



BHPC In person Strategic Planning Meeting
Meeting Minutes
Feb 25th, 2025
9am-12pm

Present:

Jennifer Burke, Chair of the BHPC
Susie Kimble, BHPC Vice Chair, Mesilla Valley
Jacqueline Nielsen, BHSD
Tom Stark, Strategic Planning Facilitator
Seth Damon, Deputy Secretary of IAD
Annabelle Martinez, BHSD
Natalie Rivera, BHPC Liaison
Mariah Kennedy, Scribe for meeting, CPSW
Jaime Campbell, Peer member of BHPC
Monica Miura, CASC Chair, Community Youth Advocate
Carol Luna-Anderson, MAD
Cynthia Romero, BHSD Grant Coordinator
Stacey Keener, Advocate
Lisa Trujillo, Family member
Athena Huckaby
Dr. Wendy Price, NM Corrections Department
Patricia Vigil, NASC Co- Chair, Eighth Northern Pueblos
Dr. Royleen Ross
Jeremy Lihte, NM Leaders in Recovery, SF Recovery
Christine Fuller
Noreen Kelly

Online members:

Allen Dominguez, CYFD Adolescent Services Manager

Dr. Diana Trujillo, CYFD BHS Southern Bureau Chief
Kitty Wolf
Emily Kaltenbach
Paul Jenkins
Betty Downes

Land Acknowledgment by Jennifer Burke

Introduction of Nick Boukas, Director of the BHSD-

Nick gives his appreciation for the Behavioral Health Planning Council and its members. Mr. Boukas expresses that it is the voices of the collective of people we have on the board; people with lived experience, providers and clinicians and those 'boots on the ground' people telling state government what is working and what is not, who truly make a difference in the world of Behavioral Health. Nick shares that while our suicide rates overall have not dropped dramatically, what has dropped dramatically are the suicide rates for women with 42% less suicides, as well as the rates for Native Americans with 43% less suicides. Nick also shares that Alcohol related deaths are down, as well as drug overdose rates. Nick expresses his gratitude for the BHPC and the role the council plays in helping state government understand what steps need to be taken to better our world of Behavioral Health.

Introduction of Lieutenant Gov. Howie Morales

Raised in Silver City, NM Mr. Morales has spent most of his life working to improve the lives of people in his community and across our state. Gov. Morales served on the Legislative Finance Committee for 11 years, was a teacher and a proven leader who has ruthlessly fought for our most vulnerable communities and local schools to build a fair economy that works for all of us and to move NM forward.

Governor Howie Morales shares with the group to never forget the impact that you bring, the expertise and recognizing that if we truly want to keep improving our Behavioral Health system, we need to listen to the people just like those on this committee. Lastly Gov. Morales reminds the group that it is not necessarily going to the healthcare industry, not necessarily looking at the medical industry or medication- its looking at the service industry and there is no higher purpose.

Approval of Agenda- Noreen Kelly motioned to approve the agenda Stacey Keener seconded the motion, the motion passed.

Approval of December Meeting Minutes- Noreen Kelly motioned to approve the December meeting minutes as is, Carol Luna- Anderson seconded the motion, the motion passed.

BHPC Vision: The vision of the BHPC is to be a potent voice for children, adults, families and for the providers that serve them as well as New Mexico's customer-centered recovery and resiliency focused coordinated and quality Behavioral Health Care System. The council speaks for infants, children, youth and young adults transitioning to adulthood, adults the elderly and their families, in the ongoing implementation of a customer- driven, fully integrated, outcome-based statewide comprehensive system around Behavioral Health Services.

BHPC Purpose: The BHPC is a Gov. appointed council and its purpose is to serve as a statewide advisory board for Behavioral Health in NM, specifically but not limited to- the council shall advocate, advise, report, recommend and represent on BH matters of interest to the Governor, the legislature and the Behavioral Health Collaborative, state agencies and local community groups.

Bylaws: Pursuant to a statutory authority, the purpose of the council is to serve as a single statewide advisory structure for BH in NM in the following manner and again, to advocate for adults, children/ adolescents with serious mental illness or severe emotional neurobiological and behavioral disorders, as well as those with mental illness or emotional problems, including substance misuse. The BHPC is supposed to report annually to the Governor and the legislature on the adequacy and allocation of mental health services throughout the state. We are supposed to encourage and support the development of comprehensive integrated community- based behavioral health system of care, including mental health and substance abuse, misuse, prevention and treatment services and survives for persons with co-occurring disorders. As charged in section 9-7-6.4 NMSA 1978.

Susie Kimble, Co- Chair of the BHPC

Susie Shares that it is important we work together and blend all the experience we all have as a collective together to represent the council and to come together to come to a consensus on recommendations that can improve BH in NM. It is important that we build relationships and work together because that is our strength as a council with such an array of experience and expertise. Susie shares that if anyone on the council sees something on the Bylaws that doesn't sound right or needs to be changed, to please reach out to the chairs of the council because the bylaws can always be changed or updated as we feel needed.

