

Michelle Lujan Grisham's Response to Disability Rights New Mexico Questionnaire to Gubernatorial Candidates

As referenced in New Mexico's Governor's Commission on Disability Strategic Plan for 2015-2020, New Mexico has one of the highest prevalence rates of disability in the country. According to data from the 2011-2013 Behavioral Risk Factor Surveillance System (BRFSS) conducted by the Centers for Disease Control and Prevention and the New Mexico Department of Health, the prevalence of disability in the State among non-institutionalized individuals aged 18 and over was 23.2%. Additionally, in 2016, the poverty rate of working-age people with disabilities was 29.2 percent. Many people with disabilities rely on programs and services funded by the state to support them in maintaining their health, accessing education and employment, and participating in their communities.

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1. **What would you do to rebuild New Mexico's behavioral services provider network and increase the availability of behavioral health services throughout the state, particularly in the rural areas?**

In 2013, the Martinez Administration froze Medicaid payments to 15 nonprofit community mental health and substance use treatment providers based on what turned out to be baseless allegations of fraud. Those agencies provided critical mental health, suicide counseling, and addiction services to 30,000 New Mexicans across the state. Twelve of those agencies had to stop operations completely, and families and communities all over New Mexico are still suffering from a manufactured crisis that decimated our behavioral health system.

We have a behavioral health crisis in our state and addressing it will be one of my immediate priorities when I become governor.

The need for comprehensive behavioral health services throughout New Mexico is huge. In addition to the high prevalence of persons with disabilities you note above:

- *New Mexico ranks 50th in the nation for **deaths from suicide, death and drug use.***
- *New Mexico's **death rate from alcohol-related chronic disease has been first or second in the country** for 15 years.*
- *Over 150,000 people in New Mexico have some type of substance use disorder, and about one-third of them (nearly 50,000 people) are between the ages of 12 and 25.*
- *About 70,000 New Mexicans suffer from a serious mental illness.*
- *Teen suicide deaths here are nearly double the national average.*
- *Over 1.2 million New Mexicans live in Mental Health Care Professional Shortage areas*

Unmet behavioral health needs are not some isolated problem for the healthcare system to address. Those unmet needs impact our children, families, schools, and businesses. They impact people's ability to succeed in school and in the workforce. They contribute to high

crime rates. And they create trauma for our children, many of whom are unable to recover from the experiences they have when they are young.

Despite years of efforts to coordinate behavioral health services in New Mexico, the system is not working. Local communities and agencies do not have a significant enough voice in identifying and prioritizing their greatest behavioral healthcare needs, our state and local government agencies continue to work in programmatic siloes, and our failure to provide for the behavioral health needs of at-risk children and their families is contributing to the crisis in our public education, foster care, juvenile justice, and criminal justice systems.

To rebuild our behavioral health workforce, I will appoint leaders who are deeply committed to addressing our behavioral health needs and will collaborate with other state agencies, local governments, and social service providers to develop an effective behavioral health care network.

As Governor:

I will maximize federal funding for Medicaid, opioid addiction treatment, and other core health care needs to help build up our healthcare workforce, infrastructure, and delivery system. *Governor Martinez has failed to obtain and leverage tens of millions of federal dollars that have been available to New Mexico, primarily through the Medicaid program. We also have new funding opportunities for opioid treatment. I will work immediately to obtain and leverage these funds to help build our behavioral health system and workforce.*

I will develop a specific plan with measurable goals to address behavioral health workforce shortages and needs throughout New Mexico. *The New Mexico Health Care Workforce Committee prepares detailed annual analyses of our health care professional workforce in New Mexico, including our behavioral healthcare workforce. They gather data on the numbers of different types of providers in the state. Based on their data and the behavioral health needs assessment, under my leadership, we will:*

- *develop concrete realistic goals for the numbers of different types of providers needed in different counties and develop strategies for meeting those goals.*
- *work with licensing boards and the NM Behavioral Health Credentialing Board for Certified Professionals to identify barriers and opportunities for meeting our behavioral healthcare professional workforce needs.*
- *Increase the use of telemedicine to provide behavioral health services in rural communities, including through regional collaborations.*
- *partner with Project ECHO at UNM to leverage the knowledge of behavioral health specialists so that local providers, including primary care providers, are better equipped to meet the behavioral healthcare needs of their patients and communities.*

