



ALBUQUERQUE POLICE DEPARTMENT
PROCEDURAL ORDERS

SOP 1-37

Effective: 04/04/19 Review: 04/04/20 Replaces: 11/29/17

1-37 Crisis Intervention Section and Program

1-37-1 Policy

The Crisis Intervention Section works to safely connect people living with mental illness into services through inclusive collaboration between law enforcement and the community, specialized responses, and training. The Crisis Intervention Section uses data to continually improve outcomes of these interactions.

For information on responding to behavioral health calls refer to SOP – Response to Behavioral Health Issues.

1-37-2 Definitions

A. Crisis Intervention Section (CIS)

The Crisis Intervention Section 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 Enhanced Crisis Intervention Team (ECIT) programs.

B. Crisis Intervention Trained Officer (CITO)

Crisis Intervention Trained Officers are Field Services Bureau officers who have successfully completed the 40-hour basic crisis intervention team training.

C. Crisis Intervention Team (CIT) Program

The Crisis Intervention Team 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.

D. Crisis Intervention Unit Clinicians (CIC)

Crisis Intervention Clinicians 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 issues who come into contact with the Department.

E. Crisis Outreach and Support Team (COAST)

The Crisis Outreach and Support Team is staffed by civilian employees and supervised by a Department Sergeant. COAST enhances the CIT program by providing crisis intervention, access to mental health services, and education. COAST



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also performs case follow up in order to connect individuals in need with service providers. COAST is assigned to the Compliance Bureau/Crisis Intervention Section.

F. Mental Health Response Advisory Committee (MHRAC)

The Mental Health Response Advisory Committee is comprised of subject matter experts from within the community. MHRAC assists the Department in identifying and developing mental health resources, solutions to behavioral health crises, and emergency intervention designed to improve outcomes for individuals living with a behavioral health issue; or who are experiencing a behavioral health crisis. The committee analyzes and recommends appropriate changes to the Department policies, procedures, and training methods regarding Department interaction with individuals in a behavioral health crisis, affected by a behavioral health issue, or individuals who are experiencing chronic homelessness.

1-37-3 The CIT Program

A. The CIT program consists of three core components that are defined below:

1. Inclusive Collaboration
2. Training
3. Coordinated Responses

B. Inclusive Collaboration

1. The Department's CIT program collaborates with community partners and 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 avoid the stigma of behavioral health issues. MHRAC and community collaboration will develop and maintain the CIT program.

Successful diversion requires accessible crisis services. True collaboration can occur only when law enforcement, behavioral health agencies, consumers/peers, families, and advocates have a clear understanding of and respect for each other's roles in the CIT program. The program includes:

- a. Ongoing partnerships between law enforcement, advocacy groups, peers, and the behavior health community.
- b. MHRAC, community feedback, and participation in the CIT program including training.
- c. Policy and procedure development, with input and review by the community and MHRAC.

C. Training



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1. CIT training promotes community collaboration and community policing. The Crisis Intervention Section, primarily through the CIU coordinators, collaborates with MHRAC and other community partners to develop ongoing trainings tailored to the Department personnel supporting the CIT program. Trainings will be conducted by a combination of CIU detectives, behavioral health professionals, community members, and individuals affected by behavioral health issues, where appropriate.
2. These trainings are developed and delivered using the ADDIE model cycle of five steps:
 - a. Needs assessment/analysis (e.g. identify the type of personnel to be trained and the knowledge and skills needed by officers responding to those in a behavioral health crisis);
 - b. Design (e.g. lesson plans and assessment instruments);
 - c. Development (e.g. preparation of presentations, PowerPoints, etc.);
 - d. Implementation (e.g. train the trainer, begin trainings), and
 - e. Evaluate for effectiveness (e.g. through feedback, performance on assessment instruments, and analysis of post-training data).
3. Current training requirements for Department personnel are:
 - a. In-service training for CITO and Emergency Communications Center (ECC) employees at least every two years;
 - b. Advanced in-service training for ECITs at least every two years, and;
 - c. Crisis Intervention Team certification for all field service officers. The curriculum for the Crisis Intervention Team certification is periodically updated and is informed by policy changes and community-specific needs.
4. Central to the success of CIT is not only the training of the law enforcement officer, but also the education of those agencies and individuals within the behavioral health community who will be involved in the process.

