LEGISLATIVE PRIORITIES:
UPDATE AND THIS YEAR’S PROCESS

Follow-Up from last year: What did the state agencies of the Collaborative do with your Local Collaborative priorities from last year?

Those of you who attended Collaborative meetings know that the Secretaries and Directors:

- looked very carefully at the priorities you identified;
- included budget recommendations reflecting many of those priorities;
- showed legislators your priorities and where those were reflected in the Executive Budget;
- briefed legislators about the legislative issues of most importance to you;
- testified in hearings about budgets and other appropriations that were consistent with what you’d told us;
- successfully achieved approximately $45 million in new behavioral health funding.

We want to give you more detailed information about this year’s legislative outcomes. Within the next few days your LC Staff contact will give you a list of each LC’s top two priorities and the approved appropriations or legislation associated with those. You’ll see that some of the results directly and clearly related to your priorities and others are related to what was important to you.

Although we were not able to accomplish all identified priorities on our wish list, it was clear that stronger messages about behavioral health were heard and the Legislature learned more about the importance of the lack of funding for Behavioral Health Services.

Strategic Plan:

Last year we worked together to align your local priorities with the information you provided us in focus groups and local resource inventories for the Comprehensive Behavioral Health Plan. The Collaborative worked with the Comprehensive Plan to translate that work into a multi-year Strategic Plan with specific priorities for the coming year (see attached). The Strategic Plan will help us make wishes into real differences in people’s lives and help us transform our behavioral health system in practical ways that fit with our common Vision.

As you re-evaluate your Local Collaborative’s Legislative Priorities, keep in mind that those that are aligned with the Strategic Plan will have an easier path for gaining support, being included in the Executive Budget.

This Year’s Local Collaborative Legislative Process

In keeping with the process from last year, we are asking Local Collaboratives to submit information on specific legislative priorities. You will remember that The Collaborative set a goal for building a strong and influential process by which Local Collaboratives could influence legislative and budget priorities in ways that are similar to the influence of the Aging Network. We began that process last year and build upon it with some additional features this year.
**Step One: Review Last Year’s Priorities**

- You may use the legislative priorities you set last year for an additional year if they still meet the needs in your local area and you feel the legislatives successes this year did not fully need the needs you identified.
- If you wish to keep your two priorities from last year, please use the form below to tell us how they relate to the Strategic Plan and what Service Category describes each proposed priority. Then rank your priorities, with #1 being your highest priority. [See, explanation below in “How to Use the Priority Table”..]

**Step Two: If needed, substitute a new priority.**

- You may substitute a new legislative priority or add new specific recommendations under an existing priority.
- Please be sure that any new or added items have been thoroughly considered in your Local Collaborative and that you tell us how you consulted members of your Local Collaborative. [You may use last year’s form to provide this information or attach additional sheets explaining your consultation process.]
- Use the form below to tell us how these new items relate to the Strategic Plan and what Service Category describes each proposed priority. Then rank all your priorities, with #1 being your highest priority. [See, explanation below the following form.]

**Step Three: The Behavioral Health Planning Council and the Collaborative will review your priorities if they are described using the Priority Table below.** [This is the new part of building the Behavioral Health Legislative Process that the Collaborative agreed last year.]

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**How to Use the Priority Table**

A. **Your Priority Description:** If your description is specific and concrete Collaborative members will more easily be able to review the priorities of all Local Collaboratives and see where there are state-wide initiatives that have a high level of support. If you can identify and justify the likely costs, you may also include in this description.

B. We encourage you to select Legislative Priorities that fit into a Goal Area within the **Strategic Plan** (see below). Use this column in the Priority Table to indicate which part of the Strategic Plan your priority addresses.

- Goal I: Assist Consumers to Participate Fully in the Life of Their Communities
- Goal II: Reduce the Adverse Effects of Substance Abuse & Mental Illness
- Goal III: Promote Behavioral Health
- Goal IV: Develop the Behavioral Health Workforce
- Goal V: Manage Available Funds Effectively and Efficiently
C. Identify the appropriate **Service Category** for each of your priorities.

**Maintenance of Effort**  
Funding needed to address the increased costs associated with a program’s ability to continue to provide existing services at current levels. (i.e. increased costs including, e.g., salary & benefits) Proof of costs would be required. *Requests in this category must demonstrate why support of specific providers is critical to local access and service capacity.*

**Expansion of Existing Services**  
Funding needed to meet an increased demand for existing services (i.e. addresses waiting lists or unserved/underserved geographic areas or populations)

**Initiation of New Service**  
Funding requested to initiate new services to meet an identified level of need (i.e. proposal to develop and implement a new service)

**Unfunded Operations**  
Funding requested to fund basic operations of a new program (i.e. start-up funding was previously received and now need operating funds)

**Non-Funding Request**  
Substantive legislative proposals (e.g., amend licensing requirements for social workers in tribal programs)

