

Mental Health Response Advisory Committee (MHRAC)

Meeting Minutes

Tuesday, September 18, 2018

David Webster, Bernalillo County
Behavioral Health

In Attendance:

Co-Chair Danny Whatley, The Rock at
Noon Day
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
Betty Whiton, NAMI
Lieutenant Matt Dietzel, APD CIU
Paula Burton, Peer Representative
Nancy Koenigsberg, Disability Rights
NM
James Burton, Peer Representative
Mike McConnell, NAMI, Peer Representative
Bridget McCoy, MD, UNM Department of Psychiatry

Non-Voting members:

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

Absent:

Johnny Martinez, NMVIC/ FIC
Nils Rosenbaum, MD., M.P.H., APD
Behavioral Health Division
George Mercer, Albuquerque Health Care for
the Homeless

Meeting was called to order at 5:02 PM. A quorum was met at time of start.

Welcome first time guests:

- Kathy Finch, President, NAMI Albuquerque
- Elizabeth Withnall

Approval of meeting minutes

There was a motion made by Rick Miera to approve the minutes as written. The motion was second by Paula Burton and approved.

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

As history: the Board received a copy of APD's Special Order 17-23 and SOP 2-82 from Board Member Lieutenant Dietzel (documents attached). It was determined that this topic would be discussed during the public comment portion of the meeting. A family member of someone affected by this policy was invited to attend the MHRAC Meeting and share her story.

Lieutenant Dietzel gave an overview of SOP 2-19-11A and SOP 2-82 as it applies to transport for mental health evaluations. If there is a suicide threat or a hint of suicide, APD will respond. By directive, APD has to be the one to transport. This entails handcuffing and a quick search for weapons.

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

- Q: Rick: Is this a new policy?
- A: Lieutenant Dietzel: No.
- Q: Rick: Why then is this being reviewed?

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- A: Lieutenant Dietzel: It was being reviewed by our ADA attorneys
- A: Deputy Chief Garcia: It is part of McClendon
- Q: Rick: Don't all policies and procedures have to go through MHRAC?
- A: Danny: Yes, if it is a CASA related policy.
- C: Rick: In the future policies should come to MHRAC first
- C: Deputy Chief Garcia: There was a situation before, on the surface it doesn't immediately fall under CASA but possibly could.
- C: Danny: We (MHRAC) did review this policy three (3) years ago. Danny then read Special Order 17-23, dated February 17, 2017, out loud to the audience.
- C: Deputy Chief Garcia: This became an issue for AFD rescue. Met with APOA, to address and ensure the safety of the officer(s). Patting down, looking for weapons.

A guest speaker, a family member of someone affected by this policy, shared her story. This is an overview of her story. She and her son have been living in Albuquerque for the past four (4) years. She divulged that her son has been diagnosed with mental health conditions and substance addictions. Her son has placed many calls to APD. Prior to the incident in question, her son had never been transported by APD in handcuffs, in the back of a patrol car. He had previously been transported by ambulance. On the date of the incidence in question, after receiving a call from her son, she directed her son to call 911. She then called a friend and asked that friend to follow-up and verify that the call was made. She was informed by her friend that she would be receiving a call from APD and provided an update. She never received a call. She stated that by the time she met up with her son at the hospital, he was very agitated. She felt that her son had been treated as a criminal, felt that if he would have been transported by ambulance, none of this would have happened. She wanted to know why this was done. Why he had to be placed in handcuffs and transported in a police car, especially since there have been instances in the past where her son was not transported by APD.

