

**Mental Health Response Advisory Committee (MHRAC)**  
**Meeting Minutes**  
**Tuesday, March 19, 2019**

**In Attendance:**

Co-Chair Danny Whatley, The Rock at Noon Day  
Co-Chair Rick Miera, Executive Committee  
Ellen Braden, CABQ-Dept. of Family & Comm. Services  
Robert Salazar, NAMI/Peer Representative  
David Ley, NM Solutions  
Lieutenant Matt Dietzel, APD CIU  
James Burton, Peer Representative  
David Webster, Bernalillo County Behavioral Health  
Betty Whiton, NAMI  
Nancy Koenigsberg, Disability Rights NM  
Laura Nguyen, Albuquerque Ambulance  
Nils Rosenbaum, MD., M.P.H., APD Behavioral Health Division  
George Mercer, Albuq. Health Care for the Homeless  
Detective Matt Tinney, APD Crisis Intervention Unit  
Rob Nelson, APD/C.O.A.S.T.

**Non-Voting members:**

Deputy Chief E. Garcia  
Sergeant D. Dosal  
Scribe: Lori Cruz, APD

**Absent:**

Paula Burton, Peer Representative  
Johnny Martinez, NMVIC/FIC  
Bridget McCoy, MD, UNM Department of Psychiatry

Meeting was called to order at 5:03 PM. A quorum was met at time of start.

**Welcome first time guests:**

Rosa Gallegos-Samora, Albuquerque Health Care for the Homeless  
Will Hoffman, AQ. Interfaith North Valley Coalition  
Vicki Williams, NE Community Policing Committee  
John Burley, APD, Special Operations, CNT  
Connor Coleman, APD, Downtown District  
Kimberly Pruet, MD, UNM Department of Emergency Medicine

**Approval of meeting minutes**

There was a motion made by Rick Miera to approve the minutes as written. The motion was second by Robert Salazar and approved as written.

**Presentation of plaque to Nancy Koenigsberg**

This was Nancy Koenigsberg's last meeting. Deputy Chief Garcia and Deputy Chief Medina presented her with a plaque and thanked her for all her help with APD and MHRAC. MHRAC member David Ley commended her for her incite and stunning leadership and stated her influence will carry through his career. Nancy Koenigsberg, in turn, stated that she hoped her contributions were useful and further stated this hasn't been the easiest committee to work on, reference to very close votes but the work has been meaningful. She expressed her thanks to the committee.

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

No public comment.

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**APD Priority System for Call by Erika Wilson**

Distributed the new APD priority system for calls for service (see attachment). Emphasized that it was not final. There may be some necessary tweaking as they go along. Her staff has this and is utilizing it. The previous system consisted of only three (3) priorities. With the new system there are now five (5). Response levels range from a shooting to a dog in a car. Focus is on apprehension of a suspect. All her staff has been trained on the new system. Under the old system, Priority 1 calls were entered within two (2) to three (3) minutes; Priority 2 calls were entered within twenty (20) to thirty (30) minutes; and Priority 3 calls were entered within an hour. Priority 2 calls were holding up to three (3) hours and Priority 3 calls were holding anywhere from five (5) to six (6) hours. The Telephone Reporting Unit was physically moved from downtown to the Communications Center. The unit is still only handling telephone reporting calls. In the past, callers were given the choice of: transferring to reporting; filling out a report online; or having an officer sent out. Currently, the hours of operation for the Telephone Reporting Unit are Monday through Friday 8 a.m. to 5 p.m. Looking at either adding a swing shift or changing the hours (dependent on the budget). New system: Priority 1 calls – worst and most violent. Any life threatening situation with a great possibility of death or serious injury or any confrontation between people which could threaten the life or safety of any person. Situations which are in progress or just occurred – apprehend suspect. Clear the scene so AFR can go in. Dispatch within 30 seconds. Priority 2 calls – any crime in progress which may result in a threat of injury to a person, major loss of property or immediate apprehension of a suspect. This also includes accidents with injuries. Dispatch within 3 minutes. If non-injury, non-arterial accident, not high priority. Priority 3 – minor incidents in progress or just occurred with no threat of personal injury, major loss of life or property. Dispatch within 30 minutes. Nuisance type calls. Priority 4 – minor incidents with no threat of personal injury loss of life or property. Delayed reports when the caller is at a public location. Dispatch within 1 hour. Within 1 hour if in public. Priority 5 – crime has already occurred no suspect at or near the scene and no threat of personal injury loss of life or property. Delayed reports where the caller is at home or at their workplace for an extended period of time. Dispatch within 3 hours. Under the new system, now you will be told how long your call will hold. If over that time, we will call you. Before our staff would make multiple calls to the individual updating them. Now - only calling when call is overdue. Callers are informed, if anything

