

Community Dialogues on Mental Health – Greater Albuquerque Region

Process • Recommended Actions • Implementation



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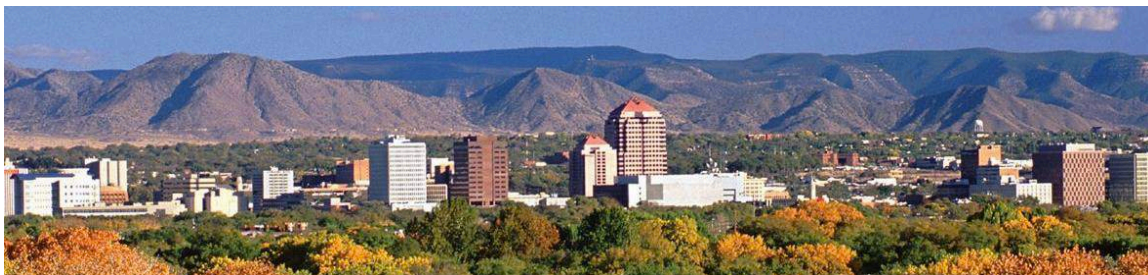
City of Albuquerque Mayor Richard J. Berry in collaboration
with Everyday Democracy and the Albuquerque community

May 2013 — November 2014

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Executive Summary

Project Overview

Creating Community Solutions Dialogues on Mental Health – Albuquerque is a project that began in March 2013 when Mayor Richard J. Berry answered a call from the White House to be one of the first cities in the nation to host a dialogue on mental health.

The national initiative began on January 16, 2013, when President Barack Obama called for a national conversation to increase understanding about mental health, reduce stigma and address community needs. To initiate the national dialogues, leaders from deliberative democracy organizations collaborated and assisted with organizing community-based dialogues throughout the country. Deliberative democracy is a process where people are able to engage meaningfully with each other and with government personnel in order to produce better decisions and better solutions to public issues.

Albuquerque stood well prepared to respond to this *call to action* for the national discussion. In Mayor Berry's first term, he expressed the need to talk about mental health — to get people who know about mental health together with city officials, primarily the police and paramedic first responders. As a result, a summit was held in November 2011. The event focused on mental health issues facing the City and ultimately set the stage for the much broader *Creating Community Solutions on Mental Health* regional conversation.

With barely eight weeks to plan the large-scale event, Mayor Berry directed the Department of Family & Community Services to manage the project and collaborate with Everyday Democracy, a Connecticut-based organization and one of the six deliberative democracy collaborative groups that helped organize *Creating Community Solutions (CCS)* for the White House. With the assistance of Everyday Democracy, a Steering Committee was formed to plan the event, recruit participants and assure a process for follow up on recommended actions. A broad base of New Mexico's philanthropic community including Con Alma Health Foundation, the McCune Charitable Trust, and the United Way of Central New Mexico provided support for this initiative. Others who assisted with additional planning and recruitment for the initial Albuquerque dialogue were: the National Alliance on Mental Illness (NAMI) Albuquerque, Youth Development Inc. (YDI), Mayor's Youth Advisory Council, OptumHealth, the Robert Wood Johnson Foundation Center for Health Policy at the University of New Mexico (UNM), Albuquerque Public Schools (APS), the New Mexico Human Services Department (HSD), the New Mexico Youth Alliance and Sign Language Professionals, and the Department of Psychiatry and Behavioral Health at UNM.

On July 20, 2013, Mayor Berry hosted the launch of the Greater Albuquerque dialogue, the first of seven dialogues conducted during the following year. The full day event was held at the National Hispanic Cultural Center with nearly 300 participants in attendance, including youth and adults, people with and without lived experiences, family members, advocates, providers, and first responders. Through facilitated small group conversations over the course of the day, several priorities were identified. These included: raising awareness about mental health issues and resources to get help; increasing the availability of mental health providers at places accessible to youth; and reducing fragmentation among providers.

With nearly 500 community dialogues held nationally at the time of this report, Albuquerque is recognized as the only CCS community to hold one large event and several follow up neighborhood-level conversations. The decision to continue the dialogue through six neighborhood conversations was made early on in the process. The reasons to conduct these neighborhood dialogues were based on an interest in: confirming priorities established at the first event; identifying differences and similarities within the four City quadrants and nearby Valencia County and Sandoval County neighborhoods; and determining interdependencies of services for City residents and those living in the surrounding counties and remote rural areas.

Data derived from the follow up dialogues reveal many similarities in service needs and confirmed the interdependency on the City of Albuquerque's already overburdened mental health care system with its neighboring counties.

The seven city-sponsored Greater Albuquerque dialogues were held on Saturdays with participants and volunteers willingly attending and giving of their time to address this issue. Following are the dates for these dialogues:

- Greater Albuquerque Region – July 20, 2013
- Southwest Albuquerque – March 1, 2014
- Northwest Albuquerque – April 5, 2014
- Northeast Albuquerque – May 9, 2014
- Valencia County – June 7, 2014
- Southeast Albuquerque – July 12, 2014
- Sandoval County – August 2, 2014



Summary reports of each event were prepared for Albuquerque Mayor Richard J. Berry and were shared with the mayors of, and elected officials in Valencia and Sandoval Counties. The reports include featured speakers, themed dialogue findings and observations/considerations for future event planning. The six Creating Community Solutions Dialogues on Mental Health summary reports are included in Appendix #1.

Four-Phase Implementation Process and Project Timeline

PHASE I		PHASE II		PHASE III	PHASE IV
April–June '13	July '13	Aug.–Dec. '13	Jan.–March '14	April–Oct. '14	Nov. '14–June '15
ABQ agrees to be a lead CCS city	Event planning & communications developed	July 20 event data & demographics analyzed	Planned neighborhood dialogues	Developed planning template	Conducted <i>Action Forum</i>
CCS-ABQ Steering Committee formed	Facilitators, recorders and participants recruited	Plan for continuing neighborhood dialogues developed	Convened Action Planning Team	Planned & conducted neighborhood dialogues: April 4, May 9, June 7, July 12 & August 2	Action Teams formed & meeting
Dialogue event planning initiated			Established neighborhood event planning leads and committees		Develop plan to inform and engage community in feedback on action solutions
Mayor Berry attends National CCS launch in D.C. on June 3	ABQ Greater Region Dialogue on Mental Health held on July 20	Steering Committee partners reengaged	Conducted 1 st neighborhood dialogue on March 1	Data analyzed/22 actions identified	Resolve 22 actions

Recommended Actions

Community Dialogues on Mental Health – Greater Albuquerque Region

On November 1, 2014, Mayor Richard J. Berry held a special meeting to acknowledge participants and to discuss findings and next steps from the year-long neighborhood dialogues on mental health. This half-day *Action Forum* provided a report on the results of the community-based dialogues and the 22 recommended actions that emerged as priorities.

Of the recommended actions, two are currently underway; six required additional work by an Action Team; seven required minimal resources to act upon; and seven required long-term efforts and resources to implement. Action Team participants consists of community members that expressed interest during the Action Forum and through web-based inquiries following the event. Following are the recommended actions:



Already Happening Actions: *City resources are committed and action is currently underway on these two recommendations.*

1. Explore the possibility of having all APD police officers receive 80 hours of CIT training and evaluate the effectiveness of this training on trained police officer interactions with persons with mental health challenges. Offer interested officers an additional 40 hours of advanced CIT training.
2. Offer Mental Health First Aid to City employees, APS employees, the media and citizens.

Low Hanging Actions: *Require collaboration, advocacy and/or minimal City resources to implement for the following seven recommendations.*

1. Encourage and support additional mental health community conversations throughout the City to increase understanding and reduce stigma.
2. Proactively promote media coverage of mental health resources and mental wellness initiatives.

3. Explore, support and sponsor activities designed to reduce mental health-associated stigma.
4. Perform a feasibility analysis and develop an implementation plan to expand youth activity programs and mental health services at City-administered community centers, i.e. peer-to-peer support groups, direct services onsite, etc.
5. Advocate for increased Medicaid reimbursements for coordination of care services and support all efforts to reduce fragmentation between providers by encouraging increased collaboration, partnerships and integration between service providers and services.
6. Explore securing funding via SAMSHA grants, foundations, PCORI, etc. to build mental health infrastructure for early detection and service enhancements.
7. Identify opportunities to support efforts to make quality mental health services and medications more affordable (Medicaid).

Intermediate Actions: *Require additional work by Action Teams.*

1. Provide CIT training to ABQ Fire Department Paramedics. Consider offering CIT training to private paramedic first responders.
2. Assess current COAST staff and response times to determine if there is a need for expansion of staff to meet 24/7 coverage.
3. Use City resources to educate the public – in Spanish and English – about what to do in a behavioral health crisis and/or for general behavioral health information, including:
 - i. Crisis phone lines: Names/phone numbers
 - ii. Behavioral health referral and resource lines: Names/phone numbers
 - iii. Behavioral health referral and resource websites

i. 7

4. Assess existing City resources focused on behavioral health prevention; the effectiveness of existing programs (suicide prevention, gang prevention, substance abuse, etc.); and opportunities for expanded community collaborations.
5. Work with APS to increase activities for students and families during out-of-school times (such as after school programs). Work with APS to evaluate current after school programs and outcomes for potential enhancement opportunities.
6. Examine and prioritize recommended long-term actions.

Long-term Actions: *Require much effort, coordination and/or resources to implement.*

NOTE: Action Team #6 assigned to examine, prioritize and identify lead responsibilities.

1. Consider using SunVan to provide transportation to and from mental health service providers.
2. Consider developing and supporting Community Engagement Teams (CET), a peer-support, early intervention to link persons with serious mental illness (experiencing disability-triggered stress or crisis) to voluntary treatment and other services as an alternative to calling law enforcement and as a supplement to other intervention efforts. CET members would include: (1) Qualified and licensed mental health professional; (2) Case managers, community support workers or core service workers; (3) At least one peer (adult or youth) who lives with mental illness.
3. Support efforts to create a City- or County- or City/County-run triage center for intermediary stabilization where first responders and others (CETs) can voluntarily bring persons with serious mental illness experiencing disability-triggered stress or crisis rather than inappropriately taking them to jail or the emergency room. Provide linkages to services and community supports to individuals at the triage center.

