State Fiscal Year 2012 Annual Report
Of the
New Mexico
Behavioral Health Planning Council

Including activities of the Council, its Subcommittees,
State Agencies of the Purchasing Collaborative and Local Collaboratives

Different Perspectives
Different Realities
Coming Together to Help Create a
Better & Healthier New Mexico

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Dear Friends:

It is our pleasure to present the Annual Report for the State Fiscal Year 2012 for the Behavioral Health Planning Council, its subcommittees, the representative State agencies and the 18 Local Collaboratives.

Our efforts this year, which are very similar to previous years, are twofold: first, we continue to focus on communications, efficiency and organizational functions. Second, we continue in our advisory role to the Purchasing Collaborative and its respective State agencies regarding such issues as: Centennial Care and the 1115 Medicaid Waiver, Senate / House Memorials and federal Block Grant Reviews as well as representing New Mexico at national conferences.

We believe that our continued success centers on increasing 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 are pleased that our State partners have begun to embrace these methods of communication as well.

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 and the Local Collaborative Cross Agency Team.

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

Respectfully,

Christine Wendel
Chair
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EXECUTIVE SUMMARY
Susie Kimble, Vice Chair

FROM FY 12 - 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.
ACTIVITIES AND ACCOMPLISHMENTS
OF THE BEHAVIORAL HEALTH PLANNING COUNCIL (BHPC)

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

SFY12 ACTIVITIES AND ACCOMPLISHMENTS

There is certainly a similarity between and among the last five Annual Reports 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: communications, efficiency and organizational functions. In the second section, 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, and our perspective on the future.

COMMUNICATIONS

Video, Telephonic and Internet Conferencing: We continue to use video and telephonic conferencing at our 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 conduct telephonic as well as webinar meetings at the Adult / Substance Abuse / Medicaid and at the Children/Adolescents Subcommittees. The Native American Subcommittee uses teleconferencing. By using video, internet and teleconferencing, we have decreased our meeting costs associated with mileage and per diem expenditures and, 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.

Also, we are pleased that the Purchasing Collaborative has adopted video conferencing as well for their meetings allowing our consumers and family members to participate.

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 our Subcommittees. All of our last Annual Reports and State of the Council reports are available on that 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 2012. This mid-year report highlights the work of the Council and is also available on the Collaborative website.

Orientation Workbook, CD and Manual

We now have an Orientation workbook, CD and manual for the new members of the BHPC and our Subcommittees. A very special thank you to Patricia Gallegos for all of her hard work developing all of these materials, as well as to the other members of the Cross Agency Team.

The Behavioral Health Planning Council & Local Collaboratives Annual Summit

The Local Collaborative Ad Hoc subcommittee organized the Fourth Annual BHPC/LC Summit which was held February 9, 2012. 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 SAMHSA’s
National Campaign of the *8 Dimensions of Wellness*. The day started off with special two special guest speakers: Mike Duffy from SAMHSA and Pamela Drake addressing *The Interdisciplinary Science of Prevention*.

Presentations were given throughout the day highlighting successful programs throughout the state such as *The Opportunities and Challenges of Establishing Sustainable Relationships between the Tribal, County and State Government of Sandoval County, The Warm Line in Las Vegas, NM, and The Consumer-Run Wellness Center/Inside Out in Espanola, NM* to name a few.

The Summit was kicked off by hosting a Behavioral Health Day STAR Recognition Dinner the night before in which two special awards were given: The John Henry Award and The Lifetime Achievement Award.

**The Lifetime Achievement Award Recognition**

The Lifetime Achievement Award recognized Sam Vigil from Valencia Counseling Services in Los Lunas. Mr. Vigil (and the Board of Directors) developed one of the first Community Mental Health Centers serving 4 counties in Southern New Mexico (Cibola, Socorro, Torrance and Valencia Counties). Sam Vigil provides a strong example of empowerment to persons who have become disenfranchised; and providing these persons the opportunities to work in the community mental health centers with peer recovery supportive services.

Valencia Counseling is one of the first Community Mental Health Organizations, developed through-out the State. Sam’s first staff member is still working hard by his side today. She had her adding machine and notebook in a cardboard box in the beginning. In 1981 the first clinic was started on the main street of Estancia, New Mexico, and then the second in Los Lunas. Sam has always wanted to bring services to these impoverished communities and bring behavioral health services closer to extremely low income residents of those communities. Sam Vigil has established clinics in Socorro, Grants, Estancia, Belen, Los Lunas, and the South Valley, along with residential treatment center for kids; and a transitional living center for adults.

**The John Henry Award**

The award is in recognition “of that animal that 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](http://www.bhc.state.nm.us/BHPC/LcSummit.html).

The third annual John Henry Award recognized a golden retriever named Betty from the Palmer Drug Abuse Program in Lea County.

Betty assists in groups and individual counseling sessions. Her main job is to provide comfort and companionship for clients who are in recovery from drugs and alcohol along with their family members. During group meetings Betty walks up to each person and checks on them often staying with the one who has the most anxiety.

**Behavioral Health Day at the Legislature**

February 8, 2012 was the 5th Annual event at the Capitol building to honor individuals who have made a difference in the behavioral health system. The sixteen 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 and CEO Homer for joining us at this wonderful event.

**Mental Health First Aid Training**

Our members as well as members of the Local Collaboratives continue to participate in these trainings. Thank you to The LifeLink of Santa Fe for these trainings.
“Why Bother” Column for the *In The Know Newsletter*

Frequently, our consumer and family members ask, “Why bother”. We have recently started a column for the *In the know* newsletter addressing this question. Our first article centered on the concerns around crisis response and the recommendations from the HJM 17 Task Force. Subsequent submissions have centered on:

1) The wonderful work that the Catron County Grassroots Behavioral Health Committee of the local Health Council has accomplished - in particular the opening of the Consumer Wellness Center, with funding from BHSD. A special thank you to Secretary Torres for attending their Grand Opening.
2) The Collaborative Symposium and why one should bother to apply to be invited to attend.
3) The SAMHSA initiative to develop a Health Care Reform Learning Coalition to educate mental health and substance use stakeholders on health reform implementation.

**EFFICIENCY**

**Finance Ad Hoc Subcommittee**

A few 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.

Now long after the TSIG funding has ended, the Finance Subcommittee continues to be a valuable resource for the Executive Committee of the BHPC. In addition to developing an operating budget for FY12 and subsequently tracking expenses relative to that budget on a monthly basis, they also developed cost saving recommendations, such as: restricting mileage reimbursement for our subcommittees (because we conduct those meetings with webinar /teleconferencing there is no need to drive to attend the meetings) and capping the amount spent on lunches for our BHPC members at the remote videoconference sites to align with the costs at our host site.

The subcommittee has also developed the budget for FY13.

Both the FY12 Budget Variance and the FY13 budget are in the Appendix B.

**Statutory Subcommittees**

We continue to focus the work of the BHPC in our Statutory Subcommittees - Adult, Substance Abuse, Medicaid, Native American, and Children/Adolescents. 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.

We have begun to remind ourselves that “Advice is a Product”; so how do we create/develop that product? First, advice can take many forms: it certainly can center on some initiative from the State, the Local Collaboratives or the Federal government; it can be a practical piece of work such as the Mapping Project or the 8 Dimensions of Wellness (both of which will be discussed in a following section); it can be simply reminding other participants of a Task Force what “lived experience” really looks like. Regardless of the form or venue it takes, we need to be mindful that our job as BHPC and Subcommittee members is to focus on creating that product.

**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.
ORGANIZATIONAL FUNCTIONS

Upcoming New Chair and Vice Chair
Per our By-laws, we elected a new Chair and Vice-Chair of the BHPC; Lisa Trujillo, who is a family member from Chimayo, is our new Chair, and Chris Wendel, who is a consumer from Santa Fe, is the new Vice-Chair. Thank you to them both for their willingness to serve.

We are also pleased to welcome Governor Martinez’s new appointees, many of whom were on the previous BHPC. Thank you to all of them, as well, for their willingness to serve.

Medicaid Subcommittee Reorganization
At our January 2012 Executive Committee meeting, we voted to reorganize the way in which the Medicaid Subcommittee functions for two reasons:

- First, the Medicaid Subcommittee meetings were not much more than members/attendees asking questions (mostly of a personal nature) of the Chair.
- Second, the real advisory body regarding Medicaid is the Medicaid Advisory Committee (MAC). Carol Luna-Anderson will be the BHPC representative to the MAC, and as such, is very qualified not only to represent the MAC to the BHPC and our subcommittees but also to bring forth the concerns/issues regarding behavioral health of the BHPC and our subcommittees to the MAC.

