The Behavioral Health Planning Council of New Mexico

Annual Report
State Fiscal Year 2009
July 1 – June 30, 2009

Focusing on Comprehensive Behavioral Health Services
27 August 2009

Dear Friends:

It is our pleasure to present the Annual Report for the State Fiscal Year 2009 for the Behavioral Health Planning Council, its subcommittees, the representative State agencies and the 18 Local Collaboratives.

In the last year, we have focused our efforts on the following: improving communications, which includes greater community outreach and video / Internet conferencing; increasing efficacy, which brings more and more people to the table; restructuring organizational functions which includes revising our By-laws, developing appropriate application processes and instituting a Finance Committee to better monitor our expenses.

We, of course, have continued in our advisory role to the Purchasing Collaborative regarding Strategic Priorities, Block Grant Reviews, Community Reinvestment and Legislative Priorities.

We believe that our future centers on increasing the consumer and family voice from the Local Collaboratives - to achieve that we must strive toward financial sustainability of those Local Collaboratives.

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 of the Department of Human Services, Behavioral Health Services Division.

Respectfully,

Christine Wendel, Chair
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EXECUTIVE SUMMARY  
Susie Kimble, Vice Chair

This report highlights the work of the Behavioral Health Planning Council (BHPC), its subcommittees, and the Local Collaboratives.

During Fiscal Year 09, the BHPC was focused on three areas: **Improve Communications**, **Increase Efficacy**, and **Restructure Organizational Functions**. Members were actively engaged in processes and events that served to strengthen these areas.

Several initiatives were directed at **Improving Communications**, including utilizing video and Internet conferencing for meetings. While maintaining a host site in Santa Fe or Albuquerque for each BHPC meeting and subcommittee meeting, video or Internet conferencing linked remote sites to the meetings to allow members to stay closer to home and still fully participate. The remote video sites alternated among Las Cruces, Roswell, Carlsbad, Farmington and Las Vegas. The Internet sites were across the State. Response from members has been positive, and meetings costs have decreased while participation has increased.

To **Improve Communication** between the BHPC and the Behavioral Health Purchasing Collaborative, the Executive Committee rather than the chair alone now develops the BHPC monthly report to the Purchasing Collaborative. Included in that report is a new section that allows Local Collaboratives to report on their activities as well. Also, BHPC meeting dates were changed to the third Wednesday of the month to allow ample time to prepare information that will be presented at the Purchasing Collaborative meetings on the fourth Thursday of the month. Work continues on the BHPC website to allow anyone interested in the status of projects, meetings, and initiatives to find the information in one well-organized portal.

Community Outreach has been a pillar in the Improving Communications focus area. An inaugural BHPC/Local Collaborative Summit was held in September of 2008 to bring members
of both groups together to network and learn about similar needs and initiatives. The BHPC also participated in the Collaborative Conference in December of 2008, providing scholarships and support to many attendees. A Cultural Competency Plan is being developed that will guide the state forward in serving all peoples. A Social Inclusion campaign was also developed in conjunction with Behavioral Services Division to reduce stigma and encourage residents to talk about mental health and substance abuse issues.

**To Increase Efficacy**, the BHPC has worked hard to provide all documentation for meetings to attendees before the meeting to allow time for review of the information. Increase emphasis has been placed on members and others to utilize the BHPC Coordinator as a conduit for information so that communication flows smoothly. To further increase efficacy, the BHPC has been working to strengthen the subcommittees to become the working arms of the Council. One major change to the subcommittees that is being initiated is to require that each Local Collaborative be allowed one voting member on every subcommittee. This transition will link the local work being done to the subcommittees and the BHPC.

A Consumer Satisfaction Survey was conducted throughout the state, and the BHPC is awaiting the results. Several areas of the state supported Quality Services Review in an ongoing project. Legislative Advocacy Training was offered to the members in December to increase the value of the BHPC presence at the Legislature.

In **Restructuring Organizational Functions**, the BHPC took on the epic task of drafting new bylaws, followed by new Policies and Procedures later in the year. These tasks took a great deal of time, energy, and team building to accomplish. Several changes to the bylaws will make the work of the BHPC more efficient and timely.

A Finance Committee has been formed to develop an annual budget, submit an income statement for the BHPC and the subcommittees, and track expenses against the budget, making recommendations quarterly about expenditures.
Statutory Subcommittee meetings have been consolidated for the most part to occur on the same
day each month. The Native American Subcommittee continues to meet as a stand-alone
committee due to the nature of its membership.

The overarching focus of the BHPC this past year has been to clarify and develop functions of
the BHPC, the Local Collaboratives, and the Subcommittees. That work will continue for the
new fiscal year as well.
In the “Future” section of the FY08 annual report, the BHPC listed three areas of focus for the upcoming year; Improve Communications, Increase Efficacy and Restructure Organizational Functions. Our activities and accomplishments for FY09 have centered on those three areas.

**IMPROVE COMMUNICATIONS:**
VIDEO CONFERENCING: We continue to use video conferencing at our BHPC meetings; we alternate 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 have recently begun using Internet conferencing, such as gotomeeting.com, at the Adult, Substance Abuse, Children/Adolescents and Medicaid Subcommittees. By doing this, we are able to decrease our meeting costs associated with mileage and per diem expenditures but, more importantly, we are able to increase the participation particularly of the consumers and family members from the Local Collaboratives.

The Leadership Group, which was mentioned in last year’s report, recommended that video conferencing be available to the greatest extent possible. In keeping with that recommendation, we continue to improve / enhance the process, albeit not without many frustrating moments, and are ever optimistic that we will continue to succeed in decreasing costs and increasing the local consumer and family member voice.

WEBSITE: The Purchasing Collaborative website underwent a change to improve easy access to meetings, announcements, and information on initiatives, legislation, local collaboratives and the BHPC. The website is [http://www.bhc.state.nm.us/index.htm](http://www.bhc.state.nm.us/index.htm). The BHPC statutory subcommittees are listed, with tabs for meeting minutes, meeting handouts, and a description of their statutory missions.

INTERFACE WITH PURCHASING COLLABORATIVE: So that we might better act in our capacity as the advisory body to the Behavioral Health Purchasing Collaborative, we made three
small changes. First, the Executive Committee of the BHPC, and not just the Chair, decides what will be included in our reports to the Collaborative. This change allows for a more collective voice from the BHPC. Second, we moved our meetings from the 4th Wednesday of the month, which is the day before the Collaborative’s meetings, to the third Wednesday. This allows us to submit our monthly written reports in time to be included in the bound Collaborative report. Third, the BHPC report now includes a section for the Local Collaboratives to report on their activities directly to the Purchasing Collaborative.

The Leadership Group also recommended that once a quarter the Purchasing Collaborative hold their meetings at one of the Local Collaborative sites (AKA Road Trips) allowing for dedicated time with that respective Local Collaborative. The Purchasing Collaborative has visited LC 2 (Albuquerque), LC 3 (Las Cruces) and LC 8 (Las Vegas).

COMMUNITY OUTREACH:

BHPC / LC Summit – September 2008: The BHPC/LC Summit was created after input from the Leadership Group which asked for an opportunity for local collaboratives to network with and share information among one another. The first Summit was held at the Hilton Hotel on the Plaza in Santa Fe – bringing together more than 200 people from across the state. The workshops were conducted by local collaborative members who highlighted their local initiatives. Among the initiatives - a consumer run transportation project in Los Lunas, a housing venture in Roswell, and a youth in transition initiative from Albuquerque. The second annual BHPC LC Summit will be held in December 2009 in Albuquerque in conjunction with the Purchasing Collaborative Conference.

Planning committee members for the BHPC LC Summit included BHPC members, Local Collaborative Cross Agency Team members, and non-BHPC LC representatives.

Behavioral Health Day at the Legislature – February 2009: This was the 3rd annual event, held at the Capitol building for one day to honor persons who use or have used behavioral health services and who have surpassed barriers to become leaders, mentors and/or active community members. Seventeen individuals were recognized in a public ceremony. As in the past three
years, Senator Mary Kay Papen sponsored the Memorial to recognize February 26th as Behavioral Health Day.

The planning team was led by Pamela Holland from LC 11 and made up of BHPC members Gail Falconer (LC7) and Frank Chevalier (LC9) and other non BHPC members.

Collaborative Conference –December 2008: The Collaborative Conference planning group provided five scholarships for BHPC members to participate in the week long conference at the Convention Center in Albuquerque. In addition to the BHPC scholarships, local collaboratives were also provided with scholarships. The scholarships paid for hotel rooms, registration fees, and small stipends for meals.

CULTURAL COMPETENCY - New Mexico’s diverse population makes it one of the most unique states in the country. New Mexico is home to some of the oldest Native American and Hispanic communities in the United States. The New Mexico Behavioral Health Purchasing Collaborative has made significant efforts to ensure that consumers and families received quality behavioral health services from trained behavioral health provider that are culturally and linguistically appropriate to meeting the needs of New Mexico’s diverse population. This includes the following major activities:

- The Substance Abuse and Mental Health Administration selected New Mexico as one of six states in the nation to conduct a Policy Academy to Eliminate Disparities and resulted in the establishing six policy priorities in the Collaborative’s Statewide Plan to Eliminate Disparities including behavioral health workforce development, recruitment & retention, licensing boards, outreach and organizational & provider self-assessment.

- The Collaborative also celebrated Minority Mental Health Month in July 2009 by co-sponsoring six Ferias de Salud (Health Fairs) in three cities across the state involving 24 Mexican practicing traditional healers including traditional healing workshops.
• The Collaborative in cooperation with OptumHealth New Mexico established a multicultural committee structure to oversee implementation of cultural and linguistic initiatives involving four key advisory committees specific to Hispanic, Tribal, Disability and Gay, Lesbian, Transgender, Bisexual (GLTB) communities.

• The Collaborative also has aligned its cultural competency efforts with the Higher Education Department Task Force on Cultural Competency Education in the Health Sciences to develop a cultural and linguistic training curriculum that will start with training four disciplines including medicine, occupational therapy, social work and nursing using four core competency areas involving socioeconomic factors in health care delivery, population health disparities, intercultural communication and historical trauma.

SOCIAL INCLUSION CAMPAIGN – It was a busy year for the Collaborative in its efforts to combat stigma associated with behavioral health issues.

It started in July, 2008 with a statewide survey to get a baseline of the current perceptions of behavioral health in New Mexico. The survey, conducted by the University of New Mexico Communications and Journalism Department, and the University of New Mexico’s Department of Psychiatry Center for Rural and Community Behavioral Health, found more similarities than differences in perceptions. What the survey did find is that people had a general willingness to help. That’s where the next step in our battle against stigma took the Collaborative.

May, 2009 was proclaimed Mental Health Month in New Mexico by Governor Bill Richardson. It was the perfect month to unveil the Social Inclusion Campaign Talk About it New Mexico.

The Talk About it New Mexico Public Service Announcements (PSAs) began airing on TV and radio stations across the state, in English, Spanish and Navajo and continue through October. A website www.talkaboutitnewmexico.org was created to serve as a resource page where people can find information on behavioral health services in New Mexico and nationally.
The PSAs encourage communities statewide to begin discussing behavioral health issues, mental illness and substance abuse, in an effort to break down barriers that often keep people with behavioral health issues from seeking services that are essential for recovery. This is also known as “Social Inclusion.”

“Social Inclusion is more than having access to services, it is also about participation in the community as employees, as students, as volunteers, as teachers, as people,” said Linda Roebuck, Collaborative CEO.

Local behavioral health consumers, family members and community members volunteered to participate in the production of the Talk About it New Mexico campaign.

The campaign is a good first step in combating stigma, but more work is needed. At the very least people will begin got Talk About it New Mexico!

Members have also represented the BHPC at Conferences both within the State and Nationally. We attended the TSIG National Conference in Bethesda, Maryland in November 2008, the CMHS Review in Phoenix, Arizona in October 2008, the CMHS National Grantees Conference in Washington, DC in June 2009 and MIDD Conference hosted by ValueOptions in Albuquerque in April 2009.

We also participated in the CMHS Site Review at ValueOptions in September 2008, the Peer / Family Specialist Training for CCSS in May 2009, and the on-going monthly Housing Leadership Group.

**INCREASE EFFICACY:**

In order to improve efficacy, the Leadership Group also recommended the following:

The BHPC needs to provide information ahead of time in preparation for discussions and decision-making on action items. This has become more and more important as we have gotten away from face-to-face meetings and we work more via video or Internet conferencing.
Although we are not always successful, we do aim toward having all information to the members of the BHPC and the Subcommittees at least two days ahead of the scheduled meeting date. We are also aware that we need to have a “site coordinator” at the remote sites to co-ordinate information and the interface process.

The BHPC needs to have a point of contact to act as a clearinghouse for distribution of information. We have improved this area greatly as we continually remind members and others that Letty Rutledge is the BHPC Coordinator and, as such, the point person for all things related to the BHPC. There are certainly still times when we miss something in the communication flow; however, we are much better than we were a year ago.

The BHPC needs to clarify and develop functions of the BHPC, the Local Collaboratives and the Subcommittees. This is, in one sentence, what the BHPC has been working on during the last fiscal year and will continue to work on in this fiscal year. It is, in fact, everything that is in this annual report.

The BHPC needs to improve clarity and better direction on the functions of the subcommittees and their relationships to the Council and the Local Collaboratives. We believe the work of the BHPC needs to happen primarily in the Statutory Subcommittees. So, to that end, we are focusing much of our attention on the organizational systems of those subcommittees, and we have made several major changes toward that goal. They are, as follows:

First and foremost, four of the five Subcommittees now meet on the same day instead of on different days and times throughout the month. The Adult, Substance Abuse, Medicaid and Children/Adolescents meet on the third Tuesday of the month (the day before the BHPC in those months when the Council meets). The Native American Subcommittee will continue to meet on its own.

The Adult and Substance Abuse Subcommittees now meet simultaneously to better facilitate the overlap of their respective work.
The Medicaid Subcommittee will begin meeting quarterly starting in September 2009 and will continue to overlap with the Adult/Substance Abuse Subcommittees as well as the Children’s and Adolescents Subcommittee – again to better facilitate the overlap of their respective work.

During the non-Medicaid meeting months, the Adult/Substance Abuse Subcommittee also overlaps briefly with the Children/Adolescent Subcommittee to better facilitate the overlap of their respective work.

The Adult/Substance Abuse Subcommittees as well as the Children/Adolescent Subcommittee have facilitators to better organize and direct their work.

The Adult/Substance Abuse Subcommittees and the Children/Adolescent Subcommittee have established workgroups within their respective subcommittees to better coordinate efforts as these workgroups focus on one piece of the work plan, work on it separately and then present their findings or recommendations to the subcommittee for further review.

Lastly we are tracking the BHPC and Local Collaborative attendance to get a better sense of who is attending these meetings.

We recognize that we, as well as the Local Collaboratives, need accurate data so that we can better make recommendations to the Purchasing Collaborative. The BHPC established a Data Workgroup to develop a template to use in conjunction with the Statewide Entity to request information.

