

Mental Health Response Advisory Committee (MHRAC)

Meeting Minutes

July 20, 2021

Via Zoom

Board Members in Attendance

Co-Chair, Rick Miera

Betty Whiton

Nils Rosenbaum

Cassandra Bailey

David Ley

Ellen Braden for Gilbert Ramirez

Laura Nguyen

Matt Dietzel

Maxwell Kauffman

Paula Burton

Rob Nelson

Bonnie Mount for Liz Romero

Robert Salazar

Executive Committee

NAMI

APD Behavioral Health Division

APD CIU

New Mexico Solutions

CABQ-Dept. of Family & Comm. Services

Albuquerque Ambulance

APD CIU

Law Offices of the Public Defender

Peer Representative

APD/C.O.A.S.T

UNM Department of Psychiatry

NAMI Vice President

Introduction to MHRAC

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

Carlos Pacheco, City of Albuquerque Legal

Dr. Jessica Hejny, APD Academy, Comprehensive Training Unit (CTU)

Enrique Cardiel, Director of the Health Equity Council

Owen Whooley, Professor at UNM

I'm conducting research on community mental health in ABQ/Bernalillo County. As part of this research, I'm interviewing individuals who work in the mental health system at all levels.

Approval of meeting minutes

1st Motion – David Ley

2nd Motion – Nils Rosenbaum

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

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

No Public Comment

Albuquerque Community Safety Department Update, Bentley Oliver

We've hired our first cohort of responders, Tier 1 and Tier 2. The first cohort is about 7-10 people; training starts on August 2nd. The training is going to go all through August and we're going to launch in September. MCT is going strong, with a lot of good calls and a lot of really good experiences out in the community. We are looking to hire an account, policy analyst, data analyst, and executive assistant.

For a high-level update, we did have a gap analysis done between the city and the county that is being reviewed and it will be published in the very near future.

Bentley Oliver

Q. We would like to start submitting policies, we've gotten to that point and wanted to know what the process is for that? How long does the process take? What do we need; what should we anticipate in the process? And who do we send it to?

Lt. Dietzel

A. Right now, the policies are going through the general board, and then they sometimes bring them up at the MHRAC Infosharing and Resources Subcommittee meeting when there is a whole lot of detail; that requires an actual meeting time.

Lt. Dietzel

I suggest the best place to start would be to get with Brenda and have her send them to the board and then based on the depth of discussion we can go ahead and schedule something at the next infoshare sub-committee meeting.

New Gateway Centers Update, Lisa Huval, Family, and Community Services

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 council which is safety entry and exits into the building and operational or overnight capacity. As currently zoned, we do have to get the conditional use approved in order to use Gibson Health Hub to provide overnight emergency shelter. We had a community meeting in June to focus on some specific aspects of the operational plan we're developing, and facilitated meetings that related to our conditional use request that we will be submitting later this summer. Those were challenging meetings, but folks had a lot of really great feedback and things that we need to think about. So with that, we're working on incorporating all of that feedback as well as our own thinking, into an operational plan for the Gateway Center shelter. We're in the thick of writing that operational plan right now. Our timeline at this point is to be presenting a draft to the community for feedback in early August; this will be available online. There will be a feedback form so there's going to be the opportunity for folks to give feedback. In the meantime, we have had meetings with a smaller group including neighborhood folks, as well as service providers to give us feedback to develop the operational plan. MHRAC does have representatives, Danny and Laura have both been participating in those groups.

Maxwell Kauffman

Q. Several months back there was talk about also having Gateway Centers, small daily centers. I was wondering if you had any kind of update on that side of things?

Lisa Huval

A. The vision is to still have more than one Gateway Center. Our Focus has been completely on the Gateway Center at Gibson Health Hub since we acquired it in April so there are no status updates on the development of any other Gateway Centers.

Max

Q. In terms of transportation; transportation to the WEHC, is there going to be some pick-up areas and drop-off areas for the Gibson Center?

Lisa

Yes, definitely part of our thinking. That's one of the things we're addressing in our operations plan; we do anticipate providing a shuttle to help folks get to the Gateway Center, but also get out into the community and get to where they need to go as well. Of course, there are other ways to help folks get around to, some case managers will be providing transportation and will be making sure that folks are connected to any transportation options that they're eligible for like the sun van or title one transportation.

Wendy

Q. Will, you have storage space for larger items; often there are longer spaces for smaller items but we have space for larger items for people to secure?

Lisa

Yes, that is part of our plan; that's one of the advantages of having the Gateway Center at Gibson Health Hub, space is not an issue. We are planning to provide storage for personal pleasure items, not just like a locker because we know that is a barrier. One of the main reasons that folks will not access shelter.

Rob Nelson

Q. Will, there be emergency transportation available for after-hours to the Gateway Center?

Lisa Huval

Yes, Absolutely. Part of the shuttle system that we have in mind will have regular routes but also part of the point of this shuttle is to meet folks where they're at and help them get to the Gateway Center.

CHAT Questions and Answers

Wendy Linebrink-Allison

Q. What coordination plans are in place for people interested or needing a crises triage center without MCT or police and will there be peer supports staffed at the Gibson Gateway Center?

Lisa Huval

A. Yes, there will be meeting rooms for service providers and we plan to have peer support specialists as part of the gateway center staff.

Wendy Linebrink-Allison

Q. Will Gibson Gateway Center be open 24/7/365 for people that sleep alternative schedules?

Lisa Huval

A. Yes, Gateway Center will be open 24/7/365.

MHRAC Bylaws Discussion, Maxwell Kauffman

There is not much update updating to be had. However, Danny reached out to me and it may be a number of us on the board to discuss when we should talk about membership and he proposed sometime in September or October when we go back to in-person meetings. At that point, we

will get firm in our discussion on membership, and that way I can codify it into the bylaws. That is why there hasn't been much progress in that area.

However, we can bring it up at the next information-sharing subcommittee meeting and just keep plowing ahead on other suggestions. Last month we discussed it here we talked about term limits and some ideas, proposals to address your term limits, rotation type, and avenues for people in the port. We still have some ideas floating around, but I think we'll get more pen to paper when we get closer to the discussion of membership.

2020 CIU Annual Data Report, Lt. Matt Dietzel

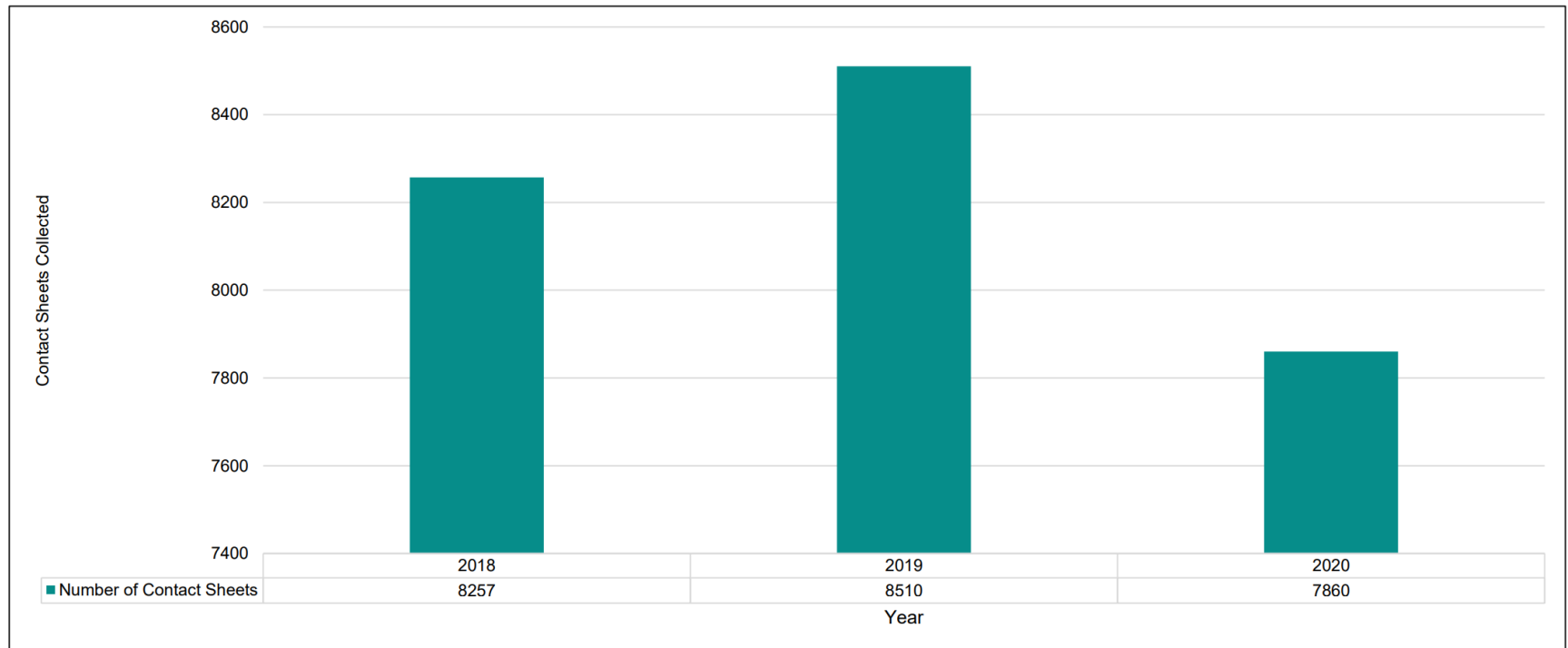
**2020 Databook
1/1/20-12/31/20
Prepared by the New Mexico Sentencing Commission**

