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|      | **Persons needing services, no matter where they live:** Establish a Pilot Project: Consumer-Operated Transportation Company  
• Requests for service:  
  • not required more than twelve hours in advance  
  • pickup notice no more than four hours in advance  
• Startup costs  
  • three vans $150,000  
  • insurance $10,000  
  • three drivers $70,000  
  • operations $70,000  
• 1000 enrollees: $600,000 recurring funds  
[$900,000 total funds]                                                                 | Goal II – 2.  
& Goal I – 5.c.  
& Goal I – 1. | X |
| 1    | **Identify and strengthen consumer/family initiatives, activities and networks:** Establish an Independent 501 (c)(3) Consumer-Operated Drop-In Center in Valencia County  
• Staff to include Peer Specialists  
• Classes to include recovery- & evidence-based curricula (e.g. W.R.A.P.)  
• Meeting space for behavioral health support groups  
• Fiscal agent: Albuquerque Drop-In Center  
[$275,000 total funds: $50,000 development costs - consumer staff; $25,000 fiscal agent costs; $200,000 recurring funds] | Goal I – 5.c.  
& Goal I – 1.c. | X |
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| 3    | Persons in custody or at risk of incarceration: Provide Psychiatric Emergency Medical Treatment Teams (PEM-T)  
• Assist people apparently in psychiatric crisis who are not an apparent danger to themselves or others  
• Teams would replace law enforcement responses  
• Sub-acute mental health crisis units to be:  
  + available 12 hours per day, 7 days per week  
  + mobile  
  + trained to communicate with and triage the people in a manner appropriate to each crisis  

[$300,000 first year total: $100,000 capital improvement; $200,000 recurring funds for staff] | Goal II – 3. | Maintenance of Effort | Expansion of Existing | Initiation of New Service | Unfunded Operation | Non-funding Request | Capital Request |
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|      | **Persons needing services, no matter where they live:** Provide early intervention Psychiatric Crisis Treatment Clinics (PCTCs) in all major NM communities – Pilot program in Los Lunas  
  • Non-traditional clinic  
    + to look like a four bedroom house  
    + to have mobile capability, responding to site of apparent psychiatric crisis  
    + patients would be invited to stay there while becoming stabilized  
    + provided with telemedicine equipment  
    + should have linkage to appropriate number and type of transitional recovery facilities  
  • Staff  
    + minimum one psychiatric nurse practitioner, psychiatric medical assistant or psychologist with prescription privileges  
    + support staff consisting of peer specialists  

[$950,000 total first year cost: $750,000 capital improvement funds for one facility; $200,000 per year recurring funds for staff] | Goal II – 2. & Goal I – 1.c. | Maintenance of Effort | Expansion of Existing | Initiation of New Service | Unfunded Operation | Non-funding Request | Capital Request |
|------|--------------------------------------------------|---------------------|----------------------------|
| 4    | **Goal II –**  
  2. & **Goal I –**  
  1.c. | X                   | Maintenance of Effort | Expansion of Existing | Initiation of New Service | Unfunded Operation | Non-funding Request | Capital Request |
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| 5    | Persons in custody or at risk of incarceration: Mental Health Court in Judicial District 13  
     | • Provide funding to support operation of court  
     | • Divert people with serious mental illness (SMI) from incarceration with:  
     |   + court support staff  
     |   + medicine  
     |   + housing  
     |   + counseling  
     | | Goal II – 3. |                     | X |
|      | [$400,000 total recurring funding: $100,000 for two full time support staff; $300,000 contract support] |                     |                             |
| 6    | Increase reimbursement rates for services at all levels of treatment and care | | X |
| 7    | Persons in custody or at risk of incarceration: Provide Prerelease Benefits Assistance  
     | • Provide mentally ill prisoners with public benefits when they are released  
     | • Reference HB 233, introduced in the 2007 legislative session by Representative Mimi Stewart  
<pre><code> | | Goal II – 3. | | X |
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| 8    | Increase the number of School-Based Health Centers that offer behavioral health services: Bernalillo School District  
• Develop communication & structure between Pueblos and schools  
• Train staff in identifying students with behavioral health needs  
• Develop evidence-based curriculum that teaches life skills | Goal I – 2.d. & Goal III – 3. | Maintenance of Effort | Expansion of Existing | Initiation of New Service | Unfunded Operation | Non-funding Request | Capital Request |
|      |                                                     |                     | X                           | X                          | X                         | X                           | X                           | X                           |
**Legislative Priority Substitution**

*Short Title for Priority from Local Collaborative 13*

Please delete our '07 Priority #1 and substitute the following new ’08 Priority:

**Pilot Project: Consumer-Operated Transportation Company**

Amount of Funding Required for This Priority: $900,000

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)?

