

**Mental Health Response Advisory Committee (MHRAC)**  
**Meeting Minutes**  
**Tuesday, February 20, 2017**

**In Attendance:**

Co-Chair Danny Whatley, The Rock at Noon Day  
Detective Matt Tinney, APD Crisis Intervention Unit  
Nils Rosenbaum, M.D., APD Behavioral Health Division  
Ellen Braden, CABQ-Dept. of Family & Comm. Services  
Rob Nelson, APD/C.O.A.S.T.  
Nancy Koenigsberg, Disability Rights NM  
George Mercer, Albuq. Health Care for the Homeless  
David Webster  
William Narrow, MD., M.P.H., UNM Dept. of Psychiatry  
Robert Salazar, NAMI/Peer Representative  
David Ley, NM Solutions  
Paula Burton, Peer Representative

**Non-Voting members:**

Deputy Chief E. Garcia  
Sergeant D. Dosal, APD  
Lieutenant Perez  
Lieutenant White  
Auditor: Cynthia Martinez, APD  
Scribe: Yvette Marentes, APD

**Absent:**

Rick Miera, Executive Committee  
Betty Whiton, NAMI  
Lieutenant Zach Wesley, APD CIU  
Mike McConnell, NAMI/Peer Representative

Meeting called to order at 5:02 quorum of 11 was met at time of start.

**Welcome first time guests**

Commander Art Sanchez, Lieutenant Jenn Perez introduced themselves as first time visitors. Cheryl from MCT, Officer Carter, Lieutenant White, Mark Garland from Behavioral Health Services Division, Chris Sylvan, CPC manager, Rachael Miesta.

**Approval of meeting minutes**

Motion was made and seconded to approve minutes, minutes were approved unharmoniously

**Public Comment (two minutes per person, 15 minutes total)**

We have three new people that are looking for membership however none are here yet.

**Report and update from CIU, APD and Dr. Rosenbaum**

Nils Rosenbaum, things are going very well the MCT's (Mobile Crisis Teams) are moving forward training has been done, they are going out in the field and everybody is getting the same training. Sergeant Dosal, we just finished training Lisa who has been with us a few weeks, she has been great to work with and has learned a lot about the different units. All 5 C.O.A.S.T. (Crisis Outreach and Support Team) members are currently trained, Rob Nelson has been coming to the meetings now and our new member Karen is fully trained and out in the field.

Nancy Koenigsberg wants to know who to go to for SOP for mobile crisis teams. Nils Rosenbaum, there is SOP in place that will be adapted as needed as we go. Cynthia Martinez, there will be SOP in the crisis intervention section of the handbook and the teams are reporting to Lieutenant Wesley, they will be in

**Mental Health Response Advisory Committee (MHRAC)**  
**Meeting Minutes**  
**Tuesday, February 20, 2017**

section 9in the CIU handbook that is developing and we hope to have it at next month's meeting for review.

Deputy Chief Garcia, There will be two county teams and two city teams and each team will be with a sworn clinician. Our city teams can be dispatched in the country and vice versa.

Ellen Braden contract is with the department of county services and APD provides services for all of the teams.

Deputy Chief Garcia the training is the CIT and eCIT trainings.

Danny Whatley, the MCT's came to the Rock today to visit.

Nils Rosenbaum, we can make suggestions but we cannot tell the county what to do.

Nancy Koenigsberg, knows there is the behavioral health SOP is there a specific one for the MCT's? Deputy Chief Garcia, no it is included in SOP 2-19, it was listed in anticipation that they would be live.

**Report and update from sub-committees**

**Training Sub-Committee**

David Ley we met and discussed the trainings for the month.

The Training Sub Committee reviews any training that revolves around mental health.

The Behavioral sciences handbook was just sent out for review this month.

David Ley, we are also arranging a meeting with the actors in the scenarios so that they can discuss their presentations with peers to be sure that they are realistic. Paula Burton has been through the scenarios when she completed the CIT (Crisis Intervention Team) trainings.

**Resource Sub- Committee**

Did not have a meeting this month.

APD is still using the trifold cards, the resource sub-committee was part of the formal updates that just went out in November. RobertSalazar, another 8,000 cards have been approved to be printed, he needs a copy of the card in order to get it printed, and he may want to add his affiliates to the card if needed.

