City of Albuquerque/Bernalillo County Systems Gap Analysis

(A condensed and emphasized version 7.22.2021)

Spoiler alert: **Our largest gap – the conclusion states: a unified and coordinated behavioral health system across the City of Albuquerque and Bernalillo County –**

Difficult to navigate, harsh systems wear people out until they are arrested or need high-cost emergency room care – **the process of getting help is more painful than living with the consequences of mental health or substance use disorders.** That should strike us as saying something profound. **The gap is that, although we have services that have arisen in response and in reaction to crisis that have arisen 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 available to customers. Pg 6**

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 community driven mandate to enhance the level of behavioral health care in the community. The mandate was ~~fulfilled~~ was initiated 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."

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 these reports, including this gap analysis, point to the need for a coordinated and collaborative system of behavioral health care. *(What is going wrong that the County continues to sink resources into "plans" and yet the "plans" do not meet the needs of the community?)*

Albuquerque Bernalillo County Governing Commission (ABCGC) Oversight

Established a 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, 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. *(ABCGC needs to revisit their charter and be a much stronger voice for*

the needs of 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 misuse condition.

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**. 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 City of Albuquerque/Bernalillo County Systems Gap Analysis

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. 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*.!!!!!*

Structured Intergovernmental Collaboration

It is 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.

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 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 "systems" work and how they can provide effective treatment. Additionally, insufficient expertise in the arena of behavioral health treatment 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. 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. All this spells hot mess!!!

Community Awareness and Education/Access and Referrals for Services

While it is noted (and will be delineated further in the Services section of this analysis) the city and county have developed a myriad of services to address the 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 services or even what services exist.

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 several 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 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** *(this is a problem and excludes content experts from serving their communities).*

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.

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 "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?*

Without such information, government agencies who are funding programs have no idea if the programs are making an impact or what should be made to improve them. Contracts that are assigned address outputs ("did they meet their numbers") **rather than measures about success** *(ironically, providers funded by the City and County are more likely to have outcome measurements in place than the City and County, this is a result of mandates from other funding sources.*

Continued funding of programs and services without this information is not useful to the city or county and must be addressed. Additionally, there appears to be little data feedback to providers to inform them about their performance and improve their buy in to reporting and outcome measures useful to them, their clients, and, by such, to the city and county *(The city/County should be mandated to work with an outside evaluator, to obtain outcome information)* they also need to put in place a way to follow the contacts that people have with systems of care to identify where people fall through the cracks. The

county and City should not be conducting their own outcome measurement. Over Involvement of Law Enforcement

It is unfortunate that, because information about services and ready access to them is not easily available to the 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 does not 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 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). Eventually, 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. *So, this is what we have after how many reports, gaps analysis and work groups???)*

There are others with mental illness and substance use disorders who have had encounters with law enforcement, and they do not require incarceration at the detention center. They are 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 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 in existing programs.

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 Sheriff's Office, six (6) Mobile Crisis Teams have been put in place 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). *(This is the alphabet soup of crisis response… there is no wondering why people and providers do not know where to go for help)*

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.

The Business of Collaboration: One Strategic Plan

As described in detail in the following section on Recommended Solutions, we believe a trauma informed, trauma responsive 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:

1. A Joint Strengths, Weaknesses, Opportunities and Threat (SWOT) Analysis that include economic, quality of life, violent crime, homelessness, and mental health and substance use issues).

2. 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.

3. A facilitated joint strategic planning session. *Facilitated over a period of time (this is likely to not be a one and done session, if a broad set of community level stakeholders are involved)by an entity not directly linked to the City and County in order to avoid conflicts of interest.*

4. *The strategic planning and SWOT analysis, **to be credible,** MUST include community members representing every single demographic in Bernalillo County with particular emphasis on those who have been involved in the behavioral health/criminal justice system, and their families and friends who have also been impacted by the limitations of our current system. This means intentional efforts to go near and far and knock-on doors if necessary. This is not a survey monkey only effort!!!!*

5. 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.

6. A clear set of goals, objectives, and services.

7. A focus for years 1-3.

8. A proforma budget of all resources related to behavioral health and the responsibilities of each partner

9. 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 quality of life issues in our community.

10. Quarterly priorities, outcome measures and meeting cadence to support the strategic plan.

11. Quarterly review of outcome measures and meeting cadence to support the strategic plan.

12. Ensure that all daily activities are aligned with the strategic plan and are laser focused on agreed upon outcomes and provider contract compliance.

13. A quality Assurance Committee to measure and monitor outcomes and KPIs and initiate Plan Do-Study- Act change projects within the system.

14. An agreed upon standard of management *to (be trauma informed and trauma responsive in their management practices see Sanctuary Model),* deter nepotism and similar from appointment to workgroups, boards, and commissions. Leadership of all departments must have varied levels of accountability.

