Mental Health Response Advisory Committee (MHRAC)

Meeting Minutes
June 15, 2021
Via Zoom

Board Members in Attendance

Co-Chair Danny Whatley	The Rock at Noon Day
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
Paula Burton	Peer Representative
Rob Nelson	APD/C.O.A.S.T
Robert Salazar	NAMI

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 on. As far as the training that is offered. Policies are one of those things where the MHRAC is involved with assisting in writing and approving and recommending policy as it relates again to the narrow focus; we think narrow, but sometimes it gets pretty wide focused on how law enforcement interacts with those experiencing homelessness and those experiencing a mental health crisis.

Welcome first-time guests

Mmagnusson

Director of Behavioral Health at Lovelace. I attended MHRAC meetings years ago when I was helping teach at the academy.

Bonnie Mount

The new Director of Psych Emergency Services at UNMH. I have been an Assertive Community Treatment nurse for the past 14 years.

Jodie Jetson

I'm the Director of ABQ Street Connect; I work with high utilizers, individuals who are homeless, high utilizations of First Responders, APD Hospital, and MDC.

Jasmine

Deputy Director of the Albuquerque Community Safety Department.

Approval of meeting minutes

1st Motion – Laura Nguyen

2nd Motion – David Ley

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

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

DC Emily Jaramillo, AFR

A copy of AFR's Special Order (SO) revision went out to the MHRAC Board Members. On the fire (AFR) side we're excited to get that change moving. We're hoping that offering a second option for transportation avoids escalating a situation by having law enforcement be the only transport option. A quick overview; we revised the special order for behavioral health transport. We removed the list of medical conditions that needed to be associated with the behavioral health crisis for us to dispatch an ambulance or an EMS response, and we just put that APD should request us for serious medical emergencies. In that top paragraph, there's a line that used to say, they had to be severely short of breath, chest pain, things like that; this was asking law enforcement to be medical professionals, and that's not their role. We didn't want to deny law enforcement an ambulance because they couldn't articulate a medical condition on top of the behavioral health crisis. We changed it to say, "Officers should call rescue to the scene for any serious medical complaints;" that should cut down on some confusion between the on-scene officers and their dispatchers because it goes from the on-scene officers to APD dispatch to AFR dispatch and then back down. The other change is when staff or law enforcement does an excellent job de-escalating, we've noticed at the point of transport is where the patient escalates so language added, "In situations where an officer believes that a person would be more willing to voluntarily comply with transport in an ambulance, or the person requests an ambulance for transport, officers shall request rescue to the scene. We hope that by offering them a second option, besides the back of a police car that these patients will keep that scene de-escalated. We finished a three-month experiment with this, where we kind of softly just tried it out by not denying law enforcement and it was really successful.

DC Jaramillo

We feel a behavioral health crisis is a medical emergency and the imagery of somebody being on a gurney being transported for treatment, for mental illness, we think is a much better image than the back of a police car.

Danny

Q. How do you see this fitting with the ACS folks?

DC Jaramillo

A. We work with ACS; they have their leadership and we work very closely with Jasmine. I'd love to talk about non-custodial transport as a third transport option; it happens a lot in rural New Mexico, where they can't take ambulances or police cars out of service. So, they have these other options where they have non-uniform people show up in a sedan or an SUV and give people rides to the hospital that way. That can be billable through Medicaid; those kinds of programs can be kind of self-sufficient. I think with ACS coming on board that is a third kind of option, if we don't need to send them via ambulance, you don't need to send somebody via law enforcement that having that kind of non-custodial, where you may have a trained, professional social worker or somebody else involved in that transport could potentially be a third option, but as a realist, I also know, we don't have that yet, but what we do have is ambulances. So if we can get this going now, at least we have that more dignified transport in the interim while we work on trying to have that third option for transport.

Danny
Q. Would that include transport for those who might be cited, writing a citation, but it's non-custodial?

Lt. Dietzel
A. Once we issue a citation to somebody they are free to go wherever. If they have a mental health need right then and there, my preference would be not to cite them, but if it is unavoidable due to a business owner wanting to press charges, we can't get out of it.

Max
Q. Are you concerned about the capacity to handle a vast number of calls to come your way?

