Behavioral Health Planning Council of New Mexico
Focusing on Comprehensive Behavioral Health Services

Behavioral Health Planning Council
Annual Report

January 1 – December 31, 2006
Activities and Expenditures

May 2007
May 23, 2007

Dear Legislators and Governor Richardson:

The Behavioral Health Planning Council was established in accordance with Public Law 102-321 of the federal Public Health Services Act (regarding Title XIX Block Grants), House Bills 271 and 259 (Amendment) as enacted by the 2002 and 2003 Legislature of the State of New Mexico.

Council members are appointed by the Governor. The members are charged with advocating for adults, children and adolescents with serious mental illness or severe emotional neurological and behavioral disorders, including substance abuse and co-occurring disorders; and encouraging and supporting the development of a comprehensive, integrated, community-based behavioral health system of care.

The Council is legislatively mandated to give an annual report to the Governor and the Legislature on the adequacy and allocation of mental health services throughout the state. Although the Council has worked closely with the Behavioral Health Purchasing Collaborative in addressing many of the behavioral health and substance abuse issues, the Council feels the State of New Mexico is still far behind in reducing the gaps (Behavioral Health Needs and Gaps, 2002) of behavioral health needs in New Mexico. We are still behind all other states in funding and providing behavioral health needs for our residents. Until the needs are met and services provided, New Mexico will continue to lag in recovery and resiliency of those suffering from mental illness and substance abuse. The needs of the state far exceed available funding.

The following report serves that purpose by reporting on the activities and expenses of the Council and its subcommittees for the calendar year 2006.

Sincere appreciation is extended to Children, Youth and Families Department, Department of Health Behavioral Health Services Division, the Health Services Division, the Behavioral Health Purchasing Collaborative, and their staff - for their continued efforts and assistance in helping the Behavioral Health Planning Council meet its goals and mandates.

Respectfully,

Becky Beckett
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Activities of the Behavioral Health Planning Council,
January 1 – December 31, 2006

Executive Summary
The Behavioral Health Planning Council (BHPC) conducted monthly meetings and gave input on critical behavioral health issues to the Purchasing Collaborative and the Governor throughout 2006. Subcommittees of the Planning Council worked concurrently with the Council, offering strategies and recommendations to address behavioral health issues facing adults, children, persons with substance abuse problems, persons on Medicaid, and Native American populations. Controversial topics were discussed thoroughly and recommendations were taken to the Purchasing Collaborative.

High points included but were not limited to the following:

➢ To standardize language, the Council adopted definitions of what constitutes a family member or consumer as related to behavioral health services.
➢ To recognize the accomplishments of leaders in Local Collaboratives, the Council arranged an awards ceremony to be conducted during Behavioral Health Legislature Day, March 6, 2007, in which the Local Collaborative Stars would be given a certificate signed by the Governor.
➢ To organize itself in a formal manner, the Council developed and distributed a Planning Council Operations Manual to its members, which included the by-laws, the statute that created the Council, the federal law regarding the Community Mental Health Services block grant, and other information.
➢ To better represent the state as a whole, the Council voted to change its own composition by requesting the Governor to appoint three members (consumer, family member, advocate or provider) from each of the 15 Local Collaboratives. Council members, whose terms would have expired in June 2007, voluntarily resigned effective December 31, 2007 to make room for the new membership.

During all the aforementioned work and more, the Council was an active partner with the Purchasing Collaborative in the development of the Comprehensive Behavioral Health Plan, and – later – the Purchasing Collaborative Strategic Plan.

This report provides brief highlights on discussions, decisions and recommendations made by the Council from January 1 through December 31, 2006. Also included in this report is a snapshot of membership attendance throughout the year and Council expenditures.

2006-2007 Goals of the Behavioral Health Planning Council (not in priority order)
1. Improve the continuum of behavioral health services statewide
2. Ensure that behavioral health services are consumer and family driven
3. Increase behavioral health education and training to individuals, families, providers and the general public
4. Increase judicial system educational opportunities
5. Increase substance abuse and co-occurring mental health services
6. Improve the behavioral health workforce capacity in New Mexico; peer to peer certification process and all other proposed certifications
7. Ensure smooth transitions for clients within the behavioral health continuum
8. Promote adequate funding to address the needs of the behavioral health continuum
9. Ensure the availability of appropriate pharmaceuticals
10. Ensure that behavioral health services are provided in a culturally competent manner
11. Utilize data and information in the decision-making process for behavioral health continuum in New Mexico
12. Provide appropriate employment and housing opportunities to clients in New Mexico’s behavioral health system
13. Advocate for mental health courts in every county

Activities and Accomplishments in 2006
The Behavioral Health Planning Council (BHPC), in its advisory role, provided recommendations and insights to numerous behavioral health related issues. Below – in no priority order – are some of the most significant discussions, decisions and recommendations that were made in 2006, fulfilling goals of the BHPC.

