Phase 1 Preliminary Plan on Behavioral Health

Bernalillo County
Board of County Commissioners
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Executive Summary and Background

Bernalillo County has a unique opportunity to design and implement a comprehensive system of behavioral health care to benefit the people of Albuquerque and surrounding areas. The reform of the current services to a cohesive and coordinated system of care can produce positive outcomes not only for the receipients of the service continuum but also for their families. Other expected outcomes include increased public safety as well as a system of care that further supports the criminal justice system while reducing the incidents of individuals in crisis presenting in the emergency rooms. The greater Albuquerque community has already taken important first steps toward developing this system of care.

Background

In February 2015, the Bernalillo County Commission approved a gross-receipts tax expected to generate up to $20 million each year to improve access to behavioral health services throughout the County. Recognizing the scope of effort necessary to meet the needs of residents who may struggle with homelessness, serious mental illness, substance abuse and other disorders, the Commission also engaged various entities that fund behavioral health services in the County to work together on a unified and collaborative behavioral health care system in Bernalillo County and the Middle Rio Grande area of New Mexico.

In late April 2015, the Commission, through the County's Request for Proposal (RFP) process, selected and subsequently contracted with Community Partners, Inc. (CPI), a Tucson-based company, to develop a comprehensive behavioral health business plan over the next several months. The Bernalillo County Behavioral Health System and Stabilization Consulting Services project became effective on April 28, 2015 and spans for a period of two years.

With more than 20 years experience creating and managing the public behavioral health care system in southern Arizona, CPI is uniquely qualified to help the Bernalillo County assess, design and create a comprehensive continuum of care. CPI has managed multiple funding streams, monitored systems and services, and ensured quality care for approximately 1 million individuals living in Tucson and Pima County.

Notably, CPI's creation of a Crisis Response Center (CRC) and transformation of its crisis-care system to provide high-quality, accessible and coordinated services has had a positive impact on our community, and has been recognized as a national model. Benefits include reducing use of hospital emergency departments (EDs) for psychiatric conditions; reducing officer wait times for custody transfers of adults experiencing a mental health crisis, from as long as six hours to an average of 15 minutes or less; appropriately diverting hundreds of individuals from jail into treatment services; incorporating peer support at all levels of crisis care; and partnering with service providers to better coordinate care to individuals and families experiencing a crisis.

Another outcome of this transformation was the significant increase in the number of crisis calls to the call and command center within 12 months of these changes. CRC data reports indicate that the crisis calls more than doubled, from 4,731 calls in January 2011 to 10,352 calls in January 2012, partly due to CPI's marketing of crisis services as well as increased public concerns after the January 8, 2011, shooting tragedy in Tucson. The crisis line is an easily accessed, centralized point of contact for anyone in the community to call when experiencing a behavioral health crisis.

The Bernalillo County Project

Bernalillo County's Behavioral Health System and Stabilization Consulting Services project is divided into three distinct phases:

Phase 1 – Preliminary Plan on Behavioral Health

Phase 2 – Comprehensive Behavioral Health Business Plan

Phase 3 – Community Input on Behavioral Health Business Plan

Throughout Phase 1, CPI listened to and learned from the community, meeting with more than 175 people to develop an understanding of the current status of behavioral health services and funding in Bernalillo County and to become familiar with service providers and existing resources.

Once contracted, CPI immediately engaged the Bernalillo County and Albuquerque community and government leadership over a 5-week period and held 27 stakeholder and community meetings in collaboration with the County. CPI consultants also toured local facilities, including:

- The Metropolitan Detention Center;
- The University of New Mexico (UNM) Psychiatric Center and affiliated programs; and
- The Bernalillo County Metropolitan Assessment and Treatment Campus.

CPI gathered an enormous amount of information through this process, which significantly contributed to development of the Phase 1 Preliminary Plan on Behavioral Health. CPI reviewed more than 60 reports, articles and other publications to better understand the status and challenges of the current behavioral health system, not only in Bernalillo County and Albuquerque but also throughout New Mexico. (See Attachment 1 for a list of documents reviewed.)

At the June 2, 2015, Behavioral Health Initiative meeting, CPI met with 68 community leaders representing the Bernalillo County Board of Commissioners, City of Albuquerque Mayor and Council members, State of New Mexico Human Services Department and Department of Health Services, State of New Mexico Representatives, City of Albuquerque Chamber of Commerce, Bernalillo Sheriff's Department, Albuquerque Police Department, UNM Hospital, Managed Care Organizations (MCOs), United Way, the National Alliance on Mental Illness (NAMI), District and Metro Courts, Albuquerque Public Schools, and many other agencies and organizations. Stakeholders provided valuable insight into the current system and helped shape the recommendations presented in this Phase 1 report. (Attachment 2 lists names and affiliations of all stakeholders with whom CPI met during May and early June 2015.)

The Preliminary Plan on Behavioral Health includes CPI's assessment of system-wide gaps and needs, based on input from stakeholders and other sources noted above. It also includes examples and recommendations for creating an administrative structure to monitor and oversee behavioral health funds generated by the gross-receipts tax and identifies priority populations and services, which are all part of the preliminary outline for a comprehensive Behavioral Health Business Plan. Details on funding structure and allocation are among the topics that will be addressed in Phase 2 of this project which culminates in the submission of the Comprehensive Behavioral Health Business Plan in December 2015.

Preliminary Assessment of State and Local Services and Providers

Understanding the needs of the community as well as the current infrastructure for behavioral health service delivery in Bernalillo County is paramount to identifying populations with the highest need, determining service gaps and identifying opportunities to leverage existing resources to better meet those needs. Numerous surveys, studies and reports on behavioral health care in New Mexico have been completed over the last several years that provide a greater understanding of many issues, including a historical perspective on the many changes in the state-wide system of care and the political landscape that shaped current services. While thoroughly reviewing their findings and recommendations, we also spent time listening to and learning from community stakeholders and leaders.

Stakeholders we met with touched upon the many strengths of the current system, including the willingness of providers in Bernalillo County to come together to improve services. Established, effective programs were also discussed, including:

- The Fastrack program in the Metropolitan Detention Center (MDC);
- The Crossroads program in some local high schools;
- Assertive Community Treatment (ACT) teams that meet SAMHSA fidelity, including peers;
- Mental Health Court and diversion programs;
- Public Inebriate Intervention Program (PIIP); and
- The Albuquerque Police Department's Crisis Intervention Team (CIT) and Crisis Outreach and Support Team (COAST).

Many stakeholders agreed that another strength of the community is the presence of the University of New Mexico in Bernalillo County. Along with its many colleges and schools, UNM is also home to the Health Sciences Center, the extensive academic health complex that is the only one of its kind in New Mexico. UNM Health Sciences Center includes UNM hospitals, UNM Sandoval Regional Medical Center, College of Nursing, School of Medicine, Cancer Research & Treatment Center, College of Pharmacy and Health Sciences Library and Informatics Center. UNM also boasts extensive clinical, social and policy-related research institutes including the Robert Wood Johnson Foundation Center for Health Policy and the Institute for Social Research. UNM Hospital's Behavioral Health Services is currently the largest community mental health service provider in New Mexico.

CPI also learned about the four state-wide Medicaid transformations[1] of the last 12 years that created levels of disruption across the state, with local providers, recipients of care and those seeking care. Recent changes include the 2014 implementation of New Mexico Centennial Care as the state Medicaid authority, with four new Managed Care Organizations (MCOs) providing physical and behavioral health care and long-term care. Allegations of Medicaid fraud involving 15 behavioral health agencies surfaced in 2013, which led some providers to cease operations and contributed to the unsettling of the behavioral health system. New providers were put in place to continue care, but some have ceased operation in the state because of financial challenges.

[1] "Psychiatric Services, Back to the Future: New Mexico Returns to the Early Days of Medicaid Managed Care"

At the same time, the City of Albuquerque and the U.S. Department of Justice (DOJ) recently signed a settlement agreement stemming from a report issued by the DOJ to the City outlining findings and recommendations from its investigation of the Albuquerque Police Department's (APD) policies and practices regarding use of force. As part of the settlement, the City and APD plan to train all police officers in Crisis Intervention Training (CIT), a national model that prepares officers to recognize and respond appropriately when dealing with a person with mental illness, de-escalate the situation and avoid use of force. CPI has provided this training in Pima County in partnership with law enforcement and recognizes its potential to ensure interactions between officers and people experiencing a mental health crisis end safely for all involved.

CPI's assessment of the New Mexico system included learning about the state's involuntary commitment laws. The law states that an individual can be petitioned to receive court-ordered behavioral health treatment only if he/she is determined to be a "danger to self or others" (DTS/DTO). A petition allows for 72-hour involuntary treatment in an inpatient setting, while a psychiatric evaluation is performed to determine the care needed to stabilize and treat the patient. If the patient is determined to no longer be a DTS/DTO, he/she is released from the hospital with referrals for follow-up care in the community. Individuals who continue to be DTS/DTO are admitted for inpatient treatment. When that treatment ends, the individual is discharged into the community with no legal mechanism to require and monitor continued treatment on an outpatient basis.

