry resource center. The county is collaborating with UNM, UNM Hospital and the New Mexico crisis line. She identified future plans for a crisis center, development of a database, expansion of youth transitional living and sober housing for adults. Finally, the county is partnering with the Department of Health on the distribution of Suboxone for those who have overdosed on opiates.

Dr. Chaplin talked about the collaboration with the city and county on the behavioral health initiative. The initiative falls into four "buckets": crisis services; community supports; supportive housing; and prevention, intervention and harm reduction. Each bucket is allotted a

portion of $15,833,490 of FY 2018 funding for city programming in relation to behavioral health interventions.

Dr. Tohen described the elements of behavioral health services and programs at UNM, which include an adult psychiatric hospital, a children's psychiatric hospital, outpatient programs, psychosocial rehabilitation, addiction programs and integrated services in primary care settings. He noted that education and training of providers are also a large part of UNM's mission. He provided statistics regarding the number of admissions, inpatient days, patients seen and adult and child encounters. He noted that individuals with a SUD are far more likely to develop a mental health disorder. He identified challenges that include inadequate reimbursement, gaps in services in rural and frontier areas and regulations that exceed those in other areas of the health care system.

Deputy Chief Garcia spoke about law enforcement crisis response services and partnerships. He said that the incidence of crisis intervention team calls and computer-aided dispatch calls has leveled out due to the crisis response program. Lieutenant Golden identified the level of staffing within the Bernalillo County Sheriff's Office to handle crisis response.

Dr. Guerin described problem-based procurement, data and evaluation being conducted at the Institute for Social Research. Programs are developed upon a clear description of a problem and identification of a target population. The process allows targeting of high-frequency utilizers in need of behavioral health services, as well as continual identification of programs and approaches that work and ones that do not. Evaluation of the effectiveness of the approaches informs whether or not to continue and expand tested approaches.

Subcommittee members had questions and comments in the following areas:

- whether there are existing programs that allow those addicted to alcohol who have no Medicaid or insurance coverage to access needed services; Ellen Braden, division manager, Behavioral Health and Wellness, City of Albuquerque, provided details regarding the evolution of those services;
- clarification regarding case management services and who will provide those services; there is currently an RFP for those services;
- clarification regarding the number of inpatient beds at UNM Hospital for adolescent services; there are currently 35 inpatient beds; the availability of beds depends on how many beds are currently occupied and the length of stay for those inpatients;
- the means by which an individual is diverted from law enforcement interventions when that is an appropriate action; Katrina Hotrum, director, Behavioral Health Department, Bernalillo County, described the process and the partnership that allows for identification of the appropriate response and needed services immediately;
- clarification regarding the volume of diversion calls per month; there are between five and 12 calls per month just in the county;

- clarification of the public's role in identifying and reporting individuals experiencing severe behavioral health issues; the police and the county are both working on training of UNM Hospital workers; free courses are available for interested members of the public; a pilot program is under development for a "train the trainer" program;
- recognition that work needs to be done to reduce the stigma of mental illness;
- the potential for duplicating any part of this program in rural New Mexico; the law enforcement partnerships and many new technologies, such as telemedicine, can help to train individuals in rural areas;
- a request for additional information about the use of the UNM HSC Project ECHO telehealth program in relation to this area; Project ECHO is training providers across the state in Suboxone use;
- clarification regarding transitional services for individuals struggling with alcohol abuse;
- clarification regarding what Medicaid does and does not reimburse; the services are often covered but at a reimbursement rate that is too low to adequately cover the costs;
- whether reimbursement rates in Medicaid will be increased; at the moment, the rates are being reduced due to statewide budgetary constraints;
- an observation that a revenue enhancement bill passed that would have allowed for the federal Medicaid match, but it was vetoed by the governor;
- clarification regarding whether the federal Health Insurance Portability and Accountability Act of 1996, also known as "HIPAA", limits the ability to collect personal data; this is a challenge; identification of trends and populations may reveal community needs without personal identification;
- clarification regarding the challenges of addressing the needs of youth who are homeless or incarcerated;
- clarification regarding overcoming Medicaid reimbursement barriers; meetings are scheduled to explore opportunities for including elements of this model into Medicaid reimbursement;
- recognition of the challenges of workforce shortages in behavioral health services;
- whether community health workers and mid-level practitioners can serve to fill some of the workforce needs;
- the importance of addressing alcohol abuse among youth;
- a suggestion that a mobile crisis unit is needed in Bernalillo County; and
- what happens to unspent funds; the county is being deliberate in how it sends available funds to make sure they are spent wisely.

Public Comment

Valerie Romero testified about previous struggles in her life due to posttraumatic stress disorder, in part because of a lack of support services in the community; she was hospitalized against her will, and she could not afford to pay for it. She expressed appreciation for the previous presentations but feels there are additional services that are needed.

Loretta Enox provided a handout and discussed changes needed to New Mexico's mental health statutes to provide for court orders to allow police to enter the house of a person experiencing a psychotic breakdown.

Adjournment

There being no further business, the meeting was adjourned at 5:10 p.m.