1-37 CRISIS INTERVENTION SECTION (CIS) AND PROGRAM

Related SOP(s), Form(s), Other Resource(s), and Rescinded Special Order(s):

A. Related SOP(s)

2-8 Use of On-Body Recording Devices
2-19 Response to Behavioral Health Issues
2-20 Hostage Situations, Barricaded Individuals, and Tactical Threat Assessments

B. Form(s)

PD 1502 CIT Contact Sheet (In TraCS)

C. Other Resource(s)

None

D. Rescinded Special Order(s)

None

1-37-1 Purpose

The purpose of this policy is to safely assist individuals living with mental illness by connecting them with available services through comprehensive collaboration among law enforcement and the community, and through specialized responses and training. The CIS continually uses data to improve outcomes of these interactions.

1-37-2 Policy

It is the policy of the Albuquerque Police Department (Department) to effectuate the role of the CIS by developing programs that assist individuals with a history of behavioral health issues. This assistance is designed to communicate clearly the options available to patrol sworn personnel who most frequently interact with individuals in crisis and individuals with mental illness.

1-37-3 Definitions

A. Crisis Intervention Section (CIS)

The CIS is comprised of Crisis Intervention Unit (CIU) Detectives, Crisis Outreach and Support Team (COAST) members, Mobile Crisis Team (MCT) sworn personnel, 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. The CIS is the Department's liaison to the Mental Health Response Advisory Committee (MHRAC).

B. Crisis Intervention Team (CIT) Coordinators

The Coordinators are Detectives within CIU who act as a liaison with mental health stakeholders and the Department to ensure the success of the CIT Program. These Detectives have the responsibility of developing and providing all behavioral health training in the Department.

C. Crisis Intervention Team (CIT) Program

The CIT Program is a community-based program designed to improve the way the Department and the community respond collaboratively to individuals experiencing behavioral health crises. The CIT Program is built on strong partnerships among the Department, behavioral health provider agencies, community-based organizations, individuals, and families of those affected by mental illness.

D. Crisis Intervention Trained Officer (CITO)

A CITO is an officer who has successfully completed the forty (40) hour basic crisis intervention training.

E. Crisis Intervention Unit Clinician

Clinicians who are qualified mental health professionals who provide evaluations, complete general psychological assessments, assist in crisis intervention, conduct dangerousness assessments, assist with safety planning, and make referrals for individuals in the community living with behavioral health issues who interact with the Department personnel.

F. Crisis Outreach and Support Team (COAST)

COAST is staffed by resource specialists and supervised by a Department sergeant. COAST enhances the CIT Program by providing crisis intervention, facilitating access to mental health services, and education, and other community-based services. COAST also performs case follow-up in order to connect individuals in need with service providers.

G. Enhanced Crisis Intervention Team (ECIT)

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

H. Mental Health Response Advisory Committee (MHRAC)

The MHRAC is comprised of subject matter experts from within the community, including 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.

I. Mobile Crisis Team (MCT)

The MCT is a two (2) person unit comprised of one (1) licensed mental health professional and one (1) ECIT officer who jointly respond to calls with a behavioral health component. It provides immediate behavioral health services once the scene is secure. MCTs are trained to complement the ECIT and CIU.

1-37-4 CIT Program

A. The CIT Program consists of three (3) core components that are defined below:

1. Inclusive Collaboration;

2. Training; and

3. Tiered Response, consistent with SOP Response to Behavioral Health Issues.

B. Inclusive Collaboration

The Department's CIT Program collaborates with community partners and the MHRAC to strengthen the Department's response to individuals with behavioral health issues or who are experiencing a behavioral health crisis. The Program also seeks to address and minimize the stigma associated with behavioral health issues. The Program includes:

1. Ongoing partnerships among Department personnel, other law enforcement agencies, advocacy groups, peers, and the behavioral health community; and

2. MHRAC and community feedback in policy and training development.

C. Training

1. CIT training promotes community collaboration and community policing. The CIS, primarily through the CIU coordinators, collaborates with MHRAC and other community partners to develop ongoing training tailored to the Department personnel supporting the CIT Program. Training shall be conducted by a combination of CIU Detectives, behavioral health professionals, community

members, and individuals affected by behavioral health issues, where appropriate. CIT is responsible for training of Department sworn personnel, and information-sharing with those agencies and individuals within the behavioral health community who shall be involved in the process.

2. The training is developed and delivered using the Department's 7-Step Training Process, which include:

   a. Needs Assessment;
   b. Curriculum Development;
   c. Oversight/Approval;
   d. Delivery;
   e. Operational Application;
   f. Evaluation; and
   g. Revision.

