



Albuquerque Community Safety (ACS) Department

ACS Responder Training Plan

October 18, 2021

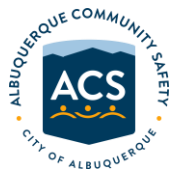
Introduction

In the Summer of 2020, Mayor Tim Keller's administration created the Albuquerque Community Safety Department (ACS), a third branch of the City of Albuquerque's first responder system: Police, Fire, and Community Safety. ACS is a cabinet-level department that utilizes a public health model with civilian-led response. This alternative response is first-of-its-kind and will provide 9-1-1 dispatch the option to have trained professionals respond to non-violent calls involving inebriation, homelessness, addiction, and behavioral and mental health. This bold initiative is about sending the right response at the right time in an effort to reduce the footprint of policing on the community, decriminalize mental health issues and illnesses, and improve access to the broad range of social services in city government, county, state and local community.

ACS provides a citywide response just like its partner departments, Albuquerque Fire & Rescue (AFR) and Albuquerque Police Department (APD). However, the need ACS fills is mostly directed at groups that are traditionally under-represented and over-policed including low-income, minority, those experiencing homelessness, and immigrant and refugee communities.

For years, APD and AFR have been significantly understaffed leading to the prioritization of high acuity calls for service. Response times to low acuity calls are high, and many officers have to address issues involving homelessness, mental health, addiction, and more that are beyond their scope and detract from their ability to focus on crime. Accordingly, community has been pushing for an alternative approach to dealing with these issues that can unnecessarily lead to use of force incidents. Analysis of APD and AFR call data, including high-need locations, call volume, times of day, demographics, and other contextual information, further supported the need for ACS.

ACS assists the targeted audience by connecting individuals and families to services and resources in the community. During responses, responders will also utilize proven strategies including motivational interviewing, crisis intervention, de-escalation techniques, and cultural healing to address needs. All ACS responders will be trained professionals with backgrounds in behavioral and mental health. ACS will be integrated into the City's existing public safety infrastructure. 9-1-1 operators will dispatch ACS behavioral mental health responders to non-violent calls on inebriation, homelessness, addiction, behavioral and mental health.



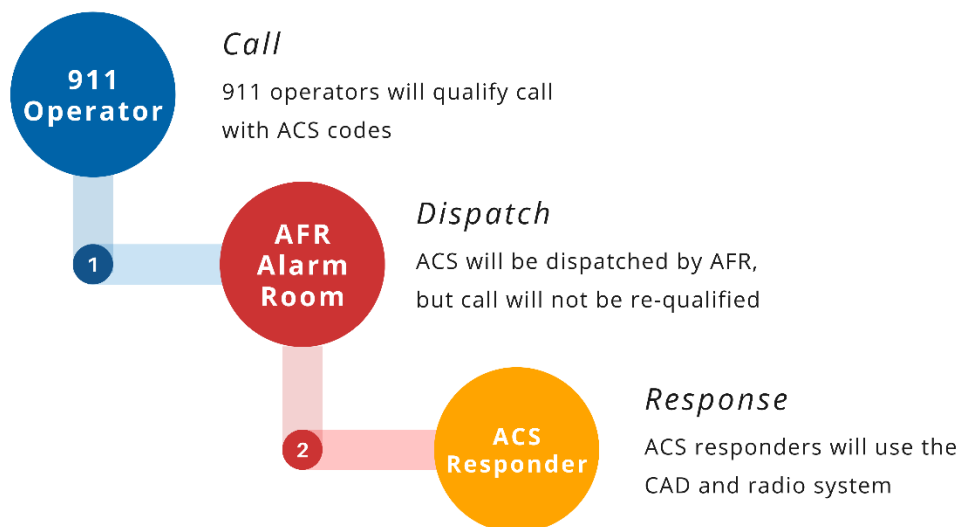
ACS Responders

Mayor Keller’s administration created a Public Safety working group that has been convening for the past three years. With our other public safety teams, APD, AFR, and community we were able to develop our four types of responders:

- 1. Mobile Crisis Team (MCT) Clinicians:** MCT Clinicians are independently licensed mental health professional who work 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.
- 2. Behavioral Health Responders (BHRs):** BHRs respond in pairs to 911 calls 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 including 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.
- 3. Street Outreach and Resource Coordination Team:** 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 play no role in code enforcement regarding encampments and will focus on connecting individuals to long-term services.
- 4. Community Responders:** Community responders will respond to minor injuries or incapacitation, abandoned vehicles, non-injury accidents, needle pickups, or other calls for service in the community.

