



1-20 BEHAVIORAL SCIENCES SECTION

Related SOP(s), Form(s), Other Resource(s), and Rescinded Special Order(s):

A. Related SOP(s)

- 1-1 Personnel Code of Conduct
- 1-10 Peer Support Program
- 1-36 Officer Wellness Program
- 1-92 Specialized Tactical Units (Formerly 6-8)
- 3-21 Scheduled and Unscheduled Leave
- 3-33 Performance Evaluation and Management System (Formerly Early Intervention and Recognition System (EIRS))

B. Form(s)

None

C. Other Resource(s)

Health Insurance Portability and Accountability Act (HIPAA) of 1996

D. Rescinded Special Order(s)

None

1-20-1 Purpose

The purpose of this policy is to describe the responsibilities and required procedures of the Behavioral Sciences Section (BSS) of the Albuquerque Police Department (Department).

1-20-2 Policy

It is the policy of the Department's BSS to provide access to psychological services, including consultation and treatment, needed by sworn and civilian personnel and their families. The services are intended to improve the health of sworn and civilian personnel and their families, as well as the overall health of the Department, through direct service, outreach, and education.

To promote trust, an employee who receives services shall be given the fullest level of confidentiality, privacy, and privilege that federal and state laws afford. Requests for such services may originate from the Department, individual employees, or their families. Services may be accessed by using direct or indirect referrals or by participating in voluntary or mandatory services and treatment options.

1-20-3 Definitions



A. Behavioral Sciences Section (BSS)

The Department section responsible for providing behavioral health services and support to Department personnel (sworn and civilian) and their families. The BSS conducts pre-employment evaluations, training, and consultations, as well as Critical Incident debriefs. Among the clinical services the BSS generally provides are treatment for work-related issues, trauma/stress, couples/family difficulties, and bereavement. BSS shall provide on-scene services for officer-involved shootings (OIS) and traumatic incidents, as requested.

B. Critical Incident

1. An event that involves circumstances that go beyond the usual range of experiences that occur during every day policing and within mainstream society. Typically, a Critical Incident involves at least one of the following situations:
 - a. Loss of life, significant injuries, or significant damage to property;
 - b. An incident that attracts close public scrutiny through the media;
 - c. An incident that requires heightened use of, or coordinating public resources;
 - d. An OIS;
 - e. An event that poses a high risk for significant psychologic trauma, also known as psychologically traumatic Critical Incident; or
 - f. A response to an incident that is likely to significantly influence the public's confidence in the Department and may also shape the views of other Department personnel, as well.

C. Evaluation

An assessment tool that measures and observes a client's behavior in order to arrive at a diagnosis. It is a tool to guide any potential therapeutic interventions used to help clients function at their best. Evaluations may be formal or informal and may include interviews, history taking, and rapport building.

D. Officer-Involved Shooting (OIS)

The police officer discharges a firearm in the line of duty when the officer fires upon a threat or attack upon their person or that of another. This does not include shooting at animals.

E. Mental Health Response Advisory Committee (MHRAC)

The MHRAC is comprised of subject matter experts from within the community and includes Department personnel. MHRAC assists the Department in identifying and developing mental health resources, solutions to behavioral health crises, and emergency intervention strategies designed to improve outcomes for individuals living with behavioral health issues or who are experiencing behavioral health crises. The MHRAC reviews, analyzes and recommends appropriate changes to the Department



policies, procedures, and training methods regarding Department personnel's interactions with individuals in behavioral health crises, affected by a behavioral health issue, or who are experiencing chronic homelessness.

F. Psychologically Traumatic Critical Incident

An incident that could lead to post-traumatic stress symptoms or interfere with the well-being of sworn and civilian personnel. Sworn and civilian personnel may encounter actual or threatened death, serious injury, or sexual violence. These kinds of incidents may include threats to officer or civilian lives; serious injuries, or witnessing serious injury; death of a child, in custody deaths, witnessing deaths or the aftermath of death; cruel intentional acts; graphic and gruesome scenes; and OIS. Either during or afterwards, traumatic Critical Incidents can cause fear, hopelessness, horror, panic, anger, profound negative thinking, anxiety, perceptual distortions, dissociation, isolation, avoidance, numbing, sleep trouble, loss of meaning, irritability, low mood, suicidal ideology, and other adverse reactions.

7 1-20-4 **Staffing and Personnel Responsibilities**

A. Medical Director

1. The Medical Director, who is a physician trained in behavioral health, shall:
 - a. Oversee all logistical and administrative functions of the BSS;
 - b. Help recruit and select contract clinicians and contract agencies, and facilitate partnerships with outside licensed providers;
 - c. Coordinate trainings and outreach programs for Department personnel;
 - d. Work to ensure the mental health of Department personnel by providing all personnel and their family members with easy access to services;
 - e. Provide clinical guidance for BSS clinical staff, including contractual staff;
 - f. With the written consent of the client, assist the client with referrals, evaluations, and medication management; and
 - g. Help with clinical oversight and direction of Officer Wellness Program Unit personnel.

B. Clinical Director

1. The Clinical Director, who shall have expertise in evidence-based therapeutic interventions for sworn and civilian personnel and their families, and shall be an independently licensed behavioral health professional. The Clinical Director shall:
 - a. Be the lead clinician of BSS;
 - b. Guide and supervise other clinicians to maximize their skills and improve the outcomes for individual clients;
 - c. Improve access to services, help reduce stigma of mental illness within the Department, develop training, gather and analyze aggregate data, and design and implement programs aimed at promoting wellness; and



- d. Maintain an on-call schedule to ensure a clinician is available twenty-four (24) hours a day, seven (7) days per week.

C. Administrative Assistant

The administrative assistant shall help coordinate the logistics of care for clients, such as setting up appointments and facilitating referrals. While the administrative assistant must comply with confidentiality laws, this individual shall not have computer access to confidential clinical information, but rather information essential for referrals, scheduling, and continuity of care such as names and phone numbers.

