<table>
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<tr>
<th>Rank</th>
<th>Priority</th>
<th>Description [and Funding Amount if Known]</th>
<th>Strategic Plan Goal</th>
<th>Service Category [check one]</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>1.00</td>
<td><em>Persons needing services, no matter where they live:</em> Collaborative request of the Governor: Legislature provide funding to increase provider billing rates for all levels of treatment and care by 5% per year, or $10 million per year—whichever is greater—for five years.</td>
<td>Goal II – 2.</td>
<td>Maintenance of Effort Expansion of Existing Initiation of New Service Unfunded Operation Non-funding Request Capital Request</td>
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<td>[and Funding Amount if Known]</td>
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<td>X</td>
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| 2    | 3.54     | *Persons needing services, no matter where they live:* Establish a Pilot Project: Consumer-Operated Transportation Company In Valencia County (based on successful Montana Model)  
  • Requests for service:  
    + not required more than twelve hours in advance  
    + pickup notice no more than four hours in advance  
  • Yearly costs  
    + Executive Director $ 30,000  
    + Office Employees (3 Full-time @ $12.00 per hr.) $ 77,760  
    + Corporate insurance $10,000  
    + Office space & utilities (including tech. equip.) $ 15,000  
    + Service 100 BH Consumers @ 50 miles per week $ 270,000  
  [$402,760.00 total state appropriated funds-recurring] | Goal II – 2.  
  & Goal I – 5.c.  
  & Goal I – 1. | X |

[$10 million/year & $50 million the fifth and subsequent years]
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| 3    | **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 + housing  
  + medicine + counseling  
$400,000 total recurring funding: $100,000 for two full time support staff; $300,000 contract support |
|      | Goal II – 3.                                      |
| 4    | **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. |
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<td>Maintenance of Effort</td>
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<td>5</td>
<td>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</td>
<td>Goal II – 3.</td>
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<tr>
<td>6</td>
<td>Persons needing services, no matter where they live: Establish and Build Licensed Transitional Housing on 16 acre farm just south of Belen • Capacity: 35 residents • For those recently diagnosed; those recently discharged from state, VA, or local hospitals; those who are ready for Recovery through farming experiences, peer counseling training, etc. • Mental Health Clinic with a psychiatrist to serve surrounding areas will be part of the first building, the Main Building • Program a very needed part of the Continuum of Care for New Mexico.</td>
<td>Goal II – 2. &amp; Goal I – 1.c.</td>
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[$300,000 first year total: $100,000 capital improvement; $200,000 recurring funds for staff]

[$1 million dollars to build Main Building on donated land]
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| 7    | 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  
[$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 |
| 8    | 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  
[$250,000 recurring funding] | Goal II – 3. | X |
| 9    | Increase the number of School-Based Health Centers that offer behavioral health services: Establish a protocol between the Pueblos in Sandoval County and Bernalillo Public Schools  
* Develop MOAs with the Pueblos that feed into Bernalillo Public School whereby Behavioral Health Information, treatment and follow-up is shared between the BH providers at the pueblos and the BH providers at Bernalillo Public Schools  
**Legislative Priority Substitution**  
*Short Title for Priority from Local Collaborative 13*

Please delete our ’08 Priority #1 and substitute the following new ’09 Priority:

**Collaborative request of the Governor**

Amount of Funding Required for This Priority: $10 million per year--$50 million the fifth and subsequent years

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)?

   *Reimbursement rates for behavioral health providers have been reduced numerous times over the past 15 years. With the implementation of the new Comprehensive Community Support Services System in January 2008, some of the issues around billing rates are now being addressed. However, many community behavioral health providers across the state—especially in rural and frontier areas—are beginning to see that the CCSS billing rates do not reflect the large cost of providing services “en vivo” to rural and frontier clients. This directly affects providers’ ability to pay Community Support Workers—amongst other staff—an adequate rate for their services and to reimburse CSWs adequately for gas use and upkeep of their vehicles. Raising reimbursement rates would most assuredly result in more behavioral health consumers’ needs being met by their local providers.*

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

   *The 2008 Priorities were sent out via email, as well as made available at an LC 13 meeting, with instructions to approve carrying over last year’s priorities and/or suggesting new 2009 priorities. The responses were given/sent to the Administrative Assistant who compiled the results. The results were sent out via email, as well as made available at an LC 13 meeting, with instructions to vote on how each person wanted the priorities identified to be ranked. Results were calculated by the Administrative Assistant and reviewed/approved by the Executive Committee. This year’s process was greatly improved and truly a collaborative effort.*

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: Strongly promote and support it.

Law Enforcement: no participation

Schools: no participation

Advocacy Groups: Support from many groups within Local Collaborative 13.

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: Strong support from the Health Councils within LC 13

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.):

   What is needed is continued support from the Collaborative, especially in dealing with the Statewide Entity’s reimbursement guidelines, timeline, etc.

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.)?

   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:

Establish a Pilot Project: Consumer-Operated Transportation Company In Valencia County

Amount of Funding Required for This Priority: $402,760

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)?

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

The 2008 Priorities were sent out via email, as well as made available at an LC 13 meeting, with instructions to approve carrying over last year’s priorities and/or suggesting new 2009 priorities. The responses were given/sent to the Administrative Assistant who compiled the results. The results were sent out via email, as well as made available at an LC 13 meeting, with instructions to vote on how each person wanted the priorities identified to be ranked. Results were calculated by the Administrative Assistant and reviewed/approved by the Executive Committee. This year’s process was greatly improved and truly a collaborative effort.

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 consumers and family members to help create, promote and support it.

Law Enforcement: no participation

Schools: no participation
Advocacy Groups: Support from many groups within Local Collaborative 13

Local Elected Officials (City/County): No participation yet

State Elected Officials (Legislators, Statewide Office Holders, etc.): Continued support and technical assistance

Other Health & Human Services Agencies/Systems: No participation yet

Other (please identify other key groups that were involved): Los Lunas Transportation (special use of vouchers); Mid-Region Council of Governments (tie-in with Valencia County Mobility Plan)

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 services will need the good will of local governments and businesses. Continued technical support by the State is necessary—involvement in encouraging local government(s) 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.)?

It is doubtful that anyone would be against this priority, given the potential for great positive impact across the state. Sustainability is currently being established in the business plan for the project (5310 & 5311 funds; Medicaid reimbursable services; transportation management services, etc.).