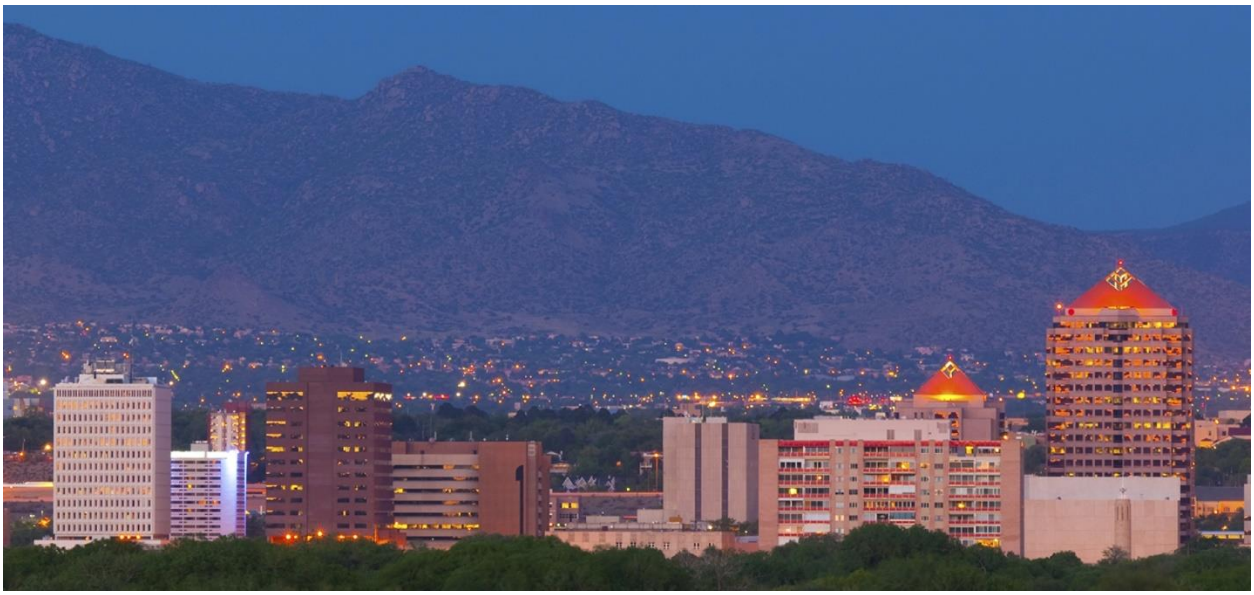
City of Albuquerque/Bernalillo County System Gap Analysis June 2021

Prepared by Via Positiva, LLC
Albuquerque, New Mexico



Kris Ericson, PhD, Project Leader, Via Positiva
Jim Clarkson, MA, LADAC, CEO, Via Positiva
Mark Abeyta, MA, LPCC, Senior Adviser, Via Positiva

City of Albuquerque/ Bernalillo County Systems Gap Analysis
June 2021

Table of Contents

Executive Summary

Some years ago, I (co-author, Jim Clarkson) managed the Healing Circle, the wellness program for the College, at the Institute of American Indian Arts in Santa Fe, New Mexico. We had an Elders program there, and so I had the opportunity to interact with and learn from Native American elders from all over North America. One interaction with an elder from northern Alaska changed my life, and my business life, forever. With his permission, I have used this philosophy with corporate executives, government leaders, large private corporations, large public sector systems and behavioral health providers of every size and type ever since. This kind, white haired, and weathered wise man shared a carving called "the storyteller." He said that storytellers were often the powerful leaders in the community. He pointed out that the carving included a shield—the face of a person with one eye wide open, focused outward, and one eye closed shut, focusing inward. He shared with me that to be a "storyteller" and leader one must have the rare ability to have one eye open focused outward and one eye closed focused inward, at the very same time, to notice how the inner and outer worlds interact, shape each other, protect each other, and guide future action. He suggested that when the inner and the outer are balanced and working together, then transformation, wisdom, compassion, and very meaningful things can happen. He also suggested that when the inner and outer are in conflict or not working together, conflict, imbalance, disconnection, harshness, and danger may arise.

For the purposes of this System Gap Analysis, I would translate our task to having "one eye open" and focused outward as referring to the external realities of creating a system of care. These include objective measures like data, outcomes, strategic planning, forecasting, budgeting, and the like. All obviously crucial and important.

For the purposes of this Gap Analysis, I would translate having "one eye closed" and focused inward, to include such things as noticing the experiences of the community members, their feelings, their voices, the felt connection to inner intuitions, sense of value, felt connection to others, deeper selves, the earth, and communication from the spirit world. These are also all crucial and important. He also offered a representation of a Polar Bear claw, suggesting that using this inner-outer approach in the western world is not easy, and everyone involved would have to be especially strong.

This System Gap Analysis has especially called for an authentic "storyteller" approach. When we started, our team thought we would be spending most of our time on data and quantitative research. However, as soon as we embarked upon our qualitative focus groups and key informant interviews, we could immediately see that there was a broad disconnect between the information and data we were reviewing and the actual experiences of community members, providers, key stakeholders, and City, County, and state officials. There emerged a significant divide between the outer information and data we were reviewing and the inner, personal experiences of the people utilizing behavioral health services and the larger community. Many of the findings and recommendations in the System Gap Analysis describe this reality and suggest paths to synchronizing the available services and programs with the

community needing them, and creating environments for engagement, retention, and impactful therapeutic outcomes in the community.

Since there appears to be such divergent experiences between how the administrators describe the continuum of care they manage and what people are experiencing and voicing in the community, we suggest six overarching themes to consider which are addressed in this report.

The first two are interconnected: coordination and communication. We describe how the City and County should coordinate from a single strategic system plan and collaborative management structure and develop a simple, singular communication strategy to the public. This should include what has been developed and is currently being offered. Available combined annual funding for behavioral health is well over $100 million dollars, the size of a mid-sized corporation. It is currently being managed by at least 15 different managed care, state, and local agencies without a single strategic plan that includes consistent meaningful community input and without an executive leader skilled in the business of behavioral health. There is no-doubt duplication of services, underutilization of some services, and limited capacity for others as a result.

Secondly, the City of Albuquerque and Bernalillo County should partner with consultants' expert in quality management to do a physical walk through of the delivery system in each of the following areas: homelessness, criminal justice, and the mental health and substance abuse crisis, treatment and recovery systems. This process calls for program administrators and independent consultants to "walk through" each system in a role play as a patient and family member—from first call to engagement and resolution—and identify strengths, challenges, bottlenecks, and break downs within the system at every step from the perspective of the customer. The process notes how the patient and family member feel and experience customer service in the process. One model that has been used across the country for this walk-through is from the University of Wisconsin at Madison's Network for the Improvement of Addiction Treatment (it can be found at https://www.NIATx.net.) This process and report would provide firsthand information regarding the divergent experiences of administrators and clients and family members and help guide further system development.

Thirdly, in order to gather firsthand information about accessibility, quality, efficacy, and efficiency of services, the City and County should retain independent analysts to do on-site provider chart reviews, including at the CARE Campus, review client satisfaction surveys, and perform client interviews for those who are utilizing or have utilized services in the past year. This will provide the detailed point of service information and data needed for analysis of how services are being provided, gauge comportment of treatment and recovery planning to nationally accepted standards, assess fidelity to evidence-based practices, understand community perception, and then use the information to further fill system gaps and help resolve the puzzle as to the difference in community perception of services and the wide offering of services provided by the City and County.

Fourthly, in interviewing recognized national leaders who have developed extraordinarily successful public sector systems, a very consistent theme emerged: a true behavioral health system of care must be a singular movement, not a collection of disparate programs. It must be run by a strong, charismatic, visionary person well connected to and respected by the grassroots and advocate communities, as well as administrators in the City and County. He or she should have broad understanding of clinical and recovery pathways as well as the business of behavioral health. This communal movement should include environmental approaches that all citizens, families, providers, advocates, clients, and other can engage in. As detailed in this report, we have recommended Mental Health First Aid, Strength-based Case Management, and Trauma Informed Care as three approaches that are infused with empathy and practical, empowering steps that should be woven throughout the system of care and are steppingstones toward building a movement for wellness, recovery, acceptance, and community. Empathy is the touchstone and true north for every interaction within a behavioral health system of care.

Fifthly, as described in this report, utilization of Medicaid as a funding source should be strategically increased, along with a plan for training and technical assistance for providers to grow into diversification and more complex reimbursement structures. In a recent informal study at the New Mexico Behavioral Health Services Division, it was found that although Bernalillo County has just over 50% of the Medicaid Population in the state, its overall utilization is only 27% of the behavioral health services. Improvements in this area can allow for City and County budgets to offer additional services and provider technical assistance not included in the Medicaid State Plan.

Throughout this document the writers use the third person plural “we” from time to time. That is because each of us live here in Albuquerque, are part of the community, and have spent decades working in social services here. Although “objectivity” when it comes to human beings is an oxymoron as humans are, by definition, both subject (inner) and object (outer) at all times, we did strive, to the best of our ability, to remain impartial and followed where the qualitative and quantitative data and information led us throughout.

Lastly, this System Gap Analysis is not an academic exercise. It was crafted by individuals with decades of both public sector and private corporate healthcare experience. The three main authors are longtime residents of Albuquerque. It’s tenor, analysis approach, and strategies are all born of executive level, practical, real world experience developing and managing large behavioral health systems for states, federal agencies, large insurers, and Fortune 100 companies.

Introduction & Gap Analysis Context

The State of New Mexico, with its abundant, natural beauty and rich, diverse multicultural heritage, has been at the forefront of innovation and implementation in providing behavioral health services in the public sector and has a very impressive foundation upon which to build. The list is long:

- Leading the country with the nation's first state Behavioral Health Collaborative legislated in 2004 to address behavioral health challenges and quality of life across state agencies by coordinating services and braiding funding.
- The development of inarguably one of the most utilized change focused evidence-based practices in the world, "Motivational Interviewing," created here at the University of New Mexico by William Miller, PhD and Stephen Rollnick, PhD.
- The creation of the evidence-based Community Reinforcement Approach and Community Reinforcement Approach Family Training used across the country to help individuals and families struggling with substance use disorder by Robert J. Meyers, William Miller, and Susanne Hiller-Sturmhofel et.al.
- The University of New Mexico's Project Echo, improving healthcare and providing expert technical assistance and education around the globe.
- The early adoption of the certification and utilization of Peer Support Specialists and Family Peer Support Specialists across the state.
- A leading-edge managed Medicaid Managed Care program for New Mexico, Centennial Care 2.0, that requires Managed Care Organizations (MCOs) to work systemically and attend not only to the physical and behavioral healthcare needs of our citizens, but also to the social determinants of health often driving chronic health conditions.
- The Bernalillo County Behavioral Health Services Division expansion of the Comprehensive Assessment and Recovery through Excellence (CARE) Campus' continuum of services for substance use and co-occurring disorders and the newly developed peer driven behavioral health Community Engagement Teams using outreach and in home services.

- The visionary implementation and infusion of the principals of Trauma Informed Care and the Adverse Childhood Experiences Study well ahead of other jurisdictions across the country. These and other innovations led to the highly prestigious National Council 2020 Innovation at Work Award for the Bernalillo County Department of Behavioral Health Services, which launched 23 programs, invested $20 million into the behavioral health industry by partnering with service providers, committed more than $70 million to behavioral health projects and helped more than 50,000 people. These Bernalillo County innovative responses and interventions could not have occurred without the incredibly courageous, knowledgeable, and invested County Commission and leadership.
- The City of Albuquerque, under the visionary yet practical leadership of Mayor Tim Keller, has taken a compassionate and action and results oriented approach to problems plaguing Albuquerque and other cities around the country – homelessness, violent crime, mental health and substance use problems, and inequities in cultural, racial, ethnic, sexual, and gender orientations – and moved toward the improvement of quality of life in Albuquerque making our City more attractive to economic development.
- Projects implemented through the City's Department of Family Community Services include funding to more than 100 programs across the City, especially focused on homelessness and related issues.
- Mayor Tim Keller's administration making the decision to create the Albuquerque Community Safety Department (ACS), a third branch of the City of Albuquerque's first responder system: Police, Fire, and Community Safety, to utilize behavioral health experts and peers investing in community health and behavioral health responses, taking a public health and poverty informed approach to calls of distress, and allowing law enforcement resources to focus on violent and other crime.
- The Bernalillo County Metropolitan Detention Center as one of the first in the nation to provide Medication Assisted Treatment to those suffering from Opioid Use Disorder during incarceration, soon to include Buprenorphine as well as Methadone.

To quote Dr. Vartan Gregorian about system change, he remarked that "In order to change a system you have to be either a loving critic or a critical lover." With nearly 100 years' experience between the three main writers of this analysis, most of those years in New Mexico, along with feedback from numerous focus groups and one-on-one conversations with local stakeholders, clients, family members, managed care leaders, City, state and County leaders and City, County, and state employees as this analysis was conducted, it is safe to say that New Mexico is filled with "critical lovers;" kind, enthusiastic, creative, engaged, and invested people. Some of these people and advocacy groups have worked for decades, at times with little or no reimbursement or recognition, to help create environments of healing and hope for the most vulnerable. New Mexico is blessed with diverse cultures where family and community is valued and prioritized—one of our richest resources!

This context of strength-based accomplishments and heart-felt compassion is important to understand as foundational when embarking to do the hard, clear-eyed work of identifying

gaps in the system of care in Albuquerque and Bernalillo County and recommending changes. It is important to point out that this is an evaluation of the gaps in the ***behavioral health system of care*****,** not the performance of Bernalillo County Behavioral Health Service Division or the City of Albuquerque's Community and Family Services Department. Bernalillo County and the City of Albuquerque jointly commissioned this system of care gaps analysis, and this unifying action is to be strongly commended.

For the purpose of this gap analysis, the system of care refers to the complete network of indigenous and professional services and relationships that can support the long-term wellness of individuals and families and the creation of values and policies in the larger cultural and policy environment that are supportive of these processes. The system must include County and City governments and behavioral health services, physical health providers and hospital systems, insurers, homelessness and housing programs and shelters, law enforcement, jails and corrections, violence prevention and intervention programs, behavioral health and other social services providers such as DUI Councils, domestic violence programs, rape crisis centers, recreation programs, youth and family programs, the New Mexico Human Services Division, the New Mexico Behavioral Health Services Division (BHSD), the New Mexico Children, Youth and Families Department, the New Mexico Behavioral Health Collaborative, Native American pueblos, tribes, service providers, trade associations, business associations, faith-based providers, and ministerial alliances.

It is now a standard practice in behavioral health and systems change to base the work on trauma informed principles along with an understanding of the effects of Adverse Childhood Experiences. It is important to note that both evidence-based approaches have a foundational understanding that the primary human need as an infant, in the first 18 months of life, is for safe and secure ***attachment*** to loving care takers. Some might say that survival is more important than attachment, but what is known is that infants who do not attach to others physically will not survive. Insufficient attachment and subsequent Adverse Childhood Experiences, drive nearly all subsequent substance use disorders, especially opioid use disorder, and cause or exacerbate mental health challenges.

