

Mental Health Response Advisory Committee (MHRAC)

Meeting Minutes November 16, 2021

Via Zoom

Board Members in Attendance

Co-Chair, Danny Whatley	The Rock at Noon Day
Co-Chair, Rick Miera	Executive Committee
Betty Whiton	NAMI
David Ley	New Mexico Solutions
Cassandra Bailey	APD Crisis Intervention Division
Gilbert Ramirez	CABQ-Dept. of Family & Comm. Services
Laura Nguyen	Albuquerque Ambulance
Matt Dietzel	APD Crisis Intervention Division
Maxwell Kauffman	Disability Rights New Mexico
Paula Burton	Peer Representative
Rob Nelson	APD/CIU/C.O.A.S.T
Robert Salazar	NAMI Vice President
Rachel Biggs	ABQ. Health Care for the Homeless
Breeann Rocha	New Mexico Solutions
Joe Aranda	Hopeworks
Nil Rosenbaum, MD	APD Behavioral Health Division
Bonnie Mount	UNM Dept. of Psychiatry

Introduction to MHRAC

The Mental Health Response Advisory Committee was created by the Court Approved Settlement Agreement (CASA). We've been around since day one and have a focus on three areas, resources, resources being available to access different things within the city that APD and first responders can use as it impacts homelessness and mental health issues. We are also involved in training and policy; training is one of those things we made a tremendous impact on. As far as the training that is offered. Policies are one of those things where the MHRAC is involved with assisting in writing and approving and recommending policy as it relates again to the narrow focus; we think narrow, but sometimes it gets pretty wide focused on how law enforcement interacts with those experiencing homelessness and those experiencing a mental health crisis.

Welcome first-time guests

Hallie McCormick

Civil Rights Office at City Hall, New Coordinator for Prevention of Domestic and Gender Rights violence

Stephanie Griego

APD Volunteer Program Coordinator

Approval of meeting minutes

Gilbert Ramirez

Asked for his paragraph to be corrected by changing the words **Red Hot** to **Rent Help** on page 14 of minutes.

1st Motion – Gilbert Ramirez

2nd Motion – David Ley

All were in favor of minutes to be approved as written upon the correction stated above.

Election of Co-Chair process

Danny

Danny Whatley and Rick Miera will be resigning from the MHRAC co-chair positions effective the beginning of the year. A recommendation of two people was made for Co-chair, Rachel Biggs, and Maxwell Kauffman; no additional nominations were made. We would like to welcome them as the MHRAC's new co-chairs. I think they will carry the MHRAC to the next level.

Rachel Biggs

Thanked the Co-chairs for staying on while she and Maxwell Kauffman transition and is looking forward to a quick transition as well. She is looking forward to taking the reins in the New Year.

Danny

Danny and Rick have two last things to take care of. They will write the end-of-year cover letter and represent MHRAC for the status conference in front of Judge Browning in December concerning the latest Independent Monitors Report (IMR).

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

Dave Stein

Q. Danny, are you still going to participate on some level with us/MHRAC? And thank you for your service; I have learned a lot from you.

Danny Whatley

A. If I do, it will be on a phone call from Alabama because I will be moving back home.

David Ley

You and Rick have done yeoman's effort; you both have been calm reliable leaders for a really challenging project. The success of MHRAC is clearly due to the effort that the two of you gave.

Betty Whiton

Betty agreed with David Ley and added, "I think years and years of attending meetings with Lawyers and Judges and then being able to study ahead of time and understand what they're saying and represent APD and MHRAC to work towards reform. You and Rick, have just done an exemplary job, taken hours and hours out of your time, and we've all benefited from it, the whole community

Robert Salazar

You and Rick have been amazing. This whole thing called MHRAC was nothing but a mere idea when we started and you guys have had a tremendous amount of input into this and make it what it is now. You have been the glue that keeps us together. It's been an uphill battle for a while and now the program is starting to show what we've been working on. Thank you and Rick for being that leadership that we needed.