DC Jaramillo
A. I don't think so. When we did this experiment we didn't roll this out to APD, we just stopped refusing, ambulances. Our call volume only went up to 2.7 responses a day and of course, that was with us just making a change on our side where we did stop denying. We're pretty confident that we don't think our volume is going to go up to a point that it's not sustainable because it'll be spread out. With 22 fire stations, everyone is going to get touched a little bit with this so we are not anticipating a huge spike.

Max
Q. Will the patient be billed for this transport**?**

DC Jaramillo
A. There is a lot of different factors there, it's case by case, depends on the type of insurance they have.

Danny
The Rock at Noonday is going to be opening back up in September, we are looking at having our first MHRAC in-person meeting starting the third week of September unless something changes.

Albuquerque Community Safety Department Update
Jasmine Desiderio
Deputy Director of Policy and Administration for Albuquerque Community Safety Department. ACS has a second Deputy Director, D 'Albert Hall, Deputy Director of Field Response who will be working closely with APD, AFR, and dispatch.
I want to present what we have planned for our responders and the type of training we're proposing for them to take within the first few weeks. We also have New Employee Orientation (NEO) required by the City of Albuquerque. We're going to be working closely with C-WORX. They're going to be developing a curriculum specifically for ACS and generating different scenarios that are going to be worked through in relation to some calls that are received currently by APD currently related to mental behavioral health.

Dispatch codes and call types				ACS Responder			
AFR	**APD**	**ACS**	**Call Types**	**MCT**	**BHxR**	**ECR**	**Outreach**
	10-39-5		Panhandler		X	X	X
	10-40		Mental health and Behavioral health	X	X		
	10-43-1		Suicide Related	X	X		
32B-1; 32B-3			Person down			X	
	10-51		Message for delivery	X	X	X	
	10-31		Abandoned vehicles			X	

	10-31D		Suspicious/Intoxicated subjects	X	X	X	
	10-10-0		Welfare checks	X	X	X	
	10-31:31S		Suspicious Person	X	X	X	
	10-39; 1-5		Disturbance	X	X		
			Needle pick-up		X	X	X
			Unsheltered individuals		X	X	X

Training Plan: MCT (4), BHR (3), ECR (2), and Outreach (1)

#	Within Date	Training Name	Provider	Hours	Type	Delivery	Responder
1	2 wks	NEO—mandatory training	CABQ				ALL
2	30-days	Data Fidelity		8			ALL
3	30-days	Crisis Intervention Training CIT	C-Worx	40	role play	In-person	ALL
4	30-days	Motivational Interviewing	NM MITC	13	role play	In-person	ALL
5	30-days	MI Coaching Sessions (5)	NM MITC	10	role play	In-person	As needed
6	30-days	Wellness Check: live saving/cpr/narcan	AFR	5	presentation	In-person	1,2,3
7	30-days	Disengagement/MH Law/Safety	APD	8	presentation	In-person	ALL
8	30-days	Child Abuse & referrals (SCI)	CYFD	1	presentation	virtual	ALL
9	45-days	Resilience	Carol Brusca	2	presentation	In-person	ALL
10	45-days	Self-compassion/self-care	Carol Brusca	1.5	presentation	In-person	ALL
11	45-days	Vicarious Trauma	Carol Brusca	3	presentation	In-person	ALL
12	45-days	De-escalation	Carol Brusca	4	presentation	In-person	ALL
13	45-days	Trauma Informed Care	Carol Brusca	3	presentation	In-person	ALL
14	45-days	Emotional Intelligence	Carol Brusca	2	presentation	In-person	ALL
15	45-days	How to work with systems	Carol Brusca	2	presentation	In-person	ALL
16	45-days	Compassion Fatigue	Carol Brusca	1.5	presentation	In-person	ALL
17	45-days	Symptoms of Brain injury/Dementia	APD-Nils	1	presentation	In-person	ALL
18	45-days	Symptoms of Substance Abuse & Misuse	APD-Nils	1	presentation	In-person	ALL
19	45-days	Communications	APD-Nils	2	presentation	In-person	ALL
20	45-days	Sharps handling/safe disposal/drop off	Parks/Rec	1	presentation	In-person	1,2
21	45-days	VI-SPDAT	ACES	2.5	presentation	virtual	1,2,3
22	45-days	American Red Cross-Emergency Medical Response Training	AFR/Red Cross	56	presentation	In-person	2
23	60-days	Culture Sensitivity	OEI and partners	4	presentation	In-person	ALL
24	60-days	Implicit Bias	OEI	4	presentation	In-person	ALL
25	60-days	Language Access	Waiting RFP Process	4	presentation	online	ALL
26	MCT	Mobile Crisis Team: APD training	APD				4

