

Mental Health Response Advisory Committee (MHRAC)

Meeting Minutes
November 17, 2020
Via Zoom

Board Members in Attendance

Co-Chair Danny Whatley	The Rock at Noon Day
Co-Chair Rick Miera	Executive Committee
Betty Whiton	NAMI
Cassandra Bailey	Detective, APD CIU
Dave Webster	Bernalillo County Behavioral Health
David Ley	New Mexico Solutions
Elizabeth Romero, M.D.	UNM Department of Psychiatry
Gilbert Ramirez	CABQ-Dept. of Family & Comm. Services
James Burton	NAMI
Laura Nguyen	Albuquerque Ambulance
Matt Dietzel	APD CIU
Maxwell Kauffman	Law Offices of the Public Defender
Nils Rosenbaum, MD., M.P.H.	APD Behavioral Health Division
Paula Burton	Peer Representative
Rob Nelson	APD/C.O.A.S.T
Robert Salazar	NAMI
Rosa Gallegos-Samora	Albuq. Health Care for the Homeless

MHRAC

Danny Whatley

- We need to stay focused and stay on track.
- One of the things we have slid into because MHRAC has such a strong voice and has accomplished a lot, a lot of folks think we are the hammer and want to bring issues to the MHRAC meetings that are outside our focus and outside our requirements as the CASA lines them out.
- We have to stay where we are speaking to the agenda items and not wondering off.
- Starting tonight, only the committee members will speak audibly to the agenda items.
- There will be opportunities for folks to comment on agenda items, like in the chat, and within the public comment.
- We are going to try to save time at the end as well for agenda items or to bring out new business, or something that we should address as the MHRAC.
- I got a lot of emails about the upcoming hearing and the IMR 12 that just came out.
- We are unfortunately going to say good-bye to Leah Harrison from Haven; Haven will provide a replacement. Rosa Gallegos-Samora will be stepping away and Leyna Inberg from Health Care for the Homeless will take over; the ladies came on together and had a shared roll but now Leyna will be taking over by herself.

-CASA certainly spells out who we need on the Board; one of those is service providers, and the more important agencies in the city are APD and Healthcare for the Homeless. We need to make sure they have a representative.

David

-David Hunns, CEO of Haven will be taking Leah's place as a representative of Haven. He understands how important it is for our committee to really be connected with the adjacent hospital system in Albuquerque.

-David will nominate him to the Board if he is available at this meeting.

Danny

-The intake locations at UNM, Haven, and other locations are necessary, and CASA speaks to that as far as the requirement. UNM is certainly BIG time busy and we understand that but we're not getting the kind of participation from UNMH as we have in the past but we will continue to make sure they have a seat at the table.

Max

-I understand Albuquerque healthcare for the homeless is a major player in the community and they should certainly have a presence on the Board.

Introduction to MHRAC

Danny

- Let me tell you what the MHRAC is all about. When the City had an agreement with the Department of Justice they established the Court Approved Settlement Agreement (CASA) and with the CASA they rebuilt two groups and created a brand new group within the City and that is the Mental Health Response Advisory Committee (MHRAC). We've been around since day one and have accomplished a lot. The IMR 12 has gotten a lot of press lately, and should, you will find positive things in there, but those don't get reported. The whole page speaks to the successes of the MHRAC. MHRAC is an advocate not only with APD but with the City of Albuquerque.

Welcome First-time Guests

Sgt. Charles Crook

-I just moved over to the Crisis Intervention Unit and I am essentially taking Diane Dosol's place.

KC Quirk

-I am the former Executive Director of Crossroads for Women the rape crisis center and Esperanza Shelter for battered families; I am an Instructor for NM Highlands and a concerned citizen.

Rosie Palfy

-I am a community advocate in Cleveland, Ohio, and a member of the City of Cleveland Mental Health Response Advisory Committee (MHRAC). I want to watch your meeting and see what you are doing. I have been following Albuquerque MHRAC for a couple of years and think you are doing a phenomenal job. I am hoping to find a point of contact to get some advice and words of wisdom from.

Anjali Taneja

-I am a family physician and the Executive Director at Casa de Salud, integrative primary care and addiction treatment clinic in the South Valley here in Albuquerque, and a concerned citizen.

