Evaluation of Comprehensive Behavioral Health Planning Process and Engagement of Consumers and Families through Local Collaboratives

Submitted to complete contract requirements:
CYFD contract #06-690-7000-7198

Catherine F. Kinney PhD
Kinney Associates LLC
January 2007
A. Executive Summary

With the receipt of the federal Substance Abuse and Mental Health Administration (SAMSHA) Mental Health Transformation State Incentive Grant (TSIG), the New Mexico Behavioral Health Collaborative committed to completing a comprehensive behavioral health plan by October 1, 2006. New Mexico statute requires that the Collaborative develop a strategic plan, that the biennial state health plan include a behavioral health chapter, and that the Behavioral Health Planning Council participate in plans for several major federal behavioral health grant plans. This planning process met the deadline requirements, producing a document that is the first combined compilation of all state agency behavioral health initiatives. The process involved many diverse stakeholders, and made efforts to engage consumer and family voices. The Needs Assessment, Resource Inventory, and Demographics (NARID) Report provided substantial demographic and resource information from across the state. The Plan content gathered agency, Collaborative Cross Agency Team, and many other existing plans, organized them according to the New Freedom Commission Goals, and added feedback obtained through the planning process. Evaluation respondents agree that the plan document and process was an important “first step” in planning as a Collaborative, but that it is more a documentation of existing work than a definition of priorities or an integration of measures and initiatives. The evaluation feedback also coalesces on a set of needed Collaborative next steps: greater engagement of consumers and families; clearer definition and alignment of strategic priorities, measurement, and work plans; clarification and streamlining of group/committee roles and processes to optimize effectiveness, shared ownership, and efficiency.
B. Background

Scope and timeframe This evaluation report addresses one specific initiative in the very large and complex New Mexico Behavioral Health Collaborative: the development of the Comprehensive Behavioral Health Plan (CBHP). Particular attention is given to the engagement of consumers and families through the Local Collaboratives (LCs) in this planning process. The Comprehensive Behavioral Health Plan was a major requirement of the first year funding from the federal Transformation Grant. Work began in December 2005 and the plan was submitted to SAMSHA in October 2006. The New Mexico plan encompasses both mental health and substance abuse, broader than the federal TSIG requirement of mental health but consistent with the Collaborative’s mission and scope.

Several other initiatives are assessing and providing feedback on the progress of these and many other elements of the massive transformation underway through the Collaborative. These include evaluations by the MacArthur Foundation, the New Mexico Legislative Finance Committee (LFC), and other entities. This evaluation is more focused in scope and timeframe, and thus could be seen as a “case study” of many broader dynamics taking place early in the Collaborative’s history.

Behavioral Health Planning in New Mexico
There has been a substantial history of planning-related work in behavioral health in New Mexico. Other New Mexico initiatives that provide content include:

1. Annual submission of the federal Community Mental Health Services (CMHS) Block Grant plan, by the Behavioral Health Services Division (BHSD);
2. Annual submission of the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant plan, by BHSD;
4. Governor’s Performance Measures related to behavioral health;
5. Taking Stock, Taking Aim, the Collaborative’s 2006 work plan, which identifies immediate and longer term priority topics and tasks, performance measures, and organizational structure;
6. Collaborative’s Legislative Priorities for 2007;
7. Department-based plans, performance measures, and budgets for behavioral health related needs.

The structure and process of behavioral health planning also has an important and relevant history. Key groups include:

1. Behavioral Health Purchasing Collaborative (Collaborative), established by statute and composed of cabinet-level leadership from the 17 departments and agencies involved in the Collaborative;
2. Behavioral Health Planning Council (BHPC), established by statute with responsibility to plan, advise, and advocate with a majority of consumers and family members;
3. Local Collaboratives in 13 geographic and 2 Native American local areas, with responsibility to advise the BHPC and Collaborative;
4. Collaborative Steering Team of departmental leaders with operational and coordinating responsibility for major Collaborative functions.

The CBHP, then, was developed within a rich, complex, and active context of structures, processes, and content involving the Collaborative and its member agencies.

**Approach:**

**Phase One:** In December 2005, a special Planning Committee was appointed by the Policy and Planning Team of the Collaborative to develop the CBHP. The group of 52 included these members:

1. One agency representative from each of the 17 member agencies in the Collaborative;
2. One agency representative from 9 additional state planning partners;
3. Eleven representatives from the Behavioral Health Planning Council (Block Grant Committee);
4. One representative from each Local Collaborative. (As LCs were in early stages of development and had not yet engaged consumer/family members, many of these representatives were providers.)

Beginning with an orientation in December 2005, monthly meetings of 4-5 hours were held, either in Albuquerque or Socorro. Twenty to thirty persons attended each meeting. A state staff member served as chair, and a facilitator guided each meeting, starting in March.

The first task was the development of the required Needs Assessment, Resource Inventory, and Demographics (NARID) Report. Local Collaboratives (LC) had several assignments:

1. Map local behavioral health resources that would not be identified through state-level data bases, on a standard template;
2. Conduct focus groups to identify local priorities, using a standard format and optional facilitation assistance.

During this same time period, Local Collaboratives were also asked to identify two legislative priorities, to be incorporated into the development of the Collaborative’s shared legislative agenda.

As LCs did not have the resources to develop the resource inventories, state staff assumed responsibility to complete this work. Thirty-six focus groups, including over 900 participants, were conducted through the Local Collaboratives. Four LCs utilized state facilitation assistance. Some sites consolidated the requirements to identify legislative priorities and local priorities for the Plan into one process; others used the focus group information to identify legislative priorities.
The NARID was completed, reviewed by key Collaborative leaders, and submitted to SAMSHA in July 2006.