Suzanne Pearlman and Steven Randazzo of the Behavioral Health Services Division presented two Legislative Advocacy Trainings for members of the BHPC and the Local Collaboratives in December 2008 using videoconferencing, and then subsequently provided a CD of the training for those who could not attend the original presentations.
In general, we believe that the best way to increase our efficacy as the advisory body to the Purchasing Collaborative is, in fact, to continually evaluate and improve the operational systems of the BHPC and its Subcommittees.

**RESTRUCTURE ORGANIZATIONAL FUNCTIONS:**
The Leadership Group recommended that the By-laws of the BHPC be updated. If we were to choose one thing that has required more of our energy this past fiscal year, it would be drafting up-dated bylaws, passing them in February 2009, and then subsequently drafting revised Policies & Procedures, which were passed in August 2009.

We would like to specifically thank those members of the BHPC who worked tirelessly on this thankless yet crucial project of drafting revised By-laws and Policies & Procedures over the past year; they are: Susie Kimble, LC 3; Woods Houghton, LC 5; Susie Trujillo, LC6; Kathie Hunt, LC 6; Gail Falconer, LC 7; Santiago Rodriguez, LC 12; Cheri Nipp, LC 13; Jeff Tinstman, CYFD; Debbie Hambel, DVR.

We would like to point out several critical changes to the By-laws and Policies & Procedures, which have helped us better do our work. They are, as follows:

The Statutory Subcommittees have 25 members; this is the same as the previous By-laws. However, the new By-laws require that, “Additionally, of the twenty-five available voting seats on each sub-committee, one seat shall be set aside for each Local Collaborative.” In addition, the Policies & Procedures manual sets forth the requirements for the Local Collaborative to select their respective representatives; they need to give priority to consumers and/or family members. Also, because these representatives do not need to be BHPC members, we can increase the representative voice without increasing the size of the BHPC.

With the previous By-laws, we have had difficulty reaching a quorum at BHPC meetings. The new By-laws – as well as adjusting the Agenda to have action items later in the day – have eliminated that problem.
Now that the BHPC only meets four times a year (more will be said later about that), it became necessary to establish systems to allow the members to vote on issues that may arise, and need to be decided on, prior to the next meeting. To that end, we are now able to vote electronically. We have done this a couple times this spring, and it worked very well.

Frequently, State Departments/Agencies and outside entities come before the BHPC requesting Endorsement / Letters Of Support. In the past, we have not had any formal process to act on these requests. In the revised Policies & Procedures manual, there is a section that now deals with this situation. During FY09, we have provided the following Endorsement / Letters Of Support: Project Trust, Success In Schools, Partnership For Success Prevention Grant, Infant Mental Health, SAMHSA Comprehensive Community Mental Health Services For Children And Their Families Program Grant, and School Mental Health Capacity Building Partnership Pilot Training Initiative Grant.

We want to better understand and be responsive to the costs associated with the BHPC and its Statutory Subcommittees. To that end, we have established a Finance Subcommittee in the Policies & Procedures, as follows: The Finance Subcommittee, which reports to the Executive Committee of the BHPC, will:

- Develop an annual budget for the BHPC and its statutory subcommittees one month prior to the beginning of every fiscal year.
- Submit an Income Statement for the BHPC and its statutory subcommittees one month following the first six months, as well as the end of every fiscal year.
- That Income Statement shall also track against the proposed Budget.

Based on the availability of funds, the Finance Committee shall also make quarterly recommendations regarding when, and if, reimbursements to members for stipends, mileage and per diem shall be awarded.

The Finance Committee shall be comprised of the Chair of the Finance Committee, the Chair of the BHPC, a representative of the State’s fiscal agent and one representative from each of the Statutory Subcommittees.
We have attached, as an Appendix, a draft copy of our Costs FY09 And Budget FY10.

As always, we make every attempt to include as many members of the BHPC as possible in any of the system improvements we are considering.

To that end, we held several “special” meetings in the fall of 2008 to consider specific issues regarding how the BHPC was functioning.

In July 2008, the newly elected Executive Committee met for a day long retreat to assess where we were and how well we functioned and where did we want to go and how were we going to get there. This also provided a good opportunity for us to spend time together and begin to get to know one another as we were going to have to work together for the next two years.

It became clear from that Executive Committee retreat that the Statutory Subcommittees were not functioning as well as they could. So, to address that issue, we held another daylong retreat in September 2008. At that time, we decided to have four of the five Subcommittees meet on the same day instead of on different days and times throughout the month. The Adult, Substance Abuse, Medicaid and Children/Adolescents meet on the third Tuesday of the month (the day before the BHPC in those months when the Council meets). This change is very beneficial to “getting more people on the same page / at the same table”.

The BHPC is a large council. This has continued to be an issue both relative to the expense of meeting as well as the potential unmanageability. To further discuss this issue, we held yet another daylong retreat in October 2008. That retreat was very well attended by BHPC members representing their Local Collaboratives. We decided at that time that it was crucial to maintain the voice of 3 members per each Local Collaborative, that the BHPC need only meet four times a year, that the Executive Committee and the Statutory Subcommittees continue to meet every month, that we need have no more than ten at-large members, and that the State representatives should not be considered in the membership total.
We would like to note that another recommendation from the Leadership Group addresses the fact that there are still applications pending for the Local Collaborative and the at-large vacancies on the BHPC. This is directly related to maintaining that crucial local voice mentioned above.

A major advisory function of the BHPC centers on recommending the Strategic Priorities to the Purchasing Collaborative. During November 2008, we gathered broad based input on the recommendations of the Strategic Priorities, from the BHPC and each of the Statutory Subcommittees, we presented these to the Purchasing Collaborative. Our top three recommendations were: crisis response, supportive housing, and transportation.

We have made additional recommendations to the Purchasing Collaborative regarding the following:

THE COMMUNITY REINVESTMENT RECOMMENDATIONS:
As in a similar process to last year, the BHPC created a team to review the proposals from Value Options to be considered for reinvestment dollars. Unlike last year, however, the proposals came in three separate rounds. 1) Services that supported Consumer Run Programs, Developmental Disabilities/Mental Illness, and Native Americans; 2) Community Systems of Care; 3) Housing.

The team met at least twice for each round of RFPs to review the proposals and determine recommendations for funding.

Susie Kimble (Chair), Gail Falconer, Frank Chevalier, Mark Simpson, Douglas Fraser, Jeff Tintsman, Debbie Hambel, Christina Scott, and Susie Trujillo were the team reviewers.

The BHPC review team thoroughly discussed the reasons for recommending funding each of proposals and created a rating scale. They presented those decisions to the Council; the Council accepted them and forwarded them on to ValueOptions.

LEGISLATIVE PRIORITIES: As in a similar process to last year, the LC’s developed their consolidated legislative proposals that centered on their top two priorities relative to the Strategic Priorities. They also needed to detail their justification, breakout the requests per service
category, estimate the costs and number of people who will be served. The LC requests were due May 1, 2009.

On May 7, the Legislative Review Team, made up of volunteers from the BHPC, began meeting to organize the requests into recommendations. They used three criteria: 1. Did the priorities match the Collaborative’s strategic priorities? 2. Were statutory changes or appropriations requested? 3. Was the proposal specific/detailed in its request?

The recommendations were provided to the full Council on May 20th. The Council approved the recommendations which were then presented to the Purchasing Collaborative at its May meeting. Please note that the Council submitted all the information received from the LC’s to the Purchasing Collaborative in addition to the recommendations.

Review team members include BHPC Members Chris Wendel, Susie Kimble, Susie Trujillo, Kathleen Hunt, and Santiago Rodriguez. State staff included Karen Meador, Suzanne Pearlman, Sam Baca, Becky Ballantine, Rebecca Estrada, Valerie Quintana, and Letty Rutledge.

Please note that in our Annual Report last year, we mentioned that we intended to develop a method for the Local Collaboratives to file their Legislative Priorities electronically. We have developed that format and process and are, at present waiting, for implementation from the State.

JAIL DIVERSION PROJECT – Sandoval County Jail Diversion - PMS/Rio Rancho Family Health Center: The first meeting of the Forensic Intervention Consortium – Sandoval County (FIC-SC) was held on April 27, 2009. Meetings have been held monthly since that time. A contract was signed with Marilyn Salzman to provide services as the FIC-SC chair in May of 2009. The first meeting of the FIC-SC Advisory Board was on July 13, 2009. Since that time the FIC-SC advisory board has approved the by-laws and determined goals for the coming year. Out of the FIC-SC general membership committees were established to work on each of the goals. They are: housing; transportation; CIT; grants/future funding; and data collection. In terms of the data committee, UNM has assigned a graduate research assistant to work with FIC-SC on data collection.
An 8 hour training on law enforcement interactions with individuals with mental illness was presented to the Rio Rancho Police Department by Nancy Gagne on May 21 and May 28. Forty five police officers attended the trainings. Nick Onken, sergeant with the Rio Rancho Police Department and member of FIC-SC volunteered to work with Nancy on future law enforcement trainings. The training was modified somewhat based on feedback from the first trainings. A meeting was held with the Sandoval County Sheriff’s Office. They have 52 deputies, spread throughout the county. It was decided at that meeting that four training days need to be scheduled to involve all deputies. These trainings are tentatively scheduled for October. We will be inviting the smaller law enforcement agencies throughout the county (Cuba, Jemez Springs, Bernalillo, Corrales) to send their members to these trainings. A FIC-SC member who represents Five Sandoval Indian Pueblo, Inc. is on the CIT committee. We will be working with her to modify the training as necessary to present to the pueblo law enforcement agencies.

Our goal is to have all law enforcement officers throughout the county receive an 8 hour training on working with the mentally ill. We are also attempting to develop a countywide dedicated CIT unit whose members will receive the 40 hour CIT training. The Sandoval County Sheriff’s Office is willing to participate and Nick Onken is in the process of presenting the concept to the chief of the Rio Rancho Police Department. We will then contact the smaller departments to request their participation. PMS/RRFHC, through the Jail Diversion grant, will pay for the training.

In May, 2009, PMS/RRFHC contracted with Laurel Carrier to provide Pretrial Services. She has had formal meetings with judges and the Rio Rancho Police Department as well as informal meetings with defense attorneys about program and the referral process. The FTE of our Peer Support Specialist was increased so that he could provide services to participants. An intake coordinator was hired in May of 2009 so that pretrial participants could have faster access to CCSS and peer support services.
AWARD RECIPIENT RECOMMENDATIONS FOR THE 2008 COLLABORATIVE CONFERENCE:
In the fall of 2008, the Executive Committee of the BHPC reviewed and made recommendations to the Purchasing Collaborative regarding the Nominees for the five Awards at the Collaborative Conference in December 2008. Those awards were for Volunteer Advocate, Collaborative Project, Legislation and Sponsoring Legislator, Media Event, and Pioneer.

BLOCK GRANT REVIEWS FOR CMHS AND SAPT:
The BHPC also created two other ad hoc committees to review and make recommendations to the federal block grants: the Community Mental Health Services (CMHS) and the Substance Abuse Prevention and Treatment (SAPT).

REQUEST FOR PROPOSALS (RFP) COMMITTEE:
The Request for Proposals process for a Statewide Singe Entity was opened in 2008 as scheduled. Three members of the BHPC, who are consumers, read the three Proposals and discussed among themselves the strengths and weaknesses of each proposal. Their report was provided to the State RFP Review Team.

STATE OF THE COUNCIL:
The BHPC “State of the Council” was distributed to the Governor, all Collaborative members, Senators, Representatives, SAMHSA representatives, Local Collaboratives and BHPC members in early January 2009.
There are three recommendations from the Leadership Forum that we still are working on. They are, as follows:

a) Provide Opportunities For Local Collaboratives To Get Together Regionally. As we continue to improve the video and Internet conferencing capabilities, we will work toward setting up opportunities for Local Collaboratives to meet regionally.

b) Local Collaborative Members To The Council Need To Represent Their Local Collaborative. As we continue to improve our communication systems and as we increase the Local Collaborative representation on the Statutory Subcommittees, we believe that this issue will be resolved.

c) Reconsider The Use Of “Consumer” When Referring To Individuals Who Use Behavioral Health Services. There are many people within the LC’s who use Behavioral Health services who feel very strongly about this recommendation; however, due to the prevalence of its use within the Federal and State Governments, we will continue to try to be sensitive of the issue while conducting our business.

Of course, we will continue to focus our attention on the three main issues that we identified last year. They are: improve communications, increase efficacy, and restructure organizational functions.

Lastly, and maybe most importantly, we would like to 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.

SUSTAINABILITY: We are all well aware that the funding from the Transformation State Incentive Grant (TSIG) will end in the fall of 2010. Although that will certainly impact the BHPC itself, the Local Collaboratives will feel the greatest effect. Of their annual budgets of $21,000, $18,000 is from TSIG funding.
TECHNICAL ASSISTANCE: Some of the Local Collaboratives function well; some do not. Other than the issue of funding, help – AKA technical assistance – is the next request that we hear the most.

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. How can we get their voice and get them involved if they don’t even know that we exist?
Partners - Reports by the State Agency Representatives
Appointed to the Behavioral Health Planning Council and
OptumHealth New Mexico
FY’09-FY’10 Activities

Department of Aging and Long Term Services – Rhonda Avidon, Proxy on BHPC
Submitted by Bette Betts, Clinical Director

FY’09 and FY ’10 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 certainly
accomplished something because there are indications that interest is building in addressing the
older and disabled adult population behavioral health needs.

Recently, we had our first meeting with the chair of the Adult Sub-Committee and other BHSD
staff members on how we will include the geriatric and disabled populations in the Adult
Purchasing Plan, including where do we start in the planning process and what kind of
commitment are we willing to make to these populations in terms of their behavioral health
needs. We hope to, in the future, gather more epidemiological data, 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. We will
certainly be hoping to accomplish some of this through BHPC support. We want the BHPC to
help us ask each Local Collaborative, who is interested in older adults in your area? We would
also like to engage in some dialogue around what does recovery look like at this stage of life,
how can we enhance access to behavioral health services for older adults through the use of
CCSS and integrated care models between primary care and behavioral health?

We have also continued to provide outreach, education and training around the state in a variety
of settings as indicated in our TSIG activity report. In addition to our focus on home health,
hospitals and law enforcement, we have increased our focus in the last quarter on the ALTSD
Aging Network providers in senior services programs, particularly to foster grandparents and
senior companions. Our newly developed BH collaborative generated cross-departmental
Clinical Multidisciplinary Team (MDT) is well underway. Core members are from our Human Services Department (Medicaid), Department of Health, Office of Guardianship, Value Options, Behavioral Health Services Division and Aging and Long Term Services Division. We have had twenty cases referred for consultation during this last year; all clients have complex and high behavioral health needs that seem to challenge our existing Behavioral Health system. The most prominent trend from referrals indicates 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) 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. Transitional 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) have been developed and will now guide our ongoing collaboration and coordination in terms of the behavioral health needs of the populations served by ALTSD.

