| Rank | JD 11. SAN JUAN AND McKinley COUNTIES  
Priority #1 & #2  
Description – Systems of Care #1  
Funding for Non-Medicaid Services #2 | Strategic Plan Goal | Service Category  
[check one] |
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| A    | **SYSTEM OF CARE @ 15,300,000.00**  
1. **Establish Clinical Home for Children** $300,000.  
3 Clinical Home sites/county  
• Sufficient Case Managers  
• Clinical Crisis Response  
• Behavioral Management Services (BMS)  
2. **Workforce Development** $500,000.  
• Scholarships for supporting qualified candidates to complete schooling/licensure  
• Funding to recruit/maintain qualified mental health (MH) professionals  
• Funding for Quality In-services/Trainings/Internships for MH Professionals  
• Solid Collaboration with schools of Higher Education to meet the Community’s need.  
• Reimbursement for paraprofessionals and peers who provide direct services to consumers.  
• | Goal 1-5  
I, II, III, V | Maintenance of Effort  
Expansion of Existing  
Initiation of New Service  
Unfunded Operation  
Non-funding Request  
Capital Request | X  
X |
3. **Prevention and Early Intervention. $3,000,000.**

   Alcohol, tobacco and other drug (primarily meth) prevention programs: community wide approaches, including environmental strategies and direct prevention programming; Early Intervention Services for Substance Abuse & Mental Illness, Aftercare Programming for child through adult ages.

4. **Transportation $1,000,000.**

   - Assistance for consumers/family member’s access to care & ability to pay providers for community based/in home services to clients.
   - Long Distance travel in rural areas
   - Local transportation to assure consumer’s needs are met.

5. **Sustain and Expand Treatment Services $7,500,000.**

   - BH Respite (not available in our county)
   - BMS (not available in our county)
   - MST (Capped amt. in Enhanced so no expansion room, yet there’s a waitlist!)
   - FFT
   - IOP
   - Child/Adol. Shelter (CBH funds run out mid yr)
   - Child/adol. Substance Abuse services. 7-12 yr old JJS population is the fastest growing, yet least services available Peer support groups, Youth subst. abuse group
- Funds for education on national model programming and eventual implementation of (i.e., Evid. Based Practices, Wraparound Milw.)
- Future funding to support EBP which may not meet medical necessity requirements in the current system.
- Coordination with Schools on BH issues of students- provide training
- After Care Programming for child through adult.
- Funding to support the initial and on-going culturally appropriate services; client modalities, & competency center services, approved trainings, restructure service providers, consumer driven services, access to care (i.e. adult consumer in recovery)
- Operational expenses for the McKinley County Liquor Excise tax funded 1st Step program for food, utilities, copying, computers, office supplies, etc as the current funding only pays for staff time.
- Protective Custody Intervention Team counselors and case mangers to intervention while taking home the people picked up for public intoxication.
- Fund an HIV Counselor to screen and test for HIV and STDs in high risk population. Gallup is the center of a syphilis outbreak and 80% of the people who tested positive for syphilis at GIMC were admitted for hospital care. The 5 year HRSA funded grant ended and eliminated this position.
- Identify needs and establish supports for clients w/ Autism

6. **Coordinate with local Housing Efforts on supportive & non-supportive housing, TLS $3,000,000.**

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<td>B</td>
<td><strong>FUNDING FOR NON-MEDICAID SERVICES $15,000,000.</strong></td>
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<td>• For children and families in need of restoration of original funding level Statewide services not covered by Medicaid or who do not meet Medicaid eligibility. Children’s services have seen recent cuts to RTC eligibility criteria yet no comparable increase in comm. based services funds for services such as Respite, TLS, Shelter, Infant Mental Health, MST, Lifeskills, and any wrap-around service needs as deemed necessary by the Clinical Home.</td>
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<td>• Additional funding to expand the current medication formulary to meet the needs of consumers.</td>
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<td>• Additional funding needed for Non-Medicaid kids receiving MST Services</td>
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<td>• Funding to support the initial and ongoing training/supervision required by MST services. Funding for MST training and supervision will no longer exist at the end of fiscal year 2007 and will be the responsibility of the provider.</td>
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<td>• Funding for the use of traditional healers and healing practices.</td>
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**Legislative Priority Substitution**

Please delete our ’07 Priority [#1 or #2] and substitute the following new ’08 Priority: *Short Title for Priority from LC 11*

#1 Priority of “Systems of Care” ranked as “A” and #2 Priority of “Funding for Non-Medicaid Services: ranked as “B”

Amount of Funding Required for This Priority: **Total $ 30,300,000.**

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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)?

Only 10 million dollars was available to provide enhanced services statewide for fiscal year 08, as a result many enhanced services were either discontinued or had their funding capped. The result is that consumers can no longer access certain services or there isn’t enough money available to serve all the consumers who would benefit from services. Some enhanced services were historically never provided in our counties, therefore our counties will not benefit from the reinstatement of the current levels of enhanced funding.

