



ALBUQUERQUE POLICE DEPARTMENT
PROCEDURAL ORDERS

SOP 2-19

OPA draft_05/06/20

2-19 RESPONSE TO BEHAVIORAL HEALTH ISSUES

Related SOP(s):

1-37 Crisis Intervention Section and Program

2-20 Hostage Situations, Barricaded Individuals, and Tactical Threat Assessments

2-79 Law Enforcement Assisted Diversion (LEAD)

2-19-1 Purpose

~~The policy of the Albuquerque Police Department is to require officers to assess whether a person's behavior or actions indicate that the person may be affected by a behavioral health disorder or is in a behavioral health crisis. The purpose of this~~ Further, this policy is to provide ~~provides~~ specific guidance to officers and supervisors for responding to individuals ~~experiencing a behavioral health issue or behavioral health crisis~~ so affected. The policy provides guidance, techniques, and resources that may be used so that contact with the affected ~~individual~~ ~~person~~ may be resolved in a constructive and compassionate manner.

~~For the roles, responsibilities, and program description of the Crisis Intervention Section, refer to APD SOP Crisis Intervention Section and Program.~~

2-19-2 Policy

~~APD personnel working with persons in crisis will do so in a manner which meets a standard of excellence and awareness for our Department personnel, officers, and supervisors with respect to treatment and interaction of individuals with a behavioral health disorder, a developmental disability, or who are experiencing a behavioral health crisis. Individuals in behavioral health crisis will be treated with dignity, and given reasonable accommodations of their disabilities, and given appropriate access to law enforcement, government, and community services.~~

~~Officers are not mental health professionals, but they will receive on-going training to equip them with information and techniques to help them better respond to individuals with behavioral health disorders or who are in a behavioral health crisis. Officers will be trained in intervention and de-escalation techniques and will be familiar with available behavioral health resources to enhance both officer and public safety. This training does not restrict an officer's discretion to make an arrest when probable cause exists, however, officers are encouraged to jail divert individuals affected by a behavioral health disorder or in a behavioral health crisis. (See section 2-19-8, below).~~

~~Officers and communities must act in concert with behavioral health professionals to successfully resolve an incident involving individuals in behavioral health crises. An important role for law enforcement is to, when appropriate, help people and their families access behavioral health services, substance abuse programs, hospitals, clinics, and shelter facilities.~~

~~Incidents involving individuals in a behavioral health crisis require the use of special police skills and training, de-escalation techniques, and available resources to effectively and~~

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~~positively resolve the situation. The ideal resolution for a behavioral health crisis incident is that the individual is connected with resources that can provide behavioral health support and guidance after the crisis has been resolved.~~

Commented [A1]: Removed due to being overly wordy AND existing in various places in the SOP. Additionally not in line with APD's Policy Manual --Dietzel

~~The goal during an incident is the policy of the Albuquerque Police Department to respond to individuals involving an individual in a behavioral health crisis in a way that attempts to de-escalate the situation safely with the least amount of force for all individuals involved, consistent with established safety priorities, and to ensure appropriate referrals are made for possible case assignment and follow up by the Crisis Intervention Unit Detective Section follow-up activities.~~

Commented [A2]: Need to create the expectation that not all cases will be followed up on. Some won't even be assigned to a detective. --Dietzel

Commented [A3R2]: 1.I think that adding possible case assignment here is unnecessary and may make advocates uneasy – the sentence is about ensuring appropriate referrals are made – I suggest keeping it at that.
2.What about assignment to COAST? LVM

Commented [A4R2]: Lt. Dietzel agrees

2-19-3 Definitions

A. Behavioral Health Crisis

A behavioral health crisis is an incident in which an individual is experiencing intense feelings of personal distress (e.g., anxiety, depression, fear, anger, panic, hopelessness), obvious changes in functioning (e.g., neglect of personal hygiene, unusual behavior), or catastrophic life events (e.g., disruptions in personal relationships, support systems, or living arrangements; loss of autonomy or parental rights; victimization; or natural disasters), which may, but will not necessarily, result in an upward trajectory or intensity, culminating in thoughts or acts that are possibly dangerous to the individual in crisis, and/or others.

B. Behavioral Health Disorder

A behavioral health disorder is a disorder that is characterized by a disturbance in an individual's cognition, emotion regulation, or behavior. It reflects a dysfunction in the individual's psychological, biological, or developmental processes underlying mental functioning. This includes individuals with Intellectual and Developmental Disabilities (I/DD).

C. Certificate of Evaluation

A Certificate of Evaluation is a document, completed by a qualified, licensed mental health professional which certifies that an individual, as a result of a mental disorder, presents a likelihood of harming themselves or others and that immediate detention is necessary to prevent such harm, which could include or grave passive neglect.

Commented [A5]: The document is a certificate for evaluation. Attempting to fix this throughout. -Dietzel

D. Crisis Intervention Section (CIS)

The Crisis Intervention Section (CIS) is comprised of Crisis Intervention Unit detectives (CIU), Crisis Outreach and Support Team members (COAST), Mobile Crisis Teams (MCT), crisis clinicians, a licensed psychiatrist, and data analysts. The CIS is responsible for the overall administration and goals of the Crisis Intervention Team (CIT) and the Enhanced Crisis Intervention Team (ECIT) programs.



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E. Crisis Intervention Trained Officer (CITO)

Crisis Intervention Trained officers (CITO) are officers who successfully completed the 40-hour basic crisis intervention team training.

