Meeting Notes for the Task Force on Behavioral Health

August 21st, 2014

Present for Meeting:

1. Paula Harper
2. Jean Klein
3. Wayne Lindstrom
4. Caroline Bonham
5. Jim Ogle
6. Jessica Perseo
7. Bill Wagner
8. Marsha McMurray-Avila
9. Anita Briscoe
10. Andy Vallejos
11. Kelly Bradford
12. Mo Rule
13. Jessica Gonzales
14. Nancy Koenigsberg
15. Douglas Fraser
16. Eric Peterson
17. Senator Bill B. O'Neill
18. Commissioner Maggie Hart-Stebbins
19. Art Marshall
20. Rodney McNease
21. Sergeant Patrick Burk
22. Lisa Chavez (with Fast Track)
23. Beth Dehler
24. Michele Franowsky
25. Doug Chaplin
26. Michael Robertson

Brief Remarks by Mr. Andy Vallejos

- We hope to begin narrowing our focus so that by September we can begin presenting more formal recommendations to the elected officials of actionable public policy items

Presentation by J. Martín Rodríguez on the NM Crisis and Access Line (NMCAL)

- Martín serves as the state wide program manager
- NMCAL was a result of the joint house memorial that identified gaps in the behavioral health system
- The NMCAL crisis hotline went live in February 2013 (1-855-662-7474)- located off Jefferson
- There are 118 clinicians with three different sites staffed with local hires
- NMCAL seeks to provide gap services especially in rural areas in NM
- March 2014- focus on community outreach and engagement
- Connecting to transportation has been a challenge for NMCAL
- NMCAL offers crisis solutions; stabilization references; therapy and references to providers
- July 2014- received 1,600 calls; number has doubled since programs inception
- Translators speak: English, Spanish and Navajo

Q: What types of calls do you get? – 23% anxiety disorders, 13% suicidal, among other calls related to alcohol, drugs, anger management, marital issues, etc.

Q: are you able to track how many calls are from homeless persons? Yes

Q: are you able to track calls from Bernalillo County? Yes, Protocol provides a monthly report (See attached collaborative meeting packet for Feb 2014)

Q: how well do you keep your resources up to date? We use information from three different databases, the first and most comprehensive being aging and long-term services, as well as optimum health and course service database

Q: How is the program funded? General revenue from Optum

Presentation by Rodney McNease on Fast-Track

- Program established in January 2014
- Community support worker manages about sixteen cases per month and will work with folks at Metropolitan Detention Center (MDC)
- Connections into medical and psych. Services (Medicaid, food stamps, housing, provide to consumers)
- Priority population: high-needs consumers
- Care One: Intensive care program within in UNM; behavioral health management support
- Able to connect to housing (through partners like Heading Home), food stamps, food support, etc.
- Link with other community providers
- 37 referrals from MDC (Fast Track program was designed, initially, to receive referrals from MDC only); However, fast track may be open to receiving referrals from other venues such as the public defender's office
- Funding source for fast rack (UNMH Behavioral Health Budget)
- UNM Care Program can be used as secondary coverage if need be
- Approximately 60% of current population on UNM Care will be eligible for Medicaid
- There is same day availability for a referral to be seen however to meet with a provider it may take up to 18 days which is a significantly smaller time frame from what used to take up to three weeks
- One of the challenges with the fast track program is coordinating with the jail provider at MDC; not always sure when an inmate has been released

Small Working Group Reports:

Housing (see attached handout)

- Have met three times
- Inventory of what we have/lack
- Identify barriers to housing and gaps
- Best practices of other cities that deal with folks who are not ready or prepared to be on their own once they find housing; Portland and Seattle
- Portland has a peer-to-peer model for crisis housing
- LA and Tulsa, OK, Montgomery, MD also have commendable housing models

Interaction with Court Systems (see attached handout)

- Competency to stand trial is a cumbersome process to understand
- District court has a wait time which means persons are in jail while they wait to be heard
- Treatment guardians
- Housing
- Bench warrants and associated fees

Crisis Intervention

- Albuquerque's CIT team is looked to as a national model
- CIT has a difficult time finding places to take individuals once they are stable and are no longer in a crisis/acute state
- San Antonio has a successful restoration model
- Tucson has a CRC that included 48 beds where the individuals can stay for up to 5 days (not sure if program is a voluntary or involuntary one)
- Would like to learn more about HIPPA
- State mental health code governs HIPPA

Gaps Analysis

- Group is working with contractor to conduct an inventory of services

Long-Term Services (see attached handout)