SAMHSA ★ SMVF TA CENTER
Service Members, Veterans, and their Families Technical Assistance Center

TECHNICAL ASSISTANCE REPORT

FOR

CRISIS INTERCEPT MAPPING SITE VISIT:

ALBUQUERQUE, NEW MEXICO

July 30-31, 2019

SMVF TA CENTER TEAM		
Facilitator: Donna Aligata	**Scribe/Technical:** Jasmin Brandow	**Subject-matter Expert/Other:** N/A

TECHNICAL ASSISTANCE INFORMATION	
TA Event Type: Onsite **Number of Participants: 8**	**Governor's Challenge** ☐ **Mayor's Challenge** ☐ **Crisis Intercept Mapping** ☒

CITY/COUNTY TEAM LEAD(S)	
Team Lead: Thomas Tozier	**Team Co-lead:** Ellen Braden
Title: Military and Veteran Affairs Liaison	**Title:** Division Manager
Agency: City of Albuquerque	**Agency:** City of Albuquerque

TECHNICAL ASSISTANCE SUMMARY

Technical Assistance Objectives: On July 30-31, 2019, SAMHSA's Service Members, Veterans, and their Families (SMVF) Technical Assistance (TA) Center convened a meeting in Albuquerque, New Mexico, to discuss and map crisis services for the SMVF population.

Agency Representation: Participants included representatives from the following: New Mexico Department of Veteran Services (NMDVS), Agora Crisis Center, City of Albuquerque, New Mexico VA Health Care System (NMVAHCS), University of New Mexico Hospitals (Adult Psychiatric Unit), and Bernalillo County Department of Behavioral Health Services (DBHS). The simultaneous occurrence of the meeting with the 7th Annual NMVAHCS Community Mental Health Summit impacted attendance, as many key stakeholders attended the summit. A complete list of participants and contact information can be found in Appendix I.

Consensus Summary:

Opening. The team lead welcomed everyone. The SMVF TA Center staff conducted a round of introductions and provided an overview of the meeting agenda. (For detailed notes from the meeting, see Appendix II.)

State of the Local Crisis System. In Albuquerque, one local challenge is the question of where to refer SMVF, as there are too few providers and very few places that treat suicidality. Although some communities in New Mexico follow the Zero Suicide framework, it is not statewide; the closest state to adopt Zero Suicide is Colorado. The group described care transitions as fragmented, scattered, and uncoordinated, saying there is a lot they do not yet know. The team found the Crisis Intercept Mapping (CIM) process helpful for identifying situations and settings where suicide risk is high and examining how to incorporate partnerships to close gaps and address patterns.

Identifying Stakeholders. Participants worked together to identify stakeholders for each of the four interception points, or intercepts, represented in the Crisis Intercept Map (see the Albuquerque Crisis Intercept Map in Appendix IV). Stakeholders on the list include the following: 2-1-1, Albuquerque Police Department (APD), Bernalillo County Sheriff's Department, Albuquerque Fire and Rescue's Home Engagement and Alternative Response (Heart) Team, mobile crisis teams, APD's Crisis Intervention Team, Agora Crisis Center, New Mexico Crisis and Access Line, addiction treatment services (e.g., Metropolitan Assessment and Treatment Services [MATS]), faith-based communities, Central New Mexico Community College, University of New Mexico, hospitals, primary care and specialty care providers, shelters serving people experiencing homelessness, Veterans Integration Center (VIC), and Crisis Outreach and Support Team (COAST).

Best Practices Discussion. The eight participants acknowledged that there were people missing from the conversation and gaps in information about the use of best practices across the crisis system. The team plans to add stakeholders to the following Mayor's Challenge to Prevent Suicide Among SMVF workgroups: Infrastructure and Partnerships, Increasing Access to Community Supports and Strengthening the SMVF Service System, Education and Training, and, later, Data and Outcomes. By the end of the year, the group will establish a leadership team and create a briefing package to share information.

In 2020, the group plans to develop partnerships and conduct needs-assessments with local shelters serving people experiencing homelessness and hospitals regarding the practices of universal screening for suicidality, identifying SMVF by "Asking the Question" (ATQ), discharge planning, and caring contacts, including warm hand-offs. The team will start by contacting the following homelessness shelters: Westside Emergency Housing Center, Healthcare for the Homeless, HopeWorks, and the Rock at NoonDay; and, the following hospitals: University of New Mexico Hospital (UNMH), Presbyterian, Lovelace, First Nation, and First Choice.

