

## City / County Behavioral Health Task Force Recommendations

Remembering that all the recommendations are important and there is urgency to all, we would like you to indicate what, in your opinion, should be given priority. Please use a 1-3 scale with 3 being the highest priority and 1 being the lowest priority. These recommendations are not relative to each other (meaning if you gave a certain recommendation a “3” you don't have to give the next one a lower priority), rather it is merely a method to indicate which priorities may have greater urgency than the next.

Recommendations are in no particular order other than the major projects without funding are listed first, with policy recommendations and “tweaks to processes” second.

### 1. Crisis Stabilization/ Response Center

A “step down / drop in” center for patients that are experiencing “sub-acute” symptoms of mental or behavioral crisis. The center would, ideally, provide a “needs based” rather than “eligibility” based service 24/7.

Priority: \_\_\_\_\_

### 2. Intensive Case Management

Would provide trained professionals who would be assigned a client with mental or behavioral health conditions. A case manager would assist clients in connecting to key services in the community (Medicaid, SNAP, housing, SSI, ect) and would regularly follow up to insure the client has the best opportunity to stabilize before a crisis arises.

Priority: \_\_\_\_\_

### 3. Housing

This particular recommendation has three types of housing types. Please provide a priority for each type of housing.

#### A. Supportive Housing

Typically scattered site housing, where clients have support through off-site case managers or on site supervision but live more independently than in a group home setting.

Priority: \_\_\_\_\_

#### B. Supportive Group Housing

A group home setting, typically with on-site supervision and support.

Priority: \_\_\_\_\_

### **C. Temporary “Respite” Housing**

For people transitioning from a crisis stabilization center, psychiatric emergency room, jail, ect. who are in need of temporary housing until a more stable living situation becomes available. This housing would be short-term in nature.

Priority: \_\_\_\_\_

## **4. Creation of CET (Community Engagement Teams).**

Last year a bill passed the New Mexico Legislature that created the concept of CET teams comprised of trained civilian units (they could be associated with medical entities, community entities, peer to peer groups, NAMI, ect.) that would respond or address crisis calls from clients in the field who are experiencing a mental health crisis.

Priority: \_\_\_\_\_

## **5. Creation of a Mobile Crisis Unit**

Such units are utilized in other jurisdictions to provide services to clients out in the field before a 911 call is made (or in lieu of a 911 call). These teams can consist of a combination of law enforcement (such as CIT unit) along with a trained mental health professional to engage people with mental or behavioral health issues in a less intensive manner than a standard police response.

## **6. Support Efforts of APD and the Crisis Intervention Team / Unit's efforts to establish a “tiered response” for mental and behavioral health calls.**

In conjunction with CET concepts and mobile crisis units, APD's Crisis Intervention Team has been developing a “tiered response” so that not every behavioral health call is automatically responded and addressed by a armed uniformed law enforcement officer. Instead protocols are developed to “triage” calls so that the most appropriate law enforce response is sent to address the issue at hand. For example, if a person is acting erratically, experiencing a mental health issue, but no crime has been committed, the tiered response could be utilized so that a CET team, the mobile crisis unit, a medical professional, CIT unit would respond to address the situation without needless escalation of the situation.

Priority: \_\_\_\_\_

## **7. Mental Health / Homeless / Veteran's Court**

The task force recommends that the Courts continue to enhance the speciality courts addressing persons with mental and behavioral health issues, and has the following recommendations:

A. Currently many of the speciality courts utilize a “post-adjudication” rather than a “pre-prosecution diversion” model in the speciality courts. This requires the defendant plead guilty before they can be enrolled in the speciality court. The task force recommends that the courts consider a “pre-prosecution” model that builds on a recovery model rather than a “probationary model.”

Priority: \_\_\_\_\_

**B. Reform and Streamline the Bench Warrant Process**

If a person fails to appear before the court for any crime, a bench warrant is automatically issued, including for petty misdemeanors. In the case of the severely mentally ill, failure to appear is sometimes the norm rather than the exception. When law enforcement encounters such a person who has bench warrants, their discretion is taken away and they must arrest the individual. This creates a cycle of incarceration for people with mental illness without meaningful treatment. The task force recommends that the Courts and the N.M. Legislature take a fresh look at the bench warrant process and find common sense methods to address the unique challenges faced by persons with mental illness in navigating the criminal justice system.

Priority: \_\_\_\_\_

**C. Add Financial and Human Resources to “Competency” and “Treatment Guardianship Programs.”**

Persons with mental conditions are frequently diverted from criminal culpability because they are not competent to stand trial. Before such a determination is made the defendant must be evaluated by one of the contracted medical professionals. Currently this program is underfunded, which creates backlogs, especially in the District Court, in performing the evaluation. The task force recommends that the N.M. Legislature find resources to ensure that competency evaluations are being funded properly and are being conducted in the most timely manner.

Similarly, on the civil side of the law, New Mexico's Treatment Guardianship program (which allows the court to appoint another person to make medical decisions for a person with mental health issues so severe that they do not have the capacity to provide “informed consent.”) is woefully underfunded and is in disarray. The task force recommends that the New Mexico Legislature appropriate the resources so that this program can function properly.

Priority: \_\_\_\_\_

**8. Medicaid**

Prior to the passage of the Affordable Care Act, and the State of New Mexico's decision to expand Medicaid, much of the population of persons with mental or behavioral health issues were not eligible for health care through Medicaid. Now, many are presumptively eligible. The task force recommends that State of New Mexico provide more outreach, accessibility and streamline the process for signing the “newly eligible” up for Medicaid.

Similarly, many of the persons leaving MDC, especially those with mental conditions, are

presumptively eligible for Medicaid, which would allow them to receive medical services in the community to prevent another mental crisis or re-incarceration. The Task Force recommends that N.M. Human Services Department implement protocols and procedures to efficiently sign this population up for Medicaid.

The task force recommends that N.M. HSD restore “case management” as a billable service under Medicaid, and no longer restrict it solely to “core service providers.”

Priority: \_\_\_\_\_

## 9. **Prevention**

The task force recommends that the State of New Mexico and Albuquerque Public Schools explore programs to detect and intervene on childhood behavioral health problems through programs such as “Mental Health First Aid,” school nurse program, the use of mental health assessment tools, and voluntary mental health screenings.

Priority: \_\_\_\_\_

## 10. **Resource Matching / Public Education**

Currently the behavioral health resource network in Albuquerque is not robust and there is a tremendous need to augment these scarce resources. However there are some resources in the community. Unfortunately the public is largely unaware of these resources. Moreover, behavioral health providers in the community may be unaware of other similar resources or other supportive services in the community as well.

The task force recommends that whether at the state or local level, there is an urgent need to expand and strengthen existing mental health crisis line; create something similar to Albuquerque’s 311 line focused on mental health; and to create an on-going and updated clearinghouse for resources and assistance.

The existing program needs support for promotion/publicity, maintaining up to date and comprehensive resources for both mental health and Substance Use Disorder resources (including location, information on services offered, criteria for programs, cost/insurance, demographic served; also need to include Opioid Treatment Programs as a resource that is tracked and provided to callers).

Priority: \_\_\_\_\_