



# The Albuquerque Crisis Intervention Model Training, Responders, and Application

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# Important Crisis Intervention Acronyms

CIT	Crisis Intervention Team Program
MCT	Mobile Crisis Team
CIU/CIS	Crisis Intervention Unit/Section
CFS	Call for Service
ECIT	Enhanced Crisis Intervention Team
FSB	Field Services Bureau (Uniformed)
COAST	Crisis Outreach and Support Team
APD	Albuquerque Police Department
MHRAC	Mental Health Response Advisory Committee



# Training



How APD personnel are trained in mental health response



# Trainers

- Mental health related classes are taught by Crisis Intervention Coordinators
  - 4 detectives with expertise in specialized areas
  - Liaisons
  - New program Implementation
    - Mobile Crisis Team
    - Law Enforcement Assisted Diversion



# Mental Health Response Advisory Committee (MHRAC)

- Board of mental health experts, providers, APD and other city departments
- Established by DOJ Settlement Agreement
- Evaluate all APD mental health training and policy
  - Members assist us with teaching
- Meets third Tuesday of the month
- <https://www.cabq.gov/mental-health-response-advisory-committee>



# Cadets (Basic Academy Training)

- 40 hours of NM DPS mandated training:
  - 9.1 Behavior Management and Crisis Intervention (8 hours)
  - 9.2 Dispute intervention and Conflict Management (8 hours)
  - 9.3 Handling the Mentally Ill and Other Special Populations (16 hours)
  - 9.4 Suicide, Barricaded, Hostage and Suicide by Police (8 hours)



# Cadets (Basic Academy Training)

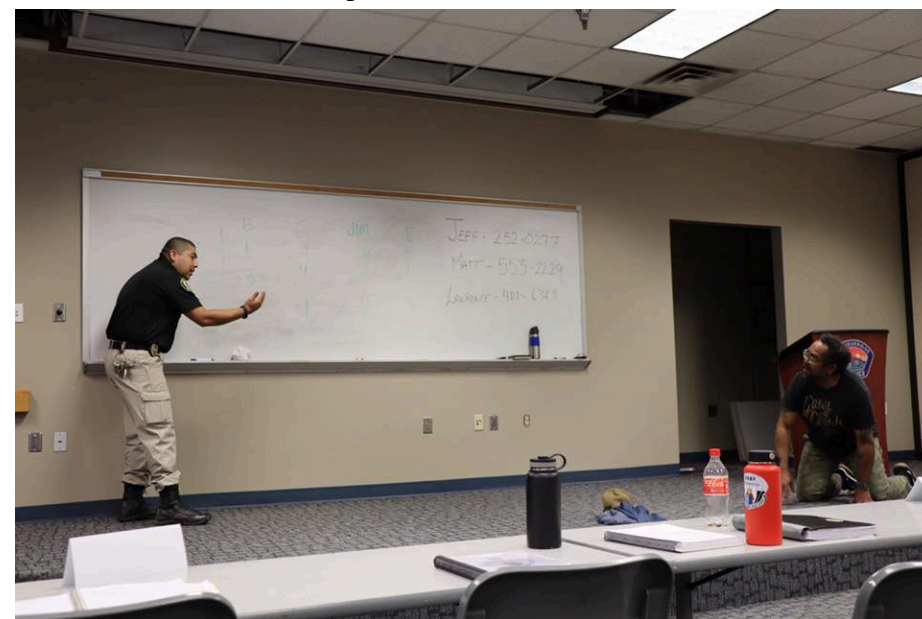
- Additional 20 hours for APD Cadets
  - Officer Self Care (10)
  - APD Specific Resources (2)
  - Crisis Intervention Scenarios (8)





# Officers (CIT 40 Hour Class)

- All uniformed officers trained
- 40% Community Taught
- Classroom Instruction Monday and Tuesday
- Site Visits Wednesday
- Thursday and Friday Scenarios
- Final Test Friday afternoon

