MENTAL HEALTH RESPONSE AND ADVISORY COMMITTEE (MHRAC)

MHRAC has had a somewhat productive year, we have been instrumental in assisting APD and CIU with training and with writing and re-writing policies that not only impact our police department, but our community. While we began slowly, we have now made connections with all of the players in the process. With this connection, we have a voice and in most cases, a seat at the table for discussions involving those areas that the CASA has designated MHRAC responsibilities.

Some of the successes we have experienced have been involvement with CIU training at all levels. The membership of the MHRAC has "hands on" contact with CIU training, teaching classes in their respective area of expertise and experience. This has been received well by the MHRAC, APD and the community. Secondly, we have asked and received a seat at the table for policy review. Our biggest concern during discussion of policy review was that our suggestions were getting lost in the discussion and did not appear in the final product. Through discussion with APD and the City we were able to assist in developing a process so that the MHRAC would be involved at the beginning of the review and also at the end of the review. This has allowed us to make sure our concerns are either a part of the policy being reviewed or at least being addressed by the City and APD. Thirdly, one of the successes that we have experienced has been our ability to get recommendations and concerns in front of the decision makers for APD and the City. In the beginning it was difficult for us to get an audience with these individuals. We have now been accepted and encouraged to communicate with everyone involved.

We have however had some not so successful times with the MHRAC. One of those areas of concern has been with our Information Sharing Sub-committee. This sub-committee has worked extremely hard in trying to establish lines of communication and trying to determine what communication is needed to provide assistance to those in need and in so doing, not create issues of privacy.   This sub-committee has received very little support and direction from the parties and often times has felt as if they were operating in a vacuum. They felt that their hard work was not producing the fruits that it deserved. We have discussed our concerns with those involved and have been assured that these issues will be addressed and that this will be different going forward.

Also, the MHRAC was formed with very little administrative assistance and without a budget or other resources. While we are not asking for a budget, we have asked for administrative

assistance and help in putting together agendas, making copies of documents for our monthly meetings, assistance in sending out documents for review and various other administrative issues that have become a part of who we are and what we are tasked with doing. In one of our meetings with all of the parties, it was suggested that we needed an Executive Director (ED) and an Administrative Assistant (AA). The ED would be in charge of coordinating and communicating to the MHRAC items for the agenda, not only for the monthly meeting, but also for our sub-committee meetings; while the AA would take care of all administrative needs of the group. This has been discussed with everyone involved and we are in hopes of obtaining some of this assistance in 2017.

Since most of the membership of the MHRAC has been serving since the very beginning, there has been a period of "burn out," but because of some of the successes and the assurances that we have received, we have felt the sense of a "new beginning" and rejuvenation of the purpose and importance of MHRAC.

Even with some of the not so positive events of 2016, the MHRAC is still committed to providing law enforcement with the tools necessary to allow them to do their job safely, not only for law enforcement, but for members of the community that they are interacting with. We also want to assist in restoring faith and confidence within our community for law enforcement.

Rick Miera, Co-chair   Danny Whatley, Co-chair

MENTAL HEALTH RESPONSE AND ADVISORY COMMITTEE (MHRAC)
(AS OF December 2016)

1. John R. Gonzales – CIU
2. Matt Tinney – CIU
3. Cara Wilson – APD Contract Psychologist
4. Nils Rosenbaum – APD Contract Psychologist
5. Ellen L. Braden – Division Manager, Department of Family and Community Services
6. Rasma Cox – peer/DBSA
7. Yvette Garcia – COAST
8. Robert Salazar – peer/NAMI
9. Betty Whiton-Vice President NAMI Albuquerque
10. Nancy Koenigsberg – Disability Rights New Mexico
11. Rick Miera – Consulting
12. David Ley – New Mexico Solutions
13. Jeremy Jaramillo – LMSW, Haven Behavioral
14. Paula Burton – peer/NAMI
15. John Barnum – peer family member and President NAMI Albuquerque or
    Felicia Barnum – peer family member and NAMI
16. Dave Webster – St. Martin's
17. Michele Franowsky – Representative for the Forensic Intervention Consortium
18. William E. Narrow – UNM Department of Psychiatry and Behavioral Sciences
19. Danny Whatley – Rock at Noon Day

Information Sharing Subcommittee Report, November 16, 2016

This MHRAC is charged, in consultation with APD, with developing a protocol to govern the exchange of information between APD and other stakeholders about people with mental illness, as described in paragraph 114 of the Court Approved Settlement Agreement. The MHRAC created a subcommittee to address this paragraph. Despite the subcommittee's best efforts, which have been considerable, the subcommittee did not accomplish what it hoped to in the last year.

