Annual Report FY 2010
Behavioral Health Planning Council

September 15, 2010
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Dear Friends:

It is our pleasure to present the Annual Report for the State Fiscal Year 2010 for the Behavioral Health Planning Council, its subcommittees, the representative State agencies and the 18 Local Collaboratives.

In the last year, we have continued to focus our efforts on improving communications, increasing efficiency and restructuring organizational functions. We, of course, have continued not only in our advisory role to the Purchasing Collaborative regarding Strategic Priorities, Senate and House Memorials, Block Grant Reviews and Legislative Priorities but have also represented New Mexico at several national conferences.

We believe that our future centers on continuing to increase the consumer and family voice from the Local Collaboratives; to achieve that we must strive toward sustainability - financial as well as organizational - of those Local Collaboratives. We also will focus on representing the behavioral health needs of New Mexicans during the transition of the new Governor’s administration.

We wish to extend our sincere appreciation to the Behavioral Health Purchasing Collaborative and their respective staffs for their continued efforts and assistance in helping the Planning Council meet its goals and mandates. In particular, we wish to thank Letty Rutledge, Suzanne Pearlman and the Local Collaborative Cross Agency Team.

Finally, on behalf of the Behavioral Health Planning Council members, it has been a privilege to serve the residents of New Mexico who are living with behavioral health issues. Thank you for the opportunity.

Respectfully,

Christine Wendel
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This report highlights the work of the Behavioral Health Planning Council (BHPC), its subcommittees, and the 18 Local Collaboratives in New Mexico.

During Fiscal Year 10, the BHPC continued to focus on Improving Communications, Increasing Efficiency, and Restructuring Organizational Functions, while also continuing our advisory role to the Behavioral Health Purchasing Collaborative.

One major initiative designed to Improve Communications has been the increased use of and reliance on the Collaborative website (http://www.bhc.state.nm.us/index.htm) to serve as a main source of information for all things related to the Planning Council, the Purchasing Collaborative, and Local Collaboratives. Planning Council General Meetings and subcommittee meetings continue to be offered through Video and Internet Conferencing to allow greater participation for the lowest cost, allowing more voices to be heard at the state level.

Community Outreach has been an ongoing avenue for Improving Communications. BHPC volunteers actively planned or participated in events such as the annual Consumer Wellness Conference, the third annual BHPC/LC Summit, the BH Collaborative Conference, and the fourth annual Behavioral Health Day at the Legislature with the assistance of Senator Mary Kay Papen.

In striving to Increase Efficiency, the Finance Subcommittee developed a budget for FY10 and began tracking expenses relative to that budget on a monthly basis. They also tightened the guidelines for reimbursement for members attending meetings to better manage expenses.

The Statutory Subcommittees continue to serve as the “work horses” of the BHPC, expanding the reach of the Council throughout rural areas, allowing for increased input from consumers and family members while keeping costs down. Increasing efficiency also includes utilizing the Collaborative website as the “Point of Contact” for information dissemination and communication flow. The BHPC continues to struggle with a lack of data regarding utilization and services; this data is needed to make better recommendations to the Purchasing Collaborative.

The BHPC annually reviews the Bylaws and Policies and Procedures of the organization. Currently, the Council is functioning well; however, some adjustments were suggested and approved to better serve the Native American Subcommittee in a culturally sensitive manner. The membership of the BHPC recognizes that the financial situation of the state must be taken into account when planning for the future of the Council. Therefore, the current Council members recommend the composition of the Council in the future consist of: 1 member appointed from each of the 18 Local Collaboratives, 17 At-Large members, and 10 Collaborative State Agency proxies for a total Number of 45 members.
The Council has also monitored attendance and participation of current members, and made recommendations to the Governor that certain members be removed.

In our Advisory Capacity to the Collaborative, the BHPC chose to present our Strategic Priorities within the context of the Subcommittees. A workgroup of Substance Abuse Subcommittee members gathered information in response to Senate Memorial 71, sponsored by Bernadette Sanchez. Findings were presented to the Legislative Interim Health and Human Services Committee and to the Collaborative. The BHPC also created two ad hoc Subcommittees to review and make recommendations to the Collaborative on the two federal block grants: Community Mental Health Services (CMHS) and Substance Abuse Prevention and Treatment (SAPT).

The BHPC asked each of the 18 Local Collaboratives to submit their priorities to the Legislative Review team of the BHPC. The responses from each Local Collaborative are posted on the Collaborative website; however, common themes were evident in the submissions. The three main areas of need were identified as Community Based Services, Recovery Support Services, and Prevention.

Council members as well as Local Collaborative members assisted in developing a response to proposed Medicaid Cost Containment Proposals.

BHPC members participated in several state initiatives throughout FY10. Members served on the Quality Service Review (QSR) teams, Core Service Agency (CSA) workgroup, the Supportive Housing Group, and the Children Youth and Family Involvement Standards workgroup.

Members of the Council also represented New Mexico at the annual TSIG Conference in Annapolis in November, the CMHS Conference in Washington DC in June, and the National Association of Mental Health Planning Councils in Washington DC.

This Council has worked to better define its role, to fulfill its commitments to the state and the people of New Mexico, and to plan for the future of the Council going forward.
ACTIVITIES AND ACCOMPLISHMENTS

In the last year, we have continued to focus our efforts on improving communications, increasing efficiency and restructuring organizational functions. We, of course, have continued in our advisory role to the Purchasing Collaborative regarding Strategic Priorities, Senate Memorial 71, Block Grant Reviews, Legislative Priorities and Medicaid Cost Containment. In addition, we have had representatives on several initiatives, such as Quality Service Review (QSR), Core Service Agency (CSA) workgroup, Supportive Housing workgroup, and the Consumer, Youth and Family (CYF) Involvement Standards workgroup. We have also represented the State of New Mexico at the TSIG (Transformation State Incentive Grant) conference in Annapolis, the CMHS (Community Mental Health Services) conference in Washington and CMHS Report Out in Kansas, and the National Association of Mental Health Planning Councils conference in Salt Lake City, Utah.

IMPROVED COMMUNICATIONS:

VIDEO, TELEPHONIC AND INTERNET CONFERENCING: We continue to use video and telephonic conferencing at our Behavioral Health Planning Council (BHPC) meetings - alternating the host site between Santa Fe and Albuquerque with three remote sites alternating among Las Cruces, Roswell, Carlsbad, Farmington, and Las Vegas. In addition, we are conducting webinar meetings at the Adult, Substance Abuse, Children/Adolescents and Medicaid Subcommittees. By doing this, we have decreased our meeting costs associated with mileage and per diem expenditures but, more importantly, we have increased the participation particularly of the consumers and family members from the Local Collaboratives. The process has had its frustrating moments, but we are ever optimistic that we will continue to succeed in decreasing costs and increasing the local consumer and family member voice.

WEBSITE: As we succeed in involving more consumers and family members throughout the state, we realize that information dissemination is critical. To that end, we are focusing more and more on the Collaborative website http://www.bhc.state.nm.us/BHPC/BHPC.html to provide agendas, minutes, announcements, initiatives, etc, for Local Collaboratives, the Planning Council and its Subcommittees.

STATE OF THE COUNCIL: We submitted our State of the Council report to the Governor, all Collaborative members, Senators, Representatives, SAMHSA representatives, Local Collaboratives and Council members in January 2010. This mid year report highlights the work of the Council and is also available on the Collaborative website.

ORIENTATION WORKBOOK: We would like to thank Local Collaborative 4 (Mora, San Miguel and Guadalupe counties) for not only developing an Orientation Handbook for their new members but also providing it to other Local Collaboratives. The Handbook is available on the Collaborative website at http://www.bhc.state.nm.us/BHCollaborative/LCs.html.
COMMUNITY OUTREACH:

Consumer Wellness Conference: BHPC sponsored an exhibit table offering information on the Behavioral Health Planning Council, its subcommittees and Local Collaboratives. BHPC volunteers created a survey that they gave to participants to determine how much they knew about their Local Collaboratives and provided an opportunity to learn more.

BHPC / LC Summit: The Local Collaborative ad hoc subcommittee organized the third annual BHPC/LC Summit which was held in conjunction with the Collaborative Conference in December 2009. Approximately 200 Local Collaborative members gathered to share successes and offer resources to build and support local partnerships and initiatives.

We established and presented the first annual John Henry Award at the Summit in recognition of that animal who on a daily basis over the course of his lifetime demonstrated loyalty, dedication and love to consumers and their family members and, thereby, made a significant impact on promoting behavioral health one person at a time. John Henry from Richard’s Drop In Center in Las Vegas received the award. Because we believe that animals can be an invaluable asset in someone’s recovery, we will continue to make this award at our annual Summit. The resolutions is available on the Collaborative Website at http://www.bhc.state.nm.us/BHPC/LcSummit.html.

Planning committee members for the BHPC / LC Summit included BHPC members, Local Collaboratives, and Cross Agency Team members.

Behavioral Health Day at the Legislature – January 28, 2010 was the 4th annual event at the Capitol building to honor individuals who have made a difference in the behavioral health system. The eighteen Stars of the day represented consumers, family members, advocates, local agencies and governments. As in the past three years, Senator Mary Kay Papen sponsored the Memorial to recognize January 28th as Behavioral Health Day, the Senate floor formally recognized the awardees, and the Collaborative CEO and several Collaborative agency representatives welcomed the participants.

Gail Falconer (BHPC and LC7 member – Catron, Sierra, Socorro counties) chaired the planning team. Other team members included BHPC members Cindy Collyer (LC8 – Colfax, Taos, Union counties), Marcia Hawthorne (LC7 – Catron, Sierra, Socorro), Pamela Holland (LC11 – McKinley, San Juan) and members of the local collaboratives Cross Agency Team; Jesse Chavez, Patricia Gallegos, Rebecca Estrada, Sam Baca, Tami Spellbring, Valerie Quintana. Several Collaborative agency members
participated through their voluntary contributions of refreshments and/or materials that were added to the Stars’ welcome packets.

**PURCHASING COLLABORATIVE CONFERENCE:** Five BHPC members were awarded scholarships to attend the Purchasing Collaborative Conference in December 2009. The week long conference highlighted “Real People, Real Lives” within different thematic tracks and offered continuing education credits. The BHPC Executive Committee reviewed the Awards for Excellence nominations and made recommendations to the Collaborative planning team.

**INCREASED EFFICIENCY:**

**FINANCE AD HOC SUBCOMMITTEE:** The Finance Subcommittee continues to be a valuable resource for the Executive Committee of the Planning Council. In addition to developing an operating budget for FY10 and subsequently tracking expenses relative to that budget on a monthly basis, they also suggested a review of the Fiscal Guidebook for Council and Local Collaborative members (available at http://www.bhc.state.nm.us/BHCollaborative/LCs.html.), developed recommendations to tighten the checks and balances regarding reimbursements to participants (including mileage calculated to the closest meeting) and tracking attendance for an entire Council meeting to qualify for the stipend. They have also developed the budget for FY11.

**STATUTORY SUBCOMMITTEES:** We continue to focus the work of the Planning Council in our Statutory Subcommittees - Adult, Substance Abuse, Native American, Children / Adolescents and Medicaid. It is in those Subcommittees where we can have the broadest base of input from consumers and family members with the least amount of expense. To further their productivity, we continue to offer better direction on the functions of the subcommittees and their relationships to the Council and the Local Collaboratives.

**POINT OF CONTACT:** In previous Annual Reports, we have described the need for “a point of contact” for information dissemination and communication flow. As mentioned above, we are now using the Collaborative website as that point of contact.

**DATA:** We continue to need better data to make better recommendations to the Collaborative.

**RESTRUCTURE ORGANIZATIONAL FUNCTIONS:**

**BY-LAWS, ETC:** We believe that at this point, the Planning Council functions well organizationally; the restructuring, specifically related to the revised By-laws in February 2009 and subsequent Policies & Procedures, is working. We realized, thanks to the Native American Subcommittee, that there were parts of those two documents that were not culturally sensitive to the way in which the Native American
Subcommittee operated. We are pleased to report that with the guidance of the Indian Affairs Department, the Council passed a revision to those By-laws and Procedures to rectify that error.

**RECOMMENDATION FOR NEXT COUNCIL:** Finally, we recognize that with the reality of the financial situation of the State as well as the end of the Transformation State Incentive Grant (TSIG) funding, we need to continue to actively manage our expenses while at the same time engage the local consumer and family member voice. As mentioned earlier, we believe that both of those are best attained through the Subcommittees. We also believe that a Council consisting of about 45 members is an optimum size. To that end, we would recommend the following make up of the Council:

- 1 each from the 18 Local Collaboratives 18
- (consumer or family member only)
- 17 At large members 17
- (providers and advocates as well as consumers and family members)
- 10 Collaborative State Agency proxies 10

Lastly, over the past two years, we have made recommendations to the Governor that several Council members, who have repeatedly not attended and/or participated in Council or Subcommittees meetings, be removed.

**ADVISORY CAPACITY TO THE COLLABORATIVE:**

**STRATEGIC PRIORITIES:** This year we chose to present our recommendations to the Collaborative for the Strategic Priorities within the context of our Subcommittees which is in keeping with our continued shift to having the work of the Council happen in the Subcommittees. The specific strategic priority recommendations are available on the Collaborative website at http://www.bhc.state.nm.us/BHPC/BHPC.html.

