BEHAVIORAL HEALTH PLANNING COUNCIL REPORT
TO THE PURCHASING COLLABORATIVE
MARCH 25, 2010

1. UPDATES:
SUBCOMMITTEE REPORTS / STRATEGIC PRIORITIES:
ADULT AND SUBSTANCE ABUSE:
In the ASASC February meeting we selected 8 strategic priorities (2 tie votes) from our original 57 suggestions from Subcommittee members. The subcommittee agreed that the chairs and co-chairs with the BHPC Chair could look again at these priorities to see if there were overlaps, if we could suggest ways to make them more actionable by the Council and the Collaborative, and whether we could re-frame them to ensure they are no/low cost. The result is comprised of the strong themes below and a specific priority for the Subcommittee work and recommendation to the Collaborative. This document was then circulated to the full combined subcommittee for any objections. None were received. A couple of suggestions received were added to the material below.

1) We found some strong themes. 
   a. One theme was that several chosen priorities deal with state, region and community focused systems of care for adults, especially rural systems of care, systems of care that emphasize the roles of communities, that recognize the challenges of substance abuse prevention and treatment and the realities of crises and co-occurring disorders, that attend to the needs of differing populations such as older adults and people with serious mental illness.
   b. Another theme was the importance of consumer empowerment, through consumer run enterprises, through the use of family and peer specialists, through consumer involvement in their communities and in systems of care.
   c. A third theme was the need to be as creative as possible in workforce development. As for all the themes, there are linkages to the other themes. Promotoras, prevention specialists, community health workers, family and peer specialists, Native American traditional healers and counselors support consumers in their own recovery.
   d. The fourth theme was housing related, from supportive housing services to crisis responses, to homelessness and all with an emphasis on consumer focused housing

2) We found that the batting underneath all our pieces of quilt was the desire to have real systems of care for adults and children. We also found that the Planning Council and its subcommittees are in a unique position to hear communities and work with them in a way that can benefit the whole of New Mexico and help the Collaborative gradually grow into adult systems of care even in lean times.

3) Suggested Priority:
The Council will work through its Adult/Substance Abuse Subcommittee to partner with, learn from, and assist one or two very rural or frontier communities (we discussed Catron and Curry counties and Mescalero as examples) [Cibola, Rio Arriba, and Navajo Alamo were additionally suggested by members] in identifying the core components of a continuum of care in a rural New Mexico setting and then start work defining and recommending how a rural adult system of care might work.
   a. That would mean, for example, focusing our work and attention with a community, with its consumers and families and service providers, but also with its volunteer
capacity, informal and faith networks. That would mean looking creatively at what is there and what is missing and problem solving together on ways to fill the gaps and build that community’s ability to serve people with behavioral health needs across the lifespan of adults and across the range of resources available to them.

b. The deliverable, the product of our work, would be to then bring to the full Council both the outcomes and our learning about rural systems of care, so that the Council can then make recommendations to the Collaborative that can benefit the whole of the region and state.

c. What we need from the Collaborative is that each member agency tell us who works in those counties, who collects data about those communities, who’s interacting with adults and families and all kinds of service providers in those communities, and specifically assign those staff to give us a few hours over the next year as the Council undertakes this work, a couple of hours of meeting with us or a few hours of community organizing or an hour to offer us some data and ideas.

CHILDREN AND ADOLESCENT SUBCOMMITTEE:
The CASC respectfully requests the full support of the Interagency Behavioral Health Purchasing Collaborative for the on-going development and implementation of a statewide comprehensive children’s system of care (SOC) as funded by SAMHSA and captioned as FOCUS, Families and Organizations Collaborating for a United System. The CASC also requests that the core values of the System of Care be adopted by the Collaborative. These are:
Child and Youth centered
Family focused
Community based
Culturally and Linguistically competent

The CASC respectfully requests that each child, youth, and/or family serving member department of the Collaborative identify and assign a non-exempt senior management point person to serve on the FOCUS Project Steering Committee to support the implementation of the above core principles within their respective departments as well as across the Collaborative.

The CASC respectfully requests that the Collaborative as a whole and each child, youth, and/or family serving member department promote and actively support collaboration – especially among schools, providers, and Local Collaboratives (including natural support systems) – in the planning, implementation and application of data-driven and evidence-based trainings as well as overall SOC rollout at the State and local level.

NATIVE AMERICAN SUBCOMMITTEE:
The Native American Subcommittee identified and developed the following priorities for FY11 to be reflective of the overarching behavioral health issues and needs identified within the Native American communities of Region 6. These priorities are a continuation of the subcommittee’s efforts in FY10 and will help the subcommittee plan and focus their work plan throughout FY11.
Transportation services for Tribal communities
Supportive housing development on tribal land
Suicide prevention
Mental health and substance abuse—review and identify gaps to strengthen the continuum of care for co-occurring mental health and substance abuse services for Native American youth and adults
Strengthen the two-way communication between the subcommittee, BHPC, and the Collaborative. Ensure information is communicated down to the LCs, including needed data.

**MEDICAID SUBCOMMITTEE:**
The Medicaid Subcommittee did not submit strategic priorities. The Committee is an advisory body to the larger state Medicaid Advisory Committee (MAC). Medicaid is governed by Federal specifications and policy, making it difficult for this subcommittee to determine its own strategic priorities. Medicaid priorities and/or related issues are embedded within each of the four statutory BHPC subcommittees.

**THE FINANCE SUBCOMMITTEE:**
The Finance Subcommittee of the BHPC, which meets monthly to advise our Executive Committee on financial matters, is pleased to present to you our Budget vs. Actual costs for the first half of FY10.

2. **FUTURE MEETINGS:**
   Our next BHPC meeting will be on Wednesday, the 19th of May at the HSD offices on Cutler Avenue in Albuquerque.

3. **SPECIAL PROJECTS:**
   We had a very successful Behavioral Health Day at the Legislature on Thursday, the 28th of January. We honored STARS from each of the Local Collaboratives as local champions of behavioral health in their communities. The STARS are involved in the behavioral health system in various roles as providers, family members, consumers, members of law enforcement and of local governments. Thanks again to Senator Mary Kay Papen and the Purchasing Collaborative for your continued support and help with this event.

   In the next few months, we will have a variety of meetings of several ad hoc subcommittees to address our on-going responsibilities to advise the Purchasing Collaboratives on the following: Legislative Priorities, the Community Mental Health Services Block grant (CMHS), the Substance Abuse Prevention and Treatment Block grant (SAPT) and the Consumer, Youth and Family Engagement Standards. We will provide updates to you on each of these at future meetings.

4. **OTHER:**
   We are pleased to announce that we have a new member to the BHPC representing Local Collaborative 16; thank you to Keahi Kimo Souza for his willingness to serve. We now have representatives from all 18 Local Collaboratives.
We are also pleased to announce that all of the members elected by the BHPC to our Executive Committee are willing to continue to serve for another term. We will hold elections at our May meeting.

6. AGENDAS:
   BHPC: JANUARY 27, 2010
   SC’S: JANUARY, FEBRUARY AND MARCH 2010

7. LC REPORTS:
   LC4

8. ATTACHMENTS:
   BUDGET REPORT
   BHPC AND SUBCOMMITTEES AGENDAS
   LOCAL COLLABORATIVE REPORTS