Legislative Priorities Process
Past, Present & Future

The 2009 Legislative Session will mark the third year that the State’s Behavioral Health Collaborative, Local Collaboratives and legislators will collaboratively work together toward transformation of the behavioral health system in New Mexico. As you know, over the last 3 years we have worked to create a process that will support this transformation, join and amplify the voices of behavioral health consumers, families, communities, providers, and other advocates with state agencies at the legislature.

We continue to see how our process can improve and grow stronger, while also beginning to see fruits of all our efforts. It is still early in the development of our Behavioral Health Legislative Priorities Process, yet we are moving quickly to act on feedback from our experiences of the first two years. We are learning together and we are all persevering to make the third year of this process a success.

**The Past:** The first two years of this legislative process with the Behavioral Health Planning Council (BHPC) and Local Collaboratives (LCs) included establishing and refining a common approach for collecting legislative priorities from LCs, reviewing those priorities in the BHPC, working with the Behavioral Health Purchasing Collaborative to create a coordinated legislative agenda, talking with legislators about the agenda and about their Local Collaborative priorities, bringing constituents together for support of the Behavioral Health Day at the legislature, and giving information to LCs after the Session about appropriations and legislation passed and signed into law.

**The Present:** For the 2009 Legislative Session, we are beginning the Legislative Priorities Process much earlier so as to more effectively influence departmental budgets and to give Local Collaboratives more time to use their own methods of engaging and involving their members and constituencies in establishing priorities. We also recognized requests for help in improving the costs estimates associated with legislative requests. Technical assistance will be provided to Local Collaboratives to assist them in better using the process and putting together their specific priorities.

**The Future:** As we continue to improve our legislative priority setting process we will see increased respect for and support of behavioral health priorities as submitted through our collaborative effort. We will see the ways in which united voices are widely heard and we will know that those voices include consumers and families as well as state departments, providers and agencies.

We know as well as you that the process is an evolutionary one, we will not be able to get to where we are headed overnight but we have made significant progress and for that we would like to thank all of you for your hard work and dedication to your communities and the improvement of behavioral health in New Mexico! Together we are making a difference and we look forward to working together again in the 2009 legislative session!
Legislative Priorities

Overview

The goals of establishing a formal process for behavioral health legislative requests are to:

1) Assure legislative requests are consistent with the overall statewide plan and priorities for behavioral health services, as determined by the Behavioral Health Collaborative with input from the Behavioral Health Planning Council and Local Collaboratives;

2) Reduce competition for funding among providers and communities and assure fair and equitable distribution of investment in infrastructure and funding; and

3) Facilitate legislators’ decision-making as to proposed public policy initiatives, as well as what and how much to fund for behavioral health services statewide.

PLANNING

The Comprehensive Behavioral Health Plan, which is developed with input from the Behavioral Health Planning Council, Local Collaboratives and the public, establishes the overarching priorities and strategies for development of a comprehensive behavioral health system. The legislative process for prioritization of requests must fall within the context of this overall plan and the strategies that have been identified. Thus, the established planning process is the foundation upon which annual legislative priorities and strategies are based.

PHASE I  
(Timeframe: Fall 2007)

- The Behavioral Health Collaborative, with input from the Behavioral Health Planning Council, developed draft guidelines for submission of requests for the upcoming legislative session including establishment of priority service categories, form and format of requests, and justification required for submission. These guidelines could change year to year.

PHASE II  
(Timeframe: November 2007)

- The Behavioral Health Collaborative will finalize and approve Guidelines for submission of requests, which will then be distributed to Local Collaboratives and the Behavioral Health Planning Council.

FY 09 Requests: Preliminary guidelines were distributed to Local Collaboratives and the Behavioral Health Planning Council in November 2007.
**PHASE III**  (March 26, 2008)

- The Strategic Planning Goals (found on pages 8 & 9) will remain the same as last year’s for the 2009 Legislative Priorities Process.
- The Behavioral Health Planning Council will decide on prioritization of the Strategic Planning Goals.

