

## ***MENTAL HEALTH RESPONSE ADVISORY COMMITTEE (MHRAC) INITIAL REPORT, JANUARY 2016***

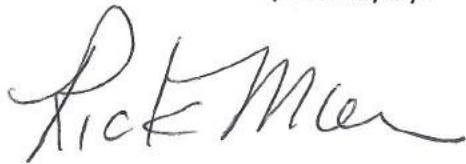
The Mental Health Response Advisory Committee (MHRAC) was formed at the instruction and direction of the US Department of Justice in its Settlement Agreement with the City of Albuquerque and the Albuquerque Police Department (APD). The make-up and the duties and responsibilities of this committee are outlined in the Settlement Agreement (see attached document #1). This committee began with direction and leadership from command staff within APD, the APD Crisis Intervention Unit, and interested individuals from the community. A nineteen member committee was selected (see attached list of committee members, document #2). Once formed the committee elected co-chairs and developed bylaws (see attached bylaws, document #3). The committee then created three sub-committees to work within the MHRAC: 1. Training sub-committee 2. Resources sub-committee and 3. Information Sharing sub-committee. The sub-committees each met independently then shared their discussion and recommendations with the entire committee. As outlined by the Settlement Agreement, these sub-committees will document their work and findings. (see attached sub-committee reports, document #4). The MHRAC as a whole then decides what to adopt and recommend to the City and APD.

The MHRAC is a mandated, permanent committee, unlike some grass roots committees and groups that were created as a result of the DOJ involvement with the City of Albuquerque and the Albuquerque Police Department. Pursuant to the Settlement Agreement, MHRAC is tasked to submit a public, annual report to the City of Albuquerque and the Albuquerque Police Department. This report includes recommendations for improvement, training priorities, changes in policies and procedures and will identify available mental health resources.

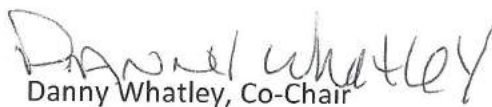
As this is our initial report, we as a committee are available to discuss with the City and APD our findings and recommendations. The goal of the MHRAC is to work with and assist the Police Department in writing policy and establishing training that prepares individual officers to handle effectively and safely any and all interactions with those in our community who are experiencing mental health issues. We also want to help establish a network of mental health resources which are currently not identified, unavailable, or are underused in the community that provide the best possible treatment and assistance to the mentally ill and their families. We also plan to be instrumental in establishing a network of communication that can, within relevant privacy laws, share information which will aid in the interaction with and treatment of those experiencing mental health issues.

We look forward to working with the City of Albuquerque and our Police Department.

Submitted Respectfully by:

A handwritten signature in cursive script that reads "Rick Miera".

Rick Miera, Co-Chair

A handwritten signature in cursive script that reads "Danny Whatley".

Danny Whatley, Co-Chair

## **MENTAL HEALTH RESPONSE AND ADVISORY COMMITTEE (MHRAC)**

MHRAC shall analyze and recommend appropriate changes to policies, procedures, and training methods regarding police contact with individuals with mental illness.

MHRAC shall provide guidance to assist the City in developing and expanding the number of crisis intervention certified responders, CIU, and COAST.

MHRAC shall also be responsible for considering new and current response strategies for dealing with chronically homeless individuals or individuals perceived to be or actually suffering from a mental illness, identifying training needs, and providing guidance on effective responses to a behavioral crisis event.

APD with guidance from MHRAC, shall develop protocols that govern the release and exchange of information about individuals with known mental illness to facilitate necessary and appropriate communication while protecting their confidentiality.

APD within nine months of the effective date, shall provide MHRAC with data collected by crisis intervention certified responders, CIU and COAST pursuant to paragraphs 129 and 137 of the agreement (see 129 and 137 attached), for the sole purpose of facilitating program guidance.

MHRAC within nine months of the effective date shall review the behavioral health training curriculum; identify mental health resources that may be available to APD; network and build relationships; and provide guidance on scenario-based training involving typical situations that occur when mental illness is a factor.

MHRAC shall seek to enhance coordination with local behavioral health systems, with the goal of connecting homeless individuals and individuals experiencing mental health crisis with available services.

