

ALBUQUERQUE POLICE DEPARTMENT
* PROCEDURAL ORDERS*

Effective: 09/30/04 Replaces: 06/14/99
POR04-17

2-13 RESPONSE TO THE MENTALLY ILL/SUSPECTED MENTALLY ILL

POLICY:

Department policy is to provide an effective response to situations involving subjects who are suspected and/or verifiably mentally ill, in order to avoid unnecessary violence and potential civil litigation, and to ensure that proper medical attention is provided.

This policy is to serve as a guideline to enable officers to identify behavior indicative of a mental illness, and to utilize Department and other resources to bring incidents involving the mentally ill to a desirable resolution.

DEFINITIONS:

2-13-1 MENTAL ILLNESS

[N/A]

Any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.

2-13-2 GRAVE PASSIVE NEGLECT

Failure to provide for one's basic personal needs, medical needs, or for one's own safety, to such an extent that it is likely to result in bodily harm.

2-13-3 CERTIFICATE OF EVALUATION

A document completed by a licensed physician or certified psychologist that certifies a person, as a result of a mental disorder, presents a likelihood of harm to him/herself or others and that immediate detention is necessary to prevent such harm.

2-13-4 CRISIS

Any situation in which a persons ability to cope is exceeded.

2-13-5 FIELD CRISIS INTERVENTION TEAM

Composed of Field Services patrol officers that function within their patrol teams as specialists in handling calls involving the mentally ill, and other calls of crisis not related to mental illness.

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RULES AND PROCEDURES:

2-13-6 RECOGNIZING ABNORMAL BEHAVIOR

Officers should be able to recognize behavior that is indicative of mental illness and that is potentially dangerous to self and/or others. Officers should not rule out other causes of abnormal behavior such as reactions to drugs, alcohol or temporary emotional disturbances. Officers should evaluate the following symptomatic behavior (s) in total context of the situation when determining a subject's mental state and the need for intervention absent of commission of a crime.

General signs/symptoms that may signal mental illness exists:

- A. Degree of Reactions - Mentally ill persons may show signs of strong and unrelenting fear of persons, places, or things. For example, the fear of people or crowds may make the person reclusive or aggressive without apparent provocation.
- B. Appropriateness of Behavior - A person who acts extremely inappropriate for a given situation may be mentally ill. For example, a motorist who vents frustration in a traffic jam by physically attacking another motorist may be mentally ill.
- C. Extreme Rigidity or Inflexibility - Mentally ill persons may be easily frustrated in new or unforeseen circumstances and may exhibit inappropriate or aggressive behavior.
- D. Other Specific Behaviors -
 1. Abnormal memory loss such as name, address or phone number;
 2. Delusions of:
 - a. Grandeur; e.g., "I am Christ"
 - b. Paranoia; e.g., "Everyone is out to get me"
 3. Hallucinations of any of the five senses; e.g. hearing voices, feeling one's skin crawl
 4. Belief that the person is suffering from extraordinary physical illnesses that are not possible such as their heart has stopped beating
 5. Extreme fright or depression

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2-13-7 DETERMINING DANGER

Not all mentally ill persons are dangerous. Some mentally ill persons may be dangerous only under certain circumstances. Specific indicators may exist to assist the officer in determining if an apparent mentally ill person represents an immediate or potential danger to him/herself, officers, or others. These indicators include but are not limited to the following:

- A. The availability of weapons to the subject
- B. Substantiated statements (direct threats or subtle innuendo) by the person that he/she is prepared to commit a violent or dangerous act, **or the actual commitment of a violent or dangerous act.**
- C. Personal history, known or provided, that reflects prior violence under similar circumstances.
- D. Failure to commit a violent or dangerous act prior to the arrival of the officer does not guarantee that such an act will not occur.
- E. The lack of physical control the subject demonstrates over his/her emotions of rage, anger, fright and agitation, characterized by:
 - 1. Inability to sit still
 - 2. Inability to communicate effectively, rambling thoughts and speech
 - 3. Wide eyes
 - 4. Clutching one's self or objects to maintain control
 - 5. Begging to be left alone
 - 6. Frantic assurances that he/she is alright
- F. The volatility of the environment is a relevant factor officers must evaluate. Agitators that may affect the person or a particularly combustible environment that may incite violence should be taken into account.