The most critical piece of this transition was to ensure that the flow of information up and down between the MAC and the BHPC - especially during this time of transition with the Centennial Care as well as the Affordable Care Act; therefore, the MAC representative provides an update as part of the Adult, Substance Abuse and Children/Adolescent Subcommittees.

Also, the quarterly meetings of the Medicaid Subcommittee were rolled into the monthly Adult and Substance Abuse Subcommittees which gives more opportunity for members to raise Medicaid issues.

By-Laws
We believe that at this point, the BHPC functions well organizationally; the restructuring, specifically related to the revised By-laws in February 2009 and subsequent Policies & Procedures, is working.

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. The biggest change centers on incorporating a more specific Code of Conduct in addition to the New Mexico Governmental Conduct Act (Chapter 10, Article 16, Section 10-16-1 et seq., NMSA 1978). The Executive Committee will develop and enforce ground rules across all our meetings; the ground rules will be read at the beginning of each meeting; each member of the Council and the Subcommittees shall sign a statement yearly acknowledging that he/she has read the guidelines, understands them and will abide by them.

In general, guidelines and expectations have been designed to make everyone’s experience within the BHPC and its subcommittees satisfying to all attending. All participants shall adhere to the core values to respect the individual rights, safety, and property of others and to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring and citizenship.

Advisory Capacity to the Collaborative
- Statewide Entity Expert Panel Task Force
- Collaborative Symposium Learning Communities Block Grant Reviews
- OptumHealth NM Community Reinvestment
- Core Service Agency Implementation Workgroup

STATE REPRESENTATION
We continue to bring the voice of consumers and family members to many different forums including:
Senate and House Memorials
HJM 17: To develop humane and effective strategies to serve people with mental health disorders in crisis or detention situations.

SM 18: To continue the work of the Drug Policy Task Force begun during the last Legislative Session, in order to complete the task force’s comprehensive statewide strategic plan based on the four pillar approach—prevention, treatment, harm reduction, and enforcement.

HM 77: To provide recommendations for rules and enforcement protocols to address the increasing rate of addiction to and deaths due to accidental overdose of prescription drugs.

SM 56: To develop a comprehensive statewide plan for treatment of adolescent Opioid addiction.

HM 45: To review New Mexico law and practices regarding civil commitment proceedings and treatment guardianship for individuals living with mental health disorders.

Children, Youth and Families Department/OptumHealth New Mexico System of Care Grant

The Office of Health Care Reform and the New Mexico Health Insurance Exchange Survey

Representing the State at National Conferences
- Community Mental Health Services/Substance Abuse Prevention and Treatment Block Grantee Conference
- Mental Health Planning and Advisory Councils Technical Assistance Meeting

OTHER

Community Events
We always work to encourage 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, Recovery Month activities, Local Collaborative 8 (Taos, Colfax and Union Counties) Annual Picnic and the Catron County Grassroots Behavioral Health Committee of the local Health Council opening of the Consumer Wellness Center.

Mapping Project
Members of the Adult/Substance Abuse/Medicaid Subcommittee are continuing to work with the Local Collaboratives (LC’s) and the Cross Agency Team to produce a mapping of services, programs and support activities. This “map” will include services funded not only by State Agencies/OptumHealth but also recovery programs, consumer operated services, faith-based programs, volunteer support groups, City/County funded programs, etc. We are focusing on the following area: LC 6 (Grant, Hidalgo and Luna counties), LC 7 (Torrance, Catron and Socorro counties), LC 11 (San Juan County) and LC 15 (the Navajo Nation). We will be inputting our “data” into the NM Social Services Resource Directory of the Aging and Long Term Services Department; many thanks to staff at that Department who have been invaluable guides and resources. We are also coordinating with the Children / Adolescent Subcommittee to include their mapping information on “community supports”. Most importantly, we believe that this website will become an integral part of the behavioral health resource system.
8 Dimensions of Wellness

Our Subcommittees have been working with communities to talk about the eight dimensions of a person’s wellness (social, environmental, physical, emotional, spiritual, occupational, intellectual and financial). The Council and the Collaborative have long recognized that behavioral health is essential to overall health. Subcommittee members have taken the work on these Dimensions of Wellness back to their home communities – to local Social Jubilees, to local consumer groups, to psychosocial rehabilitation groups, and to individuals. All agreed that 1) Behavioral Health is essential to health, 2) Prevention works, 3) Treatment is effective and 4) People recover.

The members of the Adult/Substance Abuse/Medicaid Subcommittee have worked on one Dimension each month, translating the ideas into advice about how it is possible to really live that dimension of wellness. Drawing upon their personal experiences, all members of the subcommittees have suggested practical ways in which health can be maintained and ensured. Each month, the work of the subcommittees has been complied into a brochure. A full set of these New Mexico Eight Dimensions of Wellness brochures will be available. These brochures are printed not only in English but also in Spanish and have been distributed to the Local Collaboratives. It is our intention to expand our distribution to providers, Health Councils, libraries, etc. This project is a wonderful example of providing “advice” through lived experience.

The National Substance Abuse Mental Health Services Administration (SAMHSA) Health Care Reform Learning Coalition Ad Hoc Subcommittee

In May, SAMHSA invited New Mexico as one of seven states to be part of an effort to build state coalitions and educate mental health and substance use stakeholders on health reform implementation. These coalitions include state mental health and substance use consumer and peer organizations, recovery community organizations, family member organizations, provider organizations, and other behavioral health stakeholder organizations to participate in their Health Reform Learning Collaborative.

In addition, the BHPC is the state’s Coalition Coordinating Center (CCC) which means we are asked to: work to strengthen New Mexico’s Coalition, participate in educational webinars, work to develop educational materials, work with our technical coach, participate in an in-person coaching visit and participate in state CCC meetings.

To date, we have had webinars on: understanding basic insurance and coverage concepts, what we should know about Essential Health Benefits for our state, and what is the Coalition for Whole Health report and how does it apply to our State. We will have one more webinar regarding how the Mental Health Parity and Addiction Equity Act corresponds with the process for establishing Essential Health Benefits in our state.
We have also disseminated issue statements from the Legal Action Center, who is contracted with SAMHSA to build these Coalitions, on Essential Health Benefits, Health Homes and Medicaid coverage and financing changes in the Affordable Care Act.

At this point, the following organizations have joined the Coalition: Sangre de Cristo Community Health, Albuquerque Center for Hope and Recovery, New Mexico Family Network, Brian Injury Alliance, Raincloud, Coalition for Healthy and Resilient Youth, National Alliance on Mental Illness, New Mexico Alliance of Youth Providers, Recovery Based Solutions and Mental Health Association of New Mexico.

We believe this Coalition affords us another opportunity to educate our stakeholders not only of the upcoming Affordable Care Act but also on the Wellstone-Domenici Mental Health Parity Act.

**PLANNING FOR 2013 & BEYOND**

We wish to extend a heartfelt “THANK YOU” to Linda Roebuck Homer for her work over the past years on behalf of consumers and their families as well as Congratulations on her retirement.

In addition, we wish to welcome Diana McWilliams as the Acting Chief Executive Officer of the NM Behavioral Health Purchasing Collaborative and the Acting Director of the Behavioral Health Services Division Director. We look forward to working with her in the future.

Across the state Local Collaboratives wanted to come together to begin a type of ‘mentorship’ program, as well as do some information sharing. Each LC designated a representative to attend this “LC Leadership Meeting.” Their first meeting was in July 2012 and decided that not only would they utilize this time to learn from each other, but that they would identify priorities that Local Collaboratives could work together on during the coming years. They will take those priorities and present them to their LC membership for a consensus before making any final decisions and plans. The next meeting will be held in October with the goal to meet quarterly.

Finally, the BHPC 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.
ANNUAL REPORTS FROM BHPC SUBCOMMITTEES & PARTNERS
The Children and Adolescent Subcommittee (CASC) of the Behavioral Health Planning Council continues its efforts in education, support, and advocacy for children and youth and their families regarding behavioral health services. Just as the “work” of the BHPC is done in the statutory subcommittees, the “work” of the CASC is done in the Local Collaboratives. We have established clear communication protocols to disseminate information down to the local level and mechanisms to bring local voice back to the BHPC. SFY 2012 also saw the establishment of a CASC Executive Committee to ensure a leadership track for members.

