

Information Sharing Subcommittee Annual Report

December 16, 2018

The subcommittee member participation ebbed and flowed this year, as a result subcommittee meetings were less frequent. The subcommittee was assigned primary responsibility for reviewing any policies that relate to behavioral health, with less emphasis on information sharing per se.

The subcommittee chair had an opportunity to go to the FAC and meet with Detective Matt Tinney and Nils Rosenbaum to ask questions on data and how is kept/stored by the CIU. It may be helpful to follow through on this to further explore a uniform practice of retaining and destroying records, both electronic and paper. That would require an examination of SOP 2-16 RECORDS to learn about how records related to behavioral health information are kept. This topic was not addressed this year. A presentation about the use of SharePoint was requested and made to the full MHRAC.

The subcommittee wanted to get a better understanding of the MOU with UNM and how it is working and to see the signed document, but did not really get a clear understanding of how it is working.

The subcommittee has been focused on the ongoing revision of SOP 2-19, Response to Behavioral Health Issues. We provided feedback on the policy generally, regarding the order of various sections, definitions and ways to make the policy more clear. However, the subcommittee was most interested in how the SOP was to govern the Mobile Crisis Teams which had begun operation in early 2018, and paid particular attention to this policy for most of the year.

There are four issues regarding SOP 2-19 and MCTs that the subcommittee is addressing. As a reminder, the goals of MCTs are to handle each call with care and dignity, keep everyone safe and keep the individual in the community by offering other resources and help problem solve. The first issue is how to treat the communication between the MCT clinician and the individual since the officer may overhear the conversation. We are wrestling with the belief that if a clinician is involved, the information that is shared is confidential, but this is not always the case, so it is important that we get some clarity on this.

Second, there is a need for better understanding of how camera recordings are treated during an MCT call as by definition, a clinician is part of the team. (Please note: The topic of law enforcement on body recording devices and behavioral health calls was the subject of an interim legislative committee created by House Memorial 104 and Senate Memorial 98, *Study Law Enforcement Body Camera Issues*, passed by the legislature during the 2018 session. The Stakeholders' Summary Report that was presented today, November 30, 2018, to the Courts, Corrections and Justice Committee of the 2018 Interim by The Office of the New Mexico Attorney General.) As this topic was being addressed in the Legislature, the subcommittee did not review SOP 2-8: On Body Recording Devices (OBRD). The subcommittee has asked that MRHAC receive a presentation about the Department's OBRD division to learn more about storage, use and destruction of OBRD tapes.

Third, there has been discussion on whether it is traumatizing to individuals that the MCT officer wears a full uniform is traumatizing to the individual being contacted. There is a suggestion that alternative dress and models of engagement be considered. We have been informed that as of

this writing, there have been no reports that presence of a uniformed officer is an issue. This is an ongoing conversation.

Finally, there are questions regarding how APD MCTs work operationally as the officers are governed by department SOPs and the clinicians are employees of a behavioral health service provider, not the department.

Tasks for next year:

Continue working SOP 2-19 and Mobile Crisis Teams.

It is recommended that the subcommittee review SOP 2-16 RECORDS to learn about how records related to behavioral health information are kept and whether any changes to the policy would be appropriate.