LC4 – MSG
Behavioral Health Planning Council (BHPC) Representative and Subcommittee Representative Orientation

5/14/2010
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New Mexico Behavioral Health Initiative

Structure:

- Behavioral Health Collaborative
- Behavioral Health Planning Council (BHPC)
- BHPC Subcommittees
- Local Collaborative – LC4 MSG
Collaborative Structure

The Collaborative was created by Governor Bill Richardson and the New Mexico State Legislature during the 2004 Legislative Session. The Legislation allows several state agencies and resources involved in behavioral health prevention, treatment and recovery to work as one in an effort to improve mental health and substance abuse services in New Mexico. This cabinet-level group represents 15 state agencies and the Governor’s office.

New Mexico is in its fourth year of a ten year process to transform behavioral health services to adult, children, youth and families, driven by a focus on recovery and resiliency.
Collaborative Responsibilities

The Collaborative is charged with a number of responsibilities including:

• Inventorying all expenditures for mental health and substance abuse services;
• Creating a single behavioral health care and services delivery system that promotes mental health, emphasizes prevention, early intervention, resiliency, recovery and rehabilitation and funds are managed efficiently, and ensures availability of services throughout the State;
• Paying special attention to regional, cultural, rural, frontier, urban and border issues, and seeking and considering suggestions of Native Americans.
• Contracting with a single, Statewide services purchasing entity (SE); Monitoring service capacities and utilization in order to achieve desired performance measures and outcomes;
• Making decisions regarding funds, interdepartmental staff, grant writing and grants management;
• Comprehensive planning and meeting State and federal requirements;
• Overseeing systems of care, data management, performance and outcome indicators, rate setting, services definitions, considering consumer, family and citizen input, monitoring training, assuring that evidence-based practices receive priority, and providing oversight for fraud and abuse and licensing and certification.
Why do we have the BHPC?

The vision of the Planning Council is “to be a potent voice for children, adults and families and providers that serve them in New Mexico’s consumer-centered, recovery and resiliency-focused, coordinated, and quality behavioral health care system.”

- advocate for adults, children and adolescent with serious mental illness or severe emotional, neurobiological and behavioral disorders, as well as those with mental illness or emotional problems, including substance abuse and co-occurring disorders;
- Report to the Governor and Legislature on the adequacy and allocation of mental health services throughout the state;
- Encourage and support the development of a comprehensive, integrated, community-based behavioral health system of care, including mental health and substance abuse services, and services for persons with co-occurring disorders;
- Advise state agencies responsible for behavioral healthy services for children and adults;
- Review and make recommendations on various plans and applications for the comprehensive mental health state block grant and the substance abuse block grant applications, the state plan for Medicaid services, and any other plan or application for federal or foundation funding for behavioral health services.

*Operating Procedures Manual, Annual Report and other information can be found on the following website: [http://www.bhc.state.nm.us/BHPC/BHPC.html](http://www.bhc.state.nm.us/BHPC/BHPC.html)*
What are the BHPC Subcommittees?

• **Adult Subcommittee:** The Adult Subcommittee shall make recommendations to the Council regarding services for all citizens of New Mexico with behavioral health issues.

• **Medicaid Subcommittee:** The Medicaid Subcommittee shall educate advise the Council and Medicaid Advisory Committee on matters relating to behavioral health in New Mexico’s Medicaid program.

• **Children & Adolescent Subcommittee:** The Children & Adolescent Subcommittee shall advocate for families/caretakers, infants, children, youth, adolescents and young adults transitioning to adult services with or at-risk emotional, neurobiological and behavioral disorders, including substance abuse and co-occurring disorders.