Many of the stakeholders we spoke to expressed concern that without the ability to require outpatient treatment for a mentally ill person who is not DTS/DTO, but is clearly unable to live safely in the community, is a gap in the service continuum that often leads this vulnerable population to experience increased involvement with law enforcement and/or the criminal justice system.

Several states have passed legislation adding court-ordered treatment, like Assisted Outpatient Treatment (AOT) as part of the petition process to ensure that treatment is provided to help stabilize the person in the least restrictive setting. In New York, for example, "Kendra's Law" allows courts to require assisted outpatient treatment, after a psychiatric evaluation and court hearing, after which the person is monitored to ensure compliance. In Pima County, court-ordered outpatient services are part of the involuntary process which averages between 550 to 600 adults on any given day. This represents less than 3 percent of the total number of 24,000 adult enrolled members who are under a court-mandated services.

CPI encourages New Mexico to continue to explore its own legislation that includes court-ordered behavioral health services for people with a mental illness who could benefit from outpatient treatment while living safely in the community. Careful consideration should be given to the critieria for court-ordered outpatient services as an expansion of the current involuntary process.

CPI also explored the availability of support and rehabilitation services that are key to system of care that is focused on recovery. Under contract with MCOs, Core Service Agencies (CSAs)[2] are designated by the state to coordinate care and provide certain services to children, youth and adults with behavioral health and/or substance abuse needs. There are six CSAs (Agave Health, Saint Martin's, Open Skies, Youth Development Inc., All Faith's Receiving Home and UNM) in Albuquerque, two of which provide services to adults and children; two serve adults only, and two serve only children.

[2] CSA Communications Team (2010 & 2013), Core Service Agency: Basic Information

Only certified CSAs, Community Mental Health Centers, Federally Qualified Health Centers and Indian Health Service (IHS) or 638 Tribal Facilities are eligible to bill Medicaid for Comprehensive Community Support Services (CCSS), services that promote recovery, rehabilitation and resiliency and also help connect individuals to needed services. The majority of CCSS activities must be performed face-to-face and in the community, which further limits the ability to provide this service cost-effectively. These limitations have negative outcomes not only for individuals who need such service, but also the entire system in Bernalillo County, which already struggles with a fragmented and disjointed service continuum.

The importance of having a system of complementary services cannot be overstated. CCSS services, for example, provide a foundation by helping meet basic needs as well as the mortar of care coordination that allows treatment to effect meaningful and lasting change.

Although there are notable system strengths in Bernalillo County, with many innovative programs and services, the system overall is disjointed, resulting in uncoordinated treatment silos across the service-provider continuum. Stakeholders meeting with CPI overwhelmingly expressed the need for a coordinated system with an expanded array of core services, and said they were encouraged by actions taken by the County, the City of Albuquerque, and other community leaders to move toward a more unified and coordinated care system.

Many stakeholders expressed support of a recovery-oriented system of care for Bernalillo County that focuses on consumer participation in care, infused with peer and family partners for support and advocacy and with monitoring based on measurable outcomes. CPI has experience with and supports using this model of care, with the addition of integrated physical health care.

Through these stakeholder discussions, common themes emerged that frame essential components of a cohesive system of care:

From these themes, the preliminary priorities for services and populations, funding requirements and administrative structure emerged as a foundation for coordinated and comprehensive system of care in Bernalillo County and surrounding areas.

Preliminary Priorities for Behavioral Health Services

Listening to the community and learning from previous reports and studies of the community's behavioral health care, CPI identified eight preliminary priorities for services, as shown below:

These services, regardless of the composition of the focus group or community meeting participants, emerged as priority areas during CPI's Phase 1 discussions. Each of the priority services are discussed below.

Comprehensive Crisis-Services Continuum

There is widespread consensus among stakeholders and community leaders that a centralized hub of crisis services is a priority need, to ensure individuals and families experiencing a behavioral health crisis can access and receive immediate care. This need was echoed among the criminal-justice, law-enforcement, first-responder and detention-center stakeholders who have first-hand experience with the limited options for crisis-stabilization care.

Currently, when individuals experience a behavioral health crisis and call 911 for help, the person in crisis must be taken to an ED or jail. Limited navigation support is provided to link the person with treatment following an inpatient stay or upon release from jail, whether for outpatient care, a follow-up visit with a doctor, or a referral for shelter or temporary housing.

Building a "friendly front door" of an effective, community-based crisis system with a crisis-call-and-command center is a crucial first step to better meet the needs of the community, law enforcement, first responders and those seeking help.

CPI recommends that a centralized community-wide Crisis, Command and Control Center with the following components be a priority consideration:

- **A crisis call center to conduct telephone triage and facilitate coordination of and access to the crisis system;**
- **Walk-in triage with 23-hour crisis stabilization and intervention services;**
- **Mobile crisis teams that are dispatched to the person in distress; and**
- **Short-term inpatient care for crises that need more time to stabilize.**

These components work simultaneously to provide immediate response, evaluation and treatment for those in crisis and are essential for the overall success of a centralized crisis hub within a comprehensive behavioral health services continuum. In Pima County we know that having the option to petition a person for a psychiatric evaluation with a potential for court-ordered outpatient

treatment, greatly enhances treatment provision and compliance. This option helps support positive outcomes such as a decrease in law enforcement involvement, reducing the need for higher levels of care, such as inpatient hospitalizations and provides the opportunity for the mentally ill person to begin their recovery process. Although New Mexico's involuntary law does not currently have court-ordered outpatient care, some beneficial outcomes can be achieved with a community-based crisis system in place. However, the ability to support a person's recovery with mandated outpatient care further ensures a more effective and efficient crisis continuum that promotes the person's safety, stabilization and recovery. In Phase 2, CPI recommends that further review of the current law is needed to learn more about its scope and current provision within the behavioral health system. In doing so, CPI would engage consumers, families and advocates to learn more about any potential impact to the community if changes were made to include court-ordered outpatient treatment.

Call center staff trained to assess and quickly identify high-risk behaviors often can stabilize the crisis over the telephone, thereby decreasing the number of people who need additional high-level services. At the CRC in Tucson, callers' crises were resolved over the telephone approximately 70% of the time. CRC data also shows that in the last 10 months, police were dispatched for only 1% of calls for a behavioral health crisis, while approximately 6% of calls resulted in a behavioral health mobile-team response.

> ***Crisis services**, when delivered in a **cohesive manner**, provide **positive outcomes** for individuals and families and for the greater community.*

The call center's ability to triage and to dispatch or mobilize appropriate resources allows it to efficiently meet the needs of individuals in crisis while making best use of community resources. Having complementary and coordinated crisis services supports the efficient flow of clients through the crisis system and ensures individuals can access the type and level of service that best meets their needs.

Providing crisis triage with 23-hour crisis stabilization and intervention services is essential in allowing the crisis team to complete an initial evaluation of the person, begin necessary stabilization interventions and start the discharge-planning process. Often people stabilize quickly and can return to the community without the need for a higher level of care, and can be linked to continuing services in the community as needed. For those needing a longer stay to stabilize the crisis, a short-term inpatient unit can offer care for a few more days.

CRC data also shows that almost 80% of the time, adults and youth are able to return home with referrals to resources in the community after being seen at the crisis center. A significantly smaller percent go to a higher level of care (e.g., a hospital).

The CRC also accepts transfers from hospital EDs, reducing the number and length of stays in the ED and relieving the medical emergency system of caring for psychiatric patients.

Access to a well-planned crisis center also has an impact on law enforcement. Typically, it can take hours for an officer to transfer custody of an individual experiencing a behavioral health crisis to an ED. When an option such as a CRC is available that prioritizes and provides a secure sally port for transfers, the wait can be significantly shortened, allowing officers to return to duty much more quickly. The CRC has decreased average drop-off time for adults to about 15 minutes and for a youth to less than 30 minutes. (Because custody transfers of youth involve the presence of the parent or guardian, the drop-off time is always longer than for an adult.) With the high volume of these transfers in Tucson, this time saving has had the effect of adding five officers to the police force.

Without such a crisis center, people experiencing a behavioral health crisis typically would end up in EDs or jail. All these crisis services, when provided in a cohesive, coordinated manner, result in the best outcomes for patients, their families and the community.

Building a comprehensive crisis-care continuum available to the entire community and surrounding areas makes sense not only from a treatment perspective, but also from a fiscal perspective. A recent report published by the federal Substance Abuse and Mental Health Services Administration (SAMHSA)[3] cites numerous studies supporting the effectiveness of crisis services for persons with a mental or substance use disorder and as a cost-effective method to reduce hospitalizations and avoid unnecessary incarcerations.

