FY09 Legislative Priority

$36,192,000

Prepared by: BCLC Steering Committee
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Notes:
In this document the term “consumer” is used. This term refers to people who use or who have used the behavioral health care system, as well as people who would like to use the system but can't find or afford services. The BCLC recognizes and respects that not all people who use or have used the service system call themselves “consumers” and our intention is not to further label people, but to use a unifying, commonly understood term. When at all possible, we have used person first language, and not reduced people to their use of behavioral health care services.

For the purposes of this document, the umbrella term “behavioral health” applies to all people diagnosed with psychiatric, substance abuse, co-occurring, developmental disabilities, including autism spectrum disorders, and/or brain injuries, as well as people with needs in any of the previously mentioned areas, but who are not diagnosed. Sometimes the term “mental health” is used. For our purposes, the term “mental health” is synonymous with “behavioral health.”

Vision
A world where mental health is a priority and people with behavioral health needs are provided with a full array of services.

Mission
To unite the voices of those involved with behavioral health in Bernalillo County through advocacy, empowerment, and collaboration for positive change.

What We Do:
The BCLC guides behavioral health planning, gives input to the state, and advocates to make sure all people with behavioral health needs receive the services they deserve.

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Our Priority: The priority of the Bernalillo County Local Collaborative is to have a comprehensive behavioral health care system that includes voluntary, accessible, affordable services for all people who need and or want them. We believe these services need to be recovery based, culturally competent, individualized, and arch across the life span. Furthermore, we believe that all behavioral health services that have been covered under EPSDT in any state should be added to the New Mexico benefit package as an entitlement; that residential treatment should be sustained while we build up non-residential alternatives that are efficacious; and that written notices of denials must be sent any time there is a denial, a reduction, or a termination of any service.

Special Note: The Bernalillo County Local Collaborative has one priority with several components. We can not prioritize or rate which component would be most important because we are talking about the people in our community: our families, our friends, our neighbors, ourselves. Every single person is equally valuable and all of us deserve to have our needs met. Together, we have watched over the past year and a half as more and more services have been denied, as hospitals, RTCs, and entire HMO networks have been closed, as our members have struggled with what to do, where to turn to for help. We are at a loss, but we know three things with certainty: 1) We matter; 2) We are stronger when we stick together, unite our voices, and share our stories; 3) The system will not change until a commitment is made by both the executive and legislative branches to allocate more resources to behavioral health services.

Our Population: Bernalillo County is the most populated county in NM, with roughly 1/3 of the state’s population inhabiting the metropolitan area. We acknowledge that there are many services here that are not available in other areas of the state. We respect and encourage shared usage of these services. In this light, our priority is for all people in New Mexico who rely on the behavioral health service system in Bernalillo County.

Priority Process: Throughout the year, the Bernalillo County Local Collaborative holds 11 general meetings. These meetings have attendance ranging from 40-80 people. We discuss the issues concerning our membership and guests, the stakeholders of the behavioral health care system in New Mexico. Additionally, we attend numerous community meetings to hear from people who are not attending our general meetings or directly involved in our collaborative. These issues, taken directly from the voices in our community, become our priorities and guide our advocacy.

Community Voices: The Bernalillo County Local Collaborative is comprised of representatives from the following groups: people who use/have used/would like to use but can’t find or afford behavioral health care services; family members; providers; elected officials; state employees; UNM employees; advocacy groups; peer support groups; school employees; advocates and other valuable community members who are invested in having a behavioral health care system that meets the needs of all people. We believe that every voice is valuable. We also believe it is our job to protect the voices of people who use the publicly funded behavioral health care system. For this reason, 51% of our steering committee must be people who use services and family members.