• **Native American Subcommittee:** The Native American Subcommittee shall assure excellence in behavioral health services to all Native American people in New Mexico

• **Substance Abuse Subcommittee:** The Substance Abuse Subcommittee shall:
  1. Provide guidance and recommendations in regard to substance abuse/dependence and prevention and treatment services for communities, families and individuals as well as DWI issues;
  2. Represent statewide local DWI councils;
  3. Assist in the ongoing development of a system that recognizes substance abuse/dependence as a preventable and treatable illness for which high quality services are available
What is the role of the BHPC & Subcommittee LC Representatives?

- Attend and actively participate in monthly BHPC or Subcommittee meetings (in person or via teleconference)
- Review all documents and handouts for BHPC or Subcommittee meeting prior to the meeting dates
- Represent the views of the Local Collaborative when providing input to the BHPC
- Provide electronic dissemination of information from the BHPC or Subcommittees to the Local Collaborative Administrative Coordinator
- Attend all LC meetings to facilitate information sharing (give and take), gathering of local input and lead discussions of issues applicable to the BHPC or Subcommittees
- Provide written reports of BHPC or Subcommittee work, your role as a Representative and any decisions made to the Local Collaborative Administrative Coordinator prior to LC meetings
- Communicate input and updates to the BHPC or Subcommittees from the LC
- Respond to requests for information and action from the BHPC or Subcommittees
- Represent the LC at meetings and conferences as needed
- Establish contact with other BHPC or Subcommittee Members to facilitate communication
- Be familiar with BHPC or Subcommittee bylaws, guidelines, missions, projects and activities
- Increase interest in the planning and work being done around behavioral health: share information, promote participation, recruit possible successors
What is the MSG Groups expectation of the BHPC Subcommittee LC Representatives?

- Be an active member in the Local Collaborative
- Be able to work with community members with diverse backgrounds
- Give time and energy to learn about all Local Collaborative purpose, goals and objectives
- Ability to work positively with Cross Agency Team Member, Local Collaborative Leads, Local Collaborative Administrative Coordinator and Local Collaborative Members
- Be familiar with the needs and strengths of the community they represent (have your finger on the pulse of the community/or the population you represent)
- Be committed to promoting a positive communicative environment within the Local Collaborative
Who can serve as a BHPC / Subcommittee LC Representative?

The BHPC statutory subcommittees shall hold a voting slot for each of the duly elected representatives of the 18 local collaboratives (LCs).

Each LC shall elect one representative and one alternate for each of the following subcommittees: ADULT, SUBSTANCE ABUSE, MEDICAID, NATIVE AMERICAN AND CHILDREN / ADOLSCENTS.

A BHPC member can be a voting member of a subcommittee as one of the seven non LC representatives or as the LC representative. The LC is not required to elect the BHPC member as its designated representative.

The primary voting representative must be a consumer or family member. The alternate can be a non-consumer/ non-family member. A non-consumer/non-family LC representative may serve at the pleasure of the BHPC Chair in the absence of a consumer/family member.

That representative (and in his / her absence, the elected alternate) shall be a voting member in the subcommittees.

Each representative is required to report back to his/her respective local collaborative at their next LC meeting.

Representatives are appointed from July 1 to June 30. {This rule does not apply during FY10 due to the late implementation.)
How are BHPC Subcommittee LC Representatives selected?

- Nominations by any MSG Member to a Lead Member or Administrative Coordinator, to then be presented to the entire MSG Lead Team and MSG Membership.

- The BHPC Subcommittee representatives shall be elected by their LCs to be a member of one or more of the subcommittees and represent the interests of his/her LC

- Each chair or point of contact of the local collaborative shall submit the names of the representatives on the LC Designation Form to the Behavioral Health Planning Council Coordinator by June 30.
The intention of having conversation with the Local Collaboratives at this time is to learn from experience what has worked best, what will continue to serve communities in coordinating and enhancing local service delivery, and how the LCs can best provide input to the state to continue to move the overall behavioral health system forward.