I will support programs to incentivize behavioral health and other healthcare professionals to work in rural and other underserved communities and to ensure that Medicaid

reimbursement rates are fair and sufficient to attract and retain behavioral healthcare providers. I will support efforts to:

- *continue the rural physician and nurse tax credit and will support adding a bracket of the credit for pharmacists, counselors, and social workers.*
- *increase funding for loan repayment and loan-for service programs*
- *provide full funding for the New Mexico Health Service Corps to provide valuable stipends for professionals completing residency if they promise to practice in an underserved area.*
- *leverage Medicaid to expand psychiatry and family practice physician residency positions in rural New Mexico.*

I will provide support to behavioral health providers to help them navigate new reimbursement and healthcare delivery models. *New Mexico's shift to managed care in our Medicaid behavioral health services has created new challenges for providers.*

I will require Medicaid managed care organizations (MCOs) to maintain adequate networks of behavioral health providers. *This can be done through effective oversight and enforcement of contracts with the MCOs.*

We must also ensure that major changes in payment and service delivery models designed primarily for medical services work in the context of behavioral health services. *We want our systems to support local providers and promote innovations that work in the behavioral health context.*

2. At the end of FY17, New Mexico had approximately 4,500 individuals with completed registrations awaiting allocations on the waiting list for developmental disabilities (DD) waiver services on the Central registry including about 3,900 individuals. Many individuals have been waiting for over ten years. In your first 100 days, what would you do to reduce the waiting list while still achieving excellence in services provided?

I will work with the legislature to provide additional funding to move more people off the waiting list. I will also instruct my HSD Secretary and Medicaid Director to prepare an application for a support services waiver that provides some temporary relief and support for families with a family member on the waiting list.

I will also ask my HSD and Medicaid leadership to develop detailed plans for implementing the Home and Community Based Services rule and to report to me within 100 days on the steps taken, challenges, and strategies to fulfill the letter and spirit of that rule as we provide services to persons with disabilities in home and community-based settings.

3. What are your plans to ensure that all students eligible for services under the Individuals with Disabilities Act (IDEA) received the educational support to which they are legally entitled?

The court ruling in the Yazzie/Martinez case made clear what many of us already knew – that our public schools are not meeting the needs of students with disabilities. For too long, PED has ignored (and at times even denied) its responsibility to ensure that school districts and schools are complying with the IDEA and the Individualized Education Programs (IEPs) developed for individual students. Our school funding formula includes additional funds based on the number of students in special education programs but PED does not monitor what schools do with those funds or ensure that they are going to help those students. I will not appeal the Yazzie/Martinez ruling and will make sure that the needs of students with disabilities are being met by individual schools and districts and that PED holds schools and districts accountable for doing so.

4. A Medicaid Buy-In Program allows those families who cannot afford a plan on the Health Care Exchange but who also don't qualify for Medicaid to pay a less expensive premium, based on their income, in order to receive Medicaid coverage. As Governor would you openly support and advocate for a Medicaid buy-in New Mexico?

Throughout this campaign, I have made clear my support for a Medicaid Buy-in. I am looking forward to the final report and recommendations of the working group that has been addressing this issue and designing a Medicaid buy-in approach that will work for New Mexico.

5. The Division of Vocational Rehabilitation announced earlier this month that it has gone back onto an Order of Selection and is accepting only people in the most severe category of disability. What will you do to improve employment opportunities for persons with disabilities and the limitations imposed by Order of Selection?

Under federal law, if a state cannot provide vocational rehabilitation services to all eligible persons with disabilities, it must develop an "Order of Selection" that prioritizes people with the most severe disabilities first. I am committed to helping persons with disabilities find and maintain meaningful work. When I become Governor, I will request a report from NM DVR on the status of funding, the reasons it implemented the Order of Selection, and recommendations for ensuring that all eligible persons with disabilities receive the services they need. I will appoint leadership committed to maximizing available federal resources and collaborating with employers and other agencies to increase employment opportunities – including within state government – for persons with disabilities.