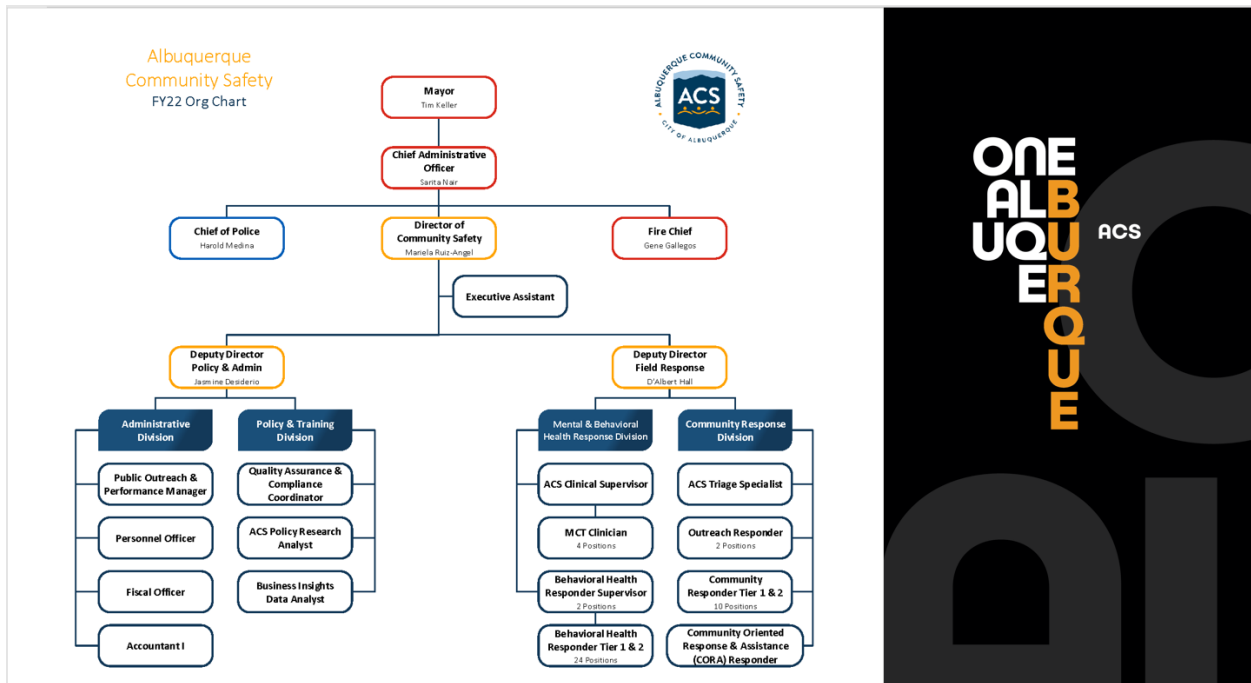
Albuquerque Community Safety Department (ACS) Update, Mariela Ruiz-Angel

ACS is the third branch of Public Safety and the root cause is that police are tapped out. We've asked them to be everything to everyone. We can now take some of the load off them by creating these alternative types of responses Nationwide.



The Albuquerque Community Safety department (ACS) is the third branch of the City's public safety system.

ACS sends trained professionals to non-violent and non-medical 911 calls for service involving issues such as mental/behavioral health, homelessness, and addiction as well as non-behavioral issues such as abandoned vehicles and needle pick ups.



We have four different responders.

ACS Field Responders

COMMUNITY RESPONDERS

Respond to minor injuries or incapacitation, abandoned vehicles, non-injury accidents, or other calls for service in the community.

BEHAVIORAL HEALTH RESPONDERS

Respond in person in pairs or by phone to requests for assistance with individuals experiencing issues with mental and behavioral health, inebriation, homelessness, addiction, chronic mental illness as well as other issues that do not require Police, Fire or EMT response.

STREET OUTREACH AND RESOURCE COORDINATOR

Provide street outreach in coordination with City departments and organizations to individuals experiencing homelessness in encampments; conduct in-person assessments; assist with screening, organizing and prioritizing reports regarding homeless encampments.

MOBILE CRISIS TEAM (MCT) LICENSED CLINICIANS

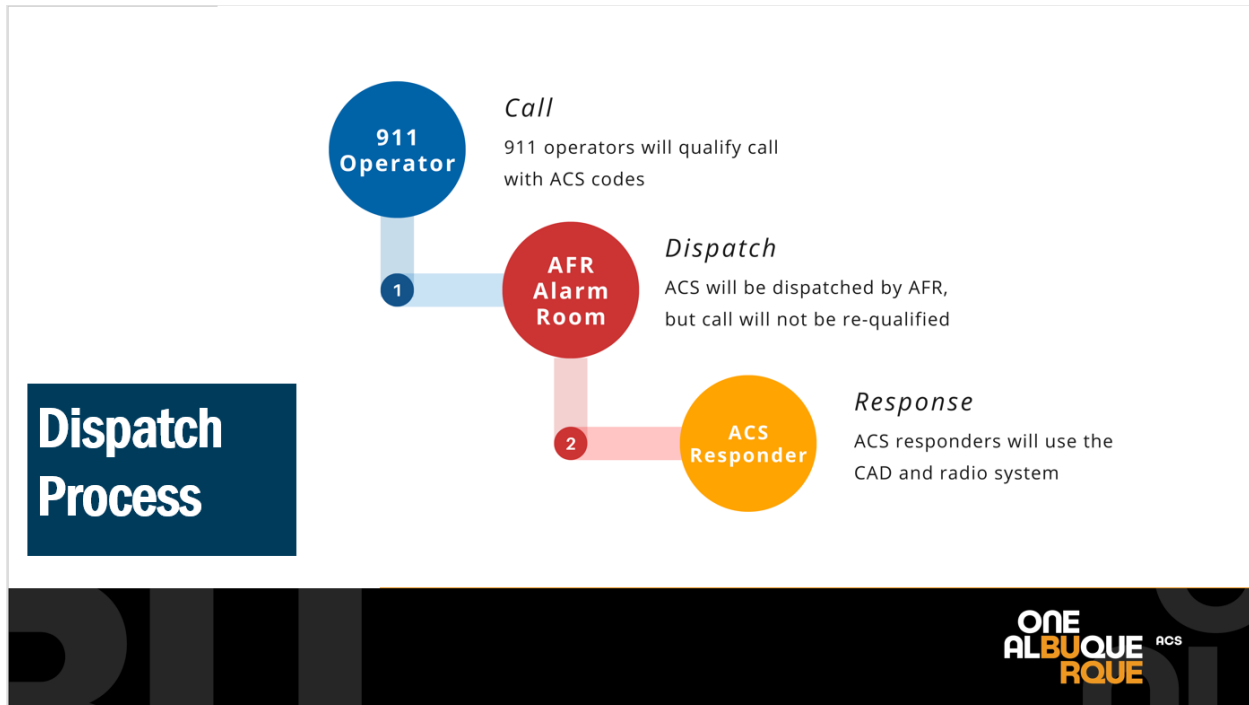
Provide professional behavioral health services in a co-response model with Albuquerque Police officers, Sheriff's deputies, and other first responders.