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changes, call us. There is a matrix by call type and priority. This matrix is at every console. Aware there may need to be some clean up to the system. The call priority as to what the chief issue is. For Certificates for Evaluation – Priority 3 unless there is some information that it needs to be a higher priority. Communications currently has a vacancy of 20 positions. Have a staff of 140. Looking for folks. There is a 7 week academy, including CASA training, then a two week class in Santa Fe. Once they get their certification from Santa Fe, they receive a \$2/hr. increase in pay.

(Q) Questions, (A) Answers, (C) Comments:

- Q: So there will no longer be instances where if you call 911 you will get a recording?
- A: Erika Wilson: You will get an initial recording on all 911 and 242-COPS calls. The recorded message is informing that caller that we know you are there, please do not hang up. The call is put in a queue. If the caller hangs up, we call you when we get to that number. If the caller is getting a busy or fast busy tone – that is a cellular problem not our system.
- Q: Nancy Koenigsberg: So if a person has a mental health issue but does not have a domestic violence then will it be a Priority 1?
- A: Erika Wilson: The code is based on criminal activity and what specific type of criminal activity it is. Suicide is a Priority 2. Suicide and a gun is a Priority 1. Just as a kid in a car is different from a shooting or a dog in a car. Not trying to diminish.
  
- Q: David Ley: A minor disclosed to one of my therapists a history of sexual abuse. Can we go through the Telephone Reporting Unit to report this?
- A: Erika Wilson: No, that would be something for CYFD. That is an issue that may need to be addressed with the new CYFD cabinet member.
- C: David Ley: I would like to be a part of the conversation between CYFD and APD.
- C: Erika Wilson: In the event that we are not offering having an officer dispatched to a call, we will give the caller options.
- C: Danny Whatley: We will be discussing Certificates for Evaluation next. Would it be possible for you to stick around to answer any questions that may arise concerning dispatch?

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- C: Erika Wilson: Of course.

**Discussion - Certificates for Evaluation (aka CoE, pick up orders)**

Dr. Rosenbaum: Met with AFR regarding Certificates for Evaluation (CoE). COE's can be written by midlevel providers or higher. For a CoE there must be imminent danger of hurting self or others. The writer of the CoE must be aware that if the individual is inside a building refusing to come out, APD cannot go in; there may be a need for use of force, and that the individual will be searched and placed in handcuffs and placed in the back of a patrol car. By nature of the Certificate for Evaluation: they are a danger to self or others.

David Ley: Several years ago the law was revised (broadened) to include master level clinicians for pick up orders.

Please note the following was not a Certificate for Evaluation:

Rosa Gallegos-Samora (HCH): Earlier this month an individual came in, he said he was suicidal and possibly by Cop. Ms. Samora did not feel threatened. She called the non-emergency phone number. She apprised them of the situation and requested that they not send an officer. Ms. Samora stated she did not ask the individual if he had any weapons until after the call. The individual gave her 2 pocket knives and a larger knife. She then stated that APD was calling her trying to get more information, however, when she has someone in her office who is going through crisis, she does not answer her phone. She stated that the officers who responded to the call were very professional and explained the process to the individual. The officer handcuffed the individual then escorted him out the front of the building. The individual was cooperative throughout the process. Ms. Samora stated that she was concerned that by officers responding to the call there was a breach of trust between the individual and the clinic (herself). She was concerned that the individual was required to walk out the front in front of everyone. She was not comfortable. She felt it was stigmatizing. She thought by calling the non-emergency number, explaining that there was an individual who was wanting to complete suicide by cop and by saying that she did not want cops to respond that they wouldn't. If it is an officer responding, it would be best if the officer was not in uniform and unarmed.

Dr. Rosenbaum: First of all you can't say don't call the police. EMS will not go out to a call if it is not a safe situation. You will get a cop. We cannot put Albuquerque Fire Rescue (AFR) in an unsafe situation. With pick up orders (though this was not a pick up order), it will always be a cop.

