FY10 Legislative Priorities

$60,065,100
($13,300,000 County-wide; $46,765,100 Statewide)

Prepared by: BCLC Steering Committee
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Notes:
In this document the term “consumer” is used. This term refers to people who use or who have used the behavioral health care system, as well as people who would like to use the system but can’t find or afford services. The BCLC recognizes and respects that not all people who use or have used the service system call themselves “consumers” and our intention is not to further label people, but to use a unifying, commonly understood term. When at all possible, we have used person first language, and not reduced people to their use of behavioral health care services.

For the purposes of this document, the umbrella term “behavioral health” applies to all people diagnosed with psychiatric disorders, substance abuse disorders, developmental disabilities, including autism spectrum disorders, brain injuries, or any co-occurring combination of the previous, as well as people with needs in any of the previously mentioned areas, but who are not diagnosed. Sometimes the term “mental health” is used. For our purposes, the term “mental health” is synonymous with “behavioral health.” As added confusion, sometimes we say “behavioral health” or “mental health” to mean wellness. At all times, we will attempt to be concise with our language.

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Vision
A world where mental health is a priority and people with behavioral health needs are provided with a full array of services.

Mission
To unite the voices of those involved with behavioral health in Bernalillo County through advocacy, empowerment, and collaboration for positive change.

What We Do:
The BCLC guides behavioral health planning, gives input to the state, and advocates to make sure all people with behavioral health needs receive the services they deserve.

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Our Population: New Mexico is a “majority minority” state, with a rich cultural blend. The mosaic of people that create our state and make us truly unique also cause us to have some severe health disparities. These are evident with our suicide ranking, the numbers of adults and adolescents with substance abuse issues and other behavioral health struggles, and the extreme poverty found not just in our rural areas, but also in our cities. We have poor health outcomes, which are compounded by the numbers of New Mexicans who lack health insurance. BCLC believes that people are resilient and that mental health and wellness are achievable outcomes, but we know that adequate resources are necessary to create the systems of support needed to assist people in their recovery.

New Mexico lacks these financial resources. Often called a “poor state” we believe New Mexico is a poor priority state and that we have neglected funding behavioral health for far too long.

The numbers of people with diagnoses are rising, with adult Americans now at 1 in 4. 1 in 150 children are diagnosed with autism. Brain injury is a silent epidemic for which few adequate estimates are known. These numbers represent our families, our clients, our neighbors, our co-workers, our friends, our community, and most importantly, us. We believe the time to adequately fund behavioral health services in New Mexico is NOW. We have piecemealed together a fragmented delivery system for too many years, and our people have suffered. Services must be available for all people who need and/or want them, services must arch across the life span, and every service must be outcomes based. We further believe that services must be culturally and linguistically appropriate and that people must be empowered to play an active role in their treatment decisions.

Bernalillo County is the most populated county in NM, with roughly 1/3 of the state’s population inhabiting the metropolitan area. We acknowledge that there are many services here that are not available in other areas of the state. Some of our priorities are specifically designated as statewide priorities because we believe a clear, statewide voice is crucial to solving our behavioral health crisis. Other priorities are countywide, but these, too, are with the understanding that many people share our services. We respect and encourage this shared usage.

Priority Process: Throughout the year, the Bernalillo County Local Collaborative holds 11 general meetings. These meetings have attendance ranging from 40-80 people. We discuss the issues concerning our membership and guests, the stakeholders of the behavioral health care system in New Mexico. We also hold many subcommittee meetings focused on specific need and interest areas. Additionally, we attend numerous community meetings to hear from people who are not attending our general meetings or directly involved in our collaborative. These issues, taken directly from the voices in our community, become our priorities and guide our advocacy.

Community Voices: The Bernalillo County Local Collaborative is comprised of representatives from the following groups: people who use/have used/would like to use but can’t find or afford behavioral health care services; family members; providers; elected officials; state, county, and city employees; UNM employees; advocacy groups; peer support groups; school employees; advocates and other valuable community members who are
invested in having a behavioral health care system that meets the needs of all people. We believe that every voice is valuable. We also believe it is our job to protect the voices of people who use the publicly funded behavioral health care system. For this reason, 51% of our steering committee must be people who use services and family members.