**SENATE MEMORIAL 71:** Commencing in July 2009, a workgroup of the Substance Abuse Subcommittee began meeting to address Senator Bernadette Sanchez’s SM 71. That workgroup not only met through the fall - at which time we presented our findings to Senator Sanchez as well as the Legislature’s Interim Health and Human Services (HHS)Subcommittee - but also continues to meet monthly developing recommendations to the Collaborative. The SM 71 report is available on the Collaborative website.

**BLOCK GRANT REVIEWS:** The BHPC also created two ad hoc committees to review and make recommendations to the Collaborative regarding two federal block grants: the Community Mental Health Services (CMHS) and the Substance Abuse Prevention and Treatment (SAPT). The review committee made specific recommendations relative to the CMHS block grant; the letter is available on the website.

**LEGISLATIVE PRIORITIES:** Earlier this spring, we requested that the 18 Local Collaboratives (LC’s) submit their priorities to the Legislative Review Team of the BHPC. Specifically, we asked them
to “Please prioritize the top 5 critical local services in your area for both children and adults.” which is different from the legislative priorities we have requested in the past when budget and cost containment concerns were less restrictive. We also asked, if there were funds available, what one area of service development would most benefit their communities? We found that in many cases the issues identified by the LC’s were not only very localized but also very specific, which required that we take all the initial input and “boil it down” if you will. By doing that, we were able to discern three main themes that cut across the categories of issues and had recurring support from many LC’s:

- **Community Based Services:** The prioritized services were local, community based services addressing substance abuse and mental illness, Comprehensive Community Support Services (CCSS), crisis, psychosocial rehabilitation, and the integration of physical and mental health clinical services.

- **Recovery Support Services:** There was strong support for services which are not clinically based and focused on getting or increasing the ability to access services, such as housing, transportation, employment and peer / wellness options.

- **Prevention:** Many times people associate the word “prevention” with issues around substance abuse; we found that many of the LC’s considered this a very important need in that arena. But we also found that other opportunities for “prevention” work were prioritized, such as suicide prevention, gang prevention, and mental health and substance use prevention for youth in transition. Overall, there is a clear response from the LC’s that prevention work is critical. There were also many LC’s that specifically called for prevention funding to be restored.

- **New Funds Availability:** The LC’s responded to the scenario of “what if we were to get additional funding” just as they had to the issues outlined above: housing, crisis, substance abuse treatment and prevention.

**MEDICAID COST CONTAINMENT:** Council members as well as Local Collaborative members assisted in developing a list of overarching principles that asks the Collaborative and the Human Services Department to take into account when deciding what Medicaid cost containment measures to implement. This report is available on the Collaborative website at [http://www.bhc.state.nm.us/BHPC/2009LCSummit.html](http://www.bhc.state.nm.us/BHPC/2009LCSummit.html).

**LETTERS OF ENDORSEMENT:** The workgroup on Maternal Postpartum Depression submitted a resolution through the Children’s and Adolescents Subcommittee for continued support to do outreach and education to health care providers, parents, legislators and others on the importance of recognizing, preventing and interventions for mothers suffering from postpartum depression. The BHPC subsequently approved and made recommendations to the Collaborative to support the resolution.

**STATE INITIATIVE REPRESENTATION:**

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BHPC Annual Report FY2010 (July 1-June 30, 2010)
The BHPC participated on advisory workgroups and trainings including the **Core Service Agency Workgroup**, the **Consumer, Youth and Family Involvement Standards** and **Quality Service Reviews**.

**Quality Service Reviews:** Last year, the state sponsored an approach to improving the quality of services to children and adults through strengthening practice improvement at the local level. That model is called Quality Service Review (QSR.) The process was piloted in 4 local collaboratives (LC 7 in Grant County, LC 2 in Bernalillo, LC 1 in Santa Fe and LC4 in San Miguel County.) The feedback from the pilot experience was presented to the BH Planning Council who recommended to the Purchasing Collaborative that the process expand to other communities.

Since the implementation phase began in January, 2010, over 50 persons have been trained in the QSR review protocol from 4 Children Core Services Agencies, 5 Adult Core Service Agencies, consumer and family volunteers, key state staff and several Quality Specialists from Optumhealth. In each of the communities, the participating CSA’s receive feedback on cases they selected for review. Consultation is provided on specific strategies to strengthen their agency practice. In addition, the review team meets with the Local Collaborative in the area to discuss the strengths and challenges they see in their local system of care. They discuss opportunities for supporting and strengthening their local efforts. LC 11-San Juan, LC-2, Bernalillo, LC-12 Otero, LC 5 Eddy County and LC-3, Dona Anna have all have Quality Service Reviews occur this year.

It is hoped that these reviews will help agencies and communities join together to build stronger local systems of care.

**REPRESENTING THE STATE:**

Members of the Council represented New Mexico at the annual TSIG Conference in Annapolis in November, the CMHS Conference in Washington in June, and the National Association of Mental Health Planning Councils also in Washington.

BHPC Vice Chair Susie Kimble attended the **Community Mental Health Services Grantee Conference** in Washington DC in June 2010. Trainings and presentations centered on the impending changes in healthcare that will evolve from the Healthcare Reform Act. Attendees were present from each of the 50 states and several territories as well.

Susie Kimble attended the **Community Mental Health Services Block Grant Review** in Kansas City, MO in September of 2009, accompanying Harrison Kinney, Behavioral Health Services Division. The Block Grant Review team asked specific questions about programs and plans in New Mexico. They also asked several questions about the Local Collaborative model and how it works in our state. The process for the reviews had been changed for the 2009 session, so we were fortunate to receive word that our application was approved as part of our meeting.
FUTURE

As we look to the future, we will:

• Continue in our advisory capacity to the Collaborative, specifically related to the Block grants, strategic and legislative priorities.

• Provide input relative to State initiatives, such as Quality Service Review, Core Service Agencies, Supportive Housing, Comprehensive Strategic Plan, Senate / House Memorials (such as SM33) and the $2M for Prevention and Treatment Systems.

• Represent New Mexico at national conferences, such as the Community Mental Health Services.

• Seek out continued input from consumers, family members, advocates and providers at the community level.

• Focus our attention on the three main issues that we have identified in previous years. They are: improve communications, increase efficiency, and restructure organizational functions.

• Address several issues that continue to face the Local Collaboratives. Although this may not seem to be specifically related to the BHPC, it is abundantly clear that without the Local voice, primarily that of the consumer and the family member, we will not be able to adequately function in our capacity as the statewide advisory body to the Purchasing Collaborative. These remain the same issues as we addressed in last year’s annual report; they are, as follows:
  
  o Sustainability: We are pleased with the recent announcement by the Collaborative of funding for FY11. There is also a Local Collaborative Sustainability subcommittee meeting to define and develop sustainability - not only financial sustainability but also organizational sustainability.

  o Technical Assistance: Some of the Local Collaboratives function well; some do not. Other then the issue of funding, help – AKA technical assistance – is the next request that we hear the most.

  o Legislative Advocacy: We also believe that we need to do a much better job related to legislative advocacy.
• Marketing: We believe that there are many consumers and their family members who do not know about their Local Collaborative, the BHPC or the Purchasing Collaborative. We have got to do a better job getting the word out.

• Work for a smooth transition to the new Council for the next Governor. We have previously made our recommendation as to the make up of that Council. We are also in the process of accepting applications from those interested in serving on that Council having sent out requests to apply across the state. We believe that with the systems we have worked so hard to develop and implement in the last two years, the next Council should be able to be up and running quickly and efficiently.
STATE PARTNERS

We continue to not only improve our communications between and among our State partners but also provide opportunities to share resources. Our State Agency members provided regular updates to the Planning Council, sparking questions and interest on what behavioral health issues are being addressed across the Collaborative agencies. Our state agency partners were given the option to provide a short update. Below are their reports.

AGING AND LONG TERM SERVICES (ALTSD): FY’10 and FY ’11 ALTSD Behavioral Health Activities:

We have continued our participation in the Behavioral Health Collaborative committees and work groups representing the needs of older and disabled adults. We have made progress on gathering more epidemiological data. The BH QI Sub-Committee has added to its list of FY 2010 Priorities, a Developmental Priority: appropriate access to services for older consumers with a behavioral health disorder. The goal is to establish baseline data from the current Behavioral Health provider sites on the age categories of 50-64, 65-74, 75-84 and 85+ for the 2010 Performance Measures. These age categories will be used when analyzing any of the 2010 Performance Measures in order to generate data for use in system evaluation and strategic priority determination. We now have 8.5 months of behavioral health related data on these age groups from Optum Health. In addition the BH Director at ALTSD has been gathering data on the older adult population that is available through Department of Health, Epidemiology Division, including Medicaid demographic data, hospital discharge data, Behavioral Risk Factor Surveillance System data, national data from SAMHSA and data regarding work force shortages for serving older adults in New Mexico. This will help us focus on what is, what we’d like it to be, where we want the system to be going in terms of older adults and what are the consequences for the system if we do not address this population more effectively. The data gathered thus far provides convincing evidence of the growing needs of the elder population as it relates to behavioral health.

We have also continued to provide outreach, education and training around the state in a variety of settings. We have kept our focus in the last year on the Aging Network providers in senior services programs, particularly to foster grandparents and senior companions. We have reached over 1400 people this year in our training and presentations. The BH Director continues to provide case consultation on a monthly basis at the Aging & Disability Resource Center to help staff deal with clients with difficult behaviors and complex service needs most of whom are disabled and elderly adults. Approximately 25-30 staff members attend the monthly consultation meetings.

The BH Collaborative generated cross-departmental Clinical Multidisciplinary Team (MDT) continues to provide triage and consultation services state-wide. Volume of referrals has increased in the
last year with 57 referrals for consultation since its inception. Core members are from our HSD (Medicaid), DOH, Office of Guardianship, OptumHealth, BHSD and Aging and Long Term Services Division. Representatives from the Corrections Department and from NM Behavioral Health Institute have joined the team this year as core members. All clients have complex and high behavioral health needs that seem to challenge our existing Behavioral Health system.

We were also able this year to add some workshops to the BH Collaborative Conference on topics related ALTSD populations. Nationally known speakers presented on “Geriatric Behavioral Health, Building a system of care to meet the needs of older adults” and “Evidence-Based & Promising Programs in Geriatric Mental Health”. A second national expert presented a workshop on “Addressing Behavioral Health in Acquired Brain Injury Populations”.

ALTSD continues to fund the Sandoval Senior Connection (SSC), a program provided by Outcomes, Inc. that provides peer counseling services to older adults, aged 55 and up. The program has served 87 unduplicated clients this year served by 23 volunteer peer counselors. The majority of clients are over 80 years of age. ALTSD is currently funding an additional project with SSC to expand its efforts to increase these services to rural and tribal communities in Sandoval County that are challenged in access to services. SSC recruits, trains and supervises the peer counselors who are also older adults, as well as provides aging and mental health education to the older adult populations in Sandoval County senior centers and other community-based venues.

ALTSD has also funded Crisis Intervention Training (CIT) to law enforcement officers in Roswell, Las Cruces, Silver City, Deming, Espanola and Taos to enhance their effectiveness in contacts with people who have behavioral health problems. This training is approved for continuing education credits by the NM State Police Academy.

The ALTSD Annual Ombudsman Statewide Volunteer Appreciation Conference this last year focused on “Behavioral Health in Long Term Care Settings: Meeting Advocacy Challenges”. Sessions provided at the conference included “Understanding and Managing Psychosis, Dementia and Delirium,” presented by OHNM Medical Director, Dwight Holden, MD who is a geriatric psychiatrist. Other presentations included “Behavior as Communication”, by Robert Glanz, PhD., a presentation from Bill Belzner, about the NM Behavioral Health Collaborative, and a Roundtable Session, led by ALTSD BH Director, Bette Betts, the BH Team at ALTSD on “Effective Advocacy in Difficult Situations: Case Scenarios & Discussion”. Approximately 80 people attended these workshops.

The ALTSD Behavioral Health Team initiated with our Adult Protective Services (APS) Division, the development of local Multi-disciplinary Teams (MDT”S) to enhance awareness of the needs of older and disabled adults and to provide a community-based mechanism for addressing the identified needs. MDTs regularly meet in Espanola, Taos, Farmington, and Rio Rancho, and are facilitated now by APS leaders.
Training in Motivational Interviewing techniques was provided by the Sangre de Cristo Community Health partnership to ALTSD staff (approximately 100 participants) in Santa Fe, Albuquerque and Las Cruces.

In FY 11, the NM ALTSD strategic plan will continue to include as a priority, the support of Geriatric Behavior Health Needs with the following goals and objectives:

**Goals:**
- Design a service delivery system that addresses barriers to behavioral health services for the older/disabled populations.
- Assure that medical, behavioral health, and long-term care service providers are trained in best practices for the older/disabled populations.

**Objectives:**
- Increase the use of comprehensive community support services for older adults so that they have access to treatment and services in their home or community.
- Enhance coordination and collaboration with community mental health centers, nursing homes, and shelter homes so that there are more older adult clients receiving behavioral health services in their communities.
- Develop and arrange training for medical professionals, behavioral health clinicians, and senior center staff on best practices in the referral, assessment and treatment of older adults.
- Lead the Behavioral Health Collaborative’s multi-disciplinary team designed to provide clinical case consultation for adult clients referred by state agencies.
- Identify best and promising geriatric behavioral health practices.

What will change in FY’11 is less staff to work on the above goals and objectives. Due to economic/budget challenges as well as the end of the T-SIG grant there will only be one person, the BH Director at ALTSD.