Gabby Hernandez

-I am with Casa de Salud.

Charles (Unknown) called in and I could not understand the last name given.

-A coordinator from Highland High school.

Noemie Carroll

-I just recently started a coalition; it's called ABQ Crisis Intervention Coalition. Our goal is to support in crisis, especially suicidal crisis as much as possible without involving the police. Maxwell Kauffman invited us. We're here to learn about what MHRAC does and would also love to reach out to someone about getting further information.

Gigi Osoria

-I am a halfway navigator, community health worker, counselor, and a CCSS. I wear a lot of hats. I am with the International District and the East Central Member Street (ECM). I am here to be a part of the team and to help out.

Dani Strones

-I am with the Rapid Response Coalition that Noemie was talking about. I put a proposal for an emergency management advisory council that consists of community members as well as the emergency services to plan and practice for future emergencies.

Approval of meeting minutes

Danny Whatley

- The committee should have received a copy of the minutes from the last meeting and the agenda. I need a motion to accept those as written.

David Ley

- Motioned to accept minutes as written.

Laura Nguyen

- Second the minutes.

Maxwell

- Question on the minutes, page 15 where it states "MDC can attend and they can be put on the agenda." He just wants to confirm that they "can" or "can't" be put on the agenda.

Danny

-Confirmed that they CAN be put on the agenda.

Rick Miera

-As well as the coach here, I am also the Chair of the Metropolitan Detention Center (MDC) Oversight Committee. MDC has been at the table since it started.

Danny

-Any issues we have with intake or issues with how mental health is being handled Rick is that source and that person to go to. The MHRAC certainly needs to do that.

Board Members

-Minutes were approved

Public Comment (Two minutes per person, 15 minutes' limit)

James "Jim" Ogle

-In the section of the agenda dealing with MCT, wondering if someone can address the status of the issues of privacy with body-worn cameras and that sort of thing since it is now law in New Mexico that field officers are supposed to have those. Is there any change or movement of the legislature to make a difference between the IPRA and HIPPA issues?

Danny

-Ellen Braden will address that topic. That has been an issue for quite a while.

Maxwell

-We have 80 participants. I think that is really telling about the community seeking engagement and answers from MHRAC at such a critical time for New Mexico and Albuquerque in particular.

-I know we have our marching orders pursuant to CASA and we have to discharge those, but at the same time considering such an extensive community involvement I would say we have almost a heightened duty to the community as members of it.

-Other coaches of the other groups who are tackling these same issues should be handling those issues, and if members of the community want to express their voice in those groups, they should.

-However, I do think that at another level, it would be beneficial for MHRAC to coordinate and collaborate with groups where there is an area of common ground that could make us more effective. We are charged to do that in our by-laws; the language says, "Network and build relationships," so I think that should be a considerable focus of MHRAC is what are other groups doing? One, we don't duplicate efforts but also we work in tandem and I think we can all be more effective.

Danny

-We have 19 or so folks serving now who are wearing a ton of different hats and they bring that networking, that information to the meetings. I've personally not seen an issue with us not networking.

-We have taken the role of advocate and not an adversary and have been really successful with that. The MHRAC historically has accomplished a lot more by being an advocate vs. an adversary.

Rosa

-I think there has been a couple of approaches to do more networking. A couple of months ago I sent an email about some out of state first response teams who had volunteered to attend MHRAC to talk to us about their systems and how they have been successful for 30+ years, and I thought MHRAC and the city would benefit from talking to them especially since we are creating this new city department to help with the crisis outreach and that opportunity was declined. Then later on I asked if we could talk with other crisis response teams throughout the city such as The New Mexico Crisis and Access, and also our APD crisis teams to see how things are changing during COVID because I know suicide and other crisis are increasing during this time.

-If we were to network together we might be able to take the burden off APD and share that as a city and other resources in the city, and that was declined.

David Ley

-I think all these issues are important. I certainly do agree with Max and Rosa for the community to discuss and address those issues.

-With one meeting a month for only a couple of hours, MHRAC should really focus on the issues that MHRAC was created for.

