

**Mental Health Response Advisory Committee (MHRAC)
Meeting Minutes
Tuesday, December 18, 2018**

In Attendance:

Co-Chair Danny Whatley, The Rock at Noon Day
Co-Chair Rick Miera, Executive Committee
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
David Webster, Bernalillo County Behavioral Health
Betty Whiton, NAMI
Bridget McCoy, MD, UNM Department of Psychiatry
Laura Nguyen, Adult Protective Services
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
Detective Matt Tinney, APD Crisis Intervention Unit
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:

Lisa Chavez, COAST Specialist, APD
Sergeant Mark Landavazo, CIU Sergeant, APD
Commander Chris George, Criminalistics, APD

Approval of meeting minutes

There was a motion made by Nancy Koenigsberg to approve the minutes as written. The motion was second by Betty Whiton and approved.

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

No public comment. Danny Whatley mentioned that now would be the time to address all the emails sent to MHRAC for review. Asked if there were any comments. No comments.

CIU Data Presentation by Dr. Peter Winograd, Lieutenant Dietzel and Sergeant Dosal:

See PowerPoint Presentation.

- Paragraph 130 of the CASA directs the City to use data collected to continually improve police training; practices and policies; and to identify systemic issues that impede the Department's ability to provide appropriate responses to individuals experiencing a mental health crisis.
- APD receives between 7,000 – 8,000 calls per year (CAD calls) that are behavioral health or suicide. 600-700 calls per month. The number of behavioral health calls has gone down a bit. Dr. Winograd asked Lieutenant Dietzel to address this decline. Lieutenant Dietzel: The biggest single change is

Mental Health Response Advisory Committee (MHRAC)

Meeting Minutes

Tuesday, December 18, 2018

down and out calls. AFR is now handling all those calls. We are no longer able to track any behavioral health issues that normally arose from those calls.

- Dr. Winograd pointed out that the higher concentration of calls comes from the northeast, foothills and southeast.
- Disposition data is very powerful. Disposition data reflects that for the 10,577 CIT-Related Incidents 54.1% resulted in minimal or no law enforcement action needed, 42.5% resulted in individuals transported to hospitals or other services, 2.4% in arrests, summons or citations and 1.1% in completed suicides. (Page 10) This same presentation was given to Judge Brack last month. He found this disposition of data very impressive.
- Important to note that transports have continued to go up. 57.5% in May. (Page 11)
- The number of Behavioral Health calls where there was use of force is a small percentage (<1%). In January 2016 there was an increase due primarily to APD changed/expanded its use of force criteria. Very rare event. (Page 12)
- Went over the number and types of use of force in behavioral health related cases by year. Pointed out that you can have multiple use of force tied per call per officer due to how Dr. Ginger wants it. (Page 14)
- Fire arm officer involved shootings (Page 16). 2017 - Danielle Sudlow – Transported two separate times to UNMH. UNMH released both times. During one of those times she pretended to have a gun. In next encounter she drew a gun and was fired upon. 2018 - Call received about a man threatening neighbors with a rifle. Deputy Chief Garcia explained the following: Individual walking between apartments in the complex carrying the rifle. Police spoke with him for 1 ½ to 2 hours. He pointed the rifle at police, 2 officers fired.
- The number and types of officer injuries in behavioral health related cases by year. (Page 17)
- Dr. Winograd stated that APD then asked the question of “How can we think smarter about helping the people involved in behavioral health-related encounters with Law Enforcement?”
- This question led to two additional questions: “How do we gather critical information on the large number of behavioral-health related encounters more effectively” and “How can we evaluate the urgent needs of individuals experiencing a behavioral health crisis so that appropriate levels of intervention can be deployed effectively?” (Page 18)
- The CIT Worksheet was developed. APD began tracking how often officer were actually filling out the worksheet. 90% of the incidents that had a case number had a corresponding CIT Worksheet.
- Over 3,000 worksheets have been completed by APD field officers between November 2, 2017 and April 28, 2018.
- How do we triage this data, how we you get the right people to the right place? Led to APD’s approach to CIT encounters. (page 24)
- Sergeant Dosal: Different ways CIU looks at calls. We worked with Communications on how best to look at incoming calls. Look to transferring some calls to NMCAL. If NMCAL cannot handle then officers can be called out. All APD officers are CIT. If they are unable to resolve then an eCIT officer is called out. We have approximately 168 eCIT officers. We are trying to ensure that each area command has someone available. We also have an on-call detective, available for consultation and if