Consumer and Family Member Definitions
The Council recommended the following definitions for the Purchasing Collaborative’s consideration.

“Consumer: An individual (youth or adult) who self-identifies as a current or past recipient of behavioral health services with an emphasis on those who are receiving, or have received or are seeking publicly funded behavioral health services.”

“Family Member: A family member is an individual who acts as a support person to a consumer, specifically parents, spouses, significant others or other first-degree relatives; also individuals who are the caregivers or guardians. Family members of consumers include children and adolescents as well as adults.”

Legislative Involvement
Discussion on the potential introduction of a Mandated Treatment bill in the 2007 Legislature resulted in the adoption of the 4 talking points below to be presented to the upcoming Purchasing Collaborative meeting.

1. No forced meds (because of side effects).
2. This law will not solve the problem without adequate services.
3. Concern over law enforcement involvement; non lethal deterrents.
4. Parents need to have the right to get treatment for their children.
5. Must first educate judges, law enforcement, etc. about persons with brain injury who are often misdiagnosed.
6. Must have clear criteria (serious factors) for assessing the need for mandated treatment.
7. Address basis needs first, e.g., housing, clothing, food.
8. Must assign an impartial advocate to each person being considered for mandated treatment.
9. Criteria has to be more than “self neglect”, not dangerous, not a threat to self or others (clearly define “threat to self and others”).
10. Resources must be available.
12. Must have Sunset Clause, research, administrative oversight to insure that services are available and delivered.
13. Consumers must be involved in developing the treatment plan (completed before hearing).
14. Do not want a Legislative memorial.

Because parents are not decision makers of mental health, discussion was held regarding the need to educate children on mental health services so that they may possibly avoid later problems as adults.

Legislative priorities were consolidated into one document by the BHPC Executive Committee for the Purchasing Collaborative meeting in July. Priorities included those from the BHPC subcommittees and the Local Collaboratives.

March 6, 2007 was chosen as Behavioral Health Day at the Legislature. A work group came together to work on the logistics, the funding, and media announcements. The goal was to financially assist consumers and family members to attend the event and to highlight the statewide initiatives being undertaken on behavioral health issues. The Council also adopted the idea of awarding local “Stars” from local communities who contributed positively to his/her local collaborative as a consumer or family member representative. The “Stars” would be recognized being awarded a certificate signed by the Governor and public recognition on March 6.

The Community Mental Health Services Block Grant Review
As required by federal mandate, the Community Mental Health Services Block Grant application was reviewed by the BHPC review committee basing their evaluation on the President’s Freedom Commission Report. They rated the report with high and low points, and approved the implementation report for submission. High points were noted in Goal 1 - Reduce stigma and suicide, Goal 2 - Develop a consumer and family driven behavioral health care system, and Goal 3 - Focus Early mental health screening and referral to services. Low points were noted in Goal 1 - Mental health is essential to overall health, Goal 3 - Disparities in behavioral health services are eliminated, and Goal 6 - Technology is used to access mental health care and information.

Mini Grants
The BHPC Block Grant subcommittee awarded $64,110 in the form of mini grants awards to Border Area Mental Health Services, Inc., Five Sandoval Indian Pueblos, Inc., TEWA Women United, Taos-Colfax Community Services, Los Alamos Family Council, Inc., Counseling Associates, Inc., Nash Drop–In Centers. Special consideration was made for programs that emphasized recovery and resiliency and/or served Native American populations.
Strategic Planning

The Council adopted recommendations from the Adult Subcommittee which included considerations for transportation in rural and frontier areas and expansion of medications for unfunded people. The Council also adopted the recommendations of the Children’s Subcommittee regarding “statewide training Resiliency and Recovery” and “incentivized community-based services”.

