Local Collaboratives: Letters of Readiness

A compilation of questions from the Letter of Readiness for New Mexico’s Six Regions

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Overview
Potential Local Collaboratives across New Mexico completed a ‘Letter of Readiness’ (LOR). Within the LOR local communities desiring to become Local Collaboratives indicated what questions they had in regards to Local Collaboratives.

Information in this document is taken directly from Sections 14 and 15 of the Letters of Readiness submitted by each of the Local Collaboratives in response to the following questions:

1. 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.

2. Please identify any issues or questions you have about the role of a Local Collaborative for the behavioral health system.

3. 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.

Sections 14 and 15 of the Letters of Readiness

REGION ONE
Judicial District 11 (San Juan and McKinley Counties)

1. 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.

   - Due to the distance and amount of travel that is involved between McKinley & San Juan Counties, we believe a telehealth network is vital to the sustainability of the Judicial District 11 Local Collaborative. Any assistance that the State and/or ValueOptions have to offer to create the network would be valuable to all participants of the Collaborative, especially consumers who may have neither the time nor the funds to travel great distances.

   - We are interested in obtaining utilization and outcome data. The sooner we get the data on a regular basis the better we will be equipped to fulfill our role by doing this LOR.

   - We understand that the Cross Agency Teams have been charged to be the channel between the LCs, the BHPC and VO. Therefore we expect that the Cross Agency Team will be represented at each meeting. VO’s regular attendance would also be mutually beneficial.

2. Please identify any issues or questions you have about the role of a Local Collaborative for the behavioral health system.
3. 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.

- With regard to the items above, we think that it is important to addresses the following concerns:
  - The allocation of Behavioral Health resources –
    We recommend that indicators of relative need be used to direct admittedly scarce resources. We believe that there must be increased attention to highest-risk, underserved populations evaluated by future decreases in the gaps in BH services and an increase in positive outcomes (e.g. re: ATOD related problems, suicide, DV, youth).
  - The accountability of ValueOptions to the Local Collaboratives –
    We realize that our efforts to engage partners, collect data, identify needs, and advocate for our communities may be worth little if VO is does not address our input. We recommend that the responsibility and responsiveness of the BH Purchasing Collaborative and VO to the Local Collaboratives be clearly articulated and “incentivized”, in order for Local Collaboratives to enter into good-faith working relationships with these large entities.
  - The responsiveness of VO to rural and Native American communities –
    The northwest area is predominantly rural, and is culturally, politically and linguistically distinct. It requires different models for provision of BH services and different definitions of service “access” than those used for urban areas of the Rio Grande corridor. We recommend that VO assure the provision of culturally and linguistically appropriate BH services, including the use of and reimbursement for traditional/sacred sector healing services and trained interpreters. Attention to unique jurisdictional issues, barriers created by current licensure rules and regulations, and cumbersome credentialing processes must be addressed.

We thank you for the opportunity to voice recommendations from our front-line and grassroots perspective in rural Indian Country.

Judicial District 13 (Sandoval, Valencia and Cibola counties)

1. 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.
   - Reimbursement immediately available for consumer participation
   - Clarification of the role of the LC in the Grievance Process by Value Options (V.O.)
   - Local Collaboratives should participate in hiring the V.O. representatives for our areas
   - We need a matrix for technical assistance
     - Multi-cultural facilitation
     - Training for LC in ongoing community assessment
     - Develop systems for Consumer Advocacy & Conflict Resolution- CUSTOMER SERVICE DEPT.
     - Funding for LC groups to do community assessment (from all departments).
• Professional Assistance with using media
  o PR program to include print & broadcast media relations
  o Communication guidelines & knowledgeable contact persons
  o Specific communications to target consumers
  o Planning for Public participation by more consumers, their families and by consumer/medical educators (e.g. local universities & researchers) and by consumer advocate groups.

2. Please identify any issues or questions you have about the role of a Local Collaborative for the behavioral health system.
• Issues related to current process:
  o Communication with Consumers
  o Confidentiality issues
  o Impact of community voice (how much power do we have?)
  o Mechanism for accountability to community recommendations in a timely manner
  o Adequately fund and staff positions at the State level to assure accountability and transparency.
• Issues related to moving all health services to single payer in future:
  o Emergency services response to behavioral health crises.
  o Potential for losing some consumer services through the Transition Phase.
  o Privatization has a bad track record
  o Profits diverted from direct services
  o Medical decisions made by insurance (single entity)
  o Stress on professional staff due to system managing patients instead of staff managing patients.