Our subcommittee receives regular updates and input from the LCs (bottom up) and several system partners (top down) identified as having a crucial role in the delivery and development of children and youth behavioral health services. These currently include the Collaborative Cross Agency Team (CAT), CYFD’s SAMHSA grant funded System Of Care project Families and Organizations Collaborating for a United System (FOCUS), the CYFD’s Infant Mental Health statewide development project, the Core Service Agency provider’s Implementation Group, the New Mexico Youth Provider Alliance, and the state-wide behavioral health Managed care Organization OptumHealth New Mexico. We have also said goodbye to some of our partners from last year including the Adolescents in Transition (AIT) workgroup which focused on youth transition issues to adulthood and was disbanded and no longer exists. We had great hopes for the Communities of Practice (COP) group that had a similar scope of purpose, but COP has struggled to meet on a regular basis and appears to be fading as well. We strongly support the on-going need for all systems involved in behavioral health for consumers under the age of 18 to have a forum where they can come together on a regular basis and 1) develop a common language to address the work; 2) network across systems – especially the schools; and 3) act as a repository for information on community behavioral health.

We also note the passing early this year of Harri Friedman – one of our state’s strongest advocates for infant mental services and long an active member of the CASC.

The CASC had representation to, and active participation on, the Human Services Department’s Medicaid Modernization Expert Panel review of what became the Centennial Care Plan. Our membership provided feedback on the development of Health Care Exchanges; and reviewed initial planning steps by Core Service Agencies to develop Health Homes. We were active participants on and contributors to the HJM 17 Steering Committee – tasked with developing a statewide crisis response system to divert consumers of all ages from jail / law enforcement involvement. CASC members contributed to the development of Certified Family Support training. Many members attended Behavioral Health Day at the legislature and the BHPC Behavioral Health Summit. We had representation on the Community Reinvestment review committee. CASC members attended former first lady Rosalyn Carter’s presentation on “Within our Reach: of Ending Mental Health Crisis”. Through the work of both SOC-FOCUS and the CSA Implementation Group, the CASC strongly supports the statewide development of CSA’s as hubs for fully integrates wraparound service delivery to children, youth, and their families.

Members of the CASC also received information on innovative and state of the art programs for children, youth and their families from Gail Falconer on the Wellness Recovery Action Plan; Desiree Woodland on “Breaking The Silence – Teaching the next generation about mental illness; Yolanda Cordova on School-based Health Centers; BHSD’s “No Exceptions” video on the challenges our youth face with Opioid addiction; the Bear Project – experiential therapy for substance abuse; Joe Harris on Community Support Workers role and function; Lisa Trujillo on Drug Free Communities Grant in Espanola; Gail Falconer on Community Wellness Conference; and Cheri Villines on Youth and Family Involvement.
As part of the CASC’s cross-fertilization of ideas and actions, LC representatives to the CASC described their local actions in recognition of September’s designation as Recovery Month; October’s alcohol free Octoberfest; town hall meetings on Native American youth issues; Native Youth Pow-Wow; wraparound with family groups, Native American Treatment centers; community Fun Run, Ice Cream Social, and Community Fishing Derby to reduce stigma; SAMHSA’s 10 X 10 initiative (now referred to as the Wellness Initiative); increasing youth LC participation; Children’s Behavioral Health Day activities; school-based training and Student Wellness Action Teams on suicide prevention; Wellness Fairs; and county Health Councils.

The CASC strategic priority for SFY12 was statewide identification of “Natural and Community Supports” on a community, LC, regional, and statewide level. These supports are what sustain families before their involvement with formal mental health and substance abuse systems and are where families return after that involvement. The CASC Executive Committee undertook research and development of protocols on the assessment process and reviewed the taxonomy list provided by the Aging and Long Term Services Department as part of our information gathering process for our Mapping project. The committee is developing a Survey Monkey based instrument to gather information on local community resources and will also create a marketing plan to encourage input for the survey. Given the size and scope of this project, it will continue to be the SFY13 strategic priority as well.
Brief overview of what was accomplished last year:

At the FY12 Behavioral Health Planning Council (BHPC) Executive Committee, it was recommended, voted on and approved to fold the Medicaid Subcommittee (MSC) into the Adult/Substance Abuse Subcommittee. The central reason for reorganizing the MSC was the recognition that the true advisory body regarding Medicaid is the Medicaid Advisory Committee (MAC). The MAC is the advisory body to the Secretary of the Human Services Department (HSD) and the Medical Assistance Division (MAD) Director on policy development and program administration for the health and medical care services provided by the NM Medicaid program.

The MAC has representation and participation from health professionals, consumers, advocates, public health entities and other stakeholders concerned or involved with NM Medicaid. Carol Luna Anderson, Co-Chair of the Adult Subcommittee, is the BHPC representative on the MAC and acts as the conduit between the BHPC Subcommittee and the MAC, ensuring the flow of information between the committees. It has proven to be a great opportunity for BHPC subcommittee members to have input into the Medicaid behavioral health system.

The combined Adult/Substance Abuse/Medicaid Advisory Subcommittee (ASAMSC) focused its attention in FY12 on two plus priorities. The Subcommittees chosen priorities for the year were a Mapping Project and the Eight Dimensions of Wellness. Both have already been described here on Pages 7 and 8. We are pleased that our work on the Eight Dimensions will be widely available to both people who visit physical health and behavioral health providers. Our advice through these brochures is a contribution of the Council to Centennial Care and to behavioral health integration. The additional priority that emerged for the ASAMSC this year has been Centennial Care and the impact of healthcare reform. We sought to equip each subcommittee member with the understanding they will need about those subjects so that they can provide skilled and useful advice to the Collaborative.

Cindy Collyer and Carol Luna-Anderson have ably co-chaired the ASAMSC meetings. Our work together this year has not only produced tangible and practical products of advice for the Collaborative, but also helped us learn together how to effectively bring people in distant locations into the ‘virtual room’ together for work and discussion. We’ve learned how to listen and how to contribute when we are not all in the same physical location, growing our competency to bring more people into our discussions as participants. We believe this is not only work to help our meetings run well, but also essential learning in how the Council, State Departments, and others can better engage consumers, family members and providers alike.
As in FY11, the Native American Subcommittee (NASC) continues to be chaired by the Cabinet Secretary for New Mexico’s Indian Affairs Department. Secretary Arthur Allison is originally from Tohatchi, located within the New Mexico side of Navajo Nation. In FY12, the NASC members accepted Donna Kipp’s resignation as NASC Co-Chair. Members then elected Jane Jackson-Bear, also originally from the New Mexico side of Navajo Nation, to serve as the new Co-Chair. Secretary Allison selected Kim Horan, Tribal Liaison with Behavioral Health Services Division within Human Services Department, to serve as his Proxy.

NASC’s key accomplishments for FY12 include:

- A resolution endorsing the formation of a NASC Planning Committee – comprised of leadership from each of Local Collaboratives 14, 14, 16, 17, & 18 among others, to guide meaningful agendas for the monthly NASC meetings;
- Holding monthly NASC Planning Committee Meetings at the Indian Affairs Department offices;
- Committing to holding NASC meetings on the 4th Thursday of each month;
- Profiling a Native American or Tribal behavioral health provider at each NASC meeting to make a 40 minute presentation;
- Ongoing NASC endorsement in the revitalization of leadership within Local Collaborative 17;
- Ongoing support from Sandoval County DWI & Prevention Program, for the services of Becky Ballantine, Tribal Liaison, in drafting NASC Minutes;

The 2nd Annual Summit registered 135 participants; evaluations received were overwhelmingly positive. Topics were selected by the NASC members, and included:

- ‘Combating Human Trafficking’
- ‘Overcoming Family Violence’
- ‘Intercepting Prescription Drug Abuse’

A summary report of the 2nd Annual Summit is in progress and it will continue to guide future NASC discussions on these topic areas and set new priorities for FY13.
The mission of the NM Public Defender Dept. is to provide holistic legal representation of the highest quality to persons charged with criminal offenses in New Mexico, to protect constitutional rights, to advocate zealously, and to work toward reducing criminal recidivism, thus making the community safer. The Mental Health Division of the Public Defender Dept. supports the Department’s mission by providing specialized services through a statewide perspective and expertise for clients who are at high risk of discrimination in the criminal justice system because of a mental disability. Our objectives are to insure that our clients receive effective assistance of counsel and other rights in their criminal cases, provide early identification of and intervention for clients with mental disabilities, and to assist in obtaining the most appropriate placement for the client, including diversion from the criminal justice system where appropriate.

The Mental Health Division is not a provider of treatment services. We, however, facilitate the transition for the client population from detention centers to the community. We are frustrated with the continued decrease in funding and the subsequent reduction of resources, to include housing. In fact, the lack of housing has been and continues to be the most significant obstacle for our clients’ recovery. It is also, frequently, the reason for extended incarceration periods once they have been arrested.

Clients with a severe mental disorder, who are also homeless, cannot achieve medication stabilization. It is unrealistic to expect one to survive on the streets and to hang onto his/her medication, much less to remember to take the medication as prescribed. Consequently, that particular population remains in a downward spiral, unable to escape.