*Phase two:* In July 2006, the newly hired planner (funded by the Transformation Grant) assumed responsibility for completion of the plan. The Planning Committee recommended that an overnight retreat be conducted, with a special outreach effort to engage consumers and families. The retreat invitation asked Local Collaboratives to bring an additional consumer, family member, and youth to the August retreat. The retreat, structured with afternoon, evening, and morning working sessions, involved 64 participants, with approximately half identifying themselves as consumer and family members; one youth attended. Participants received two major pieces of information: summary focus group results and a large compendium of current state initiatives and plans, organized by the New Freedom Commission Goals. In small groups, they discussed the fit of currently planned initiatives with the focus group recommendations, and also identified initiatives which were most important for the next two years.

The final September Planning Committee meeting included about 25 participants, representing Local Collaboratives, the BHPC, and state and Value Options staff. Focused discussion on opportunities to involve consumers and families in the design and implementation of the planned initiatives occurred at this session. The group also debriefed on the overall planning process and provided suggestions for future planning approaches.

**Sources of data:**

Information for this evaluation is derived from multiple sources:

1. Document review: NARID and CBHP; meeting materials and minutes;
2. Attendance at all Planning Committee meetings from April through September 2006;
3. Surveys of members of these groups: Collaborative; BHPC; CBHP Planning Committee; Local Collaboratives; Steering Team (instruments in Appendix A). Response rates were very high from the Collaborative, BHPC, and Steering Team, as the survey was administered at a regular meeting. Responses were received from only two Local Collaboratives, likely due to the proximity of this request with many other LC assignments, e.g., participation in LFC and MacArthur evaluations, LC meetings with the Collaborative members, initiation of discussions about engagement of more consumers/ families/ youth. In addition, many LC respondents from one site (including all responses in Spanish) indicated “no comment,” as they did not have knowledge of the planning process or product.
4. Interviews with some members of the Collaborative, Steering Team, Local Collaboratives, and key staff (List in Appendix B);
5. SAMSHA feedback on the NARID and the CBHP;
6. New Mexico Legislative Finance Committee report on the status of the BH Collaborative and response from the Collaborative.
Expectations across federal, state and other stakeholders for the CBHP overlap in many instances and include both content and process requirements. For the purpose of organization, this evaluation discusses first content and then process, although these two perspectives are intertwined.
C. CBHP content requirements and results

Requirements:

1. Federal (SAMSHA) requirements:
   A. In the original grant application, New Mexico committed to use the 2002 Needs and Gaps Report and other available data; align behavioral health plans across agencies; link cross-agency strategies into a comprehensive whole; match outcome measures with New Freedom Commission goals; integrate program goals with system performance indicators.
   B. In January 2006, SAMSHA delineated major content requirements which highlighted these themes:
      1. Consumer, youth, family driven and focused on recovery and resiliency;
      2. Address each of the 6 New Freedom Commission goals;
      3. Use a cross-systems approach;
      4. Address the life span;
      5. Include a continuum of services;
      6. Address disparities across the plan;
      7. Be driven by the state’s goals in the TSIG application and NARID data;
      8. Address development of individualized plans of care, provider/network development, workforce training;
      9. Address sustainability of key elements; and
     10. Demonstrate interrelationship of block grant and CBHP plans.
   SAMSHA set July and September deadlines, respectively, for submission of the NARID and the CBHP.

2. New Mexico statutory requirements stated in NMSA Section 9-7-6.4 (which created the Purchasing Collaborative) that the Collaborative must identify needs and develop a master plan for services, including needs of specific populations, workforce development/retention and quality improvement issues. This content is to be included in the state health plan, due every two years.

3. The Planning Committee adopted in June 2006 a set of guiding principles to guide their work and this evaluation. Principles related to plan content were:
   A. Plan utilizes data from the Needs Assessment and Resource Inventory, other state plans, and the 2002 Needs and Gaps Analysis well, producing a data driven plan;
   B. Plan content will be useful to Legislature, Collaborative, and state agencies in improving behavioral health in New Mexico;
C. Plan content will be useful to Local Collaboratives as a foundation for their local planning and action.

Results
Key themes across content requirements are these:
1. Use of data to identify needs and track performance;
2. Comprehensiveness of content, including discussion of required topics and linkage of departmental and grant plans;
3. Establishment of priority areas for action;
4. Utility of document to state and local entities.

1. Use of data to identify needs and track performance:

The 2002 Needs and Gaps Analysis has provided background information for the development of behavioral health programs and initiatives since that time. The NARID included key points from that Analysis, substantial demographic information, feedback from the Local Collaboratives’ focus groups and legislative priorities, and other information. SAMSHA noted that the demographic overview and the resource listing provided “excellent overviews” and that the plan did an “excellent” job of integrating information from the NARID into the CBHP to explain the selection of goals.

Survey feedback: Scores are based on scale of 1 to 5, with 1 being “Not at All,” 3 being “Somewhat,” and 5 being “A Great Deal.” A “No Comment” option was also provided.

<table>
<thead>
<tr>
<th>Survey</th>
<th>Purchasing Collaborative</th>
<th>Behavioral Health Planning Council</th>
<th>Collaborative Steering Team</th>
<th>Local Collaboratives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents</td>
<td>17</td>
<td>17</td>
<td>14</td>
<td>A B</td>
</tr>
<tr>
<td>Score</td>
<td>4.50</td>
<td>4.45</td>
<td>3.65</td>
<td>4.00 3.30</td>
</tr>
</tbody>
</table>

The Plan utilized data from the Needs Assessment and Resource Inventory, other state plans, and the 2002 gap analysis well, producing a data-driven plan.