D. Coordinated Responses

1. Many Department personnel work together to effectively respond to situations involving behavioral health issues or crisis and to support the CIT Program:
 - a. Emergency Communications Center employees screen incoming calls and are trained to recognize indicators of behavioral health issues or crisis and to dispatch a specialized response in the form of ECIT or MCT Officers, as available.
 - b. CITO Officers are Field Services Bureau officers who have successfully completed the basic 40-hour crisis intervention team training, which includes passing a written test and participating in scenario-based learning. The Department's goal is for every field service officer to achieve at least a CITO



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level of training. These officers are the primary call responders and may unexpectedly encounter individuals affected by behavioral health issues or who are in behavioral health crisis through calls or other encounters. Their training equips them with tools for de-escalation, information about jail diversion, and other resources available through the CIT program to assist the individual and resolve the situation.

- c. ECIT officers are field service officers who receive enhanced training and ongoing training above the CITO training. These officers will be the primary responders when Emergency Communications Center employees identify a need for a specialized CIT response and will also respond to officers' request for specialized crisis intervention assistance.
- d. Mobile Crisis Teams (MCT) consist of a mental health professional who rides in a police vehicle with an ECIT officer and respond to high priority behavioral health calls for service.
- e. CIT area command sergeant/lieutenant coordinators are field service supervisors who volunteer to assist the CIT program and to provide guidance and leadership to CITO and ECITs within their area command.
- f. The Crisis Intervention Section is responsible for overseeing and coordinating the CIT program for the Albuquerque Police Department. CIS works with community partners, receives and provides up-to-date training, and provides direct services to people in behavioral health crisis. CIS includes:
 - i. Crisis Intervention Unit (CIU)
 - ii. Crisis Outreach and Support Team (COAST)
 - iii. CIT Program Coordinators
 - iv. Mobile Crisis Team (MCT)

1-37-4 Roles and Responsibilities

A. Crisis Intervention Section Lieutenant or Civilian Section Supervisor

1. The Crisis Intervention Section lieutenant or Civilian Section supervisor is responsible for the efficiency and effectiveness of the various units within the CIS and for coordinating their functions and activities. The units include the Crisis Intervention Unit (CIU), Enhanced CIT Program (ECIT), Mobile Crisis Teams (MCT), Crisis Outreach and Support Team (COAST), Crisis Intervention Clinician(s), and psychiatrist. The CIS lieutenant is also responsible for the management of the Department's Crisis Intervention Team program. The lieutenant or supervisor is responsible for overseeing every aspect of the CIT Program, including maintaining community partnerships, supervising CIT training, and evaluating the CIT program on an on-going basis.

B. The CIT Coordinator



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The coordinator is a CIU detective appointed by the CIS lieutenant who acts as a liaison with program stakeholders to ensure the success of the CIT program. The coordinator oversees the CIT program and serves as the Department's point of contact. The CIT coordinator examines, reviews, and recommends actions to ensure that the Department and community needs are met. The coordinator is responsible for the following activities:

1. 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.
2. Develop and maintain the CIT program through:
 - a. Networking
 - b. Outreach
 - c. Community ownership in the CIT program
 - d. Promoting CIT
 - e. Regularly attending the Mental Health Response Advisory Committee (MHRAC) meetings
 - f. Meeting with Department leadership
 - g. Working with Emergency Communication Center (ECC) employees
3. Maintain continuous relationships with:
 - a. Community partners
 - b. Mental health providers
 - c. Mental health advocates
4. Develop and revise CIT-related policies and procedures and review laws by:
 - a. Study of trends and data from the CIT Program
 - b. Case law review
 - c. Mental health codes review
 - d. Civil commitment and transportation of individuals with behavioral health issues or those in behavioral health crisis
 - e. Input into legislation development
5. Provide guidance and review to CITO by:
 - a. Addressing issues raised by officers.
 - b. Interfacing with supervisors to solve problems.
 - c. Addressing community issues raised by officers.



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6. 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. Crisis Intervention Section Sergeants

The sergeants are responsible for:

1. Overseeing the daily operations of the CIU, COAST, and MCT.
2. Consulting with and functioning as a liaison between CIT and mental health care providers, working with the CIU Psychiatrist, clinicians, and other clinical personnel.
3. 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 subjects is shared with field services personnel.
4. Serving as liaison with the CIT area command sergeant coordinator(s) and CIS lieutenant.