The group wants to coordinate training on the aforementioned best practices, along with training on lethal means safety, and convene and collaborate with community peer groups to engage and enhance peer support. One step toward this includes listening sessions that the team will organize to identify gaps in community services and include the community as part of the solution.

Infrastructure and Collaboration Discussion. The team lead is also chairman of the City of Albuquerque's Veterans and Military Affairs Advisory Board, which will be involved as a resource in the crisis mapping work. The group will establish an executive leadership team, including the team lead, co-lead, and workgroup leads, as a direct link from the CIT Team to the Veterans and Military Affairs Advisory Board and mayor's office. Additionally, the broader Mayor's Challenge team will realign their action plan and workgroups to match this new infrastructure for crisis mapping.

Action Planning, Closing the Gaps. Participants completed the Levels of Collaboration baseline assessment tool (see Appendix V). The group added action items focused on developing the team's infrastructure, sharing information with key stakeholders and the community, and reducing some of the identified gaps in care. The group then structured their work across timeframes over the next year. They talked about TA needs and ways to integrate CIM action steps into their Mayor's Challenge Action Plan (see Appendix VI). Finally, participants completed the meeting evaluation form (see Appendix III).

Next Steps:

- TA call with Mike Hogan on August 23, 2019, at 1 p.m.
- Update Mayor's Challenge Action Plan to reflect new action items from CIM process
- Establish leadership team and decide on next meeting date(s) for full team

IMMEDIATE FOLLOW-UP ACTION ITEMS

To be completed within 30 days of meeting

Activity/Resource	Deadline	TA Center	Team	Comments
TA on metrics and getting to outcomes, how to get better data to the community: RAND	ASAP	X		
TA on peer support, especially informal/peer-to-peer	ASAP	X		
Information on lethal means, gunlocks: New Hampshire	ASAP	X		
Establish leadership team	12/1/19		X	
Create briefing package	12/1/19		X	
Develop/revisit protocol for crises and inquiries; add to briefing package	12/1/19		X	

APPENDICES

Appendix I. Participant List
Appendix II. Meeting Notes
Appendix III. Evaluation Report
Appendix IV. Crisis Intercept Map

APPENDIX I: PARTICIPANT LIST

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APPENDIX II: MEETING NOTES

Blue – best practice
Green – gap
Red – potential action item

INTERCEPT 1 – First Contact

- ATQ – How is the question asked?
- Screening – Identify SMVF and suicidal ideation
- SMVF referrals – Where to refer people
- 2-1-1 (2 people answer in Central New Mexico; one trained in military cultural competence, not sure about second person)
- Law enforcement
    - Need data
- Criminal justice
- Crisis intervention unit
- DBHS – Bernalillo County
- Crisis lines
    - New Mexico Crisis and Access Line (Protocol)
    - Agora crisis center (volunteer)
    - *Veterans Crisis Line*
    - *Local crisis line*
    - Only 3-4 mental health clinics; other than UNMH and VA, they don't treat suicidality
- Primary care
- Homelessness shelters – Mayor's initiative (city, state mental health)
    - Specific money for SMV
    - List out service providers
    - ATQ + screening for suicide?
- Catalog community support groups (peer, Veterans Service Organizations [VSOs], family)
- UNMH – screening, yes; ATQ – not sure, gap?
- Mobile crisis team
- Metropolitan Assessment and Treatment Services (MATS) – addiction treatment service
- Places that serve people at risk – capacity issue

- National Guard Suicide Prevention Coordinator
    - Tricare providers by zip code
    - Screening?
    - Trainings?
- Caring contact
    - Hand-off? Specialty care to Tricare
- Faith-based
    - Churches, chaplain groups (ask for training)
    - *Interfaith Council
    - Bi-vocational (Saturday afternoons are best time to reach them)
- Educational/vocational/guidance/counseling
    - Central New Mexico Community College (CNM)
    - UNM (largest provider)
    - Highlands
        - Suicide prevention screening?
- CNM and UNM – Veterans services
- APS (Albuquerque Public Schools) – family members
    - ATQ?
- Hospitals
    - UNM (collaborate)
    - Presbyterian (collaborate)
    - Lovelace (collaborate)
    - VA Hospital
- Primary care
    - Devita
    - First Nation (collaborate)
    - First Choice (collaborate)
- Specialty Care
    - Mental Health: Haven + Central District
    - Turquoise Lodge (detox)
    - Indian Health Services
    - Genesis (addiction)
    - Psych + addiction + rehab

1. Referrals? Who are they referring to? Are they using best practices?
2. Identify places to refer to – access to treatment, safety, and support
3. Access to more providers, more options, more clinicians
4. Develop alternative care, drop-in centers

