

ALBUQUERQUE COMMUNITY SAFETY  
CITY OF ALBUQUERQUE



ALBUQUERQUE COMMUNITY SAFETY DEPARTMENT  
FY2022 ORGANIZATIONAL PLAN  
DECEMBER 2021

WELL-BEING & SAFETY

EMPATHY

COMMUNITY

ACCOUNTABILITY

RESPECT & DIGNITY

EQUITY

# Albuquerque Community Safety Department

City of Albuquerque, New Mexico

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## ACKNOWLEDGEMENTS

This report is made possible by the countless contributions from a growing ACS staff, colleagues from across the City of Albuquerque, community members, community-based organizations, partners, and others. This is the first iteration of what will undoubtedly be an evolving journey for this new department, one we are grateful to travel alongside fellow first responders and the community we serve.



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## Letter from Mayor Tim Keller

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On September 1, 2021, the Albuquerque Community Safety (ACS) department began serving our community and making a transformative impact.

A day with ACS first responders can look like many things: safely de-escalating a behavioral health crisis, helping a family and a landlord navigate a housing dispute to avoid eviction, getting treatment to an individual wrestling with substance abuse, connecting an unhoused community member living in an arroyo with the shelter and resources they need, checking on an abandoned vehicle, or talking someone in distress down from self-harm or suicide.

With each call trained behavioral health and community responders take, we are strengthening our entire public safety system. We are relieving pressure on police and fire, allowing officers to focus on addressing violent crime calls, and freeing up our EMTs to quickly respond to urgent, life-threatening situations. With ACS as a third branch of 911, we are now better equipped than ever to provide the right response to those in need.

The origin of this department, the nation's first cabinet-level department of its kind, extends back to when our administration first walked into office. It starts with programs we began piloting in 2018 to send Albuquerque Fire Rescue responders to a segment of non-violent calls that police had been handling, and with our work to decriminalize symptoms of poverty, addiction, and behavioral health issues. But above all, we gained the political will to launch ACS because of the movement for racial justice that surged following the murder of George Floyd. That powerful call to do things differently changed everything. ACS is a new approach to how we respond to distress in communities and get folks the services that are needed in that moment and for the long term. It's a trauma-informed public health response built in partnership with our community. Through a real reimagining of public safety and a reckoning with legacies of trauma and institutionalized racism, we can begin making the history that will bring our communities closer together.

I am encouraged by the progress that ACS is making as I work with our inaugural Director Mariela Ruiz-Angel, Deputy Directors D'Albert Hall and Jasmine Desiderio, and with the new class of first responders. We are moving forward with humility, understanding that we are building this approach from the ground up. We look forward to ACS's evolution as we launch this effort to send the right response at the right time in our community.



Timothy Keller

Mayor Tim Keller





## Letter from the Director

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The City of Albuquerque's Community Safety Department (ACS) is proud to provide our first organizational plan as the City's next step toward reimagining public safety. We are a new component of the City's public safety response. When 911 dispatchers answer calls involving mental health, addiction, or other public health issues, they will send our mental health professionals along with or instead of paramedics, firefighters, and police officers. ACS will also respond to calls like reports of abandoned vehicles that do not require a police officer, firefighter or paramedic.



ACS is the first municipal agency in New Mexico created as a peer with the municipal police and fire departments. ACS first responders have the training and resources to step in when someone is experiencing a mental health, addiction or housing crisis to get the person connected with the right resources. Our work will alleviate pressure on police and fire units and maximize resources dedicated to public safety.

This plan reflects more than a year of research, discussion and planning with a wide range of experts and community members to understand the needs and gaps in public safety. A cornerstone of our effort to design ACS has been engaging with the community, including meetings with residents from Albuquerque neighborhoods hit hardest by violence and economic disparity and a communitywide survey.

We know the work has just begun. As our teams hit the streets, we are driven by a shared vision with our fellow first responders of a public safety system that ensures a purposeful, humane, and appropriate response. We also know there is so much more for us to learn. We are working hard to define our impact in, with, and for the community. Expect to hear more about that work over the next year. We are grateful for ongoing community engagement as we improve our approach with every call, every response, and every conversation.

We are grateful to the thousands of people who have already contributed their time, insights, and feedback you will see reflected in the pages to come. We invite you to explore this report and engage with us as we continue to work toward a safer Albuquerque for everyone.

A handwritten signature in black ink that reads "Mariela Ruiz-Angel". The script is fluid and cursive.

Mariela Ruiz-Angel  
September 2021





OUR ROLE



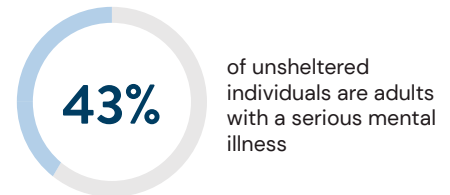
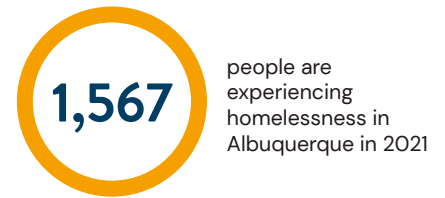
## Why does Albuquerque need ACS?

Albuquerque faces serious public safety issues in addition to crime that include homelessness, mental health, and drug addiction challenges.

According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), nearly one in five people 12 years of age or older in the Albuquerque metro area report using any illicit drug in the past year, outpacing both state and national averages.<sup>1</sup> SAMHSA also reports that more than one in five adults aged 18 or older in Bernalillo County reported any mental illness in the past year based on annual survey averages from 2016–2018, and nearly 15 percent reported receiving mental health services in the past year.<sup>2</sup> The 2021 Point in Time Count showed that the number of people experiencing homelessness in Albuquerque has been steadily increasing since 2013, with 1,567 counted in this year's report.<sup>3</sup> Many unsheltered individuals are adults with a serious mental illness and/or substance use disorder.