REGION TWO
Judicial District 1 (Rio Arriba, Santa Fe, Los Alamos counties)

1. 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.
• Clarification regarding statement by single entity representatives that interaction between the single entity and Local Collaborative is not necessary because Local Collaboratives are “a state thing”.
• Technical assistance and training (e.g., data collection, reimbursement submittal, funding).
• Funding (A question by a Rio Arriba consumer: “If this is consumer driven, who is buying the gas?”)
  o Support for operational costs
  o Travel and per diem reimbursement
  o Stipends for consumer participation
1. 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.
   - Funding for required/requested tasks
   - Establishment of user friendly data bases
   - Written assurance that funding is going to be stable in the interim period in order to allow for continuation of existing services.
   - MOA between State, VO and LC. Timeline covered by assurance: Brainstorm with Union and Colfax.
   - Funding for LC administration and local needs assessment
   - Commitment to assure consistency between the template created by our LC and requirements of VO.
   - Fidelity to the Local Collaborative process actively demonstrated by the Single Entity
   - Creation and provision of
     - Consumer evaluations
     - Templates to help with uniformity but that will also allow for uniqueness in a given community
   - Facilitation of teleconferencing between collaborators and with community members to encourage their participation.
   - Funding for transportation, meals, lodging, etc. to accomplish tasks and get to meetings.

2. Please identify any issues or questions you have about the role of a Local Collaborative for the behavioral health system.
   - Current:
     - Our Tri-County Collaborative plans to actively create our own role in the statewide reorganization of behavioral health care. We are considering becoming a 501c3.
     - We expect and will do our part in creating a sustained, mutually respectful dialogue with the single entity and state agencies regarding behavioral health issues.
     - We will advocate for equalized funding frontier and rural areas. How will Value Options keep or initiate services in rural communities?

3. 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.
   - Future: Let’s get this off the ground and working first!

Judicial District 4 (Mora, Guadalupe, San Miguel counties)
Not available

Judicial District 8 (Taos, Colfax, Union counties)
1. 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.
   - Funding for required/requested tasks
   - Establishment of user friendly data bases
   - Written assurance that funding is going to be stable in the interim period in order to allow for continuation of existing services.
   - MOA between State, VO and LC. Timeline covered by assurance: Brainstorm with Union and Colfax.
   - Funding for LC administration and local needs assessment
   - Commitment to assure consistency between the template created by our LC and requirements of VO.
   - Fidelity to the Local Collaborative process actively demonstrated by the Single Entity
   - Creation and provision of
     - Consumer evaluations
     - Templates to help with uniformity but that will also allow for uniqueness in a given community
   - Facilitation of teleconferencing between collaborators and with community members to encourage their participation.
   - Funding for transportation, meals, lodging, etc. to accomplish tasks and get to meetings.
2. Please identify any issues or questions you have about the role of a Local Collaborative for the behavioral health system.

- Will the Local Collaborative have direct input opportunities in the future?
- Community is investing time and good faith: what assurance do we have that VO will exhibit “fidelity to the process?”
- VO is asking to hear our voices and asking us to be representative, but what guarantee do we have that they will respond to our efforts with action?
- How do we know VO will not start dictating forms of treatment?
- What does VO consider “duplication of services?”
- There is no accountability in the organizational flow chart between the consumer, the community, and VO.
- What is the source of funds that agencies are putting in the common pool to be distributed by VO? Is it direct service dollars?
- Taos County information regarding VO funding in writing. What is the proportion being taken out of direct services? What does “rehabilitation” mean in this context? Is it inclusive of treatment and after care?
- If not, of the five types of services, where do treatment and after care reside?
- While Domestic Violence Service Providers are at the table and will remain involved, specific Domestic Violence services are not behavioral health services.
- Our Primary Collaborator, Value Options, has not been a consistent partner in this process.

REGION THREE

Judicial District 2 (Bernalillo County Local Collaborative)

1. 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

- Funding to support needed staff to ensure ongoing work of the [local] collaborative. This staff person should not be a state or Value/Options employee.
- Funding for supplies & postage
- Stipends and transportation support for consumers may sometimes be needed to ensure participation
- Access to data collected by ValueOptions. This system should be an easy-access process that prevents the Local Collaborative from having to duplicate data collection efforts that are already occurring
- Funding for an independent evaluator

Training & Technical assistance

- Detailed training/information about how the statewide entity is going to operate. Clear understanding of the system
• Information about the specific information system that the SE will be using and how collaborative will be able to provide and access data. Recommend an integrated system. The collaborative needs to be able to interface with the SE.