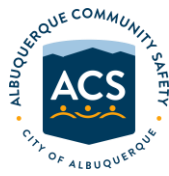
ACS dispatch and call types

AFR and APD do not use the same codes. APD dispatch is in the process of developing new codes for ACS.





Call description	Existing APD/AFR call type	Assigned ACS call type	ACS Priority Level
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
Down and out (intoxicated)	AFR: 32B3	CSWELD	2
Down and out	AFR: 32B1	CSWELF	2
Panhandler	APD: 10-39-5	CSPH	3
Welfare check	APD: 10-10-0	CSWC	3
Message for delivery	APD: 10-51	CSMD	3
CR: Community Responders			
Down and out (intoxicated)	AFR: 32B3	CSWELD	1
Down and out	AFR: 32B1	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			
Unsheltered individual	311 ticket	CSUI	1
Needles	311 ticket	CSPU	1
Mobile Crisis Team (MCT): 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 dispatched by APD dispatchers only.			



Training Plan Overview for ACS Responders

The tables below outline the specific trainings each Responder type receives.

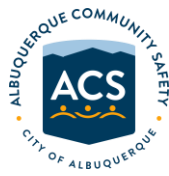
Behavioral Health Responders and Street Outreach Responders

Training Name	Facilitator	Hours	Responders
1. On the Job Training	ACS	20	BHR, SO
2. ACS Internal Training on SOPs/Operations	ACS	4	BHR, SO
3. ACS Internal Training on reports/platforms	ACS	4	BHR, SO
4. Responder Safety	AFR	1	BHR, SO
5. MDT Operations Training & Practice	AFR Alarm	2	BHR
6. Radio Operations Training & Practice	AFR Alarm	1.5	BHR, SO
7. CPR Certification	AFR EMS	4	BHR, SO
8. LifeSaver Training	AFR EMS	1	BHR, SO
9. Situational Awareness	APD Academy	1.5	BHR, SO
10. Mental Health and the Law	APD CIU	1	BHR, SO
11. CIU Overview (+ MCT, COAST)	APD CIU	1	BHR, SO
12. APD Blood Borne Pathogens	APD Safety Officer	1	BHR, SO
13. Needle Pickup Training	BCHealthEquity	1	BHR, SO
14. Vicarious Trauma	Carol Brusca	3	BHR, SO
15. Self-Care	Carol Brusca	1	BHR, SO
16. Trauma Informed Care	Carol Brusca	3	BHR, SO
17. Emotional Intelligence	Carol Brusca	2	BHR, SO
18. Compassion Fatigue	Carol Brusca	2	BHR, SO
19. Human Trafficking	Carol Brusca	2	BHR, SO
20. Victims of Sexual Assault	Carol Brusca	2	BHR, SO
21. CYFD SCI Training	CYFD	1.5	BHR, SO
22. Symptoms of Brain Injury/Dementia	Dr. Rosenbaum	1	BHR, SO
23. Symptoms of Substance Abuse & Misuse	Dr. Rosenbaum	1	BHR, SO
24. Communications	Dr. Rosenbaum	1	BHR, SO
25. IPRA Training	Ethan Watson	1	BHR, SO
26. LEAD Program Overview	Glen St. Onge	1	BHR, SO
27. NAMI SYSLE Presentation/Panel	NAMI	1.5	BHR, SO
28. Motivational Interviewing	NMMITC	13	BHR, SO
29. CIT / WE CARE Training	SonderWorx	40	BHR, SO
30. VIP Program Presentation	VIP-Angel	1	BHR, SO
Total Hours		120	



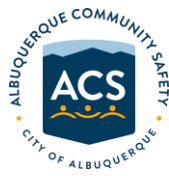
Description of Training for Behavioral Health Responders and Street Outreach Responders