~~D.F. Qualified Mental Health Professional~~

~~A qualified mental health professional is a licensed, independent social worker, a licensed professional clinical mental health counselor, a marriage and family therapist, a certified nurse practitioner, or a clinical nurse specialist with a specialty in mental health, who is qualified to work with individuals ~~persons~~ having behavioral health crises or disorders.~~

~~E.D. Crisis Intervention Section (CIS)~~

~~The Crisis Intervention Section (CIS) is comprised of Crisis Intervention Unit detectives (CIU), Crisis Outreach and Support Team members (COAST), Mobile Crisis Teams (MCT), crisis clinicians, a licensed psychiatrist, and data analysts. The CIS is responsible for the overall administration and goals of the Crisis Intervention Team (CIT) and the Enhanced Crisis Intervention Team (ECIT) programs.~~

~~F. Crisis Intervention Trained Officer (CITO)~~

~~Crisis Intervention Trained officers (CITO) are Field Services Bureau officers who successfully completed the 40-hour basic crisis intervention team training.~~

G. Crisis Intervention Team (CIT) Program

The Crisis Intervention Team (CIT) Program is a community-based program designed to improve the way law enforcement and the community respond to people experiencing behavioral health crises. The CIT Program is built on strong partnerships between law enforcement, behavioral health provider agencies, individuals, and families of those affected by mental illness.

H. Crisis Intervention Unit Clinicians (CIC)

Crisis Intervention Clinicians (CIC) are qualified mental health professionals who provide evaluations, general psychological assessments, crisis intervention, dangerousness assessments, safety planning, and referrals for individuals in the community living with behavioral health disorders who come into contact with the Department.

I. Crisis Outreach and Support Team (COAST)

The Crisis Outreach and Support Team (COAST) is staffed by civilian employees and supervised by a Department sergeant. COAST enhances the CIT program by

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providing crisis intervention, access to mental health services, and education, in and response to police referrals. COAST is assigned to the Compliance Bureau/Crisis Intervention Section.

J. De-escalate

To de-escalate is to attempt to calm a situation or to prevent a situation from escalating into a physical confrontation or injury, by using verbal and non-verbal techniques, including active listening skills, calming tone of voice, announcement of actions, body posture, personal space, eye contact, empathy, and compassion to promote safety for both officers and members of the public.

K. Disengagement

Disengagement is a decision, approved by the sergeant and on-duty lieutenant, to discontinue contact after attempts to engage with an individual in a behavioral health crisis after determining the individual is not a threat to others and that further interaction with the individual will result in an undue safety risk to the person, officers, and the public. This determination will be evaluated by the totality of the situation and the information available to officers and supervisors on the scene.

L. Enhanced Crisis Intervention Team (ECIT)

The Enhanced Crisis Intervention Team (ECIT) is comprised of ~~specialty-trained~~ specialty trained, ~~uniformed~~ officers who function as specialists to handle calls involving individuals affected by a behavioral health disorder or experiencing a behavioral health crisis.

M. Grave Passive Neglect

The failure to provide for basic personal or medical needs or for one's own safety to such an extent that it is more likely than not that serious bodily harm will result in the near future

~~An individual's failure to provide for theirone's basic personal needs, medical needs, or to care for theirone's own safety to such an extent that it is likely to result in serious bodily harm, or death, in the immediate future.~~

N. Mobile Crisis Teams (MCT)

A Mobile Crisis Team (MCT) is a two-person unit comprised of mental health professionals who work with ECIT officers and are responsible for responding to priority calls with a behavioral health component. They provide immediate behavioral health services once the scene is secure. MCTs are trained to complement the ECIT and CIU.

O. Non-Engagement

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Commented [A6]: What is the difference between uniformed and FSB, and which is more accurate? LVM

Commented [A7R6]: Approved for removal, Lt. Dietzel

Commented [A8]: Added statute language

Commented [A9]: Third person fix -Dietzel

Commented [A10R9]: I suggest sticking as closely as possible to the state law definition, which is: "K. "grave passive neglect" means failure to provide for basic personal or medical needs or for one's own safety to such an extent that it is more likely than not that serious bodily harm will result in the near future;" The be closer to this definition, I suggest "The failure to provide for basic personal or medical needs or for one's own safety to such an extent that it is more likely than not that serious bodily harm will result in the near future." Legally, there is a potentially significant difference in meaning between what the Department had and the state statute with regard to the fact that the failure to provide for basic personal or medical needs does not need to be self-inflicted.



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Non-engagement is the decision, approved by a sergeant and the on-duty lieutenant, to avoid making contact with an individual ~~person~~ in a behavioral health crisis, who is not a threat to others, and that further interaction with the individual will result in an undue safety risk to the individual ~~person~~, officers, and the public. This determination will be evaluated by the totality of the situation and the information available to officers and supervisors on the scene.

2-19-4 — The Crisis Intervention Team (CIT) Program

~~Moved to CIT Program and Crisis Intervention Section Responsibilities (See SOP - Crisis Intervention Section and Program).~~

Commented [A11]: Link system at the top of the policy removes the need for this --Dietzel

2-19-4⁵ Recognizing Behavioral Health Disorders

- A. When responding to an incident, officers should consider whether the individual with whom officers are interacting ~~person~~ may be in a behavioral health crisis.
- B. Only a trained mental health professional can diagnose behavioral health issues, psychiatric disorders, or illness. Department personnel, officers, and Emergency Communications Center (ECC) employees do not diagnose an individual's mental health condition. However, they must apply their training to recognize behaviors and signs that indicate the individual ~~person~~ may be affected by a behavioral health disorder or is in a behavioral health crisis and to adapt police responses accordingly.
- C. Department personnel, officers, and ~~Emergency Communications Center~~ ECC employees should consider that someone may be in behavioral health crisis due to behavioral disorders or distress, impairment from alcohol or psychoactive drugs, or may have a hearing impairment, deafness, dementia, autism, or physical injury, and tailor their response accordingly.
- 6** D. An ~~Emergency Communications Center telecommunication~~ ECC employee will apply their training and experience to identify calls that indicate the individual may be affected by a behavioral health disorder or a behavioral health crisis, and if so, will dispatch an ECIT officer or MCT, when appropriate and available.
- E. If ~~Emergency Communications Center~~ ECC employees receive a call indicating an individual ~~the person~~ may be in a behavioral health crisis, ~~Emergency Communications Center~~ ECC employees will determine whether it would be beneficial to transfer the call to the New Mexico Crisis and Access Line. If so, Communications will call 1-(855)-NMCISIS (622-7474) and collaborate with the Crisis Line personnel to ~~help respond to the~~ take responsibility for the call if appropriate and available.