There are many wraparound, evidence based and support services that can be provided to consumers by paraprofessionals (individuals that are not licensed Master’s level therapists) given proper training and supervision. Currently there is not funding available for providers to get reimbursed for a majority of services which could be provided by paraprofessionals. If funding were to be made available it would allow providers to offer more services and programs to the consumers because the paraprofessional workforce is larger, especially in rural areas. It would utilize our workforce more efficiently and allow the licensed workforce to focus on the clinical aspects of treatment as opposed to ancillary services. This also would be cost effective for providers and funding sources.
Regarding Prevention Programming, the highest priority need in San Juan County, as identified in science-based community-wide needs assessments since 1995, has consistently been alcohol and other drug related issues, including: prevention programs for youth, treatment for youth and adults and DWI reduction. Additional resources in these areas will support current efforts of the San Juan Safe Communities Initiative, which is focused on prevention, law enforcement and intervention. Each component of the Initiative has agreed that prevention needs to be at the core of the activities, since we will never arrest or treat our communities out of the current problems.

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

Since the legislative priority process did not become available until June 1, 2007 and required to be submitted by July 6, 2007, this put significant time constraints on LC’s especially in rural areas where their LC locations cover large distances. All LC 11 members were notified that legislative priorities was to be an agenda item for the June meeting and be prepared to discuss. Handouts were also distributed identifying 1) Legislative priorities; update and this years process 2) LC legislative priorities and FY 08 legislative appropriations and 3) Behavioral health, process for legislative requests.

The members who were present at the June meeting voted to change one priority and to keep the second one the same with additional specific and details. LC 11 members previously agreed that members needed to be present during the meetings for voting purposes. However, a draft of the priorities was sent out to all LC 11 members to get more specific, detailed input from the various stakeholders.

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 present at the LC 11 June and July meetings and gave input to all priority details discussed.

Family Members: Family members were present at the LC 11 June and July meetings in addition to a draft copy e-mailed out to all members for input in advance of meetings.
Providers: Many providers were present at the LC 11 June and July meetings and contributed an extensive amount of input regarding the priorities, specific details and corresponded by e-mails to all LC members in advance.

Law Enforcement: All agencies were invited to the LC11 meetings, although currently we are lacking in active participation from area enforcement for attendance at meetings. Linkage with the San Juan Safe Community Initiative (SJSCI) is currently active with meetings including representation from law enforcement. The representation by law enforcement agencies will attend LC 11 meetings in the future.

Schools: School representation is present at LC 11 meetings, although lacking in attendance at meetings. Representation is present within our LC partnering agencies; Youth & Family Collaborative and the SJSCI meetings.

Advocacy Groups: Consumer advocacy members are present at the LC 11 meetings and contribute to input.

Local Elected Officials (City/County): Elected Officials are present at the LC 11 meetings and contribute to input.

State Elected Officials (Legislators, Statewide Office Holders, etc.): State Officials are lacking in current activity of LC 11 meeting attendance, although are active in the LC 11 partnering agencies; Youth & Family Collaborative and the SJSCI meetings.

Other Health & Human Services Agencies/Systems: LC 11 currently has regular active members who participate in meetings from the State Human Service Dept. and the State Department of Health office.

Other (please identify other key groups that were involved): Many employees from the San Juan County Partnership, who focus on prevention are among the active members to regularly attend LC 11 meetings and participate with input, collaboration with other community members, agencies and strategic planning.
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.): Regarding prevention, the funding will work hand in hand with the collaborative efforts that are currently being pursued, through the San Juan Safe Communities Initiative, San Juan County Partnership and the Local Collaborative.

The State, ValueOptions, providers and Consumers need to be involved in a collaborative effort around the use of paraprofessionals and peers in providing services. There are many wraparound, evidence based and support services that can be provided to consumers by paraprofessionals (individuals that are not licensed Master's level therapists) given proper training and supervision.

The current direction is a fast track into a medical model. It is getting harder and harder for providers to be reimbursed for services which could be provided by paraprofessionals and peers. If regulation allowed, and funding were made available, it would allow providers to offer a more extensive, array of services especially in rural areas.

Use of paraprofessionals and peers would utilize our workforce more efficiently and allow the licensed workforce to focus on the clinical aspects of treatment as opposed to ancillary services. This also would be cost effective for providers and funding sources.

Consideration of Evidence Based or Promising practices as they are designed and presented in national arenas will greatly assist. If the direct service work continues to move in a direction of requiring Masters Level personnel, many models will not be provided due to workforce issues. Goal IV, 1

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.)? Funding is available in the community to provide prevention programming on a limited basis.

We have a large population who do not have access to Behavioral Health services that will be addressed in our priorities. Increasing the Non-Medicaid pool by $15 million statewide is an initiative being supported by the NM Youth Providers Alliance and the Adult Providers Alliance to better serve all consumers and their families.