NM Behavioral Health Planning Council

Orientation Manual

May 23, 2022

Vision

"To be a potent voice for children, adults, and families and the providers that serve them in New Mexico's customer-centered recovery and resiliency focused, coordinated and quality behavioral health care system."

The Council speaks for infants, children, youth, young adults transitioning to adulthood, adults, the elderly and their families, in the on going implementation of a consumer-driven, fully integrated, outcome-based, state-wide comprehensive system of wrap around behavioral health services.

Purpose

The BHPC is a Governor appointed Council and it's purpose is to serve as the statewide advisory body for behavioral health in New Mexico. Specifically, but not limited to, the Council shall advocate, advise, report to, recommend and represent on behavioral health matters of interest to the Governor, the Legislature, The Behavioral Health Collaborative, State agencies, and local community groups.

To learn more about the NM Behavioral Health Planning Council, please contact the BHPC Liaison, Natalie Rivera at email: nataliearivera@state.nm.com or by phone: 505-490-3926

Welcome New BHPC members!

Thank you for agreeing to serve on the New Mexico Behavioral Planning Council (BHPC).
Our membership includes individuals with lived experience, family members, advocates, providers, tribal representatives, state staff, seniors, and others who come together to share expertise, experience, and a desire to improve behavioral health in New Mexico.

We are excited about this new era for the Planning Council; the influx of new members has reignited the Council in our work to serve New Mexico.

Our regular BHPC meetings are held in even-numbered months on the second Wednesday. Members are requested to serve on a Subcommittee based on their interests and representation. Subcommittee membership is open to non-members of the Council as well as Council members. The Subcommittees are designated by state statute to encourage input from many stakeholders to ensure voices from all areas and interests are heard. Subcommittees are Native American (NASC); Children and Adolescent (CASC); and Adult Services, Substance Abuse, and Medicaid (ASAM). BHPC members may serve on more than one subcommittee.

The Council is tasked with oversight of the Federal Mental Health and Substance Abuse Block Grant. As the application and the reports are completed for the Block Grant, BHPC members will be asked to serve on an Ad Hoc Subcommittee to advise on and review the submissions.

The Council has sponsored Behavioral Health Day at the Legislature for the past few years. Members are encouraged to serve on the Behavioral Health Day Planning Committee which meets in the fall and works to make the event successful every year.

The Executive Committee of the BHPC consists of Chair, Vice Chair, Representatives of populations: Adult with lived experience, Advocate, Provider, Family Member, and Provider. The Chairs of the Subcommittees also serve on the Executive Committee. The Executive Committee meets on the first Tuesday of odd-numbered months to develop the agenda for the upcoming General meeting.

We look forward to collaborating and we welcome you to the Behavioral Health Planning Council. If you have any questions, please feel free to contact Natalie Rivera at nataliea.rivera@state.nm.us or reach her by phone at 505-490-3926.

Sincerely,

Susie Kimble

Chair, Behavioral Health Planning Council

Behavioral Health Planning Council Orientation

May 23, 2022

Zoom Link:

https://us02web.zoom.us/j/87863912859?pwd=bmdwZHpxeDJKNGlXK3V3dmdWemcrQT09

Meeting ID: 878 6391 2859

Passcode: 520165

9:30 AM Welcome!	**Governor Michelle Lujan Grisham – invited** **Dr. Neal Bowen,** Behavioral Health Services Division Director **BHPC Member introductions**
10:30 AM	**Birds Training/Communication Style with Lawrence Mirabal**
12:00 PM	**Lunch Break**
12:45 PM	**Cultural Competency Training with Kimmie Jordan**
2:00 PM	**BHPC Orientation Manual Overview/Q&A** **by Susie Kimble/Carol Luna Anderson – Chair and Co-Chair of the BHPC**
3:30 PM	**Adjourn**

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BY LAWS
OF THE
BEHAVIORAL HEALTH PLANNING COUNCIL OF NEW MEXICO

ARTICLE I
ORGANIZATION

A. Name. The organization referred to in this document shall be known as the BEHAVIORAL HEALTH PLANNING COUNCIL of NEW MEXICO, hereinafter referred to as the "Council."

B. Statutory Authority. The Council is authorized in accordance with HB 271 and Public Law 102-321 and is organized pursuant to NMSA 24-1-28 of the New Mexico Health and Safety Code, the "Act." It is intended to have an ongoing role and is advisory to the Behavioral Health Collaborative, hereinafter referred to as the "Collaborative," and to the Governor.

C. Purpose. Pursuant to its statutory authority, the purpose of the Council is to serve as the single statewide advisory structure for behavioral health in New Mexico in the following manner:

(i) advocate for adults, children and adolescents with serious mental illness or severe emotional, neurobiological and behavioral disorders, as well as those with mental illness or emotional problems, including substance abuse/misuse and co-occurring disorders;

(ii) report annually to the governor and the legislature on the adequacy and allocation of mental health services throughout the state;

(iii) encourage and support the development of a comprehensive, integrated, community-based behavioral health system of care, including mental health and substance abuse/misuse prevention and treatment services, and services for persons with co-occurring disorders;

(iv) advise state agencies responsible for behavioral health services for children and adults, as those agencies are charged in Section 9-7-6.4 NMSA 1978;

(v) meet regularly and at the call of the chair, who shall be selected by the council membership from among its members;

(vi) establish subcommittees, to meet at least quarterly, as follows:

a. adult (mental health) subcommittee,
b. substance abuse subcommittee,
c. Medicaid subcommittee,
d. child and adolescent subcommittee
e. Native American subcommittee; and
f. other subcommittees as may be established by the chair of the council to address specific issues. All subcommittees may include nonvoting members appointed by the chair for purposes of providing expertise necessary to the charge of the respective subcommittee.

(vii) review and make recommendations for the comprehensive mental health block grant and the substance abuse block grant applications, the state plan for Medicaid services and any other plan or application for federal or foundation funding for behavioral health services; and

(viii) replace the Governor's Mental Health Planning Council and act in accordance with Public Law 102-321 of the federal Public Health Service Act.

Pursuant to its statutory role as advisor, the Council also agrees to: (i) timely advise and make recommendations to the Collaborative in fulfillment of its duties as charged in Section 9-7-6.4 NMSA 1978; (ii) represent the local concerns and issues (concerns) that have been presented by local collaboratives ("lc")[1] through their designees; (iii) timely report such concerns to the Collaborative, Legislature and Governor; (iv) relay Collaborative input to the lc; and (v) review any and all policy correspondence from Council executive and subcommittees or Collaborative committees providing approval, recommendation or opposition when necessary.

D. Membership. The Council shall consist of the following Members, all of whom shall be appointed by and serve at the pleasure of the Governor:

(i) consumers of behavioral health services and consumers of substance abuse/misuse services, as follows: adults with serious mental illness; seniors; family members of adults; family members of adults with serious mental illness and of children with serious emotional or neurobiological disorders; and persons with co-occurring disorders;

(ii) Native American representatives from New Mexico Pueblos, Tribes, Nations and the urban Native American population;

(iii) providers;

(iv) state agency representation from agencies responsible for adult mental health and substance abuse/misuse; children's mental health and substance abuse/misuse; education; vocational rehabilitation; criminal justice; juvenile justice; housing; health policy planning; developmental disabilities planning; and disabilities issues and advocacy.

(v) such other members as the governor may appoint to ensure diverse cultural and geographic representation;

(vi) advocates; and

[1] Local collaborative means any group serving the communities in the same manner that the local collaboratives were intended to do.

(vii) peers.

Additionally, providers and state agency representatives together may not constitute more than forty-nine (49%) percent of the Council membership.

ARTICLE II
COMPOSITION, TERMS, VACANCIES

A. Powers. This body shall have powers to the full extent allowed by law. All powers and activities of this Council shall be exercised and managed by Members of the Council, and, if delegated, to the Executive Committee, under the ultimate direction of the Council, in a manner consistent with its statutory duties.

B. Number and Qualifications of Members. Members shall be qualified by the Act and appointed to serve at the pleasure of the Governor. The number of Members appointed to the Council shall be no more than eighty (80) and shall represent each classification set forth under the Act (NMSA 24-1-28) in appropriate proportion, i.e., Providers and state agency representatives together may not constitute more than forty-nine (49%) percent of the Council membership.

C. Terms. Each Member is appointed by the Governor and serves at his or her discretion. Accordingly, each Member shall hold office until he/she resigns or is removed with the Governor's consent. Any successor shall be qualified and appointed by the Governor.

E. Compensation. Members shall not receive compensation for their services as Members. The Council may authorize the advance or reimbursement to a Member of actual, reasonable expenses incurred in carrying out his or her duties as a member pursuant to the Council's Policies and Procedures.

F. Resignation. Any Member may submit in writing to the Governor with a copy to the Chair of the Council a written notice of resignation. Upon the Governor's acceptance of such resignation, it shall take effect as of the time specified or, if no time is specified, at the time of its acceptance by the Governor.

G. Removal. Members may be removed with or without cause by the Governor. Additionally, the Council, through its Executive Committee, may recommend to the Governor removal of a Member for cause. "Cause" includes but is not limited to: (i) conduct unbecoming of a public official; (ii) neglect of assumed or assigned responsibilities; (iii) failure to attend 3/4 of required meetings in a single year unless excused by the Chair or Executive Committee; (iv) change in personal status, which alters the prescribed Membership composition of the Council (e.g., private citizen becomes a state employee). Upon removal, the member's name shall be removed from the Council membership roster.

H. Vacancies. A vacancy shall be deemed to exist on the Council in the event that a Member has resigned or is removed, pursuant to this Article. Upon the occurrence of a vacancy, the Chair shall notify the Council and encourage recruitment of applicants to fill the vacancies; the vacating member shall be replaced by a person of the same category. Recommendations may be forwarded to the Governor for his/her consideration. A vacancy occurring on the Council shall be filled by the Governor and the appointee shall serve at the Governor's pleasure.

I. Conflict of Interest. The Council shall adopt a conflict of interest policy applicable to Members. This policy shall be reviewed and signed annually.

J. Confidentiality. The Council shall adopt a confidentiality policy applicable to Members. This policy shall be reviewed and signed annually.

ARTICLE III
MEETINGS

A. Regular Meetings. Regular meetings of the Council shall be held at least quarterly at the time and place fixed at the request of the Chair, or the Executive Committee of the Council. Ten (10) working day notice of such meetings may be made by telephone, including use of a voice messaging system or other system or technology designed to record and communicate messages, electronic mail, or other electronic means, and shall state the date, place and time of the meeting. Additionally, notice of the date, time, place and general subject matter to be discussed at a regular meeting will be posted on the New Mexico Network of Care or a recognized website.

B. Special Meetings. Special meetings of the Council may be called by or at the request of any two Members of the Executive Committee, or at the request of at least ten percent (10%) of the Council members, or by any two Co-Chairs of the Statutory Subcommittees of the Council at the time and place fixed by the persons calling the meeting and upon not less than three (3) working days' notice by telephone, including use of a voice messaging system or other system or technology designed to record and communicate messages, electronic mail, or other electronic means, and shall state the date, place and time of the meeting.

C. Emergency Meetings. Emergency meetings of the Council may be called by or at the request of any two Members of the Executive Committee, or at the request of at least ten (10) percent of the Council members, or by any two Co-Chairs of the Statutory Subcommittees of the Council, at the time and place fixed by the persons calling the meeting and upon not less than twenty-four (24) hours' notice by telephone, including use of a voice messaging system or other system or technology designed to record and communicate messages, electronic mail, or other electronic means, and shall state the date, place and time of the meeting.

D. Waiver of Notice. Any Member may waive notice of any meeting. Notice of a meeting shall be deemed given to any Member who attends the meeting without protesting the lack of adequate notice before the meeting or at its commencement.

E. Quorum and Voting. A majority of the Members (51%) shall constitute a Quorum. Those Members with an excused absence will not be counted for purposes of determining Quorum. Each Council Member shall have one vote. The act of a majority of Members present at a meeting at which a Quorum is present shall be the act of the Council, except as otherwise explicitly provided herein. The act of a majority of Members present at a meeting will have validity as long as quorum was present at the beginning of the meeting. Voting by proxy is not permitted except by represented State agencies and only then if the Chair of the Council has received advance written notice of such proxy from either the Secretary or Director of the designating State agency. Any State Agency proxy, written and timely received by the Chair, shall have one vote.

F. Action without a Meeting. Any action required or permitted to be taken at any meeting of the Council may be taken without a meeting if all Members then in office shall individually or collectively consent in writing to such action. A writing generated via electronic mail shall be deemed a sufficient "writing" for purposes of this section. Such written consents shall be filed with the minutes of the proceedings of the Council. Such written consents shall have the same force and effect as the unanimous vote of such Members.

G. Telephone, Electronic and Video-conferencing Meetings. At the Chair's sole discretion, members may participate in Council meetings or committee meetings by means of a

video-conference, conference telephone, electronic video screen communication, or other similar communications equipment so long as all of the following apply:

(i) Members participating in the meeting, sufficient in number to constitute a Quorum, can communicate with all the other Members concurrently;

(ii) Members participating in the meeting, sufficient in number to constitute a Quorum, are provided with the means of participating in all matters before the Council, including the capacity to propose, or to interpose an objection to, a specific action to be taken by the Council; and

(iii) the Executive Committee verifies that: (a) a person communicating by telephone, electronic video screen, or other communications equipment is entitled to participate in the Council meeting as a Member, or by invitation to the Council or otherwise, and (b) all motions, votes, or other actions required to be made by a Member were actually made by a Member and not by someone not entitled to participate as a Member.

H. Minutes. Historical documents and minutes of all proceedings will be maintained by the Behavioral Health Services Division staff.

ARTICLE IV
OFFICERS

A. Officers. The officers of the Council shall be nominated each Spring either verbally at a regular Council meeting or by electronic mail at the discretion of the Chair. Election of Council officers will occur at every June regular Council Meeting as needed and shall hold office for a term of two (2) years with each term beginning July 1 and shall serve until his or her successor shall have been elected or qualified. No officer may serve more than two consecutive terms.

The officers of the Council shall be President/Chair (Chair) and Vice president/chair (Vice-chair). Additionally, members of the Executive Committee shall include elected representatives of the Council: a consumer, a family member, an advocate, a provider, and a Native American representative. Election of these representatives shall be held at the same meeting as the election of the Officers.

B. Vacancies in Office. If any office becomes vacant for any reason, the vacancy shall be filled for the remainder of its term by the Council at its next regular or special meeting.

C. Chair. The Chair shall be the chief executive officer of the Council, shall preside over all regular, special and emergency meetings of the Council, and shall direct and supervise all of the activities and affairs of the Council in a manner prescribed by the Members and in accordance with these Bylaws. In addition, when authorized, the president/chair shall execute and deliver all documents in the name of the Council and establish ad hoc subcommittees as needed. The Chair will be an ex- officio member of all ad hoc committees and standing statutory subcommittees of the Council. He/she shall not assume chairmanship of any ad hoc or statutory sub- committee.

If the elected Chair is unwilling or unable to perform his/her duties for a period exceeding three (3) consecutive months, the Chair may be removed from office at the discretion of the Executive Committee. If removed, a new president/chair shall be elected by the Membership.

D. Vice-chair. In the absence of the president/chair, or in the event of his/her inability or refusal to act, the Vice-chair shall perform the duties of the Chair, and when so acting, shall have all the powers of and be subject to all the restrictions upon the president/chair. Additionally, the Vice-chair shall perform such other duties as from time to time may be assigned to him/her by the president/chair or by the Council.

If the elected Vice-chair is unwilling or unable to perform his/her duties for a period exceeding three (3) consecutive months, the Vice-chair shall be removed from office, and a new Vice-chair elected by the Membership.

ARTICLE V
COMMITTEES

A. Executive Committee.

(i) Qualifications. The Executive Committee shall be a committee composed of the following individuals: Chair and Vice-chair of the Council; Chairs or Co-Chairs of all statutory subcommittees of the Council; and the following representatives elected by a majority vote of the Council: a consumer, a family member, an advocate, a provider, and a Native American representative.

(ii) Terms. Each term shall be two (2) years. No Executive Committee member may serve more than two consecutive terms in one position.

(iii) Duties. The Council shall delegate to the executive committee such authority, powers and duties, as the Council deems necessary and appropriate to carry out the activities and purposes of the Council including but not limited to: (a) reviewing all information and developing the agenda for any Council meeting, including information pertaining to policy, proposed action items, letters of support and any necessary recommendations; and (b) requesting the presence of any statutory subcommittee representative or any other persons relevant to decisions being made at Council meetings.

(iv) Quorum and Voting. Fifty-one percent (51%) of the Executive Committee membership shall constitute a Quorum. Those members with an excused absence will not be counted for purposes of determining Quorum. Those executive committee members with an excused absence will not be counted for purposes of determining Quorum.

Each executive committee members shall have one vote. The act of a majority of executive committee members present at a meeting at which a Quorum is present shall be the act of the Council, except as otherwise explicitly provided herein. The act of a majority of executive committee members present at a meeting will have validity as long as quorum was present at the beginning of the meeting. Voting by proxy is not permitted.

(v.) Removal. Members of the executive committee may be removed for c Cause. "Cause" includes but is not limited to: (i) conduct unbecoming of a public official; (ii) neglect of assumed or assigned responsibilities; (iii) failure to attend 3/4 of required meetings in a single year unless excused by the Chair; (iv) change in personal status, which alters the prescribed executive committee composition of the executive committee; or (v) a lack of active leadership.

(vi.) Resignation. Any Member may submit in writing to the Chair a written notice of resignation. Upon the Chair's acceptance of such resignation, it shall take effect as of the time specified or, if no time is specified, at the time of its acceptance by the Chair.

(vii.) Meetings. Any meeting of the executive committee shall be conducted in accordance with Article Ill.

B. Statutory Sub-Committees. Pursuant to the Act, the Council shall establish the following sub-committees: Medicaid (which may also serve as a subcommittee of the Medicaid Advisory Committee ("MAC"); child and adolescent; adult; substance abuse (which shall include DWI issues and shall include representation from local DWI councils); Native American; and any other sub-committee as may be deemed necessary by the Chair to address specific issues.

(i) Qualifications. Each of the respective statutory sub-committees shall be comprised of no more than twenty-five (25) voting members (excluding the co-chair). Non-voting members may also serve upon formal approval by the co-chair. Non-voting members may consist of interested parties, technical advisors, and State agency staff members.

Of the voting membership, each must be formally approved by the co-chair (membership roster to be approved by the co-chair in writing at the regular August meeting of the Council) and reflect the diversity of Council Membership. Non-Council members may become voting members if formally approved by the Chair and recommended by the chair or co-chair of the respective statutory sub-committee. None may be a representative of a Medicaid Managed Care Organization; or a state agency employee (unless appointed as a state agency proxy to the Council). Additionally, of the twenty-five available voting seats on each sub-committee three seats shall be prioritized for each of the six Behavioral Health regions.

(ii) Committee Chairmanship. The respective statutory sub-committees shall be chaired as follows:

(a) Adult (mental health), Substance Abuse, and Medicaid (combined) sub-committee (ASAM), co-chaired by a non-state agency council member, elected by the subcommittee membership, and by the Secretary of the Human Services Department[2] or designee;

(b) Child and Adolescent sub-committee (CASC), co-chaired by a non-state agency council member, elected by the sub-committee membership, and by the Secretary of the Children, Youth, and Families Department or designee;

(c) Native American sub-committee (NASC), co-chaired by a non-state agency council member, elected by the subcommittee membership, and by the Secretary of the Indian Affairs Department or designee.

The co-chair of a sub-committee shall be elected by a majority of the voting members of the sub-committee.

(a) Terms. There are no term limits for the secretary co-chairs or their designees. Each term of the elected co-chairs shall be for one (1) year. No elected co-chair shall serve more than two consecutive terms.

(b) Duties. All statutory sub-committees shall meet at least quarterly. Additionally, the Council shall delegate to the statutory sub-committees such authority, powers and duties, as the Council deems necessary and appropriate to carry out the activities and purposes of the Council.

(v) Quorum and Voting. Forty percent (40%) of voting members of any sub-committee shall constitute a Quorum. Those sub-committee members with an excused absence will not be counted for purposes of determining Quorum. In the absence of a Quorum the sub-committee can meet and make a recommendation to the full sub-committee for action, or report to the full council without a recommendation.

[2]Pursuant to NMSA 24-1-28, mental health and substance abuse services were located at the Department of Health. In 2008, mental health and substance abuse services relocated to the Human Services Department.

Each sub-committee voting member shall have one vote. The act of a majority of voting sub-committee members present at a meeting at which a Quorum is present shall be the act of the Sub-Committee, except as otherwise explicitly provided herein. The act of a majority of voting sub-committee members present at a meeting will have validity as long as Quorum was present at the beginning of the meeting. Voting by proxy is not permitted.

(vi) Removal. Aside from the state appointed co-chair, any member of a statutory sub-committee may be removed for cause. "Cause" includes but is not limited to (a) conduct unbecoming a public official; (b) neglect of assumed or assigned responsibilities; (c) failure to attend 3/4 of required meetings in a single year unless excused by the Chair of the Council; or (d) a lack of active leadership. Co-chairs may be removed with or without cause by the Governor.

(vii.) Resignation. Any Member may submit in writing to the co-chair a written notice of resignation. Upon the co-chair's acceptance of such resignation, it shall take effect as of the time specified or, if no time is specified, at the time of its acceptance by the co-chair.

(viii) Meetings. Any meeting of the statutory sub-committees shall be conducted in accordance with Article III.

C. Other Committees. Other sub-committees as may be established by the Chair of the Council to address specific issues. All sub-committees may include nonvoting members appointed by the co-chair for purposes of providing expertise necessary to the charge of the respective sub-committee. All members must be formally approved by the co-chair, either verbally or through writing, including but not limited to electronic mail.

Either the Council chair shall appoint or, members of ad hoc sub-committees may elect, a chair of the ad hoc sub-committee and all meetings shall be conducted at the discretion of the chair of the ad-hoc sub-committee.

D. Compensation. Members of the Executive or sub-committee shall not receive compensation for their services as Members. The Council may authorize the advance or reimbursement to committee members of actual, reasonable expenses incurred in carrying out his or her duties as committee members pursuant to the Council's Policies and Procedures.

ARTICLE VI
AMENDMENTS

A. Amendments. The Council shall have the power to make, amend, and repeal the bylaws of the Council by vote of two-thirds of the Members at any meeting of the Council, provided that written notice of the intent to make, amend, or repeal the bylaws, according to the meeting and notice provisions of Article III, shall have been given. Proposed amendments to these Bylaws shall be submitted in writing, including electronic mail, to the Members two-weeks in advance of any Council meeting at which they will be considered for adoption

B. Validity. Any legal defect in any part of these Bylaws does not render the balance of the Bylaws invalid.

C. Governing Law. In all matters specified in these Bylaws, New Mexico law shall apply.

ARTICLE VII
PARLIAMENTARY AUTHORITY

A. Governing Procedure. The bylaws of the Council are always superior to and supersede the policy and procedures and parliamentary authority of Council. The Chair, Executive Committee, sub-committees and membership shall always look to the Council bylaws for a ruling on any question, then to the policies and procedures, and finally in *Robert's Rules of Order* Newly Revised.

B. Parliamentarian. Either the Chair or Vice-Chair of the Council or any co-chair of a sub- committee may appoint a Parliamentarian to rule/advise on matters of Parliamentary procedure. The Parliamentarian shall serve at the pleasure of the Chair of the Council or the co-chairs of any sub-committee.

ARTICLE VIII
POLICIES AND PROCEDURES

The Policy and Procedures Manual contains business and financial policies that apply to the Council and is specifically incorporated by reference herein.

ARTICLE IX
EFFECTIVE DATE

These Bylaws have been approved by the Council on December 11, 2019 and are effective on December 11, 2019.

Policies and Procedures

for the

New Mexico Behavioral Health Planning Council

Approved by Behavioral Health Planning Council

March 3, 2020

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Policies and Procedures

New Mexico Behavioral Health Planning Council

I. Introduction

In 2004, the New Mexico Legislature passed House Bill271 creating act 24-1-27 to 24-1-28 NMSA 1978 (the "Act") relating to the Purchasing Collaborative ("Collaborative") and a Behavioral Health Planning Council ("Council") that was passed and enacted into law. The Council members are appointed by and serve at the discretion of the Governor. Council members are charged with advocating for adults, children, and adolescents with serious mental illness or severe emotional neurological and behavioral disorders, including substance abuse and co-occurring disorders; and encouraging and supporting the development of a comprehensive, community-based behavioral health system of care.

II. Scope

The Behavioral Health Planning Council's Operating procedures encompass and regulate the responsibilities and activities of the Council. It is through this manual that the Council establishes the guidelines within which, the general Council and committees act to implement policy, advocacy, and oversight.

III. Vision

"To be a potent voice for children, adults, and families and the providers that serve them in New Mexico's customer-centered recovery and resiliency focused, coordinated and quality behavioral health care system." The Council speaks for infants, children, youth, young adults transitioning to adulthood, adults, the elderly and their families, in the on- going implementation of a consumer-driven, fully integrated, outcome-based, state-wide comprehensive system of wrap around behavioral health services.

IV. Purpose

The purpose of the Council is to serve as the statewide advisory body for behavioral health in New Mexico. Specifically, but not limited to, the Council shall advocate, advise, report to, recommend and represent on behavioral health matters of interest to the Governor, the Legislature, the Collaborative, State agencies, and local community groups.

In addition, the Council focuses its efforts on continuum of care development, implementation and assessment and actively collaborates with all system stakeholders and the general public.

V. Code of Conduct

All members of the Behavioral Health Planning Council shall abide by the terms of the New Mexico Governmental Conduct Act (Chapter 10, Article 16, Section 10-16-1 et seq., NMSA 1978) (See Appendix D), and to that end shall maintain appropriate and professional internal and external relationships. Council members found to be in violation of the New Mexico Governmental Conduct Act or any provision of the Council By-Laws may be subject to removal pursuant to Article II, Paragraph F of the Council By-Laws.

Members who have a conflict of interest on a subject must recuse themselves from discussion, in addition to recusing themselves from voting.

Once a year, all members will sign a Conflict of Interest Statement at the June meeting of the Council.

In addition to the formal statement above, the Executive Committee will develop and enforce ground rules across all meetings; and each member of the Council and the Subcommittees shall sign a statement yearly acknowledging that he/she has read the guidelines, understands them and will abide by them.

In general, guidelines and expectations have been designed to make the experience within the Council and its subcommittees satisfying to all attending. All participants shall adhere to the core values to respect the individual rights, safety, and property of others, to demonstrate the character traits of trustworthiness, respect, responsibility, fairness, caring and citizenship.

Therefore, all attendees will:

- Actively participate,
- Listen Respectfully,
- Explore Differences and Search for Common Ground,
- Stay Focused – One Conversation at a Time and Silent Cell Phones,
- Begin and End on Time, and
- Share Air Time.

VI. Goals

A. To maintain an effective partnership with the Collaborative;

B. To maintain an effective partnership with local community groups;

C. To maintain an effective partnership with the MCOs; and

D. To maintain a representative relationship with the clientele we represent.

VII. Roles and Responsibilities of Membership

A. Duties: The Council shall have all the statutory duties prescribed and proscribed under the Act, including replacing the Governor's Mental Health Planning Council and acts in accordance with Public Law 102-321 of the Federal Public Health Service Act.

B. Membership: Membership to the Council shall be qualified pursuant to Articles I and II of the By-laws, thereby conforming to Public Law 102-321 of the Federal Public Health Service Act. All members shall be appointed by and serve at the pleasure of the Governor. Providers and state agency representatives together may not constitute more than forty-nine percent of the Council's membership.

C. Officers: Officers of the Council shall be elected pursuant to Article IV of the By- Laws, thereby conforming to Public Law 102-321 of the Federal Health Service Act.

D. Self-Disclosure: In the case where the Governor does not designate representations as a consumer, family member, advocate, provider or Native American, it will be important for the Council members to self-identify as one or more of those categories so that the Executive Committee can continue to have the breadth and depth of all our representative members. Per the Community Mental Health Block Grant, the regulations stipulate that the "State mental health planning council" shall be made up of "not less than 50 percent of the members....who are not State employees or providers of mental health services."

VIII. Meetings

Excused Absences:

Members of the Council are expected to attend every meeting of the Council as well as their Subcommittee(s). Failure to do so, and in absence of a written excusal by the Chair, may result in a written recommendation to the member and the Governor that the member removed from the Council and a new member be appointed.

Excused absences may include weather, sickness, family commitment, vacation, technological failures and scheduling conflicts. NOTE: That even with an excused absence, the Vice-Chair will track compliance with the 75% requirement.

A. Types of Meetings:

1. Council

Members of the Council are expected to attend every meeting. Failure to do so, and in absence of a written excusal by the Chair may result in a written recommendation to the Governor that the Member be removed from the Council and a new member be appointed. At a minimum, Council Members must attend seventy-five percent of all Council meetings (i.e., 3 out of 4 annually) and are expected to actively participate in at least one statutory subcommittee.

Attendance at scheduled Council meetings will be monitored quarterly by the Vice-Chair.

Please note: if a Council member is removed from the Council by the Governor- either for failure to attend meetings or any other reason-there is no guarantee or expectation that someone else will be appointed by the Governor to fill that vacancy. Attendance at scheduled Council meetings will be monitored quarterly by the Vice-Chair.

2. Subcommittees (Executive, Statutory, Ad Hoc)

Members of the Council are expected to actively participate in at least one statutory subcommittee. Failure to do so may result in the Vice-Chair writing a letter to the member explaining the requirement. If the member still does not participate, there will be a second letter from the Vice-Chair to the member requesting that the member resign from the Council. If there is still no action, the Chair will write a recommendation to the Governor that the member be removed from the Council and a new member be appointed.

a. Executive Committee

The qualification, composition, terms, duties and voting procedures of the Executive Committee is as follows:

The Executive Committee shall be presided by the Chair and Vice-Chair of the Council and will manage the operations of the Council and be authorized to act and make decisions on behalf of the Council at the Council's discretion. The Council Chair shall also preside over all Executive Committee meetings.

All policies that apply across multiple committees or have widespread impact will be discussed by the Executive Committee before going to the full Council for vote. An electronic return receipt may be utilized to ensure that members received the electronic

ballot. The Executive Committee may vote electronically for all issues that need an immediate response.

It is the responsibility of the Executive Committee to develop and distribute the Agenda to the full membership at least three days prior to any Council meeting for member additions, corrections and/or comments. The Executive Committee will convene at least one week prior to any regular Council meeting to develop the agenda. The following must be submitted to the Executive Committee forty-eight hours prior to its meeting to ensure inclusion and appropriate representation on a Council agenda:

- Any agenda item requests from the membership;
- All subcommittee agenda item requests; and
- Draft Minutes from the prior meeting of the Council.

b. Finance Subcommittee of the Executive Committee (Functions)

The Finance Subcommittee, which reports to the Executive Committee of the Council, will:

- Develop an annual budget for the Council and its statutory subcommittees prior to the beginning of every fiscal year.

- Submit an Income Statement for the Council and its statutory subcommittees monthly following the first six months, as well as the end of every fiscal year. That Income Statement shall also track against the proposed budget.

- Based on availability of funds, the Finance Subcommittee shall also make quarterly recommendations regarding when, and if, reimbursements to members for stipends, mileage, and per diem shall be awarded.

