

# **BERNALILLO COUNTY LOCAL COLLABORATIVE: LETTER OF READINESS**

*Revised – 5/10/05, 5/24/05, 5/31/05, 8/15/05, 9/15/05*

New Mexico Behavioral Health Purchasing Collaborative

LOCAL COLLABORATIVE GROUP

LETTER OF READINESS WORKSHEET

## **Basic Information**

Date: September 15, 2005

Name of Collaborative group: Bernalillo County Local Collaborative

2<sup>nd</sup> Judicial District, Region 3

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## Instructions:

This *Worksheet* will guide your group through a process containing the key criteria and related tasks required to reach a level of readiness to function as a Local Collaborative.

Please complete this Worksheet by responding to each of the questions in reference to your group. Please use the space provided for each section to provide your responses. A digital MSWord version of this worksheet will be available online at [www.state.nm.us/hsd/bhdwg](http://www.state.nm.us/hsd/bhdwg). or via email attachment so that you can complete the Worksheet using your PC. (\*Note: When providing your responses, keep in mind the basic functions and expectations of Local Collaboratives identified in these guidelines.

### READINESS WORKSHEET

## 1. Local Collaborative Membership

A) Provide a list of current members of your local collaborative, how they were selected, and if appropriate, how future members will be selected?

See Attached: *Current list of members*

Although several definitions of member have been suggested, the current one is: “anyone who has attended at least one meeting”. The attached list was compiled from the sign in lists at meetings beginning with the March 21<sup>st</sup> meeting called by the Bernalillo County Health Council. Since then there have been numerous meetings of the group as a whole and of various voluntary committees. Admittedly not all sign in lists have been saved and initially the information provided was inconsistent. But we believe that the attached list fairly represents everyone who wishes to be a member of BCLC and has attended at least one meeting. There are currently 175 entries in the database. Some are not listed because they either asked to be removed or because their names were not legible and we could not identify them through their other contact information.

Participants: Beginning in June, attendees were asked to complete the attached questionnaire to verify contact information and to self-identify categories based on the 15 categories outlined in the Local Collaborative Guidelines. As of 9/8/2005, 133 participants had completed the questionnaire. Participants were allowed to check as many categories as they thought applicable and most chose two or more. As a result the numbers reported in the matrix in the second part of question #1 will exceed the total membership.

On July 7, BCLC members voted to elect an executive committee made up of 51% consumers and 49% others. For purposes of executive committee membership the following definitions were adopted at the August 4 meeting :

- Consumer: someone who self-selects with full disclosure, not receiving funds from Value/Options (VO), not an employee of one of the state agencies that come under the purchasing collaborative/behavioral health planning council.
- Family Member: a parent, caregiver, or family member who is intricately involved with a

consumer.

The definitions were modified on Aug 18 to the following:

- **Consumer:** someone who self-selects with full-disclosure of employment in any behavioral health system *and* is a recipient of publicly funded behavioral health services.
- **Family member:** parent, caregiver or family member of an individual who meets the definition of consumer (self-select w/ full-disclosure of employment in any behavioral health system *and* w/ stipulation that they are recipient of publicly funded behavioral health services) and provides full-disclosure of employment in any behavioral health system.

There have been numerous suggestions that to be a voting member of the BCLC, the participant must attend a minimum number of meetings. On July 7 the members voted to allow those who had attended any three meetings of the BCLC (full meetings or subcommittees) to vote in the election for executive committee. However, because records of attendance were incomplete, anyone in the database was allowed to vote at the September 1 meeting.

Voting Members of the executive committee for the first year, elected on September 1 were:

<b>Consumer/Family Members</b>	<b>Other</b>
Quincy Adams	Nancy Jo Archer
Sarah Couch	Peter Cubra
Anne Desiderio	Henry Gardner
Gay Finlayson	Beverly Namberg
David Keane	Sylvia Ruiz
Kirstin Kjobech	

Please see question #3 for a discussion of the selection process.

While the definition of BCLC member is quite broad at this point, there have been discussions in the group as a whole and in various subcommittees to refine the definition. The notes below represent those discussions and the points which will be passed along to the newly formed executive committee. They have not been adopted by the BCLC.

