

Mental Health Response Advisory Committee (MHRAC)
Meeting Minutes
Tuesday, March 21, 2017

Co-Chairs Danny Whatley and Rick Miera
Scribe: Jeremy Jaramillo

Meeting called to order at 5:01 pm, quorum of 12 was met at time of start.

Welcome to First Timer: Paul Gonzales, BCSO, CIU, Metro Team

Motion to approve minutes from previous meeting. David Webster moved to approve as recorded, Betty Whiton seconded. David Ley offered discussion of changes to MOU comment to, "thinks the MHRAC comments about the MOU, and its limitations, are well written and the information sharing committee should be thanked for their work." David Webster motioned to approve amended minutes, Jeremy Jaramillo seconded. Minutes approved 12-0.

Public Comment

Jim Ogle commented- NMRN (conference)

Mary Miller's research will be presented about people with mental illness recovering from mental health issues. It will be April 22nd at the Domenici Center.

Nancy Koenigsberg moved to alter agenda to switch items 4 and 5 to accommodate Dr. Nicole Duranceaux. Motion carries 12-0

Discussion of Info sharing subcommittee's review of Feb 10th draft of MOU.

There were nine people present and Deborah Mann, Dr. Nicole Duranceaux, Psychologist, and Nancy Koenigsberg drafted the memo. Nancy Koenigsberg went over the highlights to speak to the feasibility of the MOU. The issue at hand is how the University of New Mexico Psychology and APD share protected health information. Of note is whether the CIU (including Masters level clinicians) are behavioral health service providers and the people they see "clients". The APD mental health professionals are not seen at present as clinicians. Dr. Nicole Duranceaux stated that there should be a document that was clear as to how the procedure of a CIU intervention works. Nothing prohibits APD to provide their information to providers, as they are not bound by HIPAA, however, the difficulty is when a provider could potentially give protected health information to APD. It was noted in the group that this can happen now with some difficulty and that Santa Fe's model and the Echo model accommodate this. There is a VA policy, although more restrictive, that is making strides with patient's consent. Detective David Baca offered up the discharge plan as an example.

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Nancy Koenigsberg said what is permitted information from APD to the provider in the “general rules” is in the MOU but people need to give consent.

David Ley brought up the “Portland model”

Without client consent sharing is only okay under three circumstances from provider to APD.

Nils Rosenbaum, MD proposed that a behavioral health provider can give information to APD if the person is under investigation. It was also noted/discussed that in this circumstance Nils Rosenbaum, MD isn't a clinical provider but rather a representative of APD.

Dr. Nicole Duranceaux noted that paragraph five needs to be changed.

Noted that in a court order or administrative request, they must be written, a therapist can give information limited to various elements.

Discussion as to whether APD is looked at as having “specialized training” and how that is relevant to the information sharing under the MOU. This was brought up by Detective Matthew Tinney. It was discussed that perhaps an option to solve this problem would be to flesh out the administrative request process and at what times this would be relevant including “at the moment” of risk of danger to self or others.

Nancy Koenigsberg motioned to enter the information subcommittee letter into the minutes. David Ley seconded. Motion carried 12-0.

David Ley recommends education about what can be shared to all involved parties.

Jeremy brings up the issue of how to keep the information and how the law disallows protected health information be kept in records that can be easily accessed.

Nancy Koenigsberg motions that the HIPAA letter also be entered into the minutes. Jeremy seconds. Motion carries 12-0.

Jeremy offers idea to create process for individual consent for sharing protected health information. This could be done in a systematic way and that this consent could have an expiration/re-up date.

It was noted that if peers have comments, they can also be put forth said comments by email.

David Webster states that the “letter of the law thwarts helping clients” and that this inhibits mobile crisis teams as well. David Webster states that it is important to change the law.

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Ray Atencio Presentation from APPRISS

(The PowerPoint from Ray was sent out to buy Danny the email after the meeting.)

Ray is a former police officer that helped to start the CIT and when he was there he felt something different had to be done about the continuum of care but helping those with mental illness.

The flagship product of APPRISS is VINE that is in 48 states and is the largest information database regarding Sudafed tracking.

APPRISS is about information sharing/online solutions.

Nancy Koenigsberg asked for the PowerPoint to be sent to Danny. Ray agreed.

Ray stated that this online solution can be serviced to a whole system or a standalone to assist a targeted 50 people at a time and their stakeholders.

Ray went through the PowerPoint and showed examples of what it could look like and different levels of buy-in. Ray stated that this solution is usually purchased by already appropriated funds in the municipalities.

Discussion of Training of CNT

In Reference to SOP 2-20. There was an invitation for Lieutenant Garcia to present on discussions of the CNT and SWAT training at the next training subcommittee meeting. Lieutenant Garcia accepts and it is set. Lieutenant Garcia notifies the group that he is technically the "tactical Lieutenant". Lieutenant Garcia says there were 45 SWAT activations in the last year and only three subjects qualified as mental health callouts with two others having loose potential for such. He has a thumb drive with power points for the training subcommittee with previous PSG slides and curriculum that will not be used. Lieutenant Garcia proposes that CNT and the training subcommittee come up with topics to teach and develop slides with training curriculum. Concern was discussed if the new curriculum would be APD curriculum that would be open for sharing in the behavioral health units. It was stated that it would be APD material and that these sections would be openly available.

It was noted that all activations of SWAT are life and death and that information goes into the report. This information is kept in house and does include information as to how best to help the individual. SOP 2-20 codified the tactical response to suicide and limited the criteria.

Noted that there was a 60% decrease in calls for CNT.

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Co-Chairs Update

Noted that the fifth report of the monitor will tentatively be out May 10 for the city report.

Danny brought up that on the 30th or 31st, the co-chairs and APD will discuss the administrative support for MHRAC and that the Cynthia Martinez solution will not work. Jennica and Chief Huntsman will also meet earlier.

Nancy Koenigsberg brings up the mobile crisis teams and that the MHRAC has not had formalized input. Rick states that there are open meetings for them but agrees that the MHRAC does not have procedural input.

David Ley brings up the issue of officers who are CIT trained by PSG, a training which the DOJ determined insufficient, is still an unsolved issue. He feels it is imperative to solve and that the three options were either do nothing (which he does not recommend), somehow tested the competence of those that were PSG trained and then do nothing or retrain as appropriate or to retrain everybody. No official MHRAC recommendation is voted on.

It is noted that Dr. Canard will be in town from June 12 to June 16 and David motions that the name June meeting be moved to June 13. Nancy Koenigsberg seconds. Motion passes 13-0 (another member had arrived.)

Update on APD/CIU

No updates

Update on resource subcommittee

They are still using the network of care service for offering resources to officers. ECIT has a workgroup with the national ARCA coming soon and a survey for officers requesting feedback for what is already on the network of care. They will discuss how officers access info on this resource. They passed out a resource card to each in the MHRAC.

Update on training subcommittee

The committee will submit a copy of its previous minutes and will meet on April 5 at 10 AM at the Family Advocacy Center.

Next MHRAC Meeting Tuesday, April 18, 2017.

Meeting adjourned.