Behavioral Health Responders and Street Outreach Responders

Training Name	Facilitator	Hours	Responders
1. On the Job Training	ACS	20	BHR, SO
2. ACS Internal Training on SOPs/Operations	ACS	4	BHR, SO
3. ACS Internal Training on reports/platforms	ACS	4	BHR, SO
4. Responder Safety	AFR	1	BHR, SO
5. MDT Operations Training & Practice	AFR Alarm	2	BHR
6. Radio Operations Training & Practice	AFR Alarm	1.5	BHR, SO
7. CPR Certification	AFR EMS	4	BHR, SO
8. LifeSaver Training	AFR EMS	1	BHR, SO
9. Situational Awareness	APD Academy	1.5	BHR, SO
10. Mental Health and the Law	APD CIU	1	BHR, SO
11. CIU Overview (+ MCT, COAST)	APD CIU	1	BHR, SO
12. APD Blood Borne Pathogens	APD Safety Officer	1	BHR, SO
13. Needle Pickup Training	BCHealthEquity	1	BHR, SO
14. Vicarious Trauma	Carol Brusca	3	BHR, SO
15. Self-Care	Carol Brusca	1	BHR, SO
16. Trauma Informed Care	Carol Brusca	3	BHR, SO
17. Emotional Intelligence	Carol Brusca	2	BHR, SO
18. Compassion Fatigue	Carol Brusca	2	BHR, SO
19. Human Trafficking	Carol Brusca	2	BHR, SO
20. Victims of Sexual Assault	Carol Brusca	2	BHR, SO
21. CYFD SCI Training	CYFD	1.5	BHR, SO
22. Symptoms of Brain Injury/Dementia	Dr. Rosenbaum	1	BHR, SO
23. Symptoms of Substance Abuse & Misuse	Dr. Rosenbaum	1	BHR, SO
24. Communications	Dr. Rosenbaum	1	BHR, SO
25. IPRA Training	Ethan Watson	1	BHR, SO
26. LEAD Program Overview	Glen St. Onge	1	BHR, SO
27. NAMI SYSLE Presentation/Panel	NAMI	1.5	BHR, SO
28. Motivational Interviewing	NMMITC	13	BHR, SO
29. CIT / WE CARE Training	SonderWorx	40	BHR, SO
30. VIP Program Presentation	VIP-Angel	1	BHR, SO
Total Hours		120	





Ways to get a hold of ACS, call 911 or 311.

Call description	Existing APD/AFR call type	Assigned ACS call type	ACS Priority Level
BHR: Behavioral Health Responders			
Suicide	APD: 10-43-1	CSSUIC	1
Behavioral health issue	APD: 10-40	CSBH	1
Disturbance	APD: 10-39	CSD	1
Suspicious/intoxicated subject	APD: 10-31D/31S/31	CSSP	2
Down and out (intoxicated)	AFR: 32B3	CSWELD	2
Down and out	AFR: 32B1	CSWELF	2
Panhandler	APD: 10-39-5	CSPH	3
Welfare check	APD: 10-0-1	CSWC	3
Message for delivery	APD: 10-51	CSMD	3
CR: Community Responders			
Down and out (intoxicated)	AFR: 32B3	CSWELD	1
Down and out	AFR: 32B1	CSWELF	1
Abandoned vehicle	APD: 24	CSAV	2
Abandoned vehicle	311 ticket	CSAV	3
Needles	311 ticket	CSPU	3
SO: Street Outreach and Resource Coordinators			
Unsheltered individual	311 ticket	CSUI	1
Needles	311 ticket	CSPU	1
Mobile Crisis Team (MCT): ACS call types do not apply to MCT clinicians. This team will respond to all high-acuity behavioral health related calls with a sworn officer. These units are dispatched by APD dispatchers only.			
Community-Oriented Response and Assistance (CORA): ACS call types do not apply to CORA. These ACS responders will organize outreach to communities affected by tragedy and violence in Albuquerque.			