In general, much remains to be done in regard to the development of services and work force to meet the behavioral health needs of the ever-growing older adult population. We will continue to use our above referenced data gathering to identify the needs and gaps in the system. We are now close to having a good set of base line data from OHNM. The BH Director is now working on a project to collect data to identify older adult clients with behavioral health needs being served in primary care settings in the New Mexico Medicaid system. Although, it will leave out many clients being served in primary care settings that are not Medicaid funded, it is a good place for us to start understanding more about these demographics for our planning related to models of integrated care.

The most prominent trend and unmet need from referrals to the Clinical MDT continues to indicate that the work that needs to be done involves resource development for clients with serious mental illness.
and significant behavioral problems requiring intensive supervision (like 24 hrs./7 days a week) and long term care services. We do not currently have nursing homes, assisted living facilities, group homes or any residential or community-based options willing, able or prepared to manage these kinds of problem behaviors. There is one ICF/MR facility that has intensive level of staffing, but a client would need to have a developmental disability to qualify. Clients who have needs like this present a problem because they need exceptions in funding (it takes more money to serve them) and exceptions in terms of waiving admission criteria. Work with the new Statewide Entity, OptumHealth has been productive and positive. Written Procedural Guidelines that delineate the working relationship between OptumHealth and the various Divisions in Aging & Long-Term Services (ALTSD) seem to be working and now guide our ongoing collaboration and coordination in terms of the behavioral health needs of the populations served by ALTSD. The Clinical MDT will continue to track data on these referrals where placement is a primary concern and plans to bring this data to the attention of those in our state system that can address the changes and exceptions that need to be made to serve this population.

**Developmental Disabilities Planning Council (DDPC) Office of Guardianship Accomplished in FY-10:**

The Office of Guardianship provides a statewide, publicly funded guardianship services program for guardians of “last resort” to incapacitated adults. Our office contracts for “Corporate Guardians” and for legal services. Legal services for guardianship court proceedings include Petitioning Attorney, Guardian ad Litem (GAL), and Court Visitor. For eligibility, the alleged incapacitated person must be financially eligible for institutional Medicaid. For legal services, where the proposed guardian is not a contracted service provider, the proposed guardian’s household gross income must not exceed 300% of poverty. We have 70 local contractors statewide, which more than doubled in past 3 years (21 Corporate Guardians, 28 Attorneys (Petitioning & GAL), and 21 Court Visitors). We received an average of 29 new cases per month, for a total of 345 in FY-10.

Our office also contracts with the NM Nat’l Alliance on Mental Illness (NAMI) to provide trained Mental Health Treatment Guardians as a “last resort” for appointment by the Courts. Mental Health Treatment Guardians are required by law when the individual cannot give Informed Consent for their own mental health treatment or medication.

Our office paid for 424 Mental Health Treatment Guardians in FY-10, or an average of 34 per month. These non-family Treatment Guardians are paid $200 per appointment (1 year, or 6 months).

We also have 784 protected persons under corporate guardianship, who help protect the health, safety, and civil rights of incapacitated persons. The guardian takes the place of the individual’s own decision-making, and coordinates and monitors professional and other services needed. The number of protected persons under corporate guardianship increased by nearly a hundred in FY-10, and there has been an 83%
increase from 429 in FY-05 to 784 at the end of FY-10. There were 48 individuals pending for corporate guardianship at the end of FY-10, including 10 from Adult Protective Services.

We completed 400 legal services, and average of 34 per month, of which 185 were for a family member who could not afford to pay to be appointed as the guardian. We have had nearly doubled our Legal Services from 141 per year in FY-07. We also had 15 Pro Bono family guardianship cases pending completion, and 2 with the UNM Law Clinic. There were 49 cases pending completion of the legal process for a family member to be appointed as the guardian at the end of FY-10.

Our budget limitations in FY-10 affected our legal process for a family member who could not afford to pay to be appointed as the guardian. We had eliminated our Waiting List as of January 2009, but as of January 2010 our budget required us to recreate a Waiting List (42 at the end of FY-10; 19 for corporate guardianship, 23 for family guardianship). Additionally, 11 were waiting for eligibility information for legal services for family guardianship.

We established a program in Albuquerque for Pro Bono legal services for family guardianship, including with the UNM Law Clinic. This includes training the volunteer attorneys, working with Law Access NM, and being available to respond to their questions. Additionally, our contractors have agreed to discounted fees for anyone able to pay directly. Some of our contractors are also performing volunteer/Pro Bono work.

The Board of Finance approved a loan to the DDPC Office of Guardianship to provide the funds required to pay our contractors at the end of FY-10.

**Plans for FY-11:**

Our budget limitations in FY-11 continue to have a severe impact on our ability to serve all of our new clients. We are required to continue paying for the 784 protected persons under corporate guardianship. We are making every effort to reduce the normal rate of growth, which had been near 100 each year, to zero growth. We are approving new emergency cases for corporate guardianship as replacements for individuals leaving our roles (attrition, mostly deaths, estimated at 62 per year or 7.89%).

Although we are seeking additional funding, the following is based on our current funding for FY-11:

- We are only approving Priority Categories (APS, Jackson Class, Veterans, emergencies as last resort), and everything else is remaining on our Waiting List.
- We expect to be able to perform 80% less legal services than normal, since the available funding will perhaps cover up to 20% of our normal workload.
- Regarding our Mental Health Treatment Guardians of last resort, we expect to approve payments on month-to-month basis. We have no separate funding for this, and our office pays a unit fee of $245.00 per non-familial court appointment to NAMI (appointments are for six months or a year, subject to renewal by the Court; NAMI pays $200 per appointment).
• There is no funding for FY-11 for our prior program for re-evaluations by UNM to determine the appropriate level of guardianship for our protected persons, and we have terminated that contract.
• On-site compliance visits will be limited, and we will use other methods for monitoring.

Our training included 18 volunteer attorneys in Albuquerque, and we developed a training video and sample forms/templates for use state-wide. We hope for at least 50 Pro Bono cases in FY-11, including those by the UNM Law Clinic. We are also strongly encouraging Private/Direct Pay for legal services, etc. by our contractors with discounted fees. Our developing a Sliding Fee Scale will depend on whether we have available budget for the portion to be paid by our office.

We are providing information on “Alternatives” to guardianship, including developing a new video, and the NM Guardianship Association is developing a new brochures. This is related to what everyone can do now, in preparation for the event of possible future incapacity. This includes advance directives, powers of attorney, etc.

We are seeking donations to NAMI and to the Office of Guardianship (e.g. from hospitals, nursing homes) to help continue services for those who will otherwise remain on our Waiting List. We are also working with HSD on possible matching funding from Medicaid; our contract guardians began on July 1st re: time accounting.

Our office plans to continue our program improvement initiatives, such as:
• Improve reports from Health Care Professionals and from Court Visitor
• Rule Making process to update our Regulations (NMAC) with changes needed to update our program.
• Possible legislative proposals:
  • re: follow-up responsibilities after death of the protected person
  • re: enforcement related to the authority of the guardians
• Mental Health Treatment Guardian program (non-family) - divide the state in 4 quadrants and develop coalitions with specific short and long term goals, and also develop a training video.
• Issue Requests for Proposals for our contract “corporate” guardianship services.

We are also continuing our initiatives with the NM Guardianship Association (NMGA) for community outreach, local training/education activities, updating the Guardianship Handbook, creating training material for website, developing new brochures, and other training/education efforts.

**Indian Affairs Department (IAD):**

As a cabinet-level department, the Indian Affairs Department (IAD) is the lead coordinating agency in New Mexico state government for ensuring effective interagency and state-tribal government-to-government relations. IAD reinforces tribal governmental efforts to ensure that Native American concerns and needs are addressed in state policy making decisions; effectively manages, and facilitates ways to
increase and leverage, state resources to benefit Native Americans; and successfully collaborates with national, tribal, state and local agencies, entities, and organizations.

An important part of IAD’s efforts to improve health disparities involves working to enhance resources for Native American behavioral health. The State, through the Behavioral Health Purchasing Collaborative, provides behavioral health resources and services for thousands of New Mexicans, including Native American adults and children. IAD is a member of the Collaborative and the Chair of the Native American Subcommittee of the Behavioral Health Planning Council, which requires attendance and coordination of several monthly meetings. In these roles, IAD works closely with the Behavioral Health Services Division and the HHS Departments to advocate for Native American behavioral health issues and the needs of tribal providers.

Moreover, IAD, in partnership with the Center for Native American Health, undertook a survey of Native American consumers and their experience with the New Mexico Behavioral Health System. Completed at the end of 2008, the study worked with Native community partner organizations to determine the “opinions, perceptions, and beliefs of some Native American consumers about their mental and behavioral health care.” The purpose of the study was to improve the development and delivery of effective mental and behavioral health services in Native communities. The Department will release the study findings to the Native American Subcommittee, the Collaborative, and other tribal communities in fiscal year 2011.

Behavioral Health Statewide Entity Request for Proposal (RFP)

In fiscal year 2009, the State of New Mexico began the process of selecting a managed care company to become the second Behavioral Health Statewide Entity (SE). Previous, Value Options New Mexico was the SE for four years and provided services to communities across the state, including tribal and off-reservation Native American communities. The State’s second SE, OptumHealth New Mexico, was selected in December 2008 and began operations on July 1, 2009.

During the latter part of fiscal year 2010, the Behavioral Health Purchasing Collaborative sought to release another RFP for a new SE and coordinated five public input meetings and one tribal consultation with tribal leaders regarding the components and language of the RFP. Tribal leaders were provided with the opportunity to present recommendations for the new SE in order to meet the needs of tribal providers and community members. However, the Collaborative determined that it would not seek a new SE due to health care reform initiatives the State was in the process of developing in order to adhere to the provisions of the Patient Protection Affordable Care Act. As a result, the Collaborative entered into a Letter of Agreement with OptumHealth regarding other components of their contract such as establishing contracts with the remaining tribal health entities. OptumHealth continues to be the conduit, in which all state funding for behavioral services would pass through as determined by the State of New Mexico Behavioral Health Purchasing Collaborative. As a member of the Purchasing collaborative, IAD
supported and participated in the process advocating and ensuring that the needs of Native American families and children were considered as a factor in the selection process.

**Thoreau Youth Suicide Crisis**

In April of 2010, the Indian Affairs Department (IAD) was requested to respond to the Thoreau youth suicide crisis. The State, the Navajo Nation, and the Indian Health Service (IHS) have collaborated in order to address the crisis and provide the necessary resources for the Thoreau area. The Navajo Nation is coordinating all efforts regarding the crisis response. As a result, a Unified Command team was established, in which the Unified Command became responsible for the daily activities and initiatives of the Incident Command Center. It was determined that prevention, intervention, and post-vention services and programs were needed for this community. Due to the alarming number of youth suicides, it became evident that there was a lack of programs, specifically suicide prevention programs, for youth to partake in during the summer. IAD allocated $25,000 to the Coalition for Healthy and Resilient Youth (via the McKinley County Sheriff’s Department in Thoreau, NM) for:

- Managing youth suicide awareness and prevention activities;
- Increasing culturally relevant knowledge of signs of suicide and risk and protective factors, and the identification of resources among youth; and
- Providing Native Hope Youth Suicide Prevention Summit three day training.

In addition to funding, IAD Cabinet Secretary, Alvin Warren, has served as the intermediary between the Unified Command and the Governor’s Office by providing weekly updates of the initiatives occurring in the Thoreau area and assistance to the Unified Command in the search and attainment of a permanent facility for the Unified Command Center that will not only provide services and case management during this crisis response, but will become occupied and utilized by the Department of Behavioral Health Services and the Division of Social Services of the Navajo Nation to provide services and programming for community residents in and around the Thoreau area.

**Expansion of Fee-for-Service to Tribal Communities**

Over the course of eight months, IAD worked with the Five Sandoval Indian Pueblos (FSIP) and the Behavioral Health Services Division (BHSD) of the Health Services Department to address concerns related to the expansion of fee-for-service for tribal providers serving Medicaid beneficiaries residing within the five pueblos. IAD assisted the FSIP and the BHSD to convene numerous workgroup meetings and a formal consultation held in December 2009. As a result of these collaborative efforts, the FSIP and the BHSD came to an agreement regarding the fee-for-service structure; and developed a plan for payment of services and a mechanism for monitoring fund expenditures in order to ensure the appropriate use of such funds.
Example of what will be accomplished in fiscal year 2011:

In July of 2010, the IAD will host a one-and-a-half day conference designed to increase understanding of health care reform and opportunities to fund and support behavioral health, substance abuse and suicide prevention. This event will bring in local experts to provided in-depth presentations on the new health care reform laws and specific implications for tribal members, their families, and communities. Conference participants will be given a general overview of prevention strategies and how they fit within the behavioral health system to protect youth from developing serious behavioral health issues.

NM Public Education Department-School & Family Support Bureau (SFSB)

PED Successes:
1) PED co-facilitated the Success in Schools Committee with DOH.
2) PED, in collaboration with Success in Schools and others, promoted training on child and adolescent behavioral health issues with school personnel by: 1) providing information on behavioral health training, workshops and conferences to school personnel and others, 2) representing school behavioral health on conference planning committees, 3) conducting presentations on school behavioral health for school personnel, including school administrators.
3) Hosted the annual School Health Education Institute in October of 2009 which included behavioral health training for public school teachers who are responsible for teaching health education topics.
4) Sponsored a series of trainings on the Positive Assistance for Student Success (PASS) Toolkit. PASS is a case management approach used to serve students and families with complex educational, social/emotional and health needs so they can be successful in school.
5) Reviewed and approved Safe School Plans for over 800 schools, which are a requirement of the NM School District Wellness Policy Rule (6.12.6 NMAC). Safe School plans include information on wellness, prevention and behavioral health programs and services; the school bullying policy, and emergency response and recovery.
6) Provided statewide training on Healthy School Report Cards (HSRC) in the spring of 2010. The HSRC is a tool to assist New Mexico schools in implementing and evaluating their school health programs. Includes sections on social and emotional climate, family and community involvement, and counseling, psychological and social work services.
7) Assisted in facilitating the Full Service Community Schools Strategic Planning Forum in June 2010. Full Service Community Schools provide access to school-based health care, extended learning before and after school and during the summer and family engagement and support activities.
8) Continues to collaborate with DOH in planning, developing and implementing the NM Youth Risk and Resiliency Survey. Provide regional trainings to school districts on how to use the data to guide
program planning. New Mexico is the only state that provides district level youth risk and resiliency data.