• Clerical support to ensure ongoing processes – recording/distributing minutes, preparing agendas, and other necessary documentation, communication, organizing that will be necessary

• Facilitation - knowledgeable & trained facilitator

• Trained data analyst. Agreements between the data holders to be able to easily share & access data.

• Grant-writing assistance for electronic data functions/processes – software, equipment, etc

• It will be important to examine secondary data sources, for example, contributing factors to a client’s success or lack of success in a program/system. Issues that are often raised include transportation, child care and financial constraints.

2. Please identify any issues or questions you have about the role of a Local Collaborative for the behavioral health system.

3. 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.

• What is the procedure for the Value/Options and/or purchasing collaborative for receiving information from the local collaboratives? Procedure for getting information back to the BCLC?

• Will there be regularly scheduled & formal meetings between the BCLC & the purchasing collaborative &/or ValueOptions?

• What is the plan to ensure timely response to identified gaps, concerns, complaints?

• Who will be the contact people – will each LC have a designated contact person?

• Will the Collaborative have designated people from each represented group to respond to complaints, gaps, etc.?

• Will VO or the Collaborative provide data indicating the dollars utilized by service, population group and location? BCLC recommends that the Planning Council establish a central entity responsible for data collection and reporting for use by the LCs.

• Are DOH epidemiologists available?

• Does/will the BCLC have the access to map services in the community with dollars being spent? Does/will the BCLC have access to outcomes data to match funding with outcomes?

• It is critical that ValueOptions provide consumers and providers with information and/or training about the organization and whom they are serving. VO must define which services are available within this new system and provide a continuous communication and training process for informing the collaboratives of changes.
REGION FOUR

Judicial District 10 (Harding, Quay, De Baca counties)

1. 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.
   - District 1 Collaborative would like a comprehensive picture of what agencies are funded to provide which services to each county in our district.
   - District X Collaborative would like an established protocol for communication from district to state (per written agreement, such as an MOA between Local/County-District-State).
   - District X Collaborative strongly requests the development of guidelines in statewide assessment, with provision made for local data.
   - District X Collaborative wants a clear application format for funding. In fact, it is the belief of the membership that this Letter of Readiness should, upon acceptance by the Statewide Purchasing Collaborative, be considered an application for funding that will support the further development of District X Collaborative’s capacity.
   - We hereby request funding to offset expenses currently absorbed on a voluntary basis. Without these resources this admirable effort is likely to flounder.

2. Please identify any issues or questions you have about the role of a Local Collaborative for the behavioral health system.

The following concerns/questions came from discussions of the District X Collaborative District Cabinet with input from their county collaboratives:
   - How do we ensure larger, more populous counties do not overwhelm smaller counties?
   - How do we ensure Judicial District X Collaborative (JDC 10) is not lost in the vortex of the Rio Grande corridor?
   - How do we ensure equality in service and accessibility?
   - What assurances do we have that local autonomy will be respected?
   - Please distinguish between ‘local’ and ‘district’ when requesting information/communication regarding the collaborative. We prefer to be called Judicial District X Collaborative as opposed to ‘local collaborative’ which brings to mind the county collaborative.
   - We want an MOA that describes/clarifies relationships and responsibilities between entities.
   - We are not clear regarding the role of the 52-member [BHPC].
   - Will funding be distributed by formula based on population/statistics/percentages, etc. If so, how will smaller Districts, such as JD X receive equitable funding for our needs?
   - Does ValueOptions realize and recognize the import of using prisons in lieu of mental health facilities?

3. 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.
   - Do not interfere with legislatively governed/mandated programs!
   - Maintain local autonomy.
- Services are best when provided locally.
- The lines of communication are unclear. We don’t have access to what is going on at the state level.

**Judicial District 9 (Curry, Roosevelt counties)**

1. *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.*
   - The most pressing need is Funding.