Off Reservation Native American: Bernalillo County has a large population of off reservation Native Americans who, because of IHS funding streams, off reservation status, and cultural competency issues within the behavioral health care system struggle immensely with getting their needs met. BCLC recognizes the unique needs of off reservation Native Americans within Bernalillo County and the need for this population to have their own local collaborative, as they have requested, but have been denied, so that their voices may be heard.
LEGISLATIVE PRIORITY FY 2009

Amount of Funding Required for Our Priority: $36,192,000

Within a comprehensive system of care, the following services and initiatives are paramount:

- Treatment of Autism Spectrum Disorders ($1,342,000)
- Develop an array of services for children and families that are community based and family focused. (Statewide: $15 million)
- Re-establish and implement Flexible Intensive Outpatient Programs for children and adults ($1 million)
- Short-term acute placements for adolescents and adults ($2 million)
- Emergency psychiatric evaluations for children and adults ($1 million)
- Treatment programs for co-occurring, substance abuse ($2 million)
- Substance Abuse Prevention Services for youth and communities ($750,000)
- Peer-directed programs for adults ($450,000)
- Non-hospital crisis respite center for adults ($1 million)
- Recruitment and retention of mental health professionals ($1 million)
- The development and implementation of in-home programs promoting infant/toddler mental health and effective parenting ($1 million)
- Development and Implementation of Adolescent and Adult Programs for Mental Illness Prevention ($2 million)
- Supportive and Non Supportive housing for people with mental illness including transitional living services ($2 million)
- Services for people newly released from the Justice Systems ($2 million)
- Assistance for people in jail and prison to assist with obtaining social services before release ($100,000)
- Mental health services for people experiencing homelessness, especially case management and outreach ($250,000)
- Non-law enforcement crisis response teams ($800,000)
- Education and implementation of Psychiatric Advance Directives to people who use the system, their families, providers, community members, etc… ($100,000)
- Education and information to people who use the system, their families, providers, community members, etc… on current mental health laws, patient rights and available human services and therapy programs ($100,000)
- Actively engage at-risk populations for voluntary participation in services (2 million)
- Initiation of campaigns against stigma ($100,000)
- Mill Levy systems navigation and accountability/Peer directed community outreach (1% of Mill Levy (approximately $750,000) and $200,000)

(For a brief justification of each item and budgeting ideas, please see attached)
Autism Spectrum Disorders Request

♦ All one time autism specific training money allocated last year to the Department of Health and the Public Education Department should become recurring (legislative request: $992,000)

♦ Funding for staff development and provider capacity for a residential treatment center for children with autism at the University of New Mexico, Children’s Psychiatric Center (legislative request: $350,000) This would allow children with a diagnosis of autism and challenging behavior to be treated in state, rather than in out of state placements that are burdensome to families and funding streams.

♦ Legislative direction for how services should be funded in NM as the result of the FY '08 SB 197 study. The two million dollars allocated for direct services in FY '08 did not receive a Medicaid match. A federal match must be figured out in order to grow state general fund dollars. Until this occurs, we are hesitant to make a legislative request for funding direct services. Once the state has a funding plan, a significant dollar amount is necessary to provide adaptive skill building services to New Mexico’s children with autism spectrum disorder.

♦ The two million recurring dollars for direct services allocated in FY’08 should all be used for adaptive skill building services in FY09, not for respite.

Statewide Community Based Services for Children and Families Request

- These monies are for children and families in need of services not covered by Medicaid or who do not meet the eligibility requirements for Medicaid. (legislative request: $15 million, statewide)

- There is a significant move to reduce the utilization of Residential Treatment Services which has resulted in the closure of three programs and the reduction of beds in all other programs. In addition a reduction has occurred in a number of Community services such as Respite, Transitional Living, Infant Mental Health, MST, Home Based and others. These factors have resulted in less service availability for children and youth. As all of these services have decreased there has been no corresponding increase in other services.

- In 1993 there was $16 million available through CYFD for children and adolescents who needed non Medicaid services or were not eligible for Medicaid. Today there is $6 million which is a decrease of over 66%.

- The goal is to have a comprehensive array of services available for children and families that enable children to continue to live at home. To accomplish this, many more community services must be available. Currently, New Mexico is the lowest state in the nation in the funds spent on behavioral health. This decrease only compounds the problem.