The Finance Subcommittee shall be comprised of the Chair of the Finance Subcommittee, the Chair of the Council, a representative of the BHPC fiscal agent and one representative from each of the Statutory Subcommittees.

Behavioral Health Planning Council Members, who are not state employees, or otherwise compensated, such as some providers, shall submit a Council Reimbursement Form to be reimbursed for verifiable travel and expenses for participation in scheduled Council meetings and subcommittee meetings.

Allowable reimbursements for meetings are as follows:

- Round-trip mileage (from home to meeting location) for Council meetings only;

- Stipend for time spent attending meeting;

- Per Diem – for hotel and meals if traveling greater than 100 miles one-way from home to meeting location for Behavioral Health Planning Council meetings.

The Council will use the New Mexico Department of Finance and Administration (DFA) regulations and the New Mexico Per Diem and Mileage Act as a guideline to pay reimbursement, as long as funds are available.

Only Planning Council and voting members of the subcommittees are eligible for stipends and reimbursements.

Advances for Mileage

An advance (80% of mileage) can be granted on a case by case basis by the Chair of the Council or the Chair of the Finance Subcommittee. A request must be submitted 7 working days prior to the meeting date to the Council liaison. If the individual does not attend the meeting, the money must be returned to the Council within 2 weeks. Failure to do so will result in loss of advancement privileges and all forthcoming reimbursements and stipends. The other 20% of the advancement will be reimbursed after the completion of the meeting.

c. Statutory Subcommittees: Pursuant to the Act, the Council shall establish the following Subcommittees:

Adult

Medicaid

Substance Abuse

Child and Adolescent

Native American

NOTE: The Adult, Substance Abuse, and Medicaid Subcommittee was created to combine the first three subcommittees into one large subcommittee.

The number, qualification, composition, terms, duties and voting procedures of the Statutory Subcommittees are set forth in Article V, Paragraph B of the By-Laws. The Subcommittees shall establish a standardized membership roster that identifies members by Council representation (e.g., consumer, family member, etc.), and other representations. The Subcommittees shall be composed of no more than 25 members. Attendance for voting members will be tracked. Members are required to attend at least 75% of meetings annually.

d. Other Subcommittees: As deemed necessary by the Chair of the Council to address specific issues.

B. Meeting Structure:

Who: Co-Chairs
Cabinet Secretary or his/her designee (by Statute)

Governor appointee elected by the subcommittee

How: Nominations and elections are held at the June meeting.

When: Co-Chairs will determine how often their subcommittees will meet.

The Adult, Substance Abuse, and Medicaid Subcommittee is a combined subcommittee and meet jointly at their discretion.

Where: The subcommittee meetings are held in a location designated by the co-chairs and utilize telephone and web-based conferencing.

Job Descriptions:

The Elected Co-Chairs:

Develop the Agenda

Facilitate the meeting

Develop and lead initiatives

Develop, lead, and present recommendations to the council

Write all reports, such as the report for the subcommittee to be submitted to the Chair of the Council

Appoint representatives to Ad-Hoc Subcommittees (including the Finance Subcommittee)

State Agency Co-Chairs:

Develop, in conjunction with the elected Co-Chair, the agenda

In the absence of the Chair, facilitate the meeting

Track and report on attendance to the Executive Committee; signs letters to members regarding attendance requirements

Interface with their respective state agencies

Advise on regulations, funding, and state processes

Members of Subcommittees:

Represent the systems-wide issues and local interests in regard to the issues of the Subcommittee

May participate as a voting or non-voting member.

A list of voting members of each subcommittee shall be maintained by the elected co-chair

Only voting members of the subcommittees are eligible for stipends and/or mileage.
A list of voting members of each subcommittee shall be maintained by the elected chair.

It is the responsibility of the voting member to confirm in advance, the date, time and location of all meetings. No stipend and/or mileage reimbursement will be provided to a voting member when there are announced changes to a meeting's date, time or location, including the cancellation of a meeting.

A Council member may only be a voting member on one subcommittee. However, they may participate as a non-voting member of other subcommittees but will not be eligible for monetary reimbursement.

C. Governance and Mission Statutory Subcommittees:

Adult Subcommittee, Substance Abuse Subcommittee and Medicaid Subcommittee. The Adult, Substance Abuse, and Medicaid Subcommittee (ASAM) was created to combine these three subcommittees into one large Subcommittee. ASAM is co-chaired by the Secretary of the Human Services Department (or his/her designee) and co-chaired by a non-state agency Council member who is a voting member of the Subcommittee elected by the Subcommittee.

ASAM shall make recommendations to the Council regarding prevention and treatment services for all citizens of New Mexico with mental health, substance use/misuse disorder, and Medicaid issues.

Children and Adolescent Subcommittee (CASC): The CASC is co-chaired by the Secretary of Children, Youth, and Families (or his/her designee) and co-chaired by a non-state agency Council member who is a voting member of the Subcommittee elected by the Subcommittee.

The Children and Adolescent Subcommittee shall advocate for families/caretakers, infants, children, youth, adolescents and young adults transitioning to adult services with or at-risk for emotional, neurological and

behavioral disorders, including substance abuse and co-occurring disorders. Additionally, the Subcommittee intends to:

- Encourage and support the development of a comprehensive, integrated, culturally competent, high quality and timely statewide children's continuum of care.

- Advise and make recommendations for increased and improved behavioral health services for families/caretakers, infants, children, youth, adolescents and young adults transitioning to adult services.

Native American Subcommittee (NASC): The NASC is co-chaired by the Secretary of Indian Affairs Department (or his/her designee) and co-chaired by a non-state agency, who is a member of the Council elected to that position by the Subcommittee membership. The NASC shall assure excellence in behavioral health services to all Native American people in New Mexico.

All active Native American local collaboratives shall identify and appoint a representative from their Local Collaborative to the Native American Subcommittee who meets one of the following criteria:

1. Is a Native American,
2. Is a person representing a tribal program or administration, or
3. Is a family member of a Native American.

On or about the first meeting of each fiscal year, the NASC shall pass a resolution stating the method of decision-making it shall use throughout the remainder of that fiscal year. This method may include, but shall not be limited to, voting (either restricted or open to all participants) or consensus.

D. Format:

Open Meetings

The State of New Mexico Behavioral Health Planning Council (Council) is committed to full transparency and public input in all work of the Council. All meetings of the Council, Executive Committee, Statutory Subcommittees and all other committees which may be formed, will be conducted in compliance with the New Mexico Open Meetings Act § 10-15-1 which guarantees the right to public access and input to all proceedings at the State, regional and local levels, is equally applicable to elected and appointed BHPC members, and is applicable to any gathering wherein there is both a voting quorum present in person or by electronic means and the Council, Executive Committee or one of its Statutory Subcommittees will formulate policy, discuss public business or take action.

Closed Meetings

If the Council, Executive Committee or one of its Statutory Subcommittees wishes to hold a closed meeting, it may do so only to engage in one or more of the following:

a. Deliberations about the issuance, suspension, renewal or revocation of a Council Statement of Support.

b. Discussion of the hiring, promotion, demotion, dismissal, assignment or resignation for a Council Member.

c. The investigation, consideration of complaints or charges against a Council member.

d. Meeting with the Behavioral Health Collaborative attorney pertaining to threats of pending litigation in which the Council is or may become a participant.

Emergency Meetings

Under limited circumstances, an emergency meeting may be held with little advance notice if:

a. The Council, Executive Committee or one of its Statutory Subcommittees did not expect the circumstances giving rise to the meeting; and

b. If the Council or its Executive Committee does not act immediately, injury or damage to persons or property or substantial financial loss to the Council or one of its Statutory Subcommittees is likely.

E. Procedures:

Notice

a. Reasonable advance notice of Council and Statutory Subcommittees meetings will be provided to the public.

b. The notice complies with deadlines and procedures for meetings as directed by the By-Laws of the Council.

c. The notice includes the date, time, agenda and location of the meeting of the Council on the Behavioral Health Collaborative website which is accessible to the public and at least one local newspaper.

d. The notice for the Statutory Subcommittee is posted on the Behavioral Health Collaborative website which is accessible to the public.

e. All Council and Statutory Subcommittee meetings and notice thereof shall be held in accordance with Article III of the By-Laws.

Occurrence

a. Council: Regular meetings of the Council shall be held at least quarterly (and no more than six times a year) at the time and place fixed at the request of the Chair, or the Executive Committee of the Council in consultation with representatives of the Collaborative. By-Laws, Article III, Paragraphs A-C. Emergency meetings may be called in accordance with the By-Laws.

b. Statutory Subcommittees: Each Statutory Subcommittee shall meet at least quarterly.

c. Executive Committee: The Executive Committee shall meet at least quarterly.

d. Ad-Hoc Subcommittees: The Ad-Hoc Subcommittees shall meet as needed and will be announced via electronic media.

Robert's Rule of Order

The Council shall conduct business in accordance to its By-Laws, policy and procedures, and Robert's Rules of Order. The purpose of this is to allow equal opportunity for members to participate and for both support and dissent to occur. It is the responsibility of the Chair to ensure adherence to the approved agenda timeline. In order to accomplish this, the Chair may set time limitations per speaker.

A call for the question always requires a quorum (1 over 50%) of attending members in order to pass.

Elections

Elections of officers and Council representatives shall occur at the June meeting.

Electronic Participation

If a Member of the Council, Executive Committee or one of its Statutory Subcommittees participates in a meeting by telephone, it must be pursuant to the By-Laws of the Council which authorizes its members to:

a. Participate by conference telephone or similar communications equipment,

b. Each member participating telephonically can be identified when speaking,

c. All participants are able to hear each other at the same time, and

d. Members of the public attending the meeting are able to hear any member of the Council or one of its Statutory Subcommittees who speaks during the meeting.

Council Packets

At least three days prior to every, regular Council meeting, the
Membership will receive a packet containing:

a. The Agenda and the Minutes from the prior, regular Council meeting, (because the Statutory Subcommittees meet the day before the Council meeting);

b. Comments or corrections to the packet should be submitted to the Chair prior to the Council meeting.

F. Agenda:

The meeting agenda should:

a. Include a list of specific items the Council, Executive Committee or Statutory Subcommittee intends to discuss or transact at the meeting;

b. Clearly describe agenda items that the Council, Executive Committee or Statutory Subcommittee intends to discuss or act on during the meeting in order to give adequate public notice;

c. Except for emergency meetings, the Agenda is available to the public at least 24 hours before the meeting.

BHPC Agenda / Business Items

Inclusion of Agenda / Business Items for discussion should be as follows:

a. Any Council member, agency, organization or individual may submit business matters to the Behavioral Health Planning Council's Executive Committee for consideration;

b. Formal Submission of proposed external business items on an approved Council Business Item Application is required (Appendix B); and

c. Council Business Item Applications must be submitted to the BHPC Liaison via email (see Appendix B).

G. Minutes:

A summary of proceedings and all votes and recommendations of the Council, Statutory Subcommittees and Executive Committee shall be recorded into the Minutes. Designated staff will record such minutes and will forward drafts to the Executive Committee for its review prior to disbursement to the Membership. If the meeting is open, written Minutes are required. Minutes must contain at least:

a. The date, time and place of the meeting, and those members who are absent;

b. The names of all members of the Council or one of its Statutory Subcommittees attending the meeting and of those who are absent;

c. A description of the substance of all proposals considered during the meeting; and

d. A record of any decisions made and votes taken that shows how each member voted.

e. A draft copy of the minutes is prepared within ten working days of the public meeting.

f. The minutes are approved, amended or disapproved at the next meeting where a quorum of the Council, Executive Committee or one of its Statutory Subcommittees is present.

g. All minutes are made available for public inspection.

Lost Minutes: If minutes from any BHPC meeting, including Subcommittee and Ad-Hoc meetings are lost, the Chair will note at the next regularly scheduled BHPC meeting that the official minutes are lost and are unrecoverable. Any action items that were voted upon in the lost minutes will be voted on again and recorded in the current minutes.

IX. Council and Third Parties

In accordance with its statutory and advisory obligations, the Council shall interact with the following professional partners in the manner prescribed below:

A. Behavioral Health Collaborative

The Council in coordination with the Collaborative will:

a. Prioritize the information needed by the Council and develop a uniform reporting method,

b. Develop a mechanism for obtaining minutes from the Collaborative meetings, and

c. Develop and sustain an effective partnership with the Collaborative.

B. Medicaid Managed Care Organizations (MCOs)

The MCOs have been contracted by the Human Services Department to meet the behavioral health needs and provider network capacity throughout New Mexico.

a. The Council, in coordination with the Collaborative and the MCOs will develop a mechanism for obtaining process and outcome data.

b. The Council will request that each MCO assign a representative to attend the Subcommittee and Council meetings.

c. The Council will provide a place on the Agenda in order to ensure that the MCOs furnishes regular updates about decisions and activities at all Council meetings, and

C. Behavioral Health Services Division

The Behavioral Health Services Division of the Human Services Department shall provide staff support for the Council.

A Council Program Manager shall be provided by the Behavioral Health Services Division and shall be a non-voting member of the Council.

Staff support for the Subcommittees shall be provided by the Behavioral Health Services Division or the appropriate state agency as needed.

X. Changes to the Policies and Procedures

This Policies and Procedures document shall be maintained, reviewed, and updated annually by the Executive Committee or an Ad-Hoc Committee of its choosing. Proposed changes shall be mailed or e-mailed to the Membership of the Council two weeks prior to any meeting where amendments are scheduled to be discussed and adopted. A simple majority of a quorum shall be sufficient to adopt any amendments to the Policies and Procedures document.

XI. Concerns and Feedback

The Behavioral Health Planning Council follows a consistent procedure for recording, triaging, resolving and tracking complaints and grievances, defined as "expressions of dissatisfaction", filed verbally or in writing, by Council Members, local collaboratives, persons with mental illness or substance use disorders, their advocates, behavioral health services providers, State agency personnel and other stakeholders about the Council's policies, procedures, practices, actions or personnel. The intent of this policy and procedure is to ensure fair, appropriate and timely resolution of such complaints or grievances. The Executive Committee will review complaints on a case-by-case basis and determine steps of action to resolve the complaints.

A complaint or grievance can be mailed to:

Behavioral Health Planning Council
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

Office: (505) 470-3926

Code of Conduct
Behavioral Health Planning Council

In general, our guidelines and expectations have been designed to make everyone's experience within the BHPC satisfying to all attending. This means that all participants shall adhere to the core values to respect and be considerate of each other's individual rights, safety, and equality.

Therefore, please:

- Actively participate
- Listen respectfully
- Explore differences and search for common ground
- Stay focused
- One conversation at a time
- Silence cell phones
- Start and end on time
- Share airtime
- Be positive

If a member becomes offended by someone or something, bring the issue to the attention of the Chairs, Co-Chair or BHPC Liaison.

We need to remember that we are all on the same page, that there are times when we get frustrated or angry, and we should never direct that frustration or anger at one another. That we are all collaborating and working together to move concerns and issues forward.

Meeting Copy: To be read at the beginning of each meeting.

BEHAVIORAL HEALTH PLANNING COUNCIL MEETING CALENDAR 2022

All Meetings are held virtually via Zoom

Behavioral Health Planning Council Bi-Monthly meetings
2nd Wednesday of every other month 1:00 pm - 2:30 pm

ADULT/Substance Abuse/Medicaid/ASAM
10:00 am - 12:00 pm

BHPC Executive Team Meetings
1st Tuesday of every other month 10:00 am - 12:00 pm

BEHAVIORAL HEALTH COLLABORATIVE
1:00 pm - 4:00 pm

NATIVE AMERICAN/NASC
1:00 pm - 3:00 pm

CHILDREN'S & ADOLESCENTS/CASC
1:30 pm - 3:30 pm

Path to Wellness NEW MEXICO
#RoadToRecovery

nataliea.rivera@state.nm.us
Cell: 505-490-3926

JANUARY 2022

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Appointee	Board/Commission	Type of Appointment	Start Date	End Date	
Ms. Carol Luna-Anderson Post Office Box 5820 Santa Fe, New Mexico 87501 (505) 603-9677 carol@lltraininginstitute.org	Behavioral Health Planning Council	Gov. Martinez	Unknown	Pleasure of the Governor	Family Member of Individuals in Recovery (to include family members of adults with SMI)
Ms. Sandtina Melendrez Post Office Box 116 Tyrone, New Mexico 88065 (575) 519-2385 sandtina.melendrez@gmail.com	Behavioral Health Planning Council	Gov. Martinez	Unknown	Pleasure of the Governor	Family Member of Individuals in Recovery (to include family members of adults with SMI)
Ms. Lisa Trujillo 946 State Road 76 Chimayo, New Mexico 87522 Lisa.trujillo@gmail.com	Behavioral Health Planning Council	Gov. Martinez	Unknown	Pleasure of the Governor	Family Member of Individuals in Recovery (to include family members of adults with SMI)
Ms. Katana Wolf 1835 N. Willow Las Cruces, New Mexico 88001 (575) 288-8846 kwolf@lcdfnm.org	Behavioral Health Planning Council	Governor	3/16/2022	Pleasure of the Governor	Individual in Recovery with SMI, Parent of Child with mental illness
Ms. Patricia Marie Vigil Post Office Box 1267 Ohkay Owingeh, New Mexico 87566 (505) 620-9895 pvigilnalp@yahoo.com	Behavioral Health Planning Council	Governor	3/16/2022	Pleasure of the Governor	Family Member of Individuals in Recovery (to include family members of adults with SMI) & Advocate
Mr. Micah Pearson 5403 Angel Fire Court Las Cruces, New Mexico 88011 (575) 888-7785 / (510) 770-6264 m.pearson@nami-snm.org	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	Adult with Serious Mental Illness
Ms. Monica Lynn Miura 5909 Buena Vista N.W. Albuquerque, New Mexico 87114 (505) 977-8821 monicanmsoc@gmail.com	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	Adult with Serious Mental Illness
Ms. Jaime Clare Campbell 4323 San Pedro Drive N.E., Apt. G202 Albuquerque, New Mexico 87109 (505) 506-5261 camprambojon@gmail.com	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	Adult with Serious Mental Illness
Ms. Betty Suber Whiton 1900 Morningside Drive, N.E. Albuquerque, New Mexico 87110 (505) 453-1768 / (505) 255-4419 bwhiton@msn.com	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	Senior
Ms. Mary Ellen Stramel 2982 Corte de Espuelas Santa Fe, New Mexico 87505 (505) 930-1024 maryestramel@gmail.com	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	Senior

Mr. Craig D. O'Hare 2601 Sol y Luz Loop Santa Fe, New Mexico 87505 (505) 310-4537 cd_ohare@hotmail.com	Behavioral Health Planning Council	Governor	3/2/2022	Pleasure of the Governor	Adult with Serious Mental Illness and Co-occuring Disorders & Advocate
Mr. Jeremy A. Lihte 29 Calle Viernes Edgewood, New Mexico 87015 (505) 414-8089 jeremy@nmleadersinrecovery.com	Behavioral Health Planning Council	Governor	3/2/2022	Pleasure of the Governor	Person With Co-Occuring Disorders & Advocate
Ms. Stacy Lynette Keener 821 N. Beta Apt. B5 Clovis, New Mexico 88101 (575) 777-3387 skeener@mhrnewmexico.com	Behavioral Health Planning Council	Governor	3/2/2022	Pleasure of the Governor	Person With Co-Occuring Disorders
Mr. Patrick A. Byers-Smith 8701 Alvera Avenue, S.W. Albuquerque, New Mexico 87121 (505) 577-5075 pbyerssmith@live.com	Behavioral Health Planning Council	Governor	3/16/2022	Pleasure of the Governor	Person With Co-Occuring Disorders
Ms. Noreen Ann Kelly Post Office Box 1152 Church Rock, New Mexico 87311 (505) 870-6701 noreenkllymcsd@gmail.com	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	Native American Rep. Navajo
Ms. Jane Jackson-Bear 805 East Morgan Avenue Gallup, New Mexico 87301 (505) 328-0566 jgrassdancer@aol.com	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	Native American Rep. Navajo
Ms. Lonna Michele Valdez Post Office Box 546 Dulce, New Mexico 87528 (575) 419-2704 lvaldez@jbhd.org	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	Native American Rep. Apache
Mr. Frederick Lee Vigil Route 73, Box 69TP Santa Fe, New Mexico 87506 (505) 819-8085 / (505) 955-7740 rvigil@pueblo of tesuque.org	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	Native American Rep. Pueblo
Mr. Craig Lee Sandoval 4169A East Route 9 Cuba, New Mexico 87037 (970) 403-2130 craigsandoval@gmail.com craig.sandoval@kewa-nsn.us	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	Provider KEWA Pueblo Family Wellness Center
Mr. Jamie Junior Olivas 613 Dyne Avenue Las Cruces, New Mexico 88005 (575) 649-2230 / (575) 647-2800 jolivas@lcdfnm.org	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	Provider La Clinica de Familia
Ms. Jennifer Weiss-Burke 5209 Stallion Drive, N.W. Albuquerque, New Mexico 87120 (505) 363-9684 jenweissburke@serenitymesa.com	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	Provider Serenity Mesa

Ms. Dorothy Anne Forbes Sack 616 Fernandez Road Taos, New Mexico 87571 (575) 779-6786 passionfish22@hotmail.com	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	Provider Circle of Life Behavioral Health Network
Ms. Diana P. Trujillo 6261 Carmona Road, N.W. Albuquerque, New Mexico 87114 (505) 690-1487 / (505) 506-8035 dianap.trujillo@state.nm.us	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	State Agency CYFD (Adult Mental Health and Substance Abuse)
Ms. Leslie Grace Kelly 5801 Lowell Street, NE Apt. 15D Albuquerque, New Mexico 87111 (505) 819-9676 / (505) 250-4447 leslie.kelly@state.nm.us	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	State Agency: PED (education)
Ms. Christine Fuller 5200 Oakland NE, Suite C Albuquerque, New Mexico 87113 (602) 509-6861 christine.fuller@state.nm.us	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	State Agency: DVR (vocational rehabilitation)
Dr. Wendy Michelle Price 3501 Lone Tree Street, S.W. Los Lunas, New Mexico 87031 (505) 670-1320 wendy.price@state.nm.us	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	State Agency: NMCD (criminal justice)
Ms. Jeanette Masterson 8616 Bluff Springs Drive, N.E. Albuquerque, New Mexico 87113 (505) 288-0307 jeanne.masterson@state.nm.us	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	State Agency: CYFD (juvenile justice)
Ms. Lisa T. Howley 1513 Kachina Ridge Drive Santa Fe, New Mexico 87507 (505) 709-5791 lisa.howley@state.nm.us	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	State Agency: HSD (housing)
Ms. Jacqueline Y. Nielsen 11 Churchill Road Santa Fe, New Mexico 87508 (505) 709-5622 / (505) 629-5795 jacqueline.nielsen@state.nm.us	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	State Agency: HSD (Medicaid & social services)
Ms. Aryan Showers 1718 Norte Dame Drive, N.E. Albuquerque, New Mexico 87106 (505) 827-2270 aryan.showers@state.nm.us	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	State Agency: HSD (health policy planning)

Mr. Daniel H. Ekman 625 Silver Avenue, Suite 100 Albuquerque, New Mexico 87102 (505) 670-5698 daniel.ekman@state.nm.us	Behavioral Health Planning Council	Governor	3/16/2022	Pleasure of the Governor	State Agency: DDC (developmental disabilities planning **and** disabilities issues and advocacy)
Cabinet Secretary Katrina Hotrum-Lopez 2550 Cerrillos Road Santa Fe, New Mexico 87505 (505) 476-4708 katrina.holtrum-lopez@state.nm.us	Behavioral Health Planning Council	Governor	3/16/2022	Pleasure of the Governor	State Agency: ALTSD (Aging & Long Term)
Mr. Eldred D. Lesansee, Jr. 8405 Front Royal Court, N.W. Albuquerque, New Mexico 87120 (505) 670-2027 / (505) 476-1600 eldred.lesansee@state.nm.us	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	State Agency: Indian Affairs
Ms. Jovanna Archuleta 17 Poe Waenyu Poe Santa Fe, New Mexico 87506 (505) 423-3092 jovanna321@outlook.com	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	State Agency: ECECD
Ms. Susie Kimble 4096 Demos Avenue Las Cruces, New Mexico 88011 (575) 640-6620 kimblesand@zianet.com	Behavioral Health Planning Council	Gov. Martinez	Unknown	Pleasure of the Governor	Advocate
Mr. Richard S. Miera 60 Paseo Mesa Alta Este Corrales, New Mexico 87048 (505) 366-8200 miera.rick@gmail.com	Behavioral Health Planning Council	Governor	12/6/2021	Pleasure of the Governor	Advocate

Behavioral Health Planning Council (BHPC) Reimbursement Form FY 2022

ONLY FOR BHPC MEMBERS WHO ATTEND PLANNING COUNCIL MEETINGS

Name: _____ Address: _____
Phone Number: _____ Email: _____

Meeting Type & Date SC=subcommittee	Location	Round Trip Miles Traveled (**MT**) (from home)	Dollar Amount: **MT** x $0.45 **Personal car**	Receive Stipend? (Please √ amount)	Receive Per Diem? (Please √ if yes) $85 **For overnight stay**	Total $ Mileage+Stipend+Per Diem	Comments?
Planning Council Date:			$	$95.00	$85 ____		
Executive $15 hr Committee							
Other SC @$15 hr Date:							
Other SC @$15 hr Date:							
Other pre-approved mtg.							
		Total Miles Traveled (**MT**):	Total $ Amount:	Total Stipend: $	Total Per Diem $	Total reimbursement: $	

I hereby certify that I am a member of the Behavioral Health Planning Council, and I attended an official meeting on the date(s) indicated. I am reqesting reimbursement for the above expenses and I have not received payment from any other source.

Signature__ _____ Date_____

Submit form to: Natalie Rivera – nataliea.rivera@state.nm.us
Reviewed by _____ Date_____

Section 2

Good things to know

Behavioral Health Services Division – Information sheet

Behavioral Health Services Division Guide

Behavioral Health Collaborative Presentation – April 2022 by Bryce Pittenger

BH Acronyms List

Improving our language about Substance Use and Mental Health

Behavioral Health Services Division (BHSD)

Director: Dr. Neal A. Bowen, PhD

The Behavioral Health Services Division (BHSD) of the Human Services Department (HSD), based in Santa Fe, is the single state authority for behavioral health services in New Mexico. BHSD collaborates with many other state-wide agencies and community stakeholders to ensure comprehensive service delivery by provider organizations in prevention, treatment, and recovery for those with substance use disorders (SUD), mental health conditions, or co-occurring disorders.

MISSION

BHSDs mission is to lead the provision of integrated and comprehensive behavioral health services with its Collaborative partners in order to promote the health and resilience of all New Mexicans and to foster recovery and healthy living in communities

EXPECTATIONS

BHSD works to:

Assure the availability of quality treatment and support services in the least restrictive settings;

Build the behavioral health workforce's capacity and competency; and

Assist providers and peer support specialists in providing recovery and resiliency focused evidence based best practice

BHSD is a Division within the Human Services Department (HSD)

- **Human Services Department (HSD)**
  - **Child Support Enforcement Division (CSED)**
  - **Income Support Division (ISD)**
  - **Medical Assistance Division (MAD)**
  - **Behavioral Health Services Division (BHSD)**

THE BEHAVIORAL HEALTH COLLABORATIVE

The Collaborative works to establish policy and implement strategies to manage the behavioral health system. This cabinet-level group represents 15 state agencies and the Governor's office. The vision of the Collaborative is to be a single, statewide behavioral health delivery system in which funds are managed effectively and efficiently and to create an environment in which the support of recovery and development of resiliency is expected, mental health is promoted, the adverse effects of substance abuse and mental illness are prevented or reduced, and behavioral health recipients are assisted in participating fully in the lives of their communities. The Collaborative has four goals:

Goals

1. Expansion of Behavioral Health (BH) Provider Network
2. Expansion of community-based mental health services for children
3. Effectively address Substance Use Disorders
4. Provide effective BH Services for justice-involved youth

BHSD NETWORK OF CARE

OpenBeds® an Appriss Health company

A DOSE OF WELLNESS

OPRE New Mexico Office of Peer Recovery and Engagement

A DOSE OF REALITY about Opioids

Treatment CONNECTION www.treatmentconnection.com

Statewide Crisis & Access Hotline: (855) NMCRISIS

CONTACT US

NM Human Services Department
P.O. Box 2348
Santa Fe, NM 87504-2348

Behavioral Health Services Division
37 Plaza La Prensa
Santa Fe, NM 87504
(505) 476-9266

Income Support Division (ISD)
Child Support Enforcement Div. (CSED)
Medical Assistance Division (MAD)
Consolidated Customer Service Center:
1-800-283-4465

Apply for benefits at:
www.yes.state.nm.us/yesnm

HUMAN SERVICES DEPARTMENT

DIVISION & DEPARTMENT GUIDE:
BEHAVIORAL HEALTH SERVICES DIVISION (BHSD)

Overview

- How BHSD is Connected to Human Services Department (HSD)
- HSD
  - Mission and Goals
  - Programs Administered by HSD
- BHSD
  - Overview of Operations
  - Departments
    - BH Collaborative
    - BHSD Teams

MISSION

HUMAN SERVICES DEPARTMENT

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

GOALS

We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.

We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.

We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.

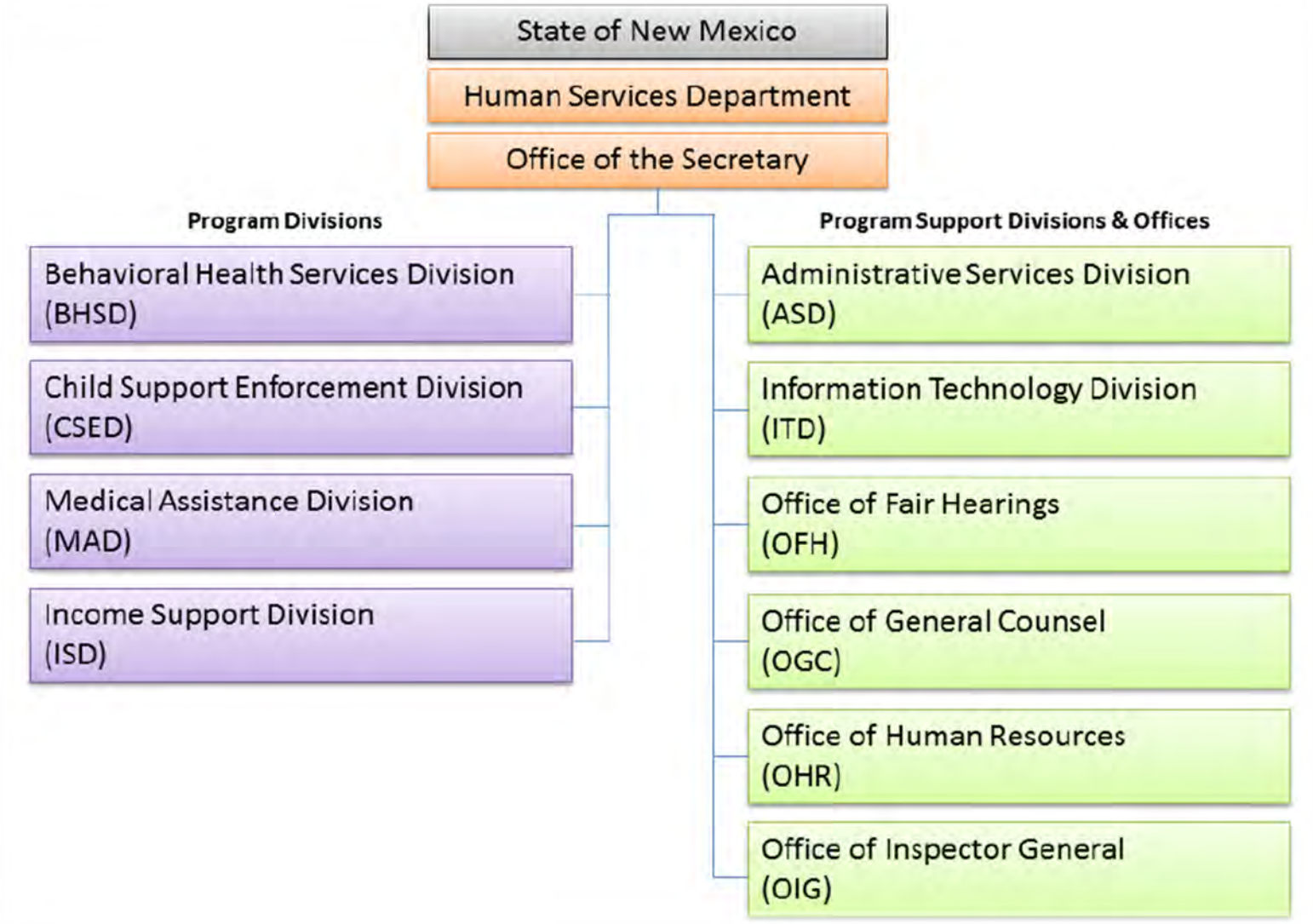
We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.