The Local Collaboratives were formed with two key intentions in mind. First, the Local Collaboratives were to be advisory to the state on local issues and needs, as well as policy and funding recommendations. Second, the Local Collaboratives were to take a leadership role in their own communities in behavioral health. This was to include local needs assessment, planning, identifying priorities and leading initiatives to achieve the priorities.
Overview
• Letter of Readiness
• Core Values
• Members and Stakeholders
• Flowchart

Committees
• Consumer Committee
• Family Committee
• Provider Committee
• Lead Team
• Leadership Development Committee
• Total Community Approach (TCA)
• Quality Service Review (QSR) Work Group
• Housing

5/14/2010
MSG Letter of Readiness
MSG Core Values

• Consumers and families need to be involved in all aspects of service design, delivery and evaluation.
• Holistic continuum of services developed in response to community needs
• Integration of services—medical, behavioral health and substance abuse
• Ongoing, clear lines of communication between providers, consumers and their families, the MSG Group, the Behavioral Health Planning Council and the State Entity
• Collaboration of services based on the needs of consumers and families
• Convenience/Expediency for consumers and families
• Accessibility of services for consumers and families
• Inclusiveness through promoting the adoption of sliding fee scale so services are available to all
• Shared knowledge of information and resources
• Cultural competency and awareness
• Promotion of Communalism. Communal values are based on respect and a desire to help each other.
• Emphasize prevention and improve availability of appropriate intervention services.
• Emphasize Resiliency and Recovery as defined in the President’s New Freedom Commission Report
• Respect and inclusion of all in regards to ethnicity, religion, gender and sexual orientation
• Use of simple, understandable language in all MSG communications and documents
MSG Group Members and Stakeholders

Agency Members:
• County Health Councils
• Community Based Services
• Team Builders
• Ride to Pride
• Juvenile Probation and Parole Office
• Mental Health Association/Richards Drop-in Center

Community Stake Holders:
• Luna Community College
• New Mexico Highlands University
• San Miguel County Detention Center
• Law Enforcement
• New Mexico Behavioral Health Institute

• Santa Rosa Consolidated Schools
• Guadalupe County Sheriffs Office
• Department of Health
• Ride to Pride
• Noches de Familia/Healthy Families First Home Visitation Program

• San Miguel County Housing Authority
• City of Las Vegas Housing Authority
• Vista Gallinas Project
The purpose of the Consumer Committee and Family Member Committee is to assure that the voice of local consumers and family members is heard and included in all major decisions pertaining to mental health and substance abuse issues. The mission is accomplished through progress on the following strategies: training, program development and advocacy, funding and participation/information dissemination.

Together, Consumers and Communities will develop the necessary training and skills to help individuals integrate successfully into their communities.

The Consumer Committee lead is Vicky Sands of Ride to Pride and the Family Member Committee lead is Barbara Gurule.
Provider Committee

The MSG – Las Vegas Provider Committee is currently being led by Nic Cuccia of Teambuilders. This committee is charged with identifying key steps in implementing successful collaboration and planning between all behavioral health providers in the area to improve the local delivery system.
Lead Team

The MSG – Lead Team serves as the Executive Committee for the MSG and is able to conduct MSG business between meetings. The Lead Team consists of one or two leaders from each County and Committee Leads.

All MSG members are welcome to attend Lead Team meetings and are always encouraged to provide input.
Leadership Development Committee

The MSG – Leadership Development Committee was formed to strengthen member engagement and enhance member involvement at the local and statewide levels.
The Total Community Approach Project (TCA) is a state-funded initiative designed to address substance abuse and co-occurring disorders in the Las Vegas Area under the MSG Group (Mora, San Miguel, and Guadalupe Counties) LC4 through independent assessment, emphasizing consumer choice of services. Cooperation with the community is a key objective of TCA. TCA is always seeking to strengthen and expand its communication with the communities that it serves in order to address the growing epidemic of alcohol and drug abuse affecting our families and communities. The TCA approach includes teaming up with local municipalities and targeting resources to the areas where they are most needed to deal with substance abuse and co-occurring disorders. Providers also develop and maintain extensive service linkages with faith-based and community-based organizations.