In addition to our mission and objectives, we are going to try to access housing through the New Mexico Special Needs Housing Initiative for those clients who have the necessary resources to pay a security deposit and utility deposits/fees. It has been our experience that it is virtually impossible to obtain housing for individuals who have a felony conviction. We fully intend to utilize the appeals process based on Reasonable Accommodation, if at all possible.

The short supply of housing for populations with chronic mental health conditions is profound. Consequently, detention centers across the county have become the new psychiatric hospitals and, sometimes, long-term residences for individuals with mental disabilities. A major priority of the Mental Health Division is to access housing. Without housing, our client population will continue to revolve through detention center doors.
The DDPC consists of four programs: Federal Programs, Center for Self-Advocacy, Guardianship Program and the Brain Injury Advisory Council.

The Federal Programs unit awarded over 20 grantees to work on systems change, advocacy and capacity building in five priority areas over the next five years: Self Advocacy, Community Supports, Leadership, Education and Employment.

In FY12, The Center for Self Advocacy conducted over 200 sessions throughout the state on self-determination, independence and wellness involving over 800 self advocates, students, family members and professionals.

The Guardianship Program provides a statewide, publicly funded guardianship services program for guardians of “last resort” for incapacitated adults. Our office contracts for “Corporate Guardians” and for legal services, and we have 70 local contractors statewide (Corporate Guardians, Attorneys, and Court Visitors). Legal services for guardianship court proceedings include Petitioning Attorney, Guardian ad Litem, and Court Visitor. For eligibility, the alleged incapacitated person must be financially eligible for Medicaid or a similar public benefit. For legal services, where the proposed guardian is family member or other individual, the proposed guardian’s household gross income must not exceed 200% of poverty.

The Guardianship Program is involved with the Interagency Behavioral Health Purchasing Collaborative’s two Task Forces re: mental health. Our role is re: our Mental Health Treatment Guardian program: HM45 to review NM law and practices re: civil commitment proceedings and treatment; HJM17 to develop strategies to improve mental health treatment/care outside of law enforcement and detention. This Task Force issued a Report and Recommendations. The Guardianship Program 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 45 new cases per month, for a total of 540 in FY-12, primarily in Albuquerque, Las Vegas, and Las Cruces. This is a significant increase compared to prior years, from our activities to improve the program through FIC-DAC in the southern part of the state.

The Brain Injury Advisory Council initiated several Brain Injury Supports Groups as well as Caregiver Support Groups and published a Brain Injury Caregiver’s Toolkit. Members are active throughout the state providing trainings around the subject of Brain Injuries.
Behavioral Health Day was celebrated in the Rotunda on February 8, 2012. STARs from 16 Local Collaboratives were recognized for their outstanding contributions to their communities and for their commitments to recovery and wellness. Department Secretaries Squire and Deines joined the celebration by giving speeches that recognized the STARs for their bravery in sharing their stories and congratulated them for conquering their struggles amongst the challenges of daily life.

Behavioral Health Day is to recognize and honor individuals (STARs) who have overcome their challenges and are now advocates in their communities to educate and inform others about Mental Health and substance abuse recovery. We utilize the opportunity of Behavioral Health Day to also introduce legislators to those living and working in the behavioral health world.

State Representative Edward Sandoval sponsored this year’s House Joint Memorial (HJM 11) and State Senator Mary Kay Papen sponsored this year’s Senate Joint Memorial (HJM 7) designating February 8, 2012 as Behavioral Health Day at the legislature. The memorials serve to honor the many individuals who devote themselves to public policymaking on behalf of the thousands of voiceless New Mexicans who suffer from behavioral health disorders.

It is always an honor to put on this event and it is something that we all look forward to celebrating every year.

Pictures of the STARs of 2012 are shown at the bottom of each Local Collaborative Report. Those LCs that do not have photos did not submit a STAR for the 2012 BH Day. Photos are courtesy of Suzanne Pearlman.
STATEWIDE
LOCAL COLLABORATIVE
REPORTS
ACCOMPLISHMENTS OF LOCAL COLLABORATIVE 1
LOS ALAMOS, RIO ARRIBA & SANTA FE COUNTIES

Support of Minds Interrupted
The Local Behavioral Health Collaborative serving District 1 provided a high level of support for the “Minds Interrupted” Dialogues produced and staged by the Santa Fe Chapter of the National Alliance on Mental Illness (NAMI) in Los Alamos. A major production was held on the evening of March 24, 2012. LC 1 supported this effort in recognition of the critical importance of the production in contributing to the elimination of stigma from mental illness. This was truly an important element of the collaborative’s efforts to eliminate stigma and was also supportive of the Behavioral Health Planning Council’s “Let’s Talk About It” campaign.

Ongoing Participation of Consumers and Family Members
LC 1 continued its efforts to maximize the participation of consumers and family members. Despite reductions in resources and the transfer of responsibility for consumer advocacy to the Behavioral Health Planning Council, the membership of the LC recognizes that one of its key achievements is that of increasing the participation of consumers and family members. One of the key reasons for the existence of the LCs statewide is that of providing forums and venues in which consumer and family member concerns can be articulated and addressed. LC 1 recognizes that this remains a vital activity that will truly preserve many of the elements of the behavioral health redesign despite plans for significant change.

Participation in the Health Insurance Exchange Survey
LC 1 participated actively in the survey conducted by the Sangre de Cristo Community Health Partnership in soliciting information on what Health Insurance Exchanges as provided for in the Patient Protection and Affordable Care Act should offer. LC 1 participants completed survey instruments that were distributed and they were able to provide responses that articulated the unique perspectives of persons involved in behavioral health services and issues. As New Mexico is on the threshold of major reform resulting from federal health care reform and the state’s Centennial Care initiative, it is important that consideration be given to the behavioral health issues in designing those mechanisms that are expected to become a part of the new health care landscape.

Support of Housing Initiatives
LC 1 provided considerable support to efforts designed to address the housing needs of persons with mental illness. The Life Link was successful in securing funding from the New Mexico Mortgage and Finance Authority in support of efforts to provide housing for persons with behavioral health issues. Committees of the LC reviewed the proposals in detail and provided information and feedback that supported these efforts that were clearly within the parameters of previously identified priorities. Housing was perceived as a high priority by the collaborative early in the existence of the collaborative and in recognition of the ongoing importance of housing the collaborative was able to promote support of such efforts in a very positive way when resources became available.

Consumer Driven Services
LC 1 provided support for Inside Out which applied for and received a $20,000 grant from OptumHealth New Mexico through reinvestment resources for the initiation and support of consumer driven services. This service was perceived by the collaborative to be a very high priority for consumers in Rio Arriba County.

LC 1 County Behavioral Health Updates
Los Alamos Family Council is celebrating 50 years of service to the community over the coming months. As a “thank you” to the community they will be offering lunch time groups focusing of personal and community wellness: – Emotional - physical - Getting Started Young (prevention) – Spiritual– Occupational– intellectual – Financial– Social – Environmental– Recovery and Resilience. Major action planning has been underway within the Community Health Council. There are three areas identified for County focus: Older Adults; Families in Crisis and Financial Need; Youth and Families at Risk.
During 2012, the Los Alamos Family Council and Presbyterian Medical Services worked closely together to maximize service availability and leverage the current limited resources available for services to people with behavioral health needs. In February, a NAMI representative made a presentation to the LACHC regarding Mental Health Awareness by hosting “Minds Interrupted,” which was well attended, and underwritten by PMS.