Mental Health Response Advisory Committee (MHRAC) Meeting Minutes

Tuesday, December 18, 2018

necessary they will actually go on site. Another route is MCTs. MCTs are for priority 1 and high priority calls. They also respond to calls from eCIT and CIT officers. The RTCC has the ability to provide officers with updates. We also have sergeants and lieutenants who are coordinators who streamline information out to their respective area commands. We have collaborated and continue to have regular meeting with Albuquerque Ambulance and AFR. CIU's sergeant and data analyst review incoming CIT Worksheets. Look to determine if COAST can be utilized (low level) or our detectives (higher level).

- APD is aware that at some point will need to be able to track Albuquerque Ambulance and AFR calls.
- Sergeant Dosal: Risk Assessments – detectives are trying to figure out what to do with cases. Veteran detectives look at their cases to best determine the needs of the individual. Our veteran detectives have years of experience and knowledge. It is important that the officers complete the narrative portion of the worksheets. What they write is part of our risk assessment. It helps our detectives make determinations. We are constantly looking to see if our trainings are effective. What is working, what we need to change?
- Lieutenant Dietzel: An example would be engagement/disengagement. Officers are required to write down the name of the sergeant or lieutenant who made the determination to disengage. We want to make sure we are checking all the boxes to ensure that everyone is safe.
- Big challenge is to target the resources that the individual needs with limited resources.

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

- Q: Does every suicide call get a police response
- A: Yes
- Q: So there were 25 completed suicides?
- A: Yes
- C: An average of 4 or 5 per month
- Q: Nancy Koenigsberg: Is there a way to collect data on eCIT and MCT to track outcome? Is MCT only called out for certain calls? Is there a measurable difference from having clinicians vs. eCIT? Can we track the difference?
- A: Dr. Winograd: In order to compare, they would need to be the same kind of calls. They don't normally respond to the same kind of calls.
- C: Lieutenant Dietzel: Would like to nail down: MCT goes to these kinds of calls, eCIT goes to these, and the rest goes to field.
- C: Sergeant Dosal: Keep in mind; we only have 2 MCTs and 168 eCITs.
- C: Lieutenant Dietzel: Waiting on the results of UNM's ride alongs
- C: Sergeant Dosal: We are projected to have 40 ride alongs in the next six months.
- C: Lieutenant Dietzel: These are questions that have to be answered. Will be looking to MHRAC for input.

Discussion and Review – Year End Reports

Danny Whatley asked if there were any questions for chairs of each Sub-Committee. There were none. He then stated that under the CASA they are required to complete an annual report. Danny Whatley and Rick Miera will work together and complete a chair report. The reports will be posted on the MHRAC Website.

Mental Health Response Advisory Committee (MHRAC)
Meeting Minutes
Tuesday, December 18, 2018

Q & A with Commander George Regarding Lapel Camera Technology

Commander George stated that all forensics and digital evidence is stored at the APD facility on Second Street. The device fits on an officer's belt clip. As soon as the beep is heard it is recording. It holds six (6) to eight (8) hours of video. Axon Body Camera. Per Lieutenant Dietzel: it can be worn in different places. Previous cameras were worn on lapels. The device currently holds two (2) terabytes of video. 40,000 movies. 80,000 hours, 9.1 years to watch everything. If a call generates a case number we retain it. If no case number is generated we do not retain it. Inspection of Public Records Act – laws for New Mexico are very lax. An individual requested six thousand (6,000) videos from APD. We are slowly giving those videos to that individual. That individual is then putting those videos on the internet and making money off them. We have had to make an investment in man power to meet all requests. 5 employees. Each video has to be viewed, documented and then they have to go back and redact it.