MHRAC shall within twelve months of the effective date, and annually thereafter, provide a public report to APD that will be made available on APD's website, which shall include recommendations for improvement, training priorities, changes in policies and procedures, and identifying available mental health resources.

#### PARAGRAPH 129

APD shall collect data on the use of crisis intervention certified responders and CIU. This data will be collected for management purposes only and shall not include personal identifying information of subjects or complainants. APD shall collect the following data:

- a) date, shift, and area command of the incident;
- b) subject's age, race/ethnicity, and gender;
- c) whether the subject was armed, and the type of weapon;
- d) whether the subject claims to be a U.S. military veteran;
- e) name and badge number of crisis intervention certified responder or CIU detective on the scene;
- f) whether a supervisor responded to the scene;
- g) techniques or equipment used;
- h) any injuries to officers, subjects, or others;
- i) disposition of the encounter (e.g., arrest, citation, referral); and
- j) a brief narrative of the event (if not included in any other document).

#### PARAGRAPH 137

APD shall collect and analyze data to demonstrate the impact of and inform modifications to crisis prevention services. This data will be collected for management purposes only and not include personal identifying information of subjects or complainants. APD shall collect the following data:

- a) number of individuals in the COAST and CIU case loads;
- b) number of individuals receiving crisis prevention services;
- c) date, shift, and area command of incidents or follow up encounters;
- d) subject's age, race/ethnicity, and gender;
- e) whether the subject claims to be a U.S. military veteran;
- f) techniques or equipment used;
- g) any injuries to officers, subjects or others;
- h) disposition of the encounter (e.g., arrest, citation, referral); and
- i) a brief narrative of the event (if not included in any other document).



## MENTAL HEALTH RESPONSE AND ADVISORY COMMITTEE MEMBERS

1. Felicia Barnum (505) 237-2404 jrbarnu@msn.com
2. Steve Bringe (505) 288-1322 skbringe@gmail.com
3. Paula Burton (505) 237-2045 crackedbutterfly@gmail.com
4. Dan Duhigg (614) 599-2292 dduhigg@salud.unm.edu
5. Michele Franowsky (505) 369-3615 socialworkergal2@gmail.com
6. Yvette Garcia (505) 924-6000 ymgarcia@cabq.gov
7. Ken Gillman (505) 980-1865 gilman@earthlink.net
8. John Gonzales (505) 924-6005 jrgonzales@cabq.gov
9. Jeremy Jaramillo (505) 615-9042 agorapr@gmail.com
10. Nancy Koenigsberg (505) 256-3100 koenigsbergn@drnm.org
11. David Ley (505) 232-9055 ley-david@rvbh.com
12. Rick Miera (505) 843-6641 rbmiera@comcast.net
13. Michael Robertson (505) 768-2865 mrobertson@cabq.gov
14. Nils Rosenbaum (505) 573-5703 narnd123@gmail.com
15. Robert Salazar (505) 373-9604 rsal333@yahoo.com
16. Glenn St. Onge (505) 924-6007 gstonge@cabq.gov
17. David Webster (505) 764-8237 dwebster@smhc-nm.org
18. Danny Whatley (505) 220-6036 danwhatley@aol.com
19. Betty Ann Whiton (505) 255-4419 bwhiton@msn.com

**BYLAWS OF MENTAL HEALTH RESPONSE ADVISORY COMMITTEE**

Adopted June 16, 2015

Amended August 8, 2015

**Article 1. Name**

The body shall be known as the Mental Health Response and Advisory Committee (MHRAC). This committee is established under the terms of the settlement agreement between *United States of America v. City of Albuquerque*, No. 1:14-cv-1025 RB/KK.

**Article 2. Tasks**

In accordance with the Settlement Agreement between the US Department of Justice (DOJ) and the City of Albuquerque, the purpose of the MHRAC is to work collaboratively to provide guidance to the City of Albuquerque Police Department (APD) to improve outcomes for individuals perceived to be or actually suffering from mental illness or experiencing a mental health crisis.

