

**Mental Health Response Advisory Committee (MHRAC)**

Meeting Minutes  
February 16, 2021  
Via Zoom

**Board Members in Attendance**

Co-Chair Danny Whatley	The Rock at Noon Day
Co-Chair Rick Miera	Executive Committee
Betty Whiton	NAMI
Cassandra Bailey	APD CIU
Dave Webster	Bernalillo County Behavioral Health
David Ley	New Mexico Solutions
Elizabeth Romero	UNM Department of Psychiatry
Gilbert Ramirez	CABQ-Dept. of Family & Comm. Services
Laura Nguyen	Albuquerque Ambulance
Matt Dietzel	APD CIU
Maxwell Kauffman	Law Offices of the Public Defender
Nils Rosenbaum, MD., M.P.H.	APD Behavioral Health Division
Paula Burton	Peer Representative
Rob Nelson	APD/C.O.A.S.T
Robert Salazar	NAMI Vice-President

**Introduction to MHRAC**

**Danny**

The Mental Health Response Advisory Committee was created by the Court Approved Settlement Agreement (CASA). We've been around since day one and have a focus on three areas, resources, resources being available to access different things within the city that APD and first responders can use as it impacts homelessness and mental health issues. We are also involved in training and policy; training is one of those things we made a tremendous impact in. As far as the training that is offered. Policies are one of those things where the MHRAC is involved with assisting in writing and approving and recommending policy as it relates again to the narrow focus; we think narrow, but sometimes it gets pretty wide focused on how law enforcement interacts with those experiencing homelessness and those experiencing a mental health crisis.

**Welcome first-time guests**

**Pastor David Walker**

Albuquerque Police Department, Community Outreach Liaison Officer. Invited by Lt. Matt Dietzel

**Scott Blackledge**

Assistant Security Manager, Metro Security. Invited by Jason Downing

**Officer Dominic Hernandez**

Albuquerque Police Department, Mobile Crisis Team, Newest member

**Officer Greg Valentino**

Albuquerque Police Department, Mobile Crisis Team, Newest member

**Sergeant Danny Padilla**

Albuquerque Police Department. I am here to gain more knowledge from our organizations

Brian Rose

Bernalillo County Fire Department, Deputy Chief of Operations

**Approval of meeting minutes**

1<sup>st</sup> Motion – Laura Nguyen

2<sup>nd</sup> Motion –

All were in favor of minutes as written.

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

No public comment was made.

**DISCUSSION ON E-FIT (External Force Investigating Team)**

Danny

There is an order that is on a timeline to establish the e-fit.

The team assists the police department or the internal affairs investigators with establishing sort of a baseline of investigation. The police department will continue doing the initial investigations.

The e-fit will receive all the documents and all the evidence and then they will monitor and assist in making determinations and making corrections to determine on either disciplinary or training.

So far none of that has happened. Email will be sent out to the Board through Brenda.

DC Garcia

Added to the discussion by stating, “they’ll be trained investigators and they’ll be evaluating how they are doing the process of investigating force, all the way from the scene to the end of the investigation and including our supervisory reviews because if you look at Dr. Gingers last report, we were severely deficient in Internal Affairs Force Division (IAFD) and that necessitated this change to make sure we get back on track”.

Laura Braun

Q. What will the team be made up of?

DC Garcia

A. No former APD employee will be on the e-fit. We will put out an advertisement to a vendor who will do the interviewing and hiring for the position. We anticipate a head administrator, probably an attorney, to hire a set of investigators; it could be anywhere from 10-20, and the investigators could be former law enforcement or somebody who has experience in past consent decrees in other areas. Those will be the people that will be assisting in training our folks here at APD.

Danny

The stipulated order spells out some of the requirements for those folks to be considered for that position.