Commented [A12]: ECC; do word search throughout - LVM

Commented [A13]: NMCAL isn't going to respond to a scene but they will take on calls, but they can take calls from the ECC voiding the need for an officer to be dispatched in certain situations - Dietzel



2-19-56 Assessing Risk

A. Most people affected by a behavioral health disorder or who are in behavioral health crisis are not dangerous, although some may present dangerous behavior under certain circumstances or conditions. Officers should assess whether someone may be a danger to themselves, the officer, or others, by considering the following:

~~The person's~~individual's access to weapons;
1.

1-2. The individual~~person's~~ statements, conduct, or inferences that suggest the individual~~person~~ will commit a violent or dangerous act;

2-3. The individual~~person's~~ history; ~~The individual person's~~ history may be known to the Department, the officer, family, friends, and neighbors. Indications that the individual~~person~~ lacks self-control, particularly lack of physical and psychological control over rage, anger, fright, or agitation are important considerations. An individual's public social media accounts can also provide important information to assist in response.

3-4. Signs of lack of self-control; ~~These~~ these can include extreme agitation, inability to sit still, or clear difficulty communicating effectively, and/or rambling incoherent thoughts and speech. Clutching oneself or other objects to maintain control, or moving very rapidly; may also suggest that the individual is losing control.

4-5. The volatility of the environment; ~~Ag~~ agitators who may upset the individual~~person~~, create a combustible environment, or incite violence should be carefully noted and controlled.

B. Individuals affected by a behavioral health disorder or crisis may rapidly change their conduct or demeanor from calm and responsive to physically active and agitated or to non-responsive. This behavior change may result from an external trigger (such as an officer who states, "I have to handcuff you now,") or from internal stimuli (such as delusions or hallucinations). Changes in an individual's ~~person's~~ demeanor or conduct do not mean they will become violent or threatening; however, officers should observe and be prepared at all times for a rapid change in behavior.

2-19-67 Response

7 A. ~~When~~ When responding to an individual experiencing a behavioral health crisis, officers will attempt to de-escalate and calm the situation ~~if feasible~~ when possible, until a supervisor, ECIT, or MCT arrives to control the scene and direct operations.

1. ~~Once~~ When on scene, ECIT, MCT, or CIU will take the lead in interacting with individuals in a behavioral health crisis. If a supervisor has assumed responsibility

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Commented [A14]: MHRAC Suggestion to include social media as a resource here -Dietzel 2nd 10 day commentary

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Commented [A15]: APD has enough ECIT now that they will likely self-dispatch to these calls. --Dietzel

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for the scene, the supervisor will seek input from ECIT, MCT or CIU on strategies for de-escalating, calming and resolving the crisis, when safety allows such consultation. Supervisors are encouraged to become ECIT trained in order to better evaluate ECIT officers they oversee or assist in situations where ECIT officer is unavailable.

4.

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The responding officer will request a backup officer whenever the individual will be taken into custody (either for booking or anfor emergency mental health evaluation). When making the request, theThe officer should specifically request an ECIT officer as a backup, unless the requesting officer is an ECIT officer.

2.

Officers should take steps to calm the situation. Whenre possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet, non-threatening tone and manner when approaching or conversing with the individual. Whenere possible, avoid physical contact, and take time to assess the situation. Officers should operate with the understanding that, in most cases, time is an ally, and there is no need to rush or force the situation. in most cases,

2.3.

3.4. Whenpossible oOfficers should move slowly in order to not excite or agitate the individualperson. Provide reassurance that the police are thereon-scene to help and that the individualperson will be offered appropriate care, assistance, and resources.

4.5. Officers should communicate clearly and calmly. If possible, speak slowly and use a low tone of voice. Officers should express concern for the individualperson's feelings, and allow the individualperson to share feelings without expressing judgment.

6. Whenre possible, officers should gather information from acquaintances, or family members, or in emergency situations, the individual's behavioral health provider, if known. Attempt to find out the nature of the crisis the individual is experiencing and try to learn what has helped de-escalate the individual in similar situations the past. Request the assistance of the Mobile Crisis TeamMCTprofessional assistance, if available eand appropriate, to assist in communicating with and calming the person, when ECIT officers are unable to make progress in de-escalating the situation and the scenesituation is safe enough for a clinician to engage with the individualperson.

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- Commented [A17]: HIPPA won't apply in most emergency situations and the provider may have excellent information to de-escalate. --Dietzel
- Commented [A18]: MCT - LVM
- Commented [A19]: MCT clinicians generally are the only in person professional assistance available on scene. --Dietzel
- Commented [A20]: When is it appropriate? LVM
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~~6-7.~~ Officers should not threaten the individual with arrest or physical harm, as this may create additional fright, stress, and potential aggression.

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7-8. Officers should avoid topics that seem to agitate the individual/person, and guide the conversation away from areas that cause stress or agitation and towards topics that seem to ease the situation.