-One of the things we are experiencing because of COVID and because of city changes of policy and practice we have run into some various issues. MHRAC has become kind of a hub for some discussion around those issues.

-Gilbert may want to host some more public discussion around some of these issues in order to allow MHRAC to remain effective on those issues.

Gilbert

-There is so much happening in the background. I know with MHRAC it's important to share as much as we can. We have consulted with some of the models in other states. The doors are not closed. MHRAC is one mechanism but there are many others to solicit and have those conversations with engaging the city. Even if it does not fit what MHRAC is doing specifically, we are still open to having those discussions.

Noemie Carroll

-I would like to invite you all to an info session we're going to be having. It is going to be on December 10th at 5:30 pm. It's an info session about our coalition to see how we can coordinate with other people working in crisis and suicide intervention to serve our community.

Gigi Osoria

-Explain the coalition of MHRAC.

Danny

-The Mental Health Response Advisory Committee (MHRAC) is part of the Court Appointed Settlement Agreement (CASA) which outlines what we are supposed to be doing.

-We're involved in two areas as Law Enforcement interacts with those experiencing mental health crisis and those experiencing homelessness.

-We are involved in resources, information sharing, and policy and training.

-You can get the CASA online at cabq.gov

Valerie Griego

-I am with ABQ Faith Works Collaborative.

-I am a licensed master social worker for the last twenty years. I've worked in the community for about twenty years and I am currently working with a collaborative of twelve churches, mostly in the Southeast Heights areas.

-I want to talk about something very concerning to me and some of my colleagues over the last couple of weeks. Due to having to personally call 911 for a severely mentally ill client who was threatening and angry at one of our churches; he was unwavering in his attempts to get inside and to continue the conversation with staff. I and a seventeen year old were in the building. I waited for more than one hour for the police to come, who never came.

-What is the current process on the Mobile Crisis Team (MCT)?

Lt. Matt Dietzel

-We have run into this issue more often than I would like to admit, of the call sitting. Maybe the right questions were not asked or maybe the right urgency was not understood

from the communications end. If someone has a weapon and is trying to get into a business or a home that should be a quick dispatch. I will look into this call.

Emily Jaramillo (AFR)

-From the perspective of the Fire Department in a situation where somebody is threatening, we will stand-by and wait for APD. A fire response would have not necessarily been faster.

-If we have the information it is easier for us to pull audio and listen to how the call was described to the dispatcher or how they interpreted it and then why it was coded how it was coded. That is how we can get you answers on why it took that long to respond.

Albuquerque Community Safety Department Update, Mariela Ruiz-Angel

Mariela Ruiz-Angel

-I am the Lead Coordinator for the new Albuquerque Community Safety Department (ACS); it's a cabinet-level department being created to respond to 911 calls to do outreach and respond to calls that have to do with homelessness, inebriation addiction, and mental health issues.

-We're looking to hire trained professionals, social workers, clinicians, homelessness specialists, and community workers.

-Will do presentations regarding this for interested groups.

-Update: Finalizing the creation of the planning committee. An ordinance or resolution from Councilor Cynthia Borrego; that includes folks from different internal departments as well as the county and the state. Will also be bringing in a few folks from the outside to be a part of this planning; trying to figure out who that will be and how we will open that up.

-Additionally, finalizing what kind of calls we should send these new responders out safely in groups of two.

-We are also starting to draft some job descriptions. We will make sure to share this with the community and with stakeholders such as MHRAC to see if we are on the right path.

-We have some scheduling issues; we know we have peak times, certain days of the week we will need more assistance. It will be depending on how many people we can hire between now and the end of the fiscal year, June 30th.

-We are trying to figure out if we are going to create some new dispatch codes so that ACS can be included.

- We are considering soft launches or small pilots to see how it is going.

-I think we are right where we need to be. We've had really great conversations with the monitoring team.

Danny

-The city has a security division. A suggestion was made to use security vs. Law Enforcement. How does the new Albuquerque Community Safety (ACS) department figure in as far as security?

