### JD6 Local Collaborative Legislative Priorities 2009

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Legislative Priority Substitution

Please delete our ’08 Priority [#1 or #2] and substitute the following new ’09 Priority: Short Title for Priority from LC JD6:

#1: Fund/Reimburse for early care/infant mental health services and early mental health professional development training.

#2: Improve access to behavioral health services by increasing funding to existing school-based health centers for expansion/parity.

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)?

#1) An Institute for Early Childhood Mental Health allows for early identification and intervention of behavioral health issues for very young children (ages birth to five) and their families in southwestern New Mexico. This priority includes the construction of a new facility, located in Silver City and part of the Western New Mexico University system, which will serve as both a children’s treatment facility and a laboratory site to train professionals in the diagnosis and treatment of children’s emotional disorders. In a part of the state that suffers a critical shortage of mental health professionals, the Institute will train students in counseling, social work, play therapy, nursing, occupational therapy, and related fields. It will also allow for continued professional development in developmentally appropriate diagnosis and therapy practices for existing behavioral health professionals. Expected outcomes include an increase in the number of children ages birth to five and their families who are identified as having mental health-related issues who receive developmentally appropriate care. Nationally, studies have shown that children from birth to two are the “least likely to receive special education or mental health services,” even when they have been diagnosed with a clinical condition and only about 4% of children ages three to five receive mental health treatment after diagnosis.

The Institute will serve approximately 30 children annually ranging in age from 2 to 5, and their families. Additional children receiving clinical services will be scattered throughout the regular classrooms. Professional development training will benefit approximately 75 fulltime students—25 in Counseling Education Programs and 50 in Early Childhood Education, offering special classes in how to work with traumatized children. Ten additional students seeking masters degree in Social Work will be added when that program becomes available. Certifications in Infant Mental Health will be offered to 50-75 early care and intervention professionals each year. There will be other specialized training offerings to the community each year. In addition, students in the nursing, occupational therapy, and other university programs will have some use of the new training facility.

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#2) The demand for behavioral health services at the School-Based Health Centers (SBHCs) located in Deming, Silver City, Lordsburg, and Cobre far exceed the 8 hours per week (40 hours for Silver City) level that these centers are currently funded. The SBHCs target school aged children and are primarily used by middle school and high school students. The demand for behavioral health services far exceeds the current staffing capacity at each of the SBHCs and many have waiting lists. When therapists’ schedules are full, school counselors and other school staff often stop making referrals and many students in need of care fall through the cracks. High school students in Grant, Luna and Hidalgo Counties rank among the highest in NM in youth suicide/ideation, substance use, trauma and violence. This region of the state also has a high level of uninsured students and families. Therefore, there is a great need to fund SBHCs for the delivery of confidential services, which cannot be billed to private insurance. At only 8 hours per week, therapists at the Deming, Lordsburg and Cobre Health Centers must limit their case loads to between 15 to 25 students. Expanding the from a Level 1 to a Level 2 will help support costs for behavioral health services that cannot be billed through Medicaid or private insurances. This equals an additional $25,000 per clinic for a total of $75,000 additional funding. Silver School Health Center currently receives only $75,000 per year to fund a full-time physician’s assistant, full-time nurse, full-time front-desk staff, two full-time behavioral health therapists and a part-time clinic coordinator. Silver Schools Health Center is considered a Level 3 clinic. Most Level 3 SBHCs funded with the 2007 legislation are funded at $150,000. Therefore, we request that Silver Schools Health Center be given parity funding with the 2007 Level 3 clinics; an additional $75,000 for a total of $150,000.

Expanding from a level one (8 hrs BH per week) to level two (16 hours BH per week) at 3 SBHCs will result in 450 additional behavioral health sessions serving 90 additional students. Parity funding will help to sustain confidential behavioral health services which are not billable at Silver School Health Center.