- Starting with lower acuity calls
 - About 3,000 to 3,500 calls a month
 - Calls will be received via 911 dispatch, 311 ticket, self-dispatch, direct calls, and starting in 2022 via 988.
- ONE ALBUQUERQUE ACS

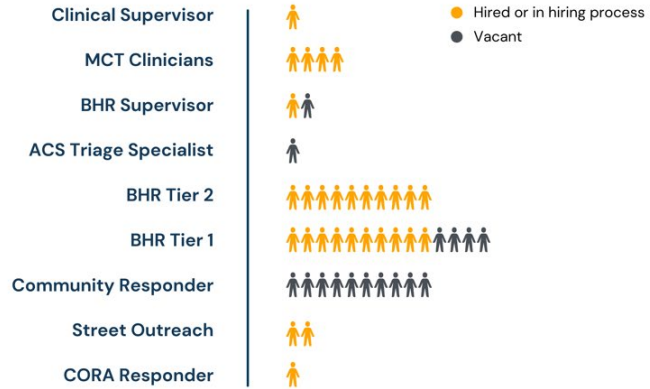
Current hours are Monday – Friday, 8 am – 5 pm, starting the coming Saturday we will be seven days a week, 7 am – 8 pm. This will get us to the next level. Our goal is to be 24/7 by the end of the year or into January.

WHAT DOES ACS'S STAFFING LEVEL LOOK LIKE?

9 of 11
administrative staff hired
or in hiring process

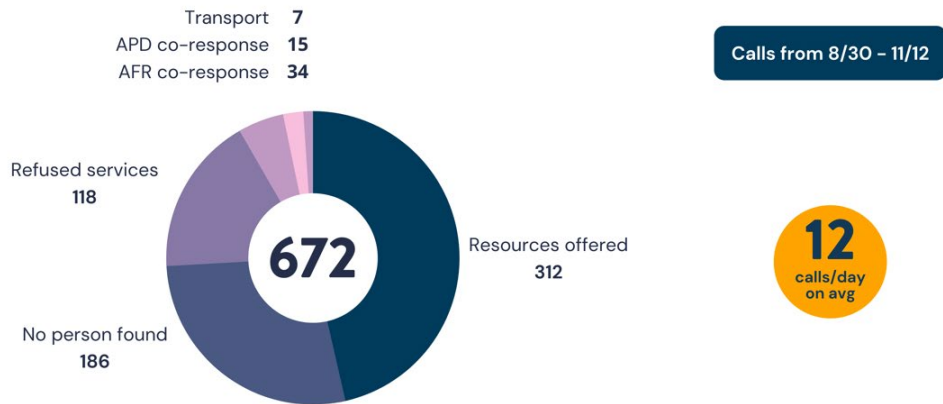


29 of 45
field staff hired
or in hiring process

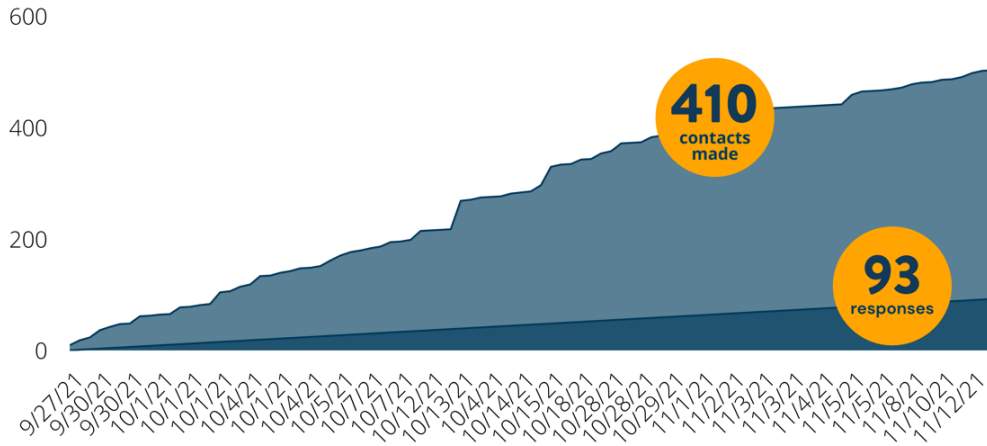


We are now doing transport to services.

HOW MANY TOTAL CALLS HAVE BEHAVIORAL HEALTH RESPONDERS (BHR) TAKEN?

