1. Introductions
2. LC Presentations
   a) Grassroots Behavioral Health, Claire Leonard Coordinator, Catron County
      • Who are we?
      • SoC Logic Model
         o Target Population
         o Vision
         o Mission
         o Goals
         o Strategies
         o Outcomes
   b) MSG Group – LC4 Marino Rivera, TCA Coordinator
      • Who are we?
      • TCA Summary
      • Examples of SOC in LC 4
   c) Project HEROES A Total Community Approach To Reduce Substance Abuse - LC 6 Brandy Jimenez, TCA Coordinator Grant, Luna and Hidalgo County
      • Who are we?
      • TCA Overview
      • Examples of SOC in LC 6
3. Commonalities (SWOT Analysis of Common Themes)
4. Questions and conversation
Catron County Grassroots Behavioral Health Committee
Project Heroes—Hidalgo County TCA Program
TCA of Local Collaborative 4 (San Miguel, Guadalupe, and Mora Counties)

SYSTEMS OF CARE

MAP OF AREAS ACCORDING TO LOCAL COLLABORATIVE

New Mexico Behavioral Health Local Collaboratives
**Modified SAMHSA Definition**

- Coordinated network of community-based services
- Supports that are organized to meet the challenges of individuals with mental health needs and to allow these individuals to meet their recovery goals

**What Should a System of Care Be Based Upon?**

- A vision and set of values developed and agreed upon by community stakeholders
- A clear definition of the population to be served and a thorough understanding of the needs and strengths of the population
- A set of goals and desired outcomes developed by community stakeholders
- Best available evidence on effectiveness of system mechanisms and services
BASIS CONTINUED

- A theory of change that makes explicit the link between interventions at the system, organization, program, provider, and consumer level and desired outcomes.
- Friedman, 2008

SYSTEM OF CARE: OPERATIONAL CHARACTERISTICS

- Collaboration across agencies
- Partnership with consumers and their families
- Cultural and linguistic competence
- Coordinated funding (no silos)
- Shared governance between providers and consumers
- Shared outcome goals across the system
- Single plan of care with one accountable care manager
SYSTEM OF CARE PLANNING IN CATRON COUNTY, NEW MEXICO 2010

- Population characteristics
  - 3,500 people over a 7,000 square mile area
  - No community has over 10% of the population.
  - Population is 70% Anglo and 29% Hispanic
  - Young people between the ages of 13-30 make up approximately 17% of population (about 600 individuals)
  - High poverty/low Medicaid enrollment

DEFINING A TARGET POPULATION

- Use available data to define a target population
  - Little data is available due to small numbers
  - Available data includes:
    - Behavioral Health Gap Analysis (2002)
    - YRRS for youth/BRFSS for adults
    - SPF-SIG data (regional)—most data missing/surpressed
    - Suicide rates
    - Prevalence data applied to county population
TARGET POPULATION

➢ In a frontier area with low total population, a designated target population may mean too few individuals to make provision of an array of services viable

➢ Population ages 13-30 was selected due to a suicide rate for youth that is 4x the national average!

➢ This age group includes families with individuals of all ages, making the system expandable to meet a wide range of needs

ESTABLISHING A VISION AND MISSION

➢ VISION: People experiencing behavioral health challenges will be identified and provided with the assistance they need to feel better, become more resilient, and regain control of their lives, while living in the community of their choice and experiencing the life they choose. Working with a variety of resources and with families and individuals, we can create a system of care that is responsive to the unique needs of each individual and reflects our core values of self determination, community involvement, cultural sensitivity and equality of access.
MISSION

MISSION: We will work with local communities and with the resources in those communities to change how service systems provide care using lessons learned from other communities and the State FOCUS grant. We will design a continuum or care that will provide tools for people to obtain the help they need and allow them to achieve their recovery and resiliency goals while remaining in their home communities.

GOALS

I. Community norms will change to provide a more favorable environment for healthy adolescent development and more opportunities for individuals to reach their goals as young adults.