- 1) There was an attempt at one time to define the term “member” and to re-organize the 15 categories into what the group felt were more meaningful categories. The following definitions were suggested:

**ELIGIBLE MEMBER:** Someone who has a vested interest in the delivery of behavioral health services in Bernalillo County as a provider, consumer, advocate, government employee, or other natural community support group identified in the Purchasing Collaborative Act.

**MEMBER:** An eligible member who signs a memorandum of agreement and who maintains participation in the BCLC.

CONSUMER: A person or a person with a family member who has received, currently receives, or who wants to receive behavior health services in Bernalillo County.

PROVIDER: Someone who provides behavioral health services in Bernalillo County.

GOVERNMENT EMPLOYEE: An individual whose paid government job is to advocate for, provide, or procure behavioral health services for consumers

ADVOCATE: An individual who advocates on behalf of consumers

- 2) There has been some suggestion that voting members ought to sign a form attesting to their commitment:

To become a “member “ of the BCLC, individuals would sign a memorandum of agreement form that would include at least the following information:

1. Name
2. Address
3. Email address
4. Phone Number
5. Second Phone Number
6. Preferred method of contact
7. Self-identification as a consumer, provider, advocate, government employee, and/or other natural community support group.
8. Agency/Affiliation (If applicable)
9. Position in the agency (If applicable)
10. A statement agreeing to maintain participation by attendance at meetings and/or contributions to subcommittees

- B) Indicate what perspective or what required membership group each individual represents (see list on pages 8-9 of this document).

See attached BCLC Participants by Category, which is a matrix organized according to the 15 categories identified in the Local Collaborative Guidelines. Each member has self-identified their membership group on the questionnaire. The matrix includes only the number of members in each category because of the large membership and because there has been some concern about the confidentiality of that information, especially for consumers. Information on individual members is available if needed.

## 2. Inclusion of New Members

- A) List organizations or groups that have been included since submitting your Letter of Interest.

The Letter of Interest only identified the Bernalillo County Health Council. However, its primary role

has been to facilitate the formation of the local collaborative. All other members identified in #1 above have been added since the letter of interest was submitted. For the most part members were recruited as individuals rather than representatives of organizations. However, one subcommittee did identify multi-group organizations and assigned members to contact them and invite participation.

The organizations so contacted were:

- Homeless Advocacy Coalition
- STOP (domestic violence/sexual assault-adults/youth)
- CPPC (CPS)
- New Mexico Association of Infant Mental Health (NM AIMH)
- MH Housing Coalition (adults)
- Forensic Intervention Consortium (MI adults/jail diversion)
- Coordinated. System of Care (UNM)
- Adolescent Transition Group
- PSR
- WIT (Women In Treatment-substance abuse)
- ADDCP (DD providers)
- NM Assoc for Continuous Care (elderly)
- Albuquerque Partnership
- Community Health Plan Partnership
- GAMA (Albuquerque physicians)
- Adhoc behavioral health provider group
- DWI Planning Council
- TFP Association
- NM Center of Law/Poverty
- Metropolitan Criminal Justice Coordinating Council

Consumer groups:

- NAMI
- PBDC
- DBSA

Statewide associations:

- NM Pediatrics
- NM Med Psychiatric Assoc
- NM Psychological Assoc

Agencies/Service providers:

- Catholic Charities
- Dismas House New Mexico
- 1<sup>st</sup> Nations Health Center (Native Americans)
- Two Worlds (Native Americans)
- Alb Indian Center
- Thresholds
- Drop-in Center
- AMCI (adult w/ some adolescent)

Other entities/populations:

City government  
City-adolescent collaborative  
County government  
Charter- Substance abuse treatment (county program)  
Metro Court  
Law enforcement –CIT  
Children’s Law section  
Voices  
P&A  
Senior Law Center  
CASAS/ CPBS (?)  
Physical/behavioral health –MCO’s  
Veterans  
Teen pregnancy  
Faith groups  
Interfaith organization  
Conference Of Churches  
Juvenile Justice  
Substance abuse (adolescents, men & women)  
Chamber of Commerce  
Hispano Chamber  
Accion  
Businesses: Sandia, Intel, PNM  
APS  
Governor’s Aids Task Force  
Workforce Development

The attached BCLC Agency List is a non-redundant list of the agencies reported by the individual members on their questionnaires. It does not necessarily mean that they represent that agency.

