Mental Health Response Advisory Committee (MHRAC)

Meeting Minutes
March 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
Cassandra Bailey	APD CIU
David Ley	New Mexico Solutions
Gilbert Ramirez	CABQ-Dept. of Family & Comm. Services
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
Robert Salazar	NAMI Vice-President
Paula Burton	Peer Represenative

Introduction to MHRAC

Danny

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 in. 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

John Dodd
New MCT Clinician from Albuquerque, NM.

Kylar Boggs
New MCT Clinician. Recently transitioning from working at the Metropolitan Detention Center, originally from Washington State but have been here for the past 3-1/2 years.

Jillian Kelly
A social worker for 10 years, worked in child welfare in DC, Maryland, and New Mexico. I was recently working at Presbyterian Kaseman Hospital, Child and Adolescent Treatment Unit.

Girard Sanchez
With Veterans Immigration Center (VIC)

Marsha Harris
Bernalillo County Department of Behavioral Health Services. I am here to give an update on the Crisis Stabilization Unit
Edwin Beatty
I moved here from Seattle three years ago. I have been involved with issues on ending homelessness for almost 20 years. The first thing I noticed when I moved here was how many folks were homeless and how much that has grown in the last three years.

Ariel McKee
I organized with a local harm reduction collective in Albuquerque to do a lot of work on the ground with unsheltered community

Delfy Roach
FamiliesASAP, we provide advocacy support and information for families raising children and youth with mental health issues.

Tina Kachele
Albuquerque Friends Meeting, I work to support our neighbors in the downtown area that are experiencing homelessness as well as other community groups.

Celia Yapita
Catholic Charities, Chief Programs Officer, and we serve homelessness as well as immigrants and refugees and a bunch of other folks in different programs

Celina Lopez
Family and Community Services, Public Outreach Program Coordinator

Approval of meeting minutes

1st Motion – David Ley
2nd Motion – Betty Whiton
All were in favor of minutes as written.

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

Ariel McKee
Communicates with community members that live outside. Ariel reports, "I was talking to a community member this weekend, she told me that she feels like she's in an abusive relationship with APD that it reminds her of living with someone who hits her and that every night they raise their hand to her and they don't always hit her but she lives consistently in a state of fear that she's going to be assaulted by someone in her own home, it causes her to be unable to sleep. that when APD comes to threaten to throw away her belongings, to give her citations, or to arrest her, she is terrified all night and she can't go to sleep. The next day she can't work and she can't function because she was kept up all night in this fear that her things and her life are going to be upturned again."
I think something that we hear a lot from Family and Community Services is that these people that live on the street really don't want services.
I really want to address the ACS services as a whole. I don't know if I want people showing up with a bulletproof vest throwing my things into a dumpster with men in hazmat suites; if I would accept help and services from those people either.

Karen Navaro
Requested an update on Social Dispatch.

Emily
Before we started piloting it, we finished the build-out of the app and there are no personal identifiers for the app, so the data that's collected in the app is just identifying encampments, then if they're in need of services, then what services may they be in need of, or if the officers make contact with the individuals living there. Regarding the Valley area Command right now, the purpose of it is to help the swing and graveyard shifts kind of reduce contacts at night and then try to get services out there the next day because we don't have any services available for fire, EMS, or for law enforcement in the middle of the night aside from hospitals if people need transport somewhere. The whole idea is to collect the data throughout the night of areas where we might need outreach the next day. We met with the service providers on Monday, Healthcare for the Homeless, and Heading Home; we showed them the data that's being collected and they were really excited to see that there's no identifying information about any of the individuals living there. The intent would be that when that data is collected, the service providers could go perform their outreach the next day rather than having law enforcement or fire being the ones that are doing that outreach. That is where we're at with piloting it in, and the officers are inputting the information. We're not providing outreach yet because we've only been piloting it for about two weeks. If we updated in April, we can definitely show you what that data looks like and hopefully, by then we will also have met with the service providers again and have a little more direction.

