NEW MEXICO BEHAVIORAL HEALTH PLANNING COUNCIL

Activities of the Council, its subcommittees, partner agencies and Local Collaboratives
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Dear Friends:

It is our pleasure to present the Annual Report for the State Fiscal Year 2011 for the Behavioral Health Planning Council, its subcommittees, the representative State agencies and the 18 Local Collaboratives.

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

We believe that our continued success centers on continuing to increase the consumer and family voice; our two biggest roadblocks to achieving that are geography and budget constraints - both of which can be overcome with the increasing use of video, internet and telephonic conferencing. We need our State partners to embrace these methods of communication more frequently than they do.

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 us meet our goals and mandates. In particular, we wish to thank Letty Rutledge, Sam Baca and the Local Collaborative Cross Agency Team.

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

Respectfully,

Christine Wendel
Chair
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Executive Summary
Susie Kimble, Vice Chair

The New Mexico Behavioral Health Planning Council (BHPC) continues to serve as the advisory body to the Governor and the Interagency Behavioral Health Purchasing Collaborative on issues relating to mental health, substance abuse, and developmental disabilities. The Council is comprised of volunteers from across the state and across the spectrum of behavioral health stakeholders who met quarterly during the year.

The BHPC has advised the Governor and the Purchasing Collaborative on a variety of topics and projects, including strategic priorities, grant utilization, Medicaid cost containment, service implementation and delivery issues, systems of care, and letters of support.

The BHPC has represented the Collaborative and the State in many arenas, including: Legislative Memorials, Core Service Agency development, Supportive Housing, Children, Youth and Family involvement, Cultural Competency, SAMSHA Grantee Conferences and National Association of Mental Health Planning Councils.

The BHPC also consists of five statutory subcommittees: Adult, Substance Abuse, Children/Adolescents, Native American and Medicaid. Four of the five subcommittees meet monthly, while the Medicaid Subcommittee meets quarterly. Subcommittee membership is comprised of local collaboratives members and at-large members from throughout the state. Meetings are held around the state by video, internet, or telephone to allow the largest number of interested people to participate.

FY11 Activities and Accomplishments have centered on three main goals: Improved Communications, Increased Efficiency, and Restructuring of Organizational Functions.

**Improved Communications**

Through the use of video, telephonic, and internet conferencing, the BHPC is beginning to see a reduction in travel costs and an increase in participation in meetings. The Collaborative website, and specifically the section designated for the BHPC, is becoming a reliable source of information for members of the Council and others who are interested in behavioral health issues. The website allows all minutes and meeting information to be posted online allowing easy access to the documents for anyone with computer access.

For the fifth year, the BHPC hosted Behavioral Health Day at the Legislature, an event that has grown each year and brings many stakeholders to Santa Fe to meet with legislators and state leaders to discuss behavioral health issues.
Mental Health First Aid training was offered to BHPC members throughout the past year to enhance understanding of how to assist someone in a mental health crisis.

The BHPC also developed a protocol for members to bring issues to the BHPC for discussion or assistance.

**Increased Efficiency**
Through the ad hoc Finance Subcommittee of the BHPC, we developed a budget that is monitored to ensure funding is used in the most beneficial ways. The subcommittee also enacted a checks and balances system to monitor reimbursements to participants to ensure proper expenditures.

The Statutory Subcommittees continue to serve as the workhorses of the BHPC, focusing on the issues facing the behavioral system in the state.

Data gathering from the State and OptumHealth NM is an ongoing issue that has yet to be resolved satisfactorily.

**Restructuring Organizational Functions**
The BHPC has worked within the past year to fine tune its bylaws and policies and procedures with the input from members and subcommittees. We review both documents annually to ensure they continue to serve the membership.
We would like to take this opportunity to congratulate our new Governor on her election as well as her respective Behavioral Health Collaborative Secretaries!

In April 2011, we introduced ourselves to the new Collaborative by presenting an overview of Behavioral Health Planning Council (BHPC) activities during the last few years. We would like to take this opportunity to reiterate that report as it may be helpful to those who are unfamiliar with the BHPC.

Below explains the Why, Who, What, When and Where of the BHPC:

**WHY:** We are the advisory body to Governor Martinez and to the Collaborative on things related to mental health, substance abuse and developmental disabilities. We exist under NMSA 1978; 24-1-8. We are also required to exist per the Substance Abuse and Mental Health Services Administration (SAMHSA) Community Mental Health Services (CMHS) Block Grant.

**WHO:** We are mostly volunteers from communities across this state bringing forward the voice of consumers, family members, advocates and providers; we work to improve the quality and availability of effective mental health and substance abuse prevention, treatment and recovery support services to help New Mexicans in every part of the state. It is important to stress that we represent communities from across New Mexico primarily through the Local Collaborative structure, which brings a geographic and cultural diversity to the table. As such, we act as a conduit and a catalyst for information, flowing up from communities to the Collaborative and correspondingly down from the Collaborative to communities.

Also because some of our members represent respective Collaborative departments, we are able to have close relationships with the State agencies. In addition, the CEO of the Collaborative works very closely with the BHPC to maintain an open and meaningful dialogue.

**WHAT:** We have advised on:
- Strategic Priorities (within the context of the Subcommittees)
- Legislative Priorities
- Sandoval County Jail Diversion Project
- SAMHSA Grant Reviews:
Community Mental Health Services Block Grant  
Substance Abuse Prevention and Treatment Block Grant  
Substance Abuse Prevention Strategic Framework State Incentive Grant  
Screening, Brief Intervention, Referral and Treatment Grant  
Access to Recovery  
Total Community Approach  
Co-occurring State Incentive Grant  
Medicaid Cost Containment  
Medication Fund  
Collaborative Annual Conference Award Recipients  
State-wide Entity Request for Proposal Review  
Anti-stigma campaign  
Community Reinvestment  
Children and Adult Systems of Care  
Comprehensive Community Support Services (CCSS)  
CADAC to LADAC legislation for Native Americans  
Letters of Support:  
Maternal Postpartum Depression  
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  
School Mental Health Capacity Building Partnership Pilot Training Initiative Grant

In addition, we also represent not only the Collaborative but also the State in various arenas.

Representing the Collaborative:  
Senate and House Memorials  
Quality Service Review (QSR)  
Core Service Agency (CSA)  
Supportive Housing  
Children Youth and Family Involvement Guidelines  
Cultural Competency Workgroups

Representing the State:  
Annual SAMHSA Transformation State Incentive Grant Conferences  
Annual SAMHSA Community Mental Health Services Conferences  
Annual National Association of Mental Health Planning Councils
WHEN: The BHPC meets quarterly during the year. The four of the five Statutory Subcommittees (Adult, Substance Abuse, Children / Adolescents and Native American) meet monthly; the Medicaid Subcommittee meets quarterly. We believe that the work of the Council happens primarily in the Subcommittees - that is where we have the broadest base of local representation of consumers and family members.

WHERE: All of our meetings are held around the State through either video, internet or teleconferencing. The host site is usually in Santa Fe in the large conference room at Behavioral Health Services Division (BHSD).

FY11 Activities and Accomplishments
There is certainly a similarity with this Annual Report to previous years as we continue to hone our processes and develop our collective voice. As in the previous years, the first section of this Annual Report is in three parts: improving communications, increasing efficiency and restructuring organizational functions. Then we will present the topics on which we have advised the Collaborative and represented the State of New Mexico. Finally, we will briefly discuss some other activities happening around the State.

Improved Communications
Video, Telephonic and Internet Conferencing: We continue to use video and telephonic conferencing at our Behavioral Health Planning Council (BHPC) meetings - with the host site usually at the BHSD offices in Santa Fe and with remote sites alternating among Las Cruces, Albuquerque, Roswell, Carlsbad, Farmington, Alamogordo, Silver City and Las Vegas. In addition, we are conducting telephonic as well as webinar meetings at the Adult, Substance Abuse, Children/Adolescents and Medicaid Subcommittees. The Native American Subcommittee used video conferencing for the first time this year. By using video, internet and teleconferencing, we have decreased our meeting costs associated with mileage and per diem expenditures but, more importantly, we have increased the participation particularly of the consumers and family members in the rural and frontier areas of the State. The process has had its frustrating moments, but we are ever optimistic that we will continue to succeed in decreasing costs and increasing the local consumer and family member voice.

Website: As we succeed in involving more consumers and family members throughout the state, we realize that information dissemination is critical. To that end, we are focusing more and more on the Collaborative website http://www.bhc.state.nm.us/BHPC/BHPC.html to provide agendas, minutes, announcements, initiatives, etc, for Local Collaboratives, the BHPC and its Subcommittees.
All of our last Annual Reports and State of the Council reports are available on your website (bhc@state.nm.us).

State of the Council: We submitted our State of the Council report to the Governor, all Collaborative members, Senators, Representatives, SAMHSA representatives, Local Collaboratives and Council members in January 2011. This mid-year report highlights the work of the Council and is also available on the Collaborative website.

Orientation Workbook: We are developing an orientation workbook for new members of our Subcommittees based on the one developed by Local Collaborative 4 (Mora, San Miguel and Guadalupe counties) for their new members as well as other Local Collaboratives. The LC 4 handbook is available on the website at http://www.bhc.state.nm.us/BHCollaborative/LCs.html.

Community Outreach
BHPC / LC SUMMIT: The Local Collaborative ad hoc subcommittee organized the fourth annual BHPC/LC Summit which was held February 16, 2011. Approximately 160 Local Collaborative members gathered to share successes and offer resources to build and support local partnerships and initiatives. The focus of this year’s Summit was not only to celebrate successes to date but also to begin planning for local collaborative sustainability in line with the Collaborative Strategic Plan.
The Summit hosted a Behavioral Health Day STAR recognition dinner in the evening in which two special awards were given: the John Henry Award and the Lifetime Achievement Award.

The Lifetime Achievement Award recognized two individuals who have made a career of “exemplifying the collaborative spirit; promoting behavioral health practices through leadership; and promoting behavioral health practice anchored in recovery and resilience.” Terri McCaslin from Albuquerque and Facundo Valdez from Las Vegas received plaques and a warm reception by the Summit attendees. The second annual John Henry Award recognized Skeeter, a Dachshund from Sierra Vista Counseling in Grants. The award is in recognition “of that animal who on a daily basis over the course of his lifetime demonstrated loyalty, dedication and love to consumers and their family members and, thereby, made a significant impact on promoting behavioral health one person at a time.” Because we believe that animals can be an invaluable asset in someone’s recovery, we will continue to make this award at our annual Summit. The resolution is available on the Collaborative Website at http://www.bhc.state.nm.us/BHPC/LcSummit.html.

Behavioral Health Day at the Legislature: February 17, 2011 was the 5th annual event at the Capitol building to honor individuals who have made a difference in the behavioral health system. The eighteen Stars of the day represented consumers, family members, advocates, local agencies and governments. We wish to extend not only our continued thanks to Senator Papen and Representative Edward Sandoval for their sponsorship of this event but also our thanks to Secretaries Squier, Deines and Torres as well as Governor Martinez’s Chief of Staff Gardner for joining us at this wonderful event.

MENTAL HEALTH FIRST AID TRAINING: Our members as well as members of the Local Collaboratives participated in these trainings. Thank you to The LifeLink from Santa Fe for these trainings.

ISSUE RESPONSE PROTOCOL FORM: We developed this so that our members from the Local Collaboratives can bring forward local issues and concerns.
Increased Efficiency

Finance Ad Hoc Subcommittee: A couple years ago, we instituted a Finance Subcommittee which meets monthly. We did this not only to have an accurate understanding of the costs of running the BHPC but also to be prepared for the end of the Transformation State Incentive Grant (TSIG) funding.

