<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Access to Behavioral Heath Care</strong></td>
<td></td>
<td>Maintenance of Effort</td>
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<tr>
<td></td>
<td><em>Per County:</em></td>
<td></td>
<td>Expansion of Existing</td>
</tr>
<tr>
<td></td>
<td>LADAC-$60,000 (includes salary, benefits, and operational costs for 1.0 FTE)</td>
<td></td>
<td>Initiation of New Service</td>
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<td></td>
<td>PSR: approximately $180,000 for 10-12 consumers</td>
<td></td>
<td>Unfunded Operation</td>
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<td></td>
<td>MD Psychiatrist: $125.00 per contract</td>
<td></td>
<td>Non-funding Request</td>
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<tr>
<td></td>
<td>Local inpatient services and access to services</td>
<td></td>
<td>Capital Request</td>
</tr>
<tr>
<td></td>
<td>Transportation -$40,000 for van</td>
<td>Goals I-IV.</td>
<td>X</td>
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</tbody>
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<tr>
<td></td>
<td><strong>Substance Abuse Prevention &amp; Treatment</strong></td>
<td></td>
<td>Maintenance of Effort</td>
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<td></td>
<td><em>Per County:</em></td>
<td></td>
<td>Expansion of Existing</td>
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<td></td>
<td>Jail Diversion: LISW $80,000</td>
<td></td>
<td>Initiation of New Service</td>
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<td></td>
<td>LADAC $60,000</td>
<td></td>
<td>Unfunded Operation</td>
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<tr>
<td></td>
<td>Suicide Prevention $40,000 for mental health preventionist for each county</td>
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<td>Non-funding Request</td>
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<td></td>
<td>25% increase in BHSD funding to cover costs of new program development.</td>
<td>Goals I-IV..</td>
<td>X</td>
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</tbody>
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Legislative Priority Substitution

Please keep our ’08 Priority [#1 or #2] and use the following for ’09 Priority: **Short Title for Priority from LC _____**

_____ Access to Behavioral Health Care

Amount of Funding Required for This Priority: ___ See Matrix ________________

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)?

   Providing funding for mental health services in ALL Counties including in rural and frontier areas should be a high priority. Residents of many rural counties must travel a great distance for needed mental health services. Lack of transportation is a major barrier to accessing services. All populations are in need of these services and isolation is a risk factor for mental illness. Levels of prevention, treatment and services available should be equal in all of the counties of the state and no resident should have to travel out of county for services.

   Judicial District 7 is the largest Judicial District in the state with approximately 21,000 square miles and is the least populated. There are four counties (Catron, Socorro, Sierra and Torrance Counties) while the majority of the JD’s have three counties or less. Currently, this judicial district lacks licensed drug and alcohol abuse counselors in all but one county, and intensive outpatient substance abuse treatment is nonexistent. Only one county has a psychosocial rehabilitation program. Two counties have no psychiatrists or psychologists.

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

   Each county went to their county collaborative and discussed the legislative priorities. In each county their county collaboratives are made up of different individuals and agencies. Some of the entities involved were focus groups, law enforcement, advocacy groups, health councils, providers, school representatives, and consumers. Once each county stated their two highest priorities, then their priorities were compiled into this document. This is a challenge to bring together four counties priorities and represent each county as accurately as possible and meet their county needs, as each county is at a different level. Nonetheless, access to behavioral health services was one of the top priorities for each county, while major barriers were different for the specific counties.
1. 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:**
Some consumers are involved with the Local Collaborative and they are very adamant that having services within the county would increase the number of people who would be able to receive much needed mental health services. Many are not receiving services due to transportation issues and the travel distance. Consumers are also concerned about stigma and other attitudinal barriers to accessing services, and wish to see antistigma campaigns and publicity about available behavioral health services, with increased referrals from a variety of sources such as primary care physicians, law enforcement and courts, friends and neighbors, schools, etc.

**Family Members:**
This is the same as consumers. Family members are usually the ones who have to take consumers to appointments and give their time to oversee their care. Local services would decrease their burden substantially.

**Providers:**
Providers do attend the LC and can see the needs of the residents in ALL the counties. The providers that are available are overwhelmed and unable to provide quality care due to the demand, lack of funds, billing difficulties with Value Options, problems with recruiting and keeping therapists and psychiatrists, and travel. They welcome funded support to bring in more qualified providers and more qualified mental health workers.