Contact Sheet Dataset Overview

- Unless otherwise noted n=7860 Contact Sheets.
- Contact Sheets do not represent all Mental Health call-ins from 1/1/2020 to 12/31/2020. All counts are of contact sheets, not individuals. Individuals may be counted twice in demographic data.
- Most variables contain some missing or not applicable data. To reflect this each graph records the number of records in the variable in the bottom left of the table.

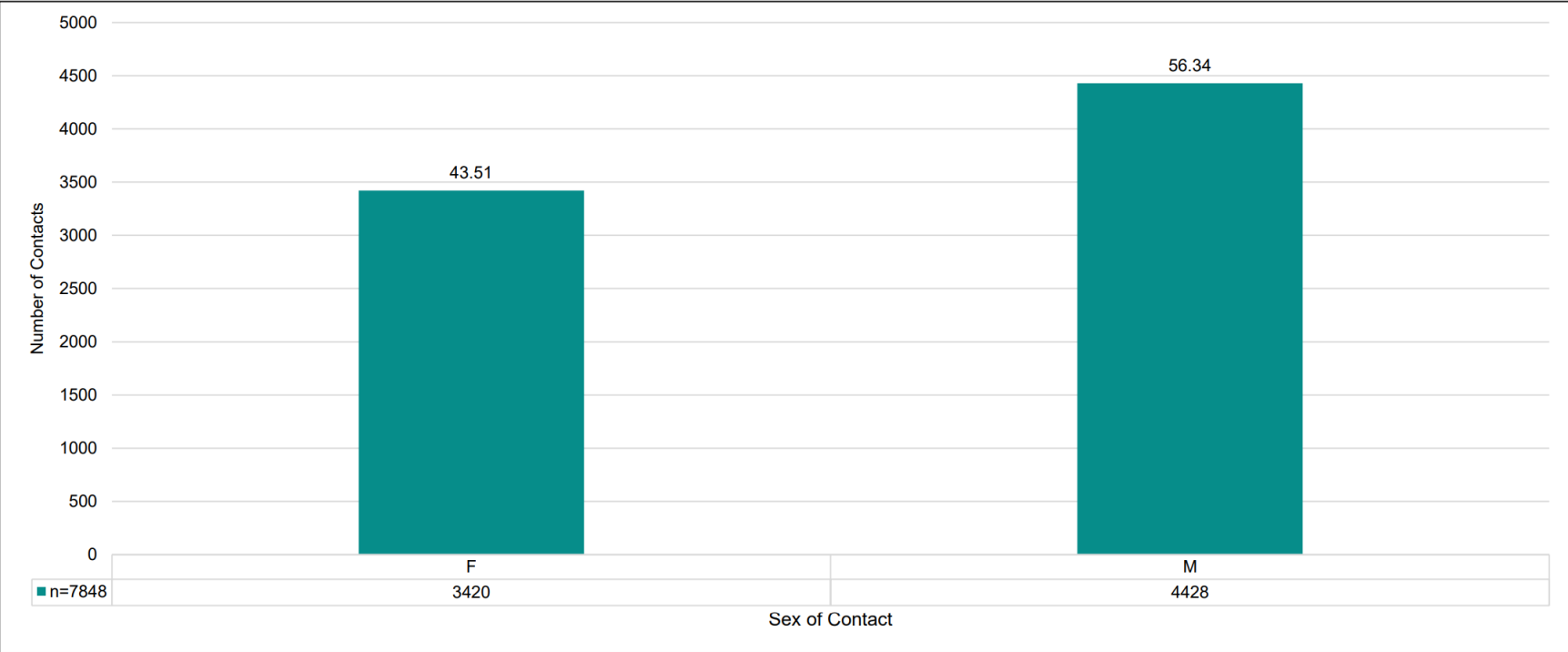
Contact Sheet Demographics

Total Contact Sheets Have Decreased in 2020

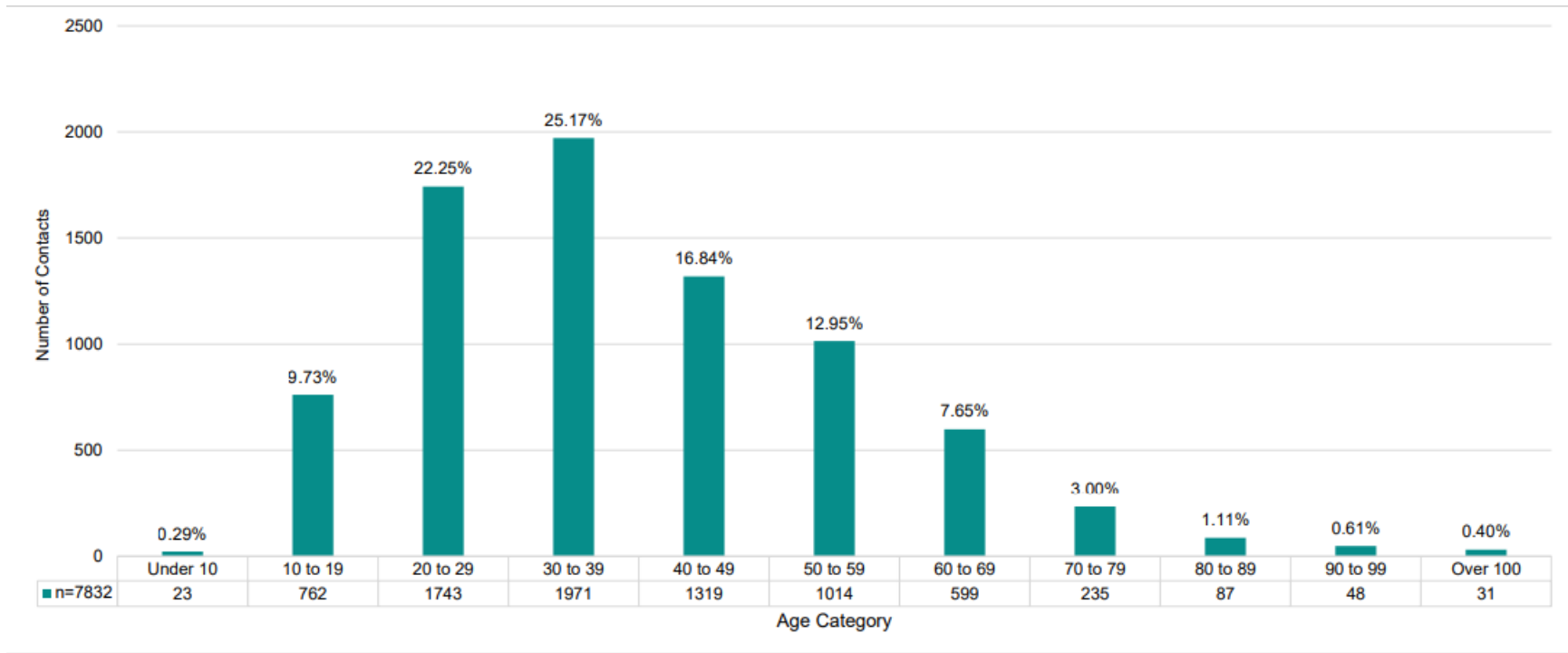


In 2020 we have fewer CIT contacts in comparison to 2018 and 2019. These fewer numbers are primarily attributed to COVID-19

