

# CITY of ALBUQUERQUE

## TWENTY SECOND COUNCIL

COUNCIL BILL NO. R-17-156 ENACTMENT NO. \_\_\_\_\_

SPONSORED BY: Isaac Benton

1 RESOLUTION

2 AMENDING RESOLUTION R-15-253 (ENACTMENT NO. R-2015-102) WHICH  
3 CREATED A COLLABORATIVE PROCESS FOR BEHAVIORAL HEALTH  
4 REFORM BEGINNING WITH THE CITY OF ALBUQUERQUE AND BERNALILLO  
5 COUNTY THROUGH THE ALBUQUERQUE/BERNALILLO COUNTY  
6 GOVERNMENT COMMISSION.

7 WHEREAS, Resolution No. R-15-253 (Enactment No. R-2015-102) was  
8 approved by the City Council on October 19, 2015; and

9 WHEREAS, the County Commission and the City of Albuquerque have  
10 funded a number of studies to identify behavioral health needs and  
11 recommend solutions which would best utilize the limited resources to impact  
12 the most number of citizens; and

13 WHEREAS, the County Commission and the City of Albuquerque have  
14 already begun a collaborative process to implement solutions to the  
15 behavioral health problems through the Albuquerque Bernalillo County  
16 Government Commission (ABCGC).

17 BE IT RESOLVED BY THE COUNCIL, THE GOVERNING BODY OF THE CITY OF  
18 ALBUQUERQUE:

19 Section 1. Resolution R-15-253 is amended by adding the following  
20 language at the end of the Section 4, “[based on the commonly identified  
21 priorities in the reports, recommendations and studies that have been  
22 completed between the years of 2002-2015.]”

23 Section 3. Resolution R-15-253 is further amended by adding a new Section  
24 5, as follows: “[Section 5. That the City of Albuquerque requests that the  
25 priorities which are the most commonly identified priorities in reports,

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1 recommendations and studies that have been completed between the years of  
2 2002-2015 and as listed in Attachment A be addressed by the ABCGC.]”

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Behavioral Health Recommendations Matrix

Subcommittee Name	CPI Behavioral Health Initiative Business Plan (2015)	Treatment Alternatives for Safer Communities (TASC) (2016)	Mayor's Behavioral Health Recommendations (2015)	Greater Albuquerque Chamber of Commerce BH Study Actions Recommended (2015)	City-County Behavioral Health Task Force (2014)	Community Mental Health Dialogues (2014)
<b>Crisis Services</b>	<ul style="list-style-type: none"> <li>-Crisis Stabilization Services</li> <li>-Crisis Call Center</li> <li>-Mobile Crisis Teams</li> <li>-Crisis Respite Care</li> </ul>	--Crisis response services that offer first responders an alternative to taking individuals in crisis to jail	<ul style="list-style-type: none"> <li>-Development of Crisis Services System</li> <li>-Mobile Crisis Teams</li> </ul>	-Crisis Triage Stabilization Center	<ul style="list-style-type: none"> <li>-Crisis Stabilization Center</li> <li>-Mobile Crisis Teams</li> <li>-Law Enforcement "Tiered Response" for Mental Health (MH) Calls</li> </ul>	<ul style="list-style-type: none"> <li>-Crisis Triage/ Stabilization Center</li> <li>-Expand CIT training for first responders</li> </ul>
<b>Housing Services</b>	-Transitional living services and/or supportive housing services	--Supportive housing programs to meet the needs of criminal justice-involved individuals with serious mental illness & substance abuse disorders		<ul style="list-style-type: none"> <li>-Supportive Housing</li> <li>-Temporary Respite Housing</li> </ul>	<ul style="list-style-type: none"> <li>-Supportive Housing</li> <li>-Respite,</li> <li>-Group Housing/Group Homes</li> </ul>	
<b>Community Support Services</b>	<ul style="list-style-type: none"> <li>-Intermediate Levels of Care (connect people to clinical community supp.)</li> <li>-Intensive Case Mgmt. Teams</li> <li>-Forensic ACT Team (FACT)</li> <li>-Substance Abuse Outpatient Services</li> </ul>	--intermediate care options To meet the needs of criminal justice-involved individuals with mental illness and substance abuse disorders	<ul style="list-style-type: none"> <li>-Courts</li> <li>-Mental Health Court</li> <li>-Evaluations &amp; client follow up connection in community</li> <li>-Case Management Services</li> </ul>	<ul style="list-style-type: none"> <li>-Intermediate/ Mid-Level Care Services</li> <li>-Case Management</li> </ul>	<ul style="list-style-type: none"> <li>-Intensive Case Management (ICM)</li> <li>-Courts/Criminal Justice</li> <li>-Specialty Courts + CM</li> <li>-Bench Warrant Process-</li> <li>-Funds for Competency. Evals &amp; Programs</li> <li>-Eligibility process</li> <li>-Restore CM as billable expense</li> </ul>	<ul style="list-style-type: none"> <li>-Coordination of Care for persons transitioning from MDC (Comm. Connections Program)</li> <li>-Support Increase in number of Physical &amp; BH Providers</li> <li>-Support school-based health centers</li> </ul>
<b>Prevention Services</b>	-Community Engagement Team(s) (CET)		-Community Engagement Team(s) (CET)	-Community Engagement Team(s) (CET)	<ul style="list-style-type: none"> <li>-Community Engagement Team(s) (CET)</li> <li>-Prevention MH First Aid</li> </ul>	<ul style="list-style-type: none"> <li>-Community Engagement Team(s) (CET)</li> <li>-Provide public education (i.e. crisis &amp; BH information)</li> <li>-Increase APS activities for families &amp; students</li> </ul>