Human Services Department & BHSD

- The Behavioral Health Services Division (BHSD) is a division *within* the Human Services Department (HSD)
- The Human Services Department provides services and benefits to 1,051,755 New Mexicans through several programs including:
  - Medicaid Program
  - Temporary Assistance for Needy Families (TANF) Program
  - Supplemental Nutrition Assistance Program (SNAP)
  - Child Support Program, and several Behavioral Health Services
- HSD employees approximately 1700 employees in 11 divisions with offices throughout the state
- The Fiscal Year 2021 budget of $7,560,018,800, the department makes budgetary and policy decisions that have long-term effects on both state spending and its customers

HSD Division Organization Chart



Behavioral Health Services Division:
Overview of Operations

Behavioral Health Services Division (BHSD)

- The Behavioral Health Services Division (BHSD) of the Human Services Department (HSD), based in Santa Fe, is the single state authority for behavioral health services in New Mexico
- BHSD collaborates with a number of other state-wide agencies and community stakeholders to ensure comprehensive service delivery by provider organizations in prevention, treatment, and recovery for those with substance use disorders (SUD), mental health conditions, or co-occurring disorders
- The role of BHSD, as the Mental Health and Substance Abuse State Authority for New Mexico, is to address need, services, planning, monitoring and continuous quality systemically across the state

Behavioral Health Services Division (BHSD)

The purpose of BHSD is to lead the management of the public BH service system through its role as NM's single state authority, through its role in overseeing the NM Behavioral Health Collaborative (Collaborative), and through the purchase of adult Behavioral Health (BH) services utilizing SGF and federal funding for those ineligible for Medicaid or to cover services that are not reimbursable by Medicaid.

In addition, BHSD manages the BH provisions of the Medicaid Managed Care Contract wherein BH benefits have been carved into the Medicaid alternative benefit plan.

NM Behavioral Health Collaborative

- The Behavioral Health Collaborative was created by the Governor and the New Mexico State Legislature during the 2004 Legislative Session
- This cabinet-level group represents state agencies state agencies that have a mandated BH role
- BHSD works with the Collaborative to establish policy and implement strategies to manage the behavioral health system
- The vision of the Collaborative is to be a single statewide behavioral health delivery system in which funds are managed effectively and efficiently and to create an environment in which the support of recovery and development of resiliency is expected, mental health is promoted, the adverse effects of substance abuse and mental illness are prevented or reduced, and behavioral health consumers are assisted in participating fully in the lives of their communities

Behavioral Health Collaborative: Goals

- Expansion of BH provider network
- Expansion of community-based mental health services for children
- Effectively address SUD
- Provide effective BH services for justice-involved individuals.

BHSD: Expectations

BHSD's mission is to lead the provision of integrated and comprehensive behavioral health services with its Collaborative partners in order to promote the health and resilience of all New Mexicans and to foster recovery and healthy living in communities

BHSD works to:

- Assure the availability of quality treatment and support services in the least restrictive settings;
- Build the behavioral health workforce's capacity and competency; and
- Assist providers and peer support specialists in providing recovery and resiliency focused evidence based best practice

BHSD: Expectations

These expectations cannot be met unless we maintain a work culture that is continuously vigilant in seeking to understand and be sensitive to the complex array of regional, cultural, rural, frontier, urban and border issues, and in particular appreciates and respects the sovereignty of Native American Nations, Tribes, and Pueblos

Behavioral Health Services Division:

Team's

Behavioral Health Services Division

The Director of BHSD, oversees Behavioral Health Services Division: Policy & Prevention, Program/Clinical Support Services & Recovery, Finance & Operations.

In addition to traditional financial operations, the Finance & Operations team manages the relationship with the Administrative Services Organization (ASO) for non-Medicaid services, currently Falling Colors (as of July 1, 2017)

Policy & Prevention Team

The Policy & Prevention team manages a diverse range of functions.

Quality improvement activities form a core focus, but individual staff specialists are also assigned support and oversight of the BH Planning Council, supportive housing, federal block grants and general policy analysis.

Two individual positions divide up management of the behavioral health portion of all Medicaid MCO Centennial Care contracts.

Policy & Prevention Team

The second arm of this complex team focuses on prevention and is the home of the Office of Substance Abuse Prevention (OSAP).

One staff director guides the Statewide Epidemiology & Outcomes Workgroup (SEOW) and National Prevention Network activities.

Several managers and staff specialists oversee specific programs dealing with prescription drug and opioid abuse and death prevention, underage tobacco use, and school drop-out prevention (through classroom management training).

There is some overlap between the prevention activities of this team and those that occur within the Department of Health

Program/Clinical Support Services & Recovery

The Program/Clinical Support Services & Recovery team oversees a broad range of core programs.

In addition to a clinical services manager for treatment and recovery programs, there are individual staff specialists overseeing opioid treatment programs (and functioning as the State Opioid Treatment Authority), as well as staff managing both discretionary grants and State General Fund special areas.

These latter programs include veterans' services, jail diversion, women's services, Native American traditional services, suicide prevention, among others.

The Office of Peer Recovery & Engagement (OPRE) is also supported by this team. This program manages training and certification for Certified Peer Support Workers, and supports Recovery-Oriented Systems of Care (ROSC- RCoNM), and wellness drop-in centers around the state. The Peer Worker is an integral and highly valued member of the multi-disciplinary team. They provide formalized peer support and practical assistance to people who have or are receiving services to help regain control over their lives in their own unique recovery process. Through wisdom from their own lived experience, they inspire hope and belief that recovery is possible. Through a collaborative peer process, information sharing promotes choice, self-determination and opportunities for the fulfillment of socially valued roles and connection to their communities. **New Mexico currently has over 500 Certified Peer Support Works (CPSW's) and counting.**

OPRE funds and provides Technical Assistance to seven strategically placed Peer Run Wellness Centers, OPRE provides support for three specific population training tracts also referred to as Endorsements. They include, Veteran Peer Support, Older Adult Peer Support and Supportive Housing Peer Support. OPRE also provides cross agency support to multiple agencies and organizations to include staff model support and expedited training requests.

The Office of Peer Recovery & Engagement provides Continuing Education trainings that includes Ethics, Cultural Competency and Motivational Interviewing.

OPRE hosts Peer Support Celebrations annually, also referred to as "The Peer Summit", this also includes representation at New Mexico's Recovery Month events.

For more information please contact Melisha L. Montaño, OPRE Program Manager
Email: MelisiaL.Montano@state.nm.us
Phone: 505-470-3311

NM Behavioral Health Planning Council

Vision

"To be a potent voice for children, adults, and families and the providers that serve them in New Mexico's customer-centered recovery and resiliency focused, coordinated and quality behavioral health care system."

The Council speaks for infants, children, youth, young adults transitioning to adulthood, adults, the elderly and their families, in the on going implementation of a consumer-driven, fully integrated, outcome-based, state-wide comprehensive system of wrap around behavioral health services.

Purpose

The BHPC is a Governor appointed Council and it's purpose is to serve as the statewide advisory body for behavioral health in New Mexico. Specifically, but not limited to, the Council shall advocate, advise, report to, recommend and represent on behavioral health matters of interest to the Governor, the Legislature, The Behavioral Health Collaborative, State agencies, and local community groups.

To learn more about the NM Behavioral Health Planning Council, please contact the BHPC Liaison, Natalie Rivera at email: nataliearivera@state.nm.com or by phone: 505-490-3926

New Mexico's Behavioral Health System of Care: Behavioral Health Collaborative

Bryce Pittenger, CEO BHC
For NASW NM Conference, March 2022

BEFORE WE START…

On behalf of all colleagues at the Behavioral Health Collaborative, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Navajo and Pueblo past and present.

With gratitude we pay our respects to the land, the people and the communities that have contributed to what today is known as the State of New Mexico.

PHOTO COURTESY: HSD Employee

MISSION

To work collectively to improve the lives of New Mexicans by ensuring that Behavioral Health care is accessible,of high quality,collaborative,fiscally responsible,and meets the needs of our diverse population

GOALS

We connect people to supports

1. Strengthen and expand services to ensure a coordinated system of care.

We help families and communities

2. Develop community based mental health services for kids and families.

We treat the whole person

3. : Effectively address substance use disorder.

We advance social equity

4. Effectively address behavioral health needs of justice-involved individuals.

BHC Annual Strategic Planning Cycle

HUMAN SERVICES DEPARTMENT

JAN-MAR

- Legislative Session
- Governor's State of the State Address
- Revisit Strategic Plan considering enacted legislation and budget

APR

- Solicit stakeholders for feedback on mission, goals, and strategic priorities

MAY

- Revise mission and goals, if needed
- HSD leaders propose new initiatives (e.g., “Pitches for the People”)
- Conduct stakeholder listening sessions

JUN

- Interim legislative hearings begins
- Evaluate strategic priorities based on stakeholder feedback
- Determine budget and legislative priorities
- Submit Capital Outlay requests

JUL

- Develop BHC budget request
- BHC strategic plan
- Draft legislation

AUG

- Submit budget request, BHC Strategic Plan and legislation
- Determine Special nonrecurring, Deficiency, and Supplemental Requests

SEP-NOV

- Create budget request factsheets
- Submit Special nonrecurring, Deficiency, and Supplemental Requests
- Conduct employee listening sessions

DEC

- Present budget request to Legislative Finance Committee
- Pre-file

**IT: Information Technology*

HB271 2004 Legislative session

Purpose of creating a single interagency behavioral health purchasing collaborative is to develop a statewide system of behavioral health care that:

- Promotes the behavioral health and well-being of children, individuals, and families
- Encourages a seamless system of care that is accessible and continuously available
- Emphasizes prevention and early intervention, recovery and resiliency and rehabilitation

Behavioral Health Collaborative

Identify behavioral health needs statewide, with an emphasis on that hiatus between needs and services set forth in (DOH) gaps analysis and in on-going needs assessments, and develop a master plan for statewide delivery of services

Give special attention to regional differences, including cultural, rural, frontier, urban, and border issues (TRIBAL COLLABORATION)

Inventory all expenditures for behavioral health, including mental health and substance abuse

Behavioral Health Collaborative

Plan, design and direct a statewide behavioral health system, ensuring both availability of services and efficient use of behavioral health funding, taking into consideration funding appropriated to specific affected departments

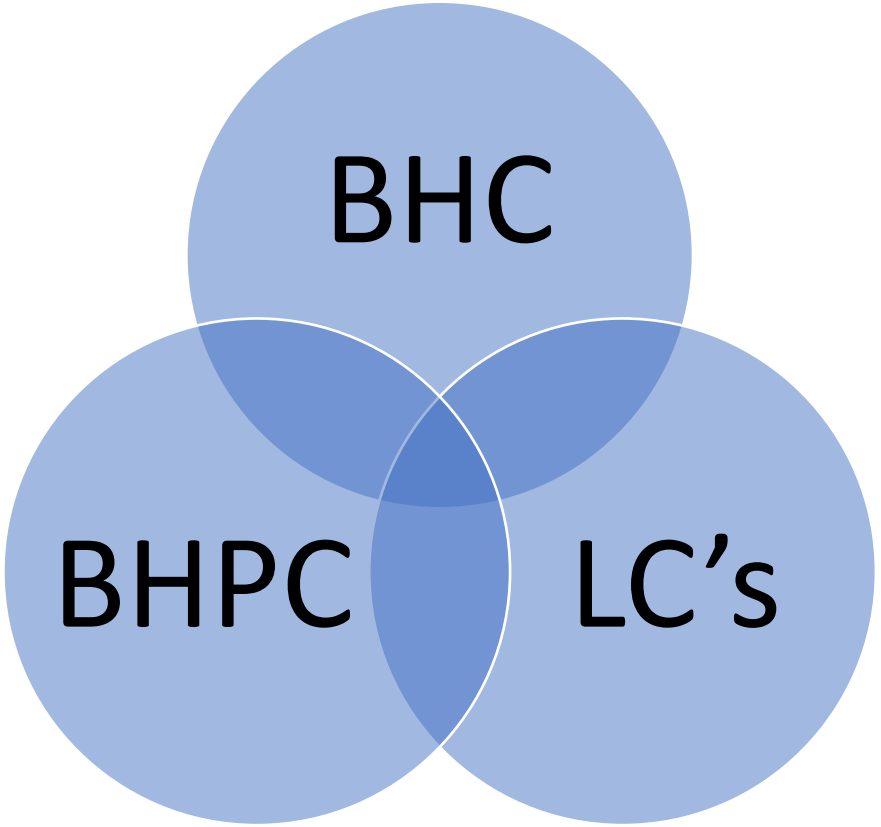
Contract for operation of one or more behavioral health entities to ensure availability of services throughout the state

Plan revised every two years

SAMHSA's 8 Dimensions of Wellness

- Human Services Dept.
- Dept. of Health Dept.
- Children, Youth and Families Dept.
- Administrative Office of the Courts
- Aging and Long Term Services
- Dept. of Finance and Administration
- Dept. of Transportation
- Dept. of Workforce Solutions
- Dev. Disabilities Planning Council
- Div. on Instructional Support and Voc. Rehabilitation
- Governor's Commission on Disabilities
- Indian Affairs Dept.
- Mortgage Finance Authority
- New Mexico Corrections Dept.
- Public Education Dept.
- Dept. of Veterans Affairs

Relationship structure: BH Collaborative, BH Planning Council, Local Collaboratives



Behavioral Health Planning Council

Providers and state agency reps together may not constitute more than 49% of membership

The Council shall:

ADVOCATE FOR ADULTS, CHILDREN AND ADOLESCENTS WITH SERIOUS MENTAL ILLNESS OR SEVERE EMOTIONAL, NEUROBIOLOGICAL AND BEHAVIORAL DISORDERS, INCLUDING SUBSTANCE ABUSE AND CO-OCCURING DISODERS

Local Collaboratives

The original purpose of the Local Collaboratives was to develop strong local voices to guide behavioral health planning and services, a key consideration in the planning and design of the Collaborative's initiative. Local Collaboratives were identified or formed locally and recognized by the Collaborative to help create and sustain the partnerships among consumers, family members, advocates, local agency providers, and community stake holder groups. Through the years, LCs identified behavioral health services needs, made recommendations towards building local capacity to promote wellness and recovery, and developed a range of local resources to serve consumers and their families.

https://www.hsd.state.nm.us/uploads/FileLinks/f13cd6ab72d244089c5bf80111f07524/Behavioral%20Health%20Planning%20Council%201-12-12.pdf

Basic Functions LC's

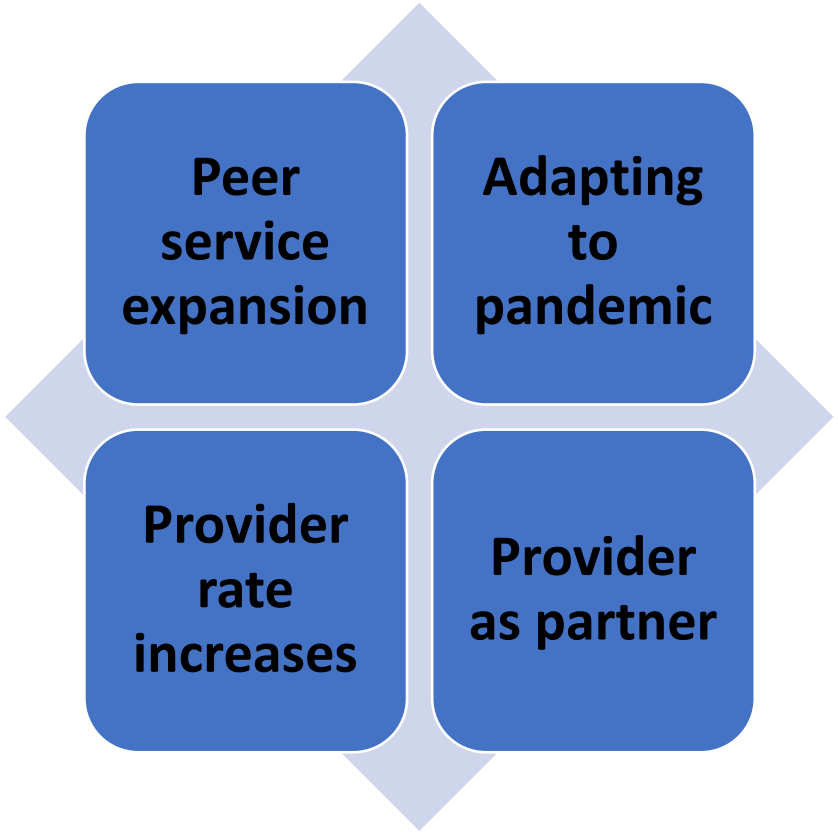
To create, enhance and sustain needed partnerships among local agencies, community groups, families, consumers, and advocates.

To be the voice of local communities, help identify needs, develop a range of resources, and ensure the relevance and responsiveness of services and supports to improve the quality of life of those affected by behavioral health outcomes.

To the extent possible, provide local input to the Collaborative on policy aspects of behavioral health services.

Goal 1: Behavioral Health Workforce

What we accomplished



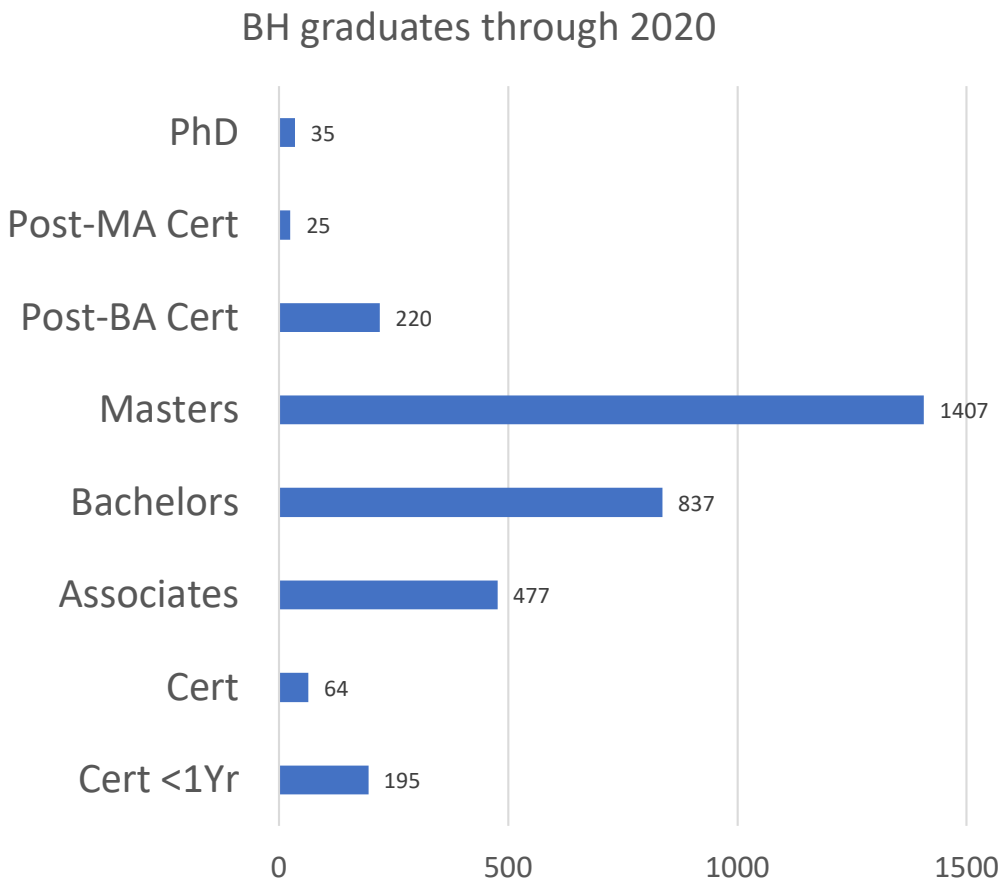
Where we're going

Goal #1: Workforce: Increase Workforce

- Expand the number of graduates in behavioral health and child welfare: $50 million ARPA to Higher Education Department for expansion efforts

Opportunity Scholarship! **What is Tuition-Free College?**

- Full tuition and fees covered at New Mexico public colleges and universities
- Includes part-time and full-time students
- For students pursuing credit-bearing career training certificates, associate degrees, and bachelor's degrees
- Available to all New Mexico residents



Goal #1: Where we are going…

IMPROVE QUALITY

- Roll out Evidence Based Practices – State sponsored training and certification
- Develop Early childhood Clinical Consultation model ECECD Strategic Plan
- Increase disability community competency in Behavioral Health
- Fund the Local Collaboratives for needs and gaps, recovery events, and combined strategic planning (August 2022)

FY 23 Budget and Legislation

- $850 thousand to BHSD for EBP
- ECECD $1 million OSF for Infant Mental Health Clinical Consultation
  - SB 38 chaptered completing ECECD's authority
- DDC $7 million for office of guardianship expansion
- DDC $255 thousand for the Promotion and resource development for advocacy and DD council
  - SB35 Temporary Guardianship (WINGS) chaptered
- BHC $270 thousand in part to fund the Local Collaboratives

Goal #1: Where we are going…

Improve Access

- 988 Crisis Now! July 2022
  - $2.3 million BHSD
- Suicide Prevention across departments: Zero Suicide framework
  - $2.2 million DOH grant; $500 IAD
- Expand referral platform and processes: Treatment Connections
- No BH Co-pays

NMCONNECT and NMCAL

Goal #1: Where we are going…

Increase members of workforce who represent the cultural and racial diversity of NM

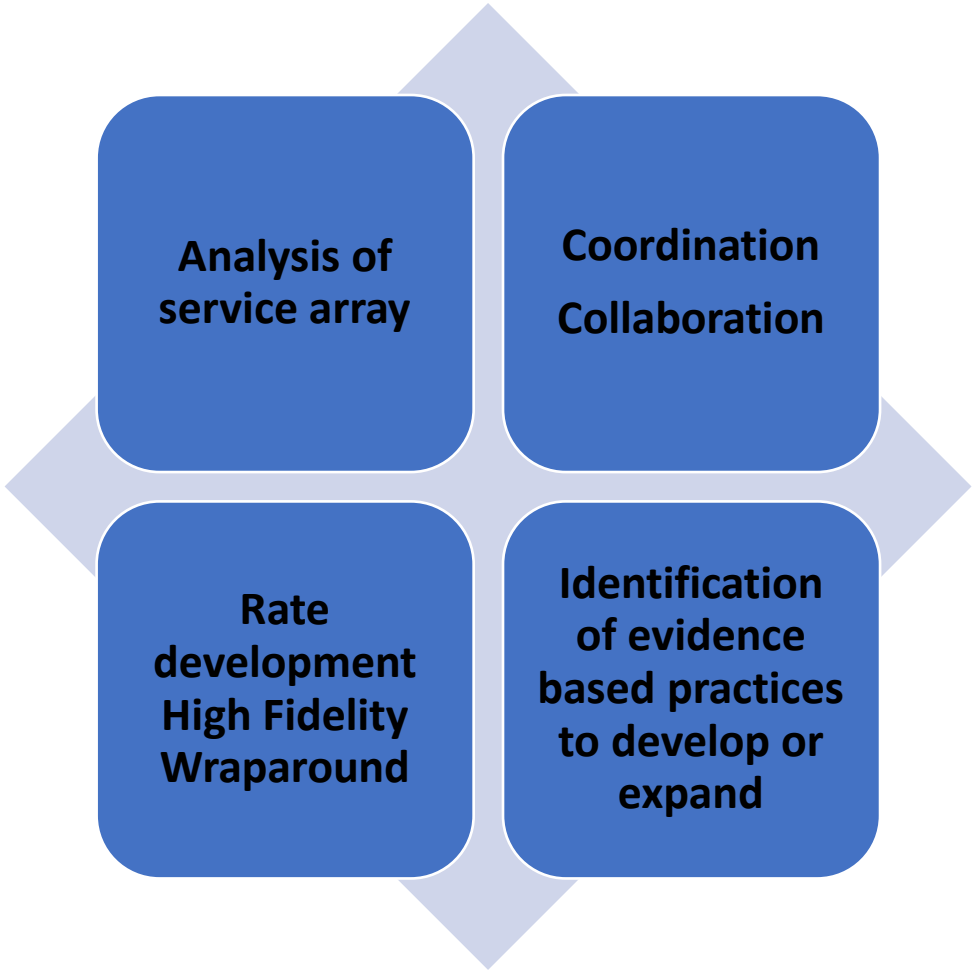
- Partner with African American, Hispanic/Latino, and Native American Providers Associations to align efforts to increase workforce diversity
- Exploring a core curriculum for BH and SUD programs in higher education
- Analyze current workforce practitioner language and ethnicity; Analyze prevalence of certified interpretation, cost, training and certification needs

New Mexico Indian Affairs Department

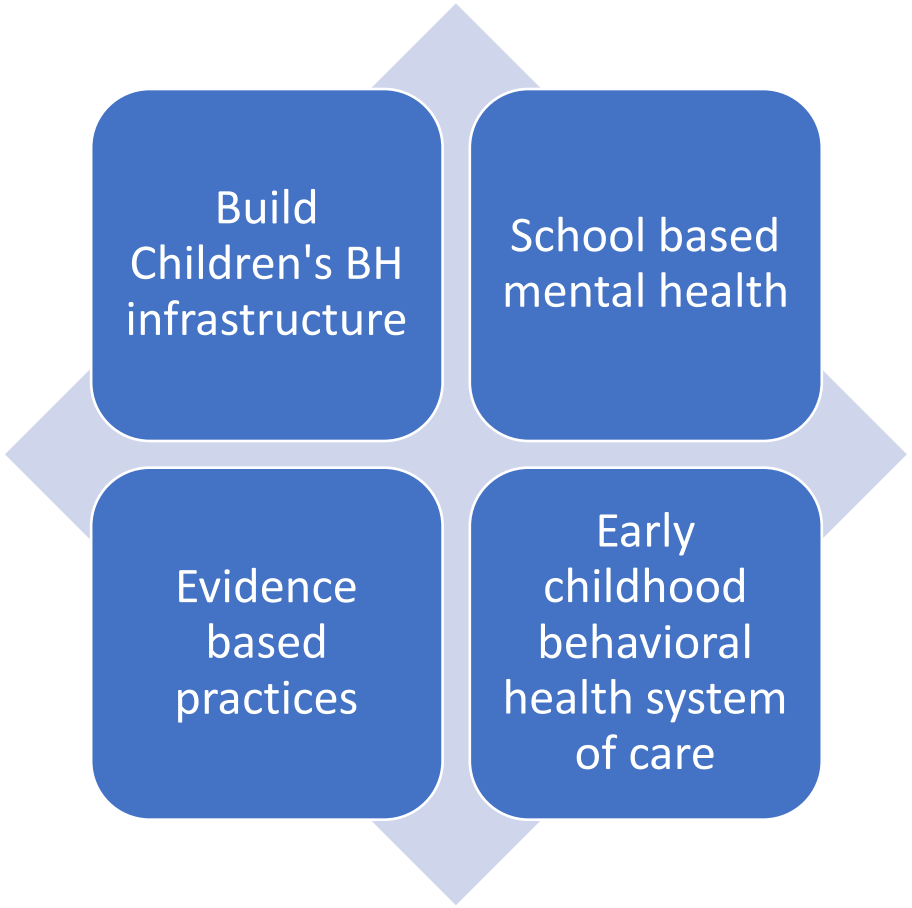
https://www.iad.state.nm.us/wp-content/uploads/2021/01/MMIWR-TF-Infographic-1.28.2021.pdf

Goal 2: Children and Families Services

What we accomplished



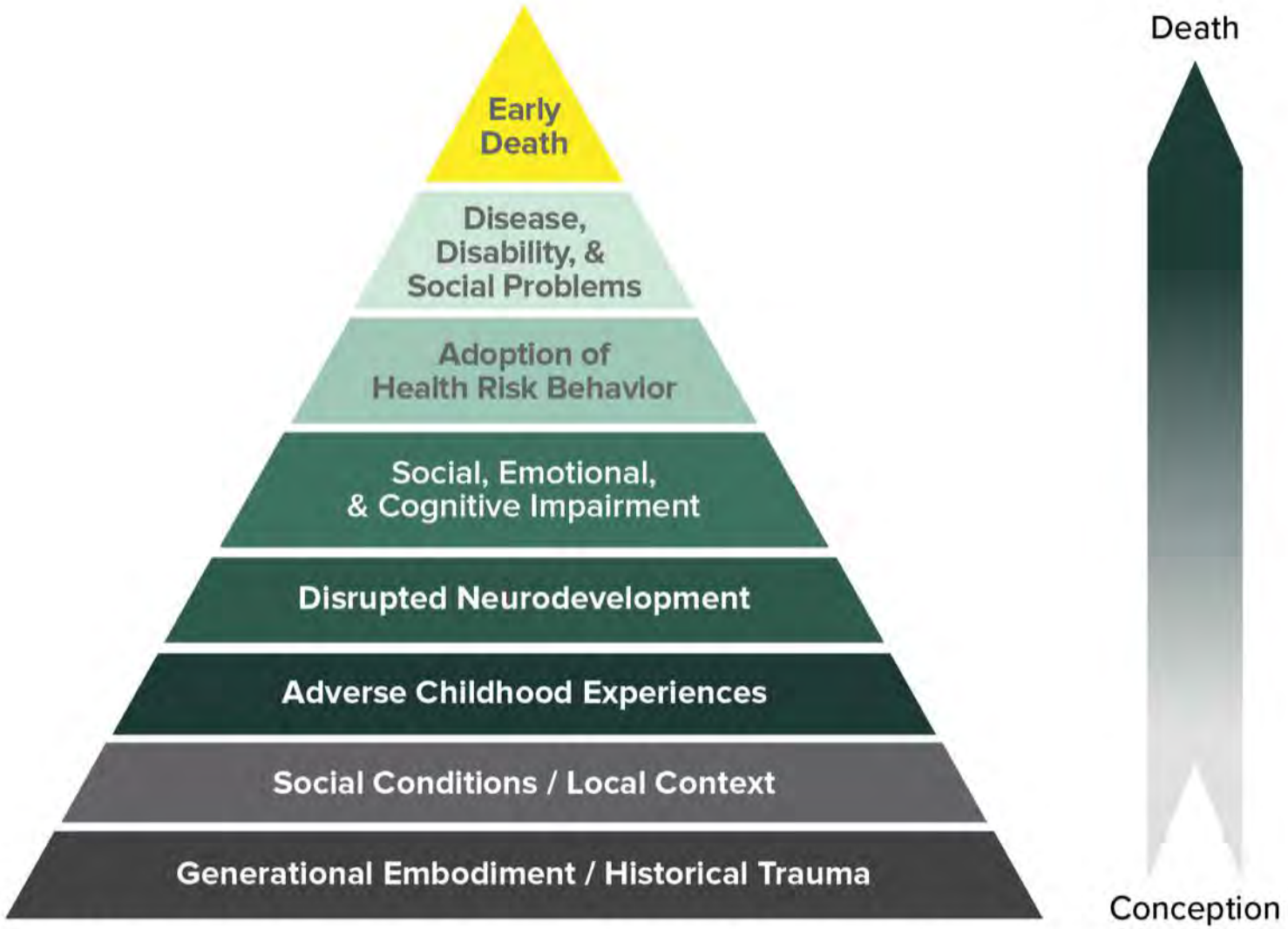
Where we're going



Trauma Informed: Taking it to the next level….