The Total Community Approach Plan is designed to target all aspects of substance use and co-occurring disorders. There is a wide array of services which are available to TCA consumers; these vary from prevention and early intervention to clinical treatment services; TCA also provides recovery support services which include but are not limited to acupuncture, massage, pastoral guidance, family support, job development and other non-traditional services.

The TCA Program Goals are two-fold. The consumer goals include reduction of substance use, reduction of hospitalization, reduction of recidivism, increase social support and increase mental wellness. The program system goals are to link consumers to peer and forensic peer specialist, developing and linking consumers to wrap-around (recovery support) services, incorporating Promotoras into the system, increasing provider skills, particularly for co-occurring consumers and creating linkages between law enforcement, criminal justice, judiciary, treatment and prevention.
What is QSR?

QSR checks performance at the “Practice Points” where a person in need interacts with those who serve him/her.

QSR is a way of knowing what is working/not working in practice, for which persons served, and why.

QSR guides actions for practice development and capacity building, leading to more consistent practice, and better results.
The primary purpose of PRACTICE is helping a person in a RECOVERY PROCESS to achieve positive well-being, functioning, and fulfillment of adult roles.

The central organizing principle & action imperative of PRACTICE is FINDING WHAT WORKS.
Results are Linked to Practice

- Fulfill personal recovery goals for self-management of a more fulfilling life.
- Achieve and maintain adequate safety, income, and personal well-being.
- Build and sustain adequate daily performance of valued adult roles.
- Reduce risks of harm, hardship, and poor life outcomes.
- Create a sustainable support network to live safely and successfully with less outside intervention or supervision.

**PRACTICE** = person-focused, recovery-oriented problem-solving activities aimed at specific, helpful RESULTS for an adult service consumer.

5/14/2010
Strengths & Challenges

Strengths & Assets

• Positive relationships/regard
• Practice heroes
• Leadership network
• Innovative problem-solving
• Total Community Approach
• Justice Center – DV grant
• State Hospital services
• Emerging awareness of how trauma affects needs

Challenges & Barriers

• Gaps in the service array (no detox, DV shelter, housing, ACT team, transportation)
• Unique “colony” problem
• Expectations of BH & CCSS
• Integration of SA/MH services for co-occurring disorders
• Community approach to emergency detention for persons in crisis

5/14/2010
Array of Housing Situations

Homelessness and Homelessness Prevention
(via McKinney-Vento Continuum of Care Funds, Emergency Shelter Grants)

Transitional Housing
(McKinney-Vento Continuum of Care Funds, VA Per Diem Grant Programs)

Permanent Supportive Housing
(Linkages, Transitions, VASH, etc.)

Low Income Subsidized Rental Housing
(Section 8 Housing Choice Vouchers, FUP, Public Housing, Sec 811/202/515 Housing)

Market Rate Rental Housing

Home Ownership
Positioning New Mexico for Strategic Opportunities

• Leverage Federal and State Resources (2008 Housing & Economic Recovery Act, ARRA Federal Stimulus, and Sec 811 legislation)

• Develop the capacity of housing development and support services organizations

• Develop partnerships with MFA, Public Housing Authorities, HUD, CAAs, CHDOs, and Local Collaboratives

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Putting the ‘Supports’ in Supportive Housing

Provide a individualized array of support services and independent living skills building in three areas:

- Making good housing choices and overcoming obstacles to obtaining subsidized housing
- Moving into housing – securing furniture and household goods, paying deposits & utilities, orienting to new home and community services, etc.
- Remaining and maintaining their housing
Putting the ‘Supports’ in Supportive Housing

CCSS Services using recovery and resiliency model include:

• Assist persons in their housing search and application process; and, making reasonable accommodations and modifications