RACHC have implemented the ER Diversion project. We have also constructed an EMR. Rio Arriba HHS and RACHC are in the process of pulling together a sobering network composed of RAHHS, Hoy and Espanola Hospital as part of the ER Diversion project. EH will provide medical clearances and TB tests at the same day clinic and Hoy will make arrangements for its co pay. RAHHS will transport clients to EH and then Hoy. EH will keep medically fragile clients, and will provide training to staff both at Hoy and in the RA Detention center. RACHC is also in the process of implementing senior outreach that includes medication reconciliation and other information about drugs tailored to seniors. We are partnering with EH, ECFH and DOH to conduct one outreach per week at each of nine RAC senior centers plus a large health fair at the RACH.
ACCOMPLISHMENTS OF THE
BEHAVIORAL HEALTH LOCAL COLLABORATIVE 2
BERNALILLO COUNTY

2011 - 2012 SUCCESSES
Accomplishments that were met from last year’s Report (2010-2011) and/or Other Successes:

- Developed a Vision Statement, with the facilitation of Certified Peer Specialist Donald Hume.
  "The purpose of Local Collaborative 2 is to bring strong local voices together to promote Community as the source of behavioral health wellness."
- Elected two Co-Chairs (Robin Connell & Bill Morefield).
- Decided to have a paid Administrator, at a maximum of $300/month, to assist with the administrative tasks of the LC.
- Asked for feedback from our membership, via SurveyMonkey.com, for input on what our meetings should focus on for the next 12 months.
- Co-sponsored 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 had three representatives at the planning table – in collaboration with NAMI-Abq, the Albuquerque Forensic Intervention Consortium (FIC), the Albuquerque Police Department/Crisis Intervention Team and the City of Albuquerque.
- Co-sponsored a “Core Service Agency (CSA) Education Night” for the public. OptumHealth New Mexico, the Behavioral Health Services Division and several CSAs agreed to be on a panel to discuss the topics: “What is a CSA? How do they work? and How can they work for me?” – in collaboration with NAMI-Abq.
- Celebrated Hispanic Heritage Month and had a presentation from the Operations Manager of the National Latino Behavioral Health Association, Fred Sandoval.
- Continue to focus on Empowerment and Self and Community Advocacy.
- Focused on critical Stakeholders: Individuals who use services; Family members; County, City & State.
- Secured Scholarships for 2012 Consumer Wellness Conference.
- Maintained LC 2 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.
- Held our 2nd Annual Community BBQ to maintain awareness of LC2 to Albuquerque.
• Sponsor a monthly Drawing of two $10 gift cards per meeting, for those who attend the meetings.

PLANS FOR 2012 – 2013

• Using the information received from SurveyMonkey.com, we can focus our LC meetings on sustainability and topics for the next 12 months
• A question on the survey mentioned above regarded the possibility of becoming a 501c3. The votes were split down the middle, so this is will be an ongoing discussion through the coming year.
• Sponsor a Mental Health First Aid (MHFA) Training for our LC2 members.
• To create a more consolidated voice around the issues we all care about.
• Increase our membership by 20%.
• To bring Behavioral Health to many tables by attending meetings and functions and using our Voices.
• Inviting speakers to lead discussions on relevant issues (ex., Citizen Review Boards, Office of Health Care Reform, OCA, Legislators, and Providers).
• Focus on sustainability; continue discussions of the possibility of becoming a 501c3.

2013 STRATEGIC PRIORITIES AND GOALS

• Continue to work with APD and their Crisis Intervention Team (CIT) to help increase education about Mental Illness and those who live with it
• Public awareness of LC2 (re-education and advertising strategies)
• In-service training for Judges and others
• Consumer maintained resource directory
• Reaching out to community and senior centers
• LC 2 as a Hub of Consumer, Youth, Family Network (CYFN)
• Bring in the NM Veterans
ACCOMPLISHMENTS OF LOCAL COLLABORATIVE 4
MORA, SAN MIGUEL & GUADALUPE (MSG) COUNTIES

The MSG Local Collaborative 4 continues to be active, despite changes that have affected available resources and community agencies.

Each of the Counties involved in LC4 looked at the shrinking availability of resources, both within the LC and those many agencies are facing – diminished funding, less employees, etc. and decided that it would be wise to conduct planning and meetings in a more county focused manner, coming together on a quarterly basis to share information and assist with initiatives. CAT, Patricia Gallegos, has been invaluable in keeping us moving in a positive direction for our communities.

Mora County has an established system where multiple coalitions meet on the same day of each month. The former Mora lead was the health council, with the elimination of their funding; the DWI Council has stepped up to take the lead in behavioral health planning. They have worked with the community to write a grant that will provide resources for substance abuse treatment in their local area and were successfully funded.

The health council in Guadalupe County was also the lead agency in that area, and has moved away from that role as their funding sources / scope of work has changed. NMBHI / Community Based Services has taken the lead role in that area. They have involved law enforcement to take a good look at the crisis system that exists and how they can increase options for people who are in crisis. Meetings have been happening on a bi-monthly basis and involvement is growing.

San Miguel County has 3 committees as part of the MSG – the Consumer Committee, Family Committee and Provider Committee

The Consumer Committee, under the leadership of Shela Silverman, has helped plan and implement 3 Mental Health Association projects. “....Now I can....” hired and trained a consumer who helped 20 other consumers attain New Mexico Ids. They also provided consumers with wallets and information/education on how to navigate the system to get the IDs. Another project was ‘Let’s Go Swimming’.... which provided swim passes, towels and bathing suits for consumers to swim at the NMHU Natatorium. The Mental Health Association is now working on Crisis Housing. A Community Support Worker works with NMBHI, Richard’s Housing and the Las Vegas Housing Authority to get assistance with skills training, medication and symptom management, education, community involvement and help them transition into permanent housing.

The Family Committee, under the leadership of Barbara Gurule, celebrated Mental Health Month by sponsoring a “Walk To The Park “at El Valle Community Center. Approximately 30 Valley residents met and walked 1 mile to the State Park and 1 mile back. Door prizes and a barbeque concluded the event. It was so successful, that “Walk to the Park” now takes place monthly. They also presented SAMHSA’s 8 Dimensions of Wellness as outreach. Barbara mentored another family member to help provide families in El Valle with support and identify areas they would like to address. They are advocating for services to be provided in the valley area and support for home schooling for children with special needs. This advocacy has led to Teambuilders now having Family Support Worker services in the area.
ACCOMPLISHMENTS OF LOCAL COLLABORATIVE 5 CHAVEZ, EDDY & LEA COUNTIES

Local Collaborative # 5
Report provided by: Marti Everitt

Business Items conducted at local collaborative meetings this quarter:

- Total Community Approach including evaluation of services provided through this funding. Changes for Chaves and Eddy County were successfully initiated.
- Housing efforts across the LC5 region are being discussed. Housing committee meets every month for Chaves County.
- 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. LC 5 will expand this to Hobbs schools in the fall.
- LC5 Sustainability A subcommittee continues to address this issue
- Cross Agency Team Member Report
- Updates from OptumHealth
- Behavioral Health Planning Council Subcommittee reports
- QSR updates
- LC 5 budget
- LC report to BHPC
- Unity Center project funding through reinvestment money

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

- Affordable Supportive Housing
- Teen suicide prevention
- Provider reimbursement issues
- Implementation of Centennial Care

Special projects of your Local Collaborative currently (e.g. Quality Service Review, Systems of Care, and Local Initiatives):

- Building and developing housing for consumers in the region.
- Expanding Teen suicide prevention to Lea and Eddy Counties.

Other
LC 5 continues to have monthly meetings via teleconference among the three counties. Consumer involvement during the meetings is above 50% of the total membership. The sub committees continue to generate considerable community participation along with the young adult/adolescent involvement within the Unity Center project which has received Reinvestment Funds through OptumHealth.
ACCOMPLISHMENTS OF LOCAL COLLABORATIVE 6
GRANT, HIDALGO & LUNA COUNTIES

LC6 Legislative Priorities for FY12 were: To have on-going support for LC 6 Total Community Approach, support effective community crisis and alternative sentencing programs and on-going financial support for local collaborative 6. Our local collaborative invited our local policy makers to attend our meetings this year and we made presentations to them on our legislative/policy issues. We handed out a one page document for each priority and explained the positive impact each has had in our communities and how important addressing behavioral health issues can be.

Our substance abuse, Total Community Approach funds 7 programs in Hidalgo, Grant and Luna County. The TCA programs have made a huge impact on the lives of people in Hidalgo and Grant County with substance abuse issues and they now have a continuum of services for the family to utilize from prevention, intervention, treatment and aftercare. Luna County has been able to sustain the Intensive Outpatient Program in that county with the assistance of TCA. Prevention has been a primary focus of TCA and they have gathered some great data about the impact TCA has had in Hidalgo County. TCA supports the Continuum of care that are regional communities are striving for.

The local collaborative has maintained its membership and has a large group of active consumers. They have been active in providing input about behavioral health needs in the southwestern parts of New Mexico. The consumers in LC 6 continue to do outreach/advocacy throughout the community and have had booths at local events in the three counties. We ensure that we can print our local legislative priorities on promotional cards to hand out to legislators and community members. We also try to support our local collaborative members in attending any relevant trainings and behavioral health day so they can advocate for support with behavioral health issues. Consumers feel they have a voice and have developed confidence while participating in the local collaborative. A focus group conducted for input to the state about crisis programs was very successful and gave the membership some great information about changes that need to be made when dealing with crisis. The report received back from the state, captured the input provided by our local collaborative and will assist with future crisis system work. The presentation and updates about the Medicaid modernization was useful as well and consumers were provided with information that may affect their services. Administrative support is necessary to keep the local collaborative going so they are trying to sustain this position. They submitted a request for an intern with the local university and are waiting to see if a student will have interest in working with them.