BEST PRACTICES:

- Safety planning, ATQ, and screening at homelessness shelters
    - But – where to refer? (gap)
- All clinics/hospitals on board and standardize care
    - include discharge planning and warm hand-off (gap)
- Peer support (at every level)

INTERCEPT 2 – Acute Care

- Mobile crisis teams
    - Linked to APD and Bernalillo County Sheriff's Office (BCSO) – two teams each; Hopeworks
- Albuquerque Fire and Rescue – Heart Team
- Albuquerque Police Department: crisis management and COAST (follow-up and case management)
- Veterans Integration Center (VIC) – goes out with COAST
- % of police that are SMVF
- Peer-to-peer (18), unlicensed, volunteer
- Peer support (specialist, credentialed) – not reimbursed – insurance won't cover unless bundled through case link)
- BCSO works with New Mexico Crisis and Access Line (NMCAL) (in response to BH calls)
    - Caring contacts: warm hand-off, referrals
- UNM + VA – psych urgent care and walk-in
    - if not VA-eligible, likely to be referred to UNM
    - Capacity is an issue – not enough providers
- Financing of health care – gap
- Discharge plans – warm hand-off – gap
- County crisis stabilization on the MATS campus – coming soon
- Transportation – gap – shuttle, van for seniors, Vet ID for service-connected (must make appointment 72 hours ahead)
- Uber – signed agreement in Maine – travel anytime for appointment or admitted to clinic

    - Looking into with VA here in New Mexico
- Psych hospital – inpatient mental health
- Safety plans and lethal means counseling
    - VA – yes
    - UNM – yes
    - outpatient treatment – not sure, find out
    - inpatient treatment – not sure, find out
- Crisis stabilization and access to care (best practices) (gaps)

BEST PRACTICES:

- Caring contacts
- Peers (certified)
- Warm hand-offs
- Identify community peer groups – collaborate
    - Listening Session: identify gaps in the community and make them part of solution

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INTERCEPT 3 – Care Transitions

- A lot we don't know – fragmented, scattered, not coordinated
- Primary refers to specialty care, if wanted by patient
- Agora Crisis Center – provides list of resources
- funding – gap
- Warmer handoff for worse symptoms (best practice)
- 2-1-1 – United Way
- Pain management – few support resources in community
- 3-1-1 – info line but people call for help, too
- Community-based care coordination services – not sure about this
- Benefits clarification re: VA eligibility; challenge with referrals – strengthen VA access and referrals (community to VA)
- Family assistance? National Guard? Need more info; ask Shannon
- UNM – how/where to refer family members concerned about SMV
- Community engagement team (county funded) – no more, now a gap; however, RFP – opportunity

BEST PRACTICES:

- Peers (certified and peer-to-peer)
- Caring contacts
- Warm hand-offs
- Form a living room model to provide drop-in resources

INTERCEPT 4 – Ongoing Treatment and Recovery Support

- Goodwill
- New Mexico Veterans Integration Centers (VIC)
- State Suicide Prevention – Department of Health (CYFD – Children, Youth and Families Department)
- Vet centers
- Suicide care not taught to masters-level practitioners (UNM, CNM, Highlands) – liability concern, gap
- Stigma, labels
- SSVF – Supportive Services for Veterans and Families
    - VA grant – temporary assistance; e.g., housing, employment
    - non-VA Veterans
    - prioritize people with families
- VSOs
- Veterans support programs
- "The Commanders Meeting" → quarterly meetings, listed on VA site
- American Legion – financial assistance, peer support
- Map of Veteran Crisis System
- (Informal) peer-to-peer supports
- Families, survivors of suicide
    - Tragedy Assistance Program for Survivors (TAPS)
    - Signs of Suicide Prevention Program (SOS)
    - Children's Grief Center

BEST PRACTICES:

- Peers (certified and peer-to-peer)
- Facilitate peer interaction; healthy lifestyle, connectedness
    - Vet Experience Office
    - Community Veterans Engagement Boards (CVEBs)

- Gather list of VSOs and other peers, including certified; get points of contact (civilian and military)
- Warm hand-off
- Caring contacts
- Comprehensive database of available community resources
    - SMVF resources from 2-1-1 to be shared with team
    - Could also gather resources from: Share New Mexico, 3-1-1, Kevin's Google Doc

