<table>
<thead>
<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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<tbody>
<tr>
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<td>Maintenance of Effort</td>
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<tr>
<td>1</td>
<td>Wrap around community based services for children and adolescents to include outpatient CCSS, mental health services, drug and alcohol rehabilitation services, home-based behavioral health services and school based behavioral health services $3,000,00.00 dollars</td>
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<td>X</td>
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<td>2</td>
<td>Development of Jail Diversion Programs in LC #5 that include a Jail Case Manager and Patient Assistance Coordinator at each county detention facility whose primary role would be related to coordination of services for the SPMI population both in the jail and in the community. $300,000.00</td>
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<td>3</td>
<td>Increasing the funding of the Basic Behavioral Services for adults and children in LC 5 $2,000,000.00</td>
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<tr>
<td>4</td>
<td>Capital outlay request for funding of a Long Term Regional Substance Abuse Rehabilitation Center in the area of LC 5</td>
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<tr>
<td></td>
<td>$2,000,000.00</td>
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**Legislative Priority Substitution**

Please Modify our ’08 Priority [ #1] as follows ’09 Priority: *Short Title for Priority from LC _5___*

Remove the request for inpatient facility but maintain the wrap around portion of the priority. Decrease the amount of funding from $5.8 million to $3.0 million. The decision to modify was made during Local Collaborative 5 meeting on April 7, 2008

Please Add to our ’08 Priority [ #3] as follows ’09 Priority: *Short Title for Priority from LC _5___*

Increasing the funding of Basic Services in the area of Behavioral Services in LC 5 including School Based Health Care

Amount of Funding Required for This Priority: _Increase amount requested to $2.0 million from original $190,000.00_____________________________

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)?
   The service levels currently provided would not be eroded due to diminishing funding and rising costs in providing those services.

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 priorities submitted by LC 5 were identified from focus groups held throughout the region in Fall 2005, from communication with key stakeholders like the meeting with the school superintendents, School Based Health Centers and from prioritization completed by the membership of LC.*

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 are part of the coordinating council and membership of LC 5. They were deeply involved in the creation of the priorities for this legislative session.

Family Members:
Family members provided input in focus groups and to the superintendents that attended the meeting in May 2006. Family members also participated in the countywide survey held in Chaves County that identified services for the chronic mentally ill as key issues to address.

Providers:
Providers are members of the LC 5 total membership, and they provide key input at meetings of the coordinating council for JD 5. Providers gave strong support to this priority.

Law Enforcement:
Law enforcement provided input in the focus groups held during the Fall 2005 in which they identified services related to jailed consumers as critical for the communities.

Schools:
As noted previously, schools have been deeply involved in identifying the key needs for the region. They were involved in addressing this priority.

Advocacy Groups:
Members of advocacy groups are part of the general membership of the collaborative and provided significant input during the focus group phase.

Local Elected Officials (City/County):
Data collected through county survey is presented to the County Commissions in each of the counties from LC 5. Commissioners are keenly aware of the issues around mental health services for our communities in the region, and they provided input to the Health Planning Council coordinators regarding priorities in the region.

State Elected Officials (Legislators, Statewide Office Holders, etc.):  
*State Senator Tim Jennings has been strongly supportive of any activities and programs that will add to mental health services for children and adults. He has the information regarding the recommending priorities.*

Other Health & Human Services Agencies/Systems:  
*Representatives from DOH, CYFD, ISD, Dept. of Corrections, and other state agencies are involved in the general membership of the collaborative, input through focus groups, and input through community survey. They are aware of and support the priorities that were identified.*

Other (please identify 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.):  
*Capital outlay funding is critical for continuing the core services provided in to the consumers in our communities. Prior to last year there had been no increase in the core services for many years. As time goes on the cost of these services will out pace the current funding levels.*

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.)?
**Legislative Priority Substitution**

Please Add to our ‘07 Priority [ # 4] as follows ’08 Priority: Short Title for Priority from LC 5

Long Term Regional Substance Abuse Rehabilitation Center in the area of LC 5

Amount of Funding Required for This Priority: $2,000,000.00

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)?

   A request funds for the construction of the facility for the Southeastern Regional Substance Abuse Rehabilitation Center. This would meet the needs for a regional substance abuse treatment and recovery for adult populations. The rehabilitation center would provide active treatment, risk assessment, system management, discharge planning and integration activities that focus intensely on the goals of treatment relevant to the consumers’ eventual return to and reintegration into the communities in which they reside.

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 priorities submitted by JD 5 were identified from focus groups held throughout the region in Fall 2006, from communication with key stakeholders like the meeting with the Local Collaborative, Mental Health providers and law enforcement, anti-drug and gang coalition, county and city leaders as well as legislative representatives.

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?

   The LC 5 has had previous meeting and would like to continue to see this Regional treatment center come a reality in the southeastern part of the state. These meeting were held previously during the preliminary design of this facility and this will remain a priority until this facility is built and operating to full capacity.

   Consumers:
   
   Consumers are part of the coordinating council and membership of LC 5. They were deeply involved in the creation of the priorities for this legislative session.

   Family Members:
   
   Family members provided input in focus groups and to the superintendents that attended the meeting in May 2006.
Providers:
Providers are members of the LC 5 total membership, and they provide key input at meetings of the coordinating council for LC 5. Providers gave strong support to this priority.

Law Enforcement:
Law enforcement provided input in the focus groups held during the Fall 2006 in which they identified services related to jailed consumers as critical for the communities.

Schools:
As noted previously, schools have been deeply involved in identifying the key needs for the region. They were not involved in addressing this priority.

Advocacy Groups:
Members of advocacy groups are part of the general membership of the collaborative and provided significant input during the focus group phase.

Local Elected Officials (City/County):
Data collected through Eddy County Community Visioning survey held in 2005 reflected that the need for a drug rehabilitation services received that highest number of votes for the public as services needed in our county as well as services need in the Southeastern part of the state as we are rural communities in this part of the state. areas. Commissioners are keenly aware of the issues around mental health services for our communities in the region, and they provided input to the Health Planning Council coordinators regarding priorities in the region.

State Elected Officials (Legislators, Statewide Office Holders, etc.):
State Senator and representatives have been strongly supportive of any activities and programs that will address substance abuse rehabilitation treatment in the Southeastern Part of the state.

Other Health & Human Services Agencies/Systems:
Representatives from DOH, CYFD, ISD, Dept. of Corrections, and other state agencies are involved in the general membership of the collaborative, input through focus groups, and input through community survey. They are aware of and support the priorities that were identified.

Other (please identify 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.):

   Capital outlay funding is critical for continuing the core services provided in to the consumers in our communities.

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.)?