D. Required BSS Board and Committee Memberships

1. One member of the BSS is required to sit on the Peer Support Board as a non-voting member, consistent with Standard Operating Procedure (SOP) Peer Support Program.
2. One member of the BSS is required to sit on the Mental Health Response Advisory Committee (MHRAC).
3. The BSS director or their designee will sit on the Officer Wellness Program Committee.

E. Contracted Sole-Practitioner Clinicians

1. The contracted sole-practitioner clinician, who shall have successfully completed Master's level education or above, and who shall be qualified to provide behavioral health services through education and training, as verified by their state professional licensure board, shall:
 - a. Enter into an agreement with the BSS to provide therapeutic services for personnel and their families. They may also assist the Medical Director with training and promoting behavioral health services within the Department; and
 - b. Follow all federal, state, and local confidentiality laws.

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N/A F. Contracted Agencies

1. A contracted agency shall be a behavioral health entity that is qualified to provide behavioral health services, and shall:
 - a. Enter into an agreement with the BSS to provide broad options for therapeutic services for personnel and their families. They may also assist the Medical Director with training and promoting behavioral health services within the Department;
 - b. Maintain their own records and follow all federal, state, and local confidentiality laws; and
 - c. Have the capacity to see clients in their own facility.



G. Outside Licensed Providers and Agencies For Referral

1. The BSS shall rely on, and keep a list of, outside licensed providers and agencies that offer an array of available services to Department personnel. For this purpose, BSS shall work with the community of available providers and agencies by learning about the kinds of therapy they offer and by ensuring Department personnel can access these therapies.
2. Outside licensed providers shall have successfully completed Master's level education or above. They shall be qualified to provide behavioral health services through education and training, as verified by their state professional licensure board.

7 1-20-5 BSS Responsibilities

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

1. Provide support for Department personnel involved in OISs, Critical Incidents, and any other work-related situation that may require professional psychological care, assessment, or treatment;
2. Implement support services and provide therapy for Department personnel with personal issues, off-duty difficulties, and substance use disorders. BSS shall offer support services and provide therapy for families of Department personnel;
3. For continuity of care, retiring personnel may continue to access BSS services as long as it is clinically productive;
 - a. Depending on BSS funding and availability, the Medical Director shall decide on whether to continue to provide behavioral health therapy for retired Department personnel. Upon request from the Chief of Police's office, the BSS shall inform the administration of the utilization of this service (without any clinical health information, consistent with confidentiality laws). This service of providing care to retired officers can be limited or discontinued at the discretion of the Chief of Police for fiscal reasons.
4. As requested, present training in behavioral health as it relates to Department personnel health and wellness;
5. Assist Crisis Intervention Unit (CIU) personnel and other units within the Department by offering training and wellness programs;
6. Furnish proactive outreach to Department sworn personnel and personnel regarding available services to destigmatize behavioral health care;



7. Help coordinate and implement supervisory training regarding behavioral warning signs, behavioral health protocols of BSS, and their relationship with the early intervention systems, consistent with SOP Performance Evaluation and Management System, as well as how to contact BSS;
8. Through collaboration with community stakeholders, help develop and implement the coordinated wellness program for Department personnel, consistent with SOP Officer Wellness Program;
9. Provide care for Department personnel who are mandated to speak with a behavioral health provider;
10. Conduct Critical Incident check-ups, which are mandatory meetings with a BSS licensed behavioral health clinician (clinician) that occurs when Department personnel are involved in a Critical Incident, consistent with SOP Officer Wellness Program;
11. Offer ongoing care after any Critical Incident check-up;
12. Provide mental wellness check-ups for Department personnel as mandated by SOP Officer Wellness Program;
13. Provide a BSS clinician or personnel who will be available to coordinate their response to Critical Incidents with Peer Support Program and Officer Wellness Unit personnel in order to provide support for personnel involved in Critical Incidents;
14. Maintain all clinical documentation in an electronic medical record (EMR) system as best practice. Only clinical providers will have access to clinical notes within the EMR system and may only look at clients' records with whom they are directly involved, consistent with HIPAA and state confidentiality laws; and
15. Conduct pre-employment psychological screenings for all applicants referred by the Department's recruitment staff.

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B. Confidentiality of Services

1. When personnel establish treatment with BSS, a contracted provider, or any outside licensed provider, a confidential clinician-client relationship is created. This privilege is based on current legal and ethical standards governing patient confidentiality, including the Health Insurance Portability and Accountability Act (HIPAA). Therefore, confidentiality shall be maintained, unless a release of information is authorized by the client. Any breach of confidentiality by the BSS Medical Director or the BSS staff could lead to federal, state, or departmental investigations of that behavioral health provider, resulting in termination, loss of state professional licensure, or both.



- a. Pursuant to federal and state confidentiality laws, the BSS's confidentiality mandate includes keeping misconduct and substance use confidential.
 - b. When a Department employee is mandated to speak with a behavioral health provider, all confidentiality standards apply, with the exception of informing the chain of command of attendance.
2. Based on current legal requirements, several exceptions to confidentiality shall apply. The BSS clinical staff shall disclose the minimum necessary information to the appropriate agencies, along with initiating a professional effort to mitigate any risk. Exceptions include:
- a. An individual's threat of immediate or reasonably anticipated physical harm to himself or herself;
 - b. An individual's threat of immediate or reasonably anticipated threat of physical harm to others; or
 - c. A provider's reasonable suspicion that a child or a vulnerable adult has been abused or abuse is occurring.
3. If the client requests the support for any other intervention or support, such as time off, BSS shall only share information after a client signs a voluntary release of information and shall only share the information with the individuals to whom the client has allowed the release of information.
4. Personal employee information that can be used to identify the employee using BSS services shall not be provided to outside agencies without the employee's written voluntary consent. Therapy interactions are private, confidential, and privileged.
5. The chain of command may be given aggregate utilization data that shall not be connected to specific employees.