Agenda Item	Notes
Infrastructure, Partnerships, and Collaboration	▪ See newsprint photos below for notes
Action Planning	CIM best practices and action steps with timeline (from map): ▪ Intercept 1: o Phase 1: ▪ 1. Establish leadership team ▪ 2. Create briefing package by 12/1/19 • Thomas, with support of Mayor's Office Comms Office, draft; Ellen and Bobby review by 10/1/19 ▪ 3. Memorandums of understanding (MOUs) for partnership by 2/1/20 ▪ 4. Inventory/needs assessment re: homelessness shelters and hospitals on **universal screening, ATQ, discharge planning, and caring contacts (warm hand offs)** ▪ 5. Inventory available community resources for comprehensive database o Phase 2: ▪ Safety planning, ATQ, screening at homelessness shelters – but where to refer? ▪ All clinics/hospitals on board and standardize care – include discharge planning and warm hand-off ▪ Peer support (at every level) ▪ Intercept 2 o 6. Coordinate/provide training on best practices for homelessness shelters and clinics/hospitals: ▪ **Universal Screening** ▪ **Safety Planning** ▪ **Lethal Means** ▪ **Caring contacts** - (including **peer support** [certified] + **warm handoffs**) – Spring/20

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7. Identify community peer groups – convene and collaborate

Coordinate listening sessions: identify gaps in the community and make them part of solution – Apr/20

Safety plans and lethal means counseling:

VA – yes
UNM – yes
outpatient treatment – find out
inpatient treatment – find out

Crisis stabilization and access to care (best practices) (gaps)
8. Develop/revisit protocol for crises and inquiries; add to briefing package – 12/1/19
9. Explore vehicles for dissemination of information with groups like the Ambassador Program – TBD

Intercept 3

10. Coordinate/provide training on best practices for homelessness shelters and clinics/hospitals:

Screening
Safety Planning
Lethal Means
Caring contacts - (including peer support (certified and peer to peer) and warm hand-offs) – Spring/20

11. Explore possibilities and partnerships for drop-in resources (e.g., living room model) – Mary (UNMH)

Intercept 4

12. Gather list of VSOs, SMVF resources, and peer support (certified and peer-to-peer); get points of contact (civilian and military) – by 2/1/20
13. Facilitate connection to existing peer support (certified and peer-to-peer); promote connectedness; create visibility
Caring contacts
Warm hand-off
14. Develop comprehensive database of available community resources – by Fall/20

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<td>Next Steps</td>
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TA Call with Mike Hogan:

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<tr><th>City</th><th>State</th><th>CIM date</th><th>TA Call</th><th>Time</th></tr>
<tr><td>Albuquerque</td><td>NM</td><td>7/30-31/19</td><td>8/23/19</td><td>1PM</td></tr>
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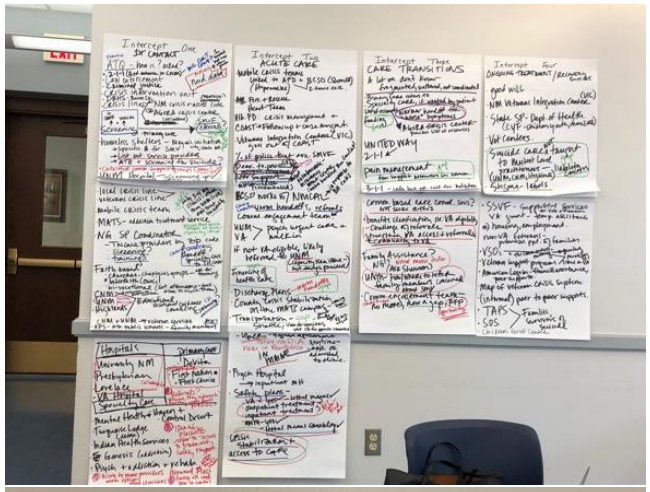
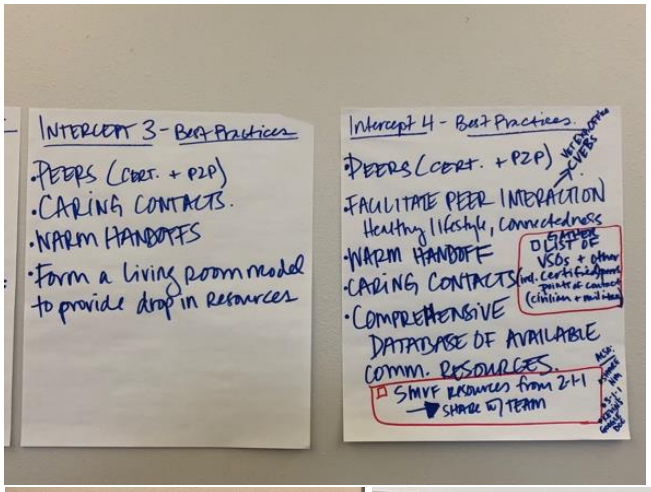
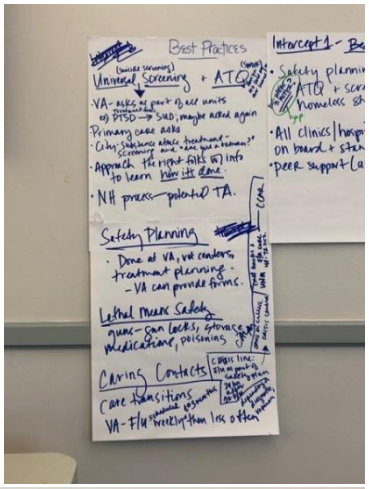
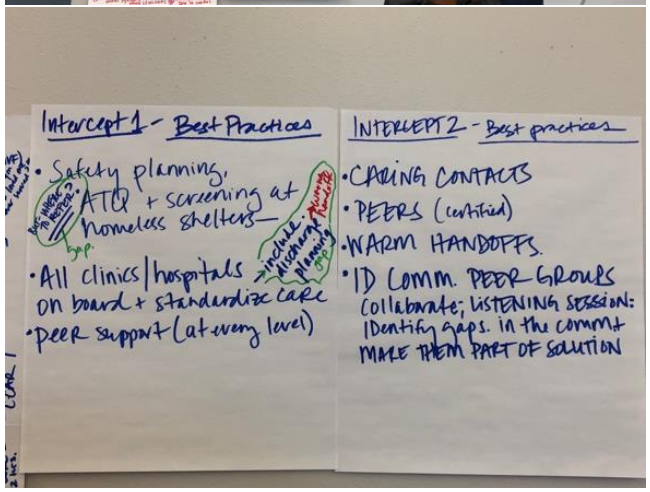
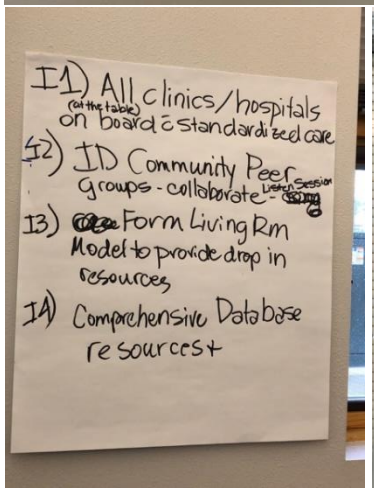
Who's Missing?	▪ Vet Centers ▪ Forward Flag ▪ Roger – Intercept 0

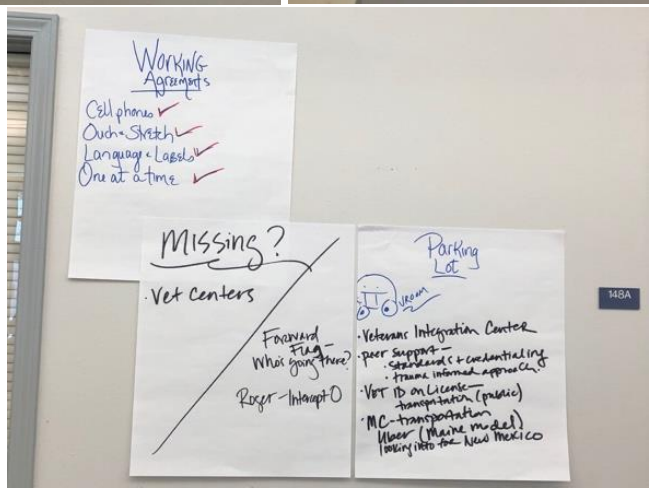

Intercept One
Intercept Two
ACUTE CARE
Intercept Three
CARE TRANSITIONS
Intercept Four
Hospitals
Diversion