We have four responders within ACS, the co-responders which are the Crisis units that are already in full implementation mode, we have the behavioral and mental health responders, who are going to be two responders, who will be sent out to mental behavioral health calls for service, and we also have a community response division, which will include emergency community responders, who will be sent out to calls that are in relations to down and outs, or sharps containers, or needles to be picked up.
We're going to be working with a lot of other community partners to ensure that we are incorporating different aspects of different training to be considered like CYFD to ensure that our responders know how to use Central Intake and ensuring that we're not bypassing any of those so that tips are used accurately and that the appropriate people are notified.

David Ley
The MHRAC Training Subcommittee would love the opportunity to review and talk about all the information presented in a little more detail. Our next sub-committee meeting is scheduled for July 26.

Danny
I want to let you know about one of the discussions we had with Judge Browning and with the Department of Justice (DOJ). The Mental Health Response Advisory Committee (MHRAC), has been tasked with being involved with all training and having input on all training involving the response to those experiencing a mental health crisis and to those experiencing homelessness. ACS has to figure out a way to get MHRAC involved and not after the fact, but in the planning and the process, because I'm sure now with the training in place you're going to also create some policies. There's already an approved process in place for going through policy. There's also approved training in place. It is one of those things that the judge is going to ask us. The next report we give after the next monitors report comes out and I'll be honest with you the monitors not real happy with ACS right now either; he didn't have a clue as to what you're doing according to his testimony in front of Judge Browning. You got to have the MHRAC more involved in the planning of this, and in the front end instead of the back end.

David Ley
We want to keep that open door line of communication going and keep moving this forward.

Laura Nguyen
Q. Jasmine, you mentioned collaborating with CYFD for making sure folks are aware of child abuse situations; are you similarly collaborating with APS so they're aware of abuse, neglect, or exploitation of incapacity to adults?

Jasmine
A. No, our first meeting with CYFD is going to be tomorrow and we are trying to reach out to additional partners that would be able and willing to work with us.

Gilbert
I do appreciate that ACS has taken the community approach they have and getting that feedback and input and bringing it back to the MHRAC. I would encourage MHRAC as a group that if the priority is to continue to be part of this is, who from MHRAC can we extend to ACS to make sure we're involved in those levels and guiding them appropriately to be at every subcommittee that they need to be at so that everyone is informed.

Danny
The method of operation is already in place and has been for six years. So now you're coming back to the MHRAC and saying if you will change the way you do things and do it the way we want to do it. We can write letters to the judge all day and let him do whatever he's going to do to the City of Albuquerque. If that's the direction you want to go, we certainly don't want to do that, but if we need to, we certainly can.

Gilbert
I feel it's a way to be able to say if this department going to be innovative in moving toward the direction it needs to for the training and that we are clear as to how they can access those points only because there are some new deputies on board so anything we can extend or do to increase that I think is good.

Danny
I think the big problem is the city is not recognizing the role of the MHRAC and has not made that a priority themselves in bringing the new ACS on.

Larry Kronen
My understanding is a little different from yours from the hearing, and from reading the CASA, that the MHRAC is to review all the policies regarding APD, no other departments and this is a totally different department. So although I think it's good for collaboration, I don't think the Judge expects and MHRAC to be reviewing and overseeing the policies of the safety department.

Danny
I can certainly get clarification from the court.

Paula
Elizabeth from DOJ has posted on the chat in response to Larry's comment, “No - Covers the City of ABQ., Consent Decree applies to COA, not just APD.”