2. *Please identify any issues or questions you have about the role of a Local Collaborative for the behavioral health system.*
   - How will inpatient services be provided to the collaborative?
   - Transportation and funding
   - Transitional issues – Inpatient patient returning to the community, Foster children turning 18 years of age and moving into semi independent living situations.
   - Judicial involvement. (i.e. DWI offenders)
   - Will new services be considered and when. (Drug and Alcohol, Inpatient and Outpatient drug services)
   - Family support services
   - Adolescents turning 18; lack of transitional services.
   - Need for Intensive Outpatient services for substance abuse and Mental Health (Adults and children) when they are coming back into the community.
   - How is the lack of continuum of care going to be addressed?
   - How are decisions made regarding requests from the collaborative?
   - The transition of returning prison inmates to the community.
   - How much input will this group have?
   - Is someone from our collaborative going to meet with Value options and further explain our concerns/ questions / requests?
   - Who makes the ultimate decisions?
   - People don’t realize the importance (of these meetings).
   - Lack of defined roles of organizations.
   - Lack of the communication process.
   - Lack of participation by various originations.
   - Lack of facilities for drug rehab. In the 9th JD.
   - Counseling for sex offenders
   - Therapeutic care / assistance
   - Assistance for young moms with children on drugs/ alcohol
   - Lack of qualified providers in this area.
   - Guarantees that funds will be used for assigned purpose.
   - Ongoing information availability- possibly a web site?
- Will the collaborative be allowed ongoing input?
- Will the collaborative be all to require a provider/organization to participate in order to receive funding and maintain their contracts?
- Will the collaborative be required to comply with HIPPA/confidentially regulations?

3. 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.

- How frequently are the collaboratives supposed to meet?
- How frequently will Behavioral Health Planning Council and/or ValueOptions personnel be present at the meeting or ask for input from the collaborative?
- How will the Purchasing Collaborative effect programs such as DWI and other existing Legislative programs?
- Counselors – Psychiatrists
- Licensed Drug & Alcohol Counselors
- Broken & abused homes
- Grandparents raising children
- Tight budgets in the small school districts
- Lack of parental responsibility
- Parents who are afraid to discipline (legal reasons)
- Parent-School partnerships are needed
- Governmental influence on discipline
- We don’t make children/parents accountable
- Prevent children from beating their parents
- Lack of juvenile law enforcement (DWI)
- The working uninsured
- Transportation issues (waiting times for appointments)
- Waiting times for appointments
- Lack of awareness of service providers
- Denial of services
- Mutable tasks in the offices (need help)
- Guidelines lack crisis information
- Detoxification centers
- Drug & alcohol recovery help
- Outpatient help
- Lack of new therapies with children
- Lack of specialty therapists available
- Two agencies for same client (limited services)
- Family vs. individual
- Denial & cover-up of problems
Judicial District 5 (Chaves, Eddy, Lea counties)

1. 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.

   Some of the listed needs include:
   - Money for consumer and family involvement- As per your direction we are trying to reach diverse representatives. Funds are needs for those individuals to participate.
   - Funds for communications and dissemination of information. This is as basic as funds to coordinate meetings, office supplies, postage, media notifications, etc.
   - Travel funds for collaborative members.
   - Money for training out of region.
   - List of funded providers in the region to assure representation and to help assess needs. (Not the dollar amounts, just information on who is funded for what services.)
   - Some assistance may be needed in learning how to convey problems to the SE and what format they will need if there are billing issues or payment problems.
   - Input as to how other regions are handling the organization of such a large area.
   - Other assistance needed will be determined as we continue to meet.

2. Please identify any issues or questions you have about the role of a Local Collaborative for the behavioral health system.

   - How are we going to assure that no consumers are impacted negatively by this new process?
   - How is local input going to be utilized by the state?
   - Why does the BHP think this re-design will work?
   - Do you have the “What Works” from the other states?

3. 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.

   - How are you going to assure the formation of this local collaborative will not duplicate local collaborative efforts already going on in communities?
   - What does the state see as the long-term range plan for the local collaborative?
   - How will the state be accountable to the Local Collaboratives in terms of demonstrating how their input is being used?
   - How will this [local] collaborative affect local DWI programs, and other agencies in each community that are mentioned in the suggested list of members, but that are not currently members in the [local] collaborative?
REGION FIVE

Judicial District 3 (Doña Ana County)