Albuquerque Police Department (APD) officers and Albuquerque Fire Rescue (AFR) responders interact frequently with people experiencing these issues. Though not accounting for all mental health calls, APD officers recorded 8,510 encounters with an individual experiencing a behavioral health crisis in 2019 and 7,860 in 2020. Statewide, the New Mexico Sentencing Commission reports that one in five contacts in 2020 with law enforcement were with a homeless individual.<sup>4</sup> Moreover, in fiscal year 2020 (FY2020), AFR and Metro Security responded to 9,514 "down and out" calls in which a person was unresponsive on the ground or seemingly intoxicated. Beyond mental health, in FY2021, there were 1,326 311 calls for needle pickups and 13,075 311 and 911 calls for abandoned vehicles, neither of which need police or fire response.

This demonstrates a need for trained and licensed professionals with experience or education in addressing these issues to take on these calls. An internal review found that of the nearly 200,000 annual APD calls for service involving these issues, nearly one in five may be appropriately handled through an alternative response. Redirecting these calls will reduce call volume for police and fire responders, allow police officers to spend more time tackling violent crime, free up fire units to immediately address life-threatening situations, and ensure a first responder can spend the necessary time to address the issue.



<sup>1</sup> Source: <https://www.samhsa.gov/data/sites/default/files/NSDUHMetroBriefReports/NSDUHMetroBriefReports/NSDUH-Metro-Albuquerque.pdf>

<sup>2</sup> Source: <https://www.samhsa.gov/data/report/2016-2018-nsduh-substate-region-estimates-tables>

<sup>3</sup> Source: 2021 New Mexico Coalition to End Homelessness [Point-In-Time Count](#)

<sup>4</sup> Source: 2020 Databook, 1/1/20–12/31/20, New Mexico Sentencing Commission.



## How was ACS created?

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Mayor Tim Keller's administration convened a public safety group three years ago to discuss and research a myriad of issues, from interrupting cycles of violence through diversion programs to decriminalizing our response to mental health, homelessness, and addiction.

Community feedback reflected overwhelming support for an ACS-style model.

The group includes police, fire, social service departments, code enforcement, transit, solid waste, the Office of Civil Rights, and the Office of Equity and Inclusion. From the group's work, the City has implemented pilots and programs, including the Safe Handling and Routing of Paraphernalia (SHARP) program that cleans up improperly disposed of needles and syringes around the City, and the dispatching of Metro Security officers to respond to "down and out" calls.

Building from that work and learning from early successes, Mayor Keller announced in summer 2020 plans to create ACS to serve as an additional branch of the City of Albuquerque's public safety system alongside police and fire. ACS will offer the appropriate response to calls involving non-violent, non-medical mental behavioral health, substance use, homelessness issues, and other responses that do not require a paramedic or police officer. In the year between the announcement and ACS's launch, the City developed a plan for launching this third branch of the public safety system by researching relevant models and running a community engagement campaign.

With the onset of COVID-19 in 2020, the City replaced in-person engagement with virtual meetings to educate, inform, and gather input on our strategic planning. The City hosted seven virtual sessions of 45 participants representing more than 25 key community stakeholder groups. The City also involved the Mental Health Response Advisory Committee (MHRAC) and presented policies and training plans to MHRAC, which has been working with APD for many years. The City also conducted a community survey and received 2,858 responses. Community feedback reflected overwhelming support for an ACS-style model. Community experts provided crucial input on the look and feel of ACS as well as specific policy and training recommendations. Community members were excited to be included in the solution. One said:

*"As a community mental health provider, I look forward to seeing how this department shapes up and am hopeful that the City collaborates and integrates behavioral health care providers into the system at large."*

Following these sessions, the City has been in continual discussion with community leaders and experts as well as participated in national-level forums, sprints, and working groups involving municipalities engaging in similar work. You can read more about the community engagement process and the feedback the City collected in the [ACS Community Engagement Report](#) available on our website.



## Where does ACS fit in the public safety system?

The Keller Administration made ACS a cabinet-level department, allowing it to operate independently from and in collaboration with APD and AFR.

What makes ACS different is our use of a public health model with a non-law enforcement-led response. ACS allows 911 dispatch to send trained professionals with backgrounds in behavioral and mental health and social services to non-violent and non-medical calls. The goal is to deliver the right response at the right time and to improve access to the broad range of social services from government and community-based organizations.

## Albuquerque's First Responder System



Law enforcement and violent/life-threatening situations



Non-violent, non-medical mental behavioral health, substance use, and homelessness issues, and other responses that do not require a paramedic or police officer



Fire and emergency medical needs

ACS responders will use motivational interviewing, crisis intervention, de-escalation, cultural healing, and other proven strategies to address needs. ACS will also address calls that do not require a behavioral health background, such as needle pickup and abandoned vehicles. ACS responders do not make arrests or issue citations, instead connecting individuals and families to services and resources in the community.





# OUR DEPARTMENT



Through community feedback, partner input, and expert voices, ACS crafted an organizational design and culture focused on delivering the right response at the right time.

## What is the ACS vision for Albuquerque and the department's mission to get there?



**Mission:** To make Albuquerque safer by providing a holistic, empathetic, and informed response to behavioral, mental health-related and other 911 calls that do not require a police officer, firefighter or paramedic, such as homelessness, minor injury and non-injury calls for service. Responses are personalized to the needs of the individual, family, and community so that ACS can bring the right response at the right time.