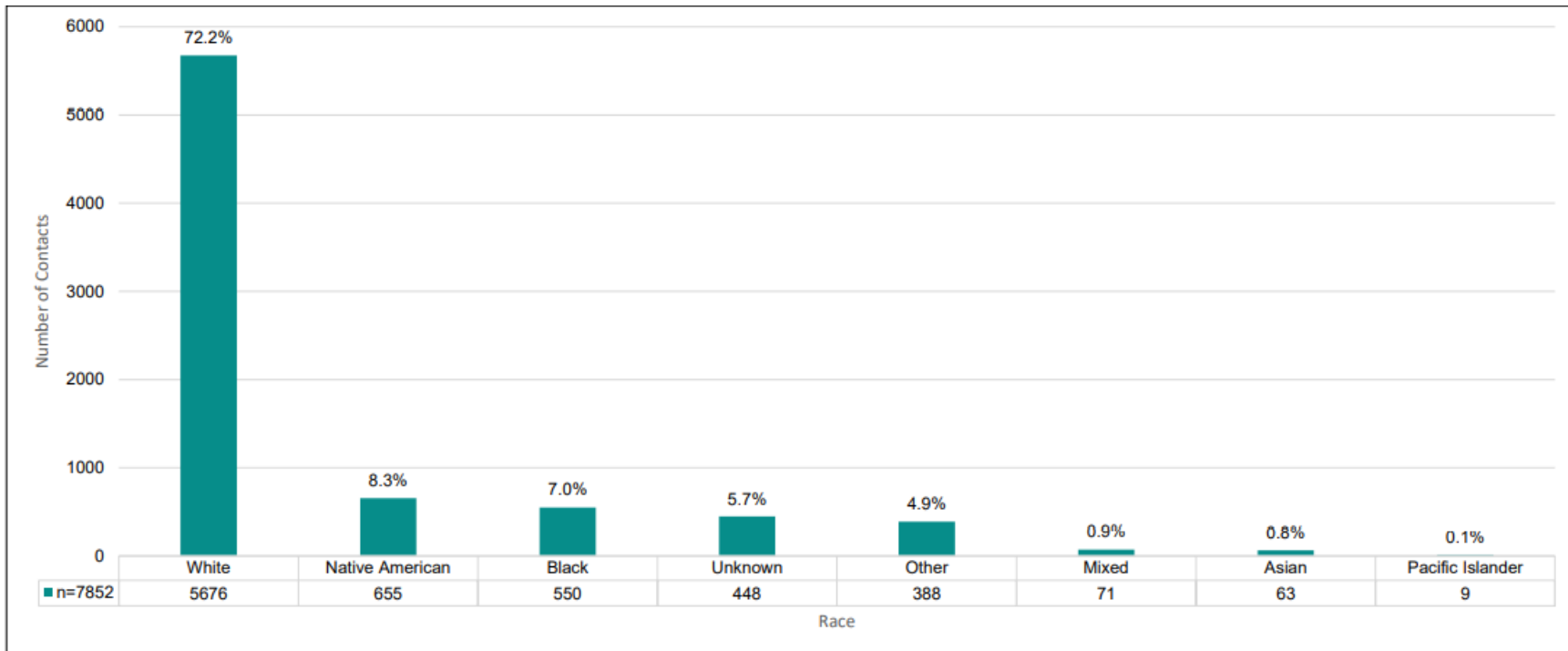
Male Individuals are more common



Ages reported on Contact Sheets

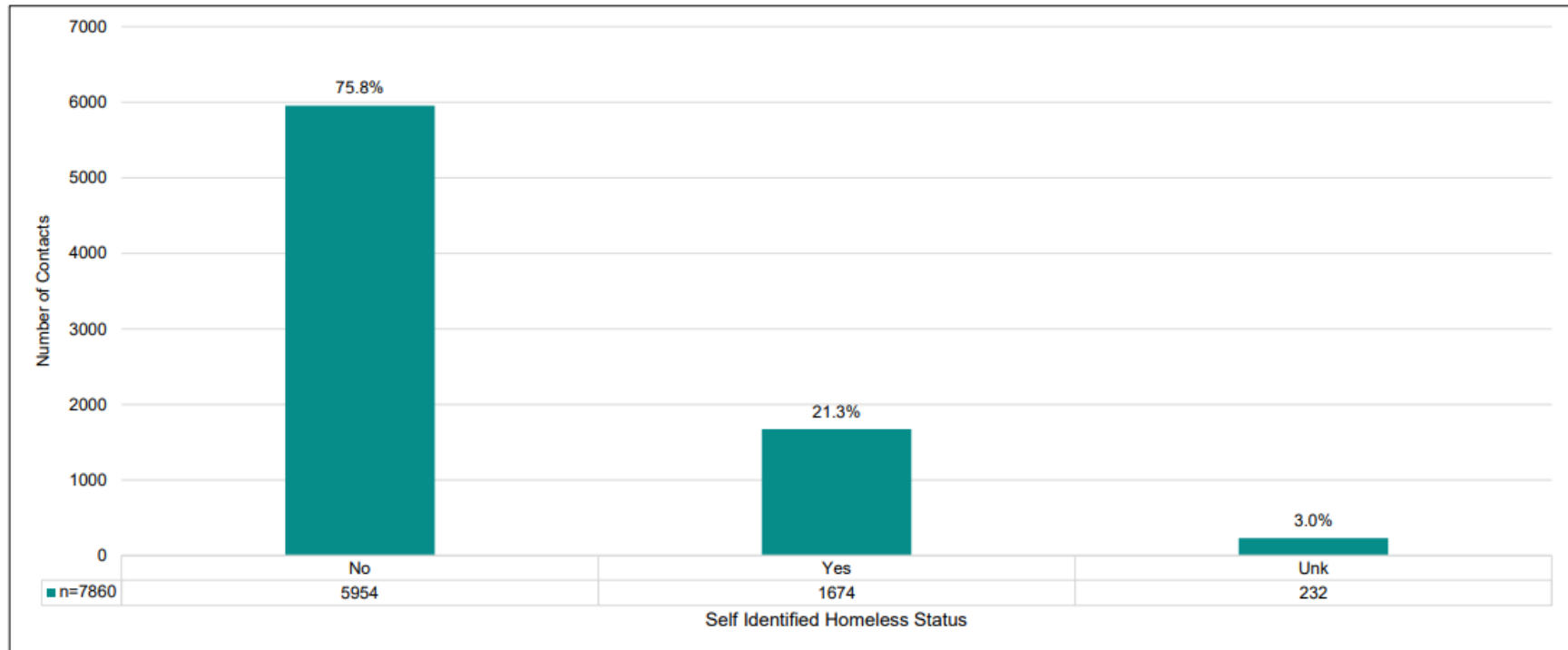


Contact Sheets primarily involve White individuals*

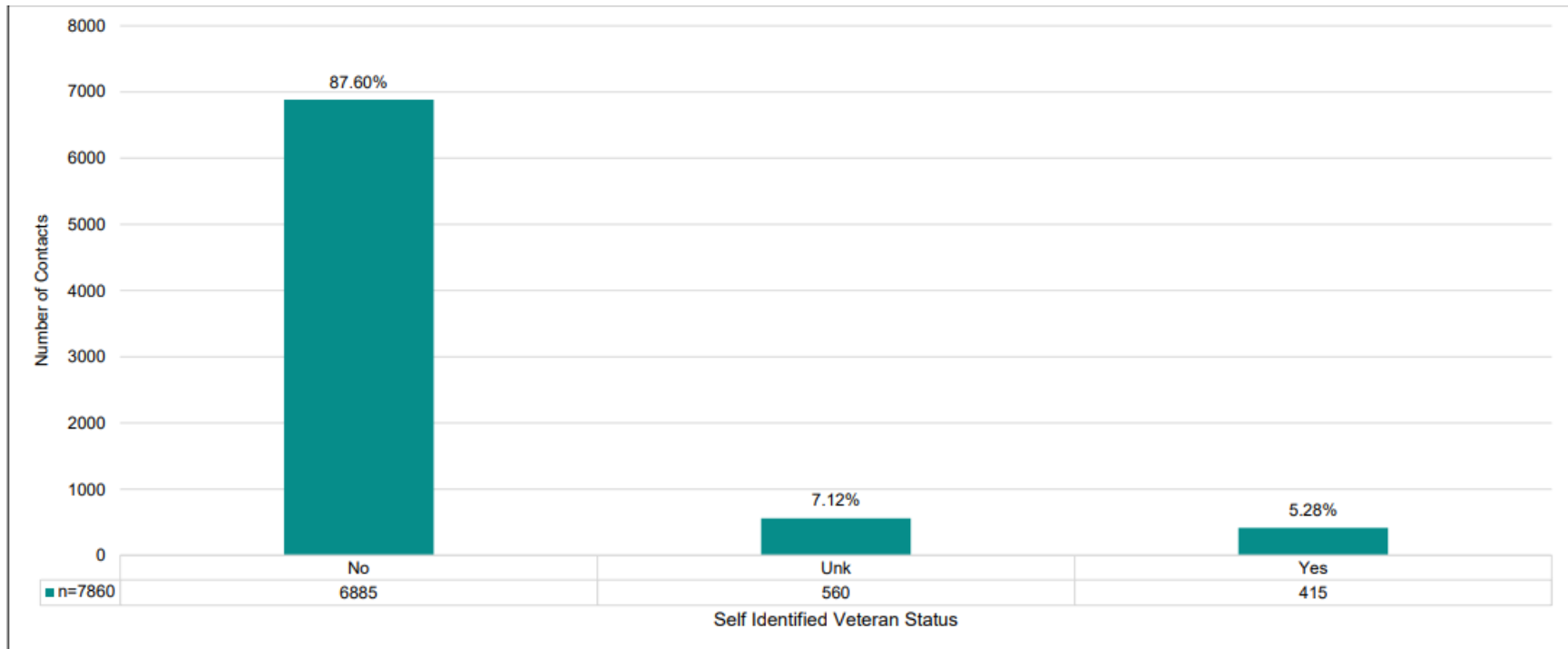


*Hispanic Origin is tracked separately; about 35% (n=2740) of Contact Sheets identify a Hispanic Subject.

21% of Contact Sheets involve a Homeless Individual



About 5% of Contact Sheets involve a Veteran



Delia Munoz

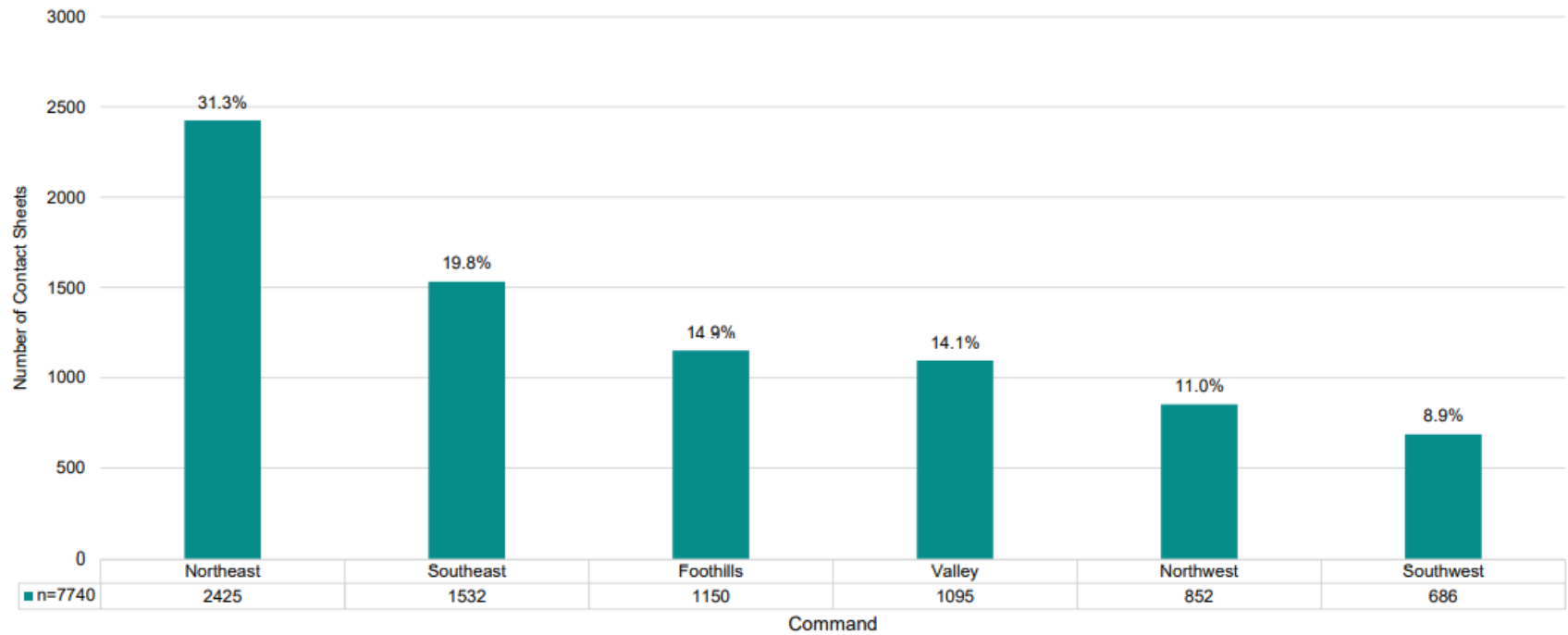