**Discussion on Assisted Outpatient Treatment Program, Laura Braun**

Laura Braun

Program manager for Assisted Outpatient Treatment (AOT) Program, 2<sup>nd</sup> Judicial District Court. Civil Legal Procedure in which a court can order an individual with a serious mental disorder to follow a treatment plan in the community. The goal of AOT is to ensure individuals do not suffer a break in their continuity of care, thereby reducing the risk of incarceration or hospitalization while improving their health and well-being. We are partnered with Hope Works who will be handling the referrals. Referrals come from: An adult roommate of the person; a parent, spouse, adult child or adult sibling, director of a hospital, organization, qualified professional that

provides the individual mental health treatment or a surrogate decision-maker, such as a power of attorney or guardian. The services that are included with AOT are case management or Assertive Community Treatment (ACT).

Below is the pamphlet for your viewing. (Double click on PDF to open)



AOT for  
MHRAC\_2.16.2021.pdf

Danny

Q. Are the lawyers that AOT has public defenders or are they lawyers doing pro-bono work?

Laura

A. We contract with independent attorneys with mental health experience. Our program is currently funded with a SAMHSA (Substance Abuse and Mental Health Services Administration) grant.

Rick Meira

Q. What courts are working with the AOT?

Laura

A. Only 2<sup>nd</sup> Judicial District Court.

James Ogle

Q. How many people in the program?

Laura

A. Currently serving 35 individuals.

Maxwell Kaufman

Expressed the program is working and he has nothing but good things to say about AOT.

Danny

Q. Will AOT continue after the grant has expired?

Laura

A. States they are working on keeping the funding going.

David Ley

NM Solutions is also working with AOT.

Gilbert Ramirez

Appreciative of the AOT program and thanked Laura B. for all their work.

Gary, CEO of Disability Rights of NM

We have been working with the City of Albuquerque as they've been involved in the planning of the AOT program. I just want to state, "We appreciate the efforts that are being made and closely monitored."

Danny

Q. Do you take the “Black Robe Effect” into account in your program?

Note: The theory behind the **black-robe effect** is that a judicial process and a judge's imprimatur increase the likelihood that the patient will take to heart the need to adhere to prescribed treatment.

Laura

A. On a case-by-case basis, some sessions are held at Hope Works so the participant feels comfortable and avoids intimidation of court.

**Presentation on the plan for the Non-Law Enforcement Mobile Crisis Teams through Bernalillo County Fire, Charlie Verploegh, County BHI**

Charlie Verploegh, Asst. Director

Presented the Slide show below detailing how the teams will work and the types of training they will receive: (Double click on PowerPoint to open)



NLMCT MHRAC  
Presentation\_2.16.2021

James Ogle

Q. Who will interface with the hospitals?

Charlie

A. If there's a need for someone on that call too, for example, have a Certificate of Evaluation (C of E) and be referred to the hospital for further evaluation, then that can still occur. The clinicians on the call can write that C of E and then they can be transported by law enforcement to the hospital.

David Ley

One of the things that has given us a lot of pauses because we provide mobile crisis services in Santa Fe is trying to identify when it would be safe for non-law enforcement mobile crisis to respond to a scene that no First Responders have been at to evaluate the safety, which I know is happening in some communities. I'm terrified of something bad happening to community members or staff in an unforeseen kind of Crisis, so the strategy that you guys are taking of having First Responders on scene identifying that a law enforcement presence is not necessary, backing out, and bringing in non-law enforcement mobile crisis sounds like a very effective cautious and thoughtful strategy.

Wendy Linebrink-Allison

Q. Is there a way to identify potential violence to an officer?

Charlie

A. We discussed it with APD and with BCFD. Our plan was to initially begin the pilot with only the response after the officer team had cleared. I think there's some contemplation of that possibility in the future and particularly in the circumstance that you described where it's been essentially invented by a behavioral clinician on a call already.

DC Brian Rose

One of the things that we were always taught from day one of our Emergency Medical Services education is seeing safety and being able to partner and work with law enforcement to ensure the scene is safe. We understand that a lot of times clinicians and other Behavioral Health experts are on the phone and things like that, but they don't necessarily get to see the situation that might be occurring in the home or above and beyond what the client is actually telling the mental health provider. It's our intention to get there as soon as we can so we were able to clear off that law enforcement officer whenever possible and practical, and ensuring the safety of our providers and also to that of the community member, and to ensure that we take de-escalate situations quickly as possible.