**Vision:** A safe and inclusive city in which any person can call for help and get a purposeful, humane, and appropriate response.



Creating a “new normal” for our community’s public safety response system.

## What are ACS's values as a department?

### Introducing our WE CARE model:

Our values guide the decisions we make as individuals and as a team. The inspiration for this value system came from two places. First, we asked the community during our engagement campaign what values our responders and our department should embody. Second, we reflected as a team on what core concepts should anchor us. From this, the WE CARE model was born. The fingerprints of these values will be found everywhere, from the goals we set for ourselves to the training we provide our staff to the interactions we have with the community.

**W**

#### **Well-being and safety**

Take every measure possible to ensure the safety and well-being of all residents of our city.

**E**

#### **Empathy**

Take the time to listen to others and recognize their unique experience.

**C**

#### **Community at the center**

Put community and partners at the center of all we do.

**A**

#### **Accountability**

Have the courage to learn from mistakes.

**R**

#### **Respect and dignity**

Meet people where they are, and treat them how they want to be treated

**E**

#### **Equity**

Lift the voices of all people in our community

## How does ACS put community at the center of decision-making?

ACS began as a community-led initiative, and we are dedicated to keeping community voices at the forefront of our decision-making processes. Early on, we formed an ACS Planning Committee comprised of community leaders and experts to guide us through critical decisions, provide insight on challenges we face, and help us grow as we examine our progress. With ACS's launch, the ACS Planning Committee will expand to include additional members and transition into an ACS Steering Committee to provide long-term guidance. The table lists the members of our original committee.

### PLANNING COMMITTEE

**Sarita Nair**

City of Albuquerque (COA)  
Chief Administrative Officer,  
Co-Chair

**Chris Melendrez**

COA Council Services  
Director, Co-Chair

**Matt Dietzel**

Albuquerque Police Department  
Lieutenant, Member

**Emily Jaramillo**

Albuquerque Fire & Rescue  
Department  
Deputy Chief of Emergency  
Services, Member

**Ellen Braden**

COA Family & Community  
Services  
Division Manager, Member

**Dave Mowery**

COA, ADAPT Program  
Deputy Fire Chief, Member

**Mariela Ruiz-Angel**

Albuquerque Community Safety  
Department  
Director, Member

**Lawrence Davis**

COA Budget Office  
Budget Officer, Member

**Charlie E. Verploegh, PhD**

Bernalillo County Department  
of Behavioral Health Services,  
Assistant Director, Member

**Jim Harvey**

Peace and Justice Center  
Member

**Joshua Reeves**

COA Performance & Innovation  
Office  
Process Transformation  
Specialist, Member

**Tonya Covington**

Rapid Accountability Diversion  
(RAD) Program  
Program Manager

**Nick Costales**

State Juvenile Justice Services  
Deputy Director, Member

**KC Quirk**

Highlands University  
Instructor, Member

**Dr. Christina Duran**

Highlands University  
Dean of Social Work, Member

**Alexandria Taylor**

NM Coalition of Sexual Assault  
Programs  
Deputy Director, Member

**Erika Wilson**

APD Emergency Comm. Center  
Manager, Member

**Maxwell Kauffman**

LOPD Mental Health,  
Mental Health Attorney, Member

**Carlene Miller**

LOPD  
Mental Health Attorney, Member

**Enrique Cardiel**

BernCo Community Health  
Council  
Executive Director, Member

**Isaiah Curtis**

First Nations  
Street Outreach

**Mika Tari**

National Association of Social  
workers NMSU  
Executive Director, Member

**Jordan Vargas**

City of Albuquerque  
ADA Coordinator, Member

**Rosa Gallegos-Samora**

Therapist, Member

**Kevin Sourisseau**

Mayor's Office,  
Associate CAO, Member

We are also developing an ongoing community engagement process and feedback system in order to keep community members informed, solicit ongoing feedback and questions, and provide answers and updates. ACS is launching in uncharted territory, and we will be looking to the community to tell us what is working and where we need to improve.



## What is our FY2022 Budget?

### FY2022 GENERAL FUND BUDGET:

**\$7,730,00 FOR 61 POSITIONS**

This is a \$4.4 million increase from FY2021 that includes \$3.2 million for 43 additional full-time equivalent positions consisting of behavioral health responders, community response team members, and administrative staff, as well as \$1.2 million for operational expenses. Other increases include an additional \$250,000 for contractual services, and \$40,000 for outreach communication. As a start-up department, a larger proportion of budget was needed for equipment than usual. As the department scales up in FY2023, we expect this to remain the case, with the share of budget going to personnel and operations normalizing in FY2024.

The following is a comparison of the FY2021 and FY2022 budgets:

#### FY/22 ALBUQUERQUE COMMUNITY SAFETY DEPARTMENT

Wages: Funding for 61 Positions (43 New Positions added in FY/22)	5,128,973.00
Utilities: Telephone	17,985.00
Operating: Contractual, Outside Vehicle Maintenance, Training, Equipment, and Supplies	2,020,642.00
Capital: Vehicles and other Capital Items	570,000.00
Maintenance: City Provided Vehicle Maintenance	4,400.00
<b>Grand Total</b>	<b>7,742,000.00</b>

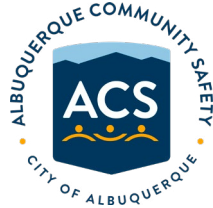
#### FY/21 ALBUQUERQUE COMMUNITY SAFETY DEPARTMENT

Wages: Funding for 18 Positions	1,201,206.00
Utilities: Telephone	4,400.00
Operating: Contractual, Vehicle Maintenance, Training, Equipment, and Supplies	1,265,394.00
<b>Grand Total</b>	<b>2,471,000.00</b>