In the 2015 report, the subcommittee recommended developing systemic information sharing model to include all stakeholders, using the Justice and Health Connect Toolkit model. *www.jhconnect.org*. (The purpose of Justice and Health Connect is to "increase the ability of government agencies and community organizations to share information across **health** and **justice** systems"). Though a lofty goal, this was untenable.

The CASA reform process coincides with Bernalillo County's efforts to develop an implementation plan to use money for behavioral health services which will be funded by a new gross receipts tax that raises about $17 million a year. This process is in large part sits with the Albuquerque Bernalillo County Government Commission (ABCGC), which is taking recommendations from four committees: Crisis; Prevention, Intervention and Harm Reduction**,** Supportive Housing**;** and Community Supports. MHRAC has a member attending these meetings; however, it has not been possible to effectively link the subcommittee work with the ABCGC's work.

Over the summer, the subcommittee discussed what other options there might be to develop a protocol. We invited Tom Starke of the Santa Fe Behavioral Health Alliance to participate in our call. We discussed ways to scale back our focus, using Santa Fe's successful efforts as a model. The thought was to identify frequent utilizers of first responder services. As APD is collecting lots of data, we believed we could work with the Behavioral Health Division (BHD) of APD to review the data to identify those individuals. We could then work with BHD to choose a small cohort to develop an integrated model of sharing information. We could use Santa Fe's model, the case staffing model used by Portland, and the UNM/ APD's ECHO model (which discusses situations after the fact to provide insight about ways to better handle situations and ways to connect to resources). The subcommittee was hopeful that a scaled back effort might give us an opportunity to develop an approach. BHD still had concerns that there was a great need to set up a system with the hospitals to be able to share limited information during crisis situations. However, BHD was willing to try a pilot project around frequent utilizers in order to start something. Subcommittee members were assigned to reach out to community providers to assess interest and willingness to participate. Dr. Rosenbaum offered that BHD had a multi-party authorization to release information that could be helpful for the pilot. Subcommittee members agreed that it was appropriate to do outreach with frequent utlizers of service when they were not in crisis to discuss signing such an authorization for use at a later date. People agreed this was a useful strategy.

During the same time period, APD Crisis Intervention Unit and the University of New Mexico Psychiatric Emergency services were allegedly working on a Memorandum of Understanding for sharing protected health information about people with mental illness who had frequent contact

with APD. That effort was announced at an MHRAC meeting a year ago, and representatives of this subcommittee understood they would be part of the discussions about developing an agreement. Apparently, other than a preliminary meeting, nothing happened. A proposed contract was offered to APD over the summer. At the July 19, 2016 meeting, MHRAC had only a cursory opportunity to review the draft, as APD was under pressure to sign the MOU. MHRAC's impression was that it needed more work to assure adequate protections for individuals. The minutes stated: "regarding the MOU with UNM and APD/CIT, UNM has the MOU ready and APD and MHRAC need to review the document. There were three meetings over a long period of time to come up with the current MOU." Although no vote was taken, MHRAC expressed serious concerns about the MOU. This discussion was not recorded in the minutes. To our knowledge, the agreement was not accepted by the City, but we do not know for sure.   There was an attempt by the City to schedule a follow up meeting about an MOU, but due to scheduling conflicts, to our knowledge, it was never set.

The subcommittee presented the status of its work with the full committee on October 18, 2016, where we expressed our frustration at not having produced anything concrete.   It was suggested that the subcommittee work with CIU to discuss what information was currently being shared among various entities and that we develop a more formalized procedure around that, which is an excellent suggestion. As of this writing, no additional work has been done. Dr. Winograd offered that they were indeed looking at the data collected to be able to identify frequent utilizers of services, and would provide that information to the committee once it was available.

