New Mexico Interagency
Behavioral Health
Purchasing Collaborative

Guidelines
For
Local Collaboratives:
Structures and Functions

January 11, 2005
INTERAGENCY BEHAVIORAL HEALTH PURCHASING COLLABORATIVE

GUIDELINES FOR LOCAL COLLABORATIVES:
STRUCTURES AND FUNCTIONS

PURPOSE

Developing strong local voices to guide behavioral health planning and services has been a key consideration in the planning and design of the new Interagency Behavioral Health Purchasing Collaborative initiative.

The extensive discussions within the Collaborative and with stakeholders statewide on how best to organize and implement these local functions have helped to refine thinking on this important issue. One key message has been that work to develop local structures needs to build on, not add to or further fragment local human needs planning. These guidelines are intended to outline the current plans for helping to develop focused and effective local involvement in improving behavioral health and related human needs in New Mexico. These guidelines are subject to revision as the state Collaborative begins working with groups organizing to become a local collaborative as described in this document.

Specifically, these guidelines will assist these groups to develop their applications to become the local collaborative for a particular judicial district.

BACKGROUND AND CONTEXT

Across New Mexico, planning groups and coordinating bodies at both state and local levels face major challenges in balancing limited service resources with the growing range and complexity of human needs. State agencies have recently intensified efforts to address these challenges collaboratively, sharing resources and developing joint strategies to produce better quality of life outcomes. The Interagency Behavioral Health Purchasing Collaborative is one example of these efforts, but the impact is intended to go beyond this one area. The state of New Mexico already requires, funds and/or supports local service delivery, planning and coordination efforts that impact behavioral health (mental health and substance abuse) and larger health and human services issues through entities such as county DWI Councils (DFA) and Maternal and Child Health Councils (DOH). State agencies also organize their own local service delivery through field offices covering programs such as public health (DOH), income support (HSD), juvenile justice (CYFD), child welfare/protective services (CYFD), child support enforcement (HSD), developmental disabilities (DOH), general health planning (DOH), area agencies on aging (ALTSD), public school districts (PED), and probation and parole (NMCD) activities.
County and city health and/or human services agencies or staff also deal with local health and human services issues, including behavioral health issues. Federal dollars help to support local health planning and substance abuse prevention services in various communities throughout New Mexico (e.g., local substance abuse prevention councils). The state’s recent early learning initiative is working with local communities to develop early childhood learning councils (ECLCs) to address the needs of young children and their families.

These myriad local groups are sometimes highly coordinated and are sometimes disconnected.

They sometimes oversee all local health and human services planning in a particular geographic area; and sometimes they simply duplicate efforts or require the same local leaders to attend multiple meetings that touch in different ways on the same issues, i.e., the health, safety, security and common future of people in local areas. In some communities, local volunteer health improvement councils try to track and coordinate all local, state and federal dollars and resources going into a particular community for health and human services. In other areas, these resources go to different groups, with different agendas and with different capacities for assuring that limited dollars are spent in the most effective ways possible to address local needs.

New Mexico is in the process of redesigning the planning, financing, delivery and oversight of the behavioral health system, to implement HB271 and the Governor’s directives for reform. These changes have involved the development of a state-level Interagency Behavioral Health Purchasing Collaborative (Collaborative) as well as a newly integrated Behavioral Health Planning Council (BHPC) to provide broad based advisory input and guidance. (See concept paper and related materials at www.state.nm.us/hsd/bhdwg).

The 15 Collaborative agencies are interested in ensuring that this broad new interagency effort and the consolidated behavioral health advisory function at the state level are reflected in well-developed local-level collaborative efforts throughout the state. To assure this occurs, the Collaborative is interested in supporting the development of and recognizing a single local collaborative for each of the 13 judicial districts in New Mexico, plus a limited number of local collaboratives as makes sense for the tribes and pueblos in New Mexico. Such local collaboratives are to be identified or formed locally and recognized by the state Collaborative to help create and sustain the partnerships among local agencies, community groups, families, consumers and advocates. They will identify needs, help develop a range of resources and ensure the responsiveness and relevance of behavioral health services and supports to improve the quality of life of those affected by behavioral health concerns.

