



UCTLC
LOCAL COLLABORATIVE 8
UNION, COLFAX, AND TAOS COUNTIES



May 1, 2008

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87701

Re: Legislative Priorities

UCTLC membership decided to resubmit last year’s priority for FY-10. It was felt that our need for increased funding to maintain and expand current services in our rural/frontier communities was left out of the Legislative Priority process entirely, especially in the area of adult indigent SDMI populations. The need for increased funding for this population has been totally ignored in Northern New Mexico. The Northern programs have lost funding since 2004 to southern programs and recent allocations by the legislature to expand mental health services statewide were again sent down South and to Bernalillo. The need for enhanced and expanded services to communities such as Clayton, Des Monies, Springer, Maxwell, Cimarron, Eagles Nest, Angle Fire, Questa, Penasco, etc, is real but off the BHPC map.

LC8 strongly encourages comprehensive planning among direct services providers and prevention providers through coordination, collaborations and cooperation to reduce fragmentation and duplication of effort and to improve accountability and program responsiveness to the needs of these outlying communities. This is difficult to achieve when programs are struggling to keep their doors open. If adequately financed, program providers can divert their attention to creating a system of care that works for all of us, state wide and not just in select communities.

Legislative Priority Substitution

Priority #1 from LC 8 : Increase funding to community based behavioral health service providers in order to maintain the current level of services and expand services to underserved rural/frontier communities.

Amount of Funding Required for This Priority: \$2 million

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 requested funding would adequately finance a severely under funded behavioral health service system in the tri-county area. Due to its rural/frontier characteristics, the cost of delivering services is

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enhanced due to travel costs, increased costs for recruitment and retention of licensed professionals, and a historical neglect of the needs of rural communities and their community behavioral health providers. The request would adequately fund a continuum of care i.e., prevention, early intervention, treatment, aftercare and follow-up services. The funding would resolve the financial crisis being experienced by current providers that continuously operate with at deficit, and will allow for expansion of basic service to underserved population residing in outlying communities.

- Maintain existing program adult/youth: \$1 million
- Expand Adult/youth programs: \$1 million

Note: based on current operating deficits of current programs and estimated costs to expand services to underserved populations.

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 identification of behavioral/physical health needs has been an ongoing process that is based on the community health council activities in the tri-county area. In addition, community based organizations have been documenting agency and consumer needs and those needs are incorporated into the overall process. This year as an expansion of our efforts to obtain consumer input the following strategy was implemented in response to the short time frame for submitting our request. UCTL (LC-8) conducted three focus group meetings (one in each County) to update our legislative priorities. The groups consisted on one adolescent consumer, one family member, one adult consumer, one youth BH service provider and one adult BH service provider in each county. The results were then submitted to LC-8 collaborative members for review and comment.

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: One adult and one youth consumer from each county (Taos, Colfax and Union) served as the primary sources of input to the process.

Family Members: One family member in each county participated as the primary source for input to the process.

Providers: One adult and one youth provider from each county served as primary sources for input to the process.

Law Enforcement: Input from law enforcement results for the health council meeting, suicide prevention task force meetings and day to day interaction with consumers and providers.

Schools: School based health center representatives are part of the health councils and suicide prevention task forces. BH providers provide services inside of the schools and silicate input on needs a part of routine business operations.

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Advocacy Groups: Consumer run advocacy groups are being developed and their representatives are part of the ongoing planning process locally and statewide.

Local Elected Officials (City/County): Minimal participation

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

Other Health & Human Services Agencies/Systems:

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.):

Recognition by the Executive Branch, the legislative branch and department secretaries that a behavioral/physical health crisis exists in our tri-county area and that this recognized need has been ignored for too long. Blaming the providers for an under funded system is like “blaming the corpse for the murder”. Once this fact is recognized, a coordinated approach that is adequately funded needs to be implemented with local control.