Adverse Childhood Experiences (ACEs) are nearly a universal experience of people who experience homelessness and incarceration and for about 60 percent of the rest of the population. These ACEs, to a greater or lesser degree, cause a fundamental disconnect from one's body, emotions, intuition, connection to family, community, and sadly, to the natural world and a sense of joy, awe, and wonder. This creates a sense of being "other," along with a hypersensitivity to judgment, punishment, and danger. This suppression also creates the feeling of anxiety and division within oneself, often leading to the acting out of emotions, instincts, and repressed pain. This causes myriad anguish, anxiety, depression, substance use, homelessness, domestic violence, crime, racism, and sexism and drives physical, chronic healthcare problems throughout the arc of a person's life, with the monumental and tragic loss of human and fiscal capital. Some readers may be uncomfortable with this evidence and it is important to also note that personal responsibility, to the best of ones' ability, is a hallmark of recovery and wellness.

These maladies are being experienced in the United States (US) at higher levels and at younger ages. According to the National Council for Mental Wellbeing, prevalence of a mental health disorder stands at about 20 percent in the population of the US. However, 50 percent of those who develop a mental health or substance use disorder in their lifetimes show symptoms prior to the age of 21. Remarkably, 75 percent show symptomology prior the age of 24.

So, what actually helps individuals and families who may be challenged by homelessness, crime, substance use or mental health disorders begin to engage toward ***attachment***? These issues are extraordinarily complex, but there is near universal agreement among researchers and clinicians on the foundational characteristics ***needed to help others***, including the evidence-based practices developed in New Mexico mentioned earlier. These universal characteristics must be foundational throughout a system of care, including toward clients, families, providers, payers, and regulators. These foundational invitations to engagement and ***re-attachment*** are referred to as Trauma Informed Principles and include the skills needed to create environments for physical and psychological safety; trusting relationships; compassion toward self, colleagues and clients; genuine collaboration (including diversity, equity, and inclusion); genuine client choice; along with a sense of clarity and empowerment. People need allies, navigators, peers, clinicians, law enforcement, legislators, leaders, and friends and neighbors who exude, radiate, and live these principles. They become natural connectors, purveyors of hope, and help people feel connected and ***attached*** to, and a part of, the community.

These skills and attitudes can be planned, implemented, measured, monitored, and supported systemically, and they do not require a lot of new resources. However, they are the "clay" required to form a genuine living behavioral health system of care worthy of friends, families, community members, and those just passing through. Without them, too often, traumatized clients are treated in traumatized organizations, with often traumatized staff, and then returned to traumatized families and communities. To the extent the trauma informed principles are missing within a system, to that degree the system will be difficult to navigate, harsh, competitive, and wasteful. Difficult to navigate, harsh systems wear people out until they are arrested or need high-cost emergency room care. It has been shared that in a fragmented system that ***the process of getting help is more painful than living with the consequences of mental health or substance use disorders.*** This says something deeply profound about the need for changes.

In summary, it is the conclusion of our analysis that the largest gap, as will be described below, is also potentially the system's greatest strength. The Albuquerque and Bernalillo County behavioral health system is flush with expertise, cultures, diversity, and individuals who exude compassion and trauma informed ways of being. The major gap is that, although we have services that have arisen in response and in reaction to crises that have increased over the years, we have yet to develop a single coordinated system of care in Albuquerque and Bernalillo County to connect, coordinate, nurture, manage, and make these resources readily known and available to customers. This is the next developmental step. The City and County have developed important, innovative social services in response to the crises of our times and

of our community. The next developmental step is to plan, develop, implement, incentivize, measure, monitor and improve a single system of care as defined above.

History & Background

The City of Albuquerque and Bernalillo County are the primary population centers in the state with almost 680,000 individuals in the area. The prevalence of substance use disorders, mental health challenges, suicide rates, crime, violent crime, and homelessness are high in New Mexico, including in the City of Albuquerque and Bernalillo County, and have been well-documented for many years. In recognition of these issues, the state, County, and City are continually working to address gaps in behavioral health and homeless services to help ensure a strong continuum of care to meet the needs of individuals living with behavioral health conditions and their families and communities. The greater Albuquerque area and communities in the surrounding County have continued to take steps and important actions to address needs. County and City leaders, elected officials, and dedicated staff and partners work to strategically evaluate resources for mental health and the treatment of substance use disorders with a focus on enhancing those services and resources, taking important steps to build and advance critical programs and raise awareness of opportunities for assistance. Addressing these issues has resulted in numerous successes to build upon in addressing further gaps to improve the lives of citizens and increase public health and safety.

It is essential to understand the history and structure of state-funded health care in New Mexico in these efforts. Legislation in 2004 established New Mexico's Interagency Behavioral Health Purchasing Collaborative, bringing together state agencies from health care to finance, to build an innovative, cost effective, united system to address the mental health and substance abuse needs across the state. Overseen by the director of the NM Behavioral Health Services Department (BHSD), the Behavioral Health Purchasing Collaborative manages funds from the Human Services Department (HSD), Children Youth and Families Department (CYFD), and Corrections Department and works to develop culturally relevant behavioral health services for all populations, including rural and urban communities.

The Collaborative supports the state's Medicaid and non-Medicaid programs. Changes to the structure of state-funded health care include New Mexico choosing to expand its Medicaid program in 2013 to extend coverage to adults earning up to 138% of the federal poverty level. Since that time, the expansion of Medicaid has resulted in a 63% increase in eligible individuals. The NM Medicaid program currently provides care for more than 772,000 citizens. This equates to more than 1 out of 3 New Mexicans (approximately 38%) being eligible for the Medicaid program. In January 2014, Centennial Care was introduced as the New Mexico statewide managed care health delivery system. Under Centennial Care, contracted health plans provide the full array of physical health, behavioral health, and long-term care services. There have been a number of managed care organizations (MCOs) that have been part of the Centennial Care program. Currently, those MCOs are Blue Cross Blue Shield of NM, Presbyterian Health Plan, and Western Sky Community Care.

Despite those efforts, there remain a large number of individuals who cannot receive necessary care and treatment. Much of this is attributed to a statewide shortage of providers and the limited availability of services (Office of the Inspector General, "Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico's Medicaid Managed Care," Publication OEI-02-17-00490, September 2019.) For individuals not eligible for Medicaid, cities and counties like the City of Albuquerque and Bernalillo County, have stepped in to develop treatment and services available to all citizens.

Passage of the 1/8th Behavioral Health Gross Receipts Tax

On November 4, 2014, citizens in Bernalillo County overwhelmingly voted on an advisory ballot question to impose a 1/8th of one percent gross receipts tax (GRT) dedicated toward behavioral health services. With 69% of voters voting "for" the tax increase, the Bernalillo County Commission had a strong mandate to enhance the level of behavioral health care in the community. The mandate was fulfilled a few months later when, on February 26, 2015, the Bernalillo County Commission approved a 1/8th of one percent GRT increase, dedicated toward "behavioral and mental health needs of the County." The County began collecting on this new revenue source on July 1, 2015 and during the first year of collections, received approximately $19.9 million. Though the amount varies some from year to year, current revenues from the tax are approximately $22 million.

On the same date the GRT was enacted, the Bernalillo County Commission passed a resolution directing the County manager to work with a variety of stakeholders to propose a governance and organizational structure to administer and coordinate these new funds. In late April 2015, the Bernalillo County Commission, through the County's request for proposals (RFP) process, contracted with professional services firm Community Partners, Inc. (CPI) out of Arizona to develop recommendations for steps the County should take to develop a behavioral health system and service delivery plan. CPI developed a "Behavioral Health Business Plan" that was final on December 1, 2015.

The CPI Business Plan was not the first or only report of its kind. Since 2014, no fewer than seven expert reports or community task forces have issued recommendations on how to improve the delivery of services across the City and County. Areas of focus have included fragmentation of the behavioral health system, difficulty in navigating the system, and the lack of care options that at times lead to no treatment or insufficient treatment for individuals, families, and communities. All of these reports, including this gap analysis, point to the need for a coordinated and collaborative system of behavioral health care.

Albuquerque Bernalillo County Governing Commission (ABCGC) Oversight and the Establishment of the Small Working Group

Soon following the delivery of the Behavioral Health Business Plan in 2015 and through recommendation of the County manager, the governance and oversight of the behavioral health services funded through the GRT was conferred onto the Albuquerque Bernalillo County Governing Commission (ABCGC). The ABCGC is a joint City/County commission comprised of

elected officials for the purpose of discussing topics of common interest, long-range goals, community needs, and other items as requested by the respective bodies. ABCGC membership includes representatives from the City Council, mayoral office, and County Commission and addresses matters that affect both entities. In addition to managing the oversight of behavioral health services, the ABCGC was also tasked with establishing a longer-term, more permanent governance structure to perform this function.

A working group of City, County, and community officials had been meeting regularly to coordinate a community-wide approach toward behavioral health services. The ABCGC, recognizing the longstanding work of this body, expanded its mandate to include producing recommendations for the development and approval of behavioral health services to be brought to the ABCGC. Additionally, the ABCGC requested that staff prepare a transparent process to vet behavioral health initiatives, with expertise from behavioral health specialists and with fiscal accountability to constituents.

In March of 2016, the original working group presented a series of recommendations to the ABCGC, recommendations that had been under discussion for two years. These recommendations set forth an organizational structure consisting of a working group of City and County staff, four area-specific sub-committees, and a steering committee to coordinate and deliver projects to the ABCGC for review. The intent of these structural recommendations was to set forth a process for coordinated development and approval of behavioral health services from both entities. These recommendations, being fully adopted by the ABCGC, codified the structure currently used to organize and coordinate behavioral health services funded through the GRT. This collection of bodies and the flow of their work has come to be known as the Behavioral Health Initiative, or BHI for short.

The Bernalillo County Behavioral Health Initiative comprised three distinct phases:

1. Assessment of the behavioral health care delivery system and providing a preliminary plan based on initial findings with recommendations for a governing board structure,
2. Development of a comprehensive regional behavioral health business plan, and
3. Gathering of community input on the plan and beginning implementation of approved service components.

Many stakeholders facilitated Phase 1 and 2 of the BHI through community meetings and discussions on multiple topics toward the development of the CPI Behavioral Health Business Plan. The business plan presented specific recommendations, explanations, and anticipated costs for creating an effective and coordinated crisis-care system, with priorities and targeted populations determined by the community. The plan pointed to opportunities to leverage current services, resources, potential partnerships, and funding streams. It became “overwhelming clear” that the community made its highest priority the creation of a crisis network that provides high-quality and coordinated care to anyone experiencing a psychiatric crisis, including those with a substance use condition.

In addition, Phase 2 focused on greater outreach to state and community leaders, including convening the Behavioral Health Resource Development Work Group to gather input on system design, funding options, and service priorities. This provided clarity about existing service infrastructure, resources and strengths, systems gaps, workforce challenges and a broader understanding of funding structures in the County. It also addressed services that did not exist but should be established as part of a regional network.

The third phase of initial BHI work was the development of a comprehensive regional behavioral health plan to address service priority gaps with revenue generated from the behavioral health GRT and to identify existing state and local resources that could serve as the foundation of a behavioral health network, while also pursuing grants and other referral assistance to build this network.

BHI Organizational Structure

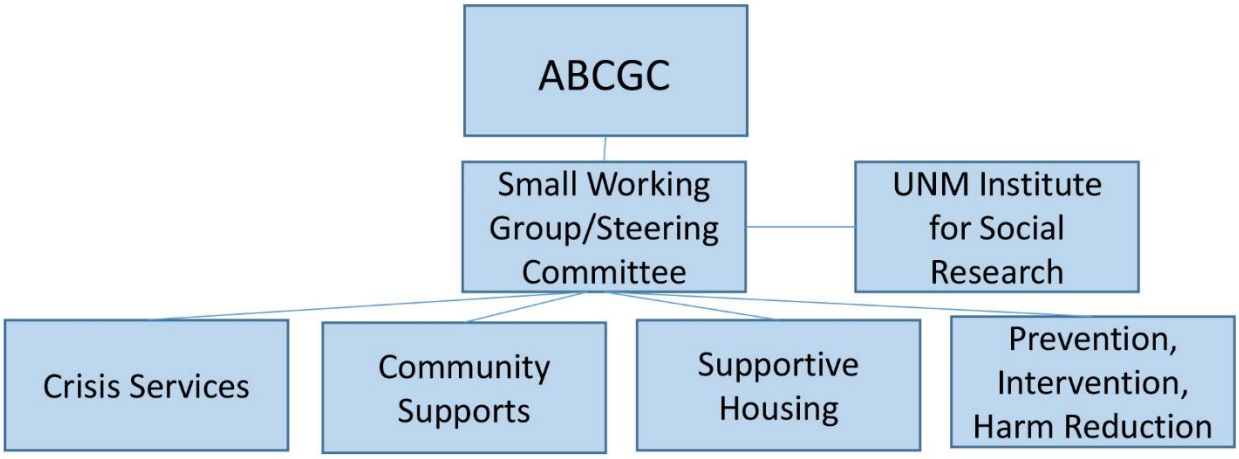
ABCGC – The joint governing body that provides recommendations for BHI projects. The ABCGC is where proposed BHI projects are vetted for approval and consideration by the respective County commissioners, City council members, or the mayor's office.

Small Working Group – The Small Working Group was created following the work of the City/County Task Force on Behavioral Health that met during 2014/15 and guides implementation of the BHI, including coordinating project assignments with sub-committees, staffing the sub-committees, coordinating the Steering Committee meetings, and coordinating project proposals and recommendations for consideration by the ABCGC. Fundamentally, they seek to develop a more comprehensive system for behavioral health in the community. This includes working with a variety of community partners and service providers to better integrate and coordinate new services within existing community resources.

Steering Committee – Steering Committee membership includes the Small Working Group and sub-committee chairs and co-chairs. The Steering Committee meets on a regular basis to share project information to enhance communication and ensure unified messaging about behavioral health initiatives. They are also responsible to ensure a unified and inclusive process in developing proposal recommendations for consideration by the ABCGC and monitor progress on selected projects once they are deployed.

Sub-committees – There are four sub-committees divided into identified priority areas: (1) Crisis Services; (2) Community Supports; (3) Supportive Housing; and (4) Prevention, Intervention and Harm Reduction. Sub-committees include voting members representing the community, alongside technical advisors and staff. Proposed projects by sub-committees are identified from studies that date back to 2002 and from more recent reports commissioned by the County and City that prioritize eliminating gaps in services. The more recent studies include the Albuquerque-sponsored Creating Community Solutions Dialogues on Mental Health (2014), City/County Task Force on Behavioral Health (2014/15) and the CPI Behavioral Health Business Plan (2015).