The Council made recommendations to the Adult and Children’s Subcommittees’ Strategic Plans for presentation to the Purchasing Collaborative. The recommendations included adding the following issues to the strategic plans:

- Adding more information on how pharmacy co-pay benefits have changed;
- Training judges;
- Monetary incentives to employers;
- Transitional services and how to get services;
- Establishing criteria for 18 – 21 year old young adults to transition from the children’s service system to the adult system;
- 12-step programs which are primary treatment;
- A timeline to increase the availability of affordable housing;
- Case management services for prisons;
- Affordable safe housing goes with core services;
- How do issues of Local Collaborative’s accountability fit in?

A Planning Council Operations Manual was developed, which included by-laws of the Council and its subcommittees, and a copy of the mandate that created the Planning Council. The manual is a guide for the business operations of the Council and is intended to be a dynamic document that can be revised by the Council to accommodate relevant changes or needs.

Council members worked for several months with Local Collaborative and Purchasing Collaborative staff to develop the Comprehensive Behavioral Health Plan. The work included town hall meetings and several retreats. After completion of the plan, the Purchasing Collaborative deemed that goals, strategies and priorities were needed to address the numerous issues laid out in the Plan. In October, work began on the Strategic Plan, a document that reflected the Governor’s performance measures, the recommendations of the Legislative Finance Committee, and goals of the Purchasing Collaborative. The Council’s Executive Committee participated fully on the work groups to streamline the Plan into a working document.

Leadership

Susy Ashcroft was elected as the new Chair and Becky Beckett was elected as the Vice-Chair, replacing Carol Luna-Anderson and Steve Johnson. Other elected officers of the Executive Committee were:
- RoseMary Silversmith - Native American Representative
- Bill Daumueller - Provider Representative
- Trinidad de Jesus Arguello – Advocate Representative
- Brenda Crocker -- Family Member Representative
- Marilyn Rohn -- Consumer Representative
The subcommittee chairs are comprised of Cabinet designees or their representatives and are also part of the Executive Committee.

The Chair and Co-Chair were active participants at the monthly Purchasing Collaborative meetings, Local Collaborative Leadership meetings, and other public meetings that addressed controversial and other behavioral health issues.

Three BHPC consumers and family members volunteered to participate on the Purchasing Collaborative Steering Committee; Marilyn Rohn, Rachel Saiz, and Susie Trujillo.

Membership
The Council adopted a new format for future membership which would be composed of people nominated from each of the 15 Local Collaboratives, and would include a consumer, family member and provider/advocate from each Collaborative. Council members whose term would expire by June 2007 voluntarily resigned effective December 31, 2006. Members whose terms did not expire until June 2008 remained as At Large members.

Funding
The Council opposed the 3% reduction from the Behavioral Health Services Division budget to create a reinvestment pool for fiscal year 2007. The Council went on record opposing the 3% funding recommendation from the Department of Health (DOH) and requested the Purchasing Collaborative to reconsider taking reimbursement money from the 3% DOH account.

ValueOptions New Mexico
After a few presentations on proposed ValueOptions’ reinvestment projects, the Council requested a formal format and policy from ValueOptions to determine the extent of the Council’s role and responsibility on future such proposals. A formal response is still forthcoming.

Consolidation of Ad Hoc Committees
The Council deemed that the issues of the ad hoc Housing Subcommittee and the Criminal Justice Subcommittee were being addressed in the Adult and Substance Abuse Subcommittees, and terminated the Housing and Criminal Justice subcommittees as of July 15, 2006.

Council Membership Attendance
Council meeting attendance throughout the year declined as a result of eight early resignations throughout the year and several excused and unexcused absences. By the end of December 2006, terms expired for nineteen members. Six members, whose terms would have expired in June 2007, graciously resigned at the end of the year to make room for the expected 45 new members that would be appointed from the 15 Local Collaboratives. This left 14 at-large non-state agency members and representatives of the statutorily named state agencies to carry on work in early 2007 – pending the Governor appointments of new members.

Fluctuation in meeting attendance began with 46 members present at the January 2006 meeting, which included appointed State Agency representatives, down to 30 members at the
December meeting. At least five of those absent were the eight people who had resigned during the year. It was evident by Council members that several appointed state agency representatives did not consistently attend meetings. These absences were more evident to the Council members when meeting topics were related to the work of those state agencies that were not present to answer questions.

