



General Council Meeting Minutes Monday October 21, 2013

Location:	South Valley Multipurpose Senior Center	Time:	2:30 – 4:30 PM
Voting Members Present: Leigh Caswell, Warren Cox, Louise Kahn, Michelle Melendez, Caroline Monie, Daryl Smith Non-Voting Participants: Tristen Adams, Rosa Barraza, Rebecca Boger, David Broudy, Mark Clark, Matt Cross-Guillen, Nick Estes, Chris Hollis, Don Meaders, Michelle Meaders, Danielle Reed, Cathy Sanchez, Mingma Sherpa, Cecilia Silva, Leah Steimel, Sylvia Velasco, Veronica Winsch Staff: Enrique Cardiel, Marsha McMurray-Avila, Tracy McDaniel			

	Agenda Items	Discussion	Action
1.	Welcome and intros	All present introduced themselves. Chair Leigh Caswell facilitated the meeting.	
2.	Updates on BCCHC activities – questions and highlights on Staff Report	<p>Health Council Announcements This is the first meeting at this location. The next meeting topic will be health & transportation. The conversation will be led by Caeri Thomas of MR-COG. She will walk us through a scenario planning for the region for the next 20 years, considering growth predictions and what this means for the transportation network. They are seeking public health input on this process.</p> <p>Highlights of Staff Report: New Mexico Alliance of Health Councils has been working on the development of legislation to restore some of the prior state funding. Currently, \$195,000/year is being shared around the state. NMAHC is working to have this increased by \$900,000 this coming legislative session for a total of about \$1.1 million that would be available through the NM Department of Health for all health councils. The quarterly metro region meeting for health councils took place on September 25th in Tarrant County. The next meeting is January 15th in Sandoval County. We had a successful Opioid Abuse Accountability Summit on September 19th. Dr. Wiese will be presenting about the outcomes today. Afterward, we will have having a presentation about the behavioral health system in New Mexico, led by Senator Jerry Ortiz y Pino.</p> <p>Participant Announcements: Matt announced that the Health Leadership High School will be analyzing health brochures as a component of their health literacy training. Please send any brochures you may have available for your program to Matt. Enrique announced that the International District Healthy Communities Coalition will be meeting at 9 am this Thursday at La Mesa Elementary to play Co-opoly. Enrique also passed out a brochure for Reading Works. Reading Works is currently seeking volunteer tutors, especially those able to serve ESL learners. Leigh announced that registration is now open for the New Mexico Public Health Association Health Policy Legislative Forum on December 4 at Embassy Suites. The keynote speaker will be Dr. Rishi Manchanda. This is the opportunity to learn about health-related legislation proposed for the 2014 NM legislative session. Visit www.nmpaha.org to register for the Forum.</p>	<p>Send any health-related brochures to Matt Cross-Guillen.</p> <p>Visit www.nmpaha.org to register for the Health Policy Forum.</p>