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

- C: David: There have been instances where this process has not been used. For certificates for evaluation, at NM Solutions, they have always been transported by APD not by AFR. I can identify a number of instances where rescue has transported for suicide
- C: Matt: AFR does not respond to suicide unless there is injury
- C: Deputy Chief Garcia: Concurred
- C: Guest speaker: I have a friend who is a paramedic. He told me that this was a new procedure that was just signed by the mayor the same week her son called 911.
- C: Matt/Deputy Chief Garcia: APD officers receive so much more training than AFR.
- C: David: Concurred: AFR does not have the training APD does
- C: Matt: UNM Westside said they had called 911 and was informed that AFR would not be responding.
- C: James: AFR responds to down and out. If there is danger or other circumstances, then APD responds. AFR decides who takes the call.
- C: David: A suicide call is medical therefore it should be medical AFR

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- C: Danny: Understood that there was an option as to who would take the call
- C: CIU Staff: 43-1-10 – officer has the authority under state law. State law does not see it as a medical. There has to be a medical precursor – a medical reason why they cannot ride in the car. For ambulance: there is no medical reason to transport.
- Q: Guest speaker: How do you know they are not having a medical reason to be transported?
- C: CIU Staff: We question the individual. We have to follow state law. In the past, the ambulance would transport and then there would later be a big bill for the individual to face.
- C: Lieutenant Dietzel: There is a deep rooted fear in having police transport. State law (43-1-10) requires that they be transported.
- Q: Rick: Does the officer have to stay with them the whole while they are there at the hospital?
- A: Matt: The officer can leave once the provider takes over the responsibility
- C: Rick: Try to limit the time the individual would be under duress while restrained
- C: CIU Staff: Prior to the transport, the officer will explain to the individual that they are required to be restrained during the transport. They explain that they are restrained for safety purposes. The officer will further explain that, if the individual remains non-combative during the process, they will release them from the restraints once they arrive at the hospital.
- C: CIU Staff: If the individual becomes more upset or combative because they are restrained or because they are around officers then in order to ensure that they are not a threat to themselves or others, they remain in the restraints.
- C: Rick: Need to look at other cities to see how they handle suicide calls
- C: CIU Staff: Has seen individuals try to escape from the ambulance while in route. This places an added threat to themselves as well as others. The individuals are already looking to hurt themselves.
- C: CIU Staff: We teach this in the de-escalation training that officers go through. If you look at lapels, the officers are trying to reach rapport. The officers are trying to walk the individual through the process so there is no hidden agenda. Try to explain that they are not in trouble but that this is the process and if you are not combative then the restraints can come off at the hospital.
- C: Jim: The police are well trained, however, put yourself in the position of the patient. Especially the first time the cuffs go on. Really traumatic, embarrassing. To neighbors, you look like a criminal. The statute needs to be looked at. There are other places that have other options. In this process everybody is safe but you lose in the therapeutic arena.
- C: James: Read City ordinance
- C: Matt: The ordinance is outdated
- C: James: Possible that the individual's doctor could be contacted by AFD to authorize as medical
- C: Matt: Albuquerque Ambulance cannot transport or make a determination that it is medical and transport.
- C: Matt: Isn't sure if the response in this situation would have been different depending on how the call went through.

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- Q: David: Can we convene some ad hoc group to discuss this further
- A: Deputy Chief Garcia: We would have to include AFR.
- C: Danny: But it's a state statute
- C: Robert: If medical precursor, then AFR can transport but APD follows
- C: CIU Staff: If this is a behavioral health issue and we call ambulance, then the ambulance is required to take them to an emergency room. Other emergencies which are more life threatening will be taken first. We will lose the opportunity to speak with the triage staff.
- C: CIU Staff: The ambulance is required to transport to the nearest hospital. That hospital might not be the best place for that individual or it might not provide psychiatric services. The cost of the ambulance will not be covered by Medicaid.
- Q: Danny: to the guest speaker: Would you be willing to be a part of the discussion.
- A: Guest speaker: Feels resistance from the group
- C: Danny: that is definitely not the case with this group.
- C: Betty: received a call from a friend out in Portland regarding that friend's son who was suicidal. Betty spoke with the son. Did research and found project response. Betty will research and provide more information to the group.
- C: Rick: there is a need to continue this conversation. CET and CIU needs to be involved. To help with the initial assessment. We have a triage center opening up. Issues such as this will come up. Questions such as: who will they pick up, who they can bring in, etc.
- C: Guest speaker: Will be happy to be a part of it
- C: Jim Ogle: Thanked the guest speaker for taking part in this discussion
- C: Kathy (NAMI): Sent out a document to Danny. It is a synopsis of what others are doing that is radically different, industries that are doing this and saving money.
- C: Danny: Will email the document to the committee