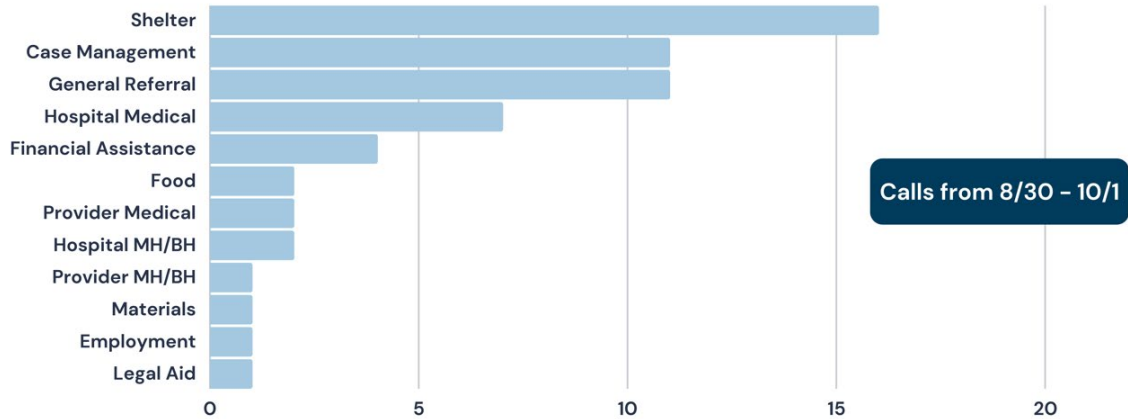


HOW MANY CALLS HAVE **STREET OUTREACH (SO)** RESPONDERS TAKEN?

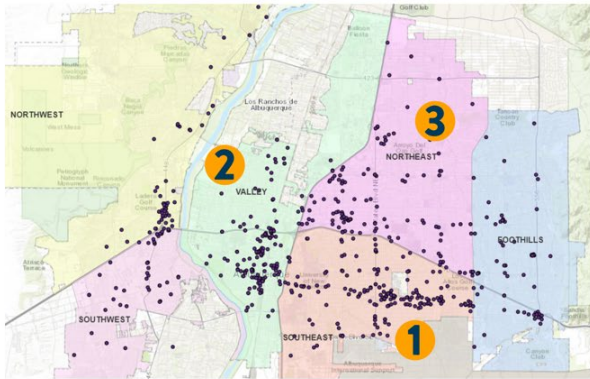


Our # 1 call is unsheltered individuals, we have seen an uptick.

WHAT TYPE OF RESOURCES ARE WE **CONNECTING TO?**



WHERE ARE CALLS OCCURRING?



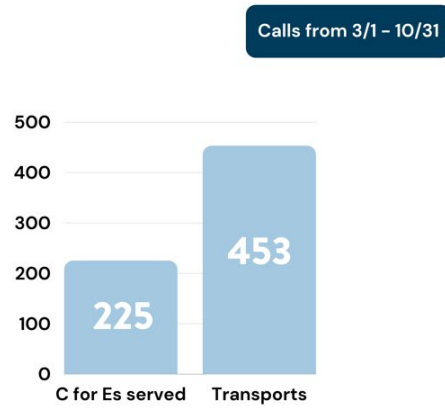
HIGHEST VOLUME AREA COMMANDS

- 1** Southeast
- 2** Valley
- 3** Northeast

HOW LONG ARE CALLS TAKING?

Timeframe	Avg for Sep.	Avg for Oct.
Entry to Dispatch (in the queue)	0:13:40	0:43:07
Dispatch to On-scene (travel time)	0:13:52	0:15:33
On-scene to Clear (time on the call)	0:23:06	0:18:00
Create to Clear (total time to address call)	0:53:12	1:09:09

HOW MANY CALLS ARE MCT UNITS TAKING?



David Ley

Q. Have the monitors and consent decree been involved in their program?

Mariela

A. They are not necessarily under the consent decree, maybe because they are under the fire department.

Rachel Biggs

Q. Were there many findings among homelessness and mental health in Portland like they are here?

Mariela

A. Yes, homelessness is their biggest issue.

Danny

Q. Can you explain to the group what a ghost call is?

Mariela

A. When someone thinks that there is someone in distress and they call 911, and APD, ACS, and the Fire Department go out and there is no one there.

Danny

Q. How do your calls to panhandlers work?

Mariela

A. We're not enforcement; it's about trying to understand what the situation is, what kind of help that they need. Many times it's also about having them, if they're in a situation or they're panhandling in a dangerous area, that

might lead us to ask them to move just for the safety component of it; it's not about moving them. It's really about going out and offering services and finding out who they might be working with, or how long they've been doing this for. We also sometimes get the same kind of shove off, we don't want to talk to anybody we'll leave and they might come back. But at the same time, I think we've had some great conversations with folks. We have found people who some of our nonprofits were looking for so we make the nonprofit(s) aware of that. That is similar to how we've been going out to camps. Mostly, when we get dispatched to a panhandler call it's because they dozed off and they're about to fall into traffic potentially or maybe their stuff is hanging off the street so we want to make sure that there's a safe peace and they're not in danger or they're not putting others in danger.