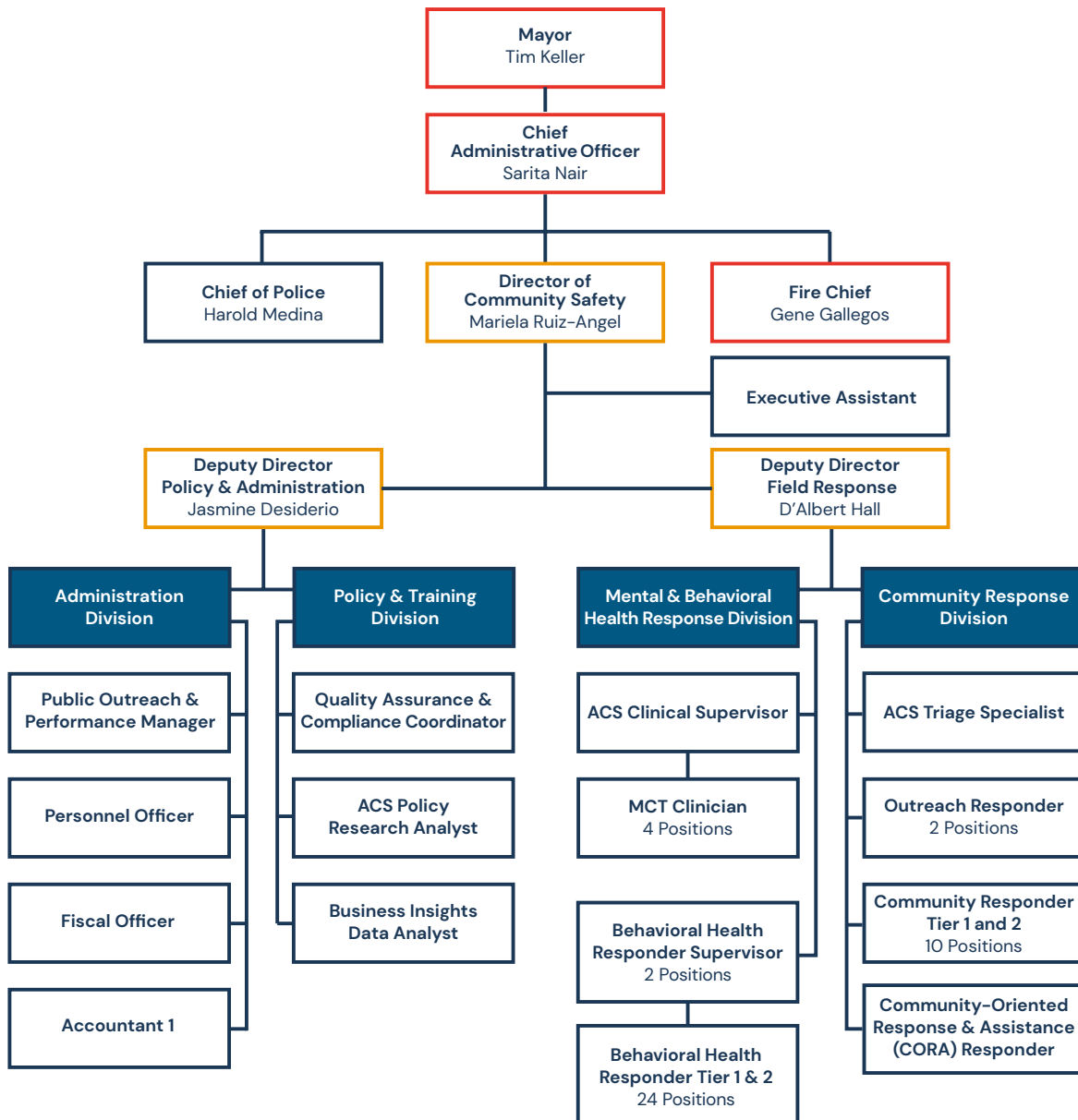


## What is ACS's Organizational Structure?

The following organizational chart reflects our focus on field response with robust policy and administrative services to support our first responders. ACS reports directly to the City's Chief Administrative Officer.



### ALBUQUERQUE COMMUNITY SAFETY | FY2022 ORGANIZATIONAL CHART







# OUR RESPONSE



## Who Are Our Responders?

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### Behavioral Health Response Division

Improving behavioral health outcomes for Albuquerque residents experiencing mental health issues is central to improving community safety. ACS's behavioral health response is designed to meet the needs of people across a spectrum of mental health needs, from crisis intervention to less urgent calls for support from people who need help accessing services. Having our responders in the field will further the City's effort to decriminalize mental health issues and ensure all calls for service can be addressed properly and quickly.

ACS's behavioral health response is designed to meet the needs of people across a spectrum of mental health needs.

### Mobile Crisis Team (MCT) Clinicians

**What they do:** An MCT Clinician is an independently licensed mental health professional who works in a team with a uniformed law enforcement officer. MCTs co-respond to high-acuity mental and behavioral health emergencies. MCT clinicians provide professional behavioral health services to, de-escalate crises involving, and link individuals who are experiencing mental health emergencies to appropriate services in the community.

**Why we created them:** MCTs have been in the field since February 2018. Historically, MCT clinicians were employees of an agency that contracted with APD and the Bernalillo County Sheriff's Office (BCSO). APD and BCSO each had four teams. Between February 2018 and March 2020, MCTs were dispatched to almost 5,000 calls. Many of the people assisted had diagnosed mental health issues, including 13% with diagnosed schizophrenia spectrum disorder and 38% having



multiple diagnoses. Properly addressing these crises also takes time; an average MCT call lasts 75 minutes. MCTs are able to take the time and provide the necessary expertise to ensure the best possible outcome for these calls. To make this effort permanent, ACS hired the four clinicians working with APD as City employees. By bringing these clinicians in-house, ACS has created a more robust community of practice and tightened lines of communication and data sharing.