1. 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.
   - Funding for transportation for consumers to attend meetings, organizational support, and supplies such as copies for meeting attendees and postage to enhance communication. Providing food and drinks is always an incentive that increases attendance. The Third Judicial District covers a large geographic area, video conferencing capabilities would enhance the ability of the Local Collaborative to increase participation, provide training opportunities, etc.
   - The group as a whole needs assistance in gathering, analyzing, and utilizing data. Technical assistance with the data process is necessary for effective data processing and interpretation.
   - FUNDING, FUNDING, FUNDING - Funding for:
     - Travel costs
     - Advertising for meetings
     - Costs associated with holding meetings
     - Renting space
     - Refreshments
     - Copies
     - Mailing of meeting notices
     - Post office box
     - Administrative Assistance
   - Assistance with statistical data is needed to determine the number of people in Doña Ana County who are mentally ill. There are currently no methods to track the number of mentally ill people who are homeless or who are adjudicated.
   - More data is needed to determine the needs of our community; currently there is no process to collect information on the mentally ill population in Doña Ana County. Encouraging or requiring local and state agencies (including jails and prisons) to collect data on the mentally ill who are being served or held would help determine needs in the area.

2. Please identify any issues or questions you have about the role of a Local Collaborative for the behavioral health system.

3. Please identify any issues or questions you have about the role of the Local Collaborative in the future for other systems and health and human services.
   - The Local Collaboratives should have access to the Behavioral Health Purchasing Collaborative, not just to the Behavioral Health Planning Council.
   - Can we look forward to funding to assist consumers and others with costs associated with attending meetings, such as transportation, child care, respite, and other needs?
   - Is there a process for risk management for volunteers? (For example, if volunteers offer transportation for consumers or family members, will they be protected if they are involved in an accident?)
Transportation needs to be coordinated so consumers and others do not feel obligated to the person or organization that transported them to the meeting. Often, consumers feel as if they must agree with the agency that transported them or face consequences.

Transportation could be coordinated with the Medicaid transportation providers that transport to appointments. The Statewide Entity could contract with the companies, such as Safe Ride, to bring consumers to meetings.

Can the Department of Transportation assist with bringing consumers and family members to meetings?

The Behavioral Health Planning Council uses a stipend/travel expenses reimbursement plan to assist their member attend meetings. This plan might work well for consumers and family members for the Local Collaborative.

Establish a calling tree for consumers to encourage them to attend meetings and to arrange transportation.

Judicial District 6 (Grant, Luna, Hidalgo counties)

1. 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.

   - We would like training and technical assistance on consensus decision-making using a methodology similar to the New Mexico First model.
   - A list of data and reports that is available from the state on behavioral health related topics.
   - A list of behavioral health service providers, program description, and the amount of funding per program for District 6 would be useful in conducting our local needs assessment and mapping.
   - Continued training from the Department of Health’s epidemiologists on data collection and analysis.
   - Continued training on planning frameworks, such as A Systems Approach to Community Action by Kinney Associates.
   - Standardized tools for community assessment of services, resource mapping, etc.
   - As soon as possible, notification that we have been designated as the Local Collaborative, so that we may begin working with the statewide entity, as we have learned they cannot begin providing technical assistance to our judicial district until the state has made that designation.
   - We would like you to consider a “personal interview” with members of our Local Collaborative planning group that would compliment our Letter of Readiness.

2. Please identify any issues or questions you have about the role of a Local Collaborative for the behavioral health system.

   - There are still major questions about how information will be communicated, to whom, and what influence information from the Local Collaborative will have on decisions by the Statewide Entity, Behavioral Health Planning Council or the Behavioral Health Purchasing Collaborative. Who does the Local Collaborative report to? Are there key contacts at each level in the BH reform structure where we can go to for information and assistance? And how will information be communicated back to the Local Collaborative?
- Clarify what input the Local Collaborative will have on decisions made by SE Value Options regarding funding choices, new program development, and the selection of providers. How will information from the Local Collaboratives be communicated to/from ValueOptions and will the Local Collaborative have any influence prior to decisions being made?

- What information/data will be provided by the state or by Value Options regarding service utilization, funding levels, etc. available within each Local Collaborative?

- What happens next with our Letter of Readiness? When will we be informed of results or comments from the state?

3. **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.**

   - Assistance? And how will information be communicated back to the Local Collaborative?

   - Clarify what input the Local Collaborative will have on decisions made by ValueOptions regarding funding choices, new program development, and the selection of providers. How will information from the Local Collaboratives be communicated to/from ValueOptions and will the Local Collaborative have any influence prior to decisions being made?