Introduction of Dr. Bridget McCoy, MHRAC Representative from UNMH

First of all, MHRAC would like to extend a warm welcome to Dr. McCoy. Dr. Bridget McCoy is the new MHRAC Representative from UNMH. Dr. McCoy is originally from St. Louis. She has also resided in Chicago and the Bronx. Dr. McCoy's specialty is in Forensic Psychology. In addition to her duties at UNMH, Dr. McCoy will also be performing clinical work, assisting with the CIT ECHO Project and studying New Mexico Competency to stand trial process.

Report and update from CIU, APD and Dr. Rosenbaum

Lieutenant Dietzel informed the board that Sergeant Dosal was awarded Supervisor of the Quarter. He stated that SOP 2-19 went through the Review Board two weeks ago. It has now moved on to Police Oversight (30-day comment period). CIU met with Aviation officers regarding the suicidal subject incident at the Sunport. An Aviation Lieutenant has joined the Sergeant/Lieutenant Coordinators. Lieutenant Dietzel mentioned that he provides a monthly synopsis to all sworn officers addressing any small concerns/issues that have come up concerning CIU and the Special Order. CIU is currently conducting their 40-hour CIT Training at the Academy. Home Visits are on-going for the CIU detectives. CIU met with AFR

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(Albuquerque Fire Rescue) on Monday. AFR will now take part in the quarterly meeting CIU has with Albuquerque Ambulance. AFR has agreed to come in an address why they cannot transport. Sergeant Dosal has been invited to the paramedics' academy to give an overview. Assistant City Attorney, Lindsey Van Meter was present to answer any questions, if needed.

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

- Q: Danny: are the Aviation officers CIT trained?
- A: Lieutenant Dietzel: yes Aviation have CIT and some eCIT trained officers
- C: Lieutenant Dietzel: Aviation officers are part of APD

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

Rob: we have strategic outreach on Thursdays. The Mayor is tentatively scheduled to participate at the SE area outreach. COAST personnel attended reality based training. They took part in scenarios. The training sharpened skills.

Report and update from sub-committees:

Information Sub-Committee:

Training Sub-Committee:

David: We had a meeting in August. During that meeting, a homeless advocate gave a presentation. We have a meeting on Monday. We will be doing presentations with the academy. CNT behavioral health curriculum – needs assessment to determine what level of training CNT and SWAT needs.

Paula: CWorxs was also present at the last meeting for scenarios.

David: We are encouraging the actors/role players to attend the Peer Panel portion of the CIT Training so that they can observe the panel. The Peer Panel generally presents the same day as the first set of scenarios.

Resource Sub-Committee:

Ellen: Focus is on homeless services. Family and Community Services met with COAST days prior to the Mayor's announcement. After hour resources is a concern. Need to brain storm. Is it time to review the resource card?

Sergeant Dosal: the last review was in March. Would like to get to it once a year.

Ellen: stated that the sub-committee is ready to review it

Danny: reiterated that there are no after hour services.

Robert: stated that NAMI purchased 9,000 resource cards. Eight thousand (8,000) were donated to the City of Albuquerque.

Sergeant Dosal: mentioned that they only had one box left.

Robert: mentioned that NAMI is looking into doing an annual donation. They match the amount supplied by the City.