### **Profile: John**

John was born and raised in Albuquerque and has a Master of Science in Mental Health Counseling. He is a Licensed Professional Clinical Counselor (LPCC) in the state of New Mexico and has counseling experience ranging from school-based therapy for children to substance abuse counseling and group therapy. John has also conducted suicide assessments for Albuquerque Public Schools and is a member of the New Mexico Counseling and Therapy Practice Board.



## **Behavioral Health Responders (BHRs)**

**What they do:** BHRs respond in person, generally in pairs, or by phone to requests for assistance with individuals experiencing issues with mental and behavioral health, inebriation, homelessness, addiction, chronic mental illness as well as other issues that do not require police, fire or EMS response. These responders have education and experience in fields that include social work, counseling, social services, health, and peer support, often having extensive familiarity with the resources and services available in our community. They focus on addressing any immediate crisis then connecting individuals to the services they need.

**Why we created them:** APD officers frequently respond to calls involving mental and behavioral health, inebriation, homelessness, addiction, and chronic mental illness. In 2020 alone, there were 190,000 calls under these categories. Officers also recorded 3,661 transports to Presbyterian Kaseman Hospital or UNM Hospital for mental health services and 2,306 documented instances of individuals diagnosed



with schizophrenia or bipolar disorder. There is a clear need for first responders with the training and experience to take many of these calls off the shoulders of police officers. Of the roughly 16,000 calls per month in these categories, around 3,000 would be appropriate for BHR response. BHRs will respond to calls that often wait hours for officers so people can get the help they need, freeing up officers to focus on crime and violent or life-threatening situations.

### **Profile: Jenny**

Jenny grew up in Zuni Pueblo and holds a Bachelor of Science in Healthcare Administration. She worked for five years as a Certified Nursing Assistant before spending over 10 years in healthcare administration, primarily at Presbyterian Hospital. Jenny comes to ACS from Ambercare Hospice where she was the We Honor Veterans Coordinator.



## **Community Response Division**

ACS is a community-centered agency dedicated to improving the health and well-being of our fellow Albuquerque residents. Our community response focuses on homelessness, minor injury and non-injury calls for service, and community healing. We will also address needle pickup requests and abandoned vehicles as part of a comprehensive response to community health.

### **Street Outreach and Resource Responders**

**What they do:** This team will provide street outreach in coordination with other City departments and community-based organizations to individuals experiencing homelessness in encampments; conduct in-person assessments; and assist with screening, organizing and prioritizing reports regarding homeless encampments. This team will focus on connecting individuals to long-term services.

**Why we created them:** The City's Family and Community Services (FCS) Department has employed an encampments team since March

2019 to provide street outreach and enforce City code regarding encampments. In FY2021 alone, there were more than 2,400 requests for assistance related to homelessness and encampments that were addressed by this team. By focusing on connecting to services, ACS's street outreach team will increase the City's capacity to respond to these situations and help people get the services they need before enforcement action is needed.

### **Profile: Deidre**

Deidre has a Bachelor of Arts in Native American studies and worked for six years as a Keresan language curriculum developer for the Santa Ana Pueblo. She has dedicated her life to being a liaison and advocate for Native Americans in our community, including doing case management for Native American constituents under the City's Office of Equity & Inclusion.



## **Community Responders**

**What they do:** Community responders will respond to minor injuries or incapacitation, abandoned vehicles, non-injury accidents, needle pickups, or other calls for service in the community.

**Why we created them:** The City has previously piloted ways to divert calls from police and fire and free up resources. One of those programs was the Wellness Check Program. Since December 2018, AFR has dispatched City Metro Security Division officers to wellness check or "down and out" calls that would normally go to AFR. These calls often involve a person who is laying on the ground in public view. These calls usually do not warrant the standard AFR response of a four-person engine and an ambulance, and having someone else triage the situation first is a more productive approach. Metro Security has responded to 3,648 calls since December 2018, saving the city approximately \$284,000. Expanding upon this success, ACS Community Responders will serve a similar function and respond to lower-priority calls, including wellness checks that do not indicate a potential for violence.



## Community-Oriented Response Assistance (CORA) Responders

**What they do:** The CORA team is a multidisciplinary group of first responders and mental health professionals who organize outreach to communities affected by tragedy and violence in Albuquerque. ACS's CORA Responder coordinates the outreach effort, reaching out to community leaders and organizing meetings or finding alternative methods of connection. They provide education on grief and trauma, guide individuals through what they can expect while processing the event, and connect people to mental health providers and other resources.

**Why we created them:** Albuquerque communities have long been dealing with traumatic events, such as homicides, suicides, child deaths, and other incidents of violence. From January 2019 to July 2020 alone, there were nearly 1,300 suicides and suicide attempts in Albuquerque. The City recognized that responding to these events shouldn't just stop at the immediate crisis. These communities often need support and help figuring out how to heal and move forward. Modeling after similar efforts elsewhere in the country, the City's police, fire, and family and community services departments started organizing CORA responses in March 2019. By creating an ACS CORA Responder, we aim to centralize these organization efforts and further bolster the continuum of service we provide community members experiencing a broad range of mental and behavioral health issues.

