Local Collaborative 1 Legislative Priorities 2008
Los Alamos, Rio Arriba, and Santa Fe Counties.

<table>
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<tr>
<th>Rank</th>
<th>Priority Description [and Funding Amount if Known]</th>
<th>Strategic Plan Goal</th>
<th>Service Category [check one]</th>
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<td>Maintenance of Effort Expansion of Existing</td>
<td>Initiation of New Service</td>
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New Mexico ranks 51st in the nation in funding Behavioral Health Services.

LC1 recommends that additional appropriations of $315,382,387 be incorporated in the budget of the State Behavioral Health Purchasing Collaborative to fund behavioral health care services at the level of a *GOOD* system as identified in the TAC (Technical Assistance Collaborative) “Behavioral Health Needs and Gaps in New Mexico” report (http://www.tacinc.org/Pubs/NM_needs_gaps.htm), commissioned by the State of New Mexico in 2004 as the essential element of a system that is responsive to the needs of persons with mental illness and/or substance abuse addictions. Funding should include but not limited to:

- the issues of workforce development including recruiting, retaining and training
qualified culturally appropriate behavioral health care professionals for rural and high cost living areas of New Mexico;

and

be dedicated to continued funding of new and existing consumer generated mental illness, substance abuse and prevention services designated to promote consumer and family member driven behavioral health treatment and support services;

and

continued funding of critical existing mental illness, substance abuse and evidence based prevention services.
Legislative Priority Substitution

Please delete our ’07 Priority [#1 and #2] and substitute the following new ’08 Priority: from LC 1

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Amount of Funding Required for This Priority: $315,382,387

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)?

This is the root of all behavioral health issues in Local Collaborative One. As funding was cut, the quality and availability of services declined. A more detailed description of local needs was pursued, but in the end, lack of funds drives it all.
2. As a Local Collaborative, what process did you use to come up with the Legislative Priorities (focus groups, communication with key stakeholders, etc)?

LC1 appointed a Legislative Priorities Committee that met twice and gathered data from the Provider Committee, the Consumer Committee and the Family Member Committee. Legislative priorities were also discussed at a general meeting of the Santa Fe County general membership. The Legislative Priorities Committee brought all of this input to the LC 1 Tri-County Steering Committee which discussed them at two separate meetings. The Steering Committee decided to choose only one general priority with specific examples. Since it was an expansion and elaboration on last year’s number one priority, much of the information from focus groups that were conducted during last year’s legislative priorities selection was considered to still be representative of the membership’s wishes and relevant to the selection of this priority. For that reason, last year’s data collection was included below.

3. Who was involved in coming up with this priority? Specifically, what role, if any did the following groups play in your LC’s decision to make this a priority for FY 2008, and what will be their perspective on the priority?

Consumers:
Consumers and Family members were well represented at all of the meeting mentioned above, at which the legislative priorities for LC 1 were discussed over the past two months. A Consumer and a Family Member Committee was created and input was taken from these committees as well as information from last years focus groups. In Santa Fe county focus groups, 130 consumers/family members participated, approximately 75 % of whom were consumers. In the Los Alamos county focus group, 3 consumers participated. In the Rio Arriba county Focus Group, 4 consumers participated.

Family Members:
See Above

Providers:
A provider committee was established this year and input was taken from this committee as well as from focus groups held last year. In Santa Fe, 20 providers attended focus group meetings. In Los Alamos, 5 providers attended, and in Rio Arriba, 6 providers attended.

Law Enforcement:

Schools:
Six school officials participated in Santa Fe focus groups. The school superintendent attended the Rio Arriba focus group. In the tri-county May 18 meeting at which legislative priorities were identified, one school official attended.
Advocacy Groups:
15 advocacy group members attended focus groups, 2 attended the May 18 legislative priority meeting.

Local Elected Officials (City/County):
In the Rio Arriba focus group, the Mayor and County Manager attended. In Santa Fe focus groups, the County Commissioners participated.

State Elected Officials (Legislators, Statewide Office Holders, etc.):

Other Health & Human Services Agencies/Systems:
In Santa Fe focus groups, there were three HHSA/S participants. In Rio Arriba, there were 3 HHSA/S participants. Two participants in the May 18 meeting on legislative priorities represented health and human services agencies.

Other (please identify other key groups that were involved):
Three promotores participated in the Rio Arriba focus group meeting. Three advocacy groups were represented in Santa Fe focus group meetings. Two advocacy groups participated in the May 18 district meeting.

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.):

Funding is the root. With proper funding, we can handle many of the issues locally, and know to whom to turn should we not be able. Without the funding, services decay and morale is sapped. If the Federal government will not provide proper funding, then the State must, even if it means taking money from other areas. Action must be taken to preserve our behavioral health system, let alone transform it.

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.)?