The Behavioral Health Planning Council
Focusing on Comprehensive Behavioral Health Services

10 January 2011

Dear Friends:

It is our pleasure to present the Fiscal Year 2011 State of the Council for the New Mexico Behavioral Health Planning Council (BHPC).

By way of background, the BHPC, which exists by Statute NMSA 1978, §24-1-28, is not only the advisory body to the Governor and to the Cabinet-level Behavioral Health Collaborative regarding issues about mental health, substance abuse and developmental disabilities but also reviews, evaluates and monitors federal Substance Abuse Mental Health Services Administration (SAMHSA) grants.

We are mostly volunteers from communities across this state bringing forward the voice of consumers, family members, advocates and providers; we work to improve the quality and availability of effective mental health and substance abuse prevention, treatment and recovery support services to help New Mexicans in every part of the state.

In the spring of 2007, the membership of the BHPC expanded to include eighty people. This size was unrealistic both from a financial as well as an organizational management perspective. Today, the BHPC is about forty people - ten of whom are State proxies for the Collaborative members; this size allows for a wide diversity of voices at the same time keeping costs manageable.

We have chosen to present this report under the context of “What We Do” and “How We Do It” in an easier to read format of bullets. Additional information is, of course, available on the Collaborative website (http://www.bhc.state.nm.us/index.htm).

As always, we wish to extend our sincere appreciation to the Behavioral Health Purchasing Collaborative and their respective staffs for their continued efforts and assistance in helping the Planning Council meet its goals and mandates. In particular, we wish to thank Letty Rutledge and the Local Collaborative Cross Agency Team.

Finally, on behalf of the Behavioral Health Planning Council members, it has been a privilege to serve the residents of New Mexico who are living with behavioral health issues. Thank you for the opportunity

Respectfully,

Christine Wendel, Chair
A brief report on the Council’s activities and its impact on improving communications, increasing efficiency and efficacy, formalizing structure and functions as an advisory body to the New Mexico Behavioral Health Purchasing Collaborative.
The Behavioral Health Planning Council (BHPC) is now half way through this fiscal year and we wish to take this opportunity to reflect not only on where we are but also on what we have accomplished over the last three and a half years and what we still need to do. In keeping with the FY 2008, 2009 and 2010 Annual Reports, our work for FY 11 continues to focus on improving communications, increasing effectiveness and efficiency, and organizational restructuring.

Our intent with this State of the Council report is to provide a brief overview of what we do and how we do it. Please note that more detailed information about the BHPC and our work is available on the Collaborative website (http://www.bhc.state.nm.us/index.htm) - including the relevant Statutes, our Annual Reports, our previous States of the Council, and our meeting agendas and minutes.

WHAT WE DO:
As mentioned above, we are the advisory body to the Governor and to the Collaborative. We and our predecessor Council have also acted for New Mexico for the past twenty years in accordance with Public Law 102-321 of the federal Public Health Service Act. It is important to stress that we represent communities from across New Mexico primarily through the Local Collaborative structure, which brings a geographic and cultural diversity to the table. As such, we act as a conduit and a catalyst for information flowing up from communities to the Collaborative and correspondingly down from the Collaborative to communities.

Also because some of our members represent respective Collaborative departments, we are able to have close relationships with the State agencies. In addition, the CEO of the Collaborative works very closely with the BHPC to maintain an open and meaningful dialogue.

We have advised on:

SAMHSA Grant Reviews:
- Community Mental Health Services Block Grant
- Substance Abuse Prevention and Treatment Block Grant
- Substance Abuse Prevention Strategic Framework State Incentive Grant
- Screening, Brief Intervention, Referral and Treatment Grant
- Access to Recovery
- Co-occurring State Incentive Grant
- Total Community Approach

Fiscal Year Strategic Priorities
Fiscal Year Legislative Priorities
Sandoval County Jail Diversion Project
Children and Adult Systems of Care
Comprehensive Community Support Services (CCSS)
CADAC to LADAC legislation for Native Americans
Medicaid Cost Containment
Medication Fund
Collaborative Annual Conference Award Recipients
State-wide Entity Request for Proposal Review
Anti-stigma campaign
Community Reinvestment
Letters of Support regarding:
  Maternal Postpartum Depression
  Project Trust
  Success In Schools
  Partnership For Success Prevention Grant
  Infant Mental Health
  SAMHSA Comprehensive Community Mental Health Services For Children And Their Families Program Grant
  School Mental Health Capacity Building Partnership Pilot Training Initiative Grant