Mariela

-The Administration had that conversation early on. What we felt is that we do have a wellness check program; they have presented to MHRAC as well. Jason Downing has been really great and they have had a lot of success. We thought that was a program that could very well be put into this new department. They are able to get out to the scene faster, assess the

situation, do de-escalation, and a lot of times the person is able to walk away from the scene. Often they get out there and it turns out to be a ghost call. Or, worst case, security can determine if APD or AFR is needed. Yes, we are playing with that idea.

Danny

-I noticed on the IMR 12 the monitor mentioned the Community Safety Department and so it appears that is going to be one of those things where MHRAC is still going to have some input and some involvement.

New Gateway Centers Update, Quinn Donnay, Family, and Community Services

Quinn Donnay

-I am the Gateway Centers project coordinator; that means I am pretty knee-deep in this conversation daily.

-The Gateway Centers conversation came out of the 14 million dollar bond that was passed three years ago. The bond has passed in recognition of needing a solution; the community has recognized that there is an issue. Basically, we do not have enough of everything is how it can be summed up.

-Originally a 300-bed facility was proposed; we are no longer doing that. We are smaller facilities that are going to be focused on specific demographics, for example, single men, families, and young adults.

-Out of all of this sort of sprouted the Homeless Coordinating Council; which is a council that is formed of three entities, the city, the county, and UNM. They signed an MOU to work together on this council; out of this council came sub-committees that are sort of driving this gateway process and thinking through some of our solutions. Those sub-committees include Gateway Facilities (location and building), Gateway Services (everything that would be important in terms of services), Coordinated Outreach, Affordable Housing, and Youth Housing because we know that young people experiencing have unique needs.

-Update: We have a Coordinated Frame Work document; which means all of the communities put forth all of the needs and strategies into this document that was approved by the Homeless Coordinating Council. From that, we are now charged with the second step of the process which means for our strategies each committee is identifying a lead entity between city, county, and UNM.

-Next step is coming up with timelines, so some of our strategies are going to be shorter and some are going to be longer.

-The lead entity will be figuring out preliminary budgets for some other things they are thinking about.

-We are in the tedious process of planning now where there is not going to be a lot happening but there is going to be a lot of talking.

-There is a link for a survey to get as much feed on the Coordinated Frame Work document as we can get. In the survey, there will be a link to the document. Please send it out to all of your networks.

Larry Kronen

-In looking over the document, I didn't see anything about youth being addressed. Are there any plans to address youth under 18?

Quinn

-Young people under 18 have a vast amount of resources whether it is CYFD or APS, etc., so with this committee, we are really looking at that gap age between 18-24 where a lot of people do fall between the cracks because of service provisions shifts so dramatically. At that 18 mark, everything is so different. We are looking at this particular age group because it is a largely underserved population in our community.

Gilbert

-One of the thing that has come from our committee meeting along with our partners there is we understand there is a portion of young people who are not accessing shelters; maybe they are out of the system, or moving through our state, or our city; we want to make sure there is a place for them. Talked with partners about a drop-in center.

-CYFD and Secretary Brian Blalock saw an expansion of service and that was extended to the age of 21.

-The City made an investment through an RFP to increase behavioral health access as well as job training and education services for any youth post 18 and going to the age of 24 to make sure we have some support for them; trying to build up that continuum.

David

-CYFD licensing and certifications at these facilities including shelters for homeless youth essentially prohibits any co-mingling of individuals under 18 and over 18, which creates a very significant complication. Noon Day and YDI both have shelters, systems, and some traditional housing in Albuquerque right now.

Gilbert

-Thank you, David, for feeding us the appropriate information.

Noemie Carroll

-Question to Quinn: I was wondering if the LGBTQ community is being served by this project?

Quinn

-Absolutely, for the youth committee specifically, we do have CASAQ present on that committee. In terms of the services committee; that is a committee that I co-chair we are making an effort to make sure that whatever spaces we create are accommodating for people whether they are LGBT or whatever their culture is we do want to make sure that it is safe for everyone that is walking to the door.

Noemie Carroll

-Follow-up question: Would they be with people who aren't LGBTQ plus? I ask that question because a lot of people unfortunately with discrimination it's ideal to have a safe house specifically for LGBTQ plus people so that they are safe and not exposed to discrimination and bullying.