   - What information/data will be provided by the state or by Value Options regarding service utilization, funding levels, etc. available within each Local Collaborative?

   - What happens next with our Letter of Readiness? When will we be informed of results or comments from the state?

**Judicial District 7 (Catron, Socorro, Torrance, Sierra counties)**

1. **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.**

   - Provide clarity – there are more questions than answers at this point. Answers received are vague or unclear.

   - The group would like to have an adequate operating fund to cover operating costs such as the copies for meetings, per diem or travel reimbursement.

   - There needs to be a network of communication streams between JD7LC and:
     - ValueOptions
     - Governor’s office
     - BHPC
     - Community
     - Other LCs
     - Purchasing Collaborative
     - Cross Agency Team
     - Others as required and needed

   - JD7 LC requests information from the Purchasing Collaborative and/or State Entity that describes the amount of funding currently being provided. This information should be provided before community evaluation can begin.
• Acknowledgement of, and attention to, the disparity in cost of providing equitable services within this rural/frontier judicial district and the state of New Mexico by ValueOptions.

2. Please identify any issues or questions you have about the role of a Local Collaborative for the behavioral health system.

Socorro
• The biggest concern of SCBHC members is whether the information they are providing at the County level will be really utilized in the SE plans and funding? With the sheer number of voices, how can we know ours will be heard and how are our priorities going to be weighed against larger populations such as Bernalillo and Dona Ana counties?

Catron
• How does the Local Collaborative communicate with the Statewide Entity and what is the accountability of the SE to the Local Collaborative? How will this be enforced? Will the Statewide Entity be able to change the flow of the system (organization graph)? How will input from the Local Collaborative lead to decreased disparities in services available throughout the State? How are Local Collaboratives going to be funded to do the work they are mandated to do? What is the real information gathering process?
• How can we be expected to meet deadlines with changing baselines and lack of adequate input from the State and the Statewide Entity? Many of the questions we are being asked to address require input from Value Options or the State before they can be answered.
• When and how will we receive the needed input from Value Options so that we can answer the questions posed herein?
• We need more realistic timelines.
• We have obviously raised many others questions, but some may be answered before this is submitted

Torrance
• How can the local collaboratives represent their JD and not the needs of individual counties? We see a potential for conflict. (Facilitator’s note: In other words, people on the LC may be advocating for their particular agency vs. services for the entire JD).
• How is this system (the SE) going to help keep current services or initiate non-existent services in rural communities?
• Will access to services be equitable? Can I receive the same services in Torrance as in Bernalillo Co? (Facilitator’s note: There was discussion here about distance and/or lack of transportation being barriers for many individuals and families in accessing services.)

Sierra
• We understand that our role is to provide County-wide input and it is our understanding that the Local Collaborative will listen and consider what we say.
• There seems to be a gap in communication between the “Big Dog” and us “Little Dogs” regarding meetings and minutes. We would like to see these posted on the HSD Website.
• There seems to be a lack of representation at the state level from our areas down south.
3. 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.

**Socorro**
- The biggest concern is in the timing of the process and the ability to receive notification of changes in a timely manner. If the Local Collaboratives are to be involved in other systems, that planning should begin now and incorporate some of the lessons learned during this process.

**Catron**
- Is this meant to imply that there is a precedent being established? Given the fact that this effort seems to be focused on having untrained individuals provide services to the state without reimbursement and developing a management structure that is very top heavy and serves to insulate the consumers from the governmental agencies generally charged with ensuring the public health.
- Catron County is a frontier county we don’t want to be overlooked. We don’t want dollars verses population to be a factor in providing services. Catron is the largest county in the state; mileage verses population should be addressed. Most of all we don’t want to lose any of the services that we have at this time. We need enhancement and would hope the Value Options recognizes this and helps us to obtain and retain the services that the Citizens of Catron County deserve.

**Torrance**
- Consensus building will be harder as more and more people come to the table.
- **WAIT –** Look at outcomes of what we’re doing now, what worked, what didn’t. (Facilitators note: In other words evaluate this system fairly and thoroughly before implementing it with other systems.)

**Sierra**
- What is the longevity of all this effort?

**Judicial District 12 (Lincoln, Otero counties)**
- No response available

**REGION SIX**

**All-Indian Pueblo Council Local Collaborative**
1. 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.

- The RSLC appreciates the opportunity to identify needs for assistance in this process. Careful consideration of the RSLC process, the Letter of Readiness and the anticipated relationships between the RSLC, the State of New Mexico and ValueOptions has yielded a series of issues on which the Collaborative would request assistance.