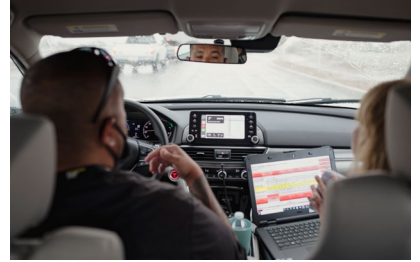
### Profile: Lynae

Lynae was born and raised in Albuquerque. She has over 10 years of experience in violence prevention and youth development and mentoring. Lynae comes to ACS from Youth Development, Inc., where she was the Violence Prevention Coordinator.



## How Are We Training Our Responders?

In addition to the education and credentials ACS responders bring to the department, ACS will provide comprehensive training through partners to support responders in the field. The following are training areas and examples for each.



<sup>1</sup> More detailed information about the training curriculum is available on our [website](#)



## How is ACS dispatched?

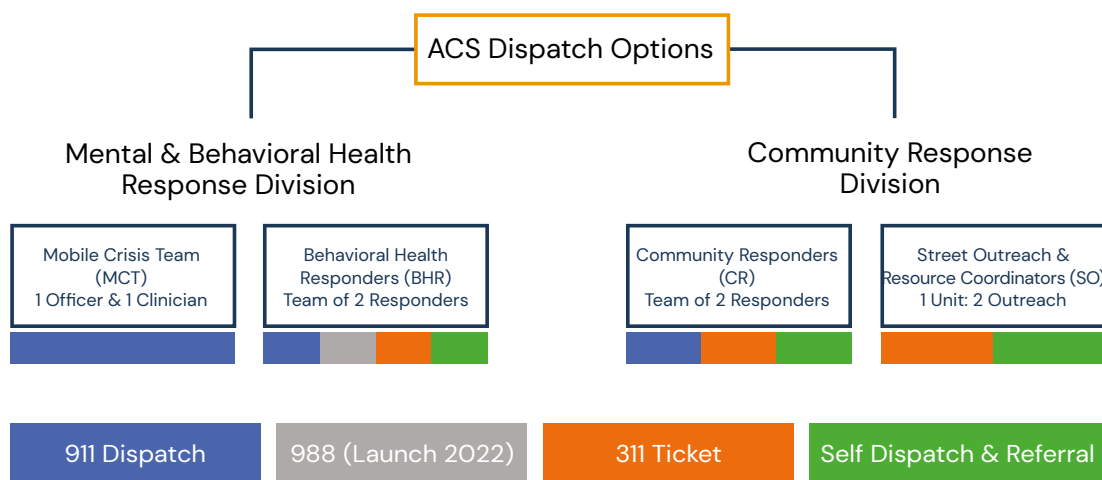
When calls are made, 911 operators gather critical information while keeping callers calm and safe. These operators determine if the call requires a police, fire, or community safety response and relay it to the corresponding dispatch system. ACS units will be dispatched via AFR's dispatch system



## YOU CAN GET AN ACS RESPONSE

Monday through Sunday from 7 a.m. – 10 p.m. Call **911** for **non-violent, non-medical emergencies** or **311** for **non-emergencies**.

While responding to 911 calls is our primary focus, ACS responders will be dispatched through additional methods, including referrals, self-dispatch, and 311 tickets. ACS will also respond to calls from 988, the national behavioral health crisis hotline, when it launches in 2022. The figure below illustrates dispatch methods for each type of responder unit.



As of September 2021, ACS units are in the field and responding to 911 calls. As we continue to hire more responders, our aim to reach 24-hour/ seven-days-a-week coverage by early 2022.

## What calls will ACS respond to?

911 operators prioritize calls for service on a 1–5 scale (A through E for AFR), 1 (or E for AFR) being the highest priority based on severity of a crime or level of acuity (intensity or urgency) of the emergency. APD, AFR, and ACS collaborated to determine the call types most appropriate for ACS responders. ACS will respond to lower-acuity calls within those call types. Calls that are routed to ACS responders will be assigned an ACS call type and an ACS priority level (1–3). For example, ACS might respond to a call that would be a Priority 3 for APD, but that call might be a Priority 1 for ACS.

The table below outlines the call types ACS will respond to, the associated APD or AFR code, how ACS will re-prioritize them, and provides a description.

### ACS CALL DEFINITIONS

Call Description	Existing APD/AFR Call Type	Assigned ACS Call Type	Priority
BHR: Behavioral Health Responders			
Suicide	APD: 10–43–1	CSSUIC	1
Behavioral health issue	APD: 10–40	CSBH	1
Disturbance	APD: 10–39	CSD	1
Suspicious/intoxicated subject	APD: 10–31D/31S/31	CSSP	2
Wellness check	AFR: 32B	CSWELF	2
Panhandler	AFR: 10–39–5	CSPH	3
Welfare check	AFR: 10–10–0	CSWC	3
Message for delivery	AFR: 10–51	CSMD	3
CR: Community Responders (Dispatched by AFR Alarm Room; Triaged by 311)			
Wellness check	AFR: 32B	CSWELF	1
Abandoned vehicle	APD: 24	CSAV	2
Abandoned vehicle	311 Ticket	CSAV	3
Needles	311 Ticket	CSPU	3
SO: Street Outreach and Resource Coordinators (Triaged by FCS and 311; Not Dispatched by AFR Alarm Room)			
Unsheltered individual	311 Ticket	CSUI	1
Needles	311 Ticket	CSPU	1
<b>Mobile Crisis Team (MCT):</b> ACS call types do not apply to MCT clinicians. This team will respond to all high-acuity behavioral health related calls with a sworn officer. These units are dispatch by APD only.			
<b>Community-Oriented Response and Assistance (CORA):</b> ACS call types do not apply to CORA. These ACS responders will organize outreach to communicate affected by tragedy and violence in Albuquerque.			



## How are we keeping our responders safe?

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Our Responders' safety is our top priority, and we have taken several steps to engrain safety into our everyday practices.