In FY 10, the NM ALTSD strategic plan includes 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.

**Children, Youth and Families – Marisol Atkins proxy on BHPC**

Secretary: Dorian Dodson; Deputy Secretary: Bill Dunbar; Deputy Secretary: Marisol Atkins

As the Children’s Behavioral Health Authority for the state of New Mexico, the Children, Youth and Families Department (CYFD) is appreciative of the advocacy and guidance provided by the Behavioral Health Planning Council (BHPC) and its statutory subcommittees over the last fiscal year. The provision of behavioral health services that promote prevention and wellness, as well as the delivery of specific interventions and treatment related to behavioral health and wellness, are critical components to the success and positive functioning of other child and family support systems provided by CYFD – specifically in the areas of Early Childhood Services, Protective Services, Youth and Family Services and Juvenile Justice Facilities.

The BHPC has brought attention to important issues for mental health and substance abuse treatment of children and their families that directly affect CYFD and its statutory functions. This attention has been both local (through the efforts of the Local Collaboratives) and statewide (through the work of the Children and Adolescent Subcommittee). These issues include, but are not limited to:

1. The need for a fully developed comprehensive System of Care for children and their families;
2. The need for more focused attention on, and support for, services related to infant mental health and wellness;
3. The need for expanded behavioral health services in schools, while further integrating existing services available in schools with other behavioral health supports; and
4. The need for focused attention and coordination of services needed by and delivered to adolescents and young adults in transition amongst the various service systems.

Significant organizational work has been done by the BHPC over the past fiscal year to organize, prioritize and align the various interests of behavioral health providers, consumers and other stakeholders throughout the state. This work has been essential in providing clarity and structure
for the various behavioral health groups statewide, and the space provided by the BHPC continues to provide a forum in which the sharing of information, ideas and interests can take place.

Over the next fiscal year, and especially given the current economic climate, it is essential that we continue to work together toward efficient and effective service delivery across every level and amongst every interested party within the system. As such, CYFD would like to see further alignment and coordination between the state and the BHPC as we move forward to transform behavioral health services for children and their families.

CYFD would like guidance and support from local communities through the BHPC on how to best implement changes in practice and oversight at the local level, as well as feedback on how to best utilize our current resources to serve as many children and families in their communities as possible. Finally, CYFD would like further advisement from the BHPC in terms of how to operationalize locally the various policy changes we are supporting statewide so that we can ensure real outcomes with positive benefits for our children and families throughout the diverse communities of New Mexico.

CYFD values the productive and mutually beneficial process of partnering with the BHPC to coordinate efforts in the development of a coordinated system of care for all of our children - from infants to those transitioning to adulthood – and their families. CYFD appreciates the advocacy and advisement provided by the BHPC, and looks forward to our continued partnership as we transform together through very challenging times.

Department of Corrections – Mike Estrada, Proxy on BHPC

In the past year, the work product of the statutory subcommittees has paved the way for improved access to services for NMCD consumers. Specifically the work of the Adult/Substance Abuse Subcommittees addressed the significant need for comprehensive treatment access/services in the community-at-large. The areas of particular interest to NMCD included:

- Jail Diversion;
- Support for Crisis Intervention Teams;
- Access to Recovery (ATR)/COSIG funding; and
• Prioritizing NMCD participation in the forthcoming “Real People/ Real Lives” conference.

While jail diversion may not directly impact NMCD operations, it remains an essential tool for addressing behavioral health issues before they become more seriously entrenched, and thereby moving consumers closer to felony convictions.

NMCD consumers with significant mental illness face a litany of barriers to reintegration after incarceration/imprisonment. All community efforts to sustain treatment options for high needs consumers – in this case ATR and COSIG – only serve to benefit individuals who, for lack of effective treatment linkage, can become vulnerable to reoffending/reincarceration.

Finally, that NMCD will be a core participant in “Real People/ Real Lives” will help expand community knowledge of the needs of the offender/ex-offender community and how the criminal justice population crosses boundaries of gender, economic status, age, and other areas.

In FY10, NMCD would like to see the Statutory Subcommittees continue to include dialogue on the needs of forensic consumers, especially insofar as these needs relate to transitioning back into the community. NMCD consumers, as noted in Part 1, cross all population groups, yet can often go “unnoticed” due to the community’s lack of familiarity with their needs and stigma.

An additional critical need area for NMCD consumers is affordable housing. Many consumers have lost ties with family and others face barriers due to felony convictions. Helping forensic consumers access sustainable housing – again, especially following incarceration – is an area where NMCD could benefit from cross-agency support.

Among the many BHPC collaborative endeavors, BHSD managed the Sandoval County Jail Diversion Pilot Project - PMS/Rio Rancho Family Health Center which was initiated out of the Adult Subcommittee. Funded through a $300,000 grant from Co-SIG (Co-Occurring State Incentive Grant) through ValueOptions NM, the subcommittee helped to solicit request for proposals and reviewed the applications.
BHSD conducted the Purchasing Collaborative Conference in December 2008, which brought in national and state speakers and trainers on behavioral health initiatives. Over 500 people participated in the week long event.

In collaboration with members of the Adult and Substance Abuse Subcommittee, state staff worked on both the CMHS and SAPT Block Grant reports. BHSD has introduced to the subcommittee two major pieces of work - the Adult Purchasing Plan and the Strategic Substance Abuse Plan. BHSD continues to provide the subcommittee with updates on CO-SIG, Total Community Approach and other BHSD projects.

The Division of Vocational Rehabilitation – Debbie Hambel, Proxy on BHPC

The Division of Vocational Rehabilitation (NMDVR) has been an active partner on the Behavioral Health Purchasing Collaborative since its inception. During this time, NMDVR has been an active participant on the Behavioral Health Planning Council as well.

Throughout the period of July 1, 2008 through June 30, 2009; the Behavioral Health Planning Council has undergone significant changes, most notably an increase in membership and local collaborative representation to more accurately reflect the diverse populations and needs of the rural and urban areas throughout the state. Membership on the council also reflects evidence of the cultural diversity within New Mexico. Additionally, the council members, officers, local collaborative representatives and staff have changed over the years, bringing new, innovative insight and ideas to the council. We have been honored to work with local regional and national experts within the field of behavioral health and have experienced a renewed passion in a variety of focus areas that will increase, expand and improve provision of behavioral health services in areas, such as: peer support, Medicaid/Medicare, housing, substance abuse, children, adult and family services, co-occurring disorders and suicide prevention.

Within recent months, the newly contracted statewide entity has generated a renewed interest in employment services as an integral component in addressing behavioral health needs. This remains a challenging but vital service in assuring successful supports for this population.
NMDVR remains a committed partner in providing employment services and encourages ongoing collaboration with the Purchasing Collaborative and the Behavioral Health Planning Council in advocating for and providing these services throughout New Mexico. It has been a pleasure to serve on the Behavioral Health Planning Council.

Respectfully Submitted,
Debbie L. Hambel, Behavioral Health Planning Council (State Proxy)

**Health Policy Commission – Lisa Marie Gomez, Proxy for the BHPC**

In 2008, the HPC completed HM34/SM9 report. This report discusses the prevalence of youth suicide in NM and identifies best practices pertaining to the treatment of adolescents suffering from depression and the use of antidepressant medication.

In the past, the HPC has reported the number of psychiatrists and psychologists in the NM workforce; however, this year, the HPC has expanded the Geographic Access Data System (GADS) report to include Social Workers.

Currently, the HPC is participating in the SJM55 Task Force, which requested the HPC to include Social Workers in the GADS report. Furthermore, the SJM55 Task Force is conducting a study to determine the need for social workers, the cost of graduate social work education, and the need for student loan forgiveness for social workers.

**The Indian Affairs Department – Christina Stick, Proxy on BHPC**

Annual Report of the Indian Affairs Department Ex-Officio Member of the Behavioral Health Planning Council

Accomplishments and Involvement with the Council The Indian Affairs Department holds multiple roles within the Collaborative structure—it is one of the state ex-officio members of the Council and the chair of the Native American Subcommittee (NASC) as well a voting member of the Purchasing Collaborative. Through all these roles, the Department is an advocate and voice for the behavioral health needs and priorities of Native American communities in New Mexico.
In the past year, the Indian Affairs Department has been actively participating with the Council and supporting its initiatives to work more closely with the Subcommittees and organize and become more effective in its meetings and activities. The Indian Affairs Department participated in the this last year's BHPC Annual Retreat, sharing information about the NASC and helping Native American council members, family members, consumers, and advocates connect with the NASC and other resources to support their communities. The Indian Affairs Department also participates on the Executive Committee of the BHPC and supports the Chair in developing Council policy and planning.

Goals and Areas For Improvement
The Indian Affairs Department will continue to advocate for Native American behavioral health priorities and concerns with the Council, including supporting policy and legislative recommendations from the Council to address these concerns. And the Indian Affairs Department will also be working to support the appointment and integration of Council members from the three new Native American Local Collaboratives—LC 16, LC 17, and LC 18. Moreover, the Department will be supporting the Council in its efforts to better integrate the statutory subcommittees with the Council through the subcommittee work plans and develop plans for sustainability.

Public Education Department – Jessica Aufrichtig Proxy on BHPC

From the perspective of the Public Education Department, what did the BHPC and its statutory subcommittees accomplish in the last fiscal year from July 1, 2008 through June 30, 2009? What was missed?

As a member of the BHPC:

- PED responded to a Request for Application from the National Assembly on School Based Health Care (NASBHC) in January 2009 to participate in the School Capacity Building Partnership Pilot Training Initiative. The purpose of the initiative was to support partnerships between schools and Local Collaboratives.
- PED requested and received BHPC endorsement of the School Mental Health Capacity Building Partnership Pilot Training Initiative on February 25, 2009.
- PED participated in the voting and approval process for the amendment of the BHPC bylaws on February 25, 2009.
- PED attended the Behavioral Health Day at the Legislature on February 26, 2009
• PED participated in the development, revision and prioritization of the 2010 System of Care Strategic Priorities that were recommended to the Purchasing Collaborative by the BHPC.

As related to the Children and Adolescent Subcommittee (CASC):

• PED requested and received CASC endorsement of the School Mental Health Capacity Building Training Initiative in January of 2009.
• PED did not receive the technical assistance grant from NASBHC to implement the School Mental Health Capacity Building Training Initiative.
  o However, PED will use FY 08 carry-over funding from the Mental Health State Transformation Grant to provide training and technical assistance to support effective working relationships between schools and Local Collaboratives in addressing school mental/behavioral health needs through the implementation of the PED School/Local Collaborative Partnership Initiative.
  o Two community sites will be chosen to participate. One of the communities chosen must serve Native American populations.
  o Local Collaborative applicants will partner with a school district to form a local school behavioral health community team that will participate in a two-day training and two subsequent follow-up trainings.
  o The training will focus on building school mental/behavioral health capacity in both local schools and communities to address the mental/behavioral health needs of youth using the Strategic Prevention Framework.
  o The four training modules will include assessment, capacity building, developing a logic model and strategic planning.

• Success in Schools requested and received endorsement from CASC as an official standing workgroup of the CASC on December 16, 2008.
• PED continues to co-facilitate the Success in Schools Committee with DOH.
• Success in Schools is currently developing the 2009 New Mexico Guide for Behavioral Health Services in Schools.
• Success in Schools developed FY 2010 work priorities and a work plan to support the work of the CASC in addressing the 2010 System of Care Strategic Priorities related to schools.
• PED in collaboration with Success in Schools and others will continue to address the TSIG performance indicator: *Promote training on child and adolescent behavioral health issues with school personnel* in the following ways:
  o Provide information on behavioral health training, workshops and conferences to school personnel.
  o Represent school behavioral health on conference planning committees.
  o Conduct presentations on school behavioral health for school personnel, including school administrators.
The Public Education Department recommends that the BHPC and its statutory subcommittees accomplish or address the following issues in this fiscal year from July 1, 2009 through June 30, 2010:

- Support initiatives/projects/efforts that strengthen relationships between Local Collaboratives and schools.

### Public Defender’s Office – Michele Franowsky Proxy on BHPC

Part I: From the perspective of the Public Defender Dept., the BHPC and its Subcommittees accomplished the following:

The BHPC brought to the attention of the Purchasing Collaborative and the Governor, the need for locally accessible recovery support and continuing care services across the state; the need for community-based alternatives to incarceration and re-entry programs for people with mental health and substance use conditions and accused of crimes; the need for transportation to necessary services; the need for housing; the need for crisis housing (safehouse); the need for a crisis response team; increased mental health training for police officers; and the Adult Subcommittee established a jail diversion pilot program.

I do not feel that the BHPC nor its Subcommittees missed anything. I think this is supported by the fact that Linda Roebuck (I believe it was) told the Adult Subcommittee to go back and prioritize its priorities. I have been very impressed with the skills of the subcommittees in problem identification/needs assessment, selection of goals and specification of objectives; and the development of an implementation plan. The BHPC and its Subcommittees have done an excellent job of monitoring the adequacy and allocation of mental health services throughout the state.

The problems, in my mind, are primarily twofold: One is that behavioral health services are not adequately funded. Another is that the powers that be are satisfied with things the way they are, e.g. incarcerating people instead of hospitalizing them. This, of course, includes a stereotype and stigmatization of people who have a mental disorder and/or co-occurring disorders and/or
accused of a crime (which are not only held by the powers that be, but also by a large percentage of the general population).

Part II: As a social worker who does jail diversion (since 2001), treatment for co-occurring disorders and housing has decreased steadily each year. Housing is by far the biggest problem. Clients sit in jail because they have no housing and the Judge and District Attorney will not release them until they have somewhere to live. And, in many cases, that is probably in their best interest. (Although Protection and Advocacy would not agree with me). It is very difficult to be medication compliant when one is homeless on the streets. Simple survival is much more important. The potential for these homeless individuals to pick up more severe charges is greatly increased.

We need increased housing for this population. We need to obtain the statistics on what it costs to house an inmate on the Psychiatric Acute Care unit at MDC and educate the legislature, the general public, etc. Somehow we need to find a way to transfer funding from the jails to supportive housing and deal with NIMBY. Somehow we need to find a way to transfer funding from the jails to fund a crisis house and deal with NIMBY. (Or acquire additional funding and/or grants). A crisis response team would be a vital asset as well. San Diego has both residential crisis facilities and crisis teams funded by San Diego County Mental Health. Both of these decrease the need for inpatient treatment and/or incarceration.

Transportation continues to be a problem across the state. I have ridden the bus with clients (who are too psychotic to do it alone) to get them where they need to go. At least, in Albuquerque, we have a bus system that is adequate.