The Mental Health Response and Advisory Committee shall:

- provide guidance to assist the City in developing and expanding the number of crisis intervention certified responders, CIU, and COAST.
- be responsible for considering new and current response strategies for dealing with chronically homeless individuals or individuals perceived to be or actually suffering from a mental illness or behavioral health disorder, identifying training needs, and providing guidance on effective responses to a behavioral crisis event.
- provide guidance to APD on the development of protocols that govern the release and exchange of information about individuals with known mental illness to facilitate necessary and appropriate communication while protecting their confidentiality.
- review data collected by crisis intervention certified responders, CIU, and COAST for the sole purpose of facilitating program guidance.
- review the behavioral health training curriculum; identify mental health resources that may be available to APD; network and build more relationships; and provide guidance on scenario-based training involving typical situations that occur when mental illness is a factor.

- seek to enhance coordination with local behavioral health systems, with the goal of connecting chronically homeless individuals and individuals experiencing mental health crisis with available services.

Within 12 months of the Effective Date, and annually thereafter, the Advisory Committee will provide a public report to APD that will be made available on the City of Albuquerque website, which shall include recommendations for improvement, training priorities, changes in policies and procedures, and identifying available mental health resources.

### **Article 3. Membership**

Members. The MHRAC will be composed of nineteen members. The MHRAC shall include representation from APD command staff, crisis intervention certified responders, Crisis Intervention Unit ("CIU"), Crisis Outreach and Support Team ("COAST"), and City-contracted mental health professionals. The Committee will also have members representing the Albuquerque Department of Family and Community Services, the University of New Mexico Psychiatry Department, community mental health professionals, advocacy groups for consumers of mental health services (such as the National Alliance on Mental Illness and Disability Rights New Mexico), mental health service providers, providers of services to people who are homeless, interested community members designated by the Forensic Intervention Consortium, and other similar groups. Members will draw on their experiences and subject matter expertise to inform recommendations to APD and the City of Albuquerque while always striving to work collaboratively to serve the larger community rather than representing the specific interests of agencies or interest groups.

### **Article 4. Quorum**

A quorum is required to conduct business, i.e. recommendations of policies, procedures and training methods and recommendations regarding program development and expansion. A majority of the MHRAC's membership shall constitute a quorum. A majority vote of the members present shall be required to carry a motion, proposal or resolution. Business requiring a quorum vote will be added to the meeting agenda at least five days before such a meeting unless the nature of the meeting is such that shorter notice cannot be avoided. All members shall have voting rights. Sworn members of the Albuquerque Police Department will collectively have one vote on the Committee.

The MHRAC may form subcommittees as it decides may be necessary to address designated topics and provide input to the Committee as a whole for further consideration.

### **Article 5. Terms of Office**

Committee members shall serve for two years and may be appointed for an additional one-year term. If a member chooses to terminate their service with the MHRAC, that member will



provide no less than a 30-day written notice to the Chair/Co-Chairs. It shall be the responsibility of the MHRAC to vote for a replacement member.

Upon notice to the MHRAC member and consensus from the MHRAC, a member may be recommended for dismissal from the MHRAC for the following reasons: failing to attend three consecutive meetings without prior notification unless an emergency prevents such notification, and failure to collaborate with the MHRAC in achieving its goals and tasks.

Subcommittee Membership: Every MHRAC member shall be appointed to be an active member of at least one standing subcommittee.

#### **Article 6. Officers**

It shall be the responsibility of the MHRAC to select two Co-Chairpersons from the membership. The co-chairs will have staggered terms. One of the first co-chairpersons will serve a six month term and the other co-chair person shall serve a one year term, and thereafter, each term will be one year.

#### **Article 7. Meetings**

The MHRAC will meet monthly and will be open to the public. It is our hope that all committee members will attend each meeting. If you cannot attend a meeting, please contact the MHRAC Co-Chairs in advance. Meeting agendas will be prepared and provided to members along with appropriate briefing materials. Minutes will be prepared by APD staff and disseminated one week prior to the next regularly scheduled meeting. Notice of the date, time, place and agenda of meetings shall be emailed or otherwise given to each member at least five days in advance of the meeting. The notice shall also be posted on the Mental Health Resource Advisory Committee webpage (<http://www.cabq.gov/mental-health-response-advisory-committee>) at least five days in advance of the meeting.

The MHRAC will determine at least annually at a public meeting what notice for a public meeting is reasonable.