Danny: if committee members want anything added to the card contact Ellen, would like to see if more user friendly

Discussion: SOP 1-11 Behavioral Sciences Section:

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History: Prior to the meeting Nancy and George submitted recommendations. See attached for recommendations.

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

- Q: Ellen: Why would it not be appropriate to call your own provider directly?
- A: Nancy: You should go through general intake; they don't let you have direct contact with the provider.
- A: Matt: The current process is you call the general line and get Lenora, she then can send you over to your provider, say, for example, Troy.
- C: David: There needs to be a better way to track referrals

Discussion: Mayor Keller's New Plan to Address Homelessness:

Ellen introduced Carol Pierce, Director of Family and Community Services (FCS), who gave an overview of the homeless initiative. Carol stated that FCS is wanting to speak to a lot of groups. This is the first of many. The big picture is the need for emergency shelter/housing. The City needs shelters that operate 24/7, 365 days/yr. In addition to emergency shelters, there has to be a back door - i.e. housing, affordable housing. She discussed the recent RFP which was awarded to Hopeworks for forty-two (42) structures. The City is currently working with the Wells Park community, trying to be a good neighbor. Emergency supportive housing is a necessity as is a crisis triage center. The Bernalillo County does have MATS. There is a need to offer assistance with licensed professionals right then and there. Have to have it built out more than MATS. One of the shelters should be close to the crisis triage center. There is an overall need to coordinate our outreach, a need to coordinate and communicate. There is a need for an app which would allow agencies to know more of the person needing help. FCS is on a full court press to get the Westside Center up and running 24/7. Need the ability to get individuals to the downtown area to get food and other services offered downtown. Need to address the issues of food, transportation, case workers, etc. Possibly have health care for the homeless at the Westside Center. Not aware of the history behind the Westside Shelter. Basically it was what was available at the time. There have been improvements. Lots of great work was done by the Girl Scouts of America and Sandia Labs. FCS went to San Antonio to see how they are addressing the issue. Meet with her counterpart there. A question of how does this help with homelessness and behavioral health concerns. They too wish there was more affordable housing. Definite need to address the city's emergency housing concerns. Aiming for one place with the crisis triage center where folks can get triaged and get help. This will benefit APD and AFD.

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

- Q: What impact does this have on APD? Is this something that Administrative came up with and placed on APD?
- A: Carol: We have public safety meetings every week. During those meetings we talk about the homeless initiative. APD is part of those meetings. We are aware that this initiative will require collaboration with APD, AFD, Bernalillo County, as well as other outside agencies.
- Q: Danny: Is the City of Albuquerque getting into the homeless shelter business?

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- A: Carol: No, it will be contracted out.
- Q: Robert: Is the fairgrounds on the table for a homeless shelter?
- A: Carol: No, the fairgrounds is state owned. We are looking for city and close proximity to resources.
- C: Danny: Most of the homeless providers are saying that the reported number of homeless is definitely understated.
- Q: David: The plan mentions COAST teams deployed in downtown areas. Does this plan include an increase in personnel? There are limited resources for COAST. While this plan is important so are the things COAST is doing now. Don't want to take away from the current resources.
- A: Deputy Chief Garcia: Lieutenant Dietzel has put forth a plan addressing this.
- C: Danny: While addressing the homeless piece, need to ensure that with all that MHRAC and CASA has done, that the mental health piece is not left behind.
- C: Robert: Reiterated that COAST is already stretched thin.
- C: Carol: Welcomes feedback
- Q: Jim Ogle: Brought up a regional behavior health organization. Asked if this new administration is working with the County and other agencies to work towards this.
- A: Carol: This would be a question for Gilbert Ramirez. He is the deputy director of behavioral health. Not too sure if he is working towards this.
- Q: There so much money spent on visits to the emergency room. How to correct?
- C: David: Emergency room diversion. Money spent on the ER could be used elsewhere.

MHRAC Final Discussion:

None_

Adjourn

Meeting adjourned at 7:02 PM