The Finance Subcommittee continues to be a valuable resource for the Executive Committee of the Planning Council. In addition to developing an operating budget for FY11 and subsequently tracking expenses relative to that budget on a monthly basis, they also developed recommendations to tighten the checks and balances regarding reimbursements to participants, such as calculating mileage to the closest meeting site and tracking attendance for an entire Council meeting.

The subcommittee has also developed the budget for FY12 which is our first budget without TSIG funding. We have been preparing for this by increasing the amount of video, internet and teleconferencing that we do, thereby decreasing our meeting costs, while increasing our participation. We also have carried over the annual $5000 from OptumHealth for the last two years. See the FY12 Budget in the Appendix.

In the spring of 2011, we realized that we would have surplus funding from TSIG that fell under the category of “use it or lose it”. Please note that, per the SAMHSA grant, these funds were specifically designated for the use and development of the Behavioral Health Planning Council. Therefore, we developed other opportunities to further our mission as well as decrease our costs for FY 12. Those opportunities are, as follows: we dramatically improved the sound system in the BHSD conference room, the same conference room now used for Collaborative meetings, by switching to digital microphones. We bought various supplies, such as Brita water systems so that we could forego bottled water. We prepaid our internet meeting costs for the year through an MOU with meetingbridge.com. We bought prepaid cards from Staples so that we can be more accountable for the costs of our copying, such as our Orientation Manuals for our new Subcommittee members. We bought our own desk top printer as well as toner cartridges and paper to do our own printing and not use BHSD printers. All of these measures were designed to make us not only more aware of the actual costs of having the BHPC but also so that we could be more self-sufficient.

Statutory Subcommittees: We continue to focus the work of the Planning Council in our Statutory Subcommittees - Adult, Substance Abuse, Native American, Children / Adolescents and Medicaid. It is in those Subcommittees where we can have the broadest base of input from consumers and family members with the least amount of expense. To further their productivity, we continue to offer better direction on the functions of the
subcommittees and their relationships to the Council and the Local Collaboratives. In May, we held a business planning meeting for the Chairs and Co-Chairs of these Subcommittees to better understand the way in which we conduct the meetings and make improvements.

Point of Contact: In previous Annual Reports, we have described the need for "a point of contact" for information dissemination and communication flow. As mentioned above, we are now using the Collaborative website as that point of contact.

Data: We continue to need better data from the State and OptumHealth NM on a variety of topics in order to make better recommendations to the Collaborative.

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

Policies and Procedures: Per our By-laws, we completed our required annual review of our Policies and Procedures manual. Although we did not have many changes, we did make a few changes relative to the function of our Statutory Subcommittees. We added job descriptions for the Chair, the Co-chair, the LC representatives and the At-large members; we increased accountability of our members regarding attendance; we clarified the process of advances for mileage reimbursements.

Recommendations for next Council: Finally, we recognize that with the reality of the financial situation of the State as well as the end of the TSIG funding, we need to continue to actively manage our expenses while at the same time engage the local consumer and family member voice. As mentioned earlier, we believe that that representation is best attained through the Subcommittees. We also believe that a streamlined BHPC made up of members who have demonstrated that they are willing and committed to our work will best fulfill our mandate while meeting the membership requirements as set forth by SAMHSA.

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

The BHPC also advised on:
Collaborative Comprehensive Strategic Plan
Block Grant Reviews
Consumer, Youth and Family Involvement Guidelines

**State Initiative Representation**
We continue to bring the voice of consumers and family members to many different forums including:
Senate Memorial 33: The Substance Abuse Task Force
Core Service Agency Steering Committee
Collaborative Comprehensive Strategic Plan Review Team
Quality Service Reviews
OptumHealth NM Substance Abuse and/or Suicide Prevention Funds
The Office of Health Care Reform and the New Mexico Health Insurance Exchange Survey
The Community Reinvestment Review Team
Cultural Competency Ad Hoc Committee

**Representing the State**
Community Mental Health Services Grantee Conference
Community Mental Health Services Block Grant Review

**Other**
All of us on the BHPC work to encourage and develop consumers and family members to bring forth their voices and to rise to places of leadership in their local communities. To that end, there are many exciting events happening during the year throughout the State, such as Senior Jubilees, SoberFest, Mental Health Month activities, and Recovery Month activities.

**Future**
This Council has worked to better define its role, to fulfill its commitments to the State and the people of New Mexico, and to plan for the future of the Council going forward. Over time, the role of the BHPC has evolved to become a strong advisory board for state agencies responsible for behavioral health services for children and adults. Although the BHPC has no formal role in creating policy, direct interaction between State staff and the BHPC and its subcommittees help shape policy as the State develops it. State staff has come to look to the BHPC when they need to know what the people of New Mexico think.
BHPC Statutory Subcommittee Reports

**Adult and Substance Abuse Subcommittee:** by Karen Meador, Chair

The Adult & Substance Abuse Subcommittee (ASASC) has enjoyed high attendance from both the Local Collaboratives (LC) and the At-Large Members this year, which has enriched our discussion of the Subcommittee priorities. We offered feedback on health exchanges, Wellness Centers, and funding of substance abuse prevention work as well as individual members’ review of the new Joint Block Grant application to SAMHSA. We continue to participate on a number of working groups and task forces arising from the legislative session.

And we take what we discuss at the monthly ASASC meetings back to our communities. We continued to support mental health first aid training around the State, and the development of Senior Jubilees that include behavioral health issues. We learned, for example, that one of our State’s smallest and most frontier counties has also been an enthusiastic leader in mental health first aid training - 30% of Harding County’s population have been trained.

We are hard at work on our FY12 priorities. One of those priorities is specific to mental illnesses and the other two span both substance use and mental illness, including substance use by adolescents in transition to adulthood.

Our priorities are:

A) work with local collaboratives to produce a mapping of services / programs / support activities, an example of something that works well in terms of outcomes in people’s lives, an example of something that does not work well, any examples of local collaborative or local initiatives that might be usefully replicated in other communities (July - October). A template will be developed to be used for each LC. This “map” will include services funded not only by State Agencies / OptumHealth but also faith-based programs, volunteer support groups and City / County funded programs;

B) assemble from each LC a key indicator that would show each local community that something important to the community is changing in a positive way (July - October) and then prioritize which indicator(s) the ASASC wishes to work on for the remaining 8 months;

C) adopt the SAMHSA 10x10 goal and help LC’s receive available materials and briefing / training on the 10x10 initiative.
The ASASC is excited about the 10x10 initiative. We look forward to telling you more about the resources and needs of our communities and how health and dimensions of wellness are being addressed throughout New Mexico.

The goal of this initiative is to improve the life expectancy of people with mental illnesses by 10 years in 10 years. It’s about health and well being, not just illness. Our Subcommittee has begun working with communities to talk about the eight dimensions of a person’s wellness (social, environmental, physical, emotional, spiritual, occupational, intellectual and financial).

Wellness connects all aspects of health, and the Subcommittee members identified that each could be adapted for their own specific communities and could also be expanded to include addictions and co-occurring populations.

All agreed that 1) Behavioral Health is essential to health, 2) Prevention works, 3) Treatment is effective and 4) People recover.
Our Subcommittee wants to assist the LC’s to carry some important messages that will help a community achieve the 10x10 goal. In one LC, for example, a large poster about the 10x10 initiative was printed in color by a county assessor’s office to help raise awareness and encourage involvement. In another community materials have already been placed in doctor’s offices, libraries and senior centers.

At the SAMHSA website, materials are available on all of the dimensions, and each subcommittee member will begin this process by becoming acquainted with a specific one. To share this information which will include references, the Subcommittee requested that the Collaborative website be expanded under BHPC/ Adult/Substance Abuse Subcommittee folder to include information gathered on the 10 by 10 Wellness Campaign (this has been done).

DID YOU KNOW...
People with mental illnesses die decades earlier than the general population.
- The co-occurrence of chronic medical disorders and complex health needs is an expectation, not the exception.
- 87% of years of life lost to premature death are due to medical illness.
- Premature mortality is predominantly due to chronic diseases - especially infectious, pulmonary and cardiovascular - and diabetes.
- Medications, especially the atypical antipsychotic drugs, can cause weight gain, dyslipidemia and glucose metabolism.
- Mental health consumers have a higher prevalence of metabolic syndrome, liver diseases, hypertension and dental disorders.
- Mental health consumers have high rates of smoking, poor weight management/nutrition and physical inactivity.
- Mental health consumers have the lowest rate of utilization of preventive medicine and self care.

Children’s and Adolescent’s Subcommittee: by Lisa Trujillo, Co Chair
The Child and Adolescent Subcommittee (CASC) of the Behavioral Health Planning Council continues its efforts in advocating for children and youth and their families regarding behavioral health services. We attempt to communicate local issues and ideas from Local Collaboratives (LCs) to the Planning Council and to the Purchasing Collaborative, as well as disseminating information from the State Government to those local communities. We have identified our priority in our current efforts to be the identification of “Natural and Community Supports” on a community, LC, regional, and statewide level.

Our committee receives regular updates and input from both the LCs and several workgroups that we have partnered with because they dealing with critical CASC concerns.
The Adolescents in Transition (AIT) workgroup has been focusing on some of the systemic issues and departments they can bring together to provide services to ease the transition. Funding sources tend to be rigid as to what age groups they will support and youth can be left without a “bridge” to services in the adult world. They are prioritizing the needs of youth diagnosed with serious emotional disturbance and are advocating for their seamless access to services as they enter adulthood. These youth need services that include educational training and as well as academic supports in order to achieve better outcomes. They need to be engaged so that they are aware that they have choices and what these choices are. They are working on developing a transition billing code, a goal which they’d like to work with Public Education Department (PED) on. They’re also exploring statewide mentoring programs, and perhaps working with the Systems of Care on engaging youth with groups that would serve dual purposes of advocacy and peer-to-peer support. Cutbacks in funding at DVR are a concern.

The Success in Schools (SIS) group has stopped meeting. However, there is a group working on Communities of Practice (COP) that has a similar scope of purpose and which has begun reporting to the CASC. This group has been meeting for about three years. The idea behind COP is that it is a way to bring together different groups of people around shared work or issues, learning to create new knowledge as you do the work. It is working to address issues/concerns relating to school behavioral health, including IDEA partnerships. IDEA provides technical assistance and networking with other COP sites. The New Mexico School Behavioral Health Community of Practice joins diverse groups together to develop a common language to address the work; is a network for sharing learning and work, and acts as a repository for information on school behavioral health. Their mission is to join diverse groups together to improve social and emotional healthier for all youth through promoting safe and supportive schools and communities. They are focusing on behavioral health school-based health centers. Their meetings are open to all.

The CASC adopted the Core Service Agency (CSA) workgroup this year. The development and implementation of CSAs statewide will have a profound impact on the delivery of services to SED and at-risk SED infants, children and youth. Feedback on how it is working on the LC level is an important function of the CASC. The group has continued to describe the CSAs scope of work. During this year they decided to limit the focus of CSA services to children with SED and youth and not to the at-risk for SED. They developed a readiness tool and a Facts at a Glance publication with information on the “no reject/no eject” policy.

The Systems of Care/Families and Organizations Collaborating for a United System (SOC/FOCUS) workgroup reports to the CASC on progress made putting our three anchor sites programs into operation under the FOCUS grant. Each site is at different stages in development, moving from planning to implementation. We have received updates as they
are defining their scope, working at initiating community involvement and service delivery, and focusing on Wraparound fidelity.

The Infant Mental Health (IMH) workgroup has seen the development and rollout of a new service definition. There were trainings in different regions on the new service, and efforts made to increase capacity to deliver the service in all areas of the state.

We also regularly hear from the New Mexico Youth Provider Alliance regarding its concerns and activities.

There have been State initiatives that the CASC has discussed within the committee and has commented on. When the Value Added Services funding to services we considered vital to New Mexico families was cut off we passed our concerns to the Collaborative. We have also provided input regarding Medicaid Modernization and the future of Children's service delivery, which we hope will provide guidance to those involved in the decision-making process.