Detective Tinney: In the law, it has been set up that it will be a law enforcement officer that will take the person in.

Detective Ben Melendrez: You can always make arrangements to have the officer take the individual out through the ambulance entrance/back location. You just need to let dispatch or the officer know up front.

Deputy Chief Emily Jaramillo (AFR): If you call and say you don't want APD its protocol that APD will still be dispatched. If you call the non-emergency number, the number will be kicked to Albuquerque Ambulance. Albuquerque Ambulance called APD. Just as APD is reprioritizing their calls, AFR has reprioritized all their calls. AFR now handles all down and outs. That means that AFR is now going on 2,500 calls and APD is not. If a suicide call is non-medical, APD is set up to handle that call, with all their training. If the suicide call is medical, AFR will also show to the call. They will check the vitals and then APD will transport as per protocol.

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Erika Wilson: Albuquerque Ambulance was called because it was a non-emergency call. They called APD. When it is a psychiatric call we go with APD not AFR due to the state statute.

George Mercer (HCH): Part of the confusion is the inconsistency. Sometimes we will call and get Albuquerque Ambulance not APD. In the long term there should be a response system that does not involve a cop. We appreciate APD and the good job they do.

Dr. Rosenbaum: Would prefer that calls from home asking for help not get a cop.

Erika Wilson: Hope to involve NMCAL sometime in the future.

Dr. Rosenbaum: Actually with someone down and out there is more of a chance of a problem than someone calling for help.

David Ley: One of my therapists called and got AFR and Albuquerque Ambulance.

Deputy Chief Jaramillo: I looked at that call; it actually came through as trouble breathing.

David Ley: Maybe we need to do that from now on.

Deputy Chief Jaramillo: We need to know what the actual situation is because we need to know who to send out. For some calls we send out both our fire truck and rescue truck. It all depends on the type of call. It is important not to make up the call. If they don't need it our ambulances and rescue are too busy to do this.

Rosa Gallegos-Samora (HCH): Feels by APD responding the situation could have escalated. She and her coworkers could have been at risk due to APD response.

Detective Melendrez: It is APD's job to respond. APD has to ensure the safety of the public. If you feel a situation is unsafe you should remove yourself and others from the area. Also the more information you provide dispatch, the more prepared our officers will be.

Erika Wilson: The higher the priority the call the dispatcher will stay on the line with you.

Deputy Chief Jaramillo: If you call and get Albuquerque Ambulance they will not stay on the line with you. The dispatcher from Albuquerque Ambulance does not have the behavioral health training that APD Communications receive.

Lieutenant Dietzel: AFR does not receive the behavioral health training APD does.

Dr. Rosenbaum: de-stigmatization works both ways. If you give that attitude off to your clients and coworkers that APD is here to help it's better for all around.

Detective Tinney: That's one gap in the system. In California, officers do respond to ensure the safety and then their MCTs (not police officers) come to transport (pilot program). They do use a vehicle similar to our units.

Nancy Koenigsberg: This is a particular person situation. This is not the same as a Certificate for Evaluation. It is important to make the distinction. The Information Sharing Sub-Committee has been working on Certificates for Evaluation. There are still pieces that need to be addressed such as grave passive neglect.

David Ley to Erika Wilson: What are the things that would bump up the Certificates for Evaluation in the new priority system?

Erika Wilson: Has anyone been injured, are there weapons. It all depends on the totality.

David Ley: My staff explained that they fill out the Certificate. It then goes to a substation?

Erika Wilson: Once you send it we enter a call for service and tell the officer we will be sending that certificate to the appropriate substation.

Lieutenant Dietzel: That is one of the areas we are looking at.

Erika Wilson: Maybe send all Certificates to us and then we do what we need to do.