Local Collaborative 6 has voting representatives at the BHPC subcommittees. They have attended as required in the by-laws. They participated in the substance abuse community mapping project. They were also present for the presentations and updates about centennial care, Medicaid redesign and the 1115 waiver. The BHPC members from our local collaborative also attend the BHPC meetings as required via video conference. Video conferencing has made it much easier to attend these state wide meetings. Local Collaborative members have continued to participate in the Purchasing Collaborative meetings, which are now available on video conference. There is always attendance by local representatives at our site.

The LC 6, Grant County behavioral health Systems of Care chose to keep working with the FOCUS grant. Although there have been a number of changes with staff and state leadership, they continue to work toward developing children’s behavioral health Systems of Care in Grant County. There has been some progress made and they plan to work on a framework and training structure.

Submitted with respect,
Local Collaborative 6 Representatives
ACCOMPILISHMENTS OF LOCAL COLLABORATIVE 7
CATRON, SIERRA, SOCORRO & TORRANCE COUNTIES

JD7LC Accomplishments FY11-12
- Utilizing teleconferencing to accommodate the large geographical area of JD7, we held a Local Collaborative meeting the first Tuesday of every other month.
- Awarded “Stars” award to Catron County Grassroots Behavioral Health Committee.
- Attended the 2012 Behavioral Health Day at the Legislature.
- 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.
- Supported the Catron Grassroots Behavioral Health Group’s efforts and activities.
- Sent members to the 2012 Consumer Wellness Conference.
- Had a member review the Request for Proposals for Region 5.
- Had a member attend the statewide LC Leadership Meeting July 2012 to address how lc’s can help one another move forward.
- Catron County has been working diligently as the pilot for Behavioral Health Resource Mapping for the Adult and Substance Abuse Subcommittee.
- Hosted the State Behavioral Health Services Division to hear a presentation on Health Homes.

Socorro County Accomplishments:
- The Health Council is in the initial stages of the Community Transformation Grant which focuses on active living, healthy eating, and tobacco free living.
- Socorro Family Funfest was April 25th, 2012.
- The 1st Annual Maze of Life was a HUGE success.

Torrance County Accomplishments:
- CYFD Block Party and Health Fair were in April.
- A Substance abuse prevention forum will be held in April targeting prescription drug abuse issues.
- The radio station is still in the works.

Catron Grassroots Committee Accomplishments:
- Received the Consumer Wellness Resource Center grant from Office of Consumer Affairs. Set up a Wellness Center with exercise equipment, meeting space, library for behavioral health topics, public computers, classes on computer, exercise, support groups (Grief and Loss, NAMI Connection, AA, NA, Gluten Free Diet Support. All are working hard on running their center.
- Held monthly lectures for the community about behavioral health topics including PTSD, Bipolar Disorder, Autism and Autistic Spectrum Disorder, Fetal Alcohol Syndrome, Caregiver Support and Advocacy, Holiday Stress.
- Published articles on suicide awareness in the local newspaper.
• Assisted with several school programs including the Teen Health Fair, the Student Health Advisory Committee, and Red Ribbon Week.
• Gave QPR Gatekeeper Training on three occasions.
• Held a WRAP Training.
• Sponsored the Reserve Schools Natural Helpers Program, a peer mentoring program.
• Participated in community events including the Halloween Street Fair, the Annual Family Health Fair, the Northern Catron County Health Expo, Alcohol Free New Year's Dance, and the Senior Health Fair.
• Manned a 6 day per week consumer-run Warm Line and trained new workers for the Warm Line.
• Coordinated Wraparound services for several families.
• Participated regularly in the Catron County Health Council and the PMS Regional Community Guidance Council.
• Assisted in the statewide substance abuse survey and provided an anonymous incentive grant to increase participation resulting in 307 surveys being completed (10% of all adults in the County).
• Presented at the Consumer Wellness Conference.
• Teen Health fair April 5th, Family Health fair April 21st

**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.

**LC7’s 2012 BH STAR**
Catron County Grassroots BH Committee
Accepting the Award on their behalf is Tara Keller
ACCOMPLISHMENTS OF LOCAL COLLABORATIVE 8
COLFAX, TAOS, & UNION COUNTIES

The Collaborative requests that Local Collaboratives focus on sustainability in one or a combination of the following areas. As per the fiscal guidebook 2012, the funds are to engage the voice of individuals and their families to plan activities that can be sustained surrounding: Local Systems of Care, Quality Service Review or Other Local Initiatives

**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 include the establishment of a state coalition of LC’s, that will continue to support the consumer related financial assistance and administrative support afforded us through the present funding.
4. TCCS the Adult Core Service Agency for this tri-county area has worked diligently in cooperation with Regional Hospitals (located in Clayton, Raton and Taos) to develop a Crisis Response to those in need. TCCS is building Crisis Systems of Care in cooperation with hospitals to change practices, structures and pathways to a least restrictive, consistent with treatment and safety manner.

**Timeframes:** Continuous – will seek out resources as a collaborative as a means of maintaining a formal structure to give consumers voice.

**Outcomes and Dates:** Ferman Ulibarri, LC8 Lead, has volunteered to serve on the state LC Leadership Committee to work on establishing a state LC Coalition that will work to preserve all LC’s throughout the state through the legislature and submitting grant applications. We (provider personnel and LC members) continue to dedicate our time and efforts to bring consumers to the table and engaging the communities into the process of service to clients.

**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. Juvenile Drug Court held once a week with the youth and their parents and also holds staffing with the Juvenile Drug Court Team once a week.
- Taos Learning Lab, Alternative Education Program works with youth who are at-risk of suspension or expulsion. TCA helps to support the instruction of the Botvin prevention life skills curriculum.
- TCA also supports the Youth Empowerment Services program with their prevention project Dare-To-Be-You (DTBY) delivered to all 5th graders in Raton.

**Outcomes and Dates:** Juvenile Drug Court has been operating for over four 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 was restarted last school year with TCA funding.
QUALITY SERVICE REVIEW
LC goals or activities identified towards promoting and using the results of QSR:

1. Introduction of CSA and QSR to the collaborative.
2. CSA’s will report to LC8 membership on a regular basis at all the collaborative meetings.
3. Our CAT representative will help facilitate the conversation regarding QSR and facilitate training and orientation of LC membership.

SUSTAINABILITY
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 through the establishment of a statewide LC Coalition. 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.

We hope to continue the stipends through volunteers, and the $3,000 provided by Optum but we will be looking for other funding opportunities and relying on the local providers to continue to keep their clients involved. TCCS is LC 8’s Core Service Agency for Adults and the Director along with BHPC Representative are very active and bring consumers from each county to our annual Retreat & identify representatives to serve for BHPC Activities.

MOA and MOUs
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, Easter Seals El Mirador/Casa de Corazon 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.
ACCOMPLISHMENTS OF LOCAL COLLABORATIVE 9
CURRY & ROOSEVELT COUNTIES

Local Collaborative 9 has accomplished the following during the past fiscal year and is pleased to present these accomplishments to the Behavioral Health Planning Council for the 2011-2012 year.

Accomplishments:

- Local Collaborative 9 was able to complete several fund raising activities during the past fiscal year. Recovery Walk and a Linking of Resources Chain were some of the community events which not only helped the LC financially but also addressed stigma and acceptance in the LC 9 communities.
- Mental Health First Aid training was held in and sponsored by LC9 in various setting during the fiscal year. Each of the training settings were full, several law enforcement personnel participated in the trainings.
- The community established several evaluations beds in the local hospital as a result of stigma work and collaboration with in the LC. These beds are an alternative to persons in a BH crisis being placed in the detention center.
- Mapping documents for the BHPC central database were completed for Curry and Roosevelt Counties. The area’s 2-1-1 line was a good resource in this activity.
- The Local Collaborative was consistent in keeping the monthly meeting date and time which helped in meeting attendance. The fourth Thursday of the month beginning at 10:30 am is the set date and time for the meeting.
- The LC membership voted to adjust the stipend reimbursement rate down and even suspended several months of giving out stipends on order to have the LC funding remain solvent throughout the fiscal year.
- The Local Collaborative meeting membership consistently consisted above 50% consumer participation.
- The LC membership voted a consumer co–chair of the local collaborative.
- Rocky Banda and Nate McGown represented LC 9 at the BH Symposium. Rocky was a guest speaker in the Crisis track.

LC 9 Goals for FY12:

- Sustain the Local Collaborative through fund raising events and continued member recruitment.
- Work on anti stigma within the LC
- Have the LC represented in the BHPC sub committees
- Work on transportation issues within the LC.
- Work on developing alternative treatment of persons in Crisis within the LC.