C. Referrals

The BSS shall facilitate access and referrals to BSS clinicians as well as contracted and outside licensed providers and agencies. The BSS can assist Department personnel with urgent consultations that may be conducted over the phone and/or in-person. BSS staff shall urgently connect a potential client to a clinician who can provide support services. A regularly updated list of available clinicians is located at the Department's dedicated website, APDWeb/Protopage.

1. Self-Referral Options

All Department personnel and their immediate family members may use these self-referral actions:

- a. Call the direct BSS number (505-764-1600) during normal business hours to make an appointment. When requested, BSS staff shall attempt to connect



these calls to an on-call provider during normal business hours, after hours, and on weekends;

- b. Call the Department's Emergency Communications Center (ECC) to connect to the BSS administrative assistant or the on-call provider;
- c. Call the BSS administrative assistant who can schedule the potential client to see a BSS clinician or assist the potential client in finding a provider; and
- d. Call BSS on-call clinician or staff member by calling BSS (505-764-1600) or see BSS website: <https://www.cabq.gov/police/behavioral-sciences-section>.

2. Family Member Referral Options

BSS shall accommodate treatment services for family members of Department personnel as BSS schedules allow. BSS shall provide referral options if no timeslot is available. Depending on BSS staffing, the children and adolescents of Department personnel may be offered only outside referrals.

3. Supervisor-Initiated Mandated Referrals

- a. In addition to annual and Critical Incident mandated check-ups, supervisors may make individual mandatory referrals for a BSS evaluation of a Department employee if the supervisor is concerned about their employee's psychological well-being while on duty. Supervisors may consider mandated referrals when there are objective and significant behavioral changes interfering with the employee's work. Examples of objective and significant behavioral issues include:
 - i. Excessive irritability;
 - ii. Missing deadlines;
 - iii. Acting distracted;
 - iv. Unprofessional or risky behaviors;
 - v. Acting uninterested;
 - vi. Taking excessive sick days;
 - vii. Yelling or displaying anger;
 - viii. Isolation; or
 - ix. Profound negative thinking.
- b. Clinical information that is gathered during visits generated by mandated referrals is kept confidential, consistent with federal and state confidentiality and ethics laws, with the exception of informing the chain of command about attendance. If a client misses a visit, BSS shall not share the reason for the absence without the client's written consent.
- c. Department divisions/sections/units may be mandated by SOP, or by their supervisor, to attend an evaluation with a BSS clinician.
- d. Department SOP or individual supervisors may allow BSS to contact individual officers or conduct a mandated visit based on predetermined objective criteria to ensure officer wellness.
- e. Once an employee is mandated, their referring supervisor will be told about problems with attendance only, as follows:



ALBUQUERQUE POLICE DEPARTMENT
GENERAL ORDERS

SOP 1-20 (Formerly 1-11)

P&P Draft 12/15/2021

- i. All mandated employees shall be expected to attend a minimum of three (3) appointments.
 - ii. All mandates are expected to make their first appointment within two weeks and keep that appointment.
 - iii. At the discretion of the clinician, two (2) additional mandated check-ups can be made. Check-ups are for the benefit of the client only, and the supervisor will not be advised that extra appointments were mandated unless the client does not attend.
 - iv. Referring supervisors will only be informed if a client doesn't show to appointments, either after the initial check-up or any check-up.
 - v. The clinician will not extend mandated referrals beyond five (5) sessions or three (3) months.
 - vi. If asked by a supervisor, the clinician will reveal the least amount of information about attendance as needed, and will follow all other federal and state laws regarding confidentiality.
 4. For all mandated evaluations, including annual visits, Critical Incident check-ups, and supervisor mandated referrals, no information, other than attendance, shall be conveyed to the chain of command without consent of the employee undergoing evaluation.
 - a. If an employee who is mandated to receive an evaluation is already receiving therapy from an outside licensed provider, the employee may attend the new appointment with BSS, or otherwise they must confirm with BSS they have attended treatment in a timely fashion after the mandate was made. The employee must sign a release of information and allow BSS to contact their current licensed provider, and also allow BSS to assure the referring supervisor the employee who is mandated to evaluation is currently in therapy with an outside licensed provider.
 - b. If a subordinate or colleague is concerned about their supervisor's or peer's psychological well-being as based on the behavioral health issues outlined in this SOP, they may confidentially contact BSS with their concerns and discuss possible ways to help the person who may be in need.
- D. Coordinating Care with Outside Licensed Providers and Agencies
 1. With the permission of the client, BSS may coordinate services with outside licensed providers or with outside agencies, in order to promote the long-term health and well-being of the client. Outside agencies may include the City of Albuquerque's Employee Health Center. BSS providers can assist to coordinate care with outside licensed providers with the employee's consent.
 - 1** 2. Personal information shall be released to outside licensed providers only when the client provides written consent consistent with state and federal confidentiality laws. The written consent shall detail the nature, scope, and length of time the release of information is valid.



3. BSS, the Albuquerque Police Officers' Association (APOA), and the City's Risk Management Division may meet periodically to collaborate and discuss streamlined processes to ensure Department personnel receive all assistance available.
4. BSS will coordinate with Officer Wellness Unit personnel to help Department personnel. When discussing potential clients, BSS personnel will not diagnose people they have not contacted directly and will not reveal any HIPAA-protected information without the employee's consent.
5. If a Department employee reveals information to Peer Support Program or Officer Wellness Program Unit personnel and that information is shared with BSS, BSS will consider that information confidential under federal and state laws regarding confidentiality as outlined in this SOP.