The state Collaborative believes that these local coordinating and planning collaboratives concerned with behavioral health should form from and include representatives of existing local councils and groups so that local communities have the opportunity to consolidate local efforts or assure that local input on behavioral health issues is not duplicative of other local planning and input efforts.
Given the increasing realization that behavioral health issues affect almost all human services issues for children, youth, adults, seniors and their families, the health and human services (HHS) agencies within the Collaborative, especially ALTSD, CYFD, DOH, and HSD, would like to utilize these local collaboratives to provide a sense of structure and local ownership of all health and human services issues.

These state HHS agencies, along with some of the other state Collaborative agencies, will move toward utilizing these local collaboratives to provide input and make recommendations about state-sponsored funding, service development and program oversight activities at the local level, considering the needs of all communities within the judicial district.

The state Collaborative has developed a Request for Proposal (RFP) to reflect its goals. The Collaborative will select and contract with a single statewide entity (SE) to manage services and funds of multiple state agencies. This contract will include a phased integration of funds from across these agencies’ budgets for behavioral health.

The SE will be required to meet state goals and performance expectations through work with a range of providers around the state. The expectations of the SE include close work with local collaboratives to help them be effective partners in developing local plans and priorities, identifying service gaps and needs, supporting needed local service collaboration such as common referral and coordination processes across multiple service systems, and involving local stakeholders in reviewing service quality and responsiveness.

PRINCIPLES TO GUIDE LOCAL COLLABORATIVE FORMATION

The state Collaborative is an effort at the state level to integrate all mental health and substance abuse funding for adults, children/youth, and families in New Mexico.

However, this state collaboration will only be effective if local efforts at collaboration are successful in bringing to bear the variety of input and resources in local areas to solve local issues. Interagency work to extend this behavioral health collaboration from the state to local level intends to build on collaborative efforts already in place throughout the state in New Mexico’s communities.

This effort to extend state behavioral health collaboration to the local level, building on what already exists, is based on these principles:

- Human needs are highly interdependent – outcomes in the behavioral health area depend on and contribute to a range of other indicators of community and individual well-being.
- Many of these needs cut across ages, ethnic/cultural groups and geographic areas.
- Meeting these needs can often be enhanced by common infrastructure, joint planning, shared goals and shared decision-making re use of limited resources.
- State collaboration across key areas of policy, planning, financing and oversight is necessary but must be matched by similar work at the local level as well as between state and local groups.
- Investments in local planning functions yield payoffs in terms of innovation, learning and improved results; we need to build on and encourage these strengths.
- State directives given to local planning/advisory groups have sometimes created silos or added new layers rather than encouraging synergy and collaboration. Instead of creating more new groups or adding more meetings to everyone’s calendars, the state needs to help bring local planning efforts together as part of the new behavioral health initiative.
- The state HHS agencies want to work over time to consolidate local planning and input requirements, as well as the state staff and financial support provided for these local efforts, to make the most of human services resources for New Mexico communities.
- Almost every aspect of behavioral health planning and service delivery, as well as many aspects of other health and human services issues, interacts in some way with the judicial system.
- The state’s Interagency Behavioral Health Purchasing Collaborative needs to identify a single local entity, in a defined geographic area, to relate to for local input, service needs and effectiveness data, and problem-solving about system development issues and about individual service issues that need to be addressed.

**SCOPE OF EFFORT FOR LOCAL COLLABORATIVES**

The intent of forming and recognizing local collaboratives involves values about building on strengths, cultural competence, individualized and home/community-based services, and family/consumer direction. It also involves systems of services and supports for all age ranges and needs. Strong and diverse local collaborations will help ensure that changes made at the state level are responsive to organized, well-informed local voices speaking effectively for the real needs of the diverse communities that make up New Mexico.