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8-9. Officers should always be truthful. If the individual/person senses deception, they may withdraw in distrust, become hypersensitive, or retaliate in anger. If an individual is experiencing delusions and/or hallucinations and asks the officer to validate them, statements such as, "I am not seeing what you are seeing, but I believe that you are seeing them," are recommended. Validating and/or participating in the individual's delusion or hallucination is not advised.

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10. Officers should offer to connect individuals to mental health service agencies or provide transportation to the hospital.

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B. Officers will complete a CIT contact sheet in TraCS for any interaction with an individual who is experiencing a behavioral health crisis, regardless of the call type or reason for the interaction.

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C. Officers will complete an original incident report noting the following actions or decisions when responding to a behavioral health call:

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1. Charges were filed against an individual.

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1.

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2. If officers have handcuffed or detained an individual for any reason, to include the officer's justification for use of handcuffs or detention.

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3. If an officer employs the tactics of non-engagement or disengagement.

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Include This report will include the names of both the sergeant and lieutenant who authorized the tactic in the report.

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3.

If officers are detaining an individual for a mental health evaluation, and the individual's detention and transport are involuntary, (consistent with SOP 2-19-11 and NMSA 1978, Section 43-1-10) regardless of whether the individual is transported by ambulance or the officer.

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If an officer transports an individual for a mental health evaluation in their vehicle.

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5.

If ~~officers~~ officers, make a referral to the Crisis Intervention Unit for possible follow up.

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6.

a. To make a referral to the CIU, ~~Department Personnel~~ employees must forward their original incident report to APDCIT@cabq.gov for review and indicate that a CIU referral was made on the CIT contact sheet.

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N/A

i. Cases that should be referred to CIU/COAST include, but are not limited to, high risk individuals suspected of living with a mental illness, frequent callers, individual persons who have certificates ~~for~~ of evaluation that officers have attempted to serve but have been unable to contact, individuals who would benefit from being linked to services, or any case officers feel would benefit from the service of the Crisis Intervention Unit/COAST.

ii. Sworn CIU personnel, including MCT officers, do not generally file criminal charges against individuals. C, ~~case~~ responsibility for criminal allegations will remain with the incident's primary officer, or the appropriate investigative unit.

Commented [A22]: CIU does not initiate criminal cases against individuals. This is not currently in SOP but has been our practice for years, officers still occasionally send referrals for criminal prosecution or ask MCT to take over criminal investigations. Adding clear language now. --Dietzel 2/26/20

6N/A

iii. In cases where an individual experiencing a behavioral health crisis is actively threatening others and cannot be located or immediate follow up may be needed, Department Personnel must ~~are to~~ contact CIU's on call detective. CIU has both a detective and a supervisor on call at all times to assist in these situations.

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Commented [A23]: Added to incorporate special order addressing this SO19-37---Dietzel

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• The APDCIT@cabq.gov email address is not monitored 24 hours a day, in situations where immediate response is ~~required, required~~ required contact the CIU on call detective.

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Any other reason to document the encounter as directed elsewhere in APD SOP or at the direction of a supervisor.

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D. Non-engagement or Disengagement

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~~D. to Dispatched Calls for Service~~

1. If a sergeant and lieutenant determine, after consulting with an ECIT officer or a mental health professional, that an ~~individual-person~~ exhibiting a behavioral health disorder or behavioral health crisis is not a threat to others and that further interaction with the individual will result in an undue safety risk to the ~~individual-person~~, the public, or officers, they should disengage. The sergeant will coordinate with CIU to contact the ~~individual-person~~ at a different time or under different circumstances. A police report and a CIT contact sheet will be generated documenting the following elements:
 - a. Details of the call;
 - b. Reasons for disengagement;
 - c. Actions taken to de-escalate the situation;
 - d. Actions taken to promote safety;
 - e. Follow-up plans and referrals made; and
 - f. Flagged address for a safety bulletin.
2. The word “disengagement₁” will be placed in the offense/incident summary line of the report and noted on the CIT contact sheet.
- 2.
3. If the individual is barricaded, the officers will follow the additional procedures set forth in SOP – Hostage, Suicidal/Barricaded Individual, and Tactical Threat Assessment.
4. In limited circumstances, officers may be aware of the identity and behavior of an individual before making contact. This information may indicate that the individual is not currently a threat to others, there is no alleged criminal activity, and that contact with law enforcement would not be helpful but only serve to escalate the situation. In these circumstances, a supervisor may approve non-engagement. The supervisor will report non-engagement decisions to a lieutenant. The non-engagement will be documented in the same manner as a ~~disengagement~~ disengagement with the word “non-engagement” placed in the offense/incident summary line of the report and a CIT contact sheet.
5. Nothing in this section shall prohibit officers from utilizing discretion in on-site activity.

Commented [A24]: Removed to include non dispatched calls for service --Dietzel 2/3/20

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2-19-78 Diversion from Jail

~~For criminal justice diversion please reference APD SOP WHATEVERTHEYCALLEDITLEAD~~

Commented [A25]: Added to Related SOPs on page 1 --Dietzel

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Department personnel may divert individuals with behavioral health disorders or who are in behavioral health crisis from jail through the following measures:

- A. When an individual’s criminal behavior appears to stem from a behavioral health disorder and he or she would be better served in a treatment location rather than in a



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criminal justice setting, officers should ~~seek such interventions in lieu of criminal charges~~ utilize jail diversion instead of making an arrest. This process applies only to misdemeanor and non-violent felony cases. When possible and allowed by SOP, those ~~individual persons~~ may be better served by jail diversion, which can include the following:

Commented [A26]: Some of the interventions were criminal charges just not an arrest --Dietzel 2/3/20

1. Issuing a verbal warning.

~~1.~~ Issuing a citation.

