Several group members made the following point: It is important to note that the statements made reflect individual or local collaborative experience, and may reflect universal experience. * identifies elements brought up by multiple participants.

What has worked in the overall Local Collaborative process that has worked and we want to preserve?

Albuquerque Site
- Steering committee*
- Effective meeting process and facilitation (developed and implemented by LC)
- Membership is active
- Diverse populations participate in discussions on issues, and different viewpoints are expressed and considered *
- Rotating meeting locations between the counties within the LC
- Providers and consumers are at the same table*
- Great support from CAT members
- “New blood”
- Consumers are involved
- Newsletter (and feedback loop)
- Provider support for facilities and supplies, etc
- Legislators, judges, and other officials are involved

Native American Breakout
- When Behavioral Health Collaborative gave clear instructions/explanations
- Received information via email or other means
- Hire a collaborative staff person with grant funds
- Hired a social work intern
- Utilizing college internship programs
- Consumers attend meetings
- All meeting participants are introduced by first name only; removes stigma
- One large meeting vs. several small ones
- When providers get along
- State staff; the CAT team

Farmington Site
• Mutual cooperation between consumers, providers, and advocates
• Monthly meetings – sharing needs, having guest speakers
• Some good collaboration with health councils, e.g., local health councils providing staff support to local collaboratives
• Strong leadership through Health Council Coordinators
• Behavioral health becoming more focused, with more statewide attention
• Positive media – radio, newspapers, newsletters, etc.
• Conversation and dialogue between local communities and the State
• Consumers are being listened to by providers and the State
• Consumers in LC leadership roles, e.g., as co-chair in Bernalillo, Doña Ana, Las Vegas (How do we share such successes?)
• Strong consumer representation in some local collaboratives

Las Cruces Site
• Our cross agency team members have been very active and helpful. Our network is very good within.
• Bring people together as a group.
• Getting people involved in the collaborative itself.
• Transporting people to the local collaborative meetings has helped our attendance.
• Having the people feel valued. In JD3 consumers get one vote providers get one vote even if more people from the agency attend.
• Having a pamphlet to provide that states the regulations and expectations as will as the goals of the collaborative.
• Explaining in visual terms so that members may better understand issues in hand.

Roswell Site
• LC s still meeting- moving forward.
• Core group is still here
• Not state agency driven
• LC members have been attending the state meetings
• Communication- e-mails getting to the LC members early
• Video Conference

Hobbs Site
• Want to preserve the idea of a grassroots movement and a perceived voice, rather than decisions coming from the top. (There was a certain amount of distrust in that some felt that nothing would change in people in Santa Fe listening to the local voice. I.E., note "perceived" voice.)
• Has gotten all counties to start talking to each other.
• Consumer involvement is slowly growing due to community calendars and the buddy system.

Silver City Site
• Keep the communication going at all levels
• Meeting once a month having agenda’s with each section timed
• “that it is working at all in a state that is vast, few people, especially with this population’s lack of transportation”
• LC receptive to changing agenda’s to accommodate everyone to encourage participation-consumers at beginning-save housekeeping for the end
• Bringing lunch

Las Vegas Location
• We have had excellent guidance provided by Pat Gallegos
• We have more involvement
• More Member – new member
• More consumer involvement
• More consumer structure
• When first organized we had no consumer involvement & now MSG consumer Involvement Committee meets every other week.
• Good Communications
• Better Leadership
• Good listening skills
• Better organization
• More confidence
• More listening, as opposed to hearing.
• Money available for participants
• Cultural and Diversity Awareness
  ✓ Other LC is saying some of the same things –issues.
  ✓ MSG LOCAL COLLABORATIVE 4 HAS A LEADERSHIP COMMITTEE STRUCTURE ALONG WITH TEAM LEADS
  ✓ GRANTS REVIEW COMMITTEE
  ✓ CONSUMER INVOLVEMENT COMMITTEE
  ✓ FAMILY INVOLVEMENT COMMITTEE
  ✓ PROVIDER INVOLVEMENT COMMITTEE

What has not worked in the overall LC process that we want to change?