**Off Reservation Native American:** Bernalillo County has a large population of off reservation Native Americans who, because of IHS funding streams, off reservation status, and cultural competency issues within the behavioral health care system struggle immensely with getting their needs met. BCLC recognizes the unique needs of off reservation Native Americans within Bernalillo County and the need for this population to have their own local collaborative, as they have requested. We urge the Purchasing Collaborative to uphold the recommendations they made last August to ensure that off-reservation voices are involved in discussions and decisions related to expansion. At their April 2008 meeting, the Purchasing Collaborative indicated that there was no funding to support an off-reservation LC and that they might be responsible for securing their own funds. No other LC has been expected to supply their own funding in order to be recognized. We oppose this discriminatory policy change.

**Collaboration and Partnerships:** BCLC believes we play a role in the community, but we are only as strong as our membership and we rely on collaboration and partnerships to connect us with people and with other organizations. These partnerships are paramount to our success and to substantive systems change in New Mexico. We are grateful to the people and organizations who offer their time and expertise to the behavioral health movement, for without the chorus of voices; we would not be able to continue our work.

**Prevention:** A dollar spent in prevention can not accurately be measured in future savings, but they are huge. If a child is prevented from ever engaging in drug use, they may be prevented from becoming involved in the mental health system, the criminal justice system, and the welfare system, saving hundreds of thousands of dollars across many systems. We know that wearing helmets and seatbelts reduces the numbers of head injuries and deaths and research is now showing us that the same principles apply in mental health. By looking at certain social indicators and teaching coping skills, certain behavioral health issues can be prevented, and outcomes can be improved.

BCLC believes funding prevention programs and building strong prevention components into existing programs is proactive and smart. We believe that prevention saves public resources, and saves peoples’ lives, which is a far more valuable resource. We believe the government and policy makers need to apply some of the principles of public health to behavioral health and take a closer look at prevention. In this light, even if it is not explicitly written, we are embracing an overarching theme of prevention in our priorities.
LEGISLATIVE PRIORITIES FY 2010

Total Legislative Request: $60,065,100
($13,300,000 for Bernalillo County; $46,765,100 statewide)

♦ Autism (Statewide)
  ▪ $3,825,000

♦ Expand Medicaid state plan (Statewide)
  ▪ Intensive Outpatient Programs (1 million)
  ▪ Autism (2.9 million state dollars, equals 10 million total dollars)
  ▪ Enhanced Services25.5million ($7,140,100 state dollars, equals 25.5 million total dollars)
  ▪ Fully Fund Medicaid ($11,000,000)

♦ Children’s (Statewide)
  ▪ $15,000,000

♦ Peer and family directed services (Bernalillo County)
  ▪ $900,000

♦ Immediate assistance
  ▪ $3,000,000 (Bernalillo County)
  ▪ $5,100,000 (Statewide)

♦ Outreach and assistance for at risk and special populations (Bernalillo County)
  ▪ $6,350,000

♦ Housing (Bernalillo County)
  ▪ $2,000,000

♦ Prevention and education (Bernalillo County)
  ▪ $4,050,000

♦ Local collaborative funding (Statewide)
  ▪ $800,000

♦ Policy Changes (Statewide)

(For a brief justification of each item and budgeting ideas, please see attached)
**Autism**

**Autism Spectrum Disorders**
- We concur with the recommendations of the SB 197 study group, which became the HB 63 legislative request during the 2008 session.
- $100,000. for extension of the SB 197 study group
- $175,000 to study service needs for high functioning adults who do not meet the criteria for developmental disability
- $1 million for the behavioral health collaborative’s development of a flex-funding program
- $350,000. seed money for the development of in state residential treatment for asd
- $1 million for treatment of non Medicaid eligible children
- $200,000 for creation and implementation of a statewide asd surveillance and registration program
- $1 million to the higher education department to develop and implement pre-service programs focusing on best practice interventions for asd. (legislative request $3,825,000)

