

SUMMARY OF CITY / COUNTY BEHAVIORAL HEALTH TASK FORCE RECOMMENDATIONS

1. CRISIS STABILIZATION /REPOSE CENTER

Problem/ Issue

- Currently UNM–Psychiatric Emergency Room, and other emergency rooms provide acute emergency crisis support. However, this treatment is extremely short–term in scope and service, with no meaningful access to “step down” therapeutic services. Emergency rooms are expensive and designed for handling the emergency but not the longer term support.
- People who receive service from the emergency room have no place to go once the emergency is resolved.
- Eligibility for “in–patient” beds is, by design, limited to persons who are in “danger to themselves or others.”
- There is little or no service for persons who are experiencing “sub–acute” (non emergency) but nevertheless debilitating mental or behavioral conditions or symptoms (e.g. major depression, personality disorders, mental conditions not endangering themselves or others).

Background

- The idea of crisis triage /stabilization centers was first introduced ten years ago by a study commissioned by the City of Albuquerque (hereinafter “Wertheimer Report”).
- House Joint Memorial 17 also identified crisis stabilization as a major gap in the behavioral health continuum.
- Other jurisdictions: Tucson; San Antonio; and Pierce County, WA have utilized crisis triage stabilization centers as key components to successful behavioral health continuums.
- These jurisdictions have found that the creation of lower level service models create more opportunities for patients to control symptoms without the cycle of crisis–to–crisis emergency room visits. These centers generally can see patients sooner – without long wait times.

- Not only does the stabilization center provide a more clinically appropriate environment for longer term maintenance, but other jurisdictions have shown significant cost savings.

Recommendations

- The center should be a short term (no longer than 5 days) transitional center.
- The center should be open 24/7, seven days a week.
- The center should not be based on any “eligibility requirements” but rather based on “need.” Anybody in the community, regardless of income, should have access to the center.
- The center should be accessible both for “step down” services (from emergency rooms or jail), as well as a “drop in” services (persons who are suffering from “sub-acute” mental illness or conditions who are not a danger to themselves or others but are still in need of immediate services).
- The task force recommended a hybrid of both a “medical model” and a “social model.” The medical model stabilization centers concentrate more on the medical aspects of stabilization (triage, psychiatric diagnosis, and medications) while “social models” focus more on addressing the underlying condition, methods of coping and support (peer support, counseling, medication management, linking people to longer term support in the community).
- As Rep. Miera noted “medical models” are generally more expensive to run and maintain. “Medical model” centers usually see increased regulation and licensure requirements, and increased infrastructure and liability costs. Currently, UNM Psychiatric Emergency and other emergency rooms do most of the “triage” components (i.e: diagnosis, prescriptions, more complex therapies).
- The task force recommended that the center have medical resources on site, and strong connections through tele-health to other medical facilities (on-duty nurses to administer medications, perhaps a on-site clinic run by UNM Psych services during peak hours) but should focus on the “step-down” services and providing a “warm handoff” to other resources in the community (e.g. assisting the “newly eligible” in signing up for Medicaid; for persons with Medicaid: coordinating with the client’s MCO “care coordinators”; peer to peer support. non-drug therapy support; and a central “resource center” to provide information about connecting people to resources.

- Diverting people that need stabilization out of the emergency room or in-patient beds, makes more efficient use of scarce resources and fills a need that is not currently being met in the community.

Funding

- Other jurisdictions have funded stabilization centers through grants (public and private), local governments and through state funding mechanisms. It is generally seen that most centers utilize “blended funding” from a variety of sources.
- The success of such a center would hinge on the ability to link clients to more permanent support services in the community, after or concurrent to step down medical stabilization. Given that federal and state funding mechanisms are limited in scope by eligibility requirements, local government funding could provide a “needs based” funding allowing case workers to address a clients’ individualized needs without regard to reimbursement issues with Medicaid.