• Ensure 24/7 supportive services to help consumers in crisis

• Provide ongoing supportive services to resolve issues, teach problem solving and prevent eviction
  – Pay rent and utilities timely
  – Maintain apartment according to lease requirements
  – Communicate effectively with landlords & neighbors
PBRA (project based rental assistance) that provides a supply vouchers for project based housing

Federal Sources:
- Supportive Housing Program, HOPWA
- Medicaid, SSI, SSDI, CCSS eligible

State and Local Sources:
- CDBG, State GF, State Disability & Elderly Waiver, ALTSD Personal Care Option waiver, ALTSD Mi Via Self-directed waver, DOH DD waiver etc.

Support Services Funding Sources

Memorandum of Agreement
[between Services Provider and Housing Administrator]

Support Services

Project-Based Housing Funding Resources

Section 8 Housing Choice Vouchers; Family Unification Program Vouchers, Special HUD NOFA Vouchers (e.g. Non-elderly disabled, Melville PRAC)

Scattered Site Vouchers Funding Resources

Homeless Funds -- Shelter Plus Care, Supportive Housing Program

Rental Assistance/Subsidy Funding Sources

Rental Assistance

Section 811/disabled, 202/elderly, Section 515 and 538 Rural Rental Housing Programs

PBRA (project based rental assistance) that provides a supply vouchers for project based housing

CDBG, HOME, Land Title Trust Fund
Low Income Housing Tax Credit Program
Federal Home Loan Bank

Support Services Provider

Local Lead Agency
[pre-screens and refers tenants, maintains wait list; services liaison between provider and property manager]

Housing Property Manager

Support Services Provider

Post-Development

Memorandum of Agreement
[between Services Provider and Housing Administrator]
MSG Communication Protocol & Tools

DON’T MAKE IT PERSONAL  ---- DISAGREE WITH THE IDEA NOT THE PERSON
MSG Contacts:

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Yolanda Cruz – San Miguel County Family & Community Health Council
JoAnn Rivera-Velasquez – Guadalupe County Health Council
Vickie Sands – MSG Consumer Committee Lead
Barbara Gurule – MSG Family Member Committee Lead
Nicholas Cuccia – MSG Provider Committee Lead
Mary Sue Blackhurst – BHPC Representative
Victoria Baca – BHPC Substance Abuse Subcommittee Primary Representative
Lydia Ortiz – BHPC Substance Abuse Subcommittee Alternate Representative
Shela Silverman – BHPC Adult Subcommittee Primary Representative
Yolanda Cruz – BHPC Adult Subcommittee Alternate Representative
Lorraine Esquibel – BHPC Medicaid Subcommittee Primary Representative
Barbara Gurule – BHPC Children/Adolescent Subcommittee Primary Representative
Mary Sue Blackhurst – BHPC Children/Adolescent Subcommittee Alternate Representative
Ryan White – BHPC Native American Subcommittee Primary Representative
Marino Rivera – TCA Coordinator
Kristie Tapia – MSG Administrative Coordinator / TCA Assistant Coordinator
Patricia Gallegos - CAT

www.msg-group.info
What Else?

• Monthly Checklist for LC4
• Committee Agendas, Minutes and Website
• Monthly Calendar
• Email Updates
• Monthly Report (template)
• MSG Group Incident Report and Follow Up
• Ongoing/Yearly Events and Activities
  • Membership Application/Renewal
  • Membership Matrix
  • BH Day at the Legislature
  • BHPC Annual Report
  • Ongoing Evaluation and Recognitions
    (Stars/Scholarships/State Nominees)
• Nomination and Appointments of Committee Leads and BHPC Subcommittee Representatives
• Trainings, Workshops and Technical Assistance
• Scholarships to Conferences and Workshops
• Stipends and Incentives
• Leadership Opportunities

5/14/2010
Q & A Session

Training Evaluation & Agreement
THANK YOU

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Suzanne Pearlman
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