

Meeting Notes for Task Force on Behavioral Health for August 7, 2014

Present for Meeting:

-Maureen Kolomeir	-Lisa Simpson
-Jean Klein	-Caroline Bonham
-Wayne Lindstrom	-Miriam Komarmony
-Katrina Hotrum	-Jill Marshall
-Jay Crowe	-Adan Carriaga
-Bob Maxwell	-Jim Ogle
-Jessica Perseo	-Bill Wagner
-David Ley	-Marti Luick
-Marsha McMurray-Avila	-Councilman Isaac Benton
-Mauricio Tohen	-Representative Ed Sandoval
-Thomas Gagliano	-Representative Rick Miera
-Anita Briscoe	-Commissioner Wayne Johnson
-Lt. Glenn St. Onge	-Andy Vallejos
-Kelly Bradford	-Jessica Gonzales
-Mo Rule	
-Nils Rosenbaum	

Brief Remarks by Mr. Andy Vallejos

- Brief remarks of House Joint Memorial 17
- Comments on case management, comprehensive community support services (CCSS) and community support
- Short review of the Joint Meeting of the Courts, Corrections and Justice Committee and the Legislative health and Human Services Committee; Nils, Miriam and Nancy presented at this committee meeting
- The Legislative health committee endorsed the AOT bill and the Courts and Corrections committee did not
- Senator Mary Kay Papen is carrying the AOT bill
- Review of the Human Services Department report to the Legislative Finance Committee regarding cost and outcomes of Selected Behavioral Health Grants and Spending (May 16, 2013). The report indicates that Albuquerque is at a significant disadvantage because of the lack of services available for the community affected by substance abuse or mental illness

- Further, the report delineates funding relating to preventative measures and wrap around services

Presentation by Representative Rick Miera on House Joint Memorial 17

- Review of House Joint Memorial 17 Task Force Recommendations from November 2011
- Seek to reduce recidivism
- Legislature will seek to implement new laws
- Questions regarding: CCSS and the juvenile detention center
- Question about the consideration of having the crisis triage center within UNM and how would it be funded? (medical model vs. community model)

Small Working Group Reports:

Group One: Gaps Analysis

- Contractor (UNM/CEPR) has been hired to conduct inventory and gaps analysis; will work primarily with this group. A product will be produced within 6-8 weeks. Contractor hopes the information will be relevant and useful for consumers as well
- Goal of contract is to reach low-hanging fruit
- Thanks to Councilwoman Klarissa Peña for funding the contractor position
- Identified lack of communication between providers
- No clear step-down system in terms of level of care
- Reviewed MDC and what services are available for inmates
- Will put together a flow-chart

Group Two: CIT

- ABQ has one of the most robust CIT Training programs in the nation
- Goal is to have a mobile crisis team made up of civilians

- All APD officers are CIT Trained in the Academy; by Spring 2015, hopefully, all officers will be CIT Certified
- Best practice review of: Portland, San Diego, San Antonio (CIT rides along with a Dr., Nurse, etc.)
- Would like to see a tiered-response to calls
- For all non-violent calls a crisis response officer should not be there
- Look into policies of AFD to evaluate in what ways response teams can more respond more efficiently
- Need buy-in from UNM, Presbyterian Hospital, etc.
- NY has a mobile crisis team that responds to non-violent calls
- Ideal would be to have a NY type model where perhaps the COAST team would come in the next day and serve as a case manager
- In the long run these practices save a lot of money
- 60-70% of national average of police officer involved shooting involves a mentally ill person. In 2010, APD was at 48%.
- The percentage may have increased because we don't have early-prevention resources available
- Community Engagement Teams (CET) - they respond prior to a mobile *crisis* team because the situation is not yet a crisis. CET teams work if the individual has family available to help talk them down if their behavior can be detected. ABQ is lacking this type of two-tiered system
- Perhaps APD can expand its ACT Team to have the same group of people providing same system of care on a spectrum/ COAST serve as the nucleus for Crisis response and Community engagement teams

Group Three: Legal Status and Rights of Person with Mental Illness

- A.O.T. Bill in short:
 - Criteria that enumerates how a person is identified to potentially receive AOT

- A Dr. can petition to start the AOT process
- Petition is then sent to a judge
- You cannot put someone in jail for not taking their medication
- Once the individual is deemed “not dangerous” they are then able to leave their evaluation
- In 2006 Mayor Chavez tried to pass an AOT bill that was struck down at the courts because the State preempted the City

Group Four: Interaction with the Courts

- 27 jail management systems within MDC
- Bench warrants, statues, competency
- Fines are attached to their arrests and instead of paying for them because they do not have the funds to do so they choose to go to jail
- This process does not allow them to move forward because they are prohibited from getting a job, driver’s license, etc.
- Gathering data on competency is confusing and arduous
- Funding priorities: Advance directive, money into AOT, money into case managers, money into lawyers, and crisis stabilization

Group Five: Housing—No presentation

Group Six: Long-Term Maintenance

- Discussion of: Prevention, identification of persons at risk and harm reduction
- Focus regarding: Trauma informed care, treatment, crisis engagement teams, triage and referrals and behavioral health waivers
- mental health first aid
- inadequate treatment for substance abuse

- Hotline for behavioral health resources- similar to 311
- Collaborate with Protocol and City's 311 line

Group 7: Case Management

- Current system is designed need and not on eligibility
- Need for a network of care
- Need more tiers of case management that will be funded at different levels (quick turnaround vs. long-term care)