The Information Sharing Subcommittee wishes to ask the parties for direction regarding its expectations of MHRAC's role and responsibilities to meet the obligations set forth in paragraph 114 of the CASA. The parties are in the best position to articulate their intent and provide ideas about how MHRAC and APD can move forward to establish an information sharing protocol.

Respectfully submitted on behalf of the information sharing subcommittee,

Nancy Koenigsberg

Mental Health Response Advisory Committee (MHRAC) Resource Subcommittee Annual Report 2016

Prepared by: MHRAC Resource Subcommittee, December 16, 2016
Co-Chairs: John Barnum, Yvette Garcia
Committee Members: Felicia Barnum, Steve Bringe, Rasma Cox, Ellen Braden, Michele Franowsky, Sgt. Sean Frick, Dr. William Narrow, Jim Ogle, Dr. Cara Wilson

1   Overview

The MHRAC Resource Subcommittee (RSC) is committed to identifying and helping to implement, for the Albuquerque Police Department (APD), a methodology and system for identification, verification, delivery, maintenance, and quality feedback of resource information which serves both the APD and the community. This report presents the initial concept, developed in 2016, where by APD and RSC can work together to define, develop and deliver a tailored resource information system that addresses APD, community, and homeless needs. The report further identifies the RSC's completions in 2016 and direction for 2017.

2   Scope

This report is in response to the requirement set forth in the City of Albuquerque Settlement Agreement (CASA) Paragraph 117 for MHRAC committees to prepare and release an annual report identifying their activities. This report is for the RSC and is for the period of January 1, 2016 to December 31, 2016. For this document "resource(s)" is defined as services in the local community which support individuals with mental health conditions, their families, caregivers, those with brain injury, and the homeless.

3   CASA Requirements: Resources

The RSC performed a review of the CASA to determine top level requirements for a resource delivery system. The CASA contains several requirements addressing resources; the following are extracts from the sections dealing with resources.

> ➢ Paragraph 115: states that the MHRAC shall "identify mental health resources that may be available to APD,"
> ➢ Paragraph 116: states the MHRAC shall "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."
> ➢ Paragraph 117: requires that the MHRAC shall provide a report to APD "identifying available mental health resources."

From these three requirements, the Resource Subcommittee defines its responsibility to assist APD as:

1. Identifying resources that are of importance to APD and the community with regards to mental health,
2. Reaching out to the community by providing resource information related to mental health in electronic and paper formats,
3. Implementing techniques to extend resource information to the homeless and individuals experiencing a mental health crisis,
4. Developing a quality plan to vet resources and incorporate community and APD input into the maintenance and improvement of a resource information system over the long term.

4   Deliverables

From the above requirements the primary deliverables to be achieved by APD and the RSC are:

1. Paper resource card to be provided by APD,
2. Electronic access to resource information via the APD website,
3. A quality process to allow for feedback and improvement.

5   APD Resource Information System Concept Approach

The general concept for instantiating an APD Resource Information System (ARIS) is based around providing needed resource information to APD and the community, where APD is the access vehicle for both themselves and community. The concept will leverage existing work by the state, city, and community with regards to existing data bases, other resource tools, and informational reports. The existing data bases will be evaluated as to providing needed information and adaptability to APD and community needs. Access to identified resource data will be achieved via the APD website.

5.1   Requirements and Stake Holders

The primary requirements for a data system are:

1. What information to supply and,
2. How to supply the information.

To quantify these two areas and develop a delivery method, the RSC in late 2016 and early 2017 will develop requirements and specifications to be gathered form stakeholders. The requirements and specifications will be derived from interviews and surveys to APD, the community, and other stake holders. APD stake holders include: management, field officers, the Metropolitan Detention Center (MDC), APD information technology, records management, and city representation to be defined by APD. The community stake holders include: individuals with mental illness, family members, care givers, organizations and providers associated with serving individuals with mental illness, substance abuse, brain injury, and the homeless. Usability and access considerations will be given to those with limited or no access to electronics and those with poor vision. Once the requirements information is collected it will be reviewed by the stake holders and then used to define the system concepts for ARIS. Further,

these concepts well be balanced by knowledge of financial resources available for implementation. Where possible existing surveys performed by state-city-county government, with respect to resources, will be used.