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

- Q: Are the videos discoverable in court cases?
- A: Yes, definitely. Due to the lax laws we are required to follow them. There are some sanctions/caveats but still very lax.
- Q: Nancy Koenigsberg: is there a way to deal with/charge for such large requests?
- C: Concerns about public access to mental health call videos.
- C: Mentioned a group of attorneys were trying to come up/designing more rigid mental health legislation over the last eleven (11) months, end result no changes.
- C: Nancy Koenigsberg: the reason why there was no bill for more rigid legislation was there is no concrete definition of what constitutes a behavioral health call. The group went around in circles – everyone agreed calls should be recorded but where we went around in circles was what gets redacted.
- C: Danny Whatley: If you get a call to an emergency room or a Psychiatric Ward recording is required.
- Q: Have you looked at any states say Texas or any other states?
- C: In Washington, they need to know how the requesting party is involved in the case.
- Q: George: Does the camera also have audio?
- A: Yes
- Q: Paula Burton: If it was a call related to mental illness but the individual was not transported is it recorded?
- A: If there is a report or a case number then there is footage. What are the data from other states?
- A: We do not have that data.

Report and update from CIU, APD and Dr. Rosenbaum

Dr. Rosenbaum: Downtown ECHO is moving along. The mock session went well and received positive feedback. The International Journal of Law and Psychiatry published CIT ECHO's article entitled: "Beyond crisis intervention team (CIT) classroom training: Videoconference continuing education for law enforcement".

We are conducting a 40-hour CIT training this week. Participants include 119th cadet class, Officers from the Pueblo of Sandia, personnel from USAF, a civilian and a student from NM Highlands (looking to see if he can get school credit for attending)

Mental Health Response Advisory Committee (MHRAC)
Meeting Minutes
Tuesday, December 18, 2018

Tomorrow Lieutenant Dietzel will be presenting Detective David Baca with the Non-Uniformed Officer of The Month Award. Detective Baca is the CIU Detective who convinced a suicidal suspect to surrender to police at the Albuquerque Sun Port

Lieutenant Dietzel introduced CIU's new sergeant, Sergeant Landavazo, who is in charge of the COAST personnel and Home-Visit Detectives.

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

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

Rob Nelson: COAST personnel continue to conduct strategic outreach. COAST personnel will take part in RBT training next month.

Danny Whatley: There is now medical staff at the winter shelter. Was wondering if CIU staff has seen an increase in calls to that location? Feels that now that individuals are allowed to stay over the weekend that there may be an increase in calls due to the high volume of people staying there. CIU staff have not noticed an increase as of yet.

Report and update from sub-committees:

Information Sub-Committee:

Nancy Koenigsberg: By default the information sharing sub-committee became a policy review committee. As in the report, membership/participation dwindled which made it hard to be a committee. Focus is now on SOP 2-19. Where MCT fits and to understand better how having a clinician along – is this a law enforcement issue or a health issue. Need to clarify even though we are getting more MCTs. MCT is not a part of the CASA but it functions within the realm of the CASA. Records that have behavioral health information. Any particular changes to the policy may overlap the CASA. We have opened it up to that issue even though CASA is specific to only certain policies.

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

- C: Rick Miera: MCT is still not black and white; have to talk to all players – BCSO.
- C: Nancy Koenigsberg: that is part of the issue. That is in question – how do they fit together since they are two different agencies.
- C: Rick Miera: city and county are sharing the cost of the clinicians; BHI, city is paying for their MCTs and the county theirs. But more concerned about the clinicians and their licenses. Like where they stand, etc.
- C: Nancy Koenigsberg: I sent out a video clip to MHRAC.
- C: Ellen Braden: mentioned that in the video the clinicians never spoke.
- C: Lieutenant Dietzel: Probably cut out all the audio, just left the video of the clinician.
- Q: Danny Whatley: does the clinician conversation on the lapel video get redacted in the event of an IPRA?
- C: Concern expressed about the scenario presented by MCT last meeting
- C: Lieutenant Dietzel: That was the level where they are getting ready to handcuff the individual
- C: David Ley: Very concerned with display. Felt very challenged. Very alpha. Concerned with the way they got Robert to sit down. Further discussion with how MCT engages with folks.