2-13-8 HANDLING THE MENTALLY ILL/SUSPECTED MENTALLY ILL

If the officer determines that a subject may be mentally ill, the officer will attempt to respond in the following manner:

- [6] A. Ensure that backup officers (10-82) are present before taking any action.
- [N/A] B. If possible, try to obtain any information on the subject from family or friends.
- [7] C. Calm the situation
 - 1. Cease emergency lights and sirens

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2. Disperse crowds
3. Assume a quiet, non-threatening manner when approaching the subject.
4. Avoid physical contact, if possible, while assessing the situation
5. Move slowly, being careful not to excite the subject

D. Communicating with the subject:

1. Provide reassurance that the police are there to help and that appropriate care will be provided.
2. Attempt to find out what is bothering the subject
3. While relating to the subject's concerns, allow subject to ventilate their feelings.
4. Do not threaten the subject with arrest or physical harm.
5. Avoid topics, which may agitate the subject and guide the conversation towards topics that seem to ease the situation.
6. Always be truthful; if the subject perceives deception, he/she may withdraw and further complicate the situation.

2-13-9 PROCEDURES FOR EMERGENCY MENTAL HEALTH EVALUATION

[7] A. In accordance with NMSA 43-1-10, an officer may detain a person for an 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 him/herself or others and immediate detention is necessary to prevent such harm.
4. Immediately upon arrival at the evaluation facility, the officer shall be interviewed by the admitting physician.
5. A licensed physician or a certified psychologist has certified that the person, as a result of a mental disorder, presents a likelihood to commit serious harm to him/herself or others, and that immediate detention is necessary. Such certification shall constitute authority for the officer to transport the subject.

B. If a subject meets the criteria for an emergency mental evaluation, the officer will arrange transportation to a facility. If possible, the officer will, ascertain the subject's health care provider information and transport the subject to the appropriate facility. Area facilities include:

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1. University of New Mexico Mental Health - 2600 Marble Ave. NE
2. Presbyterian Hospital - 1100 Central Ave. SE
3. Pres-Kaseman Hospital - 8300 Constitution Ave NE
4. **Albuq. Regional Medical Center** - 601 Dr. Martin Luther King, JR Drive NE
5. **Northeast Heights Medical Center** - 4701 Montgomery Blvd. NE
6. **West Mesa Medical Center** - 10501 Golf Course Rd. NW
7. Lovelace Hospital - 5400 Gibson Blvd. SE
8. Veterans Hospital - 1501 San Pedro SE
9. **Memorial Hospital – 806 Central Ave. SE**

C. When a subject is taken to a mental health facility the officer will:

1. Ensure that the mental health staff have an accurate account of the incident surrounding the protective custody.
2. If the subject is taken to UNMMH, complete and sign an application for emergency hospitalization.
3. If criminal charges are pending, note that information on the form and ensure the mental health staff are aware of this fact.
4. Ensure all appropriate booking documents are left at **MDC** pending release of the subject from the mental health facility.

[6] D. If a subject is identified as dangerous to him/herself or others, the officer **WILL** guard the subject until the evaluation takes place, at which time the mental health facility will assume responsibility for the subject.

[7] E. If a subject is physically injured or has a pre-existing medical condition requiring attention, physical medical care needs will take priority. The subject will be transported to a hospital emergency room. The hospital will then assume responsibility for any mental health care intervention.

F. Whenever a subject is transported to a mental health facility, **this includes but is not limited to voluntary, involuntary, Certificates of Evaluation, grave passive neglect, is in crisis, or when the subject is under arrest but is diverted to a mental health facility**, an Offense/Incident Report will be initiated, and a copy will be **forwarded to the CIT Area Command Coordinator**.