- The allocation will fund an array of services such as respite, shelters, in home services, wrap around based on the planning currently being conducted by the local collaboratives, the Steering Committee for the Clinical Home Pilot Project, the Children’s Subcommittee of the Planning Council, and the Purchasing Collaborative.
Intensive Outpatient Program Request

♦ Intensive Outpatient Programs (IOP) are, by definition, a treatment modality consisting of a minimum of 9 treatment hours per week, delivered during the day, evenings, and/or weekends. A multi-disciplinary team must provide this service. Programming consists of, but is not limited to, individual, group, and family counseling, medication, education, symptom management, and education regarding diagnosis. The amount of weekly services per individual is directly related to the goals and objectives specified in the individual’s treatment plan; however, a minimum of 3 hours per day, 3 days a week is required. (New Mexico Interagency Behavioral Health Service Requirements and Utilization Guidelines)

♦ The UNM adult IOP program closed in 2006. Youth IOP programs often focus on substance abuse. Funding should be allocated to re-establish flexible Intensive Outpatient Programs for adults and children with mental illness in Bernalillo County (legislative request: $1 million)

Short-term acute Placement Request

♦ Inpatient crisis services are in short supply in Bernalillo County. There are less than 100 available beds for adults and 45 for children and adolescents. While unnecessary inpatient hospitalization is inappropriate, crisis placement is a necessity. Not having available crisis beds places adults, children, and families at risk. Immediate care and stabilization is an essential component of behavioral health services. (legislative request: $2 million – $1,500,000 for children and adolescents, and $500,000 for adult placements)

Emergency Psychiatric Evaluations Request

♦ Anecdotal information from collaborative members indicates that children routinely wait in emergency rooms eight to thirty hours for assessment during crisis periods; adults have waited ten hours or more. A comprehensive psychiatric emergency center must be established with adequate staffing to provide services in a timely manner. Triage should occur within thirty minutes of arrival, and treatment within three hours. (legislative request: $1 million)

Treatment for Co-occurring, Substance Abuse Disorders in Adults Request

♦ New Mexico has one of the highest rates of substance abuse in the nation, with severe consequences for the well being of our residents. Some of the social problems that can be attributed to substance abuse include crime, domestic violence, unemployment, low educational achievement, and poverty. (page 5, Governor’s Interagency Substance Abuse Task Force Draft)

♦ Comprehensive substance abuse services: assessment, Medically Assisted Treatment, case management services, and mental health services to adults with co-occurring disorders is necessary. Staffs should be trained to assess, refer, and/or treat the various forms of Behavioral Health issues which occur within Co-occurring disorders; this would include, but not be limited to: Mental Illnesses, Brain Injuries, and Developmental Disabilities. (legislative request: $2 million)

Substance Abuse Prevention Services For Youth and Communities Request

♦ Individuals, families and communities have the right to personal, physical and social well-being, free of misuse of alcohol, tobacco and other drugs.

♦ Effective prevention strategies can impact and promote healthy behaviors for individuals and communities. Scientific evidence shows that by impacting availability of illicit drugs in
communities, access to alcohol and promotion of misuse, low perceived risk of alcohol and illicit drug misuse, and norms accepting underage drinking and drugging we can reduce our high rates of substance abuse in New Mexico.

♦ Individual, family, and community-wide prevention approaches are necessary to impact substance abuse in New Mexico. (legislative request: $750,000)

Peer Directed Programs Request
♦ Peer directed programs are an important part of a behavioral health system. Peers can help each other in the community, as well as in residential facilities. The New Freedom’s Initiative asserts, “Recovery will be the common, recognized outcome of mental health systems.” Recommendations include the development and implementation of peer driven, recovery based initiatives.
♦ The Albuquerque Drop In Center offers peer directed recovery support services in a community setting. The Center lost funding with the cessation of reinvestment dollars. Funding needs to be re-established. (legislative request: $200,000)
♦ The High Desert Roads Clubhouse was established in the late 1990’s to create a program for People living with Brain Injury. The Peer run program provided psycho-social, peer supports, skills growth, and job development. Funding needs to be re-established. The Clubhouse was proceeding as a model to be replicated in other communities throughout the State. (legislative Request: $250,000)
♦ Family run programs for families of children using services are crucial. Funding must be maintained and enhanced to ensure that families are not struggling alone.