The information requirements of the community are already known to be more expansive than those for the APD officers. The design will afford the community this additional information by providing links to other internet based data. A tailored subset of resource information will be made available in paper form suitable for officers to hand out to individuals. The goal is to provide APD officers with resource information electronically that fits their use scenarios and provide the community with resource information via paper and internet access that fits their use scenarios. Both sets of use scenarios will be defined as a result of requirements gathering.

5.2   Data Sets

Whether the resource information addresses APD officer or community needs, data housing, user interfaces, and maintenance are the core of the system delivery. The approach will be to leverage existing and maintained data sets, such that there is limited need for APD to maintain the data and the associated user interfaces. The RSC will research available data bases to determine which systems are most configurable to tailored APD and community needs and that represent the resources in the Albuquerque and surrounding areas. Figure 1 illustrates the concept of using a single data set, managed by an existing owner, to derive the subsets of resource information tailored to the community and to APD.
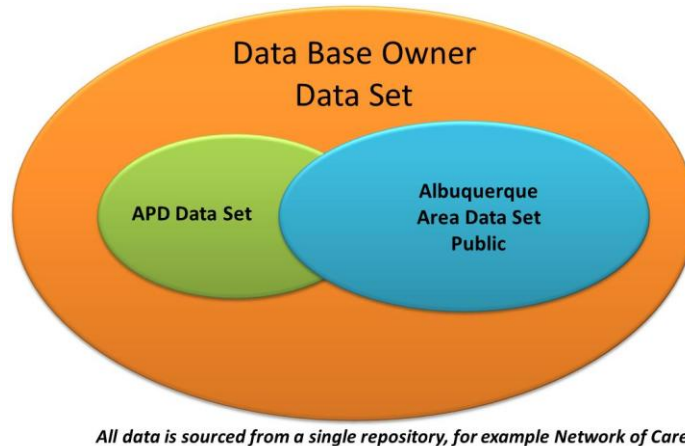

All data is sourced from a single repository, for example Network of Care

Figure 1. Basic Resource Data Set Concept

Data needed by APD will include a core set of resources that are specific to APD scenario use and an additional set of core community resources. There will be links via the APD web site to the broader set of resource data bases operated by other community providers. In some cases agreements with these data owners may be necessary to achieve a reasonably seamless user product. An important aspect of the resource data is to assure transparency of the ADP data such that the same information is available to the community. This is achieved by assuring all data comes from the same primary data sources.

5.3 Geographical Content

The data needed by APD and the community needs to be targeted to Albuquerque and surrounding areas. Further within that data area there may be the need to subdivide it into regions associated with APD commands. The approach is that through filters or search criteria these sub regions can be made easily available to users and minimizing the need for multiple searches to find data. Figure 2 illustrates a very simple graphic of this concept.
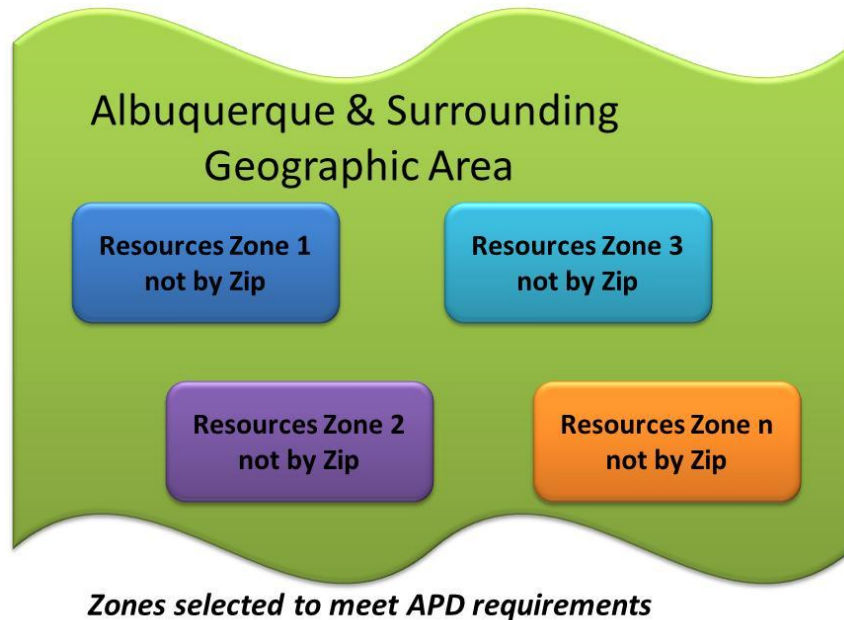

