

**Mental Health Response Advisory Committee (MHRAC)
Meeting Minutes
Tuesday, November 20, 2018**

David Webster, Bernalillo County
Behavioral Health

In Attendance:

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

Non-Voting members:

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

Absent:

James Burton, Peer Representative
Mike McConnell, NAMI, Peer
Representative
Johnny Martinez, NMVIC/FIC

Meeting was called to order at 5:00 PM. A quorum was met at time of start.

Welcome first time guests:

Deputy Chief Harold Medina, Field Services Bureau, APD
Annette Crisanti, MD, Department of Psychiatry, UNM
Lisa Schatz-Vance, Second Judicial District Court
Edwina Kiro, VACCPC

Approval of meeting minutes

There was a motion made by Dr. Nils Rosenbaum to approve the minutes as written. The motion was second by George Mercer and approved.

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

No public comment. Danny used this opportunity to discuss the email he sent to the committee on Tuesday, November 20, 2018, regarding *Email from the Mental Health Response Advisory Committee Regarding Concerns to be Addressed During the December 7, 2018 Public Hearing*. (See email with attachments). He would like to speak to the Court at the status hearing on December 7, 2018. At the last minute he received a lot of information, which he had concerns with. Given the time constraints, he sent the email to Elizabeth Martinez before the committee had a chance to discuss. Danny did hear back from some of the committee members. Danny read the email for those who had not had the opportunity to review it.

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

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- C: Ellen: Lisa Huval, Deputy Director, Housing and Homelessness Programs, Family and Community Services, will address these issues.
- C: Danny: I did not want to submit the email without MHRAC but there was a deadline. These are important issues that need to be addressed. Is there any comments? Danny felt this was the right thing to do. We need to understand that we have an obligation to address issues that impact the homeless.
- C: Nancy: I would need the CASA in front of me to see which specific issues.
- C: Danny: It would be interesting to see what the City has to say. We want it to work and we want the administration to look good but as a taxpayer I want to see that the money is going where it should. The most bang for the buck. Providers he has spoken with have the same feelings and concerns.
- C: Ellen: Want to keep the CASA and the homeless and behavioral health where APD does not take part separate. The CASA is specific to APD interaction.
- C: Danny: APD should have involvement. Need to make sure policy is not being made at a level and then APD is faced with not being able to implement that policy. Common sense, what is meant by protocol and term homeless encampment? Lisa will hopefully address this. No protocol yet. APD needs to know what the protocol is to know what they can do. It's difficult on City streets let alone on private property.

Recommendation of Laura Nguyen, Adult Protective Services:

Rick introduced Laura Nguyen. Laura stated that she is currently an Investigative Caseworker Supervisor with Adult Protective Services. She is a licensed Master Level Social Worker (see attached resume). She is working on branching out her community involvement. Dr. Rosenbaum made a motion that Ms. Nguyen be considered for a position on the committee. Dave Webster seconded the motion. Motion passed.

Presentation by Dr. Annette Crisanti and Jennifer Earheart - CIT ECHO Project:

See PowerPoint Presentation.

The Project was initially funded by the Department of Justice. It was a three (3) year grant. There were three (3) objectives: develop, implement and evaluate. The original ECHO project was developed in Albuquerque in medicine, initially in response to the Hepatitis C outbreak. For the CIT ECHO Project, a video conferencing application called Zoom is utilized. Present for the CIT ECHO sessions are: Dr. Rosenbaum, a UNM Psychiatrist, and the CIU detectives. Interested parties (officers) join via KDTs, laptops, smart phones or computers. Each session consists of a didactic portion and a case debriefing portion. It encourages best practices. See PowerPoint Presentation for data and specifics.

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

- C: Matt: It is important to point out that the CIT ECHO Project was started prior to the DOJ coming in. It has even changed how we are doing our cadet and other trainings. For example: during a presentation on homicides, we noticed that there was a correlation between the increase in murder/suicides. In our trainings we changed our focus to not just suicide but murder/suicides.

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It's also nice to have training where officers do not have to go to the academy. It's a way to continue growth.