Commander Brown
Presented a form regarding Social Dispatch. It's the survey that we have in place right now; this is what the officers are using, as well as City Security, and possibly getting pushed out to AFR at a later date. When there have been guys around engines or rescues, they can enter this data that's not a medical call for service. The questions asked will mainly be regarding shelter(s) and services. Making contact is going to be dictated on whether or not it's a call for service or whether there was encampments along the freeway, storage storm drainage where it could be a threat to that person, an ongoing threat to traffic, or something like that where it caused an immediate hazard to the public and then they would be making contact. Just a reminder, Social Dispatch is geared towards lessening officer's contact. Is it necessary to have someone wear a bulletproof vest and the badge contacting someone who has historical traumas of past experience with law enforcement? If we're just trying to help, probably not. So this is a way for us to connect those people experiencing homelessness to service providers by all those swing and graveyard shifts when nobody else would be available.

Larry Kronen
Q. How have people on the street been reacting to the officers asking these questions?

Cmdr. Brown
A. I don't know what the response is; I can ask the downtown officers.

Karen Navaro
Q. Are there plans to expand this beyond the Valley Area Command?

Cmdr. Brown
A. There aren't right now, this is the pilot phase to see how much data is being generated.

Body Camera Legislation Update

Rick

The update is, we are just about finished and to my knowledge, there has not been anything specific to mental health.

Larry

Q. Do you know the status of the legislation that would be affecting law enforcement, there were three or four bills?

Rick

A. No sir, I have not been keeping track of them.

David Ley

The Behavioral Health Providers Association has been tracking a couple of bills that have some relevance to MHRAC. It is a bill that would amend the statute for pick-up orders for transport to an emergency room for mental health assessment, and it would allow transport to be done by ambulance and EMT rather than police. The revision of these would offer a less stigmatizing experience for individuals.

Larry Kronen

Q. In terms of the Transport Bill, has MHRAC made any recommendations?

David Ley

A. MHRAC has just been kind of watching these bills, but we just don't have the manpower or the process to be involved with that.

Lt. Dietzel

One bill I am kind of watching is Senate Bill 185 which deals with suicide assessment at the hospital level. Law enforcement has to train on it, but the big thing is, if we bring somebody in for suicide there has to be a warm handoff to an outside provider beyond the hospital.

Wendy Linebrink

Reports that Senate Bill 187 is currently stuck in a committee. Dr. Neil Boland the director for the state New Mexico Behavioral Health Services Division received special permission from the governor to work with Senator Bill O'Neill on the bill and ensuring that the policies that were outlined in that bill aligned with State goals

Max

There's another bill I think worth paying attention to House Bill 215 which calls on HSD to provide Medicaid coverage for screening brief intervention and referral for treatment for people who appear to have a substance abuse disorder or other certain medical mental health conditions.

Albuquerque Community Safety Department Update, Mariela Ruiz-Angel

Mariela Ruiz

Coordinator for the new Albuquerque Community Safety Department (ACS).

ACS is an alternative to policing, so the third branch to policing. It's been in the planning stages and is almost done. We are very close to hiring administrative leadership. I believe the job postings for the behavioral health responders went out. We will be doing a lot of recruitment in the next coming week. We have new Mobile Crisis Team (MCT) clinicians. We will be wearing a casual type of uniform to identify to the community that we are First Responders.

Jeremy Lihte
Q. What kind of licensure are you requiring for the applicants?

Mariela
A. We're not requiring licensure, we are requiring two different tiers, background in social work, peer support, and behavioral and mental health and potentially having the education.
We do have a pay scale for those who come with more experience.

Edwin Beatty
Q. How solid and long-term is your funding?