Q. Is there a reason we do not ask if persons you are interacting with are a veteran?

Most Transports go to UNMMH or Kaseman (n=4724)

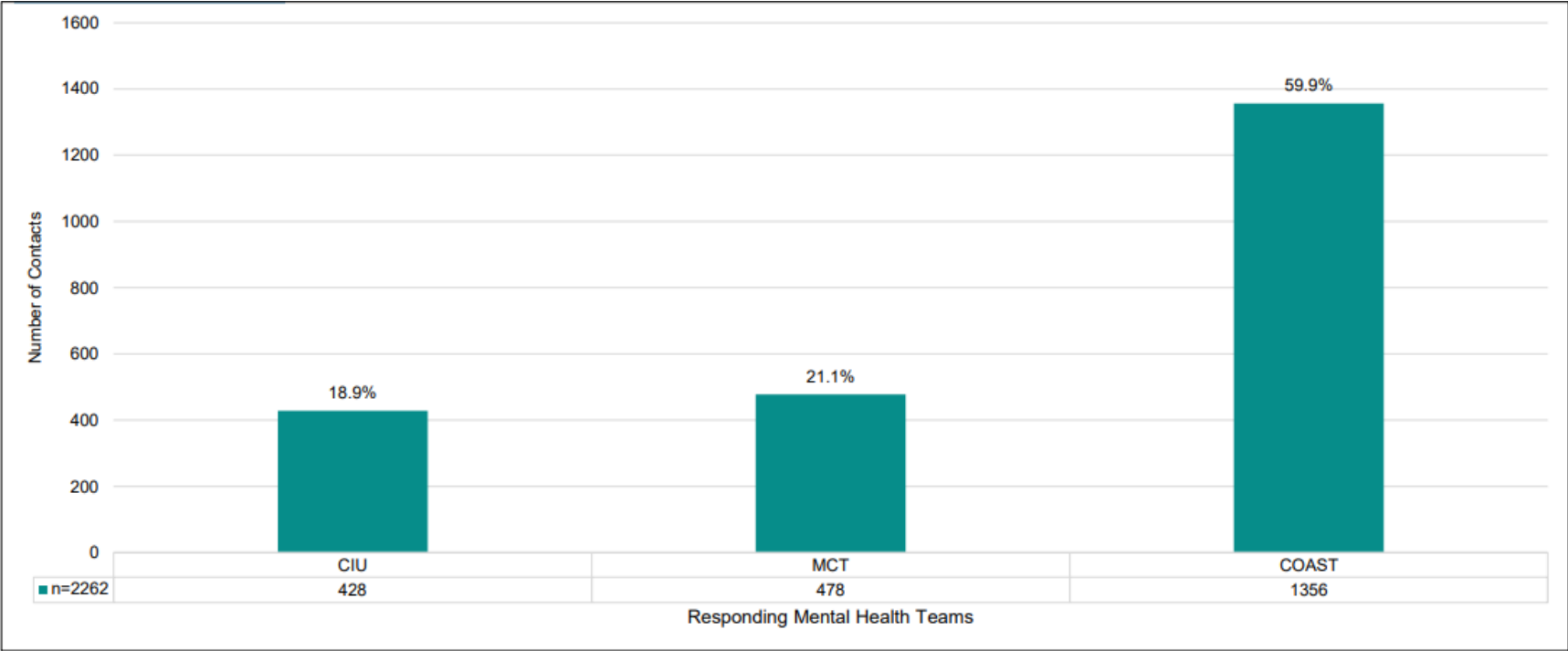
Transport Destination	Number of Transports	Percent of Transports
Kaseman	1845	39.1%
UNMMH	1816	38.4%
Lovelace	321	6.8%
Presbyterian	297	6.3%
VA	152	3.2%
Rust	125	2.6%
Lovelace Women's Hospital	75	1.6%
Lovelace Westside	49	1.0%
Other	25	0.5%
UNMH	6	0.1%
MDC	4	0.1%
PRESBYTERIAN DOWNTOWN	2	0.0%
UNM	2	0.0%
St. Joseph's	2	0.0%
MDC PSU	1	0.0%
PSU	1	0.0%
UNMH ER	1	0.0%