The Behavioral Health Crisis Triage Planning Initiative report prepared by David M. Wertheimer, Kelly Point Partner for the City of Albuquerque, also cites the need and recommendation for a comprehensive crisis-care continuum.[4]

Preventing Crises: Community Engagement Teams

Community Engagement Teams (CETs) reach out and help to provide care before a crisis occurs, further supporting a unified system approach for behavioral health services in Bernalillo County. CET services are provided by a physician or mental health professional with a team of trained paraprofessionals or peers (individuals in recovery who have experienced mental illness or substance use). When individuals with serious mental illness have difficulty living safely in the community, the CET engages and links them to voluntary treatment and other services. This "safety net" approach helps reduce law enforcement involvement and hospitalizations, and may lessen the duration and severity of mental-illness symptoms through early detection and intervention.

Although recently proposed legislation for CETs did not proceed, the State Human Services Department has approved development of guidelines for a CET pilot project. Implementation of the pilot will require local funding.

> **CPI supports a collaboration between Bernalillo County and the City of Albuquerque to collectively fund this pilot project in Albuquerque.**

Intermediate Levels of Care

Another gap in services is the absence of Intermediate Levels of Care that provide 24-hour supervised care in a home-like, residential or therapeutic setting. This service helps with transitions for individuals released from jail, discharged from an inpatient setting or needing a higher-level setting to avoid placement in a higher (and more expensive) level of care. Based on input from stakeholders, this service is a priority need for all populations. In the SAMHSA and Wertheimer reports noted above, this level of care is also recommended as part of a comprehensive crisis continuum.

> **CPI recommends developing intermediate levels of care to meet the need of people transitioning from an inpatient setting or after release from jail.**

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[3] SAMHSA (2014), Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies, HHS Publication No. (SMA)-14-4848

[4] David M. Wertheimer, Principal, Kelly Point Partners (2004), Behavioral Health Crisis Triage Planning Initiative for the City of Albuquerque

Respite Care

Respite care, which is inclusive of Crisis Respite, is a short-term intervention that provides rest or relief to a family member or other individual caring for a person with behavioral health needs. Respite services includes a range of activities to meet the social, emotional and physical needs of the person in care during the respite period which can include a few short hours or for longer periods of time involving overnight stays. Respite care is provided on a voluntary basis and may be provided in the person's home or in a facility setting based on the needs of the person. Respite is intended to be used as an option to help stabilize community placement and/or head off a crisis episode or the need for a higher level of care. Crisis Respite is mentioned in the Wertheimer report as a key component of a crisis continuum.

> **CPI recommends developing Crisis Respite sites to help support people who are experiencing psychiatric distress and provide a break for their caretakers, as an alternative to psychiatric emergency services.**

Housing with Supported Wrap-Around Services

Housing with Supported Wrap-around Services is another service gap, based on stakeholder input and recent studies, reports[5] and recommendations from various task forces, including the City of Albuquerque's Task Force on Behavioral Health. Some stakeholders expressed a need for more housing units for the homeless and for individuals with a mental illness, and for more vouchers for rent payment.

Additional housing is being developed through a collaboration between Bernalillo County and the City of Albuquerque for individuals being released from jail – an important service. Accessible housing for other populations continues to be cited as a need. Some housing-services providers believe there may be enough housing units (citing a 7% vacancy rate), but more vouchers and wrap-around support services are needed to ensure the individual's success with living in the community.

> **CPI recommends working with Bernalillo County, the City of Albuquerque and housing providers in Phase 2 to better understand the current and projected housing-related needs of the community.**

Comprehensive Community Support and Transportation Services

Comprehensive Community Support Services (CCSS) and Transportation Services are core services needed in a unified system of care. Without community-wide access to these services, individuals and families are left to navigate behavioral health and substance abuse services on their own. Some will obtain care, but others will not, which could result in the individual's destabilization, law enforcement involvement, and increased need for higher levels of care. CCSS services help individuals and families navigate the care system, ensure they are connected with needed services at the time of need, and reduce barriers to accessing care.

In New Mexico, CSAs are the only type of provider that can bill Medicaid for CCSS such as community support, and Medicaid does not pay for transportation services. The lack of these services throughout the community and the limits on the type of provider exacerbates disconnections in the current system.

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[5] Albuquerque Chamber of Commerce (2014), Repairing New Mexico's Behavioral Health System-Preliminary Thoughts Toward an Implementation Plan, Mental Health Task Force

CPI recommends that provision of CCSS be expanded to outpatient providers and that transportation services be funded to support access to and continuity of care.

Additional work will need to be coordinated with the State of New Mexico to explore options for revisiting the Medicaid funding base for these services as well.

Peer and Recovery Support Services

Integrating peer-provided support services throughout the system of care is an effective practice that facilitates recovery, especially within a comprehensive crisis system.[6] By sharing their experiences, peers bring hope and provide role modeling, and promote a sense of belonging to a supportive community. Using peers in a variety of settings and services helps engage individuals in services, support the individual during treatment, and provide a post-treatment safety net for individuals on their recovery path,[7] thus avoiding the need for higher levels of care.

The State of New Mexico provides a training and certification program that allows graduates to work within a CSA as a Community Support Worker, providing services that are eligible for Medicaid reimbursement. However, the number of certified peers working in a CSA is minimal. Statewide it is reported that 152 peers have been certified, with 31.6% employed at a CSA, 40.2% employed elsewhere and 28.3% not employed[8]. Bernalillo County with its population of 644,023, reports a total of 35 Peer Specialists trained and certified, of which 12 are employed at a CSA, 10 employed elsewhere and 13 not employed.

In comparison, more than 220 certified peers are employed throughout the behavioral health system in Pima County (population 996,554), providing services that range from crisis support to health and wellness programs and direct-care providers. While Pima County's population is approximately one-third larger than Bernalillo County, the number of employed peers there is 10 times greater.

CPI recommends the number of peers employed in Bernalillo County and the surrounding area be expanded, along with efforts to work with the state to revisit the scope of reimbursable services provided by this valuable workforce.

Promoting a Recovery-Oriented System

In addition to the priority services noted above, other components of the service array must be considered as part of a recovery-based system, including:

- **Peer and/or Family-run Services** – Services delivered by peers, named a best practice by SAMHSA, can have a positive effect on an individual's stabilization in the community and recovery.[9] Expanding peer-provided services, through a clubhouse or consumer-run drop-in center model, will further support individuals in recovery by providing hope and encouragement while addressing issues of social isolation and stigma.
- **Prevention/Early Intervention Services** – Prevention/Early Intervention plays a key role

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[6] SAMHSA (2014), Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies, HHS Publication No. (SMA)-14-4848

[7] SAMHSA (2009), What are Peer Recovery Support Services?, HHS Publication No. (SMA) 09-4454

[8] State of New Mexico website, New Mexico Behavorial Health Collaborative - State Map of Peer Specialists Locations (revised 7/17/13)

[9]Psychiatric Services (2001), Consumer-Run Service Participation, Recovery of Social Functioning, and the Mediating Role of Psychological Factors, Volume 52 Issue 4

in a recovery-oriented system by supporting individual and community education about behavioral health and related conditions, stigma-reduction activities, and early recognition and intervention for first-episode psychosis,. Expansion of school-based programs to include services in elementary, middle and high school sites is needed. In Phase 2, CPI will explore prevention services to IV drug users and services to the community of individuals who are lesbian, gay, bisexual, transsexual or queer or questioning (LGBTQ), in addition to the school-based prevention programming. CPI will also explore possible strategies for suicide prevention.

- **Education and Training** – Ongoing education and training for the community, the workforce and leaders of Bernalillo County and surrounding areas, focused on recovery-based care, trauma-informed care and the importance of consumer health and wellness, is important to ensure stability in the community. This includes a crucial component of a recovery-oriented system of care: Mental Health First Aid (MHFA) training. MHFA is an in-person training that teaches the public how to help people showing signs of a mental illness or in crisis. MHFA programs provide effective, evidence-based public education that benefits all community members.

Underlying these service recommendations is the need to **improve communication and collaboration** among service providers, hospitals, law enforcement, first responders and the judicial system. Stakeholders deemed this a barrier to care, saying community resources are too often unknown or not easily accessible to community providers, leading to fragmented service referrals with little to no follow-up by the referring agency.

Below are some examples of options for improving communication and collaboration:

- Establish crisis service specific stakeholder meetings and task forces that meet regularly and produce timelines with measurable outcomes to develop and improve crisis system services;
- Promote community education related to crisis services including recognition of the state-wide crisis phone line through various media efforts such as public service announcements and other media coverage.
- Develop a website focused on crisis service community information such as crisis call numbers, points of contacts and comprehensive list of services. Feature success stories on website of community members who sought crisis services with good outcomes, feedback from stakeholders, such as law enforcement, etc. Website should link to other state and local references.
- Focus community education campaign on identification of early signs and symptoms of behavioral health issues and how to seek help through promotion of MHFA training in the community by collaborating with the Project Aware grant awarded to Bernalillo County.