E. Selection of Clinician and Potential Costs

1. If a BSS employed or contracted clinician is selected to provide therapy, services shall be free. BSS employed clinicians and contractors are part of the core group of providers for BSS. They report to the Medical Director for logistics, contract management, assignments, clinical oversight, and otherwise act independently of the Department. Neither employed nor contracted clinicians are obligated to respond to anyone else within the Department's chain of command.
2. BSS may have contracts for services with outside agencies. These agencies are independent contractors and do not fall under the Department's chain of command. The services of these outside provider agencies are free to Department personnel. This contract arrangement offers a broader array of free services for Department personnel.
 - a. The outside agencies maintain their own medical records and act in accordance with federal, state, and confidentiality and ethics laws.
 - b. The BSS Medical Director shall oversee these contracts and verify their licensure and clinical expertise.
 - c. Because the outside agencies function separately from BSS, appointments may take longer to schedule and may have longer wait times.
3. If the employee chooses an alternative, non-contracted clinician, the clinician and the client together shall decide on a payment methodology to cover services.
4. The City's Employee Assistance Program (EAP) can help to cover the costs of co-payments paid to the employee's medical insurance company.
5. The BSS staff shall prioritize the employee's therapeutic preferences and needs in order to help them choose a clinician. BSS staff can also schedule the appointment with BSS providers.



6. If there is a waiting list due to many Department personnel requesting free services, a BSS clinician shall assist in finding other community counseling services that are not contracted with BSS.
7. Because insurance co-payments for mental health visits are no longer allowed under state law, BSS personnel may have specific on-site and off-site providers who have aptitude and expertise working with law enforcement who will provide insurance-based services without co-payments.

F. Contracted Pre-Employment Evaluations

1. Pre-employment evaluations for cadets are performed by a certified psychologist who is licensed to practice psychology, consistent with state pre-employment laws.
2. The certified psychologist shall conduct tests and interviews to determine an applicant's suitability to serve in law enforcement.
3. Pre-employment evaluations are required for Police Officer, Police Service Aide, Lateral, Rehire, and Prisoner Transport applicants.

7 1-20-6 **BSS Services**

A. Critical Incident Response

1. A BSS on-call clinician shall respond on-scene to all Critical Incidents, including traumatic clinical incidents, when requested to do so by a supervisor, or an officer who is on-scene. The clinician can act as support for officers or other City employees involved in the incident, as assigned.
2. Traumatic Critical Incidents may sometimes elicit strong emotional reactions. Though these emotions may go unnoticed, if a supervisor is aware of these reactions in themselves or suspects them in others, they can ask for an on-scene BSS provider. Emotional reactions may include:
 - a. Fear;
 - b. Hopelessness;
 - c. Horror;
 - d. Panic;
 - e. Anger;
 - f. Profound negative thinking;
 - g. Perceptual distortions; or
 - h. Dissociation (feeling unreal or disconnected).
3. When the BSS on-call clinician arrives on scene, they shall confer with the referring party to determine which individuals could benefit from talking with BSS, and shall offer on-scene support and education after Critical Incidents, as requested by supervisors.



4. BSS shall provide traumatic Critical Incident debriefs as needed and requested by anyone involved in the incident.
 - a. BSS shall only accommodate voluntary participants who were affected by the Critical Incident in these debriefs.
 - b. BSS shall offer a voluntary, clinician-facilitated meeting with officers that shall be held approximately within a week after the incident. These can be either in groups or with individuals.
 - c. At a group debrief meeting, all involved personnel may discuss the event and their reactions to it in a semi-structured format. Department personnel shall receive support and information about additional resources available to them.

B. Officer-Involved Shooting (OIS)

1. In the event of an OIS, the BSS on-call clinician shall be contacted and shall respond to the scene. The clinician shall perform the following services:
 - a. If possible, offer support for involved officers before they leave the scene;
 - b. Prior to the officer's return to work, a clinician shall have an in-person meeting to discuss resources available to them and to offer supportive therapy. No information, other than attendance, shall be conveyed to the chain of command without the consent of the officer;
 - c. This evaluation is for the benefit of the officer. The officer is the client, not the Department;
 - d. All records and content of the interaction shall be kept in confidence just as with any clinician-client relationship. If the officer chooses to follow up for another visit, this information shall not be given to the chain of command, and all interactions going forward shall be kept confidential;
 - e. BSS shall offer additional support to the officer involved in the OIS at one month, six months, and one year after the incident. They shall provide continued support, treatment, and other services as needed or requested for the involved officer, family members, or significant others; and
 - f. BSS may coordinate services with the Department's Peer Support Program. As a team, the BSS and peer support provider shall be covered under federal and state confidentiality laws, including HIPAA, and applicable behavioral health privacy laws. Peer support meetings shall be confidential and private.

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C. Collateral Support

BSS may offer support to field sworn personnel and CIU Detectives while they assist members of the public who make suicide threats that impact public safety but who do not meet the threshold for Special Weapons and Tactics (SWAT) activation. A BSS clinician may offer consultation to officers and detectives who need clinical and logistical assistance.

D. Urgent Support



If an employee is in need of urgent support, they can contact a BSS on-call clinician who is available to personnel twenty-four (24) hours a day, seven (7) days a week, three-hundred and sixty-five (365) days a year through the ECC or by calling the main BSS number (505-764-1600). If contacted by a Department employee, the BSS clinician may conduct a brief interview, offer support, and facilitate a follow-up as needed.

