Task Force on Behavioral Health Working Groups

- The overarching goal of the working groups is to produce actionable public policy items
- October 1, 2014- Present collective recommendations
- Team leaders will facilitate discussions, organize meeting times and locations, produce a summary of each meeting, and will report back to the larger task force

1. **Identifying medical/psychiatric services and resources for citizens in the metro area**

**Deliverables:**
- This group primary purpose will be to work with a contracted position to complete a long-term inventory of gaps within the behavioral health system. The inventory will seek to describe where the services are now and will identify the obvious and less obvious holes in the system. (Ex: How many psych. Beds are available and what are the eligibility requirements for those beds?)
- provide list by levels of care
- Ex: who takes patients without funding (low income/uncompensated)
- What is the capacity gap of these services
- Identifying and reviewing procedures and requirements for access to services
- Identifying current or potential funding sources
- macro look at behavioral health continuum to identify major gaps/duplications in services in the N.M. Health system

**1. Team Leader:** Jay Crowe
2. Marsha McMurray-Avila
3. Wayne Lindstrom
4. Beth Dehler
5. Tom Gagliano
6. David Ley
7. Fr. Rusty Smith

**Resource Representative:** Rodney McNease, UNMH
2. **Crisis Encounters/ Intervention**

Deliverables:
- Evaluate procedures, resources, and instances where a citizen with mental illness reaches an acute or crisis level. This group will map typical scenarios for both law enforcement and non-law enforcement referrals.
- Describe current practices and what potential best practices may be; provide a canvas of best practices throughout the U.S.
- Review Kendra’s Law and like practices of laws similar to it; describe what would work in Albuquerque (Ex: Focus on out-patient treatment).
- List stop-gap services.
- Identify current resources for acute or crisis intervention in the metropolitan area.
- Review current methods of dealing with crisis situations; incarceration models, referrals to UNM Behavioral Health network, emergency room referrals, etc.

1. **Team Leader:** Lt. Glenn St. Onge
2. Lt. Chad Kim
3. Sergeant Patrick Burk
4. Anita Briscoe
5. Maureen Kolomeir
6. Jessica Perseo
7. Caroline Bonham

**Resource Representative:** Katrina Hotrum

3. **Legal Status and Rights of Persons with Mental Illness**

Deliverables:
- Treatment Guardian (Is the criteria clear?)
- Outline of mental health code (legal requirements)
- Assist with overall understanding of the rights of persons with mental illness

1. **Team Leader:** Eric Peterson
2. Nancy Koenigsberg
3. Adriana Delgado
4. Nils Rosenbaum

**Resource Representative:** Andy Vallejos
4. **Interaction with Court Systems**

Deliverables:
- Identify how to get these individuals out of the justice system and into the proper healthcare network
- Discuss crisis management
- Review of options available to Judges and evaluate to what extent a Judge is aware of these options
- Coordination between social services sector and courts
- How can we identify and solve flaws within system? (Ex: competency issues and the relationship to misdemeanor dismissals)
- Categorize interactions between persons with mental illness and the court system in NM.
- Highlight the types of specialized courts that address mental illness in the criminal justice system and the role of probation and parole that can be enhanced to reduce recidivism and re-direction to therapeutic models of treatment

1. **Team Leader: Jean Klein**
2. Kelly Bradford
3. Representative Rick Miera
4. Art Marshall

**Resource Representative:** Andy Vallejos

5. **Housing**

Deliverables:
- Pinpoint housing issues related to person with mental illness in the Albuquerque metro area
- Determine what housing resources are available in the metro area such as supportive housing, group housing and shelters
- Enumerate information about the requirements for eligibility for housing, barriers to eligibility, and ways to improve
- List alternatives to current system
- Provide supportive housing/ workforce reintegration options

1. **Team Leader: Paula Harper**
2. Bob Maxwell
3. Lisa Simpson
4. Fr. Rusty Smith
5. Michele Franowsky

**Resource Representative:** Michael Robertson
6. **Long-Term Maintenance and Access to Services for Persons with Mental Illness**

Deliverables:
- Target resources for long-term support for persons with mental issues, support services and where such resources could be improved. (Outpatient, peer support, transportation services) (Ex: once a person is out of acute care, what will they need for long-term stability?)
- Review of options available to medical professionals and evaluate to what extent they are aware of these options (Ex: UNMH Nurses may not be aware of all resources available for these folks)
- Review Kendra’s Law and like practices of laws similar to it; describe what would work in Albuquerque (Ex: Focus on out-patient treatment/long-term services)

**1. Team Leader: Miriam Komaromy**
2. Jill Marshall
3. Harris Silver, MD
4. Douglas Fraser

**Resource Representatives:** Katrina Hotrum and Jessica Gonzales

7. **Case Management**

Deliverables:
- What is the history of case management? Provide a gap analysis
- Deliberate methods of coordinating services for person with mental illness. By utilizing current model (UNM pathways program) or by creating a new model that can assist citizen in obtaining social services (Medicaid, veteran’s assistance, social security, income support, etc.)
- Review programs such as Pathways, Project Echo- what works and where can we improve?
- Provide framework for case management

**1. Team Leader: David Ley**
2. Adan Carriaga
3. Bill Wagner
4. Tom Gagliano

**Resource Representative:** Rodney McNease