Encounter Data

Contact Sheets by Area Command



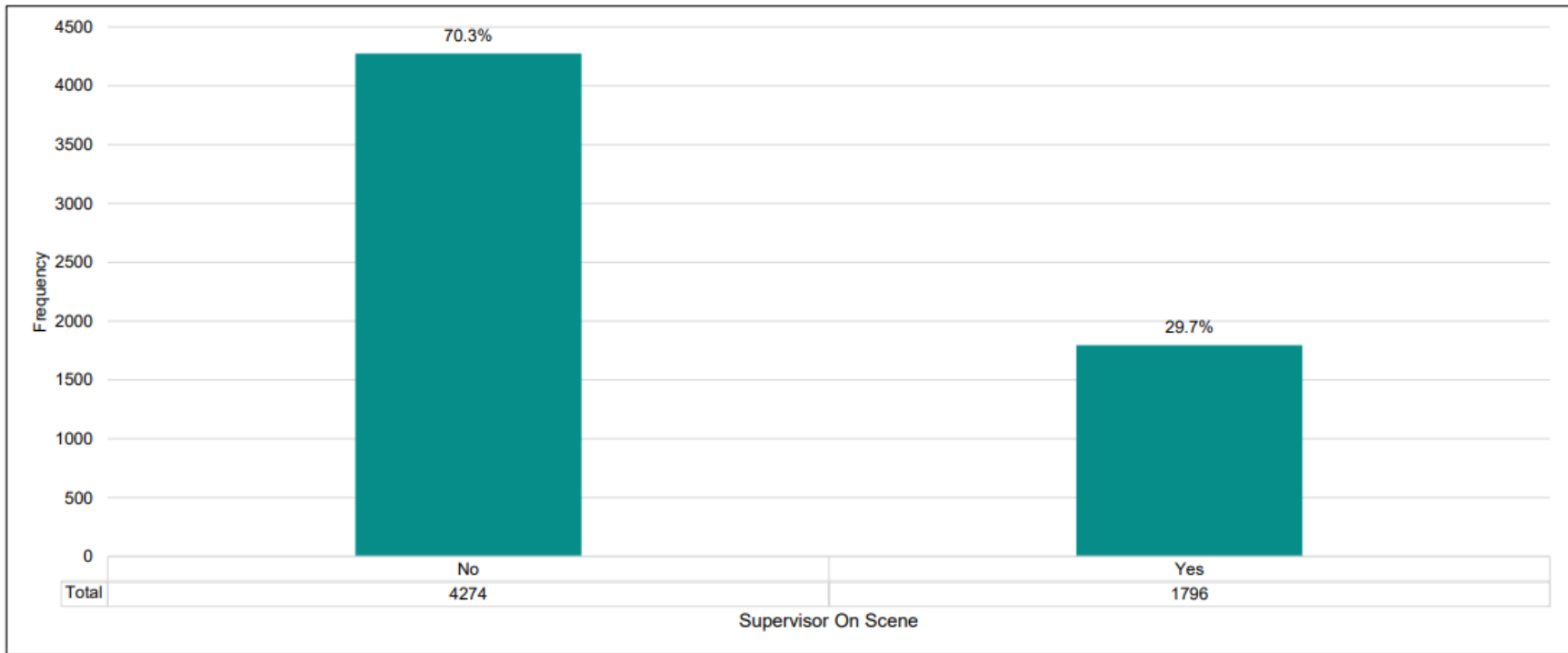
Most Contact Sheets come from non-Mental Health Units; Among MH Units COAST is the most common



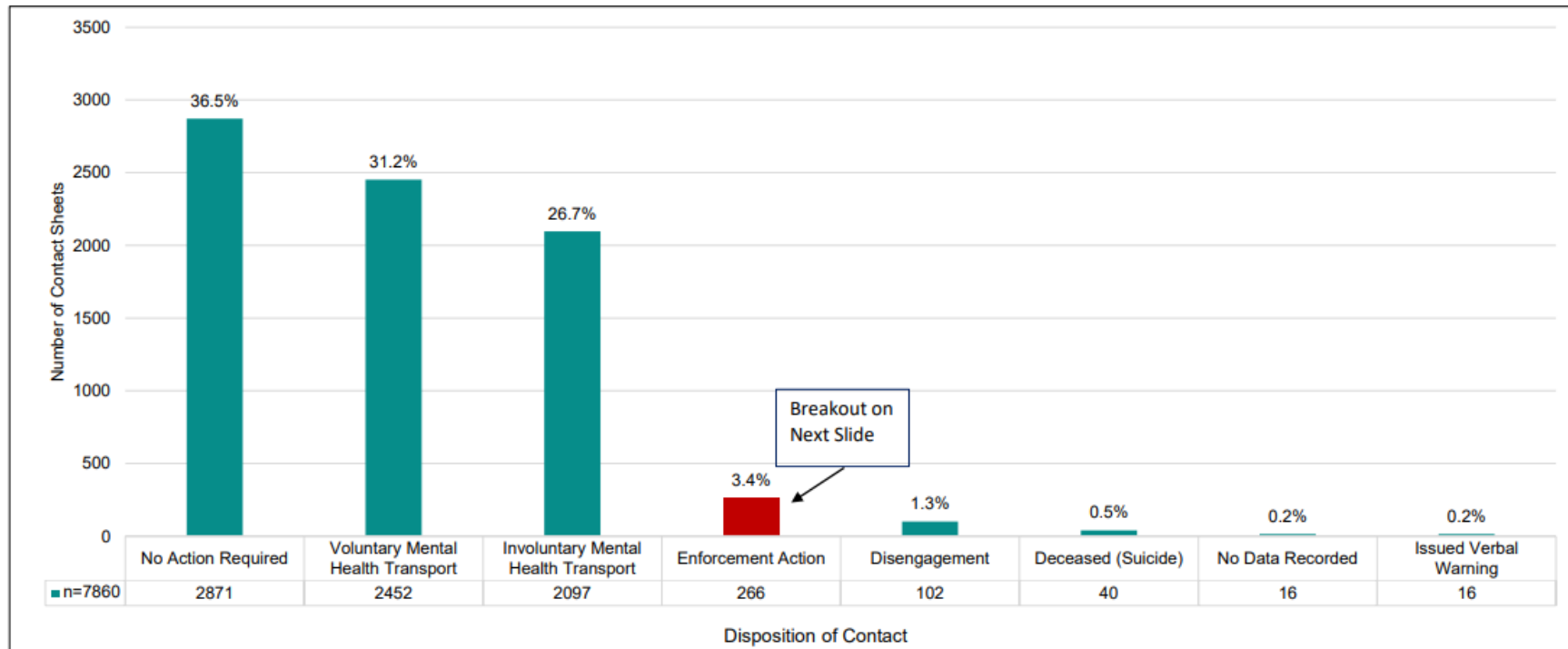
Contact Sheets may indicate multiple disorders

Mental Health Issues Type	Number of Contacts
Depression	1367
Schizophrenia	1290
Bipolar	1016
PTSD	827
Anxiety	823
ADHD	244
Autism	217
Intellectual Disability	210
Brain	145

About 30% of Contact Sheets had a Supervisor on Scene



Most Contact Sheets are Resolved with No Action, Voluntary Transport, or an Enforcement Action