**Information Sub-Committee**

Nancy Koenigsberg thanks to Detective Tinney, she will be at the FAC (Family Advocacy Center) on Friday morning to look at information and records with CIU (Crisis Intervention Unit.) Once this has been completed we can get the subcommittee back together to make recommendations. George Mercer has been recommend to join the subcommittee.

**P.A.C.T Presentation – Lieutenant Jenn Perez (15 minutes)**

The Southwest command are part of the P.A.C.T. (Police and Community Together) unit; policing and community together team based off of the community oriented policing strategy, a proactive strategy between business, agencies, APD, et. The goal is to build a proactive partnership between APD, citizens

**Mental Health Response Advisory Committee (MHRAC)**  
**Meeting Minutes**  
**Tuesday, February 20, 2017**

and other agencies to work together to determine the root cause of crime in a neighborhood and identify possible solutions.

P.A.C.T. is made up of four main components:

1. The P.A.C.T. team (in beginning stages either have a pact sergeant or lieutenant) ideally it will have a sergeant and at least 4 officers addressing quality of life issues.
2. Impact team has always been a part of APD consists of impact sergeant and 4-6 non uniformed detectives conducting felony investigations.
3. Crime prevention specialists, staffed by civilians are responsible for maintaining direction communications with neighbors, providing crime stats, training, and current trends.
4. School resource officers, they are not fully staffed at schools at this point and are scattered throughout the city. Their sole function is to maintain positive interaction between law enforcement, the students and staff and to help with any issues that may arrive.

This is to help build trust back between the community and law enforcement.

Lieutenant White, they need manpower, P.A.C.T. officers will have detective experience and officer experience. There are mental health issues that arise and as a P.A.C.T. team they want to try and learn about the issues early on so they can address the issues before they turn violent. Community policing is something that most officers do at some-point, P.A.C.T. team will find the commonalities and be able to address issues or trends that they see happening. All four elements have to work together in order for it to be successful.

David Ley, how much is P.A.C.T. coordinating with CIU and eCIT? And is eCIT training something that the officer will go through?

Lieutenant Perez Detective Briones recently helped her with an incident that happened in the Southwest. There was a quality of life issue for the neighborhood, the neighbors were contacting the police for a guy that had a ton of stuff in his yard. Due to the number of calls for service, Lieutenant Perez reached out to CIU and CIU detectives came out, spoke to him and got him resources. The great thing is that CIU does follow up even and assisted with clean up. There has not been another call regarding the individual and neighbors were very pleased. P.A.C.T. teams is a 3 year commitment, the officers have the same commitment.

Lieutenant White, Sergeants will have a background in training, CIT, investigations, and field experience. Officers are trained as they come into the unit, if they are not eCIT trained, they will be put through the training. The units will not be changed out every 3 years in every area, the change out will be staggered.

David Ley, his goal is to institutionalize these initiatives so that they coordinate around CIU so that the training is part of the process in case a certain sergeant that requires it leaves the team.

Lieutenant White, they are currently looking at the different requirements right now.

Danny Whatley, you said this is a new concept, where did it come from?

Lieutenant Perez, to help ensure that we are in compliance with the CASA (Court Appointed Settlement Agreement.) It is to develop the partnership throughout their beat so that officers can know the issues in

**Mental Health Response Advisory Committee (MHRAC)**  
**Meeting Minutes**  
**Tuesday, February 20, 2017**

their beats, what is going on with the citizens in the area, their concerns and how they can address them as a department.

Danny Whatley, would P.A.C.T. respond to a homeless issue?

Lieutenant Perez, yes, they are already working with C.O.A.S.T. regarding these issues.

David Ley, a strategy that they did with tactical around drug stings was to change the SOP so that anytime there is a planned operation potentially involving a population with behavioral needs that they consult with the BHU (Behavioral Health Unit.) He thinks that is something that could be recommended because it seems that a lot of the P.A.C.T. team's work coincides with CIU. He wants to formally make BHU part of the resources that the P.A.C.T. team depends on.

Lieutenant White, the idea is to get the right resources to address the problem so that officers can handle the situation as best as possible. These are the types of people that they want in their unit, it is about cooperation among all resources to solve a problem so that the problem goes away.

Nancy Koenigsberg, when you were talking about working with the various communities, do you touch base with the CPC's (Community Policing Council) as well?

Yes, they are in constant communication with the CPC's and attend all of the meetings. They have a great relationship.