**Expand Medicaid State Plan**

**Intensive Outpatient Program Request**
- Intensive Outpatient Programs (IOP) are, by definition, a treatment modality consisting of a minimum of 9 treatment hours per week, delivered during the day, evenings, and/or weekends. A multi-disciplinary team must provide this service. Programming consists of, but is not limited to, individual, group, and family counseling, medication, education, symptom management, and education regarding diagnosis. The amount of weekly services per individual is directly related to the goals and objectives specified in the individual’s treatment plan; however, a minimum of 3 hours per day, 3 days a week is required. (New Mexico Interagency Behavioral Health Service Requirements and Utilization Guidelines)
- The UNM adult IOP program closed in 2006. Youth IOP programs often focus on substance abuse. Funding should be allocated to re-establish flexible Intensive Outpatient Programs for adults with mental illness and children with serious emotional disturbances in Bernalillo County (legislative request: $1 million)

**Autism**
- Adopt the *Adaptive Skill Building* service definition as medically necessary intervention for children with Autism Spectrum Disorder (legislative request 2.9 million with a Medicaid match = 10 million)

**Enhanced Services**
- In 2007, the Purchasing Collaborative cut several “Enhanced Services” from the list of approved services and began to restrict access to those services they did not eliminate.
- These services are vital to health and keep children and adults at home, in their communities
These services need to be included in the Medicaid State Plan
$17,000,000 was cut, increased by %50=25.5million (legislative Request $7,140,100 with Medicaid match)

Full Funding for Medicaid
- Medicaid is $11 million short of meeting the current needs of the population in New Mexico. These funds are essential to prevent more children becoming uninsured and to prevent the loss of benefits/services. The uninsured rate for children is already at 25% and with the lack of dollars efforts to have children covered by Medicaid are being curtailed. Potentially many families, adults and children all over the state will be impacted. (legislative request $11 million)

Children’s Statewide Community Based Services for Children and Families Request
- These monies are for children and families in need of services not covered by Medicaid or who do not meet the eligibility requirements for Medicaid. (legislative request: $15 million, statewide)
- There is a significant move to reduce the utilization of Residential Treatment Services which has resulted in the closure of three programs and the reduction of beds in all other programs. In addition a reduction has occurred in a number of Community services such as Respite, Transitional Living, Infant Mental Health, MST, Home Based and others. These factors have resulted in less service availability for children and youth. As all of these services have decreased there has been no corresponding increase in other services.
- In 1993 there was $16 million available through CYFD for children and adolescents who needed non Medicaid services or were not eligible for Medicaid. Today there is $6 million which is a decrease of over 66%.
- The goal is to have a comprehensive array of services available for children and families that enable children to continue to live at home. To accomplish this, many more community services must be available. Currently, New Mexico is the lowest state in the nation in the funds spent on behavioral health. This decrease only compounds the problem.
- The allocation will fund an array of services such as respite, shelters, in home services, wrap around based on the planning currently being conducted by the local collaboratives, the Steering Committee for the Clinical Home Pilot Project, the Children’s Subcommittee of the Planning Council, and the Purchasing Collaborative.

Peer and family directed Services
Peer Directed Programs Request
- Peer directed programs are an important part of a behavioral health system. Peers can help each other in the community, as well as in residential facilities. The New Freedom’s Initiative asserts, “Recovery will be the common, recognized outcome of mental health systems.” Recommendations include the development and implementation of peer driven, recovery based initiatives. (http://www.mentalhealthcommission.gov/)
- The Albuquerque Drop In Center offers peer directed recovery support services in a community setting. The Center lost funding with the cessation of reinvestment dollars in 2007. Funding needs to be re-established. (legislative request: $200,000)
- The High Desert Roads Clubhouse was established in the late 1990’s to create a program for People living with Brain Injury. The Peer run program provided psycho-social, peer supports, skills growth, and job development. Funding needs to be re-established. The
Clubhouse was proceeding as a model to be replicated in other communities throughout the State. (legislative Request: $250,000)
♦ Family run programs for families of children using services are crucial to helping families connect with services and advocate for their children. Parents for Behaviorally Different Children is one example of a good program. Funding must be maintained and enhanced to ensure that families are not struggling alone. (legislative request $250,000)