B) Indicate what perspective or what required membership group each individual represents (see list on pages 8-9 of this document).

See Section 2 of Question #1

### **3. Inclusiveness and Diversity of Representation**

A) Describe how you have invited/are inviting inclusive and diverse representation from all existing community groups to be represented?

The Letter of Interest was initiated solely by the Bernalillo County Health Council. The invitation list was generated by borrowing the mailing list from the Ad hoc group and advising those persons of the formation. A determination was made that all interested stakeholders

should be invited to participate; advocacy members arrived at the first meeting and were asked to disperse information. Since then there has been a continuous attempt to expand the invitation list and it is anticipated that this process will continue indefinitely.

One formal attempt by the ad hoc group to insure inclusiveness was a session devoted to identifying organizations that represented multiple agencies and groups. Participating members were assigned to contact these organizations and invite them to the next meeting. All participants have been encouraged to make new contacts and invite them to join.

At the March 31 meeting participants were asked to identify their group membership based on the 15 categories identified in the guidelines. The matrix has been and will continue to be analyzed for gaps in membership groups. When gaps were identified, attempts were made to identify and contact organizations or individuals who could represent those categories. One issue raised is whether there should be more representation by consumers unaffiliated with providers, state agencies and Value/Options. Even after the voting process, we struggle with questions concerning all employees of these entities versus upper management employees of these entities. We voted on a full-disclosure system, recognizing that this could change if it does not work.

Region 3 considers the inclusion of new members a work in progress and has identified several mechanisms as noted above. Every member will be encouraged to bring a new person to each general meeting. Time will be set aside on the agenda to allow groups to talk. Region 3 will maintain an on-going membership drive by drawing on information from local sources including provider network information from Value/Options. Region 3 intends to maintain a collaborative member database to insure broad representation.

*One question Region 3 has is whether or not the Collaborative meetings are subject to the Open Meetings Act.*

#### **4. Managing Dissent and Conflict**

- A) Are you experiencing/have you experienced conflict or encountered any dissent from other community groups given this process?
- B) If so, provide examples and describe did you handled/are handling it.

We recognize that region 3 is different from other regions because the potential membership is so large. We realize the potential for conflict is great but that diversity is also a source of creativity and, if channeled, can be more productive. Our first attempt to address this was through selection of a skilled facilitator. Although the Bernalillo County Health Council and state agency staff have been helpful, it was decided that the group should select the facilitator. Nancy Jo Archer was selected by consensus to facilitate the meetings. It was also recognized that the membership would be so large that meeting as a whole would be an inefficient method of completing tasks and guiding the group. This led to the selection of a “core” group to prepare the Letter of Readiness and facilitate the process until a formal structure could be set

in place. The core group was made up of volunteers, and an invitation for volunteers to join this group was made to all participants in the large meeting. A second implication of the size of the membership is that a representative Executive Council would need to be selected to complete most of the functions of the Collaborative on behalf of the membership as a whole.

Finally communication was considered essential to head off conflict by keeping members apprised of the activities of the collaborative. Development of such documents must be a function of the Executive Committee. Extensive email lists will reach most but it was also recognized that some important stakeholders do not have access to email and other methods must also be available. Consequently, a procedure has been set up at each meeting to provide an orientation for new participants about the collaborative.

Despite best efforts, some members will not be satisfied with all decisions and several options have been considered. One option being considered is the development of a formal grievance process. Another option would be to bring decisions of the Executive Committee before the full membership. Voting of the full membership could be based on the “credit union” model in which members do not have to attend the meeting to vote. A third option is to allow for a minority report drafted by dissenting members.

The BCLC experienced major conflict and distrust which interrupted large meetings. Unfortunately, we lost some valuable key players in the process. The initial facilitator was a provider and some individuals assumed that providers were in charge and expressed concern over this. After some discussion, it was decided to move to three facilitators from three stakeholder groups. This appeared to have better results but was tolling on those that assumed the roles. Not only were they facilitating but also defending reasons for core group decisions. Consequently, they were no longer impartial facilitators. We found the best way to be able to move the collaborative process forward was to have a state facilitator. It was also useful to receive direction from a state employee who helped in the process of conducting outcome based core meetings.

