Short Title for Legislative Priority #1: Culturally Competent Mental Health Services Specifically in Rural/Remote New Mexico to address (Housing / Transportation / Support Services)

Amount of Funding Required for This Priority: $2.5 Million (approximately $1 million of which would be specifically for Housing)

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 priority will improve the quality of life, quality of care, living conditions and safety of consumers in rural areas and their families. The priority will also increase consumer awareness; assist consumers in being more independent and more involved in a consumer driven process; as well as address vital transportation needs. Providing a range of basic and specialized services to the consumer and their families (serving adults, adolescents, elementary children and infants) will strengthen families and address the needs of children of consumers.

- Families experience high housing cost burdens that are well above the 30% of gross income industry standard, for both rent and mortgage payments. This means less money available for necessities, such as food, medication, transportation, etc. This creates additional stresses on the family, which can often lead to domestic violence and substance abuse issues.
- Low income families (below 80% AMI) are at risk of being evicted or foreclosure if not able to keep up with mortgage or rent payments.
- Increase the supply of affordable rental housing in the Tri County area. Currently, the demand for affordable rental housing far exceeds the supply, especially for families that are between 60% - 80% AMI (working families). These are the police officers, teachers, nurses, etc. that play a vital role in the overall health of a community.

This request will address the critical housing needs and meet the unique needs of mental health/substance abuse and domestic violence consumer and their families in rural and remote areas in a culturally competent manner by:

- **$500,000** in Housing Vouchers for low income families and behavioral health consumers in treatment or in recovery for a limited period of time until their economic situation changes.
- **$400,000** for Provider Capacity Building and Predevelopment Grants to encourage the development of permanent supportive housing projects, with units set aside for behavioral health consumers oftentimes with no recovery support structures in place.
$100,000 to develop a 5-year Comprehensive Housing Plan for the Tri County area, which will address permanent supportive housing, transitional housing, homeownership, homebuyer counseling, and foreclosure prevention counseling.

- Funding transportation for consumers and families
- Providing advocacy training for consumer rights (also advocates to explain side effects of medications and understandable materials)
- Training for law enforcement & medical staff regarding consumer rights, language and accommodations
- Funds for training medical staff on importance of consumer-driven treatment plans
- Funding family centered prevention curriculum and recovery programs
- Consumer representation of boarding home oversight (consumer stipends)
- Ensuring adequate case management of clients and their families (medication, appointments, hygiene, home visits, social activities, money management)
- Providing funds to increase consumer allowance for meeting basic needs
- Assure resources to have a variety of “specialized” services available to consumers and their families to meet the unique needs of rural and remote areas (example: telehealth)
- Consumer and family involvement in client services and finances
- Require random inspection visits to boarding homes (interview consumers and make their opinions count)
- Intensive outpatient services for recovery and resiliency (example: depression, elderly depression)
- Provide funds to cover the cost of medications for non-medicaid enrolled individuals and medication costs not paid directly by Medicaid
- Provide funds to hire consumers from each county to be employed as “personal needs outreach workers” to be employed by a consumer driven/managed agency. (Training, peer certification, salaries, cell phones, supplies) The outreach workers would be part of a team that consists of professionals from each county and is staffed by consumers
- Emergency funds available to consumers
- Mental Health services in county jails that include discharge planning and support for consumers and their families when transitioning from the correction system back to the community
- Provision of recreational/social outings to consumers by a consumer driven/managed agency
- Intervention and mental health support for the elderly (including support for caregivers of Alzheimer’s, Dementia and Parkinson’s Disease.

To ensure that strong, sustainable programs are being funded, discretionary planning funds need to be available to develop goals and objectives of projects; allow for professional strategic planners to be contracted; and allow agencies/organizations to contract with professional evaluators.
2. As a Local Collaborative, what process did you use to come up with the Legislative Priorities (focus groups, communication with key stakeholders, etc)?

**Prior Year:** The process to formulate the priorities was a combination of consumer focus groups, obtaining provider input, utilizing core planning groups and communication between Health Councils. All collaborative members were invited to provide input via email and/or attend a meeting to decide which priorities best addressed the needs of the tri-county area. Once the priorities were chosen and the submission form complete, all collaborative members were sent an electronic copy and invited to comment and advise. The final product was sent out to collaborative members.

**Current Year:** Legislative Priorities were not changed however were enhanced with more detail. Opportunity for input was given at the MSG Group/LC meeting with an invitation to participate via conference call.

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?

**Prior Year:** Consumers were invited and personally chose to participate in focus groups. Consumers, providers, advocacy groups, and other health & human service agencies participated in discussions in local collaborative. Providers, law enforcement, and other health & human services agencies participated in core planning groups. Each County Health Council also requested input from community groups and utilized knowledge gained from previous community meetings with law enforcement, consumers, family members, providers, schools, advocacy groups, and other health & human services agencies. Mental Health Advocacy group organized 3 focus groups. This priority was directly formulated as a result of the consumer response to needs. Stakeholders further reviewed and commented to develop and articulate needs. It is the feeling of this group, based on the input provided, that the perspective of each group will be a willingness to collaborate with providers and community agencies/organizations to ensure that needs are met, gaps are addressed, and multigenerational needs of the families, as well as consumers, are provided for.

**Current Year:** Legislative Priorities were not changed however were enhanced with more detail. Opportunity for input was given at the MSG Group/LC meeting with an invitation to participate via conference call.

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.):

- Regulation compliance review with possible increase in staff review and staff ratio
- Cross agency support and collaboration (Endorsement to provide resources, besides funding)
- Cross training across agencies
- Health promotion
• Technical assistance from state agencies and Behavioral Health resources in regards to planning, fiscal management, implementation and communication of Behavioral Health Services.