Another underlying need is for **development and expansion of the workforce**, including required trainings on the care system, recovery, best practices, cultural competency and specific models of

treatment and support. This effort should include recruitment of peers and family members to provide support, navigation and other services.

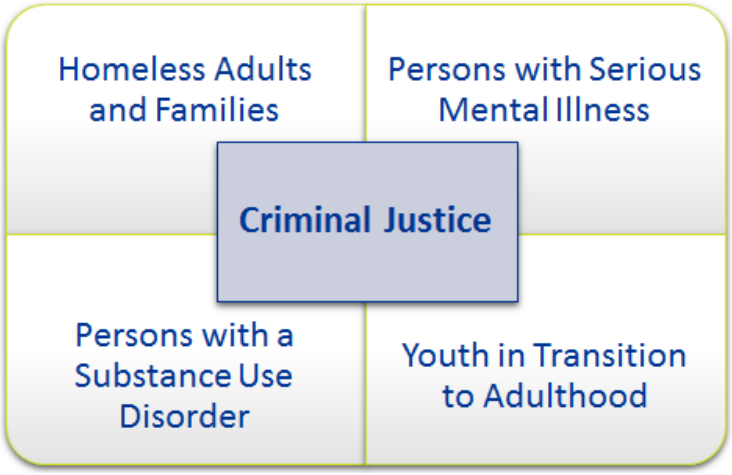
CPI believes Bernalillo County and surrounding areas have exceptionally committed behavioral health and substance abuse service providers, but they often lack structural connections to one another.

Preliminary Priority Populations

CPI learned from stakeholders that some populations with the greatest need of services are:

- Adults who are homeless and their families;
- Persons with serious mental illness;
- Persons with a substance-use disorder; and
- Youth transitioning into adulthood.

These four priority populations are also called out in a recent study conducted by the UNM Health Sciences Center[10] noting that both the child and adult systems are underfunded and in need of additional resources. From our community discussions, it seems each priority population lacks a full service continuum that is accessible and offers the needed levels of care.



Criminal-justice stakeholders informed us that these populations experience frequent involvement with the justice system, whether through police contact, by way of the courts or while residing in a detention center. Bernalillo County is partnering with the Center for Health & Justice, a division of Treatment Alternatives for Safe Communities (TASC), to leverage health care resources for the justice-involved population and create a positive change in the criminal justice system. CPI will meet with TASC consultants on July 1, 2015, to discuss this work and to ensure that CPI and the County are aligned in our efforts. The outcome of the work performed by the Center for Health & Justice likely can be used to further develop the existing resource directory for providers in Albuquerque and surrounding areas.

We learned that New Mexico has the highest drug-induced death rate in the nation, while Bernalillo County has the highest number of such deaths, as reported in the State's Substance Abuse Epidemiology Profile.[11] This report also notes that New Mexico consistently has one of the highest alcohol-related death rates in the U.S.

These facts support additional priorities, such as ensuring that people with drug or alcohol dependence have access to care, including opioid-treatment services; helping youth aging out of the children's system to transition into the adult system of care to minimize interruptions in treatment; and providing housing and supports for homeless men, women and children and individuals with serious mental illness to help them maintain stability and to promote recovery.

In addition, there may be other populations, based on race, ethnicity or other demographic characteristics, that could also be considered as priority populations. As an example, during Phase 2

[10] UNM Health Sciences Center (2014), Meeting Challenges: Finding Opportunities, Bernalillo County Behavioral Health Services Assessment

[11] New Mexico Department of Health (2013), New Mexico Substance Abuse Epidemiology Profile

CPI will explore the behavioral health needs of the Hispanic community, the three Native American tribes in Bernalillo County – Isleta Pueblo, Laguna Pueblo and Sandia Pueblo (which extends into Sandoval County) – children and other demographically defined populations. We are learning about Albuquerque Area Indian Health Services and behavioral health services provided tribal members both on and off-reservation, and will incorporate this information into our Phase 2 discussions and plans.

The common thread for these populations is the need for a single place to contact or go to when experiencing a behavioral health crisis.

In Phase 2 of the Bernalillo County project, CPI will work collaboratively with targeted stakeholders, community task forces and work groups to further refine these priority populations and priority services.

Preliminary Funding Recommendations & Leveraging Opportunities

The heart of this Preliminary Plan is the recommendation to design and develop a continuum of crisis services that function as a single community resource providing initial evaluation, intervention and crisis-stabilization services and expedite the individual's safe return to the community, with supports to continue care in a recovery-focused environment (and avoid future need for crisis services).

Funding requirements for the above priority services and populations are likely to exceed the estimated amount of $20 million in revenue to be generated annually by the gross-receipts tax. As a comparison, the annual cost of Pima County's crisis continuum is approximately $40 million, with $26 million of that dedicated to operation of the CRC.[12] Funding streams are blended, with federal Medicaid and block-grant dollars and funds appropriated by the Arizona Legislature.

To acquire the needed funding base in Bernalillo County, other opportunities to combine local funds to meet immediate priority service needs should be considered. The City of Albuquerque allocates approximately $14 million in behavioral health services and programs, which could be part of the funding base for the care continuum, in addition to resources from Sandoval, Torrance and Valencia counties. We recommend that non-Medicaid funds currently managed by Optum should also be considered in the development of a comprehensive behavioral health service continuum, in addition to the Medicaid funds managed by Centennial Care.

In addition, the County has an opportunity to review the distribution of $90 million in mill-levy revenue that is targeted to the operations of a County hospital including indigent care. Currently a portion of the mill-levy revenue is designated for behavioral health services. Discussions between UNM and the County should occur to determine if the appropriate amount of funding has been designated for the provision of behavioral health services.

CPI encourages Bernalillo County to also actively explore all other opportunities for funding of behavioral health services through federal and state grants and/or demonstration projects with national organizations such as SAMHSA. With the recent passing of the Excellence in Mental Health Act (2014), New Mexico would greatly benefit from applying for a planning grant that could lead to a state-wide pilot project to develop and implement Certified Community Behavioral Health Clinics, which would allow for additional federal funding opportunities. With services to people with mental illness and substance use disorders, these clinics would further improve the behavioral health continuum of care throughout the county, while promoting person-centered care.

Fully funding the necessary service continuum in Bernalillo County will require a combination of funding from the State, County and other community sources. CPI recommends the County make collective efforts with the State's Human Services Department to examine the scope of behavioral health benefits under the current Medicaid waiver and recommend modifications that will expand allowable services. This effort will require support from local and state champions and may need to occur over an extended period of time.

[12] $18 million approved by Pima County Bond Election (May 2006) to fund the construction of the facility

There also are opportunities to leverage funds with a federal match that would provide greater resources to Bernalillo County to bridge service gaps and create a unified, coordinated system of care.

The Board of County Commissioners voted in April to create an advisory work group to confer with CPI on these issues going forward. CPI will work in concert with the Behavioral Health Resource Development Work Group to establish local and regional priorities; identify needed administrative and legislative actions to align federal, state and local government, private-sector and nonprofit behavioral health funding with regional priorities; and foster local and regional behavioral health funding partnerships and commitments.

Recommendation for a Regional Administrative Structure

Bernalillo County is at a tipping point, with no cohesive behavioral health system to meet the needs of persons with mental illness and/or substance abuse issues and their families. With recommendations to develop a comprehensive system of care, it is imperative that an administrative entity be designated to function as a single point of contact with accountability to the community and the County as well as strong linkages with service providers. Below are the recommendations for a regional admininstrative structure for consideration by the County Board of Commissions who have the authority to determine the best administrative/governance structure for the community.

As a key component of overall management of behavioral health funds generated from the gross-receipts sales tax, this entity must include a governing and administrative structure adopted by the County for the purpose of receiving, administering and monitoring use of these funds. To help the County design this structure, CPI reviewed the study conducted on behalf of the County by the Robert Wood Johnson Foundation Center for Health Policy at UNM, titled *Considerations for the Development of a System to Distribute Tax Revenues Earmarked for Behavioral Health in Bernalillo County.* The report looked at 14 counties in five states and their governance structure for managing revenues dedicated for behavioral health services.

In addition, CPI researched six governance-board structures from New Mexico, Arizona and California. These boards governed large health care systems, statewide criminal-justice programs or were established based on tax revenues for a targeted purpose such as support for behavioral health or regional transportation services. Board membership terms of 2 to 4 years were common along with structures such as:

- A large percentage of membership appointed by the governor or mayor;
- A smaller percentage of membership elected or representing different constituencies of the behavioral health community; and
- Representatives of municipality and/or county members.

