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<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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<td>Local Collaborative 9</td>
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<th>Maintenance of Effort</th>
<th>Expansion of Existing</th>
<th>Initiation of New Service</th>
<th>Unfunded Operation</th>
<th>Non-funding Request</th>
<th>Capital Request</th>
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<td>Funding towards transportation for daily living and behavioral health care services.</td>
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<td>* A. Curry &amp; Roosevelt County $184,000 for start-up cost of new vehicles, staff, gas and, maintenance.</td>
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<td>* B Curry &amp; Roosevelt County $72,000 as option for agencies to provide transportation at current state reimbursement rates.</td>
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<td>2.</td>
<td>Funding towards a full-time local collaborative coordinator. To address education towards behavioral health services promoting community outreach. Marketing present services while promoting interagency collaboration.</td>
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<td>* Curry &amp; Roosevelt County $75,000 for salary, advertising, office space, ect.</td>
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3. Increased funding for core services:
   Curry & Roosevelt County:
   * Food Coupon Program $60,000
   * Consumer Drop In Center $120,000
   * Enhanced Services Intensive outpatient Program (IOP) $100,000

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2008 Local Collaborative Legislative Priorities  Page 2 of 9
Legislative Priority Substitution

Please delete our '07 Priority [#1 & #2] and substitute the following new '08 Priority:

Short Title for Priority from LC 9
Funding towards transportation for daily living and behavioral health care services.

Amount of Funding Required for This Priority: A. $184,000, B. $72,000

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)?

   Currently, there is limited transportation for Consumers within Curry & Roosevelt County.
   This would address the huge need for daily transportation and promote healthy community members. The populations served would be the homeless, and those in low to middle-class incomes.
   The primary difference that this Legislative Priority would make in the JD-9 community would be the provision of a needed resource for individuals with serious behavioral health issues that need transportation to those services they desperately need. At this time many of the individuals needing transportation to receive treatment are left to flounder on their own and/or they become overwhelmed with frustration caused by missing appointments and not getting their medications timely.

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

   Focus groups were held in both Curry and Roosevelt counties to inquire as to the needs of each community. The consumers and providers in both counties provided input as to both their concerns and their needs. As a result of these meetings, the need for transportation services such as: Maintaining behavioral health care appointments and daily living commitments as a primary need. It was determined that with transportation, individuals that lived both in the city limits and out of city limits could have a service that would be accessible and help patients in their daily lives.

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 were involved in all segments of the planning and discussions, including but not limited to: children in foster placements, parents of consumers, foster care providers, current and past consumers. The consumers attending voiced their concerns and what they felt the needs and gaps were Local Collaborative 9.

   Family Members: In both the Clovis and Portales focus groups, parents of consumers were involved and expressed their concerns about the lack of support for the families of consumers.
Providers: Providers of services reported that they are doing what they can at the current funding levels but admitted that there is no type of funding that supports transportation for patients to facilities in the community.

Law Enforcement: Representatives from local Law Enforcement and Juvenile Justice Service providers both voiced concern about the lack of transportation to those services client need on a daily basis.

Schools: School personnel described that they are seeing an increase in the need for transportation to and from appointments. School does provide some transportation for families in the family services program.

Advocacy Groups: Participated in focus groups, Members of the Curry & Roosevelt Health Council.

Local Elected Officials (City/County): Roosevelt County Commissioner, Curry County Sheriff

State Elected Officials (Legislators, Statewide Office Holders, etc.): State elected officials for the LC9 area were not contacted due to oversight on the part of the local collaborative core team members.

Other Health & Human Services Agencies/Systems: Health Council members talked about the lack of transportation services in this region. Juvenile probation & SW also gave input as to their frustrations with families not having consistent transportation system that incorporates all individuals in need.

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.):
   Communicating to members in the counties the need for this resource currently the existing programs do not cover out of city limits and do not always run the entire day. Other transportation services do not cover non-Medicaid clients and do not run on a 12 hour days 5 times a week which will be proposed in this request.

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.)?
   In our rural communities transportation is an everyday need there are community members that are affected each day by not having adequate or reliable transportation. There are programs for transportation currently (Portales Area Transit & Clovis Area
Transit) at which provide transportation, but is limited, and does not cover out of city limits.

**Legislative Priority Substitution**

Please delete our ‘07 Priority [#1 & #2] and substitute the following new ’08 Priority:

**Short Title for Priority from LC 9**

Funding towards a full-time local collaborative coordinator. To address education towards behavioral health services promoting community outreach. Marketing present services while promoting interagency collaboration.

Amount of Funding Required for This Priority: $75,000

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)?

Currently the funded amount for a coordinator is very inadequate. There is a need to provide appropriate funding to support the local voices that will guide behavioral health planning and services in the State of New Mexico. A full-time local collaborative coordinator will continue to help create and sustain the partnerships among customers, family members, advocates, local agencies, and community groups. Currently members are all volunteers at which with a full-time coordinator our community can start to focus and identify needs in our community and have someone working full-time to address all the behavioral health concerns in our community.

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

Focus groups were held in both Curry and Roosevelt counties to inquire as to the needs of each community. The consumers and providers in both counties provided input as to both their concerns and their needs. As a result of these meetings, the need for a full time local collaborative coordinator was identified to make access to services better as well as making the services in our community better.

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 were involved in all segments of the planning and discussions, including but not limited to: children in foster placements, parents of consumers, foster care providers, current and past consumers. The consumers attending voiced their concerns and what they felt the needs and gaps were Local Collaborative 9.

