

TITLE: ALTERNATIVE RESPONSE UNIT

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PURPOSE

The purpose of this directive is to provide policy and procedure for the Alternative Response Unit (ARU) within the Santa Fe Police Department’s Patrol Section.

DISCUSSION

The ARU officer responds to a range of calls. These calls may range from substance abuse, suicidal ideations, to mental health and behavioral incidents. The function of the ARU through collaboration with the Santa Fe Fire Department and Mental Health Clinicians is to provide appropriate intervention and linkage to other means of treatment and prevention. The ARU will primarily respond to calls for service, but may also follow up on referrals from the community and patrol officers. The goal of the ARU is to be a mobile response and intervention unit that deescalates those in crisis and serves as a resource to help provide other means of treatment and care for those in crisis, or who may have other non-criminal needs.

POLICY

It is the policy of the Santa Fe Police Department to ensure that personnel are familiar with the Alternative Response Unit and their functions. It is also the policy that ARU officers are familiar with proper techniques, danger signs, and communication skills needed to handle calls for service when working with people who are experiencing a mental health crisis.

PROCEDURE

68.6.1 PRELIMINARY INVESTIGATIONS

A. The preliminary investigation begins when an officer becomes aware of a call for service that is appropriate for the ARU. This can be self-initiated activity or through the Regional Emergency Communications Center (RECC). The preliminary evaluation continues until such time as the initially assigned officer reaches a successful conclusion, or the postponement or transfer of responsibility will not jeopardize the intervention.

1. If the ARU is not available, and officers respond to a call that is determined to qualify for ARU follow-up, the responding officers shall document the referral, so follow up with the person can be made at a later date. Members of the ARU will conduct follow-up and attempt to make contact with the person(s) at a later date.

B. Notification from outside non-departmental personnel shall be managed the same as internal.

C. Referrals can be made by the community or a family member, but community referrals must go through the RECC.

D. The ARU officer will make every effort to assist in proper follow up with referrals and document what action was taken.

68.6.2 PRELIMINARY EVALUATIONS

A. The evaluation phase is the first step that identifies if a mental health issue or behavioral issue exists and allows the officer or members of the ARU to make an informed decision for treatment or care. The evaluation is based on two primary factors for placement of care and diversion action:

- 1. Determine if the person is willing to be voluntarily placed in care/treatment or to enter into a diversion action, or;
- 2. If the person is unwilling to be placed in a care facility or diversion action,

determine whether the situation falls under NM State Statute 43-1-10 for compulsory treatment.

- B.** Evaluation of the nature of the incident and necessity for intervention when feasible, based on the information known to the officer at the time (e.g. reports, known history, observed behavior, etc.). If the officer decides to intervene, consider when feasible, the use of verbal and non-verbal communication skills to engage a person who may be agitated, upset or at risk of becoming emotionally unstable in order to calmly and safely resolve the situation.
- C.** Tactics are an important part of the preliminary evaluation phase in ensuring officer safety and the safety of other members on the team. Officers should consider devising a response plan to include, but not limited to the following factors:

ROADMAP: is a mnemonic device that assists in remembering safe tactic's in situations with high stress or when dealing with someone in a mental crisis.

R-Request; specialized units, evaluate the need for assistance from individuals with additional training in working with mental health crisis situations, such as Alternative Response Unit, Crisis Negotiations, etc.

O-Observe; prior to making contact take the time to look at the situation before the approach.

A-Area; containment this allows for a safe operational area to conduct an evaluation.

D-Disengage; make a plan to resolve later which is a strategy and tactic to be considered that reduces undue risk to the officer or members of the team, the involved persons, or others. Prior to disengagement, officers will make reasonable efforts to gather relevant information about the person in crisis from readily available sources, and consult with a supervisor to determine whether to make contact at a different time or under different circumstances. Should this tactic be used by an officer who is not assigned to the ARU, a referral card with the contact information must be submitted to the ARU so proper follow up can be made if needed. This referral should have name, date of birth, disposition and information for proper re-contact.