The CASC continues to work to increase participation of LCs and integrate our efforts at CASC to the LCs. We get reports on events and activity on the LC level as well as trying to be a conduit of information back to those LCs. The sustainability of LCs has been an ongoing concern. There has been a lot of discussion about whether communities are losing services, some LCs feeling strongly that this is a problem in their areas. Our goal of identifying the “Natural and Community Supports” on a community, LC, regional, and statewide level will involve LCs and, we hope very much that examining these ideas will very much benefit participating communities and LCs as well as the state as a whole.

**Medicaid Subcommittee:** Kim Carter, Chair, Human Services Department Medical Assistance Division

**Brief overview of what was accomplished last year:**
In FY11, the Medicaid Subcommittee (MSC) continued to meet on a quarterly basis. However, during this time the MSC struggled to define its role within the Behavioral Health Planning Council (BHPC), as it is the only agency-specific subcommittee within the BHPC, and Medicaid issues touch the lives of nearly all BHPC subcommittee members and the communities they represent. MSC membership also saw a decline and meetings were often challenged in meeting a quorum.

MSC members had several discussions over the course of FY11 on how to make the MSC a more meaningful and valuable subcommittee to its members. With the advent of Medicaid Modernization in FY12, the MSC has a renewed commitment and purpose in how it defines its role within the BHPC and its impact on the behavioral health system as a whole. MSC
members are enthusiastic about their participation in the subcommittee for FY12, and most at-large members have expressed a desire to be reelected. An ad-hoc meeting to determine membership and vote on officers was completed on July 19, 2011.

**FY12 MSC Strategic Priority:**
The MSC is committed to its advisory role and providing continuous consumer and family and provider input into the current move toward Medicaid modernization. During FY12, the MSC is committed to having one of its members present at each statewide stakeholder input meetings. MSC quarterly meetings will include discussions and develop recommendations based on MSC member feedback gathered at the statewide stakeholder input meetings.

**Native American Subcommittee:** by Donna Kipp, Co-Chair
We have a new Cabinet Secretary for the Indian Affairs Department, Secretary Arthur Allison who is the Chairman for the Native American Subcommittee.

At the Secretary’s first meeting we reviewed the NASC goals and objectives for the year. We created a planning team for our 1st Annual Summit reflecting these priorities. The Summit hosted nearly 200 participants with panels on: Suicide Prevention, Housing, Youth, Elders, and behavioral health issues affecting Native American veterans. Secretary Hale from Department of Veteran Affairs was on the Veteran’s panel along with the other Veteran Service Officers from across the state. It was both informational and a moving presentation. Attendees provided personal perspectives on how they or their loved ones have been affected by the wars in which they fought.

The tentative dates for the next year of NASC meetings have been set.
We are increasing our information on health care reform, Medicaid redesign and other Managed Care Organization issues that will affect Native Americans.

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**State Agency Partners**

**Aging and Long Term Services (ALTS)** by Bette Betts
In FY 11, the NM ALTSD strategic plan continued to include as a priority, the support of Geriatric Behavior Health Needs as well as the needs of adults with disabilities with the following goals and objectives:

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

**Objectives:**

• Increase the use of comprehensive community support services for older adults so that they have access to treatment and services in their home or community.

• Enhance coordination and collaboration with community mental health centers, nursing homes, and shelter homes so that there are more older adult clients receiving behavioral health services in their communities.

• Develop and arrange training for medical professionals, behavioral health clinicians, and senior center staff on best practices in the referral, assessment and treatment of older adults.

• Lead the Behavioral Health Collaborative’s multi-disciplinary team designed to provide clinical case consultation for adult clients referred by state agencies.

• Identify best and promising geriatric behavioral health practices.

What changed in FY11 was less staff to work on the above goals and objectives. Due to economic/budget challenges as well as the end of the T-SIG grant there was only one person, the BH Director at ALTSD working on these goals and objectives from October 1, 2011 through June 30, 2011.

However, education, outreach and training continued and was provided in several senior centers and to staff at social service provider sites in Portales, Deming, Truth or Consequences, and at our annual Aging & Long Term Services annual Conference held in Albuquerque. We also provided two separate trainings to providers at Hidalgo Medical Center, a primary care clinic that serves southwestern New Mexico on Behavioral Health Issues and Older Adults. The second training, was presented by a geriatric psychiatrist, Dr. Lawrence Lazarus, and focused on treating depression in the older adult population, and more specifically addressing appropriate medication to use, and medication management issues, a topic specially requested by the prescribing staff at Hidalgo Medical Center. Through our statewide entity, Optum Health New Mexico, a web-based training was also provided by the ALTSD Behavioral Health Director on Behavioral Health and Older Adults. This training included an overview of evidence-based treatments for older adults, as well as treatment and assessment issues in serving this population. The training included a presentation on using the Star method to assess older adults, developed at the University of Wisconsin/Madison.

The BH Director continued participation in the Behavioral Health Collaborative committees and work groups, representing the needs of older and disabled adults. Work has continued on refining the collection of baseline data from Optum Health New Mexico by the defined
age groups of 50-64, 65-74, 75-84 and 85+. A presentation was made to the BH Collaborative Quality Improvement Sub-Committee on what this data is telling us about the needs and the penetration rate in serving these age groups, and where we need to focus. The data clearly shows the growth and impact of the aging baby boomers and has provided convincing evidence that we must prepare our system and our work force to serve an older population, including a focus on prevention and collaborative models of care.

The BH Director of ALTSD continues to lead the BH Collaborative state-wide and cross-departmental Clinical Multidisciplinary Team (MDT), providing triage and consultation services for state-wide referrals from Collaborative members. Volume of referrals has continued to increase from 57 last year at this time to 101 as of June 30, 2011. Placement of clients who have complex behavioral health needs and whose behaviors present needs for high acuity staffing remains a problem in terms of resources in New Mexico. A great deal of work has been done to find creative placement solutions for clients placed in Transitional Living Services who will not be able to transition to independent living, but many remain with few placement options. The BH Director also continued to provide case consultation on a monthly basis at the Aging & Disability Resource Center, a state-wide call-in center for adults of ALTSD, to help ALTSD staff deal with client who have difficult behaviors and complex service needs and to link clients to needed behavioral health services.

ALTSD continues to fund the Sandoval Senior Connection (SSC), a program provided Outcomes, Inc. that provides peer counseling services to older adults, aged 55+. The program has served 46 clients this year, an increase from last year. Extensive outreach and training was provided to Sandoval county tribal communities in an effort to recruit more Native American peer counselors and increase their utilization of services. There are 2 new Native American peer counselors and the program continues to work on increasing participation from these tribal communities. Eight new counselors were trained this year in total.

Work with the Statewide Entity, OptumHealth has been productive and positive. Written Procedural Guidelines that delineate the working relationship between OptumHealth and the various Divisions in Aging & Long-Term Services (ALTSD) seem to be working and continue to guide ongoing collaboration and coordination in terms of the behavioral health needs of the populations served by ALTSD. A big change occurred with ALTSD waiver programs and staff were moved over to the Human Services Department and will be housed there instead of ALTSD at the end of the FY’11. It is our hope that collaborative efforts will continue and be enhanced by this move.
**Children Youth and Families Department (CYFD)** by Jeff Tinstman

CYFD has continued its three year effort to expand Infant Mental Health services beyond the Rio Grande corridor and is pleased with the interest and commitment of the provider community to begin developing the necessary knowledge, skills and abilities to do so in many areas of the state. More than any other initiative, this one holds great promise for reducing the need for more intensive (and expensive) services in the long term. CYFD also is working closely with HSD to develop Intensive Out-Patient substance abuse services for youth and has expanded its behavioral health fee schedule for Non-Medicaid eligible children and youth to cover the full range of substance abuse services for children and youth that BHSD and MAD cover for adults. These first steps in addressing substance use and abuse by youth have been a long time in the making and CYFD is committed to supporting local providers in substantially growing this service array in the future. CYFD’s Families and Organizations Collaborating for a United System (FOCUS) SAMHSA System Of Care (SOC) grant is about to enter its third year. Steady progress has been made in getting our three FOCUS anchor sites (Silver City, Albuquerque’s Highland Cluster, and Santa Clara Pueblo) fully operational and delivering direct services. Targeted for this coming year is the incorporation of core SOC principles and practices into children’s Core Service Agencies statewide.

**Developmental Disabilities Planning Council (DDPC) Office of Guardianship** by Karen Courtney-Peterson

**Accomplished in FY-11:**

The Office of Guardianship provides a statewide, publicly funded guardianship services program for guardians of “last resort” to incapacitated adults. Our office contracts for “Corporate Guardians” and for legal services, and we have 70 local contractors statewide (21 Corporate Guardians, 28 Attorneys (Petitioning & GAL), and 21 Court Visitors). Legal services for guardianship court proceedings include Petitioning Attorney, Guardian ad Litem (GAL), and Court Visitor. For eligibility, the alleged incapacitated person must be financially eligible for institutional Medicaid. For legal services, where the proposed guardian is not a contracted service provider, the proposed guardian’s household gross income must not exceed 300% of poverty (being changed to 200%).

Our office is involved with the Interagency Behavioral Health Purchasing Collaborative's two Task Forces re: mental health - House Memorial 45 and House Joint Memorial 17. Our role is re: our Mental Health Treatment Guardian program.

- HM45 sponsored by Representative Dennis Kintigh of Roswell to review NM law and practices re: civil commitment proceedings and treatment guardianship for individuals living with mental health disorders.
• HJM17 sponsored by Representative Rick Miera of Albuquerque to develop strategies to improve services, treatment and care outside of law enforcement and detention in order to reduce the number of people with mental health disorders in crisis or in detention situations (or require law enforcement intervention).

Our office contracts with the NM Nat’l Alliance on Mental Illness (NAMI) and with the Forensic Intervention Consortium of Dona Ana County (FIC-DAC), to provide trained Mental Health Treatment Guardians as a “last resort” for appointment by the Courts. Mental Health Treatment Guardians are required by law when the individual cannot give Informed Consent for their own mental health treatment or medication. We received an average of 34 new cases per month, for a total of 408 in FY-11, primarily in Albuquerque and Las Vegas. This is the same rate in the cases per month as we have paid in prior years. These non-family Treatment Guardians are paid $200 per Court appointment (1 year, or 6 months), and at this time we plan to continue paying for all new Court appointments.

We also have 830 protected persons under corporate guardianship (different from Treatment Guardians), who help protect the health, safety, and civil rights of incapacitated persons. The guardian takes the place of the individual’s own decision-making, and coordinates and monitors professional and other services needed. Our number of protected persons increased from 785 a year ago, but this is a 50% slower increase and well below projections. We have 112 total pending cases through legal services (61 for Corporate guardianship including 11 Adult Protective Services, 51 Family includes 10 Pro Bono).

We will continue approving all new referrals for high priority guardianships (APS, Jackson Class, Veterans, emergencies where no one else is available). Our Waiting List is for legal services for family members to be appointed as guardian (except Priority Categories: Veterans, Jackson, Foley). Pro Bono services (volunteers), and families paying discounted fees directly to our contractors, for a total of nearly 100 cases, have been a great help in keeping our Waiting List at a very low number (28).

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

**Plans for FY-12:**

Our budget limitations continue to have a severe impact on our ability to serve all of our new clients. In FY-11 it was a great help to have received Stimulus funds and approval from
HSD for matching funding from Medicaid. Our FY-12 budget is less than in FY-11 due to no longer having Stimulus funds. We are required to continue paying for the 830 protected persons under corporate guardianship, and we are making every effort to reduce the normal rate of net growth to zero, which had been near 100 each year.

There is no funding for our prior program for re-evaluations by UNM to determine the appropriate level of guardianship for our protected persons. Additionally, on-site compliance visits will be limited, and we will try to use other methods for monitoring.