4. Work with APS to support efforts to increase the number of school-based health centers and increase the availability of mental health services provided through school-based health centers (including during non-school hours). Evaluate current APS mental health service outsourcing processes and outcomes for potential enhancements.
5. Work to assure coordination of care for all individuals transitioning from MDC, MATS, Turquoise Lodge, UNM and other detention and treatment facilities such that, at release/discharge, they receive: (1) a copy of their health records; (2) one month worth of prescriptions, if any; (3) referral to a medical home (could be a behavioral health provider); and (4) an assigned care coordinator (for more complex individuals). For those exiting detention centers or on parole, consider making it a condition of parole that they see their medical home provider within one month of release.
6. Work with the State of New Mexico to develop aftercare planning and transitional services for 18 to 25 year olds exiting CYFD custody (i.e. foster care, detention).
7. Support all efforts to increase the number of behavioral (and physical) health providers working in Albuquerque and the State to increase services and decrease wait times for diagnosis and medication refills. Support efforts to increase Health Service Corp slots, WICHE scholarships, and loan forgiveness and debt repayment programs.



Acknowledgements

Over the course of the 18-month project, Everyday Democracy engaged in the project by providing Creating Community Solutions (CCS) national support and local onsite process management, training and community engagement expertise.

The following individuals and organizations serve on the CCS Albuquerque Steering Committee with many of these individuals dedicating their time since May 2013:

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Executive Director

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CNM Community College

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Samaritan Counseling Center

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* Denotes CCS-Albuquerque Steering Committee participation since May 2013

Dialogue Process

Process Summary

Several elements are included in the process undertaken by the City to implement the *Creating Community Solutions Dialogue on Mental Health* initiative. The overall process for the Greater Albuquerque community-based dialogues consisted of a four-phase approach that evolved over a two-year time-period. Following are the phases and implementation time-periods — including planning through completion:

Phase 1: Region-level Dialogue	May 2013 – August 2013
Phase 2: Neighborhood-level Dialogues	November 2013 – August 2014
Phase 3: Data Analysis	June 2014 – October 2014
Phase 4: Actions and Implementation	September 2014 – June 2015

Specific process elements that resulted during project implementation include dialogue design, logistics, recruitment, facilitation, recording, theming, data analysis, and action implementation. The following describes the processes used for each of these elements.

Dialogue Design

Through collaboration with Everyday Democracy, Albuquerque representatives planned the first national dialogue event from May 2013 through July 2013. Follow up to the Albuquerque community-based dialogue kickoff event continued through August 2013, through which Everyday Democracy provided the City of Albuquerque with the outcomes from the dialogues and information on participant demographics. The City was also provided with information on outcomes from other dialogues across the country.

The dialogue design process included incorporating Everyday Democracy's principles on conducting meaningful community-based conversations. The event agenda was developed in collaboration with the six national supporting deliberative democracy organizations — AmericaSpeaks, Deliberative Democracy Consortium, Everyday Democracy, National Issues Forums Institute, National Coalition for Dialogue & Deliberation, and National Institute for Civil Discourse.

Albuquerque's original Creating Community Solutions Steering Committee convened over an eight-week period to develop a targeted recruitment plan in accordance with the nationally defined participation goals; create agenda content and dialogue design; identify local mental health statistics and key presenters; develop and conduct training for small group facilitation and themed recordings; implement community outreach and communications; coordinate media coverage; and provide registration and site logistics.

During Phase 2, the original 8-hour program design was modified to create a 4-hour program format for use at the neighborhood-level. This design relied on three small group facilitated conversations. The neighborhood conversations began with a personal perspective from a member of the community and included mental health data specific to each neighborhood. Designed to be more interactive than a typical public forum — with six to eight participants, a facilitator and recorder at each table, format engaged participants in dialogue on issues related to mental health. In this way, participants with similar and diverse perspectives could hear and think with one another and have voice in identifying specific community issues and solutions. The agendas for both the 8-hour regional event and the 4-hour neighborhood dialogues are included in Appendix #2.



Logistics

Planning related to site venues, food, audio/visual setup, registration, invitations, facilitator and recorder training, theming space, childcare, and translators was required for each event. Following the first neighborhood-level dialogue, a logistics template (Appendix #3) was developed. It includes a checklist of logistical needs and considerations, including timelines and recommended communications to be addressed prior to each event.

The registration process varied for each dialogue event — from online links included in invitation emails, to signup via telephone. Personal outreach was key in gaining interest and drawing participant attendance. Day-of-the event sign-in sheets assured all participant data was captured for future communication opportunities.

Recruitment

While 1-page flyers, emails and talking points were developed, the preferred method of recruitment for community-based dialogues is through personal invitation. The dialogues were designed to include a diverse audience consisting of those with lived experiences and those who had no personal connection to mental illness. Other target audiences included youth, first responders, mental health providers, elected officials, and stakeholders.

During Phase 1, recruitment for the City-wide kickoff dialogue included specific participant goals to meet national requirements. While the neighborhood-level participant goals were not specific, recruitment continued to focus on engaging youth and those with and without lived experiences. Recruitment during Phase 2 was orchestrated by an assigned lead contact from the Steering Committee and an identified contact from the neighborhood. Together, these two individuals coordinated outreach to assure that attendance goals and logistic needs were achieved.

Facilitation

Each dialogue was hosted by a lead facilitator who managed the time and moved the participants through the agenda. The room setup included table rounds with six to eight participants and a trained facilitator and trained recorder.



The small group table facilitators were responsible for leading the participants through the dialogue, ensuring the voices of all participants were heard and are recorded. The CCS Albuquerque dialogue facilitators were identified through resources at the University of New Mexico (UNM) and were compensated with a small stipend for their services.

Recording

During the small group dialogues, key themes were identified and were captured in the moment on half sheets of paper by a trained recorder. The recorder's role was to assure that a key point of the conversations is captured on half sheets of paper. Each half sheet identified the table number and the dialogue question being discussed (Note: Dialogue questions are included in Appendix #3, on pages 52 and 53). Recorders and facilitators reversed roles throughout the process, thus providing opportunity to enhance their community-based dialogue skill sets and capacity. The recorders were also identified through contacts at UNM and were paid a small stipend for their services.

Theming

Initiated in the Phase 1 and continued through the neighborhood-level conversations, the theming process involved placing the recorded notecards on a pre-sprayed “sticky” panel organized by the major themes that surfaced during each conversation. A summary of the findings for each conversation was provided to the lead facilitator, who in turn, provided a real-time report out on the collective dialogue to the participants on each conversation through the end of the meeting.



The neighborhood-level *theme team* also tallied audience demographics for a report out on who participated in each dialogue and compiled the priorities identified at each dialogue and compared these to the priorities that emerged from the Phase 1, July 2013 event.

Everyday Democracy staff supported the Phase 1 *theme team*

members and provided handheld voting devices to enable real-time tallies on participant demographics and preferences. CCS Steering Committee members participated as members of the Phase 2 *theme team*. Their participation in this capacity then allowed them to contribute meaningfully to process improvement discussions related to dialogue design, logistics and data collection that occurred during the Steering Committee's bi-monthly meetings.

Data Analysis

During Phase 3, data analysis was primarily performed through a formal process by the Action Planning Team, a subcommittee of the Steering Committee that included representatives from UNM's Robert Wood Johnson Foundation Center for Health Policy. These analyses formed the basis for the final 22 recommended actions presented at the Creating Community Solutions *Action Forum* on November 1, 2014.

Using the information in the *detailed dialogue reports* (a compiled listing of all dialogue inputs recorded) and event *summary reports* (an overview provided to the Mayor following each event (Reference Appendix #1) from the four city quadrant dialogues, subcommittee members conducted an analysis of these “data” using discourse analysis and frequency analysis. Once completed, the Steering Committee reviewed findings and grouped the recommendations into the following categories: *prevention*, *early intervention* and *treatment*. They then sorted the recommended actions based on interrelationships and converted them into actionable statements, which, in turn, became the final 22 recommended action statements. Once completed, the Steering Committee then categorized the action statements according to how easy or difficult each would be to complete. As indicated prior in this report, two recommended actions are currently underway; six require additional work by an Action Team; seven require minimal resources to act upon; and seven require long-term efforts and resources to implement.

From the onset, the Albuquerque CCS Steering Committee recognized the need to expand outreach and dialogue participation engagement to the surrounding counties — Valencia and Sandoval Counties. The recommendations acknowledged that the lack of services in these counties has direct bearing on Albuquerque's already overburdened and undersupplied system of mental health services. The data collected during these county dialogues reinforced the interdependency of services and pointed to a potential increase of criminal activity that may be a consequence of the lack of services in the counties.