Peer Directed Community Outreach
♦ Because of common shared experience, people who have experiences within the system or live with various diagnoses are more open when speaking with others who are experiencing similar situations. This has been proven to be a highly successful therapeutic mechanism and can also be a tool for outreach and system navigation.
♦ Systems navigators (sometimes called “promatoras” or “community health workers”) can be used at all levels of the behavioral health care system to help the system be more responsive to the needs of the people who rely on services, as well as family members, by linking people with services, and by being “buffers” between the system and the person using the system.
♦ Outcomes are rare in behavioral health. People are often tossed aside and expectations are dropped. The Pathways model is one example of a program that offers outcomes and can be altered to fit behavioral health and a psychosocial or recovery based framework (http://www.chap-ohio.net/pathways.asp ) (legislative request: $200,000)

Immediate assistance
Short-term acute Placement Request
♦ Inpatient crisis services are in short supply in Bernalillo County. There are 84 adult beds, 16 geriatric beds, and 50 adolescent beds available in Bernalillo County for people in need of acute care. While unnecessary inpatient hospitalization is inappropriate, crisis placement is a necessity. Not having available crisis beds places adults, children, and families at risk. Immediate care and stabilization is an essential component of behavioral health services. (legislative request: $2 million – $1,500,000 for children and adolescents, and $500,000 for adult placements)

Emergency Psychiatric Evaluations Request
♦ Anecdotal information from collaborative members indicates that children routinely wait in emergency rooms eight to thirty hours for assessment during crisis periods; adults have waited ten hours or more. A comprehensive psychiatric emergency center must be established with adequate staffing to provide services in a timely manner. Triage should occur within thirty minutes of arrival, and treatment within three hours. (legislative request: $1 million)

Safe Houses
♦ An emergency non-hospital safe house run by and for consumers of mental health services would offer 24 hour on site peer support, including 4-6 overnight beds, and would be staffed by peer specialists. Such service would allow crisis to be seen as a difficult time capable of being worked through, and even an opportunity for growth. People would be supported through their struggles and networked into long term peer supports.
♦ The center would have a part time psychiatrist on staff, so that a person choosing to take medication would have that option. Additionally a licensed therapist would be an FTE, and, ideally, also a person in recovery.
Representative Cote introduced the Safe House legislation in 2008 (HB 123) but it died in appropriations (legislative request: $4,100,000, statewide)

Behavioral Health Quick Response Teams
♦ People diagnosed with mental illness and other behavioral health issues have unique needs while in crisis.
♦ Albuquerque has a Crisis Intervention Team (CIT) as part of its police force, but there are still needless killings of people with behavioral health struggles because CIT is either not the first responder, or not adequately equipped to assess the needs to the person in crisis.
♦ A non-law enforcement crisis response team would be comprised of mental health professionals and peer support specialists, or community health workers and would respond, without weapons, to the scene of a person who is struggling. They would be granted authority to assess dangerousness and given the time needed to establish what next steps ought to be taken to get the person’s needs met. Representative Cote introduced Quick Response Team legislation in 2008 (HB 225) but it died in appropriations. (legislative request: $1 million, statewide)

Outreach and Assistance for at Risk and Special Populations
Treatment for Co-occurring, Substance Abuse Disorders in Adults Request
♦ New Mexico has one of the highest rates of substance abuse in the nation, with severe consequences for the well being of our residents. Some of the social problems that can be attributed to substance abuse include crime, domestic violence, unemployment, low educational achievement, and poverty. (page 5, Governor’s Interagency Substance Abuse Task Force Draft)
♦ Comprehensive substance abuse services: assessment, Medically Assisted Treatment, case management services, and mental health services to adults with co-occurring disorders is necessary. Staffs should be trained to assess, refer, and/or treat the various forms of Behavioral Health issues which occur within Co-occurring disorders; this would include, but not be limited to: Mental Illnesses, Brain Injuries, and Developmental Disabilities. (legislative request: $2 million)