Survey comments about the use of data to drive the plan indicate general satisfaction from Collaborative and BHPC members, with several noting the need to update the 2002 data, insure data accuracy, and provide more time to review data before identifying priorities. Steering Team members also noted the importance of using data to drive decisions, rather than compiling data that speaks to decisions already made.
The CBHP includes a substantial appendix listing all measures being developed or in use by the Collaborative. These measures are not specifically linked to the initiatives in the CBHP plan, as the original grant application had proposed. Several leaders noted that this planning timeframe has not provided adequate time to align the Governor's Performance Measures and other key indicators with specific Collaborative or departmental initiatives, to insure that ongoing performance is tracked through appropriate measures. They noted that the relationship of action and data must be consistently understood and utilized by all working within the Collaborative, to monitor progress and identify opportunities for improvement from a common, data-driven perspective.

2. Comprehensiveness of content, including discussion of defined specific topics and linkage to departmental and other plans

State requirements describe a “comprehensive” document, and the large number of initiatives included does meet that expectation. The timing of this CBHP followed the development of many specific plans, e.g., the CMHS and SAPT plans, departmental plans, and plans from the Cross Agency Teams that “staff” the Collaborative. Therefore, to be comprehensive and cover the federally required content areas, the plan encompasses and documents all behavioral health initiatives across the Collaborative. SAMSHA required that the Plan be organized by New Freedom Commission Goals, which is a different organizing framework than the current Collaborative structure. Of the major content requirements set by federal and state funders, all are addressed in some fashion in the plan, except for a specific discussion of the sustainability of key elements. That issue is, to a large part, more appropriately addressed in subsequent years of the five year federal funding and the required annual updates of the Plan.

SAMSHA feedback on the NARID identified many strengths and comments about items that were “unclear” in the review. SAMSHA notes that these should not be viewed as criticism but rather “recommendations to consider in the refinement of project implementation and the development of subsequent reports.” Additional information on most of these areas has been forwarded to SAMSHA. Preliminary SAMSHA comments on the CBHP commended the plan for “well researched” goals tied to all six of the New Freedom Commission recommendations, but noted that more specificity on action steps and timelines is needed.

Many stakeholders commented that the plan content was “cumbersome” and “overwhelming,” while meeting its commitment to comprehensiveness. There was mixed reaction to the use of the federal New Freedom Commission goals as the organizing framework. For those strongly committed to a consumer/family driven system, that clear message from the New Freedom Commission goals was crucial. For many who work in the current Collaborative structure and priorities, the New Freedom Commission goals did not connect easily to the current goals and structure of the Collaborative.
3. Establishment of priority areas for action:

The absence of clear priorities among initiatives was a gap raised consistently across diverse customers of the Plan. This gap was due both to the sequence of this plan (after completion of other major planning processes) and time pressures in the planning process: the first Planning Committee review of current initiatives in relation to focus group data occurred in August, less than 60 days before the Plan was due. Thus, the Committee did not have adequate time to digest the information, formulate some specific recommendations for priorities, and engage other stakeholders in a process to reach consensus.

In commenting on the lack of clear priorities, SAMSA commented, “It is not clear how the state plans on achieving so many changes within the resources available and how the changes will be managed across the Purchasing Collaborative.”

The LFC noted that while the Taking Stock/Aim action plan does set short term priorities, it is not a full strategic plan. Within the Collaborative, other processes have selected and communicated priorities: the legislative priority workgroup: the Taking Stock Taking Aim action plan; departmental budget planning; some Collaborative Cross Agency Team workplans. The prioritizations evident in the Collaborative’s legislative priorities and work plan are not as clearly delineated in the CBHP document.

Collaborative leaders made suggestions for future planning cycles to address this limitation:

A. Set priorities at the Collaborative level before departmental or grant-specific planning;
B. Use a common planning framework across departments;
C. Integrate legislative priority selection with the planning process;
D. Link performance measures and indicators with the priority initiatives during planning.

4. Utility of plan to stakeholders: state and local

With any plan, the critical question is its utility: will it serve for more than meeting a requirement from a funding agency or authority? Survey respondents were remarkably optimistic in their ratings. Comments noted the importance of work yet to be done to “connect the dots:” routine management review of progress against the plan and its measures, making adjustments in activities and/or targets over time. Local Collaborative members raised questions about the anticipated role of LCs in developing local plans, in addition to providing input to state level plans.

Survey results indicate greater optimism at the Collaborative and BHPC levels than at the Steering Team or Local Collaborative levels.
Survey Feedback: Scores are based on scale of 1 to 5, with 1 being “Not at All,” 3 being “Somewhat,” and 5 being “A Great Deal.” A “No Comment” option was also provided.

