In Attenance:

Co-Chair Danny Whatley, The Rock at Noon Day Co-Chair Rick Miera, Executive Committee Gilbert Ramirez, CABQ-Dept. of Family & Comm. Services

Robert Salazar, NAMI/Peer Representative

David Ley, NM Solutions

Lieutenant Matt Dietzel, APD CIU
James Burton, Peer Representative
Paula Burton, Peer Representative
Laura Nguyen, Albuquerque Ambulance
Nils Rosenbaum, MD., M.P.H., APD Behavioral
Health Division

George Mercer, Albug. Health Care for the

Homeless

Bridget McCoy, MD, UNM Department of Psychiatry

Rob Nelson, APD/C.O.A.S.T.

Laura Johnson, Michael Armstrong Law Offices

Non-Voting members:

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

Betty Whiton, NAMI

Absent:

Johnny Martinez, NMVIC/FIC
Detective Matt Tinney, APD Crisis Intervention
Unit
David Webster, Bernalillo County Behavioral
Health

Meeting was called to order at 5:01 PM. A quorum was met at time of start.

Welcome first time guests:

Danny Whatley gave a recap of the duties and responsibilities of MHRAC to the first time guests.

Isle Biel, Street Outreach Volunteer, committee member for Tiny Home Village Cynthia Sylvan, Retired Social Psychologist D. Bartlett, Valencia County Outreach

Approval of meeting minutes

There was a motion made by David Ley to approve the minutes as written. The motion was second by Laura Nguyen. The minutes were approved as written.

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

Some neighbors are becoming irate. They are upset about people sleeping in the parks and defecating. Who are the appropriate people to call to report this to? She's recommended 311 but would like to come up with some other ideas.

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

• C: Lt. Dietzel: Please have them call 311. When they call they need to be specific, they need to explain where this is taking place and that they are defecating. The area/location is important because 311 maps out these calls. We need the calls in order to know where it is. The numbers are low for those specific types of reported calls.

- C: They are hesitant to call. They don't want to complain. Some of the neighbors are picking it up.
- C: Lt. Dietzel: Please let them know not to do that. That is a health concern.
- C: Gilbert Ramirez: Yes, they should not be picking it up. There is a possibility of a disease. With the recent Hepatitis outbreak, this is a public health concern. We need them to call in, it is important to track it and also get it cleaned up.
- C: Danny Whatley: If any of you are wondering why we are talking about the homeless, it is part of our duties under the CASA. The homeless population is increasing. There are discussions on how we provide public bathrooms in the City.
- C: Lt. Dietzel: As stated earlier, we tried mapping it out. Low volume of complaints. Need to see where and how to open public restrooms.
- C: Isle Biel: Portable showers are a possibility. Making stops at various locations.
- C: Rick Miera: Bottom line without statistics we can't determine where the situation lies, what and where the problems lie.

Independent Monitor's Ninth Report Discussion

Danny Whatley began the discussion by reading an excerpt from the Report. The excerpt (page 142 of the Report) reads as follows: "Data available to the monitoring team show regular monthly meetings for the community's Mental Health Response Advisory Committee (MHRAC) that involve at times highly detailed discussions of problems, issues, needs and solutions. MHRAC continues to be one of the success stories in APD's community outreach processes. MHRAC's reports, recommendations, communications, and assessment processes created during this reporting period continue to be a source of valuable insight for APD's mental health/crisis intervention strategies. A broad spectrum of community mental health leaders, APD command staff, APD's Crisis Outreach and Support Team members (COAST) and mental health professionals attend and participate in MHRAC meetings. Our reviews of MHRAC's agendas and meeting minutes indicate broad-based input from community mental health experts, advocates, and providers." Danny Whatley then mentioned it appeared that MHRAC/CIU were in compliance in just about everything. He then asked Lt. Dietzel to go through paragraphs specific to MHRAC that were not in compliance.

Paragraph 114: Not in compliance. Developing protocol. HIPPA issue: how do you protect someone's information while still getting them help? Someone asked if the current protocol needed to be changed to include children. Dr. Rosenbaum does not feel the language needs to be modified to state children. It is already implied. Lt. Dietzel stated the paragraph requires training. However, police officers will never need to worry about following HIPPA because they are doing their job and getting them to the hospital. Will conduct the required training during MOE. CIU is given 1.5 hours of training time. Will need to get with the coordinators about the writing of curriculum and include it in the training. After we teach it, we will be in a good spot.

- C: Rick Miera: Police do not utilize the HIPPA part or the MOU. It is AFR who are seen as medical providers.
- Q: Rick Miera: Is that one a little more on line or on track? Where interactions take place between the individual and AFR?
- A: Lt. Dietzel: AFR will now transport from an accident and they can bill so they do fall under HIPPA.