We need more treatment. There is an attorney in my unit who states that she has clients that are unable to get an appointment with UNM Psychiatric Center for 6 months. Her clients have presented at UNM Psychiatric Emergency Services and have left without being given medication. I don't have the whole story on either client so there could be explanations of which I am not aware.
We need inpatient substance abuse treatment for clients who are on psychiatric medications. Many times, the Judges will not release a client until he/she goes into inpatient treatment. My clients sit in jail because, aside from Maya's Place, Crossroads, Civigenics and the Women's Recovery Academy, there is no such facility. For Crossroads, the woman must have a child and for Civigenics and the Women's Recovery Center, she/he must be referred by a probation officer and I am not a referral source.

These have been and remain my major complaints about the behavioral health system in New Mexico.

OPTUM HEALTH
OptumHealth New Mexico 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.

OptumHealth became the statewide entity on July 1, conducting a transition and implementation that includes:

1. Building a statewide, multi-office, 190-person operation from scratch.
2. Developing a robust network of 698 individual providers and 303 contracted pharmacies (prior SE had 640 providers and 301 pharmacies)
3. Strong progress in contracting groups and facilities – 187 of 201 targeted under contract (as of 8/1).

Any large transition such as this one has bumps. But OptumHealth New Mexico has been extremely proactive and responsive in meeting and mitigating challenges as they arise.

Part of that strategy of includes developing a strong regional model and locating key staff close to the providers and consumers we serve. OptumHealth has located claims-funding specialists, peer and family support specialists, provider-relations representatives, care coordinators and IT liaisons throughout OptumHealth's six regional offices.
Our goals are simple: Help consumers and their families on a path to recovery and resiliency and help them get services and treatment in their home communities.

To learn more about OptumHealth New Mexico, please visit us at www.optumhealthnewmexico.com or call our statewide toll-free consumer line at 866-660-7185

Statewide Provider Relations line: 866-660-7182

OptumHealth New Mexico regional offices and contacts:

**Region 1** – Covering San Juan, McKinley, Cibola, Valencia and Sandoval counties
2800 Hutton Ave
Farmington, NM 87402
Phone: 505-326-9390

**Region 2** – Covering Santa Fe, Los Alamos, Rio Arriba, Taos, Colfax, Union, Harding, Mora, San Miguel and Guadalupe counties
2904 Rodeo Park East, Ste. 300A
Santa Fe, NM 87505
Phone: 505-428-6598

**Region 3** – Covering Bernalillo County
8801 Horizon Boulevard NE
Albuquerque, NM 87113
Phone: 505-798-5600

**Region 4** – Covering Chaves, De Baca, Quay, Curry, Roosevelt, Lea and Eddy counties
400 Pennsylvania Ave.
Roswell, NM 88201
Phone: 575-624-4450

**Region 5** – Covering Dona Ana, Luna, Hidalgo, Grant, Catron, Socorro, Torrance, Lincoln, Otero and Sierra counties
840 N. Telshor
Las Cruces, NM 88011
Phone: 575-556-1760

**Region 6** - Covering Native American communities including Pueblos, Navajo chapters and Apache entities
2904 Rodeo Park East, Ste. 300A
Santa Fe, NM 87505
Phone: 505-428-6598
STATUTORY SUBCOMMITTEES

Five subcommittees were created under statute to function under the Planning Council: Adult, Children and Adolescents, Medicaid, Native American and Substance Abuse. In early 2009, four of the five statutory subcommittees began meeting on the same day, shortening the length of their meetings, and scheduled to meet right after the other. Additionally, the Adult and Substance Abuse subcommittees merged into one subcommittee. This was done as an experimental pilot after realizing that the subcommittees shared common goals and issues.

Adult Subcommittee Summary of Activities and Progress

| Harrison Kinney/Karen Meador, Chair | Marcia Hawthorne, Co-Chair |

Through the leadership of Chair Harrison Kinney, the Sandoval County Jail Diversion Pilot Project - PMS/Rio Rancho Family Health Center was initiated out of the Adult Subcommittee. Funded through a $300,000 grant from Co-SIG (Co-Occurring State Incentive Grant) through ValueOptions NM, the subcommittee helped to solicit request for proposals and reviewed the applications. This project was in line with one of the subcommittee’s strategic priorities – Crisis Intervention Services. See above (page 17-18) for details on the project.

In late 2008, the Adult Subcommittee merged with the Substance Abuse subcommittee after both committees realized they shared common strategic priorities and concerns. Harrison Kinney stepped down as chair in late Spring 2009. Karen Meador was designated as chair shortly thereafter. The Adult Subcommittee also developed the Consumer Track for the Behavioral Health Collaborative Conference and assisted in the recruitment of Mary Grealish to provide Wrap Around training that would assist persons with serious challenges to use natural community supports to maintain meaningful lives in the community. The subcommittee also received information about the concept of system of care as applied to adults.

The new combined Adult/Substance Abuse Subcommittee (the Subcommittee) brainstormed all anticipated work for the coming year and then agreed a six month calendar of agenda items to support this work. The Subcommittee learned through this process that combining the subcommittees continued to make sense. The Subcommittee also focused its agendas and
attention on presentations that would help advance its workplan and developed guidelines for presenters. The Subcommittee also agreed to form smaller workgroups where needed to produce particular deliverables. For example, members of the Subcommittee worked on both the CMHS and SAPT Block Grant reports. Two major pieces of work ahead include the Adult Purchasing Plan and the Strategic Substance Abuse Plan.

**Combined Adult/Substance Abuse Subcommittee Work Plan and Agenda Items**

The column on the right signifies whether the work affects the Adult (A) subcommittee or the Substance Abuse (SA) subcommittee or both (A/SA).

<table>
<thead>
<tr>
<th>JULY</th>
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<tbody>
<tr>
<td>Adult Purchasing Plan discussion of where we want the system to go;</td>
<td>A/SA</td>
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<tr>
<td>IDDT/IOP/CCSS update;</td>
<td>SA/A</td>
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<tr>
<td>Annual BHPC Report;</td>
<td>A/SA</td>
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<tr>
<td>Report on Prevention Advisory Group workplan;</td>
<td>SA</td>
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<tr>
<td>Dan Green (EPI data) (including overlap with Children's Sub)</td>
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<tr>
<td>Peer and Family Specialist Training and Certification;</td>
<td>A/SA</td>
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<tr>
<td>CMHS Block Grant workgroup report;</td>
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<tr>
<td>SAPT Block Grant workgroup report;</td>
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<td>TCA evaluation update;</td>
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<tr>
<td>Adult Purchasing Plan</td>
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<td>Prevention Advisory Group report</td>
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<td>Cultural Competency Plan;</td>
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<td>Adult Purchasing Plan;</td>
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<td>Collaborative Regulations;</td>
<td>A/SA</td>
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<td>QSR;</td>
<td>A/SA</td>
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<tr>
<td>Prevention Grant (SPF-SIG) report on first four years;</td>
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<tr>
<td>Jim Roeber (EPI data)</td>
<td>A/SA</td>
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<th>OCTOBER</th>
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<tr>
<td>SBIRT evaluation and plans;</td>
<td>SA</td>
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<tr>
<td>Medication Fund update;</td>
<td>A</td>
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<td>Memorials reports;</td>
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<tr>
<td>Prevention and DWI;</td>
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<tr>
<td>Substance Abuse Strategic Plan</td>
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<th>NOVEMBER</th>
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<tr>
<td>Crisis services development;</td>
<td>A</td>
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<tr>
<td>Supportive Housing and local development;</td>
<td>A</td>
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<tr>
<td>Access to Recovery (ATR) data and learning;</td>
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<td>Prevention Advisory Group report</td>
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<th>DECEMBER</th>
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<tr>
<td>Jail Diversion;</td>
<td>A/SA</td>
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<tr>
<td>Anticipated legislation;</td>
<td>A/SA</td>
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<tr>
<td>Substance Abuse Strategic Plan</td>
<td>SA</td>
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Children’s and Adolescents Subcommittee Summary of Activities and Progress

Marisol Atkins, Chair, Children Youth & Families Department
Nancy Jo Archer, Co-Chair

Highlights of FY09: The CASC now has youth participation and several members and non-members actively supported the Youth Jam. We also finished the summary report from LCs working on Systems of Care and presented this to the BHPC and the Collaborative. In terms of strategic priorities, the CASC has focused its efforts in 4 areas and work plans are in draft for each. The 4 priorities appear below as part of the FY 10 Work Plan.

The CASC identified training and technical assistance needs for LCs and will develop a plan to address those needs. Several recommendations were made to the BHPC and Collaborative related to ongoing support of LCs and Systems of Care work. The recommendations call for training and technical assistance in:

1. Promoting stakeholder involvement in LCs
2. Organizational development of LCs
3. Pursuing fiscal sponsorship
4. Identifying funding and other resources for filling local gaps
5. Development of a System of Care in rural, frontier, and Native American communities
6. Promoting and developing a System of Care philosophy and Wraparound practice statewide
7. Accessing and using data
8. Developing local plans for rebalancing and redistributing resources for community based services and supports

Ongoing issues: The issues facing the CASC are few and largely relate to creating access to CASC meetings. BHPC has been diligently working on this and the new web format appears promising.

FY09 work plan

<table>
<thead>
<tr>
<th>2009 Strategic Priority</th>
<th>Accomplishments and time lines met</th>
<th>Ongoing Issues/Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop Local Systems of Care in conjunction with Local Collaboratives</td>
<td>System of Care information given to LCs; data collected from LCs, summarized, presented to BHPC and Collaborative; developed recommendations to Collaborative for ongoing support of LC System of Care</td>
<td>Need to follow up with LCs on their System of Care initiatives – see FY10 plan.</td>
</tr>
</tbody>
</table>
Proposed FY10 Work Plan – The CASC priority is Infants’, Toddlers’, Children’s, Adolescents’ and Families’ System of Care. In order to focus this work, four priorities have been identified for FY10. The priorities create focus on continued System of Care development and target high priority populations.

<table>
<thead>
<tr>
<th>Proposed FY10 Work Plan</th>
<th>2010 Strategic Priority</th>
<th>Work Plan</th>
<th>Time Lines</th>
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<tbody>
<tr>
<td>Training of Local Collaboratives</td>
<td>Continue the promotion of Systems of Care and a rebalanced service system to include a focus on prevention, health promotion and wellness; as well as substance use and abuse prevention and treatment. This SOC promotion will focus on increased awareness and education through the dissemination of primary and secondary information regarding children’s behavioral health and SOC development, and will include support of LCs in SOC work.</td>
<td>Survey LCs to assess current status of System of Care development; Develop additional educational and marketing information; Continue advocacy for training and technical assistance to LCs in System of Care development; Continue to promote the provision of data to LCs to assist in System of Care work. Coordinate with the Adult / Substance Abuse Sub-Committees and the Adolescents in Transition Priority Work Group in the development of increased substance abuse services for children and youth.</td>
<td>October 31, 2009</td>
</tr>
<tr>
<td>Expand capacity (availability and access to quality services) and competency in early childhood and infant mental health, including pre- and post-natal substance use and abuse prevention and treatment.</td>
<td>Finalize work plan to support communities to: -Identify practitioners with infant mental health competence -Describe the needed screening, assessment, treatment planning, treatment implementation, and service/program evaluation processes -Identify potential referral sources and public awareness/education efforts needed -Participate in existing community-level inter-agency groups -Identify and help support work force development training opportunities</td>
<td>September 30, 2009</td>
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<thead>
<tr>
<th>Proposed FY10 Work Plan</th>
<th>2010 Strategic Priority</th>
<th>Work Plan</th>
<th>Time Lines</th>
</tr>
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<tbody>
<tr>
<td>Training of Local Collaboratives</td>
<td>Training and technical assistance needs identified (see list above); recommendations provided to BHPC and Collaborative. Time lines met for preparing plan and recommendations.</td>
<td>Need to find resources to provide training and technical assistance and to promote provision of data to LCs.</td>
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<td></td>
<td>Developed bulletin on school involvement in System of Care; set up Success in Schools as work group to target schools; set up Infant Mental Health work group to create awareness of these issues.</td>
<td>Additional efforts need to carry forward to FY10, particularly in developing materials for local use.</td>
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<tr>
<td>2010 Strategic Priority</td>
<td>Work Plan</td>
<td>Time Lines</td>
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<tr>
<td>Implement work plan</td>
<td>June 30, 2010</td>
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<tr>
<td>3. Expand the involvement of schools in addressing mental health and substance abuse issues through school-based and school-linked efforts, and increase involvement of schools in local SOC development.</td>
<td>Promote school involvement in LCs; Develop and disseminate behavioral health resource mapping processes; Disseminate information on school behavioral health; Explore resources for training</td>
<td>December 31, 2009; June 30, 2010; Ongoing</td>
<td></td>
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</table>

As the chair of the Children and Adolescent Sub-Committee (CASC), I’d like to express my sincere appreciation and gratitude for the subcommittee members, as they continuously and consistently push to evolve the behavioral health system for children and families in our state. Though the road we’ve traveled over the past year has been quite rocky at times, members continue to show up with passion and perspective, which proves to me our collective commitment to enhancing the lives and well-being of our children and families statewide. I’d like to thank Mary Ann Shaening for organizing and facilitating our subcommittee meetings – without her we would not be where we are today. I am confident that we will continue to evolve in a positive way, and thank the subcommittee members in advance for their continued patience and perseverance as we move forward together.

Submitted by:  Marisol Atkins, Deputy Secretary, CYFD

Medicaid Subcommittee Summary of Activities and Progress

Kim Carter, Chair, Human Services Department  Kathleen Hunt, Co-Chair

Medicaid Subcommittee Members: Kathleen Hunt, Co-Chair, Angie Coburn, Karen Courtney-Peterson, Brenda Crocker, Gay Finlayson, Susie Kimble, Lisa Driscol, Christina Scott

Kim Carter is the Chair of this subcommittee, representing the Human Services Department Medical Assistance Division. The structure of the subcommittee meetings changed in March 2009, with the Medicaid subcommittee overlapping one half hour each with the Adult/Substance Abuse Subcommittee and the Children’s Subcommittee. This new format offered the opportunity for more efficient and effective information sharing across the various Subcommittees. Beginning June, 2009, the Medicaid Subcommittee will convene quarterly rather than monthly in order to better accommodate meeting time needed by the Adult/Substance Abuse Subcommittee.
The Medicaid Subcommittees’ role has changed over the last year in relation to the other subcommittees and the Planning Council as a whole. Because the strategic priorities are developed primarily by the Adult/Substance abuse, Children’s and Native American Subcommittees, and Medicaid is well represented through the Medicaid Advisory Committee (MAC), the Medicaid Subcommittee is primarily active in supporting the other subcommittees on their strategic priorities.

The Medicaid Subcommittee had several presentations during the past year including a presentation by Dr. Alya Reeve and others on the DDMI Expert Consultation Team and a presentation by Coordination of Long Term Services (CoLTS). This was the second presentation by CoLTS to the subcommittee and CoLTS staff from both the state and the MCOs were present to address a myriad of questions and concerns posed by subcommittee members. In addition, subcommittee members were updated on Medicaid policy issues and kept informed on the transition from ValueOptions NM to the new SE, OptumHealth NM.