- **Technical assistance with billing:** Region Six has identified reimbursement billing and invoicing as an area of concern and need for assistance. Specifically, RSLC is interested in streamlining the process from the Tribes, service units and health centers to the RSLC and on to the ValueOptions offices. In particular, the negotiation for and
identification of a single fiscal office within Region 6 are required and should be discussed between the parties.

- **Training and licensing of behavioral health professionals and paraprofessionals:** Assistance and detailed discussions will be requested by Region Six regarding licensure and certification requirements, processes, standards, and billing allowances that address the needs of ValueOptions and acknowledge the cultural and sovereignty needs of the Tribes, service units and health centers in Region Six. In its advisory and advocacy roles within RSLC sees a need to standardize these licensing and certification functions between the Tribes (who have long standing processes for certification, licensure and qualifications), the State of New Mexico and ValueOptions.

- **Consumer advocacy meeting for issues driven by consumer survey instruments:** The RSLC appreciates the concern by the State of New Mexico and ValueOptions in obtaining consumer opinions and input on behavioral health services. However, Region 6 believes that there needs to be greater interaction between the RSLC and the contractor, especially the Native American Subcommittee. The concern for Region Six is the cultural responsiveness in future processes, service delivery, certifications, and acknowledgement of cultural requirements in the Tribes. RSLC requests that all parties consider a protocol for addressing cultural and Tribal concerns in current and future behavioral health service programs.

- **Opportunity to address diversity of opinions between the State, LC, consumers, VO, and IHS:** As cited above, the RSLC acknowledges dissenting opinions in its meetings and conferences and places value on these opinions by including them in any reports. Region Six believes this same philosophy might serve the RSLC, the State of New Mexico and ValueOptions as they go forward in further developing the current effort. The RSLC is committed to consensus opinion in decision making but remains committed to the inclusion of differing opinions in all reports including those between Region 6 and the State of New Mexico and ValueOptions.

2. Please identify any issues or questions you have about the role of a Local Collaborative for the behavioral health system.

- The Native American Tribes of the RSLC are committed to improving the provision of quality and timely behavioral health care to the people of Region Six. The health and well being of the people of the Region is crucial to the RSLC and the member Tribes.

- The Tribes of RSLC request that all parties to this contract discuss the following issues as they relate to American Indian people.

- Issues of Tribal sovereignty must be addressed and discussed. And that, Indian self-determination and respect for culture and tradition must be at the forefront of any discussion and decisions made regarding the development of a behavioral health system.

- Cooperative agreements such as this have not been conducted prior to this effort. RSLC members request that a continuous quality improvement process be implemented and a process evaluation be implemented upon formalization of the RSLC.

- In an effort to further advance Tribal sovereignty RSLC proposes the development of Memoranda of Understanding and Joint Powers Agreements between all parties to this endeavor. This will address two things; one, that dialog will occur between all parties in order to assure an understanding and knowledge about what is tribal sovereignty and its
implications; and secondly, that the State acknowledges its responsibility to assist tribes in the development of a system that reflects the true nature of Indian people.

Navajo Nation Local Collaborative

1. 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 specific as possible.

- Technical assistance will be required in establishing standards for the type of information the State is seeking from the community. Continuing support from the state offices either through the Cross Agency Team or from individual departments is welcomed. We would also like to identify funding for coordinator as is the case with other local collaboratives that use health council staff. There is currently NO New Mexico billable service codes and reimbursement rates for Native American Healing Modalities/Services. There is a need for this so the Native American tribes can collect third party revenues for the traditional services they are providing.

2. Please identify any issues or questions you have about the role of a Local Collaborative for the behavioral health system.

- The Navajo Nation will continue to be a partner in all discussions and decisions concerning health and human services once the Navajo Local Collaborative is recognized as a matter of respecting the government-to-government relationship the Navajo Nation has with New Mexico. We also have questions regarding licensing and the reimbursement mechanism of traditional services.

- 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.

- Once a centralized community needs assessment process is developed and adopted by the State, how will the role of Local Collaborative change? What is important is that the Navajo Local Collaborative will continue to serve as the voice of tribal input from the community — not solely the Indian Health Service — until positions are created and filled at a higher level of policy decision making.