- Q: Rick Miera: I wonder whether or not there is a differentiation between AFR and APD in terms the MOU?
- A: Lt. Dietzel: I don't know if AFR has their own MOU.
- C: Dr. McCoy: I would like to be in on the training of officers for this portion.

Paragraph 115: Not in compliance. Feedback between MHRAC and APD. One of those things that has never been formalized. Lt. Dietzel developed a process map. The process map was presented to Information Sharing/Resource Subcommittee Meeting on May 14, 2019 and emailed to MHRAC on May 17, 2019. Lt. Dietzel transferred to CIU in August 2018. At that time, SOP 2-19 was already past MHRAC. All Lt. Dietzel could find was a word document that had no evident tracking to show if that was the first review or how many reviews had been completed. Came up with a mapping process. Policy change is always the result of some kind of event either positive or negative. Lt. Dietzel then went over the mapping process. First evaluation, notice of change, send to MHRAC, MHRAC feedback, CIU will review, if feedback is accepted it will be included in policy, if feedback not accepted CIU will explain why not, will then send policy back to MHRAC starting again. Once that process is complete it will then go through the APD process. It is harder to make any changes at this point because it is going through more groups. Will start policy revision in June. Will try the mapping process at this point. This mapping process is only for CIU, if successful Lt. Dietzel will encourage it to be used elsewhere.

- C: Danny Whatley: As history, Rick Miera and I met with the old administration. At that time we informed them we needed to see policy first and also see it last. All recommendations we made never showed up. They came up with a flow chart that never flowed. All we could say was we looked at it and yes it was a chart. We as a committee have to look at it and decide how we formulate our opinions and get them back to APD.
- C: David Ley: APD has been as transparent as possible. We have been able to look at things that they wouldn't think we could. I believe through Lori and CIU staff that, for all review of curricula, we have a tracking. We are already there. I think the issue is: there is sometimes a lack of response. How do we track that?
- C: Danny Whatley: Forty to forty five percent of all training is being conducted by outside agencies. This is due to all the work of the Training Sub-Committee.
- Q: Rick Miera: Is the data reported to MHRAC mentioned in the report, the yearly data book report presented to MHRAC?
- A: Lt. Dietzel: Yes
- Q: Rick Miera: Can the sub-committee represent MHRAC? We have never said we are reviewing policy. The MHRAC sub-committee should be able to handle this, correct?
- A: David Ley: The Training Sub-Committee reviews and then we bring it to the board during the sub-committee reporting.
- C: Danny Whatley: Policy is so important. Policy is driven by things that happen. An example is the homeless encampment ordinance. There is not a policy. There will have to be. Law enforcement will be a part of it.
- C: Lt. Dietzel: Seattle has a very similar situation but they have an 8 officer team who handles encampments. They also are under the DOJ.
- C: Danny Whatley: I don't understand how this will not be an APD issue.
- C: Lt. Dietzel: I personally am not comfortable having officers handling this.
- C: Gilbert Ramirez: It hasn't been decided if it will be an ordinance or a policy or how it will be handled. It was written as an ordinance. After it was presented to MHRAC and the ACLU we got recommendations. Now reviewing how to handle.

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- Q: You said you are not comfortable having officers going and removing encampments?
- Lt. Dietzel: I'm not comfortable making it an APD issue. I think it should be left up to providers or others.
- Q: You don't want APD to be the presence having to remove encampments because it may further tarnish APD's reputation?
- A: Lt. Dietzel: APD should not be there unless a crime is being committed. I cannot find a law about camping in the city. At least nothing that relates to this.
- C: Isle Biel: The problem is: move them along to where?
- C: Lt. Dietzel: How do we fix this problem in a way that doesn't bankrupt the City?
- C: Gilbert Ramirez: There already is a process on how encampments are being handled. When they get reported, there is an outreach person who goes out and posts an eviction notice and then goes out again 72 hours later and ensures that they've moved. We may have an officer go for the safety of the outreach staff member. There are lots of layers to it. Already have a process handling it.
- C: Lt. Dietzel: It has been in place for quite some time. Mainly without police presence. There is some historical data showing the process.
- Q: Danny Whatley: But have we dealt with the volume we now have?
- C: Lt. Dietzel: Since I'm no longer out in the field not too sure. I haven't really heard a lot about it.
- Q: Rick Miera: We are in compliance but secondary we are not in compliance. What will it take to get in compliance?
- A: Lt. Dietzel: Secondary is: has it been trained. Operational is: it is in the world and can it be measured. A lot of it is how we show our work.
- C: Rick Miera: Minutes should reflect this.

Dr. Kunard was present at the meeting.

Process Map for MHRAC Feedback for Policy Revisions Discussion by Lieutenant Dietzel

See "Independent Monitor's Ninth Report Discussion" Paragraph 115 discussion and associated discussion above.