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 March 13, 2008 and April 10, 2008 JD6 Local Collaborative meetings were dedicated to identifying and prioritizing legislative priorities. The 2009 legislative priorities packet was also distributed to all JD6 Local Collaborative members via email with requests for input. The 2008 JD6 legislative priorities were distributed to all members and reviewed at the April JD6 LC meeting. Updates on legislation proposed in the 2008 session and final outcome of the legislation was also reviewed at the April meeting. Members were invited to discuss and submit new legislative priorities. After all ideas were presented, individual members who were present identified two items they felt were of highest priority. The votes were tallied, resulting in three primary issues: a) fee structures/ funding to support actual costs for delivery of services in rural/frontier areas; b) early prevention/intervention through home visitation and school-based health centers; and c) detox and rehabilitation services at Yucca Lodge. These priorities were inserted into the legislative template and distributed to all JD6LC members via email. All JD6LC members were invited to attend the Legislative subcommittee meeting on April 28th to review and discuss the three top issues, or to submit comments to the subcommittee chair if they could not be present. The legislative subcommittee evaluated each issue area using the following criteria a) the degree of local data to support the need, c) if funding was needed, was there specific figures that could be justified, and d) the readiness of the state, JD6 and local communities to implement or support identified priority (includes the level at which the priority meets state strategic plan goals).
A draft of the LC6 legislative priorities was distributed again, via email, to the members for review and comment. The final draft of priorities was again reviewed with all members present at the May 8, 2008 LC6 meeting. Recommendations from the meeting were added to the final version.

3. In your LC’s decision to make this a priority for FY 2010, show us how you involved; Consumers, Family Members, Providers, Law Enforcement, Schools, Advocacy Groups, Local Elected Officials (City/County), State Elected Officials (Legislators, Statewide Office Holders, etc.), Other Health & Human Services Agencies/Systems, or other key groups that were involved:

All sectors are included in the JD6 Local Collaborative mailing list. All members were informed of the process and invited to attend meetings, either in person or via phone conference. Health Councils, providers, Value Options and advocacy groups provide outreach to families and consumers encouraging involvement. Several consumers attended both the March and April JD6 Local Collaborative meetings. Representatives from JPPO and CPS regularly attend the local collaborative meetings, as does Western NM University and Lordsburg schools. Liaisons with the other schools districts such as school-based health centers, and members of the Grant Co. Therapists in Schools Committee attend the local collaborative meetings.

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.):

Priority #1: Western NM University has demonstrated commitment to the Institute for Early Childhood Mental Health through its willingness to cover expenditures for land acquisition, site preparation and architectural design, totaling $188,000. WNMU also pledges ongoing support for utility costs and maintenance, valued at $29,000 annually. Through the first year of operation, WNMU’s total contribution will be $217,400. The staff of the Early Childhood Development department at WNMU is also fully committed to the institute.

In order for the Institute to be successful and sustain direct services to children and families will require systemic change at the state level in two key areas. First, the billing system needs to change and be more flexible when it comes to infant mental health and working with very young children. The existing system requires a mental health diagnosis and/or proof of medical necessity. This requirement is not appropriate for very young children. Second, the existing system needs to change to allow early childhood providers to become Medicaid providers and to be credentialed within the system so that they can bill for services.

Priority #2: The 2009 Dept of Health base budget presented to the legislature included $1.39 million to be used by the Office of School and Adolescent Health to help increase the funding to the original SBHCs (in place before the Governor’s expansion initiative in 2005) and thereby helping to bring them up to financial parity with the “expansion” SBHCS. The actual amount approved was $500,000. The 2008 legislation was a step in the right direction and it appears the Dept of Health, Office of School and Adolescent Health and the NM Assembly for SBHCs are supportive of the effort to support SBHCs.

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Choosing only two concrete behavioral health legislative priorities within a very short timeframe is a challenging and difficult task. The JD6LC attempted to involve consumers, family members and other key parties throughout this process.
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