Amount of Funding Required for This Priority: $8,850,000

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)?

Funding is the root of all behavioral health issues in Local Collaborative One. As funding was cut, the quality and availability of services declined. A more detailed description of local needs was pursued, but in the end, lack of funds drives it all. Past cuts in funding and flat budgets for many years have caused closings of agencies and reductions in services. LC 1 is so committed to its legislative priority that in the 2008 Legislative session, the LC worked with local legislators to introduce a bill to increase the budgets of Behavioral Health providers and restoring past funding cuts. The bill did not pass, but LC 1 will continue to advocate for increased funding in the coming legislative session.

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

LC1 appointed a Legislative Priorities Committee that met twice and gathered data from the individual Steering Committees and the Santa Fe County Consumer Committee. The Consumer Committee meets once a month, and has actually established a legislative sub-committee. Input for this year’s legislative priorities was received from consumers through this means. Legislative priorities were also discussed at a general meeting of the Santa Fe County general membership. A notice was sent out to all of the LC 1 mailing list explaining the legislative priorities process and soliciting input. The Legislative Priorities Committee brought all of this input to the LC 1 Tri-County Steering Committee which discussed them at a regular meeting. The Steering Committee decided to chose only one general priority like last year, but this time with specific budget breakdowns. Since it was an expansion and elaboration on last year’s number one priority, much of the information from focus groups and discussions that were conducted during the last two years’ legislative priorities selection was considered to still be representative of the membership’s wishes and relevant to the selection of this priority. For that reason, past data collection was included below.

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 and Family members were well represented at all of the meetings mentioned above, at which the legislative priorities for LC 1 were discussed over the past two months. A Consumer Committee was created and input was taken from these committees as well as information from previous years’ focus groups.
Family Members:
See Above

Providers:
A provider committee was established and input was taken from this committee as well as from focus groups held in past years. Providers from all three counties of our LC have been very well represented in these focus groups, as well as the Legislative Priorities Committees over the past two years.

Schools:
Staff of the Santa Fe Public Schools student wellness program have been active in the LC and six school officials participated in Santa Fe focus groups. The school superintendent attended the Rio Arriba focus group.

Advocacy Groups:
15 advocacy group members attended past focus groups. NAMI members have been very well represented on the Legislative Committee and very active in all of the meetings and activities.

Local Elected Officials (City/County):
In the Rio Arriba focus group, the Mayor and County Manager participated in past focus groups. In Santa Fe focus groups, the County Commissioners participated.

State Elected Officials (Legislators, Statewide Office Holders, etc.):

Other Health & Human Services Agencies/Systems:
In Santa Fe focus groups, there were three HHSA/S participants. In Rio Arriba, there were 3 HHSA/S participants.

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.):

Funding is the root. With proper funding, we can handle many of the issues locally, and know to whom to turn should we not be able. Without the funding, services decay and morale is sapped. If the Federal government will not provide proper funding, then the State must, even if it means taking money from other areas. Action must be taken to preserve our behavioral health system, let alone transform it.

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.)?