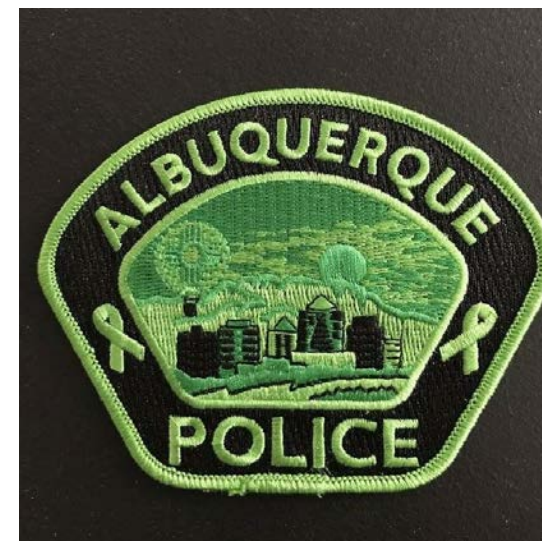






# Officers (Enhanced CIT or ECIT)

- Voluntary advanced class
- Around 50% of the field is certified
- 8 hour class with a refresher class every 2 years
- Advanced topics in behavioral health
  - Elevated platform suicide
  - Certificates for Evaluation
  - 43-1-10
  - CIT ECHO





## Telecommunicators (20 hours)

- 911 call takers and police dispatchers
- Mental Health First Aid
- Scenarios based on actual received crisis calls

## Police Service Aides (16 hours)

- Mental Health First Aid
- Scenarios



# Field Responders and Post Crisis Responders

The types of responders to mental health calls at APD



# Field Response: CIT Certified Officers

- Base line trained mental health responder
  - Generalists
  - Take mental health calls when no specialized response is available
- 100% of non probationary field officers are trained
- Currently training non certified
  - Sergeants (nearing 100%)
  - Specialized unit detectives (Narcotics, Impact, Sex Crimes etc)



## Field Response: ECIT Certified Officers

- Backbone of APD's field mental health response
- 200+ Uniformed Officers
  - Several in each area command on each shift
- Respond to the highest risk mental health calls
  - Armed individuals
  - Individuals threatening suicide from an elevated platform
  - Use NMSA 43-1-10 to transport individuals to the hospital