CASC Recommendation update, by Monica Miura

The CASC Recommendations have been approved by the BHPC and pushed through- right now the recommendation around children ages 14yrs and older who are refusing BH services to look at a joint-consent model. The recommendation is to look at what other states are doing around this issue and their outcomes once switching to a joint consent model, instead of teens 14yrs of age who are struggling with mental health and/or behavioral health and substance misuse, being able to deny their own behavioral health services. This recommendation is to look at whether the laws around this in NM are hurting our youth and to see what is working in other states. Senator Lopez has been looking at this recommendation and has been passed through as a house memorial.

ASUM Recommendation update, by Athena Huckaby

The Access to Buprenorphine recommendation; or the Buprenorphine Stocking requirement for pharmacies, spearheaded by Athena Huckaby with the ASUM- Subcommittee has been pushed through by the BHPC to legislation and is now awaiting approval from the Governor. There has been a house bill created around this recommendation. (HB 505)

Strategic Planning Facilitation, By Tom Stark

Process Proposal:

Tom shares with the group the goal of today's strategic planning is to go over the different recommendations being made by the BHPC and the Subcommittees and to organize those into

something that the council can use year after year so we don't have to make the process up each time- we have a schedule, we have a product, we know what our strategic planning process looks like and then what the council will do is use that as a 'vehicle' to take the ideas and recommendations that we bring from a local level and that each member brings from their field specialties, to inform the state, and to help the state understand the importance of the different ideas and recommendations that we are bringing through advocacy. The real goal of this process is to increase the effectiveness of the process of the council at bringing recommendations to the state level.

Tom shares that the goal of the Strategic Planning is that once the recommendations are approved, they become a product, and that product goes hopefully, to the lieutenant Gov. then we are going to take the recommendations coming out of this council and ask that leadership turn them into a presentation to be able to be given to the Luit. Governor or whomever is going to champion that recommendation to maybe get to the Governor. The recommendations need to be turned into a formal written document to be given to Legislation, as well as being passed out during the legislative session.

When we get to the end of the Legislative session in April, that is when the council and sub-committees should have their recommendations completed and ready to be approved for the next coming year. April to May timeframe is chosen because that gives the legislature time to factor those recommendations into their interim committee schedule.

One of the things that is critical in advocating recommendations is letting the legislature work its process on the ideas and to get them into the internal hearing schedule so those recommendations can get the dialogue with the different stakeholders, that will be affected by them -helping more than anything else, to educate the legislators.

Tom shares the importance of every recommendation having a champion. Tom uses Athena's MAT recommendation as an ideal example of taking a recommendation and turning it into a piece of Legislation. No matter how good a recommendation is, if it does not have a champion or advocate to carry the recommendation- it does not have a good chance of being pushed through and should not be a recommendation from this council.

With a process that you can use for a few years, it becomes a very effective process which becomes easier and easier as you learn from your experience advocating those recommendations; by seeing what works and doesn't work you get better.

When you have a process that works, it's a foundation for building relationships with people in the state government/ legislation.

Tom shares that once the council starts generating recommendations, they can track the process of getting those recommendations turned into policy.

There is talk about integrating LC input into this process- Susie Kimble shares that at one point, it was easier getting information from the LCs to the council, but that at this time, not all the LC's

have representation, therefore it has been harder getting information from the LC's and speaks of how the council needs to work on a solution to this. Susie shares that BHSD has a new LC coordinator who is going to work with the council, therefore hopefully having her on board will help bridge some of that gap. Susie suggests inviting the LC members to our sub-committee meetings.

Susie Recommends getting Karen Canaday's information out to the LC's as well as members of the council/SC, as well as getting Annabelle Martinez's information out to the same people.

Talk of Health Council integration and statewide integration with the BHPC-

Carol Luna-Anderson makes a couple recommendations to the council such as the importance of filling out the attendance at the different sub-committee meetings and the different organizations that make it as well as making sure the different organizations know about the different subcommittees.

Carol also mentions the importance of the Health Councils and that the council should figure out a way that they can be a part of the recommendation process that gets put forward- to know the recommendations the council is coming up with as well as being able to contribute to recommendations this organization might promote through its subcommittee's.

Lisa Trujillo seconds the recommendation that the BHPC have representation from the Health Councils and that we need to make sure the health councils and other groups such as the LCs know we want their representation on the council.

Tom goes back to a point that Carol made about better knowing what initiatives BHSD are pushing through and what recommendations are being made there, when coming up with our own recommendations. Tom speaks to the importance of having integration not just at local level, but also having integration with the priorities and initiatives that the statewide organizations are trying to do.

Tom also shares that people learn by seeing something that succeeds and that it may take the next year or so to learn how to integrate these different agencies and organizations into the BHPC and our recommendation process, but that this will be the most effective way to go about what has been talked about so far at this meeting.

Jackie Nielsen shares that as a state staff, they can bring the information forward, but they need to know so that they can bring whatever information is needed to the BHPC. Jackie shares that when she first started on the council, there were a lot of presentations being presented by state staff members, as well as from the other sub-agencies that make up the council such as HCA and IAD, but that at one point there was a shift where the council and the subcommittees wanted to hear less presentations of what was going on in the state and wanted to have more conversation of what they can bring to the state. Therefore, Jackie shares that the state staff need to hear from the council and subcommittee's what they are wanting from the state so they can bring that information here- Jackie mentions the state having subject matter experts and that they can definitely bring whatever information to the council that is being requested, but that the state needs to know what in particular, that the council is wanting to hear about.