E. Administrative Interventions

1. Administrative interventions include voluntary leave, sick leave, administrative leave, return-to-duty check-ups after an OIS, and a chain of command's referral for a fitness for duty evaluation to an outside provider who is unaffiliated with BSS.
2. BSS evaluations that are mandated are intended to be therapeutic, and other than reporting required attendance, all federal and state confidentiality laws shall be followed. The Department is not the clinician's client; the Department personnel as individual patients are their clients. BSS shall not be involved in forensic evaluations, such as evaluations used to clear personnel for work, remove them from work, or return them to work.
3. BSS recognizes there may be rare cases in which Department personnel seem unable to safely, effectively, or competently perform their job duties due to psychological factors.
4. BSS shall 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 between the clinician and client should ideally be resolved with voluntary participation between the clinician and the client. The vast majority of cases are resolved in this manner. Working together, the client and clinician can make a plan to help promote the well-being of the client, such as taking sick leave from work. At some point, and only if needed, the client and clinician may choose to involve the Department's administration.
6. BSS shall only share information with the administration upon written consent of the client. 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 shall be viewed as a medical condition. As with medical conditions, they can be treated, wellness can be promoted, and people can return to a high level of functioning.
7. Upon request for advice from a Department supervisor about the need for a fitness for duty evaluation of a specific person, the BSS Medical Director shall refer to a clinical contractor who is not acting on behalf of BSS, and does not provide therapy to BSS clients. This person, or another outside provider, may provide advice



regarding a possible fitness for duty for Department sworn or civilian personnel. The contractor is a clinician who successfully has completed master's level education or higher and who has experience working with law enforcement. They may act as a consultant to supervisors who need to discuss which actions to take. They shall not be involved in the treatment of that client nor act as a representative of BSS.

8. Fitness for duty evaluations are to be initiated by the administration alone. BSS does not conduct fitness for duty evaluations; rather they are arranged through the City's EAP. Only if a client has signed a release of information allowing for discussion shall 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 employee. 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 shall be provided.

F. Outreach

1. Department supervisors can arrange to have BSS staff discuss their roles and functions with their subordinates, and how to obtain services and make a referral. The BSS main number is (505) 764-1600.
2. BSS staff make routine, in-person outreach visits with the area command staff and they shall reach out to Department personnel in general, on an annual basis. The purpose of these visits is to inform officers about BSS's services, to destigmatize their services, and to build rapport.



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- e. Provide clinical guidance for BSS clinical staff, including contractual staff; ~~and~~
- f. With the written consent of the client, assist the client with referrals, evaluations, and medication management; and
- ~~f.g.~~ Help with clinical oversight and direction of the Officer Wellness Program Unit personnel.

B. Clinical Director

1. The Clinical Director, who shall have expertise in evidence-based therapeutic interventions for sworn and civilian personnel and their families, and shall be an independently licensed behavioral health professional. The Clinical Director shall:

- a. Be the lead clinician of BSS;
- b. Guide and supervise other clinicians to maximize their skills and improve the outcomes for individual clients;



- c. Improve access to services, help reduce stigma of mental illness within the Department, develop training, gather and analyze aggregate data, and design and implement programs aimed at promoting wellness; and
- d. Maintain an on-call schedule to ensure a clinician is available twenty-four (24) hours a day, seven (7) days per week.

C. Administrative Assistant

The administrative assistant shall help coordinate the logistics of care for clients, such as setting up appointments and facilitating referrals. While the administrative assistant must comply with confidentiality laws, this individual shall not ~~be given~~ have computer access to confidential clinical information, but rather information essential for referrals, scheduling, and continuity of care, such as names and phone numbers.

D. Required BSS Board and Committee Memberships

- 1. One member of the BSS is required to sit on the Peer Support Board as a non-voting member, consistent with Standard Operating Procedure (SOP) Peer Support Program.
- 2. One member of the BSS is required to sit on the Mental Health Response Advisory Committee (MHRAC).
- ~~2.~~3. The BSS director, or their designee will sit on the Officer Wellness Program Committee.

E. Contracted Sole-Practitioner Clinicians

- 1. The contracted sole-practitioner clinician, who shall have successfully completed Master's level education or above, and who shall be qualified to provide behavioral health services through education and training, as verified by their state professional licensure board, shall:
 - a. Enter into an agreement with the BSS to provide therapeutic services for personnel and their families. They may also assist the Medical Director with training and promoting behavioral health services within the Department; and
 - b. Follow all federal, state, and local confidentiality laws.

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N/A

F. Contracted Agencies

- 1. A contracted agency shall be a behavioral health entity that is qualified to provide behavioral health services, and shall:
 - a. Enter into an agreement with the BSS to provide broad options for therapeutic services for personnel and their families. They may also assist the Medical Director with training and promoting behavioral health services within the Department;



- b. Maintain their own records and follow all federal, state, and local confidentiality laws; and
- c. Have the capacity to see clients in their own facility.

G. Outside Licensed Providers and Agencies For Referral

- 1. The BSS shall rely on, and keep a list of, outside licensed providers and agencies that offer an array of available services to Department personnel. For this purpose, BSS shall work with the community of available providers and agencies by learning about the kinds of therapy they offer and by ensuring Department personnel can access these therapies.
- 2. Outside licensed providers shall have successfully completed Master's level education or above. They shall be qualified to provide behavioral health services through education and training, as verified by their state professional licensure board.

7 1-20-5 **BSS Responsibilities**

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

- 1. Provide support for Department personnel involved in OISs, ~~critical incident~~ Critical Incidents, and any other work-related situation that may requires professional psychological care, assessment, or treatment;
- 2. Implement support services and provide therapy for Department personnel with personal issues, off-duty difficulties, and substance use disorders. BSS shall offer support services and provide therapy for families of Department personnel;
- 3. For continuity of care, retiring personnel may continue to access BSS services as long as it is clinically productive;
 - a. Depending on BSS funding and availability, the Medical Director shall decide on whether to continue to provide behavioral health therapy for retired Department personnel. Upon request from the Chief of Police's office, the BSS shall inform the administration of the utilization of this service (without any clinical health information, consistent with confidentiality laws). This service of providing care to retired officers can be limited or discontinued at the discretion of the Chief of Police for fiscal reasons.
- 4. As requested, present training in behavioral health as it relates to Department personnel health and wellness;
- 5. Assist Crisis Intervention Unit (CIU) personnel and other units within the Department by offering training and wellness programs;