Nancy Koenigsberg: As stated earlier, we are looking at some pieces. What do we call it, where do we send it? Can there be a centralized location? Is there safe secure distribution of the form? Need to

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protect confidentiality. Sitting out on a fax at a substation – how confidential is that? What information is collected? How much information is enough but not too much? What is this instance that arises to an officer being sent out? How do we streamline distribution? If it is not served on the shift that received it, how is it given or is it given to the next shift? The statute states the likelihood of serious harm to self or others. How does grave passive neglect come into it? It's all clear as mud. This is not a welfare check – a message that needs to get out to the clinicians in the community. The issuer of the certificate needs to be aware that officers will come out and the individual will be placed in handcuffs and placed in the back of a patrol car. Would like to see the form standardized for the whole state. In the Sergeant/Lieutenant's Coordinator's Meeting, Sergeant Dosal asked for their input. Some of their comments were as follows: it should be clear on the certificate what the facts are, past history is important, a cell phone number for the writer of the certificate so that the officer can call and reach them (after hours if necessary) to answer any questions the officer may have. The Information Sharing Sub-Committee has to review the process behind the certificate, the form and then the training. Issues regarding the form: as stated above, there needs to be a phone number provided for the clinician or whoever is writing the certificate. The clinician has to be responsive, to be available to receive a call from the officer if after hours (24/7). There needs to be a discussion between the officer and the medical personnel to detail the situation and to describe any additional concerns. We need to address when is a call made versus when is a certificate filled out. How was the 72 hour provision established? Is this a practice in the community? The law doesn't provide any guidance. 72 hours doesn't make sense – is danger still imminent? Does this make sense? If not served, should the clinician's be notified? Does this warrant a call back from dispatch?

David Ley: the form was just to try to operationalize the process. It was to develop a process, such as it is, for when police arrive for the pick-up. As far as the 72 hours – can't have it lingering around; have to be able to close it, both for APD and the clinicians.

Nancy Koenigsberg: Typically forms are made that uses the statute. That never happened. As the committee works it through, recommend that the form be recommended to the State Supreme Court to ensure conformity and uniformity. Making the form more complete. The issue of 72 hours and grave passive neglect need to be addressed. Can't go further until resolved. How does grave passive neglect fall into this. Steps: 72 hours and grave passive neglect, then the form and then dispatch.

**LEAD (Law Enforcement Assisted Diversion) Discussion by Sam Howarth**

Law Enforcement Assisted Diversion is a tool for law enforcement. It gives officers the discretion to redirect low-level offenders of certain inclusionary crimes to community based services instead of jail and prosecution. The inclusionary crimes are as follows: low level drug possession, low level property crimes, prostitution, and loitering, trespass and vagrancy. The offender must be amenable to help and if a victim is involved, the victim must also be amenable. Crimes that are exclusionary include: violent felonies, promoting prostitution, crimes against children, and dealing drugs for profit. Offenders are not eligible if they have committed an exclusionary crime within the last 10 years. A small group from various agencies consisting in part from APD, BSCO, Bernalillo Behavioral Health Services Division and others began discussing how to conceptualize the process approximately thirteen months ago. The team went to Seattle and met with their LEAD team. Have received a grant and additional funding from B.H.I. There is an MOU with the City, the County and the DA's office. Used the existing tools for intake on the law enforcement end from the City of Santa Fe from their LEAD program. APD CIU staff is currently in the process of developing the protocol, the SOP and the training. The program will begin with the south east area command of APD – the SE Problem Response Team. Once established in the SE

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area, the program will open up to the south valley for BCSO. It will go back and forth between the two agencies until all areas are trained and operational. More money is expected to come in to the Bernalillo County. Process: law enforcement will contact a case manager located at MATS. MATS will be staffed initially Monday through Friday 8 a.m. to 5 p.m. Once more we are more established and more staff is hired MATS will be open 7 days a week. The case manager currently at MATS has to be trained. The job posting for additional case managers is out. The DA has to be included in the decision process. The DA has the ability to reject the referral. Until all goals of the plan are met, the case manager continues to follow the individual unless the individual commits an exclusionary crime or moves away. The case manager will meet the offender at the reentry center in the event the individual is rearrested.