In addition, we also represent not only the Collaborative but also the State in various arenas.
Representing the Collaborative:
  Senate and House Memorials
  Quality Service Review (QSR)
  Core Service Agency (CSA)
  Supportive Housing
  Children Youth and Family Involvement Guidelines
  Cultural Competency Workgroups

Representing the State:
  Annual SAMHSA Transformation State Incentive Grant Conferences
  Annual SAMHSA Community Mental Health Services Conferences
  Annual National Association of Mental Health Planning Councils

HOW WE DO IT:
A couple years ago, we conducted organizational meetings and determined that we needed to focus on three major elements to improve the BHPC. Those were:
  Improve Communications
  Increase Efficiency
  Restructure Organizational Functions

To improve Communications, we:
  Increased use of and reliance on the Collaborative website for information distribution
  Increased video, telephonic and internet conferencing which increases participation while decreasing costs
  Increased community outreach:
    Presented our Annual Reports
    Presented our annual States of Council
Hosted the annual BHPC / LC Summits
Hosted the annual BH Days at the Legislature
Attended the annual Collaborative Conferences
Attended the annual Consumer Wellness Conferences

To increase efficiency, we:
    Developed a “Point of Contact” through the website for information dissemination and communication flow
    Held monthly Finance Subcommittee meetings to:
        Develop an annual budget
        Track budget variances
        Tighten the guidelines regarding stipends, reimbursements and advances
    Monitored attendance and participation of current members, and made recommendations to the Governor that members, who were no longer participating, be removed from membership

To restructure organizational functions, we:
    Amended our By-Laws as well as our Policies & Procedures
    Redefined what constitutes a quorum
    Instituted electronic voting for more immediate response capabilities
    Redefined the “membership” of our Statutory Subcommittees to assure Local Collaborative (primarily consumers and family members) participation

The Statutory Subcommittees (the Adult Subcommittee, Children and Adolescent Subcommittee, Medicaid Subcommittee, Native American Subcommittee and the Substance Abuse Subcommittee) continue to serve as the “work horses” of the BHPC, expanding the reach of the Council throughout rural areas allowing for increased input from consumers and family members.

THE FUTURE:
As we look to the future, we will:
    Continue in our advisory capacity to the Collaborative, specifically related to:
        the SAMHSA Block grants
        strategic and legislative priorities
    Work for a smooth transition to the new BHPC for Governor Martinez
    Provide input relative to:
        State initiatives
        Supportive Housing
        Senate / House Memorials (such as SM33)
    Represent New Mexico at:
        National conferences, such as the Community Mental Health Services
    Seek continued input from consumers, family members, advocates and
providers at the community level

Continue to focus our attention on the those three main issues previously mentioned:
  Improve communications,
  Increase efficiency
  Restructure organizational functions.

Support and develop the Local Collaboratives relative to:
  Sustainability
  Technical Assistance
  Legislative Advocacy
  Marketing

In closing, we certainly recognize that the financial situation of the state must be taken into account when planning for the future of the BHPC. To continue to maximize the local voice at the same time control the costs of that voice, we recommend the make up of the next BHPC consist of the following:
  1 representative from each Local Collaborative; that representative should be a consumer or family member (18 Members)
  17 “At-large” members from across the state; those representatives could be consumers, family members, advocates or providers.
  10 representatives / proxies of Collaborative members

We believe that with the systems we have worked so hard to develop and implement in the previous years, the next BHPC should be able to be up and running quickly and efficiently.

This Council continues to work to better define its role, to fulfill its commitments to the State and the people of New Mexico, and to plan for the future of the BHPC going forward. Over time, the role of the BHPC has evolved to become a strong advisory board for state agencies responsible for behavioral health services for children and adults. Although the BHPC has no formal role in creating policy, direct interaction between State staff and the BHPC help shape policy as the State develops it. State staff looks to the BHPC when they need to know what the people of New Mexico think regarding mental health, substance abuse and developmental disability issues.