   Transportation has been cited again and again as one of the largest gaps in behavioral health period. Clients suffer from lack of access; providers suffer due to missed appointments and client frustration. Also, the goal of promoting consumer-provided services would be directly addressed by this. The population served by this priority is huge, encompassing any and all clients affected by lack of transportation.

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

   A questionnaire which included goals from the state Strategic Plan was developed and sent out to everyone within Local Collaborative 13. Ideas submitted by the deadline were condensed, where applicable, and sent to the Local Collaborative 13 Steering Committee for review. The Steering Committee discussed the submitted priorities, then each committee member rank ordered the priorities. Each priority’s rank number was then calculated, with the number one priority indicated by having the lowest calculated number (1.6), and so on.
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: *Created, promoted and strongly support it.*

Family Members: *Created, promoted and strongly support it.*

Providers: *Worked with family member to help create, and support it.*

Law Enforcement: *no participation*

Schools: *no participation*

Advocacy Groups: *Support from some members of New Mexico Advocates for Treatment Solutions (NMATS), NAMI Westside & Valencia NAMI (National Alliance on Mental Illness)*

Local Elected Officials (City/County): *no participation*

State Elected Officials (Legislators, Statewide Office Holders, etc.): *Promoted and encouraged action on this issue.*

Other Health & Human Services Agencies/Systems: *no participation*

Other (please identify other key groups that were involved): *n/a*
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.):

This is hard to know until the hurdles have been met. What is needed is the promise of support from the State in dealing with local officials and other bureaucratic stop-points. Also, some expert advice might be required from time to time.

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.)?

There is no matching funding. There is a possibility of in-kind donation of vehicles, but this cannot be guaranteed. It is doubtful that anyone would be against this priority.
**Legislative Priority Substitution**

**Short Title for Priority from Local Collaborative 13**

Please delete our ’07 Priority #2 and substitute the following new ’08 Priority:

**Independent 501(c)(3) Consumer-Operated Drop-In Center in Valencia County**

Amount of Funding Required for This Priority: $275,000

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 needs and population that have been identified are: Peer-operated support and networking; a stigma-free, recovery-oriented, safe environment available to all consumers, regardless of level of need/income/insurance; a location that is easily accessible, and open non-traditional hours (i.e. nights, weekends).

   Valencia County has no service of this type. There is a provider-run drop-in center that is open only a few hours a week, in Los Lunas. This priority would provide full-time support in an environment run by peers.

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

   A questionnaire which included goals from the state Strategic Plan was developed and sent out to everyone within Local Collaborative 13. Ideas submitted by the deadline were condensed, where applicable, and sent to the Local Collaborative 13 Steering Committee for review. The Steering Committee discussed the submitted priorities, then each committee member rank ordered the priorities. Each priority’s rank number was then calculated, with the number one priority indicated by having the lowest calculated number (1.6), and so on.
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: *Created, promoted and strongly support it.*

Family Members: *Created, promoted and strongly support it.*

Providers: *Worked with consumer to help create, and support it.*

Law Enforcement: *no participation*

Schools: *no participation*

Advocacy Groups: *Support from some members of New Mexico Advocates for Treatment Solutions (NMATS) & Valencia NAMI (National Alliance on Mental Illness)*

Local Elected Officials (City/County): *no participation*

State Elected Officials (Legislators, Statewide Office Holders, etc.): *no participation*

Other Health & Human Services Agencies/Systems: *no participation*

Other (please identify other key groups that were involved): *n/a*
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.):

*This and all other peer-delivered service will need the good will of local governments and businesses. State involvement in encouraging local governments, when hesitant, may be required.*

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.)?

*There is no known matching funding. In-kind support is a possibility for smaller needs. The only foreseen potential objection is that of community members not wanting a behavioral health facility in their area.*