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Task Force on Behavioral Health 2014

Crisis Stabilization Center



Crisis Stabilization Center

- Provides crisis evaluation, crisis stabilization, and referral services to people in Albuquerque
 - Anyone can receive crisis services at regardless of age, insurance status, or residence in a safe and welcoming environment
 - Open 24/7
 - No cost to the patient seeking crisis intervention

Intensive Case Management



Intensive Case Management

- 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, etc.)
- Regular follow up to insure the client remains stable or to address issues.

Housing



Supportive Housing

Supportive Housing

Typically Scattered Site

Some Supervision / Case Manager but generally not as much supervision as in a group home setting

Supportive Housing Cont.

Supportive Group Housing

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

Supportive Housing Cont.

Temporary “Respite” Housing

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

Community Engagement Teams



Community Engagement Teams

- 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 in the field who are experiencing a mental health crisis.
- Passed Legislature last year nearly unanimously.

Mobile Crisis Unit



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 may 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.

Mobile Crisis Unit Cont.

- Trained in First Aid, CPR, and non-violent crisis intervention.
- Conducts Mental health assessment (including risk assessment);
- Provides crisis counseling services; Crisis de-escalation; consultation with a higher-level behavioral health professional when appropriate; and providing transportation to an appropriate facility for further assessment and care.

A.P.D “Tiered Response”

- In conjunction with CET concepts and mobile crisis units, APD's Crisis Intervention Team in the process of developing a “tiered response”
- Not every behavioral health call is automatically responded and addressed by a armed uniformed law enforcement officer.
- Calls are “triaged”
- Emphasis on de-escalation

Mental Health /Veteran's Court / Homeless Court



Mental Health /Veteran's Court / Homeless Court

- The task force recommends that the Courts continue to enhance the specialty courts addressing persons with mental and behavioral health issues
- Needs more case management resources to follow up on clients before they de-compensate and re-offend.

Bench Warrants

- “Failure to appear” bench warrants
- In the case of the severely mentally ill, failure to appear is sometimes the norm rather than the exception.
- No discretion and 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 especially for persons with mental health issues.

Resources for Competency Hearings and Treatment Guardians

- Competency: Currently this program is underfunded, which creates backlogs, especially in the District Court, in performing evaluations.
- Recommend that N.M. Legislature add funding and new structure to ensure that competency evaluations are being conducted properly and efficiently.

Resources for Competency Hearings and Treatment Guardians

- Treatment Guardians: allows the court to appoint another person to make medical decisions for a person that do not have the capacity to provide “informed consent.”
- 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.

Medicaid

- State of New Mexico provide more outreach, accessibility and streamline the process for signing the “newly eligible” up for Medicaid.
- The task force recommends that N.M. Human Services Department (HSD) implement protocols and procedures to efficiently sign people leaving jail up for Medicaid.
- Restore “case management” as a reimbursable service under Medicaid and no longer restrict it solely to “core serviced providers.”

Prevention and Early Detection



Prevention and Early Detection

- The task force recommends that the State of New Mexico and Albuquerque Public Schools (APS) explore programs to detect and intervene on childhood behavioral health problems
 - “Mental Health First Aid”
 - School nurse program
 - Mental health assessment tools
 - Voluntary mental health screenings.

Outreach

- Expand and strengthen existing mental health crisis line. Ex: Albuquerque's 311 line focused on mental health.
- 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

Prioritization of Recommendations

Strength of Preference