During the coming year, the Medicaid Subcommittee will elect seven new non-LC members, 1 LC representative for each LC and a new Co-Chair. Medicaid Subcommittee members will continue to work closely with the Adult/Substance Abuse and Children’s Subcommittees in support of their 2010 Strategic Priorities. Additionally, thanks to previous work by Medicaid Subcommittee members, Intensive Outpatient Services (IOP) will become a full Medicaid covered benefit before the end of the year.

### Native American Subcommittee Summary of Activities and Progress

| Alvin Warren, Chair, Cabinet Secretary Indian Affairs Department |
| Frank Adakai, Co-Chair |

**Committee Overview:**

The Native American Subcommittee of the BHPC mission is to assure excellence in behavioral health services to all Native American people in New Mexico. Co-chaired by the Indian Affairs Department, the NASC is comprised of Planning Council members from Region 6-the Native American Region, including all 5 Native American LCs, other Planning Council members and non-members interested in Native American behavioral health needs and services.
**Highlights of FY09:**

Throughout the year, the NASC met with community providers, advocates, and consumers to discuss issues related to the committee’s five strategic priorities: best practices, cultural competency, comprehensive services, workforce development, and quality management. Particularly in the area of cultural competency, the committee met with Dr. Deborah Altschul to discuss and review the state’s draft cultural competency plan, which was eventually developed into the state’s Eliminating Disparities in Mental Health Plan. The NASC also met with research groups, providers, and community advocates to discuss cultural competency and culturally appropriate ways to work with Native Communities. The Subcommittee is also working to draft a resolution in support of amending state statute to extend the time period for grandfathering Certified Alcohol and Drug Addiction Counselors (CADAC) to CADACs to Licensed Alcohol and Drug Addiction Counselors (LADAC). This important statute supports behavioral health workforce development in tribal lands and sustainability for tribal substance abuse programs.

The NASC continues to work to ensure tribal communities have involvement and voice in planning and policy development for behavioral health services in the state, and addressing disparities and needs of Native American populations by promoting greater resources for tribal communities continues to be an ongoing overarching priority for the committee. Other ongoing work for the committee includes developing consumer and family engagement in the committee and supporting the leadership and participation of the Native American LCs in the NASC. The NASC also hopes to work with and to support the other subcommittees by bringing a Native American perspective and voice to the cross-cutting behavioral health issues we face throughout New Mexico.

**FY09 Workplan, Accomplishments, Work to be Completed:**

<table>
<thead>
<tr>
<th>2009 Strategic Priority</th>
<th>Work Plan</th>
<th>Accomplishments and time lines met</th>
<th>Ongoing Issues/Concerns</th>
</tr>
</thead>
</table>
| 1. Best Practices       | The NASC was to evaluate benefits of practice-based evidence strategies for Native Americans and develop recommendations for Native American behavioral health programs in the state. | -Total Community Approach Presentation and Feedback  
-Endorsement of Project Trust  
-Offender Employment Specialist Training Feedback | |
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<tr>
<th>2009 Strategic Priority</th>
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<tr>
<td>2. Cultural Competency</td>
<td>In this priority, the NASC planned to review Collaborative’s Draft cultural competency plan. Also, the NASC was going to work to increase the knowledge &amp; capacity of non-Native providers to work with NA consumers &amp; their families</td>
<td>-Presentation and Discussion of NASC feedback to “Working with Natives” Presentation from Region 6 Prevention Program Committee -Feedback to CYFD Domestic Violence Service Definition Manual Revisions Working Group -Discussion and feedback on Draft Collaborative Cultural Competency Plan -Chair of Committee attended the SAMHSA Policy Academy on Reducing Disparities in Behavioral Health (Cultural Competency)</td>
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<td>3. Comprehensive Services</td>
<td>In this area, the NASC planed to evaluate current data from LC 14 and 15 support service needs assessments and develop recommendations to Collaborative on expansion of services</td>
<td>-Presentation and Discussion of Coordination of Long-Term Services -Presentation and Feedback on Comprehensive Community Support Services (CCSS) in Native American Communities presentation by BHSD.</td>
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<td>4. Workforce Development</td>
<td>The NASC planned to partner with academic institutions to develop BH career tracks and programs staffed by NA faculty; help to develop or critique existing recruitment and retention initiatives or strategies for NA providers; and advocate to increase the number of native bilingual BH providers.</td>
<td>-Discussion on CADAC to LADAC Grandfathering Statute. -Drafting resolution in support of amending statute to allow for more time for CADACs to obtain licensure. -Presentation and Feedback on Certified Family Specialist Program.</td>
<td>-Need follow-up on the Certified Family Specialist Program</td>
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<tr>
<td>2009 Strategic Priority</td>
<td>Work Plan</td>
<td>Accomplishments and timelines met</td>
<td>Ongoing Issues/Concerns</td>
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<tr>
<td>5. Quality Management</td>
<td>The NASC planned to Review past committee notes in this area (2-3 years back), which gathered data &amp; connected with IHS &amp; Epi Center (ABQ); research current data collection systems and develop recommendations for collecting storing, and sharing NA behavioral health data; and have member of the committee serve on the BHPC data working group.</td>
<td>The NASC did not engage in any significant activities related to this priority this year.</td>
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**Proposed New Workplan** --- At the direction of the Behavioral Health Planning Council, the NASC will be developing a work plan that reflects the identified priorities by the Native American LCs. Transportation, supportive housing, and substance abuse services were among those priorities identified by the LCs in their report to the Collaborative, and they represent significant and urgent needs in tribal communities. The work plan and priority list below is *proposed* and still must be reviewed, modified, and ratified by the NASC.

<table>
<thead>
<tr>
<th>2010 Strategic Priority</th>
<th>Work Plan</th>
<th>Timelines</th>
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<tbody>
<tr>
<td>1. Transportation Service Gaps in Native Communities</td>
<td>Develop and implement needs assessment or data collection tool to evaluate transportation service gaps with Native American LCs. Develop strategic plan (jointly with Medicaid Committee) for meeting transportation services gaps in tribal communities, including better utilization of Medicaid.</td>
<td>September 2009- March 2010</td>
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<tr>
<td>2. Supportive Housing Development on Tribal Land</td>
<td>Work with state and tribal Supportive Housing coordinators and resources to develop a plan for supportive housing on tribal land.</td>
<td>November 2009-May 2010</td>
</tr>
<tr>
<td>3. Gaps in substance abuse recovery and prevention services for youth and adults</td>
<td>With feedback from Native American LCs and Native prevention and recovery programs, evaluate gaps in recovery and prevention services and make recommendations to Planning Council for needed services, education, and supports for tribal communities.</td>
<td>March 2010-July 2010</td>
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**Closing remarks**

The Native American Subcommittee provides an important voice and forum for the 5 Native American LCs, Native American consumers, providers, and advocates to discuss and address
important issues affecting behavioral health services in Indian country. The Subcommittee will continue to work to move forward the important priorities of the Native American LCs to ensure Native American communities have the resources they need to promote and support the wellbeing of Native adults and children.

Submitted by on behalf of the NASC: Christina Stick, Policy Analyst, Indian Affairs Department; Lilah Westrick, LC 18 Co-Chair; and Valerie Quintana, CAT Team Member.

Substance Abuse Subcommittee Summary of Activities and Progress

| Yolanda Cordova, Chair, Department of Health | Woods Houghton, Co-Chair |

Purpose Statement: The Substance Abuse Subcommittee of the Behavioral Health Council serves to provide guidance and recommendations regarding substance abuse/dependence, prevention and treatment services for communities, families and individuals. The subcommittee is committed to the ongoing development of a system that recognizes substance abuse/dependence as a preventable and treatable illness for which high quality services are available.

No report was submitted.
LOCAL COLLABORATIVES’ SUMMARY OF FY09 ACTIVITIES

Note from Suzanne Pearlman: In the following pages you will find annual reports from Local Collaboratives highlighting their successes and challenges from the previous year. This year saw the growth of Local Collaboratives from 15 to 18, as three new Native American LCs were welcomed on board in December of 2008. Across the state all Local Collaboratives have continued to make strides and meet challenges head on both locally and statewide.

Local Collaborative One: Los Alamos, Rio Arriba, and Santa Fe Counties
LC 1 was awarded a Total Community Approach grant of $100,000 for FY 09. $80,000 was applied to the implementation of a central intake program and $20,000 was used for prevention of underage drinking and DWI. The assessment and referral service was established to improve access to services and to develop data to help prioritize specific services. We conducted 169 assessments and made an average of 2.4 referrals per individual assessed. The Rio Arriba Community Health Council (RACHC) contributed in-kind services of two evaluators, plus assistance from Agency for Health Research Quality (AHRQ) and from our TCA evaluators to help the county develop and begin evaluating an effective Pathways care coordination model to be delivered in conjunction with the assessment and referral service. We learned that 70% of unsuccessful referrals in Rio Arriba involved homeless people who were leaving unreliable contact information. LC1 and RACHC developed a successful collaborative proposal for housing vouchers to help partially fill this gap in FY 10. About half of unsuccessful referrals were jail inmates without a set release date. Next year, in partnership with Optum and BHSD, we will be providing intensive care coordination to several hardest to reach clients through another grant. These new Pathways include: 1) Pregnant women at high risk for substance abuse; 2) homeless individuals; 3) released jail inmates and 4) frequent ER users. The Rio Arriba Community Health Council will provide in-kind services of an evaluation team in partnership with AHRQ to test the effectiveness of our care coordination efforts with these pilot groups.

The TCA grant also funded a prevention project in Rio Arriba County. Alcohol, tobacco and other drug abuse prevention is an active process that promotes the personal, physical, and social well being of individuals, families, and communities, to reinforce positive behaviors and healthy lifestyles. There are four prevention providers in Rio Arriba County who are active in LC1 (Hands Across Cultures in Espanola, La Clinica del Pueblo de Rio Arriba in Tierra Amarilla, Rio Arriba DWI Program in Espanola, and North Central Community Based Services in Chama); the Prevention Providers Advisory Group, a group of providers who receive funding through the NM Department of Health Office of Substance Abuse; Prevention Advocates, a statewide group of individuals and agencies who collaborate and advocate on the behalf of prevention; and the New Mexico Prevention Network, a group of individuals and agencies who work to increase the education and professionalism of the prevention field. The four Rio Arriba County prevention providers utilize the strategic prevention framework to develop and implement evidence based prevention programming which includes direct services and environmental strategies. Evaluation
of the programs and strategies implemented by the prevention providers provide data to show efficacy and to inform the planning process.

LC 1 had funds that were carried over from previous year budgets and the funds were divided equally between the three counties for special projects by each. In May 2009, Santa Fe County decided to establish and emergency fund to make small grants available to consumers who were facing dire consequences as a result of a difficult situation. A call for requests was put out through various behavioral health programs in the community. Participating organizations were Team Builders, Life Link, Casa Cerrillos, and the PMS Community Guidance Center. The process attracted 25 applicants who were screened through case workers, who also assisted in writing letters of recommendation on behalf of the individual applicants. Of those applicants 12 requests were approved for assistance. Of these requests 5 were for auto repairs, 4 for housing/utilities, the rest were for income support. Many of the requests that were not funded were referred to other resources in the community.

Los Alamos County decided to use their surplus funds for an Employment Assistance Program. This special project was identified and developed by the Los Alamos County Behavioral Health Subcommittee and addressed employment issues for BH consumers in the county. The Employment Assistance Pilot Program accepted 10 participants and focused on four major areas: writing a resume, interviews, finding a job, and job retention. Participants attended group and individual sessions to address these issues. Of the ten individuals who initially enrolled, four dropped out and six completed the program. Of the six that completed the program, three obtained jobs and one began doing volunteer service to gain experience. That individual is now starting his own business with the skills he learned in his volunteer job. Due to the success of this pilot, the Los Alamos Behavioral Health Subcommittee is searching for grants or other funding to continue the program.

Local Collaborative Two: Bernalillo County

Bernalillo County Local Collaborative 2008-2009 Successes

While maintaining a focus on systematic and governmental accountability, we:

♦ Advocated for increased funding for services and insurance parity for people living with Autism
♦ Continued our participatory learning based mentorship group, focused on outcomes, empowerment, and self and community advocacy.
♦ Continued our on-going planning process through our change the world/systems of care committee, which includes many critical stakeholders, including: people who use services, family members, the county, the city, APS, UNM, VO, and others.
♦ Provided snacks and scholarships for the 2008 Consumer Wellness Conference.
♦ Worked with the County, UNM, the Health Council, and numerous agencies, to plan for the implementation of the Pathways Program
Worked with UNM’s Office of Community Affairs, UNM’s Institute of Public Health, and the DOH public health team to look at behavioral health data within UNM’s system.

Finished our statewide campaign: 1 in 4 Behavioral Health Matters to Me!

Partnered with local groups to hold an interactive outreach meeting to discuss behavioral health issues with members of the Spanish speaking community.

Partnered with APS, the NM Suicide Prevention Coalition, and Hogares to help coordinate Youth Jam and the Youth Jam Planning Process.

Did legislative work, and increased our outreach to legislators and policy makers.

Held a monthly group at Health Care for the Homeless to talk with people about self advocacy strategies.

Sat on the core team of APS’s Safe Schools Healthy Students grant.

Worked with Local Collaboratives from across the state to create a more consolidated voice around the issues we all care about.

Collaborated with P&A and NMATS to create alternatives to traditional crisis and inpatient models.

Created strong ties with many local groups, and increased our outreach by going to where people are and holding groups on advocacy and behavioral health.

Kept or brought behavioral health to many tables by attending meetings and functions and using our voices.

Remain adamant that behavioral health includes psychiatric diagnoses, substance abuse, the autism spectrum, brain injury, and any co-occurring combination, and continue to advocate for the inclusion of all of our community members within this “transformed” system.

Local Collaborative Three: Dona Ana County

In the past year, Local Collaborative 3, Dona Ana County, has focused on enhancing consumer and family involvement in all aspects of behavioral and mental health care. Many active members of LC 3 are consumers and family members, and at least half of the Executive Committee is required by the bylaws to be comprised of consumers and family members.

In September of 2008, several of our members traveled to Santa Fe for the Local Collaborative/BHPC Summit. Our members were able to meet with and learn from members of other Local Collaboratives throughout the state, as well as learn about a variety of resources available in New Mexico. Following the Summit, several consumer members attended the Consumer Wellness Conference held in Albuquerque. Many valuable networking contacts were established, and our members agreed the conference was a huge success.

In November, LC 3 hosted a town hall type meeting for our members and our local legislators. Members presented issues to the legislators to raise awareness and seek assistance. Although some of the members had never spoken to their legislators before, all members felt comfortable expressing their concerns and hopes for the behavioral health system.