Action Implementation

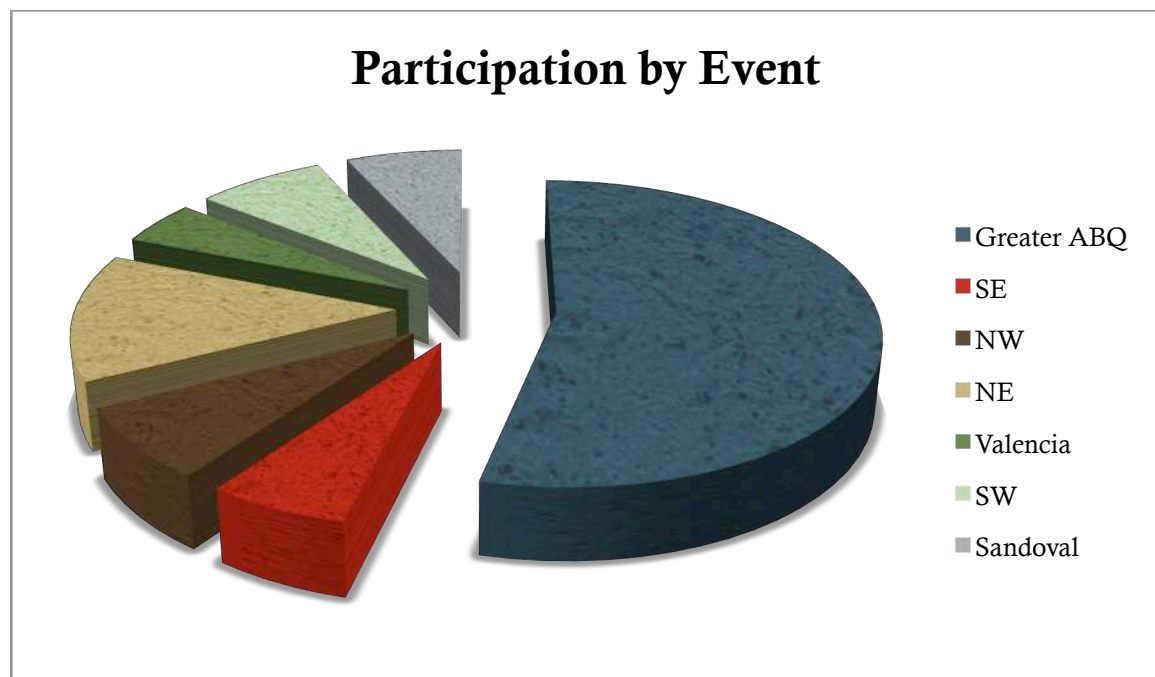
An *Action Forum* event held on November 1, 2014, marked the beginning of Phase 4 of the CCS Albuquerque project. This event provided an opportunity for the Mayor to celebrate community engagement; update the community on the findings of these dialogues and offer next steps; report on the process undertaken to derive the findings; and request a *call to action* that participants continue to engage in this process by assisting to design implementation steps for six of the actions and/or advocating for change at the state and national levels. During the event, six *Action Teams* were formed from the nearly 80 participants attending the half-day event.

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Dialogue Participants

From the first dialogue through August 2014, more than 400 individuals from the Greater Albuquerque area participated in a small group conversations at the City-wide, six quadrant, and two county dialogues; approximately 30 additional individuals facilitated or recorded at one or more of these dialogues; and nearly 50 additional individuals engaged in planning and analyzing the results of the neighborhood events. Dialogue participants included youth and adults, those with and without lived experiences, family members, advocates, first responders, police officers, elected officials, providers, and other stakeholders.

The first event set the stage for a series of six more neighborhood dialogues held throughout Albuquerque and surrounding Valencia and Sandoval Counties. The following illustrates participant attendance at each of the seven *Creating Community Solutions* dialogue events. Note overall attendance is 557. This accounts for some individuals attending more than one event.



- Greater Albuquerque – 300
- Southwest Albuquerque – 34
- Northwest Albuquerque – 42
- Northeast Albuquerque – 75
- Valencia County – 26
- Southeast Albuquerque – 42
- Sandoval County – 38

The individuals who volunteered their time to actively participate on the CCS Albuquerque Steering Committee are acknowledged on page 11 of this report. The Phase 1 CCS Steering Committee members, the group tasked with organizing the July 2013 City-wide dialogue, is included in Appendix #4.



Lessons Learned

Mental health is a complicated issue and the process undertaken to engage the community in meaningful dialogue around this issue was a learning experience from the onset. The following lessons were learned through this process and are documented so that they may be considered as the City continues to engage in meaningful conversations as a means to inform policy decisions and arrive at better solutions to public issues.

- ***Follow-up Communications*** among participants following the first City-wide dialogue did not occur, and may have presented a lost opportunity to engage participants in recruitment for the follow-up neighborhood dialogues. Of note, the 300 original dialogue participants were re-engaged more than a year later through invitation to the Action Forum. The benefits of a detailed communications plan at the onset is now realized and has resulted in the development of a communications plan for the remaining action implementation phase.
- ***Volunteers*** are key drivers of processes like this. Their commitment and dedication are essential to success. Therefore, the time commitment and personal interests of individuals to initiate and complete a project of this magnitude must be considered. In some instances, volunteers were asked to meet on a weekly basis and to attend events held on Saturdays. Despite these constraints, the CCS Albuquerque Steering Committee's commitment is commendable and their dedication continues today.
- ***Processes*** employed in the CCS project implementation were a hybrid of many deliberative democracy and community dialogue processes. Therefore, there was no definitive approach identified at the onset of these dialogues. Rather, adjustments were made to improve the process along the way. Frustrated at times, Steering Committee members were reminded that they were indeed creating a process rather than following a definitive step-by-step guide. As these processes now exist, it is recommended that they be understood through an orientation at the onset of a community dialogue initiative.
- ***Training*** in some instances was minimal or nonexistent. There needs to be adequate time for facilitator and recorder training. Developing in-depth training and building in the time for such training may benefit the following processes: event planning, data recording, theming, data analysis, and action team implementation.

Mental Health in Albuquerque

Known Facts

Significant events and other factors that occurred during 2014, while the neighborhood dialogues on mental health were underway, heightened awareness of the mental health challenges faced by too many in the City and caused the Albuquerque community to take the following actions:

- Respond to recent U.S. Department of Justice findings and the agreement for reforms on the use of force by the Albuquerque Police Department;
- Propose legislation for new funding for behavioral health;
- Convene a short-term Task Force on Behavioral Health with elected officials from the City of Albuquerque, Bernalillo County and the State of New Mexico to address unmet needs and suggested next steps for collaborative continued improvement; and
- Conduct short-term research to identify needs and gaps in mental health services in the community.

The known facts about mental health in Albuquerque and services and gaps provided in this report are from the publication titled, *Landscape of Behavioral Health in Albuquerque*. Released on October 15, 2014, the report was produced through a collaboration between one department and two centers at the University of New Mexico – the Department of Psychiatry and Behavioral Sciences, the Center for Education Policy Research, and the Robert Wood Johnson Foundation Center for Health Policy. The intent of this report is to inform efforts to improve behavioral health outcomes in the community, including the efforts of the Task Force On Behavioral Health that also considered the voices of consumers, families, providers, first responders, and other important stakeholders. (The full report is available online at <http://cepr.unm.edu> Reference: *Albuquerque Mental Health Services Gaps Project*).

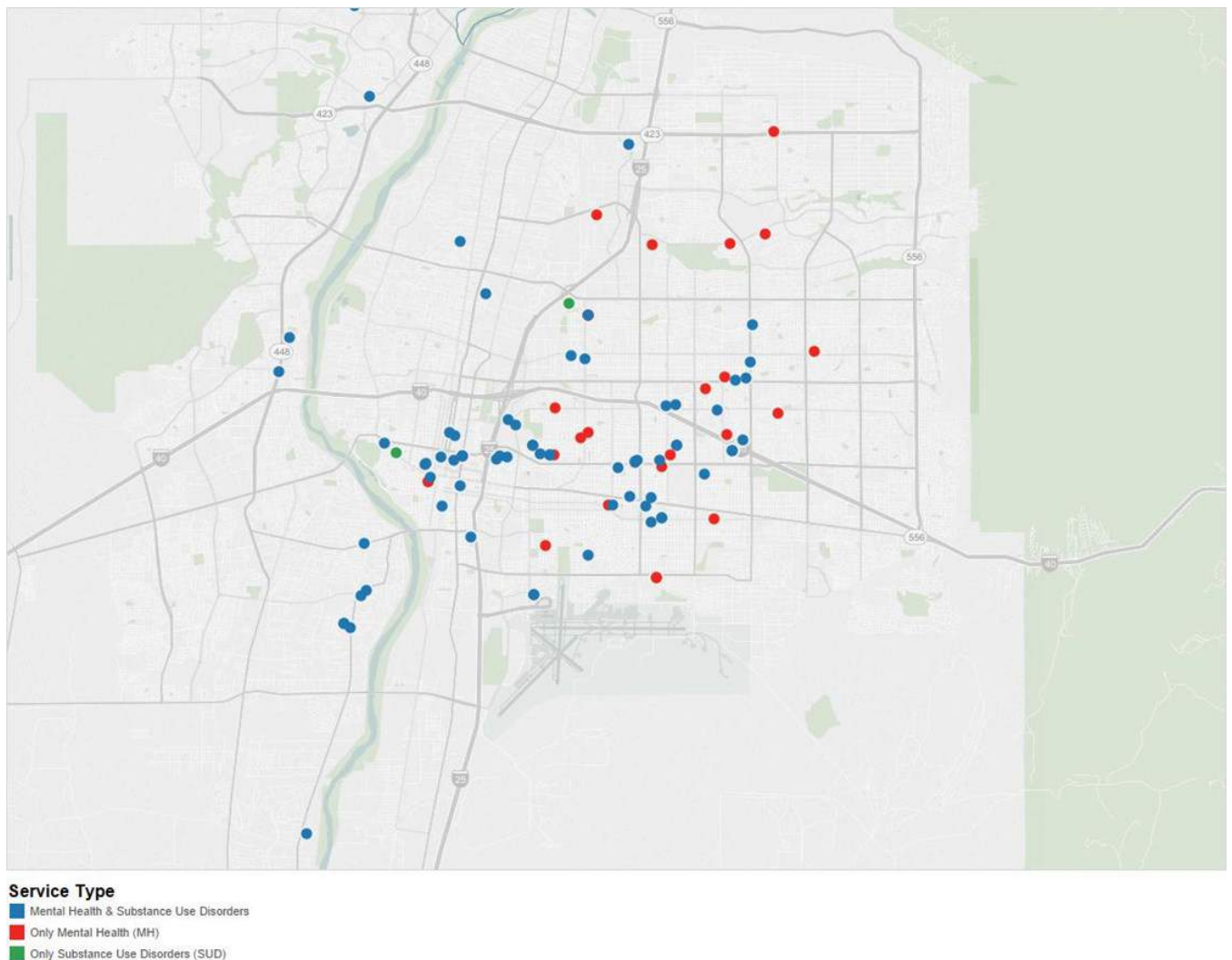
Per the report, the following characterizes the behavioral health needs of residents:

- Local disparities include: elevated rates of suicide, alcohol related deaths, drug overdose deaths, and rates of illicit substance use among youth compared to US
- Providers identify housing as a top priority with a need for more housing options for vulnerable individuals and families
- Continued need for overall infrastructure to facilitate communication and coordination between agencies
- There are an estimated need of 151,000 individuals who could benefit from behavioral health services and an estimated gap of at least 53,000 individuals who did not receive care

Mental Health Services and Gaps

Location of mental health services and substance use services, and providers of both.