One board, the Pima Association of Governments (PAG), stands out as a governing body that is more inclusive of community representatives, with only one appointed member. PAG is also a 501(c)4 nonprofit entity, which allows it to pursue other state and federal funding. On the next page is a table with information on some of the governing boards reviewed by CPI. This is not meant to be an exhaustive list, but to serve as a basis for further discussion.

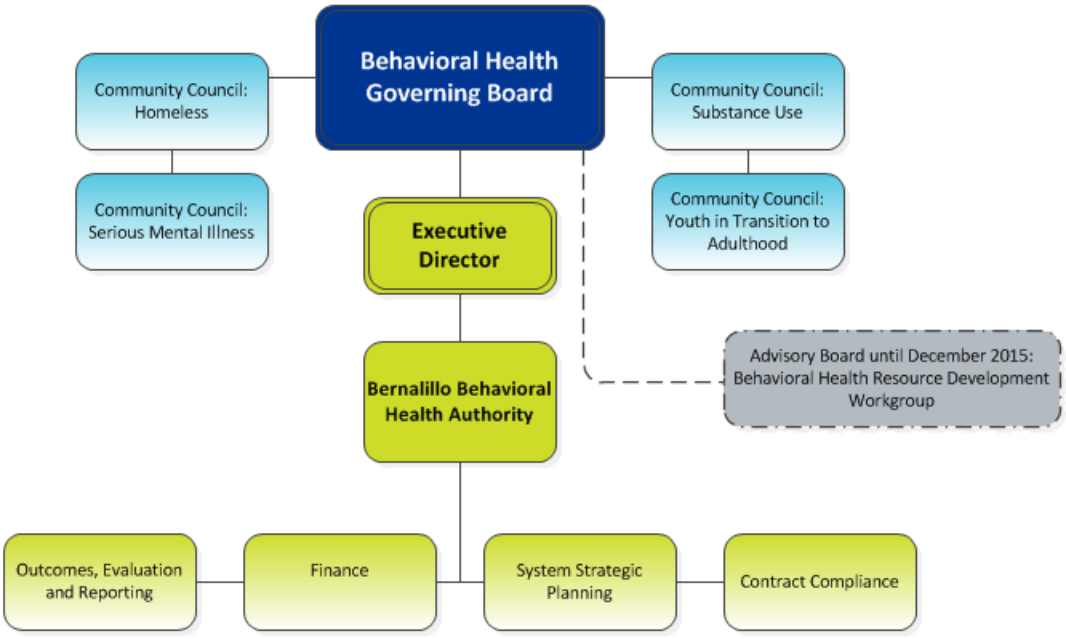
Input on board structure was also gathered through the various stakeholder groups held with providers, hospitals, MCOs, law enforcement, courts, first responders such as the fire department, and prevention and housing providers. The majority supported creation of an entity separate from the County and made up of a non-partisan group of community leaders, providers, consumers, peers and family members.

Examples of Governance Board	Authority/ Oversight	Board Size & Composition	Board Term
New Mexico Water Quality Control Commission	Basic authority for water quality management, administration of loans and grants.	• 14 members • 9 constituent agencies • 1 municipality or county government • 4 members appointed by Governor	4 years
New Mexico Lottery Authority	Conduct New Mexico state lottery and provide revenues for public purposes.	• 7 members • Appointed by Governor with Senate approval • No more than 4 members from any one political party • Consider 1 member each from law enforcement, attorney, CPA	5 years
Pima Association of Governments (AZ)	Nonprofit managing entity of the Regional Transportation Authority (RTA), a $2.1 billion, 20-year RTA plan and half-cent excise tax to fund RTA plan.	• 9 members • Cities of South Tucson & Tucson • Towns of Marana, Oro Valley & Sahuarita • Pima County • Pascua Yaqui Tribe • Tohono O'odham Nation • Pima County representative of Arizona State Transportation Board (Governor-appointed)	None specified
Arizona Criminal Justice Commission	Administration and management of statewide criminal justice programs. Facilitates information and data exchange.	• 19 members • 14 appointed by Governor and are municipal, county or elected officials • 5 state criminal justice agency heads	2 years
Maricopa County Special Health Care District Board of Directors (AZ)	Governing body and fund administration for a special health care tax district.	• 5 members • Elected public officials representing each of the five districts in Maricopa County	4 years
Mental Health Services Oversight & Accountability Commission (CA)	Oversees and accounts for the Mental Health Services Act 1% tax on annual personal income greater than $1 million (Prop 63).	• 16 members • Attorney General, Supt. of Public Instruction, Chair of the Senate Health & Human Services Committee, Chair of the Assembly Health Committee • 12 Governor appointees representing specific statutory statewide interests	None specified

Preliminary Recommendations for Governing Authority

Based on research, discussions with stakeholders and review of previous reports, CPI's preliminary recommendation is that Bernalillo County establish a governing authority that is a nonprofit organization under the direction of an Executive Director with dedicated staff. This entity would be funded with pooled resources from the gross-receipts tax and contributory funds from the State of New Mexico, City of Albuquerque, Optum, Centennial Care and surrounding counties whose residents regularly receive services in Bernalillo County.

For the purpose of this report, this organization is referred to as the **Bernalillo Behavioral Health Authority (BBHA).** The diagram below illustrates its possible structure and organization.



In this preliminary model, the BBHA would be responsible for:

- Ensuring the pooled resources (funds) are expended in the most cost-effective manner;
- Promoting partnerships to obtain funding ;
- Developing a comprehensive, regional behavioral health care continuum in Bernalillo County and surrounding communities;
- Overseeing management and compliance for behavioral health services and programs funded with these monies; and
- Providing education and training to the community at-large.

Under the guidance of a governing board, the BBHA would employ staff to oversee the following core functions:

- Fund distribution, using a competitive bidding process;
- Creation of quality metrics and monitoring of contract compliance for services and programs;
- Active pursuit of other federal, local or state funding;
- Evaluation of effectiveness and outcomes of services and programs;
- Presentation of community training and education; and

- Conducting system-wide strategic planning activities.

The BBHA and its governing board would include the following in its mission, vision and values:

- Recovery-driven systems and services that include consumers and families in decision-making;
- A focus on collaboration, with leadership that fosters partnerships for better outcomes;
- Fiscally responsible operations with accountability at all levels;
- Services that are available and accessible, provided in a timely manner, to assure a continuum of behavioral health care for individuals, families and the community at-large;
- Diverse and culturally competent system and services that meet the needs of the community; and
- Excellence in care that embraces quality and performance assessment with measures and data continuously used to improve care.

It is recommended that the governing board include 16 members approved by Bernalillo County Commissioners, with one board member selected as the Board Chairperson by standing board members. Local governments must provide a dedicated funding stream to have representation on the BBHA Governing board. Each board member would represent a single appointment and have a single vote.

Preliminary constituency representation and initial term of appointment is shown below.

BBHA Governing Board Member Representation	Initial Term (years)
Bernalillo County	4
City of Albuquerque	4
Sandoval County	4
Torrance County	4
Valencia County	4
State of New Mexico	4
Consumer/Peer	3
Family Member	3
New Mexico Hospital Association	3
Law Enforcement/First Responders	3
Metropolitan Detention Center	3
Metro/District Court	3
Business/Chamber of Commerce	2
Housing Provider	2
Mental Health Agency/Provider	2
Substance Abuse Agency/Provider	2

Initial board-appointment terms would be staggered to ensure consistency within the governing body as membership terms expire. This is a common practice adopted by most governance boards. CPI recommends that subsequent terms be set at three years for all members.

CPI supports a strong collaborative partnership between Bernalillo County and the City of Albuquerque, which should be formalized in a Memorandum of Understanding (MOU) that includes:

- Scope of the partnership,
- Defined roles,
- Agreement to pool funding currently spent on behavioral health and substance use services, with total committed funds specified; and
- Agreement to share community resources to bridge service gaps, resolve accessibility issues and further enhance the continuum of behavioral health services.

Similar MOUs should be created between Bernalillo County and Sandoval, Torrance and Valencia counties.

To help guide and create a voice advocating for service needs and/or solutions at the local level, CPI recommends establishing Community Behavioral Health Councils representing key priority populations. Community Behavioral Health Councils include criminal justice representatives, service providers, professionals and consumers, peers and families. CPI also recommends that a BBHA governing board member be appointed ex-officio to serve on each community council.

In keeping with the aforementioned priority populations, CPI suggests starting with the following community councils:

- Homeless Individuals and Families,
- Persons with a Serious Mental Illness,
- Persons with a Substance Use Disorder and
- Youth in Transition to Adulthood.

An important aspect to development of the BBHA and the governing body is the provision of focused training on approaches to recovery services and activities, recovery support services and culture in order to ensure a functional and consistent understanding of self-directed services and care.