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- 6. Furnish proactive outreach to Department ~~officers~~ sworn personnel and personnel regarding available services to destigmatize behavioral health care;
- 7. Help coordinate and implement supervisory training regarding behavioral warning signs, behavioral health protocols of BSS, and their relationship with the early intervention systems, consistent with SOP ~~Early Intervention and Recognition System (EIRS)~~ Performance Evaluation and Management System, as well as how to contact BSS;
- 8. Through collaboration with community stakeholders, help develop and implement ~~a~~ the coordinated wellness program for Department personnel, ~~consistent~~ consistent with SOP 1-36 Officer Wellness Program;
- 9. Provide care for Department personnel who are mandated to speak with a behavioral health provider; ~~and~~
- 10. Conduct ~~Critical Incident~~ Critical Incident Check-ups, which are mandatory meetings with a BSS licensed behavioral health clinician (clinician) that occurs when Department personnel are involved in a ~~Critical Incident~~ Critical Incident, consistent with SOP ~~1-36~~ Officer Wellness Program;
- 11. Offer ongoing care after any ~~Critical Incident~~ Critical Incident check-up;
- ~~Provide mental wellness check-ups for a~~ Department personnel as mandated by SOP 1-36 Officer Wellness Program;
- ~~The BSS director, or their designee will participate on the the officer wellness program committee as per SOP 1-36.~~
- 13. Provide ~~a~~ A BSS clinician or personnel who will be available to coordinate their response to ~~Critical Incident~~ Critical Incidents with Peer Support Program and the Officer Wellness Unit personnel in order to provide support for employees ~~personnel involved in Critical Incidents.~~
- ~~14. Maintain~~ Keep a ~~All clinical documentation will be kept on an Electronic Medical Record (EMR) system as. The use of EMR is~~ best practice. Only clinical providers will have access to clinical notes within the EMR system and may only look at clients' records with whom they are directly involved in, consistent with HIPAA and state confidentiality laws; and
- ~~15. Conduct pre-employment psychological screenings for all applicants referred by the Department's recruitment staff.~~

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B. Confidentiality of Services

- 1. When personnel establish treatment with BSS, a contracted provider, or any outside licensed provider, a confidential clinician-client relationship is created. This



privilege is based on current legal and ethical standards governing patient confidentiality, including the Health Insurance Portability and Accountability Act (HIPAA). Therefore, confidentiality shall be maintained, unless a release of information is authorized by the client. Any breach of confidentiality by the BSS Medical Director or the BSS staff could lead to federal, state, or departmental investigations of that behavioral health provider, resulting in termination, loss of state professional licensure, or both.

- a. Pursuant to federal and state confidentiality laws, the BSS's confidentiality mandate includes keeping misconduct and substance use confidential.
 - b. When a Department employee is mandated to speak with a behavioral health provider, all confidentiality standards apply, with the exception of informing the chain of command of attendance.
2. Based on current legal requirements, several exceptions to confidentiality shall apply. The BSS clinical staff shall disclose the minimum necessary information to the appropriate agencies, along with initiating a professional effort to mitigate any risk. Exceptions include:
- a. An individual's threat of immediate or reasonably anticipated physical harm to himself or herself;
 - b. An individual's threat of immediate or reasonably anticipated threat of physical harm to others; or
 - c. A provider's reasonable suspicion that a child or a vulnerable adult has been abused or abuse is occurring.
3. If the client requests the support for any other intervention or support, such as time off, BSS shall only share information after a client signs a voluntary release of information and shall only share the information with the individuals to whom the client has allowed the release of information.
4. Personal employee information that can be used to identify the employee using BSS services shall not be provided to outside agencies without the employee's written voluntary consent. Therapy interactions are private, confidential, and privileged.
5. The chain of command may be given aggregate utilization data that shall not be connected to specific employees.

C. Referrals

The BSS shall facilitate access and referrals to BSS clinicians as well as contracted and outside licensed providers and agencies. The BSS can assist Department personnel with urgent consultations that may be conducted over the phone and/or in-person. BSS staff shall urgently connect a potential client to a clinician who can provide support services. A regularly updated list of available clinicians is located at the Department's dedicated website, APDWeb/Protopage.



1. Self-Referral Options

All Department personnel and their immediate family members may use these self-referral actions:

- a. Call the direct BSS number (505-764-1600) during normal business hours to make an appointment. When requested, BSS staff shall attempt to connect these calls to an on-call provider during normal business hours, after hours, and on weekends;
- b. Call the Department's Emergency Communications Center (ECC) to connect to the BSS administrative assistant or the on-call provider;
- c. Call the BSS administrative assistant who can schedule the potential client to see a BSS clinician or assist the potential client in finding a provider; and
- d. Call BSS on-call clinician or staff member by calling BSS (505-764-1600) or see BSS website: <https://www.cabq.gov/police/behavioral-sciences-section>.

2. Family Member Referral Options

BSS shall accommodate treatment services for family members of Department personnel as BSS schedules allow. BSS shall provide referral options if no timeslot is available. Depending on BSS staffing, the children and adolescents of Department personnel may be offered only outside referrals.

3. Supervisor-Initiated Mandated Referrals

- a. In addition to annual and Critical Incident mandated check-ups, Supervisors may make individual mandatory referrals for a BSS evaluation of a Department employee, if the supervisor is concerned about their employee's psychological well-being while on duty. Supervisors may consider mandated referrals when there are objective and significant behavioral changes interfering with the employee's work. Examples of objective and significant behavioral issues include:
 - i. Excessive irritability;
 - ii. Missing deadlines;
 - iii. Acting distracted;
 - iv. Unprofessional or risky behaviors;
 - v. Acting uninterested;
 - vi. Taking excessive sick days;
 - vii. Yelling or displaying anger;
 - viii. Isolation; or
 - ix. Profound negative thinking.
- b. Clinical information that is gathered during visits generated by mandated referrals is kept confidential, consistent with federal and state confidentiality and ethics laws, with the exception of informing the chain of command about attendance. If a client misses a visit, BSS shall not share the reason for the absence without the client's written consent.