The BCLC understands that there will be conflicts that arise in the process and believes that the values and outcomes of the system are paramount. The process is designed to be as inclusive as possible and forums to work out differences will be utilized. Finally, the BCLC is committed to allowing for the recording of dissenting opinions in any official Collaborative document.

## 5. Your Group's Core Values

- A) Describe the core values of your group and how you envision the values guiding your functioning as the local collaborative for your area.
- Consumer and family driven
  - Operate in a culturally competent, responsive and respectful manner
  - Operate with a principle of inclusiveness

- Encourage community input in problem resolution
- Promote global perspectives on community needs, issues and solutions
- Identify barriers and advocate for solutions to barriers that impede access, quality service-delivery, and the success of persons using services
- Promote recovery, resiliency and wellness
- Support expansion of service options to incorporate the alternatives most appropriate to individual and family needs
- Promote timely, coordinated, accessible, accountable and high-quality services for individual, families, and providers
- Evaluate system performance with outcomes
- Work cooperatively among ourselves
- Include children and youth voices in the collaborative.

## 6. Conducting Basic Functions of a Local Collaborative

- Describe briefly how you are conducting/ or plan to conduct the following *Basic Functions* required of a Local Collaborative identified in these guidelines.

***Overarching premise: The Bernalillo County Local Collaborative will review data, make recommendations and hold the decision-makers accountable.***

- A) Participation in local area and *community needs assessments* and input for behavioral health-related and other HHS planning, including *interaction with the state Behavioral Health Planning Council* and its subcommittees:

The Bernalillo County Local Collaborative (BCLC) will collect data from community maps/needs assessments that are currently done from including such sources as Department of Health; the Gaps Analysis; Children, Youth and Families; Department of Education; New Mexico Voices; City of Albuquerque; Albuquerque Public Schools; Bernalillo Health Council and the four quadrant Councils.

BCLC will utilize the expertise of local sources such as state employed epidemiologists, Bernalillo County, Voices and others to combine the data collected. Members will attend committee meetings of the State Planning Council to assure communication.

- B) Identification of *service needs and gaps, including recommendations of priorities* to the state Collaborative and the SE for the geographic area or population represented:

To identify service needs, gaps, and barriers the BCLC will: evaluate the data compiled; establish a mechanism for public comment; receive information collected from BCLC members through focus groups conducted with various constituencies including, but not limited to, senior citizen centers, community organizations, APS clusters and geographical quadrants. The BCLC

will group service needs, gaps and barriers by category paying particular attention to under or poorly served populations.

Process:

- Evaluate data
- Public comment
- Specialty groups provide information to the BCLC
- Report on information gathered
- Receive public comment on any report that goes to the State Planning Council and Statewide Entity

C) Help *with capacity building and resource development planning* for locally identified target groups in need of services, with a *particular focus on informal or natural supports*;

The BCLC will act as a clearinghouse for information on service needs, gaps and barriers. The BCLC will pay particular attention to how the City and County coordinate with the Purchasing Collaborative and Value/Options and offer recommendations to improve coordination.

The BCLC will invite existing neighborhood and community organizations to disseminate and gather information from communities and populations served about needs, gaps and barriers. The BCLC will facilitate advocacy within the communities with the intent of empowering communities to make positive change and to bring together the informal and natural supports within each community.

Any data reflecting community needs will be presented to the membership at large for feedback. In addition, if gaps exist, ideas for addressing these gaps will be solicited from community groups. All of the information will be forwarded to the Behavioral Health Planning Council with the intent of working with the Council on further plans to address gaps or support evidenced-based practices.

D) Coordination across multiple health and human services systems to assure individuals are well-served, systems do not duplicate each other and limited resources are maximized and well-utilized:

The BCLC will act as a forum to advocate for reducing barriers, particularly those that are driven by regulation, lack of access, inequitable service availability, lack of ease of access or culturally inappropriate methods. The BCLC will ensure input from a variety of entities by formulating committees and planning groups that are inclusive of health and human services, city, county, juvenile and adult justice systems, Value/Options and Planning Council representatives. The evaluation of the data and community assessments the BCLC receives will contain components dedicated to quality and non-duplication of services. After reviewing data and public input the BCLC will then be able to advocate for positive change and support best practices.

The BCLC will encourage health and human services systems to evaluate their own systems and processes for success and/or barriers in serving consumers. More importantly the BCLC encourages those same systems to share the results of that evaluation with the BCLC.