Research and Data Analysis – The BHI is also committed to using research and data analysis to inform how it makes decisions and measures success. To that end, the County contracted with UNM Institute for Social Research to provide services to assess and quantify potential target populations, researching and suggesting a variety of outcome metrics to prioritize, and performing rigorous evaluations of all behavioral health services.



Current Structures and Recent Actions

City of Albuquerque

The Family and Community Services Department provides quality health and social services, housing, recreation, and education to improve the quality of life for all citizens of Albuquerque. Services overseen by the department include homeless outreach and housing supports (including shelter and re-entry programs), domestic violence and child abuse treatment and supports, violence and gang prevention programs, jail services, job development, behavioral health services for persons with serious mental illness, crisis supports, case management, and peer counseling. The department also oversees a number of youth programs designed to reach youth proactively and provide education and recreation supports to increase the wellbeing of youth in the community. The department works with numerous providers across the City to deliver effective and efficient care. The department also funds substance use treatment under a vouchered system, serving ASAM levels .5, Level I and Level II, in addition to two youth substance use treatment programs.

Bernalillo County

In 2017 the Bernalillo County Commission (BCC) approved merging the former Addiction Treatment Services and Behavioral Health Department into the Department of Behavioral Health Services, under the auspices of the County manager. This structure provides opportunities to leverage resources, maximize services, increase efficiencies, secure integrated services, and create opportunities to leverage funding sources that were held in separate departments.

The department provides leadership, devotes resources to funding identified and needed programming, and operates direct services. They work collaboratively with partners to achieve these goals, including community partners who provide day-to-day operations for many programs funded by the department.

County Behavioral Health Strategic Plan

In January 2019, the Bernalillo County Department of Behavioral Health designed and implemented its first strategic plan, building off work that had been initiated since the beginning of GRT funding and designed to address three goals: (1) development and implementation of services, (2) maximizing resources and community collaborations, and (3) fostering education and engagement in a deeper understanding of behavioral health.

Collaborative City Efforts

The majority of behavioral health and homeless resources, programs, and partnerships fall under the Family and Community Services Department, though a single strategic plan does not exist. Instead, the interplay of services and funding for programs is found in the City of Albuquerque Fiscal Year 2021 Approved Budget. Review of department appropriations indicates priorities that have been placed on different populations and programs. These foci include homeless and housing supports, behavioral health supports, services for children and youth, and prevention programs.

The Impact of the COVID Pandemic

On March 11, 2020, Governor Michelle Lujan-Grisham declared a Public Health Emergency in New Mexico, altering life for all New Mexicans. The emergency health order also affected plans by the City and County in furthering behavioral health treatment and services, education programs, and collaborations with other community partners (e.g., Albuquerque Public Schools, community members, and the criminal justice system.) What was expected to be a short-term declared emergency continued in various forms through June 2021.

In systems that are already bound to lengthy proposal and procurement processes and struggling communication efforts, the pandemic further slowed access to services with individual providers and County-operated programs, development of workforce solutions, and enhancement of programs to assist those most in need in Bernalillo County and the City of Albuquerque. There were significant drops in referrals for treatment from agencies across multiple jurisdictions, further decreases in the available workforce (anecdotally reported), an increased inability of knowing where to turn for services, and emergency protocols put in place (e.g. required COVID-19 testing for program access) that made it more difficult to receive services, especially when one did not know how to begin.

Additionally, the pandemic resulted in a dramatic slowing of launching programs that had been planned in 2019. For example, the Law Enforcement Diversion Program (LEAD) was initiated shortly before the pandemic affected New Mexico. It resulted in few (and in many months no) referrals and vacancies of case managers designed to be the most responsive to assist those referred. Another example is the slowing in the opening of the Crisis Stabilization Unit on the Comprehensive Assessment and Recovery through Excellence (CARE) Campus and a delay in efforts between the County and University of New Mexico in developing a Crisis Triage Center and Psychiatric Replacement Hospital. Long wait lists with contacted providers for services have only increased. There is little understanding of whether or not planned education programs have begun during this time and, if they have, how to access them.

Albuquerque Public Schools, a significant partner in addressing behavioral health issues for children and youth, faced its own challenges. Tasked with determining how to educate children and youth on a fully remote basis until April 2020, there was a dramatic decrease in the ability to monitor the behavioral health and social determinants of health of students and their families. This further decreased the ability of the City and County to more effectively address comprehensive needs of communities.

Mental Health First Aid and other training and education programs came to a halt during the pandemic, though some of this training has resumed in a virtual format. While such education should always be offered online (and in person when possible), finding out about training and how to access it requires knowledge of what one is looking for, followed by knowing where to begin that search.

On more positive notes, changes to regulations for providing telehealth services have allowed some providers to operate in enhanced ways and continue to offer services to individuals, though it remains difficult to begin treatment with any provider if an individual is not already engaged due to capacity limits. Advocacy groups such as the National Alliance for Mental Illness (NAMI) New Mexico and its local Albuquerque affiliate were able to transition to providing education and support groups online, where they continue.

As New Mexico, Bernalillo County, and the City of Albuquerque move through the "back end" of the pandemic, it will be important not only to "reset" but to quickly review and change as necessary programs, collaboration efforts, communication efforts, new treatments and services, and future plans. There must be an increased urgency to address the needs of citizens in a timely fashion to resolve the issues of homelessness, inappropriate incarceration, and behavioral health treatment and transitional services.

System Gaps and Issues

During the course of reviewing extensive information provided by the City and County and hosting numerous focus groups and key informant interviews, several issues were repeatedly noted that prevent the City of Albuquerque and Bernalillo County from effectively and comprehensively addressing behavioral health issues and homelessness. It is imperative that attention is paid to these areas to improve them. Recommendations on how to address these noted gaps are included at the end of this report.

Structured Intergovernmental Collaboration

It is a common belief in the community that City and the County officials do not work together in a structured and effective fashion. There is no doubt that both entities have worked hard to build a foundation of services and address issues, but they are viewed, at times, as duplicative and almost always uncoordinated. This was even more apparent during the pandemic. Behavioral health and homeless services oversight falls jointly, under the auspices of the Bernalillo County Commissioners and the City of Albuquerque Mayor's Office, to the City of Albuquerque Department of Family & Community Services and Bernalillo County Department of Behavioral Health Services. There is also significant responsibility for behavioral health care for individuals who receive Medicaid through the Centennial Care MCOs and little consistent and synchronized coordination with the City and County for those individuals.

In February of 2015, the Bernalillo County Board of Commissioners, through Administrative Resolution No. 2016-15, resolved, in part, that the County manager was authorized and directed to work with consultants and stakeholders to engage all of Bernalillo County's partners. This was to occur by building a coalition among governments, providers, clients, first responders, Native American residents, and advocates to propose a coordinated governance system, funding mechanism, oversight, and accountability for the prioritization and delivery of behavioral health services.

Numerous work groups and task forces have been convened since that time, including the City of Albuquerque/Bernalillo County Behavioral Health Task Force, the Forensic Intervention Consortium, the Albuquerque Chamber of Commerce Mental Health Task Force, the Addiction Treatment Advisory Board, the Mental Health Response Advisory Committee, and the Criminal Justice Coordinating Council. There are also groups not formally related to the City and County (e.g., Coalition for a Safer Albuquerque, NAMI New Mexico, and NAMI Albuquerque) that meet regularly to provide information on needs identified in the community that they believe are not being well addressed. Many of those groups have independently noted the same issues and have made recommendations for how to better address the coordination and collaboration of all necessary partners to improve behavioral health services and access to care.

As noted earlier in this report, in 2015 the Albuquerque Bernalillo County Government Commission (ABCGC) was also formed. Made up of elected officials from the City and County for the purpose of discussing topics of common interest, long-range goals, community needs and other items as requested by the respective bodies, in 2016 the Bernalillo County Commission approved a resolution that made the ABCGC the group that would vet behavioral health projects and programs. While this structure has evolved through the development of four sub-committees to assist the ABCGC in this process, involvement of all partners and stakeholders does not appear to occur.

Despite all of these efforts, information shared through almost every key informant interview conducted during this analysis indicated that there is no meaningful coordination or collaboration in essential areas of concern (e.g., housing, behavioral health service access, violence prevention, crime) between the City and County. Interested partners and community members have also reported little true interaction and ability to assist in achieving the goal of developing a coordinated and comprehensive system.

Also cited as contributing to the lack of coordination and collaboration are different proposal and procurement processes between the City and the County. This results in confusion about what services exist, how to access these services, which entity to contact for assistance, and slows the ability of the City and County to respond. Even contracted providers have indicated that they do not understand how the “system” works and how they can provide effective treatment. Additionally, with notable exceptions, insufficient expertise in the arena of behavioral health treatment and in the business of behavioral health in City and County leadership contributes to the difficulty of effectively collaborating to assure that planning is undertaken in a manner that best benefits the communities covered.

Interactions between the City, County, and Centennial Care MCO care coordinators does not exist in any substantial way. The MCOs are responsible for thousands of individuals through their Medicaid contracts. Because there is no structured or formal interaction taking place (they must be partners in the establishment of an intergovernmental collaboration) and a lack of

system awareness of what resources are available, the MCOs are also challenged in their responsibility to provide necessary care to individuals and families.

Culturally Responsive Outreach and Services

Of the five (5) largest ethnic groups in Bernalillo County, four (4) (White [Hispanic], Other [Hispanic], American Indian and Alaska Native, and Asian) constitute a majority of the population of Bernalillo County – 53.43 percent (Data USA Bernalillo County available at https://datausa.io/profile/geo/bernalillo-County-nm). As such, treatment and services need to be responsive to these population groups.

There are strong beliefs among stakeholders that there is not sufficient evaluation on how people of color use services and engage in the system. It was stated on multiple occasions to the analysis team that "Western medicine approaches are not sufficient to reach individuals." There were numerous concerns shared about generational trauma not being understood or sufficiently addressed. Further, community members often reference how the state, County, and City address the development of treatment and services and the involvement of individuals of color in ways they experience as leaning toward being less than fully collaborative with equal power dynamics. Conversations included a focus on leadership and systems being unresponsive to persons who have been considered marginalized for decades, not only in the issues pertinent to this gap analysis, but across decision-making and economics. This gap ties back to the structured intergovernmental collaboration noted above and the perceived inability by key informants in the City and County to include all stakeholders and partners in planning for the future. A number of providers and advocates have indicated that they have not been invited to participate in planning or, when they are, that input they offer is not heeded in such planning efforts.

The City of Albuquerque and the Bernalillo County Department of Behavioral Health Services have made substantial efforts to ensure that providers are serving some the communities most marginalized and vulnerable populations. This includes communities of color, LGBTQI communities, underserved communities, working class communities, immigrant and refugee communities among others. While it is not possible to completely dismantle the systems of inequity that these communities face as they navigate a world that has led to a great deal of structural oppression, DBHS and the City is committed to continuing to address this. Significantly, under Mayor Keller, the Office of Equity and Inclusion (OEI) was established and has been an added resource to guide departments for expanded ways to support marginalized/underrepresented communities via services offered and engaging smaller organizations to partner with the City of Albuquerque. The City and County should be commended for the efforts they have made. It is the recommendation of this report that the implementation of the Cultural and Linguistic Access Standards (National CLAS Standards - The Office of Minority Health (hhs.gov) be required as part of the contracting process and that formal conversations with each of the populations mentioned above continue.

Community Awareness and Education/Access and Referrals for Services

While it is noted (and will be delineated further in the *Service Gaps* section of this analysis) the City and County have developed a myriad of services to address gaps in care and access for citizens, community members – including professionals not under contract with the City or County – do not know how to access these services or even what services exist. In the 2019-2021 Bernalillo County Department of Behavioral Health Services (DBHS) Strategic Plan there are references to efforts made to assure that its website, Facebook, Twitter, and Instagram accounts are up to date with regularly revised content. Having reviewed several months of that content, the Via Positiva team notes that very little of it is geared to assisting individuals to access treatment and services and there is little information about how to do so. There is also, on the City side, comprehensive information on the Department of Family and Community Services website but, again, little of it helps people know where to receive assistance. This is especially true for those individuals experiencing a crisis. When immediate assistance is needed information available through the internet is not where people think to go or are able to turn.

There appears to be a great deal of reliance on using electronic communication platforms to share information about what treatment and services exist. With a population that relies heavily on Medicaid funding for health services, many of whom are homeless and dealing with multiple social determinants of health, this outreach is not sufficient to assure that citizens have the information they need. Additional suggestions in the current DBHS strategic plan indicate using AdWallet and Nextdoor – more electronic options – to provide information that will reach further. Each one of these applications is not universally used or readily accessible to much of the population the City and County are trying to reach.

If an individual wishes to find services for themselves or a family member in any situation, there is not a single number to call or a single place to appear to request such assistance. With that said, it doesn't matter how many services are available if people do not know what exists or cannot access services that are in place. Peers and family members indicate repeatedly that this is why there is so much law enforcement involvement with individuals needing assistance; without additional information many feel that their only recourse is to call 911. This often devolves into individuals encountering law enforcement when a crime has not been committed, not getting access to care they need based on the responding officer's ability to successfully intervene and having a place to which to transport an individual for further assistance, and, if transport does occur, being turned away because services are not "appropriate" for the individual. This too often ends in tragedy.

Many of the resources that are shared (through the online outlets described above) are statewide or national hotlines (e.g. New Mexico Crisis and Access Line or the National Suicide Prevention Lifeline). There has been interest and planning in New Mexico to use the new federally established "988" hotline for suicide prevention (not yet active). This may provide assistance in the City of Albuquerque and Bernalillo County, but only if that new number can directly – and fairly immediately – connect to *local* human beings and resources and not go through myriad steps to be able to connect people with someone "next door."

A second option for citizens who are unaware of system resources is to present at an Emergency Room (ER) to seek help for a psychiatric or substance use crisis. The ERs in the City are not equipped to help the number of people who show up in these settings, particularly those who are not actively suicidal or experiencing a psychotic episode placing themselves or others at risk for whom inpatient care is inappropriate. There is exceptional frustration on the part of ER staff, family members, individuals, and first responders in having other alternatives (or knowing about them) available.

It has also been suggested that individuals who seek treatment and services can use the New Mexico Network of Care (https://newmexico.networkofcare.org/mh/) to find services and agencies near them. While again, an online service only, there are four significant issues with this resource – (1) the average citizen is unaware that it exists, (2) the database is not up to date, (3) one has to know what services they are seeking, and (4) then they still must make an outreach call to a provider and trust that they will get a timely response and there isn't a waiting list for assistance — all while navigating the effects of a substance use or psychiatric crisis.