The Collaborative recognizes that this effort will involve phases of community development; and, that every judicial district will be at different stages of readiness. **The schematic attached with these guidelines attempts to lay out three phases with probable timeframes.** Each phase has benchmarks in moving through those phases. The state staff will be ready, through regional teams, to support districts in reaching those benchmarks. Early in the first phase, representatives from the districts or from groups within the districts are encouraged to submit a Letter of Interest to the Interagency Behavioral Health Purchasing Collaborative. That communiqué will alert the state to the progress occurring in their district and identify any assistance the group might need.

*By July 1, 2005 (or Fall, 2005 at the latest) judicial districts are encouraged to submit their Letter of Readiness for acceptance by their regional state teams.*

*The content focus of local collaboratives recognized by the Interagency Behavioral Health Purchasing Collaborative will be to enhance behavioral health services/supports, but it is expected that this scope can and should be interpreted broadly, to allow local areas the option to fulfill these expectations by building on currently effective collaborative structures or groups. The local collaboratives are encouraged to view behavioral health in its most expansive way, affecting issues such as suicide rates, teen pregnancies, school drop outs, successful*
parenting, family preservation, domestic violence, criminal behavior of adults and adolescents, and positive aging in place, in addition to more traditional behavioral health treatment needs.

The state HHS agencies will begin to look to these local collaboratives as a way to coordinate local planning and input for human services beyond the behavioral health arena. Therefore, local collaboratives should reflect how behavioral health and other health and human services needs fit together to best serve local communities.

GEOGRAPHIC/POPULATION BOUNDARIES FOR LOCAL COLLABORATIVES

The geographic or population focus of a recognized local collaborative will be the identified judicial district (see attached map) for which the applicant group seeks to be recognized as the local collaborative. There are 13 such judicial districts within New Mexico (see attached map). In addition to these 13 local collaboratives, the state Collaborative will recognize additional local collaboratives proposed by Native American communities, tribes or pueblos that meet the requirements of these guidelines. Native American or tribal/pueblo representation may be required on the 13 geographic local collaboratives as well.

There is no simple way to define what is the appropriate local geographic area for planning or local input. The state Collaborative understands that local communities may want smaller, bigger or different geographic boundaries for this local collaborative work. However, in order for the HHS planning and service delivery in the state to be consistent across multiple agencies and communities, and in order for state agencies or the behavioral health statewide entity to be able to realistically work with and help support local collaboratives, common boundaries had to be identified and maintained. There also must be a realistic number for the state Collaborative and the SE to work with at the local level. The major health and human services agencies within New Mexico state government have agreed to utilize judicial districts for these planning boundaries, allowing for some local tribal collaboratives to have geographic boundaries that make more sense for those particular tribes or pueblos.

These geographic and population-based boundaries will drive service areas for state-delivered services, data collection and reporting, and state staff assignments for working with the 13+ local collaboratives, within six regional areas.

Within each judicial district, and therefore within each local collaborative, existing city, county and community groups may already exist that need not go away due to the development of the local collaborative at the judicial district level. The state Collaborative strongly encourages creativity in developing means by which sub-district groups already functioning well can represent the needs of their respective areas within the larger judicial district umbrella collaborative. Sub-district groups could formulate and contribute service assessments and plan recommendations for their sub-district area that would then be reflected in the input provided by the district-wide local collaborative. In this case, the task of the local collaborative would be to represent and reflect the diversity of the district while working across the district to address district-wide or sub-district specific issues.
Within each judicial district, there may be many county or city programs, many self-identified communities, and many existing councils and coordinating bodies that will need to be represented on this local collaborative body at the judicial district level. Likewise, there may be multiple judicial districts and therefore many local collaboratives within a given region (see regional map) that the state will use for larger health and human services efforts.