1. **On the Job Training** with respective ACS Responder units
2. **ACS Internal Training on SOPs/Operations:** Training to be provided on standard operation procedures and administrative operations
3. **ACS Internal Training on reports/platforms:** Training on software platforms utilized for incident reporting and guidance on report writing plus comments entered into CAD.
4. **Responder Safety:** AFR to provide training on scene safety similar to EMS units that respond without tools. This training is taught from the view of AFR as it relates to safety of units, differs from police.
5. **MDT Operations Training & Practice:** Mobile Data Terminal (MDT) training, specifically on the Computer-Aided Dispatch (CAD) system. The Responders will be trained the utilization of the CAD from call entry, dispatch, enroute, onscene, and clearing the call; demonstration included.
6. **Radio Operations Training & Practice:** The utilization of the Motorola APX 6000 Radio training from calling AFR Alarm Room, requesting assistance, creating and clearing a call; demonstration included.
7. **CPR Certification:** provided by AFR EMS
8. **LifeSaver Training:** This training includes basic CPR, Narcan, and bleeding control.
9. **Situational Awareness:** Safety training provided by APD Basic Academy.
10. **Mental Health and the Law:** Training on Mental Health laws in New Mexico.
11. **CIU Overview (+MCT and COAST):** Presentation on MCT teams, COAST and APD Crisis Intervention Unit. Presentation on MCT operations with APD as a co-response model.
12. **APD Blood Borne Pathogens:** Training on blood borne pathogens such as viruses, bacteria, or parasites that are carried in blood.
13. **Needle Pickup Training:** Training on how to sharps handling such as needles and syringes. Includes training on safe disposal and drop off of sharps container. Proper use of equipment.
14. **Vicarious Trauma:** This training is provided by Carol Brusca. When we become traumatized by hearing, seeing or reading about someone else's trauma, we can become traumatized ourselves. This training will explain what Vicarious Trauma is, why it happens and how we mitigate the effects. We will discuss specific techniques you can use to protect yourself from being impacted by others trauma and what to do if you realize you have experienced Vicarious Trauma.
15. **Self-care:** This training is provided by Carol Brusca. Resilience really is our ability to "bounce back" from a difficult situation. This training will focus on 5 different areas, including emotional, cognitive/mental, physical, behavioral and spiritual resilience and how to strengthen each of those areas to increase your overall resilience. We will talk about the importance of relationships with others in building resilience and look at specific tools you can use in the process of building your resilience muscle.
16. **Trauma Informed Care:** This training is provided by Carol Brusca. training will involve learning what trauma informed care is, how all of us are impacted by trauma and how we respond differently to trauma. We will gain an understanding of how trauma will impact how we navigate throughout the world. With this understanding, we will work on skills we can use to support individuals who are triggered by their past trauma.
17. **Emotional Intelligence:** This training is provided by Carol Brusca. Jack Mayer and Peter Salovey (1990) defined Emotional Intelligence (or [E.I.](#)) as the ability to regulate feelings and use them to guide our actions. This training will explain the specifics of Emotional Intelligence and how we can identify our own level of



Emotional Intelligence. We will work on building skills to increase our emotional intelligence, which in turn should help us both at work and at home.

- 18. Compassion Fatigue:** This training is provided by Carol Brusca. When our jobs include taking care of the mental or physical wellbeing of others it is crucial to care for our own mental health. We need to make sure that we can set boundaries with others so that we can focus on taking care of ourselves when we are at work and at home.
- 19. Human Trafficking:** This training will look at the different types of Human Trafficking and how to recognize the signs. We will also look at what is considered Human Trafficking and what is not. There will be some suggestions on how to support trafficking victims as well.
- 20. Victims of Sexual Assault:** This training will educate the learner on how to recognize the signs of sexual assault and sexual assault statistics. There will also be a discussion of what to say and what NOT to say to the victim. Lastly there will be a discussion how to support the victim.
- 21. CYFD SCI Training:** CYFD Training on child abuse, neglect and referrals to the State Central Intake. Covers CYFD's protective services on how SCI fits into the process, legal definitions on how abuse, neglect, and exploitation is defined, talk about questions SCI workers ask over the phone and types of concerns, plus how reports are screened and what to expect when calling in a report to SCI (flowchart, demographic questions).
- 22. Symptoms of Brain Injury and Dementia:** This training is provided by Dr. Nils Rosenbaum. Cover various components of mental health, and refer back to the communication techniques and how to adapt them for these subgroups. Dementia, TBI, and Delirium (an adaptation from a class first given to CIT and for dispatchers, has also been given to Healthcare for the Homeless and other providers). This class has an exercise that goes along with it, about 10-minute interactive exercise. Psychosis (this section adapted from a lecture given to Down Town ECHO, and can be shortened. Tips for working with Paranoid personalities, Depressed People, Avoidant, Antisocial, and Borderline (This was adapted from overview classes for CIT and CNT).
- 23. Symptoms of Substance Abuse & Misuse:** This training is provided by Dr. Nils Rosenbaum. cover various components of mental health, and refer back to the communication techniques and how to adapt them for these subgroups. Substance Use Disorders, especially alcohol. (This is adapted from a class given to CIT and ECHO).
- 24. Communications:** This training is provided by Dr. Nils Rosenbaum. An overview of communication framework that we have been teaching to medical students for more than five years, and a we have also adapted this training for police, law students, social workers, APS workers, security guards, and others.
- 25. IPRA Training:** Training to cover IPRA process and compliance.
- 26. LEAD Program Overview:** This presentation is on the L.E.A.D program under the Behavioral Health initiative (Bernalillo County Health Services) for non-law enforcement.
- 27. NAMI SYSLE Presentation/Panel:** Sharing your story with law enforcement presentation that includes 5 speakers sharing lived experience and resources with attendees.
- 28. Motivational Interview:** This training is provided by NM MTIC. Motivational Interviewing (MI) is "a collaborative conversation style for strengthening a person's own commitment to change." (Miller & Rollnick, 2013). Providers who are trained in MI learn how to effectively communicate with others to both evoke wisdom and share their own expertise effectively.
- 29. CIT/WE CARE Training:** Curriculum customized for ACS to include content on Neurobiology of safety and threat, conflict resolution and implicit bias and cultural humility. Subtopics include communication skills,