The County provided the following information that underscores how access numbers and websites are all available, while also underscoring the point that, for families in crisis, it would be difficult to know where to begin. There is information on the website about intake information, eligibility criteria, links to providers' websites that include this information, and numbers to call. They are as follows:

- There are three numbers on DBHS Contact Us page with access to specific information on how to make contact about questions related to services that goes directly to a live person.
- The Crisis Stabilization Unit (CSU) services is listed on the website with a number to call.
- Community Engagement Teams number that individuals can call 24 hours a day on the DBHS website.
- The Community Connections Housing program page that has the number of both providers.
- The Peer Case Management program and information on their programs and links to their website.
- The Peer Drop in program and information on their programs and links to their website.
- The ACES Prevention programs, website information, and number to access for all the providers.
- The Suicide Prevention programs, website information, and number to access for all the providers.
- The Youth Transitional Living programs, website information, and number to access for all the providers.
- The Resource Reentry Program number and information.

Workforce Issues

For decades, New Mexico and its counties and communities have been aware of the shortage of professionals to serve those with mental illness and substance use disorders. Even in the population hub of Bernalillo County, those shortages are extensive. The lack of available staff, wait times or lag times for services, and the inability to provide individualized services contributes to the behavioral health and homeless crises in the City/County. Even the most responsive providers are feeling an increasing pinch in what staff they have available. The community perceives that there is little ability or desire on the part of providers to offer services outside of traditional settings ("meeting people where they are"), the ability to provide individualized services, or the ability to provide longer-term services to follow persons in need of care beyond an initial four- to six-week visit course of care.

There remains a need for additional providers, and there exists an even larger gap around availability of providers that speak the native languages of the residents of New Mexico and Albuquerque. Efforts are being made. The City has several best practice programs that focus on providing more services in the community. They have funded three Assertive Community Treatment (ACT) teams, which primarily provide services – including medication management – in the community. ACT teams deliver comprehensive behavioral health services for clients with severe mental illness and offer support for clients where traditional treatment settings combined with case management have failed. In essence it is a "hospital without walls" model of community-based support and is another strengths-based model aligned with the others recommended in this report. Additional services funded through Family and Community Services include Intensive Case Management and Assertive Street Outreach. The ACT teams and Intensive Case Management programs are time unlimited services. We recognize the success of these programs and the ongoing need to expand options beyond the traditional models of service.

Public/Private Partnerships

With the need so great for mental health, substance use, and homeless services in the City and County, strong partnerships between public and private partners must exist. In addition to the criminal justice system, the public school system, domestic violence shelters, and known homeless services providers, the City and County need to expand their reach to others to better coordinate a fragmented system. In 2020 Bernalillo County initiated a multi-award request for proposals (RFP) process. This was designed to allow providers to respond to a number of areas of concern, submit proposals, and be accepted as a pre-authorized vendor. Future awards for services are to be offered to those already pre-approved.

While in concept this may make sense in an attempt to streamline the proposal and procurement process, it does not provide the City or County the ability to find the right (perhaps smaller) provider for a new initiative. There are hundreds of behavioral health providers across the City and County. While there are some who do not wish to engage with government to obtain contracts or provide services, there are many others who would welcome the chance to do so if "they only knew how." Keeping a focus on providers already

known to governmental agencies may limit the effective expansion of services, particularly when trying to address cultural responsiveness or rapid access to treatment and services. Connections need to be expanded.

Connections to Follow-up Services

While the City and County have developed multiple programs and service offerings, there is little (if any) connection from one level of care to the next. Providers do not exist in the City and County that are able to offer every level of care that an individual might need. Many providers, when they have offered what they can for a client, have no idea where to turn to next to further help the individual. Warm handoffs – where an existing provider/program helps the client with a direct referral and access to another provider – are rare. City- and County-funded programs are discrete entities and, although in theory (and on paper) it looks as if those referrals can be made, community members report little success in being able to do so, allowing clients to "fall through the cracks" and have to navigate on their own for the next step in care, again, while managing a substance use disorder and/or psychiatric crisis. This has been noted as especially prevalent in housing situations and step-down services for individuals with substance use disorders. It is apparent when looking at statistics from programs such as the Public Inebriate Intervention Program (PIIP) where the recidivism of persons returning to the service is significant.

It is important to point out that providers in the community should be given credit for the expansive knowledge and breadth of work they do have and provide currently. DBHS and other community-based providers understand referral sources and next levels of care that are available. A major issue is that additional services are often at capacity. The lack of licensed clinical staff available for hire, low MCO reimbursement rates, and the need for additional funding all play a significant role in the continuum.

The DBHS CARE Campus itself is a small continuum of care particularly for substance use disorders, but increasingly for mental health as well. Someone can be precariously housed, unhoused, or released from incarceration and come to the CARE Campus PIIP program, then go to Detox, and finally the Supportive Aftercare Community Program. This is a service array from day one (1) to six (6) months with no charge to the client who takes advantage of all the services. There are case managers at all steps to connect clients to other services. The renovations of the Department's Observation and Assessment Unit, outpatient clinic, and Living Room Model program will enhance this capacity even more. Campus providers engage in warm handoffs at every step of client services and discharge. This is an essential aspect to provision of behavioral health services. Warm and hot hand offs and closed loop referrals are a standard that DBHS, as a funder, values and works on regularly to improve.

Output Versus Outcome Measures

A significant issue in any behavioral health or homeless program is addressing outcomes, yet it is one of the most difficult things to do. That is no different in the City of Albuquerque or Bernalillo County. A multitude of pencil and paper/spreadsheet "performance reports" are

gathered monthly or annually. In these reports there is great detail about the number of persons that have been seen/served, demographics, how long they stayed involved, etc. What is not included are the outcomes – How has the intervention resolved the person's issue? Have they transitioned to a step-down service because they are making progress? Have they been successful in gaining assistance and no longer require supports? Were they satisfied with the assistance received to return to a healthier life? Without such information, government agencies who are funding programs have no idea if the programs are making an impact or what should be done to improve them. Contracts that are assigned address outputs ("did they meet their numbers") rather than measures about success. Continued funding of programs and services without this information is not useful to the City or County and the expenditure of resources and must be addressed. Additionally, there appears to be little data feedback to providers in order to inform them about their performance and improve their buy in to reporting and outcome measures useful to them, their clients, and, as such, to the City and County.

The County indicates that current performance reports reviewed are for contract compliance purposes and not intended to measure outcomes. The intention is to have their contracted evaluator provide information through process, outcome, and randomized control trial evaluations. The evaluator waits for some time before they engage in an outcome evaluation for sufficient data for analysis. The contracted evaluator indicates that they are in the process of multiple evaluations at this time. Four evaluations are under review for ACES, Peer Case Management, Suicide Prevention, and Mobile Crisis Teams.

The City continues to improve by contracting for specific outcomes. Behavioral health contracts have embedded outcomes that show change over time, including length of time housed, attainment of treatment plan goals, staying in school, and other protective factors that relate to the scope of the contract. These outcomes are embedded in the contract as obligations, and as such, are reviewed at minimum quarterly and formally addressed in annual monitoring reports by the City. These outcomes are taken into consideration for ongoing contracting and in the determination of funding for services. Additionally, the City, in partnership with the McCune foundation, supported non-profit partners to attend the UNM Evaluation Lab seminar that helps agencies develop logic models and technical support around tracking their individualized outcome data. This technical assistance has helped agencies to be able to begin better reporting data specific to their agency mission and services.

Over Involvement of Law Enforcement

It is unfortunate that, because information about services and ready access to them is not easily available to the general public, law enforcement and other first responders have come to be seen as the way to get help in the City and County. Community members, family members, and peers have all commented that if you need something "now," the best hope is to call 911. This doesn't guarantee access to any services or, at times, even an effective evaluation, but it does allow for "someone" to try and engage with and assist an individual. Unfortunately, those calls sometimes end in loss of dignity, confusion, or death.

Even when a 911 call prompts an appropriate and/or exemplary response from a Crisis Intervention Team (CIT) trained officer or a Mobile Crisis Team (MCT), gaps in services often prevent effective assistance. One law enforcement officer stated, "It doesn't matter how effective and compassionate we are in diffusing a situation and seeking care if when we get to the hospital for evaluation we are turned away." When that happens, and it is cited as happening often, the officer may try and transport the individual to a program they believe can help (e.g., the Law Enforcement Assisted Diversion program). That also often proves ineffective. Eventually, in order to get assistance, the officer issues a charge and the individual may wind up at the Metropolitan Detention Center. While hardly an appropriate placement, it is described that there is some relief that the individual is at least in a safe space.

There are others with mental illness and substance use disorders who have had encounters with law enforcement that do not require being charged and incarcerated at the detention center. They may be issued a citation and remanded into their own custody with a date for an appearance in court. When that person – generally because of the mental illness or substance use issue – does not appear in court as scheduled, a bench warrant is issued. Those bench warrants prevent the individual from accessing some City and County services designed to assist them due to exclusionary criteria. It is estimated by law enforcement that thousands of calls made each month to 911 are for persons dealing with a behavioral health crisis or public inebriation. There is a belief in the community that few of these people are getting assistance, based on numbers of services delivered and people seen in existing programs.

The Albuquerque Police Department and the Bernalillo County Sheriff's Department maintain pre-diversion programs that includes call out data when the call involves interaction that includes a person experiencing a behavioral health issue. Both the City and the County are involved in the Bernalillo County Criminal Justice Coordinating Council (CJCC), and Deputy Director Gilbert Ramirez is a licensed clinician who sits on this council. Through the work of the CJCC, utilization of a universal Release of Information form to integrate service plans as well as the adoption of a statewide uniform database to better serve clients as they enter into the court system has been implemented. The City has ongoing collaboration with the specialty courts to prevent individuals from being incarcerated unnecessarily and has addressed how clients experiencing homelessness can gain support to have warrants dismissed and increased access to support services.

Via a SAMHSA-funded grant to the City, Assisted Outpatient Treatment (AOT) is being implemented, which provides a civil process for persons who have been otherwise unsuccessful in other treatment modalities. AOT is court-ordered treatment (including medication) for individuals who have a history of medication noncompliance and data from states that have implemented AOT programs state they are effective in reducing the incidence and duration of hospitalization, homelessness, arrests and incarcerations, victimization, and violent episodes.

Service Gaps

There are many service and treatment programs that operate across the City and County. The majority of behavioral health treatment and services are offered by private providers, small and large. While most do not have any involvement with City and County sponsored programs, there are approximately 50 - 60 organizations that have contracts or grants to deliver behavioral health and homeless services and supports.

The expansive chart on pages that follow (beginning on Page 34) offers a graphical representation of behavioral health and homeless services available in the City and County and those that are in planning, though not currently available. The graph uses a color system to outline how effective the program/service is perceived to be by the community and Via Positiva's research. Green indicates that the program is needed and is functioning effectively. Yellow indicates that the program or service exists, but that demand is not being met. There are several reasons for this: persons are not aware of and using the program, access to the service (e.g., capacity limits, waiting lists, available service hours, transportation difficulties), insufficient amounts of service available, and exclusionary criteria for participation. Areas marked in red are services that currently do not exist but are considered necessary to fill gaps in the continuum of care.

There are several services which currently exist but deserve further attention in this section. The need is so great in these areas that if they could be more effectively addressed it has the strong potential to eliminate some of the strain on other parts of the system. They are outlined below.

Permanent Supportive Housing

The City and County work effectively with numerous agencies to deliver a multitude of housing services to the community through rental assistance, motel vouchers, emergency shelter care, and permanent supportive housing. It is well known that stable housing is an essential key to health and preventing chronic mental illness and substance use conditions (https://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community) and addressing a significant social determinant of health. With that said, it can be difficult for those living with psychiatric illnesses and substance use disorders to find and maintain appropriate housing. Permanent supportive housing ensures not only that people have a place to live, but that they are offered an array of services to address their physical and mental health such as case management, treatment, linkages to services including job training and employment, transportation, and food.

In a recent study from the Urban Institute (https://www.urban.org/research/publication/albuquerque-affordable-housing-and-homelessness-needs-assessment) it is noted that to effectively address needs in the City of Albuquerque, that 2,200 additional units of permanent supportive housing are necessary. Currently, the City and County are supporting 1,178 units.

It should be noted that there exist concerns other than funding for the development of permanent supportive housing. Affordable housing stock has decreased across the City in the past 18 months. There are also expressed concerns that when eviction moratoriums are lifted following the COVID pandemic that additional persons will become homeless and require services.

It may prove beneficial for the City and County to increase supports at the Westside Emergency Housing Center and to plan for them at the new Gateway Center that is being developed at the recently purchased Gibson facility. Additional case management offerings, peer support, longer-term housing options, and employment and job placement services could decrease the need for permanent supportive housing if these initiatives could become part of the planning for services offered *prior* to the need for extensive services *after* housing is needed. The City and County do not have partnerships with area businesses that could enable individuals to secure income that would require fewer supports from the City and County. Additionally, assuring that those individuals at the shelter who are able to make use of rapid rehousing and employment supports before accessing a secure place to live could decrease the need for the more intensive permanent supportive housing that is projected to be needed.

Crisis Services

There have been numerous efforts in the City and County to increase crisis intervention services of varying kinds. In concert with the Albuquerque Police Department (APD) and the Bernalillo County Sherriff's Office, six (6) Mobile Crisis Teams have been put in place in an effort to improve outreach to individuals who may be experiencing a behavioral health crisis. Additionally, APD operates a Crisis Intervention Team, a Crisis Intervention Unit, and a Crisis Outreach and Support Team (COAST). Team members and other officers respond to thousands of calls each year, with the ability to diffuse some situations and, in others, provide transportation to the Emergency Room for evaluation, often involving long wait times and, in general, no services offered because the crisis is not of a suicidal nature (warranting inpatient treatment). Frustration is expressed by law enforcement members that they cannot get assistance for individuals and that, "alone," they cannot effectively address problems that exist.

Effective crisis *triage* services do not currently exist in Bernalillo County. While a Crisis Stabilization Unit operates on the CARE Campus and is licensed as a crisis triage center, it operates with only 16 beds, is an up to two-week program, is built on a social model, and has exclusionary criteria for participation. It is also an adult-only service. The unit is not a place

where persons experiencing an immediate crisis can walk in or be brought for assistance., and by itself is an ineffective solution to crisis triage.

In 2018 the New Mexico Department of Health announced new regulations and licensing requirements for crisis triage centers that can provide emergency behavioral health evaluations and outpatient and short-term residential services, dependent on how they are structured and staffed. This framework would help close the gap between the needs of individuals with outpatient and acute care needs. In planning is a "Crisis Triage Center and Psychiatric Replacement Hospital" as a joint project between the County and the University of New Mexico. This will be a new facility and many planning and operational stages are required for such an effort. It is hoped that the triage center will open in 2023.