What would be your ideal time line?

They would like to see this realized in approximately 6 months however it has to go through a pretty extensive review process. They are very active in what they do, they are not just waiting for a team, and they are currently reaching out to all of the recourses that they can.

**C.O.A.S.T**

They continue to do outreach every Thursday throughout the city. They attended a training last week for a website that has every single resource available in Albuquerque. The website is not open to the public and is only open to the clinicians.

Danny Whatley, question for C.O.A.S.T. and P.A.C.T; they are seeing an explosion in the number of homeless that they are caring for, what are you seeing, what resources are out there? Are you experiencing the same thing?

Lieutenant Perez, it is city wide there are quite a few camps that have popped up. One reason for this is that some individuals have had issues with the shelters and cannot go back. They have used C.O.A.S.T. for help to try and get them the resources that they need.

**Mobile Crisis Team Update – Deputy Chief Garcia, Lieutenant Zach Wesley**

Deputy Chief Garcia, several people that attend MHRAC and that are on the board helped in the process of creating the MCT's. The teams will be following all SOP and rules and procedures the BCSO (Bernalillo County Sheriff Office) team is out this week. Training with other clinicians will be completed in about 4-5 more weeks. There is now an opening for more eCIT officers. There is an informational video that has

**Mental Health Response Advisory Committee (MHRAC)**  
**Meeting Minutes**  
**Tuesday, February 20, 2017**

gone out to officers so that they can see what the teams are doing. MCT team will go out into the field; there will be an eCIT officer, a clinician and a backup officer will also be sent out as well. The point is to try and help the person right then and there and to be able to take them to the hospital if needed.

Nancy Koenigsberg, have the shifts been decided yet?

Ellen Braden, they are going to be going out every day starting at 10am-11pm the teams will all overlap during those hours.

Review MOU

David Ley, reviewing the MOU really helps, they did not know what type of training they would get but they are happy that they will be getting formal CIU training.

Ellen Braden, there are clinicians that can float between BCSO and APD.

Danny Whatley, knows that the city has pulled away from the US Marshall's service, will this be an issue in terms of any county policy that comes up?

Deputy Chief Garcia does not see this as an issue, and we should be able to get the policy if needed. We are going to be following our own policy.

Ellen Braden, went over the MOU with the group. The MOU is specific to the mobile crisis team and basically speaks to who's responsible for what and discusses how the City and Bernalillo County splits the cost of the teams and also discusses the costs involved. The clinicians are employees of St. Martin the contract is paid for by the Department of Family Services. Actual contractual oversight is conducted by the city of Albuquerque.

Deputy Chief Garcia, wants to let everyone know that he has a new Administrative Assistant Shania Gallegos, she is helping him and Lieutenant Lowe quite a bit. He is getting a civilian counterpart to help with complaints James Lewis, Senior Advisor/DOJ Compliance, he hopes to get many resources and the support that he needs to remain in compliance.

Danny Whatley, to Deputy Chief Garcia, the meeting with judge Barack was very positive, can you speak about the meeting?

Deputy Chief Garcia, it was a very positive meeting the Chief and Mayor said that the CASA is a priority. He went to Fort Worth last week at a consent decree conference and Judge Barak was excited with what the new Mayor said and what Chief Geier said. The meetings are all very different than before, as they seemed like a toxic environment, we are moving in a positive direction. There will be a status conference with the Judge on March 15th Dr. Ginger and his team will be here for about three weeks starting March 12th. They will be working with Deputy Chief Garcia and his staff.

Legislative Finance Committee, 2018 Project Overview (continued discussion from 01/18.)

Jon Courtney, Travis McIntyre and Amir Chapel

Jon Courtney, is the evaluation manager at the LLFC they have a staff of about 10 people that handle requests for agencies in Albuquerque that take on a project to examine crime in Albuquerque. It will

**Mental Health Response Advisory Committee (MHRAC)**  
**Meeting Minutes**  
**Tuesday, February 20, 2017**

hopefully have a number of findings to describe the current situation and recommendations. The project started in December, they are in the learning phase of the project, and they spent today at metro court talking to judges there. Over the next 2-3 months, they will continue to talk to different stake holders, crunch some numbers and work towards coming up with some good recommendations. They are excited to hear about what is to come in the next few months and will make an effort to recognize all that is going on. This is their full time job for the next few months, feel free to reach out if you would like to talk to them. They will be having a meeting with Chief coming up soon.