The following graphs show a fairly steady participation rate, which decreased slightly throughout the year.

State agency participation wavered between January and May, and began to improve in June.

**Attendance of All Council Members**

![Council Member Attendance by Month; 2006](image)

**State Agency Attendance by Month; 2006**

![State Agency Attendance by Month; 2006](image)
Council Meeting Agendas
The content of the Council meetings were generally comprised of subcommittee reports, presentations on community projects and initiatives, updates on the Behavioral Health Services Division and the Purchasing Collaborative, and data reports from ValueOptions New Mexico. Updates were also given on the Local Collaboratives and the Transformation Grant activities. As noted in the Activities and Accomplishments section of this report, the meetings were comprehensive in topics, discussion and decision making.

Meetings were generally planned by the Executive Committee two weeks previous to the meeting dates. This may have resulted in logistical and planning in contacting and scheduling speakers. Members expressed in the December survey that they would have appreciated receiving more timely agendas and recommended long term planning on meeting content.

Expenditures
The BHPC’s expenditures were nearly $80,000, much of it spent for Council member consumers and family members to attend the Council meetings and subcommittee meetings. Expenditures were the highest for membership reimbursement; travel and over night stay. Travel from Hobbs, Dulce, Gallup, Roswell, Farmington and Las Cruces were among the long distance places from which members needed to travel, sometimes staying two nights per meeting. Those who participated on subcommittees accrued additional traveling expenses. Additional expenses occurred in meeting rental space fees, sign language interpreters for the deaf and hard of hearing, and newspaper public notices.

Note: ValueOptions’ funds were used to pay for $5000 of the expenditures in November.
In 2006, members were paid $24,490 for stipends, $28,993 for mileage, and $13,533 for per diem and other miscellaneous expenses.

2006 Expenditures for Members of the Behavioral Health Planning Council; Total $67,017.92

Per Diem/Othe  
20%  
Stipend 37%  
Mileage 43%

Subcommittees of the Behavioral Health Planning Council
Five subcommittees were created under statute to function under the Planning Council; Adult, Children’s, Medicaid, Native American and Substance Abuse. Additional ad hoc subcommittees included block grant review, Neurobiological Disorders and Employment. Council members are expected to participate on at least one subcommittee. Based on membership/distribution lists from each of the committees, excluding state agency council membership –

- 7 (39%) council members (out of 18 subcommittee participants) worked on the Medicaid subcommittee
- 4 (33%) council members (out of 12 participants) worked on the Adult subcommittee
- 9 (20%) council members (out of 44 subcommittee participants) worked on the Children’s subcommittee
- 2 (4%) council members (out of 53 subcommittee participants) worked on the Substance Abuse subcommittee
- 2 (3%) council members (out of 67 subcommittee participants) worked on the Native American subcommittee

The subcommittees generally initiated their own priorities sometimes to bring to the BHPC, and some of them gave occasional reports to the Council on the work they were conducting. The subcommittees had monthly meetings and created goals and strategies. The goals and a listing of some of the activities pursued in 2006 are listed in the table on the following page. With the introduction of the Collaborative Strategic Plan and its goals, the Council and its subcommittees will begin to work in alignment to identify priorities, measures and timelines.
### Subcommittees, Primary Goals and 2006 Activities

Key: BH = Behavioral Health; BHPC = Behavioral Health Planning Council; LC = Local Collaborative; DOH = Department of Health; IAD = Indian Affairs Department; CYFD = Children Youth and Families Department