Quinn

-Absolutely, I definitely understand that at this time were not that far ahead on our details, however, that has come up in conversation that has been discussed so I think you know it's just a matter of how that unrolls. I definitely have learned that there's a lot to just let see how things unfold in the process and so I definitely am an advocate for LGBT individuals.

Danny

-I think in this process, the more they dug into the bigger it gets. When first started talking, they asked me, what do you think, and I said, “you have to build a shelter for animals because a lot of our folks that are on the street have not only service animals but this is their companion, and they won’t go to a shelter unless there is a place for their animals.”

Quinn

That accommodation for pets is across the board; a need in all of our services.

Gigi Osoria

-Question to Quinn: How can we be a part of the committee?

Quinn

- I will put a website link in the chat box. Basically, all of the zoom information for all the committees are on this website so each committee is public. For HCC meetings, if you see something that comes up that you want to public comment on, you can submit; there is a process for that on the website and it tells you how to do it.

Discussion of Independent Monitor Report 12 with the MHRAC Board

Danny

-You have heard a lot about IMR 12 in the last week to 10 days; it has been throughout the news media.

1:03:50 **David**

-I’ll note the issues we had with the academy and the maintenance effort training over the summer and raising that to the attention of the academy and I think that was very successful. I appreciate the department taking that seriously.

Maxwell

-There are lots of positive things about MHRAC on the IMR 12 and we can focus on that and it’s beneficial to recognize. In light of the IMR 12, we can take a critical look at areas where we can do better to support APD as a whole.

-It will be good to hear from APD on how MHRAC can do better, support them better, help them better, and advise them better? How can we do better on the next IMR?

-We should get that objective feedback from APD and community members and take it as constructive criticism for us because we can always do better.

-The IMR 12 should encourage us to do a deeper dive on how we can help. We should come to the table with bullet points for discussion.

Danny

-Put it as an agenda item as ongoing for at least December and January.

-One of the things that it talks about is the command level and those issues so maybe we hear from Chief Medina on down. I can certainly reach out to Chief Medina and give that challenge.

Larry Kronen

Is there any place I could look at because I have been able to find what MHRAC recommendations in the past year that MHRAC has given to APD and the city, and what policies have been reviewed?

Danny

-The training subcommittee and the policies that impact the crossover, a lot of them are pretty close and may not speak directly to what we're doing and what we're tasked to do but we probably looked at 8,10,12 policies in 2020 for review and got the opportunity to make comments on reviewing the training.

-The MHRAC is intimately involved with the Crisis Intervention Training.

David

-We look at a dozen or more policies a year. All those should be identified in the MHRAC minutes that are on the website.

Larry

-I see that things have been discussed but I have not seen direct written recommendations that have been given, it may be my oversight.

Danny

-Most of the recommendations have been made in open meetings and then followed up afterward at those same meetings.

-As far as writing recommendations; the only written reports that we are required to do are annual reports.

Matt

-The policy review process, MHRAC has three input sessions on major policies that impact behavioral health issues, SOP 219, and SOP 137 go to MHRAC three times.

-Policies that don't necessarily have much to do or have as big of an impact on the community, restraint of prisoners, problem response team; they have been through one time and it's a two-week commentary period that MHRAC gets.

-I respond to every single comment from MHRAC, DOJ, Monitoring Team, and from the officers personally. Some comments are not realistic but I explain why they are not realistic.

-The idea that it doesn't get enough input to our policies or in general is completely bogus.

-We saw that one time that the academy put out a video without the consultation of MHRAC, knocked us out of multiple paragraphs in terms of compliance. I think that's probably appropriate because every other class goes through the training sub-committee and it is reviewed at least once in terms of what we're doing what we're teaching and what's going out the officer's and the cadets so there's a lot of review happening just because not sees every single second of it, doesn't mean it's not happening.

Larry

-So as I understand it, you respond to comments that might've been made, but that's been no formal recommendations from MHRAC?

Danny

-What are you talking about formal? Are you talking about us putting something in writing?

Larry

-Whether it is required or not.

Danny

- I saw a document today from a local attorney that made that same statement.
- It's offensive to me for someone to make a statement that is not aware of what the MHRAC is doing and speak for the MHRAC.
- The MHRAC is very careful and not making statements to the media.
- We're open to the public.