Figure 2: Concept of Zoned Information

5.4 Concept ARIS Design

The challenge in developing the ARIS will be linking with maintained data bases and minimizing investment and maintenance costs, while providing users with an interface that is intuitive. At one extreme of the system concept, all information is manually keyed in and simple text files and internet links are used to access other resource systems. At the other extreme is a fully integrated system requiring agreements with the resource data set owners and customization. It is likely the final design will be more towards a concept that works to streamline access and modify an existing user interface of an existing system. Figure 2 illustrates a strawman concept for the ARIS where the green represents APD and community interface areas. The other system components are part of the resource data base owner system. The partitioning of system function between APD and resource owner is yet to be defined; however, it is hoped all software-code generation can reside with the owner and APD simply links to those applications.
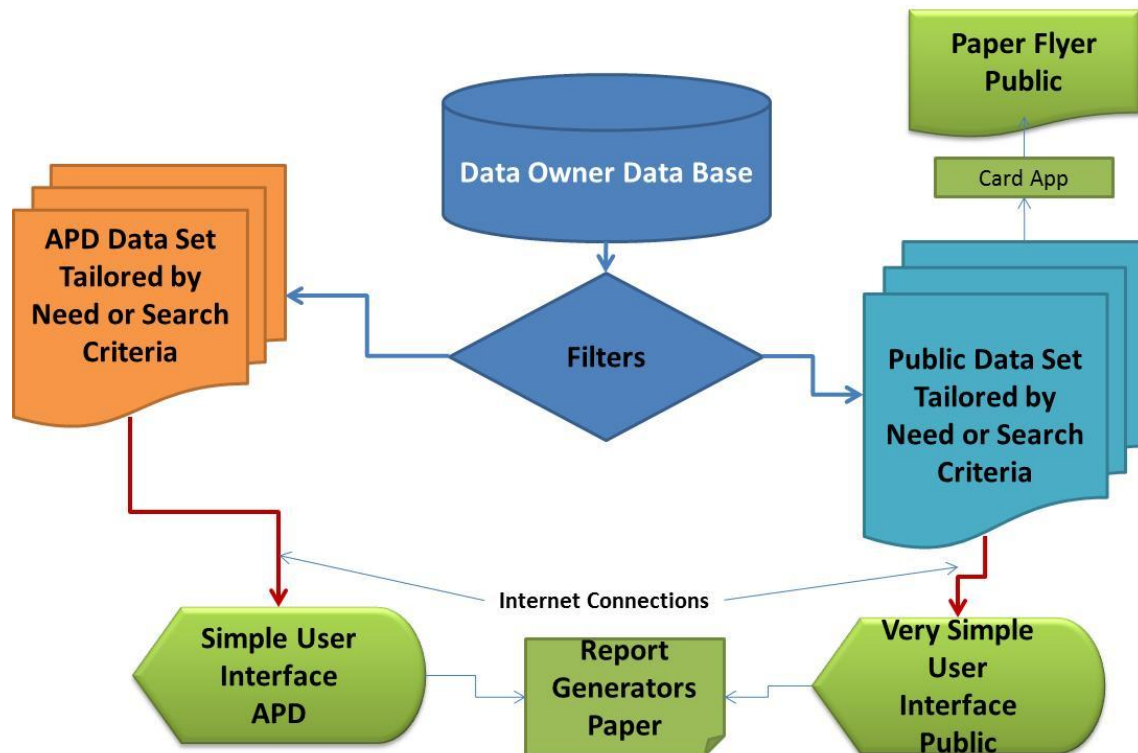
Figure 2: ARIS Strawman Concept

5.5 Testing and Validation

As with all systems, testing and validation must be included to verify function and usability. Usability will be part of requirements to include function on different electronic platforms (mobile, desktop, APD in-car computers, and generation of paper reports (resource card for example). Testing must include the users such that they can provide feedback on function and improvement. This activity will also require coordination by the data base owner, APD information systems, and the RSC to develop and implement a test methodology and corrective mechanisms.