Non-hospital Crisis Respite Center
♦ An emergency non-hospital crisis respite center run by and for consumers of mental health services would offer 24 hour on site peer support, including 4-6 overnight beds, and would be staffed by peer specialists. Such service would allow crisis to be seen as a difficult time capable of being worked through, and even an opportunity for growth. People would be supported through their struggles and networked into long term peer supports.
♦ The center would have a part time psychiatrist on staff, so that a person choosing to take medication would have that option. Additionally a licensed therapist would be a FTE, and, ideally, also a person in recovery. (legislative request: $1million)

Recruitment and Retention of Mental Health Professionals Request
♦ A common experience of our collaborative members is the scarcity of mental health professionals in Bernalillo County. Wait times to see a psychiatrist or other licensed provider can be three or more months. When seen, some of these professionals are found to be inadequately trained to diagnose the full spectrum.
♦ A broad array of properly trained professionals including, but not limited to: peer specialists, psychiatrists, psychologists, case managers, counselors, and psychiatric nurses are necessary to increase provider capacity. (Legislative request: $1 million)

In-Home Programs Promoting Infant/Toddler Mental Health and Effective Parenting Request
♦ SAMSHA recognized the Nurse-Family Partnership as “the only prevention trial in the field with a randomized, controlled design and 15 years of follow-up.” The goal of the program is to improve pregnancy outcomes by helping mothers to adopt health behaviors, to improve child health and development, to reduce child abuse and neglect, and to improve
families’ economic self-sufficiency. Bernalillo County is ideal for piloting the efficacy of this program in New Mexico.  (legislative request: $1 million)

**Development and Implementation of Adolescent and Adult Programs for Mental Illness Prevention Request**

- Science currently feels that people are predisposed to mental illness through their genes, but that there is also an environmental element: that it is both nature and nurture. Prevention must focus on the nurture element of the equation. It is further known that nurture does not just include the home, but the extended environment, the community. Risk factors for mental illness include poverty, violence, exposure to drugs and alcohol, and lack of economic opportunities, while strong social networks and good housing are connected to better mental health outcomes.
- The prevention of mental illness must be tied to the promotion of mental health, therefore, must include county wide school curriculum on behavioral health, focusing on effective strategies for coping with the stressors in life. Part of this program should include a campaign; much like a dental hygiene campaign, this could be considered a mental hygiene campaign. This funding should be allocated to schools and independent prevention programs. School based health centers, while fabulous, are not in every school. This campaign must reach as many people as possible.
- Prevention can not end at the school level, however, because adults are being diagnosed at increasing rates.  (Legislative request: $2 million)

**Supportive & Non-Supportive Housing Including Transitional Living Services Request**

- The waiting list for subsidized housing is long, and the process to get such housing is tedious. Additionally, the housing offered is not always in the best neighborhoods or of the highest quality. We know that living conditions improve health status, and it is crucial that people have adequate, affordable housing.
- There is very little supportive housing. This is desperately needed for people who need this, so they can stay in the community.
- There is a huge gap: people who are working are not always eligible for subsidized housing. They may not be able to afford adequate housing because of co pays for medications, so they are forced to make a decision about good housing or treatment.
- One example of a good program is New York’s Housing First! This program believes that housing is necessary and needs to happen first, that it should not be tied to anything else—you get housing, period. http://www.housingfirst.net  (Legislative request: $2 million)

**Services for People Newly Released from the Justice Systems Request**

- People newly released from the criminal and juvenile justice systems who live with behavioral health struggles are often not able to receive any social services, or find adequate housing. Because the justice systems have become our system of care for behavioral health, the reality that these people can’t find community services sends them into a revolving door within the justice system to get their needs met. Among other things, we need case management and peer specialists specifically designed to help people newly released from the justice systems maneuver through the community. Additionally, we need services specifically designed to help these people reintegrate into our community and to succeed, so that they will not go back into the systems. (Legislative request: $2 million)
Assistance for People in Jail and Prison to Assist with Obtaining Social Services before Release Request
♦ Prerelease benefits assistance would include having social workers and peer specialists help people obtain social services before they are released from the justice system. When people are released, they are given, at most, a week's worth of medication. There are not adequate resources in the community to follow up with, and if you are not on services, the process is extremely difficult to wade through. (Legislative request: $100,000)

Mental Health Services for People Experiencing Homelessness Request
♦ People experiencing homelessness that also live with a behavioral health struggle need help maneuvering through the various systems. Case management is particularly needed, as well as outreach services. (Legislative request: $250,000)