2. INTENSIVE CASE MANAGEMENT

- Would provide trained professionals who would be assigned a client with mental or behavioral health conditions. A case manager would assist clients in connecting to key services in the community (Medicaid, SNAP, housing, SSI, ect) and would regularly follow up to insure the client has the best opportunity to stabilize before a crisis arises.
- The Albuquerque and Bernalillo County area have a complex array of behavioral health and social services, with a great many different funding streams contributing to services. Unfortunately, it is quite challenging for citizens and individuals in need to penetrate this complex system, and connect with the right services, at the right time, in the right situation. Because funding for most services is based on eligibility, or limited to certain programs or categories of need, it is very frustrating and challenging for most individuals to be able to effectively access the appropriate services and benefit from them.
- Case Management is a general term used to describe an array of overlapping services, all of which provide general paraprofessional assistance to individuals in accessing and connecting with services, programs, supports, and benefits. Case managers often act

as “navigators” to help people in need to find their way through our complex system, connecting people in need to the right services and resources, and helping them to obtain or meet categories of eligibility, such as obtaining Medicaid, etc. Case Managers help in a holistic manner, assisting people in addressing both social, as well as medical/behavioral health issues. Thus, Case Managers help people to obtain psychiatric assessment and treatment, but also help them to fill critical social needs such as housing, employment, education, childcare or social activities.

Recommendations:

- Increase city and county funding of case management services, based on determination of need, rather than eligibility. Program strategies such as the UNM Pathways Program and the UNM Fast Track programs offer models which could be replicated and expanded, and may better serve the community if they were more widely available and marketed.
- Support a systemwide Albuquerque–area BH resource database/list, which is maintained and kept up to date;
- Support a low -level referral/coordination system, ie, a 311 information system to provide basic service contact information to callers;

3. CREATION OF CET (Community Engagement Teams).

- Last year a bill passed the New Mexico Legislature that created the concept of CET teams comprised of trained civilian units (they could be associated with medical entities, community entities, peer to peer groups, NAMI, ect.) that would respond or address crisis calls from clients in the field who are experiencing a mental health crisis.
- **The task force recommends that this legislation be re–introduced and recommends that the Legislature appropriate funds to allow CET teams to follow up with clients (Case management) to assist people before there is a crisis situation.**

4. SUPPORTIVE HOUSING FOR PEOPLE WITH MENTAL OR BEHAVIORAL HEALTH CONDITIONS

- The task force recommended that more resources need to be earmarked for supportive housing. For people with mental or behavioral issues, housing remains a key component for long term stabilization.
- Lack of reliable housing increases the risk of crisis encounters, increased hospitalization /emergency room costs, and is a barrier to have people diverted from jails.
- The top housing needs identified by the task force included:

1. Temporary “Respite” Housing

For people transitioning from a crisis stabilization center, psychiatric emergency room, jail, ect. who are in need of temporary housing until a more stable living situation becomes available. This housing would be short-term in nature.

2. Supportive Housing

Typically scattered site housing, where clients have support through off-site case managers or on site supervision but live more independently than in a group home setting.

3. Supportive Group Housing

A group home setting, typically with on-site supervision and support.

5. CREATION OF MOBILE CRISIS UNITS

Such units are utilized in other jurisdictions to provide services to clients out in the field before a 911 call is made (or in lieu of a 911 call). These teams can consist of a combination of law enforcement (such as CIT unit) along with a trained mental health professional to engage people with mental or behavioral health issues in a less intensive manner than a standard police response.

6. NEED FOR LAW ENFORCEMENT TO ESTABLISH “TIERED RESPONSE” FOR MENTAL /BEHAVIORAL HEALTH CALLS

- In conjunction with CET concepts and mobile crisis units, APD's Crisis Intervention Team has been developing a “tiered response” so that not every behavioral health call is automatically responded and addressed by a armed uniformed law enforcement officer. Instead protocols are developed to “triage” calls so that the most appropriate law enforce response is sent to address the issue at hand. For example, if a person is acting erratically, experiencing a mental health issue, but no crime has been committed, the tiered response could be utilized so that a CET team, the mobile crisis unit, a medical professional, CIT unit would respond to address the situation without needless escalation of the situation.