- Q: Nancy: How do you get word out?
- A: Matt: All officers are required to come back to training. At these trainings we show them ECHO. For those that sign up for eCIT, we again show ECHO to them.
- Q: Matt: Are there any additional ideas on how to get the word out?
- C: Matt: Need ability for APD officers to feel that they have a platform where they can openly speak about a case.
- Q: Who is it open to?
- A: Matt: Initially, under the grant it was only open to law enforcement. Now that the grant has expired, we may be able to open it up for more individuals.
- C: Dr. Crisanti: We are applying for funding through the ARNOLD Foundation. We have submitted our letter of intent. We would like to open it up to all people who touch the lives of someone with mental illness.
- Q: Would it count towards continuing education credit?
- A: No.
- C: It's not a matter of cost. Presenters are doing it for free.
- Q: Jim: Do they call in case studies that they want you to do?
- A: Matt: Yes. For example, Texas MCT does call in to do cases as has Chicago PD. We have even had a doctor from West Virginia join a session.
- C: Matt: It is through our conversations in our ECHO sessions where we have been able to identify where we are lacking in resources. The goal is to make sure best practices are being utilized.
- Q: Nancy: Do you compile a wish list? My question is: are you able to get more ideas from other communities?
- C: Matt: It gives us an opportunity to be able to expand. To look back and to see if it's a fit. Something to possibly develop for Albuquerque. One hundred and twenty two (122) officers have attended ECHO sessions.
- Q: Is there a goal for 95% of APD officers?
- A: Matt: Goal was 20% of field. We have met that goal. Now with loss of funding, don't know that we have a goal.
- Q: Nancy: Now that the grant has run out, how is ECHO funded?
- A: Dr. Crisanti: UNM is very supportive of the project. We have supplemental funding through the end of April 2019. Dr. McCoy is funded by UNM and they also fund a very small amount of my salary and Jen's. We are hoping the data will speak for itself.

Discussion: Response to concerns raised in Danny's email dated November 20, 2018 by Lisa Huval, Deputy Director, Family and Community Services:

Deputy Director Huval reminded the committee that her director had presented the Mayor's Homelessness Program to MHRAC two months ago. She referred to the "Changing the Story of Albuquerque's Homelessness and Behavioral Health Crisis System" Handout dated September 2018 (see attached). The City's attempt is to have the biggest impact on homelessness. The City has had weekly public briefing meeting. APD and AFR have been included in these meetings. Over the period of several months, they have presented the framework on the plan and received feedback. Used the feedback to formulate the plan. Have reached out to a small

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group of homeless providers such as Health Care for the Homeless, Heading Home. Were given some input. Have been going out to the community for the past six to eight weeks. Spoken with over 20 service providers. Our big focus is for the winter shelter to become a year round shelter and to offer more services. It will run there until the City is able to build more shelters closer to services. Goal is to keep open until central located shelters are opened. Realized that 24/7 may not be the best use of resources. No way to connect with services. This is an example where we heard from service providers and listened. Plan is for shelter to be open over night during the week and then 24/7 during the weekends. We are working with UNM to provide some medical services at the shelter. Possible on-site providers. A case management piece by Bernalillo County. Soon after the plan was developed, the mayor met with staff and asked: how do we go forward. We know we need to coordinate with others to make it work. The three (3) work groups developed do not set policy. They set short term focus. Work groups are from sectors impacted from homelessness. For example: medical services for the west side shelter. As result of work groups: can we partner with UNMH? Not big policy questions, just tangible how to get off the ground issues. Some work groups are moving faster than others. Well aware of the job posting overseeing protocol. We have been working on a draft. Wish it hadn't gone out. Using the Seattle model. Effort to help people work with services not just to remove the encampment. Policy not finalized. Will seek input. Is aware that APD does have interaction with encampments.