Albuquerque Site
• Funding (need more money) *
• No compensation for people doing the work of the collaborative; need paid staff to do this work *
• Territoriality—providers, consumers, agencies. Many groups are not approaching collaborative activities in an open and cooperative manner*
  o Us vs. Them mentality*
  o The LC meetings are not consumer-friendly*
• Inadequate family involvement
• Not all essential participants (representatives of the ENTIRE community) are at the table (for example, education/schools)
• Cultural and linguistic competence
• Communication*
• Not addressing ALL aspects of behavioral health (focusing mostly on mental health)
• Definitions and terms
• Static/fixed attitudes and opinions prevent real change
• Consumer/family-run services are not supported
• Where are the schools? What is their role? How can they participate?
• Top-down approach
  o Consumer/family/youth involvement merely “window dressing”
  o No empowerment to local consumers/families/youth
  o No transparency

Farmington Site
• Complying with the 51% of consumers and family members has been a challenge and want to continue working on this and recruiting more actively. Want it to be a process of working on solutions within the behavioral health services.
• Logistics has been difficult for this group, the distance, the relationship building whether or not to use videoconferencing.
• A process has not been established and followed for the proposals for reinvestment.
• Territorialism

Native American Site
• Remnants of historical fragmented thinking
• Native American specific advocacy
• Lack of funding – especially for Native Americans for LC activities
• Overall communication – LC, State, VO, BHPC (doesn’t trickle down)
• LCs for Native American communities need to expand
• Not enough resources in Native American communities
• Need more efficient communication (emails are too complex)
• Duplication of information coming from multiple resources – need one source of official communication

Roswell Site
• The way that it was started – unorganized, confused, hurry up and wait
• Piggy backing on the Health Councils / MCHCs - overwhelming (for the coordinators)
• Confusion with communication, relationships \ roles of the LC and HCs.
• Too much information
• More consumers needed
• Still not sure what we are doing
• Remnants of historical fragmented thinking
• Native American specific advocacy
• Lack of funding – especially for Native Americans for LC activities
• Overall communication – LC, State, VO, BHPC (doesn’t trickle down)
• LCs for Native American communities need to expand
• Not enough resources in Native American communities
• Need more efficient communication (emails are too complex)
• Duplication of information coming from multiple resources – need one source of official communication
• Interruption of the Reinvestment process
• No concrete tangible results
• Lack of diversity of the LC membership
• Consumers not returning (to the meetings) to much jargon-technical information
• Not focused or clear
• System under funded- basic service needs not met-money
• Frustration of discussing cuts of basic services. How can (we) meet the needs of consumers basic needs when funds are cut.
• Structure vs. substance of meeting not accomplishing anything

Hobbs Site
• Time constraints because of distribution of information from the top.
• Division of districts in the region.
• Cookie cutter matrix, one size fits all

Silver City Site
• More active-consistent Value Options presence
• Communication-concern about process as they change and what is means
• more clear information on reinvestment funds
• not enough consumer information and input other than agency programs attendance-need for other outside program involvement such as NAMI or AA
• need more attendance of consumers and family members
• consumers-holistic treatment-medications are feared (organic are not available)-those on medication fear they lose animation to function
• more outreach for those not getting services-homeless, holistic, organic meds
• CAT needs to be more available not just at monthly meetings
• Could use CFAB for consumers and family members to have their voices heard

Las Cruces Site
• When it comes to sending information to the stat it takes a long time to get feedback from them.
• There are no crisis options (beds) JD-3, JD-12, JD-7.
• The language Barrier coming from the state is hard to understand.
• It becomes hard to do our part when seventy-two percent of the members of the council are not working.
• We would also like reports of what outcomes have come about from the collaborative.