Paula Burton

- I would like to comment on the training sub-committee; at various points in the last few years, we've had written documentation on what policies we have discussed, all of our training.
- We make sure they are consistent, they are peer-informed and evidence-based. We've done that with all areas of training regarding mental health from the academy to eCIT.
- There is written documentation, now do you have access to it, I don't know because I don't know where a lot of these things end up, but it is happening.
- We do make formal recommendations on changes in education and training.

Laura Nguyen

- I think some of the challenges we had in this area stem from the fact that while MHRAC is effectively advising on training, on policy, on education, sometimes policy and training are a long way from practices in the field. And the practices in the field are much more visible than the policies and training.
- I would love to find a way that we could effectively impact those practices in the field and more effectively show how the culture is shifting.

Dr. Jim Ginger

- Folks, I just want to thank every one of you for the countless number of hours you put in. I really do appreciate what you folks have contributed. Almost from the start, MHRAC was a success story and it continues to be through this day which says a lot for community lead organizations and community lead input. I know the folks at the Department of Justice feel the same way. Dr. Konord has told me innumerable times; you should be proud of what you have made here, you've done stellar work over a reasonably short period.

Mobile Crisis Team update with Ellen Braden

- I am a division manager for Behavioral Health and Wellness with the City of Albuquerque.
- Giving a little bit of update on where we are headed with the Mobile Crisis Team Clinicians. A few years ago, it's a joint partnership between the City and the County, as you are aware and a few years ago we procured for a social service agency to provide the clinicians for that, and Hopeworks was awarded that contract for the last three years and have done a really great job. They helped us with the mobile crisis team through their expertise and we learned so much from them. One of the things we learned is we have a little bit of a hard time keeping clinicians; as it turns out they do hard work in our community. The City and the County have made the decision instead of contracting out make those Clinicians City and County employees. Hopeworks has been really helpful in this process; they shared their policies and procedures with us, as well as job descriptions and we are making the move in the middle of January because that is when Hopeworks contract expires. Those job descriptions will be posted soon; I

do not have an exact date. We intend to be able to hire so that we're ready to hit the ground running when Hopeworks contract expires. Hopeworks has done an exceptional job operating the clinical services for the Mobile Crisis.

Danny

-Ellen, do you want to speak to Jim Ogle's question earlier about privacy issues and owned by the recording devices?

Ellen

-I am referring the question to Lt. Dietzel; he will be able to provide more information.

Lt. Dietzel

-A lot of the commentary of why those videos were being released is because Hopeworks is not employed by the City; there about to be employed by the city so we're going to have to make a decision on how to redact those videos because there's going to be protected information on there.

Lindsay

-Clinicians are going to governed by HIPAA

David

- The clinicians are only governed by HIPAA if they bill insurance or if they are part of an insurance system. Now their services, are governed by state privacy rules regarding healthcare information; that may actually be more salient here in this if they are acting with individuals as a healthcare provider.

Lindsay

-Emily, do you have knowledge about billing; whether and how EMT'S feel, currently?

Emily

-Both us and Albuquerque Ambulance bill for transport.

-We release records daily from our EMS call with our staff that redacted the protected health information of the clients.

-With MCT clinicians, without knowing exactly what their job description is, there still are some fees for services there, so I feel like it is covered under that for redaction.

-I can have our staff who deal with this daily look into it.

David

-Relates to the question I was going to ask Ellen about encouraging the city to pursue Medicaid Billing for the Mobile Crisis Services. That would take care of this.

Emily

-That is another place we could assist with; AFR does bill in certain circumstances for patient care.

-We work with Medicaid, Medicare so that is an area that we can assist APD and MCT with if they start going down that road; we have a lot of staff that are very well versed in that.

David

-If that were the case then that takes care of it.

-Those interactions are very well protected.

-Ellen, I'd put that on your radar, and if you need help setting up that Medicaid billing structure around those crisis services, I'd be happy to talk.

Danny

-With the possibility of billing would that cover it, even if you don't bill, could you still do that?

Lindsay

-Yes, I think it's been on our radar.

-What the issue is, I believe this is going to be, and correct me if I am wrong, Ellen, prime candidates for inclusion in the new ACS and we have already thought through how to address these issues at ACS.