Report and update from CIU, APD and Dr. Rosenbaum

Dr. Rosenbaum: The grant application was submitted today. We will find out in October if we will receive it. Dr. Martin and Dr. McCoy are working on writing some instructions on how a pick up order should be written so everyone is on the same page. Our clinicians and the MCT clinicians will receive training. These instructions will be available to all clinicians so they have a place to start.

Lt. Dietzel: Detective Matt Tinney will be promoted to Sergeant unless he doesn't pass tomorrow. If he doesn't pass, it will be because he loves what he's doing and doesn't want to leave. Since he has been the training guru for CIU, we are not sure how training will go.

- C: Danny Whatley: that will be a great loss for CIU
- C: Lt. Dietzel: I have confidence in my trainers. Bear with us we will work through it.
- C: Danny Whatley: We went through this with John Gonzales.

- C: Lt. Dietzel: I have him writing out his procedures.
- Q: Danny Whatley: This is another example of brain drain. Why can't he be promoted and stay?
- A: Deputy Chief Garcia: He will be an absolutely wonderful sergeant. With CASA we have to stay within our numbers. We have other training staff that is very competent and we already have two very competent sergeants.
- C: Lt. Dietzel: Promotion is a very good thing. It's good to go back out to the field. I encourage all my detectives to promote.
- Q: Where will he go?
- A: Lt. Dietzel: We don't know. We won't know until the process is complete.
- C: Danny Whatley: It will be good to have him out in the field utilizing his skills.

Lt. Dietzel stated that they will be interviewing for two additional MCT Officers. One of the detectives transferred to the Academy. They will be hiring for that position later on as well. Sgt. Dosal gave an update on LEAD. The pilot program will start in the SE Area Command. Once the policy is approved, will conduct training for the four officers, one sergeant and the lieutenant in the SE area. Lt. Dietzel mentioned that for the first time, behavioral health calls have gone down. In 2018, the number of calls was 7,300. Attributes this decline to MHRAC and Behavioral Health tax money. The number of chronic callers is reducing. MHRAC has a big part in this.

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

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

C.O.A.S.T. continues to do Outreach. We are making more contacts. Attributes this to Sebastian from Family and Community Services. He brings a list of areas. COAST took part in Mental Health Day on the Plaza.

- Q: Danny Whatley: Are you seeing repeat calls on repeat individuals?
- A: Rob Nelson: Yes, but we are also seeing new people due in part to Sebastian.
- Q: Is there enforcement during Outreach?
- A: Rob Nelson: We provide resources and referrals, no enforcement.
- C: Gilbert Ramirez: We have partnered with UNMH to have some medical care as well as some case managers at the Westside Shelter. We will be providing more services at the shelter. Hopefully it will reduce the 911 calls.
- C: Danny Whatley: I have seen talking points on what looks like a large 400 bed facility. Not too sure if that's a good idea.
- Q: Dr. McCoy: What services are UNMH providing?
- A: Rob Nelson: Some medical services. Had one individual who was complaining of concussion. Basic level of care such as cuts, etc. Provide onsite Medicaid enrollment. Wi-Fi available.
- C: Danny Whatley: Providers are more interested in smaller housing staggered throughout the city. Bathrooms installed. Don't like the idea of a 400 bed facility.
- C: Gilbert Ramirez: Money came through a bond. Contract to see what beds entail. No determinations made. Several Hundred bed capacity.
- C: Cynthia Sylvan: Very interested in what is being done for young people. What happens to the children ageing out of the foster system? What are you doing for the children? What about the

young mothers and children? Even though they are out of the foster system many shelters won't take them.

• A: Gilbert Ramirez: There is a joint grant applied to address that population. 18 to 24. We are in the process. That is a population that is not being covered.

Report and update from sub-committees:

Training Sub-Committee:

David Ley: We did meet last month. We had a good discussion with CNT and SWAT. Good discussion concerning LEAD. Excited about where we are going. Would like to see as many people as possible throughout the City have access to diversion.

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

- C: Sergeant Dosal: We are starting small. This is a pilot program. Will eventually be citywide.
- C: Deputy Chief Garcia: Officer will be taking the individuals directly to MATS.
- C: Lt. Dietzel: There is currently only one case manager in place right now. To start the program citywide would be hard on staff.
- Q: Will corrections officers at MDC be able to do diversion?
- A: No, this is just for Law Enforcement Officers only.

Information Sharing/Resource Sub-Committee:

Lieutenant Dietzel: We merged the Information Sharing and Resource Sub-Committees. Resource cards are being reviewed. The Certificate for Evaluation Form needs work. APDs clearing house needs work. We need a process in place. May need its' own SOP section.

MHRAC Final Discussion:

Danny Whatley: I will be gone on sabbatical the whole month of July. Last year we did not have a meeting in July. This is something you need to decide on. If you decide to hold a meeting in July, you can use The Rock.

Adjourn

Meeting adjourned at 6:29 PM