Trauma Competent:

The ability to engage and support people with trauma and recognize the internalizing and externalizing behaviors as pain.



Mechanism by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Trauma Responsive

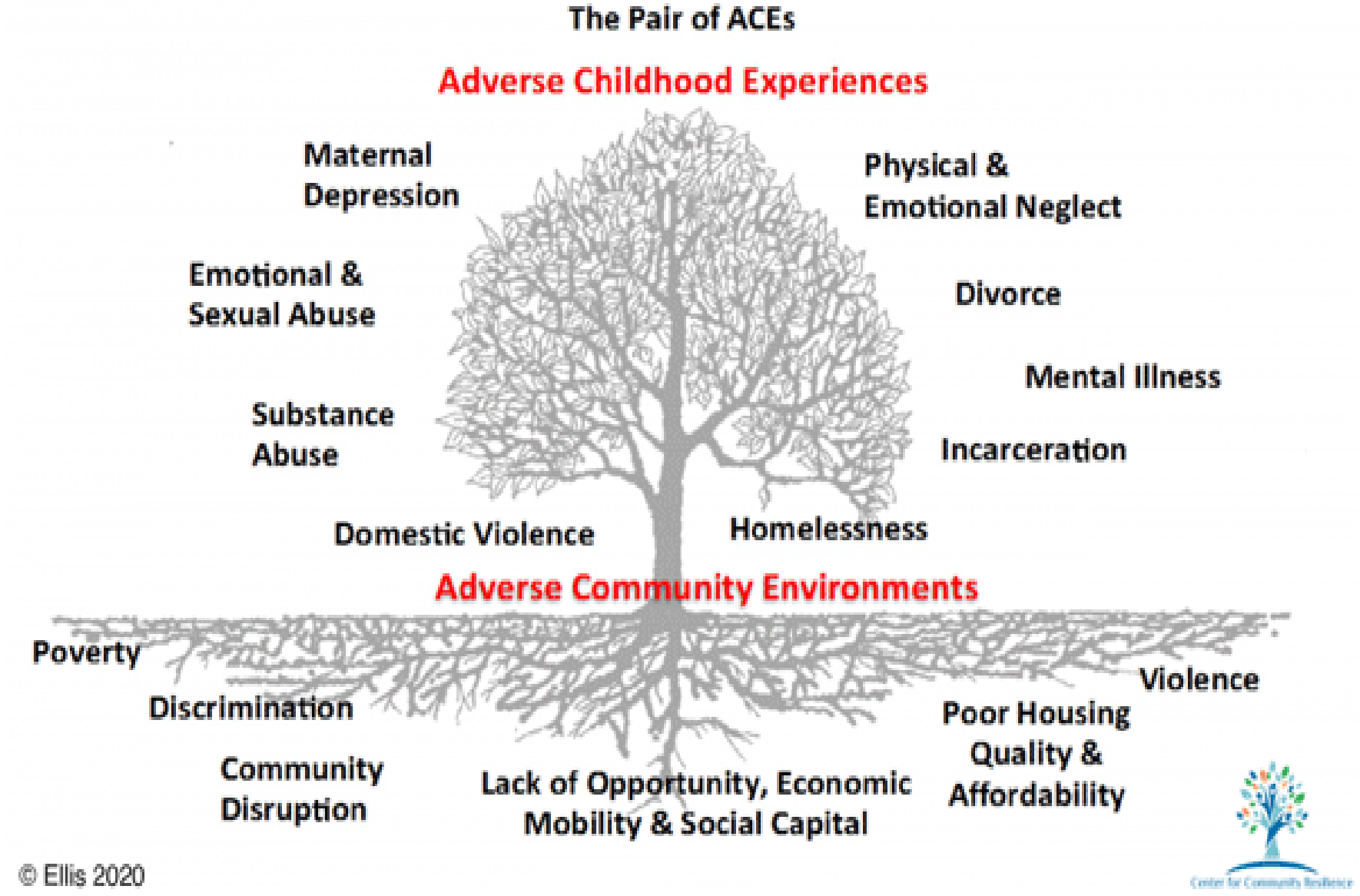
“to act with the appropriate sense of urgency…”

How do systems come together to create a safety net that New Mexican’s won’t fall through?

How do we do warm hand offs?

How do we collaborate with other stakeholders?

How do we create a system for Mental Health that has NO WRONG DOOR


The Pair of ACEs
Adverse Childhood Experiences
Maternal Depression
Physical & Emotional Neglect
Emotional & Sexual Abuse
Divorce
Mental Illness
Substance Abuse
Incarceration
Domestic Violence
Homelessness
Adverse Community Environments
Poverty
Violence
Discrimination
Poor Housing Quality & Affordability
Community Disruption
Lack of Opportunity, Economic Mobility & Social Capital
© Ellis 2020

Goal 2: where we're going

Build Children's behavioral health infrastructure

- Prioritize services (April 2022)
- Create application or proposals (June 2022)
- Communicate to provider community opportunities (July 2022)
- Secure contracts (October-January 2023) and begin TA, training

Budget and Legislation

- HSD $20 million for evidence based and sustainable services (Medicaid or Title IV-E)
- CYFD $7 million Capital outlay

Goal #2 Where we are going…

Evidence based practice development

- EBP's list:
  - Dialectical Behavioral Therapy
  - EMDR
  - Trauma Focused CBT
  - Multi-Systemic Therapy
  - Functional Family Therapy
  - Child Parent Psychotherapy
  - Mobile Response and Stabilization
- Work with actuary to develop rates and incentives (current)
- Design and implement roll out
- Review utilization twice a year to inform penetration and need for more trained providers

Budget and Legislation

- HSD $20 million for evidence based and sustainable services (Medicaid or Title IV-E)
- HSD $850 for EBP

Goal 3: addressing substance use disorder (sud)

What we accomplished

- **Evaluation of SUD services using ASAM**
- **Consultation: Medication Assisted Treatment**
- **Adult SUD Residential Treatment Services**
- **Evaluation of Prevention and Promotion**

Where we're going

- **Expand Medication Assisted Treatment**
- **Harm Reduction**
- **Prevention and Peer Support Services**
- Expand Use Of Screening and referral to treatment in Primary Care

Goal #3: Where we are going

Expand Medication assisted treatment

- Expand Initiation of MAT in hospital settings
- Support hospital linkages for continued MAT services.
- Expand PCP education and prescribing of MAT.
- Support PCPs linking patients to counseling/ therapy. (BHSD and DOH partnership)

Budget and Legislation and TA

- Bloomberg, Vital Strategies as TA with State leadership, 5 years

Goal #3: Where we are going

Harm Reduction

- Enact Harm Reduction ACT (Promotion)
- Fentanyl Test Strip distribution (partner with harm reduction at DOH)
- Use Dose of Reality and Another Way NM media campaigns to educate about HB52
- Maintain NARCAN supply and distribution

Budget and Legislation

- HB 52: Harm Reduction Act Amendments, amends the Harm Reduction Act to expand supplies or devices provided to harm reduction program participants. More specifically, HB52 allows the Department of Health to distribute fentanyl test strips and sterile supplies to reduce overdose and the spread of infectious disease and enables the department to act quickly to address the lethal additives in drugs.

Goal #3: Rising tide of new drug death

In NM, the rate of fentanyl related overdose has increased 680% between 2015 and 2019.

- Synthetic opioids have flooded the drug supply chain and can be found in most heroin and pressed pills (blues)
- Fentanyl is 100 times stronger than heroin. A 3milligram dose is fatal for the average adult male.
- Drug testing devices are not currently legal but are considered an effective tool in preventing overdose.
- Fentanyl test strips are inexpensive, easy to use, and would allow individuals to detect fentanyl. Many individuals would use less, use with Narcan available, use with someone else present, or not use at all, with knowledge that fentanyl was present.

Goal #3 Where we are going…

Prevention and peer intervention services

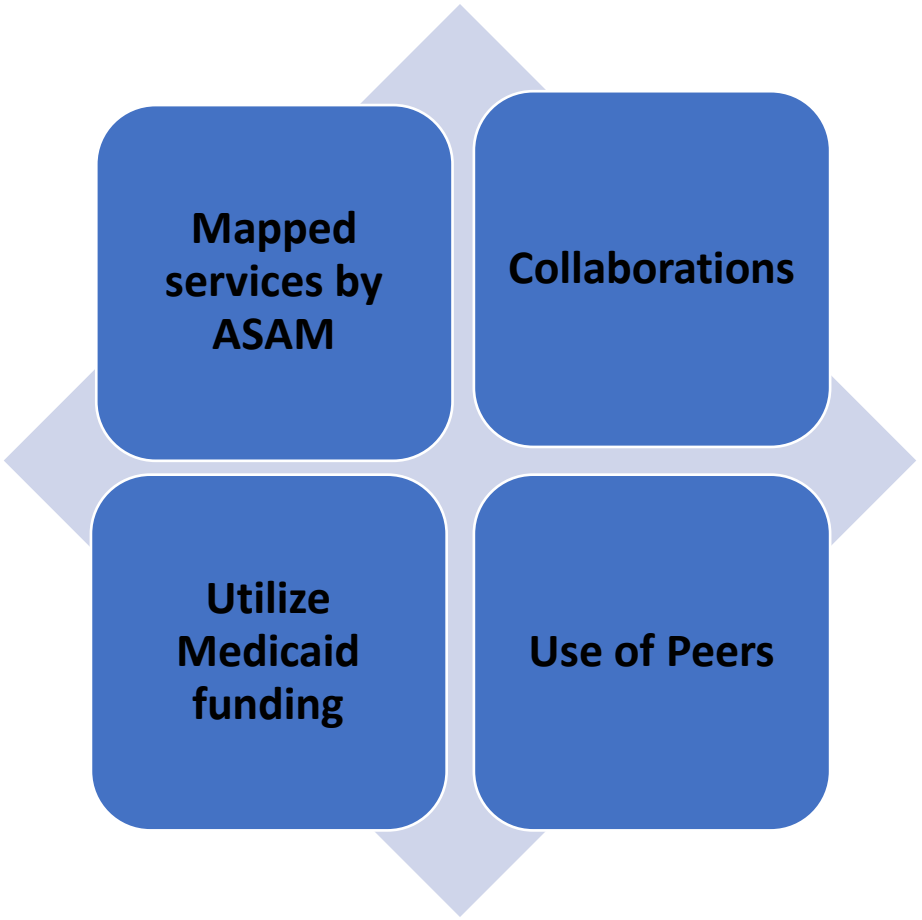
- Secondary Prevention: Virtual Peer Support service (BHSD, DOH and PHS partnership)
- Secondary Prevention: Linking SUD Homeless to Housing
- Expand Peer Support Certification trainings (potentially expand modules) including Family and Youth support

Budget and Legislation

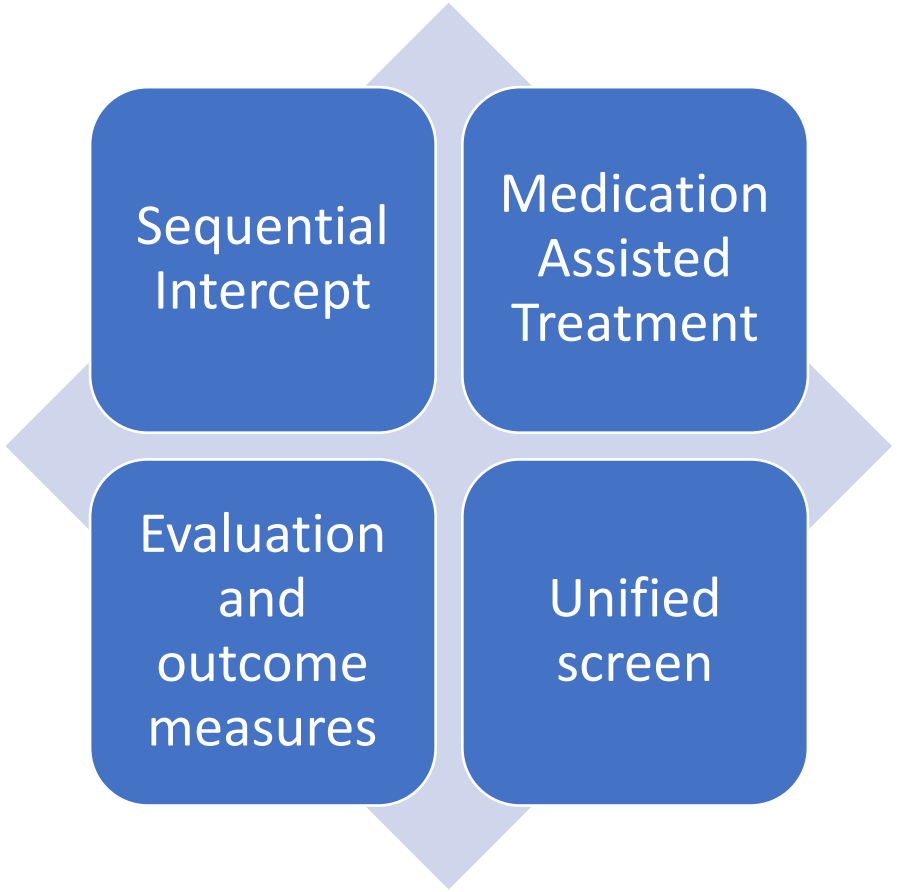
- Behavioral Health Services Division
- ARPA $10 million for housing options for people experiencing homelessness

Goal 4: services for justice-involved individuals

What we accomplished



Where we're going



Goal #4 Where we are going…

Sequential Intercept

- Improve understanding of utility of framework and gain consensus from team on what intercepts to develop
- BHC, HSD, LOPD, AOC, NMCD link with NM Law Enforcement Training Standard development (HB58)
- Explore a web-based platform to help participants with judge mandates. AOC and BHC lead discussion with team
- NMCD and team identify opportunities on points of entry (Bloomberg etc)
- Expand linkage to transitional housing

Budget and Legislation

- Department for Therapeutic Justice (HB2 OSF)?
- St Wide Drug Courts (GF/LETF) (HB2 OSF) ?

HB58 – Criminal Threats and Penalties for Firearms Possession and Use
Dixon (D20) — Governor's Bill. Amends the Criminal Code to create the crime of criminal threat; increases or adds penalties for unlawful possession of a firearm and aggravated fleeing a law enforcement officer; enhances sentencing for use, brandishing, or discharge of a firearm in certain offenses; prohibits deadly weapons in a school zone. (interaction with BH is it creates a "New Mexico Law Enforcement and Training Standards" council which includes BH providers)

Goal #4 Where we are going…

Evaluation and Outcome Measures

- Statewide overdose fatality review bi-annually (every two years)
- Study outcomes of referred participants upon reentry to the community (NMCD Probation and team set up tracking)
- Pre-Release education of Overdose prevention (review current protocol and vet)
- Distribution of Narcan and Fentanyl test strips upon release

Medication Assisted Treatment

- Work with Bloomberg and Vital Strategies, NMCD, and NM team to develop pilot for MAT in prisons
- Evaluate MAT in jails, identify gaps and barriers, and plan to fill
- Stigma reduction training for prison and detention staff

Goal #4 Where we are going…

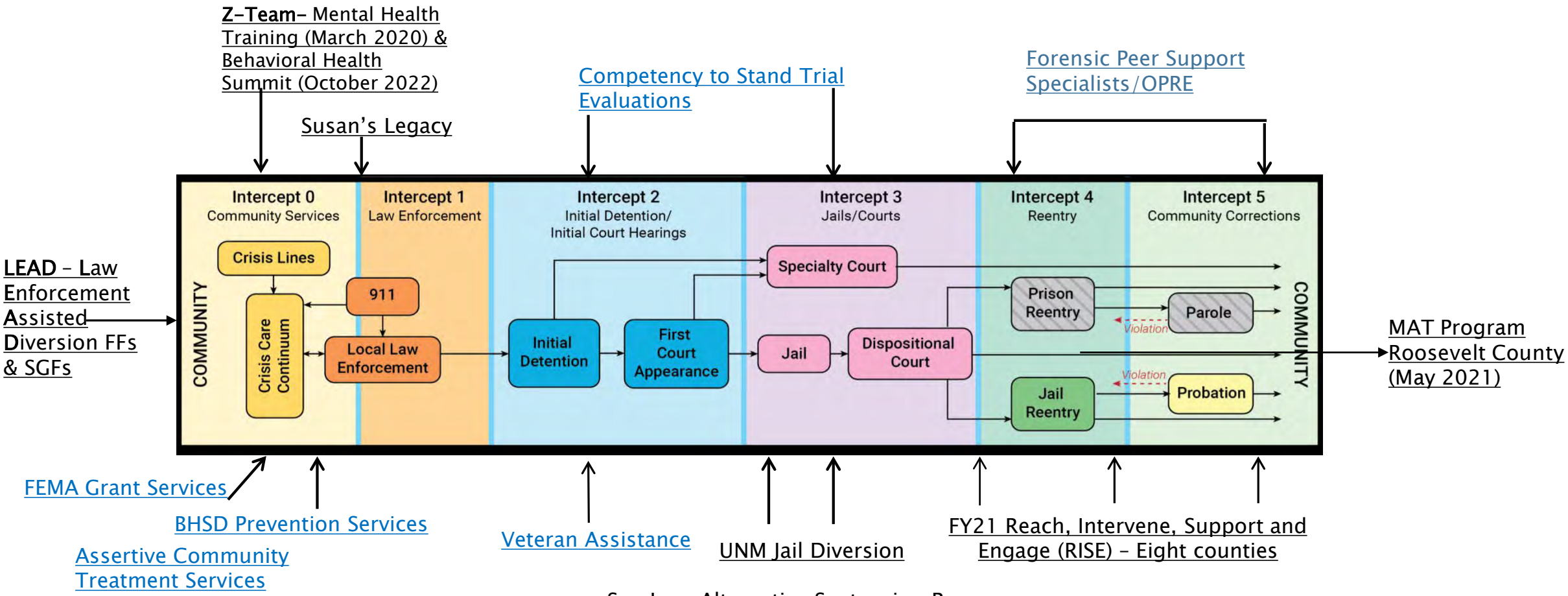
Medication Assisted Treatment

- Work with Bloomberg and Vital Strategies, NMCD, and NM team to develop pilot for MAT in prisons
- Evaluate MAT in jails, identify gaps and barriers, and plan to fill
- Stigma reduction training for prison and detention staff

Budget And Legislation

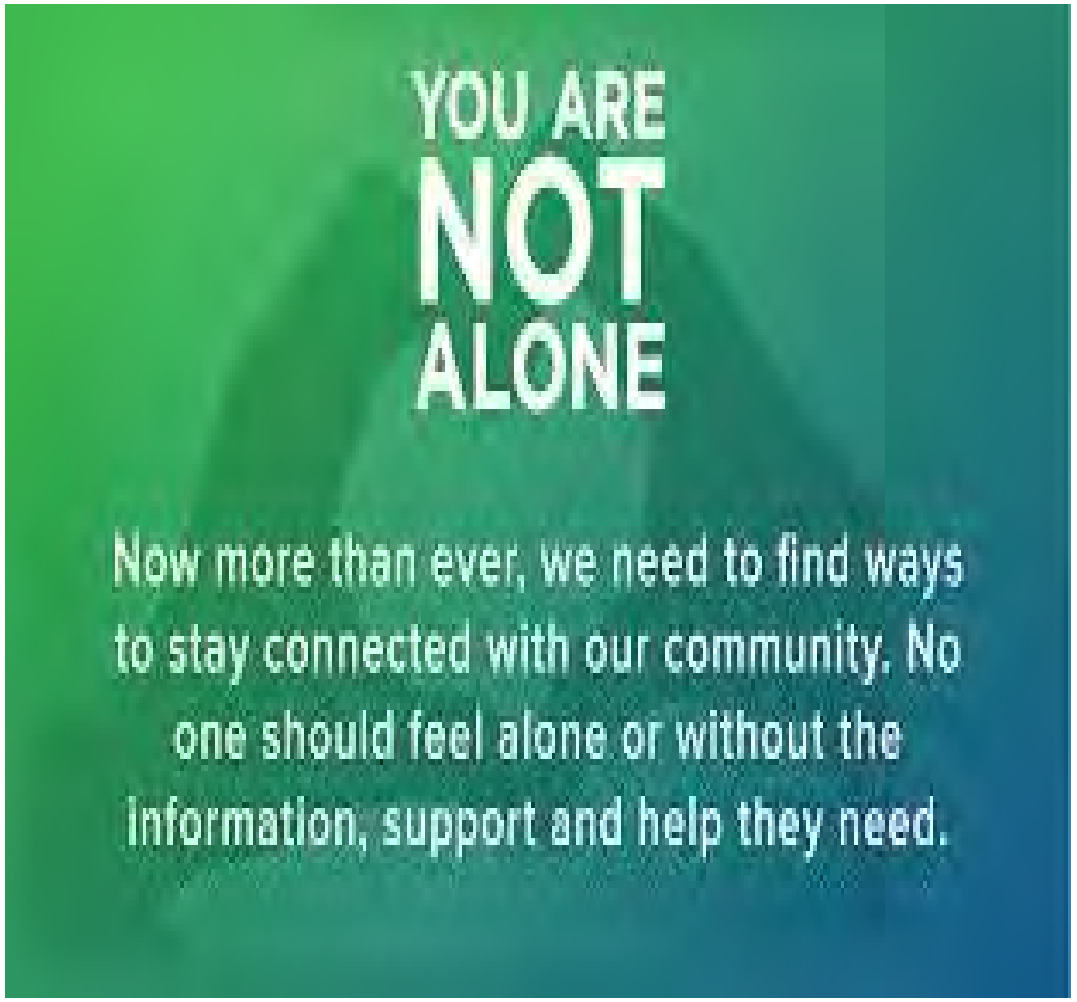
- Bloomberg, Vital Strategies
- National Governor's Association

Goal #4: Effective interventions for justice involved individuals



Grief and loss: Pandemic

- **Total Loss**: 203,649 children under 18—more than one out of every 360—lost a parent or other in-home caregiver to COVID-19.
- **Loss is Concentrated, but Found in Every State:** 5 states—California, Florida, Georgia, New York, and Texas—accounted for half (50 percent) of total caregiver loss from COVID-19. Arizona, Mississippi, New Mexico, and Texas had the highest rates of caregiver loss, while Maine, New Hampshire, Vermont, and Iowa had the lowest rates.
- **Loss by Geography, Race, and Ethnicity:** DC had the widest disparities in caregiver loss, where Black and Hispanic children's rates of caregiver loss were 11 and 17 times the rates of loss for White children, respectively. The rates of caregiver loss for American Indian and Alaska Native children were more than 10 times those of White children in Mississippi, New Mexico, North Dakota, South Dakota, and Utah.



What is post-traumatic growth?

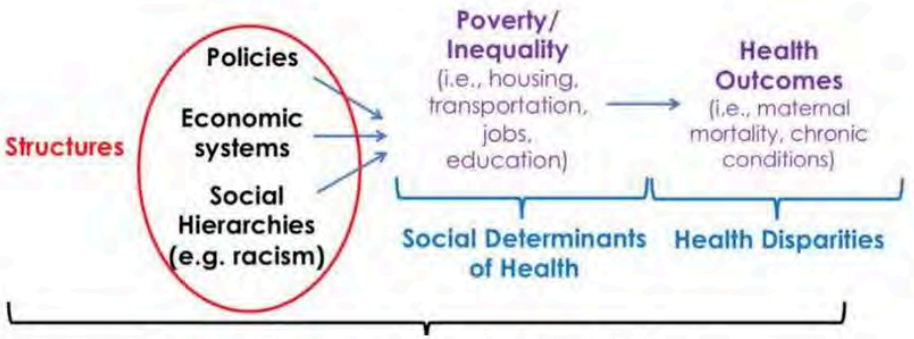
Wellness Promotion

1. Path to Wellness
2. Mental Health Monday's
3. NMConnect app

STRUCTURAL DETERMINANTS VS SOCIAL DETERMINANTS

- ***Social* Determinants** = circumstances in which people are born, grow, live, learn, work, and age
  - Shaped by a set of forces beyond the control of the individual
  - Include material circumstances, and psychosocial and behavioral characteristics
- ***Structural* Determinants** = 'root causes' that shape the quality of the Social Determinants experienced by people in their neighborhoods and communities
  - Include governing process, economic and social policies that affect pay, working conditions, housing, and education
  - Shifts perspective from focus on individual to recognizing conditions we live within and how those conditions are created and maintained
  - Moves beyond Cultural Competency

Social Determinants of Health and Wellbeing (as defined by CDC)



Structural Determinants of Health and Wellbeing

"Structural determinants of the social determinants of health"

100% Community: Anna Age 8 Initiative

5 SERVICES FOR SURVIVING:

- Medical and dental care
  Behavioral health care
  Housing security programs
  Food security programs
  Transportation to vital services

5 SERVICES FOR THRIVING:

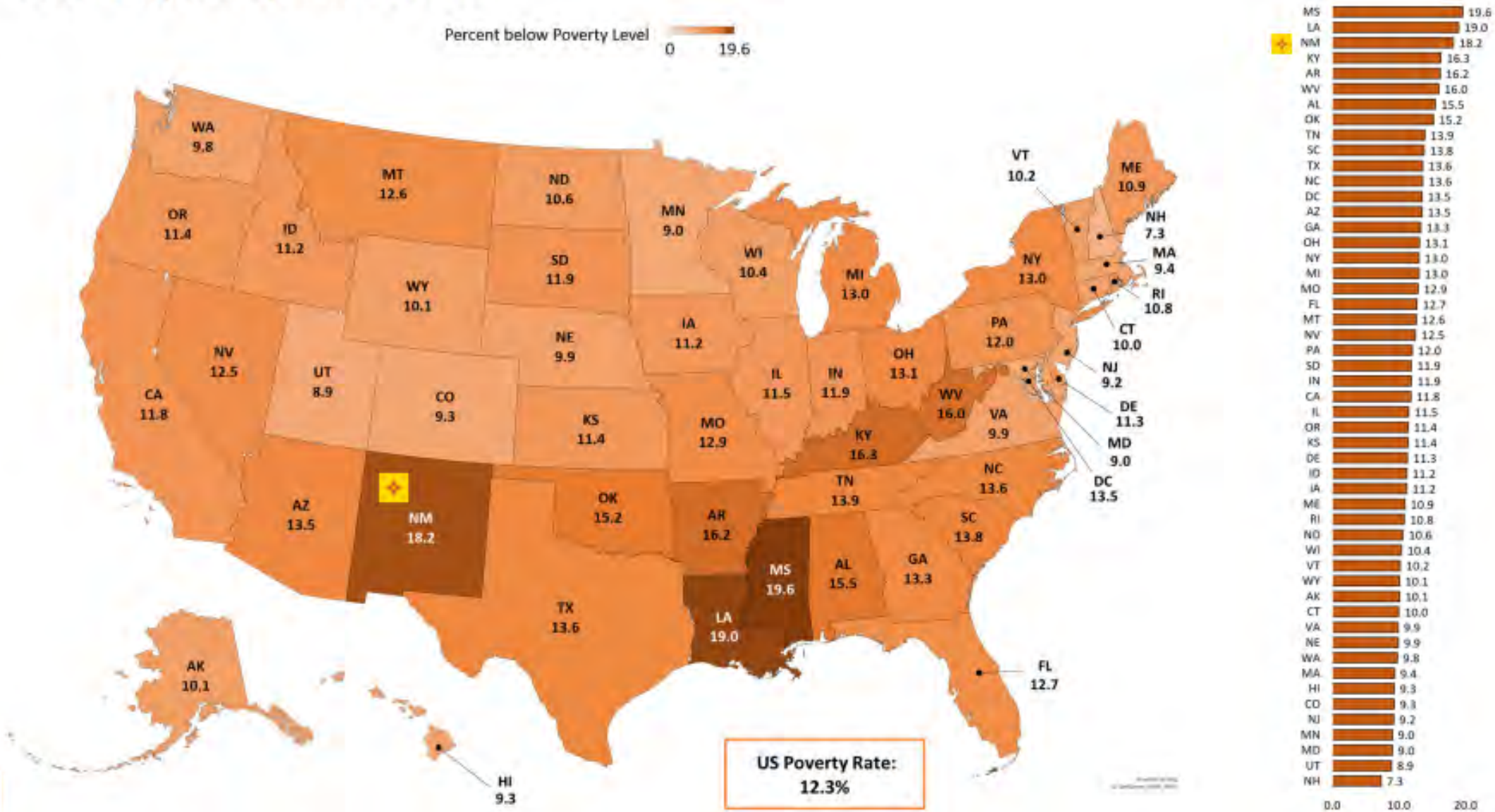
- Parent supports
  Early childhood education
  Community schools
  Youth mentor programs
  Job training
- With ten vital services in place and accessible, the local capacity to prevent all costly public health challenges, including substance use disorders, hunger, homelessness, suicidal ideation, domestic violence and child maltreatment, are greatly increased.

https://www.100nm.org/

Questions? Answers?