Wendy Linebrink
Laura and I were on a call yesterday where we were talking with the 90-day planning implementation team and in that group is specifically regarding the call centers and the New Mexico e-911 Bureau of Chief is included in those conversations and Stephen has a lot of great thoughts about some of the incorporation and understanding that each municipality is governed and funded differently and the work that he does at the state level offers suggestions to each municipality but is still ultimately up to each municipality to make those determinations. But as we're looking at a comprehensive approach to crisis response. I'd like to see us ensure that we're wrapping those conversations together so that we don't continue to work in silos when we're trying to build a state response, and that it's not inconsistent amongst all of our communities throughout the state. And we try to have some consistency, where possible meeting communities where they are and understanding that there will be differences within each Community. But when possible, please try to align. And so I'd also like to see ACS, APD, and Dispatch for Albuquerque incorporate those conversations with the New Mexico 911 Bureau Chief as well as we continue to move forward with those conversations.

New Gateway Centers Update, Quinn Donnay, Family, and Community Services
Lisa Huval
I am the Deputy Director of Housing and Homelessness for the Department of Family and Community Services. We are hiring a Coordinator for our Gateway project.

The city acquired Gibson Medical Center on April 1st. Our vision is that this becomes Gibson Health Hub. The entire facility becomes a health hub for the community particularly the International District and that one component of the Gibson Health Hub will be a Gateway Center which is essentially an emergency shelter with robust wraparound services that helps folks transition into safe and stable housing. We've been focused on working with the community and the neighborhood associations that are surrounding or in the proximity of the Gibson Health Hub as we start planning for not just the Gateway Center but the Gibson Health Hub operations. We want to start getting feedback around three operational elements that are part of a resolution that Counselor Davis sponsored and got passed through counsel which is safety entry and exits into the building and operational or overnight capacity. We contract with Barbara Poppe, who was the director of the US Interagency Council on Homelessness under President Obama and came from Columbus, Ohio, to help with this operational plan.
As currently zoned, we do have to get the conditional use approved in order to use Gibson Health Hub to provide overnight emergency shelter.

Jodie Jetson
Q. Can you talk about the WEHC and how that's going to continue to be a function of the solution or what the plan is there?

Lisa Huval
WEHC is an acronym for Westside Emergency Housing Center. This is our largest emergency center and the building is owned by the city but we have a contract with Heading Home to operate it. Up until 2018, the WEHC was a winter shelter but in recognizing the need for more year-round shelters the city decided to convert it to a year-round shelter. It can shelter up to 450 people; we only let it get that high in the winter, normally it operates more like 300-350 people. The facility was once a jail. The vision has been to bring the vision into town and close the WEHC but that is still a long-term vision and there are no immediate plans to close the WEHC. The WEHC is just serving single adults.

Laura Nguyen
Q. If there were no limits how many emergency shelter beds would the city like to put at the Gibson Health Center?

Lisa Huval
A. I don’t have a specific answer to that because we are still working with our community to figure out the answer to that.

Laura
Q. How much work is the city willing to undertake to kind of de-hospital some of the areas, how long will that take, and how much will that all cost?

Lisa Huval
A. We are working with our architect right now to identify which portions of the building would work best as an emergency shelter. We are prepared, and we having funding to do renovations.

Jeremy Lihte
Q. When we're talking about the wraparound services, the providers like Haven, Turquoise Lodge, that are residing are mostly behavioral health with exception of AMG Specialty Hospital (long-term acute care hospital), how dependent are we currently on those providers, and are they locked into that building?

Lisa Huval
A. There is a mix of tenants, some of them are doing more medical care. Optimum Health is not behavioral health; Fresenius does kidney and dialysis treatment. It's a synergistic relationship between the Gateway Center, the medical respite, and the other tenants that are there.

Jeremy Lihte
Q. How dependent are we on Haven, Turquoise Lodge if they decided to end their lease, are we in some trouble, or do we have our clinicians?

Lisa Huval
A. We have four million dollars in operating money for the Gateway Center; that was included in the FY 2012 budget which will start July 1. Part of operations planning that will be doing with Barbara Poppe and her team is the Staffing plan. Our vision for the Gateway Center has always been about connecting people to resources that are available in the community; we're not trying to do everything in-house. We don't want people to be reliant on the Gateway Center itself; we would eventually like to see them in a stable environment and stable housing.

Maria in CHAT
Q. I'm wondering what efforts can be undertaken to make the WEHC a more pleasant environment for people.