Phase 1 Summary and Recommended Action Steps

In Phase 1, CPI was tasked with learning about and understanding the current landscape of behavioral health care in Bernalillo County and throughout the state of New Mexico to prepare the recommendations contained in this report. CPI read through many reports (listed in Attachment 1) outlining needs of the community and then quickly began facilitating focus groups with stakeholders to gather direct input on service strengths, needs, populations with greatest unmet needs, and ideas about how to close service gaps.

For example, structured, consistent and mutual coordination of care emerged as a significant need in the current system. MCOs have begun to implement Health Risk Assessments and care-coordination functions at the health plan level.

In all, CPI met with more than 175 stakeholders representing consumers, families, peers, criminal justice, law enforcement, first responders, hospitals, MCOs, housing and prevention providers, CSAs, the UNM, and a large group of local and state government leaders (listed in Attachment 2).

CPI met with more than 175 stakeholders representing consumers, families, peers, criminal justice, law enforcement, first responders, CSAs, the UNM, and a large group of local and state government leaders.

The results of this concentrated effort are the preliminary gaps and needs findings, identification of priority populations and services, recommendations for system redesign and reform, and recommendations for funding strategies to ensure the implementation and sustainability of a comprehensive behavioral health system.

Recommended Action Steps

1. **Designate and Fund an Administrative Entity**. At the helm of this new system, CPI recommends creation and funding of a nonprofit authority to gather, receive and administer pooled funds, monitor compliance, perform strategic planning activities and ensure fiscal accountability at all levels**.** With a governing board comprising consumers, family members and representatives from the state, county, city and other local service leaders, this entity would function independently as the lead authority in Bernalillo County and surrounding areas.
2. **Develop and Fund Community Engagement Teams.** With the recent support of the State of New Mexico Human Services Department to move forward with creating Community Engagement Teams, CPI recommends Bernalillo County and the City of Albuquerque come together to formulate a fiscal strategy to fund implementation of CET across Albuquerque and surrounding areas.
3. **Collaborate and Explore Service Provider Database.** Bernalillo County's partnership with the Center for Heath & Justice, a division of TASC, is exploring ways to leverage health care resources for the criminal justice population to create positive change in the justice system. Part of that effort is mapping organizational linkages

Action Steps . . .

- ✓ Designate and Fund an Administrative Entity
- ✓ Develop and Fund Community Engagement Teams
- ✓ Collaborate and Explore Service Provider Database
- ✓ Pursue and Apply for Planning Grant Under the Excellence in Mental Health Act

and resources. CPI is a supporting partner in this endeavor to collaborate with the Center for Health & Justice to promote coordinated goals and outcomes. CPI recommends that it work in concert with the Center for Health & Justice to align efforts regarding a coordinated service provider database. Work toward this effort will begin following our July 1, 2015 conference call with Bernalillo County and the Center for Health & Justice.

4. **Pursue and Apply for Planning Grant Under the Excellence in Mental Health Act.** CPI recommends that the State of New Mexico pursue a planning grant for development of Certified Community Behavioral Health Clinics under the auspices of the Excellence in Mental Health Act by submitting an application by August 5, 2015. Demonstration program awards include financial support to fully implement these integrated clinics that are patient-centered in care and accessible 24/7 with prevention and peer support services.

Phase 2 Looking Forward

As Phase 2 begins, CPI has a clearer understanding of the scope of current issues and a basic framework to further develop and define a plan for a comprehensive, cohesive and cost-effective behavioral health system for residents of Bernalillo County and surrounding areas. With the broad commitment of community leaders, service providers, consumers, families and advocates supporting a meaningful change in their community, CPI is poised to move forward.

Some of the Phase 2 activities are:

- Focus on partnering with community leaders to leverage opportunities to establish a **centralized crisis and command center**;
- Gather more information on the need for additional **detoxification services**;
- Assess **Crisis Respite** as a needed service component and explore opportunities to fast-track development of this capacity for the community;
- Explore needs for **advocacy and support services** for consumers and families;
- Focus more on the unique behavioral health needs of other populations, including the **Hispanic and Native American** population and other groups defined by race or ethnicity;
- Work with local leaders in **housing services** to better understand the current and projected housing needs of the community and to formulate a plan to enhance these services;
- Determine options for **early detection and treatment of first-episode psychosis**; and
- Explore **prevention/early intervention services** and programs in schools to seek opportunities to expand; and look into prevention services for IV drug users and individuals who are lesbian, gay, bisexual, transsexual or queer or questioning (LGBTQ).

CPI will work collaboratively with targeted stakeholders, community task forces and work groups to further refine these priority services and populations throughout the Phase 2 process.

Preliminary Outline of the Behavioral Health Business Plan

This Phase 1 report encompasses the initial framework for the Behavioral Health Business Plan including an Executive Summary and Background, Assessment of State and Local Services and Providers, Preliminary Priority Behavioral Health Services and Providers, Preliminary Funding Recommendations and Leveraging Opportunities, and Preliminary Recommendations for a Regional Administrative Structure.

Each of these sections represents a core piece of the comprehensive plan that will be further developed throughout Phase 2 of this project.

In addition to these core sections, CPI will partner with key stakeholder groups, task force members, and state and local leaders, as well as the Behavioral Health Resource Development Work Group, to fully develop business plan components and details.

The comprehensive Behavioral Health Business Plan includes:

The final business plan will be based on a thorough review of local and national information and recommendations supported by citations of research and other examinations of services, strategies and best practices.

Attachment 1 – Reports and Studies Reviewed by CPI

The table below lists all reports, articles and reference materials reviewed by the CPI team in preparation for the stakeholder meetings and community discussions.

Document Title	Author(s)	Publisher	Date
2013 Hospital Inpatient Discharge Data Annual Report	Victoria F. Dirmyer, Ph.D, Abubakar Ropri, MPH	Health Systems Epidemiology Program, Epidemiology and Response Division, New Mexico Department of Health	2014
"A Crisis Center May Help Avert Shootings"	Dan McKay	*Albuquerque Journal*	September 25, 2014
"Access Peak: How United Healthcare bought access to the governor, won lucrative contracts with New Mexico and avoided scrutiny in the behavioral health care shakeup."	Justin Horwath	*Santa Fe Reporter*	March 18, 2015
Albuquerque Mental Health Services Caps Project http://cepr.unm.edu/tools/ABQ-Providers.html		UNM Center for Education and Policy Research	
"Back to the Future: New Mexico Returns to the Early Days of Medicaid Managed Care"	Cathleen Willging, Ph.D; Rafael Semansky, Ph.D, MPP	*Psychiatric Services*	August 2014
Behavioral Health Barometer: New Mexico 2014		Substance Abuse and Mental Health Services Administration (SAMHSA)	2015
Behavioral Health Needs and Gaps in New Mexico: Executive Summary		UNM	2002

Document Title	Author(s)	Publisher	Date
Bernalillo County Department of Substance Abuse Programs Detox Statistical Report for Fiscal Year 2013-2014		Metropolitan Assessment and Treatment Services	2014
Bernalillo County Department of Substance Abuse Programs Overview			
Bernalillo County Metropolitan Detention Center Psychiatric Services Unit Review		Institute for Social Research, UNM	January 2015
"Board Would Coordinate Mental-Health Services"	Dan McKay	*Albuquerque Journal*	March 2, 2015
Centennial Care Covered Services			2015
"City Council Not Ready to Approve Contract for a Police Monitor"	Dan McKay	*Albuquerque Journal*	April 22, 2015
City of Albuquerque Behavioral Health Crisis Triage Planning Initiative Crisis Triage Services Continuum Recommendations	David M. Wertheimer, MSW, MDiv	Kelly Point Partners	November 19, 2004
City of Albuquerque Heading Home Initiative Cost Study Report Phase 1	Paul Guerin, Ph.D; Alexandra Tonigan, BA	Institute for Social Research, UNM	September 2013
"City Releases Mental Health Action Report"	Ryan Boetel	*Albuquerque Journal*	November 2, 2014
Community Summit with Behavioral Health and Criminal Justice: Working to Reduce Potential Tragedies for People Living with Mental Illness	Mayor Berry		November 10, 2011
Considerations for the Development of a System to Distribute Tax Revenues Earmarked for Behavioral Health in Bernalillo County	Sam Howarth, Ph.D, Janelle Johnson, MA	Robert Wood Johnson Foundation Center for Health Policy at UNM	May 2015
"County Approves $30M Tax Hike on Party Lines"	Dan McKay	*Albuquerque Journal*	February 26, 2015