D. CIT Area Command Sergeant/Lieutenant Coordinators

Sergeants/lieutenants may volunteer to serve as the CIT area command sergeant/lieutenant Coordinators. The CIS lieutenant designates a CIT area command sergeant/lieutenant coordinator for each area command, with the approval of that sergeant's/lieutenant's chain of command. These coordinators will participate in efforts of assisting, implementing, and sustaining CIT as a community program. Coordinators should promote constitutional, effective policing using the least restrictive means in interacting with individuals in a behavioral health crisis or affected by a behavioral health issue. The CIT area command sergeant/lieutenant coordinators are responsible for the following activities:

1. Assist the CIT coordinator to develop and maintain the CIT program through:
 - a. Networking and outreach
 - b. Promoting CIT
 - c. Training
 - d. Recommending officers for ECIT who possess demonstrated skills and abilities in CIT policing.
 - e. Attending Mental Health Response Advisory Committee (MHRAC) on a rotating basis.
 - f. Participating in monthly CIT ECHO (Extensions for Community Healthcare Outcomes) meetings
 - g. Reviewing and developing CIT-related policies and procedures.



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2. Provide guidance and leadership to CITO and ECITs by:

- a. Addressing issues raised by officers.
- b. Addressing community issues raised by CIT field officers and the public.

E. CIU Detectives

1. CIU detectives are responsible for:

- a. Assessing individuals for risk to others.
- b. Assessing escalating behavior or erratic conduct. A person may not currently pose a risk to anyone else's safety, but 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.

2. CIU detectives and supervisors are on-call, on a rotating basis, 24 hours a day to assist officers who interact and need assistance and intervention with individuals experiencing a behavioral health issue or who are in behavioral health crisis.

3. CIU personnel meet and work with community health providers including, the Mental Health Response Advisory Committee, and the National Alliance for Mental Illness (NAMI) for continued community collaboration.

F. The Crisis Outreach and Support Team (COAST) Specialists support the CIS as described below:

1. COAST assists officers by providing additional crisis intervention skills, referrals to services, education, and outreach for non-violent individuals who are experiencing behavioral health crisis and/or homelessness. COAST specialists assist individuals who are a risk to themselves.
2. When an officer has determined the scene is safe and there is a need for COAST on scene, the officer will contact radio and request a COAST unit. A history of frequent dispatched calls for the same individual is indicative of the need for a COAST unit.
3. COAST specialists are assigned other cases at the discretion of the CIU sergeant.
4. Command leadership may also request COAST to conduct follow up processes with individuals with behavioral health issues to reduce the additional time and resources required for continued officer response.
5. COAST's primary objective is to safely resolve the behavioral health crisis causing police interaction by referring the individual with a behavioral health issue or experiencing a behavioral health crisis to professional mental health services. The



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COAST specialist will contact the individual and follow up to ensure the person's participation in appropriate prevention services and treatment options.

6. COAST specialists do not provide:

- a. Long-term or intensive case management or counseling services.
- b. Victim's assistance in domestic violence cases.
- c. Victim's 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 the prosecution of their cases.
- f. Personal or family counseling services for Department employees.
- g. Transportation of violent or potentially violent individuals in their vehicles.

G. CIU Psychiatrist

The CIU psychiatrist is available to assist with all aspects of the CIU program. The psychiatrist helps with training, clinical guidance, consults on cases, and conducts as-needed home visits with detectives and clinicians. The psychiatrist partners with the community, as well as represents and promotes the program. In addition, the psychiatrist oversees the CIU clinicians, and is the director of the Behavioral Sciences Unit.

H. Crisis Intervention Unit Clinician

Crisis Intervention Unit clinicians serve on CIU teams with CIU detectives. The clinician provides evaluation, assessment, crisis intervention, safety risk assessments, safety planning, and referrals for people in the community living with a behavioral health issue who come into contact with the Department. The clinician performs community education services and a variety of related tasks that promote and enhance the City's community policing efforts.

I. Crisis Intervention Data Analysts

The data analysts and a civilian statistician will collect and distribute data used for management purposes only. Data will not include personal identifying information of individuals. Data analysts create presentations, analyze data, and make recommendations to help guide the Department's response to behavioral health issues based on collected data.

J. Mobile Crisis Team Officers



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While Mobile Crisis Team officers' report to a Crisis Intervention Unit sergeant, their unique role requires them to work daily with field services personnel. For their job responsibilities refer to SOP – Response to Behavioral Health Issues.

1-37-5 Training

A. The CIT program coordinator ensures that the following training is developed and provided for officers:

1. Cadets

All cadets receive state-mandated behavioral health training and additional training as developed by the CIT program while at the APD Academy. Upon completion of the field training program, the field training staff ensures that all graduates receive an additional 40-hour basic crisis intervention training designed for field service officers.

