1-11 1-20 BEHAVIORAL SCIENCES SECTION

1-20-1 Purpose

The purpose of this policy is to describe the responsibilities and procedures to be followed by the Behavioral Sciences Section (BSS). For information on the Department's response to mental health needs and behavioral health services available for the community, refer to SOP 2-19 – Response to Behavioral Health Issues. Response to Behavioral Health Issues SOP

1-20-2 Policy

The Behavioral Sciences Section (BSS) provides access to psychological services, including consultation and treatment, needed by sworn and civilian personnel and their family members. The services are intended to improve the health of individual employees, as well as the overall health of the Department, through direct service, outreach, and education.

To promote trust, an employee who receives services will be given the fullest confidentiality, privacy, and privilege that state and federal law affords. Requests for such services can originate from the Department, individual employees, or their family members. Services may be accessed by using direct or indirect referrals or by participating in voluntary or mandatory services and treatment options. These services will be provided by staff contract clinicians of the BSS.

1-20-3 Definitions

A. Behavioral Sciences Section (BSS)

The BSS is the section that oversees all aspects of mental health services involving law enforcement interactions, with the exception of the Crisis Negotiation Team (CNT). This unit is responsible for providing behavioral health services and support to APD employees and their families. The Unit also conducts pre-employment evaluations, training, consultations, as well as critical incident debriefs. Clinical services include treatment for work related issues, Trauma/Stress, Couples/Family Difficulties, Bereavement, and many others.

B. Critical Incident

A critical incident is an extraordinary event which places lives and/or property in danger and requires the commitment and coordination of numerous resources to bring about a successful resolution.

C. Evaluation

An evaluation is undertaken when a licensed counselor or therapist meets with an officer or Department employee or their family member to establish rapport and create a potentially therapeutic relationship.

1-20-4 Procedures

A. The BSS is responsible for the provision of the following services and activities:

1. Conduct pre-employment psychological screenings for all applicants referred by the Department's recruiting staff.

2. Provide support for employees involved in shootings, crisis situations, and other critical incidents where psychological care, assessment, or treatment may be required.

3. Implement support services for employees with personal issues, off-duty difficulties, and substance use problems.

4. As requested, present training in behavioral health as it relates to employee health and wellness.

5. Assist Crisis Intervention Unit and other units within APD by offering training and wellness programs.

6. May offer support to field officers and CIU detectives when they are assisting people who make high-profile suicide threats that don't meet the threshold for SWAT activation. A BSS clinician may offer phone consultation to officers who need clinical and logistical assistance.

7. Furnish proactive outreach to officers and personnel regarding available services to destigmatize psychological illness.

8. Help to coordinate and implement supervisory training regarding behavioral warning signs, as well as on the structure and how to work with BSS.

9. Through collaboration, help develop and implement a coordinated wellness program for APD employees.

B. Referrals

The BSS offers access to both internal and external clinicians and will help facilitate referrals to these clinicians. The BSS can assist with urgent consultations, both over the phone and in-person; this will quickly connect a potential client to a therapist who can provide support services. A regularly-updated list of available clinicians is located at APDWeb http://www.protopage.com/apdweb.cabq.gov.

1. Self-referral options

   All Department employees and their immediate family members may take these self-referral actions:

   a. Call the direct BSS number. This call will connect the individual to an on-call provider during regular working hours, after hours, and on weekends.
   b. Call dispatch to connect to the BSS administrative assistant or to the on-call provider.
   c. Call the BSS administrative assistant to make an appointment. The assistant can schedule an appointment for the client or assist in finding a provider.
   d. Call any provider in BSS directly.

2. Family member referral options

   a. Treatment services for employee family members will be accommodated as BSS schedules allow. If time is unavailable, referral options will be provided. Depending on BSS staffing, children and adolescents may be offered only outside referrals.