Family Members: In both the Clovis and Portales focus groups, parents of consumers were involved and expressed their concerns about the lack of support for the families of consumers.
Providers: Providers of services reported that they are doing what they can to keep the collaborative functioning at an adequate level but all agreed that someone is needed full-time to complete the tasks the State is asking for us to accomplish.

Law Enforcement: Representatives from local Law Enforcement and Juvenile Justice Service providers both voiced concerns about services and the need to have someone working in the community for outreach and consumer/family input.

Schools: School personnel: described that they are seeing families in the community that would like to be more involved in the collaborative but would like information on an ongoing basis. With a coordinator they could have more presentations and have a stronger local voice.

Advocacy Groups: Participated in focus groups, Members of the Curry & Roosevelt Health Council.

Local Elected Officials (City/County): Roosevelt County Commissioner, Curry County Sheriff

State Elected Officials (Legislators, Statewide Office Holders, etc.): State elected officials for the LC9 area were not contacted due to oversight on the part of the local collaborative core team members.

Other Health & Human Services Agencies/Systems: Health Council members talked about the lack of funding needed for the collaborative. Experiences from the past on how wellness councils started were very similar with little to no money and with appropriate funding the collaborative would be able to develop sooner.

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.):
Those at the state level realizing that the current funding is not adequate and there is a strong need to consider funding a full-time coordinator to accomplish the goal of the Behavioral Health Collaborative.

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 is necessary to begin to understand and develop our local collaborative as it is intended. It would be helpful knowing that current members are volunteers and the work that is accomplished is done on a volunteer basis. There have been key individuals who have taken on the chairman responsibility for the collaborative who have had to resign due to the overwhelming needs of the collaborative.
**Legislative Priority Substitution**

*Please delete our ‘07 Priority [#1 & #2] and substitute the following new ‘08 Priority:*

**Short Title for Priority from LC **9****

Increased funding for core services (food coupon program, consumer drop in center, intensive outpatient program).

**Amount of Funding Required for This Priority:**

* Food Coupon Program $60,000
* Consumer Drop In Center $120,000
* Enhanced Services Intensive outpatient Program (IOP) $100,000

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 food program would provide a basic level of nutritional well being for eligible low income families and individuals from an authorized food entity. Children need well-balanced meals in order to meet their daily energy needs and to help them build strong bodies and minds. With a food program each unit of food could assist in feeding a family of four for about one week, or a single person for almost a month. Food is an ongoing monthly need that must be addressed for families in our community.

   A consumer operated drop-in center would provide for any community member that is dealing with a mental illness. Services provided at this center would be: clothing, food banks, and referrals for housing, and Peer Support Services. A computer center could also be developed to educate and empower consumers.

   An Intensive Outpatient program would help those individuals that are medically stable and are not in need of residential or inpatient programs. IOP clients are able to continue with their daily activities and attend individual treatment once a week and group sessions at least 3 times weekly. IOP programs allow participants to live at home, work and go about their normal lives while participating in treatment. This priority would allow our community to provide services locally to those individual who qualify for the program.

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

   Focus groups were held in both Curry and Roosevelt counties to inquire as to the needs of each community. The consumers and providers in both counties provided input as to both their concerns and their needs. As a result of these meetings, the need for more food programs, a consumer drop in center and IOP funding,
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 were involved in all segments of the planning and discussions, including but not limited to: children in foster placements, parents of consumers, foster care providers, current and past consumers. The consumers attending voiced their concerns and what they felt the needs and gaps were Local Collaborative 9. Consumers were especially excited about a priority of a drop in center.

Family Members: In both the Clovis and Portales focus groups, parents of consumers were involved and expressed their concerns about the lack of support for the families of consumers.

Providers: Providers of services reported that they are always looking for programs to help consumers with food. Funding of an intensive outpatient program is needed in this community.

Law Enforcement: Representatives from local Law Enforcement and Juvenile Justice Service providers both voiced concern about the lack of food programs, and intensive outpatient services.

Schools: School personnel described that they are seeing an increase in the need for food. Schools are especially concerned with funding for a IOP program to help students in need of intensive treatment that does not require out of home placement which is several hundreds of miles away.

Advocacy Groups: Participated in focus groups, Members of the Curry & Roosevelt Health Council.

Local Elected Officials (City/County): Roosevelt County Commissioner, Curry County Sheriff

State Elected Officials (Legislators, Statewide Office Holders, etc.): State elected officials for the LC9 area were not contacted due to oversight on the part of the local collaborative core team members.

Other Health & Human Services Agencies/Systems: Health Council members talked about the lack of food services in this region. Juvenile probation & SW also gave input as to their frustrations of not having an IOP program for clients needing this service to stay in the community report clients become worse and end up in out of home placements.

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.):

Communicating to members in the counties the need for this resource currently the existing programs do not cover the current need for food. As the population increases so does the need and funding is not adequate for food. Community understanding a consumer run drop in center as a resource for the mentally ill population. Local agencies felt they have and will continue to cooperate and work towards our priorities at a legislative level.

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.)?

A food program may not been seen as a behavioral health issue but our community feels this is essential to consumer health and well-being. Children in the home are also impacted with the lack of food and proper nutrition. A consumer drop in center would help promote the drive of the local collaborative and consumers would feel more powerful and the stigma would also improve as the community learns and takes in support for this center. With the dissolution of the IOP programs there are several clients who received the services now having to rely on services that are not so intensive thus causing a raise in residential treatment and inpatient treatment.