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Summary of recommendations from long-term services group

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Note: the term "behavioral health services" is intended to include services related to substance use disorders as well as other behavioral health problems.

1. **Prevent/detect childhood behavioral health problems and decrease stigma**: Goal is to prevent or decrease the severity of behavioral health problems in childhood and adolescence, and to develop mechanisms to detect and intervene promptly to help children who are developing signs of behavioral health problems. Albuquerque Public Schools (APS) is a natural partner in this endeavor, and we recommend engaging them in collaboration around these goals.

- Community engagement teams should be funded and deployed to reach out to community members, detect individuals at risk of worsening mental illness/substance use disorders, and to head-off or address crises
- Mental Health First Aid should be offered widely in our community as a way of helping to identify people with behavioral health problems before they are in crisis. Should offer a version of this training to students, to public employees who interface with consumers, to residential advisors in colleges, etc.
- Replicate and expand evidence-based early-intervention home visiting programs, such as the Nurse-Family Partnership, which have been shown to improve behavioral and social functioning in childhood and beyond
- Implement a widespread campaign to raise awareness amongst students, teachers and staff about behavioral health problems in order to decrease stigma, increase awareness, and improve ability to detect and refer for assessment and intervention; could be through a program such as Mental Health First Aid
- At school-based health programs provide training and support for school nurses and counselors
- Have voluntary mental health screening available for students K-high school
- Consider mandating a certain number of hours dedicated to mental health training as part of the required "health education" hours in schools

2. **Crisis hotline/resource matching:**

Need to expand and strengthen existing mental health crisis line; create something like Albuquerque's 311 line focused on mental health: a 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).

3. Triage/treatment:

- Adopt standardized tools for assessment and treatment matching (ranging from least to most restrictive). This should start with AMCI, DSAP, UNM (ASAP, psych center) all adopting a standard approach to assessment so that assessments would not have to be repeated and the same criteria should be used across systems. This will allow establishment of guidelines for appropriate sequence and level of care (for instance, attempting peer support and counseling prior to inpatient treatment for substance use disorder).
- Allow supervised trainees to sign off on mental health assessments (in order to increase access and accelerate referral to treatment)
- If UNM wishes to stay focused primarily on research and on crisis services they should be expected to contribute resources to provide community-based psychiatry and counseling as well as multi-site access to substance use disorder treatment, and case management and housing. They should be acting as (or supporting programs that are) the premiere source of accessible and consumer-friendly psychiatric, counseling, and addiction-treatment services in our community. Mill levy funds could be used to pay for patients with severe needs who run out of Medicaid-funded services, or for patients who have not yet enrolled in Medicaid or do not have their needs met by Medicaid.
- A key component to our community's mental health system is a *crisis response center* for individuals with mental illnesses and substance use disorders who do not pose a significant risk to public safety but require sub-acute crisis assistance and access to services that avoids jail or hospitalization when possible. Such a center would provide short-term care for individuals in the community who are experiencing a behavioral health crisis that does not require hospitalization, but who nonetheless need a safe stabilization environment. The center should operate a therapeutic program that not only increases an individual's current level of behavioral health stability, but also encourages the maintenance and strengthening of that behavioral health stability by connecting the individuals with healthy family and community supports. Core components would be: triage, stabilization (including respite beds), assessment, and linkage to long-term services. Police would be able to bring individuals to the center whenever possible, as a least-restrictive measure of assistance. The principle of "no wrong door" should underpin the nature of the center as a community entry-point for this population. A drop-in center would further increase the effectiveness of such a program.
- Peer training and peer support are important elements to develop/expand. Funding for these services should not be restricted to Community Service Agencies, but instead should be in widespread use in community mental health agencies and even in primary care settings to help

patients with behavioral health and substance use problems access and remain engaged in care. These individuals should not be required to have an undergraduate degree.

- Medication Assisted Treatment (MAT) with both methadone and buprenorphine is standard of care for treatment of opioid use disorder. MAT has been shown to prolong life, decrease risk of infection with HIV and hepatitis C, reduce incarceration and crime, reduce overdose death, and provide multiple other individual and community-level benefits. The benefits accrue primarily due to maintenance therapy (not "detox). There is very limited and inadequate access to this treatment through existing providers in our community. We need access to publicly funded outpatient addiction treatment that is graded in intensity and adequate to meet the huge demand for these services.
- Transitional Living Services: Clients with behavioral health and substance use disorder problems are frequently in need of housing that is supportive to their recovery. Whether in larger facilities or smaller more distributed programs such as board and care programs, there is a significant need for expansion in access to such facilities.

4. **Harm reduction:**

- Widespread distribution of naloxone (at syringe exchange, by pharmacists, when patients are prescribed opioids, when patients exit incarceration or treatment programs). APD/AFD must all carry naloxone and receive training in its use
- Expand syringe exchange programs

General recommendation for funding: explore 1115 waiver (non-entitlement based) that could pay for some mental health services and obtain a federal match.