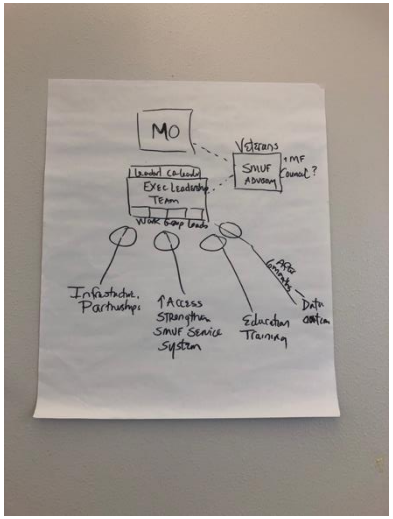

INTERCEPT 3 - Best Practices
•PEERS (CERT. + P2P)
•CARING CONTACTS.
•WARM HANDOFFS
•Form a Living Room model to provide drop in resources
Intercept 4 - Best Practices
•PEERS (CERT. + P2P)
•FACILITATE PEER INTERACTION
Healthy lifestyle, Connectedness
•WARM HANDOFF
•CARING CONTACTS
•COMPREHENSIVE DATABASE OF AVAILABLE COMM. RESOURCES.
SMVF RESOURCES from 24-1
SHARE W/ TEAM

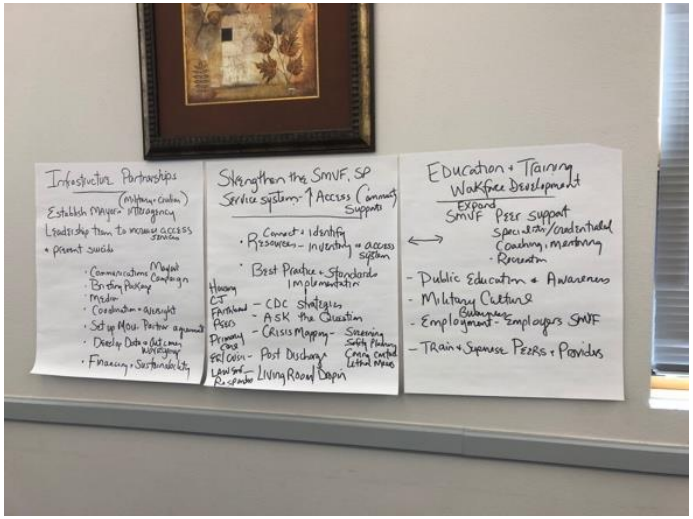

Best Practices
Universal Screening + ATOD
Safety Planning
Lethal means Safety
Caring Contacts
care transitions


Intercept 1 - Best Practices
• Safety planning, ATOD + screening at homeless shelters
• All clinics/hospitals on board + standardize care
• peer support (at every level)
INTERCEPT 2 - Best practices
•CARING CONTACTS
•PEERS (certified)
•WARM HANDOFFS.
•ID COMM. PEER GROUPS collaborate; LISTENING SESSION: Identify gaps. In the comm MAKE THEM PART OF SOLUTION


I1) All clinics/hospitals (at the table) on board & standardized care
I2) ID Community Peer groups - collaborate
I3) Form Living Rm Model to provide drop in resources
I4) Comprehensive Database resources


Working Agreements
Cell phones
Ouch • Stretch
Language • Labels
One at a time
Missing?
• Vet Centers
Forward Flag - Who going there?
Roger - Intercept 0
Parking Lot
• Veterans Integration Center
• peer support - standard C + credentialing
• trauma informed approach
• VOT ID on License - transportation (public)
• MC - transportation Waiver (Maine model) looking into for New Mexico
148A


MO
Veterans
SMVF Advisory
+MF Council?
Executive Leadership Team
Work Group Leads
Infrastructure Partnerships
↑Access Strengthen SMVF Service System
Education Training
Data collection


Infrastructure Partnerships
Establish Mayors (Military + civilian) Interagency
Leadership Team to increase access + prevent suicide
Strengthen the SMVF, SP Service systems ↑ Access (Community Supports)
Education + Training
Workforce Development
Expand SMVF Peer support
Specialty/credentialed
Coaching, mentoring
Recruitm
Public Education + Awareness
Military Culture
Employment - Employers SMVF
Train + Spouse Peers + Providers

APPENDIX III: EVALUATION REPORT

Onsite Technical Assistance Evaluation Report
Albuquerque, New Mexico
7/30-31/2019

4 evaluations were returned in total. For the questions below that only show 3 responses, these were not completed on the 4th evaluation document (left blank).