9) Disseminated the Annual School Health Services Report which includes statewide data on both student health and behavioral health conditions, health office visits for behavioral health issues and student screenings for depression, suicide risk and substance abuse.

**PED Barriers**

- Available funding, staff and resources

1) Due to agency wide budget constraints, PED was unable to fund the full time Behavioral Health Coordinator position in the SFSB. This position will be funded through TSIG carryover funding as a .2 position for one year.

2) PED applied for the US Department of Education Integration of School and Mental Health Systems grant to continue promotion of school behavioral health. However, PED did not receive the grant.

**Work done to meet FY10’s strategic priorities:**

**Prevention, Health Promotion and Wellness and Success in School**

1) Received TSIG carry-over funding in July of 2009 to support the School/Local Collaborative Partnership Initiative in two communities, Espanola and Santo Domingo (Kewa) Pueblo. The purpose of the project is to support the collaboration, communication and coordination between the schools and Local Collaboratives in identifying and addressing the behavioral health needs of youth. Local Collaboratives partnered with a school district to form a school behavioral health community team. The teams are currently participating in a training series on the Strategic Prevention Framework and developing action steps based on model. This includes a process of assessing the causes of behaviors, building capacity, establishing clear priorities and developing a strong action plan that addresses the behavioral health needs of school-aged youth by reducing risk factors and increasing protective factors. Each community team chose one of the following adolescent behaviors as a priority: substance abuse, delinquency, school drop-out, teen pregnancy and violence. Data driven strategic plans will be developed to address these priorities.

2) Assisted in planning a school behavioral health planning forum with New Mexico key stakeholders and national experts. The focus of the October 5th meeting will focus on advancing school behavioral health and systems of care.

**Brief description of what you hope to accomplish in 2011**

1) Provide the annual School Health Education Institute in the spring of 2011 to prepare licensed teachers endorsed in Health Education to implement the new health education graduation requirement.

2) PED applied for two US Department of Education grants that will focus on school behavioral health. If awarded the grants, PED will focus on: 1) Strengthening prevention efforts for substance abuse and
violence, in collaboration with state partners, to assist schools in sustaining a drug free environment.

2) Improving school climate in targeted schools by supporting a statewide measurement of targeted programmatic interventions to improve conditions for learning in order to help schools improve safety and reduce substance use.

3) PED will support the involvement of schools in addressing behavioral health through school-based and school-linked efforts as resources allow. This will include supporting the School/Local Collaborative Partnership Initiative.

4) PED is willing to serve on a group to help the Behavioral Health Purchasing Collaborative determine which committees/sub-committees should continue in 2011.

Public Defenders Office:

The Mental Health Division is only one unit within the entire state agency. It is the mission of the Public Defender Department to provide high quality legal representation to the indigent population who have been accused of a crime. The Mental Health Division does the same, but also provides early identification of and intervention with clients with mental disabilities and assists in obtaining the most appropriate placement for the client, including jail diversion where appropriate. We liason and network to keep abreast of policy and funding developments at a statewide level as well as developments in programs/services options. We have good professional relations with key people in various agencies and service providers in order to facilitate services for clients and obtain assistance in resolving interagency problems. We also try to have a voice in policy and funding developments. We have continued to pursue these goals with dwindling resources and virtually no housing available for the client population. The lack of housing options in New Mexico unfortunately keeps the client population incarcerated for longer periods of time and at much higher costs, than if released to the community with services.

We will continue to pursue these same goals in 2011, as well as to try to develop some creative means of obtaining necessary resources for the client population, particularly housing. One example may be to try to develop new policy with the Social Security Administration to enable clients to apply for Social Security benefits while they are incarcerated. If this could be achieved, clients could be released from jail with access to funding to pay for housing. It also would allow them to pay for treatment, should they be Medicaid eligible.

Another difficulty with relation to housing and our client population is that so many landlords and housing programs do not rent to individuals with felony and/or misdemeanor convictions. We are also looking at ways to advocate for the client population that might reduce some of the restrictions that our clients face.
OptumHealth New Mexico

OptumHealth New Mexico (OHNM) is the statewide provider of publicly funded behavioral health and substance abuse services. We are committed to helping transform behavioral health in New Mexico by focusing on recovery and resiliency and on increasing resources and capacity in underserved areas.

This past year, we have completed the implementation phase and we are now focusing on transforming the system using a combination of system enhancement and medical management. We have met all the milestones of DCAP and will continue to work closely with providers and the Collaborative to ensure all valid claims are paid. Moving forward, we will be working to ensure effective use of state and federal funds, and to identify and fight any waste, fraud and abuse in the system in keeping with our charge to be good stewards of those public funds.

This is the breakdown of the current cash received, funds flowed into the system, and remaining reserves to 08/20/2010.

| Cash Received For Claims Payment | $380,474,594.18 |
| Claims Paid via Facets | $286,786,531.43 |
| Expedited Payments Issued | $22,198,129.64 |
| Voucher and Invoice Claims Paid | $29,534,929.06 |
| Pharmacy Claims Paid | $36,086,215.82 |
| Expedited Payments Recouped | ($5,512,890.01) |

Funds remaining for upcoming claims $11,381,681.24

Note: OHNM is due payment of $12,569,570.26 for the months of March, April, May, June and July from Medicaid FFS. Medicaid FFS will pay OHNM when OHNM provides encounter data to substantiate the amount, this is in process.

Service Registration

Over the past year, OHNM has continued to enhance the Service Registration system. The majority of these enhancements have been focused on reducing the administrative burden to providers. The major enhancements to Service Registration include:

- The ability to enter a Service Registration under a single site that would cover multiple rendering sites; The ability to select a check box to default all services not requiring authorization so that individual services do not require prospective identification; Providing a check box that allows providers to bypass the requirement to complete the ASI if they have previously completed the ASI-MV online; The ability to select a Special Program Indicator to allow providers to direct funding determinations for special programs like Total Community Approach; Enhancements to improve screen-to-screen performance.
Current Service Registration statistical snapshot FYE 2010

Total Service Registrations Entered: 127,163
Total Entered by OptumHealth staff: 36,180
Total Entered by providers: 90,983
Unduplicated count of Consumers Registered: 83,983
Average Number of Service Registrations per Consumer: 1.52
Unduplicated count of Consumers receiving claimable services: 81,451

Based on Service Registration and Claims data, OHNM has captured enrollment and registration data on nearly 100 percent of consumers who received a claimable service during fiscal year 2010.

Reducing provider data-entry time

The combination of enhancements to reduce provider burden, removal of the requirement to enter Facility based Service Registrations, and provider increase in experience in entering Service Registrations has been responsible for a reduction in the average time it takes to complete a Service Registration over the past year.

<table>
<thead>
<tr>
<th>Month</th>
<th># of Completed Service Registrations</th>
<th>Average Entry Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun-10</td>
<td>6,731</td>
<td>6.80</td>
</tr>
<tr>
<td>May-10</td>
<td>6,462</td>
<td>6.83</td>
</tr>
<tr>
<td>Apr-10</td>
<td>6,731</td>
<td>6.63</td>
</tr>
<tr>
<td>Mar-10</td>
<td>5,448</td>
<td>7.19</td>
</tr>
<tr>
<td>Feb-10</td>
<td>5,092</td>
<td>7.25</td>
</tr>
<tr>
<td>Jan-10</td>
<td>4,502</td>
<td>7.20</td>
</tr>
<tr>
<td>Dec-09</td>
<td>5,558</td>
<td>7.58</td>
</tr>
<tr>
<td>Nov-09</td>
<td>7,142</td>
<td>7.03</td>
</tr>
<tr>
<td>Oct-09</td>
<td>6,820</td>
<td>7.53</td>
</tr>
<tr>
<td>Sep-09</td>
<td>10,224</td>
<td>7.69</td>
</tr>
<tr>
<td>Aug-09</td>
<td>11,942</td>
<td>8.04</td>
</tr>
<tr>
<td>Jul-09</td>
<td>14,331</td>
<td>9.95</td>
</tr>
<tr>
<td>Total</td>
<td>90,983</td>
<td></td>
</tr>
</tbody>
</table>

* Average completion time (in minutes) to begin Service Registration

Core Service Agencies

A guiding premise of the transformation of New Mexico’s behavioral health services and systems is to create a holistic, community-based and well-monitored treatment experience for consumers and
families. This requires services to be accessible, family and person-centered, coordinated, as well as culturally appropriate. One of the most significant infrastructure initiatives to achieve this result is Core Service Agencies (CSA). In FY10, OHNM designated 30 additional CSAs to join the existing 11 to insure that every Local Collaborative will have a point where children and adults with intensive needs may enter the system, comprehensive care (in system of care fashion with wraparound and recovery approaches) can be facilitated. In partnership with consumers, families and existing providers, these multi-service agencies weave in existing services, bridge treatment gaps and promote the appropriate level of service intensity all while ensuring that community support services are integrated into treatment. More importantly, they’re the single point of accountability for identifying and coordinating very targeted consumer behavioral health, health and other social service needs.

Over the coming 3-5 years, we will advance CSA implementation into the mature system that the Collaborative envisions ensuring consumer choice, statewide access to quality behavioral health services, provider accountability and comprehensive support.

Community Outreach

In the past year, we have supported local communities throughout New Mexico by providing over 2000 mental health books to local libraries including Albuquerque, Farmington, Las Cruces, Roswell, Santa Fe, and pueblos.

Additionally, we are working in partnership with the school based health centers to provide training for school nurses to help them identify signs of mental illness and the necessary information to assist them in providing treatment.

We also have had numerous initiatives to deliver behavioral health care to hard-to-serve communities in New Mexico including Native American tribes and people with a dual diagnosis. Ongoing activities include monthly staffings with the Children, Youth and Families Department (CYFD) and the Department of Health, plus support for consumers’ self-advocacy rights under the Americans with Disabilities Act (ADA).

Below is an outline of our success with the Native American community.

<table>
<thead>
<tr>
<th>Category of Service</th>
<th>Under 18</th>
<th>18 and Over</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA Community based consumers (All Funding Sources)</td>
<td>811</td>
<td>8,478</td>
</tr>
<tr>
<td>MH Customers (All Funding Sources)</td>
<td>33,525</td>
<td>40,098</td>
</tr>
<tr>
<td>Customers with Co-occurring Mental Health and Substance Use Disorders (All Funding Sources)</td>
<td>1,056</td>
<td>3,606</td>
</tr>
</tbody>
</table>

Native American Customers (All Funding Sources) 4,470 3,740

In summary, 2010 is a year in which OptumHealth New Mexico’s unique Single Entity relationship with state agencies is gaining traction, increasing awareness, and delivering quality service to hard-to-reach consumers.
STATUTORY SUBCOMMITTEES

ADULT / SUBSTANCE ABUSE

The ASASC now has two newly elected Council member co-chairs, Douglas Fraser and Santiago Rodriguez. The combined subcommittee is working on its strategic priority, to make recommendations to the Collaborative about the elements of an adult System of Care and processes needed for system of care development in rural and frontier communities. Three communities that the Subcommittee will use as local sources of wisdom for this task are the Catron County part of LC7, LC4 and LC6.

The ASASC received recommendations from its substance abuse policy planning workgroup, formerly the workgroup that completed the Substance Abuse Strategic Plan SM71 report. Two policy recommendations and a suggestion regarding incentives are:

I. Parenting and pregnant women with substance use issues are given priority for treatment on demand.

II. Gender-specific and trauma-informed treatment practice is made widely available to pregnant and parenting women with substance abuse issues, especially those within the criminal justice system.

State agencies should create policies and protocols that accomplish the goals of these recommendations, including possibly altering contractual language and providing incentives, such as increasing reimbursement rates by a small percentage and/or offering Federal technical assistance opportunities.

CHILDREN / ADOLESCENTS

The Child & Adolescent Subcommittee (CASC) of the Behavioral Health Planning Council (BHPC) is tasked with providing the Interagency Behavioral Health Purchasing Collaborative (the Collaborative) input through the BHPC from local consumers, families, providers, and other stakeholders regarding behavioral health services for children and youth. The CSC advocates for children and youth with severe emotional and behavioral disturbances, and evaluates the allocation and adequacy of children’s behavioral health services, including integration with other children’s service systems, throughout the State of New Mexico.

Under the leadership of CYFD Deputy Secretary Atkins and her team, CYFD in partnership with the CASC has continued to build upon the previous year’s initiatives to forge strong and effective linkages with local community stakeholders in the on-going development of a statewide system of care for infants, children, youth, adolescents, and transition age young adults.

With the support of the Collaborative, significant success has been accomplished for all FY10 strategic priorities. The first year of implementation of the SAMHSA System of Care Grant (Families and Organizations Collaborating for a United System – FOCUS) substantively addressed development of a logic model for rebalancing the service delivery system to increase locally driven awareness and
education regarding local behavioral health prevention, health promotion and wellness needs.