Gibson Health Hub Update, Cristy Hernandez, and Lisa Huval, Family, and Community Services

Cristy Hernandez

I am the Gateway Administrator for the City of Albuquerque. The City purchased the old Lovelace Hospital on Gibson back in April 2021; part of that building is going to be turned into the Gateway Center, a shelter for unhoused neighbors. We had to get a Conditional Use Permit because the building itself is not zoned for an overnight shelter. Our Conditional Use was approved by the Hearing Examiner. We are waiting out the appeal time which expires on Thursday, the 18th; if there are no appeals then we'll continue on our journey. We anticipate starting sheltering in the fall of next year, 2022. I am working on the Good Neighbor Agreement draft with the five neighborhoods surrounding Gibson Associations. Cristina Parajon, our Gateway System Analyst, has been working on a service provider input meeting and a lived experience workshop.

Cristina Parajon

Over the next two weeks we're going to be starting a series of workshops to get input from people who will be using the space and will be using the building. The first of those are people with lived experiences and people who are experiencing homelessness right now. We have a special emphasis, the Gateway Center is going to cater to families, LGBTQ plus, and non-binary, so we have various locations in populations we're working with to get their input and their feedback. We're partnering with several of the organizations here, and we're going on location to run those workshops with those populations. The subject of that is we're asking specific design questions, getting input from the people who will be living there. What does an ideal outdoor space look like, what makes you feel safe? Down here on the PowerPoint you see some little pictures of an example of when we were testing out these questions and making sure our workshop was going to have really good information come out. These are people who were experiencing homelessness at the Compassion Center, and this is their construction of what would their ideal outdoor space look like, so we see trees, benches, and that's the information that we want as working with the architect to design the space. The second workshop that we will be having will be with service providers and asking similar questions.



Key Input Workshops

1 Lived Experiences	
Date	Various
Time	Various
Location	Casa Q, Trans Resource Center, Compassion Center, Wellness Hotel for Families, First Nations
Subject	Brainstorm design elements with hands-on activities: What makes you feel safe? What does an ideal outdoor space look like to you? Etc.



2 Service Providers	
Date	Nov 18 th Thursday
Time	1PM
Location	Gibson Medical Center
Subject	Brainstorm design elements with hands-on activities to address safety and security, meeting spaces, case management etc.



David Ley

Q. When you are getting provider input around the potential of providers offering services or working within the facility, can you make sure we get a broad kind of reach into service communities? I think that there are some providers and provider types that oftentimes don't get invited into those conversations, but would bring a lot of valuable input.

Cristy Hernandez

A. I know it is a short notice at this point, but do you want us to send you that information?

David

A. Yes, if you don't mind, would you send it to me and Brianne, particularly with ACT and CCSS services, we end up working so much with unhoused individuals and with folks in and out of the shelters.

Chat question

Q. What is the Capacity for the Gateway Center?

Cristy Hernandez

A. When it is fully running, it will be 100 single adults and 25 families, but not all on day one, we are going to start in phases to evaluate what is working, what is not working before we go on to the next phase.

Danny

Q. When this facility opens up to the homeless and others as a medical hub, will the city be running that, or will another agency be doing that? And how would that work?

Cristy

A. The city owns the building but the operators of the Gateway Center and the Case Management who will be there are agencies already in town. We'll have a Request for Proposal (RFP) sent out for those services. The city doesn't have the capacity nor the knowledge to provide direct services. Lisa and I are working under the RFP now getting it drafted; our goal is to have that out early next fiscal year so we can have an operator on board.

Danny

Q. When that happens, what will your role be, Cristy?

Cristy

A. I think making sure things are running smoothly, and that the contractors that we're contracting with to provide services are getting what they need; the city is getting what we need, helping Christina analyze what's going well, what is not going well, how we can implement the next phase. I also do some work for the Westside Emergency Shelter, and then if there are other gateways that open, getting those up and going. I'm sure they'll be plenty for me to do.

Lisa Huval

A. I wanted to add to what Christy said; we've learned from the Westside Emergency Housing Center how important it is to have a lead person within family and Community Services. It's kind of that coordinator liaison role between the nonprofit that's operating the shelter and then the city staff. There are just so many logistical in-service-related things that come up, that it helps with the communication.

Lisa Huval

I also wanted to clarify the words “medical hub.” The overall structure, the whole building, we’re calling Gibson Health Hub. That's the full five hundred and seventy thousand square foot facility. The Gateway Center will be one component at Gibson Health Hub and the Gateway Center will provide emergency shelter to folks experiencing homelessness and will be operated by a nonprofit organization then there are other tenants at Gibson Health Hub right now. We hope to add more tenants; those tenants will have a lease with the city because the city owns the building, but they'll be providing services within their function as a non-profit or in some cases for-profit entity.

Wendy Linebrink-Alison

Q. In envisioning within the Gibson Health Hub, where would the emergency housing shelter services be located; on the east side, on the west side, on the second floor, on the ground floor? Some of those other providers don't just support houseless community members, they support everyday community members as well. So how do we look to support balancing offering opportunities for the business needs to have their clientele feel safe in the building?