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~~2.~~

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~~2-3.~~ Giving a summons for misdemeanors or submitting a non-violent felony case to the District Attorney.

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~~3-4.~~ Transporting the ~~individual person~~ to a mental health provider either voluntarily or involuntarily pursuant to NMSA 43-1-10.

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~~4-5.~~ Disengagement. A supervisor will notify ~~at the on-duty~~ lieutenant of ~~the is~~ situation and obtain their authorization for ~~disengagement~~ decision.

~~B.~~ If an individual is intoxicated to the point that they no longer have control of their faculties, the officer should request an evaluation by emergency medical services.

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~~5.~~ ~~When officers have established probable cause exists to believe an individual has committed a violent felony, an arrest should be made; Jail diversion is not appropriate for violent felonies.~~

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~~B-C.~~ Jail diversion through the issuance of ~~a citations or,~~ summons, or submission of a case to the District Attorney, is subject to an officer's discretion and is typically appropriate unless:

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Commented [A27]: I am adding this due to completely make it clear, jail diversion is not for individuals who have committed a violent felony --Dietzel

Commented [A28R27]: I suggest also keeping the first sentence, and also moving this language to a new number 1 under what is currently C. LVM

~~1.~~ Jail diversion is not appropriate for violent felonies. When officers have established probable cause exists to believe an individual has committed a violent felony, an arrest should be made.

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~~1-2.~~ The individual, subject to lawful arrest, fails to identify themselves satisfactorily.

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~~2-3.~~ The individual refuses to sign the citation.

~~3-4.~~ Arrest or taking the individual into custody is necessary to prevent imminent harm to others, or it is necessary to remove the individual from the scene of the offense to ensure that no ~~individual person~~ is injured.



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5. The individual has no ties to the jurisdiction reasonably sufficient to ensure their appearance and there is a substantial likelihood that violators would refuse to respond to the citation. The fact that ~~an individual~~ ~~the person~~ appears to be experiencing homelessness is not a sufficient basis for an arrest.

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4- G.D. Jail Diversion Collaboration

1. CITO, ECIT, MCT, and CIS will work with behavioral health care providers within the community to deter the individual from future contact with the criminal justice system.
 - a. CIS will meet with personnel from the University of New Mexico, Presbyterian Kaseman Hospital, Health_Care for the Homeless, HopeWworks, New Mexico Solutions, and others as needed or requested to ensure familiarization with diversionary goals.
 - b. Officers will testify at civil commitment proceedings to promote mental health resolution rather than criminal sanctions.

2. CITO, ECIT, and MCT will make referrals to CIS and use COAST and/or ~~Crisis Intervention Unit~~ CIU Clinicians, to reduce the likelihood of future behavioral health crises and thus reduce the possibility of contact with the criminal justice system by evaluating the situation and connecting to appropriate services available to individuals living with behavioral health disorders.

Commented [A29]: Abbreviate LVM

3. On active CIU cases, CIU Detectives may coordinate with the Pre-Trial Services diversionary unit in the court system to address the needs of the individuals with behavioral health disorders who were booked into the detention facility.

4. The primary officer will retain case responsibility if a citation ~~or~~ summons is issued or a ~~or~~ case is submitted to the District Attorney. CIU/COAST assists if the individual needs follow-up intervention. When charges have been filed and a specialty court could benefit the individual, officers are encouraged to sending a copy of the incident report to Court Services. ~~s-~~ Officers should will indicate that will attach a note stating the individual may be a candidate for Mental Health Court a specialty court, such as mental health court, veteran's court, or drug court in the offense report.

Commented [A30]: We use electronic reports, sticky notes don't work in 2020. --Dietzel

Commented [A31]: MHRAC Suggestion -2nd 10 day commentary

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4.5. When the Law Enforcement Assisted Diversion (LEAD) Program is appropriate, officers are encouraged to divert individuals to LEAD. All Proactive Response Team members can assist officers with this process.

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6-7 5.6. If the individual is not appropriate for jail diversion, the officer should ensure that the individual is referred to the Psychiatric Services Unit within the detention center (PSU) by writing "PSU REFERRAL" at the top of the pre-booking slip and checking the Psychiatric Services Unit Referral box on the pre-booking worksheet in TraCS.



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7 ~~6-7.~~ Officers shall document ~~their jail diversion efforts~~ the use of jail diversion on the CIT contact sheet for the call by ~~typing "jail diversion" in the narrative, or, once available,~~ selecting the jail diversion box on the ~~c~~Contact sSheet and choosing the jail diversion ~~method~~option used.

Commented [A32]: This is live --Dietzel

2-19-89 Mobile Crisis Teams

A. Mobile Crisis Teams (MCT)

1. Mobile Crisis Team's goal is to employ de-escalation techniques and safety assessments to defuse the crisis and maintain the individual in the community whenever possible, reducing the risk of arrests as a result of mental illness, limiting emergency room visits, eliminating costly ambulance transports, and eliminating any excessive usage of resources.

Commented [A33]: Need to have some indication that MCT will leave individuals in the community. This has been a major growing pain for the program and was not in policy.--Dietzel

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~~1-2.~~ The ~~MCT~~Mobile Crisis Team (MCT) will serve on teams that are composed of one ECIT Officer, from APD or BCSO, and one independently licensed ~~c~~linician through ~~St. Martins~~HopeWworks. This team is governed by this policy ~~SOP~~ and guided by ~~a~~ contract between the City of Albuquerque and the County of Bernalillo.