Mental Health Response Advisory Committee (MHRAC) Meeting Minutes

Tuesday, December 18, 2018

Does it become more of a therapeutic session once safety is ensured? Need a way to move forward with this discussion.

- C: Ellen Braden: Some additional conversation needed; review of the clinicians. Not the typical response based on conversations she has had with the clinicians. The original concept was with a police presence. Research all programs sponsored by BHI. ISR level as well. ISR should have a better picture. Not too farfetched to get a community engagement team. Vetoed by the governor. Have to have conversations. Especially with confidentiality concerns.
- C: Sergeant Dosal: This is all trial and error. Our coordinators got with and trained the MCTs. The clinicians were trained by our coordinators and our own clinicians. We appreciate the feedback but they are the ones out there. What was shown was not what is actually happening. I along with the officers are trying to work this all out. We are trying to adapt to the policies and procedures. On January 10th, there will be reality based training. We ask that you please be patient. It is just two officers and myself who are trying to go out and work out the best way to handle it. As far as lapel cameras, that is not a new issue. That's why I brought the Commander in.
- C: Danny Whatley: The fear level has to be high for the clinicians.
- C: Sergeant Dosal: We are working with different entities to try to get this to work. We have ride alongs requested by UNM for the next four months, FCS requests, media requests as well as the monitor.

Training Sub-Committee:

David Ley: Submitted annual report. There have been a lot of accomplishments. There are still unresolved issues with CNT and SWAT. Early in the year, the training sub-committee approved curricula but does not believe it has been utilized. Last was a needs assessment. How much was needed. Not a lot of clarity or response from CNT and SWAT. Regarding CNM: the gentleman from CNM was very nice and responsive by email. Things, however, remain very ambiguous. Doesn't really understand how it will be done with existing City of Albuquerque employees. His understanding is that they will have to take time off. How will this be done? There is nothing in writing. Who is responsible for what troubles him. There's nothing in writing as to how it will work. Committee has raised questions that have yet to be resolved.

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

- Q: Danny Whatley: Can a City of Albuquerque employee work another job?
- A: Lieutenant Dietzel: Yes, you can work but only up to 20 hours. It has to be approved by the Chief and it can be revoked.
- C: David Ley: So APD is paying CNM to train. Then CNM is paying APD officers to train. City of Albuquerque has already paid APD officers to write curricula and to train. It's not quite the same as double dipping; however, we (taxpayers) were already paying for training. Now we are paying CNM to pay APD officers. To me that is not good business or ethical sense. We should ensure that we are noting our concerns.
- C: Paula Burton: May need to change the name of our sub-committee for training to training and policy sub-committee.

Resource Sub-Committee:

Ellen Braden: Had a robust conversation at the last meeting. Need to look for ways to help COAST connect with more resources. Trying to facilitate more collaboration/resources.

Mental Health Response Advisory Committee (MHRAC)
Meeting Minutes
Tuesday, December 18, 2018

MHRAC Final Discussion:

Danny Whatley: The last status conference was canceled. DOJ meeting was very productive. Lisa Duval and the City Attorney are getting MHRAC more involved in the decision making. Homeless encampment protocol. May be in writing to do evictions. Will require police. Will be a civil matter. MHRAC has to be a part of this. Have had promises to get APD involved.

Nancy Koenigsberg: Deputy Chief Garcia – meeting with stakeholders to provide opportunity for APD to give update and stakeholders to provide input. Every six weeks. Appreciate it. Shows commitment the department has made.

Adjourn

Meeting adjourned at 6:52 PM