Cristy

A. The gateway Center is on the Eastside of the building and will have a separate entrance; the tenants are on the west side of the building. We're going to use the five floors; so we will have a floor for women, a full floor for men, and families. It won't be accessible for guests to go from the Gateway Center to the tenant side of the building. People can walk outside the building, but we’re going to monitor what the guests of the Gateway shelter are doing; they won’ be able to just wander through the building. The Gateway Center and the tenants are already talking about ways to collaborate.

Annual Reports due, Danny Whatley

The committee's separate committees are required to do an annual report.

MENTAL HEALTH RESPONSE AND ADVISORY COMMITTEE ANNUAL REPORT

2021 has been a very unusual year. Most of the services that are provided to the homeless and those experiencing mental health crises have been limited or not available because of the COVID. This has also impacted the ability of the MHRAC to do those things that the Court Approved Settlement Agreement (CASA) has tasked us to do. The MHRAC however has pressed on and are certainly looking forward to a new year and hopefully with our new leadership and new members on the committee taking the MHRAC to the next level.

As was stated in the report from the Training/policy sub group, one of the success stories of this past year is the National Alliance on Mental Illness and their program that puts a face on those experiencing mental illness for first responders and law enforcement. The MHRAC, especially committee member Betty Whiton, was the main reason this program was established and now has become the national standard in law enforcement and first responders training. We continue our involvement in reviewing and making suggestions to the revision of policies and the establishment of new policy that impact those experiencing homelessness and those experiencing mental health crisis.

We also saw progress and a compromise as it relates to transportation of individuals who are deemed a threat to harm themselves or threatening suicide. The MHRAC, primarily our training/policy sub-committee was able to work out a rule change that allows these individuals to be transported to the emergency room by Emergency Medical Service/Albuquerque Fire and Rescue rather than handcuffed in the back of a patrol car. We have also been involved and seen some major improvement and progress on the clearing of homeless encampments. |

We also have been involved with the city in the discussion and their purchase of the new Gateway Center that when operational will increase the number of homeless beds available. The discussion has been ongoing as to what the facility will look like and who and how it will serve not only the homeless, but the entire community. The city has made sure that the MHRAC has a seat at the table and is involved with the process going forward. We imagine that in the new year the focus on the fine points of this facility will be the main topic of conversation and we look forward to coming alongside those in leadership for this new facility and the discussion as we move closer to seeing it become a reality.

We also saw the creation of the new Albuquerque Community Safety Department assembled and starting to interact with the community. While our initial response to the ACS was positive and we saw this new department as the natural progression of moving law

enforcement away from calls that could be handled by non-law enforcement, and also using trained mental health professionals when needed. However, we quickly realized that this new department didn't want the MHRAC involved on areas that the CASA directs the MHRAC to be involved in. While we repeatedly advised the ACS leadership what our role was, we were left out and only received updates from this group. Training was taking place and we were advised after the fact of what the curriculum looked like. While it appears as I write this report that there certainly was confusion and misinformation coming from the current administration to the ACS leadership, we believe that this confusion has now been cleared up as we heard from the City Attorney at the last status conference. This confusion was also put to rest by a statement from the Department of Justice concerning this issue. The MHRAC has again in recent meetings explained to ACS leadership what the role of MHRAC as outlined in the CASA and as it relates to the city's response to homelessness and that experiencing mental health crisis. We hope that in the coming year, the MHRAC will be able to come alongside ACS and the city and assist them in providing a better product to the community.

I have mentioned new leadership several times in the report and need to clarify that Rick Miera and myself are stepping down from our position as co-chairs and the committee has elected two new co-chairs, Rachel Biggs and Max Kaufman. Rick and I have enjoyed our time on the MHRAC and will miss being involved but we are excited where the new leadership and new membership on the committee will take this very important group.

Respectfully submitted:

Rick Miera,
Co-Chair

Danny Whatley,
Co-Chair

David Ley

Ours is in the draft stage; we are going to review and approve it on Monday. We will then submit to Matt, Rachel, and Max thereafter.

Danny

We are not to have an MHRAC meeting in December.

Rachel Biggs

Max and I briefly spoke about it and agreed to cancel if everyone is okay with that?

Danny

Q. If everyone is okay with that we'll go ahead and cancel for December and meet again in January?

Danny

As you are submitting annual reports, the committee would have to agree to comment about those, if you have any comments, changes, or suggestions, on those reports then you'd have to do that via email. If we agree to do that, then you got to "reply all" so the entire committee can see your concerns, changes, and thoughts on the different reports.

Gilbert Ramirez

Q. Just for a point of clarification, does the board need to vote on the approval of those reports, as well as a cover letter?

Danny

A. We haven't in the past, normally, it's just been a review and then goes from there. We could certainly vote on those. Again, if the MHRAC does not meet in December then they would have to do that electronically.

Danny

Let me make a motion that we're not meeting in December and that the review of and comments concerning the annual reports would be made electronically. David Ley, second the motion.