<table>
<thead>
<tr>
<th>Sub-Committee</th>
<th>Mission/Purpose</th>
<th>Chair(s)</th>
<th>2006 Activities</th>
<th>2007 Goals</th>
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| Adult         | To advocate and advise BHPC on issues related to adult (18 yr. & older) BH services provided in NM. | Rich Tavares, DOH | Focused on: 1) Ensuring adequate membership on LCs; 2) Continuation of services; 3) Keeping services in rural and frontier areas and seeing what other states are doing; 4) Identifying workforce issues such as cultural competency and the peer specialist certification project; 5) Gambling issues; 6) Collaboration with other subcommittees with similar goals | 1) Improve the continuum of BH services statewide to ensure smooth transitions for clients & promote adequate funding  
2) Ensure that behavioral health services are consumer & family driven  
3) Increase BH education & training to individuals, families, providers and the general public.  
4) Improve the BH workforce capacity in NM and ensure that BH services are provided in a cultural competent manner.  
5) Ensure the availability of appropriate pharmaceuticals.  
6) Utilize data & information in the decision making process for BH continuum in NM.  
7) Provide appropriate employment & housing opportunities to NM consumers in the BH system. |
| Children’s    | To advocate for families, children and adolescents with or at-risk of emotional, neurobiological & behavioral disorders, including substance abuse and co-occurring disorders; encourage and support the development of a comprehensive, integrated, culturally competent, high quality & timely community-based | Jack Callaghan, CYFD Robert Love, BHPC | 1) Met monthly in addition to an extended one full day Strategic Planning retreat. Over 100 people from diverse backgrounds and areas of expertise and experience attended the meetings.  
2) Maintained an ongoing focus on current trends, developments and critical issues requiring advocacy; provided input to the statewide BH plan; made presentations to the BHPC; made recommendations leading to the restructuring of the BHPC; participated in numerous other subcommittees throughout the state including The strategic plan includes the following goals:  
1) Develop and implement systemic, coordinated cross agency training on the Recovery and Resiliency model and family centered practice.  
2) Develop a consistent CQI and auditing process across all agencies and providers.  
3) Incentivize services that move the system toward a community-based, wraparound approach.  
4) Develop a statewide plan to integrate prevention (defined broadly as education, anti-stigma initiatives, early intervention, infant behavioral health, and proactive care) into the entire system. |
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<td>BH system, which includes local collaboratives; and advise &amp; make recommendations for increased &amp; improved BH service for families, children &amp; adolescents.</td>
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<td>those addressing rate structures, the development of a Certified Peer Support training curriculum; and submitted recommendations &amp; priorities to the state Legislature. 3) Worked with VO on designing and/or improving structures &amp; functions necessary to ensure high quality children’s services in NM. 4) Maintained ongoing communication through its representative members with the LC to ensure alignment with the principles of Local Systems of Care. 5) Consulted with state staff from CYFD involved with the CCSS (Comprehensive Community Support Services) transformation in order to align its goals with the new developments in this area.</td>
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<td>Medicaid</td>
<td>To educate and advise the BHPC and the Medicaid Advisory Committee on matters relating to BH in NM’s Medicaid Program.</td>
<td>Sally Kroner, Chair Human Services Dept. Jane Ann Oldrup, Vice Chair, BHPC</td>
<td>1) Heard presentations from several departments at VO including Recovery &amp; Resiliency, Clinical Operations, and Service Systems. 2) Heard presentations from HSD staff on Medicaid eligibility, the Medicaid benefit package, and Comprehensive Community Support Services. 3) Discussed pharmacy issues including Medicare Part D, the closing of Lovelace BH, enhanced services, State Coverage Initiative, and Mandated Outpatient Treatment. 4) Regularly reviewed Medicaid Registers</td>
<td>1) Review Medicaid pertinent reports on a quarterly basis. 2) Have at least one Medicaid subcommittee member attend each BHPC committee and then update the committee on the issues being discussed. 3) Review Medicaid Registers and regulation changes on a regular basis. 4) Review other Medicaid related data such as the MHSIP report. 5) Reassess membership in January 2007.</td>
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<td>Substance Abuse</td>
<td>To provide guidance &amp; recommendations regarding substance abuse/dependence, prevention &amp; treatment services for communities, families &amp; individuals. The subcommittee is committed to the ongoing development of a system that recognizes substance abuse/dependence as a preventable &amp; treatable illness for which high quality services are available.</td>
<td>Don Maestas, DOH</td>
<td>1) Met on a monthly basis over the past year. 2) Provided advisory oversight &amp; worked on several Substance Abuse and Mental Health Services Administration (SAMHSA) grants that were awarded to the Office of the Governor. These grants include the Substance Abuse Prevention Strategic Framework State Incentive Grant (SPFSIG), State Incentive Enhancement Grant (SIGE), Screening, Brief Intervention, Referral and Treatment Grant (S-BIRT), Access to Recovery (ATR) and the Co-occurring State Incentive Grant (Co-SIG). 3) Focused on presentations from various state agencies &amp; other stakeholders</td>
<td>The subcommittee prioritized activities in the following areas: 1) Advocate effectively for an integrated community and population-based BH substance abuse delivery system 2) Provide policy recommendations to the BHPC with respect to the coordination of BH services 3) Serve as policy advisors for the federal grants 4) Coordination with other Subcommittees of the BHPC. 5) Will work with the Comprehensive Behavioral Health Planning committee on the inventory of substance abuse services programs in the state to include activities that will contribute to the development of a comprehensive BH web site 6) Develop sustainability criteria for federal grants</td>
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<td>regarding system issues as they related to substance abuse prevention &amp; treatment. These presentations helped us to better understand the current system.</td>
<td>7) Identify sustainability strategies and make recommendations regarding the ongoing implementation of grant programs</td>
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<td>4) Developed and distributed strategic recommendations to the BHPC for inclusion in the Children’s sub-committee presentation to the Collaborative.</td>
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<td>5) Provided Legislative recommendations to BHPC.</td>
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<td>6) Met and exceeded federal requirements for advisory committee, involvement in all aspects of these exemplary grant programs. These grants include Access to Recovery, Co-State Incentive Grant, Screening Brief Intervention and Treatment, Strategic Prevention Framework State Incentive Grant, and State Incentive Enhancement Grant.</td>
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<td>7) Worked in partnership with VO.</td>
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**Results of Planning Council Membership Survey**
A survey was distributed and completed for the final meeting of the current council on December 13, 2006. Respondents to the survey generally preferred to have a half-day for the future orientation; liked the idea of having mentors for longer than a month’s duration; wanted the orientation to spend time reviewing the BHPC by-laws, operating procedures and reimbursement policies; preferred to have monthly BHPC meetings instead of alternating months; liked the idea of having at least one regional meeting but were concerned about reimbursement costs and lack of State agency representation; and rated high on their priority list the need to learn more about “wearing two hats” (keeping the perspective on statewide and local needs/issues) on the BHPC and establishing annual priorities.