- E) Review and *input to state Collaborative agencies about funding* provided to and programs developed for the geographic area or population represented;

The BCLC will work with communities to identify solutions to service gaps, needs and barriers. The impact of any shift in funding by the Statewide Entity must be fully evaluated to ensure that another gap is not created by the shift.

- F) *Review and reaction to data and information* provided by the state HHS agencies and the SE about service needs, utilization and outcomes in the geographic area or population represented;

See answers to 6 (A) and 6 (B)

- G) *Provision of input regarding quality and coordination of services and needs for training and technical assistance:*

The needs, gaps and barriers analysis by the BCLC will indicate any training and technical assistance needs for the health and human services.

Rather than develop public relations materials and education campaigns for behavioral health, the BCLC will foster peer networking in communities for education and training purposes.

- H) *Assistance and recommendations to the state Collaborative and the SE regarding problem-solving* that needs to occur or resolution of problems identified by the local collaborative, the state Collaborative, or the SE:

As addressed in the values of the BCLC, the Collaborative will join the community served in identifying service needs, gaps, and barriers AND identifying potential solutions. As feasible, facilitators or consultants will be utilized to train, facilitate and foster change in the community. The BCLC will advocate for positive change in the system of care at the state level through recommendations to the Planning Council and Value/Options.

In summary the activities are:

- Participation in committees
- Summarization of data
- Summarization of community forums and recommendations from BCLC
- Identification of and recommendations regarding barriers

## 7. Providing Input for Funding

- Describe how your group is providing/plans to provide input regarding the need for and the best use of grants or other funding available for the geographic area or population you are focused on.

There are several steps the BCLC will implement to assure awareness of funding opportunities or patterns:

- Participate in planning committees of the State Planning Council
- Solicit representatives from the City, County and foundations to provide or exchange information about funding trends vs. needs
- Provide community venues around specific issues to solicit problem resolution for specific gaps or funding disparities
- Assimilate information as defined in question six and provide this to funders, policy makers, the Purchasing Collaborative and Value Options

In any recommendations adapted by the BCLC, every effort will be made to incorporate data from gap analyses, Value/Options, needs assessments and information on trends developed from community forums.

The BCLC will actively seek grants and in-kind monies or services that are designated for community development, consumer participation or any other related activities that could support the role of the Collaborative.

## 8. Managing Meetings

- A) Describe how your group meetings are planned and convened.
- B) Describe how the community is notified of meetings.

A priority of the Bernalillo County Collaborative is to schedule meetings that accommodate and facilitate consumer access and participation, such as meetings scheduled in the evening or on weekends. The concerns and needs of other stakeholders will also be considered when planning meetings. The meetings will be well planned and include an awareness of the diverse populations being served, as well as, the different issues that may need to be addressed. Meetings will be issue/topic focused to maximize participation and input from the community and allow for stakeholders to plan their attendance based on the issues of interest or concern to them. A 12-month calendar will be developed to outline dates, times and location of collaborative meetings. The information regarding what issues will be discussed will be done in advance, possibly by maintaining a rolling calendar for the community to view.

It is understood there are no monies available at this time, therefore, notification of meetings will

be published through free community resources, such as the Albuquerque Journal community calendar and KUNM. Possible notification resources include: newspaper, government channels, water bill inserts, consumer groups, state listings, outpatient clinics, and community calendars.

The collaborative will have a discussion with state government about developing a 1-800 number so that consumers/community have a way of getting information about the collaborative meetings and topics. This may be handled by the person in charge of the contacts list who will take these calls and enter names in the database for future notices. Any person calling would also receive contact information for the Collaborative orientation process: currently Margaret Aragon de Chavez and Valerie Vigil of CYFD.

Another possibility might be the development of a website to disseminate information on upcoming meetings and issues as well as conveying results of past meetings. The state website should include a map of counties from which a user can link to the appropriate local collaborative website or webpage with contact information. Value/Options should also post local collaborative meeting information on their website.

The BCLC established a work group to review structural issues and facilitate the development of an executive committee for conducting community meetings and forums. We believed an executive committee was the best way to structure the Collaborative and successfully provide stakeholders with the opportunity to be heard. The Executive Committee will conduct the collaborative meetings and develop subcommittees as needed. The Executive Committee and Large Collaborative meetings will be at least 2 hours in length, with timed sections to accommodate discussion of all agenda items. Meetings will be issue driven rather than being categorized by age or specific population groups.