3. Current training requirements for Department personnel are:

   a. In-service training for CITOs and Emergency Communications Center (ECC) personnel at least every two (2) years;
   b. Advanced in-service training for ECITs at least every two (2) years; and
   c. CIT certification for all Field Services Bureau (FSB) sworn personnel. The curriculum for the CIT certification is updated periodically and is informed by policy changes, legal updates, and community-specific needs.

1-37-5 Roles and Responsibilities

A. CIS Lieutenant

1. The CIS Lieutenant is responsible for:

   a. The efficiency and effectiveness of all units within the CIS and for coordinating their functions and activities;
   b. The units include the CIU, ECIT Program, MCT, and COAST;
   c. Managing the Department's CIT Program;
   d. Overseeing every aspect of the CIT Program, including maintaining community partnerships, supervising CIT training, and evaluating the CIT Program on an on-going basis; and
   e. Designating FSB Area Command Sergeant/Lieutenant Coordinators for each area command, with the approval of that Sergeant's/Lieutenant's chain of command.

B. CIT Program Coordinators

1. The CIT Program Coordinators are responsible for:

a. Examining, reviewing, and recommending actions to ensure that the Department and community needs are met;
b. Developing curricula and training on CIT, de-escalation, behavioral health, crisis intervention, and other mental-health related topics. This includes developing an effective scenario-based training program;
c. Developing and maintaining the CIT Program through:
   i. Networking;
   ii. Outreach;
   iii. Community ownership in the CIT Program;
   iv. Promoting the CIT Program;
   v. Regularly attending the MHRAC meetings;
   vi. Meeting with Department leadership; and
   vii. Working with ECC personnel.
d. Maintaining continuous relationships with:
   i. Community partners;
   ii. Mental health providers; and
   iii. Mental health advocates.
e. Developing and revising CIT-related policies and procedures, and reviewing laws by:
   i. Studying trends and data from the CIT Program;
   ii. Conducting case law review;
   iii. Conducting mental health codes review; and
   iv. Assist, where practicable, in developing CIT Programs in other jurisdictions to ensure that agencies follow a uniform approach to CIT in accordance with the national model of police-based crisis intervention.

C. CIU Sergeants

1. CIU Sergeants are responsible for:

   a. Overseeing the daily operations of the CIU Detectives, COAST, and MCT;
   b. Consulting with and functioning as a liaison among CIT and mental health care providers in addition to working with the CIS Psychiatrist, CIU Clinicians, and other clinical personnel;
   c. Ensuring that information from offense and incident reports and/or CIT Contact Sheets from CIT calls is entered into a case management system, and that necessary information about elevated-risk individuals is shared with FSB personnel; and
   d. Serving as liaison with the CIT Area Command Sergeant/Lieutenant Coordinator(s) and CIS Lieutenant.

D. FSB Area Command Sergeant/Lieutenant Coordinators

1. FSB Area Command Sergeant/Lieutenant Coordinators are volunteers responsible for:

   a. Serving as the FSB Area Command Sergeant/Lieutenant Coordinators;

b. Assisting the CIS with implementing and sustaining CIT as a community program;
c. Promoting constitutional, effective policing using the least restrictive means when interacting with individuals in a behavioral health crisis or affected by a behavioral health issue.
d. Assisting the CIT Lieutenant Coordinator to develop and maintain the CIT Program through:
    i. Networking and outreach;
    ii. Promoting CIT;
    iii. Training;
    iv. Recommending sworn personnel for ECIT who demonstrate skills and abilities in CIT policing;
    v. Attending MHRAC on a rotating basis;
    vi. Participating in monthly CIT ECHO (Extensions for Community Healthcare Outcomes) meetings;
    vii. Reviewing and developing CIT-related policies and procedures; and
    viii. Providing guidance and leadership to CITOs and ECITs by:
        1. Addressing issues raised by sworn personnel.
        2. Addressing community issues raised by CIT FSB sworn personnel and the public.

E. CIU Home Visit Detectives

1. CIU Home Visit Detectives are responsible for:

    a. Conducting follow up visits with individuals experiencing behavioral health crisis in an attempt to connect those individuals with community resources and reduce their interaction with emergency services;
    b. Assessing individuals who may be an imminent risk to others;
    c. Assessing escalating behavior or erratic conduct; and
    d. Being on-call, on a rotating basis, twenty-four (24) hours a day to assist sworn personnel who need assistance with individuals experiencing a behavioral health issue or who are in behavioral health crisis.