**Law Enforcement:**
Law enforcement services are prolonged when having to deal with people who are mentally ill. In some counties there are no facilities to hold an individual until help is made available, and officers are untrained in dealing with these situations. They are very supportive of having an in-county system of care for people with behavioral health issues.

**Schools:**
Schools are understaffed and under funded to provide services to the students. Some counties have services provided in the schools but that is not the true for all of our counties. Some counties are trying to establish School Based Health Clinics where services would be available but due to lack of funding and/or lack of willingness this is not available in each school district. Lack of child psychiatrists is a major limitation in services in all four counties.

**Advocacy Groups:**
They have been included in the process in the county collaborative and are active in JD7.
Local Elected Officials (City/County):
Some county’s city and county officials are more involved than others. The counties who are involved have, more often than not, been touched by behavioral health issues in their families. Decisions and support are usually based on this personal experience.

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

Other Health & Human Services Agencies/Systems:
DOH

Other (please identify other key groups that were involved):
Value Options

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.):
The only county in JD7 that does not have an indigent fund established is Catron County. The Health Council is in the process of applying for funding to campaign for an indigent fund. This local action would help provide funds for residents and help to make this priority a success.

All of the above.

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.)?

Not known at this time.

Please keep our '08 Priority [#1 or #2] and use the following for '09 Priority: Short Title for Priority from LC ________
Substance Abuse Prevention & Treatment __________
Amount of Funding Required for This Priority: ________SEE MATRIX__________

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)?

Substance abuse trickles into and affects many priority areas such as domestic violence, suicide and homicide. Drugs such as Methamphetamine are increasing the problems of depression, especially in our youth. Funding for treatment and prevention in EACH County should be a priority. Levels of prevention, treatment and services available should be equal in all of the counties and no resident should be made to travel out of county to receive services. Residents of many rural counties must travel a great distance for needed substance abuse services and needed programs and facilities are nonexistent in some rural areas and counties.
2. As a Local Collaborative, what process did you use to come up with the Legislative Priorities (focus groups, communication with key stakeholders, etc)?

Each county went to their county health councils and discussed the legislative priorities. In each county the groups are made up of different individuals and agencies. Some of the entities involved were focus groups, law enforcement, advocacy groups, health councils, providers, school representatives, and consumers. Once each county stated their two highest priorities then their priorities were compiled into this document. This is a challenge to bring together four counties priorities and represent each county as accurately as possible and meet their county needs as each county is at a different level.

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: Users of Meth who want to recover but need support. They are asking for a local treatment center specific to their needs; however, let us not forget a treatment program for alcohol and other substance abuse. Treatment for Meth use is being recognized as needing to be much more long-term and intensive than other substances.

Family Members: Family members, neighbors and friends who have been affected by substance abuse use in their family and in their neighborhoods. A local treatment program would show they are supported by the community.

Providers: There are some providers in each county but this is not true for all of the counties. Again some of the counties don’t have hospitals or treatment centers in their county. There is a lack of intensive outpatient treatment programs, detoxification programs, community support programs. Once consumers want to solve their substance abuse problem, they often have nowhere to go in their community and no means to fund rehabilitation. Residents must travel great distances to receive services and this is not a practical way to treat someone who will then need to return to their home community to live and try to maintain their drug or alcohol-free status. The services that are provided in counties should be improved and customized to each county’s needs.

Law Enforcement: At each county collaborative law enforcement is involved on some level or another. They are supportive to any help they can receive.

Schools: The schools are or will encounter more problems as the use of drugs and alcohol rise. YRRS data shows a significant rise in methamphetamine usage among youth. They embrace any type of preventing and treatment made available to the students. Many prevention programs are available in the schools at this time, but these are not well coordinated and the programs available differ in each school district.

Advocacy Groups: Different advocacy groups such as Health Councils and DWI councils have partnered together to change community norms on substance abuse. Some advocacy groups play huge roles in their communities and local collaborative.
Local Elected Officials (City/County): Some county’s city and county officials are more involved than others. The ones who are involved have, more often than not, been touched by behavioral health issues in their families. Decisions and support are usually based on this personal experience.

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

Other Health & Human Services Agencies/Systems:
DOH

Other (please identify other key groups that were involved):
Value Options

6. Are there other actions you believe will be required locally or at the state level to make his 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.):

        All of the above.

7. 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.)?

        None known at this time