3. Mandated referrals

   a. Supervisors may make mandatory employee referrals for evaluation if the supervisor is concerned about an employee's psychological health at work. Supervisors can consider mandated referrals when there are objective and significant behavioral changes that interfere with the employee's work. These are examples of such changes: excessive irritability, missing deadlines, acting distracted, unprofessional or risky behaviors, acting uninterested, taking excessive sick days, yelling or anger, isolation, or profound negative thinking. Mandated referrals are confidential, with the exception of informing the chain of command about attendance.
   b. Officers assigned to sensitive units may be mandated by their SOP to attend evaluations with a clinician, and BSS will be available to conduct or coordinate these evaluations.

i. This includes officers assigned to the Tactical Unite (Bomb Squad, SWAT, and K-9), who attend an annual meeting, and officers/detectives assigned to the Crimes Against Children Unit (CACU) who attend bi-annual evaluations.

c. For these mandated evaluations, no information, other than attendance, no matter how detailed or vague, will be conveyed to the chain of command without consent of the officer.

C. Clinician selection and potential associated costs for the client

1. If a BSS contracted therapist is chosen, services will be free.

2. BSS may have contracts for services with an outside agency or agencies. These Agencies are independent contractors and do not fall under the APD's chain of command. The services of these outside provider agencies are free to APD employees. This contract arrangement offers a larger array of free services for APD employees. The outside agency keeps all their own records and comports with all Federal, State, and professional confidentiality and ethics laws. The BSS medical director will oversee these contracts and help assure their clinical expertise.

3. If another non-contracted outside therapist is chosen, payment will be handled between the therapist and the client.

4. The Employee Assistance Program (EAP) can help defer the costs of employee co-payments.

5. The BSS staff will prioritize the employee's therapeutic preferences and needs in order to help potential clients choose a therapist. Staff will also schedule an appointment.

6. If there is a waiting list due to many employees requesting free services, a BSS clinician will assist in finding other community counseling services.

D. Coordinating care with outside agencies

1. With the permission of the client, BSS may coordinate services with outside medical providers or with City Employee Health in order to promote the long- term health and well-being of the client. BSS providers can assist to coordinate care with medical providers.

2. Personal information will be released to outside behavioral health providers only when the client provides written consent. The written consent may detail the nature, scope, and length of time the release of information is valid.

3. BSS, the APOA, and City's Risk Management will meet periodically to collaborate and discuss streamlined processes to ensure Department personnel receive all assistance available.

E. Confidentiality

1. When an employee establishes treatment with BSS, a contracted provider, or any outside provider, or a confidential therapist- client relationship is created. This privilege is based on current legal and ethical standards governing patient confidentiality. As such, confidentiality will be maintained unless a release of information is authorized by the self-referring employee. Any breach of confidentiality by the BSS medical director or the BSS staff could lead to federal, state, or and departmental investigations of that provider. This could result in his or her termination, loss of licensure, or both.

   a. The BSS's confidentiality mandate includes keeping misconduct and substance use confidential.

2. Based on current legal requirements, exceptions to confidentiality include (1) an individual's threat of immediate or reasonably-anticipated and imminent physical harm to himself or herself; (2) an individual's threat of immediate or reasonably-anticipated threat of physical harm to others; or (3) a provider's reasonable suspicion that child or elder abuse has occurred or is occurring. If one of these exceptions applies, the clinical staff will disclose the minimum necessary information to the appropriate agencies, along with initiating a professional effort to mitigate any risk.

3. If the client requests the support for any other intervention, such as for time off, information may be given after he or she signs a voluntary release of information, limited to the information the client has requested to be released.

4. No personal employee information that can be used to identify the employee using BSS services will be supplied to outside agencies without written voluntary consent. Therapy interactions are private, confidential, and privileged. The chain of command may be given generalized data that will not be connected to specific employees.

F. Officer-Involved Shooting

1. In the event of an officer-involved shooting, the on-call BSS clinician will be contacted and will respond to the scene. BSS The staff will perform the following services:

   a. If possible, offer support for involved officers before they are transported from the scene.

   b. Prior to the officer's return to work, the a clinician will have an in-person meeting with the officer to discuss resources available to the officer and to offer supportive therapy. The only information that will be given to the chain of command will be attendance. No information, other than attendance, no matter how detailed or vague, will be conveyed to the chain of command without the consent of the officer. This return to work evaluation is for the benefit of the officer. The officer is the client, not the Police Department. All records and content of the interaction will be kept in confidence just as any client-patient relationship would be. If the officer chooses to follow up for another visit, this information will not be given to the chain of command, and all interactions going forward will be kept confidential.

   c. BSS will offer additional support to the officer involved in the OIS at one month, six months, and one year after the incident. They will provide continued support, treatment, and other services as needed or requested for the involved officer, family members, or significant others.

   d. BSS may coordinate services with the Peer Support Program. As a team, the BSS and peer support provider will be covered under HIPAA and applicable behavioral health privacy laws. Peer support meetings will be confidential and private.