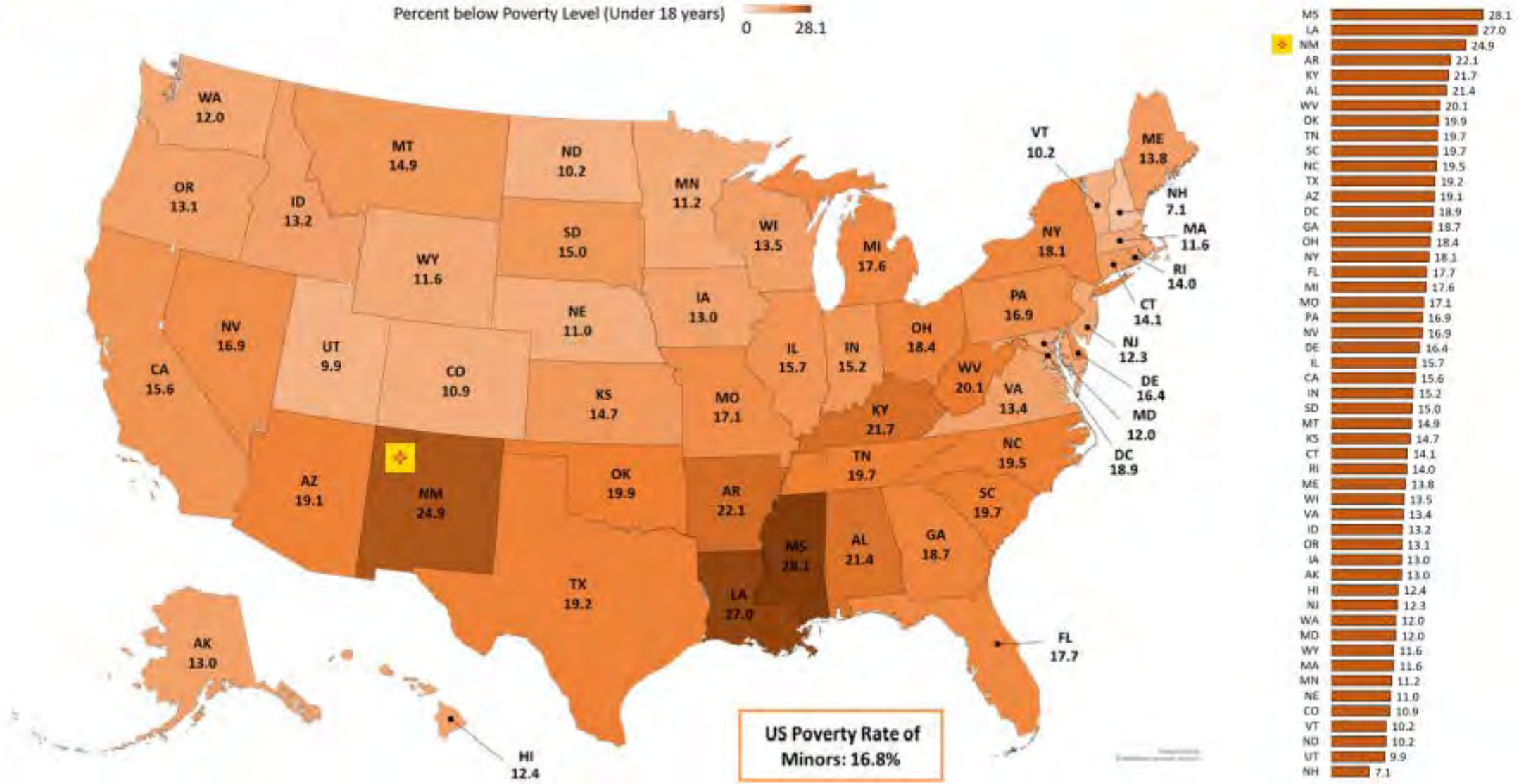
Bryce.pittenger2@state.nm.us

U.S. Poverty Rate by State as of 2019



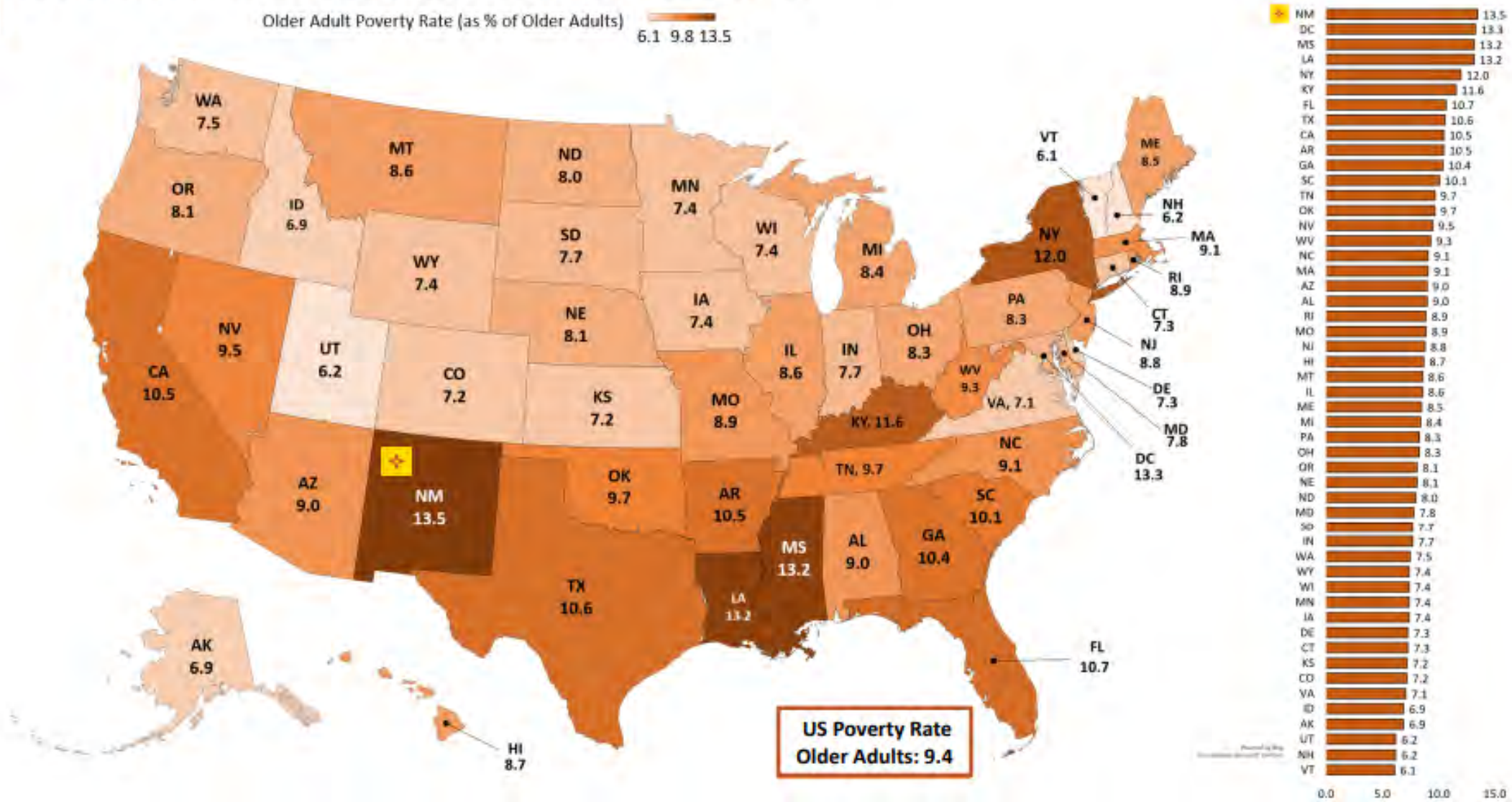
Source: U.S. Census Bureau, Poverty Status in the Past 12 Months (S1701), 2019 American Community Survey 1-year estimates. Retrieved from https://data.census.gov, December 1, 2020

U.S. Poverty Rate Minors (Under 18 Years) by State as of 2019



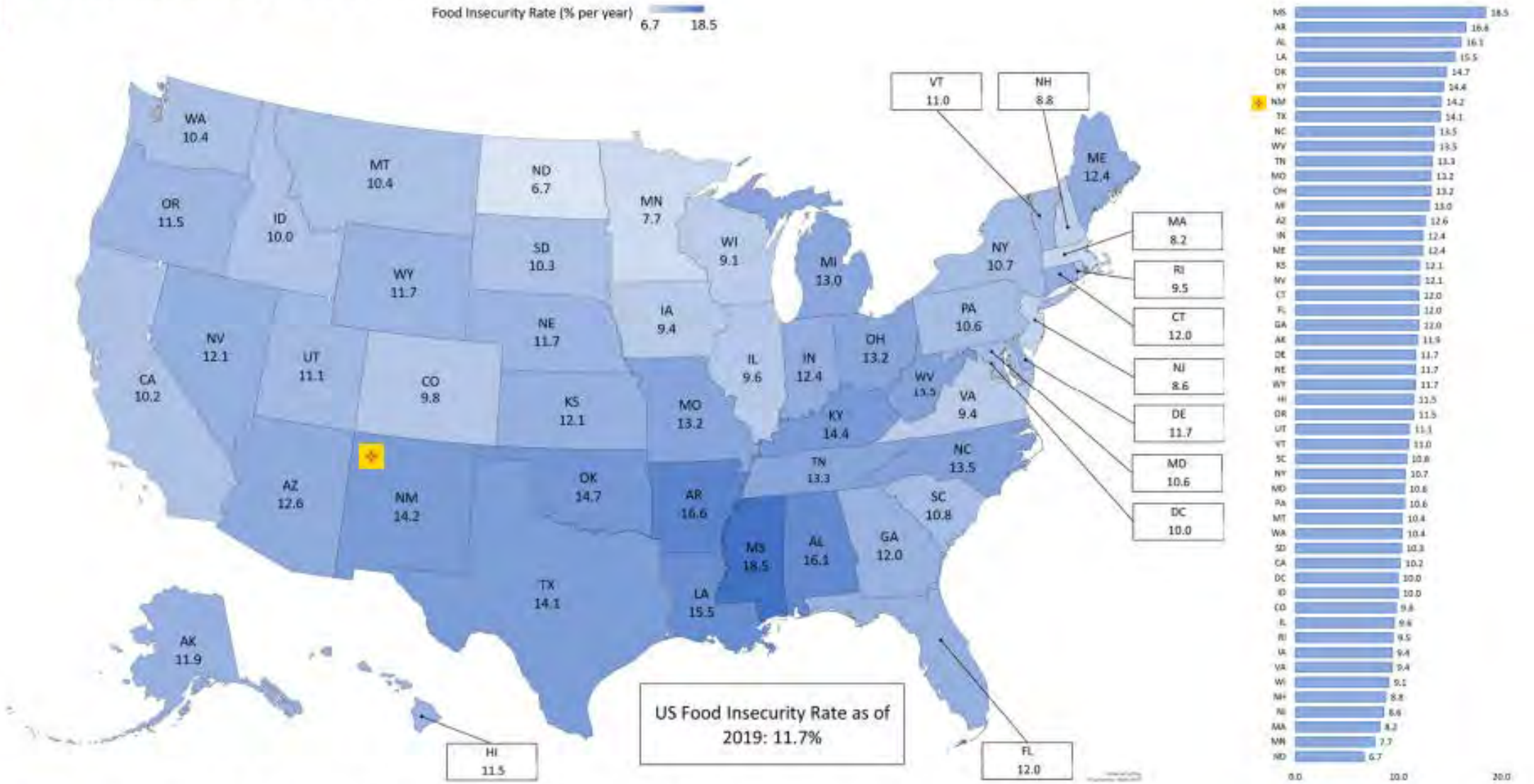
Source: U.S. Census Bureau, Poverty Status in the Past 12 Months (S1701), 2019 American Community Survey 1-year estimates. Retrieved from https://data.census.gov, December 1, 2020

U.S. Poverty Rate Older Adults (65+ Years) by State as of 2019



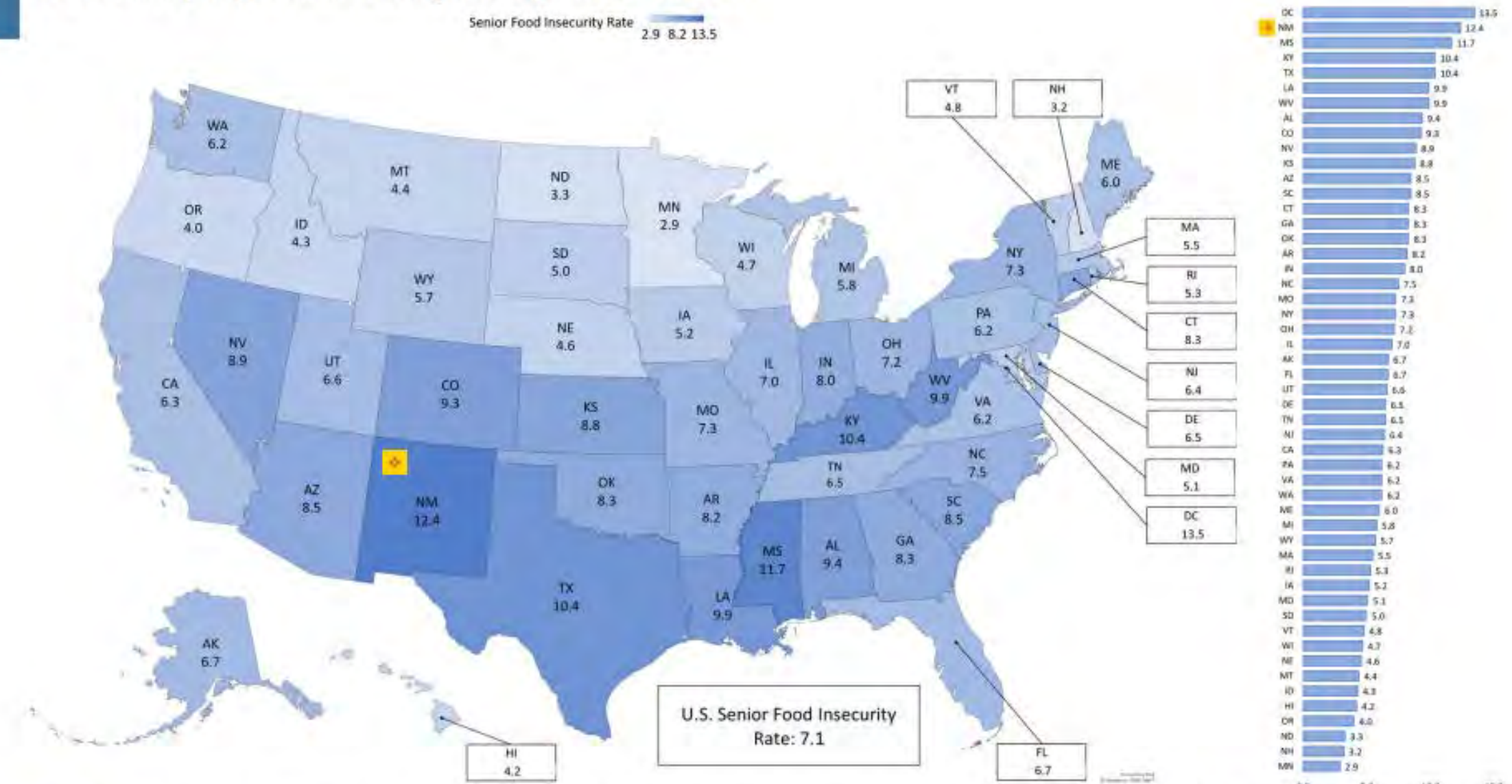
Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates, data.census.gov

U.S. Food Insecurity Rate by State as of 2019



Source: Gundersen, C., Strayer, M., Dewey, A., Hake, M., & Engelhard, E. (2021). Map the Meal Gap 2021: An Analysis of County and Congressional District Food Insecurity and County Food Cost in the United States in 2019. Feeding America.

U.S. Senior (60+) Food Insecurity Rate by State as of 2019

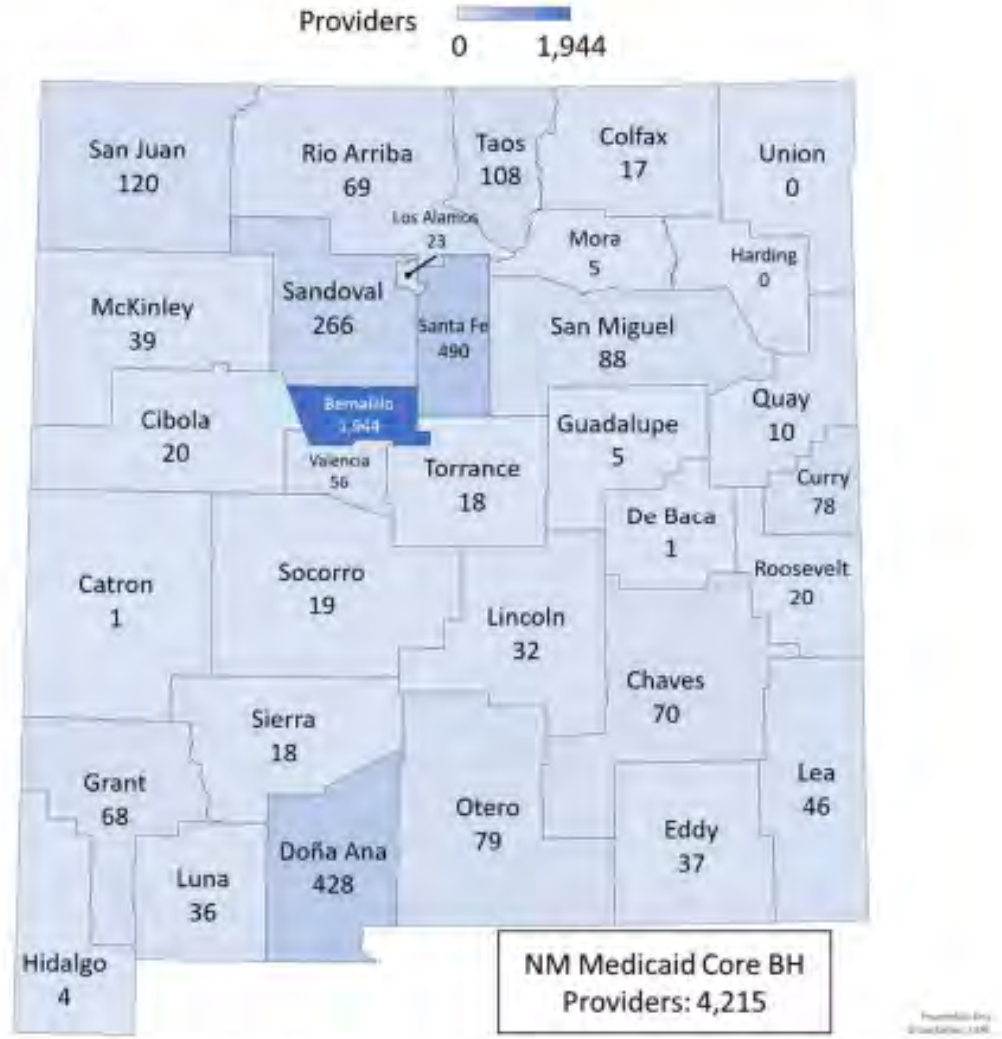


Source: Gundersen, C., Ziliak J., Hilvers J., & Hake M. (August 2021). The State of Senior Hunger in America 2019: An Annual Report; and Hunger Among Adults Age 50-59 in America 2019: An Annual Report [Data file]. Available from Feeding America: https://www.feedingamerica.org/research/senior-hunger-research

New Mexico Medicaid Psychiatric Providers by County, 2021

Source: New Mexico Human Services Department, Behavioral Health Services Division based on provider enrollment in the Medicaid system. The totals do include providers who offer services in multiple counties throughout the state, however have a Medicaid provider identification for each area serviced. Providers who are serving multiple counties may not be serving the county on a full-time basis. Psychiatric Providers include Psychiatrist, Psychiatric Nurse, and Prescribing Psychologist. July 2021.

New Mexico Medicaid Core Behavioral Health Providers by County, 2021



Source: New Mexico Human Services Department, Behavioral Health Services Division based on provider enrollment in the Medicaid system. The totals do include providers who offer services in multiple counties throughout the state, however, have a Medicaid provider identification for each area serviced. Providers who are serving multiple counties may not be serving the county on a full-time basis. Core Behavioral Health Providers include Licensed Master Social Worker (LMSW), Licensed Clinical Social Worker (LCSW), Licensed Mental Health Counselor (LMHC), and Licensed Professional Clinical Counselors (LPCC) and Non-Prescribing Psychologist. July 2021.

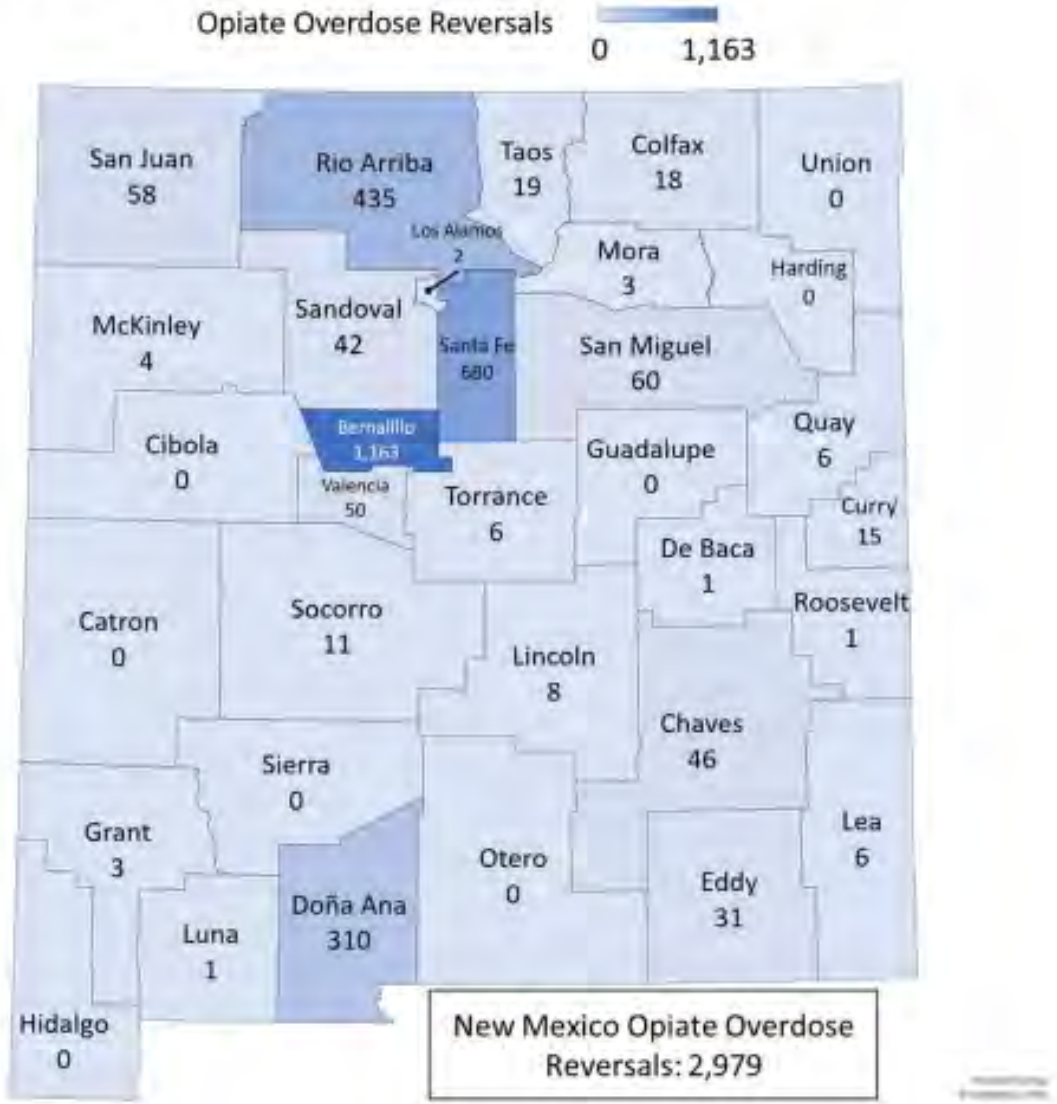
U.S. and New Mexico Drug Overdose Deaths per 100,000 Population, 2001-2019

	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
New Mexico	14.4	16.3	19	16.3	19.8	21.4	22.5	26.4	21.6	23.3	25.8	24.3	22.1	26.8	24.7	24.7	24.6	26.6	30.4
United States	6.8	8.2	8.9	9.4	10.1	11.5	11.9	11.9	11.9	12.3	13.2	13.1	13.84	14.7	16.3	19.8	21.7	20.7	21.7

Note: rates are age adjusted to the U.S. 2000 standard population.

Source: United States (Centers for Disease Control and Prevention (CDC) Wide-ranging Online Data for Epidemiologic Research (Wonder)); New Mexico (New Mexico Department of Health Bureau of Vital Records and Health Statistics/Substance Abuse Epidemiology Program (BVRHS/SAES), 1990-1998,2016-2019; New Mexico-Indicator-Based Information Systems Program (NM-IBIS), 1999-2015).

New Mexico Reported Opiate Overdose Reversals using Naloxone by County, 2020



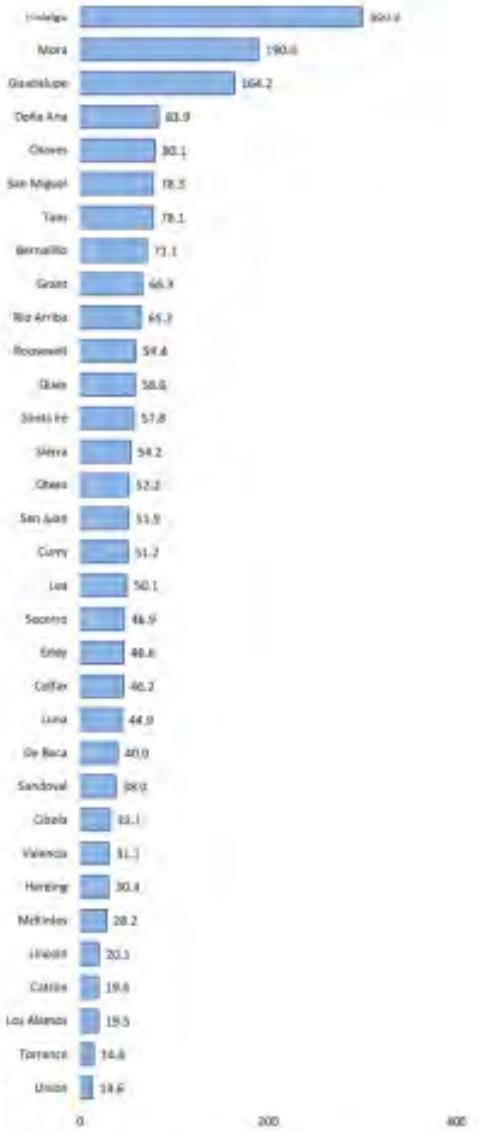
Source: NMDOH Public Health Division, Hepatitis and Harm Reduction Program, November 2021.

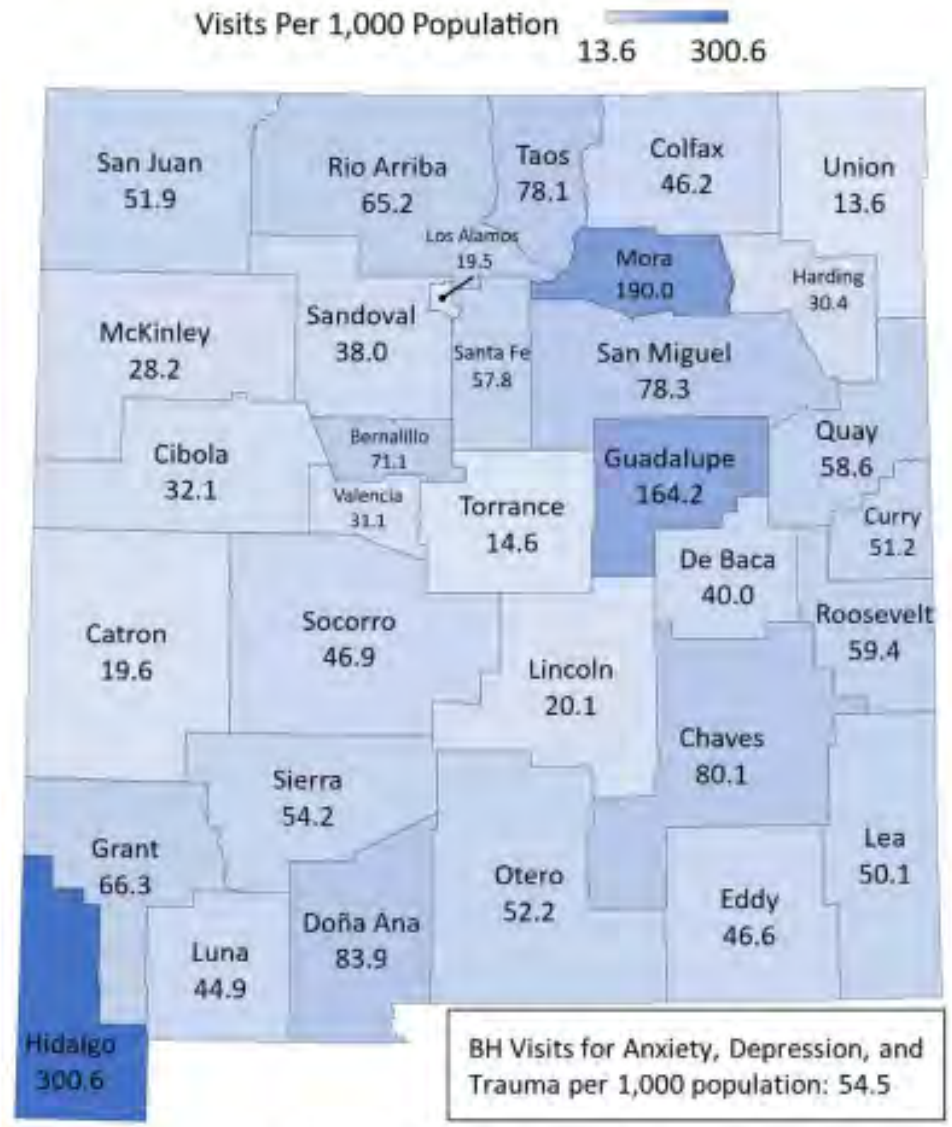
U.S. and New Mexico Alcohol-related Deaths per 100,000 Population, 1990-2019

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
New Mexico	39.1	39.6	38.7	38.9	39.3	40.2	40.9	39.3	37.9	44.9	48.5	47.3	47.2	49.9	48.4	47.9	49.3	52.3	51.1	49	48.3	51.9	53	52.1	57.9	63.7	64.2	65.5	68.4	73.8
United States	30.9	30.2	29.3	29.4	29.2	28.7	28	27.3	26.9	26.1	26.1	26.6	27.2	27.4	27.4	27.8	28.1	28.3	28.2	27.6	27.6	28.2	28.7	29.1	29.8	32.2	34	35	35	35.1

Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics (BVRHS), Population estimates from University of New Mexico Geospatial and Population Studies (UNM GPS); Centers for Disease Control and Prevention (CDC) Alcohol-Related Disease Impact (ARDI) Application.