[N/A] **The Area Command Coordinator will then forward the report to the CIT Unit in SID.**

[7] G. Officers who are provided with a Certificate of Evaluation concerning a subject, 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.

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- H. When appropriate, officers will utilize the Crisis Intervention Team to assist in handling subjects requiring special consideration. See **2-13-12** of this section.
- I. **When an officer has knowledge of a prisoner who has some kind of mental illness, they will notify the Metropolitan Detention Center (MDC) medic who can then notify Psychological Service Unit (PSU). The Officer will forward a copy of the Offense/Incident report to the CIT Area Command Coordinator who will then forward the report to the CIT Unit in SID.**
- J. **Nothing in this section will preclude an officer from immediately forwarding a copy of an Offense/Incident report to the CIT unit in SID when they feel it is appropriate**

2-13-10
[7]

NON EMERGENCY REFERRAL TO CIT DETECTIVES FOR FOLLOW UP

- A. **If an officer determines that a person does not meet the criteria for an emergency mental health evaluation as outlined in SOP 2-13-9, but exhibits behavior that is indicative of mental illness or instability, the officer will make a referral to the Crisis Intervention Team Unit in SID for the appropriate assessment and follow up**
 - 1. **Document specific observation of behavior and why the officer is concerned or believes the subject is dangerous in either an Offense/Incident Report or a field contact card.**
 - 2. **Forward the documentation to the Area Command CIT coordinator who will then forward the documentation to the CIT Unit in SID.**
 - 3. **Nothing in this section will preclude an officer from immediately forwarding a copy of a report when they feel it is appropriate.**
- B. **Examples of behavior that might cause concern**
 - 1. **Repeated and seemingly unnecessary calls to police.**
 - 2. **Repeated contact with police for petty incidents (i.e., disorderly, neighbor troubles).**
 - 3. **Unusual or inappropriate behavior in public that is not dangerous at that time.**
 - 4. **Anything listed in subsections 2-13-4 and 2-13-6.**

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2-13-11 INTOXICATED SUBJECTS IN NEED OF MENTAL HEALTH EVALUATION
[7]

- A. If a subject is intoxicated and in need of an evaluation, he/she may be transported to a medical emergency room pending the evaluation. Officers can also take the subject into protective custody and transport the subject to BCDC for detoxification. The Psychiatric Services Unit (PSU) at BCDC will be notified of the facts surrounding the protective custody.
- B. Officers may direct **MDC** personnel to contact APD Communications after the subject becomes sober to arrange for transportation to a mental health care facility. The officer will notify the facility of the subject and the facts of the incident prior to transport.

2-13-12 DEPLOYMENT OF THE **FIELD** CRISIS INTERVENTION TEAM
[N/A]

The Crisis Intervention Team is composed of Field Services patrol officers that function within their patrol teams as specialists in handling calls involving the mentally ill, and other calls of crisis not related to mental illness.

- A. When available, **Field** Crisis Intervention Team officers will respond as primary officers to calls that meet the following criteria:
 - 1. Any incident when a mental illness precipitated a response by APD
 - 2. Any incident when a subject poses a risk to themselves or others, e.g., threatened or attempted suicide
 - 3. Service of Certificates of Evaluation
 - 4. Incidents involving grave passive neglect
- B. **Field** CIT Officers will draw from training and experience to ensure an appropriate intervention takes place during and following a crisis response.
- C. When not acting in a **Field** CIT capacity, team members will continue to perform normal duty activities.

2-13-13 CRISIS INTERVENTION TEAM ORGANIZATION AND RESPONSIBILITIES
[7]

- A. **CIT Unit Sergeant** is:
 - 1. The Crisis Negotiations Team Supervisor, within the Metro Section of the Special Investigations Division, and will oversee the Crisis Intervention Team **Unit**.
 - 2. Responsible for recruitment and training of CIT personnel.
 - 3. Responsible for consultation and liaison between CIT and mental health care providers.