#### **Article 8. Rules of order**

- Members shall be respected for the perspective, knowledge and experience they bring to the discussion.
- Each member is expected to listen well, avoid interrupting, and be open to new ideas.
- No member shall speak to the media on behalf of the MHRAC without the approval of the MHRAC.
- Each member is expected to be respectful of the time commitment. We will begin each meeting on time and end on time, unless a time extension is agreed to by the group.
- Handouts will be allowed in meetings but they must be approved by the co-chairs a week prior to each meeting. People wishing to provide handouts ideally should send them electronically to be approved by the co-chairs.



#### **Article 9. MHRAC Records**

All official records of the MHRAC shall be made available for public inspection on a website hosted by the City of Albuquerque and copies kept at the Albuquerque Police Department. Meeting minutes will include: the date, time and place of the meeting, the names of all members of the MHRAC attending the meeting and those who were absent, a description of the substance of all proposals considered during the meeting and a record of any decisions made or votes taken that shows how each member voted. A draft of the minutes will be prepared within 10 working days of the MHRAC meeting. The minutes will be approved, amended or disapproved at the next meeting where a quorum of the MHRAC is present.

#### **Article 10. Amending the Bylaws**

These by-laws may be amended at a regular meeting of the board by a vote of two-thirds of the voting MHRAC members present at the meeting. The member or members proposing the amendment shall submit an amendment package that includes: a draft of the precisely worded amendment, the current part of the by-law to be amended, and a draft of the by-law as it will read if the amendment is adopted. The amendment package should also include the name of the member or members who are proposing the amendment and the rationale for offering the amendment. It may also include other information such as whether a committee or board endorses or opposes the amendment. To provide adequate notice, the amendment package will be provided to the MHRAC Chairpersons for distribution. The MHRAC Chairpersons shall distribute the proposed amendments to the MHRAC no later than two weeks before MHRAC meeting at which the vote will be taken.

#### **Article 11. Public Input**

The agenda and schedule of the MHRAC meetings shall be developed and agreed upon by the MHRAC Co-chairs and members. Public community input into MHRAC is a critical component of this body's activity. Public input shall be received by MHRAC through sub-committee meetings, which may be open to public participation, through electronic means such as emails or through Internet surveys, or through regularly scheduled public comment sessions as part of regular MHRAC meeting agendas. The MHRAC may set reasonable time limits or comment limitations in order to facilitate committee functioning and ensure access to a range of community members' input.

#### **Article 12. Member Identification**

MHRAC members shall be identified in minutes and MHRAC documents by their names, except in cases where a member has requested not to be identified, and the Co-Chairs have agreed.

Input from community and non-members may be identified by name, or generic designations, where identifying information is not provided, or a community member requests to be anonymous.

**Article 13. Alternates for Peer MHRAC Members**

MHRAC participation by peers, family members, advocates and behavioral health services consumers is an important function of MHRAC. Recognizing that such individuals may sometimes face unique challenges or obstacles to consistent participation, four peer participants are designated as members of MHRAC, with four additional alternates. An alternate may take the place of one voting member of MHRAC if the identified member is unable to attend. Alternates may not vote unless taking the place of an absent member.

## MHRAC Training Subcommittee Report

November 17, 2015

Co-Chairs Paula Burton &amp; David Ley

Pursuant to DOJ Consent decree: Paragraph 111: The Advisory Committee shall analyze and recommend appropriate changes to policies, procedures, and training methods regarding police contact with individuals with mental illness. Paragraph 113: The Advisory Committee shall also be responsible for ...identifying training needs, and providing guidance on effective response to a behavioral crisis event.

**Current Status:**

- Mental Health Response Advisory Committee (MHRAC) and Albuquerque Police Department-Crisis Intervention Unit (APD-CIU) training committees have combined. CIU internal committee was designing CIT curriculum and implementation plan. Committees have combined to improve coordination and reduce redundancy.
- One CIT course was completed. More are scheduled before end of December.
- APD goal is to achieve 100% of officers trained, though MHRAC training subcommittee expresses need to focus on support of those officers who truly endorse and incorporate the CIT model. Consent decree identifies either 40% of officers, or a "sufficient number" as determined by the APD. The training subcommittee applauds the APD's support of CIT for all officers.
- Combined training committee is developing curriculum for CIT, to include both learner and teacher manuals.
- CIU is interested in MHRAC support on curriculum process development, including ways to establish fidelity to the manual.
- MHRAC is supporting CIU by providing consumer/peer/family participation in CIT training modules.
  - There is a shared goal to include peers both through formal peer programs, and through alternative avenues to assure greater inclusion
- CIT training has established an inclusive, non-stigmatizing philosophy and approach
- Evaluations of CIT currently include:
  - Learner satisfaction reports;
  - Class final exam regarding material retention – this exam may be expanded in future classes.
  - CIU is developing/implementing plan for pre-post testing with CIT students regarding comfort with mentally ill.