*The health and human services agencies have identified six (6) such regions, five of which are geographic and one of which relates to Native American communities. Interagency teams will work within each one of these six regions to assist recognized local collaboratives within that region to fulfill their roles. The SE will be required to have a staff person assigned to and living within each one of the five regions and a sixth staff person for the Native American “region.” These six individuals will work with the state staff teams from across and within state agencies to support and interact with local collaboratives as the new behavioral health delivery system unfolds.*

**BASIC FUNCTIONS OF LOCAL COLLABORATIVES**

- Local behavioral health collaboratives are to be identified or formed to help create or enhance needed partnerships among local agencies, community groups, families, consumers, and advocates.
- The local collaboratives will be the voice of local communities, to help identify needs, develop a range of resources, and ensure the relevance and responsiveness of services and supports to improve the quality of life of those affected by behavioral health outcomes.
- To the extent possible, these local collaboratives will be the entities the state Interagency Behavioral Health Purchasing Collaborative agencies will utilize for local input and decision-making about all aspects of health and human services in that judicial district or for that tribal population.

Specific functions will include:

- 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;
- Identification of service needs and gaps, including recommendations of priorities to the state Collaborative and the SE for the geographic area or population represented;
- 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;
- 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;
➢ Review and input to state Collaborative agencies about funding provided to and programs developed for the geographic area or population represented;

➢ 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;

➢ Provision of input regarding quality and coordination of services and needs for training and technical assistance;

➢ 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.

The RFP to solicit a statewide entity (SE) will require that the SE work closely with each of the local collaboratives to support their roles in developing local plans and priorities, supporting needed local service coordination, and involving local stakeholders in reviewing service quality and responsiveness.

WHAT LOCAL COLLABORATIVES ARE NOT INTENDED TO DO

Given this breadth of activity and the lack of formal fiscal resources for their support, it is important as groups consider taking on these roles to describe what the state Collaborative intends local collaboratives to do and what roles are not a part of their intended functioning:

• local collaboratives will not hold contracts with behavioral health providers or make clinical decisions affecting the services of a given individual or family; the SE will hold these contracts and assure payment to providers and data collection occurs;

• local collaboratives will not perform formal evaluations of providers in lieu of other quality management functions by the SE, state agencies, or national accreditation bodies; rather local collaboratives will provide critical input – formally and informally – on the effectiveness and quality of services as delivered and experienced in local areas or for identified populations;

• local collaboratives will not perform formal utilization review or care coordination functions in lieu of the roles expected of the SE; however, local collaboratives may help the SE and behavioral health providers to coordinate and refer among formal behavioral health systems and local health systems, schools, jails and courts, employment or economic development agencies, housing resources, etc.

• local collaboratives will not manage funds or play any formal fiscal role with the behavioral health dollars being managed through the SE; and
local collaboratives will not make procurement decisions related to contracting for behavioral health services; the SE in coordination with the state Collaborative and with the input of local collaboratives and the BHPC will make provider selection decisions.

Given the need to build on existing structures that are already working to aid in community coordination and planning, as well as the range of needs for behavioral health consumers and families, it will be important that local collaboratives are not exclusively focused on behavioral health, but may address those areas of concern as part of a larger planning and coordination role for health and human needs.

In fact, in choosing a local collaborative to recognize for the purposes described in these guidelines, the state Collaborative will prefer local collaboratives that have the willingness, capacity and representation to coordinate and collaborate about more than just the behavioral health dollars and services associated with the state Purchasing Collaborative process.

These needs that are not exclusively related to behavioral health might include housing, employment, physical health (including maternal and child health), public safety, community social services, and education. They definitely include local behavioral health services that will not be directly managed by the SE, for example, city and county substance abuse and mental health prevention and treatment funds and services such as DWI funds and services, court-ordered and funded behavioral health services, jail or school-based behavioral health services, etc.

**Requirements, Criteria and Timelines for Recognition of Local Collaboratives**

The state Collaborative will recognize local collaboratives formed however the community representatives with each geographic or population-based area want to, so long as they meet the criteria and ability to perform the functions of local collaboratives.

