## *Creating Community Solutions Dialogues on Mental Health – Greater Albuquerque*

**November 1, 2014**

**Recommended Actions**

The following summarizes the recommended actions that have emerged from the community-based dialogues that took place from July 2013 through August 2014.

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

1. Provide CIT training to ABQ Fire Department Paramedics. Consider offering CIT training to private paramedic first responders.

2. Assess current COAST staff and response times to determine if there is a need for expansion of staff to meet 24/7 coverage.

3. Use City resources to educate the public – in Spanish and English – about what to do in a behavioral health crisis and/or for general behavioral health information.

4. Assess existing City resources focused on behavioral health prevention; the effectiveness of existing programs (suicide prevention, gang prevention, substance abuse, etc.); and opportunities for expanded community collaborations.

5. Work with APS to increase activities for students and families during out-of-school times (such as after school programs). Work with APS to evaluate current after school programs and outcomes for potential enhancement opportunities.

6. Examine and prioritize recommended long-term actions.

**Already Happening Actions:** ***City resources are committed and action is currently underway.***

7. Explore the possibility of having all APD police officers receive 80 hours of CIT training and evaluate the effectiveness of this training on trained police officer interactions with persons with mental health challenges. Offer interested officers an additional 40 hours of advanced CIT training.

8. Offer Mental Health First Aid to City employees, APS employees, the media and citizens.

**Low Hanging Actions:** ***Requires collaboration, advocating and/or minimal City resources to implement.***

9. Encourage and support additional mental health community conversations throughout the City to increase understanding and reduce stigma.

10. Proactively promote media coverage of mental health resources and mental wellness initiatives.

11. Explore, support and sponsor activities designed to reduce mental health-associated stigma.

12. Perform a feasibility analysis and develop an implementation plan to expand youth activity programs and mental health services at City-administered community centers, i.e. peer-to-peer support groups, direct services onsite, etc.

13. Advocate for increased Medicaid reimbursements for coordination of care services and support all efforts to reduce fragmentation between providers by encouraging increased collaboration, partnerships and integration between service providers and services.

14. Explore securing funding via SAMSHA grants, foundations, PCORI, etc. to build mental health infrastructure for early detection and service enhancements.

15. Identify opportunities to support efforts to make quality mental health services and medications more affordable (Medicaid).

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

*NOTE: An Action Team is assigned to examine and prioritize these recommended actions.*

16. Consider using SunVan to provide transportation to and from mental health service providers.

17. Consider developing and supporting Community Engagement Teams (CET), a peer-support, early intervention to link persons with serious mental illness (experiencing disability-triggered stress or crisis) to voluntary treatment and other services as an alternative to calling law enforcement and as a supplement to other intervention efforts. CET members would include: (1) Qualified and licensed mental health professional; (2) Case managers, community support workers or core service workers; (3) At least one peer (adult or youth) who lives with mental illness.

18. Support efforts to create a City- or County- or City/County-run triage center for intermediary stabilization where first responders and others (CETs) can voluntarily bring persons with serious mental illness experiencing disability-triggered stress or crisis rather than inappropriately taking them to jail or the emergency room. Provide linkages to services and community supports to individuals at the triage center.

19. Work with APS to support efforts to increase the number of school-based health centers and increase the availability of mental health services provided through school-based health centers (including during non-school hours). Evaluate current APS mental health service outsourcing processes and outcomes for potential enhancements.

20. Work to assure coordination of care for all individuals transitioning from MDC, MATS, Turquoise Lodge, UNM and other detention and treatment facilities such that, at release/discharge, they receive: (1) a copy of their health records; (2) one month worth of prescriptions, if any; (3) referral to a medical home (could be a behavioral health provider); and (4) an assigned care coordinator (for more complex individuals). For those exiting detention centers or on parole, consider making it a condition of parole that they see their medical home provider within one month of release.

21. Work with the State of New Mexico to develop aftercare planning and transitional services for 18 to 25 year olds exiting CYFD custody (i.e. foster care, detention).

22. Support all efforts to increase the number of behavioral (and physical) health providers working in Albuquerque and the State to increase services and decrease wait times for diagnosis and medication refills. Support efforts to increase Health Service Corp slots, WICHE scholarships, and loan forgiveness and debt repayment programs.

To participate on an action team or to provide additional input on a recommended action, please visit https://www.cabq.gov/family/news