**Capital Request**  
Capital requests should occur through municipal, county or tribal process but justification for programmatic need and priority must be submitted through the behavioral health process for approval and prioritization. (i.e. without comprehensive community services in an area, residential or inpatient projects could be rated as ‘low priority’ or ‘do not fund’ except in special situations)

D. Please use the first column to **rank** your Legislative Priorities and/or the specific projects you have identified within those priorities.
## Local Collaborative Legislative Priorities 2008

<table>
<thead>
<tr>
<th>Rank</th>
<th>LC 10 Harding, De Baca and Quay Counties 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>
<td></td>
<td>Adequate and recurring funding for treatment and assessment services for behavioral health/substance abuse and co-occurring disorders.</td>
<td></td>
<td>Local Collaborative 10</td>
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<tr>
<td>1.</td>
<td>• HARDING COUNTY $250,000.00 for Outpatient Psych/ Sub. Ab/Co-Occurring services for Harding County to include telemedicine and on site services.</td>
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<td>• DE BACA COUNTY $100,000.00 for expansion of services to include telemedicine</td>
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<td></td>
<td>• QUAY COUNTY $500,000.00 for expansion of services to include telemedicine and develop mental health crisis services which will include full continuum of care to serve entire district.</td>
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<td></td>
<td>Prevention Programs that address the dissolving family structure, substance abuse, violence issues to include community based prevention programs for youth.</td>
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<td></td>
<td>• Alternative Activities</td>
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<td>• Youth Centers</td>
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<td>• Family intervention</td>
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<td>• Mentoring (peer to peer and adult)</td>
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<th>Continued and expanded funding to the Eight County Initiative</th>
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Legislative Priority Substitution

Please add to our ’07 Priority #3’08 Priority:

Short Title for Priority from LC _10___
Continued and expanded funding to the Eight County Initiative

Amount of Funding Required for This Priority: _$850,00.00

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)?
   This priority will provide services which are none existent. Currently, there is no acute substance abuse or co-occurring treatment within District X and within reasonable distance. Those who actually are treated for acute issues initially go through the legal system, which means being handcuffed and placed in a jail cell in what ever county they are living in. There is not outpatient treatment available in either Harding Co or DeBaca Co. District X as a whole does not have enough providers to meet the need for outpatient 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)?
   - Focus groups were conducted within each county.
   - Quay County MCCH Council prioritized youth access to behavioral health services as a critical priority.

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 a part of the focus group in each county.
   - Consumers are represented within the Quay County MCCH Council.
   - Consumers are represented within the Harding County DWI PP Council and participated in focus groups.
   - Consumers are represented in the DeBaca County Health Council.

   Family Members:
   - Same as above.

   Providers:
   - Provider and community leader focus group conducted.
   - Providers are represented within the Quay County MCCH Council.
   - Providers are represented within the HCDWI PP Council and participated in focus groups.
   - Providers are represented in the DeBaca County Health Council.
Law Enforcement:
- Participated in focus groups.
- Members of the Quay County MCCH Council
- Enforcement is represented within the HCDWI PP Council and participated in two of three focus groups in HC.
- Represented in the DeBaca County Health Council.

Schools:
- Participated in focus groups.
- Members of the Quay County MCCH Council
- All schools are represented within the HCDWI PP Council and participated in focus groups
- School is represented in the DeBaca County Health Council.

Advocacy Groups:
- Participated in focus groups.
- Members of the Quay County MCCH Council
- Advocacy Groups (Prevention Advocates, Tupac) are represented within the HCDWI PP Council and participated in focus groups
- Advocacy Groups are members of the DeBaca County Health Council.

Local Elected Officials (City/County):
- Participated in focus groups.
- Members of the Quay County MCCH Council
- Local Elected officials are represented within the HCDWI PP Council and participated in focus groups
- Members of the DeBaca County Health Council.

State Elected Officials (Legislators, Statewide Office Holders, etc.):
- None available during this process.

Other Health & Human Services Agencies/Systems:
- Participated in focus groups.
- Members of the Quay County MCCH Council
- DOH attends meetings of the HC DWI PP Council
- CYFD helped facilitate the focus groups in Quay and Harding
- Members of the DeBaca County Health Council.

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.):
   Harding County has no indigent fund.
There is already an Eastern New Mexico Eight County Initiative working diligently (the past five years) to obtain support for an inpatient facility in DeBaca County with aftercare within each county. It is critical, however, that the funding currently provided for the limited services currently within District X be maintained and that any further programmatic funding and development not be at the cost of eroding this very basic and critical service delivery system.

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.)?

District X is extremely rural. Even with funding, recruitment of providers is very difficult. We will need any support that we can get in making this happen. Quay County was recently identified at the top of the heap with Rio Arriba County in Intravenous Drug Use. This is a clear indication of where District X is and the support we need.