There are a number of models or ways these local collaboratives could form, including having an existing group take the lead on behalf of the required representatives/members; formation of a new group with representatives from existing groups; or joint efforts among existing groups within local communities.

The state Collaborative is interested in identifying only one local collaborative within each judicial district or for a defined Native American population which it will work and require the SE to relate around the behavioral health system evolution. Therefore, the state Collaborative encourages groups with these judicial and population groups to come together to decide how to put forth one local collaborative.
The state Collaborative is not interested in having to choose between competing groups in one judicial district or for one Native American population. If multiple local collaboratives are identified for the same judicial district or population, state agency staff will attempt to facilitate discussions among these groups to come up with one local collaborative.

Only as a last resort will the state Collaborative facilitate among competing groups to recognize a single local collaborative for a single judicial district. Native American populations interested in developing a local collaborative are encouraged to combine with other geographically related Native American populations so that no more than three or four Native American local collaboratives are formed. Note, there is no limit on the number of Native American local collaboratives that may be recognized.

However, the state and the SE has limited resources to work with local collaboratives, and will not be able to work effectively with more than a total of 16-18 geographic and population local collaboratives state-wide. These are the groups with which state HHS staff will spend its time interacting on HHS issues throughout the state.

Groups must first submit a Letter of Interest stating their intention to be a local collaborative. Based upon the attached worksheet, a second Letter of Readiness shall be submitted outlining progress toward preparedness based on the criteria contained in this document (worksheet attached).

If a group’s Letter of Readiness regarding the criteria is not sufficient or does not meet criteria, state agency staff will work with that group to make sure the criteria are met and the group can function as necessary to be recognized as a local collaborative. If no letter of interest or readiness is received in a particular judicial district, state agency staff will work with existing groups and local leaders to help develop a group that is able to submit a letter of readiness and function as a local collaborative. The attached diagram highlights the development and functions of the local collaboratives according to phases, timelines, and tasks to be carried out by the local groups as well as state agency teams.

The state Collaborative would like to have all local collaboratives at least identified and recognized, if not fully functioning, no later than July 1, 2005. Therefore, Letters of Interest should be received by the Collaborative Coordinator by March 1, 2005.

However, Letters of Interest after that time will be accepted if no other collaborative has been recognized for that judicial district. If no letters are received specifically for Native American populations, efforts will be made to encourage and support development of such local collaboratives.
The following requirements should guide the planning of local collaboratives:

- Where appropriate subgroups may be formed for special needs or community differences within a judicial district or defined population, but these subgroups should be related through some umbrella structure at the judicial district or population level.

- Each group should demonstrate that they are building on the strengths, experiences and resources already in place in various similar human needs-related groups, for example, local DWI Councils, Maternal and Child Health Councils, local health improvement alliances or councils, local substance abuse prevention councils, local mental health or public health planning councils or advisory groups, county court or judicial system advisory groups, etc. This expectation regarding using available resources and capacity is in part because new funds will not be available initially to support the work of local collaboratives. In future years, financial support may become available or state agencies may redirect existing support for existing groups through the local collaboratives recognized through this process.

- Groups must demonstrate how it will include the voices and perspectives of any interested community members either through identified public input or advisory processes or through membership on the local collaborative;

- Groups must reflect and address the needs and issues of all ages and special needs groups; the number and types of participants should be representative of community diversity, with particular focus on cultural/ethnic and frontier/rural/urban issues as well as Native American and tribal needs.

- The values and goals held by the group must be clearly focused on recovery and resilience, in the context of consumer or service recipient, family, and community-based services and supports that are strengths based and consumer/family driven.