Management Teams, Focus Groups, and complimentary logic models for each FOCUS anchor site – Silver City, Albuquerque Highland Cluster, and Santa Clara Pueblo – are currently in development with a great deal of enthusiasm and commitment of local stakeholder time and energy. As lessons are learned from these urban, rural, and Native American sites, they will be shared with CASC LC representatives to initiate the replication and bringing to scale statewide. Through the CASC representation on the FOCUS management team, updates to the CASC membership are provided monthly.

Key to this system change is the integration of core Wraparound principles and practices to support children, youth and their families in their local communities resulting in higher quality care, better outcomes and cost savings. Significant to this has been the provision of Wraparound Milwaukee training for a large number of community stakeholders, providers, and CYFD staff. CASC member Gail Falconer is a trainer in this model and uses her knowledge and expertise to inform many of the discussions of the CASC. Progress has also been made in the development of substance abuse Intensive Out-Patient treatment resources for youth – but great needs remain in rural and frontier areas for easy access to a comprehensive array of these kinds of services. Core Service Agencies (CSAs) have expanded to 13 for children and youth as of July 1, 2010. CSAs will provide centralized, on-going care coordination for young consumers identified as having the most severe challenges to their success at home, in school, and in their communities. CASC representative Joe Harris sits on the CSA development workgroup and actively promotes CASC priorities for system of care development and wraparound service delivery.

Much progress has been made in our work to expand capacity (availability and access to quality services) and competency in early childhood and infant mental health. A new Infant Mental Health Treatment service definition has been finalized by the Infant Mental Health (IMH) workgroup and practitioner training and endorsement processes developed. CASC representatives Alice Jones and CYFD’s Soledad Martinez were instrumental in these processes. The IMH workgroup and CASC members in their advisory capacity were instrumental in refining the definition of Severely Emotionally Disturbed (SED) and At Risk SED to include identification of infants and young children with early warning signs of behavioral disorders. Of all our initiatives, infant mental health treatment probably holds the greatest promise in substantially reducing the numbers of children and families suffering from behavioral health challenges in the future and the associated educational, legal, judicial, child welfare, substance abuse, and mental health costs.

CASC representatives Gail Falconer and Lynn Pedraza, as well as CYFD’s Julienne Smrcka, on the Success in Schools (SIS) workgroup helped guide the development of their 2010 guiding philosophy statement: “SIS promotes the tenet that effective school-based and school-linked behavioral health services improve student academic achievement, school attendance and safety. SIS strives to impact the social/emotional needs and behavioral health care access of all New Mexico students through policy
development and data surveillance.” The SIS workgroup has incorporated CASC priorities for community-based, consumer & family driven services, SOC principles, and Wraparound practices as part of their solution set for student’s behavioral health challenges. The joint CYFD and Behavioral Health Service Division Adolescents in Transition (AIT) workgroup has active participation by CASC representatives Gail Falconer and Joe Harris. The AIT’s primary focus is assessing and addressing barriers to transitioning youth from the children’s behavioral health system to the adult system. Concentrated effort on establishing a seamless process between youth and adult CSAs is in process. Reports on both of these workgroups are made to CASC membership on a monthly basis and feedback from LCs solicited to inform on-going workgroup efforts and initiatives.

In keeping with the BHPC’s legislative priorities of promoting community-based services, resiliency and recovery, ad prevention, CASC priorities for FY11 are primarily focused on the development of a statewide children’s SOC. This includes that our children’s behavioral health service delivery system be 1) Child and Youth centered, 2) Family focused, 3) Community based, and 4) Culturally and Linguistically competent. Our largest task for this and succeeding years is advising local, county, and state stakeholders and collaborative member agencies on changes in policies, procedures, and funding strategies to ensure sustainability. Only by successfully addressing these challenges can we accomplish the Collaborative’s vision of efficiently and cost effectively keeping families united while safely providing for the needs of children with behavioral health challenges. Towards these ends, the CASC and CYFD are requesting that child-serving Collaborative agencies identify and assign a non-exempt senior management point person who will be specifically tasked with supporting the implementation of the above core principles within their respective departments and work closely on both a senior management and local practice level with the FOCUS project steering committee.

MEDICAID: Prepared by: Kim Carter, Chair MSC, Human Services Department Medical Assistance Division

In FY10, the Medicaid Subcommittee (MSC) elected Gail Falconer as the new co-chair. The MSC also elected 7 at-large members. In addition to serving as the co-chair, Gail Falconer also serves as an at-large member. She is joined by Marsha Brown, Rena Brown, Kayt Gutierrez, Joe Harris, Regina Smith and Peggie Roberson.

MSC members discussed restructuring the MSC to make it a more “valuable and meaningful” subcommittee to its members. The subcommittee members discussed a number of options on how to restructure the group including “dovetailing” with both the Children/Adolescent and Adult/Substance Abuse subcommittees as these committees advance their strategic priorities. Another option included forming small workgroups who would meet monthly to work on specific topics such as Telehealth. Workgroups would then present a “report out” during the quarterly Medicaid Subcommittee meeting. A
brief survey was developed by Kim Carter, Chair MSC, and was sent out to all subcommittee members in order to assess the subcommittee member’s priorities for the MSC in FY11.

The restructuring of the Medicaid Subcommittee should be firmly established in FY11 and the work of subcommittee members will be focused on the priorities identified through the survey and the MSC members.

**NATIVE AMERICAN**

The Native American Subcommittee (NASC) developed a work plan that reflects the identified priorities by the Native American Local Collaboratives (LCs). The following are the Strategic Priorities of the NASC for fiscal year 2010.

- **Transportation Service Gaps in Native Communities:**
  - Develop and implement needs assessment or data collection tool to evaluate transportation service gaps with Native American LCs.
  - Develop a strategic plan (jointly with Medicaid Committee) for meeting transportation service gaps in tribal communities, including better utilization of Medicaid.

- **Supportive Housing Development on Tribal Land:**
  - Work with the State and tribal Supportive Housing coordinators and identify resources to develop a plan for supportive housing on tribal land.

- **Gaps in Substance Abuse Recovery and Prevention Services for Youth and Adults**
  - With feedback from the Native American LCs and Native prevention and recovery programs, evaluate gaps in recovery and prevention services and make recommendations to the Behavioral Health Planning Council for needed services, education, and supports for tribal communities.

**Successes:**

The By-Laws and Procedures that the BHPC approved during this fiscal year had an unforeseen implication regarding the functionality of the NASC. As a result, the NASC recommended amendments to make the By-Laws and Procedures culturally appropriate for the Subcommittee. The amendments determined that the other subcommittee policies regarding membership and voting do not apply to the NASC; the NASC is open to anyone interested in Native American behavioral health issues; each LC shall identify and appoint a representative from their LC to the NASC who is either: Native American, a person representing a tribal program or administration, or a family member of a Native American. The recommendations from the NASC were adopted by the BHPC.

The NASC created a workgroup that is responsible for working with the NASC Chair and Co-Chair to plan and direct the activities of the NASC including following the monitoring progress on the NASC work plan, drafting agendas, and responding to requests and issues as they arise from the BHPC and other groups. The duties of the Workgroup are as follows:
• Plan and draft agendas for monthly meetings based on NASC work plan and identified priorities and issues.
• Coordinate with BHPC Coordinator to ensure announcements and issues from the BHPC are conveyed to the NASC.
• Monitor quarterly progress on NASC work plan
• Plan and implement administrative functions/changes of the NASC
• Draft and submit NASC annual report
• Plan and coordinate needed work groups of the NASC.

Lastly, the NASC passed a Resolution indicating that the NASC supports the preservation of prevention programs within the Department of Health budget because of the important role prevention programs play in many communities, including tribal communities, across the State; and advocates and encourages the BHPC and the Behavioral Health Purchasing Collaborative to investigate ways to preserve current prevention programs in New Mexico.

**Brief description of what you hope to accomplish in 2011**

The following are the NASC Priorities for fiscal year 2011:
• Transportation services for tribal communities;
• Supportive housing development on tribal land;
• Suicide prevention;
• Mental health and substance abuse – review and identify gaps to strengthen the continuum of care for co-occurring mental health and substance abuse services for Native American youth; and
• Strengthen communication between NASC and the Behavioral Health Purchasing Collaborative – disseminate information to LCs.
• LOCAL COLLABORATIVES

The Cross Agency Team (CATs) worked side by side with their Local Collaborative leaders and community members on numerous local initiatives and State incentives. Projects included the annual expectations of legislative priorities and submitting budgets. In addition, CATs assisted with intensive education and outreach with the introduction of Core Service Agencies (CSAs) into communities. Quality Service Review, designed for CSAs to self evaluate their services for the clients they serve, was a rigorous process that involved at least 7 Local Collaboratives, organized by the CATs. Local Collaboratives had the opportunity to provide local voice to each of the subcommittees of the Behavioral Health Planning Council. And the CATs assisted with the logistics and planning of the BHPC/LC Summit and Behavioral Health Day – in which over a hundred Local Collaborative members benefitted from scholarships from the BHPC and the Purchasing Collaborative.

Local Collaboratives were given the option to provide annual reports. Below are the reports submitted, highlighting FY10 activities and future goals.

Local Collaborative 1: (Los Alamos, Santa Fe, Rio Arriba)

In recent weeks, the Santa Fe County contingent of LC 1 has formed a Children’s Committee. They have had a couple of organizational meetings which were attended by representatives of several of the youth serving agencies in the community (including 2 Core Service Agencies), as well as strong representation of school personnel involved in prevention and school-based behavioral health, and also CYFD staff. This committee will work to encourage better coordination of efforts in children’s services with the aim of creating a stronger and more effective system of care.

Christus St. Vincent Regional Medical Center in Santa Fe is creating a Department of Community Health. The department will initially focus on five priority areas, including behavioral health. Additionally, the department will assume responsibility for direct management of the Care Connection and Sobering Center. This new Department will be coordinating closely with LC 1 to jointly establish priorities for population well-being and coordinate efforts to improve the local system of care. The LC is working with the hospital and other community stakeholders to evaluate current behavioral health
services and efforts to improve coordination throughout the hospital and with community providers are underway.

The Los Alamos component of LC 1 functions as a behavioral health subcommittee of the Los Alamos Community Health Council that meets on a monthly basis and represents Los Alamos at the monthly Tri-county LC1 meetings. Los Alamos County has a behavioral health services contract with a local behavioral health provider, Los Alamos Family Council, specifically to provide Case Management services, Psychosocial Rehabilitation, Crisis Response, Employment Assistance, Community Education and Outreach programs.

Over the past year, Los Alamos County has made great strides in increasing consumer involvement in LC 1. A consumer group met several times to discuss the gaps in social services that exist in the county. They include consumers from Rio Arriba, because many of them drive to Espanola for services and felt they could provide support and insight. The group wants to work to improve the basic services that exist in Los Alamos County. Some consumers are also providing valuable input to New Ventures, a consultant hired by Los Alamos County to prepare a social service needs assessment in the county.

The group has discussed some business ideas and solutions for the unemployed. They would like to start a Local Day Labor program, or possibly an affordable day care center, and affordable housing programs. In addition, they hope to meet with Rio Arriba County Commissioners and Los Alamos County Council to discuss the possibility of setting up a half-way house that would be staffed by Community Support Workers (CSW) (Peer Specialists). This would be a collaborative effort between county governments, behavioral health providers, and consumers within both counties. They would like to request seed money from Los Alamos County Council to begin these types of initiatives, and that they be recognized as a “Consumer Advisory Board” to the County Council as the “voice” for people currently receiving mental health/substance abuse services in the County. They also want to work in the schools to openly talk with students and staff to raise awareness and reduce stigma around mental health disorders and substance abuse.

LC 1, Rio Arriba County was one of two sites chosen by the NM Public Education Department for a Strategic Prevention Framework Initiative. The planning effort focused on the Espanola Public Schools and had extensive involvement of staff from every level of the school system as well as local youth services providers and CYFD. They were involved over the year in several day-long trainings and planning sessions which focused on data gathering and analysis, as well as strategic planning around substance abuse and school drop-out. Their efforts focused on the highest risk students at Carlos Vigil Middle School.

LC1 completed the second year of a Total Community Approach grant, focusing on Rio Arriba County. The goal of the project is to create a workable system of care for alcohol and substance abuse clients in Rio Arriba through (1) centralized intake strategy by assessing and referring clients to
appropriate services and treatment plan, (2) prevention through liquor and alcohol merchant education, and (3) critical incident training (CIT) for law enforcement and other stakeholders in the criminal justice system.

This year, the project was able to exceed target goals. TCA-LC1, managed by Rio Arriba County Health and Human Services successfully assessed 175 clients from July 2009 to June of 2010. Sixty percent of the clients assessed received some form of services and/or treatment. This year, the project adopted a case management program that is funded beyond TCA money to track some of the clients during their treatment plan. This program is significant in determining the success in providing a care system through intensive collaboration of various treatment agencies. Another component of TCA conducted two critical incident training (CIT) for local law enforcement officers in Rio Arriba county, NM State Police, and correctional officers.

20% of the FY 10 TCA budget went to support a highly effective prevention project. The goal of the prevention effort was to decrease the availability of alcohol to minors. Partners in the program were: Northern Central Community Based Services, La Clinica del Pueblo, Hands Across Culture, and the Rio Arriba DWI Program. Activities included identifying several package liquor merchants in the Espanola and northern Rio Arriba area and targeting them for extensive education and training of their employees on avoiding the sale of alcohol to minors. In all cases, youth were trained and enlisted in conducting the education. Youth were also involved in an extensive media campaign in which they produced brochures, posters and other printed materials that were widely distributed. They also worked with media to get PSA's on local radio stations, as well as articles about their work in the local print media. Youth also coordinated with law enforcement agencies to conduct compliance checks.