The majority of behavioral health agencies provide direct services for both mental health and substance use conditions and are generally able to serve both youth and adults. There are fewer agencies on the south and west sides of the City. The map below shows a snapshot of services available during a one-month period (September 15 to October 15, 2014).



Additionally, according to the *Landscape of Behavioral Health in Albuquerque* report:

Many factors influence the gap between need and availability of behavioral health services in a community. Best practices indicate an array of interventions including inpatient treatment, crisis care, outpatient therapy and medical care, as well as a number of evidenced-based psychosocial supports, such as supported housing and supported employment. Use of these services within a community varies depending on accessibility, coordination across services and whether there is an adequate system for early detection, diagnosis and treatment planning. In a system with inadequate community based services, individuals and families with behavioral health conditions can go without care for far too long. This may result in crises, which could have been averted with prevention.

- Specific service gaps include:
 - Crisis care
 - Intensive day treatment
 - Recovery and rehabilitation programs

- Other specific needs identified, include:
 - Eating disorders
 - Traumatic Brain Injury
 - Developmental Disabilities
 - Services for homeless teens
 - Legal and advocacy services
 - Sex offender treatment
 - Family oriented care to address intergenerational cycles

Costs When Untreated

The following information is referenced from the Mental Illness Policy Organization, founded in 2011 to provide unbiased information to policy makers and the media.

An estimated 4.5 million Americans today suffer from the severest forms of mental illness, schizophrenia and manic-depressive illness (2.2 million people suffer from schizophrenia and 2.3 million suffer from bipolar disorder). The National Advisory Mental Health Council estimates that 40 percent of these individuals, or 1.8 million people, are not receiving treatment on any given day. The consequences of non-treatment are devastating:

Homelessness

People with untreated psychiatric illnesses comprise one-third, or 200,000 people, of the estimated 600,000 homeless population. The quality of life for these individuals is abysmal. Many are victimized regularly. A recent study has found that 28 percent of homeless people with previous psychiatric hospitalizations obtained some food from garbage cans and eight percent used garbage cans as a primary food source.

Incarceration

People with untreated serious brain disorders comprise approximately 16 percent of the total jail and prison inmate population, or nearly 300,000 individuals. These individuals are often incarcerated with misdemeanor charges, but sometimes with felony charges, caused by behaviors related to their behavioral health challenges. People with untreated psychiatric illnesses spend twice as much time in jail than non-ill individuals and are more likely to commit suicide.

Episodes of Violence

There are approximately 1,000 homicides – among the estimated 20,000 total homicides in the U.S. – committed each year by people with untreated schizophrenia and manic-depressive illness. A 1998 MacArthur Foundation study found that people with serious brain disorders committed twice as many acts of violence in the period immediately prior to their hospitalization, when they were not taking medication, compared with the post-hospitalization period when most of them were receiving assisted treatment. Important to note, the study showed a 50 percent reduction in rate of violence among those treated for their illness.

Victimization

Most crimes against individuals with severe psychiatric disorders are not reported; in those instances in which they are reported officials often ignore them. Purse snatchings and the stealing of disability checks are common, and even rape or murder are not rare.

Suicide

Suicide is the number one cause of premature death among people with schizophrenia, with an estimated 10 percent to 13 percent of individuals with schizophrenia killing themselves. Suicide is even more pervasive in individuals with bipolar disorder, with 15 percent to 17 percent taking their own lives. The extreme depression and psychoses that can result due to lack of treatment are the usual causes of death in these sad cases. These suicide rates can be compared to the general population, which is approximately one percent.

Clinical Outcomes More Severe – Recovery Uncertain

The longer individuals with serious brain disorders go untreated, the more uncertain their prospects for long-term recovery become. Recent studies have suggested that early treatment may lead to better clinical outcomes, while delaying treatment leads to worse outcomes.

Fiscal Costs Schizophrenia and manic-depressive illness are expensive diseases. A recent study found that the cost of schizophrenia alone was comparable to the cost of arthritis or coronary artery disease (D.J. Kupfer and F.E. Bloom, eds., *Psychopharmacology: The Fourth Generation of Progress*, 1995):

- schizophrenia costs \$33 billion per year;
- arthritis costs \$38 billion per year; and
- coronary artery disease costs \$43 billion per year.

The costs included both direct costs of treatment as well as indirect costs such as lost productivity.

Federal Benefits

A significant percentage of government income benefits also go to people with severe mental illnesses. For example:

- Fifteen percent of Medicaid recipients have a serious psychiatric disorder;
- Thirty-one percent of Supplemental Security Income (SSI) recipients have a serious psychiatric disorder;
- Twenty-six percent of Social Security Disability Insurance (SSDI) recipients have a serious psychiatric disorder; and
- Thirteen percent of those receiving VA disability benefits have a serious psychiatric disorder.

Schizophrenia and manic-depressive illness are thus major contributors to the escalating costs of state and federal programs.

Incarceration and Related Costs

It is a mistake to think that money is saved overall by not treating individuals with severe psychiatric disorders. Many individuals who are untreated for their illness cost money by being incarcerated. For example, the total annual cost for these illnesses in jails and prisons is estimated by the Department of Justice Source Book on Criminal Justice Statistics (1996) to be \$15 billion (based on an estimated cost of \$50,000 per ill inmate per year, and 300,000 individuals with serious psychiatric disorders being incarcerated.) Adding to this expense are court costs, police costs, social services costs, and ambulance and emergency room costs.

When calculating the fiscal costs of untreated severe psychiatric disorders, intangible costs must also be included: the deterioration of public transportation facilities, loss of use of public parks, disruption of public libraries, and losses due to suicide. The largest intangible cost, of course, is the effect on the family.

In sum, severe psychiatric disorders such as schizophrenia and manic-depressive illness are costly three times over: Society must raise and educate the individual destined to become afflicted; people with the illnesses are often unable to contribute economically to society; and many require costly services from society for the rest of their lives.

Dialogue to Action

Action Forum

As previously noted in this report, on November 1, 2014, Mayor Richard J. Berry held a special session to acknowledge participants and to discuss findings and next steps from the year-long neighborhood dialogues on mental health. The half-day *Action Forum* provided a report on the results of the community-based dialogues and the 22 recommended actions that emerged as priorities. Of the recommended actions, two are underway; six required additional work by an Action Team; seven required minimal resources to act upon; and seven required long-term efforts and resources to implement.

Prior to the Action Forum, Action Team leads and co-leads were established and content experts were identified. Invitation to the Action Forum was extended to all those who participated in a dialogue event and to stakeholders who can assist and influence action implementation. Approximately 80 individuals participated in the CCS Albuquerque Action Forum event with nearly half of the attendees engaging for the first time in the *Creating Community Solutions* dialogue process. The Action Forum agenda (Appendix #5) concluded with the formation of six *Action Teams* that were tasked with developing an implementation plan over the next three months. In addition to forming the teams, the Action Forum served as a means to update the community and dialogue participants on the outcomes of their collective conversations and as an invitation to re-engage in the Creating Community Solutions process.

Next Steps

At the time of this report, all recommended actions have been assigned to responsible leads and the six Action Teams are formed with members from the community who expressed interest in being involved. The Action Teams are tasked with completing the assignment within 90 days and will provide periodic updates. An additional 90 days will be granted if needed.

A communications plan is currently in development to continue to engage the community through periodic updates and the opportunity to comment on recommended solutions. The estimated project completion date for this project is August 30, 2015, when the 22 recommended actions are to be completed or elevated for further action.

Appendix

Appendix #1	Neighborhood Dialogue Summary Reports
Appendix #2.....	Community Dialogue Event Agendas (8-hour and 4-hour programs)
Appendix #3.....	Community Dialogue Logistics Template
Appendix #4.....	Steering Committee Members (Phase 1: Region-Level Dialogue)
Appendix #5.....	Action Forum Agenda

Appendix 1

Neighborhood Dialogue Summary Reports



Creating Community Solutions-ABQ Neighborhood Dialogues on Mental Health

SUMMARY OF SE HEIGHTS EVENT OF MARCH 1, 2014

Overview

The Southeast Albuquerque neighborhood event was a half-day meeting held at La Mesa Presbyterian Church and designed to be more interactive than a typical public forum. Engaging individuals at the local neighborhood level around issues of mental health and mental illness permits participants to listen to others, with both similar and diverse perspectives, and have a voice in identifying specific community issues and solutions through dialogue. The structure of the community dialogue (the first of 6) was similar to the July 20, 2013 citywide community conversation. Dr. Sam Howarth from the Robert Wood Johnson Center at UNM presented mental health data with a focus on Southeast Albuquerque. A video produced by Albuquerque's Generation Justice and local youth was shown. It provided insight on the youth perspective.

Attendance Demographics

Total attendance of dialogue participants is 42, including APD Chief Eden and AFD Chief Downey and their select Commanders. Note that a total 77 community participants were anticipated per registrations.

Attendance included: 48% Male; 52% Female

Age: <15 2%; 15-19 0%; 20-24 9%; 25-34 4%; 35-44 13%; 45-54 22%; 55-64 24%; >65 26%

Race: 2% Black; 53% Hispanic; 0% Asian ; 29% White; 0% Native; 11% more than one

Major Themes from Discussions

Session One: What does mental health look like in the Southeast part of Albuquerque?