F. COAST

1. COAST personnel are responsible for:

    a. Assisting sworn personnel by providing additional crisis intervention options, including referrals to services, education, and outreach for non-violent individuals who are experiencing behavioral health crisis and/or homelessness; and
    b. Following up on other cases at the discretion of the CIU Sergeant or Department command staff for follow up outreach.

2. COAST specialists assist individuals who are a risk to themselves only.

3. When an officer has determined the scene is safe and there is a need for COAST on scene, the officer shall contact radio and request a COAST member. A history of frequent calls in which sworn personnel have been dispatched for the same individual is indicative of the need for a COAST member.

4. COAST Specialists do not provide:

   a. Intensive case management or counseling services;
   b. Victims' assistance in domestic violence cases;
   c. Victims' advocacy services for victims of crimes;
   d. Long-term follow up throughout the judicial process;
   e. Comprehensive explanations, case management, or follow-up with victims or witnesses regarding the procedures involved in prosecuting their cases;
   f. Personal or family counseling services for Department personnel; or
   g. Transportation of violent or potentially violent individuals in their vehicles.

G. CIS Psychiatrist

1. The CIS Psychiatrist is responsible for:

   a. Assisting with all aspects of the CIT Program;
   b. Assisting with training, providing clinical guidance, consulting on cases, and conducting as-needed home visits with detectives and clinicians;
   c. Partnering with community stakeholders, as well as represents and promotes the program;
   d. Overseeing CIU clinicians; and
   e. Serving as the Director of the Behavioral Sciences Section (BSS).

H. CIU Clinicians

1. CIU Clinicians are responsible for:

   a. Serving with CIU Home Visit Detectives;
   b. Providing evaluation, assessment, crisis intervention, safety risk assessments, safety planning, and referrals for people in the community living with a behavioral health issue who interact with the Department;
   c. Performing community education services and a variety of related tasks that promote and enhance the City's community policing efforts; and
   d. Serving as liaisons with local psychiatric emergency service providers.

2. CIU Clinicians do not:

   a. Provide counseling;
   b. Provide therapy;
   c. Provide case management;
   d. Prescribe medications; or
   e. Provide medical advice.

I. Mobile Crisis Team Sworn Personnel

While MCT sworn personnel report to a CIU Sergeant, their unique role requires them to work daily with FSB personnel. For detailed job responsibilities, refer to SOP Response to Behavioral Health Issues.

1-37-6 Training

A. The CIT Program Coordinator ensures that the following training is developed and provided for the following:

1. Cadets;

a. All cadets receive state-mandated behavioral health training and additional training as developed by the CIT Program while at the Department Training Academy. Upon completing the Field Training and Evaluation Program, the field training staff ensures that all graduates receive an additional forty (40) hour basic crisis intervention training designed for field service sworn personnel. This training satisfies the New Mexico Department of Public Safety requirements for certified police officers;

2. Field Services Bureau Sworn Personnel;

a. All FSB Sworn personnel receive forty (40) hour basic crisis intervention training designed for field sworn personnel, within a year of completion of the field training and evaluation program. Upon completion of this course, sworn personnel are CITO. Field service sworn personnel receive a two (2) hour in-service training every two (2) years covering behavioral health-related topics;

3. ECIT Sworn Personnel;

a. ECITs receive all field service sworn personnel' training. In addition, ECIT sworn personnel receive advanced training in behavior health issues developed by the CIT Program. In addition, ECIT sworn personnel receive eight (8) hours of in-service crisis intervention training every two (2) years;

4. ECC Personnel;

a. ECC personnel receive twenty (20) hours of behavioral health training to focus on telephone suicide intervention, crisis management, and de-escalation. ECC personnel shall receive training on appropriate interactions with individuals with behavioral health issues, roles of different CIT Program members, and procedures for calls regarding behavioral health issues, including appropriate team/officer dispatch requirements in response to calls. ECC personnel receive a two (2) hour in-service training every two (2) years covering behavioral health-related topics; and

5. CIU/COAST/MCT

    a. CIU/COAST/MCT participate in the same training as ECIT sworn personnel. The CIT Program Coordinator shall develop additional training for these team members.

1-37-7 Partnering with MHRAC

The MHRAC was established to collaborate with the City to improve outcomes for interactions between police sworn personnel and individuals with behavioral health issues, or who are experiencing a behavioral health crisis.

A. Members of the Department, including command staff, ECIT sworn personnel, CIU/COAST members, and Department-contracted mental health professionals shall serve on the MHRAC. The CIS Lieutenant is responsible for recruiting Department members to serve on MHRAC. MHRAC and the CIS Lieutenant shall work together to recruit members from other community organizations, such as the City's Department of Family & Community Services, UNM Psychiatric Department, mental health professionals, advocacy groups for consumers of mental health services, mental health service providers, homeless service providers, and similar groups. MHRAC shall appoint members to serve on the committee.