II. Resources to meet the needs of adolescents and young adults will be developed in local communities.
GOALS CONTINUED

III. Residents will be aware of risk factors for depression, substance abuse and other mental health challenges and will access services to build resiliency through the Catron County system of care.

IV. The rate of suicide attempts and fatalities will decrease as a result of having a well publicized and easily accessed system of care.

STRATEGIES

- Conduct needs assessment
- Map resources
- Identify gaps and barriers to care
- Analyze what works well and does not work well for the target population
- Convene, educate and engage stakeholders in developing and implementing a system of care
- Analyze current resources with input from County residents including consumers and family members
STRATEGIES, CONTINUED

- Engage with current providers to identify areas for service enhancement
- Work with providers and agencies to integrate Wraparound program into the system of care
- Work with providers and Office of Consumer Affairs to increase consumer run services
- Provide training in behavioral health issues for public servants (law enforcement, EMS, child care workers, teachers, etc.)

STRATEGIES CONTINUED

- Identify a lead agency or program to coordinate the system of care components and to develop individualized service plans for those with complex needs
- Conduct anti-stigma campaign (ongoing)
- Seek sustainable sources of funding
**Desired Outcomes—Individual and Family**

- Symptoms reduced
- Functioning improved/resiliency increased
- Individuals are able to plan for the future and put needed activities in place to accomplish their goals
- Family functioning improves/stress reduced
- Individuals and families are able to identify their own resources, access these, and rely primarily on informal supports
- Individuals and families feel they have a positive place in the community

**Desired Outcomes—System**

- Increased collaboration in system design and implementation
- Increased self advocacy and self determination
- Evidence based practices are used/outcomes are measured
- Funding mechanisms are identified
- Equality of access to services is created
- Needed services are developed
- The number of individuals and families being served in a system of care context increases
DESIRED OUTCOMES—COMMUNITY

- There is an expanded network of services, supports, processes and relationships grounded in SoC values
- Residents know of the system of care
- All county residents have access to the services and supports they need
- A mechanism exists to provide coordinated care
- County residents are able to contribute fully to the community in which they live
LOCAL COLLABORATIVE 4

SWOT:

Strengths

➢ Resilience
➢ Relationships/family & extended family/communities
➢ Agrarian values
➢ Historical traditions
➢ Service providers were seen as committed to clients, passionate and proud of their work.
➢ Many providers and practitioners were seen as practice heroes, going above and beyond the 40-hour work week and doing whatever it takes to meet the needs of the consumer.
➢ Las Vegas is a small community and service providers in the area have positive relationships and they bring an attitude of unconditional positive regard to the consumer community.
➢ There is a strong leadership network in the Las Vegas community. That leadership promotes collaboration and mutual respect.
➢ Agency collaboration promotes innovative problem solving within and across service areas.
➢ Consumers in the Las Vegas area benefit from the State Hospital services.
➢ Diversity and Respect for our differences
➢ Cooperate and work closely with decision makers to work towards a System of Care that addresses local needs.

Weaknesses

➢ There are gaps in the service array available to Las Vegas consumers and providers. Las Vegas does not have access to a detoxification center and that creates stress and utilization issues for local police.
➢ There are no residential beds for substance abuse in the region.
➢ Housing is an issue and there is a shortage of licensed boarding facilities
➢ The area does not have a domestic violence shelter.
➢ Adequate transportation services are not available to support consumer treatment services.
➢ There were discrepancies and confusion regarding the role, function, and expectations of the CCSS position and behavioral health.
➢ Substance abuse treatment services and mental health treatment services are not integrated for co-occurring disorders.
➢ The community does not have a consistent approach for the management of persons in crisis in need of emergency detention.
➢ Transitions, planning, and activities were lacking linkage and follow-through with community supports and services. Some transitions were minimized or underpowered, with some consumers feeling under-supported in major life areas, such as housing, employment, mental health or substance abuse services, transportation, and income.
Many of the individuals who are discharged from the State Hospital remain in the Las Vegas area creating a unique situation. Creating and maintaining appropriate aftercare services for this population has been challenging.