They provided an update to the committee a day before the session, they are surprised at how much press that it has gotten them. Their point of the presentation was to show what they have collected to this point.

Travis McIntyre, one thing they have heard from multiple sources is that maybe there were some folks who used to fall on the jail to stabilize the person's substance and/or mental health issues. Have you noticed that this is the case and if so, what would be the best way to stabilize these people in an environment whether it is MDC (Metropolitan Detention Center) or another entity?

Danny Whatley, yes no doubt that the jail was the largest mental health treatment center in the state.

Nancy Koenigsberg, an issue is the notion that the jail served the purpose of the largest psych hospital in the state and that people are getting released without being stabilized. We have the same issues with hospitals, people are not there long enough to have their issues dealt with. The notion that people should stay in jail to be stabilized and then released to get resources needs to be discussed. The question always is where does the person go whether it is the MDC or somewhere else once discharged and what are they connected to? Keeping the person at MDC is not addressing the full picture.

Nils Rosenbaum, a forensic act team might be something to consider as we do not have a team like this in this city. They have a very good return on investment and are an old model. Act teams follow about 70 patients per team and each team has an officer, a nurse and social workers that follow these client/cases around the community. He agrees that jail is not the best place to treat someone.

William Narrow, at UNM they are making considerable efforts and making progress in linking people that are in the jail for a shorter period of time and bringing them into their clinics. They work with the case managers to help identify the people that have needs to reach out to them. Hospitals have different financial pressures because they're more dependent on insurance funding.

David Ley, is the Director of NM solutions, they have an ACT team; the challenge is that there is a large growing population that have severe mental health needs and do not want to get help and will not engage. Over the past couple years there has been a real explosion of people coming into their offices and being violent, antisocial, threats etc. that puts their staff at risk. The ACT team works with people that want the treatment. There is an increasing number of people that are getting turned away because they are so violent and aggressive in the course of treatment.

Danny Whatley, those situations can become a problem to the community and law enforcement. Then it becomes a law enforcement problem.

Jim Oagle, the NM association of counties did a study a year or two ago they were looking at jails and people with behavioral problems outside of Bernalillo county he suggests that they take a look at the report.

**Mental Health Response Advisory Committee (MHRAC)**  
**Meeting Minutes**  
**Tuesday, February 20, 2017**

Detective Tinney, are there any programs you are currently seeing that are working right now at MDC?

Detective Dye, they are not spending as much time in MDC as we think they are. MDC does have great services for cases but majority of them are out after a couple days at the most. Cases get help for not only mental health issues but for drug related issues inside MDC as well.

Detective Briones, one of the biggest things for her working with the jail is that if she really wants to help someone with mental health issues, the only real place they can take them is the jail. Someone can be homicidal and suicidal and be released after a couple days and then they turn homeless which creates another issue. When they take them to the MDC they can be open to the staff about wanting them to get help but then there is no communication and/or follow-trough from the jail. It takes time to find resources like housing or detox places at times for someone who is recently released. At the end of the day it is up to the person. Home visits can deescalate the situation however sometimes they are only in MDC for an hour and are released right away. They have tried to foster a relationship with the hospitals but their hands are tied too, the continuation of calls for services is going to keep happening unless there is community follow up. They do also have people that are not allowed at certain hospitals that are banned and cannot be taken to the hospital. Rebecca Martinez is an outpatient coordinator that will help arrange these types of things before they get out.

Detective Tinney, maybe the board can make a recommendation to push for more case management that can help figure out the system and can help get resources for people/cases that are getting out of MDC.

Nancy Koenigsberg, there was a change in the Medicaid program, there was case management that Medicaid would pay for that's now gone, there are people that need intensive, frequent contact to maintain their connections to services and the community they need more of a hands on approach. Since most of the people we are talking about are Medicaid eligible, having Medicaid pay for case management would be huge. The function of case management and a lot of the practitioners that were in the middle of the behavioral health service system have been lost as many of them are now care coordinators for the MCOs.

William Narrow, it would be ideal for Medicaid to take over that function again. Possibly the behavioral health initiative should pay for this service if it is no longer being funded through Medicaid. He is looking to write up a proposal to try and get funding for these types of services.