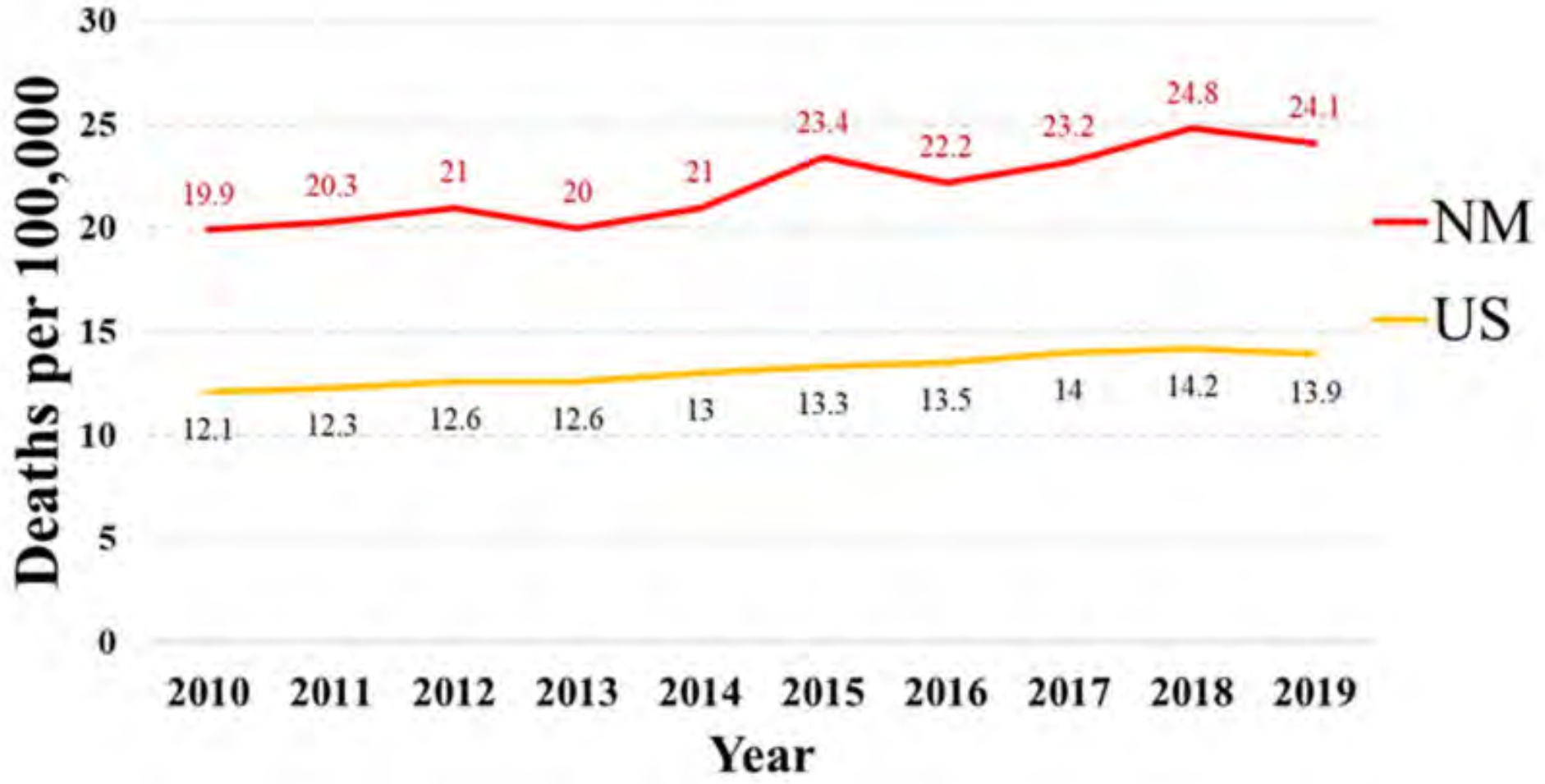
New Mexico Behavioral Health Visits for Anxiety, Depression and Trauma per 1,000 Population, January - December 2020





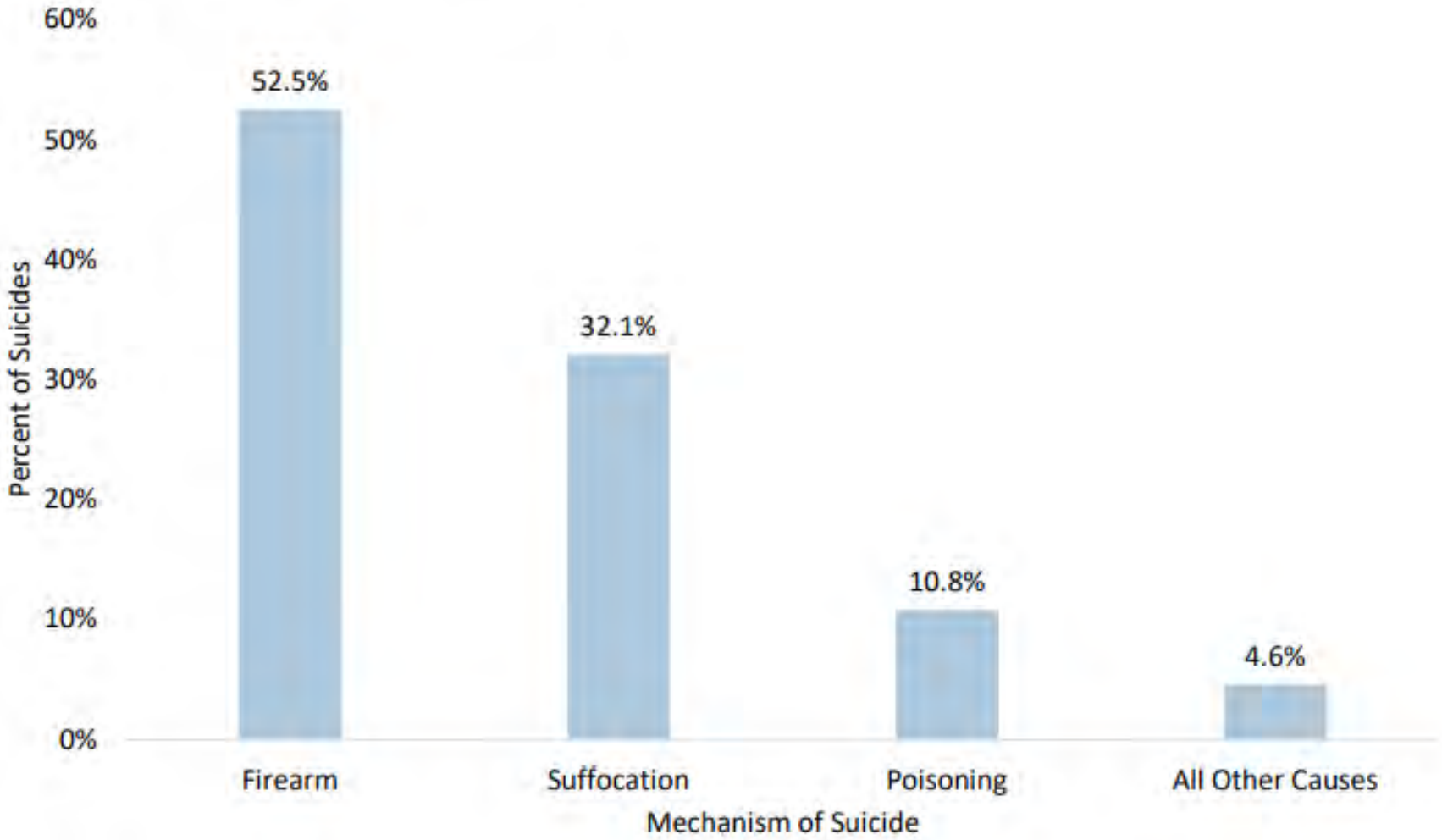
Source: New Mexico Human Services Department, Behavioral Health Services Division based on paid claims data on clients diagnosed with anxiety, depression, or anxiety and received a behavioral health service

U.S. and New Mexico Rate of Suicide Deaths (Age-Adjusted) Per 100,000 Residents, 2010-2019



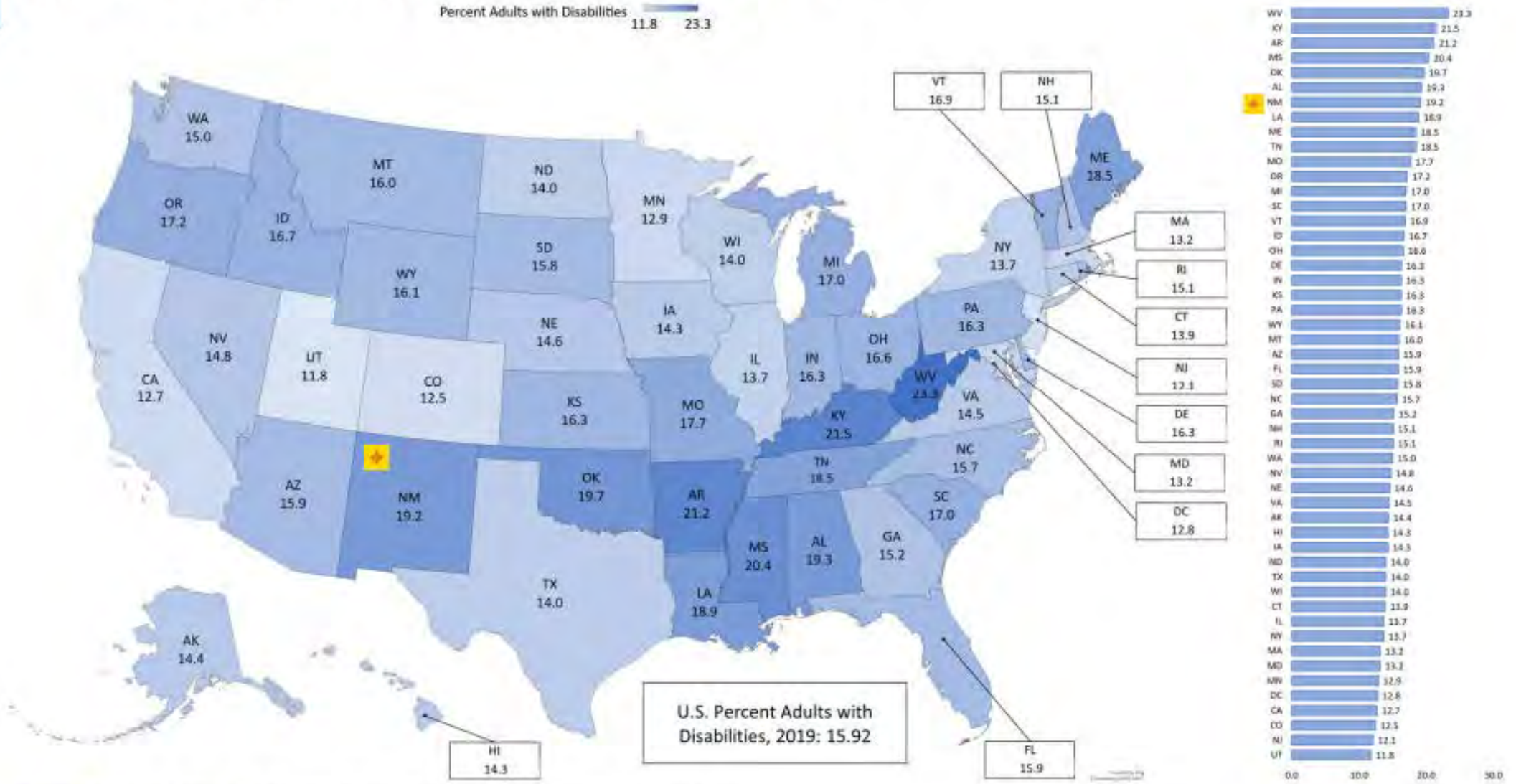
Source: Centers for Disease Control and Prevention (CDC) Wide-ranging Online Data for Epidemiologic Research (Wonder); New Mexico-Indicator-Based Information Systems Program (NM-IBIS); Rates adjusted to the U.S. 2000 Population.

New Mexico Percent of Suicides by Mechanism, 2019



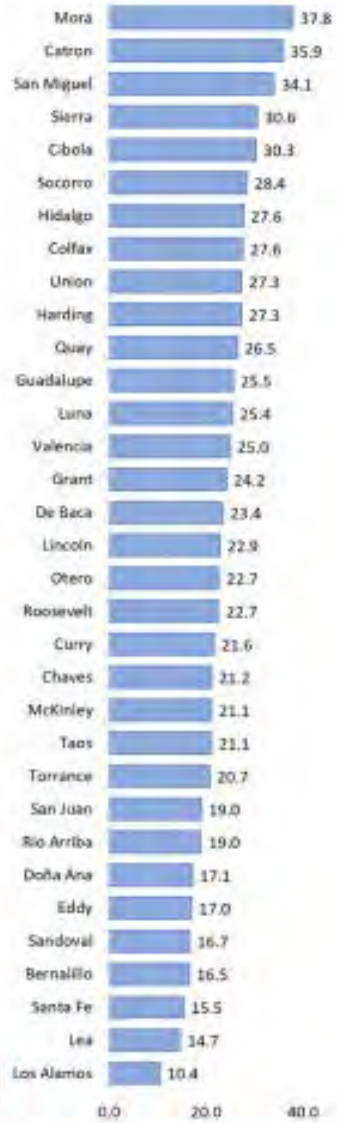
Note: All other causes include mechanisms that are not by firearm, suffocation, nor poisoning. One example is a suicide due to a fall.
Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics; Rates adjusted to the U.S. 2000 Population.

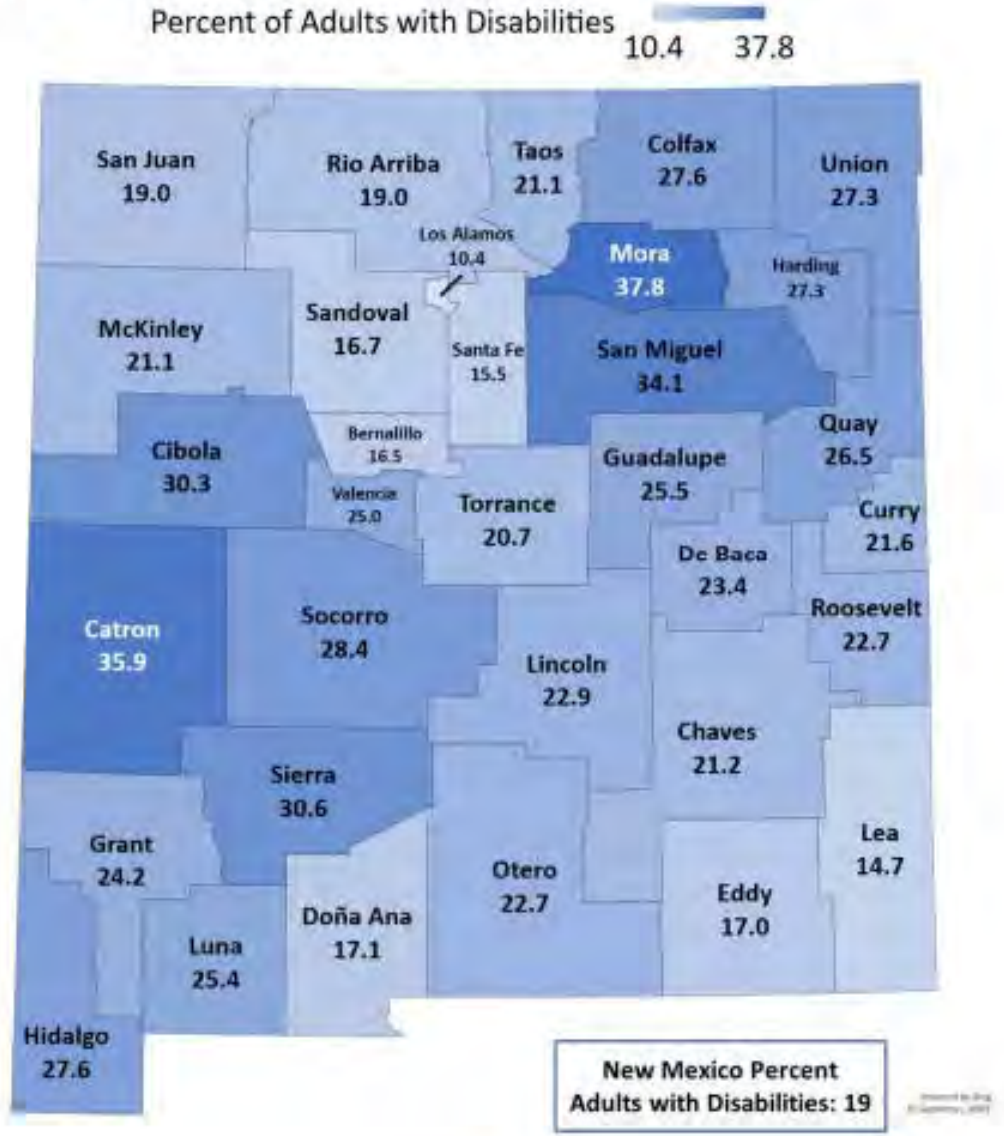
U.S. Percent Adults (18+ Years) with Disabilities by State as of 2019



Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates, data.census.gov

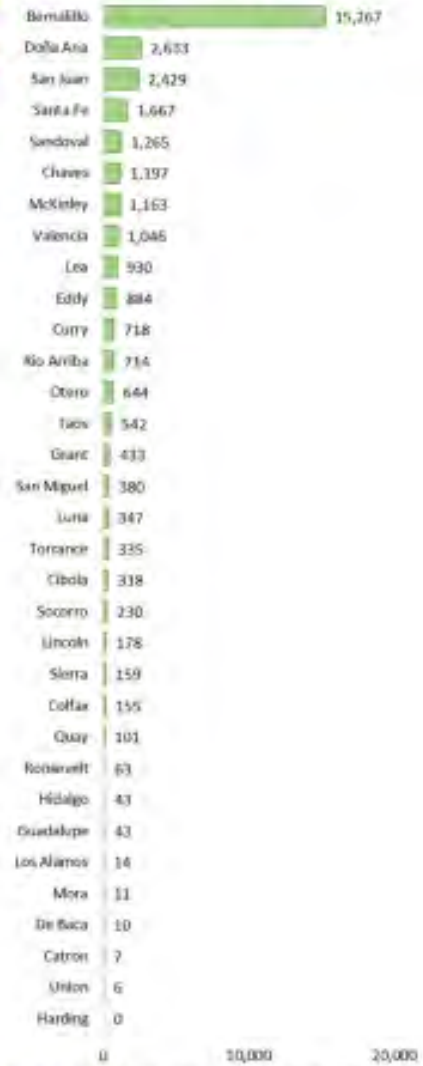
New Mexico Percent Adults (18+ Years) with Disabilities by County as of 2019

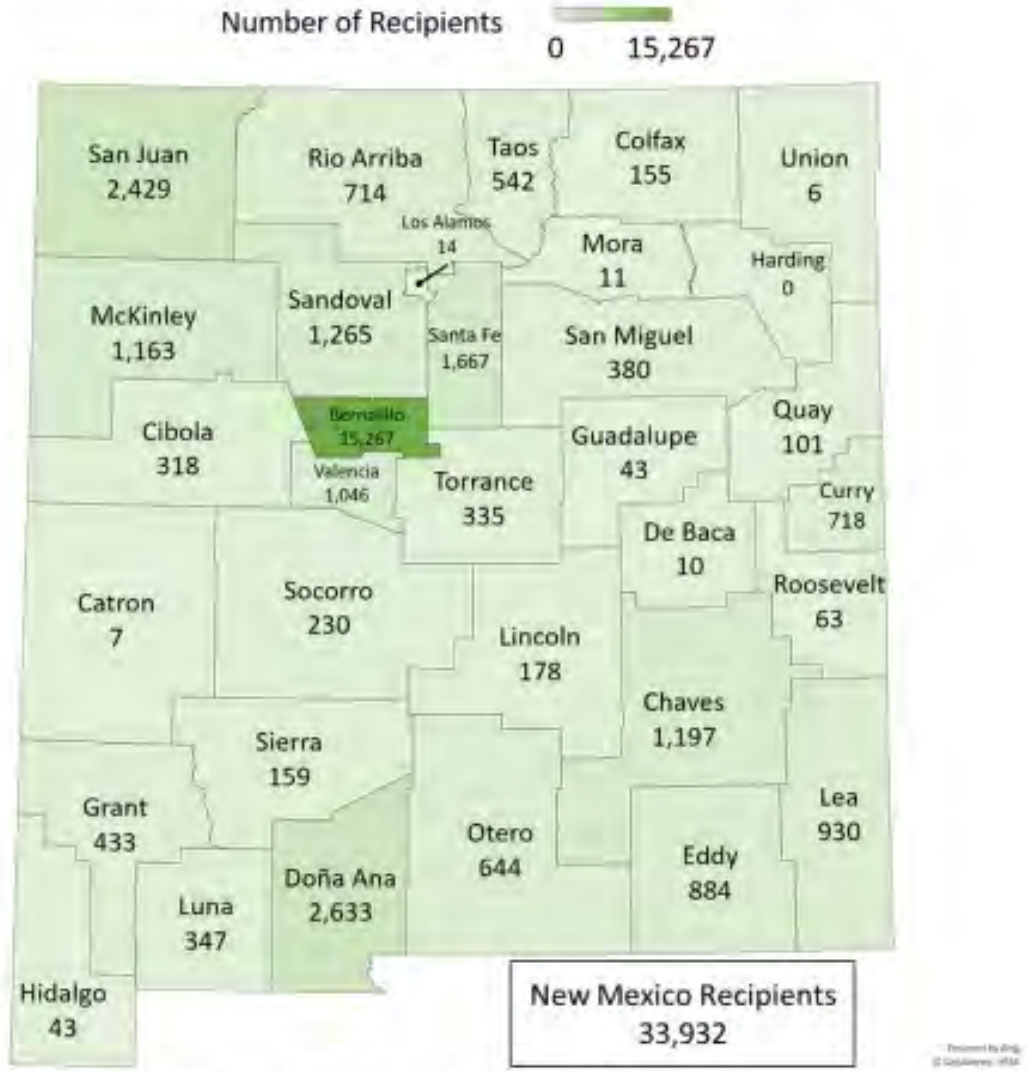




Source: U.S. Census Bureau, 2019 American Community Survey 5-Year Estimates, data.census.gov , S1810

New Mexico Medicaid, Supplemental Nutrition Assistance Program, and/or Cash Assistance Program Recipients Experiencing Homelessness by County as of October 2021





Note: Data may not match other HSD publications due to the way data are pulled for this report. Data is by county of residence or by field office where a county of residence is not specified.
Source: New Mexico Human Services Department, Income Support Division. Recipients as of October 2021. Data are recipients in Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Cash Assistance program who reported being homeless or living in a homeless shelter.

New Mexico Medicaid Behavioral Health Prescribing Providers by County as of October 2021

Source: New Mexico Human Services Department, Behavioral Health Services Division based on provider enrollment in the Medicaid system. The totals do include providers who offer services in multiple counties throughout the state, however have a Medicaid provider identification for each area serviced. Providers who are serving multiple counties may not be serving the county on a full-time basis.

ACRONYMS

- A -

ACLU – American Civil Liberties Union
ACRA – Adolescent and Community Reinforcement
ACS – Affiliated Computer Services, the NM Medicaid fiscal agent
ACS – American Community Survey
ACT – Assertive Community Treatment
ADA – Americans with Disabilities Act
ADMS – Alcohol, Drug Abuse and Mental Health Service block grant
AHP – Affordable Housing Program
ALTSD – Aging and Long-Term Services Department (NM)
AMI – Area Median Income
AOC – Administrative Office of the Courts (NM)
APRIL – Association of Programs for Rural Independent Living
APS – Adult Protective Services Division (ALTSD)
ARTC - Accredited Residential Treatment Centers
ASAM – American Society of Addiction Medicine
ASD – Autism Spectrum Disorder
ASD – Administrative Services Division (HSD)
ASI – Addiction Severity Index
ATR – Access to Recovery or Accounting Transaction Request (context)
AVRS – Automated Voice Response System (ACS)

- B -

BBER – Bureau of Business and Economic Research (UNM)
BC-DR – Business Continuity and Disaster Recovery
BG – Block Grant
BH – Behavioral Health
BHC – Behavioral Health Collaborative
BHPC – Behavioral Health Planning Council
BHSD – Behavioral Health Services Division (HSD)
BIA – Bureau of Indian Affairs (federal)

- C -

C/FSP – Consumer/Family Satisfaction Project (NM)
CAFAS – Child and Adolescent Functional Assessment Scale
CAFÉ – Consumer and Family Engagement, Office of (HSD)
CAP – Corrective Action Plan
CAT – Cross-Agency Team
CBHTR – Consortium for Behavioral Health Research and Training (NM)
CCP – Community Custody Program
CCSS – Comprehensive Community Support Services
CDBG – Community Development Block Grant
CDFI – Community Development Financial Institution
CEO – Collaborative Chief Executive Officer

CEO – Chief Executive Officer
CEU – Continuing Education Unit
CFDA – Catalog of Federal Domestic Assistance
CFO – Chief Financial Officer
CFR – Code of Federal Regulations
CFSR – Child and Family Services Review
CFT – Child and Family Team
CIO – Chief Information Officer
CIP – Community Investment Program
CIT – Crises Intervention Training
CLAS – Culturally and Linguistically Appropriate Services
CLP – Computer Loan Program
CMHS – Center for Mental Health Services (SAMHSA)
CMHSBG – Community Mental Health Services Block Grant (context)
CMP – Civil Monetary Penalties
CMS – Centers for Medicare and Medicaid Services (DHHS)
CO-SIG – Co-Occurring State Incentive Grant
COB – Coordination of Benefits
COD – Co-Occurring Disorder
CoLTS – Coordinated Long Term Services
COO – Chief Operating Officer
CPS – Certified Peer Specialist; Child Protective Services (CYFD)
CQI – Continuous Quality Improvement
CRAFT – Community Reinforcement and Family Training Model
CSA – Core Service Agency
CSAT – Center for Substance Abuse Treatment (SAMHSA)
CSED – Child Support Enforcement Division (HSD)
CSP – Consumer Satisfaction Project
CSS – Community Support Services
CYFD – Children, Youth and Families Department (NM)

- D -

DASIS – Drug and Alcohol Services Information System (SAMHSA)
DBA – Doing Business As
DCAP – Directed Corrective Action Plan
DD – Developmental Disability
DDPC – Developmental Disabilities Planning Council (NM)
DDSD – Developmental Disabilities Services Division (DOH)
DEA – Drug Enforcement Administration (federal)
DFA – Department of Finance and Administration (NM)
DHHS – Department of Health and Human Services (federal)
DHI – Division of Health Improvement (DOH)
DOB – Date of Birth
DOH – Department of Health (NM)
DOT – Department of Transportation (NM)
DST – Documented Staff Training

DTR – Double Trouble in Recovery
DV – Domestic Violence
DVR – Division of Vocational Rehabilitation (PED)
DWI – Driving While Intoxicated
DWS – Department of Workforce Solutions (NM)

- E -

EAP – Employee Assistance Program
EBP – Evidence-Based Practices
ECM – Electronic Claims Management
EPSDT – Early and Periodic Screening, Diagnosis and Treatment
EQRO – External Quality Review Organization
ESG – Emergency Grant Shelter Program

- F -

FACT – Functional Assessment of Cognitive Transit Skills
FAQ – Frequently Asked Questions
FBI – Federal Bureau of Investigation
FEIN – Federal Employer Identification Number
FEMA – Federal Emergency Management Agency
FFS – Fee for Service
FFT – Functional Family Therapy
FHLB – Federal Home Loan Bank
FINS – Family in Need of Services
FIT – Family Infant Toddler program (DOH)
FMR – Fair Market Rate
FQHC – Federally Qualified Health Center
FS – Family Services Division (CYFD)
FTA – Federal Transit Administration
FTE – Full Time Equivalent
FY – Fiscal Year

- G -

GAO – General Accounting Office (federal)
GCD – Governor's Commission on Disability (NM)
GH – Group Home
GHPC – Governor's Health Policy Coordinator (NM)
GNMA – Government National Mortgage Association
GOI – General Organization Index
GPM – Governor's Performance Measures
GPRA – Government Performance Results Act
GPS – Global Positioning System

- H -

HB – House Bill
HCV – Housing Choice Vouchers
HEDIS – Healthcare Effectiveness Data and Information Set
HPG – Housing Preservation Grant
HIPAA – Health Insurance Portability and Accountability Act of 1996
HIV – Human Immunodeficiency Virus
HMIS – Homeless Management Information System (HUD)
HOP – Housing Option Program
HOPWA – Housing Opportunities for Persons with AIDS Program
HPC – Health Policy Commission (NM)
HSD – Human Services Department (NM)
HST – Housing Support Team
HUD – Department of Housing and Urban Development (federal)

- I -

I-SATS – Inventory of Substance Abuse Treatment Services
IAD – Indian Affairs Department (NM)
IBNR – Incurred But Not Received
ICF-MR – Intermediate Care Facility for Persons With Mental Retardation
ICWA – Indian Child Welfare Act
IDT – Interdisciplinary Team
IEP – Individualized Education Program
IFN – Interagency Forensic Network
IHS – Indian Health Service
INS – Immigration and Naturalization Service (federal)
IOP – Intensive Outpatient
IS – Information Systems
ISD – Income Support Division (HSD)
ISHCN – Individual with Special Health Care Needs
ISOC – Integrated System of Care
ISP – Intensive Supervision Program
ISU – Intensive Supervision Unit

- J -

JJS – Juvenile Justice Service Division (CYFD)

- K -

- L -

LADAC – Licensed Alcohol and Drug Abuse Counselor
LC – Local Collaborative
LD – Letter of Direction
LEIE – List of Excluded Individuals and Entities
LIHTC – Low Income Housing Tax Credit
LOD – Letter of Direction

LPN – Licensed Practical Nurse
LSP – Local Selection Panel
LTTF – Land Title Trust Fund
LVMC – Las Vegas Medical Center (DOH)

- M -

MAD – Medical Assistance Division (HSD)
MCO – Managed Care Organization
MCO/CSP – Managed Care Organization/Coordinated Service Program
MDT – Multi-Disciplinary Team
MFA – Mortgage Finance Authority (NM)
MFCU – Medicaid Fraud Control Unit
MH BG – Mental Health Block Grant
MHSIP – Mental Health Statistics Improvement Project
MHT-SIG or TSIG – Mental Health Transformation State Incentive Grant
MI – Motivational Interviewing
MMIS – Medicaid Management Information System
MOE – Maintenance of Effort
MOU – Memorandum of Understanding
MST – Multi-Systemic Therapy
MTFC – Multidimensional Treatment Foster Care

- N -

N-SSATS – National Survey of Substance Abuse Treatment Services
NAMI – National Alliance for the Mentally Ill
NARMH – National Association for Rural Mental Health
NBD - Neurobiological Disorder
NCADI – National Clearinghouse for Alcohol and Drug Information (SAMHSA)
NIST – National Institute of Standards and Technology
NMAC – New Mexico Administrative Code
NMBHI – New Mexico Behavioral Health Institute
NMCD – New Mexico Corrections Department
NMFI – National Master Facility Inventory
NMSA – New Mexico Statutes Annotated
NOFA – Notice of Funding Availability
NOGA – Notice of Grant of Award
NOMS – National Outcome Measures

- O -

OAA – Older Americans Act
OCA – Office of Consumer Affairs (BHSD), now CAFE
ODBC – Open Database Connectivity
OEM – Original Equipment Manufacturer
OHR – Office of Human Resources (HSD)
OIG – Office of Inspector General (HSD)
OMB – Office of Management and Budget (federal)

OOS – Office of the Secretary (HSD)
OSAH – Office of School and Adolescent Health (DOH)
OSAP – Office of Substance Abuse Prevention (DOH)
OT – Oversight Team

- P -

PACE – Program of All-inclusive Care for the Elderly (ALTSD)
PBDC – Parents for Behaviorally Different Children
PCP – Primary Care Provider
PCS – Proactive Community Supervision
PD – Public Defender Department (NM)
PDL – Preferred Drug List
PED – Public Education Department (NM)
PHA – Public Housing Agency
PIP – Program Improvement Plan
PL – Public Law
PPS – Prospective Payment System
PRAC – Project Rental Assistance Contract
PS – Protective Services Division (CYFD)
PTSD – Post Traumatic Stress Syndrome

- Q -

QAP – Qualified Allocation Plan
QI – Quality Improvement
QM – Quality Management

- R -

RCCP – Regional Care Coordination Plan
RCPNNM – Rural and Community Psychiatry Network of New Mexico
RES – Recovery Empowerment Specialist
RFP – Request for Proposals
RN – Registered Nurse
RSS – Recovery Support Services
RTC – Residential Treatment Center

- S -

SAMHSA – Substance Abuse and Mental Health Services Administration (DHHS)
SB – Senate Bill
SBHC – School Based Health Centers
SBIRT – Screening, Brief Intervention and Treatment federal grant
SCI – State Coverage Insurance
SCHIP – State Children's Health Insurance Program
SDF – Software Development Firm
SE – Statewide Entity
SED – Serious Emotional Disorders
SFY – State Fiscal Year

SIG – State Incentive Grant
SHD – Systems Help Desk
SHP – Supportive Housing Program
SJM – Senate Joint Memorial
SMI – Serious Mental Illness
SQL – Structured Query Language
SOC – System of Care
SPF-SIG – Strategic Prevention Framework State Incentive Grant
SSI – Supplemental Security Income
SSDI – Supplemental Security Disability Insurance
SSN – Social Security Number

- T -

TANF – Temporary Assistance for Needy Families (HSD)
TBI – Traumatic Brain Injury
TBRA – Tenant-Based Rental Assistance
TCA – Total Community Approach
TDM – Team Decision-Making
TEDS – Treatment Episode Data Set
TFC – Therapeutic Foster Care
TLS – Transitional Living Services
TPL – Third Party Liability
TQM – Total Quality Management
T-SIG – Transformation State Incentive Grant

- U -

UM – Utilization Management
UNM – University of New Mexico
URS – Uniform Reporting System

- V -

VMS – Voucher Management System
VONM – Value Options New Mexico

- W -

WDI – Working Disabled Individual
WIC – The Special Supplemental Nutrition Program for Women, Infants, and Children
WICHE – Western Interstate Commission on Higher Education
WRAP – Wellness Recovery Action Plan

- X -

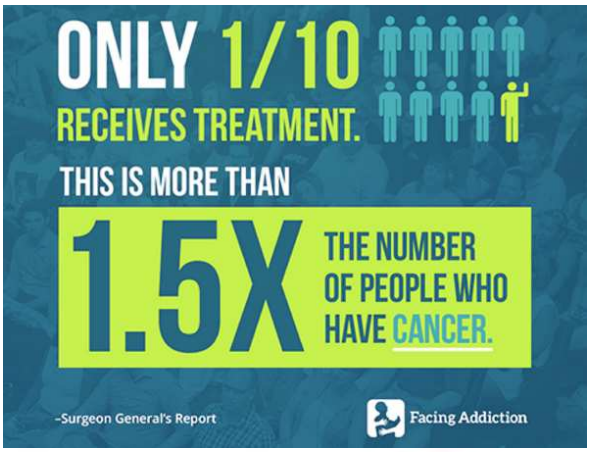
- Y -

- Z -

Improving our language of Substance Use, Treatment, & Recovery:
Our words matter!