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

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

Local Collaborative 1
Report for the Behavioral Health Planning Council Annual report for FY 11
• The three counties that make up LC 1, Los Alamos, Rio Arriba and Santa Fe conduct individual county-specific meetings. Rio Arriba and Los Alamos have met in conjunction with their Health Councils. Both are still active since their two counties picked up Health Council funding. Each of the three has a steering committee that together comprise the Tri-county Steering Committee, which also met monthly. Last month the LC, in the interest of reducing cost and promoting sustainability made an important decision to reduce the frequency of meetings. Rather than the individual counties and the Tri-county group meeting every month, they will each meet every other month on alternating months.
• LC1 continues to implement an annual $100,000 Total Community Approach grant for Substance Abuse prevention and treatment in Rio Arriba County, with a revised plan for FY 12. Because of limited funding, vouchers are unavailable for treatment, LC1 will use TCA funds to pilot an ER diversion project, which will be subsidized by Rio Arriba County. Partners include Rio Arriba County, Espanola Hospital, El Centro de Familias, Hoy Recovery Center and Presbyterian Medical Services. Rio Arriba will provide intensive case management to the 50 most frequent ER users, presenting with drug-related issues or dual diagnoses and move them into a primary care home. This year, TCA also hosted a training for police and security guards stationed at CVMS and EVHS in Crisis Intervention Training for youth. They have also submitted a proposal for youth violence prevention to the CDC to expand the training series.
• In 2009, LC 1 was one of two LCs chosen for the Strategic Prevention Framework Project, focusing on Rio Arriba County. LC 1 is in the final stages of working with appropriate Espanola Valley School personnel and several area youth service providers on the PED initiative to develop a Strategic Prevention Plan for Carlos Vigil Middle School, focused on the most at-risk student population. The County has also adopted the Pathways Care Coordination Model to develop its system of care with protocols for at least 5 new care coordination Pathways. The Rio Arriba Health Commons is a beautiful new facility, which now serves as a fully operational one-stop shop for primary, maternal and child, and behavioral health care in the county. Rio Arriba DWI has implemented a Drug Free Communities Program, including conversion of drug dealing areas to walking parks, media campaigns, and increased DWI prevention activities.
• LC 1 Santa Fe is playing a key role in an ongoing effort by Christus St. Vincent Hospital to strengthen the System of Care in our community. We have developed a Community Behavioral Health Action Team for Santa Fe, which is conducting monthly meetings and is using the Results-based Accountability model, a planning tool which helps to identify community priorities and an action step plan to address agreed upon goals. Several major BH providers and various community stakeholders make up this team and
they are identifying the most pressing behavioral health needs in the community along with indicators which will help measure progress. Suicide prevention was chosen as the first area of concentration. We are collecting data and developing an action plan to address identified needs.

- Los Alamos has made great strides in increasing consumer involvement. A consumer group gave valuable input on gaps in social services in the county to a consultant hired by Los Alamos County to conduct a comprehensive social service needs assessment, and they expressed an interest in serving as a behavioral health advisory board for the County Council. The consultant was later hired to coordinate the Los Alamos Health Council, which supports the Los Alamos LC 1 participation. One early result of the assessment was the opening of a teen center in Los Alamos in February. Case management has a major focus on obtaining housing for consumers in collaboration with Los Alamos Family Council, Los Alamos County and The Life Link. A collaboration between Los Alamos Medical Center and Los Alamos Family Council to update BH resource information for ER doctors is also under way.

- LC 1 strongly supports an excellent drop-in center in Espanola, Inside Out, which is doing very effective work with mostly substance abuse consumers. They offer peer support, GED classes, and support groups such as AA and NA. They received an OptumHealth Community Reinvestment grant to continue their efforts. LC 1 set up an information table at their recent open house at their new facility.

- This past summer, LC 1 provided extensive input into the Health Insurance Exchange Survey. The survey was conducted at a Santa Fe LC 1 meeting, and Rio Arriba meeting, and a special meeting at Inside Out Drop-in center. In all, over 50 people were surveyed.

- An important function of the LC is educating the community around behavioral health needs and resources and reducing the stigma associated with mental illness and addiction. For May Behavioral Health Month, a small delegation of LC leaders including 2 providers, a consumer, a family member and the LC Cross Agency Team member did an hour-long interview on a local radio program, Health Para Todos on KSWV radio.

- LC 1 submitted a request to the Christus St. Vincent Hospital's Community Benefit Fund early this year to help fund the LC operations, particularly consumer and family stipends and mileage to participate in LC meetings. This proposal was not successful. We are continuing to identify sources for stipend funds, but consumers have been brought into leadership positions within the individual County and the LC Tri-county Steering Committees. With this ownership, we hope that their participation will continue on a purely volunteer basis, even if stipends were not available.

- LC1 held two planning retreats in which it identified its strategic priorities for the coming year. They were supported housing and crisis response. Sustainability issues were also discussed and the LC continues to explore alternative funding sources. LC1 members
approved approaching Los Alamos and Santa Fe county governments for funding to support the behavioral health planning and advisory function of the LC, and letters of request have been prepared for submission.

Local Collaborative 2
Bernalillo County

LC2 SUCCESSES

- **Re-organization** Meeting: November 23, 2010
- **Recruited** member of former Steering Committee to Leadership Committee
- **Re-building** member e-mail directory
- Continue to focus on **Empowerment** and Self and Community **Advocacy**
- Focused on making critical **Stakeholders** feel comfortable and welcomed at our meetings: Individuals who use services; Family members; Providers, County; City; State
- Expansion of monthly meeting to two hours; separate Leadership meeting
- Changed Consumer stipends to a Raffle of 3 actively-involved Consumer winners
- Created **Meeting Protocols:**
  - The use of drugs & alcohol will not be tolerated. We are a group that supports **wellness**.
  - Everyone with an opinion will have 2 – 3 minutes to express themselves depending on the need to know of the group and on time.
  - No one speaks more than once until all have been heard.
  - All topics for discussion should be on the agenda or in the “Announcements” portion. If there is not enough time, it will be heard at the next meeting or in LC 2 sub-committee meetings.
- **Secured** Scholarships for 2010 Consumer Wellness Conference *(postponed)*
- Secured a more solid **collaboration** with Depression and Bipolar Support Alliance – ABQ (consumer-run non-profit) – LC 2 information and meeting dates now on DBSA Web-Page
- “Minds on the Edge” video was shown to membership (provided by **NAMI – Albuquerque**)
- Held a community BBQ to bring awareness to Albuquerque that LC2 is still alive and well
- Initial discussion of how NAMI – Walk Fund-Raising monies could be used for something we can all get behind
- Have representatives on all of the five BHPC Subcommittees
PLANS FOR 2011 – 2012

- Develop a Mission Statement
- Focus on sustainability
- To create a more consolidated voice around the BH issues that we all care about
- Host a Mental Health First Aid (MHFA) Training
- Co-sponsor County-Wide Summit to address the high number of police shootings and the gaps in the Behavioral Health system that are leading to these dangerous situations – we have three representatives at the planning table – in collaboration with NAMI-ABQ - possibly in combination with Kick-Off Event (with a Round Table discussion to promote understanding)
- Invite speakers to lead discussions on relevant issues (ex., Citizen Review Boards, Office of Health Care Reform, OCA, Legislators, Providers)
- To create and maintain awareness about Behavioral Health to many tables in Bernalillo County by attending various community meetings and functions and by using our Voices

CHALLENGES

- To address Number of APD shootings and look at the correlation with the victims Mental Health history
- Plan a In-service training for Judges and others
- Reaching out to community and senior centers
- Establish LC 2 as a Hub of Consumer, Youth, Family Network (CYFN)
- Create a Consumer maintained resource directory
- Public awareness of LC2 (re-education and advertising strategies)
- Re-building our Membership
- Collaborate with LC 17 (Off-Reservation community in Bernalillo County)
- Bring in the NM Veterans
- Have more Providers at our meetings
- Figure out how the SOC-Highland Cluster project and LC2 can work together/help each other
- Figure out how the four Bernalillo County CSAs and LC2 can work together/help each other

Local Collaborative 3
FY11 Annual Report

Throughout FY 11, the Doña Ana County Behavioral Health Collaborative continued to focus on initiatives that would strengthen its position in the County and City of Las Cruces and build upon existing and newly formed relationships within the Community.
Providing opportunities for Consumers and Family Members to participate in venues that inform them and allow them to provide input to decisions being made that will affect them, their family members and the services they receive is critical. As a result, the local collaborative has had representation at the following activities:

- The 2010 NM Consumer Wellness Conference
- 2011 Behavioral Health Legislative Day (Rodney Schuelke LC3 STAR)
- The 2010 Local Collaborative/BHPC Summit – LC3 hosted a table display which was manned by consumer and provider members
- BHPC Subcommittee and Work Groups
- BHPC Planning Council
- Quality Service Review teams and focus groups
- Peer Support Specialist Certification and assistance with testing fee payment
- Medicaid Modernization public input session
- Advocacy for continued funding for Transitional Living Services
- State Legislative Priorities identification as members of the Statutory Subcommittees
- Monthly business meetings for members and guests, typically featuring guest speakers on behavioral health related topics; twice annually, the membership meetings are held in Anthony to enable access for members in the southern most part of our County
- Membership composition is maintained at 50% or more consumers and family members as is the Executive Committee roster

Communication has been stressed and has improved dramatically between the local collaborative and community partners via the following efforts:

- Broadcasting training and workshop opportunities made available through the state, LC3 provider members, and partner organizations
- Publishing meeting, special event information, and articles in the local newspaper (Helen Cooley, Healthy U; Mickey Curtis, Las Cruces Sun News)
- Opening Healthier Life Styles Committee meetings to the public
- Reviewing proposals, providing input to CAT and providing letters of support to partners upon request
- Presenting monthly legislative reports from the local Legislative Committee at membership meetings
- Disseminate communiqués from the single entity, state and Behavioral Health Planning Council and BH Purchasing Collaborative leaders
- Continue to accept invitations to participate in strategic planning sessions and continue to make “In the Know” and similar publications available to members
• Post information on the United Way website to increase interest in collaborative participation
• Created and disseminate a quarterly newsletter
• Maintain a Local Collaborative website
• Creation and support of a “Crisis Collaboration Committee” to encourage the modification of policies, practices and procedures and provide a venue for face to face interaction of community partners within the Crisis Response System in Doña Ana County
• Established and continue to support a local “Adolescents in Transition” committee for local collaborative and community members to identity and address the gaps in services that exist when a person transitions from the child/adolescent service system to the adult system
• Sponsored Mental Health Month and Child/Adolescent Mental Health Awareness activities (Co Chair, Mickey Curtis published a news article “Building Resiliency in Kids”, LC3 partnered with Las Cruces School District to sponsor a “Bouncing Back” poster contest for the elementary school students, and hosted a presentation about “Personal Planning” at a Healthier Life Styles Committee meeting that was open to the community

Efforts will continue in the areas of outreach and communication in an effort to sustain the local organization. The Executive Committee will concentrate on actively involving consumers (particularly youth) and family members as they are the key to our successful existence. Partnering with community entities with shared interests will benefit the consumers and family members within the behavioral health care system. We will build upon the activities now in place as we increase our presence in the City of Las Cruces and Doña Ana County to enable the local collaborative to thrive. We will also continue involvement in BHPC activities, subcommittees, work groups and keep the lines of communication open to all levels. As a part of “doing business”, LC3 will:

• Continually evaluate the value the collaborative brings to its members – soliciting input, providing time during meetings for consumers to address items of concern or inform others, acting on member suggestions and requests
• Utilize the talents, knowledge and skills of the membership to promote the Local Collaborative and advocate for Behavioral Health Care in New Mexico

Respectfully Submitted, Doña Ana County Behavioral Health Collaborative Executive Committee
FY11 has been full of activities for MSG – LC4. There have been many accomplishments and some challenges.

