

**Mental Health Response Advisory Committee (MHRAC)
Meeting Minutes
Tuesday, March 20, 2018**

In Attendance:

Co-Chair Danny Whatley, The Rock at
Noon Day
Detective Matt Tinney, APD Crisis
Intervention Unit
Ellen Braden, CABQ-Dept. of Family &
Comm. Services
Rob Nelson, APD/C.O.A.S.T.
Nancy Koenigsberg, Disability Rights
NM
David Webster, Bernalillo County
Behavioral Health
William Narrow, MD., M.P.H., UNM
Dept. of Psychiatry
Robert Salazar, NAMI/Peer
Representative
David Ley, NM Solutions
Betty Whiton, NAMI
Lieutenant Zach Wesley, APD CIU
Mike McConnell, NAMI/Peer
Representative
Paula Burton, Peer Representative
Johnny Martinez, NMVIC/ FIC

Non-Voting members:

Deputy Chief E. Garcia
Sergeant D. Dosal, APD
Captain Salazar, Albuquerque Fire Dept.
Auditor: Cynthia Martinez, APD
Scribe: Yvette Marentes, APD

Absent:

Rick Miera, Executive Committee
Nils Rosenbaum, M.D., APD Behavioral
Health Division
George Mercer, Albuquerque Health Care for
the Homeless

Meeting called to order at 5:02 quorum of 12 was met at time of start.

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Welcome first time guests

Jordan, a Special Education Masters student; Captain Mark Salazar with the Albuquerque Fire Department; Sarah Lewis program manager for MCT, James Lewis, Senior Advisor to the Mayor and Stephanie Mercer, Community Connections.

Danny: We are one of the three groups that were created through the CASA, welcome to everyone we are glad that you are here.

Approval of meeting minutes

Motion was made and seconded to approve minutes, minutes were approved unanimously.

Minutes and all that MHRAC puts into writing is available on the city website:

<https://www.cabq.gov/mental-health-response-advisory-committee>

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

Autism ordinance that is about to be announced, Counselor Baca is providing first responder autism training to APD. It passed its first committee last week and is going before the council they are expecting it to pass. There will be some trainers that will come to train at the academy. Training is on what to expect when you encounter an individual with autism.

Danny Whatley, wants the training to be available for review by MHRAC. We are required by the CASA to be involved on all training regarding behavioral health. David Ley thinks that this is a great thing to have representation for these issues, as MHRAC grows and develops.

Report and update from CIU, APD and Dr. Rosenbaum

Lieutenant Wesley, we recently had a CIT (Crisis Intervention Team) and eCIT (enhanced Crisis Intervention Team) course that were completed everything is moving along well, we get a lot of positive feedback on the training and officers are very happy with the tools that they are being provided.

Danny Whatley, we did a presentation in front of Judge Brack at the status hearing federal court held on March 15, 2018. We advised him that 17 hours of the CIT training done were professionals from the community, 16 hours were provided by MHRAC members themselves. eCIT graduated 10, there is a BCSO (Bernalillo County Sheriff's Office) deputy that is putting in for the deputy position for the mobile crisis team, there are currently 7 spots open for BCSO. The two classes attendees were all APD for eCIT, CIT had HopeWorks, Sandia Pueblo, and First Nations.

Danny Whatley, had a conversation with the commander for training at the hearing concerning some of the CIU classes that MHRAC is involved in and he asked him if there should be a homelessness class which he agreed on.

CIU (Crisis Intervention Unit) was named team of the year with APD

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Danny Whatley in the hearing, CIU were receiving rave reports from the Judge, and Monitor. Everyone is very appreciative of MHRAC as well and the work that we are doing.

"Ride Along" presentation (1hr-1.5hr)

Kathryn Nammacer, CEO and co-founder from Ride Along from Seattle, Washington presented to the group a software application that APD is considering. They are a startup company. It gives information and data to help officers in the field to work with consumers experiencing behavioral health needs.

The presentation has been added to the bottom of these minutes any questions and or comments are below:

With APD the app would be tied into the record management system.

A step by step response plan will be generated on how officers in the field could specifically respond to that person, the response plan will be different with each name that you get including safety warnings for officers.

Data collection fields would be correlated with APD to see what data they want pulled. All data and information is updated in a way that is specific to that individual.

HIPAA is not an issue because only observed behaviors are being used; they are CJIS (Criminal Justice Information Services) compliant and are happy to go through an audit with APD if needed; Washington State and Florida have the most strict public disclosure requests.

Kathryn Nammacer gave a demonstration on how officer safety information is added into the application as an example to show how all information is generated into the system.

Questions:

Has any of the data in these profiles been introduced into court yet and how has it been addressed? There hasn't been any information on anything like this as of yet, the information that is added in the app has to go through the editors and the supervisors. They do not own or add any data on the app, it will be added through APD regulations.

David Ley has an issue with data security, he thinks that it is a real concern that he would like looked at very cautiously. Kathryn Nammacer, they are meeting FBI standards as a software vendor, they do not own the data and therefore cannot sell it. David Ley, knowing that the data doesn't belong to you changes things.