<table>
<thead>
<tr>
<th>Number of respondents</th>
<th>Purchasing Collaborative</th>
<th>Behavioral Health Planning Council</th>
<th>Collaborative Steering Team</th>
<th>Local Collaboratives</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17</td>
<td>17</td>
<td>14</td>
<td>A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>B</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17</td>
</tr>
</tbody>
</table>

*This plan will be useful to the Legislature, the Collaborative, and state agencies in improving behavioral health in NM.*

| Score | 4.56 | 4.62 | 3.86 | 4.20 | 3.16 |

<table>
<thead>
<tr>
<th>This plan will be useful to Local Collaboratives as a foundation for their local planning and action.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score</td>
</tr>
</tbody>
</table>
D. CBHP process requirements and results

Requirements

1. Federal (SAMSHA) requirements:
   o In the original grant application, New Mexico committed to coordinating this planning process with the BHPC and Local Collaboratives, leading to approval by the BHPC and the Collaborative and inclusion in the State Comprehensive Health Plan. Listening forums to engage consumers and families were also a key part of the described process.
   o SAMSHA expects that the plan be “consumer, youth and family driven.”
   o SAMSHA’s January 2006 directives emphasized that “the initial presentation of the …plan must be in the context of the individual state’s needs, resources, and, most importantly, the collaborative processes that should ultimately identify the content detail. This initial (and subsequent) articulation of the plan should be in concert with the collaborative and deliberative process taking place in the state and should not pre-empt that process. The plan itself is a vehicle for communication, not only to/with the federal level…but among the stakeholders/entities within the state as to how they are proceeding, as well as how to measure their progress.”

2. New Mexico requirements:
   o NMSA 9-7-6.4 requires that the Collaborative develop a comprehensive statewide Behavioral Health Plan.
   o NMSA Section 9-7-4.1 requires that the Department of Health develop a biennial comprehensive strategic plan for health, with public input.
   o NMSA 24-1B-4 requires that the BHPC “reviews and makes recommendations for the community mental health block grant and the substance abuse block grant applications, the state plan for Medicaid services, and any other plan or application for federal or foundation funding for behavioral health services.”

3. Planning Committee guiding principles:
   o Process should engage consumer and family voices in a meaningful way;
   o Process should involve Collaborative groups (Collaborative, BHPC, Local Collaboratives, and Steering Team) in appropriate and effective ways.

Results

Key themes across the requirements:

1. Meaningful involvement of consumers and families
2. Appropriate involvement of key stakeholders

1. Engagement of consumers and family members

There has been a consistent Collaborative commitment to meaningful engagement of consumer and family members in the transformation of the behavioral health system, but specific guidelines for definition of “consumer” and “family member” and requirements for levels of LC participation were not formally adopted until June 2006. Therefore, there were varying levels of substantive and meaningful engagement of consumers, youth, and family members across the Local Collaboratives during this planning cycle.

The Planning Committee membership and participation reflected this pattern: some consumer/family representatives were present, but they often tended to be those already familiar with and involved in state processes. (Data about number of consumer/family members at January-June Planning Committee members are not available.)

Planning Committee meeting evaluations from the January and June period were positive, and improved over time.

Survey feedback: Scores are based on scale of 1 to 5, with 1 being “Strongly Disagree,” 3 being “Undecided,” and 5 being “Strongly Agree.” Number of respondents is not available.

<table>
<thead>
<tr>
<th>Meeting date</th>
<th>Mean satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>3.30</td>
</tr>
<tr>
<td>February</td>
<td>3.70</td>
</tr>
<tr>
<td>March</td>
<td>3.30</td>
</tr>
<tr>
<td>April</td>
<td>4.30</td>
</tr>
<tr>
<td>June</td>
<td>4.50</td>
</tr>
</tbody>
</table>

Many LC representatives believed that the assignments to the Local Collaboratives to compile NARID information, conduct focus groups, and agree on legislative priorities were too much, considering the short turn around times, very early stages of LC development, lack of resources, and lack of training for staff supporting LCs in completing these tasks. These factors may have limited the readiness and time for Local Collaboratives to reach out to additional consumer and family representatives for membership and involvement. When Local Collaboratives conducted focus groups, some were able to engage additional consumers and family members. Unfortunately, focus group data does not delineate consumer/family participants among participants.
After the first three Planning Committee meetings, the Bernalillo County Local Collaborative withdrew from the Committee. Their letter states that the process was not consumer and family driven, as there was not adequate and diverse consumer/family participation at the Committee meetings. Bernalillo Collaborative recommended that the Local Collaboratives needed greater support and time to develop, including the engagement of diverse consumer/family voices. They did not see the fit of this planning process with previous and concurrent plans and committees, and questioned this plan’s utility, beyond meeting a federal grant requirement.

In July, the Planning Committee adopted its guiding principles and determined that a focused effort should be made to reach out through the Local Collaboratives to engage more consumers/youth/family members for an intensive retreat to get input on the plan’s content. Representation of consumer/family voices at the overnight August retreat was much higher than at previous meetings, with about half of participants identifying themselves as consumers or family members.

Survey feedback: Scores are based on scale of 1 to 5, with 1 being “Not at All,” 3 being “Somewhat,” and 5 being “A Great Deal.” A “No Comment” option was also provided.

<table>
<thead>
<tr>
<th>Number of respondents</th>
<th>Consumer/Family Reps from LCs</th>
<th>Other LC Reps</th>
<th>BHPC Members</th>
<th>State Staff</th>
<th>Value Options staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score: Retreat</td>
<td>14</td>
<td>11</td>
<td>3</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Score: Final meeting</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

The session engaged consumer and family member voices in a meaningful way.

| Score: Retreat        | 3.90                          | 3.50          | 4.00         | 4.40        | 4.50                |
| Score: Final meeting  | 4.00                          | 4.50          | 4.60         | 5.00        | 5.00                |

The session provided good information.