Lisa Huval
A. That's something that we're working on all the time; we still have a long ways to go to make it as good as it can be. We've added medical services and we've invested in some renovations to make the space more functional and hospitable to people.

Lt. Dietzel on CHAT
A. Haven?

Gilbert Ramirez on CHAT
A. Haven, Turquoise Lodge, and Zia Community Health

Maxwell Kauffman
Q. Should Counselor Davis's amendment go through, it was my understanding that there's not necessarily a cap on beds as long as some level of treatment is matched? And is there is a certain level of service to be matched to allow for more vet space under that proposal that?

Lisa Huval
A. If Supportive Services are provided, then the cap would be doubled; so the limit would be 60 beds, rather than 30 if the amendment is to pass.

Wendy Linebrink in CHAT
If the WEHC has more services available... would there be an opportunity to potentially create a safe tent city for community members who do not want to live inside, have the opportunity to have a place to stay safe?

Gilbert on CHAT
A. Absolutely! Great point.

Gilbert
Disregarding the bed situation, there needs to be a consideration for what family units like, and unfortunately, beds don't represent families. So there are some restrictions and the community was loud about that. It gets kind of hard when you start talking about just beds and not truly representing what our community looks like.

Danny
We forget about it until we see it is animals; you know our folks tend to have animals.

Lisa
Gateway Center at Gibson will definitely be pet-friendly.

Lisa
A. In terms of the question in the chat box, asking about having an encampment, maybe a sanctioned encampment at the WEHC, we've talked about that internally, but to us, that just doesn't make sense. The location of the WEHC is challenging enough just too even offer indoor shelter, so that is not a location we are considering.
Many of you may know there is a Homeless Coordinating Council that last fall produced a series of high impact strategies that different committees worked on and one of the high impact strategies potential that came out of the facilities committee is a sanctioned encampment, others call it safe outdoor space. That is something that the county has agreed to take the lead on exploring as part of as a member of the Homeless Coordinating Council; so they're looking into the feasibility of that at this time.

Bonnie Mount
Q. Are you looking for the medical respite beds to be coming directly from the hospital as discharges or are they going to need a medical referral or can persons come indirectly in self-refer?

Lisa Huval
A. We have not gotten into that level of operational detail; I think hospitals and other medical providers would be able to refer into medical respite like healthcare for the homeless or First Nations or a primary care doctor could refer into it, but we haven't talked or made any decisions about self-referrals.

Laura
Don’t forget the jail because I’ve seen lots of folks coming out of jail with significant medical issues who need medical respite.

Danny
Laura is one of our representatives from the MHRAC that is working with the housing discussion, so she's going on those tours.

MMagnusson
Q. Will this be considered a medical home?

Lisa Huval
A. No, medical respite will not be a medical home for a person; the medical respite is a relatively short-term place for folks to stay whether recovering from an illness or injury, or surgery. One of the functions of the medical respite program will be to connect people to a medical home.

Danny
There are only two other places that have respite opportunities, Albuquerque Opportunity Center and The Brothers of Good Shepherd; they are limited.

Lisa Huval
We hope our medical respite will offer a higher level of care so there is more available in the spectrum of medical respite in the community so there will be onsite medical services.

Laura
Q. You're looking at 24-hour staffing for nurses in this facility?

Lisa Huval
A. We haven't dived into that level of operational detail but I would say yes, 24/7 in medical staffing, what that medical staffing is, I am not sure.

ECIT Percentages Presentation, Lt. Matt Dietzel
Lt. Dietzel
The number of crisis intervention certified responders will be driven by the demand for crisis intervention services, with an initial goal of 40% of field services officers who volunteer to take on specialized crisis intervention duties in the field. Within one year of the operational date, APD shall re-assess the number of crisis intervention certified responders, following the staffing assessment and resource study required by Paragraph 204 of this Agreement. Volunteers in Field Services, CIT (40-hour class) is mandatory for APD officers, eCIT is optional for officers interested in learning more about behavioral health response. Certain areas of the department require ECIT (CIU, CNT, and Downtown Officers).
The other part of the plan is to work with dispatch to make sure that you eCIT officers are sent to clear mental health calls. ECIT has been 40-50% over the last few years and this has been the plan; pushing higher than 50% has not been possible for us without crossing into that territory of not voluntary/coercion.