NancyKoenigsberg, how long does this information get kept? Kathryn Nammacer, it depends on the data retention laws/policy with the state. There will be a reminder that is set to notify when someone's data may be removed. The profile being

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visible is different than the information being kept in the database. The information that patrol officers can see is highly controllable.

William Narrow, how much work is it to make sure that the editors keep the data updated? And also to not get out of hand so that there is a lot of qualitative information that grows and when edits are made, how do you retain the previous version? Kathryn Nammacer, that is really important with case law, it is part of the CJIS regulation protocol that they follow. For the editors, it is also up to officers to keep the info up to date, then the file is automatically added to a queue for review if no information has been updated in 6 months.

David Ley, if I had an interaction with APD and I now have a profile on there, do I know I have a profile and am I able to view it? It is completely up to APD but Seattle will let the individual know when/if appropriate. The profiles are completed collaboratively with the person's family and/or support system.

Danny Whatley, have you had any problems with Seattle with criminal cases? Kathryn Nammacer, does not know about any court cases that have come up as of yet.

Detective Matt Tinney, we have had an online case system similar and he doesn't think there has been a case that has been discussed in court. Detective Matt Tinney, we cannot generate reports out of our current SharePoint, it is just a running dialogue. The worksheets are used for data collection and the SharePoint is used for case management.

What if the individual do not have a support system? There is a mental health professional as part of the staff that will reach out to case management and/or officers that has interacted with the individual.

Captain Mark Salazar, can tell how many APD calls that they go on and how many turn into mental health calls, they use image trend and the cases are never removed. They are able to track and create a lot of these numbers. They run on a Tiburon system and they are able to track metal health cases. Kathryn Nammacer, they are working on a system that is geared towards different logins and you will see something different depending on what department you are in. Captain Mark Salazar, can you auto populate out of image trend? Kathryn Nammacer, possibly but they haven't worked with them yet, but it should be very easy.

David Ley, when we have had such presentations he appreciates being part of the presentation but does not think that it is the place of MHRAC to endorse, but it is helpful for MHRAC to know in advance.

Deputy Chief Garcia, this is a preliminary step having you take a look at this but the cost is a factor.

NancyKoenigsberg, she is looking forward to Detective Matt Tinney telling us about APD's SharePoint because she did not understand it until last month.

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Understanding the similarities and differences is important. The issues and questions will be similar.

Captain Mark Salazar, that way everyone understands what we are using now.

Report and update from sub-committees

Training Sub-Committee

David Ley, we reviewed the behavioral health division handbook; it is a work in progress but is now starting to set out policy and procedures on how the behavioral health division works and the training around the manual. He thinks that it was a good discussion and a great document moving forward.

Resource Sub-Committee

No resource subcommittee this month.

Ellen Braden, we have a new assignment to look into immediate after hours resources, to include on call numbers, which is what officers need more than anything.

Danny Whatley, got a call over the weekend for officers looking for a pair of shoes for a homeless man and they were able to help him. He wants to make sure service providers are available to help whenever they can.

Information Sub-Committee

We had a meeting last month, first one in a while.

Nancy Koenigsberg, had an opportunity to go to the FAC and meet with Detective Matt Tinney and Nils Rosenbaum and was able to ask questions on data and how it is kept/stored. MHRAC wishes to be part of the policy development process for how the MCT (Mobile Crisis Team) is developed.

We also talked about wanting to get a better understanding of the MOU with UNM and how it is working and to see the signed document, as we do not really have a working knowledge of how it is working.

We will be hearing about SharePoint at next month's meeting.

We will be reviewing any policies that relate to behavioral health, Cynthia Martinez will make sure we have the info with enough time to review. Yvette Marentes will be collecting the comments and getting them out. It will make the policy review process a lot easier.

The Subcommittee will read and better understand the policies that govern behavioral health.

We are now set back on with monthly conference call meetings, anyone that wants to join in can, the next is April 11th.

Cynthia Martinez, we are in the process of figuring out the policy review with Lieutenant Lowe, the goal is to give MHRAC 30 days to review and then you can choose to attend the meetings as well. This will mirror what the training subcommittee is doing now, we will create a schedule and have everything in advance for review.

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C.O.A.S.T.

Rob Nelson C.O.A.S.T. continues to collaborate with providers on Thursdays, they are changing the time to 930am to try and reach other providers. The providers seem to be growing and they are proud of that. They met with roadrunner food bank and they gave C.O.A.S.T. team a login and password so that they can order food boxes a head of time. They want to get the substations approved for pantry so they can put food boxes in the substations and officers will have access to those 24/7, it will also include roadrunner giving fresh produce for outreach every Thursday. Lastly they will try and get a mobile food bank to follow them around during outreach. It is very hard to track down a food box on last minute notice.

MCT update - Mike Sciarrillo

Lisa Gallas and Mike Sciarrillo, he started in January with MCT they immediately started practicing calls, about 50 calls so they could learn and perfect.