Mariela Ruiz
A. It is a conversation that we have been continuously having with our Mayor and Administration as well as our City Councilors. We are seeing foundations who are very interested in funding our work but I think we're just trying to figure out how we carve that money out strategically in a way that allows for us to be able to balance this. Ultimately, I think a lot of people are thinking, how we are going to justify having the three branches and funding all of the three branches accordingly.

Chat
Q. Is ACS dispatched with APD or are they dispatched alone?

Mariela
A. ACS will have multiple models of mobile crisis team; we have our co-response which is our Mobile Crisis Team (clinicians) and our police. Then we will have our other Tier, which will be Behavioral Health Responders without police, whereas they can call for police backup if deemed needed. They can also reach out to AFR or DMV, our security.

Chat
Q. Are we considering ACS as First Responders?

Mariel
A. It is a First Responder model, we are responding to a situation, assessing it, understanding it, and figuring out what the right responses are for that individual.

Larry
Q. What are the current Mobile Crisis Team under, are they under the department or are they outside the department?

Mariela
A. They fall under our department, so the supervisor will fall under this department as well. Currently, we are using a supervisor that the police department has been really great about supervising our new hires, (clinicians) until we hire a full-time supervisor.

Lt. Dietzel
The officer side of the MCT stays with APD and the clinician is on the ACS side.

Danny
Are we getting applicants from outside the City or are we just transferring them from within the City?

Mariela
No, we had one person who actually came prior from our last mobile crisis team, but, everybody else is new. Don't get me wrong, if there are city employees that are qualified and want to apply, they most certainly can. So we are looking for new talent and want to hire people from our co0munity because we have lots of people who I think would be fantastic.

Danny
Will there be another way for accessing this new Wing, this third leg, other than 911?

Mariela
We haven't decided, but I think right now we want to stick with 911.

New Gateway Centers Update, Quinn Donnay, Family, and Community Services
Quinn
In case we have any new folks here that are curious about what is Gateway; I will go back to February.
When we as a city evaluated some of our sites for Gateway, the top three sites were the Gibson Medical Center former Lovelace, somewhere north downtown, and UNM; UNM is out. We are still focused on the North Downtown and Gibson Medical Center because as you all know or some of you may not, we are no longer interested in a 300-bed facility so we are moving to multiple sites that are smaller in scale. This summer we formed the Homeless Coordinating Council (HCC) to continue creating options and thinking about community feedback and what exactly was the direction we were going to go which leads us to a press release that came out this week that the city is moving to purchase Gibson Medical Center Hospital. We are looking to fill community gaps there; nothing is set in stone. We are still brainstorming; it is a very large former hospital. For those of you that think it might be old and dilapidated, it is not, it is up to date, and it's not a total mess. It has a direct physical connection to the VA so that would allow us to help veterans experiencing homelessness connect quickly to the VA if they weren't already.
We hope that it would provide a path to permanent housing.
We are still looking into the North downtown facility. We have been approached by Hope Works; they are interested in collaborating with the city in the North Downtown facility. It would mean some sort of smaller shelter to meet the need of both single men and single women. We are committed to multisite Gateways, we're not using just the Gibson Medical Center.
We have to make some updates to the WECH in order to make it better.
We are:

1. Installing 29 new HVAC units and exhaust fans
2. Milling and grading the parking lot
3. Construction of a trash enclosure
4. Installing a grinder into the pump plumbing
5. Repairing and installing ADA ramps and stairs

All of these things should be completed in the early fall.

Danny
Q. Do you have any type of timeline once we get into the building of what that is going to look like?

Quinn
A. It depends on how long it takes to reach a consensus.

Unknown
Q. Those individuals who may be intoxicated or under the influence, will they be allowed in the shelter?

Quinn
A. Yes, 18 and over for youth, and in terms of intoxicated individuals or those under the influence, it's a low barrier.

APD Encampment Policy, Commander J. Brown and Family and Community Services
Cmdr. Brown
Currently, APD doesn't have a policy when it comes to dealing with how to deal with encampments. Right now, we get dispatched for a call for service or to assist families, community, or however it comes in. We mostly kind of mirror ACS when it comes to dealing with encampments.