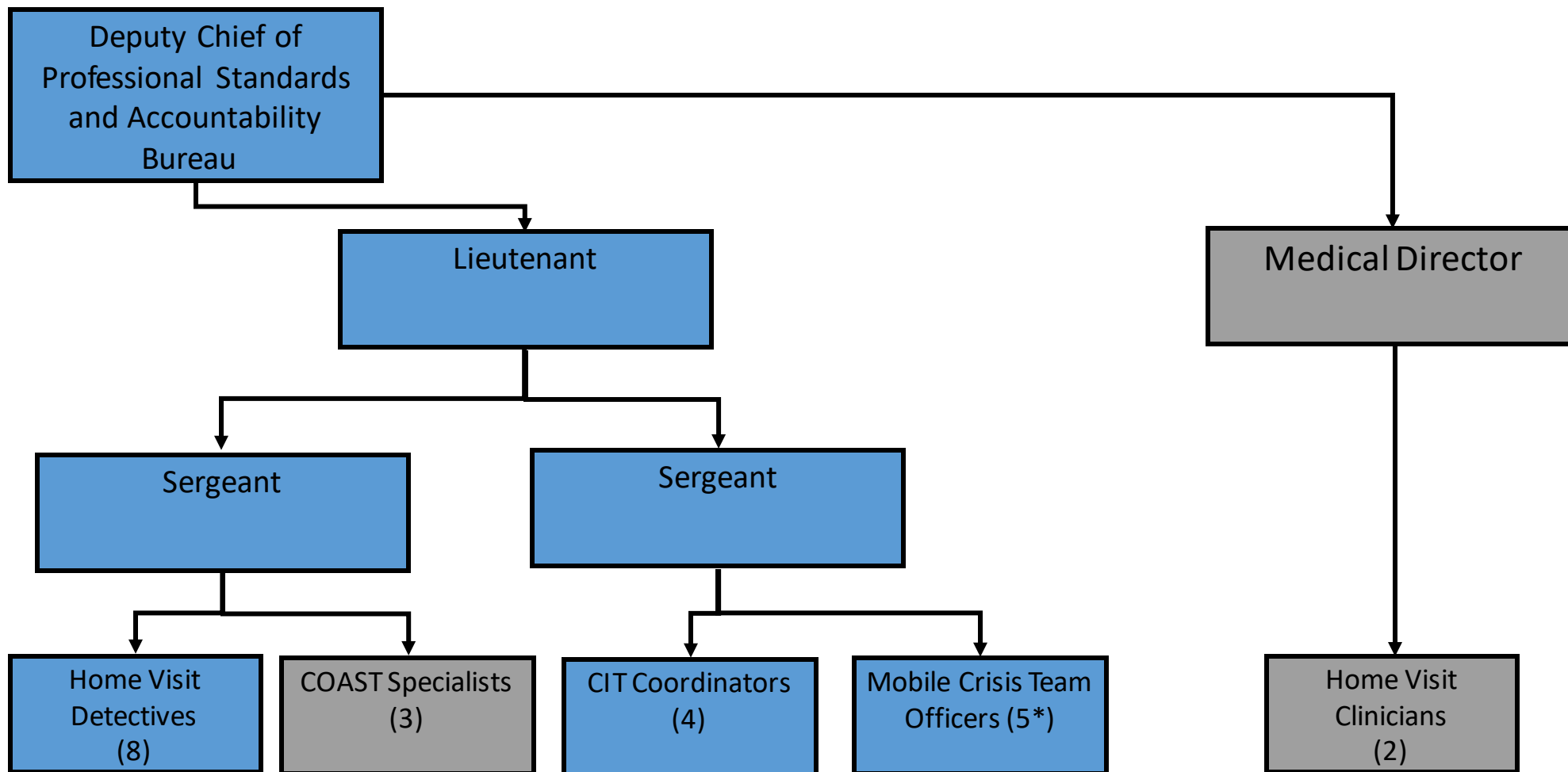
# Field Response: Mobile Crisis Teams

- ECIT officer paired with an independently licensed mental health clinician, employed by HopeWorks
  - 4 Total APD Teams with 2 BCSO Teams
  - Covering 10 am to 11pm
  - Non violent calls combined with “gray area calls”
  - Clinicians can write
    - Certificates for Evaluation
    - Safety plans





# Post Crisis: Crisis Intervention Section



\*Includes one MCT detective alternate, who assists with MCT coverage, training and home visits. APD has 4 full time mobile crisis teams



# Post Crisis: Crisis Intervention Unit

- **Home Visit Detectives**

- Attempt divert individuals from the 911 system to community services.
- Higher risk cases with history of violence, suicide attempts with weapons.

- **COAST Specialists**

- Experts in resource knowledge and provider contacts, diversion through community services
- Lower risk cases, no history of violence or weapon use





# Post Crisis: Crisis Intervention Unit

- **Medical Director**

- Department employed Psychiatrist
- Head of Behavioral Health Division
- Oversees CIU Clinicians

- **CIU Clinicians**

- Assist home visit detectives by conducting risk assessments, writing certificates for evaluation and providing safety plans
- Master level clinicians, Licensed Professional Clinical Mental Health Counselor certifications



# Application

How a mental health call moves through APD's system



# The mental health call comes in...

- Answered by a trained 911 call taker
  - Can the call be transferred to a crisis line?
    - New Mexico Crisis and Access Line
      - “Just want to talk” “Feeling lonely” “Overwhelmed”
  - Is this a law enforcement or physical medicine call? Both?
- A call for service is generated and prioritized
  - Weapons or an immediate threat to life will increase the priority
- Dispatcher sends the call to an officer
  - Is Mobile Crisis Team available?
  - Is an Enhanced CIT trained officer available?