In May 2021 Bernalillo County announced the development and staffing of three (3) Community Engagement Teams (CETS). These teams are designed to help individuals and their families cope with the effects of living with mental illness and substance use disorders in the comfort and familiarity of their homes and communities. CETS are designed to provide a non-emergent, pre/post crisis intervention that occurs when the client is ready and agrees to services. CET is a peer-to-peer support system and it is hoped that these teams will assist in reducing crisis events, prevent hospitalizations and law enforcement interventions, and increase the individual's access to care and maintain continuity of care. As this is a new service, there is no data to understand how it might aid in addressing the crisis service continuum in the City and County. There are concerns, as with many programs, in making people aware that the service exists and how to access it.

City of Albuquerque Community Safety Department

In the summer of 2020, Mayor Tim Keller's administration made the decision to create the Albuquerque Community Safety Department (ACS), a third branch of the City of Albuquerque's first responder system: Police, Fire, and Community Safety. It was important in creating this new department to hear from communities across Albuquerque so that the City could understand their immediate and long-term needs and wants. The Albuquerque Community Safety department (ACS) will dispatch first responders to 911 calls with or without other first responders from the police and fire departments. Community Safety responders may have backgrounds as social workers, peer support, clinicians, counselors, or similar fields. This critical department has the potential to exponentially keep people safe, provide behavioral health and social service resources, and improve quality of life in Albuquerque, allowing law enforcement officers to focus on violent and other crime.

Children's Services

There has been little focus on children's services in the City or County aside from the Adverse Childhood Experiences (ACEs) program that began in 2017 and some services offered through Albuquerque Public Schools (APS). As noted earlier, the pandemic caused decreases in the ability of APS to assist children due to the remote nature of the school environment in 2020-21. Other prevention and early intervention programs are sparse. Slightly more attention has been

paid to older youth (though those programs are also very limited) but these interventions/services often come following a crisis of some nature.

There are few options for youth who require a more intense level of care than school intervention programs or outpatient therapy. If there is a need for residential care for a period of time, many children and adolescents must be referred out of the City and County to receive appropriate care. With the scarcity of Residential Treatment Centers (RTCs) in New Mexico, youth are also referred out of state for assistance. Within the City exists the Sequoyah Adolescent Treatment Center that serves males aged 13 – 17, the Children's Treatment Center that has a residential component, and Bernalillo Academy (ages 5 – 17). Because of the limited number of available beds across the state for children and youth in need of residential care and depending on when treatment is sought, available program space in the City may be occupied from out-of-County residents. This can further displace youth from receiving care in their home communities. Currently, the state's managed care organizations send New Mexico youth and adolescents needing inpatient treatment out of state due to the unavailability of inpatient providers in state. There are efforts to move away from residential treatment for children and youth. For those that do require placement, consultants from the Building Bridges Initiative are providing technical assistance through a contract with the Children, Youth and Families Department (CYFD) to improve those placements through the engagement of families by the facility from admission to post-discharge.

The state and County out of home care issues are well known, as a direct result of the *Kevin S.* lawsuit settled again CYFD and the closure of Desert Hills RTC. State agencies are working to address out of home care for youth in need of higher levels of care. State agency's strategic planning includes a number of statewide initiatives. These projects include: A Safe Home for Sex Trafficked Youth, New Day High Fidelity Wrap Around (DBHS, YTLS), AMIkids FFT (CAPITAL/ACEs DBHS) and All Faiths High Fidelity Wrap Around. These initiatives could be woven into the evolving system of care in Albuquerque and Bernalillo County.

Mental Health Assessment and Evaluation Capacity

Although 90% of the DBHS's providers maintain licensed clinical social workers and have the capacity to provide a mental health assessment and evaluation, mental health assessment and evaluation has largely been left to area hospitals as the only place that individuals can access a licensed professional to determine treatment and care needs including diagnosis, potential medication requirements/assistance, and access to service for those experiencing a mental health or substance related crisis. Resulting assessments and evaluations generally leave an individual of any age without adequate treatment or services because of the shortage in provider capacity. While there are providers who have the capability of providing the same type of assessment/evaluation, waiting lists for this service – like most others – is lengthy. In managed care internal studies, it is estimated that 90% of clients were assessed at the level of care the assessing agency provided. This likely means people are not getting thorough and accurate assessments which includes the need for recovery supports. Inaccurate or incomplete assessment and diagnosis can change the arc of an individual and their family for decades to

come, can be tragic, and is diminishing of human and fiscal capital. Often, accurate assessments, especially those based only on self-report, are effective when relational in nature and done over time.

It is unrealistic to expect a person to offer accurate information to clinicians in a hospital ER or psychiatric setting – clients and families report interactions at ERs and hospitals as so tiresome, uncomfortable, and offensive it was easier to leave and deal with the psychiatric or substance use crisis than give the accurate information needed to meet criteria for inpatient care. Again, that should give everyone pause – it is easier to leave the hospital or emergency room than to stay and give accurate information needed for an initial assessment.

Unfortunately, a significant number of "gateway" providers, according to key informant interviews, are more expert operationally at screening people "out" rather than using their clinical skill and Motivational Interviewing and welcoming them "in." If there is a need for higher level of care or connection to medication the provider refers the individual when those services are available. Medication prescribers are in extremely high demand nationally; in New Mexico all providers struggle to compete with national salaries and recruit these positions.

Law Enforcement Assisted Diversion (LEAD)

The County has invested in a LEAD program that is not being utilized appropriately. Challenges that have been cited include the pandemic slowing of opening the program; fewer interactions with officers (this is disputed by opposing interests) because of the pandemic; lack of knowledge about the program in the Albuquerque Police Department and the Bernalillo County Sherriff's Department; persons not being accepted into the diversion program because of exclusionary criteria, resulting in officers declining to try to engage persons in the program because they have not been successful doing so in the past; and the lack of staff. At one point in 2021 the two (2) case manager positions in the program were vacant. There were several months with no referrals.

The national average for a client caseload in a LEAD program is 15 – 22 persons, meaning that if the LEAD program in the County was operating effectively, a potential of 44 individuals could be served at one time. Since the program began, 95 referrals have been made. Of those, almost half did not complete an intake or had charges filed (eliminating them from the program). A point in time count on May 5, 2021 indicated nine (9) active clients and 10 who had been discharged. It has been proven nationally that an effective LEAD program can influence behavioral health and homeless needs in the same manner as permanent supportive housing.

Public Inebriate Intervention Program (PIIP) and Detox Program

The County has made an effort to provide interventions to assist citizens who require substance use assistance to be safe and make changes to address their needs through the PIIP and the Detox Program, both offered on the CARE Campus. These efforts, while showing some intervention, do not appear to address the comprehensive needs of presenting individuals.

PIIP is an up to 23-hour program where individuals can come off the street and have a safe place that offers stabilization and observation for those struggling with addiction. A meal is also provided during their stay. Individuals who enter the PIIP can transfer to the Detox Program and many take advantage of that. Nursing observation support is offered and, if necessary following a health screening, individuals may be transported by the program to an Emergency Room. During the pandemic, PIIP had to reduce its capacity to 10 due to requirements of physical distancing and safety of individuals. When capacity is reached individuals are referred to the Westside Emergency Housing Center for a place to stay.

Despite the number of individuals who come into the PIIP and are then admitted to the Detox Program (for an average of a four [4] day stay), components are missing to make these services effective. A higher percentage than the general population would expect of individuals who come to the PIIP are Native American. They are described as frequent users of the PIIP program and well known to staff, to the extent that if someone is not seen there is concern that something has happened to them. Breaking the cycle of addiction is very difficult for any individual. The generational trauma of addiction is even higher in Native American groups. For some reason, a connection is not being made from PIIP to the Detox Program to aftercare services and supports. This may be a significant example of where well-intended Western-designed programs are not meeting the cultural needs of the individuals seeking assistance resulting in an inability to effect significant change. Additionally, there is a desire for more "case management" services in these programs to make those connections.

Interim Summary

Determining how to reflect, graphically, services and gaps, we began with available data reports from the City and County on the numbers of people being served in different programs. From there we completing additional research through information offered on City and County websites. For several programs, specific outreach calls were made to ascertain more information (e.g. information about not very many people being involved through the LEAD program, the lack of capacity at the hospitals. Following that, we asked in all key informant interview about services and listening mindfully to responses. As an example, this included the numerous times that it was shared that people did not know about some programs and wished they had when there had been a need that could have been met. Finally, we moved to the color coding in the graph as explained below.

As noted on Page 27, the expansive chart that follows offers a graphical representation of behavioral health and homeless services available in the City and County and those that are in planning, though not currently available. The graph uses a color system to outline how effective the program/service is perceived to be.

- Green markings indicate that the program is needed and is functioning effectively.
- Yellow indicates that the program or service exists, but that demand is not being met. There could be a number of reasons for this: persons are not aware of and using the program, access to the service (e.g., capacity limits, waiting lists, available service hours,

transportation difficulties), insufficient amounts of service available, and exclusionary criteria for participation.

- Services and programs marked in red are services that currently do not exist but are considered necessary to fill gaps in the continuum of care.

Blank areas of the chart indicate that the service or program listed is not designed for the population noted. For example, Assisted Outpatient Treatment is a program for those 18 years of age and older. It is not designed to serve youth, therefore the columns under children and youth age categories are empty.

The majority of services and programs that exist (via data reviewed and key informant interviews) are marked as yellow. There is a significant need for such services as many exist as smaller interventions supported only through County or City funding. There needs to be significant efforts made to expand funding outside of dedicated City and County funding to such initiatives to better meet the needs of the citizens of Albuquerque and Bernalillo County.

Service Gap Matrix

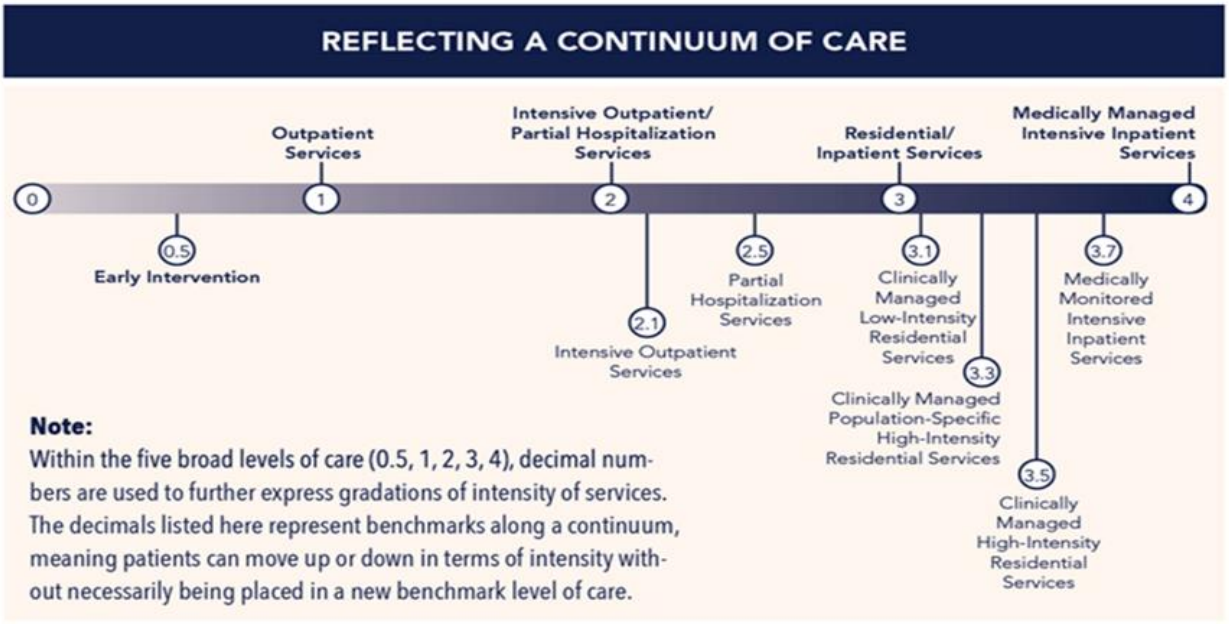
	Birth - 5 years old	5 - 11 year old males	5 - 11 year old females	12 - 18 year old males	12 - 18 year old females	18 - 65 year old males	18 - 65 year old females	65 years and older males	65 years and older females
Services and Programs									
Primary Prevention									
Early Intervention									
ACES Support and Outreach									
Mental Health First Aid									
Youth Mental Health First Aid									
School Based Behavioral Health									
Domestic Violence Child Abuse Prevention & Treatment									
Case Management									
Outpatient Treatment									
Family Therapy									
Suicide Prevention									
Comprehensive Community Support Services									
Gang Intervention/Prevention Services (up to age 24)									
Violence Intervention Program									
Street Outreach									
Intensive Case Management									

	Birth - 5 years old	5 - 11 year old males	5 - 11 year old females	12 - 18 year old males	12 - 18 year old females	18 - 65 year old males	18 - 65 year old females	65 years and older males	65 years and older females
Peer Outreach									
Peer Support Drop-in Centers									
Resource Re-entry Center									
Mobile Crisis Teams									
Assertive Community Treatment (ACT)									
Community Engagement Teams									
Assisted Outpatient Treatment									
Permanent Supportive Housing									
Other Housing Supports									
Narcan									
Medication Administered Treatment (MAT)									
Supportive After Care Unit									
Detoxification Unit									
Public Inebriate Intervention Program									
Medical Observation Treatment Unit									
Youth Transitional Living Services (up to age 24)									
Law Enforcement Assisted Diversion (LEAD)									

	Birth - 5 years old	5 - 11 year old males	5 - 11 year old females	12 - 18 year old males	12 - 18 year old females	18 - 65 year old males	18 - 65 year old females	65 years and older males	65 years and older females
Crisis Intervention Services									
Crisis Triage Center									
Youth Crisis Services									
Crisis Stabilization Unit									
MDC Addiction Treatment Program									
Partial Hospitalization									
Residential Treatment Centers									
Emergency Shelter									
Emergency Room - Psychiatric Needs									
Inpatient Hospital									

Financial Analysis and the Business of Behavioral Health

In the previous section, we discussed the strengths and gaps in an evolving system of care in Albuquerque and Bernalillo County. We proposed that the "how we do things" (quality) is as least as important and the "what we are doing." We discussed the divergence between the experience of the City and County program behavioral health administrators and what is reported by clients, providers, advocates, and community members. Part of this divergence has to do with the stages for developing a behavioral healthcare system. First, the system must have a clear stabilization and triage process for those in mental health and other crisis. Secondly, it must develop a continuum of care as outlined in the American Society of Addiction Medicine below. It then must develop, as described above, a coordinated and synchronized movement that creates a system with communal co-creation and ownership with strong leadership and a strong sense of the business aspects of behavioral health. Although it is beyond the scope of this system gap analysis report to tease out the many diverse and evolving funding methods and subsequent return on investment (positive outcomes for community members and cost savings by reducing higher levels of utilization), it is possible to identify some general funding gaps and offer initial recommendations.