An active LC 1 member, the consumer-run Inside Out Center in Espanola continues to be a very important consumer resource in Rio Arriba County. Their focus now is on heroin addicts receiving suboxone treatment. They work in collaboration with El Centro Clinic which provides medical assessment and treatment, while Inside Out offers a wide range of support services from basic needs of food and clothing to individual counseling. They also offer several well-attended and effective support groups for addicts and families.
**LC 3: (Dona Ana)**

Throughout FY 10, LC3 concentrated its efforts on expanding outreach and improving communication with existing members, individuals and organizations in the community, local and state legislators, state level Behavioral Planning entities, and the statewide entity responsible for managing Behavioral Health Care. The approach to accomplishing these goals was varied.

Enabling Consumers and Family Members to participate in venues that inform them and allow them to provide input to decisions being made that will affect them, their family members and the services they receive is critical to our organization. As a result, the local collaborative has had representation at the following activities:

- The 2009 NM Consumer Wellness Conference
- 2010 Behavioral Health Legislative Day (Tom Taylor was recognized as the LC3 STAR)
- The 2009 Local Collaborative/BHPC Summit
- BHPC Subcommittee and Work Groups
- BHPC Planning Council
- Quality Service Review teams and focus groups
- Peer Support Specialist Certification
- Statewide entity RFP process
- State Legislative Priorities identification
- Mental Health Month and Child/Adolescent Mental Health Awareness activities (Mickey Curtis published a news article on the topics)
- PSRANM Board of Directors and PSRANM Annual Conference

Communication is instrumental to the success of the local collaborative. Efforts made to increase and improve information sharing within our County include:

- Co-sponsoring a booth at a local Health Expo
- Broadcasting training and workshop opportunities made available through the state, LC3 provider members, and partner organizations
- Publishing meeting and special event information in the local newspaper
- Hosting a Town Hall Luncheon with Legislators where collaborative members were able to speak, face to face, with representatives and share service related facts
- Submitting written communiqués stating the opinion of the local collaborative on proposed legislation
- Established a Community Outreach Committee
• Present monthly legislative reports from the local Legislative Committee at membership meetings
• Disseminate information to members related to changes in the Behavioral Health system and offer Q&A sessions on relevant topics
• Continue to accept invitations to participate in strategic planning sessions and continue to make “In the Know” and similar publications available to members
• Post information on the United Way website to increase interest in collaborative participation
• Support the local Crisis Triage Center project
• Offer opportunities to participate on various councils and committees concentrating on areas of interest: housing, standards development, NAMI, etc.
• Invite Subject Matter Experts to be guest speakers at membership meetings

Efforts will continue in the areas of outreach and communication; however, the emphasis for FY 11 is Sustainability. Instrumental to our continued existence is increased active involvement, particularly by Consumers, Family Members and Youth. Learning more (by communicating) about the service gaps that exist and how the local collaborative can help fill these gaps can only serve to strengthen our organization. Partnering with community entities with shared interests will benefit the consumers and family members within the behavioral health care system. We will strive to increase our presence in the City of Las Cruces and Dona Ana County to enable the local collaborative to thrive. We will also continue involvement in BHPC activities, subcommittees, work groups and keep the lines of communication open to all levels. Work is underway for the following:

• Formation of committees where consumers can assume a leadership role, i.e., Rodney Schuelke is leading our Healthier Life Style Committee that is sponsoring speakers, a support group and exercise groups)
• Re-vitalization of our local website (Patrick Stafford volunteered to assume the responsibility)
• Establishment of an LC Newsletter
• Participation in local health fairs and other venues where information can be shared
• Continue to extend open invitations to meetings/events to individuals/organizations in the most southern portion of Dona Ana County, local hospitals, the police department, jail diversion program members, the local school district, etc. (membership meetings are being held twice annually in Anthony, NM)
• Continuous evaluation of the value the collaborative brings to its members – soliciting input, providing time during meetings for consumers to address items of concern or inform others, acting on member suggestions and requests
• Utilizing the talents, knowledge and skills of the membership to promote the Local Collaborative and advocate for Behavioral Health Care in New Mexico
Development of a Sustainability Plan

Respectfully Submitted,

Dona Ana County Behavioral Health Collaborative Board Members: Mickey Curtis, Tom Taylor – Co Chairs; Becky Beckett, Susie Kimble – Immediate Past Co Chairs; Helen Cooley, Secretary; Bernadette Pina, Treasurer; Members At Large – John Forth, Laura Jones, Cory Lucas, Rodney Schuelke, Christena Scott, Alessia Session-Hall

Local Collaborative 4: (Guadalupe, Mora, San Miguel)

The MSG Group has a very active and positive membership; the group meets the third Friday of even months; A monthly calendar of meetings is sent out to membership and posted on the San Miguel County Family & Community Health Council Website.

MSG continues to have a very strong and active membership, as a result, there is a lot of work being done in the following committees:

Consumer Committee:
Shela Silverman has been instrumental in providing transportation and other assistance to get consumers involved in MSG planning. She has recently taken leadership of the committee once again. Shela and others have been successful in obtaining a home that will allow for more independent living for consumers. This home serves to replicate the “Oxford House” model.

Family Committee:
Under the leadership of Barbara Gurule, the MSG has been engaging family members in San Miguel County. The committee has sponsored and/or helped to set up trainings and recruit participants, including an IEP training and Mental Health First Aid. Members assisted with administering the Independent Living Survey to ensure representation from this area.

Provider Committee:
MSG providers have been very active in beginning conversations about issues facing our community, such as Meth and child/family homelessness. A homeless children and family task force has been started. They have also done a great job of getting CYFD, JPO, law enforcement and others to the table on a regular basis. The providers are working closely with NMBHI Community Based Services and Teambuilders to better understand CSAs. This committee provides a valuable forum for sharing and networking.

Leadership Development Committee:
MSG members developed an orientation to the LC. This orientation has been provided to the CATs and offered to other LCs to utilize as a format and has been posted on the NM Behavioral Health Planning Council website. LC8 and the BHPC have adapted the orientation materials to best fit their areas.
Quality Service Review Follow-Up Work Group:

As the Quality Service Review Pilot wrapped up in Las Vegas, MSG recognized the value of the information presented in the report. The community data that identifies strengths and weaknesses was used for planning to address issues and improve the systems and communication that exists. A Consumer, Provider and Lead Team member were interviewed about the benefits of participating in the QSR and the videos are on the NM BHPC website.

Housing:

Vista Gallinas supportive housing opened 15 units in Las Vegas. They have recruited local representation for their advisory board and have very active participation. Providers in the area have also been working with Life Link to access the Rapid Re-Housing and Homelessness Prevention funds. This has been a great asset to individuals and families in our area.

Other:

TCA is now a mature project and we are waiting to hear outcomes from the evaluators. So far, we have seen many benefits to the community, such as, increased skills and knowledge at the provider level, better collaboration with providers, increased consumer choice, involvement from the judicial system as alternatives to incarceration, involvement from CYFD. TCA works not just with their network of providers, but also with the CSAs and other providers.

MSG has full representation on the BHPC subcommittees at this time. The San Miguel County Family & Community Health Council hosts a remote site for representatives or anyone who would like to participate.

Mickey Dowling was our Star Consumer last year. Mickey works at Richard’s Drop In Center and makes a positive difference in the lives of consumers each day.

MSG was also active in some legislative advocacy and hope to get more involved with the upcoming session and issues.

We had some consumers and family members participate in the Peer Specialist training and one agency has hired a peer specialist.

Partnerships continue to be built and strengthened with the local colleges, city and county governments and others.

The loss of funding has greatly impacted the LC and the Health Councils, which serve as lead agencies in MSG. We were unable to keep our MSG coordinator position and Kristie Tapia accepted a position with another agency. As Health Councils struggle with their own sustainability, they are taking on more of the LC administrative work.

MSG – LC4 will put a major focus on FY11 to developing a comprehensive tri-county plan that identifies gaps and addresses issues that exist, as well as sustainability.
Local Collaborative 5 (Chaves, Eddy, Lea)

The following are the highlights of Local Collaborative Five’s (LC5), representing Southeastern New Mexico, busy and productive year:

1. Total Community Approach in Lea County focused on Adolescents who are drug involved.
   a. Lifestyle surveys were distributed in Hobbs to assess drug use and risky behaviors in children and youth.
   b. MST has been so successful in Hobbs that there is a waiting list for services.
   c. Since inception, TCA has lead to significant improvement for children in the program. This was documented in a report by Bob Phillips.
   d. TCA had a day at the symphony with students from the Hobbs school system.
   e. Barb May was named TCA Director in June of 2010.

2. Developing Supportive Housing in the three counties.
   a. State legislation and local non-profit efforts continue to be carefully watched by the Housing Subcommittee.
   b. Each county has found housing solutions and has provided information to the Local Collaborative in meetings.
   c. Dr. Mirin opened up an all men’s homeless shelter and it is operating successfully at capacity.
   d. Several supportive housing units are being developed throughout LC 5.
   e. The several agencies have applied to be Local Lead Agencies for the supportive housing effort. The state is in the selection phase of the process.
   f. Currently the sub committees are working on constructing housing units in Eddy and Lea counties.

3. Roswell received 4 out of the 10 vouchers for Rapid Re-housing. Consumers went through Help New Mexico if they were in need of assistance.

4. Consumer recruitment has been very successful. About 85% of attendees are consumers.

5. Consumers from LC5 manned a table at Behavioral Health Day in the Santa Fe Legislative Building.

6. Joel Jolley was the STAR Consumer this year.


Linda Homer, Joel Jolley
8. Supporting the Chaves Co, Youth Take Action group in developing and conducting the Suicide Prevention event on May 8, 2010. The group worked on developing the event for four months and conducted the free to the public event on May 8, 2010.

9. We successfully launched the LC5 website: www.lc5nm.org. The web site is being used to post the minutes to the various meetings and list meeting dates, times.

**Local Collaborative 6: (Grant, Hidalgo, Luna)**

Local collaborative 6 was chosen as an anchor site for the systems of care grant and they are working in Grant County to start their logic model. The Grant County area will serve as the model of a rural system of care. They had a site visit with people from Oklahoma and Wyoming providing technical assistance. They have recently hired a youth advocate and continue to search for a family advocate. They completed focus groups with a large number of agencies in the Grant County area. They report back to the local collaborative on a monthly basis during the local collaborative meetings.

This group initially started the Wraparound project with reinvestment funds from last year. They continue to work on how to sustain that process. Several members from the local collaborative were trained by Milwaukee in wraparound. They now have facilitators that can be used to provide wraparound within the Grant County area.

Local Collaborative 6 is in the fourth year of the Total Community Approach project. They are now in all three counties. They will have three drug court models within the local collaborative. One of those was sustained and is in Hidalgo County permanently. The Grant County model is similar to the Hidalgo County model but the Luna County model is different. They are working on a family dependency drug court. There are twelve providers in this project and provide services in prevention, intervention and treatment. Collaboration is so strong that one treatment provider assisted another provider with additional sources. This project has continued to be a positive presence in combating substance abuse. They will continue to work with the Continuum of Care Coalition on the development of detoxification services/facility in our area.

Media has been a major focus for local collaborative 6. They have a strong anti-stigma campaign and the consumers lead this charge. They have had booths at several events and speak to the public about behavioral health issues. They have made several radio ads and cards with messages about mental health. They are currently working with Senator Howie Morales on the constitutional amendment to change the voting language.

Local collaborative 6 retain an active presence in the BHPC and the statutory subcommittees and workgroups. There has been strong advocacy for prevention and infant mental health from the local collaborative. They continue to work collaboratively with the groups in each county such as DWI councils, Health Councils, county commissioners, municipalities and other community groups. This local
collaborative continues to host a yearly meeting with local legislatures to educate them on behavioral health issues.

Local collaborative 6 is planning on addressing the sustainability of the local collaborative this coming year. The LC enjoys the support and hard work from the CAT team members. Local Collaborative 6 would like to stress that the importance of the CAT in the success of the local collaborative process.

Local Collaborative 7: (Catron, Sierra, Socorro)

Accomplishments

- Utilizing teleconferencing to accommodate the large geographical area of JD7, we held a Local Collaborative meeting the first Tuesday of every month.
- Displayed an informational poster about our LC during Behavioral Health Day in Santa Fe. Awarded “Stars” award to Angie Coburn – family member from Torrance County.
- Sponsored a luncheon for the Local Collaborative in December. The purpose of the luncheon was to meet with Senator Morales, Senator Ulibarri, and Representative Don Tripp to discuss the importance of the local collaborative and its part in the overall transformation process.
- Advertised in collaboration with the Socorro County Health Council regarding meeting times and locations.
- Responded to and completed all assigned deadlines and templates given to us by the State.
- Maintained a committee of 4 members actively involved in BHPC meetings and subcommittees. Maintained 100 percent participation in BHPC subcommittee meetings.
- Gave incentives to consumers for attendance of local collaborative meetings.
- Organized a meeting with Linda Roebuck to discuss the structure of our collaborative and how implementing systems of care can be done within our demographic area. The event was a catered event with panelists from each county.
- Presented twice monthly to Casa de Esperanza consumers in Socorro County to secure more consumer members.
- Enabled other MCO’s to attend our LC meetings and learn about the structure of our collaborative.
• Attained 51% consumer participation for LC7!