2. Field Service Officers

All field service officers receive 40-hour basic crisis intervention training designed for field officers. Upon completion of this course, officers are crisis intervention trained officers (CITO). Field service officers receive a two-hour in-service training every two years covering behavioral health-related topics.

3. ECIT Officers

ECITs receive all field service officers' training. ECIT officers also receive advanced training in behavior health issues developed by the CIT program. In addition, ECIT officers receive eight hours of in-service crisis intervention training every two years.

4. Emergency Communications Center Employees

Emergency Communications Center employees receive twenty hours of behavioral health training to focus on telephone suicide intervention, crisis management, and de-escalation. Communication employees will 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. Emergency Communications Center employees will receive a two-hour in-service training every two years covering behavioral health-related topics.

5. CIU/COAST/MCT

CIU/COAST/MCT participates in the same training as ECIT officers. The CIT program coordinator will develop additional training for these team members.



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1-37-6 Partnering with MHRAC

- A. The Mental Health Response Advisory Committee (MHRAC) was established to partner with the Department to improve outcomes for interactions between police officers and individuals with behavioral health issues or who are experiencing a behavioral health crisis.
- B. Members of the Department, including command staff, ECIT officers, CIU/COAST members, and Department-contracted mental health professionals will serve on the MHRAC. The CIU lieutenant is responsible for recruiting Department members on MHRAC. MHRAC and the lieutenant will work together to recruit members from other community organizations, such as the City 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 will appoint members to serve on the committee.
- C. Department personnel will cooperate and support MHRAC's operations.
 1. The Deputy Chief of the Compliance Bureau will designate Department personnel to regularly attend MHRAC meetings to facilitate communication and to provide support needed for MHRAC's functions.
 2. Other Department personnel will attend MHRAC meetings as requested by MHRAC to provide more information regarding the Department's policies, procedures, training, and performance.
 3. The CIU lieutenant, in conjunction with the data analysts, will produce regular reports for MHRAC concerning the activities of CIU and COAST, and provide data regarding interactions between officers and individuals believed to be affected by behavioral health issues or who are in crisis. The CIU lieutenant and data analysts will work with MHRAC chairs and subcommittee chairs at and between MHRAC meetings to gather requested data for MHRAC's review and analysis.
 4. Other Department personnel will 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 will work with the Department's legal advisor and the MHRAC chair(s) to handle the data request appropriately.
- D. The Deputy Chief of the Compliance Bureau will work with all divisions and units across the Department to ensure that MHRAC's recommendations are evaluated by Department personnel and incorporated into procedures. The recommendations apply to a broad range of activities such as:
 1. Policies and procedures regarding contact with individuals who have behavior health issues.



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2. Protocols regarding suicidal and barricaded subjects.
 3. Training, particularly scenario-based training, regarding contact with individuals who have behavior health issues.
 4. Recruitment of ECIT officers, CIU, MCT, and COAST personnel.
 5. Protocols for providers and officers concerning releasing and exchanging information about individuals with known behavioral health issues.
 6. Development of resources and networks to facilitate better communication and relationships among community members in order to treat behavioral health concerns through connection with community services rather than through the criminal justice system.
- E. The CIU data analysts will track data and prepare analysis to assist in evaluation and improvement of the CIT Program.
1. The data analysts will prepare an annual report analyzing Department interactions with individuals affected by a behavioral health issue or crisis including the following factors:
 - a. Date
 - b. Duty shift
 - c. Area command
 - d. Individual's demographic information
 - e. Whether and how the individual was armed
 - f. Individual's veteran status
 - g. Whether a supervisor responded to the scene
 - h. Whether an ECIT or MCT responded to the scene
 - i. Injuries
 - j. Techniques used
 - k. Disposition of the encounter
 2. The data analysts will prepare an annual report analyzing the CIS's crisis prevention services including the following factors:
 - a. Number of CIU or COAST cases
 - b. Number of people connected with services
 - c. Date of incident/follow ups
 - d. Duty shift of incident/follow ups
 - e. Area Command of incident/follow ups
 - f. Individual's demographic information
 - g. Individual's veteran status
 - h. Injuries
 - i. Techniques used



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- j. Disposition of the encounter
3. The data analysts will prepare additional reports as needed by chain of command or MHRAC.
4. MHRAC, the CIT coordinator and lieutenant/civilian supervisor will use the reports to assess the effectiveness of the CIT program, including but not limited to assessing overall staffing levels, geographic and shift deployment of resources, training needs, and evaluation of specific personnel or techniques.