In December, several members attended the Collaborative Conference held in Albuquerque. The conference allowed our members to strengthen relationships with other local collaboratives while learning skills to assist them in their daily lives.
In February, members attended Behavioral Health Day at the Legislature. Many members were able to meet with representatives that they had visited with at our Town Hall meeting in November. Christena Scott was chosen as out Star Consumer for her tireless work with helping others in their struggles in daily life.

In June, Local Collaborative 3 held a recovery celebration to honor all who are in recovery as well as those working toward recovery. “Let’s Celebrate Recovery” was a huge success with over 85 people in attendance from all parts of Region 5. Workshops included WRAP, Laughter, and a personal journey through Darkness presented by Lisa St. George. An update was also included by Value Options and also Optum Health.

LC 3 continues to reach out to members of the community to increase awareness about behavioral and mental health issues. Future plans include another Town Hall with local legislators, as well as supporting members who will be presenters at the upcoming Consumer Wellness Conference.

**Local Collaborative Four: Guadalupe, Mora, San Miguel Counties**

The MSG Group has a very active and positive membership; the group meets the third Friday of every other month; we would like to take this opportunity to invite anyone who would like to attend to please join us. A monthly calendar is compiled and shared with many as to the happenings throughout LC4 as well as BHPC meetings. As a result of the overall group we have several committees that are very active. These committees are the Consumer Committee, Family Member Committee, Provider Committee and the Housing Task Force. Here are some of the key points that the MSG Group and its committees have been working on.

**Consumer Committee:**
*Assigned Lead status by membership;
**Goal 1:** Attend meetings to represent consumer perspective;
**Goal 2:** Share information with group and bring consumer perspective to meetings after discussion with consumer membership;
**Goal 3:** Develop leadership within consumer group.

*Group required ongoing orientation to structure/purpose of collaborative;
*Group developed structure for meetings and has been meeting for over three years;
*Locations and membership of the group have changed; Permanent location at Richard’s Drop In Center has stabilized the group; funding for ongoing successful programs must be ensured—history of lack of commitment by state to fund programs in Las Vegas;
Meetings have been both scheduled and spontaneous---lots of discussion about legislation when it was submitted during legislative session;

Leadership has emerged---although it shifts when consumers have issues that are not being dealt with due to housing and supports within the community;

Tremendous interest in peer specialist training BUT many/most cannot attend in locations away from Las Vegas due to guardianship/housing issues;

Due to status as a ‘colony’ many consumers are unwilling/unable to participate in activities promoted through the state; ‘once a year’ meetings in Santa Fe/Albuquerque are not what consumers in the ‘colony’ want—request that funds be allocated to improve living conditions in Las Vegas and at the state hospital;

**Family Member Committee:**
The MSG Family Member Group continues to work on recruitment of more family members. Currently we have nine active family members. The Family Member Group also continues to work on coordinating and providing trainings for providers as well as family members. Attendance for trainings varies; attendees consist of family members and providers. The trainings held last year are as follows: *IDEA & IEP Process, Developing a Recovery Plan, Family Day Training, Person First Language.* One of our family members attended the Train the Trainer on Family Specialist Curriculum Training in May 2009; as a result of this training she is now a Certified Family Specialist Trainer.

**Provider Committee:**
The Provider Group also holds regular monthly meetings. The state entity transition has been a priority for all providers. There is good participation from providers in meetings, sharing ideas and overall working together. There is a mutual respect and shared concern for putting the consumers needs first. The providers in LC4 worked collaboratively on the QSR Pilot Project which took place July 13 to July 16, 2009. Providers also attended a variety of trainings sponsored by the MSG Group and TCA Project: *Motivational Interviewing, The Matrix Model, CRAFT – Community Reinforcement Approach and Family Training, CIT – Crisis Intervention Training for Law Enforcement.*

**PED/LC Partnership**
This was implemented during the FY08 school year. The youth health council at Santa Rosa High School were trained by Patricia Gallegos and Shela Silverman about stigma and mental health. The students spent the year educating their peers and community organizations including the Health Council, Rotary Club and the school administration on how to identify stigma and what they could do to help. The youth created a brochure for the community about mental health issues and stigma.

**Girls POWERS Conference**
An all girls conference was held on March 20, 2009; this was planned and implemented by girls at Santa Rosa High School. The girls were all high risk youth with behavioral health issues; they learned how to plan and implement a conference. The idea came to them after they attended a conference in Albuquerque; they wanted to bring it back to their community. They named themselves POWERS (Preparing Our Women Empowering Our Sisters). A few of the topics
include in the conference were: suicide prevention, mental health, physical health, domestic violence, and others. They ended their day with a formal dinner and dance.

**TCA Project**
The Total Community Approach (TCA) Project was developed by the MSG Group. It’s a partnership between the New Mexico Behavioral Health Collaborative and local communities. TCA is a network of local providers and stakeholder who have teamed up to address the serious problem of substance abuse & mental health issues facing our communities. The TCA Project follows a Centralized Intake Model. This consist of a screening, ASI and clinical assessment. The consumer then selects a provider or providers from the network to receive services from and a referral is then made. TCA begin providing services in April 2008. From July 1, 2008 to June 30, 2009 there were 205 unduplicated consumers served.

**Quality Service Review (QSR):**
The QSR Pilot Test took place July 13 to July 16, 2009 in Las Vegas. An overview of what QSR is and what took place is as follows: QSR uses a CASE REVIEW that measures performance at the PRACTICE POINTS and shows WHAT’S WORKING and NOT WORKING for various consumers. QSR also uses focus group interviews to put practice into LOCAL CONTEXT; drives PRACTICE DEVELOPMENT and capacity building to get better results. QSR in the MSG Group did in depth reviews of 6 cases and 11 focus groups; immediate feedback was provided to practitioners for some cases and identification of recurring patterns/lessons in cases. A written case summary and site report will be available in August. Some of the strengths and assets identified during the QSR were the positive relationships, leadership network and innovative problem solving throughout MSG as well as the working relationship and support from the Health Council and their planning documents.

**Local Collaborative Five: Chaves, Eddy, Lea Counties**
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 has had a positive media campaign in Hobbs throughout the summer regarding the results from the Lifestyle survey.

2. LC5 is developing Supportive Housing in the three counties and a homeless shelter in Roswell. Our Housing Subcommittee is working closely with Jane McGuigan, the Supportive Housing Coordinator; Region 6 Housing; Hank Hughes from the New Mexico Coalition to End Homelessness; OptumHealth; and the YES Corporation.
   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. Consumer members of the Housing Subcommittee designed and distributed a flyer to area consumers detailing housing resources in our communities.
d. Several supportive housing units are being developed throughout LC5.
e. The several agencies in LC5 have applied to be Local Lead Agencies for the supportive housing effort. The state is in the selection phase of the process.

3. We sent two providers and two consumers from our Local Collaborative to the National Association for Rural Mental Health Conference in Albuquerque this July.

4. Consumer recruitment has been very successful. About 70% of attendees are consumers in each meeting.

5. Consumers from LC5 manned a table at Behavioral Health Day (October 10) in the Santa Fe Legislative Building.


7. Local Collaborative 5 successfully launched a Public Service Announcement campaign via radio and newspapers in Southeastern New Mexico to raise awareness of resources in our communities.

8. We successfully launched the LC5 website: [www.mylc5.org](http://www.mylc5.org). The web site is being used to post the minutes of the various meetings and list meeting dates and times.

9. LC5 consumer members continue to produce the Local Collaborative Newsletter.

**Local Collaborative Six: Grant, Hidalgo, Luna Counties**

The LC6 Children’s Subcommittee worked this year on developing their system of care utilizing the knowledge from those that attended the statewide system of care training. The LC6 children’s committee is called the SOCKs - System Of Care for KidS, All three counties in LC6 counties are involved and one system will be developed for all three counties but managed individually.

Our local collaborative hosted Mary Grealish who gave a wonderful training on the Wrap Around System and our collaborative began meeting to come up with a system for our area. We were awarded funding for a Wrap Around Coordinator to work on the system for our local families and providers.

Along this continuum we hosted the Quality Service Review workshops and are providing members of the QSR review team that were trained to be utilized around the state. This was a great opportunity to look at our strengths and weaknesses of our behavioral health system in LC6 that serves families.
Our local collaborative received the Media Award at the Behavioral Health Conference and many other collaborative are using the campaign as well for Anti-Stigma promotion.

LC6 Legislative Priorities for FY09 were: Early Childhood Development Training Institute for WNMU, Behavioral Health voting language in NM constitution, increased funding school based clinics. Our local collaborative invited our local policy makers to attend our meetings last year and we made presentations to them on our legislative/policy issues.

Our Total Community Approach which funds 9 programs in Hidalgo County has been making great progress in capacity building, prevention training and working on sustainability. Another great progress made with this funding is that the drug court program will now also become a program in Grant County as well this year. The TCA programs have made a huge impact on the lives of people in Hidalgo County with substance abuse issues and they now have a continuum of services for the family to utilize from prevention, intervention, to aftercare.

Most importantly over the past year our local collaborative has grown and we have become familiar with each other and happy to see new faces. We have made an effort to outreach through our local collaborative business cards, website and with booths at community events such as the Blues Festival in Silver City.

Submitted with respect,
Beverly Allen-Ananins, Local Collaborative 6 Representative

Local Collaborative Seven: Catron, Sierra, Socorro, Torrance Counties
- Utilizing teleconferencing to accommodate the large geographical area of JD7, we held a Local Collaborative meeting the first Tuesday of every month (except May in which our meeting was cancelled due to the Swine Flu Pandemic).
- Displayed an informational poster about our LC during Behavioral Health Day in Santa Fe. Awarded “Stars” award to Marcia Hawthorne – consumer from Socorro County.
- Sponsored a luncheon for the local collaborative in December.
- Advertised in collaboration with the Socorro County Health Council regarding meeting times and locations.
- Contributed $1500 to each county (Catron, Sierra, Socorro, and Torrance) for consumer outreach and information on Behavioral Health issues.
- Participated in LC3’s Consumer Recognition Banquet and Local Collaborative Meet and Greet.
- Gathered a group from all 4 counties to participate in the Systems of Care Implementation plan and organized a work group in Reserve, NM.
- Brought Sierra County back to participation in the Local Collaborative.
- Responded to and completed all assigned deadlines and templates given to us by the State.
- Maintained a committee of 3 members actively involved in BHPC meetings and subcommittees.
- Gave incentives to consumers for attendance of local collaborative meetings.
• Advertised in Torrance, Socorro, and Catron Newspapers regarding Linda Roebuck Meeting.
• 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.
• Sponsored David Parnell’s presentation Facing the Dragon in Catron, Sierra, and Torrance counties to speak about the dangers of Methamphetamines. Donated $1000 per county for his presentations.
• Presented 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.

Local Collaborative Eight: Colfax, Taos, Union Counties

Local Collaborative #8 (LC 8) held regular meetings throughout the year meeting as full membership every other month through teleconferencing at the Ratio and Taos JPO Offices and Team Leads meeting every other month via conference call. The LC 8 held a well participated in 2009 Retreat for two days at Angel Fire Resort and had a spectacular attendance from LC 8 PSR groups and consumers. We held Consumer advocacy sessions, Optum Health Q&A, discussed the outcomes for Total Community Approach, as well as Core Service Agencies and needs assessments.

PSR Groups were rockin’ and rollin’ this year with many great activities and initiatives including: Bake sales, fishing trips, garage sales, home economic classes for cooking, sewing and cleaning, philanthropic ventures, library trips, museum trips, Consumer picnics and gardening. PSR teams participated in gym programs with group discounts, as well as vegetable gardens, and flower gardens. Of which one consumer commented:

“We have them just so they improve our mood, they just make us happy.”

- Stancie, LC 8 member

Community successes were seen through events such as Congressman Ben Lujan attending the Raton May community meeting. Other successes include:

Union County has experienced an improvement in access to Transportation, Tri County Community Services having transportation available and Golden Spread services. Through the Community Reinvestment funds Tri County Community Services was able to integrate primary health and behavioral health services. There has also been an increased involvement by School Based Health Centers with a Mental Health Focus for their services. School Based Health Centers are taking part in LC 8 meetings and activities and the Keynote speaker at Head to Toe
Conference this year focused on and promoted mental wellness awareness. Local Collaboratives were also represented at Behavioral Health Day at the Capitol.

**Outreach campaigns** included Suicide Prevention through Tri County Community Services, an education booth on mental health and wellness at the Fiestas in Questa. In Union County, Team Builders was placed on corrective action plan, and has since gone from 2 to 25 consumers. Taos held a Mental Health Fair Day and looks forward to next year planning in conjunction with the Consumer Picnic. The Dream Tree Project in Taos received Community Reinvestment Funding and Rio Grand Treatment Center received funding through the Department of Health Smoking Cessation contract to collaborate with local agencies and is working on a 5 year strategic plan.

In the **2009-2010 we are looking forward to** participating in more outreach as LC 8 and attending one another’s events. We would like to present as LC 8 at Hospital Health Fairs and support and go to LC 8 member activities. Initiatives may include, health volunteers from UNM, collaborating more with School Based Health Center, yellow ribbon campaigns to raise awareness about suicide prevention, alternative therapy, PSR Groups attending the September State Fair, Consumer planned and run meetings, and our Annual Retreat.

We would like to see improvements made by creating and working through LC 8 Subcommittees, increasing vans and transportation, improved therapeutic space and working environments, and increasing the number and type of consumer support groups. Topics LC 8 will be looking at in 2009-2010 include:

- Union in need of teleconference ability for LC 8 meetings
- Raton seeking building expansion – (dance floor)
- Improve HR/ PR LC8
- Child focused programming
- Funding committee to look at stimulus monies
- TUPAC Committee for tobacco monies
- Transportation Committee
- Self Help and Support Groups
- Expand commodities- Need access of commodities up to northern part of state  
  (No more beans and rice - want higher quality and variety)
- Housing committee look at Section 8 vouchers

**Local Collaborative Nine: Curry, Roosevelt Counties**
1. Continues to have the LC 9 office in the Matt 25 building in Clovis. The LC 10 meetings are also held in this building. Matt 25 is a one “stop shopping” resource center.
2. Maintain and improve the LC 9 website as a means of easy access of LC information.
3. Consumer involvement in the LC 9 functioning remains above 50% of member participation (closer to 70%).
4. The annual LC 9 dinner was held on June 11, 2009
5. LC 9 members (consumers) are working on organizing a community meeting in Clovis which is addressing stigma and cultural issues.
6. A vice chair has been elected to assist the chair with running the LC business.