3. Mobile Crisis Teams (MCT) will:

~~2.~~ ~~are responsible for:~~

- a. ~~Primarily~~Rresponding to high priority ~~one~~ calls with a behavioral health component, city-, and county-wide. ~~e.~~ ~~May need to respond to some priority two calls with a behavioral health component.~~
- b. ~~May be utilized~~Serveing as a resource ~~e~~ and for consultation ~~by~~for the Field Service Bureau, ~~after consulting an ECIT officer.~~
- c. Assessing individuals for risk to self or others, especially if an individual ~~person~~ affected by a behavioral health disorder or in behavioral health crisis puts ~~another's~~someone else's (including community members or the officer's) safety at risk.
- d. Assessing escalating behavior or erratic conduct. ~~An individual~~person may not currently pose a risk to themselves or anyone else's safety; however, they may be displaying behavior that causes increasing alarm to others through physical actions, threats, or property damage. ~~The~~behavior may result in increased risk to self or others, including officers.
- e. ~~The APD ECIT officer assigned~~ MCT reports to the CIS. ~~Accomplishing~~The MCT's primary objectives, in all interventions are to evaluate the risk the individual poses to themselves or others and to de-escalate and calm the situation in an effort to safely resolve the crisis. ~~When~~EnsureR responding to any call for service, the law enforcement officers ~~will~~ always proceed first and

Commented [A34]: Consider "shall" or "will" and revising first word or two of a through e where necessary. LVM

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Commented [A35]: "Serving as the primary responder" ? LVM

Commented [A36]: APD's priority system changed this section needs to be broadened to reflect the change --Dietzel

Commented [A37]: Redundant! Removed --Dietzel



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make sure the scene is safe ~~enough~~ to have an MCT ~~o~~Clinician interact with the identified ~~individual~~ ~~person~~ in need. ~~o~~MCT is a specialized response unit and it is discouraged from separating the clinician from the officer.

i. The APD ECIT officer assigned MCT reports to the CIS.

e. ~~o~~

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3-4. Mobile Crisis Teams (MCT) Call Signs

The call signs for mobile crisis team will be MCT and a numerical digit.

4-5. Dispatch and calls

a. MCT should only be utilized for behavioral health-related calls. When criminal allegations arise from a call originally identified as a behavioral health-related call, the MCT shall contact the ECC and request the dispatch of officers, who shall assume case responsibility. ~~If other criminal allegations arise from a call, other officers will should be dispatched and assume case responsibility.~~

Commented [A38]:

Commented [A39]: Suggest "When criminal allegations arise from a call originally identified as a behavioral health-related call, the MCT shall contact the ECC and request the dispatch of officers, who shall assume case responsibility." LVM

b. All MCT responses will begin from either a call from dispatch, a request from officers or a supervisor on scene, or MCT initiated interactions where it has been determined that the individual in question is experiencing a ~~mental health crisis or a mental health problem~~ behavioral health crisis.

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c. ~~ECC Dispatch~~ is to utilize training and this policy SOP to contact the ~~mobile crisis unit~~ MCT upon receiving a mental health call. Officers will use their best judgment to determine if and when an MCT is needed on the scene in order to de-escalate the individual and to provide acute crisis services.

d. Mobile Crisis Teams (MCT) may respond at any point during a behavioral health call or at the request of officers or a supervisor already on scene. Individuals in crisis should be contacted by a minimum of two officers, one of which could be the MCT officer. The MCT officer and clinician must not be left alone on crisis calls until the individual is transported, if needed, or the scene is cleared.

d.e. MCT units will arrive on the scene in the officer's vehicle. If another officer is already on scene, the ~~on scene~~ officer(s) will ensure ~~render~~ the scene is safe before any MCT clinician comes into contact with the individual in question. Under no circumstance shall any MCT clinician engage, or be asked to engage with an individual before the scene has been rendered is safe.

Commented [A40]: Need to this to protect clinicians on calls. -- Dietzel

e.f. Once the scene ~~has been evaluated~~ cleared for safety is safe, the MCT clinician will ~~be cleared to~~ engage the individual ~~s~~ in order to gain an understanding of the issue and work to provide acute crisis services and provide referrals if necessary.

Commented [A41]: Suggest "is safe" LVM



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~~f.g.~~ The MCT clinician and officers shall work together to provide swift and responsive services for all calls for which they have been dispatched to provide the services deemed necessary and appropriate.

~~g.~~ If MCT is involved in a use of force, or show of force, the appropriate area command supervisor will be responsible for determining what level of force was used, and when appropriate based on the use of force policies, for conducting the initial investigation. (See SOP – Use of Force policies). This also includes missed applications of force.

~~h.~~

5. ~~Services~~

~~a.~~ The MCT clinician shall provide services beginning with de-escalation and primary assessment. Such assessment may vary, depending on the situation. Such assessments may include a crisis assessment, mental status exams, and general mental health assessments to determine mental health diagnosis.

~~b.~~ Once individuals have been assessed, the MCT clinician shall conduct face-to-face crisis intervention services. Services may also include, but are not limited to, crisis planning, referrals for other services, and recommendations for higher levels of care, which may or may not include certificates for evaluation.

~~c.~~ The MCT clinician shall work to provide referral services to individuals in crisis. Referrals should be provided in a way that will allow for the MCT clinician to follow up to determine if individuals have obtained those services.

~~d.~~ The MCT clinician shall provide follow-up services for individuals previously encountered during a crisis, through HopeWorks.

~~e.~~ All services shall be documented in the agency's Electronic Health Record System and on other forms as directed and provided by St. Martin's HopeWorks Behavioral Health leadership team.

6. Referrals

~~a.~~ The MCT shall make needed referrals for services. MCT may refer for the following services, including and not limited to: housing, psychiatric, therapy, substance use, employment, comprehensive community support services, outreach, and emergency services.