<p>| Score: Retreat        | 4.20                          | 4.15          | 4.65         | 4.05        | 4.75                |</p>
<table>
<thead>
<tr>
<th></th>
<th>Consumer/ Family Reps from LCs</th>
<th>Other LC Reps</th>
<th>BHPC Members</th>
<th>State Staff</th>
<th>Value Options staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score: Retreat</td>
<td>14</td>
<td>11</td>
<td>3</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Score: Final meeting</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Score: Final meeting</td>
<td>4.10</td>
<td>4.20</td>
<td>4.40</td>
<td>4.00</td>
<td>4.10</td>
</tr>
</tbody>
</table>

*The session’s organization and process help meet objectives.*

<table>
<thead>
<tr>
<th></th>
<th>4.00</th>
<th>3.80</th>
<th>5.00</th>
<th>4.20</th>
<th>4.50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Score: Retreat</td>
<td>4.00</td>
<td>3.80</td>
<td>5.00</td>
<td>4.20</td>
<td>4.50</td>
</tr>
<tr>
<td>Score: Final meeting</td>
<td>2.00</td>
<td>4.70</td>
<td>4.20</td>
<td>5.00</td>
<td>4.50</td>
</tr>
</tbody>
</table>

Retreat participants noted that this was a “good start.” Respondents generally liked the small group process as an opportunity for dialogue with others from around the state. However, several noted that the initiatives reviewed at the retreat had already been developed without consumer/family input. They also commented that the huge amount of information to process at the retreat was too much for one session, even for seasoned state employees. Consumers and family members new to the group found the environment welcoming, but the content “overwhelming” at times. They emphasized the need to reach out and systematically support the active involvement of more consumers over time.

Information obtained from Planning Committee members through surveys and interviews confirmed the importance and the challenge of increasing consumer and family member involvement.

Throughout the stakeholder interviews, a strong, consistent message was the positive accomplishment of producing the first Collaborative–based plan, with a concerted effort to engage consumers and family members. Many noted the need to build on this “practice for planning together” experience, expanding the number and role of consumers and family members in future planning processes.

At the final Planning Committee meeting, members identified barriers to consumer/family member confidence that their voice would be heard. They included past lack of trust that “input” was taken seriously; lack of provider/leadership readiness to give up power for true consumer/family driven care; cultural/language gaps between consumers and providers; instability of
funding; too many meetings on different topics. They also identified some positive forces to build consumer/family member confidence: new, trusted people in key roles; potential for greater impact through coordinated priorities and legislative advocacy; provider readiness to improve care; Local Collaborative infrastructure for local engagement.

The Planning Committee then reviewed the entire planning process and identified aspects that should be kept, changed, and added in the next planning cycle. Key themes were these:

1. Continue the Local Collaborative process and structure;
2. Develop more systematic approaches to engage more consumer/family members, including technical assistance, recruitment, reimbursement, etc.;
3. Reduce and coordinate overall number of meetings and different committees;
4. Increase more focused meetings/groups to work over time on planning for specific topics or populations;
5. Establish better communication processes, including more advance notice of meetings, assignments, logistics;
6. Keep teamwork attitude and interactive processes to build trust and engagement.

Key stakeholders for this planning process were also asked about the involvement of consumer and family members in the process.

**Survey feedback:** Scores are based on scale of 1 to 5, with 1 being “Not at All,” 3 being “Somewhat,” and 5 being “A Great Deal.” A “No Comment” option was also provided.

<table>
<thead>
<tr>
<th></th>
<th>Purchasing Collaborative members</th>
<th>Behavioral Health Planning Council</th>
<th>Collaborative Steering Team</th>
<th>Local Collaboratives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of respondents</td>
<td>17</td>
<td>17</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A</td>
<td>B</td>
<td>17</td>
</tr>
</tbody>
</table>

_The planning process engaged consumer and family member voices in a meaningful way._

| Score | 4.65 | 3.85 | 4.45 | 3.80 | 3.50 |

These stakeholders consistently stated that this planning process had represented an important initial step forward for the state, particularly with the greater participation at the retreat and inclusion of the Native American perspective through the two Native American LCs and the BHPC Native
American Subcommittee. Nonetheless, many noted challenges: travel and cost constraints; lack of adequate recruitment strategies at the Local Collaborative level; lack of skills and time within Local Collaboratives to engage and retain consumer and family voices in the focus group and legislative priority processes.

Several Collaborative and Steering Team members questioned the policy direction that consumer and family member voices would be primarily channeled through the Local Collaboratives. The need for additional venues (directly to the Collaborative, in topic-specific workgroups at state level, etc.) was raised, as some consumers/family members might not feel welcome/comfortable at the local level, while others may want to focus on a specific topic.

Interview and survey comments across these groups were consistent in their understanding and support for the intended future direction of using the Behavioral Health Planning Council as the key group for future planning, once the new membership is in place. That membership will be 51% consumer and family members, drawn from the Local Collaboratives.

2. Involvement of key stakeholder groups

As noted above, a special Planning Committee was created for the development of this year’s plan, with representation from the BHPC, Local Collaboratives, and key state agencies/departments. Routine updates were provided at Collaborative and Steering Team meetings.

Survey feedback: Scores are based on scale of 1 to 5, with 1 being “Not at All,” 3 being “Somewhat,” and 5 being “A Great Deal.” A “No Comment” option was also provided.