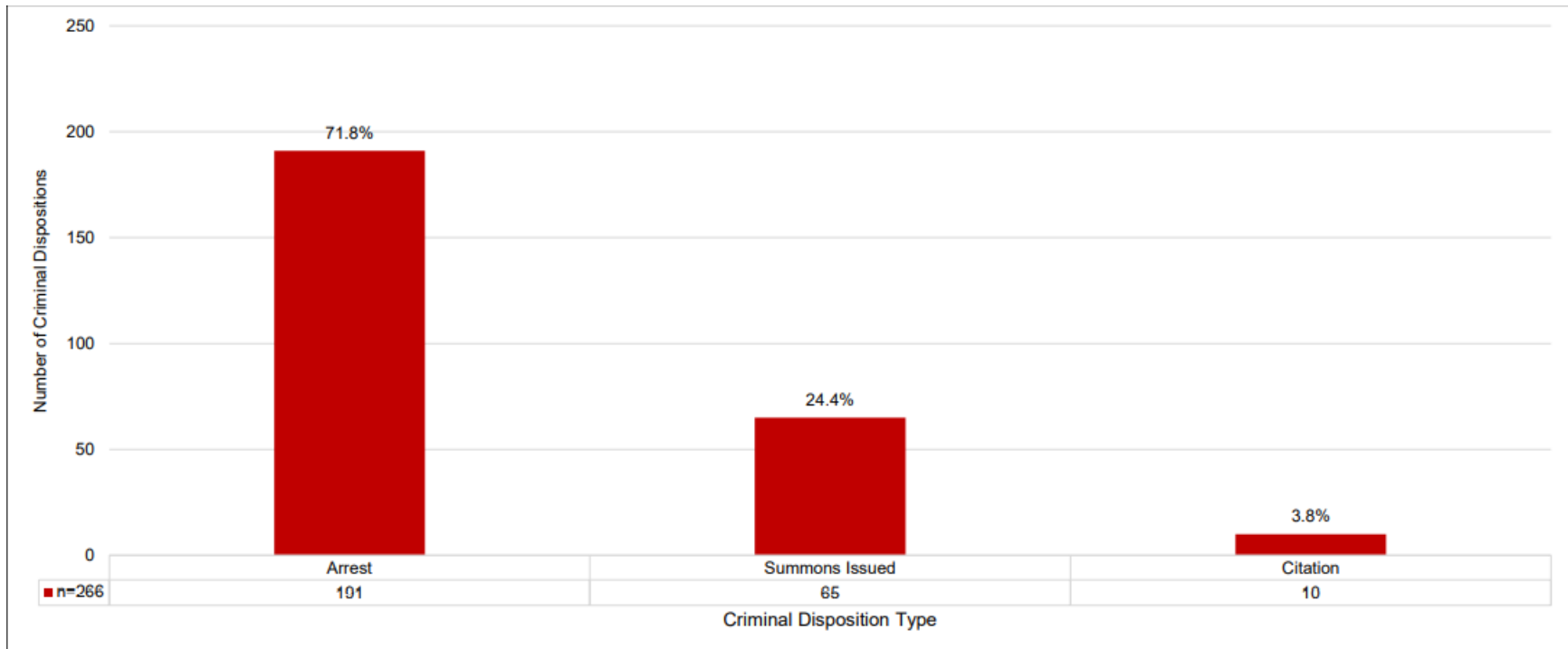
Laura Nguyen

Q. Regarding involuntary mental health transport, does that include both officer initiated transports and with the clinicians, and/or does the Certificate of Evaluation (C for E) facilitate the transport?

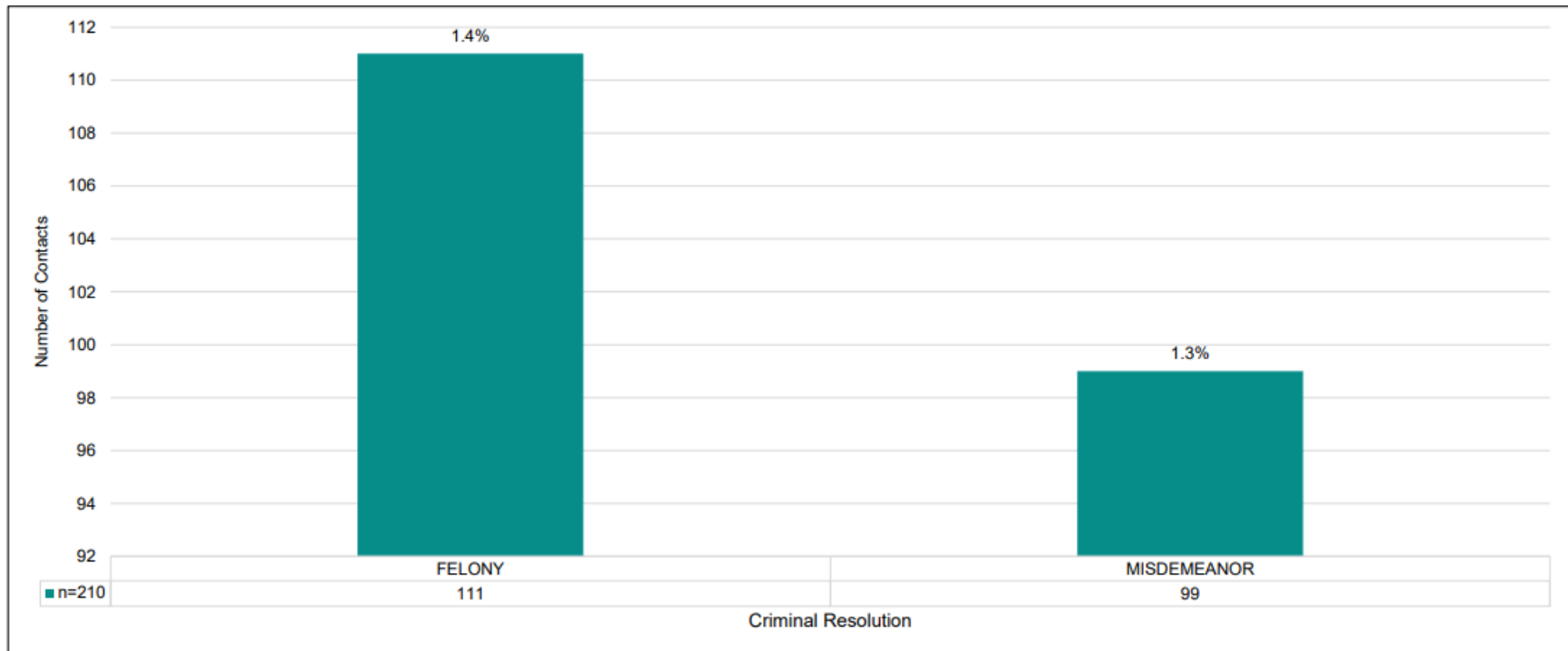
Lt. Dietzel

A. We will be able to track down those details real soon.

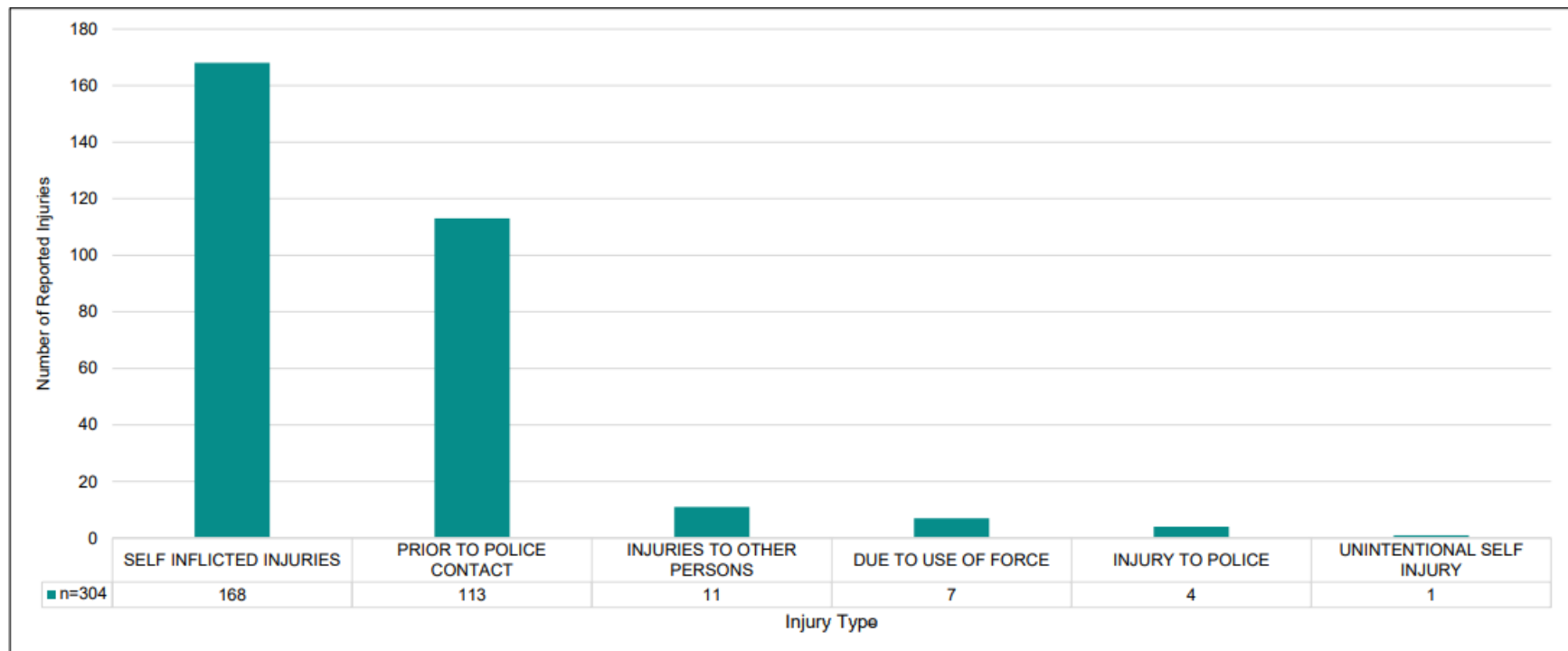
Enforcement Actions are primarily Arrests