Popular theme ideas for future Planning Council meetings included mental illness in children and the elderly, cultural competency training and awareness, understanding legislative process and addressing issues of housing and correctional facilities related to mental illness and/or substance abuse.

A summary of the survey is found on the following page. These findings will be utilized in designing plans for future Council work.

**In Conclusion**
The Behavioral Health Planning Council used its voice throughout 2006 to highlight the needs and the rights of people in the behavioral health system – sometimes taking a different stand from the Purchasing Collaborative, ValueOptions or legislative proposals. In their advisory role, the Council sustained an independent approach to making recommendations that would best benefit the health and well being of consumers and family members.

Eighty members will compose the Council in 2007 which will bring a new dynamic. As the Council continues to become more professionally driven, policies may be written regarding memberships to the Council and its subcommittees; reimbursement policies might need to change to accommodate the Council’s limited budget; the by-laws and the mandate may need to be re-visited and modified to better reflect the direction of the Council. This report is a beginning attempt to measure the work of the Council, and document future policies that may arise from its recommendations.
BHPC Survey Results - December 13, 2006
23 Surveys completed and submitted

Synopsis of results: Respondents to the survey generally preferred to have a half-day for orientation; liked the idea of having mentors for longer than a month’s duration; wanted the orientation to spend time reviewing the BHPC by-laws, operating procedures and reimbursement policies; preferred to have monthly BHPC meetings; liked the idea of having at least one regional meeting but were concerned about reimbursement costs and lack of State agency representation; and rated high on their priority list the need to learn more about “wearing two hats” on the BHPC and establishing annual priorities.

Q.1 Which would work better for new members –

<table>
<thead>
<tr>
<th>Orientation Option</th>
<th>No. of Responses</th>
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<tbody>
<tr>
<td>Using Jan. &amp; Feb. full day (9am-4pm)</td>
<td>4</td>
</tr>
<tr>
<td>One half day orientation (9am-12pm or 1pm-4pm)</td>
<td>10</td>
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<tr>
<td>Two half day orientations</td>
<td>7</td>
</tr>
<tr>
<td>No response</td>
<td>2</td>
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</tbody>
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Comments:
1 had day orientation followed next day with meeting
2 half day orientations followed by half day business meeting

Q.2 If you had a mentor, what worked and what did not work?