As many extraordinarily successful companies and academic institutions point out, it is critical to know your customer. Examples include Apple Corporation's primary customer service principal: Empathy for the customer! And Starbucks: "Everything can be measured by how much we show love to our customers!" By the first principle of the University of Wisconsin at Madison's Network for the Improvement of Addiction Treatment, "understand and involve the customer." Due to the developing nature of the system of care in Albuquerque and in Bernalillo County, and differing experiences voiced by the customers and stakeholders regarding gaps, the City and County should partner with consultants' expert in quality management to do a physical walk through of the system in each of the following areas: homelessness, criminal justice, and the mental health and substance abuse crisis, treatment and recovery systems. This

process calls for program administrators and independent consultants to "walk through" each system in a role play as a patient and family member—from first call to engagement and resolution—and identify strengths, challenges, bottlenecks, and break downs within the system at every step from the perspective of the customer. The process notes how the patient and family member feel and experience customer service in the process. One model that has been used across the country for this walk-through is from the University of Wisconsin at Madison's Network for the Improvement of Addiction Treatment and can be found at www.NIATx.net. This same process can be used for a virtual walk-through of funding sources and analysis of outcomes and return on investment in financial and human capital.

Obviously, in addition to acknowledging these drivers of customer behavior, it is important to work toward a unified data set for customers served, including a universal, tiered access Release of Information, demographic information, assessments, treatment and recovery plan, progress toward goals in the plan, case management and peer support notes, and, for frequent customers, they should be enrolled in the VIP program as described below.

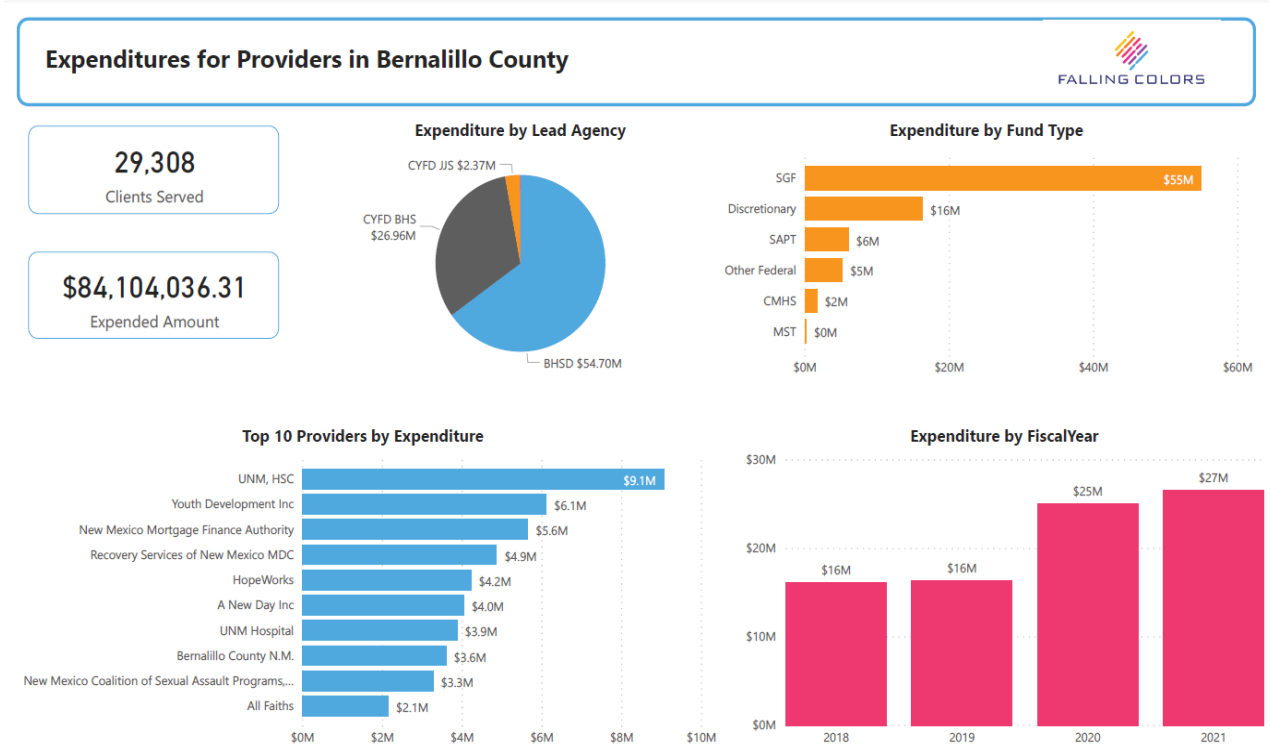
This section analyzes the financial drivers and components that underpin a successful system of care. In population health management, it is an old maxim that if you want to change behavior, you simply change what you pay for. For example, when managed care companies wanted to shift utilization from residential treatment to Intensive Outpatient Programs (IOP), they simply changed the reimbursement toward IOP and away from residential treatment. Allocation of finances represent what society values, and the quality management of those financial resources symbolize how we value those we serve. It was especially heartening to hear, during a key informant interview, from a high-level Bernalillo County employee, "we take seriously how we utilize the hard-earned tax dollars of our citizens here, and we want to do our very best with it." It is the recommendation of this analysis to de-silo social services and build a system that unifies and manages efforts and funding streams, based on trauma informed human services and business practices, that will maximize effective utilization of tax dollars, coordinate care, decrease suffering for individuals and families, and create the reality and perception about improved quality of life and safety in Albuquerque and Bernalillo County.

Snapshot of Funding for Behavioral Health in City and County

Although a single payer system is not currently possible for the City and County, it is possible, through the proposed collaborative and management proposal described below, to braid and coordinate funding much more efficiently. It is the first step in any venture: to know how much funding is coming in, where it is going, what is the financial and human capital return on investment (outcomes), and what is the perceived quality, accessibility, and distinctiveness of the services to the people involved in the process. Although it would take a managing or consulting entity many months to tease out the details of funding streams and return on investment for all of the behavioral health funding for the City and County, this broad analysis will hopefully illustrate the need for the development of a single system of care, and experienced, executive business leadership based on the amount of behavioral health funding available currently within Bernalillo County and the City of Albuquerque, limited information on

outcomes and unclear return on investment, and the numbers of repeat and unduplicated clients served. And, as we have mentioned several times, the community's perception of a lack of services and a coordinated, inclusive system of care. It should be noted that, although the Albuquerque Metro area has over 50% of the Medicaid population statewide, it only utilizes 27% of the behavioral health services. This underscores the need for a coordinated, measured and monitored Medicaid enrollment process for clients seeking social services anywhere in the City or County, training and technical assistance for providers, and a strategic plan that shifts more allowable services to Medicaid so the GRT and local funding can further be utilized to provide recovery support services and more engaging environments for clients.

As provided by the state Behavioral Health Collaborative, the following graphic shows an overall state and federal non-Medicaid behavioral health spend from 2018 through 2021 in Bernalillo County of $84,104,036.31 serving 29,308 clients with $27 million coming in 2021 alone. This represents an investment of $2,870 per client in state non-Medicaid funding only. There are six funding streams named here, three leading agencies and the top 10 providers, including Bernalillo County.



From April 2018 to March 2019 a total of $2,153,003,489 Medicaid funding was expended statewide for behavioral and physical health care with behavioral health diagnosis. Approximately 12% of that amount, $258,360,419 was expended on behavioral health services alone statewide. Medicaid recipients in Bernalillo County utilized approximately $69,757,313 in

funding related to behavioral health services. The number of clients served with this funding was unavailable at the time of this report.

Funding from the City for behavioral health and other social services through the Community and Family Services Department includes $56,412,258 with an additional $2.5 million budgeted for the Community Safety Department.

The County Behavioral Health Initiative is funded with approximately $20 million dollars annually through the GRT ordinance 2015-07 providing the behavioral health services mentioned above plus federal and other grants.

All told, funding for behavioral health within Bernalillo County, is at least $106 million per year. Although data for unduplicated clients served is not available currently, nor is consistent outcome data across funding sources, some general assumptions can be drawn regarding financial gaps and needs.

Unified City and County Very Important Person (VIP) Program

Typically, in behavioral health systems, it is estimated that between 1% and 5% of the highest utilizers require up to 50% of the budgeted resources. In Bernalillo County, there is currently not sufficient data to nail down this number locally as the definition of high utilizer is based on number of interactions with service providers and does not include cost. However, if we use the data provided by City and County there appears to be about 287 people meeting the definition of high utilizer. If the national numbers are close to what we experience here, then these 287 people account for over $50 million expenditures of the behavioral health funding in Bernalillo County. If the system only focused on these high need individuals in sufficient and coordinated ways and even reduced utilization by half, we could save over $25 million dollars, probably more, to be put to use elsewhere, such as in enhancing crisis stabilization services, upleveling providers for strategic partnerships including Medicaid enrollment and billing, helping provider diversify to include providing commercial services to corporation employees and their families, and developing the collaborative management structure advocated within this analysis. Both the human and financial capital saved would be very positive.

These frequent customers (VIPs) should be provided the high-status concierge services expected by frequent utilizers in other industries. Currently, in Albuquerque, high need clients are defined as an individual who has visited the emergency department at least four times and had at least two arrests in the last 18 months. It is our recommendation that this definition be expanded to include dollar amounts charged to public and Medicaid managed care sources of funding as well as be expanded to include other services, such as behavioral health provider services and homeless services. This proposed model is based on the experiences of national managed care organizations, the evidence based practice known as contingency management, and Intensive Care Management best practices, and is the VIP approach for high need customers. Each person in the VIP program should have access to:

- A VIP 24/7 “concierge number” to the Human Services Coordinating Center for the VIP customer and family.
- Enrollment with a strength-based Intensive Care Manager and a recovery plan that includes “personal development goals and supports” and physical health care coordination.
- A cross provider protocol for step by step enrollment in Medicaid Centennial 2.0 health plan.
- Access to Respite Services.
- VIP pass to triage to “front of line” when crisis or other services are needed for both VIP customer and family.
- Individual Peer Support.
- Assertive outreach and recovery checkups if cell phone and/or internet available.
- Ongoing updates to the Community Safety Department.
- Direct family contact to the Human Service Coordinating Center.
- Family engagement with a Family Peer Support Specialist.
- Extensive training and walk throughs with emergency dispatch to route non-violent mental health and substance use emergency calls to the Community Safety Department.
- In home services when necessary.
- Contingency Management “Perks” that show appreciation and status of customer (i.e. occasional gift card, token economy for successes.) Access to community centers/gyms where appropriate and possible.
- Limited “gap” fund per utilizer and family for emergency use consistent with the customer’s recovery plan, in coordination with the customer’s Strength Based Case Manager, and only available in the VIP program. This was done very successfully in statewide and national programs with little abuse and high impact on success.
- Unified City/County VIP data set (this should be strategically discussed with the health plan/s).
- Agreed upon metrics to measure impact and success measured in dollars as well as encounters. This could be proposed to the managed care health plans in a “shared savings” pilot.

Medicaid Managed Care

Although New Mexico’s Managed Medicaid Program, Centennial Care 2.0, is a state contracted program, each of the three Medicaid Managed Care Organizations (MCOs) in the state are key components within the system of care in Bernalillo County, where the majority of Medicaid recipients reside. Each of the MCOs – Blue Cross Blue Shield of NM, Presbyterian Health Plan, and Western Sky Community Care – were exceptionally responsive and offered significant, valuable input into this system gap analysis and exhibited a readiness to participate more fully in a collaborative care model in Albuquerque and Bernalillo County. The value of this cannot be overstated. Each company maintains the data for value based and shared savings initiatives, coordination of care tracking, outcomes, training, and information technology to help unify the system, along with the highly skilled behavioral health executives, clinicians, peers, case managers, and coordinators to help with homeless or precariously housed individuals. The

County has made some inroads in addressing this opportunity, but it remains a huge system gap.

It is also important for the City and County to begin the process of asking themselves and stakeholders what should recommended to the state for inclusion in the Centennial Care 3.0 request for proposals to require of MCOs in the next iteration of the plan. We have identified many areas that the MCOs could significantly contribute to in a comprehensive system of care in Albuquerque and Bernalillo County—many, including Centene and United, have developed urban initiatives that specifically target social determinants of health, including incarceration and homelessness issues and their relationship to behavioral health. Also, it is our recommendation, as former MCO executives, that these insurers could be approached currently with proposals to fund one or more of the initiatives suggested in this analysis.

Reimbursement Models and Incentivizing System Behavior

In order to incentivize provider system behavior, rather than competitive and siloed behavior, there needs to be an alignment of critical actions and steps which should be matched in the RFP call for providers, provider contracts, outputs and outcome measures, key performance indicators (KPIs), scopes of work, and payment methodologies. These will allow for more sophisticated and beneficial reimbursement models as outlined above and should include:

- A unified data set;
- A universal Release of Information (ROI) with tiered access security measures;
- Participation in monthly provider and stakeholder meetings;
- Data for a system dashboard that provides immediate feedback to stakeholders on the agreed upon measures;
- A no wrong door approach and active participation in the Human Services Coordinating Center;
- Full staff training in Mental Health First Aid and the Adverse Childhood Experiences study;
- Participation in the Strategic Business Partnership Learning Collaborative to encourage improved business practices, diversification, and partnering within a system; and

- Moving reimbursement to all providers from invoices and fee-for-service to claims based reimbursement in preparation for value-based reimbursement, performance incentives for system behavior and other outcomes, and possible shared savings with health plans and other funders.

These steps will provide efficiencies to the City and County and improved clinical, recovery, and business practices to the providers. It is recommended that there be a provider readiness survey for these changes and additional technical assistance for providers to prepare, beginning with all eligible providers becoming Medicaid providers in short order. Technical assistance to become a Medicaid provider in New Mexico can be accessed through the Behavioral Health Services Division (BHSD) Provider Support Team at 800-283-4465. It is our recommendation that the City and County contract for the provider readiness surveys and technical assistance, as well as ensure that any calls for technical assistance to BHSD are communicated to the County to track and assess progress of providers. This could be done through the proposed Provider Relations Hub and Human Services Coordinating Center.

The Business of Collaboration: One Strategic Plan

As described in detail in the following section on Recommended Solutions, we believe a trauma informed, detailed single strategic plan for the City and County is the foundation upon which exponential progress can be made based on the service array and expertise already in place. For success, this strategic plan must include:

- A joint Strengths, Weaknesses, Opportunities and Threat (SWOT) Analysis that includes economics, quality of life, violent crime, homelessness, and mental health and substance use issues.
- A combined shared mission, vision, and values statement. This will require City and County leaders to hold face-to-face meetings or a joint summit to work out and agree to the unified statement and have a clear joint ideology.
- A facilitated joint strategic planning session.
- Communicate the value proposition of a unified strategic plan on quality of life issues pervasive in our community and their impact on economic growth potential and communal peace of mind.
- A clear set of goals, objectives, and services.
- A focus for years one – three.
- A pro forma budget of all resources related to behavioral health and the responsibilities of each partner.
- A direct, focused, and strategic relationship with the health plans to improve access, coordinate activities with the City and County, and to contribute to the improvement of quality-of-life issues in our community.
- Quarterly priorities, outcome measures, and meeting cadence to support the strategic plan.
- Quarterly review of outcome measures and meeting cadence to support the strategic plan.