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1. **How would you rate the onsite TA session overall?**

Poor (1) Valid % (n)	Fair (2) Valid % (n)	Good (3) Valid % (n)	Very Good (4) Valid % (n)	Excellent (5) Valid % (n)	Mean
0.00% (0)	0.00% (0)	0.00% (0)	0.00% (0)	100.00% (4)	5.00

2. **Please rate the usefulness of the following onsite TA session activities:**

	Poor (1) Valid % (n)	Fair (2) Valid % (n)	Good (3) Valid % (n)	Very Good (4) Valid % (n)	Excellent (5) Valid % (n)	Mean
Module 1: Overview, Welcome, and Introductions	0.00% (0)	0.00% (0)	0.00% (0)	0.00% (0)	100.00% (3)	5.00
Module 2: Understanding the State of the Local Crisis Care System for SMVF	0.00% (0)	0.00% (0)	0.00% (0)	0.00% (0)	100.00% (3)	5.00
Module 3: Overview of the Crisis Intercept Map	0.00% (0)	0.00% (0)	0.00% (0)	0.00% (0)	100.00% (4)	5.00
Module 4: Understanding the Intercepts: Identifying Local Stakeholders	0.00% (0)	0.00% (0)	0.00% (0)	0.00% (0)	100.00% (4)	5.00
Module 5: Best Practices and Community Examples	0.00% (0)	0.00% (0)	0.00% (0)	0.00% (0)	100.00% (4)	5.00

Module 6: Building Local Partnerships: Infrastructure and Collaboration	0.00% (0)	0.00% (0)	0.00% (0)	0.00% (0)	100.00% (4)	5.00
Module 7: Action Planning: Closing the Gaps	0.00% (0)	0.00% (0)	0.00% (0)	0.00% (0)	100.00% (4)	5.00

3. **What was most helpful about the onsite TA session?**
   - Opening up communication about SMVF population in our community.
   - It really helped me to understand the steps my organization can take to be a part of and improve this Veteran support network.
   - I felt good about work that occurred.
   - Looking at restructuring; the in-depth conversation and being able to integrate the data from this meeting with existing action plan.

4. **How would you improve the onsite TA session?**
   - Send current action plan ahead of time and review with the goal of this meeting in mind. Making sure dates don't compete with events here locally.

5. **How would you rate the facilitator's/subject-matter expert's knowledge of the subject?**

Poor (1) Valid % (n)	Fair (2) Valid % (n)	Good (3) Valid % (n)	Very Good (4) Valid % (n)	Excellent (5) Valid % (n)	Mean
0.00% (0)	0.00% (0)	0.00% (0)	0.00% (0)	100.00% (3)	5.00

6. **How would you rate the facilitator's/subject-matter expert's skills in presenting?**

Poor (1) Valid % (n)	Fair (2) Valid % (n)	Good (3) Valid % (n)	Very Good (4) Valid % (n)	Excellent (5) Valid % (n)	Mean
0.00% (0)	0.00% (0)	0.00% (0)	0.00% (0)	100.00% (3)	5.00

7. **How would you rate the onsite support of the Technical Assistance Center's staff?**

Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)	Mean

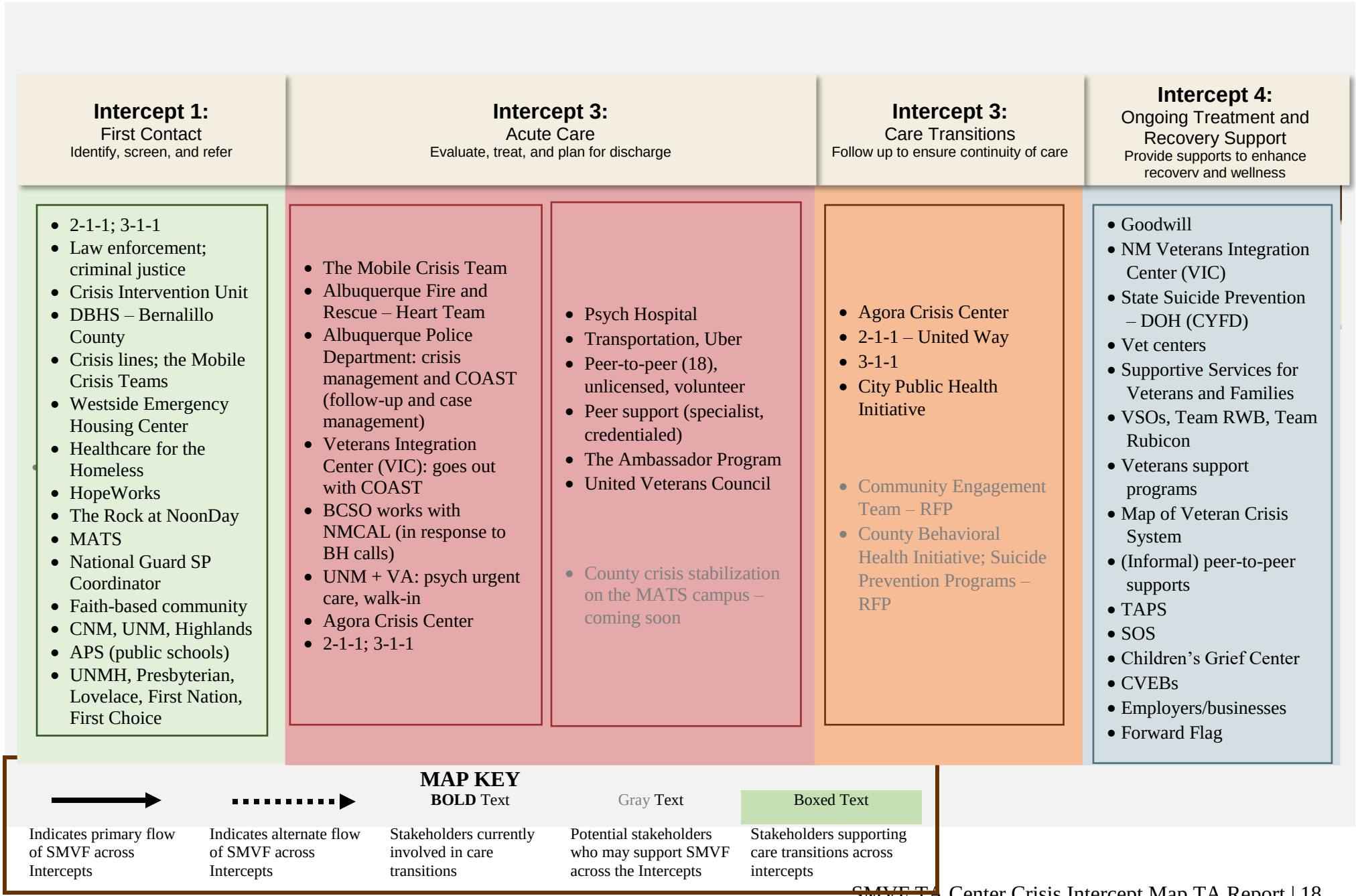
Valid % (n)	Valid % (n)	Valid % (n)	Valid % (n)	Valid % (n)	
0.00% (0)	0.00% (0)	0.00% (0)	0.00% (0)	100.00% (3)	5.00

8. **What three objectives would you like to accomplish in your work as a result of this technical assistance?**
   - Guide implementation of map. Gather information on existing SMVF population. Collect existing data.
   - Better screening. More robust peer support. Facilitation of warm hand-offs with organizations we are collaborating with.
   - Restructure and roll out to existing team. Rebrand and focus on smaller chunks (Ask the Question for more impact). Reinvigorate collaborations with partners.

9. **What is the biggest challenge you face with respect to accomplishing these objectives?**
   - Time constraint – availability of data
   - Time, resistance from admin.
   - Capacity is always an issue.

10. **What technical assistance topics and content would you like offered in the future?**
    - Review of action plan. Peers. Assessment/safety plan training.

Albuquerque, New Mexico, Crisis Intercept Map – July 31, 2019



GAPS & OPPORTUNITIES ACROSS THE INTERCEPTS	
Leadership Infrastructure and Sustainability	• Establish CIM leadership team • Strengthen the SMVF suicide prevention service system – increase access to community supports, expand peer support, increase public awareness • Facilitate peer interaction; promote healthy lifestyle and connectedness (Vet Experience Office, CVEBs)
Screening/ Asking the Question / Military Culture	• Assess level of practice for identifying SMVF and suicide risk at the following: local crisis lines, clinics/hospitals, public schools, colleges/universities, specialty and primary care providers, mobile crisis team, crisis intervention unit, law enforcement, and homelessness service providers • Start with needs assessment at selected clinics, hospitals, primary care, and homeless service providers • Peer support at every level (credentialed and [informal] peer-to-peer, depending on intercept within crisis system)
Safety Planning and Lethal Means Safety	▪ Safety planning and lethal means counseling are happening at VA and UNMH; however, need to learn more about outpatient and inpatient treatment ▪ Coordinate training on best practices for homelessness shelters and clinics/hospitals: universal screening, safety planning, lethal means, and caring contacts, including peer support (certified and peer-to-peer) and warm hand-offs
Care Transitions and Caring Contacts	▪ Work to ensure all clinics and hospitals are on board and standardize care to include discharge planning and warm hand-off (gap) ▪ Question of where to refer SMVF – capacity is an issue; not enough providers ▪ Strengthen VA access and referrals (community → VA); benefits clarification re: VA eligibility is needed (challenge with referrals)

APPENDIX V: LEVELS OF COLLABORATION DATA