5.6 Quality

To be defined in the in the ARIS project is maintenance and quality feed back into the system. Any resource information must be periodically vetted as to content, accuracy, and function. The basic act of vetting the sources (addresses, phone numbers, and websites) is not sufficient; there must also be a process to remove suspect resources and bring in new. There also has to be a method for users to comment on the acceptability of the user interfaces both paper and electronic. To minimize APD involvement in data set maintenance, a requirement will be that the primary data sources are vetted by the owning organization and that they provide a quality feedback process.

5.7 Security

Whenever public access is granted into a system the associated interface needs to meet a set of security requirements. These requirements will be defined by APD and the owner of the data base. Controls will

be implemented by APD and the owner as necessary. Associated costs will be determined and addressed with the City of Albuquerque.

5.8   Legal Considerations

The presentation of resource information and the method to provide to the community will be reviewed to assure no copyright is violated. The city will be consulted with respect to content of the website and paper presentation of data to assure it meets with any state or local requirements. If necessary, use agreements may be require which will be drafted by the appropriate city office.

6   Outreach

The RSC will also work to foster links between APD and providers in the community such that each understands the other's capabilities.

The RSC will also work with community groups to understand the limitations of the Albuquerque and surrounding area resources and care systems and report on this at the end of each year.

7   Documentation

This project is planned to leverage documentation already developed by a data base owner. It will however be necessary for the RSC and APD to develop specific use documentation and reports for requirements and a quality plan. With limited capability to generate formal documents, the documentation may consist of power-point presentation, and excel spread sheets with brief descriptions. If support can be made available to facilitate documentation, more formal solutions can be achieved.

8   Cost Considerations

The final system design and delivery will depend heavily on the existing data bases and the ease of tailoring their information to the Albuquerque area and APD and community use scenarios. The RSC and APD will work together with the data base owner to develop a specific plan for delivery of the system and as necessary develop a cost model to be provided to the City of Albuquerque.

It is hoped that the implementation of the tailored APD and community data access can be cost effectively handled by the data set owners. The hope is that APD can simply link to existing or slightly modified applications. It will be determined as the RSC researches available data sources what the system cost will be. If the situation arrases that custom coding is required, this will have to be balanced by what limited funds may be available to accomplish the interface design. A scope and cost estimate can't be defined unit the resource data bases are studied. In preparation for development, the City of Albuquerque will be contacted to identify any available resource funds to facilitate the ARIS.

9 Performance

The RSC is an all-volunteer group. Therefore, they will do their best to help APD achieve the goals identified in this document.

10 Needs:

As previously identified, the RCS is an all-volunteer group. To be effective in helping APD with this project the RSC can use support in the following areas.

1. Funding to print resource cards and flyers,
2. Support for document generation,
3. Support for collecting meeting notes, requirements, and discussion tracking,
4. Support for implementing conference calls,
5. Support for printing of materials, and
6. Funding to integrate to APD website.

11 Time Line

The RSC is projecting the completion of requirements gathering and developing the methodology in early calendar 2017. It is expected that APD will implement resource information tools in a stepped approach in 2017, with 2018 addressing quality improvement on the 2017 delivered system. The stepped approach will consist of:

1. Definition of requirements and specifications, detailed ARIS design concept, with design reviews by stake holders,
2. Paper resource card distribution and maintenance, which includes the specific needs of the homeless,
3. Simple links on the APD website to existing resource data bases,
4. As necessary text files located on the APD site that are specific to the Albuquerque area, which can be downloaded,
5. Implementation of custom web application interfaces for APD and the community, based on requirements and balancing of cost to implement,
6. Development of a long term quality improvement plan, and
7. Documentation of the system.

11.1 Accomplishments 2016
1. First draft of APD and community core resources list in excel format. Used as a base line for checking content of other data bases (completed March 2016)
2. APD updated paper resource card and released for use. Card is being provided to individuals that receive calls from APD officers. APD is supporting the printing and distribution of cards. (March 2016)
3. Identification of new Resource Subcommittee co-chairs. (August 2016)
4. Vetted sources on paper card (completed December 2016)

5. Initial requirements and system concept definition. (October 2016)
6. Identification of APD top level web interface requirements. (November 2016)
7. Communication with New Mexico Network of Care to define applicability of data base and options for user interfaces, concept exchange and development of next steps identified. (December 2016)
8. Initial communications with NMCAL with respect to their data base and community needs. (December 2016)
9. Annual Report (December 2016)

11.2 Tasks Targets for 2017

The following are target activities for the RCS and APD. Activities may shift between quarters based on availability of volunteers and APD staff to accomplish activities.