Document Title	Author(s)	Publisher	Date
"County Approves Program for Recently Jailed, Mentally Ill Homeless"	Rich Nathanson	*Albuquerque Journal*	June 24, 2014
"County Can Balance Budget Without Layoffs"	Dan McKay	*Albuquerque Journal*	April 23, 2015
Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies		SAMHSA	2014
Editorial: "County Needs to Put the 'System' in Mental Health"	Editorial Board	*Albuquerque Journal*	April 19, 2015
Editorial: "Mental Health Crisis Center an Option Worth Pursuing"	Editorial Board	*Albuquerque Journal*	October 1, 2014
Fire-Based Community Paramedicine: Is it a Cost Effective Program for the City of Albuquerque?	Frank Soto Jr.	Albuquerque Fire Department	
"Fixing Behavioral Health System Could Take Years"	Winthrop Quigley	*Albuquerque Journal*	April 30, 2015
Fundamental Community Public Safety-Building a Safer and Healthier Community	John Dantis		October 22, 2010
"Funds for Anti-Gang Program May Be Cut"	Dan McKay	*Albuquerque Journal*	April 20, 2015
"Hospital High-rise?"	Mike Bush	*Albuquerque Journal*	April 16, 2015
House Joint Memorial 17 Task Force Recommendations		State of New Mexico	November 2011
House Joint Memorial 45 Task Force Recommendations		State of New Mexico	December 2012
"Improving Mental Health Services Can't Wait"	Dr. William Wiese	*Albuquerque Journal*	February 15, 2015
Improving Public Safety & Pubic Health Through Addiction Treatment Services	Ann Casey		July 12, 2010

Document Title	Author(s)	Publisher	Date
"In Albuquerque, Police Killings Divide Law Enforcement Agencies"	Nigel Duara	*Los Angeles Times*	April 25, 2015
"Independent Assessment of New Mexico's Medicaid Managed Care Program-Behavioral Health Statewide Entity"	Denise Anderson, MAOM, CQPA	*HealthInsight*	June 28, 2013
"Jail Population Plunges"	Dan McKay	*Albuquerque Journal*	March 15, 2015
Judges on Payroll: A Radical Approach to Population Management	John Dantis	National Institute of Corrections, Large Jail Network Bulletin	2001
Landscape of Behavioral Health in Albuquerque		UNM Department of Psychiatry and Behavioral Sciences, UNM Center for Education Policy and Research, and Robert Wood Johnson Foundation Center for Health Policy at UNM	October 15, 2014
"Legislators Question Mental Health Spending"	Dan Boyd	*Albuquerque Journal*	September 25, 2014
Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Literature Synthesis and Environmental Scan	Martha R. Burt, Carol Wilkinds and Danna Mouch	United States Department of Health and Human Services	January 6, 2011
Meeting Challenges: Finding Opportunities Bernalillo County Behavioral Health Services Assessment	Mauricio Tohen, MD, Dr.PH, MBA, Rodney McNease, MA	UNM Health Sciences Center	November 2014

Document Title	Author(s)	Publisher	Date
"Mental Health Network to Service BernCo Region"	Dan McKay	*Albuquerque Journal*	April 20, 2015
New Mexico Behavioral Health Expert Panel White Paper	Sam Howarth, Ph.D, Deborah Altschel, Ph.D, Steven Adelsheim, MD		September 29, 2011
"New Mexico Leads Nation in Per Capita Mental Illness"	Tristan Ahtone	KUNM	October 30, 2013
New Mexico Medicaid and Premium Assistance Programs Eligibility Categories			July 2014
New Mexico's Centennial Care Waiver Request		State of New Mexico	April 25, 2012
"Officials Say Crisis Center Promising"	Olivier Uyttebrouck	Albuquerque Journal	January 23, 2015
"Opioid Needs Assessment"	Brenna Greenfield, MS, Mandy Owens, BS, David Ley, Ph.D	UNM Center on Alcoholism, Substance Abuse and Addictions; *New Mexico Solutions*	June 30, 2011
"Our Response to Mental Illness is Expensive, Ineffective"	Isaac Benton, Brad Winter	*Albuquerque Journal*	November 9, 2014
"Police Oversight Board takes Hard Line in Its First Meeting"	Ryan Boetel	*Albuquerque Journal*	March 13, 2015
Proposed Funding Streams for the Recommendations of the Task Force on Behavioral Health			
Public Notice of New Mexico's 1115 Waiver Application to Create the Centennial Care Program			2012

Document Title	Author(s)	Publisher	Date
Reducing the Criminal Justice System Involvement of Adults with Serious Mental Illness: Summary of Bernalillo County Action Planning Meeting		The Bazelon Center	June 12, 2012
Repairing New Mexico's Behavioral Health System- Preliminary thoughts Toward an Implementation Plan		Albuquerque Chamber of Commerce	October 27, 2014
"State Reports Significant Increase in Behavioral health Consumers"	Deborah Baker	*Albuquerque Journal*	May 11, 2015
Summary of City/County/State Behavioral Health Task Force Recommendations			
"Time to Plug Holes in Mental Health Dike"	Winthrop Quigley	*Albuquerque Journal*	April 12, 2015
"UNM Researchers Find Mental Health Care Gaps"	Dan McKay	*Albuquerque Journal*	October 31, 2014
"UNM: Bernco Comes Up Short on Behavioral Health Services"	Mike Bush	*Albuquerque Journal*	November 19, 2014
United State District County for the District of New Mexico Settlement Agreement		Department of Justice	2014
United States of America Vs. City of Albuquerque Settlement Agreement			
UNM Health Science Center History and Overview			June 2015
"When Cops Break Bad: Albuquerque's Police Force Gone Wild"	Nick Pinto	*Rolling Stone*	January 29, 2015

Attachment 2 –Community Meeting Participants

The CPI Team facilitated 27 community meetings and met with a total of 178 stakeholders from April 28 through June 3, 2015. Below is a list of the stakeholders with their agency affiliation.

Community Meeting Participants
Mark Abeyta, Clinical Manager, Optum Health New Mexico
Henry Alaniz, Judge, Metro Court
John Ames, Director of Housing, Supportive Housing Coalition of New Mexico
Debbie Armstrong, New Mexico State Representative
Linda Atkinson, Executive Director, DWI Resource Center
Heba Atwa-Kramer, Community Input and Policy Coordinator, United Way of Central New Mexico
Evan Baldwin, Recovery Services of New Mexico
Sylvia Barela, Chief Operations Officer, Santa Fe Recovery Center
Felicia Barnum, Treasurer, NAMI Albuquerque
Ben Barreras, Pharmacist, Barreras Farmacia
Amber Bennett, Advocate
Rhonda Berg, Executive Director, Supportive Housing Coalition of New Mexico
Caroline Bonham, MD, Director, Community Behavioral Health, University of New Mexico
Kelly Bradford, Adult Detention Reform Coordinator, Bernalillo County
Lindsay Branine Sr., Director Customer Relations, ProtoCall
Charlotte Breeden, Executive Director, Courageous Transformations
Anita Briscoe, MS, Psychiatric Nurse Practitioner/Chair, Albuquerque Mental Health Response Advisory Committee
Carl Broach, Asst. Director of SA Programs, Bernalillo County Metropolitan Assessment and Treatment Services
Minda Brown Jaramillo, First Choice Community Health Care
Colleen Bultmann, Detective, Bernalillo County Sheriff's Office
Paula Burton, Advocate
Robert Buser, MD, Medical Director, United Healthcare New Mexico
Enrique Cardiel, International District Health Communities Coalition
Adán Carriaga, Behavioral Health Program Manager, Molina Health care
Kim Carter, Deputy Bureau Chief, New Mexico Human Services Department, Centennial Care Bureau

Community Meeting Participants
Doug Chaplin, Director, Department of Family and Community Services, City of Albuquerque
Mark Clark, Health Promotion Specialist
Gray B. Clarke, Presbyterian Behavioral Health Services
Terri Cole, President and CEO, Albuquerque Chamber of Commerce
Anita Córdova, Albuquerque Health Care for the Homeless
Nina Cordova, Advocate
Peggy Cote, City of Albuquerque, Department of Family & Community Services
Jay P. Crowe, LISW, Behavioral Health Program Manager/Clinical Director, Albuquerque Healthcare for the Homeless
Theresa Cruz, PhD, Assistant Professor, University of New Mexico
John Dantis, Advocate
Art De La Cruz, Commissioner/Vice Chair, Bernalillo County Commission - District 2
Diane Dolan, Policy Analyst for Councilor Isaac Benton, Albuquerque City Council
Alex V. Dominguez, Operations Manager, Substance Abuse Programs, Bernalillo County
Lou Duran, Advocate
Lorette Enochs, Mental Health Attorney (retired) and Peer
Phil Evans, President/CEO, ProtoCall
Alyssa Ferda, Media/Outreach, U.S. Attorney's Office
Erinn Flynn, Case Manager, University of New Mexico Health Sciences Center Connections Program
Glenn Ford, Advocate, New Mexico Brain Injury Alliance
Krisztina Ford, CEO, All Faiths
Michelle Franowsky, Social Worker Consultant, Law Offices of Public Defender
Amanda Frazier, District Court
Tom Gagliano, Vice President, NAMI Albuquerque
Art Gallagher, DCED, 2nd District
Diane Gibson, City Councilor, City of Albuquerque
Jessica Gonzales, Policy Analyst, Albuquerque City Council
Phillip Greer, Chief Judge, Metropolitan Detention Center
Margaret Griffin, Advocate
Richard Griffin, Advocate
Paul Guerin, Ph.D., Director, Center for Applied Research and Analysis, University of New Mexico
Tara Gutierrez, Clinical Director, Youth Development Institute (YDI)