Catron Grassroots Committee Accomplishments:

• Made multiple community presentations about the formation, mission, and goals of the Catron County Grassroots Behavioral Health Committee.
• Obtained reinvestment funding from OptumHealth NM to continue work.
• Hired a coordinator to carry out administrative activities of the group.
• Sponsored monthly community presentations on various aspects of behavioral health ranging from “An introduction to mental illness,” to “Preventing Holiday Stress”.
• Obtained agreement from Reserve Schools to administer the YRRS.
• Sponsored a response to suicide presentation in the Reserve Schools by the Jason Foundation after a student suicide (students and staff sessions).
• Sponsored a Suicide 101 presentation to the community and the schools.
• Participated in the Teen Health Fair held jointly for students of the Reserve and Quemado Schools.
• Held multiple training sessions for members of the Grassroots Committee on various aspects of mental health.
• Had 3 County residents trained as Certified Peer Specialists-2 have received certification.
• Arranged for and held 2 trainings for volunteers to man the Catron County Behavioral Health HelpLine/a total of 10 volunteers currently trained.
• Began Catron County Behavioral Health HelpLine which is manned 3 hours each evening, 6 days per week.
• Help- a 4 month long Grief Support Group.
• Instituted a NAMI Connections Support Group which is ongoing.
• Completed a survey on residents’ perceptions of needs for behavioral health services.
• Made presentations to State and Federal legislators about the vision for a community Wellness Center and adequate services/met repeatedly with their staff for help obtaining funding.
• Began work on a system of care for Catron County.
• Had 4 residents trained fully in the Wraparound Milwaukee model (and 3 other attending shorter workshops)
• Hired 2 Wraparound coordinators.
• Began creating Wraparound system and service to two clients.
• Worked with Border Area Mental Health services to increase amount of therapist time in the County.
• Had an information booth at 4 county events and conducted depression screening at two Health Fairs
Local Collaborative 8 (Union, Colfax, Taos)

Report provided by: Michael Regnier, LC 8 Communications Liaison

In FY 2010 Local Collaborative 8 Union, Taos Colfax counties experienced the selection of Core Service Agencies, improved LC 8 communications for meetings and many changes within agencies that were restructuring, trying to accommodate the needs of their consumers, while supporting the infrastructural needs of their businesses.

Within the LC 8, we held face to face meetings via video conferencing at the JPO offices in Raton and Taos, and also integrated a phone conferencing system to better serve our members. We are looking forward to having a Union County video conferencing site available for our next collaborative meeting, allowing for equal ease of participation from the three counties.

The Lead Team and CAT met the other months via conference call.

LC 8 PSR groups reported positive outcomes from 2010 activities and requested continued support in terms of transportation and travel.

LC 8 continues its efforts in subcommittee participation. At this time we have all positions filled excluding that of Native American Subcommittee. We will continue to solicit for this position. We hope that 2011 will allow for greater constancy of access and participation from LC 8 agencies and Optum Health.

LC 8 increased efforts to support consumers travel and participation in trainings and conferences and will continue making this a priority in 2011, when able, where funding is available.

LC 8 appreciates all the members who participated this past year in the LC, in what ever capacity. LC 8 recognizes that it is the people that make a difference; not the system and not the funding.

LC 8 held its very popular annual retreat in Raton, which had great attendance from consumers and dedicated providers alike. This year’s one day retreat focused on Core Service Agency roll out, Health Councils and LC 8 membership. An orientation manual for LC 8 and BHPC membership was compiled with the gracious contributions from LC 4 and is available for any new members.

For the upcoming year the LC 8 will solicit increased involvement and conversation with our elected officials, Mayors, Representative and Senators.

LC 8 is dedicated to formulating an efficient 2011 Budget, one in which consumers’ needs and LC 8 sustainability are the priorities.

We would also like to include in this report a list of our leads along with their contact information.

Thank you

UCTLC, Local Collaborative #8, Representing Union, Colfax and Taos Counties

**LC 8  Lead Team & Staff Contact List**

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Local Collaborative 10: (De Baca, Harding, Quay)

Local Collaborative 10 is pleased to report the following accomplishments to the Behavioral Health Planning Council for the 2009-2010 year.

- The LC 10 Emergency Response Training Project provided Mental Illness Awareness Training to law enforcement in Harding County in August 2009. Two sessions of Psychiatric Emergency Intervention Training in Quay County were provided in September 2009. 115 first responders, medical personnel, social workers and community members received training.
- Consumers from LC 10 attended the Wellness Conference in September.
- The Legislative Priorities for 2011 were worked on and submitted for LC 10.
- Local Collaborative 10 continued to work on bridging for the LC 10 monthly meetings between Harding, Quay and De Baca Counties through video conferencing. Through the generosity of TeamBuilders Counseling Services, monthly meetings have been held utilizing their Teleconference equipment allowing a good core of consumers, family member and advocates from each county to meet and work together.
- LC 10 Consumers attended the 2009 Behavioral Health Collaborative Conference in December.
- Rumaldo Pacheco from Harding County was the “STAR” Nominee for LC 10, attending Behavioral Health Day at the Legislature. Mr. Pacheco and two other LC 10 members attended meetings with Linda Roebuck-Homer during the Legislative Session.
- LC 10 was represented in both Roy and Mosquero at the Harding County Health Fairs. The De Baca County Health Council has provided “mini health fairs” to businesses throughout the year and has been kind to support LC 10 by distributing LC 10 promotional materials.
- Travel Hygiene Kits with “Local Behavioral Health Collaborative 10- Committed to Your Journey” were acquired and disseminated throughout the LC 10 counties.
- Mental Health First Aid Trainings were conducted in Quay County in July and De Baca County in August.
- Internet access has been provided to consumers and family members in each of the LC 10 counties to be able to research Behavioral Health Issues. This has been in place for 3 years with many community members accessing these services.
- CSA Designation has been awarded to TeamBuilders Counseling Services and Mental Health Resources. With this comes a cooperative effort in the expansion of behavioral health services to Harding County, which holds “frontier” designation and has not had local behavioral health services.

- Quay County hosted a Mutual & Self Help training presented by Donald Hume to LC 10 Consumers.

- Independent Living Surveys were filled out by participants in De Baca and Quay Counties.

- Individuals from each of the LC 10 Counties were selected to fill various BHPC Subcommittees.

**2010-2011 Goals:** Local Collaborative 10 has listed the following as goals for the 2010-2011 Fiscal Year-

- Mental Health First Aid Training will be provided in Harding County.

- To support and send consumers to as many conferences as possible throughout the year, including the Wellness Conference.

- To send nominations for representation to the BHPC from LC 10 to the Behavioral Health Planning Council.

- To host the LC 10 CSA Panel Review in “Frontier” Harding County for the LC 10. Plans are to host a dinner beforehand to encourage more participation & possibly ease stigma associated with Behavioral Health. TeamBuilders has volunteered to provide transportation to participants from Quay and De Baca Counties.

- To access the need for transportation services and develop a plan to provide these services throughout the boundaries of Local Collaborative 10 to improve access to behavioral health services.

- To provide at least one training for consumers in LC 10.

- De Baca County is planning a forum for the Collaborative, Health Council and DWI Council to see how each group can better help and support each other.

- Continue to work on collaboration with providers.

- Look at possible trainings to offer CEU’s to behavioral health professionals in LC 10 communities.

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**Local Collaborative 11: (McKinley, San Juan)**

**Successes and barriers**

Work done to meet FY10’s strategic priorities

Over the past year, LC 11 has demonstrated through meeting agendas and participant interest, a more cohesive approach to behavioral health. While recruitment of consumers, government representatives and other community members is still an issue, the group that regularly attends works together to address issues and concerns collaboratively—more than cooperatively. Prevention has not only taken a place on
the monthly agenda, as was reported last year, it has been included philosophically in discussion and in LC action items. This inclusion demonstrates that LC 11 is utilizing the Institute of Medicine model in its planning and addressing of behavioral health concerns in San Juan County.

LC11 participated in two QSR’s one for adults and one for children, both focusing on PMS in San Juan County.

After the many youth suicides in the LC 11 area, Native HOPE has been put in Thoreau along with other suicide prevention strategies that have been put in place.

Please put OptumHealth as being in attendance, monthly updates, involved in increasing consumer participation, and responsive to questions and requests.

**Brief description of what you hope to accomplish in 2011**

To continue getting more stakeholders to the table, moving forward with the CSA’s and the principles of systems of care.

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<tr>
<th>Local Collaborative 12 (Lincoln, Otero) Accomplishments – Year 2009-2010</th>
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**LINCOLN COUNTY:**

- Maze of Life – 2-day program for all of Lincoln County’s 8th graders. BHLC 12 was involved in all planning activities, set-up, and shared an interactive booth with TeamBuilders.
- Light the Fire – Approximately 35 middle school students and 35 high school students from all Lincoln County schools attended a summit on different days. They took part in an outdoor challenge course stressing teamwork and breakout sessions related to tobacco / substance use, peer education, etc. Two days in the fall and follow up days in the spring. BHLC 12 provided $1,000 for student attendance and was involved in planning and assisted at the summit.
- Lincoln County Community Health Council – Active member of the Council and its Access to Care Subcommittee. Regularly volunteer at the Mobile Food Pantry sponsored by the Health Council.
- Senior Care Coalition of Lincoln County – Active member until recently merged with a Health Council subcommittee.
- Mescalero Prevention Program (MRCPC) – Regular attendance at monthly meetings.

**OTERO COUNTY:**

- Every 15 Minutes – Participated in planning meetings, volunteered, and provided $1,500 for funding.
- Consumer Wellness Conference – Paid for 2 consumers to attend.
- Behavioral Health Conference, Dec. 2009 – 5 members were in attendance.
Behavioral Health Day at the Capitol – paid for Star and several others to attend.

Donald Hume Trainings – Paid for, organized and hosted training programs for community members involved in Peer Support Programs and Warm Line Training.

Certified Peer Support Specialist – Sponsored one consumer who became a Certified Peer Support Specialist, and another who is becoming certified.

BHLC 12 Special Projects Subcommittee - Established local program to provide peer support that has begun several peer-to-peer support groups covering various subject areas, a bicycle repair program for consumers, a peer support group working to establish a peer-to-peer community Warm Line, etc. These groups also support a knitting group for moms which includes a play group for their children, and a breastfeeding support group with lactation specialist involvement.

**BHLC 12 FOCUS 2010-2011**

- “Octsoberfest” – Community block party to support recovery, Sept. 25, 2010.
- Red Ribbon Week – Involvement in local activities related to Red Ribbon Week.
- Maze of Life – Active participation in Maze of Life activities for students in Lincoln and Otero Counties.
- County Involvement – Continue to maintain an active presence in Lincoln and Otero County community agencies.
- Consumer and Provider Education – Continue to bring educational / informational speakers to monthly BHLC 12 general meetings.
- BHLC 12 General Membership – Work to increase membership and participation.
- Sustainability – Address sustainability issues and become more self-sufficient at the local level.

**Local Collaborative 13: (Cibola, Sandoval, Valencia)**

During the past year LC 13 has dedicated the majority if it’s efforts into educating the community on Core Service Agencies. The LC has sponsored several meetings based on CSA education and communications. There was also a special “question and answer” session with Linda Roebuck Homer held in September, 2009 in Rio Rancho. This meeting gave LC members a chance to voice their opinions as well as obtain answers for their questions. This was a very positive experience for members and leadership of the LC.
The main CSA community meeting was held in Rio Rancho at the Teambuilders office. The LC invited anyone that was interested in becoming a CSA or anyone that simply had an interest in learning more about CSA’s to this meeting. We had a great turn out at this meeting, around 25 people attended. During this special meeting we were able to connect all the key players in the LC. There were several concerns about the CSA project and this meeting was able to clarify many of those concerns. All of the CSA candidates were announced at this meeting, and almost all of them had a representative there to answer questions. This meeting gave people a much better understanding of what exactly it meant to be a CSA.

Sandoval County in particular is also dedicated to recruiting youth members to the LC. Currently, there is a separate focus on youth and we are planning on having a youth steered meeting in the near future.

LC13 Cibola County has reactivated in 2009 with increased consumer involvement by the Cibola Counseling PSR consumers. There are approximately 9 active consumers who are regularly attending meetings. They are working on advocacy to keep PSR services in this county consistent and lobbying against any cuts to this valuable service. Each one recently wrote a purpose statement indicating how the program benefits them and we are turning this into a position paper on this matter. We even elected a consumer as our Co-chair and he is working with the PSR coordinator to learn how to lead a meeting and set an agenda. He is trying to run our local meetings and work towards being able to chair a Tri-county meeting. They are also working on establishing a non-profit and have put together a consumer run business, a thrift shop. Other goals they have for the future are to work toward bringing supported housing to Cibola County for people with serious emotional disturbance and substance abuse problems, and a jail diversion program for people with serious emotional and addiction problems.

Valencia County has also made great strides in involving consumers. Both Valencia County Chairs are consumers and the Valencia Counseling PSR group has become very active in both local as well as Tri-county meetings.

**Brief description of what you hope to accomplish in 2011**

In 2011 we hope to have a separate youth component. This will allow the youth of LC 13 to be empowered with the knowledge and skills to become successful members of the LC. We currently have several youth that attend our meetings, and we are planning on having a youth led meeting 1 hour prior to the adult meetings. These meeting will be youth ran and overseen by a co-chair of the county.