ECIT Response Rate:
Did an ECIT officer arrive on scene?

- Compares clear behavioral health calls (General BH and suicide) to our ECIT trained officer list
- Currently done manually
- 65% average response rate city wide February through April 2021
- Sent to area commanders each month beginning in February 2021
- Reveals coverage gaps

Lt. Gonzales
I think it's important to remember him to also look into when you're looking at that 75%, that you were talking about, is that basic CIT, because I don't know very many departments that have basic 40 hours CIT in an enhanced; that is a very special thing APD has because of the CASA.

Danny
Q. Without changing the CASA, would we have a choice with the 40%?

Lt. Dietzel
A. I think if we collectively agree that this is the way forward and we set that 40% as the floor we going to recruit more if we can, I think we are good. I don't think certification percentages are helpful.

Danny
Q. I wonder if there's an incentive that you could offer with collective bargaining to get folks to stay and patrol areas that are being underserved.

Lt. Dietzel
A. I think that is a smart way to approach it if negotiations went that way.

Lt. Gonzales
I also think it's important to keep it voluntary because you want the best people that are the most passionate about mental illness responding to these calls. That is a very important element in this.

David Ley
In the MHRAC Training Sub-Committee, we have talked about this issue and we have always had the opinion that we want the right people in eCIT. Mandating it to get to a certain percentage is not going to achieve the outcome that we want because what we want is the right people with the right values in the right training responding to these kinds of situations, mandating training for everybody doesn't change that. So I'm intrigued by your idea about looking at data.

Maxwell Kauffman
This is a very complicated issue and I think we need everyone on the board needs some more time to digest it. I think Lt. Dietzel if you're comfortable bring it up at the next MHRAC Information-Sharing Subcommittee so we can get more information and gather more thoughts.

Larry
Q. If there are areas where you say are low on eCIT can eCIT from other area commands respond?

Lt. Dietzel
A Certainly, and that is in the SOP and the dispatcher and call takers are supposed to try citywide for one.

Laura
Q. I'm wondering to what extent APD and more specifically Field Services Bureau values when their officers do provide exemplary service on to behavioral health calls and effectively de-escalate or provide service in a crisis. How much is the culture shifted to value that kind of response?

Lt. Dietzel
A. There was a time where I would say not a whole lot, but of the things that officers are starting to recognize is the quickest way to avoid force and that investigation is to de-escalate right the first time.

Lt Gonzales
A. I sit on the Force Review Boards every week and I have seen the importance of officers using de-escalation by all. The Chief and Deputy Chiefs are a part of the Force Review Board so it's getting the respect it deserves and people are noticing when officers are using that de-escalation and a proper way.

Gilbert
My wife's a clinician and she had two young adults who needed Crisis Intervention and I coached her on the appropriate language to use with dispatch to get that. I will tell you the result was a wonderful interaction with both the family and getting appropriate services needed in the placement and both of these clients ended up being placed in inpatient for over seven days.
The crisis teams, the clinicians, and the officers were fantastic; they were a wonderful experience, but it's because they have the right language and they knew what to ask for.

Jeremy Lihte
Q. Within APD training, is APD hearing from people on all spectrums of behavioral health, or is APD a little bit too narrow in who the trainers are?

Lt. Dietzel
A. We have 16 hours of required training a year; a lot of that is things that are required to be taught by Statute, for example, there's a child abuse video that we play every two years, it's called Maintenance of Effort training. The reason is, we're training a thousand officers on different days, and so getting a contractor to come in 35 times at 10 o'clock every Tuesday, for three months has been difficult. It would be great to have bias training by bias experts.