1. Many of these big themes (mental health/illness, systems, access, resources) are very interconnected & overlap; nothing here exists in isolation
2. Families are tremendously important, and schools play a big role with these families—families are looking to schools to be a major resource.
3. Access to care came up repeatedly; feeling alone and not knowing where to go for help or what resources and services were available was a common reflection
4. Stigma around mental health problems is a common fear in the neighborhood(s) area and causes much anxiety; it is a major people do not seeking help, especially among people with language and cultural differences.

Session Two: Ideas/Discussion to Strengthen Mental Health in Southeast Albuquerque

1. Education about mental health, especially about stigma and bullying, racism; mental health focus on families and reaching the community rather than just professionals; training in helping family & friends who have mental health problems (example of "Mental Health First Aid" training)

2. Funding resources needs to be increased for prevention; treatment services need to be improved (i.e. easier access and culturally appropriate)
3. Outreach to youth in homes, schools, and in the general community was a specific recommendation; services in schools was a common theme
4. Communication strategies need attention, including using technology to improving outreach to different communities, and developing comprehensive resource lists for 311 to better offer quality options to people in need

Session Three: *Prioritize in order of importance recommendations from the July 20th event*

- 1) We need more providers;
- 2) Develop a community initiative to secure funding;
- 3) Partnerships to reduce fragmentation.

What can you do/recommendations?

The following questions were answered during table report outs to conclude the event and themes were captured by table during the report out session: “What do you feel that you can do now as an individual after this forum? What can you do as a community? What recommendations would you make to the Mayor?

Common themes included:

- We need more of these events and to work better together. (An example given was for the City to work with non-profits to do programs at community centers such as La Mesa Church)
- We need to understand our community mental health assets. We have some very good programs but we need to connect them better.
- The City of Albuquerque, law enforcement and communities like Southeast Albuquerque need to collaborate more about mental health and family/community wellness
- *(monolingual Spanish-speaking table)*-Participants expressed that the concept of mental health or *salud mental* needs to really be explained in the Spanish-speaking community. No one knows what it is. *Because of this event, we know more and we feel that others need more access to this information.*
- Youth expressed learning a lot about mental health and feeling much more comfortable talking with peers now about it at school.

Observations

- This is the first of 6 community dialogues. Honoring the process by gathering more community input is needed so that common themes can be identified and more significant actions/solutions can be developed.
- Despite registration results, attendance did not include the diverse representation of the community event organizers had planned. (A large APS event the same day likely affected youth turnout.) Organizers are discussing means to gathering additional input from those not represented via follow-on focus groups and dialogues at venues where community residents routinely gather.
- Lessons learned were captured via facilitators, recorders and event organizers and will be incorporated in upcoming dialogues.
- The next community dialogue, the NW quadrant event, will take place April 5 at Taylor Ranch Community Center



Creating Community Solutions-ABQ Neighborhood Dialogues on Mental Health

SUMMARY OF NW HEIGHTS EVENT OF April 5, 2014

Overview

The Northwest Albuquerque neighborhood event was a half-day meeting held at the Taylor Ranch Community Center. As with the first neighborhood event on March 1, a community representative provided personal perspective to frame the dialogue on mental health and issues within the neighborhood. Doug Chaplin provided the welcome and Dr. Gabe Sanchez, of the Robert Wood Johnson Center at UNM, presented mental health data with a focus on Northwest Albuquerque. The event is designed to be more interactive than a typical public forum, with 6-8 participants, a facilitator and recorder at each table.

Attendance Demographics

Total NW dialogue participant attendance is 42. This includes 7 APD staff. Current events had an impact on participation with 23 individuals withdrawing their registration despite encouragement by community representatives to participate.

Attendance included: 52% Male; 48% Female

Age: <15 0%; 15-19 12%; 20-24 5%; 25-34 10%; 35-44 10%; 45-54 25%; 55-64 20%; >65 18%

Race: 0% Black; 34% Hispanic; 2% Asian; 49% White; 4% Native; 11% more than one

Major Themes from Discussions

Session One: *What does mental health look like in the Southeast part of Albuquerque?*

1. Youth and Families

- Problems knowing how and where to connect to services
- Schools are a problem: Counselors don't understand or acknowledge the seriousness
- Families need support: Mental illness is not accepted in families – it causes problems and strains all in the family when they keep it a secret

2. Transition: Service gaps for children aging out: IEPs do not extend to higher education

3. Stigma: Prevents people from getting help

4. Awareness/Education

- Public's lack of understanding of mental health
- Lack of understanding of cultural differences
- Media's focus is only on the negative rather than what can be done

5. Resources: Funding; Service delivery (Case Management)

Session Two: *Ideas/Discussion to Strengthen Mental Health in Southeast Albuquerque*

1. Prevention

- Create Youth Centers: Where they comfortable; Drop-in 24-hour Crisis Centers
- Increase/develop services in Early Childhood Education
- Create Recreational Centers/After School Programs
- More supportive educational system
- Peer support for kids
- Develop a whole community plan
- Education and training (specifically, security personnel for APS, CNN, UNM)

2. Programs:

- Expand support groups/mentoring peer-to-peer (especially, male-to-male)
- Create and expand parent support groups

3. Systems:

- Fund and develop a coordinated system of care
- Increase access and transportation to services

Session Three: *Prioritize in order of importance recommendations from the July 20th event*

- 1) Media Campaign to raise awareness about issues, resources
- 2) More mental health providers/places accessible to youth
- 3) Partnership to reduce fragmentation between providers; and Advocate for policy changes (letters, watchdogs, etc.)

What can you do/recommendations?

Common themes included:

- Creating community-based support groups, in particular, for youth and males.
- Use community centers and schools to improve access to services.
- Raise awareness and understanding through more community conversations — including sharing of personal stories and developing mentors and social workers for youth and families.
- Be proactive — explore early childhood services as a means of prevention.
- Awareness campaigns – educate positively. Encourage media to stop putting a negative image on mental health.

Observations

- This is the second of 6 community dialogues. The Action Planning Team has developed a process to analyze the data for its final report on action/solutions. Honoring the process by gathering more community input is needed so that common themes can be identified and more significant actions/solutions can be developed.
- Lessons learned were captured via facilitators, recorders, theming participants, and event organizers. Recommendations will be incorporated into upcoming dialogues.
- The next community dialogue will take place May 10 at La Cueva High School. Participants expressed interest in the Mayor's attendance at future events.



Creating Community Solutions-ABQ Neighborhood Dialogues on Mental Health

SUMMARY OF NE HEIGHTS EVENT OF May 10, 2014

Overview

The Northeast Albuquerque neighborhood event was a half-day meeting held at the La Cueva High School. The event is designed to be more interactive than a typical public forum, with 6-8 participants, a facilitator and recorder at each table.

This event resulted in a higher attendance of participants than the past two events, drawing 75 attendees including 15 youth. As with the past neighborhood events, a community representative provided personal perspective to frame the dialogue on mental health and issues within the neighborhood. Dr. Albert Dugan, retired family practice physician, provided the welcome and Dr. Sam Howarth, of the Robert Wood Johnson Center at UNM, presented mental health data with a focus on Northeast Albuquerque. A video that provides insight on the youth perspective of mental health was again shown during lunch. The *When the Mask Comes Off* video was recently produced by Albuquerque's Generation Justice, a local organization dedicated to inspire youth to become media makers committed to social transformation.

Attendance Demographics

Total NE dialogue participant attendance is 75. This includes Chief Eden and APD staff and City Councilors Brad Winter, Issac Benton, and Diane Gibson, along with County Commissioner Wayne Johnson, who left the event early to attend a planned press conference to announce the sponsoring of a memorial calling for a multi-agency taskforce to discuss ways to address mental health.

Attendance included: 46% Male; 54% Female

Age: <15 3%; 15-19 15%; 20-24 4%; 25-34 6%; 35-44 11%; 45-54 23%; 55-64 28%; >65 9%

Race: 3% Black; 34% Hispanic; 3% Asian; 68% White; 0% Native; 7% More than one; 5% Other

Major Themes from Discussions

Session One: *What does mental health look like in the Northeast part of Albuquerque?*

1. Impact

- Affects everyone – it's a community problem
- Abuse issues, including substance abuse
- Families need support: They struggle with finding help for their children

2. **Challenges:**
 - Not diagnosed early enough, the right diagnosis nor the right treatments
 - Being placed on waiting lists when seeking help
3. **Resources:**
 - Not enough treatment centers
 - Need programs for youth
 - Need integrated mental health services
 - Need funding
4. **Awareness/Education**
 - Public's lack of understanding of mental health
 - Education is needed for teachers, families and people with mental illness
5. **Diversity:** Need to recognize that there are cultural, gender and age differences

Session Two: *Ideas/Discussion to Strengthen Mental Health in Northeast Albuquerque*

What is working

1. **Within the City**
 - Crisis Intervention Team (CIT)
 - First Responders
 - Assertive Community Treatment (ACT)
 - Mental Health education, where it has been done
2. **Organizations:**
 - NAMI, YMCA, DPSA support groups
 - AGORA
 - UNM treatment and support services

What is needed

- Support groups within schools and that are community-based (i.e. churches, community centers – more community involvement for youth and families)
- More neighborhood dialogs
- Early intervention
- Access to services, including more providers, case workers and improved transportation
- School-based counselors
- System-wide changes, including bi-partisan support

Session Three: *Prioritize in order of importance recommendations from the July 20th event*

- 1) Media Campaign to raise awareness about issues, resources
- 2) More mental health providers, including places accessible to youth
- 3) Create community initiative to secure funding

What can you do/recommendations?

Common themes included:

- Raise awareness and understanding through more community-based conversations
- Incorporating media into creating an understanding on where to find resources and how to identify when help is needed, i.e. PSA by the Mayor.
- More training for teachers, police, counselors, students and parents; plus cross-training for physicians to assist with early detection and intervention.
- Need to recruit more mental health professionals, provide incentives (i.e. loan repayments); make services more affordable; and improve caseloads for counselors.

