Membership Solicitation Notice: Behavioral Health Planning Council

To Whom It May Concern:

We are now accepting applications for the New Mexico Behavioral Health Planning Council. The firm deadline for submitting applications is **November 15, 2010 by 5 o’clock p.m.** Two membership options are available: Local Collaborative representative or “at large” member – descriptions for each follow below. Appointment to the Council will be made by the new Governor in 2011.

**Important note:** Submitting an application does not warrant appointment by the Governor. Appointments and the number of appointees (i.e., the size of the Council) are at the discretion of the Governor. The Governor might or might not accept our recommendations for the composition of the Council. We cannot tell you when appointments will be made during 2011, but you will be notified when you are appointed.

Applicants should make a conscientious commitment to attend regular Council meetings; participate in a statutory subcommittee of their choosing; engage in discussion and decision making; and report back to their communities on the work of Council. Vacancies that may occur during this Council’s term of office could remain vacant for the duration until the next application process is reopened. Strong commitment is important. Please note that individuals who have been members of the Planning Council or any of its statutory subcommittees and have had numerous absences from meetings may be excluded as applicants.

By statute, the Council will be comprised of a diverse geographic and demographic advisory body, made up of at least 51% of individuals who are not affiliated with a state agency or a service provider.

Details regarding Council member requirements are included in Attachment A (Federal and State Guidelines for Planning Council Members). Council members are required to be representative of consumers, family members, advocates, and providers. State agencies representing behavioral health, corrections, children and adolescents, vocational rehabilitation, and Medicaid hold ten seats on the Council.
Local Collaborative Representative: Each Local Collaborative will have one (1) representative on the Council. That representative must be a consumer or family member. Each Local Collaborative should make every attempt to submit at least three applications for individuals who are consumers or family members. The Governor will appoint one individual out of these candidates. Candidates should be nominated by and approved by their Local Collaborative, and their applications should be submitted to the Local Collaborative Cross Agency Team (LC CAT) member. See Attachment B.

At Large Representative: Seventeen (17) seats are reserved for at large members. At Large members will have statewide or systems perspectives and will not represent their local collaboratives. At large applicants may be consumers, family members, advocates and providers. Applicants will be considered on the following: personal experience in behavioral health issues; comprehension of behavioral health topics; professional expertise. Applications may be submitted through an LC CAT or directly to the Behavioral Health Services Division, Attention Letty Rutledge. See Attachment B.

Information on the Planning Council and its roles, responsibilities and the work to date may be found at http://www.bhc.state.nm.us/BHPC/BHPC.html. You may also contact Letty Rutledge at 505 476-9286 or Leticia.rutledge@state.nm.us or contact your local CAT lead.

Sincerely,
Christine Wendel, Chair
Susie Kimble, Vice Chair
Behavioral health related planning and advisory councils exist in every state and U.S. Territory because of the passage of Federal Law 99-660 in 1986, continuing through Public Law 101-639 in 1992, Sections 1914 and 1915. These federal laws require state and U.S. Territories to develop mental health planning councils in order to receive federal mental health block grant funds. These laws further require that stakeholders, including mental health consumers, their family members, and parents of children with serious emotional or behavioral disturbances, must be involved.

Membership is composed of:
- State agencies with respect to Mental Health, Education, Vocational rehabilitation, Criminal Justice, Housing, Social Services and the state Medicaid Agency.
- Public and private entities concerned with the need, planning, operation, funding and use of behavioral health services and related support services.
- **Adults with serious mental and substance illness who are receiving (or have received) behavioral health services.** (consumers)
- **Families of such adults and families of children with emotional disturbance** – The ratio of parents of children with serious emotional disturbance to other members of the council must be sufficient to provide adequate representation of such children. (family members)
- At least 51% of the members are consumers and family members.

Duties of membership include:
- To review the Community Mental Health Services (CMHS) Block Grant plan, the Substance Abuse Prevention and Treatment (SAPT) Block Grant, Medicaid and other behavioral health plans and make recommendations to the Purchasing Collaborative and the Governor.
- To serve as an advocate for adults with a serious behavioral health illness, children with a severe emotional disturbance and other individuals with behavioral health illnesses.
- To monitor, review, and evaluate—not less than once each year the allocation and adequacy of mental health services within the state.
- The members of the Planning Council must meet the federal definitions as described In 1992 Public Law 102-321.