Services for People Newly Released from the Justice Systems Request
♦ People newly released from the criminal and juvenile justice systems who live with behavioral health struggles are often not able to receive any social services, or find adequate housing. Because the justice systems have become our system of care for behavioral health, the reality that these people can’t find community services sends them into a revolving door within the justice system to get their needs met. Among other things, we need case management and peer specialists specifically trained to help people newly released from the justice systems maneuver through the community. Additionally, we need services specifically designed to help these people reintegrate into our community and to succeed, so that they will not go back into the systems. (Legislative request: $2 million)

Assistance for People in Jail and Prison to Assist with Obtaining Social Services before Release Request
♦ Prerelease benefits assistance would include having social workers and peer specialists help people obtain social services before they are released from the justice system. When people are released, they are given, at most, a weeks worth of medication. There are not adequate resources in the community to follow up with, and if you are not on services, the process is extremely difficult to wade through. (Legislative request: $100,000)
Mental Health Services for People Experiencing Homelessness Request
♦ People experiencing homelessness that also live with a behavioral health struggle need help maneuvering through the various systems. Case management is particularly needed, as well as outreach services. **(Legislative request: $250,000)**

Actively Engage At-Risk Populations for Voluntary Participation in Services Request
♦ Some people need extensive encouragement and support to voluntarily engage in services.
♦ One example of an evidence based, cost effective program is voluntary Assertive Community Treatment (ACT). ACT delivers comprehensive, community based services to people who are diagnosed with severe mental illness and who have avoided or not had their needs met by more traditional service delivery approaches. The ACT team is a multidisciplinary, mobile mental health treatment team with shared caseloads that delivers the majority of its services in natural community settings (homes, coffee houses, parks, etc…). ACT services are available to program participants 24 hours a day, 7 days a week. **(Legislative request: $2 million)**

Housing
Supportive & Non-Supportive Housing Including Transitional Living Services Request
♦ The waiting list for subsidized housing is long, and the process to get such housing is tedious. Additionally, the housing offered is not always in the best neighborhoods or of the highest quality. We know that living conditions improve health status, and it is crucial that people have adequate, affordable housing.
♦ There is very little supportive housing. This is desperately needed for people who need this, so they can stay in the community.
♦ There is a huge gap: people who are working are not always eligible for subsidized housing. They may not be able to afford adequate housing because of co pays for medications, so they are forced to make a decision about good housing or treatment.
♦ One example of a good program is New York’s Housing First! This program believes that housing is necessary and needs to happen first, that it should not be tied to anything else—you get housing, period. http://www.housingfirst.net **(Legislative request: $2 million)**

Prevention and Education
Substance Abuse Prevention Services For Youth and Communities Request
♦ Individuals, families and communities have the right to personal, physical and social well-being, free of misuse of alcohol, tobacco and other drugs.
♦ Effective prevention strategies can impact and promote healthy behaviors for individuals and communities. Scientific evidence shows that by impacting availability of illicit drugs in communities, access to alcohol and promotion of misuse, low perceived risk of alcohol and illicit drug misuse, and norms accepting underage drinking and drugging we can reduce our high rates of substance abuse in New Mexico.
♦ Individual, family, and community-wide prevention approaches are necessary to impact substance abuse in New Mexico. **(legislative request: $750,000)**
In-Home Programs Promoting Infant/Toddler Mental Health and Effective Parenting Request

♦ SAMSHA recognized the Nurse-Family Partnership as “the only prevention trial in the field with a randomized, controlled design and 15 years of follow-up.” The goal of the program is to improve pregnancy outcomes by helping mothers to adopt health behaviors, to improve child health and development, to reduce child abuse and neglect, and to improve families’ economic self-sufficiency. Bernalillo County is ideal for piloting the efficacy of this program in New Mexico. (Legislative request: $1 million) (http://www.nursefamilypartnership.org)

Development and Implementation of Adolescent and Adult Programs for Mental Illness Prevention Request

♦ Science currently feels that people are predisposed to mental illness through their genes, but that there is also an environmental element: that it is both nature and nurture. Prevention must focus on the nurture element of the equation. It is further known that nurture does not just include the home, but the extended environment, the community. Risk factors for mental illness include poverty, violence, exposure to drugs and alcohol, and lack of economic opportunities, while strong social networks and good housing are connected to better mental health outcomes.