Farmington Site
• Getting to a larger audience has been a challenge.
• Consumers aren’t trusted by providers.
• The meetings were moved a lot and there was conflict of claiming territory

Las Vegas Site
• Not many new members
• Not enough members
• Initially, no consumer involvement
• Transportation a problem
• More teleconferencing
• In other counties/additional sites
• Need more family members involved
• **NEED TRAINING FOR CONSUMERS SO TO DO LOCAL COLLABORATIVE WORK**
• Be more receptive to changes
• More $ for hours worked outside of meetings for consumers & others
• Need more other populations involved such as; police, corrections, veterans, homeless, and youth
• Suggest culturally competent service for reinvestment funds such as off reservation “Sweat Lodges”.

What is the best way to integrate into the Behavioral Health Planning Council?

Albuquerque Site
• Peter Cubra’s suggestion for a special workgroup/steering committee to partner with the Planning Council***
• Better communication*
• Make sure Council representatives are willing to WORK
• Make the purpose and function of the Planning Council known—educate people about its role in the Transformation*
• Due consideration of meetings’ agendas, locations, schedules, etc (to optimize people’s time and efforts)
• Break the work of the Council into manageable pieces
• Ensure participation
• Review the statute under which the Council was formed and currently operates
• Restructuring subcommittees to encourage participation, especially to reflect areas of personal interest
• Integrate planning with the local collaboratives so that they truly have a voice in the process
• Ensure that minutes from BHPC meetings are sent back to the LC
• Joint meetings to continue for a while between the LCs and the Purchasing Collaborative
• Each LC bring a written report to the BHPC and this is documented in minutes
• Must be an active member in the local collaborative.
• It is difficult to determine steps until we know who the Governor appoints, and whether or not they will be part of the local collaborative.
• Need staff roles.

Farmington Site
• Subcommittees of the BHPC should be re opened up for membership so that more people (LCollaborative members) have the opportunity to be a sub committee member.
• More of an interrelated role (feedback loop) with the purchasing collaborative and BHPC. BHPC and BHPC sub-committees report currently to the Purch Collab, but we need feedback back from the Purch Collab regarding the implementation of committee plans and moving forward together in a well orchestrated way. Lots of different

Las Cruces Site
• A better description of the expectations for the collaborative.
• The minutes be sent to the collaborative.
• To have joint meetings to know what is going on with the all around collaborative.
• Better communication with in the collaborative as a whole.
• To know the purpose of the planning collaborative.
• An equal representation.
• To have good bi-laws with in.
• Being an active collaborative, as well as being an active member.
• To share a role in a committee.
• To know who will be and who is in the council
• B.H.P.C. need not isolate and show more activity within the collaborative itself.

Native American Breakout
• LC Leadership needs to meet with other parties
• Statewide consumer education/outreach
• Less gap analysis and more action
• Clearer way for consumers to be involved

Roswell Site
• Share with the LC what roles – mission statement of the BHPC
• Video Conferencing to continue
• Hold meetings in different parts of the state
• Show us the money.

Hobbs Site
• Must be an active member in the local collaborative.
• It is difficult to determine steps until we know who the Governor appoints, and whether or not they will be part of the local collaborative.
• Need staff roles.

Silver City Site
• Members need to report to LC
• Can’t be isolated or chain will be broken
• Process to remove if not reporting to LC or they push their own agenda and not the agenda of the LC
• Mandatory agenda item to report to the local collaborative or submission of a written report
• At the final tier the choice is a political appointment and this process needs to change
• Planning council needs a distribution list of members appointed and minutes need to go out to LC’s on a monthly basis-website
• Consistent accountability of members to LC’s-planning council member becomes consumer advocate
• List of members to go statewide with contact information
• Meetings need to be rotated not just at Budagers
• Way to get website for each LC’s information and ability to give feedback
• Too much information-sort out and make more friendly/easier to understand
• Use CFAB to contact consumers-use peer specialist in your region or get information to all entities

Las Vegas Site
• Communication – Bring back info. To locals
• More training
• Clarify pay for planning council
• Building confidence
• Sincerity/attitude
• Be more open
• Other members be more receptive to consumer voice
• MODEL THE INTEGRATION HOW TO WORK WITH DIVERSITY OF CONSUMERS AND DECISION MAKING.