The following concepts were addressed by the structure work group:

- Recommendations for general responsibilities of the Executive Committee
- Recommendations for voting membership submitted to the BCLC
- The BCLC decided how the Executive Committee would be organized

Once established the Executive Committee will:

- Be responsible for conducting community meetings
- Ensure that all voices will be heard
- Determine a process to establish subcommittees and workgroups and retain existing subcommittees and groups as needed
- Be responsible for drafting Bi-laws that shall be approved by the BCLC.

## 9. Community Input

- A) Describe how community input is being received and utilized.
- B) Provide at least one recent example that illustrates the approach you are using.

The Executive Committee of the collaborative will be a conduit for receiving and distributing information. The committee will actively seek to collect information and listen to issues and concerns of the community. The committee's role is to act as a messenger between the community and the state by advising Value/Options and the Purchasing Collaborative of the issues and recommendations brought to the meetings. The Committee will communicate results or responses from these entities back to the community. As a conduit of receiving and distributing information, the Committee's role is to listen to issues and concerns, collect and communicate information and follow-up on responses that are provided. The BCLC advocates that Value/Options must also attend meetings in order to provide immediate feed back on concerns being raised.

The collaborative needs to utilize as many avenues as possible to receive input. With the development of a 1-800 number for collaborative information and available support resources to maintain the phones, a process could be considered for also receiving input from stakeholders through this number. Other ways to communicate and solicit feedback include utilizing the 17 State agency and other Bernalillo County agency mailings. The Executive Committee will be encouraged to explore the possibility of a question and answer spot on the Government Channel regarding the Collaborative.

## 10. Group Decision-Making

- A) Describe the methods you are using (or have agreed to use) for *making decisions* within your group, and your rationale for your chosen approach.

Prior to September 1, 2005, the Collaborative had a "volunteer Core Group" that helped facilitate the process of the Collaborative. This group developed the agenda based on issues that were raised in large Collaborative meetings and facilitated the process for voting on issues in these meetings. It was decided that a neutral facilitator would be more conducive to the process and this decision was implemented. The BCLC does not prioritize issues through voting but conveys all information received at meetings to the next level. Consensus requires collaboration. The Executive Committee will gather the information and present it to the State to decide of what importance this issue/topic is in relation to other issues and follow up on these issues/topics and report outcomes to the collaborative. The goal is to be extremely active within the community and listen to current issues or problems so that they can be addressed at meetings. The Executive Committee will establish voting procedures including the composition of voting participants (consumers, providers and government representatives). Prior to the established Executive Committee, elected on 9/1/05, the "core group" was the central point of contact for planning and communicating with the Cross Agency Coordination Team.

The Executive Committee was elected 9/1/05 and held its first meeting on 9/12/05. This committee will take on the responsibility of planning for the Collaborative, developing bi-laws and ensuring a decision-making structure that is in the best interest of the Collaborative as a whole.

- B) Describe the methods you are using (or have agreed to use) for *recording decisions* within your group and communicating back to the community, state staff and other involved parties. Provide your rationale for the approaches you have chosen.

This is one of the key elements. Communication and especially feedback are of utmost importance, including documentation, distribution and review of meeting minutes for the large group and all committees. Once the community relays its message to the Executive Committee, the committee then has the responsibility to ensure that message is passed along to the State and to Value/Options. Any responses or outcomes from the state level must be communicated back to the collaborative and the community. This is to be an on-going process and one that is essential for this system to work. It will be important to use all the resources available to convey issues that have been raised by the collaborative (website, information line etc.) and the corresponding outcomes. It has not been determined how this process will work but this is something that will be ongoing and changing as we learn how to be more effective as a collaborative. It is understood that we have to get the information from the collaborative to the higher levels, efficiently and effectively. Communication and teamwork are essential. The collaborative needs to know what communication methods Value/Options has available. Value/Options works for us we should be able to work out any issues in a timely matter.

## 11. Phase One Behavioral Health Redesign: Activities and Results

- A) What activities and results does your group anticipate during its participation in *Phase One of the Behavioral Health Redesign*?