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<p>3. Presentation on Behavioral Health by Dr. Bill Wiese & Senator Jerry Ortiz y Pino</p>	<p>Opioid Accountability Follow-up - Dr. Bill Wiese</p> <p><u>Overview</u> The Opioid Accountability Summit came about through an initiative of Commissioner Maggie Hart Stebbins. Rio Arriba County is considered to have the highest incidence of opioid overdose deaths in the country. However, within Bernalillo County, some neighborhoods have rates as high or higher than those in Rio Arriba County. The Summit was an opportunity to convene people identified as stakeholders and served as a kickoff for a process that will last 2 years with the intention of changing the statistics around opioid abuse and overdose in Bernalillo County. Addiction is a disease, not just a set of behaviors. The costs are enormous, costing billions of dollars a year in New Mexico alone. However, society has not been managing addiction as a disease. It is not treated in the same way as cancer and heart disease are treated. We have failed to provide treatment at the same level as we do with other deadly diseases. There has been an underinvestment in treatment and prevention efforts. Stigma is a major cause of this failure to adequately address addiction issues.</p> <p>September 19th Summit activities</p> <p>During the September 19th Summit, presenters discussed indicators and proposed strategies in each of four realms or “pillars:” prevention, harm reduction, treatment, and law enforcement/criminal justice/public safety.</p> <p><u>Prevention</u> – This panel focused on primary prevention efforts. Louise Kahn presented on early childhood prevention and the effects of home visiting programs on improving substance use outcomes later in life. There was also a discussion of the need to increase the number of drug counselors and prevention educators within APS. Currently, there are only 4 of 7 positions filled – for ~90,000 students.</p> <p><u>Harm reduction</u> – The Harm Reduction panel focused on the need for wider distribution of Narcan (naloxone) that can reverse an overdose in process, as well as the harm reduction role of medication-assisted treatment (MAT) with Suboxone (buprenorphine) or methadone. While needle exchange programs are effective in reducing HIV and Hepatitis infections among intravenous drug users, they can also provide an opportunity for intervention and Narcan distribution to active users. Suboxone is an opioid medication that individuals can take daily to meet craving needs without the experience of euphoria. This medication allows people to maintain their lives in a way not possible when actively addicted to heroin or prescription opioid painkillers. This medication can be safely used long-term or indefinitely. However, it is politically difficult to get reimbursement long-term. Dr. Wiese compared this to giving a patient with chronic asthma a bronchodilator for one month and then stopping the medication because they are no longer experiencing symptoms. Suboxone patients also need wrap-around services because addiction is a multi-system disease. Individuals going through treatment have many needs, and when they are not addressed they can relapse. The panel also engaged in significant discussion about availability of methadone, another medically-assisted treatment for opioid addiction that has been around for several decades.</p> <p><u>Law enforcement</u> – Good things are going on related to more interest in treatment alternatives to incarceration, but not appropriately scaled to make an impact. If we don’t deal with addiction, we aren’t dealing with the issue that causes the increased crime rates. Very large percentages of people incarcerated in the Metropolitan Detention Center (MDC) have substance abuse and/or mental health issues that are at the root of their arrest/incarceration.</p> <p><u>Where do we go from here?</u></p> <p>At the Summit, people had the opportunity to express interest in one of the four implementation teams. They completed commitment forms to participate over the next two years in identifying and implementing solutions in each of the four areas. If you have interest or know someone who should be on a team to come up with a plan and make it happen on a scale that makes a difference on a population level, please complete a commitment form and send it to Marsha. Some recommendations are already being acted upon. These include:</p> <p><u>Harm reduction</u> – Everyone at risk of overdose should have Narcan available for use. Bill just came from a meeting today with DOH regarding Narcan distribution. To get to the adequate scale necessary, we need to get the County and other partners more involved. Discussions are also happening now to get Narcan to those being released from incarceration.</p> <p><u>Treatment</u> – The health plans need to pay for appropriate treatment across the full range of treatment options (outpatient to residential). Beginning January 1st, the biggest population at risk for opioid addiction will be on Medicaid for the first time. The</p>	<p>If anyone is interested in joining an implementation group, please contact Marsha to complete a Commitment Form.</p> <p>All panel presentations and handouts from the Summit have been posted at: www.bchealthcouncil.org/opioidinitiative</p>