Community Meeting Participants
Trey Hammond, Albuquerque Interfaith/La Mesa Presbyterian
Paul Hansen, Commander, Albuquerque Police Department
Joe Harris, Manager, Behavioral Healthcare Operations, University of New Mexico
Marcia Harris
Lea Harrison, Director, Business Development, Haven Behavioral Hospital
Maggie Hart-Stebbins, Commission Chair, Bernalillo County Commission - District 3
Katrina Hotrum, Director, Department of Substance Abuse Programs, Bernalillo County
Sam Howarth, Professor, University of New Mexico
Don Hume, Molina Health Care
B. L. Hurt, MH Director, Correct Care Solutions
Steven Jenkusky, Medical Director, Presbyterian Behavioral Health Services
Wayne A. Johnson, Commissioner, Bernalillo County Commission - District 5
Jeff Katzman, Department of Psychiatry, University of New Mexico Hospitals
Joanna Katzman, Director, University of New Mexico Pain Center
Jane Keeports, Administrator, Behavioral Health, Presbyterian Hospital
Leslie Kelly, Director of Counseling, Albuquerque Public Schools
Jeanene Kerestes, Senior Director of Medicaid Operations, Blue Cross Blue Shield
Heath Kilgore, CEO, Agave Health
Jean Klein, Program Manager, Metro Court
Nancy Koenisberg, Disability Rights New Mexico
Miriam Komaromy, University of New Mexico Project ECHO
Ed Kossmann, Correct Care Solutions
Elizabeth LaCouture, Presbyterian Health Plan
John Lahoff, IMC, LLC
Zachary Lardy, Lieutenant, Bernalillo County Fire Department
Mike Lewis, ADA, Office of the District Attorney
David Ley, Executive Director, New Mexico Solutions
Russ Liles, Manager, Recovery, United Healthcare
Wayne Lindstrom, University of New Mexico Health Services Department
Wendy Linebrink-Allison, Program Manager, New Mexico Crisis and Access Line
Esperanza Lujan, Attorney - Mental Health, Public Defenders Office
Tito Madrid, Commission Assistant, Bernalillo County Commission, District 5
Helen Maestas, Bernalillo County

Community Meeting Participants
Frank Magourilos, Prevention Consultant, Department of Substance Abuse Programs, Bernalillo County
Melissa Manlove, COO, First Choice Community Health Care
Art Marshall, Programs Division Director, Public Safety Division, Pretrial Services, Bernalillo County
Patrice Martin, BA, Executive Administrative Assistant to Chancellor Paul B. Roth, MD, University of New Mexico Health Sciences Center
Sgt. Edward Martinez, Sheriff's Department, Bernalillo County
Elizabeth Martinez, Executive Assistant, U.S. Attorney's Office
Rebecca Martinez, Discharge Planning, Correct Care Solutions
Sgt. Robert Martinez, Sheriff's Department, Bernalillo County
Marcello Maviglia, MD, Molina Health Care
Bob Maxwell, Retired
Becky Mayeaux, Housing Director, St. Martin's Hospitality Center
Ryan McCord, ADA – Metro, District Attorney's Office
Sherman McCorkle, Greater Albuquerque Chamber of Commerce
Tracy McDaniel, Coordinator, Early Childhood Accountability Partnership
Susan McKee, Manager, Prevention/Intervention, Albuquerque Public Schools
Steve McKernan, CEO, University of New Mexico Hospitals
Marsha McMurray-Avila, Coordinator, Bernalillo Co. Community Health Council/Opioid Accountability Initiative
Rodney McNease, Executive Director, Behavioral Health Finance, University of New Mexico Hospitals
Angelica Medrano, Deputy Director, Medical Assistance Division, New Mexico Department of Health Services
Dr. Kristine Meurer, Executive Director, Albuquerque Public Schools
Rick Miera, Former Representative, State of New Mexico
Monica Miura, Statewide Family Coordinator, New Mexico System of Care at Families ASAP/Brain Injury Alliance
Nancy Montaño, Policy Analyst, City of Albuquerque
Jerry Montoya, Health Promotion Manager, New Mexico Department of Health
Ana-Lisa Montoya Torres, MPA, Program Manager, Health Promotion Team, Board of County Commissioners
Lynda Moore, Quality Assurance Director, Youth Development Institute (YDI)
Christopher Morris, Executive Director, Open Skies Healthcare
Lisa Mortensen, Senior Manager, Behavioral Health, Blue Cross Blue Shield New Mexico

Community Meeting Participants
Peggy Muller-Aragon, Albuquerque Public School Board
Vince Murphy, Deputy County Manager, Bernalillo County
Sarah Nance, Program Manager, New Life Homes
Nan Nash, Chief Judge, Second Judicial District Court
Michael Nelson, New Mexico Human Services Department
Rose Nelson, United Health Care
Hank Nguyen
James Ogle, President, NAMI Albuquerque
Mariana Padilla, District Director, Office of U.S. Rep. Michelle Lujan Grisham
Tony Pedroncelli, Director of Business Operations, Optum Health New Mexico
Adrian Pedroza, Partnership for Community Action
Greg Perez, Deputy Chief, Bernalillo County Fire Department
Elise Perry, Research Scientist II, University of New Mexico/ISR
Grace Phillips, New Mexico Association of Counties
Eric Piñon, Board Member, NAMI Westside
Michael Pridham, Board Member/Secretary, New Mexico Chiropractic Association
Trace Purlee, Outreach, Oxford House
KC Quirk, Executive Director, Crossroads for Women
Philip Rios, County Manager, Sandoval County
Ed Rivera, United Way of New Mexico
Delfy Peña Roach, Executive Director, New Mexico Brain Injury Alliance
Barri G. Roberts, Bernalillo County Forensic Intervention Consortium
Michael Robertson, PhD, Division Manager, Department of Family & Community Services, City of Albuquerque
Linda Rogers, Metro Court Judge, Metro Court
Nils Rosenbaum, Albuquerque Police Department
Carmela Roybal, RWJF Doctoral Fellow, Robert Wood Johnson Foundation/University of New Mexico
Don Rupe, Metro Court
Robert Salazar, NAMI
Noell Sauer, Commission Assistant, Bernalillo County District 4, Office of Commissioner Lonnie C. Talbert
John Schoeppner, District Court
George Schroeder, Environmental Health Manager, Bernalillo County
Dave Seely, Board Chair, United Way of Central New Mexico

Community Meeting Participants
Jennifer Sena, Director, Community Based Services, University of New Mexico Mental Health
Catia Sharp, Harvard Intern, Bernalillo County
Harris Silver, MD, Co-Chair, Bernalillo County Opioid Abuse Accountability Initiative
Lisa Simpson, Technical Advisor to the Adult Reform Coordinator, Bernalillo County
Martha Snow, Psychiatric Nurse Practitioner, New Mexico VA Medical Center
Frank Soto Jr., EMS Division Commander, Albuquerque Fire Department
Glenn St. Onge, Lieutenant, Albuquerque Police Department
W. Mark Stith., M.Ed, Children's Protection Center
Ambrozino Storr, CEO, Haven Behavioral Hospital
Deedee Stroud, COO, All Faiths
Reuben Sutter, MD, Sage Neuroscience Center
Forrest Sweet, Case Manager, Albuquerque Health Care for the Homeless
Tom Swisstack, Deputy County Manager, Public Safety Division, Bernalillo County
Lonnie C. Talbert, Commissioner, Bernalillo County Commission - District 4
Nicole Taylor, Policy Analyst, Albuquerque City Council Staff
Alleyne Toya, Director, Behavioral Health Services, First Nations Community HealthSource
Paul Tucker, MS, LADAC, Turning Point Recovery Center
Andrew Vallejos, Coordinator, City of Albuquerque/Bernalillo Task Force on Behavioral Health
John Vigil, MD, Medical Director, Epoch/NMSAM
Bill Wagner, Executive Director, Centro Savila
Dr. Kari Ward-Kerr, Synchronicity, LLC
Dave Webster, Clinical Director, St. Martin's Hospitality Center
Jennifer Weiss-Burke, Executive Director, Serenity Mesa/HAC
Verner Westerberg, ASR Consulting
James Widner, Duke City Recovery Tool Box
Bill Wiese, Co-Chair, Bernalillo County Opioid Abuse Accountability Initiative
Kathy Winograd, President, Central New Mexico Community College
Robert Work, Attorney
Tom Zdunak, County Manager, Bernalillo County, Public Defenders Office
Ann Taylor-Trujillo, Executive Director, UNM Psychiatric Center