Current data on populations being served needs to match and the numbers should not drop. The current number of users at the beginning of Value/Options contract year should not end with anything less than that number. It will be the responsibility of the Executive Committee to ensure that communication exists, the consumer is heard, and the results of those issues are being brought back to the consumer/community. Communication is the key.

*BCLC representatives attended the state-wide meeting to ensure the local collaborative was represented.*

- B) How is or how will your group be involved with other Health and Human Services, specifically regarding the planning and coordination of activities?

Develop and improve processes for consumer input.

## 12. Utilizing Data and Input

- A) Describe your group's experience to date in receiving, analyzing, utilizing and developing both data and input for decision-making and planning.

The current members of the collaborative provide a broad range of experience in both the collection and utilization of data in day to day business operations, ongoing planning and decision-making. The various membership groups have experience in working with their population group and obtaining necessary information about service gaps and needs. The data we have available through the current membership includes:

- Behavioral health information: participating providers are already collecting and utilizing data specific to client demographics, current treatment trends and program outcomes
- Educational data including but not limited to educational statistics and a Behavioral Health Survey conducted annually in the school districts,
- Legal data
- Bernalillo Health Council demographics, surveys and reports

Additionally, there are several current sources of data that the collaborative can access that could be useful in the analysis and decision-making process. These sources include but are not limited to:

Community maps, needs assessments and gap analyses that are currently conducted by agencies such as the Department of Health, Children, Youth and Families, Department of Education, New Mexico Voices, Albuquerque Public Schools, Bernalillo Health Council and the four quadrant Councils.

Expertise of local sources such as state employed epidemiologists, Bernalillo County, and others to assist with the aggregation of the data that is collected.

#### B) Demonstrate the process that is being implemented to plan for the collaborative.

Discussions are under way to clarify the working relationships between collaborative entities and local & state entities. Additionally, the BCLC developed and implemented a Memorandum of Agreement for the purpose of clarifying its membership and general membership expectations. Each collaborative agency will be able to self-define their relationship with and involvement in the Collaborative, however, one basic expectation will be that there is some sharing of data by all participating members.

As we go into the future of this system, the anticipation is that the whole system will be collecting data and that the BCLC will participate in this ongoing process. For example, the collaborative will enlist support from law enforcement through the sharing of data related to arrests and mental health issues.

### 13. Qualifications to Serve as Local Collaborative

- Provide a summary of those attributes (e.g. strengths such as diversity of membership, specific competencies, experience, reputation and credibility, etc.) that make your group

qualified to serve as the Local Collaborative in your geographical area.

Planning meetings began in March, 2005. Initial invitation to participate was generated via word or mouth, the Bernalillo County Health Council and through the existing mailing list of the Ad Hoc Provider Group. Since then there has been a continuous attempt to expand the invitation list and it is anticipated that this process will continue indefinitely.

One meeting was devoted to identifying and developing a plan for contacting potential organizations and individuals that represent the various membership groups. The collaborative meetings have continued to grow and are averaging around 75 people with participation by consumers, advocates, providers and other community groups/organizations. Efforts continue in further expanding the representation at meetings and ensuring a voice to the many diverse populations in Bernalillo County.

Currently, the diversity of this collaborative includes:

- Consumers
- Advocacy groups
- Behavioral health providers representing multiple consumer populations
- Legal entities including the Department of Corrections, Public Defenders office, and Metropolitan Court
- Albuquerque Public Schools

While inclusion efforts continue to be a focus, current participants provide a broad range of knowledge and experience that provides a strong foundation for this collaborative. These groups bring a history of collaboration in various arenas.

The Ad-hoc Provider group is one such example of a group that brings experience in collaboration, system evaluation and problem-solving. This group has been involved in training efforts and has had representation from providers with a long history and experience base in Bernalillo County. They bring knowledge about best practices, current treatment issues and trends for the Bernalillo County community.

Advocacy groups, such as Parents for Behaviorally Different Children, are another example of this collaborative's experience and expertise in working within a system to best meet the needs of those being served by the system. These groups collaborate on a daily basis with consumers, providers and community organizations to find ways to meet needs within a system that has limited resources.

Albuquerque Public Schools (APS) has done extensive work in the area of system of care development. APS has demonstrated its strengths and competencies through successful collaboration and established partnerships with various providers in an effort to maximize access to educational and behavioral healthcare supports for students.