- **Membership of local collaboratives** must include but do not need to be limited to individuals representing the following:
  - Past or current behavioral health service recipients (including mental health and substance abuse service recipients), their families, older adults and youth directly affected by behavioral health needs and/or with experience in receiving services; (please note that applicant groups are encouraged to have strong and substantial representation of families and consumers, particularly those who are not employed by government or provider organizations);
  - Persons with disabilities who experience behavioral health needs;
  - Existing health and behavioral health related human needs planning groups, specifically DWI councils, health improvement councils, and maternal and child health councils in the geographic or population area;
  - Faith communities, cultural community organizations, advocacy groups, victims advocates, and/or other natural community support groups;
  - Peer support networks, including consumer or family support or advocacy groups;
o Behavioral health providers, including providers serving children, youth, adults, seniors, and families;
o Providers and/or leaders from other related services areas including but not limited to education/schools, social services, health care, vocational and employment services, housing, and aging programs;
o State staff who work in local offices located within the judicial district from at least the following:
  ➢ CYFD juvenile justice and protective services,
  ➢ HSD income support and child support enforcement services,
  ➢ DOH public health and long-term services district offices,
  ➢ Department of Labor workforce training and employment services,
  ➢ Public Education Department’s Division of Vocational Rehabilitation, and
  ➢ Corrections Department probation and parole offices;
o Court and jail personnel;
o Local public defenders’ offices;
o Local elected officials, especially judges, county council members, city council members, local prosecutors, county sheriffs, etc.;
o County and city health and human services officials;
o Behavioral health, public education, and/or human services advocacy groups;
o Business community and/or private sector representatives;
o Other representatives the group believes would enhance its ability to perform the coordinative and collaborative functions envisioned by these guidelines.
  ➢ Although state staff assistance and support will be available to help local collaborative development, proposed groups are expected to show the initial capacity and willingness to:
    o Conduct effective meetings with inclusive group discussions, open and fair decision-making (including resolution of differences of opinion) and appropriate record-keeping;
    o Participate in identification and inventory of local resources, needs and data in behavioral health and related HHS areas;
    o Support relevant service and training needs assessment and planning activities;
    o Assess and provide input to improve service coordination across multiple systems of care;
    o Identify and develop new and innovative informal and natural supports to augment formal services;
    o Communicate and coordinate local system issues with a wide range of community stakeholders;
    o Provide constructive and focused feedback regarding service quality and responsiveness in selected priority areas of concern.
  ➢ These requirements are not expected to preclude local options to develop adaptations that fit local circumstances and needs, as long as these basic functional requirements are met. Examples might include the development of an umbrella organization that encompasses a range of geographic or needs-specific subgroups; use of an existing group that adds members or subgroups as needed to respond to special requirements in the behavioral health area or in specific communities or sub-population groups.
Applicant groups should consult as needed with designated staff to determine when and how such variability might be workable within the intended guidelines.

It is the expectation of the state Collaborative that applicant groups will independently organize themselves with the understanding that the will ultimately be participating with state staff from various agencies, as well as with staff from the counties and local municipalities of the areas served. However, if a particular group needs assistance in that forming process, the group should contact the Collaborative Coordinator and state staff will help as they can and as is appropriate.

**SUPPORTS AND RESOURCES FOR LOCAL COLLABORATIVES**

*Cross-agency teams will be formed by the state Collaborative to work within the six (6) regions with local collaborative identified for each judicial district.*

These staff will help local collaboratives to the extent staff resources are available in the above functions, providing technical assistance and training as needed along with up-to-date and helpful information about relevant state level activities and resources. *The attached diagram* highlights the development and functions of the local collaboratives according to phases, timelines, and tasks to be carried out by the local groups as well as state agency teams.

*Groups considering applying to serve as local collaboratives should understand the intended related roles for the SE and for state staff working to oversee and support this new design. The SE will be expected to:*

- Provide care coordination and utilization management for individual customers and families;
- Select providers to deliver services within local areas and statewide, with input of local collaboratives and the BHPC about service needs and gaps;
- Hold contracts with providers and otherwise purchase needed services;
- Conduct primary evaluation and monitoring of services, taking into consideration information and input provided by local collaboratives and the BHPC;
- Claims payment and overall fiscal management of services of multiple state resources;
- Conduct privileging and credentialing of contracted providers and practitioners;
- Collect and report data to the state Collaborative and the BHPC, and geographic and population specific data to local collaboratives;
- Work with local areas to determine community opinions and needs prior to contracting with providers;
- Work to support the functioning of local collaboratives through a clear regional staff presence, that is:
  - hire at least one staff person who lives and works in each of the five geographic regions of the state and with Native American populations (six total);
  - attend local collaborative meetings;
  - provide technical assistance and training about available services;
  - problem solve and consult with local collaboratives;
  - foster a collaborative atmosphere;
inform and educate local collaboratives regarding relevant aspects of operations affecting local areas.