<table>
<thead>
<tr>
<th></th>
<th>Purchasing Collaborative</th>
<th>Behavioral Health Planning Council</th>
<th>Collaborative Steering Team</th>
<th>Local Collaboratives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of Respondents</strong></td>
<td>17</td>
<td>17</td>
<td>14</td>
<td>19</td>
</tr>
<tr>
<td><strong>The planning process involved the Local Collaboratives in appropriate and effective ways.</strong></td>
<td></td>
<td></td>
<td></td>
<td>3.90 3.14</td>
</tr>
<tr>
<td><strong>Score</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>The planning process involved the BHPC in appropriate and effective ways.</strong></td>
<td></td>
<td></td>
<td></td>
<td>4.57 4.27</td>
</tr>
<tr>
<td><strong>Score</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>The planning process involved the BH Purchasing Collaborative in appropriate and effective ways.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The planning process involved the Steering Team in appropriate and effective ways.

Local Collaboratives commented that there were significant process issues that affected their trust and buy in. At the onset, the objective was not clear: was this process solely to meet a federal requirement, or was the consumer/family voice through the LCs going to influence directions? Also, requests for substantial LC work (resource inventory and focus groups) when LCs were very new and did not have resources created frustration and anger with some LCs. They found the concurrent requirements regarding legislative priorities and focus groups redundant, and there were mixed reactions across the LCs to the validity of these two results. Nonetheless, many LC representatives commented that the process (and their trust in it) improved over time.

BHPC and Collaborative members were pleased with BHPC involvement in the planning process. However, several BHPC members noted that they had not had adequate time (less than a week, distributed by email) to review the Plan before voting to approve. The Collaborative also felt that they had been involved appropriately. A few Collaborative members commented that they needed more time to discuss the contents, if they were to use the document. Ironically, for some, the (relative) strengths of the planning process, with greater consumer/family involvement, and the creation of comprehensive listing of initiatives without priorities and committed resources could create credibility gaps, if not carefully managed. Expectations about ability to implement all initiatives might have been heightened through the engagement process.

The Steering Team was not as satisfied with its level of involvement, commenting that they did not have a shared sense of the purpose for the plan, and they should have discussed it more often. Only a few attended Planning Committee meetings. Several noted that the increased focus on consumers and family members was a valuable step, even though the document was more a compilation of existing plans.

3. Meets statutory requirements for input and approval;
This planning process had multiple opportunities for “public input” as required by New Mexico law, through the Planning Committee and its expanded membership at the retreat, as well as BHPC and Collaborative meetings. The specific issue of consumer and family involvement has been discussed above.

The process also met the required milestones for endorsement and submission to state and federal authorities. CBHP was supported by BHPC with no dissenting votes, and then unanimously adopted by the Collaborative in September 2006. The CBHP has been included in the state health plan as the chapter on behavioral health. The CBHP was submitted to SAMSHA in October 2006, on schedule.
E. Summary

This planning process was one of many initiatives and assignments to Collaborative and departmental staff, and was "rocky," especially in the early period, when roles and intended output and use were not consistently understood. In addition, the lack of resources at both the Local Collaborative and state level stressed working relationships and the quality of achievable products. Finally, the confluence of many processes (development of LCs, identification of legislative priorities, other topic-specific meetings, development of departmental budgets, federal block grant applications, turnover in state roles, etc.) contributed to confusion about the relationship of the plan to other activities and groups. Although the credibility of the process improved over time, the product did not meet all of the desired results. Without the TSIG grant requirement, it seems unlikely that the Collaborative would have chosen this time to initiate a statewide planning process with this visibility and complexity in such a time and resource constrained environment.

Nonetheless, the plan provided a powerful learning experience for all involved, and the comments from diverse stakeholders in this evaluation identify some key accomplishments:

1. First comprehensive document listing behavioral health initiatives across state agencies;
2. Increased visibility and testing of approaches to the crucially important Collaborative process of engaging LCs, consumers, and families;
3. Content, although "cumbersome" and not yet read by many, a good reference document for Collaborative next steps;
4. Successful completion of the primary requirement for the TSIG grant, which is providing substantial resources to build needed infrastructure for the behavioral health transformation.

The stakeholders also identified key learnings, valuable information to guide improvement in future Collaborative work:

1. Effective engagement of consumers and families will require a systematic and consistent approach, with appropriate resource support at local and state levels, on issues and in processes meaningful to consumers and families.
2. The Collaborative is ready to take a more proactive role in setting and monitoring strategic priorities, measures, and action plans, as a shared and explicit context for driving and aligning agency or grant-specific activities.
3. Planning, measurement, and management must be an integrated, process, so that progress is tracked through data, priorities are set based on data, work is focused on key priorities, and scarce resources are aligned.
4. Better management of communication processes and content within the Collaborative administration and with communities is essential, to
coordinate messages, set realistic timeframes and tasks, insure common knowledge, utilize valuable meeting times efficiently and effectively, hear and utilize diverse voices, and thus maximize engagement and understanding.
F. Next Steps

Action on some of these recommendations is already underway.

1. Continued development of consumer and family voices:
Adoption of a definition of consumers and families in June 2006 provided the operational clarity desired by the LCs. Each LC will develop a consumer and family engagement plan over the next year, and state resources will support the LCs in developing and implementing the plan. The Purchasing Collaborative has been meeting directly with consumers and family members since fall 2006 to hear their issues and suggestions. The Steering Team has included consumer/family voices in its meeting on a regular basis. In addition, the plan includes many suggestions about inclusion of consumer, family, and youth in the design and implementation of each initiative.