Observations

- This is the third of 6 community dialogues. The Action Planning Team has developed a process to analyze the data for its final report on action/solutions. It was recommended that a more graphics/less text format be incorporated into the final report.
- While data is being analyzed, it is highly recommended to continue honoring the process of gathering community input via the remaining three dialogue events so that common themes can be identified and more significant actions/solutions can be developed.
- The next community dialogue will take place in Valencia County on June 14.
Note: The date for this event has changed from June 7 to June 14 so that a formal invitation to county elected officials can be achieved.



Creating Community Solutions-ABQ Neighborhood Dialogues on Mental Health

SUMMARY OF VALENCIA COUNTY EVENT ON JUNE 14, 2014

Overview

As with the past three neighborhood dialogues, the Valencia County event consisted of a half-day meeting, with this event held at the Los Lunas Chamber of Commerce Building. Chamber of Commerce Executive Director Stephanie Flynn opened the session. Since mental health data in this area was inconclusive, the Robert Wood Johnson Center at UNM presentation was replaced with remarks by community representative Mike Olgas, who is the Los Lunas Chamber of Commerce Chamber President and Principal/Founder of School of Dreams Academy. His remarks provided personal perspective to frame the dialogue on mental health and issues within the county as well as the interrelationships of these issues to the City of Albuquerque. The event included an interactive dialogue, with 4-6 participants, a facilitator and recorder at each table.

Attendance Demographics

Total Valencia County dialogue participant attendance was 26. This included elected officials and representatives from law enforcement.

Attendance included: 35% Male; 65% Female

Age: <15 3%; 15-19 3%; 20-24 7%; 25-34 12%; 35-44 16%; 45-54 36%; 55-64 16%; >65 7%

Race: 0% Black; 3% Hispanic; 55% Asian; 36% White; 0% Native; 3% more than one

Major Themes from Discussions

Session One: What does mental health look like in Valencia County?

1. Youth and Adolescents

- Alienation: A feeling of not fitting in due to bullying
- Youth turn to gangs for support and protection from bullying
- Families need support: Mental illness is not accepted in families – it causes problems and strains all members of the family when it is kept a secret

2. Family and Parenting

- Lack of parenting skills
- Multi-generational mental health problems in families

3. Resources

- Lack of resources in schools/lack of prevention
- Not enough services/providers
- Lack of awareness/understanding of mental health by community, legislators and personally

4. Lack of Collaboration

- Much fragmentation/lack of partnerships

Session Two: *Ideas/Discussion to Strengthen Mental Health in Valencia County*

1. Policy

- Create community commitment to funding programs and a collaborative infrastructure
- Make it easier to qualify for services
- Recruit more providers to the area
- Make a commitment to provide access to services within the County rather than sending residents to Albuquerque for services

2. Access

- There is a lack of transportation to access services
- Need more providers (locally)
- Emergency responses can be decreased if access to services is improved

3. Strategies

- Early intervention
- Develop crisis response teams
- Place social workers in schools
- Enhance parent involvement
- Use media to educate
- Institute teen court for youth

Session Three: *Prioritize in order of importance recommendations from the July 20th event*

- 1) More mental health providers/places accessible to youth
- 2) Create community initiative to secure funding
- 3) Create a statewide mental health system

What can you do/recommendations?

Common themes included:

- Ask the mayors to create a cross-district collaborative discussion to address mental health.
- Improve access to services by using community centers and schools.
- Have Crisis Intervention Teams partner with First Responders to more accurately diagnosis and prevent reactive police action.
- Be proactive — explore early childhood services as a means of prevention.
- Incorporate wrap around services with affordable fees for services.

Observations

- This is the fourth of six community dialogues. The Action Planning Team is currently in process of analyzing the data of the first three events — all held within the City limits. The team is considering the interrelationship of the County data and how best to present it.
- There are no services to speak of locally therefore residents in Valencia County must rely on Albuquerque's system for access to services. Lack of services in the county have direct bearing on Albuquerque's already overburdened and undersupplied system of mental health services.
- The next community dialogue will take place July 12 in the Southwest neighborhood. This will be the last dialogue event within the city limits.



Creating Community Solutions-ABQ Neighborhood Dialogues on Mental Health

SUMMARY OF SOUTH VALLEY EVENT ON JULY 12, 2014

Overview

This event was the 4th and final neighborhood community dialogue within the City limits – in the Southwest quadrant or South Valley. As with the past neighborhood dialogues, the South Valley event consisted of a half-day meeting, held at the Bernalillo County South Valley Multipurpose Senior Center. New Mexico 12th District State Senator Jerry Ortiz y Pino opened the session and Dr. Gabe Sanchez, of the Robert Wood Johnson Center at UNM, presented mental health data with a focus on Southwest Albuquerque. These remarks provided perspective to frame the dialogue on specific mental health issues within the South Valley neighborhood. The event included an interactive dialogue, with 4-6 participants, a facilitator and recorder at each table.

Attendance Demographics

Total South Valley dialogue participant attendance was 34. This included first responders and law enforcement in Bernalillo County and Albuquerque as well as representatives from COAST (Crisis Outreach And Support Team).

Attendance included: 58% Male; 42% Female

Age: <15 3%; 15-19 0%; 20-24 0%; 25-34 15%; 35-44 38%; 45-54 20%; 55-64 6%; >65 18%

Race: 6% Black; 38% Hispanic; 0% Asian; 47% White; 0% Native; 3% More than one; 6% Other

Major Themes from Discussions

Session One: What does mental health look like in Valencia County?

1. Treatment and Services

- Dissatisfaction with the services that are available and the diagnoses that are made
- Insensitive provider attitudes at intake; fraudulent billing, over prescribing of prescription medications, and poor experiences with hospitals
- There are no follow up services to maintain stability – no continuum of care
- There are limited resources to access services in the South Valley

2. Communications and Culture

- Tremendous concern about stigma – not wanting to talk about it due to being labeled
- People in this community do not consider substance abuse a mental illness

3. Youth

- Lack or not enough support from families, schools or community programs for youth
- Need more education about mental health for youth and families
- Families are not engaged nor do they recognize mental illness

Session Two: *Ideas/Discussion to Strengthen Mental Health in Valencia County*

1. Policy

- C.I.T. is working but needs to be expanded
- Kendra's Law – court imposed outpatient treatment is not in effect here in New Mexico. We are one of four states who do not have it
- Have policy makers use data to make informed decisions

2. Access

- Create a one-stop shop with multiple streams of service all in the same building. Use existing community buildings for services
- Services in the South Valley are limited
- Many do not have insurance and do not know how to get it

3. Youth

- There are no support systems in schools nor parental support in the home
- There is a lack of adult mentors

4. Strategies

- Develop mobile crisis response teams
- Place social workers in schools
- Educate parents on mental health to enhance parent involvement with children
- Develop satellite access to services with a centralized data base for information on patients

Session Three: *Prioritize in order of importance recommendations from the July 20th event*

1. More mental health providers/places accessible to youth
2. Media campaign to raise awareness about issues, resources
3. Create community initiative to secure funding

What can you do/recommendations?

Common themes included:

- Improve utilization of community centers for implementation of a one-stop shop for services.
- Provide mentors and safe places for youth to access services, i.e. schools, after school activities, Boys and Girls Club, Youth Centers, etc.
- Reduce costs by increasing case management.
- Be proactive — explore early childhood services as a means of prevention. It was noted that there are currently no services for young children in the South Valley.
- Incorporate a continuum of care model, i.e. safe shelters for those that are in crisis but do not need hospitalization, transition support for inmates about to be released, etc.

Observations

- While many community members expressed concern over the lack of services in the South Valley, including a lack of Spanish-speak providers, the fact may be that residents are not aware of the services that do exist.
- Cultural differences and stigma of being labeled may prevent individuals from seeking help.
- Issues concerning youth were addressed; however, youth were not represented at this event.
- The final and next community dialogue is scheduled on August 2 in Sandoval County in Rio Rancho. Steering Committee members will meet with neighborhood representative organizer Marilyn Saltzman on July 15 to determine if the scheduled date for the event is still feasible.



Creating Community Solutions Neighborhood Dialogues on Mental Health

SUMMARY OF SANDOVAL COUNTY EVENT ON AUGUST 2, 2014

Overview

This event was the 6th and final neighborhood community dialogue within the Greater Albuquerque Region. As with the past neighborhood dialogues, the Sandoval County event consisted of a half-day meeting, held at the Sabana Grande Recreation Center in Rio Rancho. Mayor of Rio Rancho Gregory Hull opened the session and Albuquerque Family and Community Services Director Doug Chaplin, a resident of Sandoval County for nearly 30 years, presented a personal perspective noting the complexity of service delivery within such a large span of distance that encompasses Sandoval County. These remarks provided perspective to frame the dialogue on specific mental health issues within the county and led to a robust interactive dialogue among the 4-6 participants, a facilitator and recorder at each table.

Attendance Demographics

Total Sandoval County dialogue participant attendance was 38. This included first responders and law enforcement, including Rio Rancho's new Police Chief Michael Geier and Lt. Jason Benally, of the Town of Bernalillo Sheriff's Department. Attendance also included representatives from the Albuquerque COAST (Crisis Outreach And Support Team) and APD CIT Sgt. John Gonzales.

Attendance included: 45% Male; 55% Female

Age: <15 0%; 15-19 0%; 20-24 3%; 25-34 12%; 35-44 14%; 45-54 19%; 55-64 25%; >65 27%

Race: 5% Black; 27% Hispanic; 0% Asian; 58% White; 4% Native; 5% More than one; 0% Other

Major Themes from Discussions

Session One: *What does mental health look like in Sandoval County?*

1. Treatment and Services

- Attendees expressed a strong feeling of dissatisfaction of services due to misdiagnosis and over medication, especially in children.
- There is no continuum of care post inpatient treatment

2. Recognizing Diversity

- Being aware of the cultural/language and age differences
- There are many causes and influences of mental health issues, i.e. substance abuse, economy, daily life stressors

3. Lack of Understanding

- Families, schools and the community at large do not understand mental illness and where to go for help
- The lack of understanding leads to stigma

4. **Resources/Access**

- Insurance limits prevents treatment
- Acute care vs. not sick enough to be seen or get an appointment to be seen
- Not enough providers leads to long wait times for appointments

Session Two: *Ideas/Discussion to Strengthen Mental Health in Sandoval County*

1. **Communications and Education**

- More education in the community, i.e. schools, churches, etc.
- Need to know where to go for help – a directory of services
- Create forums for meaningful conversations where you are able to safely express feelings

2. **Resources**

- Need more partnerships among providers, schools and community organizations
- There needs to be funding for services, in particular family support resources

3. **Services**

- There needs to be a van to transport residents to services
- Need an infrastructure to treat those in rural/remote areas of the county
- Need appropriate housing and wrap around social services to help transition from crisis

4. **Training**

- There is a need for more first responder training

Session Three: *Prioritize in order of importance recommendations from the July 20th event*

1. More mental health providers/places accessible to youth
2. Create community initiative to secure funding
3. Create a statewide mental health initiative

What can you do/recommendations?