Emily

-AFR was already bound to HIPAA before we starting billing for transport; we were still redacting protective health information.

-A common one is car accidents with insurances wanting to pull reports and then there is protective information about the people involved; we've been redacting that since before we started billing for services.

Bentley

-I am a clinician with CIU.

-We are bound by HIPAA for any protective information whether we are billing or not; I have a private practice where I don't bill but I am still bound by HIPAA.

-Insurance doesn't matter if it is clinical contact.

David

-It's much more complicated; it is the Health Insurance Privacy and Portability Act.

-If a clinician never bills insurance they are actually not subject to HIPAA; they may choose to be, and certainly a best practice.

Bentley

- I believe it is the "Health Information Portability and Privacy Act," not "health insurance," it is "health information," so if I am seeing someone pro bono, their information is just as protected as I was billing their insurance.

Rick Miera

-I think the issue that concerns us and that is where I am making a quick point, is it's the IPRA part that is the important part. In regards to transporting young individuals; they come and ask for information, but we are not going to give it to them. Is that still going to be protected for what you are looking at it?

Lindsay

-IPRA has an exemption for production for anything that is protected by law and that includes anything that is protected by HIPAA.

Emily

-If it would help we can put something more information together for the next meeting related to IPRA and HIPAA because we do get IPRA requests.

David

-Question for Ellen, given that the Mobile Crisis Team(MCT) system had been shared between county and city as you guys are bringing clinicians in for the MCT that the city is operating; does that mean we are going to see a silo or divide for the MCT's for the county and the city?

Ellen

-We have been in a lot of conversations to ensure it doesn't happen; it was created to have one mobile crisis program in the community and we are setting things in place so that continues.

-There will be a program manager for the county and a clinical manager for the city who does the clinical supervision for all eight of the clinicians and the program manager will help coordinate the program as a whole.

-Twice as much communication for the clinicians but we still one program.

Danny

-Jim Ogle, does that help?

Jim Ogle

-Yes, that sounds like a good path forward for the city and the county.

-The next question is going to be for the state and that is something further for people to worry about.

Danny

-One of your big questions has always been about families as far as interaction, not only the person that is being transported, or not only the person that is requiring some assistance, but also the families and the communication between the families and responding officers.

Jim

-I think the one thing that it still doesn't address that more people are worried about is cameras inside of houses and just people getting ahold of videos to see what is in homes, so you can have people deciding to rob your house.

-The mental health part it does take care of.

Danny

-Emily can we put you on the agenda for December?

Emily

-Yes, happy to put together something.

Gilbert

-Emily can you highlight transporting youth?

Lt. Dietzel

-The Special Order (SO) dealing with pediatrics transports so kids 12 and under just came out today; it's going to be coming out to APD officers very soon. I want to say thank you to AFR for helping lead us on this because it desperately needs to be done; we need to have alternate transportation that isn't the back of a police car on a 911 call that has nothing to do with the crime.

Emily

-We feel like this is going to be a quick turnaround for us; we have the approval and we have our staff so we should be able to get this up and running by Friday.

APD Crisis Intervention Data Book Fall 2020, Matt Dietzel

-This item will be sent to MHRAC and the Board, it's also on the website or put on the next agenda.

Report and Update from CIU, APD, and BSS

Lt. Dietzel

-We have our new Sergeant on board. He is doing a great job.

Dr. Rosenbaum

-We started the process to get another Lieutenant for our unit.

-Everybody remembers Dr. McCoy; the university hired a Forensic Psychologist, Dr. James Fairfacts, who is sort of doing what she does, so he will be more helpful as he gets acquainted with the whole system in NM. His leading up forensic doctors at the university.

-The Behavioral Sciences Service (BSS) Handbook was sent to the Professional Standards and Accountability Bureau, formerly the Compliance Bureau; and then it will be sent to MHRAC for a look over.

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

Rob Nelson

-COAST is pretty much back to its typical duties, with the exception of outreach; we don't have one planned every week but if you want one done or want us to join yours, please give Sgt. Landavazo a call and we will certainly make that happen.

Danny

-Rob, how's the COVID and the orders and all this other stuff impacted you guys?

