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SENATE MEMORIAL 79

51ST LEGISLATURE - STATE OF NEW MEXICO - SECOND SESSION, 2014

INTRODUCED BY

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A MEMORIAL

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

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

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

WHEREAS, with the establishment of the interagency
behavioral health purchasing collaborative in 2004, "local

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1 collaboratives" were established, made up of behavioral health
2 services recipients, their families and advocates; and

3 WHEREAS, there are now eighteen local collaboratives that
4 serve as advisory bodies to the interagency behavioral health
5 purchasing collaborative to provide input on local and regional
6 behavioral health issues to the interagency behavioral health
7 purchasing collaborative, the collaborative's leadership,
8 called the behavioral health planning council, and the managed-
9 care entities administering the provision of publicly funded
10 behavioral health services statewide; and

11 WHEREAS, while members of the behavioral health community
12 have been empowered by the establishment and operation of local
13 collaboratives that provide a space for them to discuss local
14 challenges and conditions, there remains much untapped
15 potential for local collaboratives to connect behavioral health
16 services recipients effectively with state and local
17 policymakers; and

18 WHEREAS, in recent years, local collaboratives' funding
19 and staff support have been cut to the point where the local
20 collaboratives find their effectiveness in serving as a voice
21 for behavioral health services recipients has been severely
22 curtailed in many communities; and

23 WHEREAS, there are a number of examples of community
24 groups, other than local collaboratives, formed in New Mexico
25 to improve behavioral health service delivery and to heal

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1 communities; and

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

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

8 WHEREAS, New Mexico has experience with initiatives that
9 empower consumers to participate in decision-making and giving
10 feedback to agencies that provide services; these initiatives
11 include:

12 A. the children, youth and families department's
13 "systems of care" and "communities of care" programs that
14 encourage local communities to take the lead in developing and
15 improving behavioral health services and supports for children
16 and their families;

17 B. groups devoted to improving community behavioral
18 health crisis response;

19 C. programs that assist in preventing homelessness
20 and provide supportive housing, which may include behavioral
21 health services, for homeless persons;

22 D. jail-diversion programs for individuals living
23 with behavioral health challenges;

24 E. specialty courts, such as drug courts, mental
25 health courts and teen courts;

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1 F. programs targeting the behavioral health needs
2 of pregnant women;

3 G. infant mental health programs;

4 H. programs that help seniors understand and
5 address behavioral health issues; and

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

7 WHEREAS, these programs and others like them benefit from
8 having access to a wide array of community partners that can
9 address the complex challenges in the lives of the people whom
10 the programs are trying to help. For example:

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

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

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

22 WHEREAS, connected communities are healthier communities;
23 and

24 WHEREAS, communities that address their members'
25 behavioral health needs in the community before they become

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1 severe can save themselves substantial expenditures on health
2 care services, protective services, police and judicial system
3 interventions and human services; and

4 WHEREAS, communities bring knowledge and experience of
5 their own needs and can make better use of scarce resources
6 through collaborative partnerships;

7 NOW, THEREFORE, BE IT RESOLVED BY THE SENATE OF THE STATE
8 OF NEW MEXICO that the New Mexico behavioral health planning
9 council, in partnership with the local collaborative alliance
10 made up of the eighteen local collaboratives, be requested to
11 convene a task force charged with:

12 A. describing and helping to bring behavioral
13 health-focused community partnerships into existence where they
14 do not exist;

15 B. better connecting existing behavioral health
16 partnerships and programs to strengthen their efforts; and

17 C. devising ways to advise and support behavioral
18 health partnerships to keep them effective into the future; and

19 BE IT FURTHER RESOLVED that the task force be requested to
20 meet regularly to identify and prioritize those community
21 challenges that need to be addressed and work together, with
22 advice from the people who are most affected by their
23 decisions, to address those issues; and

24 BE IT FURTHER RESOLVED that the New Mexico behavioral
25 health planning council be requested to invite as members of

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1 the task force experts who are working within state government
2 and in state universities to operate behavioral health programs
3 and who could help communities learn from one another as well
4 as gain expertise from outside New Mexico; and

5 BE IT FURTHER RESOLVED that the New Mexico behavioral
6 health planning council be requested to use the task force to
7 help connect community partnerships with the appropriate
8 resources to help them learn more to achieve their agreed-upon
9 goals; and

10 BE IT FURTHER RESOLVED that the New Mexico behavioral
11 health planning council and the local collaborative alliance be
12 requested to invite representatives from the following
13 stakeholders to participate in the task force:

- 14 A. the New Mexico alliance of health councils;
- 15 B. the New Mexico association of counties;
- 16 C. New Mexico's twenty-two Indian tribes, nations
17 and pueblos;
- 18 D. the New Mexico school boards association;
- 19 E. the New Mexico magistrate judges association;
- 20 F. the New Mexico hospital association;
- 21 G. the university of New Mexico's addiction and
22 substance abuse program;
- 23 H. associations of New Mexico behavioral health
24 providers;
- 25 I. the New Mexico association for infant mental

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1 health;

2 J. the four medicaid managed-care organizations
3 operating in New Mexico;

4 K. the community foundation coalition of New
5 Mexico;

6 L. the national alliance for the mentally ill-New
7 Mexico;

8 M. the juvenile justice advisory committee;

9 N. disability rights New Mexico;

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

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

14 Q. the department of public safety;

15 R. the public education department; and

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

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