21 million people

have a substance use disorder



The Real Stigma of Substance Use Disorders

In a study by the Recovery Research Institute, participants were asked how they felt about two people *"actively using drugs and alcohol."*

One person was referred to as a "substance abuser"

The other person as "having a substance use disorder"

No further information was given about these hypothetical individuals.

THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE "SUBSTANCE ABUSER" WAS:

- less likely to benefit from treatment
- more likely to benefit from punishment
- more likely to be socially threatening

...and more likely to be blamed for their substance-related problems

resources

Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health, 2016 https://www.surgeongeneral.gov/library/2016alcoholdrugshealth/index.html#fullreport

Dr. Sarah Wakeman's presentation :"Changing Language to Change Care": https://www.scribd.com/presentation/376031995/Thursday-Wakeman#fullscreen&from_embed

Recovery Research Institute and the "Addictionary": https://www.recoveryanswers.org/addiction-ary/

NIDA "Words Matter" Handout: https://d14rmgtrwzf5a.cloudfront.net/sites/default/files/nidamed_wordsmatter3_508.pdf

Article on AP guidelines: http://www.slate.com/articles/health_and_science/medical_examiner/2017/06/the_associated_press_removes_words_like_addict_and_drug_abuser.html

Changing the Narrative: https://www.changingthenarrative.news/

This resource was developed by community members in the Paso del Norte region to support accurate and respectful language when talking and writing about substance use prevention, treatment, & recovery.
For more copies or to provide suggestions or additional content, please contact Holly at mata.holly@gmail.com

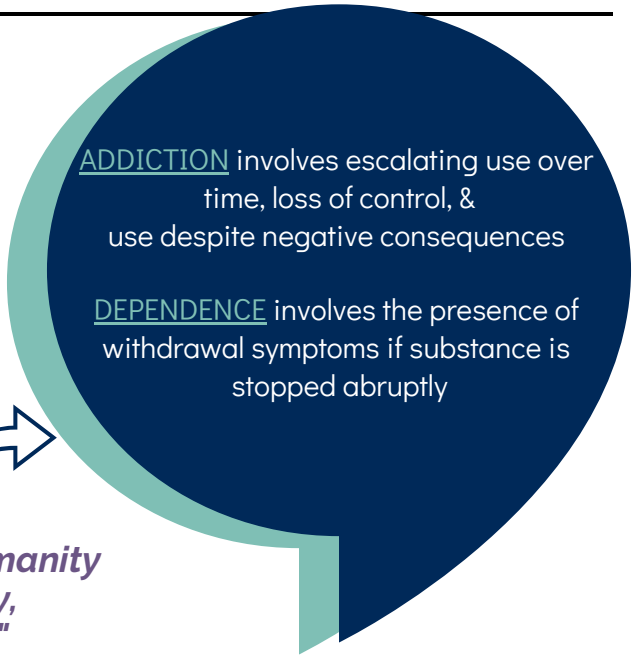
Improving our Language of Substance Use

Words to avoid	Words to consider
Substance abuser or drug abuser Addict or alcoholic Junkie	Person with a substance use disorder Person who uses substances Person who uses alcohol (or tobacco, or heroin, or...)
Substance Abuse	Substance use or Substance misuse Unhealthy substance use Non-medical substance use
Medication Assisted Treatment (MAT) (MAT is a common term, but feels stigmatizing to some people)	Medication for a substance use disorder Medication-based treatment Pharmacotherapy for an opioid use disorder
"Clean" or "Dirty" when talking about a UA or other toxicology test "Clean" to refer to a person who is not using alcohol or other drugs	Accurate medical terminology like "positive" or "negative" toxicology results A person in remission or recovery
"Addicted babies"	Neonatal Abstinence Syndrome

- Use "person-first" language
- Avoid language that stigmatizes
- Review & improve your agency materials
- Respect how people refer to themselves
- Respect the language used in peer support groups

For more great resources, check out:

https://www.changingthenarrative.news/stigmatizing-language



Use accurate terminology!

"Being called an addict defines my humanity with one small facet of my identity, essentially erasing the rest of me"

-Zachary Siegel

http://www.slate.com/articles/health_and_science/medical_examiner/2017/06/the_associated_press_removes_words_like_addict_and_drug_abuser.html

Section 3

Training information/handouts

Communication Styles/Birds Training by Lawrence Mirabal of Human Services Department

Cultural Competency Training by Kimmie Jordan

HUMAN SERVICES DEPARTMENT

EFFECTIVE TEAM COMMUNICATION

LAWRENCE MIRABAL – INCOME SUPPORT DIVISION

HUMAN SERVICES DEPARTMENT

EFFECTIVE TEAM COMMUNICATION

“Communication is like the thread through a string of pearls. Without it everything falls apart.” – Pamela Jett CSP

EFFECTIVE TEAM COMMUNICATION

SURVEY

EFFECTIVE TEAM COMMUNICATION

Step 1. In each of the 24 groups of four words below, one of these words is **MOST** like you and one is **LEAST** like you. Think of these words as they would apply to you in your professional role here at HSD. Circle one word from each of the 24 groups in the **MOST** column and one word from the **LEAST** column.
See the example below:

1.	MOST	LEAST
Controlled	D	D
Traditional	N	O
Decisive	E	E
Talkative	P	P

SURVEY INSTRUCTIONS

EFFECTIVE TEAM COMMUNICATION

Step 2: SCOREBOARD

1. Count E's in the Most columns 2. Enter in Scoreboard (E-Most)	3. Count E's in the Least columns 4. Enter in Scoreboard (E-Least)	5. Subtract E-Least from E-Most 6. Enter in Scoreboard (E-Actual)

Repeat for P, D, O, and N.

Scoreboard

	Most	-	Least	=	Actual
E					
P					
D					
O					
N					
	= 24 Total		= 24 Total		

Total the columns to verify your math. Each column totals 24. (Recount if columns don't total 24.)

Highest number and letter _____ Next highest_____ Next_____ Next_____ Lowest _____

SCORING

EFFECTIVE TEAM COMMUNICATION

Scoreboard

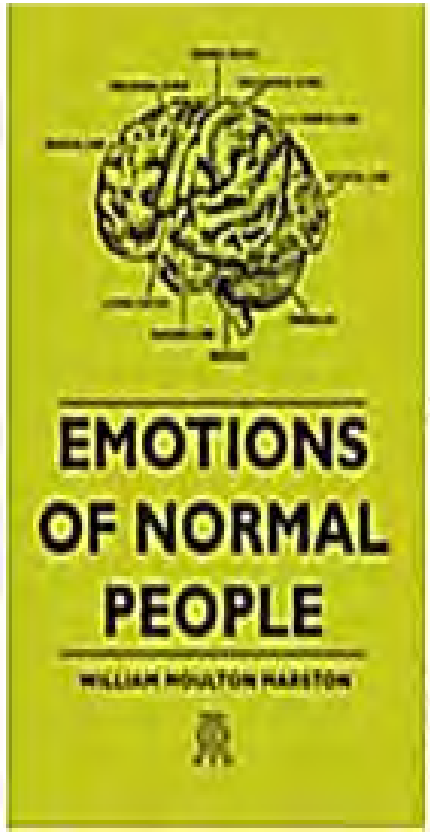
	Most -	Least =	Actual
E	2	14	-12
P	12	1	+11
D	5	3	+2
O	2	4	-2
N	~~3~~	~~2~~	~~+1~~
	24 Total	24 Total	

SCORING

THE BIRDS

Investing for tomorrow, delivering today.

ORIGIN OF THE BIRDS



William Moulton Marston, Ph.D.

- Psychologist (Yale)
- Social Scientist (W.W. II)
- Inventor (Lie Detector)

ORIGIN OF THE BIRDS

The Birds is based on the four personality types theory developed by Dr. Gary Couture.

Dr. Couture theorized that people's communication style can be group into four classifications, each represented by a bird; namely the Dove, Owl, Peacock, and Eagle.

The Birds is designed to give you a quick and easy insight into how individuals communicate and how to best relate to each 'bird style'

PREMISE OF THE BIRDS

- People have different communication styles, but process information based on their style, not ours.
- Effective ‘bird’ communicators can recognize their audience’s bird style and modify their style accordingly.
- By mastering this skill, you can trigger a chain reaction; communication improves, understanding improves, relationships improve, teamwork improves, quality improves, productivity improves, workload becomes more manageable, morale improves, etc., etc.

3 TRAITS OF COMMUNICATION

Verbal Traits

7%

- Content (word choice)
- Style (casual/formal)
- Frequency (more/less)

Vocal Traits:

38%

- Tone
- Inflection
- Volume
- Pace

Visual Traits

55%

- Body language
- Facial expressions
- Physical gestures

LET'S TEST THIS THEORY

WHICH WORDS COME TO MIND?

THE OWL

Vocal Traits:

- Little inflection
- Few pitch variations
- Deliberate delivery
- Low volume speech

Verbal Traits:

- Likes to focus on facts & details
- Limits sharing of feelings
- More formal and proper
- Focused conversation

Visual Traits

- Few facial expressions
- Non-contact oriented
- Few gestures

THE OWL

Positive Traits:

- Thorough, meticulous, logical, good with details
- Naturally curious, interested in gaining knowledge and becoming an expert
- Comfortable with rules, procedures, and structure
- Generally, gets along with people, but has high expectations of other's abilities
- Give an Owl a nice quiet place to work (their domain) and they will be happy

Perceived Challenges:

- Owls are highly detailed and logical thinkers so they may plan to the extreme leaving little time for action
- Owls are compelled to be perfect even when perfection is not necessary
- Owls may withdraw if challenged

Communication Strategy: To achieve balance and flexibility in communication with other bird styles; Owls should exercise empathy and show appreciation of others. Find timesavers and shortcuts to get things done faster.

TRIVIA TIME

What is a group of Owls called?

A PARLIAMENT

THE DOVE

Verbal Traits:

- Uses empathy effectively
- Great active listeners
- Reserves opinions
- Less verbal communication

Vocal Traits:

- Steady warm delivery
- Less forceful tone
- Less volume
- Slower pace

Visual Traits

- Intermittent eye contact
- Gentle handshake
- Exhibits patience
- Graceful

THE DOVE

Positive Traits:

- Natural ‘people person’ and enjoys helping others
- Nice to everyone, peacemaker, optimistic, helpful, good friend, team player
- Motivated by relationships, so having shared goals, a common purpose, and team success is important to them
- Doves may seem more ‘emotional’ than other bird types
- Let Doves interact with others and they will be happy – great at networking and building relationships

Perceived Challenges:

- Doves may be more comfortable with the status quo
- The Dove may also struggle at being assertive
- Goal setting does not come natural to the Dove. They tend to be more influenced by what others may think

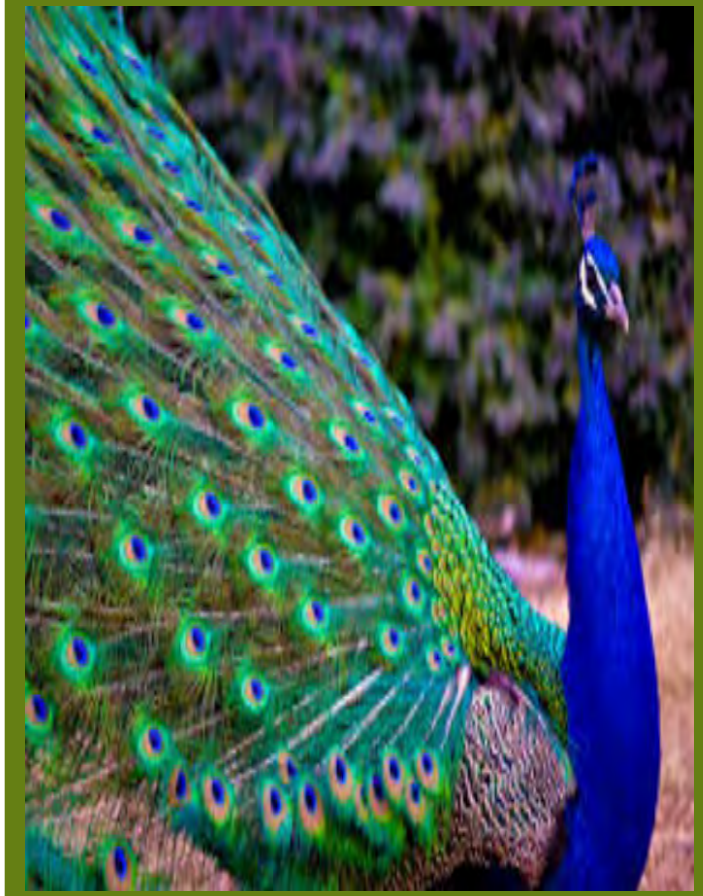
Communication Strategy: To achieve balance and flexibility in communicating with other bird styles; Doves should learn to say ‘No’. At times, they must reach beyond their comfort zone and confront problems even if it may come at the expense of other’s feelings.

TRIVIA TIME

What is a group of Doves called?

A FLIGHT, COTE, DOLE OR DULE

THE PEACOCK



Verbal Traits:

- Great story tellers
- Shares personal feelings
- Expresses opinions readily
- Digresses from conversation

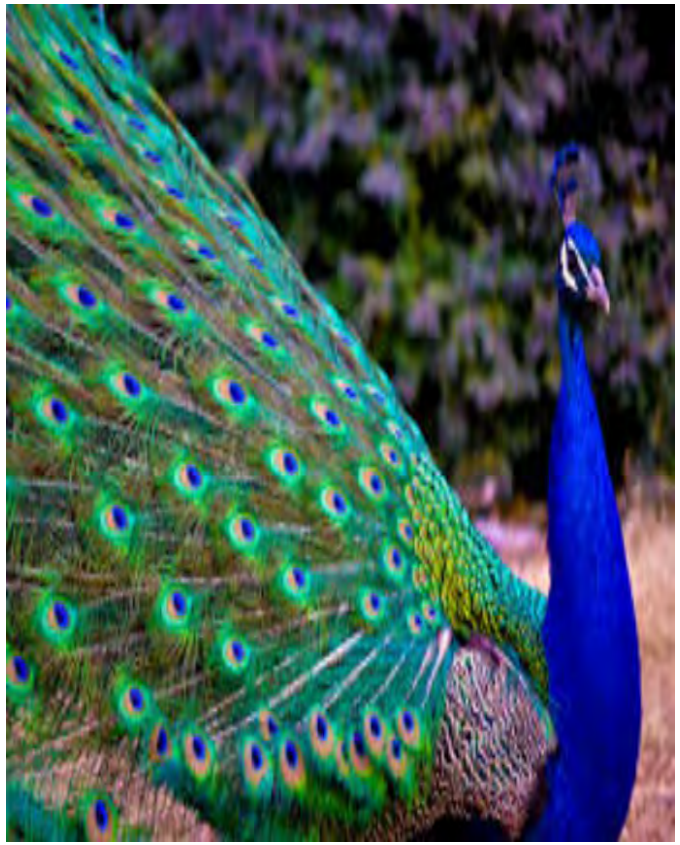
Vocal Traits:

- Lots of voice inflection
- Dramatic
- High volume
- Fast speech

Visual Traits

- Animated facial expressions
- Lots of hand and body gestures
- Uses lots of contact
- Spontaneous actions

THE PEACOCK



Positive Traits:

- Self-confident, creative, stimulating, and spontaneous.
- They bring passion, enthusiasm, to whatever interests them.
- Flexible and open-minded. Tendency to notice and seize opportunities before others.
- Peacocks can be excellent motivators and highly skilled at enlisting the help of others to get things done.
- Give the Peacock attention and limelight and they will be happy.

Perceived Challenges:

- Not good at being thorough or sticking to details.
- They may resist structure, rules, guidelines, etc., in favor of figuring things out as they go.
- When the going gets tough, Peacocks may choose to just move on.

Communication Strategy: To achieve balance and better flexibility in communicating with other bird styles, Peacocks should practice patience and self-discipline. Focus that internal energy and passion on organizing and getting things done.

TRIVIA TIME

What is a group of Peacocks called?

AN OSTENTATION

THE EAGLE

Verbal Traits:

- Direct and to the point
- Comfortable leading conversations
- Talks more than listens
- Makes emphatic statements

Vocal Traits:

- More assertive tone
- Communicates readily
- High Volume, fast pace
- Challenging quality

Visual Traits

- Firm handshake
- Steady eye contact
- Displays impatience
- Fast moving

THE EAGLE

Positive Traits:

- Highly focused, driven, motivated – achievers.
- Goal setting comes easy to the Eagle.
- Persistent in achieving goals even if it requires personal sacrifice.
- Eagles like being productive and making progress.
- Motivated by achievement, challenge, results, and power.
- Not afraid of failure, as it is seen as an opportunity to bounce back stronger.

Perceived Challenges:

- Can be viewed by others as stubborn, rigid, distant, or critical.
- May value results over people.
- May lose sight of the big picture due to fixating on a singular task or issue.

Communication Strategy: To achieve balance, Eagles should use empathy and active listening. They can benefit by stepping back, refocusing on the big picture, and planning. When communicating with other bird styles, practice patience, understanding, and appreciation…especially with Owls.

TRIVIA TIME

What is a group of Eagles called?

A CONVOCATION

APPLIED KNOWLEDGE

- Remember, people have different communication styles, and receive information based on their style, not ours.
- To effectively communicate, identify your audience's bird style and formulate your message according to their style (verbal, vocal, and visual traits)
- By mastering this skill, communication with others will improve resulting in stronger relationships, improved teamwork, and overall team productivity and improved morale.

MORE WISDOM FROM BIRDS

HUMAN SERVICES DEPARTMENT

THANK YOU!

Lawrence Mirabal
Lawrence.Mirabal@state.nm.us

INVESTING FOR TOMORROW, DELIVERING TODAY.

Effective Team Communication

PARTICIPANT WORKBOOK

2022

Step 1. In each of the 24 groups of four words below, one of these words is **MOST** like you and one is **LEAST** like you. Think of these words as they would apply to you in your professional role here at HSD. Circle one word from each of the 24 groups in the **MOST** column and one word from the **LEAST** column.

See the example below:

1.	MOST	LEAST
Controlled	D	D
Traditional	N	O
Decisive	E	E
Talkative	P	P

1.	MOST	LEAST	9.	MOST	LEAST
Controlled	D	D	Accurate	O	N
Traditional	N	O	Outspoken	E	E
Decisive	E	E	Sociable	P	P
Talkative	P	P	Restrained	N	D
2.			10.		
Willing	O	O	Pioneering	E	E
Will Power	N	E	Optimistic	P	P
Cheerful	D	D	Respectful	O	N
Open Minded	P	N	Accommodating	D	D
3.			11.		
Stubborn	E	E	Adaptable	O	N
Submissive	O	O	Laid-Back	N	D
Sweet	N	D	Light Hearted	P	P
Attractive	P	P	Argumentative	E	E
4.			12.		
Determined	E	N	Persuasive	P	N
Cautious	O	O	Gentle	D	D
Good Natured	D	N	Creative	N	E
Convincing	P	P	Humble	O	O
5.			13.		
Positive	E	E	Adventurous	E	E
Contented	N	D	Pleasant	N	P
Trusting	D	P	Moderate	D	D
Peaceful	O	O	Receptive	O	N
6.			14.		
Neighborly	D	D	Generous	D	D
Popular	P	P	Animated	N	P
Devout	O	O	Well-Disciplined	O	N
Restless	E	E	Persistent	E	E
7.			15.		
Energetic	E	E	Sympathetic	N	D
Cultured	N	O	Tolerant	N	O
Social Butterfly	D	P	Assertive	E	E
Lenient	P	D	Confident	P	N

8.			16.		
Loyal	D	N	Unconquerable	E	E
Bold	E	E	Playful	P	P
Easily Led	N	D	Fussy	N	O
Charming	P	P	Obedient	D	N
17.	MOST	LEAST	21.	MOST	LEAST
Life of the Party	P	P	Submissive	N	O
Easy to Fool	D	D	Kind	D	N
Fearful	N	O	Admirable	P	N
Aggressive	E	N	Forceful	E	E
18.			22.		
Brave	E	N	Satisfied	D	D
Submissive	N	D	Diplomatic	O	N
Inspiring	P	N	Polished	N	P
Timid	N	O	Daring	E	E
19.			23.		
Precise	O	O	Considerate	D	D
Brash	N	E	Joyful	N	P
Fun Loving	N	P	Agreeable	N	O
Even Tempered	D	D	Competitive	E	E
20.			24.		
Self Reliant	E	E	High Spirited	N	P
Patient	D	D	Eager	E	E
Soft-Spoken	O	N	Conforming	O	O
Sociable	P	P	Willing	D	N

Step 2. Count the total number of **E**'s circled in the 24 groups under the **MOST** column and enter into the Scoreboard below under **MOST – E**. Count the total number of **E**'s circled in the 24 groups under the **LEAST** column and enter into the Scoreboard below under **LEAST – E**. Subtract **E-LEAST** from **E-MOST** for the **ACTUAL**.

Repeat the same for the **P**, **D** and the **O**. (To verify your math total the column and it should equal 24)

Scoreboard

	Most -	Least =	Actual
E			
P			
D			
O			
N			
	24 Total	24 Total	

Effective Team Communication

The Birds

The Birds

Background

Modern psychology has presented several studies on the topic of personality types. In 1920, Dr. William Marston presented the DISC profile that categorized human beings into four categories depending on their environment and capabilities to handle it.

Dr. Gary Couture proposed a theory that communication style can also be grouped into four classifications, each represented by a bird; namely the Dove, Owl, Peacock, and Eagle (DOPE).

The Birds is designed to give you a quick and easy insight into how individuals communicate and how to best relate to each "Bird" type.

Premise behind The Birds

People have different communication styles and receive information based on their communication style, not yours. To communicate effectively, the goal is to determine your audience's communication style to communicate with them based on how they receive information, not how you feel comfortable delivering information.

How we communicate

Verbal Traits

- Content (word choice)
- Style (casual/formal)
- Frequency (more/less)

Visual Traits

- Body language
- Facial Expressions
- Physical gestures

Vocal Traits

- Tone
- Inflection
- Volume
- Pace

Verbal Traits	Vocal Traits	Visual Traits
Focuses on facts & details	Little inflection	Few facial expressions
Limits sharing of feelings	Few pitch variations	Non-contact oriented
More formal and proper	Controlled delivery	Few gestures
Focused conversation	Low volume of speech	

Positive Traits:

- Thorough, meticulous, logical, good with details
- Naturally curious, interested in gaining knowledge and becoming an expert
- Like rules, procedures, and structure
- Generally get along with people, but have high expectations of other's abilities
- Give Owls a nice quiet place and leave them alone and they will be happy

Perceived Challenges:

- May tend to plan everything to the extreme leaving little time for action
- Must be perfect even if perfection is not required
- Owls have high standards for themselves so they expect the same from others
- Owls may withdraw if challenged
-

The Owl Style – Phone: Be considerate of their time constraints. Tell them what you will cover in the meeting so they will know what to expect. In person: Show them logical proof like statistics or data that documents your quality, track record and value. Verify your credentials on paper. Speak slowly and concisely. Get to the point, don't bother to be sociable, be courteous and task oriented.

_____
_____
_____
_____
_____
_____

The Dove Style

Verbal Traits	Vocal Traits	Visual Traits
Asks more than tells	Steady warm delivery	Intermittent eye contact
Listens more than talks	Less forceful tone	Gentle handshake
Reserves opinions	Less volume	Exhibits patience
Less verbal communication	Slower speech	Slower moving

Positive Traits:

- Natural 'people person' and enjoys helping others
- Doves are masters with the use of empathy
- Nice to everyone, peacemaker, enthusiastic, helpful, good friend, team player
- Motivated by relationships, shared goals, community service, and common good
- Other styles may view the Dove as "emotional"
- Give Doves an opportunity to interact with others and they will be happy – great networkers!

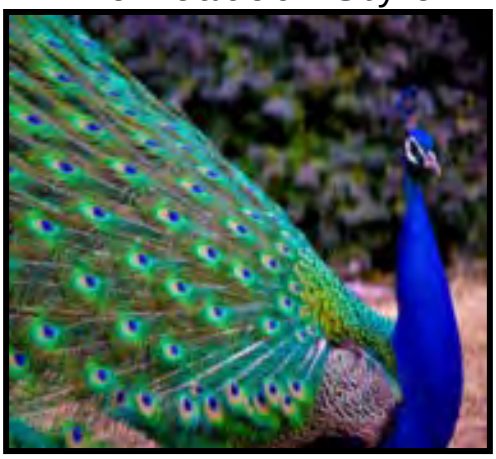
Perceived Challenges:

- Tend to avoid change, confrontation, and risk-taking
- The Dove has difficulty confronting problems and being assertive
- Not a natural goal setter, but if the Dove sets goals they are more likely based on what others think they should do

The Dove Style – Phone: Calls should be anchored to the person that referred you to them. Strive to be polite and easily liked. In person: Relax and speak warmly and informally. Ask questions about their family and co-workers. Focus on feelings, relationships and building trust.

_____
_____
_____
_____
_____
_____

The Peacock Style



Verbal Traits	Vocal Traits	Visual Traits
Great story tellers Shares personal feelings Expresses opinions readily Digresses from conversation	Lots of voice inflection Dramatic High volume Fast paced speech pattern	Animated facial expression Lots of hand & body gestures Uses lots of contact Spontaneous actions

Positive Traits:

- Confident, creative, stimulating, and spontaneous
- Has passion, enthusiasm, and is generally happy/optimistic
- Flexible and open-minded. A tendency to notice and seize opportunities.
- Can enlist the help of others through their 'people-oriented' nature but can work independently if needed
- Give the Peacock attention and limelight and they will be happy

Perceived Challenges:

- Not good at being thorough or sticking to details
- The Peacock doesn't like structure, bored by details, and easily distracted
- When the going gets tough they may give up and want to move on

The Peacock Style – Phone: Calls should be upbeat and friendly as well. Flatter them and thank them for taking the time out to talk to you. In person: Pretend that they are a V.I.P. Show great interest in them and let them talk by asking "how did you get into this business?" Peacocks want to be friends first, so plan to have as many meetings as necessary to build the relationship.

The Eagle Style

Verbal Traits	Vocal Traits	Visual Traits
Talks more than asks Talks more than listens Makes emphatic statements Direct and to the point	More assertive tone Communicates readily High volume & fast pace Challenging quality	Firm handshake Steady eye contact Displays impatience Fast moving

Positive Traits:

- Highly focused, drive, and motivated – natural achievers
- Goal setting comes easy to the Eagle
- Persistent in achieving goals even if it requires personal sacrifice
- Eagles like being productive and making progress
- Motivated by power, challenge, results, and achievement
- Not afraid of failure as they see it as a chance to bounce back
- Let the Eagle be in charge and they will be happy

Perceived Challenges:

- Can be viewed by other styles as stubborn, rigid, distant, or critical
- May value results over people
- May lose sight of the big picture due to task focus
- May not pay enough attention to the detail, leading to lack of adequate planning

The Eagle Style – Phone: Be formal, business-like and task-oriented. Don't socialize; get right to the point by showing that you can deliver bottom-line results. In person: To get a meeting with an Eagle, you must provide sufficient and enough of an incentive to deserve the meeting. Eagles take pride in being incredibly busy, so you will have to let them be involved in setting a meeting time.

RECAP

Effective Communication

We all have different communication styles. To communicate effectively, identify your audience's bird style and formulate your message according to "THEIR" style.

When we can achieve more effective communication, we start a chain reaction: communication improves ➡ understanding improves ➡ relationships improves ➡ rapport improve ➡ teamwork improves ➡ productivity improves ➡ Workload becomes more manageable ➡ stress levels reduce ➡ job satisfaction increases ➡ the benefits go on and on…

How can that benefit you?

SURVEY – IDENTIFYING YOUR COMMUNICATION STYLE

Below are 24 boxes containing four words. Think of these as they apply to you in your position at work.

Step 1: In each box:

- Identify **one** word that is **MOST** like you and circle its corresponding letter in the **MOST** column.
- Identify **one** word that is **LEAST** like you and circle its corresponding letter in the **LEAST** column.