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- c. Department divisions/sections/units may be mandated by SOP, or by their supervisor, to attend an evaluation with a BSS clinician.
- d. Department SOP or individual supervisors may allow BSS to contact individual officers or conduct a mandated visit based on predetermined objective criteria to ensure officer wellness.
- e. Once an ~~person~~ employee is mandated, their referring supervisor will be told about problems with attendance only, as ~~outlined here~~ follows:
 - i. All mandated ~~people~~ employees ~~are~~ shall be expected to attend a minimum of three (3) appointments.
 - ii. All mandates are expected to make their first appointment ~~in a timely manner (within two weeks)~~ and keep that appointment.
 - iii. At the discretion of the ~~provider~~ clinician, two (2) additional mandated ~~follow ups~~ check-ups can be made. ~~These follow ups~~ Check-ups are for the benefit of the client only, and the supervisor will not be ~~told~~ advised that extra appointments were mandated unless the ~~person~~ client does ~~n't~~ not attend.
 - iv. Referring supervisors will only be informed if a client doesn't show to appointments, either after the initial check-up or any ~~follow up~~ check-up.
 - v. The clinician will not extend mandated referrals beyond five (5) sessions or three (3) months.
 - vi. If asked by a supervisor, the clinician will reveal the least amount of information about attendance as ~~is~~ needed, and will follow all other federal and state ~~and federal~~ laws regarding confidentiality.

d. ———

- 4. For all mandated evaluations, including annual ~~checks~~ visits, ~~e~~ Critical Incident check-ups, and supervisor mandated referrals, no information, other than attendance, shall be conveyed to the chain of command without consent of the employee undergoing evaluation.
 - a. If an employee who is mandated to receive an evaluation is already receiving therapy from an outside licensed provider, the employee may attend the new appointment with BSS, or otherwise they must confirm with BSS they have attended treatment in a timely fashion after the mandate was made. The employee must sign a release of information and allow BSS to contact their current licensed provider, and also allow BSS to assure the referring supervisor the employee who is mandated to evaluation is currently in therapy with an outside licensed provider.
 - b. If a subordinate or colleague is concerned about their supervisor's or peer's psychological well-being as based on the behavioral health issues outlined in this SOP, they may confidentially contact BSS with their concerns and discuss possible ways to help the person who may be in need.

D. Coordinating Care with Outside Licensed Providers and Agencies

- 1. With the permission of the client, BSS may coordinate services with outside licensed providers or with outside agencies, in order to promote the long-term health and well-being of the client. Outside agencies may include the City of



Albuquerque's Employee Health Center. BSS providers can assist to coordinate care with outside licensed providers with the employee's consent.

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2. Personal information shall be released to outside licensed providers only when the client provides written consent consistent with state and federal confidentiality laws. The written consent shall detail the nature, scope, and length of time the release of information is valid.
3. BSS, the Albuquerque Police Officers' Association (APOA), and the City's Risk Management Division ~~within the Department of Finance and Administrative Services~~ may meet periodically to collaborate and discuss streamlined processes to ensure Department personnel receive all assistance available.
4. BSS will coordinate with the Officer Wellness Unit personnel to help APD employees Department personnel. When discussing potential clients, the BSS personnel will not diagnose people they have not contacted directly and they will not reveal any HIPAA-protected information without the employee's consent.
5. If a Department employee reveals information to Peer Support Program or Officer Wellness Program Unit personnel or any other member of the wellness unit, and that information is shared with BSS, BSS will consider that information confidential under federal and state and federal laws regarding confidentiality as outlined above in this Standard Operating Procedure (SOP).

3.

E. Selection of Clinician and Potential Costs

1. If a BSS employed or contracted clinician is selected to provide therapy, services shall be free. BSS employed clinicians and contractors are part of the core group of providers for BSS. They report to the Medical Director for logistics, contract management, assignments, clinical oversight, and otherwise act independently of the Department. Neither employed nor contracted clinicians are obligated to respond to anyone else within the Department's chain of command.
2. BSS may have contracts for services with outside agencies. These agencies are independent contractors and do not fall under the Department's chain of command. The services of these outside provider agencies are free to Department personnel. This contract arrangement offers a broader array of free services for Department personnel.
 - a. The outside agencies maintain their own medical records and act in accordance with federal, state, and confidentiality and ethics laws.
 - b. The BSS Medical Director shall oversee these contracts and verify their licensure and clinical expertise.
 - c. Because the outside agencies function separately from BSS, appointments may take longer to schedule and may have longer wait times.



3. If the employee chooses an alternative, non-contracted clinician, the clinician and the client together shall decide on a payment methodology to cover services.
4. The City's Employee Assistance Program (EAP) can help to cover the costs of co-payments paid to the employee's medical insurance company.
5. The BSS staff shall prioritize the employee's therapeutic preferences and needs in order to help them choose a clinician. BSS staff can also schedule the appointment with BSS providers.
6. If there is a waiting list due to many Department personnel requesting free services, a BSS clinician shall assist in finding other community counseling services that are not contracted with BSS.
- ~~6-7.~~ Because insurance co-payments for mental health visits are no longer allowed under New Mexico state law, with this in mind, BSS personnel may have specific on-site and off-site providers who have aptitude and expertise working with law enforcement who will provide insurance-based services without co-payments.

F. Contracted Pre-Employment Evaluations

1. Pre-employment evaluations for cadets are performed by a certified psychologist who is licensed to practice psychology, consistent with state pre-employment laws.
2. The certified psychologist shall conduct tests and interviews to determine an applicant's suitability to serve in law enforcement.
3. Pre-employment evaluations are required for Police Officer, Police Service Aide, Lateral, Rehire, and Prisoner Transport applicants.

