



OVERVIEW:

- The original Governor's Mental Health Planning Council, established in 1999 under federal mandate, transitioned into the Behavioral Health Planning Council in 2004 to address both mental illness and substance abuse in children, youth and adults.
- The BHPC serves as a review and advisory body to the Community Mental Health Services Block Grant (CMHS) and the Substance Abuse Prevention and Treatment Block Grant (SAPT). As a statutory Council, it serves as an advisory body to the NM Behavioral Health Purchasing Collaborative on behavioral health policies, services, and community priorities.
- Most of the local collaboratives have a representative on the BHPC; of the 29 current members, 62% are consumers and/or family members.

SUMMARY:

The BHPC, comprised of a diverse demographic and statewide representation, has actively participated on numerous consumer and family initiatives to further recovery and resilience. Activities include: 1) Senate Memorial 71 – addressing prevention resources for and the needs of individuals with substance abuse illness; 2) Purchasing Collaborative 3-Year Strategic Plan – to ensure continuity of the work that has been accomplished and the work that still needs to be done; 3) Legislative Priorities – which include developing local systems of care and sustainability of services with available resources; 4) Consumer, Family and Youth (CFY) Standards for providers, state agencies and others to respect and understand the CFY perspective; 5) CMHS and SAPT block grant applications – reviewed and made recommendations to the applications.

To increase participation on its statutory subcommittees, particularly from the frontier and rural areas, webinars have been introduced – reducing monthly meeting expenditures once paid for long distance mileage. The BHPC has reduced its monthly meetings to quarterly meetings, utilizing video conference at five HSD locations across the state. Subcommittees are generally attended by 20-30 persons at remote locations every month via telephone and web access.

The statutory subcommittees continue to streamline their work through the development of annual strategic priorities. In 2011, the subcommittees continued to focus on low cost or no cost priorities which included conducting a mapping project with Local Collaboratives to identify behavioral health resources in local communities that support recovery but might not be a usual behavioral health provider. Resources may include faith based centers, drop in centers, Boys and Girls Clubs, Charter Houses, and other non-clinical based resources. Data collected will be housed and maintained in the Aging and Long Term Services website. The Native American Subcommittee conducted two workshops in 2011 to address Veterans' behavioral health issues, and to learn from the Local Collaborative leadership about their own initiatives and needs.

BEHAVIORAL HEALTH COLLABORATIVE 3-YEAR STRATEGIC PLAN:

Focused on: Holistic Service Array; Infrastructure; Performance and Quality Improvement; Consumer and Family Engagement; Workforce Development, Financing Strategies

OTHER PERFORMANCE MEASURE:

- BHPC actively engaged in planning activities and review of all plans prior to submission to the Collaborative.
- Transformation State Incentive Grant (TSIG) indicators:
 - GPRC Indicator 1. Percentage of policy changes completed as a consequence of the Comprehensive Mental Health Plan
 - GPRC Indicator 3. Percentage of financing policy changes completed as a consequence of the



Comprehensive Mental Health Plan

- Increase in consumer/family representation on BHPC through legislative action to require LC representation on BHPC

GPRA Indicator 6. Number of consumers and family members who are members of Statewide consumer- and family-run networks

- Training for BHPC members emphasizing leadership, consumer engagement, cultural competency, and evidence-based practices

GPRA Indicator 2. Number of persons in the mental health care and related workforce who have been trained in service improvements recommended by the Comprehensive Mental Health Plan

GPRA Indicator 5. Number of organizations that regularly obtain and analyze data relevant to the goals of the CMHP

CURRENT FUNDING:

\$32k state appropriation; \$5000 from the State Entity.

CURRENT PROGRAM STATUS:

- The BHPC Policies and Procedures were revised in 2010. The document creates a Finance committee to oversee BHPC expenditures; meeting attendance stipulations; and increases accountability of its members both on the Council and its subcommittees.
- The Policies and Procedures were further revised to reflect a more sensitive approach to the Native American Subcommittee and its membership.
- The BHPC Chair reports monthly to the Collaborative. Her report is also part of the Collaborative handout packet and lists the work of the subcommittees and reports from local collaboratives.
- The work of the statutory subcommittees incorporates the overall goals and objectives of the BHPC's strategic priorities rather than working with separate agendas as in years past.

FACTS/CHALLENGES:

- The statutory subcommittees have one seat available for one voting member from each of the local collaboratives to allow perspectives and input from across the state. While each LC has appointed a representative, attendance by some LCs, particularly the Native LCs, is often inconsistent.
- Due to increasing costs to pay for travel reimbursement, the hardship of long distance travel, and decreasing BHPC budget, videoconference and teleconference meetings are becoming the norm rather than the exception. The response from participants is mixed.
- The 5th annual Behavioral Health (BH) Day at the Legislature was held in February 2011, which honored 18 individuals from each of the local collaboratives. Two hundred participants joined in the day to honor their friends and families.
- BHPC sponsored the second BHPC/LC Summit in February 2011; highlighting the need for local collaborative sustainability, their priorities, and achievements accomplished.
- Terms for the entire BHPC membership officially ended December 31, 2010. Applications have been solicited for the "new" Council to be appointed by the Governor in 2011. The current Council will serve until the new appointments have been made.