**APD/CNM Cadet Training Discussion by Deputy Chief Harold Medina**

History to program inception: Goal 1: APD was given the task of hiring 100 officers per year by the new administration. When you take into account officers who are retiring you are looking at even higher numbers. When the City Administration and City Council authorized the lateral transfer, City Council mandated that APD could not leave surrounding municipalities short. The State Academy can only train so many. They can't sustain the needs of the state as APD takes laterals. There is also the issue of state mandated training for existing officers. The City is paying approximately \$375,000 in overtime wages to send existing officers to the state mandated training. The State utilizes videos for some of that training. We are working with CNM on those videos. The 22 cadets will receive the 16 weeks of state required training at CNM and then they will go to the APD Academy for an additional 10 weeks to complete their training. Deputy Chief Medina said some of the current cadets had previously gone through but did not, for a variety of reasons, complete training through the APD Academy. They asked those cadets what differences they liked about the CNM Academy. Some stated that at the APD Academy they were afraid to ask questions. Now they are not afraid to ask questions. Educators have a certain skill set. They think outside of the box. It's more of an education setting. This will hopefully help them to be better prepared for report writing. The cadets will receive 32 credit hours for completing the CNM Academy. For most states, when you get a degree it counts towards so many of your weeks at the academy. The CNM cadets will be receiving narrative writing, case law, etc. in an educational setting and then they will receive CASA mandated training, gun training, etc. at the APD Academy. Goal 2: get the APD Academy up to date. Deputy Chief Medina hopes this philosophy of teaching will be brought over to the APD Academy. Deputy Chief Medina said they are also having some of the educators at the CNM campus observe and give feedback on the classes taught at the APD Academy. There are plans in the works to further that collaboration.

**(Q) Questions, (A) Answers, (C) Comments:**

- C: David Ley: A lot of time has been invested moving mental health into the modern era. Very concerned that any training received at CNM would not have our training. The story changed every week as to how it would work. Where mental health was, what role CIU would play in this.
- A: Deputy Chief Medina: There has been lack of support from the Academy including the passing of bad information. There has been a lack of communication from the Academy. People resist change. For example: He doesn't understand why we are making cadets buy light blue uniforms that they will never use again. Cadets are paying over a \$1,000. Deputy Chief Medina would like to require the cadets purchase black polo shirts which they can then later use as officers. Academy staff was opposed to this change. Such a resistance to change. In answer to the

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concern about the CASA mandated training. Basic CIT training will still be conducted at the APD Academy by CIU.

- Q: David Ley: Then what training are Matt and Sergeant Dosal conducting at CNM?
- C: It is Jeff Bludworth and Sergeant Dosal.
- A: Detective Bludworth: The training we are conducting at CNM is House Bill 93.
- C: Detective Tinney: Ironic though, it's CIU who is conducting the CNM training next week.

**City Homeless Initiative Update by Lisa Huval, Family and Community Services:**

On April 6<sup>th</sup> or April 7<sup>th</sup>, we will be expanding the weekend hours of the West Side Shelter to 24/7. We will also be providing extra transportation for those individuals who may want to come into town to receive services. The plan is to eventually close the West Side Shelter. The City received a \$1 Million capital outlay from the legislature. We have submitted a request for additional money for this upcoming budget process. Council added monies to the City's request. Possibly \$14 Million. Sebastian Adamczyk has replaced Angelo Metzler as the Public Outreach Program Manager. Working on draft homeless encampment protocol. Draft by April. Will present a report to MHRAC during the April meeting. We plan on strongly discouraging camping at Coronado Park. Word has been spreading that Coronado Park is a sanctuary park – this is not correct. We will be encouraging folks to use the shelter.

**(Q) Questions, (A) Answers, (C) Comments:**

- Q: Danny Whatley: Will the City be running the protocol through the Policy and Review Board or through Dr. Ginger?
- A: Lisa Huval: This isn't part of CASA.
- Q: Will camping immediately outside the park area be allowed?
- A: No, camping will be prohibited at the park and the surrounding area.

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

See Certificate for Evaluation Discussion (above)

Assistant City Attorney, Lindsey Van Meter was present to answer any questions, if needed.

**Report and update from C.O.A.S.T.**

C.O.A.S.T. continues to conduct strategic outreach as well as assist with the Mayor's outreach initiatives.

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**Report and update from sub-committees:**

Information Sub-Committee:

See Certificate for Evaluation Discussion (above)

Training Sub-Committee:

David Ley: Due to a lull, the training sub-committee will commence meeting every other month. The training sub-committee will resume monthly meetings as needed.

Resource Sub-Committee:

Ellen Braden: The question is what is the need from APD. Information we need from APD as far as what they need. Ellen informed the committee that this will be her last meeting. Gilbert Ramirez will be the new Family and Community Services representative for MHRAC. Ellen will continue to help out on the Resource Sub-Committee.

**MHRAC Final Discussion:**

None.

**Adjourn**

Meeting adjourned at 7:16 PM