Diverse Views and approaches to decision making
Promised technology not available in frontier area

**Opportunities**

- Community leadership should consider a cross-agency response to persons in crisis to help local police, ER staff, and behavioral health practitioners work more efficiently.
- Consider allowing the police to take individuals in need of psychiatric evaluation directly to the hospital.
- Convene stakeholder meetings to address the salient service issues. Participants in the meeting would include consumers, the service community leadership, and local politicians.
- Increase training opportunities or local providers on the treatment and management of complex trauma.
- Move toward an integration of mental health and substance abuse treatment programs. This could be facilitated through cross training and supervision of staffs.
- Relationships we have opportunities to train & share staff to include peer/family specialist and promotoras.
- Shared facility and resources.

**Threats**

- Change in 2011 political leadership
- Loss of funding
- State budgets
- Personalities (bickering etc..)
- Lack of support towards systems work (change is difficult)
- Sustainability
- Staff turnover
- Decision makers don’t look beyond the Rio Grande corridor much less understand frontier areas

**Commonalities rural/frontier/agrarian** – lack of resources, providers. Distances, transportation,
PROJECT HEROES:  
a view from the community

BRANDI JIMENEZ  
LOCAL COLLABORATIVE 6  
TOTAL COMMUNITY APPROACH  
COORDINATOR

PROJECT HEROES  
Health • Education • Recovery • Observe • Encourage • Support  
Local Collaborative 6  
project HEROES  
Health • Education • Recovery • Observe • Encourage • Support  
A Total Community Approach to Alcohol & Drug Prevention
Southwestern New Mexico

- Rural/Frontier. Hidalgo County has 6,000

- Two counties border Mexico and have been affected by recent increase in violence

- Roughly 49% Hispanic; 49% White and many speak principally Spanish in the home.

- Rely economically upon mining, agriculture and ranching, and have been heavily impacted by the dominant mining industry recent lay-offs of many area workers
What is project HEROES?

- Health Education Recovery Observe Encourage Support
- Designed by Local Collaborative 6 (Southwestern New Mexico) with community participation
- Family Focused
- Continuum of Care
- Evidence-based prevention, treatment and aftercare
- Cultural competence
- Sustainability

Service provision changes that is similar to SOC

- Seeking EBPPs and Promising practices
  - Difficult to access EBPs with community demographics
- Data-driven and evaluated
- Working to provide services with cultural competence
- Working to establish sustainability in order to continue to support new programs
- Treatment and Prevention working together
- Using community input to enhance programming
- Collaboration, Collaboration, Collaboration
  - tx providers transferring funds
TCA Values that are very similar to SOC Values

- Community Member Driven
- Strengths Based
- Community Managed
- Culturally Competent and Responsive

Local Capacity Building

- Funds are allotted to a local trainer to develop workshops on resource development issues and to work 1:1 with providers
- Trainings have been brought to the area - no longer have to travel 4-6 hours to attend trainings in state.
- Open: all community members and providers are invited to the degree possible
- More capacity to conduct EBPs, conduct evaluation
- Making best of shared resources
- Sustainability!
More local TCA successes from collaboration

- Breakdown barriers in communications (state, providers, CM)
- Provider: consumer linkages have brought in more participants through their own networks
- Accountability is something unforeseen that has happened and became a mainstay in our approach!
- Ability to support programs that are difficult to fund independently, but are effective as part of a larger substance abuse system (parenting programs).

Background on consumer participation

- Project was planned with contribution of available consumer resources at the time:
  - a local AA group
  - qualitative research with local drug abusing youth
  - LC6 consumer representatives (from Grant County).
- Hidalgo County chosen as site as few to no services in area.
  - Rural, primarily Hispanic/Latino border community, high unemployment and poverty
  - Many providers reside in adjoining Grant County
- During initial phase of TCA, few Hidalgo County resident “consumers” of substance abuse services.
Engagement of Community Members

- Leadership in developing aftercare/recovery
- Clients who have graduated provide continuing support of current participants
- Participation in local trainings and capacity building
- Evaluation:
  - focus groups
  - evaluation recruitment and surveying
  - consumer focus of evaluation of TCA process overall.