~~b.a.~~ The MCT clinician shall work with other the St. Martin's HopeWorks clinicians to coordinate appropriate referrals and follow-ups.

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Commented [A42]: Removed due to no authority for APD SOP to govern employees of Hopeworks. The have their own policy.



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e.b. In the event an individual needs a higher level of care, the MCT clinician may complete a certificates for evaluation. The MCT clinician shall consider utilizing detox services in the event individuals are presenting as intoxicated.

d.c. If the MCT believes further follow up is required, they shall submit a referral to the ~~Crisis Intervention Section~~ Unit CIU.

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2-19-910 People with Developmental Disabilities

~~Individual~~ Persons with developmental disabilities may have a mental or physical impairment that creates difficulties in certain areas of life, especially language, mobility, learning, self-help, and independent living. These individuals are often limited in their ability to effectively communicate, interact with others, and make reasoned decisions on their own. ~~Difficult interactions may result in counterproductive police actions if officers do not accurately recognize and effectively deal with behaviors and reactions of these individuals.~~

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A. Common Traits

1. There are many forms of developmental disability. Many individuals have additional related, but distinct, disorders, such as Autism Spectrum Disorder, Down Syndrome, Fetal Alcohol Spectrum Disorder, Fragile X Syndrome, and Rett Syndrome. Although officers are not in a position to diagnose ~~individual~~ persons with such disabilities, officers will be alert to symptoms suggestive of such disorders. These include the following symptoms in various combinations and degrees of severity:
 - a. Difficulty communicating and expressing oneself.
 - b. Communication by pointing or gestures rather than words.
 - c. Repetition of phrases or words.
 - d. Repetitive body movements which may cause harm to themselves; movements may include, swaying, spinning, clapping hands, flailing arms, snapping fingers, biting wrists, or banging the head.
 - e. Little or no eye contact.
 - f. Uneven gross or fine motor skills.
 - g. Unresponsiveness to verbal commands; the appearance of being deaf.
 - h. Aversion to touch, loud noise, bright lights, and commotion.
 - i. No fear of danger.
 - j. Oversensitivity or lack of sensitivity to pain.
 - k. Self-injurious behavior.
 - l. Talking to themselves.
 - m. Chewing on things that are not edible.



B. Common Encounters

1. Officers may encounter ~~persons~~individuals who have developmental disabilities in a variety of situations. Due to the nature of developmental disabilities, the following are some of the most common encountered:

- a. Wandering;
- b. Seizures;
- c. Disturbances;
- d. Welfare check; and

~~Encroachment Interfering with on another individual's personal space~~person's rights

e.

7

C. Handling and De-escalating Encounters

1. Like anyone else, ~~individual~~persons with developmental disabilities can become upset, engage in tantrums or self-destructive behavior, or even sometimes become aggressive. Fear, frustration, and minor changes in their daily routines and surroundings may trigger erratic behavior among some individuals with developmental disabilities ~~among some people~~. Officers should take measures to prevent these reactions by de-escalating situations and attempting to safely calm the situation. These measures include the following:

- a. Speak calmly.
- b. Do not shout.
- c. Do not unnecessarily touch the individual~~person~~.
- d. Avoid commotion.
- e. Keep animals away.
- f. Ask for personal identification.
- g. Call the contact individual~~person~~, caregiver, or guardian.
- h. Be patient and prepare for a potentially long encounter.
- i. Repeat short, direct phrases in a calm voice.
- j. Be attentive to sensory impairments.
- k. Maintain a safe distance. Provide the individual~~person~~ with a zone of comfort that will also serve as a buffer for officer safety.
- l. Avoid topics that cause agitation or distress.

6-7

D.E. Taking Individual~~Persons~~ into Custody

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Commented [A46R45]: This was MHRAC language from before my time.

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1. Taking custody of a individual person with a developmental disability should be avoided whenever possible, as it will likely invariably initiate a severe anxiety response and escalate the situation. Therefore, in minor offense situations, officers will explain the circumstances to the complainant and request that alternative means be taken to remedy the situation use jail diversion whenever possible. This normally will involve disengagement or release of the individual person to family or an authorized caregiver. In incidents where a violent felony is ~~alleged~~ alleged more serious offense situations or where alternatives to arrest are not reasonable, officers will observe the following guidelines:

Commented [A48]: Likely LVM

Commented [A49]: Use jail diversion whenever possible.

2.a. Contact a supervisor for advice.

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3.b. ~~Summon the pers~~ Request the individual person's family or caregiver to ~~have them~~ accompany the individual person and to assist in the calming and intervention process. If a caregiver is not readily available, call ~~summon mobile crisis to ama mental health crisis intervention worker, MCT or an ECIT officer,~~ if available.

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4.c. Employ calming and reassuring, nonjudgmental language and use de-escalation techniques ~~protocols~~ as outlined in the response section ~~provided~~ in this policy.

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~~Do not~~ incarcerate the individual person in a lockup or other holding cell if possible. Do not incarcerate the person with others since they are vulnerable and at risk of harm.

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6. If possible, and until alternative arrangements can be made, put the person in a quiet room with subdued lighting with a caregiver or other responsible individual or another officer who is experienced in dealing with such persons.

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E. Interviews and Interrogations

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1. If possible, and until alternative arrangements can be made, make every effort to reduce the level of anxiety for the individual person by changing the environment and by asking a caregiver or another individual person to be present to assure the person's safety.

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2. When possible ~~if feasible~~, prior to officers conducting an interview or interrogation of an individual person suspected of being developmentally disabled and suspected

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of committing a felony-level crime, the officers should immediately contact the Bernalillo County District Attorney's Office to consult regarding whether the individual~~person~~ should be interviewed or interrogated.