conflict management, strengths-based intervention, trauma informed intervention and crisis intervention; Training includes role play.

30. VIP Program Presentation: Overview of the Violence Intervention Program and provide resources.

Community Responders

Training Name	Facilitator	Hours
1. On the Job Training	ACS	16
2. ACS Internal Training on SOPs/Operations	ACS	4
3. ACS Internal Training on reports/platforms	ACS	4
4. Responder Safety	AFR	1
5. MDT Operations Training & Practice	AFR Alarm	2
6. Radio Operations Training & Practice	AFR Alarm	1.5
7. Situational Awareness	APD Academy	1.5
8. Mental Health and the Law	APD CIU	1
9. CIU Overview (+ MCT, COAST)	APD CIU	1
10. APD Blood Borne Pathogens	APD Safety Officer	1
11. Emergency Medical Response	ARC	56
12. Needle Pickup Training	BCHealthEquity	1
13. IPRA Training	Ethan Watson	1
14. Motivational Interviewing	NMMITC	13
Total Hours		104

Description of Training for Community Responders

11. Emergency Medical Response Training: This training provided by American Red Cross. EMR training is a dynamic 56-hour course featuring lecture, video, simulated emergency situations, discussion and hands-on skill practice based on the national EMS curriculum requirements and educational standards.

****Other trainings required are similar to BHR, SO; see section above for full training description****



Mobile Crisis Team (MCT) Training provided by Albuquerque Police Department

Mobile Crisis Team (MCT) Training Plan		
Duration	Training Task	Topics Covered
1 week	Training Coordinator/COAST	Secure Safety, Ten-Code, relevant operating procedures
		1-hour basic academy case-law and state statute class
		CIT ECHO model of training with ECHO project coordinator
		Scene safety with APD, radio etiquette, briefings
		How to request COAST, when an appropriate option
		Discuss how entities work together, collaboration
1 week	Uniformed officer ride-a-longs	High visibility to the public, marked police vehicles-features
		Call signs, radio procedures, identify as clinician NOT officer
		Emergency first aid procedures, emergency radio procedures
		Call priorities and unit responses, code response
		Protocols on detainment and transportation of individuals
1 week	CIT Training	40-hour training on Crisis Intervention Training
2 weeks	CIU Home Visit detectives	Home visits, safety concerns, emergency retreat protocols
		Difference between mandating 43-1-10 and C for E
		Safety of placing subjects in custody for mandatory treatment
		Reports, clinical notes, administrative paperwork
		HIPPA compliance
1 week	Existing MCT team(s)	Procedures and policies specifically related to MCT model
		8-hour eCIT class
		Abbreviated civilian police academy
		Attend ECHO session
		Case law and 43-1-10 class
		Attend MHRAC meeting
6 weeks	Must be signed off by Trainee, OJT coordinator, CIU Supervisor, and BHD Supervisor	



Trainers

[Mental Health Training | MITC Training and Education | United States \(nmmitc.com\)](#)

Motivational Interviewing Training and Consulting (MITC) provides training, coaching, coding, feedback, and consulting services in Motivational Interviewing and other evidence-based practices. MITC is owned and operated by Alicia Shiver, MA, LADAC, LMHC and Lindsay Worth, MPA, MA, LMHC who are both members of the Motivational Interviewing Network of Trainers (MINT). They have diverse and comprehensive experience in training, coaching, and supervising professionals and behavioral health critical supporters and have a combined 29 years of experience working in addictions, education, healthcare, and correctional settings. MITC has received government grants for training and education and have successfully trained over 5,000 people from around the world in the past 4 years of business.