Benefits for evaluation and sustainability

- Enables a holistic vision of system.
- Participation in qualitative evaluation – validates consumer experience & voice
  - Unusual arrangement given SA stigma in community.
- Identifying issues in TCA process absent in program-level and/or outcome evaluation alone
  (i.e., changes in attitude of law enforcement, links and gaps among services)
Benefits for the state level stakeholders

- Increased communications between community and state level stakeholders
- Program management and planning is brought to community level
  - Issues and problems can be averted when channels of communication are open
- Provides living evidence of state dollars well spent

How Community Member Participation enhances Project HEROES

- Consistent consumer-led local AA and NA groups
- ADC alumni inspired IOP aftercare program
- Recruit new participants to meetings and enhance local knowledge of services (suicide awareness group)
- CM participation in HEROES meetings has brought a positive tone when matters had become frustrating
- Provide essential input on marketing strategies
Thanks to the participants of project HEROES who helped in this presentation

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COMMON THEMES—SWOT ANALYSIS
STRENGTHS

- Unique community characteristics and historical traditions (different for each area)
- Commitment of the traditional providers to the local communities they serve
- Local planning means programs that work and make sense to the community
- Healthy environment without industrial pollution

STRENGTHS

- Agrarian values
- Strongly independent citizenry
- Tradition of helping neighbors in need
WEAKNESSES

- Few or nonexistent services/gaps in service array (lack of providers and resources in general, e.g. detoxification centers, intensive outpatient programs, pharmacies, domestic violence shelters, psychiatrists, housing and transportation)
- No consistent procedure for crisis management/lack of crisis intervention teams

WEAKNESSES

- Lack of transition services and linkage to community supports and services
- Inadequate support in areas of housing, employment, mental health, substance abuse, transportation, and income
- Lack of collaborative planning among agencies and programs (provider vs provider and prevention vs treatment)
WEAKNESSES

- Lack of availability of technology
- Excessive demands on a small number of providers and individuals (volunteers)
- Demographic used by grant writers, et al. to obtain funding but services not delivered
- Stigmatization of some communities and groups
- Many providers have main offices far from the communities they serve

OPPORTUNITIES

- Create cross-agency crisis response (law enforcement, EMS, providers and consumers)
- Convene stakeholder meetings to address service needs and identify barriers (time and money)
- Increase availability of local training opportunities
- Integrate mental health and substance abuse programs
OPPORTUNITIES

- Increased collaboration to quickly identify potential duplications of services/move resources around as needed
- Create evaluation protocols and procedures
- Improve transparency and accountability to the communities served
- Develop provider/consumer linkages
- Consumer education to enhance self advocacy and leadership skills

OPPORTUNITIES

- Unified funding stream creates support for a wider array of services, e.g. recovery services and parenting classes
- Prevention and treatment programs working together
- Shared training and use of staff
- Employment of peer and family specialists
- Sharing of facilities and resources
**OPPORTUNITIES**

- Develop more local advocates for funding and services
- Foster better State and local relationships
- Personalize services with home visitations
- Develop more consumer-run initiatives

**THREATS**

- Changes in State administration and leadership
- Decreased availability of funds/federal and State budgets
- Systems change is difficult (lack of buy-in by various key players)
- Staff turnover/cannibalism
- Recruitment and retention of professionals
- Meeting the demands of a multilevel State bureaucracy
THREATS

- Conflicts and inconsistencies between State leadership/Single Entity/Agencies/staff within agencies, etc.
- State level policy makers and staff are blind to the needs of areas outside the Rio Grande corridor
- Sustainability
- Distances to travel for training/meetings, and collaborative events

THREATS

- Unfunded State requirements
- Difficulty finding Evidence Based Practices for the appropriate demographic
- Complicated billing procedures and policies that take considerable time for new providers to learn/unrealistic requirements for some billing/need for different standards in rural and frontier areas (if it costs more, pay more)
**THREATS**

- Providers based outside the service area
- Lack of facilities/infrastructure
SWOT Analysis—Common Threads in frontier and rural areas

October 19, 2010

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