11.2.1 Quarter 1

- Complete review of best practices and lessons learned, where other PDs, have implemented resource flyers, websites, etc.
- Complete collection of stakeholder requirements.
- Complete identification and functional scope of data base owners and define integration possibilities.
- Definition of APD detailed IT requirements.
- Definition of budget availability 2017 and 2018.
- Requirements definition document.
- Perform requirements reviews.
- Place simple links to data sources on APD website.

11.2.2 Quarter 2

- Concept design based on available existing data bases.
- Concept design review with stake holders
- Selection of data sources and rational.
- Development and report for system design plan based on requirements, resources, and data base access interfaces.
- Define user interfaces based on data base owner adaptability, document.
- Development of APD and community feedback and integration to future releases.

11.2.3 Quarter 3

- Agreements with data base owner(s)
- Legal reviews
- Detailed design (data base owner)
- Prototype ARIS System
- User testing of ARIS System

11.2.4 Quarter 4

- Finalize system based on user inputs

- System Release approvals as needed
- Release ARES for operational use
- Develop long term QI process

MHRAC Training Subcommittee Annual Report

2016 – Approved by subcommittee on 10-24-16

Co-Chairs Paula Burton & David Ley

> *"The best way to change stigma is not education – it's contact." Dr. Patrick Corrigan*

2016 Accomplishments:

- APD made numerous changes over this year, consolidating and integrating responsibility and oversight of mental-health related training within the department. These changes placed these training responsibilities under a single department, Behavioral Sciences Section (BSS) led by a mental health clinician, and addressed many of the concerns raised this committee.
- All mental-health training at the Academy for new cadets, was placed under this new section and under CIU. The training subcommittee reviewed and assisted in the development of this curriculum.
- APD contracted a curriculum-developer, at recommendation by this committee, to support CIU in developing curriculum for CIT.
- Both CIT trainings and Academy trainings were informed and reviewed by the MHRAC training committee and included peer panels as well as discussion of homelessness issues.
- Enhanced CIT was developed by APD, to address this committee's concerns regarding "voluntary" nature of CIT as opposed to a universal, mandated department implementation of CIT. E-CIT also addressed issues of required percentages identified in the Consent Decree. E-CIT curriculum and process was implemented with MHRAC training committee involvement, including committee recommendations on selection and recruitment processes. Multiple E-CIT classes are scheduled for October and November 2016.
- At committee recommendation, three has been an increase in attention to officer self-care discussion and education in CIT, E-CIT, and Academy trainings.
- APD staff have been involved in community-trainings and meetings regarding behavioral health, including meetings with NAMI, Family to Family and the ABQ Housing Authority.
- APD has increased attention to gathering and analyzing data regarding the impact of increased CIT trainings and attention to mental health issues. These analyses are still in pilot phases, but preliminary results show a decrease in mental-health related uses of force, and an increase in jail-diversions.
- APD has involved mental-health related trainings in several APD activities, including initiatives by the narcotics division.

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

- Formalize strategies and process for peer-panel and peer participation within APD trainings.
- Review and approve mental health training component of Crisis Negotiation Team (CNT) training provided by outside contractors;
- Review and advise on BHD involvement and support of ECHO training, sharing mental health related law enforcement/corrections information and strategies with other communities and systems in NM, to include Bernalillo County corrections.

- 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. Trainings on behavioral health should be interwoven throughout department policies and procedures.
- Telecommunicator (911 operator) training is now under BSS and this curriculum will be reviewed and developed, with input by this committee.
- Support positive implementation and promulgation of E-CIT system throughout APD.
- Continue to encourage and advocate for greater systemic attention to mental health related issues and training, throughout APD.
- Continue to support involvement of peers, families and peer panels in APD trainings, including CNT trainings.
- Greater attention paid to addressing issues of substance use disorders, intoxication, brain injuries and developmental disabilities in trainings.