Alicia and Lindsay live in Albuquerque, New Mexico, the home of Motivational Interviewing (MI). They currently work with and learn from William Miller, Ph.D. and Theresa Moyers, Ph.D. in their training and research program. This opportunity, along with years of MI teaching experience, has supported Alicia and Lindsay in training others in Motivational Interviewing and other evidence-based practices.

Alicia Shiver, MA, LADAC, LMHC

Member of the Motivational Interviewing Network of Trainers

Co-Director, MITC

Scientific Research Manager, University of New Mexico

Alicia Shiver is a Licensed Alcohol and Drug Abuse Counselor (LADAC) and Licensed Mental Health Counselor (LMHC) in New Mexico. She has experience working with patients and staff in primary care, dialysis clinics, correctional facilities, hospital emergency rooms, outpatient community mental health centers, and medication-assisted treatment. Alicia is a Therapist and Research Manager at The University of New Mexico, where she has worked with a variety of providers in learning and implementing Motivational Interviewing into their practice.

Lindsay Worth, LMHC, MPA, MA

Member of the Motivational Interviewing Network of Trainers

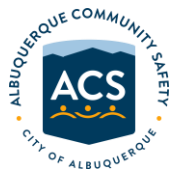
Co-Director, MITC

Clinical Research Manager, University of New Mexico

Lindsay Worth is a licensed Mental Health Counselor and has worked in mental health and addictions research for 20 years. She has had the opportunity to work in a number of settings including prisons, schools, treatment centers, and tele-health environments. Her work in research has included research management, counseling, and training behavioral health and medical providers in Motivational Interviewing and mindfulness.

Carol Brusca

Carol S. Brusca is a licensed Marriage and Family Therapist, National Wellness Trainer and a Certified Clinical Trauma Professional. Carol has a Master of Arts degree in Marriage and Family Therapy and a Master of Arts degree in International Relations with an emphasis on Terrorism. She is the Office of the New Mexico Attorney General's Internet Crimes Against Children Task Force Mental Health Provider (MHP). As MHP, she supports



staff who are exposed to child exploitation materials through trainings, resources, check-ins and brief therapy sessions. Carol enjoys teaching others about vicarious trauma, the benefits of wellness and the simple steps that can be taken to reduce stress and increase happiness and peace of mind. She trains law enforcement, other first responders, probation and parole, advocates, therapists, Sexual Assault Nurse Examiners, as well as social media employees across the country on vicarious trauma, resilience, wellness and stress management. Carol has extensive experience teaching at the college level to both bachelor's level and Graduate level students, in the Human Services and Counseling areas. She is the Clinical Director for ABQ StreetConnect, an intensive street outreach team serving mentally ill adults living on the streets. She is also the Project Assistant for the New Mexico Coalition of Sexual Assault programs Rural Grant.

CWorx/SonderWorx

A pioneer in our field CWORX provides the most effective practical training in bias awareness, communication, mediation and verbal de-escalation. We stage highly interactive role-play training in a simulated environment for our clients to safely practice communication and verbal de-escalation techniques. Classes are tailored to each clients' specific training objectives and skill level. Students leave our classes with confidence and practical know-how which they can implement immediately into their work and personal lives.

CWORX's "sting and reward" role play technique is an interactive learning experience between the student and our role-player(s). This highly effective adult learning process is an active, skill developing exercise, which embraces visual, auditory and kinesthetic learning styles. It integrates training objectives with impact and sometimes a few good laughs.

How do we do it?

Classes use a variety of training methods so that students are confronted with situations relevant to their day to day experience. In this safe learning environment students practice applying the skills they are taught in the classroom to real life situations.