- The mentoring program did NOT work for me. I met her one time, talked with her for 10 min and that was it.
- What worked was having a person you felt comfortable with to ask questions. I was not able to make it to orientation, but it did not seem to matter as I read the intro documents.
- No contact. Need as close to local mentor as possible (close to where you live)
- Never had a mentor with this council.
- Mainly to inform on the procedures and expectations.
- She was in a different part of the state. Hard to stay connected. I failed to call her and didn't call me.
- Very good. Helped a lot! Answered questions and gave much needed information.
• My mentor was excellent and it helped me a lot as a consumer it made me feel safe and that I had a net if I fell. The support was golden (Thank you).
• It was nice to have someone at the first meeting to sit next to that answered all my "silly" questions, without having to disrupt the entire group. It was also nice knowing that after the first couple of meetings, if I needed to have something clarified.

**Q.3  Would it make a difference to have mentor support for more than one orientation? 1-3 months?**

• It would help explain how important their participation is and how what we do is collaborative and important.
• No.
• Not sure?
• Yes or longer
• May need ongoing – someone available as issues/questions come up.
• I think a mentor in addition to an orientation is essential. At least 1 month – intense mentorship – then last 2 months be made available.
• It would probably benefit folks to have someone they could communicate with if they had questions.
• Yes, I know it would make a difference. The longer the better – 3-5 months.
• Either way.
• Yes.
• Yes – 3 months.
• A senior member partner. – 3 months.
• Yes – 3 months.
• Yes, that is a good idea, but maybe you might want to ask the consumers who they would like to be their three month mentor after orientation, they might get someone at first they don’t like or feel comfortable with and this will give them a chance to get someone that can help them the most. Let Consumers pick 1st and family members pick 2nd and provider/advocates and pick from the people that are left, if they even want.
• My mentor was one of those that took an active interest in me and how well I adapted to the meetings. She sate with me for the first two meetings, willing to explain any and everything. So, yes, in my opinion, it was nice to have her after orientation.
• Yes, identify purpose and vision of BHPC
• Yes, for 1 month afterwards.
• Blank or NA 6
Q.4 At orientation the members will receive the following documents. Which need further explanation and/or introduction?

<table>
<thead>
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<td>By-Laws</td>
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<td>List of Subcommittees</td>
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<td>List of NM Legislators</td>
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<td>Rules for Reimbursement</td>
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<tr>
<td>List of Elected Positions &amp; Duties</td>
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Comments/Other:
Roles of subcommittees.
By-laws need to be introduced and explained by Council members. Purpose of subcommittees.
CMHS Block Grant review.
Legislative bill enacting Sen. Papen review.

Q.5 Would you have preferred to have meetings ——

<table>
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<th>Frequency</th>
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<td>Monthly</td>
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<td>Every other month</td>
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Comments:
Every other month, all day. Too far to travel every month.
Every month. Too much to be done, and if every other month, they won’t stay the day.
Every other month so we don’t make work to fill the time.
Q.6 Your thoughts about having 1-2 meetings in other regions?

- That would engage those communities that we hold them in.
- Leave as is.
- Albuquerque and Las Cruces only - one north and one south - alternate
- I would encourage that.
- I think that will increase mileage costs.
- Fine with me as I travel 3 hrs. Does help give folks a perspective of more rural areas and what we are dealing with, but you will not get the state/VO/Alb/Sfe folks to our meetings I believe if you move them.
- If local notice is given (newspaper, radio) to offer opportunity for public to attend. A tour of local services. Time for local consumers to voice.
- I think it's important to include other communities to get rural feedback of that particular community.
- Great idea! We should have done it sooner.
- You would probably not get state staff members on a regular basis, present site location the best.
- That would be ok, but where we meet seems pretty central.
- It would be great to have some meetings in southern NM but it takes just as long to get to Las Cruces from Roswell as it does from Roswell to Traditions. Would state employees travel??
- Good idea.
- Yes, but be sure staff and agency members attend.
- Good idea.
- Excellent idea. We need to get all around the state!
- I believe it would have been nice to visit other communities, but being from Hobbs, it doesn't matter what large community you host the meeting in, we still have an overnight stay and a long drive home. I also feel it would be too inconvenient for the state staff.
- Yes, but be sure staff and agency members attend.
- Meetings at Traditions worked well.
- Other regions is hard. How about tele-conferencing?
Q.7 Please prioritize importance of following topics for the council to focus attention on in next year. Number 1 equals higher priority.