♦ The prevention of mental illness must be tied to the promotion of mental health, therefore, must include county wide school curriculum on behavioral health, focusing on effective strategies for coping with the stressors in life. Part of this program should include a campaign; much like a dental hygiene campaign, this could be considered a mental hygiene campaign. This funding should be allocated to schools and independent prevention programs. School based health centers, while fabulous, are not in every school. This campaign must reach as many people as possible.

♦ Prevention can not end at the school level, however, because adults are being diagnosed at increasing rates. (Legislative request: $2 million)

Education and Implementation of Psychiatric Advance Directives Request

♦ In 2006, the New Mexico Legislature passed HB459, The Mental Health Treatment Decisions Act. Governor Richardson signed this act on February 24, 2006 making Psychiatric Advance Directives legal and recognized in the State of New Mexico.

♦ This law has the potential to be an empowering tool in the lives of people with behavioral health needs, their families, providers, and the public at large, but people need to know of its existence first.

♦ Education about psychiatric advance directives, why they are important, and assistance in filling them out and executing them, so that people’s treatment choices will be known in the event a crisis arises is needed. (Legislative request: $100,000)

Education and Information on Current Mental Health Laws, Patient Rights and Available Human Services and Therapy Programs Request

♦ People are vastly unaware of current mental health laws, patient rights, and available human services and therapy programs.

♦ Even while in hospitals or outpatient programs, patients don’t often know what their rights are.

♦ People aren’t aware of the resources available through different agencies, such as Income Support Division, or that they are eligible for those resources.

♦ There is a general disconnect between people who need services and the entities that provide those services.
Effective advertising, literature, and trainings to make people more aware of their rights, current laws, and available resources are needed. *(Legislative request: $100,000)*

**Initiation of Campaigns against Stigma**
- In our society, people with behavioral health diagnoses are stigmatized. The stigma that they wear is not their fault; it is a prejudice of the people who view them through a filter of fear. The media is one of the number one perpetrators, as they sensationalize every story that has a person with a diagnosis involved. In Bernalillo County, we have recently been bombarded with such stories. Some members of the Bernalillo County Local Collaborative feel like it is our job to put a face on behavioral health issues, to bring real people to the labels that are so feared and misunderstood.
- We cannot reach everybody in our county without a campaign. We need an anti-stigma campaign that personalizes the diagnoses that we, in our collaborative, live with every day, and offers a message of recovery, hope, and empowerment. *(Legislative request: $100,000)*

**Local Collaborative Funding**

**Local Collaborative Funding**
- In 2005 Local Collaboratives began work in each of New Mexico’s 13 judicial districts, as well as in region 6, for a total of 15 local collaboratives.
- For the past 3 years, Local Collaboratives have been given limited funding with the expectation they will perform phenomenal amounts of work.
- It is unrealistic to expect people to volunteer, host meetings, attend other meetings, meet deadlines, drive all over the state, and perform the many other tasks Local Collaboratives have been asked to do with the limited funding we are given.
- At least $50,000 per Local Collaborative is needed, so that people can be compensated, rooms can be rented, supplies can be purchased, and we can adequately unite our communities as we have been asked to do. *(Legislative Request $800,000, statewide--$50,000 for each of the 15 Local Collaboratives and for the Off Reservation Native American Local Collaborative that is anticipated due to a motion made in a Purchasing Collaborative meeting in August of 2007)*

**Policy Changes**

**Tax Credit for Psychiatric Providers**
- Psychiatrists, psychologists with a certification to prescribe psychotropic medications, and psychiatric nurse practitioners shall be allowed a tax credit equal to their tax liability for all income derived from practicing medicine or psychology.