7. COURTS / CRIMINAL JUSTICE

A. Mental Health / Homeless / Veteran's Court

The task force recommends that the Courts continue to enhance the speciality courts addressing persons with mental and behavioral health issues, and has the following recommendations:

The Courts needs more case management resources to follow up with clients before they de-compensate and re-offend.

B. Reform and Streamline the Bench Warrant Process

If a person fails to appear before the court for any crime, a bench warrant is automatically issued, including for petty misdemeanors. In the case of the severely mentally ill, failure to appear is sometimes the norm rather than the exception. When law enforcement encounters such a person who has bench warrants, their discretion is taken away and they must arrest the individual. This creates a cycle of incarceration for people with mental illness without meaningful treatment.

The task force recommends that the Courts and the N.M. Legislature take a fresh look at the bench warrant process and find common sense methods to address the unique challenges faced by persons with mental illness in navigating the criminal justice system.

C. Need for Additional Financial and Human Resources to “Competency” and “Treatment Guardianship Programs.

Persons with mental conditions are frequently diverted from criminal culpability because the are not competent to stand trial. Before such a determination is made the defendant must be evaluated by one of the contracted medical professionals. Currently this program is underfunded, which creates backlogs, especially in the District Court, in performing the evaluation.

The task force recommends that the N.M. Legislature find resources to ensure that competency evaluations are being funded properly and are being conducted in the most timely manner.

Similarly, on the civil side of the law, New Mexico's Treatment Guardianship program (which allows the court to appoint another person to make medical decisions for a person with mental health issues so severe that they do not have the capacity to provide “informed consent.”) is woefully

underfunded and is in disarray.

The task force recommends that the New Mexico Legislature appropriate the resources so that this program can function properly.

8. MEDICAID

Prior to the passage of the Affordable Care Act, and the State of New Mexico's decision to expand Medicaid, much of the population of persons with mental or behavioral health issues were not eligible for health care through Medicaid. Now, many are presumptively eligible.

The task force recommends that State of New Mexico provide more outreach, accessibility and streamline the process for signing the “newly eligible” up for Medicaid.

Similarly, many of the persons leaving MDC, especially those with mental conditions, are presumptively eligible for Medicaid, which would allow them to receive medical services in the community to prevent another mental crisis or re-incarceration. The Task Force recommends that N.M. Human Services Department implement protocols and procedures to efficiently sign this population up for Medicaid.

The task force recommends that N.M. HSD restore “case management” as a billable service under Medicaid, and no longer restrict it solely to “core service providers.”

9. PREVENTION

The task force recommends that the State of New Mexico and Albuquerque Public Schools explore programs to detect and intervene on childhood behavioral health problems through programs such as “Mental Health First Aid,” school nurse program, the use of mental health assessment tools, and voluntary mental health screenings.

10. RESOURCE MATCHING /PUBLIC EDUCATION

Currently the behavioral health resource network in Albuquerque is not robust and there is a tremendous need to augment these scarce resources. However there are some resources in the community. Unfortunately the public is largely unaware of these resources. Moreover, behavioral health providers in the community may be unaware of other similar resources or other supportive services in the community as well.

The task force recommends that whether at the state or local level, there is an urgent need to expand and strengthen existing mental health crisis line; create something similar to Albuquerque’s 311 line focused on mental health; and to create an on-going and updated clearinghouse for resources and assistance.

The existing program needs support for promotion/publicity, maintaining up to date and comprehensive resources for both mental health and Substance Use Disorder resources (including location, information on services offered, criteria for programs, cost/insurance, demographic served; also need to include Opioid Treatment Programs as a resource that is tracked and provided to callers).