- Ensure that all daily activities are aligned with the strategic plan and are laser focused on agreed upon outcomes and provider contract compliance.
- A Quality Assurance Committee to measure and monitor outcomes and KPIs and initiate Plan-Do-Study-Act change projects within the system.

Recommended Solutions

Create a Structured Intergovernmental Collaborative Body Operating from One Comprehensive, Unified, Detailed Strategic Plan

A unified and coordinated behavioral health system with true and effective collaborations between the City of Albuquerque and Bernalillo County regarding behavioral health and homeless issues does not currently exist. While there are efforts, at times, to work together on a specific project, there is no effective collaboration at all levels to improve the lives of citizens. Both the City and County recognize that the behavioral health care system is fragmented, difficult to navigate, and lacking a full complement of care options, at times leading to no or insufficient treatment. Stakeholders, especially clients, report a system that sounds good in PowerPoint presentations and on City and County websites, but are inaccessible, with several interviewees indicating it was a "fantasy system." Both also acknowledge the increased challenges of addressing homelessness. For more than a decade, efforts have been made to correct these situations, but significant challenges remain. There is little true engagement with community members and other partners, resulting in a system that remains fragmented and contains significant gaps.

A solution to this is for the City and County to create a formal collaborative body directed by a governing board and a manager to provide necessary coordination. It is recommended that the manager come from outside of government through development of a contract with an individual/organization with extensive experience in population health, clinical treatment, recovery, operations, and in the business of behavioral health. This will allow the City and County to come together under a single umbrella to move forward from "one heart" as expressed in a comprehensive single detailed strategic plan and implemented by population health experts. Rather than being an oversight body, this collaborative should create a true system of care by taking the following actions:

- Unify the scope of work across City and County programs and services as closely as possible;
- Develop one unifying message shared by the City and County so accurate metrics can be developed to measure effectiveness and implement a Plan-Do-Study-Act improvement plan so that it is clear what should be improved, adopted, or abandoned;
- Develop one strategic plan for the City and County with an overarching goal to establish a genuine continuum of care that encompasses activities of both the City and the County and coordinates personnel and resources;
- Develop common definitions for services and eligibility;
- Unify existing contracts with providers delivering services;

- Actively engage and involve significant partners such as Albuquerque Public Schools, Albuquerque Police Department, Bernalillo County Sherriff's Office, Centennial Care managed care organizations, community coalitions with expertise in areas of concern, peers, family members, and advocates;
- Require accountability for services, including performance outcomes that show effective change;
- Streamline existing policies and procedures;
- Streamline the process to develop new services;
- Increase funding opportunities through the provision of training and technical assistance to providers to bill Medicaid so that available funding from the City and County can be freed up to serve as seed money for new initiatives;
- Work with the legislature and state departments to improve available treatment and services and expand funding for them;
- Complete a detailed data analysis that drives services, contractually incentivize "systems" behavior of providers, assess return on investment relative to investments, and perhaps streamline providers to areas of highest need and most effectiveness;
- Develop a non-binding combined proforma system budget for planning purposes to synchronize with the strategic plan.

Development of such a body will require a long-term commitment from the City and County. It will likely take a few months to put an intergovernmental agreement in place and to hire an effective manager/managing organization. With the large number of stakeholders that need to be involved in making necessary changes, the amount of unifying work required, the restructuring of business, and necessary steps to address funding streams, it is expected that to gain necessary traction and to survive possible administration changes an initial contract for a period of no less than six (6) years be planned. Such a contract should have mutually agreed upon interim benchmarks to assure that processes remain on track and the community can begin to see successes in the work taking place.

Creating such a body offers the opportunity to eliminate the cycles of task forces that have come together over at least the past decade attempting to address these issues, often with different players who don't have the requisite history of efforts that have been made. This dramatically slows the ability of any task force to recommend changes that then require even more time, if such changes are agreed to, for those to be implemented. It also would prevent the need for future task forces – which at times come together around a single issue rather than addressing the multiple intertwined parts – from needing to be formed. The role that the Albuquerque Bernalillo County Governing Commission (ABCGC) plays in this new structure will need to be well defined. Citizens of the City of Albuquerque and Bernalillo County need the pace of government action to move more rapidly to address the needs that many identify as "increasing."

Create a Human Services Coordinating Center & Provider Relations Hub

Much like was done to address the COVID pandemic, a Human Services Coordinating Center will help address the substance use and mental health epidemic. Addressing the information gap regarding available supports is on almost equal footing as creating a truly collaborative structure between the City and County. There is no single place where a member of the community can find information about available treatment and services and how to access services that do exist, even for those familiar with providers, programs, and government staff who may be able to assist. The City and County rely on state and national resources (e.g. New Mexico Crisis and Access Line, the NM Network of Care [an online resource], the National Suicide Prevention Lifeline) and trust that individuals can navigate these to find assistance locally. They cannot do so effectively. Information available through state databases and outreach lines are often out of date and, if an individual doesn't know "what" they need, are not navigable to even begin. Such sources also do not provide information about if the services noted are currently available or if there are waiting lists.

The City and County should jointly create and staff a human service coordinating center. The center should have a physical and telephonic presence. At a minimum, the center should be staffed telephonically 24 hours a day, seven days a week. As many in person hours as possible should be made available so that citizens can stop by for detailed assistance. These hours should extend beyond the usual 9:00 a.m. – 5:00 p.m. weekday schedule. The center should be easily accessible to public transportation and also accommodate parking.

The center should be staffed by case managers, peer support workers, family peer support specialists, and community health workers familiar with all population groups within the City and County and **all** resources available (not only behavioral health or shelter services). ***These staff should be trained in the evidence-based strengths-based case management model.*** Eleven studies have tested the effectiveness of the Strengths Model with people who have serious mental illnesses. Four of the studies employed experimental or quasi-experimental designs (Stanard, 1999; Macias et al., 1997; Macias et al., 1994; Modrcin et al., 1988), and seven used non-experimental methods (Tsoi et al., 2016; Fukui et al., 2012; Barry et al., 2003; Ryan, Sherman, and Judd, 1994; Kisthardt, 1993; Rapp and Wintersteen, 1989; Rapp and Chamberlain, 1985). These studies produced positive outcomes in the areas of hospitalizations, housing, employment, reduced symptoms, leisure time, social support, and family burden that allows them to not only provide information to individuals, but also to complete a general screening to assess all the resources that may be needed by an individual. The goal of Strengths Model Case Management is to help people build or rebuild lives that, by their own definition, have meaning, purpose, and valued identity. People with substance use disorder and mental illnesses have historically been oppressed by the societies in which they live, and this has often been reinforced (albeit unintentionally) by professionals responsible for helping them. Such training could also include such topics as mental health and substance use disorders, motivational interviewing, a focus on the person not a program, decision making, building on individual strengths, an emphasis on choice and control by the individual, a focus on understanding the skills of the presenting individual, and the development of trust and empathy in every encounter along with adaptive capacity to meet people where they are and

recommend changes in pace, engagement and treatment and recovery plans as needed for rapport, and engagement and motivation to change.

A crucial inflection point within this analysis includes deciding who is going to be responsible for strength-based case management (or any type of case management) within the system of care. ***Case Management, in the new business landscape of behavioral health based on the Quadruple Aim of Healthcare, is the lynch pin upon which systems work. Whoever does most of the case management controls the quality, tenor, and efficiency of relationships across the system.*** If case managers are not strongly trauma informed, strength-based with advocate hearts, and not allowed the adaptive capacity and flexibility to develop rapport, and engage and support customers, the system will wither on the vine, regardless of how much funding is appropriated. All interested individuals transitioning from the Metropolitan Detention Center should have information about the Human Services Coordinating Center.

Services available through the human services coordinating center should include the following:

- A continually updated database of all treatment options and services available and any waiting lists for assistance across the City and County including making use of Open Beds software and Shatterproof's Atlas product for Medication Assisted Treatment (center staff would be responsible for completing outreach to the treatment provider and resource service community to continually update such information);
- The provision of information related to mental health and substance use treatment, services, and immediate connections (as desired) to such services;
- Access to crisis services;
- Information and connections regarding domestic violence and child welfare issues;
- Access to and information about school based services;
- Connections to homeless shelters;
- Connections to homeless outreach services;
- Connections to housing supports;
- Connections to food assistance;
- Assistance in gaining appropriate personal identification;
- Assistance in connections to the NM Department of Work Force Solutions;
- Connections to health care providers;
- Assistance in applying for Medicaid;
- Connections to Centennial Care Managers if the individual is enrolled to obtain appropriate authorization for services; and
- Integration by referral and support to physical health care.

This center will also serve as a hub for professional expertise to providers of all kinds, provider navigation, and cross stakeholder training and meetings. It should include hosting monthly provider and stakeholder meetings and a format for providers to access expertise that may be helpful (i.e., a supportive housing provider needed guidance on working with a relapsing tenant with a substance use disorder or a substance use disorder provider needing technical assistance

on becoming trauma informed.) It will allow for any stakeholder or provider to engage and walk the individual in need into their own services or access guidance and resources from the experts at the hub. This hub will help to operationalize and support a genuine continuum of care for metropolitan Albuquerque as a nexus for the activities of both the City and the County.

This establishes a coordinated approach to all City and County personnel and resources that are intended to address the behavioral health and social service needs of the community, including, but not limited to, responses to urgent and non-urgent requests for assistance that come through 911 and 311 calls, through other City and County-funded systems, and newly created access points such as the Community Safety Department. Project Echo global efficiencies in training and technical assistance may be able to help with County wide training and expertise, close to home.

The hub will be a safe place for consumer and family complaints or difficulties and can be an independent unit to gather customer-focused metrics and have a regular protocol and cadence for customer feedback. It will also serve as a forum in which representatives of the multiple local community-based organizations, advocacy groups, and other key stakeholders to meet regularly with City and County officials, and with representatives of the University of New Mexico, Albuquerque Public Schools, state Human Services Department officials, and managed care organizations to assist with implementation of the strategic plan.

A "Full Court Press" Education and Communications Campaign to Citizens

Further support for the Human Services Coordinating Center should come through a large and very public campaign across every community in Bernalillo County about where and how to get assistance. The City of Albuquerque and Bernalillo County have relied on sharing information with professionals and holding the expectation that providers under contract to deliver treatment and other services will do the outreach necessary so that all citizens are aware of what is available. As noted earlier, it isn't working. A comprehensive public campaign about what services are available and how to access them must be undertaken and cannot rely solely on social media or other online information (though these remain important elements in a comprehensive campaign.) Just as New Mexico has embraced the ENDWI campaign and, more recently, the campaign for mask wearing and safety during the coronavirus pandemic, similar efforts should be put into place for these initiatives. The City and County should consider:

- Billboards about the new human services coordinating center with the telephone number and location;
- Signage in bus shelters sharing similar information;
- Plain language direct mail to all households such as with voter registration information;
- Printed materials that can be left at libraries, food assistance programs, schools, and every provider offering services of any kind for distribution;
- Public service announcements on television and radio;
- Outreach to faith-based organizations and other non-profits with information on accessing services;
- Facebook, Twitter, and Instagram *advertisements* about how to seek assistance; and

- Regular and ongoing presence at community centers, MDC, faith-based communities, shelters and supportive housing locations, with law enforcement, at professional trade associations and community coalitions. Our national key informant interviews pointed to this ongoing community presence as key to creating a "movement" toward a unified continuum and system of care.

Crisis Triage Services

The City of Albuquerque and Bernalillo County are in immediate need of crisis triage services. In the planning stages as a joint project with the University of New Mexico is a "Crisis Triage Center and Psychiatric Replacement Hospital." This facility is not targeted to open until 2023 and that is contingent on no delays in the process. Families, law enforcement, and professionals alike indicate there is no place to take someone experiencing a crisis and, that because of this, behavioral health issues are exacerbated for many.

In the interim, the City and County should consider another location as a crisis triage in available or rented commercial office space. It could provide a solution for the 18 – 24 months it will take to open the planned new facility. The crisis unit should be staffed with behavioral health clinicians, medical personnel, peer support workers, and other technicians. Individuals should be allowed to stay at the crisis triage center for up to 72 hours to successfully connect them to services.

Services must include immediate assessment, food, referrals, warm handoffs to treatment providers, and an assurance of safety. Staff must have access to information (through the proposed Human Services Coordinating Center) such as where intensive service beds are available for someone presenting with acute needs and which providers have openings to offer immediate outpatient care. Anyone should be able to avail themselves of crisis services whether they are a self-referral/walk in, brought by friends or family, referred by a provider not equipped to manage crises, or transported by law enforcement.

Expand the Behavioral Health Workforce

It is well known that shortages in the behavioral health workforce are prevalent throughout New Mexico and in many other parts of the country. There are ways that the City and County can help address this situation more rapidly than "awaiting" new and licensed professionals to begin offering treatment or to join existing agencies to expand capacity.

Bernalillo County is home to more than 150 Certified Peer Support Workers (CPSWs), many of whom are not employed in the field, but would like to be. CPSWs go through an extensive training program and are required to complete 40 hours of continuing education every two years to maintain their certification. Peers provide direct care support for clients, offer assistance with independent life skills (e.g., money management, problem solving, establishing boundaries, reducing stress), work with clients to develop socialization and recreational skills, establish plans ahead of time to provide aid and comfort to a person in crisis, and help develop recovery and resiliency skills. In City and County contracts with providers, additional funding

should be included to hire CPSWs, as many providers note that they struggle to do so because of difficulty in effectively billing Medicaid for such services. Providing this kind of resource benefits the entire community. When individuals have assistance in meeting social determinants of health in addition to their mental health and substance use challenges they are less likely to need costlier levels of care and less likely to become high utilizers of City- and County-funded services. A significant number of CPSWs could be hired as part of the Human Services Coordinating Center.

Parent Peer Support, also called Family Peer Support, offers guidance, advocacy, and camaraderie for parents and caregivers of children and youth receiving services from mental health, substance use, and related service systems. Family Peer Support providers deliver peer support through face-to-face support groups, phone calls, or individual meetings. They bring expertise based on their own experience parenting children and youth with social, emotional, behavioral, or substance use challenges, as well as specialized training to support other parents and caregivers. Parents trying to identify and access appropriate services for their children find child/youth-serving systems (e.g., mental health, education, juvenile justice, child welfare, substance use treatment) complicated and overwhelming. Parent peer support can help these parents navigate systems more effectively, learn from the experiences of other families, feel less alone, and gain hope, ideas, and information. Family Peer Support also serves as a safety net for families while they are waiting for treatment, due to an insufficient number of providers to serve children, youth, and families resulting in lengthy waiting lists. As with CPSWs, the City and County should include funding for Family Peer Support workers in contracts with providers and they should be included as staff in the Human Services Coordinating Center.