2. Collaborative-based strategic directions as overall context: At the direction of leadership, staff and BHPC representatives are summarizing and integrating existing documents for a January retreat with Steering Team and Collaborative members. The product will be a clear and unified strategic planning framework, linking Collaborative strategic directions, performance measures, and operational priorities. Once appropriate input has been obtained and the document is finalized, this perspective can then be used by the Collaborative and all participating agencies as a common context for planning, management, and measurement, and for setting priorities among initiatives. The product will address a Collaborative leadership commitment to the LFC to move from this CBHP to a “more strategic focus” by June 2007. This document will also serve as the foundation for the annual updates of the CBHP as required by SAMSHA.

3. New Behavioral Health Planning Council membership: The new Council, to be appointed in January 2007, will continue to be 51% consumer/family members, and will represent Local Collaboratives as well as state staff and other stakeholders. Thus, future planning processes will utilize the BHPC, rather than appointing a separate Planning Committee. This step will streamline and reinforce the BHPC’s role as a broad based group representing various stakeholders in the planning process.
Appendices
A. Interviewees
B. Instruments
Appendix A: Individual Interviewees

Collaborative representatives:
Deborah Armstrong
Secretary
Aging and Long Term Care Department

Catherine Cross-Maple, EdD
Deputy Secretary
Public Education Department

Josephine De Leon, PhD
Deputy Secretary
Higher Education Department

Dorian Dodson
Secretary
Children, Youth, and Families Department

Pamela S. Hyde, JD
Secretary
Human Services Department
Co-chair, Behavioral Health Collaborative

Michelle Lujan-Grisham, JD
Secretary
Department of Health
Co-chair, Behavioral Health Collaborative

Pat Putnam
Executive Director
Developmental Disabilities Council

Benny Shendo, Jr.
Secretary
Indian Affairs Department

Steering Team representatives

Amy Buchanan Collins

Steve Johnson
Interim Behavioral Health Coordinator

Pam Sanchez
Fred Sandoval

Others

Three representatives of Bernalillo Local Collaborative

Concha Montano, facilitator
Appendix B: Survey and Interview Instruments

Comprehensive Behavioral Health Plan Evaluation Purchasing Collaborative

Thank you for taking a few moments to provide feedback on the Comprehensive Behavioral Health Plan planning process and product. Your perspective will help improve future planning processes for behavioral health.

Please indicate your rating and make any comments:

1. The planning process engaged consumer and family member voices in a meaningful way.
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>A great deal</td>
<td>comment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Comments:

2. The Plan utilized data from the Needs Assessment and Resource Inventory, other state plans, and the 2002 gap analysis well, producing a data-driven Plan.
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>A great deal</td>
<td>comment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Comments:

3. The planning process involved the Behavioral Health Planning Council in appropriate and effective ways.
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>A great deal</td>
<td>comment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Comments:

4. The planning process involved the Behavioral Health Purchasing Collaborative in appropriate and effective ways.
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>A great deal</td>
<td>comment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Comments:
5. This Plan will be useful to the Legislature, the Collaborative, and state agencies in improving behavioral health in NM.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all</td>
<td>Somewhat</td>
<td></td>
<td>A great deal</td>
<td></td>
<td>comment</td>
</tr>
</tbody>
</table>

Comments:

5. This Plan will be useful to Local Collaboratives as a foundation for their local planning and action.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all</td>
<td>Somewhat</td>
<td></td>
<td>A great deal</td>
<td></td>
<td>comment</td>
</tr>
</tbody>
</table>

Comments:

Additional comments:

Please complete your survey and return to Cathy Kinney at the end of today’s meeting.

THANK YOU VERY MUCH!
Interview questions with selected Purchasing Collaborative members

1. Did you complete the survey at the September Collaborative meeting?
   o If not, review questions and complete in meeting
   o Probe for any additional comments as a Collaborative member

2. In your role as a leader of the ___________CAT, how has or will this Plan influence your CAT’s work?
   o Probe: current priorities and approach; additional priorities or changed approach? How does that help or hinder meeting your CAT’s accountabilities?

3. In your role as a state department leader, how has or will this Plan connect to your department’s planning and priorities?
   o Probe: current priorities and approach; additional priorities or changed approach? How does that help or hinder meeting your department’s accountabilities?

4. In the future, how should the planning process link with the work of your and other CATs?

5. in the future, how should the planning process link with the work of your department?
Comprehensive Behavioral Health Plan Evaluation

BH Planning Council

Thank you for taking a few moments to provide feedback on the Comprehensive Behavioral Health Plan. Your input will help improve future planning processes for behavioral health.

In addition to your role as a BH Planning Council member, please identify yourself:

- Local Collaborative representative
- Consumer or Family Member
- Other LC member
- State Agency staff
- Other _____________________________

Did you participate in any Planning Committee meetings? __yes_____no

If yes, about how many? ___________

Please indicate your rating and make any comments:

1. The planning process engaged consumer and family member voices in a meaningful way.
   
<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>A great deal</td>
<td>comment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Comments:

2. The Plan utilized data from the Needs Assessment and Resource Inventory, other state plans, and the 2002 gap analysis well, producing a data-driven Plan.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>A great deal</td>
<td>comment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Comments:

3. The planning process involved the Behavioral Health Planning Council in appropriate and effective ways.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>A great deal</td>
<td>comment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   Comments:

4. This Plan will be useful to the Legislature, the Collaborative, and state agencies in improving behavioral health in NM.
5. **This Plan will be useful to Local Collaboratives as a foundation for their local planning and action.**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>A great deal</td>
<td>comment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

**Additional comments:**

Please complete your survey and return to Cathy Kinney or BHPC staff today.

THANK YOU VERY MUCH!
Comprehensive Behavioral Health Plan Evaluation
BHPC Steering Team
Thank you for taking a few moments to provide feedback on the Comprehensive Behavioral Health Plan. Your input will help improve future planning processes for behavioral health.