Rob

-For myself, my call volume is way up for assistance; typical things that we see it's just on an increased up rise, for me at least.

Danny

-One of the things we are concerned about in the homeless end of MHRAC is when this moratorium on the evictions is lifted; we think the population is going to increase significantly.

-A lot of guys will come up to me and ask for \$100 to help pay their rent; a lot thought the moratorium meant they did not have to pay their rent at all. When this moratorium is over they're going to owe thousands of dollars.

Rob

-Yes and no, it was not rolled out very well; unless you are really law savvy the language used was not really clear to someone like myself.

-You have to attempt to pay your rent, if you've got some money, you have to give them some money.

-As for the balance you will not be evicted for it. At the end of the moratorium, you are going to have to pay the unpaid balance. People don't get that right now.

-We are going to see a huge increase in evictions.

-We do not have the resources to handle it.

Gilbert

-I put information in the chat; go to cabq.gov/rent.

-The county still has \$700,000 in cares funding for eviction prevention and utility; their application closes on 12.5.20.

-The city still has eviction prevention funding; we're taking appointments. We appropriated half a million and got an additional \$200,000; we're hoping to be taking applications till December.

- There are certain application requirements.
- National moratorium ends December 31st.

Rob

- Gilbert, do those people need to have a three-day notice to qualify for those funds?

Gilbert

-No, they just need to have a letter from the landlord showing they are in arrears; that can be a utility bill also. It has to be from March to now; that is a requirement.

Danny

- Are we communicating with the courts that will be handling these evictions?

Gilbert

-The city has Office of Consumer and Financial Protection, Attorney, Karen Meyers, and she has been working with the courts,

-Karen has also started a mediation program, so the judges can order mediation before it goes to court.

-The challenge that seems to be existing, is that individuals (tenants) do not show up so it will be more favorable for the Landlord when the moratorium comes to an end.

Det. Bailey

-Requesting to be noted on the COAST subject; Rob and Lisa continue to be huge assets to the Crisis Intervention Unit. They step-up constantly to help CIU.

Report and Update from Sub-Committees

David

-We have an upcoming MHRAC Training Sub-Committee Meeting.

-We prepared out the annual report

-One of our big successes for the committee this year was working with CMT and helping the Crisis Negotiation Team (CNT); they revamped their training around behavioral health with peer involvement. There is much better consistency between the CNT training and the CIU training; that had been a work in progress for several years.

Paula Burton

-We have a great committee and we are producing a tangible difference.

-We still have a ways to go, but we are headed in a good direction.

-The committee is open to whoever wants to come and you don't have to be an already sustained committee member.

Danny

-Our committees are open. One of the things that they have to do because of the agenda is they have to focus on what is going on.

Lt. Dietzel

-MHRAC Information Sharing and Resources Committee meetings have turned into COVID updates in terms of what's open, what's closed, who's kind of diminishing in terms of capacity, who is expanding. It's been a big part of the agenda.

-We're working on our annual report

Danny

-Each one of our committees is required to do an end-of-the-year report along with a cover letter for public view, the monitor, and for the court.

MHRAC Final Discussion

Danny

-Now is the time to comment on anything that wasn't on the agenda.

Jim Ogle

-I think the success is really due to the co-chairs, Danny Whatley and Rick Miera.

Danny

-Creating the MHRAC did not come with a budget, we operate as a committee group, go online and look at the membership, it represents the best of the best, excluding me, I am just a director of a home.

Elizabeth Martinez (DOJ)

-I just want to thank all of you for the time and commitment you all give this tremendously important committee.

-It was really important to DOJ that the community have a voice in this process and given how significant it was in terms of our findings when it came to the unconstitutional use of force, individuals in crisis, the homeless, MHRAC was such a critical piece in our negotiations with the CASA.

Wendy Linebrink

-I am from NM Cal.

-I want to thank everybody for all the work they have been doing in the community.

-The state did receive funding to create a dedicated support line for all health care workers and our first responders. If you need someone to talk to it is free 24/7/365.

Next Agenda

APD Crisis Intervention Data Book Fall 2020, Matt Dietzel

Next meeting: December 15, 2020