Common themes included:

- Provide a tiered level of support, including wrap around services for transition.
- Initiate Health Councils throughout the county to enable provider-to-provider interactions and collaborations.
- Enable consumer engagement in the planning.
- Change policy for treatment so that people are not in an “in and out” situation and can get the help they need while in crisis and throughout the transition to stabilization.

Observations

- Services in Sandoval County are minimal, with a lack of services in rural and remote areas.
- Issues concerning youth and services in schools were addressed; however, youth were not represented at this event.
- Representation from Sandoval County consisted mostly of residents from Rio Rancho and Corrales.
- While there was outreach, there was no representation from any of the Sandoval County Indian Pueblos.

Appendix 2

Community Dialogue Event Agendas



National Dialogue on Mental Health
Albuquerque – Creating Community Solutions

July 20, 2013

National Hispanic Cultural Center

Overall Objectives:

- Get Americans talking about mental health to break down misperceptions and promote recovery and healthy communities,
- Find innovative community-based solutions to mental health needs, with a focus on helping young people, and
- Develop clear action steps for communities to move forward in a way that complements existing local activities.

8:30-9:00 am Continental Breakfast and Registration

9:15 am Opening Comments
Everette Hill

9:20 am Welcome and Purpose
Mayor Richard J. Berry

9:35 am Message from Senator Pete Domenici
via Phone from Washington D.C.

9:55 am Introduction to how the day will proceed
Eduardo Martinez

10:05 am Table Introductions

10:20 am Opening Polling

10:45 am Session One Presentation: Overview of Mental Health
Gabe Sanchez, Director UNM Robert Wood Johnson Center for Health Policy



11:00 am	Session One Discussion: Mental Health in My Community
11:45 am	Session Two Presentation: Challenges and Key Factors in Mental Health <i>Deputy Chief Tige Watson, Albuquerque Fire Department</i>
11:55 am	Session Two Discussion: Challenges and Key Factors in My Community
12:30 pm	Lunch
12:55 pm	Theme Team Report and Polling on Session One and Two
1:15 pm	Session Three Presentation: Strategies and Progress <i>Robin Otten, Director, Department of Family and Community Services</i>
1:25 pm	Session Three Discussion: Strategies and Progress
2:05 pm	Session Four Presentation: Actions in Our Community <i>Randy Woodcock, Vice President and COO, United Way of Central NM</i>
2:15 pm	Session Four Discussion: Actions in Our Community
3:00 pm	Theme Team Report and Polling on Session Three and Four
3:20 pm	Final Reflections <i>Mayor Richard J. Berry</i>
3:30 pm	Thanks and Closing <i>Eduardo Martinez</i>



Neighborhood Dialogues on Mental Health

August 2, 2014 • 9 a.m. – 1 p.m.

Sabana Grande Recreation Center
 4110 Sabana Grande Avenue
 Rio Rancho, NM 87124

Agenda

- 9:00 a.m. Call to Order: Welcome & Purpose
- 9:05 a.m. Process Overview: Introduction to the Dialogue Process
- 9:10 a.m. Introductory Table Conversation
- 9:40 a.m. Opening Polling: “Who’s in the Room?”
- 9:45 a.m. Opening Plenary: “Personal Perspective of Mental Health in Sandoval County”
- 9:55 a.m. Session One Discussion: What Does Mental Health Look Like in Sandoval County?
- 10:45 a.m. Session Two: Ideas & Discussion to Strengthen Mental Health in Sandoval County
- 11:30 a.m. Lunch: “Taking Off the Mask,” Video Presentation, presented by Generation Justice
- Noon Summary of Discussion Themes
- 12:05 p.m. Session Three Discussion: Priorities from Creating Community Solutions - Albuquerque Mental Health Conversation on July 20, 2013; Ideas for Action in in Sandoval County
- 12:50 p.m. Session Summary & Next Steps

Appendix 3

Community Dialogue Logistics Template

Mental Health Community Dialogues – Albuquerque, NM
Event Planning Lead
Action Checklist

- ☐ Set a date for the event, including a cut-off date for registration.
- ☐ Determine if it will be a bilingual event, if childcare will be provided and approximately how many people you hope to be there (max. 60 participants plus 10 each facilitators/recorders).
- ☐ Solidify a location and consider the following:
 - Reserve the room for the night before to train the facilitators and recorders.
 - Facility setup requires a separate space for the “Theme Team.”
 - If offering childcare, ensure facility offers separate space.
 - Confirm access to a refrigerator for beverages and availability of a large coffee maker.
- ☐ Email Arlene with event details. aharmon@samaritancc.com
- ☐ Invite participants to be on the Neighborhood Action Planning Committee.
- ☐ First meeting agenda:
 - History of the initiative (Everette Hill)
 - Facts for the event – confirmation on what has been solidified, thus far
 - Brainstorming on recruitment
 - Finalize registration process.
- ☐ Finalize and distribute flyer.
 - Update email and flyer (provided in event package)
 - Contact Mayor’s Communications Director (Erin Thompson) confirm consent to send and to invite APD, AFD and Dignitaries from the area.
- ☐ Second meeting agenda:
 - Brainstorm additional organizations/strategies for recruitment; Make assignments
 - Review event planning, thus far
- ☐ Third meeting agenda:
 - Update on recruitment strategies, registrations to date, and event logistics
 - Review detailed agenda and identify community spokesperson for opening
- ☐ Fourth meeting agenda:
 - Update and finalization of event details
 - Assemble handouts, including: registration lists for sign in, facilitator/recorder packets, recorder sheets, and community demographics
- ☐ Send final event handouts to Arlene to make copies and number of attendees for food order.
- ☐ Hold Events: Train the facilitators/recorders — Friday before the event; Event day—Saturday
- ☐ Fifth meeting agenda:
 - Discuss the successes and challenges; Brainstorm what could have gone better
 - Discuss how dialogues on mental health can continue in the community
 - Discuss interest of members in continuing to plan future events and how
- ☐ Provide feedback on the event and ideas/interest to continue the dialogue to the Steering Committee.
- ☐ Send event Summary Report to participants.

Mental Health Community Dialogues – Albuquerque, NM

Event Materials/Equipment Checklist

Forms:

- ☐ Demographic Sheets
- ☐ Agendas
- ☐ Summary information from that quadrant (RWJF)
- ☐ July 20th priority survey
- ☐ Sign-in sheets
- ☐ Copies of the registrants-Head of registration
- ☐ Facilitation Plan

Equipment

- ☐ 2 computers (one for projector and one for the theme team)
- ☐ Screen
- ☐ Projector
- ☐ Sticky board for Theme Team (Everette)
- ☐ PowerPoint for the quadrant-Sam and Gabe
- ☐ Flip Charts and Easel-Michael

Supplies

- ☐ Pens
- ☐ Table Tents
- ☐ Scissors
- ☐ Markers
- ☐ Nametags
- ☐ Dots
- ☐ Literature Resource
 - ~ Ideas in Mental Health (Jim)
 - ~ SCC Brochures (Arlene)
 - ~ NAMI brochures- (Jim)
- ☐ Food supplies including: plates, cups, sugar, creamer, stir sticks, napkins, waters, sodas, coffee percolator, coffee, filters.

Lists of Volunteers/Providers with contact information

- ☐ Facilitators/Recorders (Everette)
- ☐ Childcare
- ☐ Interpreter
- ☐ Food Manager and Delivery person
- ☐ Set-up Team/Theme Team
- ☐ Registration/Food Team
- ☐ Community Maven/Speaker to open

Draft email to promote the event.

Send out with electronic version of the flyers. Updated highlighted areas before sending.

Subject: White House initiative on Mental Health

Dear Colleagues and Friends,

I want to let you know about a project on mental health that might be of interest to you. The "Creating Community Solutions - Albuquerque" in partnership with the White House, U.S. Dept. of Health and Human Services, the City of Albuquerque (Mayor Berry, Dept. of Family and Community Services) plus a diverse group of national and local stakeholders and mental health providers has started a dialogue on mental health issues.

The Creating Community Solutions - Albuquerque event on July 20th was the launch to a series of additional neighborhood dialogues and planning sessions on mental health and we're looking for participants to join us in identifying local solutions to local issues. We are having our first neighborhood dialogue in the SE Heights on March 1st, 2014 from 8:30-1pm at La Mesa Presbyterian Church (7401 Copper Ave. NE, 87108). We want you to be a part of this important event.

I hope you can help share this information with your networks/constituents in the SE Heights area. We are particularly seeking participation from providers, community members and youth. Translators, childcare and lunch will be available, but you need to register. There are several ways to register:

- Reply to this email with the following information: name, number, email, address (including zip code) and if you will need childcare and the ages of the children.
- Call Arlene (212-7000) or for Spanish call Margarita (232-9803 ext. 507)

We look forward to seeing some of your community leaders (youth or parents) at the event. Key staff and/or practitioners are also invited to join us.

We're also trying to make sure that participants represent the demographics and geographic areas of the SE Heights area. Any assistance you can provide in helping recruit participants will be greatly appreciated, especially those who have experienced challenges with mental health in their families.

Don't hesitate to ask if you have any questions and thanks in advance for all you do to support our communities.

