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2022

https://www.cabq.gov/ mental-healthresponse-advisorycommittee

MENTAL HEALTH RESPONSE ADVISORY COMMITTEE

ALBUQUERQUE, NEW MEXICO

February 18, 2022

Introduction

Pursuant to the Court Approved Settlement Agreement in *U.S. v. The City of Albuquerque*, the Mental Health Response Advisory Committee (MHRAC) was created to "assist in identifying and developing solutions and interventions that are designed to lead to improved outcomes for individuals perceived to be or actually suffering from mental illness or experiencing a mental health crisis." *See* Second Amended and Restated Court-Approved Settlement Agreement (Doc. 465-1), ¶ 111 (July 30, 2019). Additionally, it is the responsibility of MHRAC to "analyze and recommend appropriate changes to policies, procedures, and training methods regarding police contact with individuals with mental illness." *Id.*

MHRAC members have discussed and considered a proposal regarding accredited crisis line access to Albuquerque's emergency 911 queue, specifically regarding Agora and New Mexico Crisis and Access Line (NMCAL), whose staff may be operating outside of Albuquerque, but are talking Albuquerque-based crisis calls.

As it is now, should it be determined by Agora and NMCAL that a crisis call merits an emergency response, the call is transferred to the non-emergency 242-COPS line. From there, it is reported that that once the call is heard on the non-emergency line, it may need to be redirected to the 911 queue. In turn, 911 dispatch may require a re-assessment of risk to determine the appropriate dispatch type, if any.

Prompt response is essential considering the nature of a crisis call. Accordingly, to improve crisis outcomes, MHRAC strongly recommends that Agora and NMCAL be given direct referral access to Albuquerque's 911 queue. Additionally, MHRAC recommends that deference be given to the Agora's and NMCAL's assessment of risk and request for response type such as APD, AFR, or ACS response.

Based on the information gathered for MHRAC's consideration, we conclude that Agora and NMCAL calls would have virtually no impact on the 911 queue volume, and they do not request priority within the queue. Also, reliance on Agora's and NMCAL's professional risk assessment would otherwise decrease call times for those crisis events. Most importantly, this recommendation may be life-saving for those in crisis, when response time is of the essence.

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We thank you for the opportunity to submit this recommendation and for the continued collaboration on improving outcomes in crisis response within our community.

Respectfully Submitted,

Max Kauffman and Rachel Biggs MHRAC Co-Chairs

