

Testimony by Gov. Richardson

Blueprint for the States: Policies to Improve the Way States Organize and Deliver Alcohol and Drug Prevention and Treatment

Join Together National Panel, January 30, 2006

Introduction

* Governor Dukakis, members of the panel, first, let me welcome you to Santa Fe. I am proud that you chose New Mexico for this hearing and that you consider us a national model on the delivery of substance abuse prevention and treatment. We are honored to have you here.

* You have asked me to focus my testimony on leadership and especially the role of the Governor in promoting effective state policies to improve substance abuse treatment and prevention.

* Let me first provide some context on how these problems affect New Mexico and on the transformation that New Mexico has undertaken in behavioral health services, which we believe is a fundamentally new and innovative approach.

* In New Mexico substance abuse related problems have had a dramatic negative impact on the safety and quality of life particularly in Native American and Hispanic communities. Unfortunately, we see this in terms of overall health, death rates, reduced productivity and incarceration.

* As Governor I saw it as my responsibility to respond decisively to these problems, through comprehensive change. This began at the fundamental level of the fragmented and often unfocused structures by which both mental health and substance abuse priorities, policies, plans, financing and oversight had previously taken place.

* I believe leadership begins with making an issue a priority. One of my major goals for healthcare focuses solely on behavioral health. That means policy decisions and funding recommendations must be reconciled at all levels with providing better outcomes in behavioral health and substance abuse.

* Leadership also means taking action on large scale issues in focused bites. I do this by gathering the appropriate people to develop recommendations, propose legislation if necessary, and come up with solutions that lead to measurable outcomes. Examples include a task force we pulled together in 2004 to focus on drug addiction in Northern New Mexico. More recent ones focused on compulsive gambling and on streamlining licensing regulations and processes for behavioral health professionals. Working their way through the legislature now are 5 bills that are direct outcomes of these small, effective SWAT teams.

* Another action I have taken is to appoint policy Czars that are directly answerable to me, can bridge public agencies, and develop public and private partnerships. Examples of these include behavioral health and substance abuse, DWI, drugs and gangs and domestic violence.

Joining us today is my Behavioral Health Czar appointed in May 2004 - Dr. Leslie Tremaine.

* I have a health policy advisor on my staff that receives each report so that I can craft the most effective response to task force recommendations. Coordinating an effective response is key. Not all recommendations are accepted. Sometimes I ask that a task force revisit one or two recommendations with more focus as I have with compulsive gambling recently.

Behavioral Health Collaborative

* The boldest and most innovative action taken so far by me and my cabinet was creating a Behavioral Health Collaborative. What is in place today offers a unique opportunity for our state.

* The Collaborative brings all of the state agencies and resources involved in real recovery together including criminal justice, education, housing, and employment, as well as physical and behavioral healthcare. This 17-member Cabinet level group represents 15 agencies and my office. They are currently overhauling the system through a single statewide service delivery system accountable for creating the conditions for real recovery and resiliency.

* Prior to this fundamental change, New Mexico's efforts were disjointed and ineffective.

* The Collaborative is contracted with a single statewide entity and this partnership has been in place since July 2005. All public services are now provided by one vendor.

* I am closely tracking their efforts to ensure that goals are met and progress made. My expectations are laid out in what we call the Performance and Accountability Contract with the behavioral health Collaborative. The Collaborative regularly reports results to me and my cabinet in areas such as improved access, reduced re-arrest rates, improved housing and employment, school success, and improved functioning for people in recovery.

Conclusion

* Before I turn to Secretary Pam Hyde, who is the co-chair of the Collaborative, to provide details on specific initiatives, let me wrap up by saying that positive results on tough social problems like substance abuse require both bold executive leadership and persistence across a wide range of everyday efforts. There are no quick fixes.

* The structural changes we have made here in New Mexico lay the foundation for real results.

* Again, leadership is about making important issues a priority. Each legislative session since I began as Governor in 2003 has brought attention to behavioral health and substance abuse. This year I am proposing tough new laws to cut down on the scourge of methamphetamine production and I have asked the legislature for significant new treatment resources. And we are working hard to strengthen our behavioral health work force.

* I am proud that under my administration, New Mexico has implemented the toughest Drunk Driving laws in the country.

* We have gotten tougher on drunk drivers every year since I became Governor including becoming the first state in the nation to require offenders to have an ignition interlock put on their vehicle on the FIRST OFFENSE.

* This will take work, but I am confident that working together, we can create a better future for our state.

* Thank you. Now I'd like to turn this over to my Secretary of Human Services Pam Hyde.