**PHASE IV**  Local Collaborative’s Legislative Priorities are **Due: May 2, 2008**

- Local Collaboratives will develop a consolidated legislative proposal for their respective Judicial District or Native American community (or communities), based upon local planning and the guidelines established by the Behavioral Health Collaborative. The Behavioral Health Planning Council may develop a statewide proposal.
- Justification for proposals must include evidence of planning, public input and stakeholder participation. (Planning and public input may have occurred throughout the year.)
- Proposals must also break out requests, per service category, as follows:
  - **Maintenance of Effort**
    - Funding needed to address the increased costs associated with a program’s ability to continue to provide existing services at current levels. (i.e. increased costs of gas, food, utilities, salary & benefits) Proof of costs would be required. Requests in this category must demonstrate why support of specific providers is critical to local access and service capacity.
  - **Expansion of Existing Services**
    - Funding needed to meet an increased demand for existing services (i.e. addresses waiting lists or unserved/underserved geographic areas or populations)
  - **Initiation of New Service**
    - Funding requested to initiate new services to meet an identified level of need (i.e. proposal to develop and implement a new service category)
  - **Unfunded Facility/Program Operations**
    - Funding requested to fund basic operations of a new facility (i.e. capital was previously received to build a center and now need operating funds)
  - **Non-Funding Request**
    - Substantive legislative proposals (i.e. amend licensing requirements for social workers in tribal programs)
Capital Request

- Capital requests should occur through municipal, county or tribal process but justification for programmatic need and priority must be submitted through the behavioral health process for approval and prioritization. (i.e. residential facilities/beds would likely be rated as low priority or do not fund except in special situations)

- Local Collaboratives may establish a process for local programs/providers/planning councils to submit individual requests, which the LC reviews, adopts/amends/rejects, prioritizes and consolidates for submission.

**PHASE V**  (May 2008)

- A Legislative Review Team, consisting of representatives of Behavioral Health Collaborative and Behavioral Health Planning Council (including members of each Sub-Committee) review proposals submitted. (Collaborative representatives must include, at a minimum, those agencies that contribute funding.) Criteria for review includes, but is not limited to:
  - Responsiveness/compliance of proposals with Guidelines
  - Reasonableness of funding requests
  - Consistency of policy proposals with Comprehensive Behavioral Health Plan
  - Technical Assistance needed; does proposal request technical assistance in preparing funding requests etc.

- The Legislative Review Team may consult ValueOptions, as appropriate, for information or input related to provider performance and capacity.

- The Legislative Review Team develops recommendations for presentation to the Behavioral Health Collaborative. Recommendations could include, but aren’t limited to:
  - Endorsement/approval of some/all proposals
  - Modify some/all proposals
  - Reject some proposals
  - Prioritization of proposals or initiatives
  - Funding levels/priorities

**PHASE VI**  (May 22, 2008)

- Recommendations of the Legislative Review Team are presented to the Behavioral Health Collaborative (May 22, 2008) for approval and finalization.
➢ As appropriate and allowed, Collaborative members will include relevant funding recommendations in their September 1st budget submissions.

**PHASE VII**  (Timeframe: August – December)

➢ Final recommendations are shared with the Executive.

➢ Final recommendations approved/endorsed by Behavioral Health Collaborative are distributed to Local Collaboratives to share with local Legislators and community members.

➢ Final recommendations are presented to Legislative Health and Human Services Committee and Legislative Finance Committee.

➢ Legislative Sponsor(s) are determined.

➢ Final recommendations are submitted to Legislative Council Services for bill drafting.
Legislative Priorities

Process

Step One: Review Last Year’s Priorities

- You may use the legislative priorities you set last year for an additional year if they still meet the needs in your local area and you feel the legislator’s successes this year did not fully meet the needs you identified.

- If you wish to keep your two priorities from last year, please use the form below to tell us how they relate to the Strategic Plan and what Service Category describes each proposed priority. Then rank your priorities, with #1 being your highest priority. [See, explanation below in “How to Use the Priority Table”.

Step Two: If needed, substitute a new priority.

- You may substitute a new legislative priority or add new specific recommendations under an existing priority.

- Please be sure that any new or added items have been thoroughly considered in your Local Collaborative and that you tell us how you consulted members of your Local Collaborative. [You may use last year’s form to provide this information or attach additional sheets explaining your consultation process.]

- Use the form below to tell us how these new items relate to the Strategic Plan and what Service Category describes each proposed priority. Then rank all your priorities, with #1 being your highest priority. [See, explanation below the following form.]

Step Three: The Behavioral Health Planning Council and the Collaborative will review your priorities using the Priority Table below.

How to Use the Priority Table

A. Your Priority Description: If your description is specific and concrete Collaborative members will more easily be able to review the priorities of all Local Collaboratives and see where there are state-wide initiatives that have a high level of support. If you can identify and justify the likely costs, you may also include in this description.
B. We encourage you to select Legislative Priorities that fit into a Goal Area within the **Strategic Plan**. Use this column in the Priority Table to indicate which part of the Strategic Plan your priority addresses.