LC9’s 2012 BH STAR, Rocky Banda
Local Collaborative 10 is pleased to present the following accomplishments to the Behavioral Health Planning Council for the 2011-2012 year.

Accomplishments:

- Budget for the fiscal year 2012 was completed. The LC understands the task at hand to continue with limited resources, and is committed to finding creative ways to meet the needs of the communities within LC 10.

- Mapping documents for the BHPC central database were completed for De Baca, Harding and Quay Counties.

- The first annual “Total, Mind, Body & Soul Fair” and blood drive was held in conjunction with the De Baca County Fair. The fair board was pleased with its success and has asked the LC to host the event as annual event at the county fair.

- Quay County sponsored a “Fun Run” in October; the event had over 200 participants and 50 volunteers. Special invitation outreach was made to behavioral health consumers and families.

- Harding County hosted a Health Fair.

- Diabetes self-management education services began in November in Quay County.

- An Alzheimer’s caregiver support group meeting monthly in Quay has been formed.

- Elizabeth Sena was selected to represent LC 10 as the STAR nominee at BH Day at the Legislature. Paul Sena, Theresa Ramirez and Joe Ramirez also represented LC 10. LC 10 was awarded exhibitor space and shared a table with LC 3; Mary Campbell of LC 10, who also served on the planning committee, put together the display for LC 10 which was manned by LC 10 attendees.

- LC 10 hosted its March meeting in Harding County with a dinner and presentation on Meth awareness at the Roy Schools in efforts to address addiction and recruitment of new members to LC 10. The “No Exceptions” video was presented to the community with considerable discussion following the presentation. Harding is planning to use the video in the schools to help get the message out to the community about using prescription meds and the dangers of Opioid addiction.

- Quay County hosted its annual Wellness Fair with over 600 in attendance, making it a very successful event. Local Collaborative 10 had a booth manned by consumers and family members.

- Plans were made to hold events in the counties for children’s mental health day and May mental health month. Harding followed up on their meth awareness presentation and dinner that was hosted earlier. De Baca used a public bulletin board at the local family practice clinic to promote mental health month. Counselors went in to the school the week of prom and talked to youth and about meth awareness and dating violence. Quay plans to use the Hero of Hope for next year’s event.

- Quay County is working on a home visit program for prenatal and post-partum families though CYFD under the Affordable Care Act. When counties were ranked on basis of need and intervention programming, Quay topped the list in need. The goal is 40 families working with a set curriculum.

- Harding County is working on plans for an assisted living facility.

- Representatives to the various BHPC subcommittees have been selected.
2012 – 2013 Goals

- Possible grant funding to help combat meth addiction, to help people understand what a serious problem that this has become. The Attorney General’s Office training will be utilized also.
- Quay County is working to host the 3rd annual “Get Moving Quay County!” Fun Run/Walk in October.
- The LC plans to continue its efforts toward sustainability.
- Continue to keep representation on BHP subcommittees.
- De Baca is working to host a community wide dinner at the Fort Sumner Schools with a meth awareness presentation.
- Harding County is working to identify owners of abandoned properties, in hopes to make them habitable again to ease housing concerns.
- To provide more Mental Health First Aid trainings.
- Preparing the LC to adequately handle the responsibility of patient centered medical homes.

Challenges:

- LC Sustainability- LC 10 wants to remain together. The LC 10 counties work well together and want to continue that way.
- Transportation and housing are still immediate needs of this frontier setting and has had a significant impact on consumers living with limited resources.
- Eliminating stigma toward behavioral health and how to better respond to those in crisis situations.
- Ongoing going Meth awareness for communities.
ACCOMPLISHMENTS OF LOCAL COLLABORATIVE 11
MCKINLEY & SAN JUAN COUNTIES

LC 11 meets monthly in each county (San Juan and McKinley) and quarterly together.

- LC 11 has continued to support and be engaged with the Mental Health Task Group which convened a little over a year ago to address HJM 17. The group includes all major stakeholders in the community from law enforcement, hospital, schools, providers, consumers and family members to address the recommendations of the HJM 17 statewide task group. An active consumer from LC 11 shared her story and this community was one of three across the state asked to share what our community has done and the great progress that has been made in this area. This group continues to focus on ways to address crises and mental health in the community and ways to build a crisis system with current resources and a plan for the future if additional funding is received. A shared release of information, MOU’s, a decision tree, universal calendar for ER to use to immediately schedule assessments of consumers they see that need follow-up, a laminated resource page for all law enforcement, dispatch, hospital and others to reference as well as collection of similar data to use to identify needs, gaps, etc., are all areas being addressed.

- Continued training of all new staff and law enforcement in Mental Health First Aid is another initiative LC 11 is addressing. There is now a trained trainer at the hospital who can do community trainings as well.

- The Youth and Family Collaborative continues to partner with San Juan Safe Communities Initiative to bring weekly trainings to the community on strengthening families; there is also a media campaign around this.

- McKinley County continues working on educating and training on jail diversion for individuals with mental illness and identifying community resources etc.

- Multiple showings of the DVD “No Exceptions,” focusing on prescription drugs and Opioids in New Mexico and the crisis this has become, have been done as well as having one of the families from this DVD coming to a community summit to present and discuss with the attendees.

- Farmington police officer and CAT were involved in a training for the Native American Summit on prescription drug abuse, the over-prescribing of these medications, what they are doing about it, and what to watch for etc. in August.

- San Juan County has been very involved with the statewide symposium and the four tracks under that, with community members attending all four tracks and continuing to attend the Friday video conference meetings monthly.

- Continued collaboration between the Collaborative, DWI Planning Council, and the Community Health Improvement Council to address community needs and create a strong community voice.

Challenges:

- Transportation and housing continue to be immediate needs and have significant impact on the consumers living in an environment with few resources.

- Sustainability as we continue to face budget concerns.
FACTORIES OF LOCAL COLLABORATIVE 12
LINCOLN & OTERO COUNTIES

FY2012 Successes

- Provided monthly informative programs to our community and members on the Otero County Detention Center, Adult Probation & Parole, Restorative Justice, CAPP Community Alternative Placement Program, Schizophrenia, NET Network to Empower Teens, and we provided a 4-part series exploring the many aspects of behavioral health issues and resources.

- Supported “Soberfest”, a community block party attended by over 900 people celebrating National Recovery month.

- Continued our support of the Bicycle Recycling program that provides restored bicycles to people in half-way or recovery houses, the homeless and the disabled.

- Maintained a presence at the Otero County Community Health Council.

- We continue to work for increased attendance and participation by consumers, consumers’ family, advocates, community members, elected representatives and faith leaders. One successful tactic toward this goal was inviting prospective members to be part of a forum providing the program as when we invited local ministers and assistant district attorney to be part of Restorative Justice Forum. We also invited two NM State Representatives to attend and they did.

Challenges and future plans include the following:

- Sustaining the Behavioral Health Local Collaborative, including possible fundraising.
- Educating our community about behavioral health needs and resources.
- Increasing collaboration among all community resources.
- Enlarging our membership pool.
ACCOMPLISHMENTS OF LOCAL COLLABORATIVE 13
CIBOLA, SANDOVAL & VALENCE COUNTIES

LC13 Valencia County
- During FY12 LC13 Valencia County continued to maintain a high level of consumer involvement in the LC process. In addition LC13 participated in all tri counties meetings and has maintained a regular schedule of local meetings.
- LC13 Valencia County assisted Valencia Counseling Services and OptumHealth NM in a mental health awareness day event on May 31st 2012 in the parking lot of a busy local retailer. This event included booths with information about recovery, symptoms, and treatment options both physical and behavioral. The hope mobile was attending this event providing free health screening. Members of LC13 participated in both planning and the execution process.
- January 2012: 8 consumers and providers attended the behavioral health summit and awards banquet in Santa Fe where Sam Vigil, executive director of Valencia Counseling Services Inc. in Los Lunas was awarded the Lifetime Achievement award and the peer providers of the County Cares Warm Line were awarded the star award for LC 13.
- February 2012: Valencia Counseling Services and Partners in Wellness collaborated to hold the Valencia County LC 13 meeting at the Partners in Wellness Center. 14 consumers attended.
- March 2012: Valencia County hosted the LC13 tri counties meeting, Held at the Partners in Wellness Center. Sandoval County, Cibola County and Valencia County were represented by consumers, providers and peer providers.
- April – June 2012 Efforts were made to enter into a closer working relationship with other providers in Valencia County.
- Many past issues were resolved during this fiscal year including the amendment and acceptance of amended bylaws more suited to the needs of each individual county. The stabilization of leadership within Valencia County LC13 was accomplished and the creation of a more sustainable template for consumer involvement was begun.
- Objectives for FY12
  - Consumer Involvement: There continues to be a large amount of consumer involvement in Valencia and Cibola Counties. Efforts should continue to increase the level and quality of consumer involvement.
  - Budget cuts with a resultant loss of services continue to be an issue but as yet we have not found an effective method to slow the decrease of funding.