Paul Haidle
New Director of Policy for the City of Albuquerque

Double click to open up the PowerPoint presented by Lisa Huval, Paul Haidle, Lt. Dietzel, Sebastian Adamczyk, and Commander Brown.

Encampments
Protocols Introductio

Paul Haidle
Reports, "homelessness in our city, unfortunately, continues to grow over the last year we've seen numbers due to COVID and are potentially going to see the numbers continue to increase. We have a couple of draft policies in the works right now. We want to continue to revise finalize and eventually adopt our policies. Of course, then train, Implement across those departments and then evaluate how we're doing as a city. As soon as we're clear to actually release these drafts publicly, we will do that. We want to be honest that we are grappling with exactly how to define some of these issues and how to talk about some of these issues and we need your feedback and guidance on this.

Lt. Matt Dietzel
APD needs to take a step back on these calls. We are just to be there to make sure people are safe. We're not going to be there to write citations; we're not going to be throwing stuff away or to get warrants running. This Policy is going to be all about making people safe.

Sebastian Adamczyk
A lot of our calls come from 311, 911, AFR, community partners, or 242-COPS. So, our main goal is to get people connected to resources and services. In some cases, we have to give notice for removal of

the encampment, if it poses a hazard to them or the community they have a short time to remove their belongings.

Commander Brown
Our Policy closely mirrors FCS and ACS and that we took the exact definitions from the encampment. Our role is to be that of peacekeepers, that's what our job is, this is going to take a little bit of time as we push this into the system to get that cultural shift within APD. We're not there to inherently look for criminal activity, if something happens and they have to respond, they have an obligation to provide the necessary security and police function that we always do but they're simply for a security role. Violation of an SOP is part of the discipline system; it's not just a toothless thing like a pamphlet of how you should be doing something. This is what officers will be doing. There are consequences for officers who do not follow the policy. . But yeah, so we're looking at it as more of a stand back and provide security as opposed to any kind of a proactive enforcement portion.

Ariel McKee
Q. Where do you want people (the homeless) to go?

Lisa Huval
A. Let's not pretend there's some magic answer that I can give that's going to make everyone happy. The truth is that we don't know; this is a challenge for a community. We've got folks experiencing homelessness that are unable to stay in a shelter for a variety of reasons, active substance use, trauma, that is the reality. I think where we all would like folks to go is into a safe permanent housing situation. Our long-term strategy is to increase the supply of permanent housing including permanent supportive housing, but that takes time, and right now in the community we don't have a sort of in-between kind of option; it's a challenge for us.
We also believe as I said in the presentation that we can't just look the other way on encampments; they do pose a public health and safety risk both for residents and the communities where they're located and we're trying to find the best middle ground that we can as we respond to encampments in our community.

CARE Crisis Campus Unit Presentation
Dr. Marsha Harris
We opened in December 2019. And in that time we've seen about 150 people; they have ranged in age from 18 to 80. Over half of them are currently experiencing homelessness, and that is contributing to their mental health challenges and their crisis. It's not at all unusual for somebody to present who is suicidal and the context that I just can't be on the street anymore. So that is one population we're seeing but actually we see a very mixed of people in crisis.
Right now, our primary way people come to us is a referring provider to provider referral. We try to make it pretty easy to refer we have a need to talk with people to make sure that we are a safe place that people who are suicidal are less so, people who were hallucinating experiencing psychosis are experiencing less of that.
The most frequent referral sources are inpatient psychiatric units where the people have gotten some initial stabilization on medication, but it's clear, they don't have community support so if they discharge them from the hospital. They're going back pretty much to a crisis setting, so that's a frequent place. The other place would be some of the psychiatric emergency departments where they're seeing someone who really doesn't meet the criteria for hospitalization, but also would not do well if they're just discharged without some level of service.