6. Persons with disabilities are often faced with limited opportunities for safe and affordable housing. For persons with mental illness, they may seek housing in licensed boarding homes. Unfortunately, the Department of Health has failed to provide oversight over these boarding homes and failed to ensure that people are in safe housing conditions that will support their well-being. What will you do to ensure that these boarding homes are regulated and protections afforded to residents?

I have been horrified by some of the stories I have heard about persons with mental illness and long-term disabilities who have been neglected and mistreated in boarding homes and other licensed facilities. The Department of Health (DOH) has a responsibility to ensure that all such facilities are safe and providing appropriate environments for residents. As Governor, I will work to resolve the recent lawsuit that Disability Rights New Mexico filed against DOH for failing to

properly regulate and oversee boarding homes. I will ensure we have strong regulations and that DOH monitors boarding homes to ensure they comply with those regulations and provide safe housing for their residents.

7. Related to the dilemma for many low-income New Mexicans with disabilities living in unhealthy conditions in boarding homes, there is a lack of safe and affordable housing. New Mexico is faced with challenges in meeting the needs of a population who are homeless, many of whom will have a mental illness. As Governor, how would you ensure that the needs of homeless people who have a mental illness and those at risk of homelessness are addressed in a holistic, cross-agency way?

There is a strong relationship between mental illness and homelessness. Substance abuse disorders also contribute to these challenges. In addition, we are incarcerating far too many nonviolent offenders who need treatment for mental illness and substance use disorders.

In my comprehensive plan to address crime in New Mexico -- [Tougher, Smarter, Safer](#) – I lay out my plans for prioritizing violent and repeat offenders and investing in programs, including drug and diversion programs, like LEAD, that reduce costs in the criminal justice system and help offenders get back on their feet. I will also support crisis intervention centers throughout the state.

We have significant challenges providing safe affordable housing to every New Mexican, challenges that are even greater for persons with mental illness or struggling with addiction. The Mortgage Finance Authority and local governments play critical roles in addressing housing needs and homelessness. But the state can do more to ensure that we have residential treatment options for persons with serious mental illness. We need to leverage available federal funding so we can expand supportive housing options in New Mexico and provide residential treatment options to those who need it.

If we improve our behavioral health system and increase access to services, properly regulate boarding houses that serve people with mental illness, and ensure that people released from incarceration are connected to housing, transportation, healthcare and social services when they re-enter the community, those efforts should also help reduce homelessness.

8. Thousands of New Mexicans have experienced a traumatic brain injury. The State has not developed systems, passed appropriate legislation and/or encouraged private-public partnerships to deal with the issues of traumatic brain injury. Insurances (private and other) are fully inadequate, for the most part, leaving Medicaid as the fall back. Medicaid has not worked. The State “TBI Trust Fund” is fully archaic. New Mexico has very few skilled and trained providers. Integrated care and treatment are unavailable. In the first 2 years after a brain injury, if properly diagnosed and treated using recognized protocols, a very large number of patient costs average up to \$1 million per year (\$1,000,000 ref. CDC). Medicaid does not cover this. However, if these diagnoses, treatment and supports are provided; long term costs drop significantly and people living with the spectrum of brain injury can return to their communities, jobs and family to function as best as they are able. To attract appropriate

professionals & facilities, training, diagnosis, treatment and long term support, New Mexico must develop systems of care. How do you propose to handle these issues?

New Mexico does not have adequate treatment options for persons with brain injuries, including traumatic brain injury. Brain injuries often require an integrated treatment approach that includes medical, cognitive, mental health and physical manifestations that require physical and occupational therapy. Many people are misdiagnosed. And appropriate treatment can be very expensive. There is no simple answer and no coverage system – whether Medicaid, Medicare, or private insurance – is fully addressing it. I will work closely with DRNM, the New Mexico Brain Injury Alliance, insurers, health care providers with expertise in treating persons with brain injuries, and other stakeholders to develop plans and priorities for addressing the gap in services in New Mexico and addressing the challenging cost issues.