Mike came on full time the 1st of March, to date they are at about 50 calls. There are have been about 10 certificates of evaluation and about 12 transfers to the hospital.

The clinicians are riding with the officers at this time.

Comments from Co-chairs

There was status hearing in front of Judge Barak:

NancyKoenigsberg, everyone in the room was so appreciative about the change in tenor. Judge Barak is going senior status this summer and he can pick and choose his cases, due to several factors, he is going to stay on with this case, it is important because he knows us well and is invested. Having a federal judge that is invested on what is going on here and helping us is very important. The new US Attorney introduced himself there was a lot of concern about the United States attorney general stating that the DOJ may back off police department reform cases. The US attorney seems really committed to moving forward with the commitments in the CASA and seems like a supportive role with the department. The Mayor was also there. Mr. Lewis, they have a lot on their plate but seems that all is moving forward. It was a very positive meeting.

Paula Burton, thought what there was a definite improvement in attitude, it was really helpful and she hopes it continues.

Deputy Chief Garcia said it was a totally different atmosphere from the previous hearing. It is an entirely different mentality dealing with DR. Ginger and the DOJ (Department of Justice) and it is now a collaborative effort, everyone wants us to succeed. We are still going to be held accountable. We are going to be working very hard to try and develop the compliance bureau. This will make us a better police department, this will keep going after Dr. Ginger leaves. Dr. Kunard will also be here in April but not sure on the exact date. Deputy Chief Garcia appreciates everyone's support, it is because of everyone in this room that he has been put in

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charge of the compliance department. Everyone in the compliance bureau he has a great relationship with the new city attorney. Things are looking up.

Danny Whatley, was really concerned that the Mayor is still thinking of a national search for a Chief and what it would do for the process but the infrastructure is in place if the does still chooses to go in that direction.

Deputy Chief Garcia, Chief Geier is really listening to him and he would have to put another Chief up to speed.

Nancy Koenigsberg, the monitor does periodic reports, the next report has been suspended as the team will be providing technical assistance to get the new administration up to speed.

Deputy Chief Garcia, we will still be monitoring compliance to ensure we remain in compliance with the departments that are meeting compliance.

Community Connections - Stephanie Mercer

David Ley, had recommended that Community Connections come and present. His agency works with them as well as Health Care for the Homeless it is a great resource for folks with criminal issues and he felt we needed to hear about what they do.

Stephane Mercer is the Community Connections intake coordinator and acting program manager.

They are targeting 3 major areas, homelessness, behavioral health needs, and people with extensive criminal backgrounds. They combined to form the Permanent Supportive Program. Individuals all have to have a behavioral health condition, be homeless, have been booked into MDC (Metropolitan Detention Center) at least 3 times in the last 5 years and have less than 30% of area median income to be eligible to participate in the program.

If they meet the requirements then they get a case management assessment and if approved, by participating with case management services they get an apartment voucher. It is a housing first model so people are not mandated to participate in services, they do when they are ready. It is for multiple apartment complexes throughout the community. They currently have capacity for 100-125 individuals they are approaching about 95 right now. They realized that they are also missing high utilizers and last July they vested for another program for the high users, they have a stricter criteria to get into the program and it targets a lot of the homeless that have behavioral health needs. They are trying to work towards getting people with the most intensive needs set up for services in one location as opposed to looking throughout the community.

They are not limited to a certain timeframe for the client to stay in the program.

Last year they became the first vetted program through the behavioral health initiative.

The program works off of referrals only.

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There are at least two case managers and a behavioral health clinician that sit in on the assessment. It is more of a behavioral health program that comes with a housing voucher. They look for people that want to participate. The clients do the assessment and if approved they are in the program. The clients' needs are assessed and services are provided based off of their need.

Services available are:

Helping to get them an ID card

Assist in help finding housing, they do not find the housing for them but assist, the client gets to choose.

Stabilization process

Teach life skills

Integrate people into the resources in their communities.

Goal is to have the clients live independently

City pays for 2 case managers and the county pays for one.

As the clients' needs get met and they are stabilized they will start to step the client down and eventually will see them about once a month once stabilized. Stabilization can be a fluctuating state, they could be stable one day and then not be the next, they are always ready for this type of scenario and will see the client however necessary.

The program information is attached to the bottom of these minutes, any questions are listed below:

With is the longest that you have had someone in a program? The program started in 2015, there are about 11 original clients. The high utilizers program just started in July.

Some individuals get incarcerated, start to reuse drugs, some get evicted and some just disappear, they must remain in an active status with case management to keep the housing voucher.

Someone that you would identify that can live independently would be selected to the program as opposed to an individual that has more red flags than good flags, they also have to keep the case managers safe. They have also seen more elderly clients that have significant cognitive issues and it is unsafe for them to live on their own. It has to be safe for any client to live on their own.

Case managers are in the field and do solo home visits, they have to be careful about who the case managers are seeing as they do not carry weapons and go into houses alone.

Meeting adjourned at 7:20

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