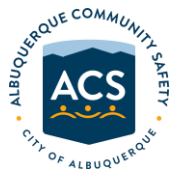
1. Didactic learning portion of the class utilizing lecture, video, small group activities and group presentations.
2. Role-play simulation training using professional role-players and role-play facilitators.
3. Group discussion of lessons learned and ways to operationalize the material during the student's next work day.

Training Classes:

We appreciate ACS's commitment to Public Education, Community Partnerships, coordinating services with other service providers and operating within a larger system of care. As such we recognize the need to be flexible and inclusive in our training approach. CWORX has some training programs which are a perfect fit for ACS, while other trainings will be custom built by partnering with ACS's local Albuquerque subject matter experts, partners and stakeholders, to bring specialized training to life using our reality-based training approach.

1. Bias and Introduction to Communication Skills Module

- a. Greater awareness and empathy for diversity in the organization and the community



- b. Tangible gains in communication skills
- c. Foundational understanding of the skills needed to develop a culture of awareness, empathy and care
- d. Confidence to Implement bias awareness and introductory communication skills and strategies.
- e. The practical application of all of these concepts into live role-play scenarios designed specifically for your agency.

2. Conflict Management Module

- a. Insight into root causes of conflict
- b. Awareness of different conflict management styles and their impact on communication
- c. Confidence to Implement these skills and strategies to de-escalate challenging situations and reach agreement.
- d. The practical application of all of these concepts into live role-play scenarios designed specifically for your agency.

3. Mediation Training Module

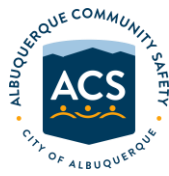
- a. An understanding of the mediation process and the ability to apply it in informal and formal settings
- b. Ability to appropriately apply active listening skills and strategies to engage people in conversation and listening
- c. Understanding and implementation of communication strategies to de-escalate and reach agreement
- d. Problem solving strategies and abilities
- e. Practice and confidence to work with a diverse range of people engaged in conflict
- f. The practical application of all of these concepts into live role-play scenarios designed specifically for your agency.

4. Cultural Competency, Strength-Based Intervention, Trauma-Informed Intervention, Crisis Intervention, Co-response Modules

- a. CWORX will partner with ACS's local Albuquerque subject matter experts, partners and stakeholders, to bring specialized training to life using our reality based training approach.

5. Public Education

- a. With our team's deep roots in theatre and communication arts, we are in a position to bring innovative approaches to public awareness, education and the normalization of getting help. The foundation of human connection starts with ritual and storytelling. When we watch theatre and engage in theatrical structures, we access parts of ourselves that we often keep hidden.



Related CASA paragraphs

Paragraph 110: To maintain high-level, quality service; to ensure officer safety and accountability; and to promote constitutional, effective policing, APD agrees to minimize the necessity for the use of force against individuals in crisis due to mental illness or a diagnosed behavioral disorder and, where appropriate, assist in facilitating access to community-based treatment, supports, and services to improve outcomes for the individuals. APD agrees to develop, implement, and support more integrated, specialized responses to individuals in mental health crisis through collaborative partnerships with community stakeholders, specialized training, and improved communication and coordination with mental health professionals. To achieve these outcomes, APD agrees to implement the requirements below.

Paragraph 113: The Advisory Committee shall provide guidance to assist the City in developing and expanding the number of crisis intervention certified responders, CIU, and COAST. The Advisory Committee shall also be responsible for considering new and current response strategies for dealing with chronically homeless individuals or individuals perceived to be or actually suffering from a mental illness, identifying training needs, and providing guidance on effective responses to a behavioral crisis event.

Paragraph 130: APD will utilize incident information from actual encounters to develop case studies and teaching scenarios for roll-call, behavioral health, and crisis intervention training; to recognize and highlight successful individual officer performance; to develop new response strategies for repeat calls for service; to identify training needs for in-service behavioral health or crisis intervention training; to make behavioral health or crisis intervention training curriculum changes; and to identify systemic issues that impede APD's ability to provide an appropriate response to an incident involving an individual experiencing a mental health crisis.

Paragraph 131: Working in collaboration with the Advisory Committee, the City shall develop and implement a protocol that addresses situations involving barricaded, suicidal subjects who are not posing an imminent risk of harm to anyone except themselves. The protocol will have Case 1:14-cv-01025-JB-SMV Document 465-1 Filed 07/30/19 Page 49 of 10846 the goal of protecting the safety of officers and suicidal subjects while providing suicidal subjects with access to mental health services.