EXAMPLE	MOST	LEAST
Controlled	D	D
Traditional	N	O
Decisive	E	E
Talkative	P	P

1.	MOST	LEAST
Controlled	D	D
Traditional	N	O
Decisive	E	E
Talkative	P	P

2.	MOST	LEAST
Willing	O	O
Will Power	N	E
Cheerful	D	D
Open Minded	P	N

3.	MOST	LEAST
Stubborn	E	E
Submissive	O	O
Sweet	N	D
Attractive	P	P

4.	MOST	LEAST
Determined	E	N
Cautious	O	O
Good Natured	D	N
Convincing	P	P

5.	MOST	LEAST
Positive	E	E
Contented	N	D
Trusting	D	P
Peaceful	O	O

6.	MOST	LEAST
Neighborly	D	D
Popular	P	P
Devout	O	O
Restless	E	E

7.	MOST	LEAST
Energetic	E	E
Cultured	N	O
Social Butterfly	D	P
Lenient	P	D

8.	MOST	LEAST
Accurate	O	N
Outspoken	E	E
Sociable	P	P
Restrained	N	D

9.	MOST	LEAST
Pioneering	E	E
Optimistic	P	P
Respectful	O	N
Accommodating	D	D

10.	MOST	LEAST
Adaptable	O	N
Laid-Back	N	D
Light Hearted	P	P
Argumentative	E	E

11.	MOST	LEAST
Persuasive	P	N
Gentle	D	D
Creative	N	E
Humble	O	O

12.	MOST	LEAST
Adventurous	E	E
Pleasant	N	P
Moderate	D	D
Receptive	O	N

13.	MOST	LEAST
Generous	D	D
Animated	N	P
Well-Disciplined	O	N
Persistent	E	E

14.	MOST	LEAST
Sympathetic	N	D
Tolerant	N	O
Assertive	E	E
Confident	P	N

15.	MOST	LEAST
Loyal	D	N
Bold	E	E
Easily Led	N	D
Charming	P	P

20.	MOST	LEAST
Unconquerable	E	E
Playful	P	P
Fussy	N	O
Obedient	D	N

16.	MOST	LEAST
Life of the Party	P	P
Easy to Fool	D	D
Fearful	N	O
Aggressive	E	N

21.	MOST	LEAST
Submissive	N	O
Kind	D	N
Admirable	P	N
Forceful	E	E

17.	MOST	LEAST
Brave	E	N
Submissive	N	D
Inspiring	P	N
Timid	N	O

22.	MOST	LEAST
Satisfied	D	D
Diplomatic	O	N
Polished	N	P
Daring	E	E

18.	MOST	LEAST
Precise	O	O
Brash	N	E
Fun Loving	N	P
Even Tempered	D	D

23.	MOST	LEAST
Considerate	D	D
Joyful	N	P
Agreeable	N	O
Competitive	E	E

19.	MOST	LEAST
Self-Reliant	E	E
Patient	D	D
Soft-Spoken	O	N
Sociable	P	P

24.	MOST	LEAST
High Spirited	N	P
Eager	E	E
Conforming	O	O
Willing	D	N

Step 2: SCOREBOARD

1. Count E's in the Most columns	3. Count E's in the Least columns	5.Subtract E-Least from E-Most
2. Enter in Scoreboard (E-Most)	4. Enter in Scoreboard (E-Least)	6.Enter in Scoreboard (E-Actual)

Repeat for P, D, O, and N.

Scoreboard

	Most	-	Least	=	Actual
E					
P					
D					
O					
N					
	= 24 Total		= 24 Total		

Total the columns to verify your math. Each column totals 24. (Recount if columns don't total 24.)

CULTURAL COMPETENCY FOR BHPC ORIENTATION

DIVERSITY IS ABOUT ALL OF US AND ABOUT US HAVING TO FIGURE OUT HOW TO WALK THROUGH THIS WORLD TOGETHER.
~ JACQUELINE WOODSON

The Iceberg Concept of Culture

Like an iceberg,
nine-tenths of culture is below the surface.

Surface Culture
Most easily seen
Emotional level - low

Food, dress,
music, visual arts,
drama, crafts,
dance, literature,
languagae, celebrations, games

Shallow Culture
Unspoken Rules
Emotional level - high

courtesy, contextual conversational patterns, concept of time,
personal space, rules of conduct, facial expressions,
nonverbal communication, body language, touching,
eye contact, patterns of handling emotions,
notions of modesty, concept of beauty, courtship practices,
relationships to animals, notions of leadership, tempo of work,
concepts of food, ideals of child rearing, theory of disease,
social interaction rate, nature of friendships, tone of voice,
attitudes toward elders, concept of cleanliness, notions of adolescence,
patterns of group decision-making, definition of insanity,
preferences for competition or cooperation,
tolerance of physical pain, concept of "self",
concept of past and future, definition of obscenity,
attitudes toward dependents,
problem solving roles in relation to age, sex, class, occupation,
kinship, and ...

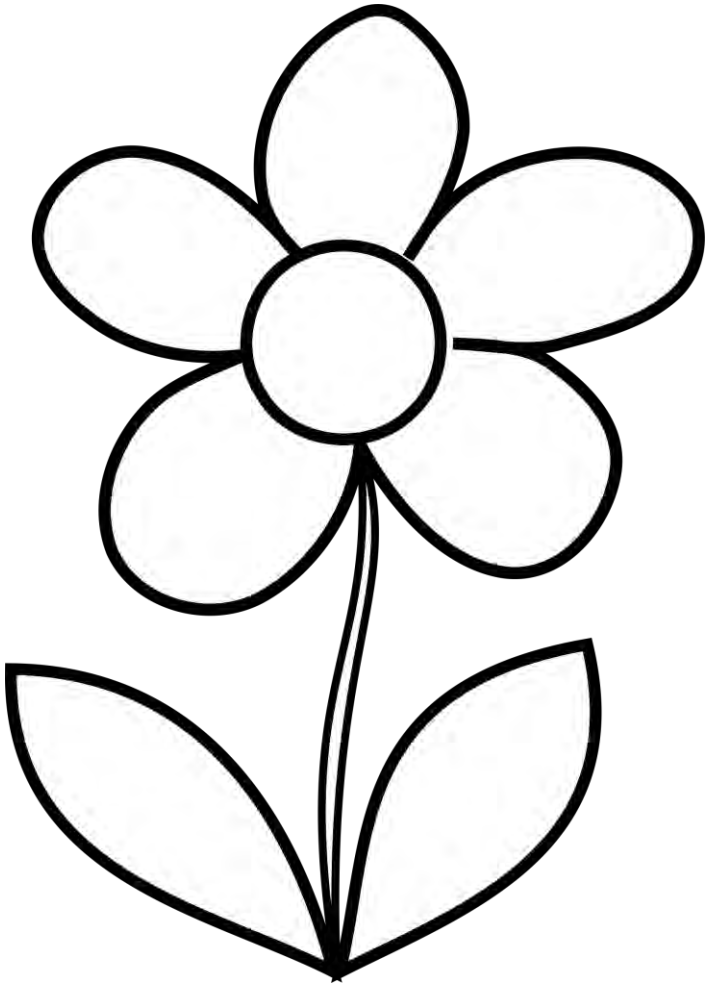
Deep Culture
Unconscious Rules
Emotional level - intense

INTRODUCTIONS AND GROUP ACTIVITY

Group members identify qualities and traits that make them unique from other group members on the petals.

Group members identify similarities and put them in the center.

Discussion with larger group.



WHAT IS CULTURAL COMPETENCE?

Cultural competence is the ability to understand and effectively interact with people from cultures different from our own. It also means being able to negotiate cross-cultural differences to accomplish practical goals. Multicultural competency requires the following:

- • A basic understanding of your own culture and ethnicity
- • A willingness to learn about the cultural practices and worldview of others
- • A positive attitude toward cultural differences
- • A willingness to accept and respect these differences

FOUR MAJOR COMPONENTS OF CULTURAL COMPETENCE: AWARENESS, ATTITUDE, KNOWLEDGE, AND SKILLS

- **Awareness -** Many of us have blind spots or unconscious bias when it comes to our personal beliefs and values. That's why it's vital to examine diversity-related values. We need to bring awareness to stereotyping and prejudices that can create barriers in the workplace.

- **Attitude -** Values and beliefs convey the extent to which we are open to differing views and opinions. Whether we are part of an underserved ethnic minority or not, the more deeply held our beliefs are, the more likely we are to react emotionally when we come up against cultural differences. For example, African American and Hispanic populations tend to have different values and beliefs about diversity and equality than white populations. The differences are, in part, due to varying degrees of exposure to discrimination and oppression.

FOUR MAJOR COMPONENTS OF CULTURAL COMPETENCE: AWARENESS, ATTITUDE, KNOWLEDGE, AND SKILLS

- **Knowledge -** The more informed we are about different cultures, the more we can be considerate to others. Knowing how culture impacts management style, problem-solving, asking for help, etc., can help us communicate better in cross-cultural interactions.

- **Skills -** One can have awareness, plenty of knowledge, and a good attitude about cultural differences, but these won't do much good without the skill to manage differences effectively. We need to learn and practice skills in cultural competence to avoid cross-cultural discrimination.

Self- Assessment

Awareness		Never	Sometimes/ Occasionally	Fairly Often/ Pretty Well	Always... very well
Value Diversity	I view human difference as positive and a cause for celebration				
Know myself	I have a clear sense of my own ethnic, cultural and racial identity				
Share my culture	I am aware that in order to learn more about others I need to understand and be prepared to share my own culture				
Be aware of areas of discomfort	I am aware of my discomfort when I encounter differences in race, colour, religion, sexual orientation, language, and ethnicity				
Check my assumptions	I am aware of the assumptions that I hold about people of cultures different from my own.				
Challenge my stereotypes	I am aware of my stereotypes as they arise and have developed personal strategies for reducing the harm they cause.				
Reflect on how my culture informs my judgement	I am aware of how my cultural perspective influences my judgement about what are 'appropriate', 'normal', or 'superior' behaviours, values, and communication styles.				
Accept ambiguity	I accept that in cross cultural situations there can be uncertainty and that uncertainty can make me anxious. It can also mean that I do not respond quickly and take the time needed to get more information.				
Be curious	I take any opportunity to put myself in places where I can learn about difference and create relationships.				
Aware of my privilege if I am White	If I am a White person working with an Aboriginal person or Person of Colour, I understand that I will likely be perceived as a person with power and racial privilege, and that I may not be seen as 'unbiased' or as an ally.				
Aware of social justice issues	I'm aware of the impact of the social context on the lives of culturally diverse population, and how power, privilege and social oppression influence their lives.				
		1 pt x	2 pt x	3 pt x	4 pt x

Knowledge					
Gain from my mistakes	I will make mistakes and will learn from them				
Assess the limits of my knowledge	I will recognize that my knowledge of certain cultural groups is limited and commit to creating opportunities to learn more				
Ask questions	I will really listen to the answers before asking another question				
Acknowledge the importance of difference	I know that differences in colour, culture, ethnicity etc. are important parts of an individual's identity which they value and so do I. I will not hide biehind the claim of "colour blindness".				
Understand the influence culture can have	I recognize that cultures change over time and can vary from person to person, as does attachment to culture				
Commit to life- long learning	I recognize that achieving cultural competence involves a commitment to learning over a life-time				
Understand the impact of racism, sexism, homophobia ...	I recognize that stereotypical attitudes and discriminatory actions can dehumanize, even encourage violence against individuals because of their membership in groups which are different from myself				
Know my limitations	I continue to develop my capacity for assessing areas where there are gaps in my knowledge				
Awareness of multiple social identities	I recognize that people have intersecting multiple identities drawn from race, sex, religion, ethnicity, etc and the importance of each of these identities vary from person to person				
Inter-cultural and intracultural differences	I acknowledge both inter-cultural and intracultural differences				
Point of reference to assess appropriate behaviour	I'm aware that everyone has a "culture" and my own "culture" shpuld not be regarded as a point of reference to assess which behavior is appropriate or inappropriate				
		1 pt x	2 pt x	3 pt x	4 pt x

Skills					
Adapt to different situations	I am developing ways to interact respectfully and effectively with individuals and groups				
Challenge discriminatory and/or racist behaviour	I can effectively intervene when I observe others behaving in racist and/or discriminatory manner.				
Communicate across cultures	I am able to adapt my communication style to effectively communicate with people who communicate in ways that are different from my own.				
Seek out situations to expand my skills	I seek out people who challenge me to maintain and increase the cross-cultural skills I have.				
Become engaged	I am actively involved in initiatives, small or big, that promote understanding among members of diverse groups.				
Act respectfully in cross-cultural situations	I can act in ways that demonstrate respect for the culture and beliefs of others.				
Be flexible	I work hard to understand the perspectives of others and consult with my diverse colleagues about culturally respectful and appropriate courses of action.				
Be adaptive	I know and use a variety of relationship building skills to create connections with people who are different from me.				
Recognize my own cultural biases	I can recognize my own cultural biases in a given situation and I'm aware not to act out based on my biases.				
Be aware of within-group differences	I'm aware of within-group differences and I would not generalize a specific behavior presented by an individual to the entire cultural community.				
		1 pt x	2 pt x	3 pt x	4 pt x

Total

		1 pt x	2 pt x	3 pt x	4 pt x

CULTURAL HUMILITY

The term "cultural humility" was introduced in 1998 as a dynamic and lifelong process focusing on self-reflection and personal critique, acknowledging one's own biases. It recognizes the shifting nature of intersecting identities and encourages ongoing curiosity rather than an endpoint.

Cultural humility involves understanding the complexity of identities — that even in sameness there is difference — and that a individual will never be fully competent about the evolving and dynamic nature of another's experiences.


CULTURAL HUMILITY EDITED
HTTPS://WWW.YOUTUBE.COM/WATCH?V=16DSEYLSOKW

WHAT IS CULTURAL HUMILITY?

Cultural humility goes beyond the concept of cultural competence to include:

- A personal **lifelong commitment to self-evaluation and self-critique**
- Recognition of power dynamics and imbalances, a desire to **fix those power imbalances and to develop partnerships with people and groups who advocate for others**
- **Institutional accountability**

HOW TO DEVELOP CULTURAL HUMILITY

- Cultural humility means opening up a conversation in a way that genuinely attempts to understand a person's identities related to race and ethnicity, gender, sexual orientation, socioeconomic status, education, social needs, and others. An awareness of the self is central to the notion of cultural humility — who a person is informs how they see another.
- With this awareness, an individual can ask questions about how they receive another person: Who is this person, and how do I make sense of them? What knowledge and awareness do I have about their culture? What thoughts and feelings emerge from me about them?

- Awareness may stem from self-reflective questions such as:
  - Which parts of my identity am I aware of? Which are most salient?
  - Which parts of my identity are privileged and/or marginalized?
  - How does my sense of identity shift based on context and settings?
  - What are the parts onto which people project? And which parts are received well, by whom?
  - What might be my own blind spots and biases?

INSTITUTIONAL ACCOUNTABILITY

- Racism, sexism, ableism — all of these 'isms and others — are embedded in the world at large and trickle down to national levels, state levels, institutions, and systems of care and how policies and procedures are established. It is imperative that individuals are aware of and troubled by these severe inequalities and inequities.
- A crucial way to build cultural humility into a system is with representation. A diverse representation is essential, but it doesn't stop there.
- Truly multiculturally attuned individuals uphold values of cultural humility and cultural competence, promote health equity, and improve access to care necessitates that individuals understand how these 'isms are operational within the systems in which they operate. For this, cultural competence, humility and sensitivity trainings like this are essential.
- One challenge is that individuals working within systems are not having honest, authentic conversations about systemic or individual biases because it makes them uncomfortable. Everyone has biases. Avoiding or concealing them only escalates the problem. Instead, individuals and institutions need to raise them to the surface and become more comfortable with having uncomfortable conversations to effect change.

I AM…BUT I AM NOT...EXERCISE

I Am…

- I am Iranian
-
-
-
-
-
-

But I Am Not...

- but I am not a terrorist
-
-
-
-
-
-

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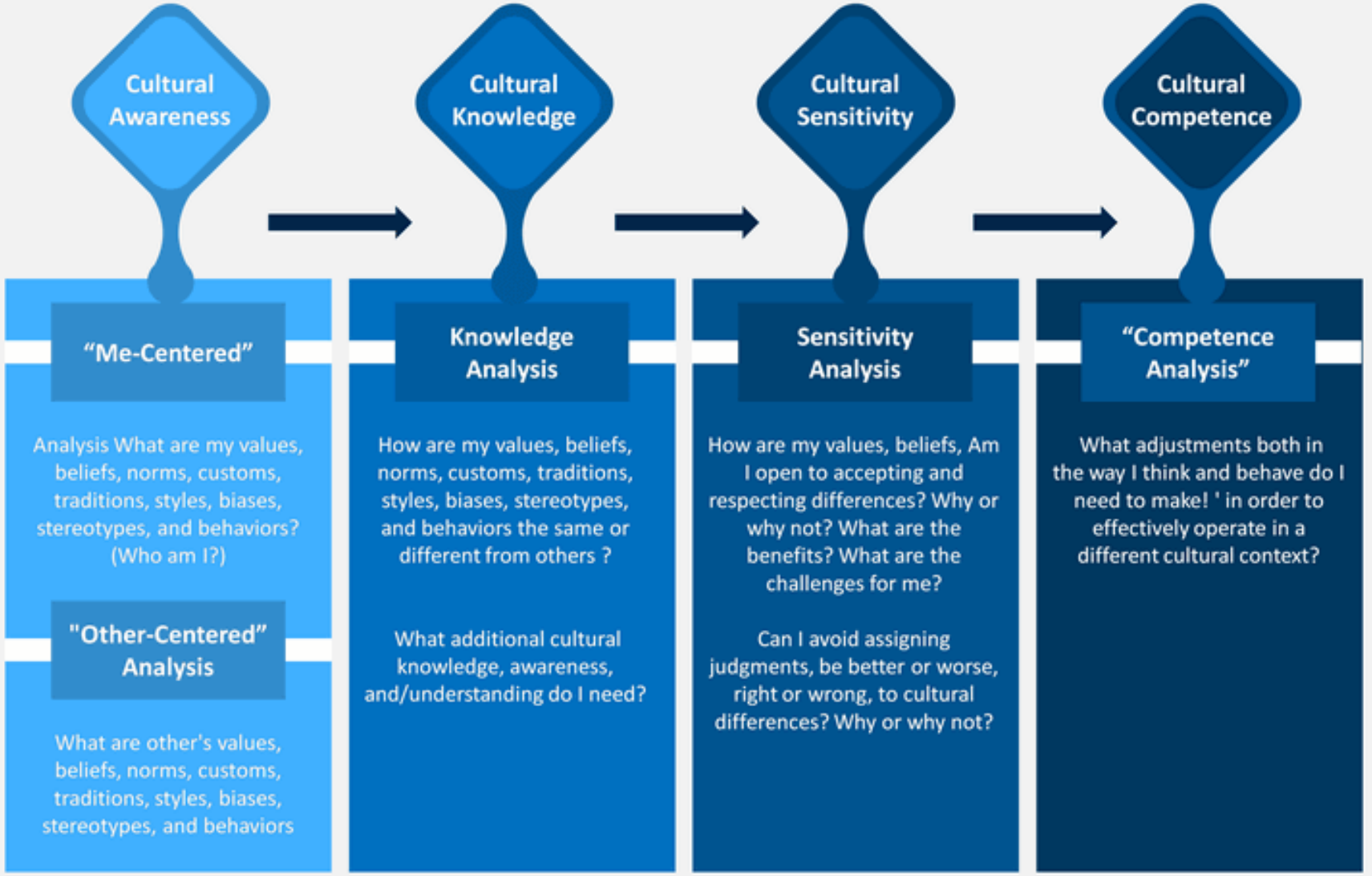
MORE CULTURAL COMPETENCY STUFF

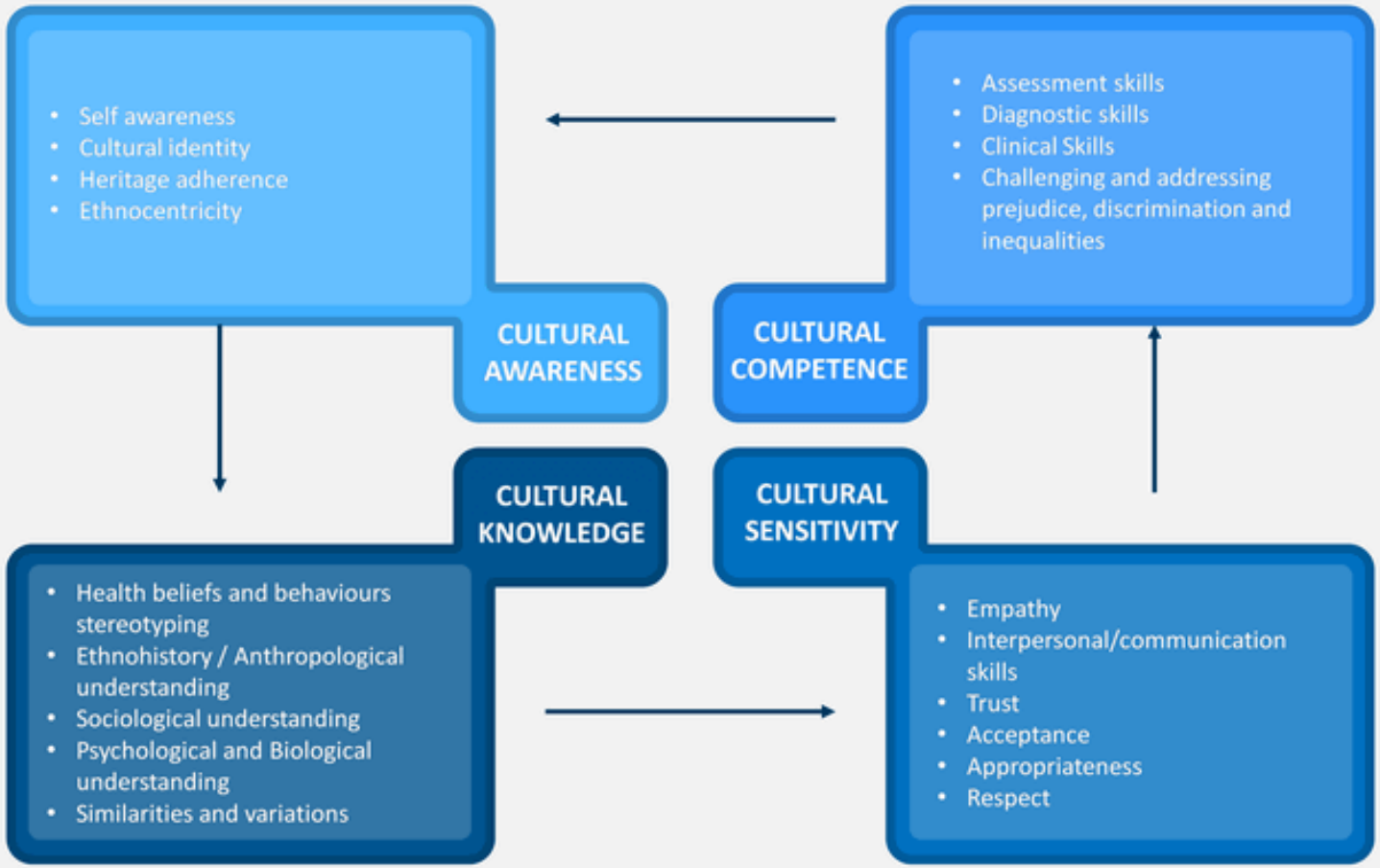
CULTURAL COMPETENCE

Cultural Competence Model



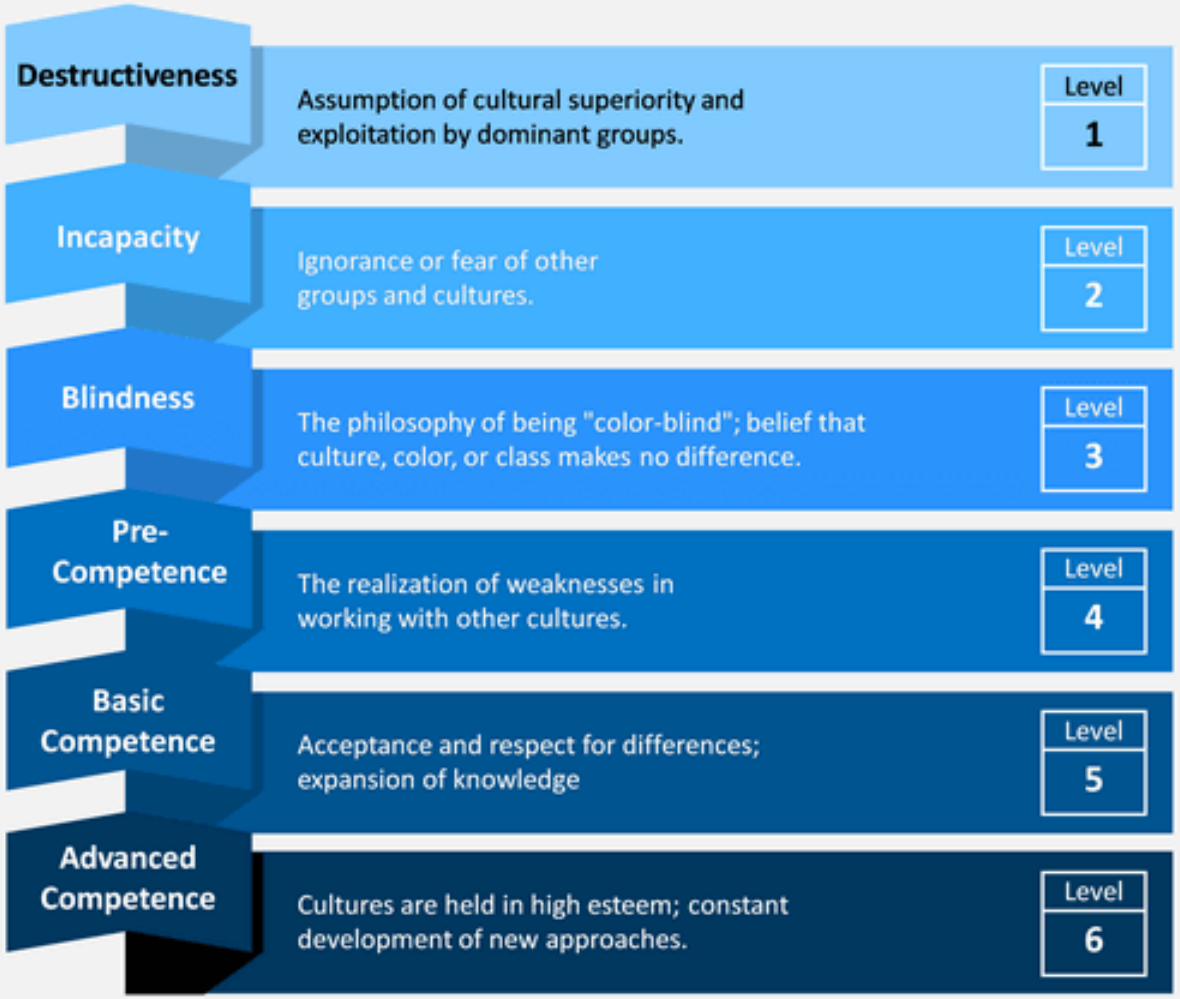
CULTURAL COMPETENCE

Model for Developing Cultural Competence



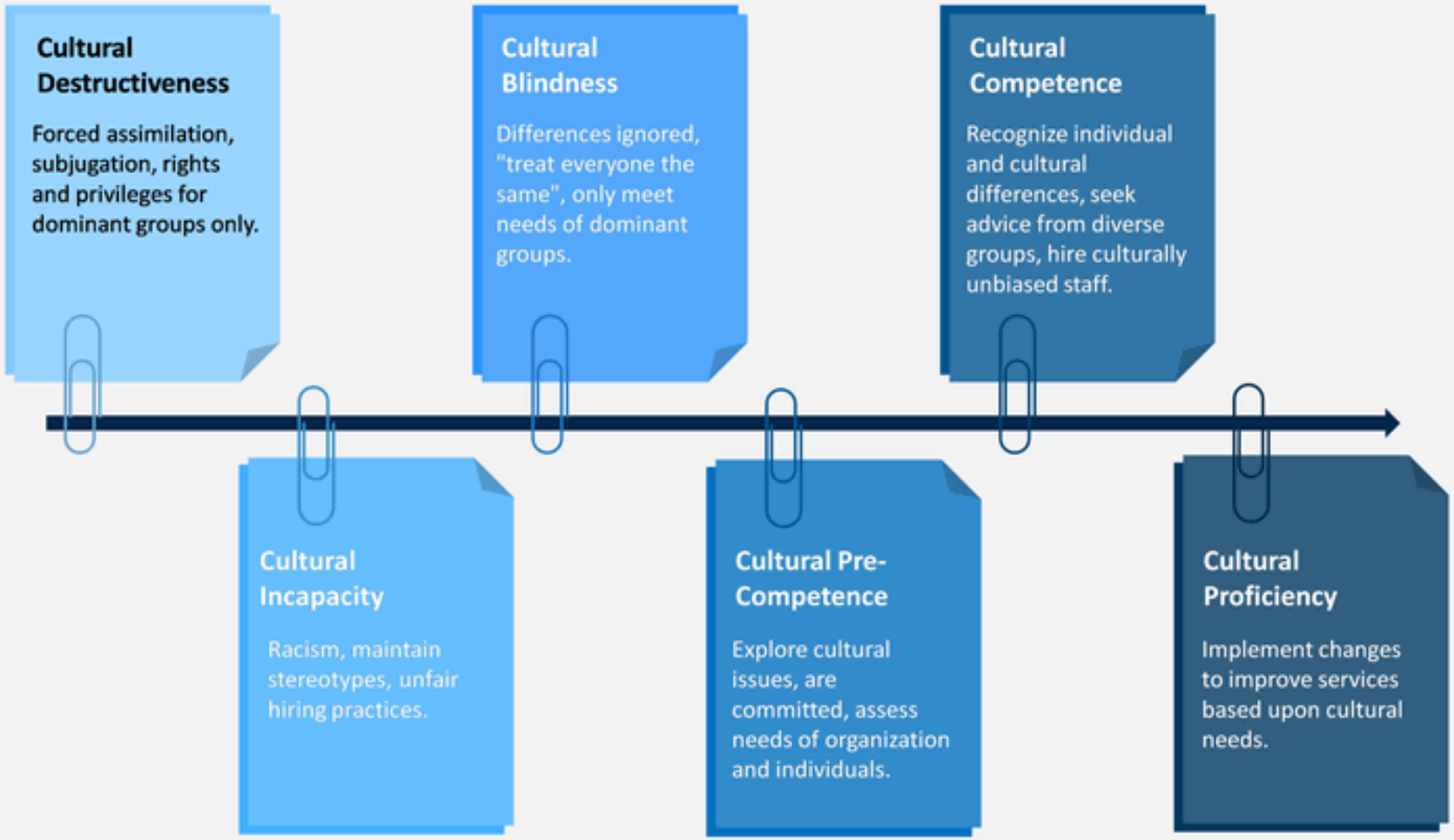
CULTURAL COMPETENCE

6 Levels of Cultural Competency



CULTURAL COMPETENCE

Continuum of Cultural Competency



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