G. Urgent Support

1. If an employee is in need of urgent support, he or she can contact an on-call provider. A provider will be available to personnel 24/7/365 days a year. In most cases, the provider will be a BSS clinical contractor. The If contacted by an APD employee, the clinician may conduct a brief interview, offer support, and facilitate a follow up as needed the referral process.

H. Critical Incident Response

1. BSS-contracted clinical staff An on call clinician will respond to all critical incidents when requested to do so by a supervisor. A BSS The clinician can act as support for officers or other city employees involved in the incident, as assigned.

2. BSS will provide Critical Incident Stress Debriefings (CISD) as needed and on-scene support and education after critical incidents, as requested by supervisors. BSS will only accommodate voluntary participants in CISD. BSS will offer a voluntary clinician-facilitated meeting with officers that will be held approximately a week after the incident. At this meeting, all involved personnel may discuss the event and their reactions to it in a semi-structured format. Personnel will receive support and information about additional resources available to them.

I. Administrative Interventions

1. Administrative interventions include voluntary leave, administrative leave, return to duty, and fitness for duty.

2. Evaluations completed by BSS are considered therapeutic only. Even BSS evaluations that are mandated are intended to be therapeutic only and For example, there is an APD mandate for officers to see a BSS provider after an OIS. other than reporting required attendance, all HIPPA and state confidentiality laws will be followed for this post OIS meeting, as the meeting is therapeutic and confidential. The police department is not the therapist's client, the individual patients are their clients. BSS will not be involved in forensic evaluations used to clear personnel for work, remove them from work, or return them to work.

3. BSS recognizes that there may be rare cases in which employees seem unable to safely, effectively, or competently carry out their job due to psychological causes.

4. BSS will offer generalized training to supervisors and command staff to suggest what help they can offer in these situations.

5. Cases in which achieving optimal work performance is a concern should ideally be resolved with voluntary participation between the therapist and the client. The vast majority of cases are resolved in this manner. Working together, the client and therapist can make a plan to help promote the wellbeing of the client, such as taking sick time from work. At some point, and only if needed, the client and therapist may choose to involve the administration. The administration's involvement will only take place if the client volunteers. Additionally, the client may choose which information to disclose, and only the minimum amount of pertinent information. For the purposes of interventions, behavioral health issues will be

given medical parity, and will be viewed as medical conditions. As with medical conditions, they can be treated, wellness can be promoted, and people can return to a high level of functioning.

6. An clinical outside contractor, or other outside provider, who is a qualified master-level or higher clinician and who has experience working with law enforcement, may act as a consultant to supervisors who need to discuss which actions to take regarding the possible curtailment of duty for a police officer or APD employee. This person will not be involved in the treatment of that client.

7. Fitness for duty evaluations are to be initiated by the administration alone. Only if a client has signed a release of information allowing for discussion will BSS clinical staff consult about the need for a fitness for duty evaluation. Fitness for duty evaluations should be made only if there is objective evidence of dysfunction in the officer. Regardless of a fitness for duty, if the BSS clinician feels that there is imminent danger posed by their client, usual clinical interventions with limited disclosures will be made.

1-20-5 Staffing and Personnel Responsibilities

A. Medical Director (look at the job description to match)

1. The medical director (with an emphasis in the mental health field) will oversee all logistical and administrative functions of the BSS.
2. The director will help choose contractors and will facilitate partnerships with outside providers.
3. The director will coordinate training and outreach programs.
4. The director will endeavor to promote the success of the BSS and ensure easy access to services for all personnel.
5. With the written consent of the client, the medical director may assist the client's provider with referrals, evaluations, and medication management.

B. Clinical Director

1. The clinical director will be the lead clinician of BSS. The clinical director will have expertise in evidence-based therapeutic interventions for police officers and their families.

2. The director will help guide other therapists to maximize their skills and improve the outcomes for individual clients.

3. The clinical director will improve access to services, help reduce stigma, develop training, gather and analyze aggregate data, and will design and implement programs aimed at promoting wellness.

