

Mental Health Response Advisory Committee (MHRAC)

Meeting Minutes

Tuesday, January 17, 2017

Co-Chairs: Danny Whatley and Rick Miera

Scribe: Cynthia Martinez

Meeting called to order at 5:01pm, quorum was met.

Motion made by Dave Webster to approve the December meeting minutes as corrected.

Second by Paula Burton.

Vote unanimous to accept as corrected.

Motion passed, minutes approved.

Public Comment

Committee member Robert Salazar informed the committee that he was putting together a Peer Team to walk in the NAMI-New Mexico Walk on May 6, 2017. The team will be called Positive Steps if you would like to donate to or join the team.

Sub-Committee Discussion, Plans for 2017, What's next for MHRAC?

Danny Whatley reminded the Board of the need for Administrative support and an Executive Director for MHRAC. If no admin support provided soon, he will need to step down from his responsibilities to MHRAC. City Attorney, Jenica Jacobi has offered assistance in the past with acquiring the necessary help. Nancy Koenigsberg requested a job description be created detailing the requirements and necessary skill set for both positions. Danny requested a letter be drafted with input from the MHRAC Sub-Committees (Resources, Training, and Information Sharing) to submit formally from MHRAC requesting the two positions.

Nancy Koenigsberg informed the Board that the Information Sharing Sub-Committee would like to meet with the University of New Mexico regarding the MOU. She will notify the Board when the meeting will take place.

Rick Miera expressed concerns regarding HIPAA and the on body camera recordings being released to the public. Attorney General will need to get involved for changes to be made. Committee will look into it further this coming summer.

Mental Health Response Advisory Committee (MHRAC) (cont.)

Discussion of Revision of On Body Camera SOP

John Barnum and Danny Whatley had a meeting earlier in January with City Attorney, Jenica Jacobi. See attachment #1 – Email from Jenica Jacobi. Email outlined the proposed changes to be made to SOP 2-8-5(B)(8)(g). Nancy Koenigsberg sent a memo to the MHRAC Board on 01/09/2017, see attachment #2 – Memo to the Board. Danny brought up concern that the wording of the SOP was asking Officers to diagnose.

Dr. Nils Rosenbaum suggested that the On Body Camera be turned on based on behaviors not known or suspected mental illness. Deputy Chief Eric Garcia agreed with Dr. Nils Rosenbaum. Sergeant Matt Dietzel informed the MHRAC board that officers are erring on the side of caution and turning on their on body camera's during every interaction to be safe. Paula Burton is concerned about privacy of the person/persons being recorded during a wellness check. Jim UNKNOWN, Mobile Crisis Team (MCT) to record everything. Rick Miera was concerned about who would be paying for the MCT, suggested that maybe Medicaid might pay for it, and reiterated his concerns about HIPAA. John Barnum brought up that DOJ and APD says the interactions recorded are not subject to HIPAA regulations. Will need to follow up with the State of NM. IPRA laws might need to be updated. Currently no rules in place to change policies in the senate. Danny Whatley informed the board that he has studied other states. Texas has put into practice that all On Body Camera recordings are protected. This was approved by the State Government.

Danny Whatley informed the Board that a decision needed to be made tonight on the new verbiage submitted by Jenica Jacobi. If a revision is needed it will need to be submitted by 01/19/2017 otherwise the new wording will take effect and will not be changed again for 6 months.

Accepted the verbiage as presented by Jenica Jacobi but will continue the discussion over the next six months before the new SOP will be published.

Presentation and Discussion of Training Plan for Nobile Crisis Teams

Dr. Nils Rosenbaum did not have any further updates from the December meeting. Dr. Rosenbaum informed the Board that most likely all MCT interactions will be recorded.

Discussion Concerning Amending By-Laws

Danny Whatley presented the language provided by Nancy Koenigsberg to adjust the MHRAC By-Laws. Motion was made 11/15/2016 and passed to amend By-Laws.

John Barnum requested clarification be made regarding decisions made by the Sub-Committees. Decisions should be presented to the committee/MHRAC Board. Paula Burton informed the Board that decisions are being made in the Training Sub-Committee meetings. Dr. Nils Rosenbaum asked the board if it was ok to present ideas to the committee, i.e. PowerPoints. Matt Tinney informed

Mental Health Response Advisory Committee (MHRAC) (cont.)

the board that the DOJ is requesting documentation from MHRAC on feedback. Verbal feedback needs to be formally documented. The DOJ needs written proof that MHRAC is giving CIU feedback.

Nancy Koenigsberg stated that the By-Laws as they stand do not allow MHRAC to provide formal feedback. David Ley feels looking for bureaucratic documentation vs. APD making the necessary changes is preferred.

Motion to Amend By-Laws made by Paula Burton

Second by Rasma Cox

Vote unanimous to Amend By-Laws

Motion passed.

Open Discussion

Training Sub-Committee Meeting January 30, 2017, 12:00pm at the Family Advocacy Center.

Meeting informally adjourned

Next Meeting will be: Tuesday, February 21, 2017, 5:00 p.m., at The Rock at Noon Day.

On Jan 5, 2017, at 9:22 PM, Jacobi, Jenica L <jjacobi@cabq.gov> wrote:

Thank you for everyone's participation in the meeting on this important topic. Based on the feedback from the discussion, I would propose the following language to the policy:

2-8-5(B)(8)(g) new proposed language:

Department personnel shall use Department-issued OBRDs to document the incidents listed below....(g) Emergency evaluations (i.e. pickup orders); contacts with subjects who appear to pose a current threat to themselves or others; and contacts with subjects who are known to the officer to have a history of crisis behavior based on either personal knowledge or notification from an APD resource.