Rick Miera

Q. How are they going to arrive at the scene; are you going to be utilizing the AFD or BFD vehicles?

DC Brian Rose

A. We have two white Tahoe's. They're going to be discreetly marked with a Bernalillo County Behavioral Health or a Bernalillo County symbol; they will have low profile emergency lighting in case they have to park in an unlighted area, but it's not going to have the light bars and will not have the appearance of a police car. The providers will be dressed down a little bit more in blue uniform pants and more of a polo shirt.

Maxwell Kauffman

Q. I was wondering if you can elaborate on what kind of guidance is going to be given to law enforcement to make the decision whether to ask for a non-law enforcement MCT?

Charlie

A. They do have some SOBs that I've looked at that describe how to identify a behavioral health call and things like that, but I'm going to defer to Lieutenant Dietzel.

Lt. Dietzel

A. It's going to be difficult to make that distinction for officers in the field. I think the best thing we can do is name them something very different, first of all, maybe train this to eCIT officers first and then slowly roll this out to everybody.

Maxwell

Q. Do you know if the deputies are going to be a part of this and kind of coordinating with APD as well?

Lt. Dietzel

A. we're going to do the APD training for sure; I don't know what BCSO is going to do in terms of how they're going to get the word out.

Charlie

A. It'll be that same type of response, to be able to work with their supervisors to identify the most appropriate scenes.

David Ley

Q. Are any of the staff, who are responding, and they're not APD officers, are they City of Albuquerque employees?

Charlie

A. No, Sir, the normal Mobile Crisis Team is a paramedic from the Bernalillo County Fire Department and a behavioral health clinician.

David Ley

Q. Who does the clinician work for?

Charlie

A. The clinicians are housed and supervised under the county.

James Ogle

Q. Is considerations being done to make it so families can just make a direct call and request these teams?

Charlie

A. we're not at that place yet, that's potentially something that could be contemplated.

Danny

Q. How are the calls coming in through dispatch?

Charlie

No, it's coming from an on-scene request.

Laura Nguyen

Q. Only the law enforcement or the deputies can request the non-law Mobile Crisis Team. Could EMS providers, who have responded to the scene, also request the crisis team?

Charlie

A. So that's a great question that we have not contemplated at this point, but I don't see why that might not be something that we would include in the future.

DC Brian Rose

A. Yes, I think that's very much a possibility; the on-scene providers can know that a Subacute usually of any type of Behavioral Health is going to have law enforcement there also. Any of the on-scene providers think as long as it follows the correct parameters. It's not a medical versus a behavioral health outcome that needs, not necessarily transportation to a hospital for their clinical need but is of low acuity that it's appropriate for non-law enforcement.

DC Brian Rose

States, paramedics will have their equipment on hand when they respond to these law enforcement calls but a clinician will do the initial assessment.

Detective Mark LeClair

Q. Are they going to have an officer standing by regardless of whether the officer initially makes the determination that they don't need to be there?

Charlie

A. My thought here is that understanding, we have a situation, where we have to transport someone back to the hospital due to the request of a C of E, then we need to call law enforcement back out to do that transfer. Anyway, they would already be on the scene to do that transport and sort of facilitating that situation if it were to become violent.

DC Brian Rose

A. We have to really rely on the instincts of the officer, clinician, and the paramedic who are pretty experienced and know how to access.

Maybe when we first started this we kind of dove deep into the safety issue that is both the providers and the clinician and the client. This is kind of what we distilled down to ensure that we have the highest level of safety, but it comes down to the knowledge and experience and the gut feeling of that on-scene officer's data and what they feel is the true need of this person. If it's going to be involuntary transport the non-law mobile crisis teams, probably is not perfect, but if it's just to get them to the point where they get community services and that's what we need to be in allowing the MCT's to focus on those higher-level clinical calls that require that that law enforcement presence.