Most Respectfully

Sarah Lee



ALBUQUERQUE'S COMMUNITY CONVERSATION ON MENTAL HEALTH
INVITES YOU TO THE

SOUTHEAST HEIGHTS MEETING

MARCH 1, 2014

Mental health affects nearly all families – perhaps someone you know. Addressing this issue is vital to the health of our community. Together we can have an open conversation and make a difference.

President Obama has called for an honest, national conversation about mental health to move beyond stereotypes and stigmas and toward solutions and priorities that improve our mental health and mental health systems – with a special focus on young people.

CALL TO ACTION

Albuquerque was the first city in the country to answer this call to action. Mayor Richard J. Berry hosted a community conference on July 20, 2013 creating the Greater Albuquerque dialogue on mental health, called *Creating Community Solutions – Albuquerque*.

"I am honored that our community has been chosen to open this national dialogue with discussions that ultimately lead to action plans designed to improve mental health programs and services for our families, schools and communities," said Mayor Berry.

CREATING COMMUNITY SOLUTIONS

Building on the important work already started by the City's July conference, six neighborhood conversations will take place throughout the Greater Albuquerque Region. Participants will be representative of neighborhood communities, especially the involvement of young people, mental health providers, people with lived experience in mental health, and family members of people with lived experience.

The Southeast Heights is the first of the neighborhood dialogues and you are invited.

This event is free and provides a welcoming and safe opportunity for dialogue. People will take part in small-group conversations where they will have a chance to share their concerns, talk about what the community is facing, and come up with action ideas and priorities for the Greater Albuquerque Area.

JOIN THE DISCUSSION

Someone you know could be suffering from mental health problems in silence. It could be a friend, family member, co-worker or a neighbor. You can help. Register now to be involved in the discussion.

REGISTRATION INFORMATION

**Call 505-212-7000 to register in English
or 505-232-9803, ext. 507 in Spanish**

For additional information, contact: Sarah Lee
505-842-5300, ext. 216

Saturday, March 1, 2014

9:00 am-1:00 pm

Registration at 8:30 am

La Mesa Presbyterian Church

**Social Hall - 7401 Copper Ave. NE
(3 blocks East of Louisiana)**

LUNCH AND CHILDCARE

**WILL BE PROVIDED but you must RSVP by
February 26, 2014**



**Creating Community Solutions-Albuquerque
Neighborhood Dialogues on Mental Health**

Date & Time: March 1, 2014, 9 a.m. – 1 p.m.

**Location: La Mesa Presbyterian Church, 7401 Copper Ave NE,
Albuquerque, NM 87108**

Agenda

- 9:00 a.m. Call to Order: Welcome & Purpose
- 9:05 a.m. Process Overview: Introduction to the Dialogue Process
- 9:10 a.m. Introductory Discussion: Table Conversation
- 9:40 a.m. Opening Polling: “Who’s in the Room?”
- 9:45 a.m. Opening Plenary: “Some Data Related to Mental Health in Southeast Albuquerque,” presented by Dr. Gabe Sanchez, Robert Wood Johnson Center, University of New Mexico
- 9:55 a.m. Session One Discussion: What Does Mental Health Look Like in Southeast Albuquerque?
- 10:45 a.m. Session Two: Ideas & Discussion to Strengthen Mental Health in Southeast Albuquerque
- 11:30 a.m. Lunch: “Taking Off the Mask,” Video Presentation, presented by Generation Justice
- Noon Summary of Discussion Themes
- 12:05 p.m. Session Three Discussion: Priorities from Creating Community Solutions - Albuquerque Mental Health Conversation on July 20; Ideas for Action in Southeast Albuquerque
- 12:50 p.m. Session Summary & Next Steps

CCSABQ Neighborhood Dialogues on Mental Health

Round Table Discussion

Date and time: April 5th 9:00am – 1:00pm

Location: Taylor Ranch Community Center

Overall Purpose of Albuquerque Event: This event is designed to be more interactive than a typical public forum. Its purpose is to give a cross section of individuals in the community an opportunity to engage around the issue of mental health in the City of Albuquerque and the Central Region. This diverse gathering is designed for participants to listen to others with different experiences and have a voice in community change. The make-up of participants and each small group will demonstrate the value of diverse perspectives, including those of young people and people with lived experience.

This is a regional dialogue that has the following objectives:

- Get the community, providers and advocates talking about mental health to break down misperceptions and promote achievement and healthy communities and schools,
- Find innovative community-based solutions to mental health needs, with a focus on supporting students, and
- Develop clear action steps for investment in mental health to move forward in a way that empowers local activities.

Participants will be seated at one table of 10 with a facilitator and a recorder. The purpose of the brief presentations by the Lead Facilitator is to jump start the conversations. The table conversation is the heart of the event.

Design and Agenda for the Day:

Time	Task	Of Note
8:00 am	Organizers/Staff/Crew Call: Facilitators/Team Arrive	Updated orientation from/for Melanie, Jim, Michael, Everette
8:30 am	Registration and Breakfast begins	Provide materials (agenda, discussion guide) to participants.
08:55:00 AM	Cue to Participants (5 minute call)	Everette Hill
09:00:00 AM	Call to Order- Welcome & Purpose -Introduce Lead Facilitator Everette Hill	Arnold Sena (Host) *Mayor Berry (Speaks) NW Maven (Speaks, introduces Everette)

09:05:00 AM	Process Overview: Introduction to how the day will work (5 minutes) <ul style="list-style-type: none"> • Review of Agenda • Ground Rules (facilitators have a copy) • Use of Technology/Methodology • Introduce table help for questions 	Everette Hill
09:10:00 AM	Table Introductions (30 minutes) <ul style="list-style-type: none"> • Name • Where you live (what part of SE ABQ) • Why are you participating in the dialogue today? 	Everette to hand off to Table Facilitators
09:40:00 AM	Opening Polling - “Who’s in the Room?” (5 minutes) APC Survey Form: Demographics	Everette (during agenda)
09:45:00 AM	Framing & Context Setting Presentation (10 minutes max) <ul style="list-style-type: none"> • Summary of material in on the insert • Definitions of mental health vs mental illness– scope of efforts from city and community. • Attitudes and beliefs about mental health – depth/breadth • Key findings from city-wide research • Cultural questions around mental health 	Presented by Dr. Gabe Sanchez, RWJ Foundation: Goal: to present a framing overview of regional and localized quadrant data on mental health, to give everyone regardless of knowledge level a similar starting point in the conversation.
09:55:00 AM	Session One Discussion: What does mental health look like in the Southeast part of Albuquerque? (45 minutes) <ul style="list-style-type: none"> • Describe an experience in your life, your work, or your family that informs what you believe about mental health • Why is mental health an important issue in this community? • What working in your experience? What are the challenges for families and students? 	Table facilitators
10:40:00 AM	Transition from Session One to Session Two (5 minutes) -Prompts from Lead Facilitator Stretch Break led by Roberta or Amy	Stretch Break-Roberta or Amy Runners pick up cards from facilitators, deliver to theme team
10:45:00 PM	Session Two: Ideas/Discussion to Strengthen Mental Health in the Southeast (45 minutes maximum) <ul style="list-style-type: none"> • What is working to support the implementation of strong mental health reforms in our community? • What other strategies do we need? • What is working to support the engagement of children, youth, young adults and parents and community members in our mental health systems? What other strategies do we need? 	

11:30:00 AM	Transition to Lunch (30 minutes) -@ 11:40am-11: 45am Transition to Video (5 minutes) 11:45am Generation Justice Youth Video (15 minutes) Introduced by Everett	Runners pick up cards from facilitators, deliver to theme team
12:00:00 PM	Transition & Theme Team Report Session (5 minutes)	<i>Theme Team (Michael & Pari) manages, gets info to Everett. Everett share out.</i>
12:05:00 PM	Session Three Discussion: Priorities from the July 20th Event (45 minutes) <ul style="list-style-type: none"> • Facilitator presents and group ranks • Given the discussion today, and now that you have seen priorities for the whole city: what is missing? What does the Southeast needs that is not represented here? • What do you feel that you can do now as an individual after this forum? What can you do as a community? What recommendations would you make to the Mayor? 	Refer to discussion guides
12:50:00 PM	Session Summary & Next Steps (10 minutes) Table Report Outs (Acknowledgements of facilitators & recorders Next Steps	<i>Theme Team (Michael & Pari) manages, gets info to Everett. Everett share out.</i>
01:00:00 PM	Event Organizers Debrief <ul style="list-style-type: none"> • Facilitators fill out questionnaire about their experiences. 	Opportunity for key staff and facilitators to discuss how the event went.

Appendix 4

Steering Committee Members (Phase 1)



Creating Community Solutions

Part of the National Dialogue on Mental Health

Albuquerque Community Dialogue

Steering Committee Members

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Rev. 6/27/13



Creating Community Solutions

Part of the National Dialogue on Mental Health

Albuquerque Community Dialogue

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Appendix 5

Action Forum Agenda



ACTION FORUM

*Dialogues on Mental Health – Greater Albuquerque
Findings and Next Steps*

AGENDA

November 1, 2014

- 9:00 a.m. Welcome & Introductions**
Everette Hill, MA
Senior Associate, Everyday Democracy
- 9:10 a.m. The Power of Dialogue**
Desiree Woodland
Dialogue Participant & Principal Organizer for Breaking the Silence
- 9:20 a.m. Project Overview – National Update & Local Highlights**
Martha McCoy
Executive Director, Everyday Democracy

Doug Chaplin
Director, Department of Family and Community Services
- 9:30 a.m. Data Analysis & Findings**
Pari Noskin, MSW
Program Manager, UNM Department of Psychiatry and Behavioral Sciences

Gabriel R. Sanchez, Ph.D.
Executive Director, UNM RWJF Center for Health Policy
- 10:00 a.m. Acknowledgements & Next Steps**
Mayor Richard J. Berry
- 10:30 a.m. Action Teams Formation & Dialogue**
Amy Malick
Senior Associate, Everyday Democracy
- 11:45 a.m. Closing Remarks**
Mayor Richard J. Berry

