

NAMI Santa Fe Seeks Assurance on Mental Health Crisis Response Capacity By Betty Sisneros Shover, Executive Director, NAMI Santa Fe

NAMI Santa Fe advocates for individuals and families affected by mental illness, and part of our mission is advocating for public policy and services that support this community.

We want to be partners with the City of Santa Fe in ensuring that the city maintains and strengthens a compassionate, effective behavioral health crisis response system that truly serves people living with mental illness when a crisis occurs.

We know firsthand how valuable the Alternative Response Unit (ARU) has been for people in crisis. In the past, when there were 13 trained team members, we were hearing positive things from our community, so we had confidence that these objectives were being met. Last week, our Board President Dr. Jonathan Gordon and I met with Mayor Garcia and Interim Fire Chief Ouderkirk, and we were assured that the ARU remains operational and that funding is in place.

While we appreciate the city's assurances that the ARU remains operational and funded, we are continuing to pay close attention to how recent operational changes, staffing reductions, and dispatch decisions may impact services for individuals experiencing behavioral health crises.

Our focus is simple: obtaining the best possible outcomes for individuals experiencing a behavioral health crisis.

We believe first responders in these situations should be people who are specifically trained in mental health crisis response and de-escalation. The goal should always be to resolve crises safely and effectively whenever possible, without unnecessarily sending people to the emergency room or jail.

We also want to understand whether the individuals currently staffing the unit have specialized mental health crisis training and whether the city still has the capacity to provide the kind of response the ARU was originally designed to deliver.

This is not a criticism of police officers or ambulance personnel. They perform incredibly important work. But many of them are not specifically trained in behavioral health crisis response, and these situations often require a different skill set and approach.

Another important part of the ARU model has been follow-up care — helping connect individuals to ongoing services and support instead of simply transporting them somewhere and ending the interaction there. We want to be assured that these capabilities continue to exist, whether through the ARU or through another system the city provides.

At this point, however, we do not yet have data showing whether the current system is fully meeting community needs. As advocates for people living with mental illness, we are simply paying close attention and asking questions because these services are critically important to the people and families we serve.