**40-hour CIT Certification Class Site Visits Update, Danny Whatley**

Danny

We are having a 40- Hour CIT certification class next week. I will be presenting a PowerPoint on Noonday due to COVID as opposed to a site visit.

Lt. Dietzel

A detective will discuss the MDC site if we cannot get staff from MDC.

**Body Camera Legislation Update**

Danny

I sent an email to the Attorney General in reference to our concerns regarding the IPRA situation, and I got a call back. They want the MHRAC involved in the rewrite of that policy.

Danny

What we would do if this goes forward and we're asked as the MHRAC to put together some of the changes that we'd like to see, we would need to form a small committee to work on the wording and the changes that we'd like to see because with Rick and me of course or anyone else who speaks to that weather to the legislature or to the attorney general I want to make sure we're voicing the opinion of the MHRAC and not our own opinions so we could use a couple of good lawyers.

**Albuquerque Community Safety Department Update, Mariela Ruiz-Angel**

Mariela

ACS is moving along in its process of hiring leadership by end of the month and hopes to have MCTs hired by end of the month as well. We're working with the county to collaborate to avoid duplicating services. We are in our budget process for FY22.

## **New Gateway Centers Update, Quinn Donnay, Family, and Community Services**

### **Quinn**

In case we have any new folks here that are curious about what is Gateway; I will go back to February.

When we as a city evaluated some of our sites for Gateway, the top three sites were the Gibson Medical Center former Lovelace, somewhere north downtown, and UNM; UNM is out. We are still focused on the North Downtown and Gibson Medical Center because as you all know or some of you may not, we are no longer interested in a 300-bed facility so we are moving to multiple sites that are smaller in scale. This summer we formed the Homeless Coordinating Council (HCC) to continue creating options and thinking about community feedback and what exactly was the direction we were going to go which leads us to a press release that came out this week that the city is moving to purchase Gibson Medical Center Hospital. We are looking to fill community gaps there; nothing is set in stone. We are still brainstorming; it is a very large former hospital. For those of you that think it might be old and dilapidated, it is not, it is up to date, and it's not a total mess. It has a direct physical connection to the VA so that would allow us to help veterans experiencing homelessness connect quickly to the VA if they weren't already.

We hope that it would provide a path to permanent housing.

We are still looking into the North downtown facility. We have been approached by Hope Works; they are interested in collaborating with the city in the North Downtown facility. It would mean some sort of smaller shelter to meet the need of both single men and single women. We are committed to multisite Gateways, we're not using just the Gibson Medical Center. We have to make some updates to the WECH in order to make it better.

We are:

1. Installing 29 new HVAC units and exhaust fans
2. Milling and grading the parking lot
3. Construction of a trash enclosure
4. Installing a grinder into the pump plumbing
5. Repairing and installing ADA ramps and stairs

All of these things should be completed in the early fall.

### **Danny**

Q. You mentioned the Westside Shelter Housing Facility is doing upgrading. I've been out there since and a lot of stuff has been going on. Does that mean that this is going to be another long-term solution?

### **Quinn**

A. We will not be using a former prison as a permanent shelter.

### **Danny**

Inquired about sanctioned tent cities.

### **Quinn**

It's controversial, so at this time I'm gathering information about sanctions and camps.

## **Report and Update from CIU, APD, and BSS**

### **Lt Dietzel**

We now have the Resource Cards available at the Family Advocacy Center (FAC).

## **Report and Update from C.O.A.S.T**

This update was skipped due to time constraints.

## **Report and Update from Sub-Committees**

David Ley

We have a good year planned with quite a number of projects that we're going to be working on with the academy and with CIU, etc. We look forward to working with the department in training with the new City of Albuquerque mobile crisis team staff. We anticipate that that training is all just going to transfer from what was done with hope Works into the City and we're watching that closely.

James Ogle

Q. Is suicide prevention included in the CIT training?

Lt. Dietzel

A. It is included and is it in regards to officer self-care

Mike Sciarrillo

A. They bring in VA individuals to the training

## **MHRAC Final Discussion**

**Next meeting: Tuesday, March 16, 2021**