Danny

You'll receive the reports by the 27th or 28th, and then you'll have until the 5th of December to respond. Once the 5th passes, those reports will go to the court; they will become public, so they will be on the website under MHRAC's name. If you're opposed to anything in those reports, you need to let the rest of the committee know so we can discuss that.

CIU, APD, and BSS Report and Update

Commander Dietzel

I want to recognize our two co-chairs, the amount of work that they've done for us over the years has been massive. I can't physically hand you a plaque yet, but we have them, I just have to get them to both of you. I want to thank Danny and Rick for the hard work over the years; this has not been an easy process. The Settlement Agreements are hard across the country and setting up impact to be successful as it's been. You have proved other essentially impacts from other cities coming in watching our meetings with your leadership, that's how that happens. If we didn't have such a great setup and great co-chairs, that kind of thing wouldn't happen. I want to thank you both and other board members too who have been here for as long as some of you have, this is a voluntary thing, and you don't have to be here. I wanted you to know that APD really, really, appreciates the work

you all put in. Danny and Rick, I'm really going to miss you guys and just thank you for everything you've done, I've learned so much from you.

Dr. Rosenbaum

You guys have been great, thank you so much for all your service over the years.

Report and Update from C.O.A.S.T, Rob Nelson

Lisa and I continue to be here. They have done six interviews and three people got a second interview. Hopefully, we'll have a third COAST member soon. We have seen a lot of calls from ACS and we really do like partnering with them, it just keeps us very, very busy, so we've had to let some other stuff go that we usually do, like Thanksgiving food boxes, because we just don't have the manpower to get it done. But other than that Coast is thriving. It's doing well.

Rachel Biggs

Q. How many positions does COAST have that you are hiring for? Is it three full positions, or are there additional ones after the third one will be hired?

Rob Nelson

A. Just the one, three COAST members altogether.

Report and Update from Sub-Committees

David Ley

We've been meeting monthly for the past few months, working with ACS; they've really been very collaborative working with us on helping them develop their training plans and learning some of the lessons that we learned over the years helping APD to develop and improve their training models around Behavior Health and homelessness issues. I think we're really making a lot of positive progress there. The other nice thing is that we have a very good relationship with the academy and are working closely with them around all of their training plans regarding Behavior Health and homelessness issues. We will not be meeting in December, but we are meeting this following Monday, to review our annual report, which I have sent a draft out, and then continue the work that we're doing ACS around their training.

David Ley

I want to acknowledge that the work Betty has done with NAMI by sharing her story with law enforcement is now a NAMI Signature Program that developed with APD and LAPD, with MHRAC involvement and support. That has now become a national model; that NAMI is supporting with law enforcement around the country. So just a huge acknowledgment and thank you to Betty and NAMI for all of the incredible work that they have done.

Commander Dietzel

One of the things we covered this month in our Infoshare sub-committee meeting is we went over the annual report and what the context is going to look like. Then we went over the APD SOP governing the Crisis Intervention Division; the changes here are very minor, basically, it was just adding the commander spot, and changing it from section to division. That policy is going to be routed to the next level very soon. The other thing that we covered during that meeting was the APD Special Order to go out about how to activate the Community Safety Department; the board should have both of these. Please have any feedback especially on the Special Order back to me by the 25th of this month if you can so we can get that published and get some direction out to be officers. Right now, it is by word of mouth on the APD side of what ACS is, so the sooner we can get that Special Order out the better for everybody. There's also an introductory video; it's in the final stages and will probably be released if not this week, then early

next week. It's is a very basic introduction; here's what ACS is, it's informing officers that ACS exists and for officers not to be shocked if a white Honda Accord pulled up on your feet with a city logo on the side; it's legitimate.

Danny

Q. Is Infoshare going to meet in December?

Commander Dietzel

A. I'm fine with not having a meeting in December. I definitely want to get on January's agenda just to do a Data Book Presentation for the first six months of 2021. But, if anyone was curious that information is already on the MHRAC Website in case you want to get a sneak preview of what the first six months at APD looks like in 2021.

MHRAC Establish a City Code, Rachel Biggs

Danny Whatley

In a meeting that I was at with Rachel and Max, there was a discussion when Lindsay was still on board with the city attorney's office of making the MHRAC either an ordinance or whatever, to keep the MHRAC, even if/when the CASA goes away, I think everyone agrees that MHRAC should stay in place. I'm a firm believer that every law enforcement agency should have an MHRAC type committee. It was a City attorney in that meeting with us, an assistant, and that discussion is going forward. It's something that Rachel and Max certainly believe in and want to push forward; I think that's going to be a plus. That's a challenge for Rachel and Max and for the MHRAC to get that done.

Rachel Biggs

I'm looking forward to working on that and I can foresee in the future either doing this through the committee or spinning off a subgroup that likes working on legislation and working on putting this ordinance together and working with the city attorney and on the city on this. It'll be interesting going forward, but I'm looking forward to it.

MHRAC Final Discussion

No Final Discussion

Next meeting: Tuesday, January 18, 2022