C. Administrative Assistant

The assistant helps coordinate the logistics of care for clients, such as setting up appointments and facilitating referrals. Even though the assistant is bound by confidentiality laws, the assistant will not be given any clinical information beyond information essential for referrals, such as names and phone numbers.

D. Contract Clinicians

These are other clinicians or contracted agencies who provide therapy for officers and family members. They may also be involved in training and promoting mental health services within APD.

E. Outside Providers

The BSS will use outside providers who can offer an array of available services to officers. For this purpose, BSS will work with the community of available providers, learn about the types of therapy they offer, and make those providers as accessible to officers as possible.

F. Outreach

1. APD employees can arrange to have BSS staff discuss their role within APD and offer assistance with questions. The main number is (505) 764-1600.

2. BSS staff will routinely visit in person with the area command staff and will reach out to the department in general.

3. One member of the BSS is required to sit on the Peer Support Board for a minimum of one year as a non-voting member.

4. One member of the BSS is required to sit on the MHRAC Board for a minimum of one year.

G. Pre-employment Evaluations.

1. Pre-employment evaluations are required for Police Officer, Police Service Aid, Lateral, Rehire, and Prisoner Transport applicants.

2. The testing and interviewing performed are to determine an applicant's suitability to serve as law enforcement.

3. Pre-employments for cadets are done by a contracted PhD psychologist.

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2. Based on current legal requirements, exceptions to confidentiality include (1) an individual's threat of immediate or reasonably-anticipated and imminent physical harm to himself or herself; (2) an individual's threat of immediate or reasonably-anticipated threat of physical harm to others; or (3) a provider's reasonable suspicion that child or elder abuse has occurred or is occurring. If one of these exceptions applies, the clinical staff will disclose the minimum necessary information to the appropriate agencies, along with initiating a professional effort to mitigate any risk.

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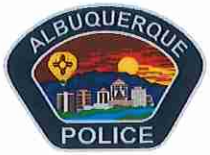
Policy Development Form
Office of Policy Analysis



Name and Title: Nils Rosenbaum, Medical Director		
Phone:	505-573-5703	Email: nrosenbaum@cabq.gov
SOP: 1-11		
Date Completed: 9/11/18		

In order to gain a clear understanding of the reason for the policy change, please answer the questions below with as much detail as possible as this information will be shared with internal and external stakeholders interested in participating in APD's policy development process.

Explain the rationale or purpose for the new policy or amended policy? Example: Best practices, case law, liability, conflicts with other policies or regulations, CASA related.

To have SOP accurately reflect the changes the BSS has made to ensure confidentiality, and to clarify that dual roles within BSS are avoided; an example of a dual role being illuminated is for BSS being both an evaluator for the department and serving individual clients. We are also working with outside agencies more frequently and need that to reflect in the SOP.

What is the policy intended to accomplish? Explain the general intent with respect to the specific topic of the policy.

To guide the work of the behavioral sciences.

How will the policy be measured to determine its effectiveness? (Example: Will data be collected, if so, in what format and who will maintain the information?)

Data is collected on utilization, privacy documents, attendance, number of mandated and voluntary clients, training, and other aspects that jibe with the goals of the SOP.

Please submit this form to OPA@cabq.gov
If you need assistance completing this form, and for any questions or concerns please contact your SOP liaison @ adgarcia@cabq.gov.
Updated 06/20/2018

Policy Development Form
Office of Policy Analysis

Please list any references used to draft the policy such as policies from other agencies, case law, directives from the CASA, research papers, etc.

The first step of the needs assessment for the SOP was to learn about, work within, and discuss the current system with the chain of command, the BSS therapists, and the individual police officers via informal interviews. In addition, there was a review the DOJ agreement; a review the IACP guidelines, and a review other SOP's (including LAPD and NJ state police); and a review the current APD SOP
Some major concerns identified were about dual roles, confidentiality, and protocols around Officer Involved Shootings (OIS).
This needs assessment included conversations with Experts in the field of police psychology, including:
From LAPD, Drs. Pannell and Jeblonski
From Portland OR, Dr. David Corey, and
From New Mexico, Dr. Peter DiVasto
In addition to consulting with experts, a review of literature from both Google and PubMed was done. Articles focused on the concerns identified previously. Text books were also reviewed, including the most widely used manual, The Handbook of Police Psychology.