<b>Subcommittee Name</b>	<b>UNM Health Science Gaps Analysis White Paper (2014)</b>	<b>UNM Psychiatry &amp; RWJF Ctr. Survey of Behavioral Health in Bernalillo Co. (2014)</b>	<b>Bazelon Criminal Justice-SMI Report (2012)</b>	<b>House Joint Memorial 17 on Behavioral Health (2011)</b>	<b>Mayor's Behavioral Health &amp; Homelessness Summit (2003)</b>	<b>TAC New Mexico Behavioral Health Needs &amp; Gaps Reports (2002)</b>
<b>Crisis Services</b>	-Mobile Crisis Teams -Expand first responder training	-Mobile Crisis Teams	-Expand crisis line coverage	-Crisis triage and stabilization centers -Crisis call center(s) -Crisis warm line -Community crisis system planning		-Crisis Services
<b>Housing Services</b>	(Supportive Housing implicit in review process; i.e. housing a given)	-Housing for people with BH problems -Inpatient residential services			-Develop housing for persons with BH disorders (i.e. Housing First, Project-Based Housing, Landlord Education & Support program)	-Transitional living services and/or supportive housing services
<b>Community Support Services</b>	-Increased access to primary care -Increase services availability -Case management services	-Intensive outpatient treatment (IOT) community services -Case management services	-Develop affordable housing -Peer-run crisis or respite house	-BH respite services -Peer services -Peer training programs & family supports	-Assure continuum of BH facilities & services -Develop enhanced services: -ACT Teams -Crisis Triage Center -Substance Abuse Treatment Services	-Intensive community-based services -Case management services
<b>Prevention Services</b>	-Expand education & services to family members of consumers				-Increase public understanding of mental illness & BH disorders	-Community Engagement Team(s) (CET)

## Other Commonalities

Subcommittee Name	CPI Behavioral Health Initiative Business Plan (2015)	Mayor's Behavioral Health Recommendations (2015)	Greater Albuquerque Chamber of Commerce BH Study Actions Recommended (2015)	City-County Behavioral Health Task Force (2014)	Community Mental Health Dialogues (2014)	UNM Health Science Gaps Analysis White Paper (2014)
Other Commonalities	-Establish Administrative Structure for BH	-Passage of New Mexico AOT law -Expand ACT Teams -Better coordination of care -Integration of BH services into primary care sites	-Coordinated and funded BH systemic structure -Register & clearly identify needs & gaps in BH services -Assisted Outpatient Treatment (AOT) law	-Access to benefits: Medicaid -- suspend instead of ending for those incarcerated	-Assess existing City BH resources	-Increase access to BH services (incorporate BH w/physical) -Expand health sites to service BH and physical services -Make BH services financially viable for providers (incorporate BH services into primary care through health homes – increase consult bet.) -Medical and psych providers--Increase Suboxone RX, expand pool of advanced practice providers' w/psych cert. -Create financially sustainable model of BH services through sustainable funding & regulatory simplification -Increase reimbursement for BH services -Develop mgmt. practice to support intermediate levels of care -Develop alt. financial financing for infrastructure not currently in fee-for-service model -Allow providers to bill for Medicare & Medicaid appvd. code of services -Eliminate excessive regs. & complexity in reimburse system

Subcommittee Name	Treatment Alternatives for Safer Communities (TASC) (2016)	Bazelon Criminal Justice-SMI Report (2012)	UNM Psychiatry & RWJF Ctr. Survey of Behavioral Health in Bernalillo Co. (2014)	House Joint Memorial 17 on Behavioral Health (2011)	Mayor's Behavioral Health & Homelessness Summit (2003)	TAC New Mexico Behavioral Health Needs & Gaps Reports (2002)
	<ul style="list-style-type: none"> <li>--Behavioral Health Governing Board to include a fifth Community Council to focus specifically on the criminal justice-involved population in Bernalillo County.</li> <li>--Expand the capacity of the jail to maintain and establish Medicaid for inmates</li> <li>--Bridge the gap between jail based services and Medicaid enhance inmate case management services in the jail</li> <li>--Establish limited behavioral health assessment and reentry planning</li> <li>-- Develop an in-facility crisis and behavioral health education program to include group counseling, crisis management seminars, physical and behavioral health access courses</li> <li>-- Provide specialized training for MDC security, medical, and case management staff in the areas of crisis intervention and response with mentally ill individuals.</li> </ul>	<ul style="list-style-type: none"> <li>-Access to benefits (suspend rather than terminate benefits)</li> </ul>	<ul style="list-style-type: none"> <li>-BH coordination</li> <li>-BH workforce expansion</li> </ul>	<ul style="list-style-type: none"> <li>-Flexible funding &amp; payment mechanisms to compensate providers</li> </ul>	<ul style="list-style-type: none"> <li>-Coordination and accountability (BH systems coordinator, outcome evaluation)</li> <li>-Improve local &amp; state collaboration in BH services</li> </ul>	<ul style="list-style-type: none"> <li>-Increase support for consumer &amp; family services &amp; advocacy efforts at state &amp; regional levels</li> <li>-Develop a common set of core services across all systems as a goal for each region to plan for &amp; strive toward meeting</li> </ul>