Goals for Valencia County FY13
- Primary: to continue to increase both provider and consumer involvement in LC 13.
- Secondary: To address and work towards finding solutions for a growing concern on the part of consumers, the lack of access to sufficient crisis services. Many consumers are finding themselves unable to receive the level of services necessary to stabilize and maintain themselves during times of behavioral health crisis or to prevent a crisis from occurring.
- Tertiary: To explore options to increase fiscal sustainability of LC13

LC13 Cibola County
- On May 1st, Cibola County LC sponsored a community awareness day at our local community center. The first half of the event was our general membership meeting, followed by a presentation of the SAMHSA video, “Bringing Families Together: Models of Hope and Recovery.” We then had a guest speaker, Eva Sanchez, the drug court director who spoke about the family dependency treatment and
juvenile drug courts in Cibola County. In the afternoon, we held a mental health fair where local agencies were available with information on their programs and services. Participants were: Sierra Vista Counseling, Hogares, Teambuilders, CYFD, Cibola Counseling, PMS and OptumHealth. Many children who attend the community center participated and got to take home much information to their families, along with treats and prizes.

- Cibola County hosted the Biennial meeting for LC13 in June 2012, Co-chairs were elected: Beverly Michael and Roberta Andrews were selected for Cibola County. Hank Adame, from Cibola County was selected as the LC13 Local Lead. He has been participating in meetings regarding LC sustainability.
- In July, we held our county meeting and although attendance was low, we discussed many important things. The primary discussion was on review of Centennial Care plan for Medicaid modernization. Consumers were encouraged to visit the website where comments could still be made for public review.
- Our goals for the next quarter is increasing participation of more consumers and family members, and recruiting people from the medical community to join the LC.

**LC13 Sandoval County**

- Sandoval County continued to meet monthly in their county and tri county meetings quarterly with the other two counties.
- Sandoval continues to recruit additional leadership and participation from the CSA’s, consumers and providers in the community to join and help out in the meetings.
- The chair from Sandoval has also continued to serve on the subcommittees and actively worked on youth issues in Sandoval County.
- Sandoval has begun collaboration with LC 16 since they serve in the same proximity and have invited each other to meetings and continue to work together on projects and issues they share in common.
- The goal for Sandoval County is to increase the engagement of the local CSA’s in attending and participating in the local meetings as well as increasing the LC participation of the consumers both in attending meetings and in an active role of leadership in the LC.
"Learning With, From, and About each other"

ACCOMPLISHMENTS OF LOCAL COLLABORATIVE 14
JICARILLA AND MESCALERO APACHE NATIONS,
THE PUEBLOS OF ACOMA, ISLETA, LAGUNA AND ZUNI,
ALAMO, RAMAH, AND TO’HAJIILEE CHAPTERS OF NAVAJO NATION

LC14 SUCCESSES

• LC14 provided Isleta Pueblo’s Behavioral Health Program with funding for their Community Garden in 2011. They were able to utilize those funds to develop an irrigation system for the garden. The garden is growing beautifully. They have invited other Pueblos/Chapters of LC14 to tour the garden and pick some vegetables to take home.

• Applied for and received membership with the Community Anti-Drug Coalitions of America (CADCA), a national organization devoted to preventing substance abuse.

• Sponsored three members to attend the National CADCA Leadership Institute Conference. Those attendees are now in the works of assisting the planning of the Youth Conference in the winter of 2012. They have also agreed to participate in the Leadership Development of LC14.

PLANS FOR 2012 – 2013

• Focus on sustainability for leadership and membership of the LC, as well as funding.
• Host a Youth Leadership Summit that promotes Peer Education, Leadership Development and provides an opportunity for Networking.
• 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.
ACCOMPLISHMENTS OF LOCAL COLLABORATIVE 15
NAVAJO NATION

LC 15 continues to meet every other month varying the location between Shiprock, Tohatchi and Crownpoint to promote more inclusion and participation throughout the LC.

Our Successes:
- LC 15 has invited Secretary Allison to attend several meetings during the past year and he has attended and listened to the concerns of the LC and also heard about successful programs and initiatives in LC 15.
- LC 15 continues to promote and support the youth efforts and programs that are occurring and invite youth to come and discuss their projects at all LC meetings that they can attend.
- Total Community Approach continues in the LC 15 area along with McKinley, the TCA coordinator and LC 15 chair coordinated meetings for the part of the year until the TCA coordinator left, there has not been as much communication between the two entities since then. There was a large TCA meeting that invited LC 15 members to attend to gather input, feedback and discuss the upcoming year.
- Plans to bring the Mental Health First Aid to all areas of LC 15 are in the works and this will be supported by LC 15.
- Efforts continue to have more members step forward to assist in the leadership of LC 15 and form a working core team that will trade off facilitating and planning meetings.
- LC 15 has continued to be active and a voice for the Native American people in the BHPC, subcommittee meetings including the Native American Subcommittee.

Challenges:
- Transportation and housing continue to be immediate needs and have significant impact on the consumers living in an environment with few resources.
- Sustainability as we continue to face budget concerns.
ACCOMPLISHMENTS OF LOCAL COLLABORATIVE 16
PUEBLOS OF COCHITI, JEMEZ, KEWA, SANDIA, SAN FELIPE,
SANTA ANA & ZIA

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, Kewa Veteran’s Association, Bernalillo High School Resource Assessment Center, Sandoval County Juvenile Justice Continuum Board is 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 2012 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 2012 include:

**The “Save a Life Pow Wow** - This year the LC received funding and assistance from the Sandoval County DWI and Prevention Program through a grant they received, Santa Ana Star Center and the Behavioral Health Services division. The event was attended by almost 1,000 people and 200 dancers, mostly between the ages of five to 18 participated. Eight drum groups attended. The event was attended mostly by Sandoval County residents, but participants came from as far as South Dakota to participate. The event raised morale by engaging youth, families, veterans, providers and consumers in a traditional day rich with smiles.

**RAC** - The local collaborative continues, for the fifth 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 and Medicaid reimbursement has been made possible by Steve Johnson the director of New Day. The LC will continue to work with this program and monitor the progress. The RAC program presented for the Native American Subcommittee to share the successful model. It is significant that the graduation rate at Bernalillo High School has increased by 11%. This is in part due to this successful program.

**Jail Diversion -** A grant was received by the Behavioral Health Collaborative from SAMSHA to, in part to 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** was 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. As a result many of LC 16 members were invited to the Behavioral Health Symposium in August to participate.

**A Meet and Greet for Sandoval County,** Tribal and State was held in March. Over 100 administrators attended. This was sponsored by Sandoval County and LC 16 with financial assistance from the BHPC and technical assistance and support from the Sandoval County DWI and Prevention Program.

**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 and their Director Diane Irwin for providing a tribal liaison to assist with the LC and along with Santa Ana Star Center for their special support with the “Save a Life 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.

*By Becky Ballantine – Sandoval County DWI and Prevention Program and Administrative support for LC 16*
APPENDIX A

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 (ATR)
  - Total Community Approach (TCA)
  - Co-occurring State Incentive Grant (Co-SIG)
- 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
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 Statutory Subcommittees (Adult, Substance Abuse, Medicaid, Children / Adolescents and Native American) meet monthly. We believe that the work of the Council happens primarily in these 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 video, internet, or teleconferencing. The host site is usually in Santa Fe in the large conference room at Behavioral Health Services Division (BHSD).
## APPENDIX B

Budget Variance for SFY 2012

Jun-12

### BEHAVIORAL HEALTH PLANNING COUNCIL

**Budget Variance YTD**

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<tr>
<th>Category</th>
<th>Frequency</th>
<th>Line Item</th>
<th>Budget</th>
<th>Current Month</th>
<th>Previous Month</th>
<th>Total</th>
<th>Balance</th>
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### Revenue

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## Budget for SFY 2013

### Behavioral Health Planning Council
#### Budget 2012-2013

### Operations

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**Budget Allocation**

| Contracts Funds    | BHSD July 12-June 13 | $31,000.00 | $31,000.00 |
|                    | Optum Health FY 10, 11, 12 | $15,000.00 | $15,000.00 |
|                    | Optum Health FY 13       | $5,000.00   | $5,000.00   |
|                    | Total                    | $51,000.00  | $51,000.00  |