Consumers and Family members continue to be involved, thanks mainly to the efforts of our committee leads Shela Silverman and Barbara Gurule and support from our CAT, Patricia Gallegos. Consumers and family members attended the 2010 NM Consumer Wellness Conference, 2011 Behavioral Health Legislative Day (Rep Thomas Garcia (pictured on the left) was our LC STAR and Facundo Valdez (pictured on the right with Chris Wendel) received the Lifetime Achievement Award), the 2010 Local Collaborative/BHPC Summit, BHPC Subcommittee and Work Groups, and Peer Support Specialist Certification. LC funds were used to stipend committee leads, family & consumer involvement, some day care, travel and meals, and assistance with Peer Support testing fees.

Shela Silverman at Richard’s Drop In Center has successfully obtained a beautiful building with 3 rooms rented in a community living setting. She has also received a small grant from LANL Foundation to purchase swim-wear and swimming lessons for consumers. Consumers continue to “drop in” at Richard’s center on a daily basis and are receiving advocacy and assistance with tutoring for GED, housing placement and other needs.

The MSG helped put together a service awareness day at El Valle Community Center in the very rural community of Villanueva. Service providers had booths with information, freebies and fun activities, there was music and delicious food (sponsored by OptumHealth NM). This event helped bring awareness of the area to providers and awareness of services to families. Optum provided the center with items for a toddler corner, Tri-County Family Justice Center began offering services at the center and the MSG Family Committee recruited interested members and has been holding meetings at the site.

The TCA faced many challenges which stemmed from a lack of communication between the Coordinator, OptumHealth and the Lead Team. We have been meeting throughout the Spring and Summer to overcome challenges and revamp the FY12 plan. There has been lots of interest, participation and input to ensure that TCA continues to be successful for the consumers they serve and continues to be funded. We are currently waiting to find out if
the plan is going to be approved. Major changes are: Alignment with ATRIII Central Intake Model, increased involvement and support by the adult and youth CSAs, and changes to the Coordinator’s job description and duties. We hope that these changes will assist us to provide effective services while holding down costs and better evaluate outcomes.

Efforts will continue in the areas of outreach and communication in an effort to sustain the local organization. Each committee (Provider, Consumer and Family) has been asked to prioritize goals for 2012, identify activities they will do to help reach the goals and provide plans for continuation without funds. These will be put together and available by the end of December, 2011.

Respectfully Submitted,
Yolanda B. Cruz

Local Collaborative 5
Annual Progress Report

Report provided by: Janet Lopez, LC 5 Admin; Marti Everitt, LC 5 Secretary

Business Items conducted at local collaborative meetings this year:

- Total Community Approach: Continued success in Lea County. TCA funding will be divided in January 2012 to provide services in Lea, Chaves and Eddy Counties. Provider agreements for TCA have been signed
- Housing Subcommittee: Continues meeting and providing reports on progress in construction of new consumer housing and acquiring the regional center in Roswell to develop housing and one stop resource center. There have been some delays in getting the building transferred but work continues
- Carlsbad housing unit still in process. The need for additional funding is the biggest issue
- Teen Suicide prevention working with the community including the school districts to deliver this resource.
- New Chair of LC5 was elected.
- LC5 Sustainability A subcommittee continues to address this issue
- Meeting of the members from three counties held LC5 meeting in Carlsbad in August. Meeting was hosted by Carlsbad Mental Health Center.
- Cross Agency Team Member Report
- Updates from Optum Health
- Behavioral Health Planning Council Sub committee reports
- QSR training Carlsbad June 27-29
• LC 5 budget  
• LC report to BHPC

**Ongoing concerns, issues, etc. that this local collaborative is addressing:**
Affordable Supportive Housing  
Teen suicide prevention  
Provider reimbursement issues.

**Special projects of your Local Collaborative currently (e.g. Quality Service Review, Systems of Care, Local Initiatives):**
Building and developing housing for consumers in the region  
Teen suicide prevention in the Chaves Co schools.  
Using TCA money in all three counties of the LC in order to capitalize on the success in Lea County.

**Local Collaborative 6**  
FY11 Annual Report

Throughout FY 2011, Grant, Hidalgo and Luna County Behavioral Health Local Collaborative (LC 6) continued to focus on initiatives that would strengthen its position in the counties and build upon existing and newly formed relationships.

Local Collaborative 6 has provided opportunities for Consumers and Family Members to participate in venues that inform them and allow them to provide input to decisions being made that will affect them, their family members and the services they receive is critical. As a result, the local collaborative has had representation at the following activities:

- BH Planning Council  
- 2011 Behavioral Health Legislative Day with the LC 6 star  
- The 2010 Local Collaborative/BHPC Summit – LC6 hosted a table display with information regarding the LC 6 priorities  
- BHPC Subcommittee and Work Groups  
- Quality Service Review teams and focus groups
• Local Collaborative 6 had a presentation/focus group provided by UNM on the Robert Wood Johnson Grant; this is a Substance Abuse grant.
• Medicaid Modernization public input session
• LC 6 Legislative Priorities were identified
• Total Community Approach is thriving (Substance Abuse project)
• The Continuum of Care Coalition, a LC6 subcommittee, is in the process of being re-established for FY 2012
• Systems of Care SAMHA grant pilot site (Grant County) completed year one planning and is in year two implementation.
• Behavioral health expert panel

Communication has improved dramatically between the local collaborative and community partners via the following efforts:

• Broadcasting training and workshop opportunities made available through the state, LC 6 provider members, and partner organizations
• Promoting meetings via email and by word of mouth throughout Local Collaborative 6.
• Reviewing proposals, providing input to the cross agency team member and providing letters of support to partners upon request
• Disseminate information from the single entity, state and Behavioral Health Planning Council and BH Purchasing Collaborative leaders
• Continue to accept invitations to participate in strategic planning sessions and continue to make “In the Know” and similar publications available to members
• Created and disseminate a brochure through an outreach packet
• Creation and support of a “Crisis Collaboration Team” to encourage the modification of policies, practices and procedures and provide a venue for face to face interaction of community partners within the Crisis Response System in Hidalgo County, To be replicated in Grant and Luna.
• Children’s Mental Health Day on May 3rd. Each local municipality (Bayard, Hurley, Santa Clara, Silver City) and Grant County did proclamations for Children’s MH Day. Also each Grant County elementary, kindergarten, and pre K students –(because target population this year was early childhood) along with area early childhood providers received System of Care back packs with placemats that had a coloring activity and behavioral health resources listed on it. Inside the back packs were five placemats and crayons. Approx. 800 were distributed in Grant County. As part of the System of Care grant.

Our efforts will continue in the areas of outreach and communication to sustain the Local Collaborative 6. The Executive Committee will concentrate on strengthening the LC6’s
relationship with our community partners and programmatic staff while actively involving consumers and family members as they are the key to our successful existence. Local Collaborative 6 is a part of a group of collaboratives throughout the state of New Mexico that advocates for Behavioral Health Care in New Mexico.

Respectfully submitted,
Behavioral Health Local Collaborative 6
Executive Committee Grant, Hidalgo and Luna Counties

Local Collaborative 7

JD7LC Accomplishments FY10-11
Below you will find a list of what our local collaborative has accomplished in the last fiscal year:

• Utilizing teleconferencing to accommodate the large geographical area of JD7, we held a Local Collaborative meeting the first Tuesday of every other month.
• Continued a point of contact for the administrative duties of the Local Collaborative.
• Awarded “Stars” award to Catron County Grassroots Behavioral Health Committee. (picture on left)
• Attended Behavioral Health Day at the Legislature and met with Howie Morales, Don Tripp, Dede Feldman, and others.
• Advertised in collaboration with the Socorro County Health Council, the Catron County Health Council, the Catron County Grassroots Behavioral Health Group regarding meeting times and locations.
• Active and consistent Participation in each of the county Health Councils with the exception of Sierra County who has been absent and unwilling to participate in the LC.
• Responded to and completed all assigned deadlines and templates given to us by the State.
• Maintained a committee of 4 members actively involved in BHPC meetings and subcommittees. Maintained 100 percent participation in BHPC subcommittee meetings.
• LC sustainability despite budget cuts.
• Regularly presented to Casa de Esperanza consumers in Socorro County to secure more consumer members and involvement.
• Conducted a CSA panel to address questions and concerns regarding the CSA transition.
• Enabled other MCO’s to attend our LC meetings and learn about the structure of our collaborative.
• Participated in a survey involving health care reform conducted by Sangre De Cristo.
• Attended a Prescription Drug Abuse Panel organized by SCOPE, the Socorro County Health Council.
• Supported the Catron Grassroots Behavioral Health Group’s efforts and activities.

Catron Grassroots Committee Accomplishments:
• Made multiple community presentations about the formation, mission, and goals of the Catron County Grassroots Behavioral Health Committee.
• Obtained reinvestment funding from OptumHealth NM to continue work.
• Obtained one-time funding from the Office of Consumer Affairs to continue rental of space and other support.
• Obtained funding for a Consumer Wellness Resource Center for Catron County from the Office of Consumer Affairs.

LC7-PLANS FOR 2011-2012:
• Maintain active participation in LC7 despite the lack of funding throughout the State’s programs and initiatives.
• Maintain networking throughout our four counties and provide information to consumers, family members, and providers.

LC7-CHALLENGES:
• Maintaining Consumer participation now that incentives are no longer given.
• Having a huge rural and frontier Judicial District that lacks many services and opportunities for services.
• Being unable to encompass our entire LC because Sierra County refuses to participate.
• Limited or no feedback from the State and Optumhealth regarding our submissions of requested materials.
• No LC appropriate data.
Local Collaborative 8

FY 2011 END-OF-THE-YEAR REPORT

The Collaborative requests that Local Collaboratives focus on sustainability in one or a combination of the following areas. UCTLC8 is dedicated to identify resources as a collaborative as a means of maintaining a formal structure to give consumer voice.

LOCAL SYSTEMS OF CARE: LC goals or activities identified towards developing and sustaining Systems of Care: 1.) LC8 will draw on existing community resources for support. 2.) We have established operations and protocol to more efficiently operate our LC and we will continue these practices for literally little or no costs. 3.) Search for alternative funding to hopefully continue to support the consumer related financial 4.) Assistance and administrative support afforded us through the present funding. We submitted a NM Department of Health proposal for reducing health disparities that would have brought in between $3,000 - $5,000 (due date – December 17, 2010) but we were not funded. The participating organizations within LC8 have dedicated volunteer time (personnel and board members), bringing consumers to the table and engaging the community into the process of service to clients. We are looking at possibly emerging other groups with the LC such as the county health councils and/or the Juvenile Justice Advisory Boards to address Behavioral Health needs as a tri-county judicial district community as a whole particularly interested in Crisis response for children.