# The field officer arrives...

- Officers have only three options to resolve mental health calls
  - Hospital Transport
  - Jail, if charges and no good alternative exists
  - No action required
- Post call documentation
  - CIT Contact Sheet
  - Police Incident Report, when needed
    - Required for a referral to CIU



# CIT Contact Sheet

## C.I.T. CONTACT SHEET

CAD Number:	Case Number:	Agency: APD	Date of Incident:
Officer: DYE, T.	ID # 0174	Area:	Beat: Officer's Shift: Team:

Did a Supervisor Respond to the Scene? \_\_\_\_\_ If yes, please fill out the Supervisor Name and ID # below.  
 Supervisor Name: \_\_\_\_\_ ID # \_\_\_\_\_

Did an E.C.I.T. Officer show up on scene? \_\_\_\_\_ If yes, please fill out the E.C.I.T. Officer Name and ID # below.  
 E.C.I.T. Officer Name: \_\_\_\_\_ ID # \_\_\_\_\_

Did a M.C.T. Officer show up on scene? \_\_\_\_\_ If yes, please fill out the M.C.T. Officer Name and ID # below.  
 M.C.T. Officer Name: \_\_\_\_\_ ID # \_\_\_\_\_

Did a C.I.U. Detective/COAST show up on scene? \_\_\_\_\_ If yes, please fill out the C.I.U. Detective Name and ID # below.  
 C.I.U. Detective/COAST Name: \_\_\_\_\_ ID # \_\_\_\_\_ Subject Homeless: \_\_\_\_\_

Subject's Name: \_\_\_\_\_  
 (LAST) (FIRST) D.O.B. AGE PHONE

Subject's Address: \_\_\_\_\_  
 STREET ADDRESS APT # CITY STATE ZIP CODE

Subject's Description: \_\_\_\_\_  
 RACE ETHNICITY SEX HEIGHT WEIGHT EYE COLOR HAIR COLOR

Reason for Contact: \_\_\_\_\_

Other Reason Contacted: \_\_\_\_\_ Welfare Check? \_\_\_\_\_

Was Subject Armed? \_\_\_\_\_ Type Of Weapon: \_\_\_\_\_

Was Subject Arrested? \_\_\_\_\_ Arrested For? \_\_\_\_\_

Substance Use: \_\_\_\_\_

Other Type Of Substance Use: \_\_\_\_\_

Was There A Mental Health Transport? \_\_\_\_\_ Mental Health Transport To Where? \_\_\_\_\_

Transported By Who? \_\_\_\_\_

Self-Disclosed Mental Illness: \_\_\_\_\_ If "Yes", Then select the type of Mental Illness: \_\_\_\_\_

Notes for Self-Disclosed Mental Illness (If Any)

Does the Subject claim to be a U.S. Military Veteran? \_\_\_\_\_ If "Yes", Enter the Military Branch: \_\_\_\_\_

Veteran Notes (If Any)

Initial Risk Assessment: \_\_\_\_\_ If Subject attempted suicide, did subject die as a result? \_\_\_\_\_

Explain Risk Assessment(s) (If Any)

Person Code \_\_\_\_\_ Enforcement Action: \_\_\_\_\_ Use of Force: \_\_\_\_\_

Jail Diversion: \_\_\_\_\_ CIU / COAST Referral: \_\_\_\_\_ Report Written? \_\_\_\_\_

Disposition of Encounter: \_\_\_\_\_ Name of Lt. Notified: \_\_\_\_\_  
 If Non-Engagement or Disengagement was entered for "Disposition of Encounter", then a Lt. must be notified.