In 2004, the New Mexico Legislature passed House Bill 271, creating an Act: “establishing an Intergency Behavioral Health Purchasing Collaborative (PC) and a Behavioral Health Planning Council. This BHPC replaces the Governor’s Mental Health Planning Council that acted in accordance with Public Law 102-231. A second piece of legislation was passed in 2005 to “formally” include Native American representation.

House Bill 271 (2004-New Mexico) states the Behavioral Health Planning Council will:
- 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 health services for children and adults; and
- 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.

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.”
Attachment B: APPLICATION FOR MEMBERSHIP to the
Behavioral Health Planning Council

Application Date: ______________________
Date Received: _____________________  (for office use only)

I am applying as a: ________________________________________
PLEASE SELECT ONLY ONE OF THE FOLLOWING: Consumer/Peer, Family Member, Advocate, Service Provider

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1. **APPOINTMENT HISTORY:**  ☐ NEW APPOINTMENT  ☐ PREVIOUS MEMBER

2. **REPRESENTATION (Check All That Apply):**

   I am an Individual With:
   - ☐ Serious Mental Illness (SMI)  ☐ Substance Abuse (SA)  ☐ Co-Occurring (SMI/SA)
   - ☐ Neurobehavioral Disorder (NBD)/Serious Emotional Disturbance (SED)
   - ☐ Developmental Disabilities
   - ☐ A Parent Of A Child With NBD/SED
   - ☐ A Parent Of A Child With Other Mental Illness or Substance Abuse
   - ☐ A Parent/Guardian/Immediate Relative of An Adult With a Serious Mental Illness
   - ☐ A Parent/Guardian/Immediate Relative of An Adult With a Mental Illness
   - ☐ A Parent/Guardian/Immediate Relative of An Adult With a Substance Abuse Disorder
   - ☐ A Parent/Guardian/Immediate Relative of An Adult With a Developmental Disability
   - ☐ Advocate – Paid
   - ☐ Advocate – Volunteer
   - ☐ Direct Provider of Services
   - ☐ Other (please list) _ ____________________________________________

3. **IF YOU ARE A PERSON LIVING WITH A MENTAL ILLNESS AND/OR A SUBSTANCE ABUSE DISORDER, PLEASE DESCRIBE YOUR DISORDER(S).**
4. IF YOU ARE A PARENT/GUARDIAN OF A CHILD/CHILDREN OR ADULT(S) WITH A MENTAL ILLNESS AND/OR A SUBSTANCE ABUSE DISORDER, PLEASE LIST AGE(S) AND DESCRIBE THEIR DISORDERS(S).

5. WHAT ARE YOUR SPECIFIC CONCERNS/INTERESTS REGARDING MENTAL HEALTH AND/OR SUBSTANCE ABUSE DISORDERS?

6. DESCRIBE YOUR EXPERIENCE IN OR KNOWLEDGE OF THE SUBSTANCE ABUSE AND/OR MENTAL HEALTH DELIVERY SYSTEMS:

7. DESCRIBE YOUR EXPERIENCE OR KNOWLEDGE OF STATE OR FEDERAL GRANTS:

8. WHAT STRENGTHS DO YOU BRING TO THE BEHAVIORAL HEALTH PLANNING COUNCIL?

9. ARE THERE ANY ACCOMMODATIONS YOU WILL NEED TO PARTICIPATE AS A BEHAVIORAL HEALTH PLANNING COUNCIL MEMBER? IF YES, DESCRIBE ACCOMMODATIONS NEEDED (accessible transportation/room, personal care provider, interpreter, facilitator, special dietary requirements, etc).

BY MY SIGNATURE, I CONFIRM THAT THE ABOVE INFORMATION IS ACCURATE AND REFLECTS MY INTEREST AND COMMITMENT TO SERVE ON THE BEHAVIORAL HEALTH PLANNING COUNCIL.

Circle only one - the position you are applying for on the Behavioral Health Planning Council:
1. Consumer (see guidelines in Attachment A)
2. Family Member (see guidelines in Attachment A)
3. Advocate
4. Service Provider

Signed By______________________________________________    Date ____________________
(Signature)

If you wish to make additional comments for items 3 through 8 above please include additional pages. You may include a resume or vita.

Application Recommended by:_______________________________          Date:_________________
(Designated Local Collaborative Leader)

Send to Letty Rutledge at Leticia.rutledge@state.nm.us or Fax to 505 476-9286. Or mail to PO Box 2348, Santa Fe, NM 87507   ATTN: BH Planning Council. Please make sure application is completed in full.