Did you participate in any Planning Committee meetings? __yes_____no
If yes, about how many? __________

Please indicate your rating and make any comments:

1. The planning process engaged consumer and family member voices in a meaningful way.
   1  2  3  4  5  No
   Not at all Somewhat A great deal comment
   Comments:

2. The Plan utilized data from the Needs Assessment and Resource Inventory, other state plans, and the 2002 gap analysis well, producing a data-driven Plan.
   1  2  3  4  5  No
   Not at all Somewhat A great deal comment
   Comments:

3. The planning process involved the Steering Team in appropriate and effective ways.
   1  2  3  4  5  No
   Not at all Somewhat A great deal comment
   Comments:

4. This Plan will be useful to the Legislature, the Collaborative, and state agencies in improving behavioral health in NM.
   1  2  3  4  5  No
   Not at all Somewhat A great deal comment
   Comments:
5. This Plan will be useful to Local Collaboratives as a foundation for their local planning and action.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>A great deal</td>
<td>comment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Additional comments:

Please complete your survey and return to Cathy Kinney today.

THANK YOU VERY MUCH!
Interview questions with selected Steering Committee members

1. Did you complete the survey at a recent Steering Committee meeting?
   o If not, review questions and complete in meeting
   o Probe for any additional comments as a Steering Team member

2. How has or will this Plan influence the Steering Committee’s work?
   o Probe: current priorities and approach; additional priorities or changed approach? How does that help or hinder meeting the Steering Committee’s accountabilities?

3. In the future, how should the planning process link with the Steering Committee?

4. In your role, you’ve had operational responsibilities for this planning process. From your perspective, what about this process and product should be:
   A. Kept?
   B. Changed or improved?
   C. Added?
Comprehensive Behavioral Health Plan Planning Committee
Evaluation September 7, 2006

Please identify yourself:

_____ Local Collaborative representative
_____ Consumer or Family Member
_____ Other LC member
_____ Behavioral Health Planning Council member
_____ State Agency staff
_____ Other _____________________________

Please indicate your rating and make any comments:

1. The meeting engaged consumer and family member voices in a meaningful way.
   1  2  3  4  5  No
   Not at all   Somewhat   A great deal   comment

   Comments:

2. The meeting provided good information on key themes from the retreat and the summary of initiatives.
   1  2  3  4  5  No
   Not at all   Somewhat   A great deal   comment

   Comments:

3. The discussions provided valuable input on involving consumers and families in implementing the initiatives.
   1  2  3  4  5  No
   Not at all   Somewhat   A great deal   comment

   Comments:

4. The discussions provided valuable input on addressing disparities through the initiatives.
   1  2  3  4  5  No
   Not at all   Somewhat   A great deal   comment

   Comments:
5. The discussions provided good ideas for involvement of consumers and family members in future planning processes.

Not at all  Somewhat  A great deal  
1  2  3  4  5  No

Comments:

6. I believe that this input will be used in this year’s plan and afterward to influence behavioral health directions.

Not at all  Somewhat  A great deal  
1  2  3  4  5  No

Comments:

7. The organization and process of the meeting helped meet the meeting objectives.

Not at all  Somewhat  A great deal  
1  2  3  4  5  No

Comments:

8. I think this Plan will be useful to the Legislature, the Collaborative, and state agencies in improving behavioral health in NM.

Not at all  Somewhat  A great deal  
1  2  3  4  5  No

Comments:

9. I think this Plan will be useful to Local Collaboratives as a foundation for their local planning and action.

Not at all  Somewhat  A great deal  
1  2  3  4  5  No

Comments:

THANK YOU VERY MUCH! Drive safely on your way home.
Planning Committee, September 7
Small group discussions
Input on consumer and family involvement in future planning processes

1. Which aspects of consumer and family involvement in this planning process should be kept?

2. Which aspects of consumer and family involvement in this planning process should be changed or dropped?

3. What should be added for the future?

Thanks very much for your participation!
Comprehensive Behavioral Health Plan
Evaluation
Local Collaborative members

Thank you for taking a few moments to provide feedback on the planning process and product. Your input will help improve future planning processes.

Please identify yourself:

___ Local Collaborative Consumer or Family Member
___ Other LC member
___ Other _____________________________

Did you participate in any meetings of the Planning Committee?  ____yes  _____no
If yes, about how many? ______________
   Did you participate in the August retreat? ______
   Did you participate in the September 7 meeting? ______

Please indicate your rating and make any comments:

1. The planning process engaged consumer and family member voices in a meaningful way.
   1  2  3  4  5  No
   Not at all  Somewhat  A great deal  comment

   Comments:

2. The Plan utilized data from the Needs Assessment and Resource Inventory, other state plans, and the 2002 gap analysis well, producing a data-driven Plan.
   1  2  3  4  5  No
   Not at all  Somewhat  A great deal  comment

   Comments:

3. The planning process involved the Local Collaboratives in appropriate and effective ways.
   1  2  3  4  5  No
   Not at all  Somewhat  A great deal  comment

   Comments:
4. This Plan will be useful to the Legislature, the Collaborative, and state agencies in improving behavioral health in NM.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>A great deal</td>
<td>comment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

5. This Plan will be useful to Local Collaboratives as a foundation for their local planning and action.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Somewhat</td>
<td>A great deal</td>
<td>comment</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Additional comments:

Please return your survey to your local CAT staff person by end of this meeting.

THANK YOU VERY MUCH!