The collaborative is benefiting from the expertise of participants from the legal system including attorneys, Juvenile Justice and the court system. Specific competencies from these groups include a working knowledge of barriers and needs presented by the legal system, a

specific understanding of systems issues from various perspectives including quality and availability of resources, system gaps and strengths. This knowledge and input will assist the collaborative in making recommendations for improvements within the system.

The BCLC has a demonstrated commitment to diverse representation and input. Representation that this collaborative strives to develop and maintain includes but is not limited to individuals and organizations that represent various population groups such as foster families and adoptive families, professionals and paraprofessionals from the public, private, non-profit sectors, faith-based organizations and individuals, and any special population that may emerge. The BCLC is committed to a process that encourages diversity and does not limit participation based on gender age, class, race, sexual preference, or religious beliefs,

## 14. Assistance Needed

- Describe the kinds of assistance your group currently needs or that you anticipate needing from the State in order to begin working as a local collaborative. Be as specific as possible
  - 1) Funding to support needed staff to ensure ongoing work of the collaborative. This staff person should not be a state or Value/Options employee.
  - 2) Funding for supplies & postage
  - 3) Stipends and transportation support for consumers may sometimes be needed to ensure participation
  - 4) Access to data collected by the Value/Options. This system should be an easy-access process that prevents the local collaborative from having to duplicate data collection efforts that are already occurring
  - 5) Funding for an independent evaluator

### Training & Technical assistance:

- 1) Detailed training/information about how the statewide entity is going to operate. Clear understanding of the system
- 2) Information about the specific information system that the SE will be using and how collaborative will be able to provide and access data. Recommend an integrated system. The collaborative needs to be able to interface with the SE.
- 3) Clerical support to ensure ongoing processes – recording/distributing minutes, preparing agendas, and other necessary documentation, communication, organizing that will be necessary
- 4) Facilitation - knowledgeable & trained facilitator
- 5) Trained data analyst. Agreements between the data holders to be able to easily share & access data.
- 6) Grant-writing assistance for electronic data functions/processes – software, equipment, etc
- 7) It will be important to examine secondary data sources, for example, contributing factors to a client's success or lack of success in a program/system. Issues that are often raised include transportation, child care and financial constraints.

## 15. Issues or Questions?

- Please identify any issues or questions you have about the role of a Local Collaborative for the *behavioral health system*.
- Please identify any issues or questions you have about the role of a Local Collaborative in the future for *other systems and health and human services*.

What is the procedure for the Value/Options and/or purchasing collaborative for receiving information from the local collaboratives? Procedure for getting information back to the BCLC?

Will there be regularly scheduled & formal meetings between the BCLC's & the purchasing collaborative &/or Value/Options?

What is the plan to ensure timely response to identified gaps, concerns, complaints?

Who will be the contact people – will each collaborative have a designated contact person? Will the purchasing collaborative have designated people from each represented group to respond to complaints, gaps, etc.?

Will V/O or the purchasing collaborative provide data indicating the dollars utilized by service, population group and location? BCLC recommends that the Planning Council establish a central entity responsible for data collection and reporting for use by the local collaboratives.

Are DOH epidemiologists available?

Does/will the BCLC have the access to map services in the community with dollars being spent? Does/will the BCLC have access to outcomes data to match funding with outcomes?

It is critical that Value/Options provide consumers and providers with information and/or training about the organization and whom they are serving. Value/Options must define which services are available within this new system and provide a continuous communication and training process for informing the collaboratives of changes.

### Letters of Reference or Recommendation.

In addition to completing the Worksheet, above, please attach letters of reference or recommendation to your Letter of Readiness. These letters must indicate commitment from the required groups and systems for the submission of this letter.

Please submit your letter or your questions to:

- Christina Carrillo, at Department of Health, 412-2643  
[christinac@doh.state.nm.us](mailto:christinac@doh.state.nm.us)
- Don Shapiro, at Children, Youth and Families Department, 827-4694 or 231-0630  
[DLShapiro@cyfd.state.nm.us](mailto:DLShapiro@cyfd.state.nm.us)
- Sharon Regensberg, at Human Services Department, 827-1936  
[sharon.regensberg@state.nm.us](mailto:sharon.regensberg@state.nm.us)