2-8-5(B)(8)(g) existing language:

Department personnel shall use Department-issued OBRDs to document the incidents listed below....(g) Contacts with subjects known to have a mental illness, if the Department personnel have prior knowledge or have been notified from an APD resource or emergency evaluation (pickup order).

To keep us on track to incorporate this language in the 6 month review, please provide comments to me as soon as possible and no later than **January 19, 2017**. Please be aware that in sending this out as soon as possible to allow sufficient time for review by various parties, chains of command, and volunteers, I will continue reviewing with APD and obtain feedback from them as well.

You can send feedback to the entire group or just to me if you prefer. I will compile and send all stakeholder comments to Dr. Ginger & the parties when the City submits its final resolution draft. Thank you!

Jenica L. Jacobi
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Jenica:

Based on this e-mail we were planning our response as requested, on 19 JAN 17.

Jim Ginger

Dear MHRAC colleagues:

While refining its policies, the City and APD are also working to assure that related policies fit together. To that end, it makes sense that the Response to Behavioral Health Issues policy (“BH policy”) SOP 2-19 and the On Body Recording Device policy (“Camera Policy”) SOP 2-8, are consistent with each other. Though the proposed recording language is broader and less stigmatizing than before, it still does not appear to include important pieces of the Behavioral Health policy to which the proposed sub-paragraph in the Camera Policy is related.

The intent of the Camera policy is “to promote officer safety, strengthen community trust, and document events to assist with investigations and training.” SOP 2-8. The goal of the BH policy is “to set a standard of excellence and awareness for our officers and supervisors with respect to treatment and interaction of individuals with a behavioral health disorder, a developmental disability, or during a behavioral health crisis. Individuals in behavioral health crisis will be treated with dignity and will be given access to the same law enforcement, government, and community services provided to all community members.” SOP 2-0-2.

To accommodate the intent of both policies, I recommend that the Camera policy have more inclusive language than either the original or proposed language.

The existing On Body Recording Device (Camera) policy 2-8-5(B) (8) (g) says:

“The Department personnel shall use Department-issued OBRDs to document the incidents listed below....

(g) Contacts with subjects known to have a mental illness, if the Department personnel have prior knowledge or have been notified from an APD resource or emergency evaluation (pickup order). “

The proposed language is:

“The Department personnel shall use Department-issued OBRDs to document the incidents listed below...

(g) Emergency evaluations (i.e. pickup orders); contacts with subjects who appear to pose a current threat to themselves or others; and contacts with subjects who are known to the officer to have a history of crisis behavior based on either personal knowledge or notification from an APD resource.”

DRNM suggests the language be amended to say:

“g) the officer has prior knowledge of the subject he is in contact with; has been notified from an APD resource of a crisis; there has been a certification to detain and transport the individual for an emergency evaluation; the officer observes the subject demonstrate by his/her behavior that he/she is suffering from some type of crisis which could be due to behavioral health disorders or distress or other factors such as impairment from alcohol or psychoactive drugs, a hearing impairment or deafness, dementia, autism, physical or brain injury which may lead to the individual being non-responsive or unable to understand or communicate with the officer.”

The reason for the suggestion is the Response to Behavioral Health Issues policy SOP 2-19-3 informs the Camera policy. The BH policy defines a Behavioral Health Crisis as “An incident in which someone is experiencing intense feelings of personal distress (e.g., anxiety, depression, fear, anger, panic, hopelessness), obvious changes in functioning (e.g., neglect of personal hygiene, unusual behavior), or catastrophic life events (e.g., disruptions in personal relationships, support systems, or living arrangements; loss of autonomy or parental rights; victimization; natural disasters), which may, but not necessarily, result in an upward trajectory or intensity culminating in thoughts or acts that are possibly dangerous to his or herself and/or others.” SOP 2-10-3 A.

The BH policy then defines a Behavioral Health Disorder as something that “is characterized by clinically-significant disturbance in an individual’s cognition, emotion regulation, or behavior. It reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. This includes individuals with Intellectual and Developmental Disabilities (I/DD).” SOP 2-19-3 B.ⁱ

The BH policy later recognizes that crisis behaviors may exist for a number of reasons: “Officers and Emergency Communications Center employees should consider that someone may be in behavioral health crisis due to behavioral disorders or distress, impairment from alcohol or psychoactive drugs, or may have a hearing impairment, deafness, dementia, autism, or physical injury and tailor their response accordingly.” SOP 2-19-5 C.

I believe DRNM’s proposed revisions incorporate elements of the comprehensive Response to Behavioral Health Issues policy with the On Body Recording Device policy so the two policies fit together and reinforce one another.

Thank you for your consideration.

ⁱ (*The Arc of New Mexico is going to provide a training this spring about people with developmental disabilities who are involved with the policy or otherwise in the criminal justice system. DC Garcia has been going to the planning meetings so he is very much aware that interactions with people with developmental and other disabilities also need attention.)

Attachment #3_Revised Article 4, Quorum

Based upon the Motion passed on November 15, 2016 (Motion by Jeremy Jaramillo, Second by Dave Webster) , Article 4, Quorum, should be amended as follows:

A quorum is required to conduct business, i.e. recommendations of policies, procedures and training methods and recommendations regarding program development and expansion. A majority of the MHRAC's membership shall constitute a quorum. The MHRAC may establish an electronic form of communication where MHRAC members may discuss MHRAC topics.

However majority vote of the members present shall be required to carry a motion, proposal or resolution. Business requiring a quorum vote will be added to the meeting agenda at least five days before such a meeting unless the nature of the meeting is such that shorter notice cannot be avoided. All members shall have voting rights. Sworn members of the Albuquerque Police Department will collectively have one vote on the Committee.

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