ACS Responders are trained by APD and AFR on scene safety.

**The right calls:** The call types ACS Responders take were carefully selected to consider not only which situations called for their expertise but whether it was safe enough to respond without police presence. 911 operators are trained to properly screen calls for ACS, APD, and AFR. Our Responders are only dispatched if the call indicates no immediate threat or danger. Alternatively, APD officers have the ability to request ACS after they have secured the scene.

**Safety in numbers:** ACS Responders do not go to calls alone. Our Responders generally take calls in pairs, and our MCT clinicians who respond to potentially dangerous situations co-respond with uniformed Crisis Intervention Unit police officers.

**Policy and training:** Responders receive extensive de-escalation training, and, if an individual shows any sign of aggression or resistance, Responders are instructed to leave the scene. [ACS policies and procedures](#) lay out how Responders should react if they ever encounter potentially violent situations as well as how to prevent those situations. ACS Responders are also trained by APD and AFR on scene safety and how to identify other indicators that police backup is warranted.

**Constant communication:** ACS Responders have multiple means of communication available depending on the need. Primarily, they are tapped into the same radio dispatch system as other first responders and are able to request backup at any time. Their radios have an [emergency button](#) that will automatically request a rapid police response if they are unable to talk. Second, the dispatch system allows dispatchers and ACS administrative staff to see the location each unit is responding to and their status on that call. Third, each Responder is assigned a cell phone and is encouraged to call their supervisor for any assistance or guidance on a call. Fourth, Responders have a weekly debrief session where they address any challenges or concerns that may require an improvement to standard practices.

## How will ACS collect data and track impact?

ACS is focused on developing a robust and respectful data-collection system. Information recorded for each call and each interaction will not only help ACS monitor progress against goals and outcomes, but it will also help us understand how we can have a positive impact in the community. ACS recognizes that the needs of those we serve are often complex, and we intend to document our work as much as possible.

ACS will follow an informed consent approach for data collection so anyone served by ACS understands what information is being collected, why it is being collected and where the information will go. The data will help highlight root causes of public safety issues and gaps in ACS services, enabling ACS to become a catalyst for larger change in the public safety and public health systems.

We heard from community that individuals' personal information collected by ACS should not be accessible to law enforcement. As such, while ACS will utilize APD's records management system for data security and call outcome tracking, ACS will have its own separate forms that restrict access to only ACS staff.

ACS is focused on developing a robust and respectful data-collection system.







OUR GOALS



ACS has a clear and critical focus as the newest branch of the City's 911 response – to respond, build, engage, and influence.

Our goal is to move with intention and urgency in service of a shared vision among all first responders to create a safe and inclusive city by providing a purposeful, humane, and appropriate response. As we launch our field work, we will be flexible and agile, making changes to this plan as needed with input from the community.



*"I became a Behavioral Health Responder to help people who are often overlooked or forgotten, who don't have anyone they can count on or talk to for support; to guide someone through what may be the toughest day of their life. I want to bridge the gaps within a broken system; to support the community in whatever way possible."*

*Walter, Behavioral Health Responder*



# GOAL AREA 1: RESPOND

**Goal statement:** Increase public safety by providing a holistic and trauma-informed response to calls for service.

## Objectives:

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1. Employ a diverse, experienced, and community-centered cohort of responders.
2. Implement a robust person- and community-centered training plan that provides staff with essential skills, best practices, and resources with which to serve the public.
3. Respond effectively to all ACS calls for service.
4. Increase linkages to appropriate stabilization and recovery services as part of providing holistic responses to calls for service.

## Strategies:

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1. Collaborate with the community to create a diverse and equitable staff recruitment campaign.
2. Design a hiring process that removes barriers to entry and values lived experience.
3. Identify evidence-based and strengths-based training that is relevant to the needs of Albuquerque's diverse populations and specific challenges.
4. Integrate ACS into the 911 dispatch system.
5. Respond to calls for service that historically do not need a police or fire response.
6. Develop comprehensive standard operating procedures that ensure the safety of Responders and meets the needs of individuals served.
7. Build relationships and connections with community providers and organizations to create a streamlined referral process.

## Key performance indicators:

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1. ACS staff reflects the diversity of Albuquerque's citizens, including in language, culture, race/ethnicity, and lived experiences.
2. Efficacy related to service response metrics, including but not limited to:
  - a. Monthly call volume
  - b. Response time
  - c. Percentage of calls involving co-response
  - d. Number of needs addressed by category (e.g., unmet basic needs, mental health, drug or alcohol use)
  - e. Response outcomes
  - f. Percentage of calls involving a person experiencing homelessness
  - g. Number of referrals by category
  - h. Number of transports
  - i. Number of training certifications and continuing education units (CEU)
  - j. Number of trainings offered by community partners
  - k. Number of repeat calls for same individual or location

## GOAL AREA 2: BUILD

**Goal statement:** Establish a sustainable and long-term presence that is woven into the community and the public safety ecosystem.

### Objectives:

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1. Increase accessibility between ACS and community members.
2. Create a performance-focused culture that develops the abilities and potential of employees.
3. Improve productivity with cross-functional teams, including other first responders, City departments, and external partners.
4. Employ a robust training operation that allows ACS to provide training to other departments and external partners.

### Strategies:

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1. Build a dedicated ACS headquarters in the heart of the International District, located at Kathryn and San Mateo.
2. Provide staff with opportunities for professional and educational development.
3. Contract and partner with organizations to help provide inter-connected services and training.
4. Streamline training process by insourcing training and using a train-the-trainer process.
5. Create a dedicated training center for ACS curricula.

