

1 A MEMORIAL

2 REQUESTING THE NEW MEXICO BEHAVIORAL HEALTH PLANNING COUNCIL,
3 IN PARTNERSHIP WITH THE LOCAL COLLABORATIVE ALLIANCE, TO
4 CONVENE A TASK FORCE MADE UP OF BEHAVIORAL HEALTH RESOURCE
5 PROVIDERS AND STAKEHOLDERS TO INCREASE COLLABORATION IN
6 WORKING ON SHARED GOALS.

7
8 WHEREAS, recipients of behavioral health services and
9 their families need to be involved in guiding how behavioral
10 health services are delivered in order to improve the
11 delivery system to better serve them and the community; and

12 WHEREAS, persons who are recovering from behavioral
13 health challenges benefit in many ways from having a voice in
14 their own service delivery system; and

15 WHEREAS, with the establishment of the interagency
16 behavioral health purchasing collaborative in 2004, "local
17 collaboratives" were established, made up of behavioral
18 health services recipients, their families and advocates; and

19 WHEREAS, there are now eighteen local collaboratives
20 that serve as advisory bodies to the interagency behavioral
21 health purchasing collaborative to provide input on local and
22 regional behavioral health issues to the interagency
23 behavioral health purchasing collaborative, the
24 collaborative's leadership, called the behavioral health
25 planning council, and the managed-care entities administering

1 the provision of publicly funded behavioral health services
2 statewide; and

3 WHEREAS, while members of the behavioral health
4 community have been empowered by the establishment and
5 operation of local collaboratives that provide a space for
6 them to discuss local challenges and conditions, there
7 remains much untapped potential for local collaboratives to
8 connect behavioral health services recipients effectively
9 with state and local policymakers; and

10 WHEREAS, in recent years, local collaboratives' funding
11 and staff support have been cut to the point where the local
12 collaboratives find their effectiveness in serving as a voice
13 for behavioral health services recipients has been severely
14 curtailed in many communities; and

15 WHEREAS, there are a number of examples of community
16 groups, other than local collaboratives, formed in New Mexico
17 to improve behavioral health service delivery and to heal
18 communities; and

19 WHEREAS, collaborative community partnerships are more
20 effective and far-reaching at addressing behavioral health
21 needs than the efforts of individuals or agencies can be; and

22 WHEREAS, the state of New Mexico has a number of
23 effective and innovative collaborative community partnerships
24 that serve as successful models for other communities; and

25 WHEREAS, New Mexico has experience with initiatives that

1 empower consumers to participate in decision-making and
2 giving feedback to agencies that provide services; these
3 initiatives include:

4 A. the children, youth and families department's
5 "systems of care" and "communities of care" programs that
6 encourage local communities to take the lead in developing
7 and improving behavioral health services and supports for
8 children and their families;

9 B. groups devoted to improving community
10 behavioral health crisis response;

11 C. programs that assist in preventing homelessness
12 and provide supportive housing, which may include behavioral
13 health services, for homeless persons;

14 D. jail-diversion programs for individuals living
15 with behavioral health challenges;

16 E. specialty courts, such as drug courts, mental
17 health courts and teen courts;

18 F. programs targeting the behavioral health needs
19 of pregnant women;

20 G. infant mental health programs;

21 H. programs that help seniors understand and
22 address behavioral health issues; and

23 I. the "mental health first aid" program; and

24 WHEREAS, these programs and others like them benefit
25 from having access to a wide array of community partners that

1 can address the complex challenges in the lives of the people
2 whom the programs are trying to help. For example:

3 A. communities of care programs for children need
4 local schools to be active partners;

5 B. jails need to partner with behavioral health
6 providers to help assure that people released from
7 incarceration have a chance to recover from the behavior that
8 led them to be locked up in the first place; and

9 C. the justice system can participate in
10 jail-diversion programs to help save the costs of locking up
11 people who are not a danger to their community, but whose
12 behavioral health challenges have led them to encounters with
13 law enforcement; and

14 WHEREAS, connected communities are healthier
15 communities; and

16 WHEREAS, communities that address their members'
17 behavioral health needs in the community before they become
18 severe can save themselves substantial expenditures on health
19 care services, protective services, police and judicial
20 system interventions and human services; and

21 WHEREAS, communities bring knowledge and experience of
22 their own needs and can make better use of scarce resources
23 through collaborative partnerships;

24 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE
25 STATE OF NEW MEXICO that the New Mexico behavioral health

1 planning council, in partnership with the local collaborative
2 alliance made up of the eighteen local collaboratives, be
3 requested to convene a task force charged with:

4 A. describing and helping to bring behavioral
5 health-focused community partnerships into existence where
6 they do not exist;

7 B. better connecting existing behavioral health
8 partnerships and programs to strengthen their efforts; and

9 C. devising ways to advise and support behavioral
10 health partnerships to keep them effective into the future;
11 and

12 BE IT FURTHER RESOLVED that the task force be requested
13 to meet regularly to identify and prioritize those community
14 challenges that need to be addressed and work together, with
15 advice from the people who are most affected by their
16 decisions, to address those issues; and

17 BE IT FURTHER RESOLVED that the New Mexico behavioral
18 health planning council be requested to invite as members of
19 the task force experts who are working within state
20 government and in state universities to operate behavioral
21 health programs and who could help communities learn from one
22 another as well as gain expertise from outside New Mexico;
23 and

24 BE IT FURTHER RESOLVED that the New Mexico behavioral
25 health planning council be requested to use the task force to

1 help connect community partnerships with the appropriate
2 resources to help them learn more to achieve their
3 agreed-upon goals; and

4 BE IT FURTHER RESOLVED that the New Mexico behavioral
5 health planning council and the local collaborative alliance
6 be requested to invite representatives from the following
7 stakeholders to participate in the task force:

- 8 A. the New Mexico alliance of health councils;
- 9 B. the New Mexico association of counties;
- 10 C. New Mexico's twenty-two Indian tribes, nations
11 and pueblos;
- 12 D. the New Mexico school boards association;
- 13 E. the New Mexico magistrate judges association;
- 14 F. the New Mexico hospital association;
- 15 G. the university of New Mexico's addiction and
16 substance abuse program;
- 17 H. associations of New Mexico behavioral health
18 providers;
- 19 I. the New Mexico association for infant mental
20 health;
- 21 J. the four medicaid managed-care organizations
22 operating in New Mexico;
- 23 K. the community foundation coalition of
24 New Mexico;
- 25 L. the national alliance for the mentally

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ill-New Mexico;

M. the juvenile justice advisory committee;

N. disability rights New Mexico;

O. the children, youth and families department's systems of care program;

P. the department of health's health promotion specialists;

Q. the department of public safety;

R. the public education department; and

S. any other partners the task force or its convener identifies as able to contribute expertise; and

BE IT FURTHER RESOLVED that copies of this memorial be transmitted to the chair of the behavioral health planning council and the co-chairs of the local collaborative alliance.