**#1 Children’s Services**
- ♦ Success in School
  - School Based Behavioral Health
  - Adolescent Transition
- ♦ Rebalancing the Children’s Service System
  - Clinical Home Pilot
  - Implement Children’s Plan –Consumer Voice
  - Develop Purchasing Plan

**#2 Consumer-Driven Services and System**
- ♦ Anti-Stigma/Wellness Campaign
- ♦ Increased Consumer Role in Local Collaboratives and Behavioral Health Planning Council
- ♦ Collaborative-wide approach to consumer engagement

**#3 Substance Abuse Services**
- ♦ Los Lunas
- ♦ Total Community Approach
- ♦ Medicaid Benefit

**#4 Transportation**
- ♦ Partner with Department of Transportation, Aging and Long Term Services, and Department of Vocational Rehabilitation
- ♦ Pilot efforts to improve transportation for behavioral health consumers and their families; including consumer-operated options
- ♦ Outreach/education on transportation options

**#5 Supportive Housing**
- ♦ Adolescents in Transition
- ♦ Persons with Serious Mental Illness
- ♦ Housing Units
- ♦ Rental Assistance
- ♦ Wrap Around Services

**#6 Services to Native Americans**
- ♦ CADAC to LADAC Transition
- ♦ Teen Suicide
- ♦ Increase Number of Medicaid Eligible Tribal Behavioral Health Providers
- ♦ Behavioral Health Workforce Development

**#7 Crisis Response/Jail Diversion**
- ♦ Develop model for behavioral health crisis response system, including jail diversion
- ♦ Identify pilot sites for implementing and testing the crisis response model
- ♦ Evaluate pilot and develop statewide plan for funding and implementation of behavioral health crisis response/jail diversion system
#8 Law Enforcement
♦ Appoint a Task Force, including consumers, family members, law enforcement, and providers
♦ Develop statewide behavioral health education plan for law enforcement personnel
♦ Develop system for assessing and improving law enforcement response to behavioral health consumers

#9 Evidence-Based Practices & Professional Training
♦ Veterans – Post Traumatic Stress Disorder Pilot
♦ Consortium for Behavioral Health Training and Research
♦ Co-Occurring Disorders
♦ Design and Implement Services for Older Adults

#10 Improving Efficiency & Effectiveness
♦ Quality Management System
♦ Manage the Value Options Contract
♦ Optimize services to non-Medicaid eligible
♦ Non-Medicaid covered services

C. Identify the appropriate Service Category for each of your priorities.

Please only choose one per priority (descriptions of each can be found on page 4):

   Maintenance of Effort
   Expansion of Existing Services
   Initiation of New Service
   Unfunded Operations
   Non-Funding Request
   Capital Request

D. Please use the first column to rank your Legislative Priorities and/or the specific projects you have identified within those priorities. We know that this is a difficult task, but the preference would be that the Local Collaborative provide the input on this piece rather than leaving it for the State to decipher.
**Legislative Priority Substitution**

Please delete our ‘08 Priority [#1 or #2] and substitute the following new ‘09 Priority:  
*Short Title for Priority from LC ____:

__________________________________________________________________

__________________________________________________________________

Amount of Funding Required for This Priority:

_________________________________
1. What difference would this Legislative Priority make in your community (that is, what are the needs you are trying to meet, for what populations, and how does this request meet those identified needs)?

2. As a Local Collaborative, what process did you use to come up with the Legislative Priorities (focus groups, communication with key stakeholders, etc)?

3. In your LC’s decision to make this a priority for FY 2010, show us how you involved; Consumers, Family Members, Providers, Law Enforcement, Schools, Advocacy Groups, Local Elected Officials (City/County), State Elected Officials (Legislators, Statewide Office Holders, etc), Other Health & Human Services Agencies/Systems, or other key groups that were involved:

4. Are there other actions you believe will be required locally or at the state level to make this priority successful, if it is funded or passed (e.g., training, regulatory change, capital funding, county indigent funding, local ordinances, cooperation between local agencies, etc):

5. Is there anything else it would be helpful to know in considering or advocating for this priority (e.g., anyone who might be against this or have a different priority; any other funding that might be available for match or in-kind support; etc)?

**Technical Assistance**

This past year a significant amount of feedback was given that indicated that Local Collaboratives could use technical assistance while compiling their legislative priorities. Such technical assistance ideas included; support to develop priorities, accurately estimate the likely cost of proposed services, assistance with formulating service needs based on population, etc.

Please alert your CAT Team member as to your technical assistance needs as soon as possible so that we can identify resources and provide feedback.