QUALITY SERVICE REVIEW-Introduce CSA/agencies to the qualitative consumer review process of QSR used as a practice development/improvement tool. LC goals or activities identified towards promoting and using the results of QSR. CSA representatives report to the collaborative at each face-to-face meeting, likewise the CAT representative helps with both the CSA reporting and the QSR. CSA’s will report to LC8 membership on a regular basis at all the collaborative meetings. Our CAT representative will help facilitate the conversation regarding

LOCAL INITIATIVES- Youth substance abuse treatment – Total Community Approach Projects
✓ Juvenile Drug Court (Raton) provides intensive supervision, UA testing, substance abuse treatment/intervention services and case management to juveniles who are adjudicated and, as an early intervention strategy, those youth who have minimal contact with the juvenile justice system but are on a consent decree because of a substance abuse related offense. The Juvenile Drug Court holds court once a week with the youth and their parents and also holds staffing with the Juvenile Drug Court Team once a week.
Crossroads, Alternative Education Program was a program for youth who are at-risk of suspension or expulsion. Unfortunately, this project will not continue for 2011-2012, but it was an intermediate step that gave students an opportunity to avoid suspension or expulsion and integrate back into the school system. The program provided academic support, life skills instruction, case management services, Behavioral Management Services (BMS) and counseling/therapy. The Raton Public Schools donated computers, furniture and the building where the program is housed, the City of Raton donated furniture as did Easter Seal El Mirador/Casa de Corazon, the Service Organization for Youth, Inc. also donated computers and furniture and provided the overall program management. One of the youth served on the BHPC Children and Adolescents Subcommittee. We hope to restart this project next school year but part of the Total Community Approach (TCA) project for 2011-2012 but as a replacement we were able to reinstate a prevention program that was eliminated due to budget cuts, Dare-To-Be-You (DTBY). DTBY will be reintroduced to the 6th grade students at the Raton Middle Schools by Youth Empowerment Services (YES) who have been providing prevention services in this area of the state for over ten (10) years.

Juvenile Drug Court has been operating for over three years – before these programs were initiated there was no substance abuse treatment for youth in this area of the state. Dare-To-Be-You, as mentioned above was done for several years before budget cuts but will be restarted this school year with TCA funding.

SUSTAINABILITY EFFORTS: LC8 expects a Continuation of Juvenile Drug Court funding through the 8th Judicial District Courts, Total Community Approach and Juvenile Justice Advisory Committee. Also, the LC8 membership will be looking for other funding that will help sustain our operations. Our CAT, Patricia Gallegos has been keeping her eyes open and always lets the LC8 membership know when an opportunity to apply for funding exists. The Service Organization for Youth, Inc. (SOY) and the City of Raton is the fiscal agent.

The Service Organization for Youth, Inc. plans to help integrate primary care with behavioral health with the participation with the local health clinics, FQHC/El Centro and regional hospitals. This initiative involves the development of an Accountable Care Organization that brings behavioral health providers together throughout the region to work with primary care providers. All of this will require MOA or MOU’s.
Local Collaborative 9

Annual Report

Business Items conducted at the Local Collaborative 9 meetings:

- Summit and BH Day report. Dwan Flenn the LC admin coordinator gave a presentation on the BHPC / LC Summit. LC 9 was represented at the Summit by Herman Pena (the LC star pictured on right), two other consumers and Dwan.
- Local Collaborative representatives collaborated with LC members from Regions 3 and 4 on the State Behavioral Health Strategic plan.
- Legislative priorities and LC 9 Quarterly budget were discussed as a whole.
- Addressing stigma in the LC 9 communities has been a priority for several years.
- Educating first responders in the area of BH crisis situations. Several “Mental Health First Aid” trainings were planned and conducted in Clovis and Portales. These trainings were free to the communities.
- Work on Local Collaborative sustainability
- The lack of transportation within the LC 9 area affects the ability of consumers to seek treatment, employment and housing.
- LC budget
- CAT report
- BHPC Sub committee reports
- Optum Health reports

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

- Transportation is the immediate need which has been discussed and Legislative priorities were written on.
- Anti stigma is a concern which the LC has been addressing for many years. The LC actually had a community event titled “Behind the Mask” several years ago in an attempt to address this issue at the community level.
- Regional Planning Growth- The LC is working with Cannon Air Force Base on addressing some of the needs which military families can be supported with. With the new mission, many families are moving into the community.
- Availability of Jobs for Consumers is at a high need at this time.

Special projects of your Local Collaborative currently (e.g. Quality Service Review, Systems of Care, Local Initiatives):
• In April the biggest concern was developing awareness in our communities. In May the LC put on a awareness event for the Community Dancing with our Stars was a great success.
• The collaborative is planning futures fundraisers to allow the LC to sustain itself.  
• In June Sangre De Christo provided a presentation and conducted a survey addressing the need for Health Care coverage/ funding in our community. 
• The consumers in LC 9 organized, completed an application and submitted it to Optum Health in an effort to acquire funding in developing a Consumer run Green House and Warm line within the LC.

**Other:** Sustaining the LC in the face of diminishing budgets has become the priority for the LC members and Behavioral Health community.

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**Local Collaborative 10**

*Annual Report*

Local Collaborative 10 is pleased to present the following accomplishments to the Behavioral Health Planning Council for the 2010-2011 year.

**Accomplishments:**

• Two consumers represented LC 10 and participated at the BHPC / LC Summit and BH DAY and manned the booth set up by LC 10. Paul Gauna from De Baca County was named the LC 10 Star (pictured below).
• A discussion was held on the topic of how to encourage persons who need BH assistance to seek that help. Harding county began an anti stigma campaign using materials developed from the state “Ask About It” promotions.
• In Harding County regular behavioral health services are being provided within the county for the first time in many years and the available appointment times are all full. The LC has worked on addressing stigma with in this county and it appears to be having some effect.
• Ideas to help individuals needing help to come forward have been addressed, concerning the apparent need to work on stigma toward behavioral health. The SAMSA 10 X 10 Wellness Campaign has been discussed and Harding has adopted the Campaign county-wide.
• Possibly Partnering with Health Councils- De Baca has met with the remaining Health Council members and the DWI Council to work on how the councils can work together for the better of each Council. Quay County is holding its Local Collaborative meetings in conjunction with Health Council meetings.

• May-Mental Health Month- Each County within Local Collaborative held an event to celebrate Mental Health Month. Harding County read books about stigma to the elementary children in Roy and Mosquero Schools and distributed 10X10 Campaign literatures in the County. Quay held a bowling and pizza event in Tucumcari for the public to create awareness about Local Collaborative 10 and behavioral health. De Baca County hosted a luncheon and presentation in Fort Sumner by Sangre De Cristo Health Care on the new Health Exchanges.

• LC 10 hosted in Quay County the UNM Collaboration on Substance Abuse Project presentation.

• Mental Health First Aid training was held June 10 & 11, 2011 for Harding County.

• Each month, starting in July, Harding County will host an Educational Presentation on one of the "Eight Dimensions of Wellness." A Guest Speaker will focus on "Physical" wellness for the July presentation.

• “Total Mind, Body and Soul” Health Fair was held at the De Baca County Fair in August in conjunction with the Local Collaborative, DWI Council and Health Council, along with a blood drive. The Health Fair was considered a success by all and the local fair board has invited the Health Fair to become an annual event in conjunction with the Fair.

• Meth Awareness training presented by the Attorney General’s office was held in July in Quay County.

2011-2012 Goals:

• Each County is planning Health Fairs for the upcoming year. LC 10 plans to set up booths at fairs in each county location.

• A “Fun Run” is planned by Quay County for the month of October.

• Harding County is planning to incorporate National Recovery Month in September in their efforts of the Wellness Campaign.

• The LC plans to continue its efforts toward sustainability.

• Continue to keep representation from LC 10 on BHPC subcommittees.

• Provide at least one Behavioral Health training for consumers and at least one training for those BH professionals needing CEU’s.

• Continue efforts to provide law enforcement, first responders and dispatchers training to be better able to handle a behavioral health crisis.
• Continue the collaboration that has been started between the Collaborative, DWI Council and Health Councils toward working together as one entity for the betterment of all groups and behavioral health services.

Challenges:
• Transportation and housing are the immediate needs, which in this frontier setting, has a significant impact on the consumers living in an environment with few resources.
• The need for more training for, 911 dispatcher’s first responders and law enforcement personnel to be better able to access and provide care in a crisis situation.
• Sustainability as we face on budget concerns.
• Stigma among communities regarding behavioral health and those in a crisis situation.
• Ongoing Meth awareness for communities.

Local Collaborative 11
Annual Report
LC 11 continues to meet monthly to tackle the most pressing issues affecting our county:

• LC 11 met with San Juan Regional Medical Center, Aging and Long Term Services & Sheriff’s Department, providers and consumers regarding mental health issues in the community, specifically, transports and treatment of psychiatric patients (HJM 17 related discussion).
• A task force was formed to address the need for a Mobile Crisis Response Team and better collaboration and communication between community providers and the hospital.
• Continued emphasis on training first responders in Mental Health First Aid. In addition to the trainings that were done last year, the LC has worked with Optum to bring two additional trainings to the community to specifically work with law enforcement and judicial staff. The DVD “Minds on the Edge” will be shown during these trainings as well for education on Mental Health.
• San Juan County Partnership is conducting their periodic Needs Assessment.
• SJCP continues its Positive Community Norms campaign.
• The Youth and Family Collaborative has partnered with San Juan Safe Communities Initiative to bring a media campaign on strengthening families to communities through a variety of media and to get the youth voice on issues in the community.
• A stronger focus has been placed on the impact of the consumer/patient and how to make that a more positive impact.

• Work with Law Enforcement in McKinley County on training, recognizing mental illness and jail diversion for individuals with mental illness, and identifying a community liaison to assist law enforcement with situations that may involve mental illness.

• For adults, the Families to Families, working with consumers and family members through an effort of NAMI, has been brought to the community twice this year, with evening presentations and meetings. The goal being to bring NAMI back to the area.

• CSA education to both the community and to providers has taken place by hosting meetings and quarterly “get togethers” for front line staff and therapists, also using this as a networking, problem solving forum.

• McKinley is securing a grant writer to write proposals for funding that will help McKinley to meet their local initiative.

• Consumers continue to serve on the core teams in both counties and participate in forming agendas, giving input to goals and projects and ensuring consumer voice is at the table.

• CIT training for law enforcement agencies was coordinated in McKinley county for a two day training.

• Representatives from Sandoval County presented at a McKinley meeting about their jail diversion project and agreed to assist McKinley in moving forward on their project.

• Quality Service Reviews have been conducted at all of the Core Service Agencies (last children’s one is scheduled for Sept. 12, 2011).

• Quality Service Review is scheduled to start working with CSA in McKinley County in the next month.

• Multiple showings of the DVD “Minds on the Edge” were shown in both communities and discussion around this and how to better engage and coordinate the communities around mental health continues to be discussed.

• Veterans’ issues continue to be a concern, a presentation by Paws and Stripes has motivated LC to look at community programs, coordination, communication and education in the area of veteran services and how to improve those in our LC.

• Optum Health provides monthly updates on statewide entity initiatives.
The LC is made up of the three counties of Cibola, Sandoval, and Valencia. It conducts much of its business at a county level. In fact, the LC has gone to an alternating schedule of individual county meetings one month and tri-county meetings the next month.

- Cibola County has increased its family and consumer participation, with attendance of several consumers and a few family members at all meetings, including Tri-county meetings in other counties. Priorities established are: supported and transitional housing; jail diversion programs; transportation and lobbying to decrease any further cuts to mental health programs funded by Medicaid. In 2010, Sierra Vista Counseling sponsored Mental Health First Aid Training with about 30 providers, consumers and family members in attendance. Two new Core Service Agencies (CSA) opened for business in Cibola County, making some of the service array more competitive for existing providers in the county; however, we are working on collaborative efforts with all entities. System of Care is being advanced with the addition of Behavioral Management Services that the CSA brings. Cibola County has also established and is operating a Forensic Safe house, a community collaboration effort among a local non-profit entity called Youth Visions, which is an umbrella agency for the local CASA program, and several volunteers. Goals for 2012 are to address the problem of homelessness with substance abuse and the mentally ill in the Grants area; establish a PSR program for young adults ages 18 to 28; and continued public awareness for mental health collaboration with recruitment of more consumers and family members into LC 13.

- Valencia County has had some excellent meetings involving a strong consumer component from Valencia Counseling PSR, the area Core Service Agencies, and local State behavioral health staff. The added active participation of the new Partners in Wellness Recovery Center in Los Lunas staff has also been a huge plus. The local CYFD office in collaboration with LC 13 spearheaded two meetings of all CSAs and other children’s service providers in the county, and including judicial system stakeholders to improve working relationships and coordination around Protective Service and JPO children and families. These meetings were useful and will continue as needed.