Non-law enforcement crisis response teams
♦ People diagnosed with mental illness and other behavioral health issues have unique needs while in crisis.
♦ Albuquerque has a Crisis Intervention Team (CIT) as part of its police force, but there are still needless killings of people with behavioral health struggles because CIT is either not the first responder, or not adequately equipped to assess the needs to the person in crisis.
♦ A non-law enforcement crisis response team would be comprised of mental health professionals and peer support specialists and would respond, without weapons, to the scene of a person in crisis. They would be granted authority to assess dangerousness and given the time needed to establish what next steps ought to be taken to get the person’s needs met. (Legislative request: $800,000)

Education and Implementation of Psychiatric Advance Directives Request
♦ In 2006, the New Mexico Legislature passed HB459, The Mental Health Treatment Decisions Act. Governor Richardson signed this act on February 24, 2006 making Psychiatric Advance Directives legal and recognized in the State of New Mexico.
♦ This law has the potential to be an empowering tool in the lives of people with behavioral health needs, their families, providers, and the public at large, but people need to know of its existence first.
♦ Education about psychiatric advance directives, why they are important, and assistance in filling them out and executing them, so that people’s treatment choices will be known in the event a crisis arises is needed. (Legislative request: $100,000)

Education and Information on Current Mental Health Laws, Patient Rights and Available Human Services and Therapy Programs Request
♦ People are vastly unaware of current mental health laws, patient rights, and available human services and therapy programs.
♦ Even while in hospitals or outpatient programs, patients don’t often know what their rights are.
♦ People aren’t aware of the resources available through different agencies, such as Income Support Division, or that they are eligible for those resources.
♦ There is a general disconnect between people who need services and the entities that provide those services.
♦ Effective advertising, literature, and trainings to make people more aware of their rights, current laws, and available resources are needed. (Legislative request: $100,000)
Actively Engage At-Risk Populations for Voluntary Participation in Services
Request
♦ Some people need extensive encouragement and support to voluntarily engage in services.
♦ One example of an evidence based, cost effective program is voluntary Assertive Community Treatment (ACT). ACT delivers comprehensive, community based services to people who are diagnosed with severe mental illness and who have avoided or not had their needs met by more traditional service delivery approaches. The ACT team is a multidisciplinary, mobile mental health treatment team with shared caseloads that delivers the majority of its services in natural community settings (homes, coffee houses, parks, etc...). ACT services are available to program participants 24 hours a day, 7 days a week. (Legislative request: $2 million)

Initiation of Campaigns against Stigma
♦ In our society, people with behavioral health diagnoses are stigmatized. The stigma that they wear is not their fault; it is a prejudice of the people who view them through a filter of fear. The media is one of the number one perpetrators, as they sensationalize every story that has a person with a diagnosis involved. In Bernalillo County, we have recently been bombarded with such stories. Some members of the Bernalillo County Local Collaborative feel like it is our job to put a face on behavioral health issues, to bring real people to the labels that are so feared and misunderstood.
♦ We cannot reach everybody in our county without a campaign. We need an anti-stigma campaign that personalizes the diagnoses that we, in our collaborative, live with every day, and offers a message of recovery, hope, and empowerment. (Legislative request: $100,000)

Peer Directed Community Outreach
♦ Because of common shared experience, people who have experiences within the system or live with various diagnoses are more open when speaking with others who are experiencing similar situations. This has been proven to be a highly successful therapeutic mechanism and can also be a tool for outreach and system navigation.
♦ Consumers are highly underutilized as employees in the behavioral health care field, particularly within residential facilities. They have experience and knowledge that can be harnessed and used to help reach other consumers. Additionally, they can help each other maneuver through the various systems and advocate for each other along the way.
♦ The county Mill Levy for indigent care operates with little accountability and with none of the funds used to support systems navigation.
♦ BCLC supports that 1% of the Mill Levy funds be used for health systems navigation so that those who have been there and live in the community can help others find their way. In addition, the BCLC feels that these community navigators should not be located within the Bernalillo County public hospital institution, but should work with the many systems in the County. (legislative request: 1% of Mill Levy (approximately $750,000) and $200,000)