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.)?
This priority addresses needs in 3 separate counties. Similarities in that the areas are extremely lacking in resources and available services, high poverty rates, rural / remote / isolated communities, lack of access (transportation) to available services, and a lack of availability of specialized services.
Many professionals commute to areas where they are able to acquire higher paying jobs (Santa Fe, etc), leaving smaller communities without needed services. Services must be flexible to meet unique needs, providing cross training to meet more needs with few staff. Billing also needs to be flexible, with a sliding scale fee and state reimbursement being utilized to serve our diverse population. Services need to be made available with a goal of providing a continuum of wrap around services to the family as a unit.
Children of mental health consumers need to be provided with services to ensure that they have a strong support system and are able to divert from learned behavior and lessen their risk factors.
This priority is one that is not addressed by other funding sources the need compared to dollars ratio is grossly dis-proportionate. Las Vegas has always been welcoming and open to consumers. Because the NM Behavioral Health Institute is located in San Miguel County, the number of boarding houses and residents served are higher, per capita, than any other county in New Mexico. This causes the need for transitional and support needs, such as housing, transportation, and support services to be higher than other areas of the state.
Short Title for Legislative Priority #2: Family Centered Continuum for Substance Abuse Services

Amount of Funding Required for This Priority: $2 Million

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 priority will integrate the needs of the entire family (adults, adolescents, elementary children and infants) of substance abuse and domestic violence with the work being done through the TCA Project. By ensuring integrated services available to all members of the family, changes in behavior and community environment can begin to move in a healthy direction. Providing funding for this priority will strengthen families and address the needs of children at risk of continuing the cycle of the behavior they are witnessing and the environment in which they are living. Providing basic and specialized, consumer driven, multigenerational care and services addresses cultural aspects of the communities of Northern New Mexico, by emphasizing and addressing Consumer and FAMILY needs. Aftercare is an essential element needed to build and maintain a healthy community.*

This request will meet the unique needs of substance abuse and domestic violence clients and their families by:

- Providing funds to increase (3%) reimbursement rate for providers
- Providing funds for consumers to access specialized and resiliency services
- Funding transportation for consumers and families (limited or no public transportation currently available)
- Funding family centered prevention curriculum and intervention / recovery programs (including parenting classes)
- Allowing for flexible and outreach services, to meet unique needs of rural and/or remote communities
- Cross training/technical assistance for professionals in rural communities, who may not have resources to have a variety of “specialized” services (for example counseling children)
- Ensuring access to quality continuum of care, including after care in all locations
- Requiring culturally competent care and services
- Providing detox, residential, intensive outpatient services, and aftercare/relapse prevention services, where there are none in existence
- Training providers on how to provide care for the entire family
- Mobile crisis services and/or home visit services
- Expanded funding for substance abuse treatment programs with applicable services for specific populations (dual diagnosis, services for pregnant women, etc)
- Training for law enforcement & medical staff regarding consumer rights, language and accommodations
- Funds to implement court mandated programs

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- Outreach and educational services for harm reduction and health promotion
- Prevention and early intervention services

To ensure that strong, sustainable programs are being funded, discretionary planning funds need to be available to develop goals and objectives of projects; allow for professional strategic planners to be contracted; and allow agencies/organizations to contract with professional evaluators.

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

The process to formulate the priorities was a combination of consumer focus groups, obtaining provider input, utilizing core planning groups and communication between Health Councils. All collaborative members were invited to provide input via email and/or attend a meeting to decide which priorities best addressed the needs of the tri-county area. Once the priorities were chosen and the submission form complete, all collaborative members were sent an electronic copy and invited to comment and advise. The final product was sent out to collaborative members.

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 were invited and personally chose to participate in focus groups.
Consumers, providers, advocacy groups, and other health & human service agencies participated in discussions in local collaborative.
Providers, law enforcement, and other health & human services agencies participated in core planning groups.
Each County Health Council also requested input from community groups and utilized knowledge gained from previous community meetings with law enforcement, consumers, family members, providers, schools, advocacy groups, and other health & human services agencies.
Mental Health Advocacy group organized 3 focus groups.

This priority was directly formulated as a result of the consumer response to needs. Stakeholders further reviewed and commented to develop and articulate needs. It is the feeling of this group, based on the input provided, that the perspective of each group will be a willingness to collaborate with providers and community agencies/organizations to ensure that needs are met, gaps are addressed, and multigenerational needs of the families, as well as consumers, are provided for.

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.):

- Cross agency support and collaboration (Endorsement to provide resources, besides funding)
- Cross training across agencies
- Health promotion

6/2/2008
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.)?

This priority addresses needs in 3 separate counties. Similarities in that the areas are extremely lacking in resources and available services, high poverty rates, rural / remote / isolated communities, lack of access (transportation) to available services, and a lack of availability of specialized services. The TCA Project is working very well, however, expansion to include outreach to rural areas, service in the tri-county area and aftercare are needed to ensure individual and family needs are met effectively. Many professionals commute to areas where they are able to acquire higher paying jobs (Santa Fe, etc), leaving smaller communities without needed services. Services must be flexible to meet unique needs, providing cross training to meet more needs with few staff. Services need to be made available with a goal of providing a continuum of wrap around services to the family as a unit.

Children of substance abusers and domestic violence abusers need to be provided with services to ensure that they have a strong support system and are able to divert from learned behavior and lessen their future risk factors. Providing multigenerational care and services addresses cultural aspects of the communities of Northern New Mexico, by emphasizing and addressing FAMILY needs.

This priority is one that has begun to be addressed by TCA, we must continue to fund this project, with expansion to ensure that we are able to adequately meet the needs in our community.