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

- C: Robert: Location of the West Side Facility is a barrier.
- C: Lisa Huval: Yes, the facility is 20 miles out of town. For now we have it and can use it right away. Yes, the location is a barrier. Makes providing services more challenging. Harder for volunteers and for Heading Home. Coronado Park is the pick-up and drop-off location. Pick-up every evening at 5 p.m., 6 p.m. and 7 p.m. Drop-off: first bus arrives at Park near 7 a.m. Heading Home does have a small emergency van. Can call emergency number.
- C: Danny: You said the working groups do not develop policy. They have to. In looking at the groups (composition) – APD is not represented. They have been left out. The Mayor is missing it. MHRAC can make him look good. People working on this are not familiar with the necessary process. Speaking for MHRAC: APD has to be sitting at the table when you are doing this.
- Q: Is there any way you can extend the morning hours from 7 a.m. That is really early for some.
- A: Lisa Huval: The last bus leaves at 8:40 a.m. Some want to leave early to get their children to school. Ideally it would be nice to extend the hours but the focus is on 24/7 weekends.
- Q: Is there a working group for the development of protocol?
- A: Lisa Huval: Yes, an internal one.
- C: Danny: APD should be a part of the working group as they are the ones who will be following it.
- C: Lisa Huval: They will be trained on it
- C: Danny: You can train to policy but that policy may not be worth the paper it is written on
- C: Rick: BCSO should be involved as well.

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- C: David: I agree. The development of protocol is pretty significant. I would offer my support and the members of my ACT team. There are a lot of folks who would be more than happy to jump in and help come up with something that would actually work.
- Q: Lisa Huval to Deputy Chief Garcia: If APD was to be involved, who would be a partner to sit in on group?
- A: D.C. Garcia: COAST so it would be either Lieutenant Dietzel or Sergeant Dosal.
- Q: Rob: In previous years there were multiple pick-up points. Why is there just one this year?
- A: Lisa Huval: We have a different provider this year. Our contract does not cover the cost of multiple pick-up locations. In the past, the previous providers elected to offer multiple points and were not compensated for those services. Heading Home is not able to afford this. We are aware that offering only one location is not ideal. May be a priority for the future.
- C: Sergeant Dosal: We are getting multiple complaints because of the increased activity at that location. Complaints are going to the Mayor's office. Might be able to address at a higher level the lack of alternatives in the pick-up/drop-off location.

Presentation by Mobile Crisis Team (MCT) Personnel

Assisting in the presentation were the following individuals: APD Officer Michael Sciarrillo, Mobile Crisis Team 2; APD Officer Mark LeClair, Mobile Crisis Team 4; HopeWorks Clinician Lisa Galles, Mobile Crisis Team 2; and Nevin Marquez, Director of Behavioral Health Services, HopeWorks.

Officer Sciarrillo: Each MCT is comprised of an officer and a master level clinician. APD has two MCTs and BCSO has two MCTs. The clinicians are employed by HopeWorks. MCTs respond to calls for service from APD Dispatch. The calls are behavioral health, mental health or suicide ideation calls. Clinicians help provide insight as to what services are needed. **Officer LeClair:** This helps free up the need for additional services such as AFR and Albuquerque Ambulance. Helps eliminate an ambulance bill for the consumer. To date, MCTs have received positive feedback from consumers, AFR, Albuquerque Ambulance and field officers. Not all consumers feel that way. **Officer Sciarrillo:** Clinicians help get people into the hospital, connect them to services, help the families and help keep them in the community. **Officer LeClair:** In circumstances where field officers may have spoken with a consumer for an extended period of time, MCT clinicians have been able to do a certificate for evaluation and help get the person evaluated.

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

- Q: Jim: When you take them to the hospital, is it voluntary?
- A: Officer LeClair (MCT 4): If the clinician does a certificate for evaluation, no, but because they have to go we are able to get them to go involuntary.
- C: Officer Sciarrillo (MCT 2): My team has handled 800 calls; only 5 of those have been involuntary. Of the 800 calls, there has been zero use of force and only 1 arrest. Seventy percent (70%) has been left in the community.
- Q: Jim: So thirty percent (30%) is transported. How does that compare to before MCT?
- A: Lieutenant Dietzel: We've never had clinicians with officers.