There are many non-licensed individuals that possess the requisite skills to expand the behavioral health workforce, but for different reasons may not carry a license in the state (e.g. experienced professionals from other states where licensure was not required and supervision requirements to offering [and being paid] for services is so extensive in NM despite decades of delivering care that they do not engage, individuals that have completed studies in social work but have not passed licensure, psychology graduates that cannot be licensed in the state without a doctoral degree, and individuals trained in public health rather than clinical studies.) While the City and County cannot control requirements of licensure for Medicaid-billable services, they could, instead, support bringing these additional individuals into the workforce by funding salaries within contracted provider agencies. This could be short- or long-term, depending on the service/program, but could quickly expand access to treatment and care.

It has been suggested that considerable outreach could be done with spouses at Kirtland Air Force Base. MySECO (Military Spouse Education and Career Opportunities) assists spouses of military members through its “Mental Health Counselors and Marriage and Family Therapists” program to access education and job placement programs. The base, the sixth largest in the Air Force command, employs over 23,000 persons, many who have family members that already have or could meet the requirements necessary to provide assistance to the City and County in addressing behavioral health and homeless services. Kirtland Air Force Base – in 2018 –

provided more than 10 percent of the GDP (Gross Domestic Product) for the City of Albuquerque. They should be a significant partner in serving local citizens. The City and County should work with state licensing bodies for this potential workforce – many of whom may be transitional – and allow them to serve citizens while they are residing in the County.

It is often stated that "New Mexico doesn't grow our own," the quote in reference to clinicians and leaders in these critical areas. While the University of New Mexico does not offer a social work program, several others do – New Mexico State University, New Mexico Highlands University, Eastern New Mexico University, and Western New Mexico University. As a longer term strategy, the City of Albuquerque and Bernalillo County could invest in individuals in these programs. This could be achieved through the offering of grants for schooling contingent upon them successfully completing their education and moving to the region to work.

Additionally, and another longer term strategy, City and County officials should work with the New Mexico Department of Human Services and its Behavioral Health Services Division and the New Mexico Children, Youth, and Families Department to provide "stepping stones" for those individuals who study psychology and public health (instead of social work.) Social work licensure in New Mexico occurs at several levels, beginning with a person who has achieved a baccalaureate degree in social work and can achieve a license. To be licensed as a psychologist in New Mexico one must have a doctoral degree, even though individuals who have studied in this field can contribute to the workforce, which must be expanded for the City, County, and state to be effective in addressing the needs of citizens. This will require regulatory change. As the greatest population center in New Mexico, the City and County are poised to have a significant impact on addressing regulatory burdens and increasing the available workforce. The issue of reciprocity with other states should continue to be explored with the New Mexico Counseling and Therapy Practice Board.

Engaging the Greater Community

To effectively address all of the issues that the City and County are confronting with people requiring behavioral health and homeless services, there is a need to engage the larger community. There must be "environmental strategies" put into place that seek to eliminate the silos that currently exist. A public health approach is necessary to effect change at a significant enough level to mitigate cascading and growing issues. It has been identified, frequently, that the focused power of political leaders can provide meaningful change and direction if used wisely. Direct service providers and citizens want the City of Albuquerque and Bernalillo County to be places that people want to come and live and where they feel as if they can contribute in making "this place" one where people want to be. Environmental strategies – those that go beyond the *employment* of individuals charged with addressing significant issues – are essential to this task. This returns to earlier suggestions of coordination between the City and County and developing a central hub for access to treatment and resources. A public health approach, not merely the development of programs and/or services that cannot be easily accessed, is essential.

Mental Health First Aid

The National Council for Mental Wellbeing (formerly known as the National Council for Behavioral Health) offers two evidence-based strategies that are being used broadly across communities in the United States – Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA.) Both are components of an international education program proven to be effective in teaching people (younger and older) how to recognize and respond to signs and symptoms of mental health and substance use challenges.

Peer-reviewed studies have been conducted around the world and show that individuals trained in these programs:

- Grow their knowledge of signs, symptoms, and risk factors of mental illnesses and addictions;
- Can identify multiple types of professional and self-help resources for individuals with a mental health or substance use challenge;
- Increase their confidence in and likelihood to help an individual in distress; and
- Show increased mental wellness themselves.

The City and County have offered MHFA and YMHFA programs, thought there is little awareness across key informants that these programs exist or how to access them. As the world has lived through the coronavirus pandemic, such training has been curtailed to a significant degree. Health and behavioral health professionals alike agree that providing this level of education to ***all*** persons can improve quality of life. This is especially important in Albuquerque and Bernalillo County as more than half of the state's population resides here – 50.3% (https://datausa.io/profile/geo/bernalillo-County-nm).

Although the County has made some inroads utilizing Mental Health First Aid, the recommendation we are making here is on an entirely different level. The City and County should invest significant resources in MHFA and YMHFA, making those programs known to the greater community (e.g. billboards, public service announcements about how to enroll, encouraging participation.) This early intervention resource will produce significant dividends on fewer people becoming high utilizers and requiring extensive support resources. Additionally, by engaging the community in such training – *at no cost to them* – the City and County can effectively put a "first outreach responder" in hundreds, if not thousands, of neighborhoods. Doing so, at a far smaller cost, than developing new and expensive programs not targeted where the need may be greatest. This dovetails with the One Albuquerque Initiative and should be included as an option to "get involved" on the One Albuquerque landing page. MHFA and YMHFA should be at least as ubiquitous as CPR and physical First Aid in our community. As part of a unified strategic plan, there should be goals and objectives to reach a 70% penetration rate of citizens and should be provided regularly for businesses who interface with the public, schools, universities, managed care organizations, all levels of government, and, if welcomed, with tribes, pueblos, and other communities.

Community Health Workers

A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community (or neighborhood) served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

It is rare that departments focused on behavioral health and homelessness focus on the use of community health workers (often times called navigators.) The focus, instead, often resides on specific programs and services that address the higher-end behavioral health needs such as those with severe mental illnesses or significant substance use disorders. To better address disparities, the City and County should consider using resources to fund community health workers to engage people and provide supports prior to the development of more serious difficulties, thereby reducing the amount of resources needed and reaching people before they become a "high utilizer."

Recovery Oriented Medication Assisted Treatment Services

A third avenue of intervention at the greater community level is to ensure that all physicians in the metropolitan health care system are aware of suboxone/buprenorphine treatments and are prescribing such treatment and monitoring clients for care. Addressing the opioid epidemic in the City and County is essential to improving quality of life for all citizens. There are a significant number of Medication Assistance Treatment (MAT) providers in Bernalillo County, but there are not enough due to the limits of how many clients an individual prescriber is allowed to support. If the City and County would choose to work with primary care physicians to address this gap, it could decrease the need for additional and higher cost services. This would require significant collaborations with all of our physical health provider networks, including hospital systems, commercial insurance companies, and Medicaid managed care organizations. Research shows that medication assisted treatment is the "gold standard" for recovery from Opioid Use Disorder.

Anyone reporting use of opiates should be given access to New Mexico's Hub and Spoke Model or receive a warm hand off referral to an Opioid Treatment Center (OTP) or to Office-based Opioid Treatment (OBOT) and be educated sufficiently to trust the science and efficacy of medication assisted treatment as an option for serious consideration. Both the City and the County should be active members of the state's opioid hub and spoke model and every effort should be made to allow treatment on demand (walk-ins) for opioid use disorder. Additionally, the efforts to make available buprenorphine in the MDC should be expedited and operationalized with urgency. The City anticipates funds pending from the pharmaceutical class action they are a part of to help increase availability of treatment and report they are proactively planning strategic partnerships with the County and the state.

Street Outreach

It is essential to "go to people where they are." The City and County currently almost exclusively rely on people "finding them" and learning about existing treatment and services. If there is a desire to create significant change and, again, improve the quality of life for City/County residents, there needs to be a shift in focus of how we reach out to those in need. Street outreach services exist on a relatively small basis and are poorly funded. One individual that provides street outreach services, based on information provided, is compensated at $20,000 per annum. If that information is accurate, this individual is compensated barely above minimum wage for a critical piece in the ability to assist people where they are and intervene before situations escalate. City and County funds are frequently used for the higher ends of service and care (which is consistent across the country). If the City and County wish to really make a difference, they could and should create the impetus to move toward prevention and early intervention to drive change. In key informant interviews, it was reported that there were "turf" issues between providers and competition for funding and meeting "numbers served" rather than quality of care.

The City has invested in Albuquerque Street Connect, with a significant impact on helping people living with serious mental illness navigate to safe, stable housing. This has a recurring funding source of $360,000 and received an additional $750,000 in one time funding in FY21 and $500,000 in one time funding in FY22. The City and County are working together to better coordinate street outreach efforts through the Homeless Coordinating Council's Street Outreach Committee. Additional effort by both entities in this area should produce greater dividends.

Permanent Supportive Housing

There is a dramatic need for the City and County to increase their efforts in developing Permanent Supportive Housing options for citizens. As noted in the service gaps sections earlier, both entities are aware that without further development of such housing resources they cannot hope to ever effect significant change in the behavioral health and homeless programs attempting to assist individuals across the region. More emphasis must be placed on rental assistance, long term housing vouchers (and accompanying support for job training and employment), and protections for individuals and families at risk of eviction and additional efforts are underway. Targeted investments in the most significant social determinants of health – a safe, affordable place to live with requisite assistance to assure that those housing options remain secure – increases the likelihood of eliminating behavioral health needs or reducing them to a level manageable in the currently available system of care. There are multiple housing partners – public and private – with whom the City and County must collaborate to leverage assistance. The belief that government alone can secure all of the necessary resources and supports to assist the unhoused is ineffective and fails, often, to take into account those persons of lower socioeconomic status or persons of color who are already marginalized and may not be aware of or seek such services. Partnerships need to be enhanced quickly.

It is important to address the need for single site permanent supportive housing models, for those who are unable to maintain housing via a scattered site housing voucher model. UNM is working with the Homeless Coordinating Council's Housing Committee to estimate the number of households in Albuquerque who need different types of PSH models. The City has increased annual recurring funding for PSH by $2 million since FY18. It is estimated approximately 130 additional households will be served. The County is also working on a 42-unit single site supportive housing plan – Hope Village – planning for that service to be available late summer. Also underway is construction of a 60-unit multi-family single site supportive housing unit.

Strategic Partner Business Learning Collaborative

For systems of care to be relational and collaborative in nature, providers must know how to partner effectively and pro-actively with others to build a functioning continuum. It is recommended, as implemented in national behavioral health business learning collaboratives and currently in Los Angeles County, that City and County providers are contractually required to participate in a Strategic Business Partnership Learning Collaborative. This allows the providers to develop the skills to environmentally scan for partnerships including Memoranda of Understanding (MOUs), Letters of Agreement, Strategic Partnerships, and Mergers and Acquisitions. It also helps providers learn to effectively partner with payers, regulatory funders, corporations, and each other. A learning collaborative provides a basic understanding of the business of behavioral health and position for improved revenue generation and diversification.

Sobering Center

The success of the Community Safety Department, LEAD, and Community Outreach Teams will be contingent on the immediate availability and capacity for customers to receive services. In our key informant interviews, many people were skeptical of the potential for the Albuquerque Community Safety Department and the like since "there still won't be any place to take people." In addition to the Human Services Coordinating Center & Provider Relations Hub, this analysis, based on the Community Needs Assessment through the National Sobering Collaborative, supports the need for a Sobering Center in Albuquerque. Via Positiva has worked closely to help support and develop Sobering Centers in Kansas City and Houston and their founders were key informants in this analysis. Sobering Centers provide compassionate care to underserved individuals affected by substance use through early intervention and community care coordination to help them achieve lifelong recovery. They provide a safe environment that serves an immediate need for individuals under the influence. As an alternative to jail, and in the future emergency room admissions, sobering centers are an appropriate destination to screen for and manage substance use disorders that present a public safety and health hazard. Sobering Centers:

1. Relieve law enforcement and criminal justice system resources.

   Diverting publicly intoxicated individuals increases the holding capacity in the City jail for more serious crimes. It may take two hours to book an individual in jail and an average of eight minutes to drop them off at the sobering center. This saves law enforcement officers valuable time, enabling them to return to their assigned neighborhoods faster. The courts are relieved of processing this low level, non-violent offense.

2. Creates safety for the individual.

Clients avoid an arrest record and are spared the impact that a public intoxication misdemeanor charge would have on their life. They are monitored in a safe, clean environment with staff providing necessary support services to manage their intoxication until they are no longer a danger to themselves or others. Sobering Centers offer information on recovery for clients who present with substance use disorder and provide opportunities for recovery by linking clients with appropriate community resources and programs and working closely with the Human Services Coordinating Center & Provider Relations Hub for ongoing trauma informed care and appropriate referral.

Conclusion

As noted at the outset of this report, the City of Albuquerque and Bernalillo County have made numerous efforts to improve behavioral health and homeless support services for many years and have worked tirelessly and creatively to create crisis stabilization services and a continuum of care. A foundation has been laid, but there remains much work to do. As Gregorian noted about system change, "In order to change a system you have to be either a loving critic or a critical lover." There are hundreds of kind, enthusiastic, and invested people who work in and/or want to assist the City and County in more effectively addressing the needs of their friends and neighbors.

Recommendations that focus now at the systems and business of behavioral health level will allow us, together, to create a true system of care to address Adverse Childhood Experiences and trauma, that are at the root of many mental illnesses and substance use disorders. This includes building a system that includes physical and psychological safety; trusting relationships; compassion toward self, colleagues, and clients; genuine collaboration; genuine client choice; and a sense of clarity and empowerment. People need allies, navigators, peers, clinicians, law enforcement, legislators, leaders, and friends and neighbors who will join together to live into this kind of system and create what is necessary to connect people to care and to one another.

Our largest gap – a unified and coordinated behavioral health system across the City of Albuquerque and Bernalillo County – can be addressed by our greatest strength. We are a community flush with expertise, cultures, diversity, and individuals who exude compassion and trauma informed ways of being. We must join together to connect, coordinate, nurture, and manage our resources so they are readily available to anyone in need. The lift may feel large, yet it can be accomplished with the right people, infrastructure and leadership.

It is time to move to the next level, to operate from a single strategic plan with a single collaborative management structure. We must braid and/or coordinate funding streams and have a unified set of outcome measures and scopes of work. We must bring on management expertise that is clinical, recovery oriented, savvy in the executive level management of the

business of behavioral health, respected both by grass roots and advocacy organizations as well as legislators and public servants, and create a communal movement that becomes the system of care base – a system focused on the evidence-based core values and praxis described in this analysis that will inspire and engage the entire community.