State interagency staff team membership will include, initially, a CYFD Community Services Manager, a representative from DOH, HSD and an SE staff member living in the region. Teams are expected to organize to assure these related functions:

- Oversight and reporting to the state Collaborative for SE contract monitoring;
- Training and technical assistance for system development and workforce development;
- Needs assessment and planning for local areas as relevant to comprehensive state planning processes;
- Support for culturally relevant services and quality improvement;
- Clear communication of relevant state policy, regulations and related directives;
- Resolve problems that cannot be resolved locally or by the SE;
- Support for effective local collaborative functioning and development as needed to take on initial and future broader roles of the local collaboratives.

**RECOGNITION AS A LOCAL COLLABORATIVE**

Local groups interested in being recognized as a local collaborative should begin meeting now with related groups and community and area stakeholders. Local groups that already address local health and human services needs should take the leadership to come together within a judicial district or for a Native American population group to design and propose a single local collaborative for that geographic area or population. Initial meetings might include discussions about how a local group could best be composed to address the criteria and functions described in these guidelines.

Once such discussions are complete, a Letter of Interest should be submitted, preferably by March 1, 2005 although earlier submission are encouraged, and later letters will be accepted from groups in areas where no local collaborative has yet been recognized. A second Letter of Readiness will be required to assure that local groups have addressed criteria that demonstrate readiness as a local collaborative. Groups should use the attached worksheet (available electronically at [www.state.nm.us/hsd](http://www.state.nm.us/hsd)) to develop your Letter of Readiness.

Any local group interested in having a say about how behavioral health and related health and social services are funded and provided in their local area or for their population of concern should participate in and help in the formation of local collaboratives. While this effort is beginning with the state’s behavioral health initiative, the HHS agencies intend to build on this effort and this structure in future years. This process may affect how funds other than those related directly to behavioral health are distributed and overseen as this process unfolds over multiple years.
The state’s ability to interact effectively with multiple local groups around health and human services needs is limited. The state is attempting to have a structured process for consistent interaction with local areas that allows local groups to form and operate as they wish, but that the state can recognize as the leading group it will work with for multiple behavioral health, health and human services issues.

To begin planning and using time well, it may be useful for applicant groups to be aware of some of the specific activities envisioned once a local collaborative is recognized by the state Collaborative. They include, though are not limited to, the following:

- Selection of chair or representative to the statewide local collaborative coordinating group meetings;
- Focus groups and local meetings on needs and goals for service system improvements;
- Reviews of existing plans, needs assessments, data related to behavioral health needs and priorities;
- Selected case reviews or debriefings as examples of the areas where system performance has been strong or weak and where outcomes have been positive or negative;
- Community strengths assessments and resource inventories;
- Assessments of available informal resources and supports to enhance service planning;
- Training regarding how groups like local collaboratives can best function; how communities conduct inclusive needs assessments and planning processes; family and consumer roles in such processes;
- Orientation on intended functioning of the SE, Collaborative and Behavioral Health Planning Council; and
- Development of target areas for local collaborative interests in service evaluation, especially using consumer and family representatives to conduct or participate in those evaluations.

**PROCESS FOR RECOGNITION**

The Letter of Readiness submitted will serve as the basis for an initial assessment of the group’s related capacity. The Collaborative intends to recognize local collaboratives as soon as possible after Letters of Readiness are received. Technical assistance is available and will continue through the initial transition prior to and after the start up of the SE contract on July 1, 2005.