### Key performance indicators:

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1. Positive engagement results from regularly administered community surveys (e.g., pulse surveys) indicating a strong degree of community awareness, understanding, and accessibility to ACS services.
2. Number of employees that utilize continuing education, tuition reimbursement, certification programs paid for by ACS.
3. Number of cross-departmental referrals.
4. Number of coordinated responses, events, and outreach with internal and external partners.
5. Number of internal and external users of trainings.

## GOAL AREA 3: ENGAGE

**Goal statement:** Activate community partnerships and strengthen community engagement by enhancing relationships, trust, information sharing, and capacity building between the community and ACS.

### Objectives:

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1. Design effective programs that stimulate ongoing community interest and involvement in the work of the Department.
2. Establish authentic processes for continuous community feedback about ACS strategies, programs, and achievements.
3. Create opportunities for Albuquerque providers and organizations to expand services inside and outside of City government that support ACS responses.
4. Be a hub for thought partnering and collaboration on how to most effectively respond to calls for service across agencies, sectors, and communities.

### Strategies:

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1. Implement an educational campaign that promotes ACS as it pertains to public safety and public health.
2. Host interactive events and programs on community issues related to ACS's core mission for families and the community.
3. Expand ACS Key Communications list, email, and other modalities for sharing information with community stakeholders.
4. Develop a community-oriented website or portal for sharing information, soliciting feedback, and providing relevant resources.
5. Expand the current ACS Planning Committee to include additional community members and stakeholders.
6. Partner with the County and community on local, state, and federal grants.
7. Develop a micro grant program for relevant service providers and organizations that support ACS responses.

### Key performance indicators:

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1. The number of community forums and touchpoints provided by ACS (in person and online).
2. The number of the community members who join, visit, and return to ACS community forums (in person and online).
3. Development of the "first-generation" (version 1.0) dashboard of key community safety processes and outcome indicators, created with input from community stakeholders and relevant subject-matter experts.
4. Amount of funding to the community for relevant public health and safety missions.
5. Number of grants awarded within or on behalf of the community.
6. Amount of grants awarded within or on behalf of the community.
7. Number of contracts to relevant service providers and community agencies.
8. Number of services provided by ACS made possible through contracts and relationships with partnering providers and community agencies.



## GOAL AREA 4: INFLUENCE

**Goal statement:** Leverage ACS's position and knowledge to influence and inform the ongoing evolution of the larger (e.g., county, state, national) system of care and emergency response.

### Objectives:

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1. Be a catalyst and collaborator in changing and strengthening the role of first response in public health and criminal justice system.
2. Establish a career pathway for community safety responders.
3. Create a long-term plan for a City behavioral and mental health academy.
4. Promote non-law enforcement mobile crisis response as part of the public safety system.
5. Create a plan for sustainable funding.

### Strategies:

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1. Design community safety positions that are supported with professional development and career advancement as a model for a strong, sustainable workforce.
2. Connect with universities and colleges to develop an educational path that qualifies students for community safety positions.
3. Partner with cities across the state on the implementation of "988," the national crisis line.
4. Utilize community voices to impact public health and criminal justice policies related to emergency response.
5. Support other local governments and entities that are interested in non-law enforcement mobile crisis response programs.
6. Conduct a staffing analysis to support additional City funding appropriation.
7. Leverage behavioral health funding to include Medicaid and the Behavioral Health Initiative.

### Key performance indicators:

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1. Percentage of ACS staff positions that are classified with defined career progression.
2. Number of knowledge products produced (e.g., evaluation reports, knowledge papers, media coverage and stories) stemming from ACS's work.
3. Number of knowledge-sharing and policy-oriented presentations or forums contributed to by ACS.
4. Diversified funding received from public, private, and philanthropic sources as appropriate to support the ACS model and related initiatives and agencies across the state and the country.



GET  
CONNECTED



## Get Connected

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Contact info:

[acs@cabq.gov](mailto:acs@cabq.gov)

Headquarters:

1 Civic Plaza, Room 1026, Albuquerque, NM 87102

Administration: 505.768.4227

More info: [www.cabq.gov/acs](http://www.cabq.gov/acs)

Be a part of the effort to transform how we approach public safety in Albuquerque. Reach out to us for trainings, listening sessions, or support for community events. ACS is here to serve you so get involved!

**Be Part of the Change!**  
Apply [here](#) or by following the QR code



**@cabqacs**



# APPENDIX

## Data and Resources

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[ACS Community Engagement Report](#)

[ACS Responder Training Plan](#)

[ACS Standard Operating Procedures](#)



*"I want to help at least one person find within themselves the answer; to use this moment to grow and succeed at whatever goals they may have; to help them build a better version of themselves. I want to make them feel heard and help them know that they are worthy."*

*Chris, Behavioral Health Responder*





*"I wanted to become a CORA Responder because I needed someone like that when I experienced traumatic events in my own life. People don't always know where to go to get help or how to deal with this type of trauma. I want to be that person for them, to help guide them through the healing process. I want to help people understand it's okay to work through trauma; you don't have to hide it. We can get through these things as a community."*

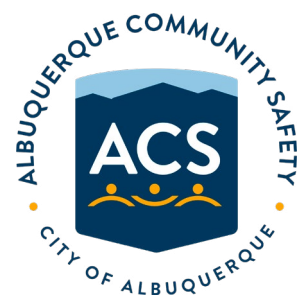
*Lynae, CORA Responder*



*"As our teams hit the streets, we are driven by a shared vision with our fellow first responders of a public safety system that ensures a purposeful, humane, and appropriate response"*

*Mariela Ruiz-Angel, Director of Community Safety*





Albuquerque Community Safety  
1 Civic Plaza, Room 1026  
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