Resources Provided: \_\_\_\_\_ Other Resources Provided: \_\_\_\_\_

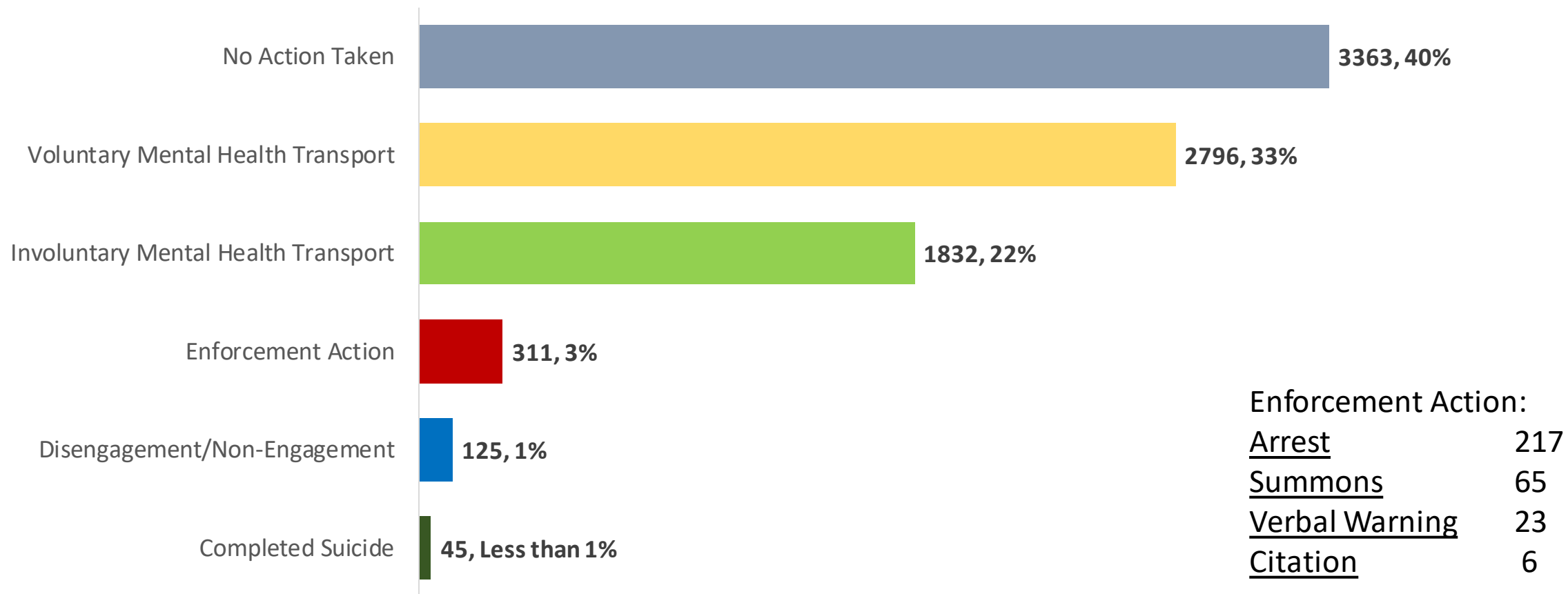
**IF THIS IS A REFERRAL, PLEASE EMAIL WORKSHEET AND REPORT TO: [apdcit@cabq.gov](mailto:apdcit@cabq.gov)**

Please Give A Brief Narrative About The Encounter With The Subject

**Any time an APD officer encounters an individual that appears to be experiencing a behavioral health crisis, a CIT Contact Sheet should be completed. This could be ANY call type, not just calls coded as behavioral health.**



# Outcomes for CIT Encounters in 2019



**CIT Contact Sheets, 2019, n=8472, all sheets with outcome data provided, percentages rounded to nearest whole**



## Case Referred to CIU

- Background research
- Phone call
- Visit or multiple visits
- Creativity
- Referral to long term care, if needed

