The Behavioral Health Planning Council (BHPC) is now halfway through this fiscal year, and we wish to take this opportunity to reflect on where we are, what we have accomplished and what we still need to do. As we mentioned in the “Future” section of the FY08 Annual Report, our work for FY 09 would focus on improving communications, increasing efficacy, and organizational restructuring.

Improving communications:
1. Linking the Local Collaboratives and the BHPC: The ad hoc local collaborative subcommittee worked through the summer to coordinate and co-host the first annual BHPC / LC summit on September 23, 2008. The Summit highlighted and celebrated the initiatives in local collaboratives. Many of the presenters were consumers who had never before made presentations. Exhibitors represented local and state resources for behavioral health services. The 200 participants included representatives from every LC. The event provided many opportunities throughout the day for networking.

The local collaborative ad hoc subcommittee continues to meet to strategize on how to improve relationship and roles between the local collaboratives and the Planning Council.

2. Exchanging information:
   - **The BHPC agenda** allows time to conduct business and opportunity for networking and the sharing of ideas. The agenda typically allows time for updates from ValueOptions NM, the local collaboratives and the BHPC subcommittees (both statutory and ad hoc).

   - **Electronic reporting** - Thanks to the work of the State staff, a user friendly web based format will be implemented in January to assist the Local Collaboratives to input their legislative priorities. This will improve reporting of regional and statewide priorities, decrease turn around time and standardize input.

   - **Standardized electronic formatting** will be expanded to include the monthly local collaborative reports that are shared with the Purchasing Collaborative each month, the LC input for next year’s annual report, and the strategic priority process for FY 11. We also intend to use this concept for the subcommittee reporting as well.

   - **Changing Meeting Days** – The BHPC meetings have been moved to the third week of the month so we have more time to prepare our presentation to the Purchasing Collaborative. In addition, we have rescheduled the meeting dates of
four of the statutory subcommittees (Medicaid, Adult, Substance Abuse and Children) to meet on the same day, which facilitates planning.

- **A Seat at the Collaborative Table** - We are pleased that we will be included in the subcommittee reorganization of the Purchasing Collaborative and will be part of the Planning and Consumer Engagement. We believe that having a seat at the Collaborative table will strengthen our voice and our advisory function.

- **Improving Functionality** - We believe that the work of the BHPC should happen first in the statutory subcommittees. To that end, we held a retreat on the 2nd of September to review those subcommittees; the aforementioned schedule changes of four of those subcommittees came directly from that retreat.

In addition to that change, we are planning to combine the Adult and Substance Abuse subcommittees; and have those two overlap for 30 minutes with the Medicaid subcommittee to allow for the opportunity to discuss similar issues, such as jail diversion, and bridge the strategic priorities to the work of each of the respective subcommittees.

**Increasing efficacy:**
1. Increasing Legislative Voice: We held two legislative trainings for the BHPC and the LC’s this fall – thanks to Steven Randazzo, Legislative liaison for HSD. We will also host the third annual Behavioral Health Day at the Legislature on Thursday, the 26th of February.

2. Improving Legislative Priorities Process: As previously discussed, we have designed a web based electronic system to facilitate input from the LC’s. We have also established a timeline for this spring to ensure the timeliness of the process.

3. Improving Awareness: We proposed a Public Relations subcommittee to enhance awareness through press releases and articles about the BHPC and the LC’s. We have not moved forward with this idea at this point.

4. Involving Council members:
   - Consumer members of the BHPC reviewed the proposals submitted in response to the RFP for the next statewide entity. They advised the procurement officer on the strengths and weaknesses of each proposal.
   - BHPC representatives attended the national Transformation State Incentive Grant meeting in November.

**Organizational restructuring:**
1. Size and associated expense of the BHPC: Members of the BHPC met for a retreat on the 6th of October to discuss the issue of the Council’s size and associated costs. The
results of that retreat, as we presented them to the Purchasing Collaborative at their October meeting, are, as follows:

- The executive committee will meet monthly
- Four statutory committees, Medicaid, Adult, Substance Abuse and Children, will meet monthly on the same day – either the day before the BHPC meeting or the 3rd Tuesday of the month (if there is not a BHPC meeting).
- The BHPC will meet 4-6 times a year effective immediately; suggested dates are as follows:
  - Winter, either January or February, in conjunction with Behavioral Health Day at the Legislature;
  - May to review and approve the Legislative priorities;
  - August to review and approve the Annual report;
  - October in conjunction with the annual Summit; an additional two meetings may be scheduled as necessary.
- The BHPC shall continue to have 3 representatives from each Local Collaborative.
- There will be no more than 10 at-large members
- The state agencies currently serving on the BHPC are voting ex-officio members.

2. Other changes: We currently have a single point person for the dissemination of information, such as the “In The Know” newsletter. We still need to coordinate the management of a central calendar to lessen the problem of conflicting meetings, seminars or conferences.

We have established yearly timelines for scheduling the Council’s meetings, the development of the annual report and the review of the legislative and strategic priorities.

As discussed previously, we have developed electronic formatting for information input from the LC’s and the subcommittees.

We have a facilitator to enhance the work of the Adult and Substance Abuse statutory subcommittees.

The Executive Committee of the Council, as a group, establishes the presentation to the Purchasing Collaborative, thereby speaking with “one voice”.

The ad hoc subcommittee has completed reviewing and amending the Council’s By-laws and policies / procedures manuals. We plan on voting on the changes at the BHPC meeting in February 2009.
We have changed the format of the BHPC meeting minutes to better track the attendance of the members. We have also sent letters to several members (with copies to the Governor) who are no longer in good standing due to their poor attendance.

We are tracking not only attendance but also the LC and BHPC membership at the subcommittees.

We have instituted a simple process involving the respective subcommittee to review and, as appropriate, endorse projects, organizations and proposals that come before the BHPC.

**LEADERSHIP FORUM:**
We presented the results of a Leadership Forum to the Purchasing Collaborative at their meeting in July 2008. The following is a summary of those recommendations and appropriate actions:

1. Increased use of video conferencing: Every BHPC and subcommittee meeting is video conferenced to at least four remote sites throughout the state. We are realizing a gradual increase in the number of members taking advantage of this.

2. Pending applications for new members: These applications are on hold.

3. Provide information ahead of time through one point of contact: We are continuing to work on getting information out ahead of time as this is especially relevant in regard to the use of video conferencing because frequently the remote sites do not have the pertinent information. We have previously discussed that we are developing a single point of contact.

4. Opportunity for LC’s to get together regionally: To date, the only opportunities for the LC’s to get together regionally was the Summit in September and will be Behavioral Health Day in February. This will be one of the issues that the LC subcommittee will address.

5. Clarify the function of the BHPC, the LC’s and the subcommittees: We have previously discussed many of the changes that we have started to implement; there is definitely more to do. At this point, we need to assess how well these changes are working.

6. Update bylaws: We have previously discussed the status of the by-laws revisions.

7. Reconsider use of “consumer”: This will also be one of the issues that the LC subcommittee will address.