The state staff working through the Behavioral Health Design Work Group (BHDWG) will review the Letters of Readiness as they are submitted and determine whether additional facilitation, technical assistance or information is needed for or from the group. Interviews, state staff visits or other interactions may occur as needed.

Once the state staff are satisfied that a group is able to function as a local collaborative, a recommendation for recognition will be forwarded to the state Collaborative. The state Collaborative will recognize the group at a public meeting of the Collaborative. The state Collaborative may provide the applicant group an opportunity to speak to the Collaborative, or the group may provide public testimony at any public meeting of the state Collaborative about its application.
GEOGRAPHIC AREAS FOR HEALTH AND HUMAN SERVICES
PLANNING AND SERVICE DELIVERY

REGIONAL MAP

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<th>Region</th>
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</tbody>
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Native Americans

* American Indian and Alaska Native Alone, Not Hispanic or Latino Origin
LETTER OF INTEREST TO FORM A LOCAL COLLABORATIVE

➢ Today’s Date: _________________________

➢ Judicial District or Native American Population Covered by This Application:

___________________________________________________________

➢ Name of group submitting Letter of Interest:

___________________________________________________________

➢ We are at present:

☐ An existing group

☐ A new group in formation, with representatives from existing groups:
  List existing groups represented as of the date of this Letter:

Summary of Progress to Date:

Questions or Technical Assistance Needs Identified:
Letter of Interest, continued

Contact Person:

Name:

Title:

Phone:

Mobile Phone

Email:

IMPORTANT: Please attach to this Letter of Interest, a list of names, titles and signatures of current group representatives who are supporting the formation of this Local Collaborative.

Please submit your Letter of Interest and any questions to:

- Christina Carrillo, at Department of Health, 412-2643
c christinac@doh.state.nm.us
- Don Shapiro, at Children, Youth and Families Department, 827-4694 or 231-0630
DLShapiro@cyfd.state.nm.us
- Sharon Regensberg, at Human Services Department, 827-1936
sharon.regensberg@state.nm.us
## Basic Information

Date:

Name of Collaborative group:

Judicial District or Native American Population Covered:

### Contact Person:
Name:
Title:
Phone:
Mobile Phone
Email:

### Chair Person (if different from contact person):
Name:
Telephone:
Email:

## 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

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

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

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

- Indicate what perspective or what required membership group each individual represents (see list on pages 8-9 of this document).
3. Inclusiveness and Diversity of Representation

- Describe how you have invited/are inviting inclusive and diverse representation from all existing community groups to be represented?
4. Managing Dissention and Conflict

- Are you experiencing/have you experienced conflict or encountered any dissention from other community groups given this process?

- If so, provide examples and describe did you handled/are handling it.
5. Your Group’s Core Values

- Describe the core values of your group and how you envision the values guiding your functioning as the local collaborative for your area.
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. Use as much space as you need.

1. 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;

2. Identification of *service needs and gaps, including recommendations of priorities* to the state Collaborative and the SE for the geographic area or population represented;
3. 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;

4. 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;
5. Review and input to state Collaborative agencies about funding provided to and programs developed for the geographic area or population represented;

6. 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;
7. Provision of input regarding quality and coordination of services and needs for training and technical assistance;

8. 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.
7. Providing Input for Funding

1. 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.
8. Managing Meetings

- Describe how your group meetings are planned and convened.
- Describe how the community is notified of meetings.
9. Community Input

- Describe how community input is being received and utilized.
- Provide at least one recent example that illustrates the approach you are using.
10. Group Decision-Making

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

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

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

- How is or how will your group be involved with other Health and Human Services, specifically regarding the planning and coordination of activities?
12. Utilizing Data and Input

- Describe your group’s experience to date in receiving, analyzing, utilizing and developing both data and input for decision-making and planning.
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.
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.
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*.
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:

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cchristinac@doh.state.nm.us

- Don Shapiro, at Children, Youth and Families Department, 827-4694 or 231-0630
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