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[Note: Several evaluations did not prioritize topics and are not included in above tabulation.]

**OTHER TOPICS FOR CONSIDERATION:**
- **STATE** staff should not direct Council;
- **HOUSING** for the mentally ill and substance dependent – increased treatment and case managers;
- **STATE STATS** on different areas’ needs;
- **TRANSPORTATION**; A huge need to develop communication/organizational infrastructure (procedures) for relationships between LC and BHPC;
- **CHILDREN’S BH issues**;
- **LAW** enforcement training;
- **PREVENTION**, **INTERVENTION**;
- **CONSUMER** driven;
- **MH** services for persons with DISABILITY, particularly the deaf and hard of hearing;
- **GENDER** disparity;
- **NEEDS** assessment, plan and follow up;
- **Substance abuse**;
- **VO** reports;
- **SUBCOMMITTEE** reports;
- **PEER** Specialist credentialing;
- **Statewide issues**;
- **RURAL** issues;
- **LIMIT** Q&A to 20 minutes so people don’t just ramble on;
- **CONSUMERS** are critical;
- **COMBINE** cultural competency with LADAC and CDAC and tribal leadership;
- **REINVESTMENT** is a mess. Let’s not waste BHPC time looking at all the statewide proposals. Also no formal process for LC review.
Other thoughts you want to share:

- This has been a great learning experience and fun. Members need to realize that they represent the whole state not only their individual LC.
- It is very difficult to get involved in SC (subcommittee) work if you don't live in Alb/Sfe. We need to get video conferencing set up. Until then I wish SC would hold monthly conference calls.
- Need a microphone system that works. Use more Baldridge process concepts - Plan, Do, Act, Study. Improve on organization and collaboration.
- Email out agenda ideas ahead to ask for council members input for agenda items. Plan time of meeting at previous meeting! Spend more time on Big Picture items, less on smaller items that have less impact. Less presentations re grant awardees or statewide RFP proposals. Can submit in writing (if necessary) but we should be spending our time on more important issues! As I see it, we need a Strategic Plan, goals, objectives for the year and our purpose. Pro Active!
- Keep up the good fight.
- Include more consumers to come to the meeting either as a member or as guest.
- Shorter meetings. PLEASE, either don't have the full council meet during the session or meet in Santa Fe!
- More Native American representation on the council. Many of the committees want a Native on their committees but there isn't enough to go around. I feel it makes Natives look bad when they can't meet the need. I would like the next council to find another alternative to having input fro the NAs.
- We need to know why we are a council and what we are supposed to be doing.
- Clear setting of goals for the year. Plan to reach them. Evaluate them.
- My biggest disappointment was the fact that the meetings never started on time, the chairs would harp on everyone staying through the meeting but no emphasis on the fact that we could leave as scheduled if we could ever get started on time. It was a shame that it seemed to those of us that drove the furthest, were the first ones to arrive ready to go to work on time. It would also be nice if they would take into consideration the fact that numerous members had two to five hours of driving time to get home. The agendas should be set accordingly and should be followed as such. The past couple of months, I was better able to plan my trip home because we did receive the agenda at least a week before the meeting.
- BHPC needs to be more assertive about identifying issues that are important to consumers and making clear recommendations to the Collaborative. We need more info on the VO contract obligations.
- Strong orientation is necessary from a historical perspective - from Planning Council to BHPC to VO. Each SC should report their priorities, focus, issues, etc. so that the next committee does not reinvent, but rather the previous SC has laid a foundation for the incoming Council.
- Send documents related to the BHPC prior to the meeting date so members can read them and be prepared to discuss issues. Limit emails to 30 pp. Have members of state staff at the administration level limit their speeches to 20 minutes so that facts discussed do not become lost in long speeches. Also this would make administrators more apt to summarize and organize their speeches.
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Acknowledgements

Report prepared by Leticia M. Rutledge with the support of the chairs or their support staff of the Behavioral Health Planning Council subcommittees:

Rich Tavares and Liz Urioste, Adult Subcommittee
Jack Callaghan and Don Shapiro, Children’s Subcommittee
Sally Kroner, Medicaid Subcommittee
Teresa Gomez and Tom Smith, Native American Subcommittee
Don Maestas and Peggy Walton, Substance Abuse Subcommittee

May 2007