ACS, How Dispatch Could Work Presentation, Erika Wilson, Emergency Communication Center (ECC)
Erika Wilson
Manager of the Albuquerque 911 Center, ECC, on the PD side. We have been working with ACS in developing what is looking like a protocol, maybe, but there's a lot of variables depending on the personnel. What will be occurring is my staff will be screening the calls initially as the primary answering point or where the 911 calls start and will be determining suicide threats and an actual suicide attempt; they would love to have and are looking forward to having other options to send on these calls and in talking with the fire department. What our intent is right now, is that calls that meet ACS criteria or could fall into the ACS category of response where there isn't an immediate emergency safety need of an officer to respond, we'll enter the call with all the appropriate information, it'll go to the fire dispatch side, and fire dispatch will send ACS on those calls now, there's still a lot to wrap around this.
We all know 988 is coming. The state 9 1 1 office is looking at how we're going to network that. Wendy and I are talking because some of the calls from inside New Mexico, we can transfer calls within New Mexico, but I can't transfer a call to Boston, nor can her call center in Portland transfer a call Direct to 911. They have to come in on my non-emergency lines which there are some hold times that are not what we'd like them to be.
It may be that we are utilizing 311 for some of these calls that are needle pickups like they're doing now and different things.

Erika Wilson
Tips for calling 911

- When you dial 911, the system directs your call to a public safety dispatch center. These public safety dispatch centers are operated by your local

police, fire, or sheriff's department and staffed by highly trained personnel.

- It is important that you stay on the line and tell the 911 personnel what help is needed and where it is needed.
- 911 personnel are trained to ask you questions that are helpful in determining which agency (Fire, Police, Sherriff) should respond and how quickly. By answering these questions, you are helping them provide the best possible response.
- There are no charges for dialing 911 to request assistance, but there may be charges for services provided, such as ambulance transportation. Those charges could result regardless of the number dialed.
- If you have a cellular phone, you can dial 911 and your call will be answered by 911 personnel. There is no charge for a 911 call from a cellular phone.
- If it is **not** a life-threatening emergency, look up the seven-digit number for the agency in the phone book. In the city of Albuquerque, the number is 242-COPS (2677).
- All police, fire, and emergency medical services will respond to your needs as quickly as possible. If these agencies are busy, a response will be provided in the order of urgency.

How to Make an Emergency Call to 911

- Stay calm. Don't get excited. Take a deep breath.
- Dial 911 right away. Don't wait for someone else to call.
- Tell the person who answers the phone exactly what is wrong.
- Tell them the exact address where help is needed. Be sure to give the FULL
- address, including any apartment number, suite number, space number, etc.
- Tell them the phone number you are calling from. If you are not at the same
- address as the emergency, tell them the address where you are.
- Tell them your name.
- DO NOT HANG UP until the person on the phone tells you to do so. They may
- need to ask you more questions to help the fire, police or ambulance find you.

Max Kauffman

Q. The Star program and I particularly like Denver's; they have an alternative number that's still routes to 911, it may be star 8 or… and at least it gives a heads up as to what type of call this is. I am wondering if something like this can be contemplated here.

Erika

A. Mariela and I have discussed that; some of the aspects are the people available to answer the phone call. When you have telephone equipment, CAD equipment, and radio equipment, were very expensive per square foot. ACS will be using radios, ACS will be using CAD, and the MCTS. So, to create another Dispatch Center is expensive. To create another line and then decide how we're going to prioritize that between Avalon and 242 is kind of interesting and that has to do with pews. We're looking at several options because I'm going to have to find some solves to help and then CAL can get to us more quickly because we're having some issues with certain types of workplaces not being able to get to us and people are in the queue for 20 and 30 minutes which is not acceptable when you have a potential threat to life.

Wendy Linebrink in the Chat
Q. Once ACS is in place - will the Crisis Lines be able to reach out to ACS for a non-law enforcement response, if the crisis line has already determined that no weapon and threat is a component, and a mental health response would be the most appropriate.... or do the crisis lines still have to go through ABQ dispatch to get ACS response?

Erika
A. They're not going to have the staff to be answering the phones and doing the response, so it makes sense to utilize our staff. We have had challenges; we can through the system transfer a 911 call to NMCAL and we need to get NMCAL a better way to get into us. We're going to be going to 10-digit dialing in the state to prepare for 988, so ten-digit dialing is coming to an area near you soon. So whether we create another queue where calls come in and we prioritize it between 911 and 242 or we prioritize it the same as 911. 988 be going to NMCAL more than likely, I think that's the plan. There's still so much to do with 988, but how we're going to create this and how we're going to get calls to ACS right now will be coming through us and whether it's a number, or not, is to be determined.

Jeremy
Q. So 988 as it stands in Santa Fe or the state level, does that go to local operators?