Robert Salazar, as an individual that has engaged in these services, trends he is seeing are; loss of rides, treatment, care givers, he has had people come to groups that can no longer show up. It is a huge problem that has gotten worse, there are no transitional services, and they are not taught how to maintain what they just learned. It takes about 2 weeks for medication to get a measurable level, if people are off of their medication, they probably have lost support. A lot of times if you get out of MDC with a prescription, you will not be able to fill it. If we start developing a lot of preventative care measures along the way, people will have a better coping system and be able to be more successful. We have to change the way we are addressing these issues. They have seen a very positive response with engagement with APD, it has been night and day since the new administrative took over. They are looking into a drop in center, somewhere they can go and engage. There is no real fix for these issues right now because there are no services.

Jim Ogle, is part of the behavioral health division and there is a reentry resource center that will hopefully be up in May. Ellen Braden, there is also peer case management coming out of the BHI.

**Mental Health Response Advisory Committee (MHRAC)**  
**Meeting Minutes**  
**Tuesday, February 20, 2017**

Community member, she is a behavioral health coordinator for one of the BCO's and they have an idea of people going into the jail as a team to help. When cases are coming out of the hospitals it is hard for them to find services. They have to make an appointment, if they do not it is very hard for them to find a doctor. If they have Medicaid when they get out of jail hopefully they can call their FCO.

Another community member works at the jail and any sort of warm hand off that they can do would be the most helpful. If they could do that for a lot of people it would really help the situation.

Policy Review

Cynthia Martinez, one suggestion to help with policy review is that a current subcommittee split up policy to review rather than trying to get everyone schedules to coordinate with their meetings, she is suggesting a policy review subcommittee. If MHRAC does not create a subcommittee, maybe someone like Nancy Koenigsberg and the Information Sharing subcommittee can take on the task of reviewing the policies. Anyone would be welcome to review the policies but someone needs to take the lead. Asking the entire board to review the policy could be a lot.

David Ley, thinks this would be a good use of the information subcommittee. They would have policies that come up every month, they would have 30 days to review instead of short notice to review the policy.

Danny Whatley, we need to be able to start discussion online or via email. We are going to have to start entertaining this if we are going to start reviewing the policy.

William Narrow suggests that they pull in one or two different people from the board to review each policy on a rotation. Information sub has the responsibility of reviewing the policies but will pull in other members from MHRAC to review the policy as well.

\*\*It was decided by the Chair that there will be a further discussion on options via email\*\*\*

Prospective Members Review

Nancy Koenigsberg is making a recommendation for a new board member, she reached out to the Veterans Integration Center, Johnny Martinez was recommended as a representative from the VIC. She read the recommendation to the group (attached to the end of the minutes.)

A motion was made to vote in Johnny Martinez to MHRAC, the motion was seconded and approved

Legislative update

Jim Ogle gave an update as to what has been going in legislation. A Crisis triage Center bill passed the legislature that enter will enable the one being developed in Albuquerque.

Adjourn

**Mental Health Response Advisory Committee (MHRAC)**  
**Meeting Minutes**  
**Tuesday, February 20, 2017**

Meeting was adjourned at 7:04

**Johnny Martinez**  
**Veterans Integration Centers, Transitional Housing Program Manager**  
**Albuquerque, New Mexico**

Mr. Martinez has extensive and diverse knowledge in supporting the veteran community, strong communications skills, and serves the Albuquerque community in various aspects and outreaches. Mr. Martinez has served as a US Army Veteran, Director of Training, Correction Officer, and on an executive board developing an Emergency Plan for a 23 acre, 133 personnel non-profit organization.

Mr. Martinez serves as a Program Manager for a Veterans transitional housing program in which he oversees the intake and exit process of clients, a five member case management team, a six member 24/7 residential monitor team, a peer-support specialist, and a client intake administrative assistant. The transitional housing program consists of 50 beds with four different housing models. Services are geared to coordinate services for each client, to assist with mental and physical health, VA benefits, Social Security benefits, and counseling services for multiple diagnoses, to name a few.

Mr. Martinez has a wide range of experience in serving the public and dealing with mental health issues. Outreaches include mental health education, public awareness, community services, peer support, homelessness, criminal justice issues, cultural diversity, discrimination and social exclusion. He has served on emergency response teams in a correction center and church campus environment. Mr. Martinez serves on the Men's leadership board at Calvary Albuquerque.