2-19-104 Procedures for Emergency Mental Health Evaluation

7 A. In accordance with NMSA 43-1-10, an officer may detain a person for emergency evaluation and care at a hospital, mental health facility, or an evaluation facility in the absence of a valid court order only if:

1. The person is otherwise subject to arrest.
2. The officer has reasonable grounds to believe the person has just attempted suicide.
3. The officer, based on personal observation and investigation, has reasonable grounds to believe the person, as a result of a mental disorder, presents a serious threat of harming themselves or others, including through grave passive neglect, and that immediate detention is necessary to prevent such harm.

4.a. Immediately upon arrival at the evaluation facility, the officer will be interviewed by the admitting physician or their designee.

—A licensed physician, certified psychologist, or a qualified mental health professional licensed for independent practice who is affiliated with a community mental health center or core service agency has certified that the person, as a result of a mental disorder, presents a likelihood of committing serious harm to themselves or others, and that immediate detention is necessary. Certification will constitute authority for the officer to transport the individual.

7 B. If an individual meets the criteria for an emergency mental evaluation, the officer ~~will put the individual in protective custody and arrange transport the individual~~ will transport the individual to a mental health facility. If possible, the officer will ascertain the individual's health care provider information and assist in the transportation of the individual to the appropriate facility.

1. UNM Mental Health Center (2600 Marble Ave NE) ~~and~~
2. Kaseman Presbyterian Hospital (8300 Constitution Ave NE)
3. ~~and~~ Lovelace Medical Center (601 Dr. Martin Luther King Jr. Ave NE) and the
4. Veteran's Affairs Medical Center (1501 San Pedro Dr. SE, for qualifying former and current Armed Services members)

5.a. All have acute care units for evaluating and treating individuals ~~people~~ experiencing with behavioral health emergencies ~~disorders~~. A complete list of area facilities that may evaluate individuals is available through Emergency Communications ~~ECC~~. Area facilities that may evaluate individuals include;

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- Commented [A52]: Added addresses for top 4 transport locations and removed table with other addresses. --Dietzel
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University of New Mexico Hospital – Psychiatric Center	
2600 Marble Ave. NE, Albuquerque, NM, 87106	(505) 272-2800
University of New Mexico Hospital – Sandoval Regional Medical Center	
3001 Broadmoor Blvd. NE, Rio Rancho, NM, 87144	(505) 994-7000
Presbyterian Hospital – Downtown	
1100 Central Ave. SE, Albuquerque, NM, 87106	(505) 841-1234
Presbyterian Hospital – Kaseman	
8300 Constitution Ave. NE, Albuquerque, NM, 87110	(505) 291-2000
Presbyterian Hospital – Rust	
2400 Unser Blvd. SE, Rio Rancho, NM, 87124	(505) 253-7878
Levelace – Downtown	
601 Dr. Martin Luther King Jr. Ave. NE, Abq, NM, 87102	(505) 727-8000
Levelace – Westside	
10501 Golf Course Rd. NW, Albuquerque, NM, 87114	(505) 727-2000
Levelace – Women’s Hospital	
4701 Montgomery Blvd. NE, Albuquerque, NM, 87109	(505) 727-7800
Veterans Administration Hospital	
1501 San Pedro Dr. SE, Albuquerque, NM, 87108	(505) 265-1714

5. When an individual is taken to a mental health facility, the officer will ensure that the mental health ~~staff have~~staff has a detailed and accurate account of the incident surrounding the protective custody. The officer will complete and sign an application for emergency hospitalization. If the individual is a juvenile, the officer will also ensure that a parent or guardian is notified.

6 6. If an individual is identified as dangerous to themselves or others, the officer will guard the individual to protect the individual and others until the medical facility assumes responsibility for the individual. All Individuals identified as dangerous will remain in restraints until hospital staff advises the officer that handcuffs can be safely removed. Officers should always consider recommendations made by hospital staff regarding restraint as the individual is checked in to a facility.

—Whenever an individual is transported to a mental health facility, by an officer, ~~on either a voluntary or involuntary basis, for evaluation or custody, by order of a certificate of evaluation, grave passive neglect, or any other crisis for any reason, or arrest, an offense or incident~~ report will be prepared by the primary officer ~~or the~~

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Commented [A54]: Officers need to follow the direction of hospital staff who may have far more history with an individual and know when they will become combative based on that experience. UNM requested clearer direction on this issue. --Dietzel 2/26/20



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~~mental health care professional documenting the transport, in addition to the required CIT contact sheet.~~

~~7.~~

~~7.~~

7

8. Officers who are provided with a Certificate ~~for~~ Evaluation concerning an individual will attempt to verify the authenticity of the certificate ~~by directly talking to the source in person or~~ by calling the facility or doctor who issued the certificate. Real Time Crime Center (RTCC) shall also be utilized to gather additional information, when available.

9. In the event an officer determines that a ~~individual~~ ~~person~~ has a behavioral health disorder or is in behavioral health crisis but is not dangerous, the ECIT officer ~~may~~ request the ~~—~~ assistance from a ~~Mobile Crisis Team~~ MCT, the ~~individual~~ ~~person's~~ mental health provider, COAST, or CIU personnel if the individual would likely benefit from further crisis intervention, linkage to services, and/or education regarding services in the community.

~~10. When officers take a prisoner to the Metropolitan Detention Center and have knowledge of a prisoner who has some kind who exhibits signs of a behavioral health disorder, the officer will ask they will notify the Metropolitan Detention Center (MDC) medic who may then to advise notify the Psychological Service Unit (PSU) of the booking.~~

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Commented [A55]: These are emergency orders, phone is acceptable, officers should not be expected to drive to a provider before serving. --Dietzel

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