We also actively seek new LC members, and hopefully we will have another positive year and our numbers will continue to grow. One of our main goals is that we want everyone that attends our LC meetings to feel comfortable, particularly consumers who have not been previously involved in the LC. We are going to work on this by creating a new “comfort contract.” This contract will be put together by
the LC membership and once approved, will be followed by all members. The contract will consist of only positive communication rules and guidelines.

We are also in the process of creating an introduction to the LC for new members. This will consist of defining what an LC is, how the LC works, and will go over frequently used acronym’s. In the past it has been an issue that as a group we tend to forget that people may not be familiar with many of the Behavioral Health acronym’s that we use. We want to be much more aware of that, and make sure that we provide definitions and explanations for these terms. This brief overview will be made available in a PowerPoint presentation that can be printed out for people to keep for future reference.

In addition to these ideas, we are also committed to maintaining an up-to-date website with important information for consumers and providers. Our website is www.LC13.org.

**Local Collaborative 15● Diné Local Collaborative.**

**Successes and barriers**

*Raised awareness about the need to protect Native American Medicaid billing for Indian Health Services and Tribal Contract programs (100% FMAP) despite increasing revenue crisis, severe budget cuts, in order to keep this vital funding stream for a severely underfunded Indian Health Services system and medically fragile, underserved population for behavioral health services. Successfully advocated at the 2010 Regular Legislative session in both Senate and House, HJM 43. [http://www.nmlegis.gov/lcs/_session.aspx?Chamber=H&LegType=JM&LegNo=43&year=10](http://www.nmlegis.gov/lcs/_session.aspx?Chamber=H&LegType=JM&LegNo=43&year=10)*

This triggered the State Tribal Collaboration Act (state law) to ensure consultation with Tribes. Presently the Tribes and New Mexico are asking Center for Medicaid Services for a waiver for the I/T systems in Medicaid reimbursement which would protect this vital funding stream for all Native American programs, including behavioral health, from future impacts of Medicaid cost containment as a result of the current revenue crisis.

*Restored 57% of Substance Abuse prevention funding (3 year projection) for Native American programs including a set aside for rural and frontier areas that serve Native American and other populations in New Mexico through the Optum Health State Entity (non state funds). It is unclear how this percentage will be affected by the inclusion of suicide prevention programs. The assumption is that the five (5) NA programs (National Indian Youth Leadership Project, ACL Teen Centers, Isleta, Native American Community Academy, Mescalero) will re apply, but their original funding will be decreased.*

Linda Homer, Raymond Mosely
with the inclusion of suicide prevention programs and the 20% set aside for other organizations in the state. However, this is an important temporary fix until new funding streams can be identified at the state or local levels.

*Due to budget reductions, the LC 15 had quarterly meetings in FY 10.

*Native H.O.P.E. culture based suicide and substance abuse prevention training for youth (peer to peer) conducted in the Fall of FY 10 (Sept. October 2009) to over 123 Native youth from Crownpoint High School (McKinley County- on reservation) by the Total Community Approach team of providers, consumers and community members.

*Suicides in Thoreau (Eastern Navajo-Crownpoint Agency) raised concerns about the coordination of federal, state and local agencies to address a widening gap of services for Native American youth in a fragile health system, that is severely underfunded. Efforts made to address these suicides from all resources. LC 15 members and others are training Thoreau High School Youth October 4-6, 2010, with Native HOPE training in cooperation with Dr. Clayton Small.

Work done to meet FY10’s strategic priorities

Each of the tribes have their own strategic priorities. Within the Navajo Nation New Mexico portion of the reservation, there are 52 distinct separate and unique Navajo communities that have their own strategic priorities, in various systems of care. It would be hard to pinpoint specific strategic priorities when there is a diverse system within systems. Membership in the Native American Subcommittee was at issue with voting membership.

Brief description of what you hope to accomplish in 2011

E.g., Strategic priorities, legislative priorities, community initiatives, consumer and family member engagement, etc.

*advocate for a separate SAMHSA funding stream for Native American Consumer Networks.

*Continue to educate and raise awareness of the I/T/U systems to non Native Americans, and the unique federal trust responsibility that the federal government has with tribes/ pueblos.
July 1, 2009 through June 30, 2010 represents the first full year for Rain Cloud, the Off-Reservation Local Collaborative 17. And, what a year it has been. During this time, Rain Cloud increased our membership from 39 to over 200 consumer and family members. Rain Cloud meetings are enormous, with average meeting size consisting of over 120 participants. In the past year, we had to change our meeting location from the Albuquerque Indian Health Center to the Albuquerque Center for Peace and Justice, just to accommodate the number of participants. One of biggest challenges is finding a facility or meeting place where we can hold support group meetings and provide other services to our membership.

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<tr>
<th>Month</th>
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<tr>
<td>July</td>
<td>• Collaborate with NAPPR on a project for early head start funding</td>
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<td>• Began looking at “trade marking” agencies to insure that Indian consumers and family members are getting the culturally appropriate and respectful services they deserve.</td>
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<td>August</td>
<td>• Selected representatives for the Adult, Child, Medicaid, Native American and Substance Abuse Subcommittees</td>
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<td>• Begin self evaluation of Rain Cloud, meeting structure, quality of meetings, suggestions for improvement, etc.</td>
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<td>September</td>
<td>• Sent 10 people to the Consumer Wellness Conference on September 23-24, 2009 in Albuquerque</td>
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<td>• Received QPR (Suicide Prevention) Training by Susan Casius on 9/23/09</td>
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<td>October</td>
<td>• Met with Martin Heinrich on issues relevant to healthcare and behavioral health services</td>
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<td></td>
<td>• In honoring Domestic Violence Awareness Month Rain Cloud provided training for members on ways to end violence against Indian women</td>
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<td>• Elected Donna Kipp for BHPC delegate position</td>
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<td>• Participated in KUNM Fall Fundraiser to promote Rain Cloud and raise public awareness for our work in the community</td>
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<td>• Had a Halloween Party at Peace &amp; Justice Center on 10/30/09</td>
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<td>November</td>
<td>• 1st Annual Rain Cloud Food Drive. Collected donations of food from businesses and the community. Provided food baskets to 30 Indian families in Albuquerque on 11/22/09.</td>
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<td>• Participated in a Sunrise Ceremony 11/26/09 “In Honor of Indigenous Peoples of the Americas”</td>
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<td>• Commemorated National Native American Heritage Month and celebrated our Day of Thanks following our regularly scheduled meeting on 11/25/09.</td>
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<td>• Sent 10 people to TCOYD “Taking Control of Your Diabetes” conference and health fair at the Albuquerque Convention Center on 11/21/09</td>
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<tr>
<td>December</td>
<td>• 1st Annual Holiday Gathering 12/23/09 invited the community and all the people we work with.</td>
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<td>• Presented at the Local Collaborative Summit on 12/7/09</td>
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<td>Month</td>
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<tr>
<td>• Provided scholarships for Rain Cloud members to attend and participate at the Behavioral Health Conference 12/8-10/09</td>
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| January | • Participated in Behavioral Health Day at the State Legislature. Jimmy Lujan, Ohkay Owingeh, was our “Star”, Marion Goodluck and Ruby Blue Cruz received scholarships 1/28/10  
• Met with Linda Roebuck regarding future of LC’s, submitted testimony and concerns, 1/27/10 |
| February | • Conducted Community Needs Assessment  
• Participated at Indian Day at the State Legislature advocated for Medicaid improvements and other healthcare issues 2/5/10 |
| March | • Formed fundraising committee. Developed fundraising/sustainability plan. Began planning for 1st Annual Native Art Show and Raffle.  
• Met with Region 6 Optum Health Director and staff to come up with ways to increase resources for our community. |
| April | • Attended Southwest Indian Housing Summit 4/13/10. Made strategic partnerships with off reservation community based Indian organizations in Minnesota and Arizona.  
• Collaboration with Bernalillo County Off Reservation Native American Health Commission on report on status of our community. |
| May | • In partnership with NAMI conducted first Community Dialogue 5/13/10 to seek ways to increase safety, resources and services for our community. Meeting was attended by over 80 people, including representatives from the Mayor’s office, Bernalillo County Sheriff’s office, Albuquerque Police Department. Panel discussion included Indian consumers, public defender’s office, police department and UNM Psychiatry |
| June | • International Day of Prayer. Joined Indigenous communities throughout the world to pray for world peace. Sam Gardipe led the Pipe Ceremony at the Albuquerque Center for Peace and Justice, June 21, 2010 |

In 2011, Rain Cloud plans to become more self sufficient and self sustaining. Plans are under way to become a 501(c)3 tax-exempt agency and to get a permanent meeting place. In 2011, Rain Cloud will continue to address health care and behavioral health disparities, to address housing and transportation issues, to challenge the systems in place that keep us down, and to continue to raise funds and awareness for our work in the community. Rain Cloud is working to create change, to build healthy people and a healthy off reservation Indian community in Albuquerque.
Local Collaborative 18: (Eight Northern Pueblos)

Local Collaborative 18 is a Native American behavioral health state funded organization, which officially began in January 2009. The LC is one of three new Native American LC’s designated under the State of New Mexico’s design for behavioral health representation from communities at-large.

**Highlights**

**Tribal Leader, Provider, Family Member and Consumer Outreach Project.** Last year, Native American Consumers, Family members and tribal leaders began the task of coming together in an effort to educate the 8 Northern communities about mental health and how mental health and co-occurring disorders is affecting each household within the pueblos in some form or another. This year, we can happily say, that with the help of Newly appointed Governor Rick Vigil and his Lt. Governor, Judge Roman Duran, we have begun accomplishing the goals we set for ourselves. Tribal leaders have become painfully aware that the issue of mental health is a silent epidemic that 8 Northern communities has must continue to address. 8 Northern Tribal leaders and the LC 18 collaborative have engaged one another in the task of bringing tribal leaders, providers, consumers and family members together to educate and understand how tribal leaders can help the youth and how youth can help educate the elders and tribal leaders of their needs. Tribal leaders who are also consumers, providers and family members are becoming aware that there is support within their community and continue to embrace the idea of support and restructuring services to represent the native way of life.

**LC 18 Governor’s Summit.** In June 2010, with the assistance of LC 18 leadership, which consist of Lead Chair Governor Rick Vigil, (2) Co-Chairs, Elias, Vigil, Founder of LC 18 and Co-Chair and Administrative Secretary, Lilah Westrick, and Patricia Vigil, LC 18 successfully held a Governor’s Summit with all 8 Northern Pueblo Governor’s at Bishop’s Lodge. Bishop’s Lodge donated space for the event. The event was successful and was attended by Magazine Publication staff, OptumHealth, LC 18 members and BHSD staff. The summit focused on acquainting other 8 Northern Governors with LC 18, its founder Elias Vigil, the Letter of Readiness established by Mr. Vigil and additions governors would like added and subtracted from the letter of readiness. Overall, the governors were quite pleased with what the letter of readiness stands for and the efforts of the state in assembling and coordinating the collaborative process. As a result, Governor Vigil was able to request of his fellow governors that they assign consumers, providers and family members to sit at the LC 18 table and attend meetings regularly. As of today, these efforts are still
being coordinated and further enhanced by the up-coming Region VI, LC 18, Pathways to Recovery Conference to be held in month of Recovery, September 2010.

**Region VI, LC 18 Pathways to Recovery Conference.** The name LC 18 One Nation Summit, The Journey to Recovery, was renamed Region VI, LC 18 Pathways to Recovery Conference. As of the last annual report, LC 15 handed over the Region VI baton, and LC 18 has been able to develop this summit/conference for September 2010 with the participation of all Native American Collaboratives. LC 18 opened the doors to participation to all native LC’s, but it was LCs 14 and 15 that stayed with LC 18, and spearheaded the youth programs for the summit and aided with fundraising. The venue chosen for this event is Buffalo Thunder in Pojoaque New Mexico. It continues to be our goal to promote and celebrate September as the Recovery month for recovery from co-occurring disorders in honor of what will be The Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment’s 21st celebratory year—“Together Native America learns, together Native Americans heal.” To date, we have registered for the conference, many Judges, Governors, Attorneys and tribal leaders that are willing to sit at the table with native consumers and family members and providers serving native populations.

1. **Ongoing concerns, issues, etc. that this local collaborative is addressing:**

   - our on-going concern, continues to be attracting more tribal leader involvement, as well as consumers and pueblo communities working together collaboratively is still our focus. Sadly enough, our fight for substance abuse, and funding for more psychosocial recovery supports for people in recovery from substance abuse, continues to be a largely ignored concept. Traditional healing service definitions for young substance abusing teens and adults in and out of native communities continues to remain unaddressed. It is our goal to stay in collaboration with the Native American Sub-Committee on service definitions for Medicaid. Other concerns continue to be supportive and low-income housing and transportation. Our goal for of implementing CCSS and 24/7 Crisis response services within 8 Northern Pueblos behavioral health systems is still underway.

2. Working with other Native Collaboratives collectively regarding concerns in Native communities throughout New Mexico via formation of our Collective Native American Summit being facilitated by LC 18.

3. **Other:**

   - **Collaborating with elders from the pueblo communities.** During this last year, LC 18 has conducted surveys with the elders of neighboring pueblo communities, in defining service gaps and needs from the perspective of elders. Elders have expressed a need to feel useful and to grow old within their own communities without having to leave home for healthcare, Tribal leaders have listened and making efforts to find attainable solutions.
Thanks to Kevin Farris for the pictures!!
BEHAVIORAL HEALTH DAY AT THE LEGISLATURE 2010

STARS!!