7 1-20-6 **BSS Services**

A. Critical Incident Response

1. A BSS on-call clinician shall respond on-scene to all ~~critical incident~~ Critical Incidents, including traumatic clinical incidents, when requested to do so by a supervisor, or an officer who is on-scene. The clinician can act as support for officers or other City employees involved in the incident, as assigned.
2. Traumatic ~~critical incident~~ Critical Incidents may sometimes elicit strong emotional reactions. Though these emotions may go unnoticed, if a supervisor is aware of these reactions in themselves or suspects them in others, they can ask for an on-scene BSS provider. Emotional reactions may include:
 - a. Fear;
 - b. Hopelessness;



- c. Horror;
- d. Panic;
- e. Anger;
- f. Profound negative thinking;
- g. Perceptual distortions; or
- h. Dissociation (feeling unreal or disconnected).

- 3. When the BSS on-call clinician arrives on scene, they shall confer with the referring party to determine which individuals could benefit from talking with BSS, and shall offer on-scene support and education after ~~critical incident~~ Critical Incidents, as requested by supervisors.
- 4. BSS shall provide traumatic ~~critical incident~~ Critical Incident debriefs as needed and requested by anyone involved in the incident.
 - a. BSS shall only accommodate voluntary participants who were affected by the ~~critical incident~~ Critical Incident in these debriefs.
 - b. BSS shall offer a voluntary, clinician-facilitated meeting with officers that shall be held approximately within a week after the incident. These can be either in groups or with individuals.
 - c. At a group debrief meeting, all involved personnel may discuss the event and their reactions to it in a semi-structured format. Department Personnel ~~Personnel~~ personnel shall receive support and information about additional resources available to them.

B. Officer-Involved Shooting (OIS)

- 1. In the event of an OIS, the BSS on-call clinician shall be contacted and shall respond to the scene. The clinician shall perform the following services:
 - a. If possible, offer support for involved officers before they leave the scene;
 - b. Prior to the officer's return to work, a clinician shall have an in-person meeting to discuss resources available to them and to offer supportive therapy. No information, other than attendance, shall be conveyed to the chain of command without the consent of the officer;
 - c. This evaluation is for the benefit of the officer. The officer is the client, not the Department;
 - d. All records and content of the interaction shall be kept in confidence just as with any clinician-client relationship. If the officer chooses to follow up for another visit, this information shall not be given to the chain of command, and all interactions going forward shall be kept confidential;
 - e. BSS shall offer additional support to the officer involved in the OIS at one month, six months, and one year after the incident. They shall provide continued support, treatment, and other services as needed or requested for the involved officer, family members, or significant others; and
 - f. BSS may coordinate services with the Department's Peer Support Program. As a team, the BSS and peer support ~~provider~~ shall be covered under federal and



state confidentiality laws, including HIPAA, and applicable behavioral health privacy laws. Peer support meetings shall be confidential and private.

C. Collateral Support

BSS may offer support to ~~field~~ field officers ~~sworn personnel~~ and CIU ~~detectives~~ Detectives while they assist members of the public who make suicide threats that impact public safety but who do not meet the threshold for Special Weapons and Tactics (SWAT) activation. A BSS clinician may offer consultation to officers and detectives who need clinical and logistical assistance.

D. Urgent Support

If an employee is in need of urgent support, they can contact a BSS on-call clinician who is available to personnel twenty-four (24) hours a day, seven (7) days a week, ~~and~~ three-hundred and sixty-five (365) days a year through the ECC or by calling the main BSS number (505-764-1600). If contacted by a Department employee, the BSS clinician may conduct a brief interview, offer support, and facilitate a follow-up as needed.

E. Administrative Interventions

1. Administrative interventions include voluntary leave, sick leave, administrative leave, return-to-duty ~~check-ins~~ check-ins after and OIS, and a chain of command's ~~outside~~ referral for a fitness for duty evaluation to an outside provider who is unaffiliated with BSS.
2. BSS evaluations that are mandated are intended to be therapeutic, and other than reporting required attendance, all federal and state confidentiality laws shall be followed. The Department is not the clinician's client; the Department personnel as individual patients are their clients. BSS shall not be involved in forensic evaluations, such as evaluations used to clear personnel for work, remove them from work, or return them to work.
3. BSS recognizes there may be rare cases in which Department personnel seem unable to safely, effectively, or competently perform their job duties due to psychological factors.
4. BSS shall 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 between the clinician and client should ideally be resolved with voluntary participation between the clinician and the client. The vast majority of cases are resolved in this manner. Working together, the client and clinician can make a plan to help promote the well-being of the client, such as taking sick leave from work. At some point, and only if



needed, the client and clinician may choose to involve the Department's administration.

6. BSS shall only share information with the administration upon written consent of the client. 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 shall be viewed as a medical condition. As with medical conditions, they can be treated, wellness can be promoted, and people can return to a high level of functioning.
7. Upon request for advice from a Department supervisor about the need for a fitness for duty evaluation of a specific person, the BSS Medical Director shall refer to a clinical contractor who is not acting on behalf of BSS, and does not provide therapy to BSS clients. This person, or another outside provider, may provide advice regarding a possible fitness for duty for Department sworn or civilian personnel. The contractor is a clinician who successfully has completed master's level education or higher and who has experience working with law enforcement. They may act as a consultant to supervisors who need to discuss which actions to take. They shall not be involved in the treatment of that client nor act as a representative of BSS.
8. Fitness for duty evaluations are to be initiated by the administration alone. BSS does not conduct fitness for duty evaluations; rather they are arranged through the City's EAP. Only if a client has signed a release of information allowing for discussion shall 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 employee. 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 shall be provided.

F. Outreach

1. Department supervisors can arrange to have BSS staff discuss their roles and functions with their subordinates, and how to obtain services and make a referral. The BSS main number is (505) 764-1600.
2. BSS staff make routine, in-person outreach visits with the area command staff and they shall reach out to Department personnel in general, on an annual basis. The purpose of these visits is to inform officers about BSS's services, to destigmatize their services, and to build rapport.