B. Department personnel shall cooperate with and support MHRAC's operations.

    1. The Deputy Chief of the Professional Standards and Accountability Bureau shall designate Department personnel to attend MHRAC meetings regularly, to facilitate communication among collaborators, and to provide support needed for MHRAC's functions.

    2. Other Department personnel shall attend MHRAC meetings as requested by MHRAC to provide more information regarding the Department's policies, procedures, training, and performance.

    3. The CIS Lieutenant, in conjunction with the data analysts, shall produce regular reports for MHRAC concerning the activities of CIU and COAST, and provide data regarding interactions between sworn personnel and individuals with behavioral health issues or who are in crisis. The CIS Lieutenant and data analysts shall work with MHRAC chairs and subcommittee chairs to gather requested data for MHRAC's review and analysis.

    4. Other Department personnel shall provide data to MHRAC that is subject to public disclosure, upon MHRAC's request. If there are any concerns about the propriety of releasing certain information, the personnel shall work with the Department's legal advisor and the MHRAC chair(s) to handle the data request appropriately.

5. Department personnel shall communicate with MHRAC in between meetings via email. Policy and training revisions for comment shall also be distributed via the MHRAC Board member email group. MHRAC members will share their policy recommendations with the CIS Lieutenant via email, and with the Policy and Procedure Unit at opa@cabq.gov. Policy recommendations should include the section number and content of the recommendations.

C. Upon the request of MHRAC, the Deputy Chief of the Professional Standards and Accountability Bureau shall coordinate City personnel outside of the Department to ensure that MHRAC's recommendations regarding City response strategies for interacting with chronically homeless individuals or individuals perceived to be or actually suffering from a mental illness.

D. The Deputy Chief of the Professional Standards and Accountability Bureau shall work with all divisions and units across the Department to ensure that MHRAC's recommendations are evaluated by Department personnel and incorporated into policies and procedures. The recommendations apply to a broad range of activities such as:

1. Policies and procedures regarding contact with individuals who have behavioral health issues;

2. Protocols regarding suicidal and barricaded subjects;

3. Training, particularly scenario-based training, regarding contact with individuals who have behavioral health issues;

4. Recruiting ECIT sworn personnel, and CIU detectives, MCT sworn personnel and clinicians, and COAST personnel;

5. Protocols for community providers, hospitals, and sworn personnel concerning releasing and exchanging information about individuals with known behavioral health issues; and

6. Developing resources and networks to facilitate better communication and relationships among community members and Department personnel with the goal of treating behavioral health concerns through connections with community services rather than through the criminal justice system.

1-37-8 Data Reporting

A. General Requirements

CIU shall collect and distribute data used for management purposes only. Data shall not include personal identifying information of individuals. CIU creates presentations, analyzes data, and recommends changes to help guide the Department's response to behavioral health issues based on collected data.

1. Data Reporting

a. CIU shall prepare an annual report analyzing Department interactions with individuals affected by a behavioral health issue or crisis including the following variables:
   i. Date;
   ii. Duty shift;
   iii. Area command;
   iv. Individual's demographic information;
   v. Whether and how the individual was armed;
   vi. Whether the individual claims to be a US military veteran;
   vii. Whether a supervisor responded to the scene;
   viii. Whether an ECIT officer or MCT unit responded to the scene;
   ix. Injuries to individuals, sworn personnel or others;
   x. Use of force techniques and equipment used; and
   xi. Disposition of the encounter.

b. CIU shall prepare an annual report analyzing the CIS's crisis prevention services including the following variables:
   i. Number of individuals on the CIU/COAST caseload;
   ii. Number of individuals connected with services;
   iii. Date of incident/follow-ups;
   iv. Duty shift of incident/follow-ups;
   v. Area command of incident/follow-ups;
   vi. Individuals' demographic information;
   vii. Individuals' veteran status;
   viii. Injuries;
   ix. Use of force techniques used; and
   x. Disposition of the encounter.

c. CIU shall prepare additional reports, as needed, by chain of command or MHRAC.

d. MHRAC, the CIT Coordinators, and CIS Lieutenant shall use the reports to assess the effectiveness of the CIT Program, including but not limited to:
   i. Assessing overall staffing levels;
   ii. Developing response strategies for repeat calls for service;
   iii. Identifying systemic issues that impede the Department's ability to provide an appropriate response to an incident involving an individual experiencing a behavioral health crisis;
   iv. Geographic and shift deployment of resources;
   v. Training needs; and
   vi. Evaluation of specific personnel or techniques.