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- C: Ellen: Will have data to make best comparison.
- C: Danny: In the past the fire department and Albuquerque Ambulance would transport.
- Q: Nancy: Are they in handcuffs?
- A: Officer LeClair (MCT 4): Yes, it is our policy. Ninety-five percent (95%) of the time they have understood that the need is for safety of all involved.
- Q: George: The image is very important. Is that the type of clothing you wear? Fully uniformed. Visual of uniform can be a trigger.
- A: Yes, this is what we wear.
- Q: George: Can you allow the clinician to go first?
- A: Officer LeClair (MCT4): Absolutely not. That would be a safety issue. APDs main concern is the safety of the clinician.
- C: Clinician Galles (MCT 2): I try to let the consumer know that I am not APD.
- Q: Nancy: Have questions regarding the data collectors (ride along data people from UNM). During the Information Sharing Sub-Committee conference call we had a bunch of questions. Would like to address those questions. Describe what a call looks like. Hope do they decide to call you?
- A: Officer LeClair (MCT4): There are two different ways we go out. We are contacted for suicides and if officers already on the scene call for an MCT (feel the call is out of their expertise).
- A: Officer Sciarrillo (MCT 2): Let me walk you through a call. The officer will generally introduce themselves. They will start a conversation to make sure it's safe. After safety is ensured we will start the interview process. The clinician will start to ask questions. Afterward the clinician will make the determination if there is a need to transport.
- Q: Nancy: Need to understand the relationship the clinician has with the consumer. Are you (the officer) close enough to the clinician to hear what the consumer is saying?
- A: Officer Sciarrillo (MCT 2): Yes
- Q: Nancy: Do you have your camera on:
- A: Officer Sciarrillo (MCT 2): Yes
- Q: Regarding the release of information
- A: Nevin Marquez: There is a release of information for continuity of care. We run into circumstances or situations where they are unable to answer those questions so we are unable to get a release of information
- Q: Dr. Rosenbaum: Who is on the release for whom?
- A: Nevin Marquez: For us to be able to contact insurance and for UNM Institute of Social Research. Not getting outside information. Have another release for us to get information from their providers.
- Q: Dr. Rosenbaum (repeats question): Who is on the release for whom?
- Q: Jim: Have you ever had an advanced psychological directive? Has anyone ever filled it out?
- A: No, no one has seen one.
- C: A release of information is not needed for insurance. It is not a HIPAA requirement.
- C: David: To clarify confidentiality requirements regarding release of information: for substance abuse issues you do need a release for insurance but only for substance abuse. Worries about MCT becoming a silo. Who does follow up?

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- A: Officer Sciarrillo (MCT 2): In some instances the MCT officer will send the police report and CIT worksheet to CIU. Not all cases go to CIU.
- A: Nevin Marquez: HopeWorks does want to follow-up on as many cases as possible to connect to services. Some cases get referred to Community Engagement Teams (CETs). HopeWorks do the release of information and ISRs.
- Q: Do you diagnose in the releases for information? Is this a Medicaid billable service?
- A: Nevin Marquez: No. It can be, if client has Medicaid if can be, if face to face can bill.
- Q: Nancy: Regarding the data collection ride alongs.
- A: Sergeant Dosal: They just started last week. Ridden twice so far. Trying to sit in all on all shifts.
- Q: Nancy: The clinicians from HopeWorks ride in a City car, who is responsible for the outcome of the call? What happens if the consumer gets aggressive? Trying to understand if there's a problem who's responsible for handling.
- A: Robert: Any behavior that is criminal would be APDs responsibility. They could never bring the clinician into an unsafe situation.
- C: Officer LeClair (MCT 4): There was a situation. Safety of clinician important. Had a use of force.
- C: Officer Sciarrillo (MCT 2): Gave a demonstration of how an interview is handled. Where the MCT officer and the back-up officer stand and where the clinician stands during the entire process. There are always two officers and the interview is conducted without bringing the clinician any closer to the consumer.

Report and update from CIU, APD and Dr. Rosenbaum

Matt: There is an eCIT Recertification Training and a 40-Hour CIT Training next month.

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

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

Outreach winter hours start next week. The hours are 12:30 p.m. to 2:30 p.m.

Report and update from sub-committees:

Information Sub-Committee:

Nancy: Conference call meeting. Group had questions/concerns regarding MCTs. The MCT presentation was a result of those questions.

Training Sub-Committee:

Dave: Will be meeting on Monday. CNM will attend the meeting to address questions/concerns. The Draft Training Sub-Committee Year End Report will be reviewed at the meeting.

Resource Sub-Committee:

The resource cards were completed and printed. They were delivered to CIU.

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MHRAC Final Discussion:

None_

Adjourn

Meeting adjourned at 7:20 PM