We serve only adults 18 to whatever age, and we are an entirely voluntary program. We have a maximum of a 14-day stay but people can choose to discharge if they want to sooner.
Our average length of stay is between seven and eight days at this point; also, in addition to some significant mental health challenges, I'd say maybe almost two-thirds of the people we see also have some struggles with substance abuse.
One of the things about being on the care campus is where a separate unit, but we're on the campus with the detox unit so that if we get a call about somebody who's currently testing positive for substances, they can go to the detox unit, and then later it's a transfer down the hallway to the crisis unit.
We Are One Call the Social model program and a lot of times people say, well, what does that mean to be a social model program? Basically, it means that people come and most of the interaction is within a group context to learn some recovery skills emotional management techniques, and to sort of begin to build or rebuild connections in their larger community. Therefore, our staff is not medically oriented some people who come into the program need to come with their medications that have already been prescribed. We can assist them in taking the medications, but we are we cannot prescribe; we don't have medical staff to prescribe. We do have emergency medical support if something develops but that is the limitation.
We also have a pharmacy license, but again, that only allows us at this point to assist people in taking the medications that have been prescribed. We do take people who are on medication-assisted treatment some come on Suboxone some come on methadone, and we do transport them to their home methadone clinics so that they can maintain their medication-assisted treatment. We have found that this group of clients has by in large intense case management needs. So we only have about four clients per case manager and it's quite a 14-day sounds like a lot of days until you're trying to find an appropriate placement. So that has proven to be a very important part of the service we provide. As a stabilization unit, we don't provide a lot of psychotherapy. We look to connect people with services in the community that they are interested in attending, of the people we've seen, we've been able to make what I called viable referrals for about sixty percent of them that can include getting housing getting enrolled in Outpatient Treatment. Some people want to go to because of the co-occurring disorder want to go to longer-term co-occurring disorder programs somewhere in the state. We've worked with a few young people who were on the DD waitlist who need specialized residential treatment. We've worked with that population as well.
We have about maybe Twenty-five percent of the people we see while they are with us, maybe experienced a medical problem that requires a higher level of care and then sometimes psychiatric problems reappear and they no longer can get their needs met, so we have to transfer them to a higher level of psychiatric care as our referral sources get to know us that happens less. When we have people coming from inpatient psychiatric facilities, they're just so used to a lot more medical coverage, so that what they think is handleable on our campus sometimes really is that mature terms of you know assistance to clients, but they come to know our program and we come to know them. We've been more successful in making sure that we were in the appropriate place.

David
Q. How agencies like the Mexico solutions could access your services for our patients in need?

Dr. Harris
A. We have opened up to a larger number of refers in the community. We started with just UNMH.

Dr. Harris
One of the really difficult things is young people who hit that 18th birthday and families are exhausted and the DD waitlist is long and they've been taken to a hospital emergency room and they are not going to go home. So that is a population that is out there and very difficult to meet those needs and 14 days. We have a dedicated referral line; it's open at 7 a.m. 7 p.m. Seven days a week. We most often can get people in the next day sometimes the same day people coming out of the psych hospital usually they call us a few days in advance so we have a little more preparation.

Max
Q. Are we talking about the Crisis Stabilization Unit or the Triage Center?
In my mind I sometimes jumble them; I don't know if there is a distinction.

Dr. Harris
A. It is listed in the licensure by the state underbone. There are two kinds of crisis unit licensures, one is basically for 24-hour service and then the 14-day, so we're the 14 days, but some of the other communities are opening up sort of a 23-hour overnight CTC, Crisis Triage Center.

CIU, APD, and BSS Report and Update
No discussion due to time constraint

Report and Update from C.O.A.S.T
No discussion due to time constraint

Report and Update from Sub-Committees
No discussion due to time constraint

MHRAC Final Discussion
No discussion due to time constraint

Next meeting: Tuesday, April 20, 2021