Most Arrests Involve Felony Charges



About 4% of Contact Sheets Report an Injury of any type

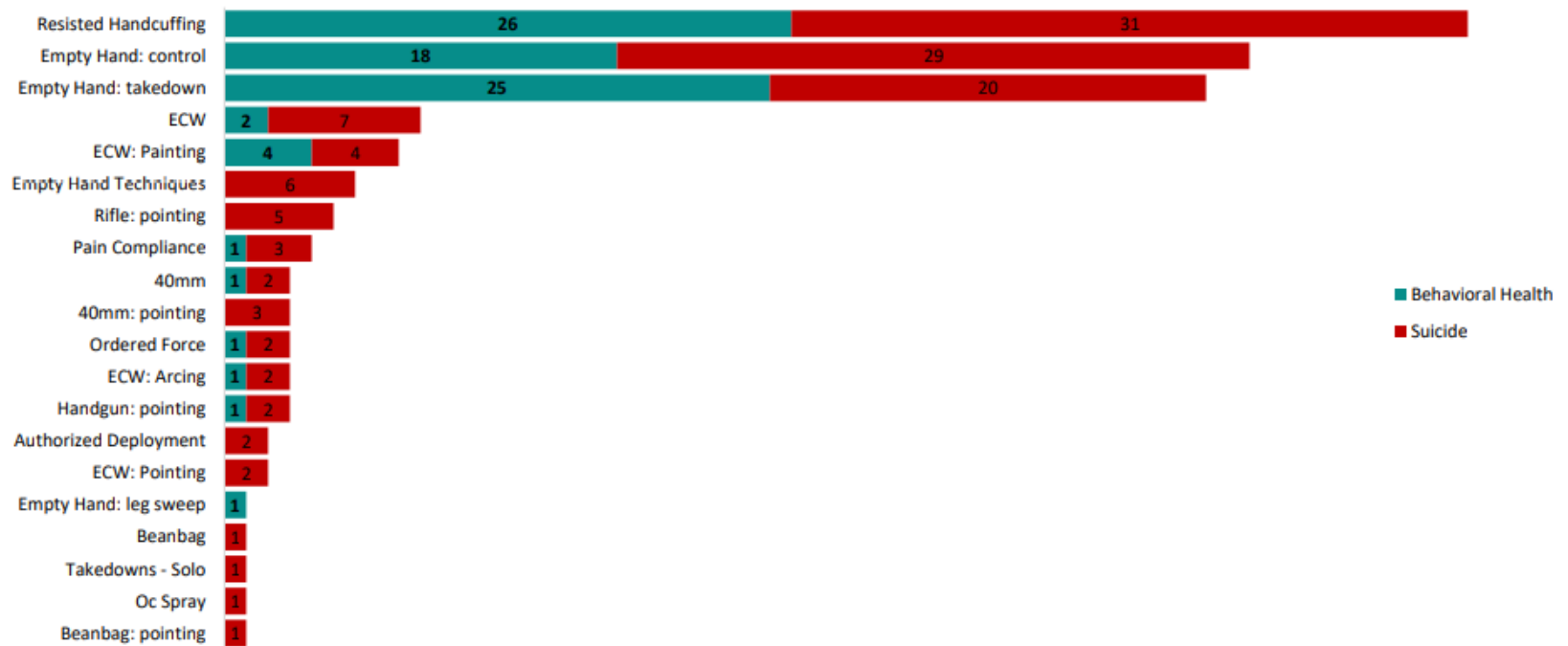


Use of Force Data Overview

- Use of force data is drawn from a different data source than contact sheets (IA Pro) using the same dates (1/1/20 to 12/31/20). Each incident is identified by its CAD number.
- There are two types of data in the following counts: Behavioral Health and Suicide Calls and calls later identified as Behavioral Health.
- The Later Identified category is new and has not been covered in previous reports.
- These two identification systems may overlap, but both are displayed separately to fully encompass the use of force on behavioral health-related incidents.
- There have been 944 uses of force in the above categories. A CAD may encompass multiple recorded uses of force.