- Sandoval County had major past successes, which the LC was instrumental in advocating for, such as the JD 13 Mental Health Court with initial funding by the State and Value Options, as well as effective jail diversion efforts. The Sandoval group has made progress in reorganizing and involving the participation of CSA staff. Sandoval is currently working on a marketing/outreach project. Sandoval has ordered 300 cards to distribute to local providers. These cards have information on
what an LC is and how to become involved. Sandoval is also in the process of forming a workgroup to design a small card with emergency behavioral health contact information. These will be distributed to all 3 counties.

**Ongoing concerns and issues:**

- Transitional and supported housing, shelter care and emergency homeless shelter.
- Public Education on Mental Illness. We are planning a public forum for “Minds on the Edge.”
- Consumers continue to be very active, attending meetings and participating in initiatives and assuming leadership in the functions of the LC, particularly the Psycho-social Rehabilitation groups from Cibola and Valencia Counties. Once they received training and gained understanding on what the LC is and how it can benefit consumers and family members, they have gotten very involved. Valencia County consumers are actively advocating against cutbacks in funding for PSR, and the Cibola group has been raising funds for temporary emergency shelter for the homeless in Cibola County and submitted a proposal to Optum for Community Reinvestment funding.
- We have been involved in tracking the loss of services to this area, in particular, New Sunrise RTC possibly shutting down, Casa San Jose lost CYFD funding for group home for teen mothers, and Roberta’s Place Domestic Violence Shelter also closed administrative offices and lost funding for a DV counselor they had on staff, due to budget cuts.
- Plans to implement MOA/MOU are in the works with other agencies and non-profit organizations to help alleviate duplication of efforts and partner services, research and development, and ideas for sustainability. Those identified that have been invited to LC meetings include the local drug courts, law enforcement, Youth Visions (non-profit youth based collaborative). Future work is being planned that will include school boards and Native American governments in our area.

**Local Collaborative 14**

2010 - 2011 SUCCESSES

**LC14 SUCCESSES**

- Elected co-chairs
- Awarded Isleta Pueblo funding for their Community Garden.
  - Isleta Pueblo submitted a proposal to LC14 to help fund their Community Garden. The Leadership was more than happy to award them the requested funding. As stated in their proposal, the LC14 logo has been placed on all of their material was mentioned at the Opening Ceremony and members of Isleta Pueblo Behavioral Health Services have attended LC14’s meetings.
• The garden is growing beautifully and has invited other Pueblos to pick some vegetables to take home.

• LC14 Summit
  • LC14 hosted a two-day Leadership Summit at the Rt. 66 Casino, with the theme being *Continuing to Build and Strengthen Relationships: Where Do We Want To Go From Here?* Representatives of five of the nine communities attended. The goal for the summit was to bring members of Local Collaborative 14 together to increase collaboration, identify ways the LC can work for each community, increase membership and recruit leadership.

  • At the Summit, we were able to elect representatives to all of the five BHPC Subcommittees.
  • Applied for and received membership with the Community Anti-Drug Coalitions of America (CADCA), a national organization devoted to preventing substance abuse.
  • LC14 had a logo contest and has chosen the artwork of Juan Rey Abeita from Isleta Pueblo.

    ![Logo Image]

    • Printed the logo on Tote Bags and Pens to help with our efforts to continue awareness about LC14, as well as provide bags for people who take home vegetables from Isleta’s Community Garden.

**PLANS FOR 2011 – 2012**

• Focus on **sustainability**.

• Host a Youth Leadership Summit that promotes Peer Education, Leadership Development and provides an opportunity for Networking.

• Sponsor two applicants to the National CADCA Leadership Institute Conference in 2012.

• Continue and increase collaboration amongst the nine communities.

**CHALLENGES**

• Have more representation from the nine communities at our meetings.

• Addressing and reducing Stigma in our tribal communities surrounding mental health and substance abuse issues.
Local Collaborative 15
This report is for: Diné Local Collaborative

Brief overview of what was accomplished last year:
  Successes and barriers
  • Guiding principles for the LC 15 include:
    o There are a wide range of general risk factors that have been shown to contribute to suicide in adolescents. In the case of NA young people, they face, on average, a greater number of these risk factors and/or the risk factors are more severe in nature.
    o Increasing protective factors is equally or more effective than decreasing risk factors in terms of reducing suicidal risk. Research suggests that factors that protect Native youth and young adults against suicidal behavior are their sense of belonging to their culture, strong tribal spiritual orientation and cultural continuity.
    o For Native American youth, only $30 per year per person is spent on behavioral health for one Native American including hospitalization. Per capita funding for Native American health care (through Indian Health Services) is 60% less than is spent per capita on health care for Native Americans than it does on Medicaid recipients, prisoners, veterans or military personnel. As a result, I.H.S. has a severe problem in recruiting and retaining mental health professionals.
    o We acknowledge that these structural inequalities are part of the health disparities for Native Americans and are the reason for the high New Mexico death rates for alcohol related diseases and alcohol related incidences in the Navajo Nation, as the largest tribe in New Mexico.
    o The Native Americans in other tribal communities and off reservation communities are also an underserved community and further, as citizens of New Mexico, the Native Americans are entitled to at least 10% of the overall state budget for behavioral health services.

  • Norman Joe, Consumer, from Shiprock, New Mexico transitioned into the LC 15 Chairmanship position. The announcement came at the end of the year. Several announcements were made over the course of the year by Regina Roanhorse that she was ready to resign.
• Total Community Approach Project Manager came to at least 3 meetings to give brief updates on the project in “Eastern Navajo”, which includes To’Hajiilee and Alamo Navajo communities.

• Dr. Catie Willging provided a presentation on State Behavioral Health Reform for the January 24, 2011 meeting. Survey Findings were provided regarding cultural competence, language access, organizational self assessment. Qualitative findings included 5 broad concerns. Feedback from the LC 15 members was given to Dr. Willging.

• Navajo Nation Judicial Branch justice systems were engaged to develop a drug court and teen court for the communities of To’Hajiilee and Alamo which are often not included in the larger Navajo Nation system of care design because the Indian Health Services area offices are in different service units. The Judicial Branch’s Peacemaking Program helped identify community leaders (formal and informal) to help develop the program parameters. Interagency planning and coordination through the judicial systems brought forth additional partners in systems of care design including the participation of New Mexico Albuquerque Public School Indian Education Department, local prosecutors, media, Navajo Division of Social Services and NM CYFD.

• LC 15 supported the submission of the Coordinated Tribal Assistance Solicitation federal grant(s) through the Navajo Nation, in partnership with local law enforcement, Prosecutors, and NM state agencies for the drug court and teen court project. If funded, a care coordinator will be hired. This one position will make a huge difference for adult and youth consumers of an underserved population to access behavioral health services. This one grant application combines several federal funding sources including BJA (Bureau of Justice Administration) and OJJDP (Office of Juvenile Justice and Delinquency Prevention)

• Referral systems and access points were developed and identified for Native American youth in two Eastern Navajo communities: To’Hajiilee and Alamo after self-harm (EMO) cutting incidences were reported to the To’Hajiilee chapter.

• Youth Summit hosted by the Navajo Housing Authority (though NAHASDA) was completed in March, 2011.

• Native HOPE suicide prevention training completed in To’Hajiilee in July, 2011 and a youth council developed. Work continues.

• Potential Memorandum of Understanding and Agreement being developed by the Navajo Judicial Branch To’Hajiilee – Alamo Judicial District and NM Children Youth
and Families Department to address the incarceration of on reservation youth in off reservation NM CYFD detention facilities. According to their data, 80% of the Native youth at these facilities are Navajo and overall, Native youth stay longer at these facilities because of the lack of behavioral health community based services on reservation.

- Preliminary meetings and work were done at the Alamo Navajo resource meeting to address the recognition of tribal court orders for the SMI population on reservation. The state hospital and other programs and services for the SMI population are lacking in Indian Country.

Work done to meet FY12’s strategic priorities
Each of the tribes have their own strategic priorities. Within the Navajo Nation New Mexico portion of the reservation, there are 52 distinct separate and unique Navajo communities that have their own strategic priorities, in various systems of care. It would be hard to pinpoint specific strategic priorities when there is a diverse system within systems. Membership in the Native American Subcommittee was at issue with voting membership.

**Brief description of what you hope to accomplish in 2012**
E.g., Strategic priorities, legislative priorities, community initiatives, consumer and family member engagement, etc.
- advocate for a separate SAMHSA funding stream for Native American Consumer Networks.
- Continue to educate and raise awareness of the Indian Health Services, Tribal 638 Behavioral Health services and Urban Indian Health Services systems to non Native Americans, and raise awareness about the unique federal trust responsibility that the federal government has with tribes/pueblos. Once realized, a better understanding would be created as to why there are high death rates for the Native American population in New Mexico which then could create better and more effective policy changes in the New Mexico behavioral health systems.
Local Collaborative 16

Annual Report for 2011
Chairwoman Andrea Shije – Vice Chairwoman Jane Jackson Bear
Local Collaborative #16 of Region 6 is the tribal collaborative for Sandoval County

Local collaborative 16 is attended by all of the Tribes in Sandoval County including Pueblos of Cochiti, Santo Domingo, San Felipe, Sandia, Santa Ana, Zia, Jemez and Ojo Encino of the Navajo Nation. Additionally State of New Mexico District Courts, CYFD's Juvenile Probation, Sandoval County DWI and Prevention Program, Five Sandoval Agency, Native American Veteran’s Association, Bernalillo High School Resource Assessment Center, Sandoval County Juvenile Justice Continuum Board are among the partners.

The leadership of the Local Collaborative changed this year. The Chairwoman is Andrea Shije, a member of the Pueblo of Zia and an advocate for youth with disability. Jane Jackson Bear is the Vice Chairwoman, living in Rio Rancho she serves as a Social Worker for the Northern Pueblos Agency under the Bureau of Indian Affairs.

In 2011 the LC's role was to develop a strong tribal voice to guide behavioral health planning by serving as a networking group. The LC is made up of predominately the behavioral health departments of the tribes and programs from both the tribes and the state. Accomplishments and projects in 2011 include:

The Youth Pow Wow - This year the LC received funding and assistance from the Sandoval County DWI and Prevention Program and Santa Ana Casino to sponsor a Youth Pow Wow. The event was attended by almost 1,000 people and almost 200 dancers, mostly between the ages of five to 18 participated. A drum contest was held as well. The event was attended mostly by Sandoval County residents, but participants came from as far as South Dakota to participate.

The Pow wow committee of LC 16 will continue to meet in hopes of receiving funding again next year. The event raised morale by engaging youth, families, veterans, providers and consumers in a traditional day rich with smiles.
DMC - The LC sponsored a town hall meeting for the Sandoval County Juvenile Justice continuum Board (SCJJC) to explore disproportionate minority contact. Tribal and state administrators, providers and consumers joined together to look at the reasons that disparity may exist within the county. This initiative will extend into the next year until recommendations are put into practice where needed.

Recommendations to help sponsor a county/tribal/state forum each year will be placed on the list of things to do in the coming year. The yearly event is envisioned to introduce tribal leaders to the county and state leaders to share communication strategies and open doors on a yearly basis for new leadership.

RAC - The local collaborative continues, for the fourth year to work with the Resource Assessment Center (RAC) at Bernalillo High School. Youth are referred to the RAC for behavioral issues and placed in an alternative setting at the school instead of being suspended or expelled. The youth are assessed and referred to the resources that they may need. The program is responsible for keeping many of the students who would otherwise be out of school, in school. This year, under the leadership of New Day, Linda Diabo and Michael Lucero of San Felipe, data is shared with the LC on a monthly basis and counselors from San Felipe come to the school to work with the youth on the campus. This program has thrived under good leadership and has the makings of a best practices model. Funding for an additional staff member was received by New Day. The LC will continue to work with this program and monitor the progress.