5. Is there anything else that 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 important to recognize that there is an inherent relationship between physical health and behavioral health. Residents in the tri-county area must travel several hundreds miles to access specialized health care services. (e.g., Residents from Raton must travel 200 miles round trip to access affordable dental care; routine and for emergencies) The lack of social recreational activities leads increased alcohol/drug use. It is a systems problem that is compounded by the rural /frontier nature of our communities.

Legislative Priority Substitution

Priority # 2 from LC 8 : Increased funding is needed to assure “access” to services, both in the way of transportation to the closest available source, as well as delivering supportive services to the consumer in rural/frontier communities

Amount of Funding Required for This Priority: \$1.6 million

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)?

Improvement of the collective quality of life for consumers of BH services residing in rural/frontier communities. As opposed to consumer residing in more metropolitan areas, transportation services for residents in sparsely populated areas of the region is severely limited. While consumers with

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“Medicaid” at times, have the benefit of “Saferide” and other transportation services, these services are inadequate to meet the demand. For clients without Medicaid, transportation services are not available. Thus clients may have to travel hundreds of miles (200 miles round trip from Raton to Las Vegas) for dental or specialized medical services. Accessing BH services can range anywhere for 30 to 90 miles round trip (Tres Piedras to Taos, Des Moines to Raton/Clayton). During crisis situations, it is imperative that ‘outreach’ services be available to deliver the services to the consumer. The above request would allow for the development of a localized transportation system that is responsive to the consumers needs and it would help “deliver” services to the home/community of the consumer.

Rural/frontier communities also lack social/recreational and educational activities, especially during the summer months. Boredom is often seen as a motivating factor when it comes to substance abuse. It is felt by consumers and the general population that efforts toward addressing these issues will enhance the quality of life for the area. Supervised recreational activities that are tied into substance abuse prevention efforts are demanded.

Finally, a serious concern was raised by treatment foster care parents that have seen their compensation benefits decrease by at minimum 30% over the past 5 years. This includes a reduction in benefits, cost of living and the high cost of insurance. There is also a discrepancy when it comes to services to Native American children it TFC and non-Indian that needs to be studied and addressed.

Legislative Priority #2:

- **Transportation to foster access to behavioral health and medical services: \$500,000**
- **Outreach behavioral health services to rural frontier communities: \$300,000**
- **Enhanced substance abuse prevention services for adolescents: \$600,000**
- **Support of Treatment Foster Care families and equal benefits for all, \$200,000**

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

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In order to make this project successful, capital funding will be necessary for acquisition of vehicles for the project. The structure will require collaboration/cooperation between local agencies and state government. It would also be helpful if those making decisions, traveled the region to obtain a first hand understanding of the barriers transportation issue present.

Concerns of the overall process were expressed in the limitation of only two legislative priorities. When community life is segmented into categories; we often fail to see the interrelationship between its parts. Utilizing a “system approach mentality” it is easy to understand the belief that solving one problem and not the other is recipe for failure.

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.)?

The relationship between physical health and behavioral health is well documented. “Recent reports demonstrate that people with serious mental illness die, on average, 25 years earlier than their age cohorts in the general population.” (American College of Mental Health Administration, 2-16-07) While this issue is rapidly becoming the focus of attention nationally, it has yet to become a focus of attention statewide. The initial response is to assume that tele-medicine is the answer for rural/frontier communities, this

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response fails to take into consideration cultural considerations and customer responsiveness. TCCS efforts to bring tele- psychiatry to the region failed for two reasons; client did not like the services and saw it as impersonal and secondly, they still had to travel to the tele- psychiatry site. In addition, such issues as dental work cannot be done via the internet. Tele-medicines should not be used as the primary method of treatment. In this respect, outreach efforts of delivering services to the clients needs to be give serious consideration. Recognizing that the traditional “horse doctor” doing house calls is a thing of the past, utilizing BH out reach works will help in linking customers to needed service.

In one final note; according to provider agencies, the current system is placing many of these agencies on the brink of bankruptcy. Many of these agencies are operating with an annual deficit of over \$200,000. There have been on cost of living allocations to providers in several years, the cost of delivering services has increased significantly, staff retention is a major problems because of this and

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