**Training Subcommittee Future Goals/Priorities (over next year):**

- Develop plans to evaluate impact of CIT and other BH trainings – committee feels it's very important these evaluations be developed with MHRAC input, to determine how the trainings are impacting mental health interactions with police
- Expand Training Subcommittee review and recommendations beyond CIT, to include other APD trainings regarding mental health issues. Additional training areas include, but are not limited to:
  - Academy training on mental health

- Crisis Negotiation Training (CNT-1 and CNT-2)
- Advanced CIT
- BH training for CIT facilitators
- COAST-staff training
- NM-CAL Warm Line respondents
- Support plans for APD to conduct BH-related trainings with community (such as NAMI, peer groups, etc.) and with local media, regarding APD philosophy and procedures for mental health-related issues.
- Support/encourage APD to formalize self-care training for officers
- Support APD to institutionalize throughout APD their changed philosophy and approach to mental illness, as exemplified by CIU, to include APD Chief and Assistant Chiefs as well as City staff such as the Mayor and CAO.

#### **Training Subcommittee Narrative for MHRAC Annual Report:**

Issues related to training of officers regarding mental illness are one of the central tasks of MHRAC. Initially, CIT training materials and processes were not available for review by the committee, and were identified as proprietary by the APD contractor in charge of training. This created substantial obstacles to the success of this committee in achieving the goals established by the Consent decree.

In mid-2015, APD made a shift, and placed responsibility for CIT training on the CIU department. This change came along with a dramatic and positive change. MHRAC committee members, including members with lived experience of mental illness, participated with CIU in designing the CIT curriculum, and participated in providing, and experiencing, the new CIT training. The change placing responsibility for CIT on CIU was relatively abrupt, causing a very rushed implementation of this revised training. Under the circumstances, the Training Subcommittee feels that the training development and implementation was ultimately productive and beneficial, though we recognize this was a transitional process. We expect and hope that this level of openness and participation continues.

APD's willingness to collaborate on mental health training-related issues is extremely positive, as evidenced by CIU department and leadership. However, this collaboration does not currently appear to be institutionalized within APD. There are a number of mental health-related trainings still ongoing within APD that MHRAC has not been able to review, discuss or approve. These include, but are not limited to: Academy training on mental health issues; Crisis Negotiation Training; and Advanced CIT.

The Training Subcommittee is concerned about our lack of involvement in other important APD/mental health-related initiatives. The Training Subcommittee remains concerned regarding the degree to which changes made in response to MHRAC concerns and input are formalized, and established as institutional policy within APD, beyond the CIU. We believe this would facilitate the establishment and maintenance of these positive, transparent approaches to mental health issues, regardless of changes in leadership or responsibilities within APD.



## MHRAC RESOURCES SUBCOMMITTEE REPORT

*Paragraph from/about each sub-committee:*

- (1) Name of sub-committee*
- (2) What DOJ requires that necessitated sub-committee—items from consent decree*
- (3) Paragraph on what's been done*

### 1. MHRAC Resources Subcommittee

2. MHRAC within nine months of the effective date shall review the behavioral health training curriculum; identify mental health resources that may be available to APD; network and build relationships; and provide guidance on scenario-based training involving typical situations that occur when mental illness is a factor.

3. The subcommittee has been identifying available mental health resources through two approaches or strategies for use by APD. One is the use of a tri-fold card that can be carried by officers on their person or in their vehicles. The cards would list contact information for major mental health services in Albuquerque by quadrant. Source contacts would be derived from the UNM Center for Education Policy Research (CEPR) resource website. (The cards would be similar to homeless services tri-fold cards presently used by CIT and other officers.) The other strategy is to provide Albuquerque mental health services information through an accessible and convenient online database. This is being coordinated through both the CEPR resource database and the State HSD online Network of Care which identifies behavioral health and social services in Bernalillo County. Additionally and importantly, the subcommittee is coordinating with the CIU on a proposed survey of field officers as to what particular information on mental health resources would be most useful and which could be obtained through the online database and tri-fold card methods, with the goal to limit needed information to what is the most helpful to officers.

