A Work Group of the Children’s Subcommittee met on December 8, 2008 to review the recommendations that were reported in the LC System of Care Summary Report in October, 2008. The report and recommendations were presented to the Purchasing Collaborative on October 23, 2008. The report was favorably received and the Purchasing Collaborative requested that specific recommendations and priorities be developed. The Work Group developed the following recommendations for review and approval by the Children’s Subcommittee at the January 20, 2009 meeting. The recommendations were submitted to and approved by the BHPC Executive Committee on February 11, 2009, and to the BHPC on February 25, 2009.

Recommendations

1. The Purchasing Collaborative should use its authority to promote stakeholder involvement in Local Collaboratives. This would include, but not be limited to, City governments, County governments, Native American Tribes, Pueblos, and Nations, Community Health Councils, Schools, Public Health, CYFD-Protective Services, CYFD-Juvenile Justice, law enforcement, the private sector (including business), and others. The Purchasing Collaborative should work within and outside State government to secure the involvement of these groups with Local Collaboratives. The Purchasing Collaborative should develop marketing materials so that stakeholders get what their stake is, why behavioral health is important, and why they should be involved in the Local Collaborative.

2. The Purchasing Collaborative should provide organizational development resources to Local Collaboratives. This would include facilitators and strategic planners especially trained in System of Care and logic models who would work with Local Collaboratives on problem solving and addressing barriers, developing mission and vision, writing business and strategic plans, and so forth.

3. The Purchasing Collaborative should provide technical assistance to Local Collaboratives in becoming a legal entity – a not-for profit (501-C-3) or a 638 agency for Native Americans – and/or finding a fiscal agent.

4. The Purchasing Collaborative should make flex dollars available from reinvestment or other sources for filling local gaps.

5. The Purchasing Collaborative should support the development and description of a System of Care model for rural, frontier, and Native American communities where there are few resources. They should convene rural, frontier, and Native American communities that are without resources to work together on this model/ecological design. As appropriate, one or more individuals from other states with expertise in rural/frontier/Native American communities and Systems of Care should be brought in to assist in this effort.

6. The Purchasing Collaborative should assure that training and technical assistance in wraparound and System of Care is provided statewide.

7. The Purchasing Collaborative should have a proactive strategic plan for rebalancing and redistributing resources to provide significant funding for community based services and supports for children and youth and their families with extensive and complex service needs. Monies not being spent on higher end services should be specifically invested in community based services in the community. Data should be provided to document this shift.
8. The Purchasing Collaborative should look at rebalancing and redistributing resources to provide significant funding for early childhood and infant mental health.

9. The Purchasing Collaborative should make decisions, one way or another, on the infrastructure elements that have been discussed for some time such as expansion of Clinical Homes and designation of Core Service Agencies.

10. The Purchasing Collaborative should make data available to Local Collaboratives. Three types of data are needed:

   o A menu or profile of secondary data that would inform need for services with links to those sources and annotation of how to use the data from each, including analyzing gaps (see attachment);

   o A standard template and report of data, by service category, from the SE showing the numbers of individuals served, the number of units provided, and the amount spent on purchasing services (see attachment and draft template).

   o Information about providers and their services, including staff, financial and other resources.
Menu of Secondary Data

There are numerous sources of secondary data that could be compiled under the auspices of the Collaborative, convening the agencies with the appropriate data and figuring out a way to aggregate a profile for counties. Alternatively, we could create a menu of data sources and LCs would directly access the data from the various sources. Some of these sources could include:

1. Community Health Councils are required to produce a Community Health Profile but these are not necessarily inclusive of behavioral health indicators. Since DOH is a member of the Collaborative, we could explore with them the possibility of these indicators being added to CHC profiles. We need to request a copy of the current profile template.

2. DOH has numerous data sources and currently houses the Department of Health, Indicator Based Information System for Public Health (NM-IBIS). Per their website http://ibis.health.state.nm.us/, there are three types of content that can be accessed. (Note that at this time, only a few indicator reports are available.)
   - **Indicator Reports** - The Indicator Profile Reports section of the NM-IBIS website contains reports on health indicators. These brief reports provide more up-to-date information than is typically found in paper reports and is formatted for quick reference.
   - **Dataset Queries** - This section of the NM-IBIS website provides custom queries of selected publicly available, deidentified public health datasets. It allows a user to get numeric data using custom, user-defined selections.
   - **Resources and Help** - This section of the NM-IBIS website provides links to resources, such as community health assessment materials, epidemiology and statistics definitions, and help pages for the NM-IBIS Website.

The potential for the IBIS system to inform LCs is enormous and should we go down this road, we can work with Lois Haggard, IBIS Manager, Epidemiology and Response Division. Our understanding is that DOH is willing to add indicator reports to its system. They also provide training for local communities in needs assessment under their Community Health Assessment Program.

3. DOH has Youth Risk and Resiliency Data: http://www.health.state.nm.us/epi/yrrs.html

4. Kids Count has a lot of data describing the demographic and other characteristics of children and families in each county. This could be a source of Medicaid eligible children. www.kidscount.org

5. CYFD posts County Profiles on its website with a number of data elements related to Protective Services. They also post Juvenile Justice County Profiles and quarterly and annual Juvenile Justice reports. http://www.cyfd.org

6. NM Public Education Department Data include School Fact Sheets (attendance, dropout, enrollment, free/reduced lunch, graduation rates, high school competency exams, standards based assessments, and poverty data): www.ped.state.nm.us. There may be additional data at some point available through the STARS system.

7. Data available through IHS or the Department of Indian Affairs.
We created a template for a quarterly report that could be produced for each County and provided to the LCs. The report template could look like something like:

**County Services Data**

**County:**
**Reporting Period:**
**Number of Medicaid Eligible Youth:**
**Age Group:** (reports could be produced for 0-3; 4 to 17, and 18-21; we can select other age groupings as appropriate)

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Numbers Served</th>
<th></th>
<th>Units Provided</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In County / on Tribal lands</td>
<td>Out of County / Off tribal lands</td>
<td>In County On Tribal lands</td>
<td>Out of County Off tribal lands</td>
</tr>
<tr>
<td>List</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unduplicated Count of Persons Served</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The services would be reported within the major categories of the Children’s Purchasing Plan: Inpatient, Residential, Intensive Outpatient, Outpatient, Recovery, School Based, and Value Added. It was also suggested that the SE provide data quarterly on the number of youth with a substance abuse diagnosis. Pie charts should accompany these data.

In addition to service data in tables and pie charts, the CSC would like data currently being developed by the SE that describe access to services (transportation distances to services in accordance with performance standards).

**Providers and Services**

Optimally we would like to have county/ Native American tribe / pueblo / nation level inventories of providers, services, etc.