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	<p>Feds will pay 100% of treatment for this population for the next 3 years. Bill is meeting with staff at HSD about this tomorrow. Ideally, individuals should be able to access treatment 24 hours per day, 7 days per week. There is also significant effort being put into assuring that people who are incarcerated only have their Medicaid suspended while in jail (instead of totally terminated) and that anyone who is eligible for Medicaid be enrolled so that they can be immediately covered upon release from incarceration.</p> <p>Discussion of behavioral health system issues – presented by Senator Jerry Ortiz y Pino The behavioral health system in New Mexico is in crisis. Several months ago HSD accused New Mexico Medicaid behavioral health service providers of fraud and abruptly ended their payments, shutting down these agencies. HSD then brought in Arizona companies to take over service provision. At a meeting of the Health and Human Services legislative committee three weeks ago, the Executive Director of La Frontera, who has been contracted for services in Southern New Mexico, persuaded Republicans that he was doing a better job than the Southern New Mexico agencies. Senator Ortiz y Pino is concerned that these outside companies will get settled in. If fraud is not found, MCO's can choose to keep the Arizona contracts instead of going back to the New Mexico agencies even if they're cleared of fraud. The Arizona companies have all worked with the MCO's in AZ. The New Mexico companies were asking questions and demanding services for their clients. It is not a given that the Arizona companies will do this for the clients. The Legislature does not have the authority to make changes to the contracts, but they can enact a "due process" procedure to prevent this from happening again since one of the issues raising the most questions is the apparent lack of "due process" throughout the interactions between HSD and the providers. Behavioral health was "carved out" of the rest of the healthcare system several years ago, but is now being carved back into Centennial Care, the new Medicaid program that will be available through four MCO's. There are potential problems with this. First, less and less money is being spent on behavioral health services. An increasing amount of pharmacological treatment is prescribed by primary care doctors, and more of this is happening in clinics without referral to outside agencies. We need increased integration between primary care and behavioral health. We need to shift the emphasis to prevention and early intervention. We need to increase MCO "value added" services; i.e. community groups, after-school programs, support groups, and play therapy. Additionally, there is a need to make sure the jails don't become the primary behavioral health providers. The Behavioral Health Services Division will be giving an update to the HHS Legislative Committee soon, but it's unclear how accurate the numbers they provide will be.</p>	
<p>4. Q & A/Comments</p>	<p>Michelle M. – It could be helpful to incentivize having behavioral health providers within the primary care clinics. Nick – Suboxone alone doesn't solve the problem. These individuals need counseling, too. Suboxone doesn't "distract" you from your problems in the way heroin does. You need to be able to face your problems for Suboxone therapy to be effective. It doesn't work without therapy. Senator Ortiz y Pino – Hopefully, the MCO's know that. Michelle – There is a danger of MCO's not paying for counseling. Providers won't prescribe Suboxone without the patient being in counseling concurrently. Senator Ortiz y Pino – There are also non-Medicaid services for behavioral health. CYFD pays for foster care treatment, SAMSHA block grants, Indian Affairs Commission, VA Commission. A total of \$50 million has been awarded as a contract to Optum to manage those dollars. There is a question regarding whether these contracts have been awarded without the standard bidding process. Bill – I thought Optum was going away? They are getting new contracts? Louise – Optum was who originally brought the concerns regarding behavioral health providers to the attention of HSD. Senator Ortiz y Pino – Actually, more about the sequence of events has come to light. The companies in Arizona were contacted 2-3 months before Optum even brought the concerns to the attention of the State. The Auditors introduced the State (HSD) to Arizona companies before beginning the audit that resulted in them recommending Arizona companies. Leigh – There will be a session on this topic at the NMPHA Policy Forum with Gay Finlayson and Sarah Couch. Tristen – How do we go about educating the police regarding harm reduction? Harm reduction patients have reported that</p>	

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		<p>police ripped up their cards and threw away their sharps.</p> <p>Senator Ortiz y Pino – Police testified in Las Cruces. They only receive about 4 hours of training on behavioral health in the academy.</p> <p>Daryl – DOH used to contract with a retired police officer to train officers on harm reduction. Not sure if that resource is still available.</p>	
5.	Reflection on meeting process/location	We have now covered all topics of the Profile update. David Broudy is on contract to update the data as needed. The plan is to have a completed web-based profile by the end of June 2014. There will be a follow-up planning session prior to this to develop recommendations to be included in the Profile and incorporated into the updated Community Health Improvement Plan. We are looking at maybe February, after the legislative session, for this activity.	
6.	Adjourn	At November’s meeting, Caeri Thomas and Julie Luna from Mid-Region Council of Governments will present on scenario planning for the long-range transportation plan for the metropolitan region that includes the counties of Bernalillo, Sandoval and Valencia.	Next BCCHC meeting will be held at the South Valley Multipurpose Senior Center on November 18th from 2:30 – 4:30 pm.