## MENTAL HEALTH RESPONSE ADVISORY COMMITTEE Information Sharing Subcommittee Proposal

Paragraph 114 of the consent decree charges the Mental Health Response Advisory Committee with developing and recommending an information sharing protocol for use by the Albuquerque Police Department. The MHRAC created a subcommittee to develop a proposal for its consideration, which the full committee could then present to the City of Albuquerque and the APD.

The subcommittee has been doing research (see accompanying list of resources reviewed), reading and outreach for many months now. It has become clear to us that our group cannot simply “develop protocols” to recommend to the full MHRAC to then provide to the City of Albuquerque and the Albuquerque Police Department. Presentations made to the MHRAC reinforced this belief. We heard a presentation from the Albuquerque Fire Department at the October 20<sup>th</sup> MHRAC meeting. AFD reported it had historically provided initial first responder services to persons with mental illness, which changed after the events of August, 2005. AFD is again willing to do so in partnership with APD. To do this, however, it would be necessary for the Chief of Police and the Fire Chief to come together to explore a possible process for providing first responder services in lieu of or with police to reduce the burden on the police department. At the same meeting, APD informed the MHRAC that APD and the City Attorney met with UNM Hospital General Counsel to discuss a Memorandum of Understanding to cover first responders communications with UNM Hospital.

Based on the presentation about these topics and our research, the subcommittee believes this demonstrates the need for a more comprehensive process for the development of an information sharing protocol. The research suggests that it is necessary to pull together core institutional stakeholder decision makers to set clear objectives about what the stakeholders wish to achieve by working together and what information would be useful to share to facilitate that objective. It should then be possible to develop priorities and the appropriate information sharing protocols.

Accordingly, our subcommittee recommends that representatives of the following stakeholder groups be assembled to determine what their common objectives

are, and what information is necessary to share to achieve that objective or objectives. For the work to be effective, those in attendance must either be the decision maker for that stakeholder group, or a person who has been delegated the authority to make decisions for that stakeholder group. As noted, there has already been one meeting between the Albuquerque City Attorney's Office, APD and UNM General Counsel. The suggested stakeholder meeting would expand upon those efforts to more fully include the stakeholder groups the subcommittee believes are integral to develop the cross agency collaboration and information sharing protocol.

- Representatives of the community with lived experience who have been or may be persons who come in contact with first responders
- Albuquerque City Attorney's Office
- Albuquerque Police Department, including representatives of the Crisis Intervention Unit
- University of New Mexico General Counsel's Office (perhaps with the HIPAA compliance officers well) and the Department of Psychiatry
- Albuquerque Fire Department, including representatives of the Emergency Medical Technicians
- Presbyterian Hospital – Kaseman psychiatric services and their General Counsel
- 911 Dispatch
- Bernalillo County
- Bernalillo County Sheriff's Department
- Bernalillo County Fire Department
- The Veterans Administration Hospital
- MHRAC Information Sharing Subcommittee members

Ideally, development of an information sharing protocol would be in the context of the creation of a system of care. For example, we have been learning about the Santa Fe Behavioral Health Alliance, a collaboration that coordinates community efforts for people with mental illness to prevent them from coming into the criminal justice system, provide diversion, crisis intervention, connections to services and to reduce recidivism. This interagency collaboration has required initial conversations about how to share information among those who come into contact with community members with mental illness.

The MHRAC, of course, was not charged with developing a community system of care. However, we may be able to learn from Santa Fe, and they from us, about how to share information among law enforcement, other first responders and behavioral health services providers to achieve outcomes to assure individuals with mental illness are safe, are afforded opportunities to connect with services and treated with dignity and respect, that law enforcement and other first responders are safe and our communities are safe.

The Information Sharing Subcommittee asks that the entire MHRAC endorse this proposal and make it an official recommendation from the MHRAC to the City of Albuquerque and the Albuquerque Police Department.

Respectfully submitted,

Nancy Koenigsberg

Rick Miera

Ken Gilman

Nicole Duranceaux

November 5, 2015