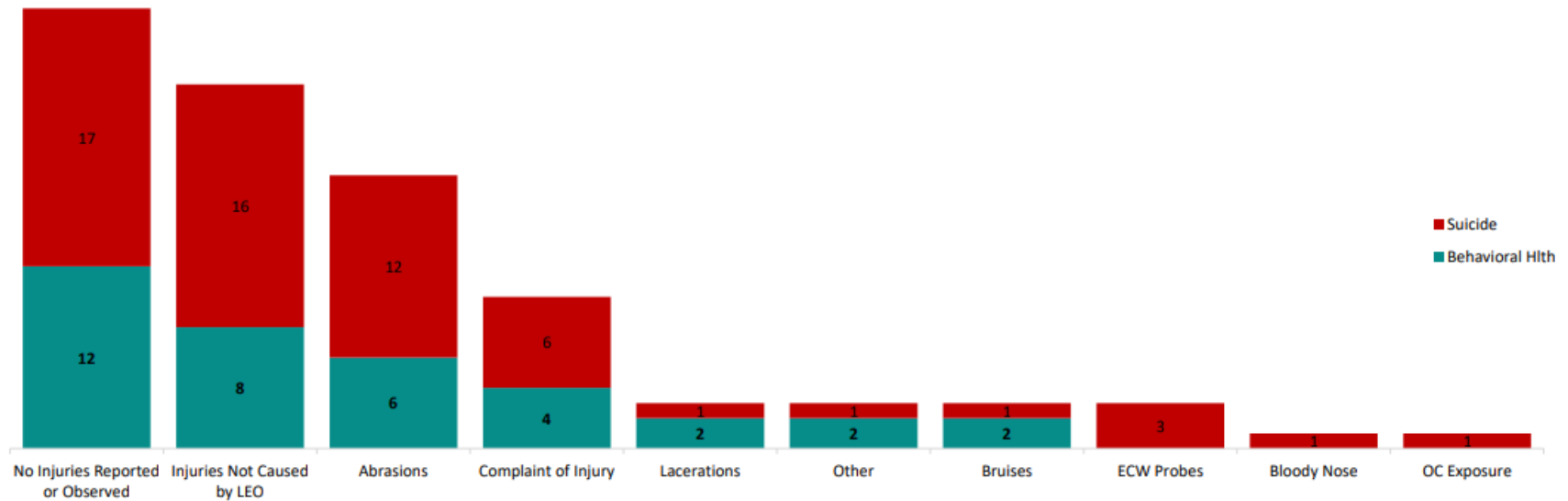
Force Used Identified by Call Type

Force Types Used During Behavioral Health or Suicide Calls for Service



Injuries Identified by Call Type

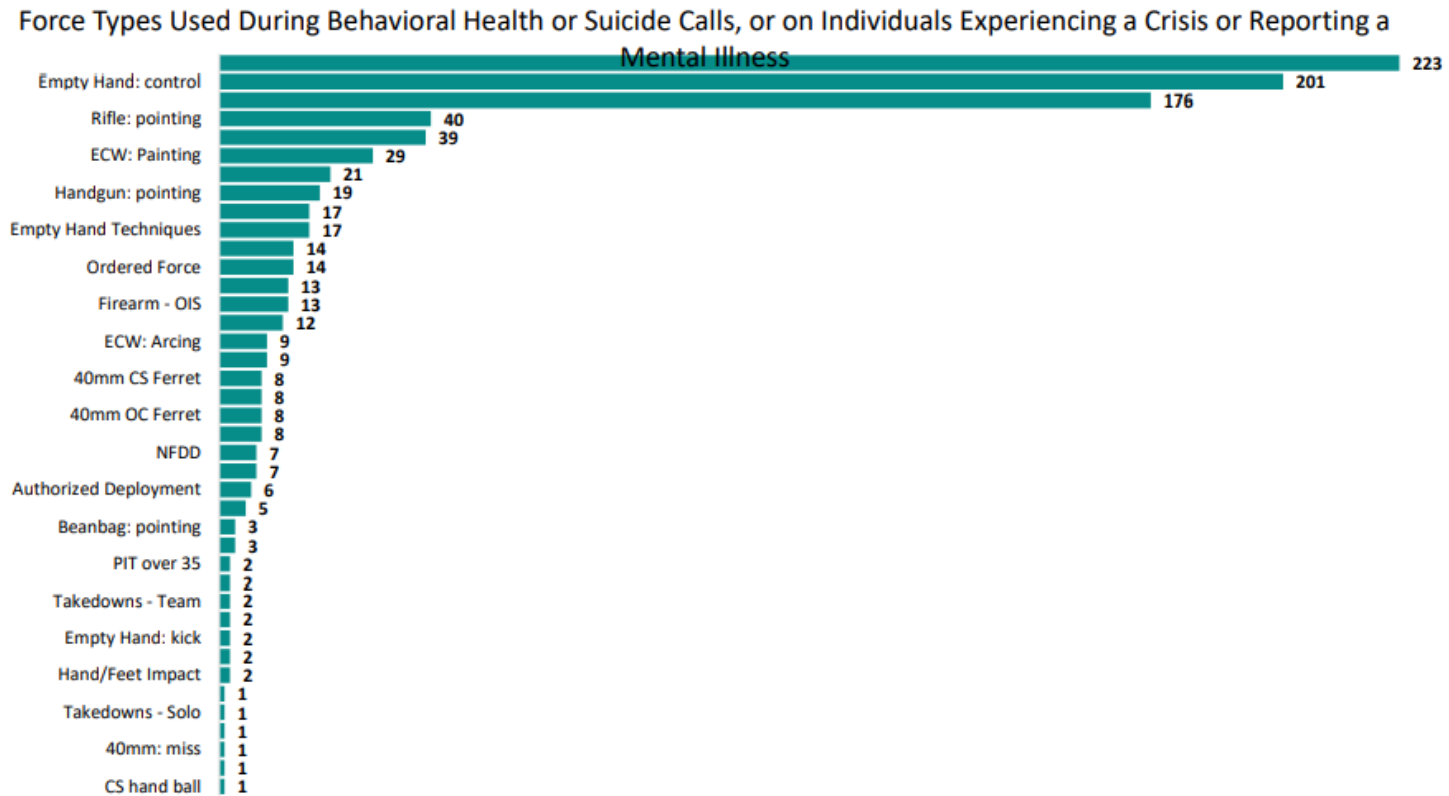
No Injuries were caused by LEO in 56% of Force Incidents During Behavioral Health or Suicide Calls



Lt. Dietzel

Any suicide call where the individual is in their home and does not want APD interference, resource card is left as well as contact information for Crisis Outreach and Support Team (COAST) who will link to service providers to help with specific needs that may be affecting their mental state.

Force Used Identified After the Incident



Laura Nguyen

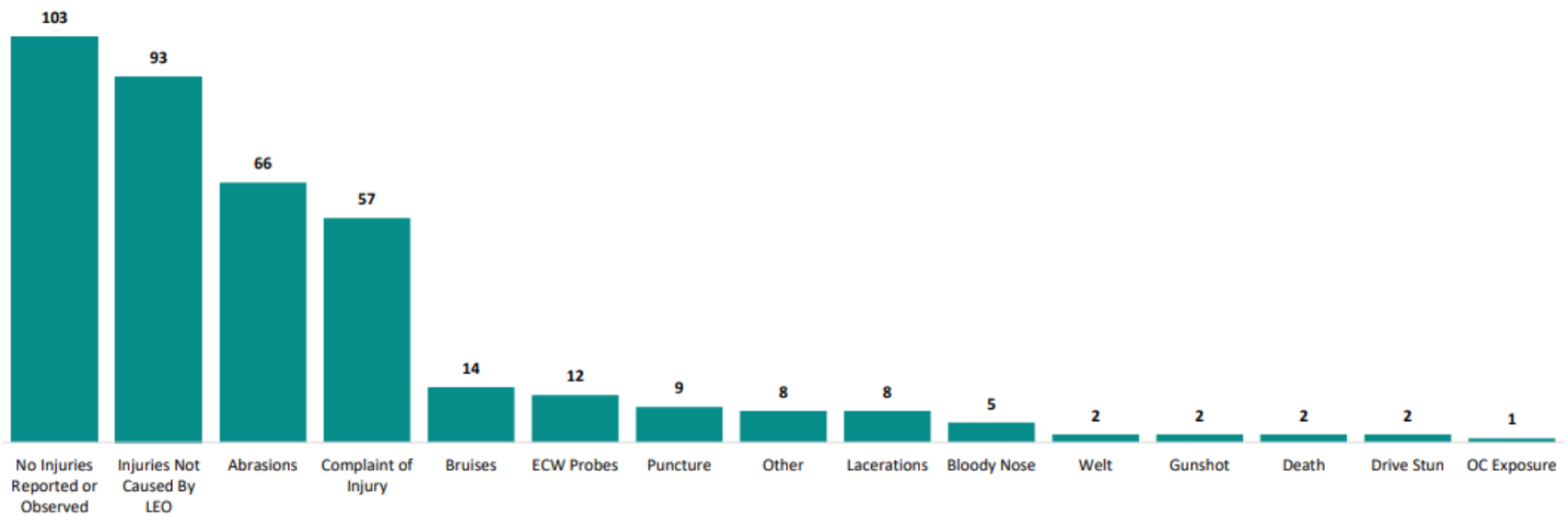
Q. What is the difference between Authorized Deployment and Ordered Force?

Lt. Dietzel

A. Authorized Deployment is probably a SWAT call-out where they're either OCing in the house, or they're deploying an FTD (flash bangs) used on SWAT calls. Ordered Force is where that Sergeant or Lieutenant says, "Okay, deploy your Taser officer" based on everything they are seeing and what is going on.

Injuries Identified After the Incident

No injuries were caused by LEO in 51% of Force Incidents during Behavioral Health or Suicide Calls, or on Individuals Experiencing a Crisis or Reporting a Mental Illness



<https://www.cabq.gov/mental-health-response-advisory-committee/mental-health-response-advisory-committee-resources-links-documents/mhrac-2020-annual-databook.pdf/@download/file/mhrac-2020-annual-databook.pdf>

Report and Update from CIU, APD, and BSS

Lt. Dietzel

Sgt. Mark Landavazo got promoted to Lieutenant so we had a Sergeant vacancy, the testing for that was done today, and the number one candidate for the new CIU Sergeant is Matt Tinney who should be starting next month depending on what the transfer looks like.

A Long-term Care Special Order (SO) was sent out to the MHRAC Board Members. APD had no policy or guidance for officers on what to do if you are dispatched to a complaint of abuse or injury at a long-term care facility or nursing home. So this special order is meant to clarify that it gives some directions, it's not perfect, it doesn't cover everything, but at least gives an idea of what officers should be doing. They worked with the New Mexico Ombudsman for long care about long-term-care facilities to get that together again. It's just the start, they'll be a policy at some point.

Wendy Line-Brink

Q. Regarding the data book, is there a way to show reports of those related to mental health calls to see which of those calls are being responded to by MCT officers versus CIT officers versus just regular Officers that aren't in the specialized units?

Lt. Dietzel

A. It would be very interesting to see what the force rate is for the normal officer, eCIT officer, MCT, and CIU; but that requires analysis at a level that is beyond me.

Dr. Rosenbaum

Resident Clinicians are starting again, as of now we have had two shadow CIU staff. We have a new permanent clinician starting in August.

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

Rob Nelson

COAST continues to be a team of two. We've seen an upswing in calls but not for a crisis, it's more of housing issues, and we are in desperate need of more resources and ideas for short-term housing aka hotel rooms because many of the people we are encountering are just not suitable for the shelter due to age, or they're just not appropriate for that.

Report and Update from Sub-Committees

David Ley

We did not have an Infoshare meeting this month.

MHRAC Final Discussion

Owen Whooley

I'm looking to talk to anybody at any level who kind of work in the space that MHRAC had talked about, officers as well.

Rick

Final zoom meeting in August. Danny and I are preparing to put ourselves together for the face-to-face meet in September.

Max Kauffman

Q. I wonder if they have any kind of possibility to do both where we can meet in person but also have a conference call line where people can attend virtually still?

Rick

A. Yes, we do plan to do both, have an in-person and also be able to have the telephone conversation available to us. I think we are prepared to do that.

Next meeting: Tuesday, August 17, 2021