**Local Collaborative Ten: De Baca, Harding, Quay Counties**

- A Crisis Intervention Training grant provided first responders & law enforcement personnel training in Mental Health Awareness when responding to a situation. Training to Quay, Harding and De Baca counties was provided in Quay County in April. De Baca County hosted training in May. Plans have been made to provide the training in Harding County.
- A subcommittee was formed to begin working on by-laws for LC 10.
- It was voted for a representative from LC 10 to seek grant funding for a “Crisis Fund.” This would seek funding to form a network for peers to first responders in situations, as well as desperately needed transportation for consumers and family members to be able to get to appointments.
- The Legislative Priorities for 2010 were worked on and submitted for LC 10.
- Local Collaborative 10 voted to look at ENMU to host bridging for the LC 10 monthly meeting between Harding, Quay and De Baca Counties. LC 10 has begun utilizing this method for the meeting.
- Zack Yarbrough was the “STAR” Nominee for LC 10, attending Behavioral Health Day at the Legislature.
- LC 10 set up a booth at the De Baca and Harding County Health Fairs.
- “Tips for First Responders” booklets were acquired and disseminated throughout the LC 10 counties.
- Harding County hosted a recruitment dinner and county meeting with 40 consumers, family members and providers in attendance with plans to schedule active county meetings. De Baca and Quay County both hosted recruitment luncheons.
- An LC 10 consumer met with the Governor regarding transportation.
- An LC 10 consumer was awarded a scholarship to attend the Mental Health Centennial Conference in Washington, DC in July.

**Local Collaborative Eleven: McKinley, San Juan Counties**

LC 11 is pleased to report several successes over the past year. Totah Behavioral Health Authority received reinvestment funds for a Collaborative Rental Assistance Program that included the San Juan County Partnership, Presbyterian Medical Services, and San Juan County Methamphetamine Pilot Project programs. Funds provided rental assistance for 54 families in San Juan County. The program was a great success, not only in the number of families who were housed, but also in the increase in collaboration and real world working relationships among the participating agencies.

Reinvestment monies were received and utilized by: the Route 66 Care program, Childhaven, Totah Behavioral Health Authority, San Juan County Partnership, Presbyterian Medical Services, San Juan County Methamphetamine Pilot Project, and Kaytie Gutierrez, peer advocate. These funds went to such projects as collaborative rental assistance, creation of a system of care
for children’s services, the development of a new drop-in center, and the start up of an Assertive Community Treatment Team.

LC 11 had a consultant help to guide and assist with the legislative priorities for this year. Additionally LC 11 assisted with the coordination, collaboration and made a financial contribution to the LC 15 summit. LC11 actively participated in the video that was shown at the behavioral health summit in December, and also developed and produced an LC11 brochure.

LC11 completed a client satisfaction / access to services survey that will be redistributed next year on a quarterly basis. This survey helped provide direct consumer feedback to local agencies and to the LC. LC 11 worked monthly on a Family and Consumer plan that was eventually turned over to a family/consumer workgroup.

LC11 worked collaboratively to provide the Native Hope training in both McKinley and San Juan Counties. San Juan County has been able to add two Wrap-around sites, Halvorson House and Childhaven.

Several consumers and family members were able to attend trainings and conferences due to financial assistance from the LC. Several adolescents were able to attend the Head to Toe conference as well.

Prevention has been included at a higher level this year, holding a regular place on the agenda to report prevention efforts across disciplines. that is addressing prevention efforts that include various disciplines. Also, members of the Substance Abuse and Adult Sub-Committee to the Behavioral Health Planning Council and Prevention Advocates not only report the efforts of those committees, but carry information to those committees from LC11.

**Local Collaborative Twelve: Lincoln, Otero Counties**
The Local Collaborative 12, of Lincoln and Otero Counties, spans the beautiful mountains of Lincoln national forest to the world-renowned White Sands national park of the Tularosa Basin.

Our mission is to meet the behavioral health needs of our community, and we realize that this takes a community effort. Therefore, many, including consumers, providers, government officials, and other community councils and coalitions, have come to the table to do what ever it takes to make this happen.

We listen to and empower our consumers. Our meetings are set up so that they are the first on the agenda and the center of attention. Every idea given by a consumer is followed by action on the part of the LC12.

This is exhibited in our efforts to bring speakers to each monthly meeting. Our speakers present on topics that are of interest to our members. Every 6 months we reevaluate what is important to our consumers to hear about. Then we make every attempt to bring qualified, and up to date speakers.
We have been actively involved in promoting LC 12 through advertising at local community events in Lincoln and Otero Counties, including the Senior Symposium in Ruidoso. We also advertise through our collaboration with programs such as Ben Archer Health Center’s-Families First Program, The Every 15 Minutes Program, and Educational Literature at The Counseling Center. These collaborations are done in order to increase our outreach efforts and to collaborate with community providers. In addition to this we have put together a short video to show other LCs and the state what LC 12 has been doing.

LC 12 has also sponsored some of its members to attend the Behavioral Health Conference, and BH Day at the state legislature. This was done in order to educate our members of behavioral health needs, legislation, and solutions in our state.

In addition to these, LC12 is in an ongoing effort to collaborate with community partners to develop the Peer to Peer and Teen Resource Center in Otero County and the Partners for Youth behavioral health project in Lincoln County.

Finally, we are nearing completion of a website for our LC. We hope that this will serve as an excellent resource for consumer, family members and providers. It will publish our meeting agendas and minutes, as well as important announcement that pertain to behavioral health in the state. The website will also include resources and links to providers that serve our local community, in order to make finding services easy and centralized. It will also have outside links to other community organizations to further our network, and community collaboration.

**Local Collaborative Thirteen: Cibola, Sandoval, Valencia Counties**

The Sandoval County LC has been instrumental in developing and maintaining jail diversion programs and sustaining programming that implements treatment in lieu of jail time. The Sandoval County District Court began a formal Mental Health Court one year ago. The program has been running successfully providing judicial supervision and behavioral health treatment for consumers diagnosed with severe, persistent mental illness (SPMI). The program provides access to psychiatric services, medication, case management and counseling. Currently the Supportive Housing Committee for the Sandoval County LC is working with Optum Health to determine the feasibility of a mental health housing program in the County.

Following in the footsteps of the Adult Mental Health Court representatives from the LC are meeting with court officials and juvenile justice representatives to determine the possibility of a similar model for jail diversion of mentally ill juveniles in Sandoval County. Most recently Sandoval County LC voted to create a division of their collaborative specifically focused on youth services with youth consumers and providers exclusively. The Youth Collaborative for Sandoval County is expected to have its first meeting in September which will have a crossover meeting with the “adult” collaborative. Sandoval County LC is working closely with consumers, providers, community members as well as Optum Health representatives and hopes to continue its success and growth into 2010.

Cibola County has been very instrumental in involving youth ages 16 to 24 in the LC 13 meetings, leadership positions, and local collaborative initiatives and activities. The youth in this region are also involved in a local youth coalition that was very instrumental in developing a youth mentorship program under Big Brothers and Big Sisters of Central New Mexico. They
continued peer presentations and programs to address substance abuse, teen dating violence and tobacco use prevention and control.

We have seen an increase in local providers attending the LC 13 meetings this past year and continue to coordinate LC initiatives in partnership with Cibola County Health Council. The county began a public transportation system that will greatly benefit consumers. A joint meeting was held between LC members and the Grants Cibola County Schools with personnel form the Department of Health behavioral health department to discuss resources and technical assistance available. Issues around behavioral health in the local schools, was the focus of discussion at this collaborative meeting.

Cibola County continues to look for avenues to increase services and draw providers to the rural areas of the county. One area that Cibola County has made tremendous growth in over the past few months is to involve more consumers through separate county monthly meetings held in Cibola County. This was done in partnership with Cibola Counseling’s PRS program and was facilitated by Sierra Vista Counseling, a local provider. We have had numerous consumers attend the separate monthly meetings.

Other projects in the county have been development of spiritual wellness avenues for teens, youth participation in the Head-to-Toe conference, implementation of a community quality of life survey to assess citizen concerns, and the establishment of an intensive treatment program through Family Connections.

2008-2009 was a very exciting year for Valencia County consumers and providers. With the help of ValueOptions New Mexico, The Office of Consumer Affairs and BHSD, we were able to begin operations for a rural transportation project for consumers and operated by consumers. Lack of transportation has been a major barrier to access to services by consumers in the rural, wide-spread areas of LC 13. To begin to address the transportation needs of consumers, a pilot transportation program called “Reliable Rides” was launched in Valencia County. The program provided a van service and supported consumers with vouchers to access available public and private transportation services, with the flexibility to choose other consumers, family members or neighbors to provide transportation where available. It was bittersweet, however, as the grandeur lasted only a few months. The program called Reliable Rides was operated from February 2009 and closed in July 2009. Grant funds were not renewed for the new year, due to an unsuccessful grant request to Value Options, Community Reinvestment Funds.

The Valencia County Cares Warm Line closed after operating for 6 years, due to lack of funds and failing to obtain grant funds with the same Value Options Community Reinvestment grant request; along with the Phillip Baca Connections Center, the Valencia County Drop in Center. All of the programs closed on July 15, 2009.

Consumers, providers and family members have written numerous letters to plead for continued funding, but to no avail. On the upside, OptumHealth New Mexico has provided us with their private grant writer, and is working with Jill Dougherty to develop foundation grant requests. To date, two grant requests have been developed to the Albuquerque Community Foundation and the Burlington Northern Santa Fe Railroad.
Leslie and Mike Wirts have been working with Sandra Chavez to develop the LC-Valencia Chapter, and may have found some new members, with consumers who have been employed by Reliable Rides and the Warm Line. It is with great hopes that Valencia County can revive the membership, the consumer programs and the interest in funders to support behavioral health and recovery in our communities.

**Local Collaborative Fourteen: Mescalero Apache Tribe; Jicarilla Apache Nation, Zuni, Isleta, Laguna, and Acoma Pueblos and Ramah, Alamo, and To’haijiilé Navajo Chapters**

Region Six recently expanded to include five new Native American Local Collaboratives; as a result, LC 14 now represents the tribes, pueblos and communities of: Mescalero Apache Tribe; Jicarilla Apache Nation, Zuni, Isleta, Laguna, and Acoma Pueblos and Ramah, Alamo, and To’haijiilé Bands of the Navajo Nation.

During the referenced time period of July 1, 2008 through June 30, 2009 LC 14 coordinated several activities in addition to hosting two Quarterly meetings, and various local community meetings; the following is a report out of those activities.

- Several LC 14 members participated in the 2008 Behavioral Health Planning Council and Local Collaborative Summit, sponsored by the Behavioral Health Planning Council. The Summit was held September 23, 2008 at the Hilton Santa Fe Historic Plaza Hotel.

- LC 14 members participated in the First Annual Behavioral Health Collaborative conference held December 7-9, 2008 at the Albuquerque Convention Center.

- **Transition** – In February 2009, LC 14 met to develop a transition plan for the seven communities and tribes that now make up LC 14; community partners were established and designed to facilitate collaboration and partnerships with neighboring pueblos and communities; leadership was encouraged to emerge out of these partnerships from which will become the Executive Leaders of LC 14.

- The CAT team leader and two tribal program consultants attended local community meetings in Alamo, Ramah, Jicarilla, Isleta and Mescalero to assist in the LC transition effort. They will continue to provide technical assistance to all LC 14 communities on an as needed basis as LC 14 continues its reorganization.

- Local Collaborative 14 had the opportunity to review and supply input and/or supports three Value Options Community Reinvestment applications from our communities. The applications come from the Pueblo of Acoma, the Pueblo of Isleta and from Mescalero Apache Tribe; as it turned out each of the applicants were successful in their bid for grant funding.

- The first LC 14 Leadership Training event was held on Thursday, June 25 and Friday June 26 in Santa Fe at the Hilton Hotel. LC 14 took the opportunity to host members from the three new LCs, (16, 17, and 18); Participants attended various Coalition training
workshops, shared ideas and LC Priorities and attended a reception to meet and greet
d-members of the NM Legislature, and the Behavioral Health Purchasing Collaborative.

**Local Collaborative Fifteen: Navajo Nation**

  The LC 15 is a New Mexico State funded behavioral health coalition
  recognized in March, 2006, the first Native American LC recognized by the
  State of NM.
- **Highlights:**
  - **Total Community Approach Project:** a pilot project to address
    substance abuse and
  - **Consumer Network and Outreach Project (CNOP):** a pilot project, the first ever in Indian
    Country, to engage consumers and their families in changing behavioral health services and
    systems. The vision of the CNOP was to provide important opportunities for Native American
    consumers and their families through different mediums of communication or through different
    events and activities to participate in the state’s planning processes, but also to improve
    consumer/ family advocacy and leadership skills. **Radio Outreach (CNOP):** 250 radio spots
    were bought to de-stigmatize public perception about consumers with mental illness. These ads
    were broadcasted in the Navajo language and English language in remote areas of the Navajo
    Nation in McKinley county on KGAK AM radio.
  - **Region Six Behavioral Health Summit (CNOP):** For the
    Region Six Behavioral
    Health Summit, June 4-5, 2009, we had 129 participants: 52
    percent were consumers;
    25 percent were youth. A recruitment effort included a
    statewide effort to recruit
    consumers in the new Native American Local Collaboratives,
    including Mescalero and
    Jicarilla Apache reservations. Overall, the majority of the participants were from Local
    Collaborative 17 and 15, with Local Collaborative 14 coming in third.

This year’s summit included a non-Native American
Local Collaborative #11 that represents McKinley and
San Juan Counties. However, many of the issues related
to off reservation Native Americans are part of the LC
11 challenges. This is the primary reason for their
participation and support of this summit.
Youth at the summit included Youth JAM
(Albuquerque, N.M.) and Native American youth from:
Coalition for Healthy and Resilient Youth; Youth in
Action, NM Alliance 4 Youth Laguna Youth Advisory Group, and Crownpoint Teen Court.
Youth JAM is a non-Native American youth group that help facilitate the policy development
Youth legislative initiatives:
- Substance Abuse
- Gang Violence
- Discrimination/Racism
- Suicide

Looking Ahead FY 10 for LC 15:
   a. Accomplishing organizational development goals
   b. Increasing financial capacity
   c. Serving as a resource for Native American communities
   d. Ensuring active participation of Native American Local Collaborative members in developing and supporting policy initiatives
   e. Engaging Native American communities (Consumers) in defining policy priorities
   f. Participating in the Total Community Approach Project of LC 15

A more complete report will be available on our website at www.dinelc.org by September, 2009. The LC 15 has an open membership for providers, consumers, community, and tribal departments. For more information on all projects, contact Regina Roanhorse, LC Chair at begayroanhorse@yahoo.com or visit our website at www.dinelc.org

Local Collaborative Sixteen: Pueblos of Cochiti, Santo Domingo, San Felipe, Jemez, Zia, Santa Ana and Sandia

In December of 2008, the Tribes of Sandoval County were recognized within New Mexico’s Behavioral Health Collaborative as Local Collaborative 16 of Region 6. The Pueblos of Cochiti, Santo Domingo, San Felipe, Jemez, Zia, Santa Ana and Sandia as well as Native Americans who live throughout Sandoval County to include the Cuba area, State and County agencies.