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4. To ensure that information from Offense/Incident reports from CIT calls is entered into a database, and that necessary information about high-risk subjects are appropriately disseminated to Field Services personnel **through the Intelligence Unit.**
5. **A liaison between the CIT Area Command Coordinator(s).**

B. CIT Area Command Coordinator

1. **A Sergeant from each Area Command**
2. **Will collect and enter all Crisis Intervention Team monthly report logs from their area command into the J drive and forward a collated list to the CIT Coordinator.**
3. **Will review and screen Offense/Incident reports from their area command and add notations to help determine follow up by the Crisis Intervention Team Unit detectives.**
4. **Help recruit and screen new CIT personnel.**
5. **Help identify any deficiency in CIT personnel and training.**

C. Sector Sergeant is responsible for the direct supervision of any CIT personnel assigned to the sector.

D. Beat Officers may request that a CIT Officer be dispatched to the scene of a call that meets the criteria outlined in section **2-13-12.**

E. Field CIT Officers will:

1. Be required to attend and be certified in the 40-hour Crisis Intervention Team training. **The officer will be required to demonstrate a high level of proficiency in all areas of instruction they obtained during the 40-hour block of Crisis Intervention Team training; failure to do so could result in completion of the course but not certification as a Crisis Intervention officer.**
2. Remain in their designated beat assignment and will answer directly to their sector supervisor.
3. Respond, when available, as primary to calls in which mental illness is believed to be a factor.
4. Respond, when available, as primary to calls when a subject is in a crisis and represents a danger to him/herself or others.
5. Be responsible for the resolution of the call including any appropriate documentation.
6. Volunteer to respond to calls for service that meet the criteria outlined in **2-13-12**, if such a call is brought to their attention.
7. Work in cooperation with mental health care providers in an effort to ensure that the most appropriate intervention response occurs.

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8. Be crossed-dispatched to other sectors if needed. Only field supervisors may approve the cross-dispatching of CIT Officers to other area commands.
9. Ensure a copy of the Offense/Incident Report initiated by him/her is forwarded to the CIT Coordinator as soon as possible.
10. Document all CIT calls for service on the "Crisis Intervention Team Monthly Report Log" and forward the log to the CIT Coordinator no later than the 5th of the following month.

2-13-14
[6]

DEPLOYMENT OF THE CRISIS NEGOTIATIONS TEAM

When necessary to resolve certain critical incidents, a trained Crisis Negotiations Team will be used in conjunction with the SWAT Team. These Critical incidents include:

- A. Hostage/barricaded subjects
- B. High-risk suicidal subjects
- C. All incidents involving the execution of high-risk search and/or arrest warrants

2-13-15
[NA]

CRISIS INTERVENTION TEAM ROLE IN CRIMINAL JUSTICE DIVERSION

The Crisis Intervention Team will promote diversion of individuals from the Criminal Justice System through the following measures:

- A. When appropriate, officers will seek professional mental health intervention in lieu of criminal charges.
- B. The Crisis Intervention Team will network with mental health care providers within the community to deter future events that may lead to an individual being introduced to the Criminal Justice System.
 1. Frequent meetings are to be conducted with mental health care administrators to insure familiarization with diversionary goals.
 2. CIT officers will be available for orientations and training of mental health staff members.
 3. Team members will provide testimony in civil commitment proceeding to promote mental health resolution versus criminal sanction.

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- C. CIT officers will coordinate with the Pre-Trial Services diversionary component within the court system to address the needs of he mentally ill who have been booked into the detention facility.

**2-13-16
[N/A]**

JAIL DIVERSION PROGRAM

- A. **Individuals who have a mental illness may have run-ins with law enforcement for misdemeanor and/or petty misdemeanor crimes. These subjects may be better served by:**
 - 1. **Issuance of a citation, or**
 - 2. **Summons**
 - 3. **May be transported to their mental health provider.**

- B. **When sending a copy of the Offense Incident Report to Court Services, attach a note stating the subject may be a candidate for Mental Health Court.**