Purpose of Today’s Public Input Meeting

- Explain History & Background of the NM Behavioral Health Collaborative
- Discuss the draft Concept Paper & future opportunities for improvement to the NM Behavioral Health system
- Listen to your feedback about top priorities
- Discuss timelines and other opportunities for feedback
From Then to Now

- September 2003: formation of Collaborative
  - HB 271
  - Goal: single behavioral health delivery system across multiple state agencies, funding sources
- Statewide Entity (SE) as Administrative Partner
- January 2010 Governor Richardson’s direction to prepare a new RFP
  - The economy - NM and nationwide
  - Proposed Medicaid changes, federal healthcare reform
Tribal Input

- Pursuant to the New Mexico State-Tribal Health and Human Service Tribal Consultation Protocol that was signed on June 7, 2007, the BH Collaborative is initiating a Government-to-Government Tribal consultation session for input and feedback on the draft Concept Paper scheduled for May 7, 2010.
  - As part of the Tribal Consultation process, the Collaborative in partnership with IAD and HSD, is holding the meeting today with Region 6.

Past Consultation...

- A total of four Tribal consultation meetings were conducted throughout 2004 and 2005 & feedback was incorporated into the initial RFP and contract with the Statewide Entity.
- In 2008 the Purchasing Collaborative held:
  - May 5, 2008 - Native American public meeting on the RFP process
  - April 18, 2008 - Native American input planning meeting
  - June 11, 2008 – Formal Tribal Consultation
Opportunity

- Continue to increase and incorporate strong consumer & family presence, provider guidance on implementation
- Reconsider most efficient, effective methods of administering & delivering quality behavioral health services.
“A single behavioral health service delivery system in New Mexico in which available funds are managed effectively and efficiently; the support of recovery and development of resilience are expected; mental health is promoted; the adverse effects of substance abuse and mental illness are prevented or reduced; and the behavioral health customers are assisted in participating fully in the life of their communities.”
Guiding Principles Moving Forward

- Clear Roles & Contract Conditions
- Realistic Expectations
- Focus
- Streamlining Roles & Responsibilities
Moving Forward

- Clear Roles & Contract Conditions
  - Contract will be more specific in assigning responsibilities:
  - Focus on concrete deliverables, which will drive SE’s expected activities

“The Collaborative has a wide variety of tools for reaching its goals, and the SE is one of them.”
Moving Forward

- Realistic expectations
  - Assign appropriate responsibilities to SE
- Focus on critical tasks & deliverables
  - Customers get services
  - Providers get paid
  - Funds accurately managed
- Streamlining and defining roles & responsibilities
Timeline (draft)

- June 2010 ➔ Issue RFP
- July 2010 ➔ Proposals Due
- August 2010 ➔ Proposal Review & Evaluation
- September-November 2010 ➔ Contract Negotiations
- December 2010 ➔ Contract Decision
- July 1, 2011 ➔ Contract Effective Date
Comments will be accepted until **May 14, 2010, at 5 p.m.**

Ways to submit written comments:

- **E-mail** bhcollaborative@state.nm.us
- Mail to PO Box 2348, Santa Fe, NM 87504-2348 Attn: Angel Roybal
- Fax to (505) 476-9277 Attn: Angel Roybal
The FY10 Draft Concept Paper is available on the Internet at www.bhc.state.nm.us/BHNews/PublicComment.html under Public Comment 2010.

If you have problems or don’t have access to the Internet, please call (800)362-2013 or (505)476-9256, and a hard copy will be sent to you.

Behavioral Health Services Division’s Tribal Liaison, Kim Horan at (505) 476-9279 or Kim.Horan@state.nm.us

Behavioral Health Ombudsman Deborah Fickling at (888) 997-2583 x76250.
At this meeting and beyond . . .

- Please give us feedback about:
  - What has worked/not worked in providing Native American behavioral health services by the current and past SE?
  - What are the priority services and considerations that should be made by the SE, from your tribe’s/communities perspective, if we can’t fund everything we want in our system?
  - What are ways we can further streamline the system to support tribal providers and behavioral health services?
  - What are the priority performance measures/points of accountability that are important to your tribe/community?
  - What should be the main focus of the Statewide Entity?
  - Are there provisions in the current contract that should be modified to improve services to tribal communities? Are there provisions that should be added to the contract?
  - Are there any technical changes we should consider for the contract? For example, including readiness activities as a part of the proposal evaluation.