Jail Diversion - A grant was received by the Behavioral Health Collaborative from SAMSHA to, in part do outreach to the Native American community within the county. Presbyterian Medical Services is reaching out to LC 16 and the Behavioral Health Department to assist in providing collaboration and support to the NA veterans association in their work with Native American Veterans.

Sandoval County DWI and Prevention program works with the collaborative to distribute tools for drug testing, partnerships in initiatives and is in the process of expanding access to DWI schools within the county and on tribal lands. They provide a tribal liaison to assist with the work of the Behavioral Health Collaborative.
Legislative work is being done with Joint House Memorial 17 and meetings are planned so that the tribal needs and perspective are part of the report to the legislature about diversion from jail for people with behavioral health challenges.

The LC continues to work with programs that desire to reach out to tribal communities to provide services. Often the programs do not have the correct contacts and need some direction. This objective has been a success.

Special thanks this year go out to all of the members of Local Collaborative 16 who have taken the time to attend the meetings and the tribal leadership who supports their representation; to Five Sandoval Agency for providing support and a meeting space; to the Behavioral Health Collaborative for continuing support; to Sandoval County DWI and Prevention for providing a tribal liaison to assist with the LC and along with Santa Ana Pueblo for their special support with the Youth Pow wow; to Judge McDonald for supporting the LC 16 efforts and planning; to the RAC program and all others who participate and assist LC 16 in providing service to the Native American population of Sandoval County. A very special thanks goes out to our former Chairman, Wilson Quintana of Santo Domingo Pueblo for all that he has done for the Local Collaborative and its partners.

Local Collaborative 17
RAIN CLOUD—Embracing, Engaging and Empowering the Off Reservation Indian Community in Albuquerque
ANNUAL REPORT—JULY 1, 2010 THROUGH JUNE 30, 2011

Rain Cloud Local Collaborative 17, represents and advocates for the behavioral health care needs of the off reservation Indian community in Albuquerque, New Mexico. This past year was an exciting year filled with many outstanding events and successes along with incredible challenges. Rain Cloud membership continues to grow. Rain Cloud has over 300 members and is almost 100% consumer and family led. Rain Cloud continues to hold monthly meetings, along with monthly ad hoc or leadership meetings. Attendance at Rain Cloud meetings averages 125 people.

Some special or significant highlights of the year include:

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<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>July 29, 2010</td>
<td>Rain Cloud Television Show—5 members of Rain Cloud participated in an hour long presentation on Channel 27 talking about the work we do, the needs of our community and promoting the artistic talent of our membership in the upcoming First Annual Rain Cloud Art Show</td>
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<td>August 8, 2010</td>
<td>Rain Cloud sponsored the First Annual Rain Cloud Art Show in collaboration with the Lobo Theatre, Church on the Hill in Nob Hill</td>
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and members of art Street. Hundreds of people walked through, visiting with Rain Cloud artists and members of our Collaborative. A raffle drawing and silent auction brought in much needed revenue to help us continue our work.

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<tr>
<th>Date</th>
<th>Event Description</th>
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<tr>
<td>November 11, 2010</td>
<td>NM Collaboration to End Hunger—Rain Cloud attended and joined the NM Collaborative to End Hunger</td>
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<tr>
<td>November 17, 2010</td>
<td>At the Rain Cloud general membership meeting, the membership voted to elect two new co-chairs: Gwendolyn Packard and Ruby Cruz</td>
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<td>November 25, 2010</td>
<td>Rain Cloud sponsored and participated in the annual Sunrise Ceremony honoring the struggle of all Indigenous People</td>
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<td>November 26, 2010</td>
<td>Rain Cloud sponsored our 2nd Annual Day of Thanks at the Albuquerque Center for Peace and Justice. Rain Cloud was blessed with volunteers and donations of food and funding to feed over 300 people and provide food baskets to families in need.</td>
</tr>
<tr>
<td>December 21, 2010</td>
<td>Rain Cloud marched and participated in the annual Homeless Persons Vigil. A special banner was created and carried for the occasion. It contained the names of 17 Indian people who lost their lives on the streets in Albuquerque during 2010.</td>
</tr>
<tr>
<td>January 10, 2011</td>
<td>Rain Cloud participated in the BIA sponsored suicide listening session to address our concerns and needs as off reservation Indian people</td>
</tr>
<tr>
<td>January 30, 2011</td>
<td>Rain Cloud organized a team of members to participate in the Albuquerque Heading Home project.</td>
</tr>
<tr>
<td>February 1-4, 2011</td>
<td>During the first week of February Rain Cloud gathered surveys and did Homeless Outreach as part of the Heading Home Project to try and get the most vulnerable of our population into housing.</td>
</tr>
<tr>
<td>February 4, 2011</td>
<td>Indian Day—NM State Legislation, when members of Rain Cloud went to Santa Fe in honor of Indian Day, members of the state legislature urged us to submit a bill and ask for funding to keep the valuable work of our organization going. Even though it was last minute we were able to raise considerable awareness for our work in Albuquerque.</td>
</tr>
<tr>
<td>February 17, 2011</td>
<td>Members of Rain Cloud arrived in Santa Fe for Behavioral Health Day. Marion Goodluck was chosen to represent Rain Cloud as our STAR.</td>
</tr>
<tr>
<td>March 17-18, 2011</td>
<td>Members of Rain Cloud received Mental Health First Aid Training</td>
</tr>
<tr>
<td>May 21, 2011</td>
<td>Rain Cloud offered scholarships for our members to attend the Taking Care of Your Diabetes Conference at the Albuquerque Convention Center</td>
</tr>
<tr>
<td>June 2011</td>
<td>Working to provide information about Health Care Reform and the State Health Insurance Exchange, Rain Cloud was able to reach out to off reservation communities in Farmington, Gallup, and Santa Fe.</td>
</tr>
</tbody>
</table>

During the past year, Rain Cloud distributed over 900 monthly bus passes. These bus passes make a considerable difference in peoples’ lives in terms of their ability to maintain employment, seek employment, keep medical and other important appointments and to
create safety. Rain Cloud also distributed over 600 Walmart cards and 120 gas cards. Rain Cloud provided over 2300 meals.

Rain Cloud members regularly attended subcommittee meetings and provided representation on the Native American Subcommittee. Rain Cloud formed important partnerships with the Center for Native American Health, First Nations Community Health Source, Oxford House, Albuquerque Area Indian Health Board, National Indian Youth Council, NAMI, Local Collaborative 2, Art Street, St. Martins, Rio Grande Fellowship, and the Bernalillo County Off Reservation Native American Health Council.

And while Rain Cloud has met with considerable success and has done an incredible amount of work in the community, we continue to face huge barriers and obstacles. Rain Cloud received $11,000 in state dollars for operational support. In FY 2011 we raised over $10,000 to meet expenses. Despite our considerable size and demonstrated need, Rain Cloud was not successful in obtaining an Optum Reinvestment grant, yet two of the organizations that were awarded claim to work with us, although we have never heard of them. We continue to face discrimination and racism at every turn. Rain Cloud membership has brought forth huge concerns about the way Indian people are treated by the Albuquerque Police Department and we have been engaged in a process to address these concerns.

Rain Cloud is also in the process of becoming a non-profit entity to continue the important work we have begun. We have already received recognition from national organizations for our work and hopefully this will result in funding. Since Local Collaboratives will only be receiving $3000 this coming year, we are working to meet the $18,000 shortfall.

Local Collaborative 18

ANNUAL REPORT OF
LC 18-NORTHERN PUEBLOS COLLABORATIVE
August 25, 2011

The LC continues to hold monthly meetings on a regular basis. Most meetings are held at the Circle of Life conference room in Espanola, NM. However, meetings have also been held at Tesuque, Santa Clara, Ohkay Owingeh and Picuris Pueblos. The number of participants has increased and we have worked to obtain consumers as participants as well. We have meet on two occasions at New Moon Lodge Residential Treatment Center for substance abuse in Ohkay Owingeh, NM and have had the opportunity to participate with
residents/consumers. Future plans call for recruiting additional consumers via the Circle of Life program.

There is a need to obtain more participation from the local tribal governments in the eight northern Pueblos. Tribal leadership participation has been a challenge. There are plans currently in the making for the development and implementation of a Tribal Leadership conference. The conference would center attention on the role of the Native American LC and the need for tribal leadership to attend, sponsor and participate in the LC’s activities. Former Governor Rick Vigil, Tesuque Pueblo will play a major role in this endeavor as the LC’s Chairman.

Sustainability is a concern for the LC. The communications and coordination functions which were formerly performed by a contracted Administrative Assistant are now being provided in-kind by Circle of Life Behavioral Health Network. The LC has had discussions relevant to future funding endeavors. There are plans to discuss the possibility of partnering with ENIPC so as to partner with their non-profit status. Fund raisers and other opportunities have been discussed and will continue to be discussed as state and federal funds begin to dwindle.

Special projects:

- In September of 2011 the LC hosted a Native American Summit entitled “Pathways to Recovery.” The conference was very successful and built partnerships with agencies, community members and consumers.
- The LC has worked with agencies in the eight northern area including Northern Pueblos Housing Authority, Tewa Women United, Tesuque Social Services, Circle of Life, Strengthening Native Families (Santa Clara Pueblo), Santa Clara Pueblo, Santa Fe Indian School, Espanola Public Schools, in funding applications and partnering efforts so as to increase service delivery in the area.
- The LC is also working to correct each tribal community’s demographic data which was brought to the attention of the LC by the eight northern communities. A survey will be conducted to collect each communities data rather than relying on BIA and other agency information. The data will help in future efforts for possible funding of projects important to the LC and the communities served.
- LC 18 Chair, former Tesuque Governor Rick Vigil represented our LC at the special meeting of the BHPC Native American Subcommittee in June. He also participated in a Tribal Consultation with Tribal leaders statewide and the Regional Office of the US Department of Health and Human Services in April. Governor Vigil has hosted a series of meetings, which included social services directors of the Northern Pueblos, Tribal Court personnel, and representatives of the BIA, ALTSD, CYFD and others to
discuss jurisdictional issues and promote the coordination of efforts among the various agencies working in the Northern Pueblos.

- The LC sponsored the Health Insurance Exchange Survey conducted by Sangre de Cristo Community Health Partnership at New Moon Lodge. More than a dozen consumers from many different Indian communities throughout the state participated and provided needed Native American input to the survey.

**Plans for 2011-2012**

- The LC will continue their efforts to increase the attendance from consumers. The Circle of Life agency will be a key ingredient in this effort.
- The LC will finalize the data/demographic gathering from each of the eight northern Pueblos in the region. This will require meeting with each Pueblos leader(s) and programs so as to obtain data directly from the source. This information will be presented at an ENIPC Governor’s meeting upon completion for approval and adoption.
- The LC will continue its efforts towards self-sufficiency.
- Increase partnering efforts with Tribal and non-tribal resources in areas of housing, transportation and health.
## APPENDIX: Behavioral Health Planning Council

Operations Budget 2011-2012

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<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Line Item</th>
<th>Cost</th>
<th>Sub-total</th>
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| Budget Allocation             | Contracts Funds | BHSD July 11-June 12 | $31,000.00 | **$31,000.00** |
| Optum Health FY 10 & 11       |               |                    | $10,000.00 | **$10,000.00** |
| Optum Health FY 12            |               |                    | $5,000.00  | **$5,000.00** |
| CARRYOVER                     |               |                    | $4,276.00  | **$4,276.00** |
| Total                         |               |                    |         | **$49,552.00** |        |
BEHAVIORAL HEALTH DAY CELEBRATION 2011

Yolanda Berumen-Deines, Secretary, Children Youth & Families

Skeeter