Kitty Wolf shares that after working with the analysis on HB4, that what the legislators are looking for is boots on the ground, from the community, of what we're experiencing, what the workflows are and what the people that work in these programs are experiencing. Kitty shares that this is an opportunity to get our new recommendation process out to these different persons and organizations.

Sub-Committee Reports/ recommendation overviews (ASUM, CASC, NASC)

CASC Update by Monia Miura

- Monia shares that the CASC finally passed their recommendations in December through the BHPC, therefore they are now BHPC recommendations- all CASC recommendations got passed through the BHPC except one recommendation concerning age of consent for BH services being the age of 14 and the gathering of information from other states surrounding this- This recommendation was picked up by Senator Lopez and made into a senate memorial.
- Monica shares that the CASC looked at this as children and our youth are not necessarily the focus of BHSD, and that they more so fall under CYFD which we often do not have representation from at the time, therefore the CASC did not make the recommendations towards just one agency or service, but towards all agencies and services such as BHSD, CYFD, PED, ECECD, etc.
- One of CASC overarching recommendations was around peer services for agencies working with children and families, and the integration of peer services within these agencies who aren't utilizing peer services at the time. Looking at integrating the full continuum of peer support, whichever is most applicable to their program and integrate in their service provision RFP's. What the CASC is looking for with this, is a roundtable discussion with the collaborative and state agencies because we have such a collective of knowledge amongst us.
- The CASC also has recommendations surrounding PED which she is hoping Sonia Siaz may be willing to champion as the Behavioral Health Services director at PED.
- The CASC is also recommending BHSD, CYFD, PED use the Quality Service Review as a mechanism for getting the qualitative data that can help us beyond quantitative, to really understand how our systems are functioning so that they can use that qualitative

data to create a roadmap for things like Kevin S and Yazi Martinez, and then also have that intersection of data because they overlap.

- CASC has really been looking at how they focus on prevention for our youth so that we are catching them before they get into the system. That there needs to be a lot of focus on prevention that we are not seeing right now when it pertains to children.
- One last recommendation is looking to raise the rate for peer services to either the same or over that of CCSS. A well as asking for a raise for Behavioral Respite services.
- The CASC is also recommending the raise of rates for children's day treatment programs, so that children can stay in their own communities and not have to be residential treatment.

Monica shares that there are some CASC members pushing these recommendations around at the legislative session and that if any of these recommendations seem like an area of interest to someone on the committee who may want to champion any of the recommendations to please reach out.

Tom shares the importance of the council as a whole, being aware of all the recommendations of the sub-committees as well as partnering with the different agencies such as CYFD and PED for these recommendations.

NASC Update by Seth Damon

- Deputy Secretary Damon shares that some of the initiatives that have really been taking off is the culturally specific and mental health outreach programs, substance use disorder treatment and prevention strategies and our youth suicide prevention program- NASC's training for BH professionals is something that is limited but on a resource basis, has really tried to comeback.
- NASC had a strategic planning session in October with our LC's where the goal was to come up with some concrete recommendations and overall access plans of care.
- NASC's overall drive right now is really trying to bring awareness to access for barriers to services in our rural communities. NASC and IAD is trying to build relationships with these communities as well as with the LC's working in these different rural communities, to gain trust and bring awareness to resources. Mr. Damon shares that they do not see state representation in Indian County and for our nation's tribes and pueblos, other than working with Nick Boukas with BHSD and Natalie Rivera- He shares that NASC is trying to work together with our tribal liaisons so that hands of service can be provided in order to start having recovery at home for our Native Populations.

ASUM Update by Jackie Nielsen

- ASUM had an AD-HOC meeting to finalize recommendations that were discussed at the previous meeting.

- ASUM came up with 6 recommendations, which is more than the subcommittee usually prioritizes within a year.

Priorities ASUM came up with:

1. One of the priorities is to gather information from other states that have adopted statewide standardized electronic/ semi electronic Healthcare Record Systems and seeing if/how they are emphasizing the protection of patient privacy. (Substance misuse recommendation)
2. The second priority is to gather information regarding whether licensure for facilities permits them to not offer medically assisted treatment. (Substance misuse recommendation)
3. Encourage that they're going to encourage recognition of alcohol misuse as a significant form of substance misuse disorder through public education on treatment and prevention resources.
4. Gather information on creative ways to provide specialized housing in response to community needs. (this rec. comes from the adult mental health side of ASUM)
5. Gather information on how assessment surveys can identify community need. (adult mental health recommendation)
6. Lastly, to gather information on systemic discrimination in housing for those with substance misuse disorder or mental health disorders.

Carol's assignment as the Adult Medicaid co-chair is to gather information on creative ways to provide specialized housing in response to community needs, as well as #6 which kind-of go together under housing.

The goal is to divide up goals and gathering information throughout the group.

Meeting Adjourned.