Recommended Solutions

Create a Structured Intergovernmental Collaborative Body Operating from One Comprehensive, Unified, Detailed Strategic Plan *(geez. that sounds familiar…. but they had to hire these people to say it because, what do we know???)*

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 consumers, report a system that sounds good in Power Point 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 effort 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, 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:

1. Unify the scope of work across city and county programs and services;
2. 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;
3. 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;
4. Develop common definitions for services and eligibility; Unify existing contracts with providers delivering services;
5. Actively engage and involve significant partners such as Albuquerque Public Schools, Albuquerque Police Department, Bernalillo County Sheriff's Office, Centennial Care managed care organizations, community coalitions with expertise in areas of concern, peers, family members, and advocates;
6. Require accountability for services, including performance outcomes that show effective change; ….

(Develop a practice of trauma informed and trauma responsive management…. management attitudes, beliefs and behaviors must align with a trauma informed and responsive service delivery system)

7. Streamline existing policies and procedures;
8. Streamline the process to develop new services;
9. 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;
10. Work with the legislature and state departments to improve available treatment and services and expand funding for them;
11. 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;
12. Develop a non-binding combined proforma systems 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 are remaining 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 last decade attempting to address these issues, often with different players who do not 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 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 does not 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 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:

1. *Trauma informed, trauma responsive skill building*
2. *Client centered and client driven*
3. *Anti-oppression (racism, classism, homophobia, agism, ableism, anti Semitism, etc.) and actionable steps to eliminate profiling, use of force, inhumane treatment, across all government service systems and the providers they fund.*
4. mental health and substance use disorders,
5. motivational interviewing,
6. a focus on the person not a program,
7. decision making,
8. building on individual strengths,
9. an emphasis on choice and control by the individual,
10. a focus on understanding the skills of the presenting individual,
11. 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,
12. engagement and treatment and recovery plans as needed for rapport,
13. 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, engage and support customers, the system will wither on the vine, regardless of how much funding is appropriated.

All interested individuals transitioning from MDC should have information about the Human Services Coordinating Center.

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

1. 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);

2. The provision of information related to mental health and substance use treatment, services, and immediate connections (as desired) to such services;

3. Access to crisis services; Information and connections regarding domestic violence and child welfare issues;

4. Access to and information about school-based services; Connections to homeless shelters;

5. Connections to homeless outreach services;

6. Connections to housing supports;

7. Connections to food assistance;

8. Assistance in gaining appropriate personal identification;

9. Assistance in connections to the NM Department of Work Force Solutions;

10. Connections to health care providers;

11. Assistance in applying for Medicaid;

12. Connections to Centennial Care care managers if the individual is enrolled to obtain appropriate authorization for services;

13. and Integration by referral and support to physical healthcare.

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 or 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 building 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 is not working.

A comprehensive public campaign about what services is 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:

1. Billboards about the new human services coordinating center with the telephone number and location;

2. Signage in bus shelters sharing similar information;

3. Plain language direct mail to all households such as with voter registration information;

4. Printed materials that can be left in libraries, food assistance programs, schools, and every provider offering services of any kind for distribution;

5. Public service announcements on television and radio;

6. Outreach to faith-based organizations and other non-profits with information on accessing services;

7. Facebook, Twitter, and Instagram *advertisements* about how to seek assistance; and

8. 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.

1. 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.

2. In the interim, the city and county should consider repurposing a unit at the Westside Emergency Housing Center as a crisis triage unit. While perhaps not an ideal location, it can provide a solution for the 18 – 24 months it will take to open the planned new facility.

3. The crisis unit should be staffed with behavioral health clinicians, medical personnel, peer support workers, and other technicians.

4. Individuals should be allowed to stay at the crisis triage center for up to 72 hours to successfully connect them to services.

5. Services must include immediate assessment, food, referrals, warm handoffs to treatment providers, and an assurance of safety.

6. 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.

7. 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.

1. 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.

2. Peers provide direct care support for clients, help 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.

3. 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 associations and community coalitions.

4. 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.

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.

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 kinds, 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 on the systems level allow us, together, to create a true continuum of care to address Adverse Childhood Experiences and trauma, that are at the root of many mental illnesses and substance use disorders.

This includes:

1. building a system that includes physical and psychological safety;
2. trusting relationships;
3. compassion toward self, City of Albuquerque/Bernalillo County Systems Gap Analysis colleagues, and clients;
4. genuine collaboration;
5. genuine client choice;
6. and a sense of clarity and empowerment.

People need allies, navigators, peers, clinicians, law enforcement, legislators, leaders and friends and neighbors who will join 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 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 and leadership.