Wendy
A. As I understood in our meeting yesterday, the 988 calls will be going to NMCAL, and NMCAL has call centers in New Mexico but they also utilize centers around the country because you don't want the person calling for mental health help in crisis to be in a queue for a period of time; there are multiple centers that NMCAL utilizes.

David Ley in the Chat
I'm excited to see where we can get to with 988 and ACS, but I don't think these operational logistics will be settled or clear until we are well underway. I think it will take a year or more of operations to figure out to best navigate these systems.

Danny
I think that's what we're seeing is that this is a work in progress; it's going to take a while to thrash it out as Dr. Ley said in the chat. It's not something that Wendy and Erika can come up with a solution, right now.

Wendy in the Chat
988 gets routed to National Suicide Prevention Lifeline and the NSPL routes the calls to accredidated providers. In NM NMCAL and Agora are those accredidated providers already answering those calls?

David Ley
I'm dealing with some of these issues in Santa Fe as well. These are new services; these are new systems, these are new logistics, and I think everybody is really excited.

Erika Wilson
That is part of the problem to be honest because it's a statewide solution that will be implemented in New Mexico, there are a lot of jurisdictions that don't have any mental health resources so it's going to be burdensome for NMCAL. It's within the City of Albuquerque and Bernalillo County. We're fortunate and

could it always be better, sure, will be queuing the calls as they start to come in for ACS but 988 is going to be interesting how it operates Statewide because it could be very different from Las Cruces to Raton.

Bylaws Discussion, Danny Whatley, Maxwell Kauffman

Maxwell Kauffman

The two big issues that we identified at the MHRAC Information sharing and Resources Sub-Committee with the Bylaws that we have to work out and figure out how we're going to mend is who is essential to be a member and term limits. Those in the Bylaws are somewhat at odds. From membership purposes, one part of it says, those who are designated through the Forensic Intervention Consortium, but that doesn't exist right now is my understanding, so there's an outdated portion, but the really tough one is term limits, because when you look at it, it says, you can have a two year term limit as a member and then an additional one year after that. Where does that put a lot of us on the board who put a lot of work and commitment into it?

Paula

When we implemented that, that rule was supposed to apply strictly to the chair and the co-chair, so I don't know how it expanded to be the whole board.

Maxwell

The Bylaws that I have from 2015 say that the co-chairs have a term limit as well; that they shall serve a year each, a staggered term, so there's that issue also.

I pose to the committee what if we just start fresh from a certain date, renew from there, but at the same time we need to get an idea of who's currently an active member. It seems like we have 19 people on the board but some members may not be as active as others or even want to be on the board anymore and we don't know so I think maybe the first step is just to see who wants to be a part of this, to make the commitment to be here every month and contribute to a subcommittee.

Danny

We need to understand the CASA doesn't give us guidelines on the bylaws; it gives guidelines on membership, so the bylaws are ours. We can certainly create those bylaws.

Danny

We can get with Brenda to reach out to the committee members (19) to inquire if they are still interested in sitting on the committee.

Rosa Gallegos-Samora

Q. What do the bylaws state about the diversity of MHRAC? Is the board concerned with diversifying the committee? Meetings are never led by people of color or women.

David Ley

A. The committee should be reflective of the behavioral health community and target population groups that it serves.

Elizabeth Martinez, DOJ

CASA speaks to a broad cross-section of the community -- in NM/ABQ that means ethnic and racial diversity.

Maxwell
I think that's an opportunity for us if the CASA doesn't speak to bylaws then it could be up to us to be more inclusive. I think it's incumbent upon us that our board composition is diverse.

IMR-13 Status Hearing Update and Discussion, Danny Whatley
Danny
Good to see a lot of representation from the APD IMR 13 hearing via zoom.

Report and Update from CIU, APD, and BSS
No updates

Report and Update from Sub-Committees
Lt. Dietzel
Information sharing and resources daily update is the discussion of the bylaws.

David Ley
Our next Info-sharing and Resources meeting is in July.

Report and Update from C.O.A.S.T
Rob Nelson
Pay it forward has dissolved its donor bank so we are seeking vouchers for motels or if your church is willing to step out and help us out financially.

Next meeting: Tuesday, July 20, 2021