Wilson Quintana serves as the Chairman; he is the Santo Domingo Court Administrator, Keahi Kimo Souza the Behavioral Health Director also of Santo Domingo serves as the co-chair. Representatives who establish a leadership committee from the Pueblos include: Charlene Reano of Santo Domingo, Jane Jackson Bear of Santa Ana, Ken Lucero of the Center for Native
American Health Policy, Clarence Ortiz and Darrel Candelaria of San Felipe Behavioral Health, Robert Comer Sandia Pueblo Behavioral Health Director, Judge Robert Media and Sara Pino of Zia, Cari Washburn Chavez from Five Sandoval Behavioral Health and Naricsso Toledo of Jemez Behavioral Health. Becky Ballantine is the Cross Agency Team Member who works with LC 16.

**Special Guests** to the LC meetings have included IAD Cabinet Secretary Alvin Warren, Pueblo Governors, District Attorney for the 13th Judicial District, Lemuel Martinez, and Presiding District Judge, Louis McDonald.

Local Collaborative 16 supports ongoing Community Reinvestment awards from the Statewide Entity to create internal tribal programs that interconnect with County programs and the Bernalillo Public High School. They collaborate with the DWI and prevention programs as well as the District Court of Sandoval County. As partners with the State and County DWI and prevention program the *Respecting Sovereignty, Effecting Change* workshop was held in late 2008.

**Some goals of the Collaborative** are to: Manage available funds effectively & efficiently by supporting each other and collaborating when possible between Tribes and with state and County to support prevention activities; collaborate and share opportunities for funding to support and promote recovery and resiliency initiatives. The LC establishes a forum for behavioral health practitioners to better serve consumers/advocates and families to strengthen the tribal systems of care.

**In the year to come** it is the hope that the LC will provide a forum to take advantage of Federal, State and County opportunities for technical and funding assistance programs to update tribal codes, support schools, tribal administration, and behavioral health initiatives such as family and/peer specialist programs and the management of data. Meetings are held monthly on second Thursday of the month.

Wilson Quintana, Chairman, sends a message inviting everyone to the LC 16 meetings, “In order to be an effective LC, we need to strengthen the communication within our tribes and with other organizations while reaching out to consumers and advocates. The LC is working toward building trust within the communities with the goals of providing optimal services for everyone.”
Local Collaborative Seventeen: Region 6 Off Reservation Native Americans

Rain Cloud, representing the off reservation Indian communities in New Mexico was granted local collaborative status in January 2009, following a lengthy two year challenge with the BHPC. This report states our mission and values and represents the activities and accomplishments of LC17 for the past six months.

The Rain Cloud logo represents our core values. The Rain Cloud is the universal symbol for potential, growth, nurturance and life sustainability. Symbolically, here in the southwest, the rain cloud represents the answers to our prayers, dances and ceremony, asking for blessings in the way of moisture for our deserts and high country, in addition; prayers for prosperity, abundance and world peace. Water is one of the four elements along with earth, air and fire. There is not one without the other just as there cannot be the body without our mind, soul and spirit. We are integral beings living in a complex society in the urban environment. The Rain Cloud is representative of what our hopes and goals stand for as a local collaborative; the catalyst for renewal and an organization that cultivates; personal growth, appreciation of culture, diversity, self sufficiency and celebration of community for the honor of all. The logo design was gifted to LC17 by George Toya, Indigenous artist from the Pueblos of Jemez and Acoma.

New Mexico has one of the largest Indian populations in the United States. Indian people in New Mexico account for 11% of the population. Albuquerque has the third largest off reservation Indian population in the country. An estimated 60,000 Indian people live in Albuquerque and Bernalillo County. While New Mexico, in general, ranks low in almost every socio-economic indicator, Indian communities, especially the off reservation communities rank even lower. Racism, poverty, unemployment, homelessness, alcohol and substance abuse, and violence along with a lack of resources and a unified or united community have had a disastrous impact on our community.

Rain Cloud is concerned with the emotional, physical, spiritual, family, social and cultural well-being and health of our people. Our motto in addressing these concerns is “Unity through Integrity.” This involves us working together, with integrity for the good of our communities. The following principles guide our work:

- Respect for all life on this planet.
- Respect the rights, culture and autonomy of each individual and each community
- Honor the choices and decisions that people make
- Support the changes that individuals, families and communities request
- Work to restore Balance and a Sense of Belonging
- Involve and include people in our community from all walks of life
- Integrate traditional and western knowledge and healing concepts
- Promote individual and community health to support economic development and viability
- Analyze and integrate the impact of race, class, gender and other cultural factors into our work
- Uphold and support our youth who bring energy and innovation into our vision
- Value the voices and the participation of all our people
• Speak the truth and provide valuable education and information on a continuous basis to our community
• Create and maintain an informed community
• Engage and encourage family and community people and grassroots and community-based groups in an ongoing dialogue to strengthen their impact on policies and strategies

We are committed to: Respect; Inclusion; Ownership; Relationship/Kinship Building and Leadership Development throughout this process.

Since our creation, LC 17 has established an ad hoc committee that does the planning and sets the agenda for all our meetings. LC 17 has selected two co-Chairs, Barnie Botone, from the Kiowa and Blackfeet Nations and Joe Cordova from the Pueblo of Taos. Our meetings are held at the Indian Health Clinic on Vassar and Lomas, the 4th Wednesday of every month from 2-5pm. Our meetings begin and end with prayer in different tribal languages and include presentations of various topics of importance to our community. LC17 is 99% consumer and family driven. LC17 has hired a part time administrator who developed our website (www.raincloud@webs.com). First Nations Community Health Source in Albuquerque serves as the fiscal agent for LC17 and provides valuable support for all our on-going activities. Other activities LC17 has engaged in are:

• Appeared on Channel 27 Public Access to talk about LC17 and send out regular notices on KUNM Native America Calling
• Established a Subcommittee to organize and convene an Off-Reservation Summit
• Decided on our Legislative Priorities for 2010 (Native American Community Based Services and Effectiveness and Evidence Based Practices & Professional Training)
• Sent in nominations for the BHPC
• Sent LC17 members to the Region 6 Leadership Training and the LC 14 Leadership Conference
• Provided scholarships for LC17 members to participate in NA conference and training event
• Engaging in a unique partnership with NAMI to increase resources for off reservation Indian people
• LC17 leadership provide testimony before Indian Affairs Subcommittee and the American Indian Health Advisory Committee

Local Collaborative Eighteen: Pueblos of Nambe, Picuris, Pojoaque, San Ildefonso, Ohkay Owingeh, Santa Clara, Taos and Tesuque

Local Collaborative 18 is a newly funded 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

Consumer Outreach Project. Native American Consumers, Family members and tribal leaders have come 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. The issue of mental health is a silent epidemic that 8 Northern
communities has begun addressing. In its findings, 8 Northern leaders have found that consumers range the scale from professionals to laymen among the pueblo residents, and that if we work together collectively as an 8 Northern family, we can help each other began the cycle of recovery. Therefore 8 Northern tribal leaders and the LC 18 collaborative have begun 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 want their co-occurring to know that they no longer have to suffer in silence, but can come forward and say that they need help. Tribal leaders who are also consumers, providers and family members are becoming aware that there is support within their community and are embracing the idea of support and restructuring services to represent the native way of life.

**LC 18 One Nation Summit, The Journey to Recovery.** LC 18 has developed and established a summit for September 2010 with the participation of all Native American Local Collaboratives. Our first meeting to be held in Dulce, NM with tribal leaders from the Navajo Nation, Tesuque Pueblo, Jicarilla and Mescalero reservations, on October 13th. Gina Roanhorse of LC 15 has volunteered to conduct the fundraising for the LC Summit. It is 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.”

1. **Ongoing concerns, issues, etc. that this local collaborative is addressing:** Attracting more consumers and pueblo communities working together collaboratively regarding behavioral health issues and the need for substance abusing, psychosocial recovery supports, funding for psychosocial rehab recovery support services other recovery supports in Indian country and traditional healing service definitions for young substance abusing teens and adults. It is our goal to work with the Native American Sub-Committee on service definitions for Medicaid. Other concerns are supportive and low-income housing and transportation. We are also in the process of implementing CCSS and 24/7 Crisis response services within 8 Northern Pueblos behavioral health systems.

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:**

**Also concerns are the building of supportive housing for co-occurring pueblo residents.**

Educating LC 18 pueblo leaders about substance abusing teens on the pueblo and getting pueblo leaders more involved with the recovery of those teens, specifically teen dancers of the community. Teens feel they can not go to elders for help with coming out of substance abuse. Tesuque Tribal leaders are creating avenues for Pueblo teens to feel a comfort about coming forward and asking for help without fear of condemnation.
LC 18 Presiding Chairman, Former Tesuque Governor Vigil, wants to bring NAMI onto the pueblos to help with the educating of families and tribal leaders regarding mental health issues within 8 Northern pueblos.

Presiding Chairman, Former Tesuque Governor Rick Vigil has agreed to aid Co-Chairs Elias Vigil, and Co-chair Lilah Westrick at the Indian Affairs Meeting in Gallup on August 11th. LC 18 Co-Chair Lilah Westrick and BHPC nominee Patricia Vigil are expected to speak at the LC 14 meeting held on August 31st.

8 Northern would like to seek CSA designation for 8 Northern pueblo communities with Circle of Life as lead agency and are meeting regarding collectively providing wrap around services with each pueblo providing behavioral health services. We are currently seeking buy in from each pueblo by meeting with tribal governors and staff, and holding individualized meetings with separate appointed staff to educate pueblos about the collaborative, Core Service Agency Designation and targeted collaborative goals for 8 Northern pueblo co-occurring and mental health residents.
APPENDIX A: THE BEHAVIORAL HEALTH PLANNING COUNCIL
FY09

Frank Adakai  Nancy Jo Archer  Trinidad de Jesus Arguello
Mary Sue Blackhurst  Judy Bonnell  Frank Chevalier*
Angie Coburn  Cindy Collyer  Brenda Crocker
Gail Falconer  Gay Finlayson  Douglas Fraser
Jenny Garcia  Marcia Hawthorne  Pamela Holland
Woods Houghton  Erin Hourihan  Kathleen Hunt
Robert Hyman  Susie Kimble  Carol Luna-Anderson
Catherine McClain  Carolyn Thomas Morris*  Cheri Nipp
Carlos Preciado  Karen Raburn  Santiago Rodriguez
Dolores Rivera  Debbie Salazar  Frankie Scofield
Christina Scott  Mark Simpson  Teri Sturgis
Peter Swatzell  Robinson Tom  Lisa Trujillo
Susie Trujillo  Chris Wendel

* Resigned in late Spring 2009

State Proxies
Rhonda Avidon, Aging and Long Term Services
Marisol Atkins/Jeff Tinstman, Children Youth and Families
Michael Estrada, Department of Corrections
Michelle Franowsky, Office of the Public Defender
Alvin Warren/Christina Stick, Indian Affairs Department
Debbie Hambel, Division of Vocational Rehabilitation
Kristine (Kooch) Jacobus, Health Policy Commission
Harrison Kinney/Karen Meador, Human Services Department
Karen C. Peterson, Developmental Disabilities Council
Appendix B

Behavioral Health Planning Council
Budget Projection 2009-2010

as of 9/8/09

<table>
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<tr>
<th>Category</th>
<th>Frequency</th>
<th>Line Item</th>
<th>Cost</th>
<th>Sub-total</th>
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Budget Request

| Contracts Funds | BHSD July 09-June 10 | $31,000.00 |
| T-SIG July-Sept 09 | $28,409.00 |
| T-SIG Oct 09-June 10 | $50,700.00 |
| Optum Health    | $5,000.00  | $115,109.00 |

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APPENDIX C: Letter to OptumHealth NM from the BHPC

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

April 30, 2009

Dr. Sandy Forquer, CEO
OptumHealth New Mexico
2905 Rodeo Park East
Suite 300 A
Santa Fe, New Mexico 87505

Re: Behavioral Health Planning Council and OptumHealth New Mexico

Dear Dr. Forquer:

On behalf of the Executive Committee of the Behavioral Health Planning Council (BHPC), I am writing to you regarding the future interface of work between OptumHealth New Mexico and the BHPC, its Subcommittees and the Local Collaboratives – both during this transition and for the months and years ahead.

It is our goal, as we believe it to be yours as well, that the spirit of inclusion, transparency and clear communications between us is paramount. So, to that end, we ask that you please consider the following requests and concerns:

Regarding our respective schedules /calendars:

- First, we ask that you have a dedicated liaison to the BHPC. We request that one person represent OptumHealth at the statutory Subcommittees, the Executive Committee and the BHPC meetings. We have found in the past that without that sole responsible representative and his / her commitment to attend the meetings in their entirety, two-way communication rapidly breaks down.
- Second, we ask that you or your liaison begin to attend the statutory subcommittees starting in April and the BHPC meetings starting in May; please be prepared to make a brief introductory presentation as well as answer questions from the members.
- Third, we ask that together we develop and maintain a yearly calendar to facilitate planning of our respective events to minimize conflicts of our respective schedules as well as promote the timeliness of announcements, etc.
- Fourth, we ask for your active participation in our annual Summit, which will be in Albuquerque on December 7th in conjunction with the Collaborative Conference. We also ask that you participate in our annual Behavioral Health Day at the Legislature.

Regarding communication and improving input from consumers, family members and providers, the Executive Committee requests the following:

- Continue utilization of the Local Collaboratives as a source for consumer, family and community voices.
- Send OptumHealth Regional Directors to attend their respective Local Collaborative meetings.
- Work together to establish a framework of sharing information. In conjunction with that, we ask that you assist us in developing a feedback process using not only your website but also personal communication, so that Local Collaborative members, in particular, feel that they have a venue and that they are being “listened to”.

Behavioral Health Planning Council of New Mexico
Focusing on Comprehensive Behavioral Health Services
- Continue to work together and be culturally responsive when interacting with different communities within the state.
- Submit a report regarding OptumHealth’s work with the BHPC, its Subcommittees and the Local Collaboratives for the BHPC annual report to the Purchasing Collaborative and Governor Richardson in August and the “State of the Council” report in January.
- Work with OptumHealth Director of Communications to develop ideas for marketing the BHPC and, more importantly, the Local Collaboratives.
- Work together to improve access of those stakeholders in the rural and frontier areas, primarily through video conferencing.

Regarding improving the system, we ask that OptumHealth work with the BHPC in:
- Having pre-planning and debriefing sessions on joint projects, such as community reinvestments, so that we can further improve the systems involved,
- Preparing a joint statewide “Survey of Services” as required by the Statute to better understand what services are available,
- Continuing the work of the Substance Abuse Subcommittee relative to its efforts centering on prevention,
- Providing real time data to effectively do planning for systems of care.

We certainly acknowledge that it is an enormous task to transition from one Statewide Entity to another, and we, too, hope for the least amount of disruption as possible to all stakeholders.

We are committed, as we believe you are, to an ongoing collaboration, which centers on inclusion, transparency and clear communications.

Thank you!

Christine Wendel
Chair, BHPC