1. Officers who are assigned to the ARU shall evaluate the need to disengage based on several factors where an individual presents an immediate danger to herself/himself. Prior to disengagement officers shall assess whether they could remain at the scene and use tactics to diminish the risk of harm to the individual without increasing the risk of harm to officers or third parties. A perception of risk that is based on mere suspicion will not constitute "immediate danger."

M-More; summon reinforcements when needed, as it is better to have more at a scene then not have them at all.

A-Arrest; should this need to be delayed for safety reasons, upon knowing who the individual is, the arrest can be made at a later time, to allow for proper coordination and planning. If/when the determination to arrest is made, the arrest shall be done in accordance with Directive 57.1 *Arrest Procedures*.

P-Patience; use time and communication to de-escalate the situation.

68.6.3 NON-CRIMINAL RESOLUTION

- A.** Determination of non-criminal resolution is a decision that can be made by any officer. In determining a resolution, the officer who is working with a person in crisis will consider the totality of the circumstances, including the behavior of the person and the governmental interests at stake.
- B.** The officer may use non-criminal resolution at their discretion, which will achieve the best benefit for both the individual in crisis as well as the community. Examples of appropriate dispositions include, but are not limited to:
 1. Refer the involved person to a mental health provider for evaluation. For example: hospital behavioral health, community outreach centers, etc.
 2. Request for transport for involved person to a mental health provider or hospital for voluntary care. Officer should inform the medical personnel of the situation.

3. Referral to the THRIVE program, if drug related.
4. Regardless of what disposition is used, officers are required to complete an appropriate police report and referral notification to the ARU so proper follow up and a plan of action and care can be made.

68.6.3 PERSONAL CONTACT

Officers who are contacting a person in crisis shall take proper care as mentioned below for officer safety.

- A. When officers recognize that a person whom they are contacting has signs and symptoms indicative of a mental illness, officers are expected to use their training to attempt engagement without escalation of the situation by means of effective communication tactics.
- B. When responding to incidents involving persons who are experiencing a mental health crisis, officers are expected to manage the scene and work on developing a reasonable disposition and plan.
- C. All officers working with persons of mental illness or crisis incidents shall evaluate the situation for indicators of possible danger.
- D. When approaching a person in crisis, officers shall approach in a safe manner with a backup officer. Contact should be made by one officer who is building the rapport with the individual.
- E. Officers should use compassion and patience when building rapport.

68.6.5 REPORTING

- A. Any reports or referrals shall be documented before the end of shift. Officer(s) shall document the incident on the appropriate police report, complete all reporting requirements and submit to their supervisor for approval.

- B. Officers not assigned to the ARU shall provide prompt notice to members of the ARU if after hours, or if the team is unavailable to respond.
- C. Referrals can be made for an individual who the officer feels possibly needs mental health care.
- D. Reports or referrals need to be sent to the ARU so proper tracking can be done.
- E. If a non-criminal resolution was made, this must be documented in the report at the end of the narrative.

68.6.6 FUNCTIONS OF ARU

- A. The ARU will respond as a support unit for in-field units on a mental health call for service if available when dispatched or requested.
- B. The ARU may also volunteer to become the primary unit on any call regarding mental health, behavioral health or substance abuse calls for service or other calls deemed appropriate by the ARU.
- C. Officer(s) who participate in a mental health crisis call by using their crisis intervention training and skills shall complete any required reports.
- D. Officer(s) who are assigned to the ARU may serve as a resource to the Crisis Negotiation Team when requested.
- E. The ARU officer may respond to a wide range of calls for service to determine if a preliminary evaluation is needed to further care for the person in need. The ARU officer may respond to calls for service that include, but are not limited to the following: disorderly conduct, welfare check, ambulance assist, suicidal subjects, mental health calls, or intoxicated persons.

68.6.7 ARU OFFICER TRAINING

Officers(s) who are assigned to the ARU are required to complete advanced training, and to refresh the skills needed to properly deal with persons in crisis or experiencing a mental health issue or crisis.

Officer(s) are to complete the following training within one year of assignment.

- A. Crisis Intervention Training (CIT). 40 hour class or similar training.
- B. Enhanced Crisis Intervention Training. (ECIT) 40 Hour class or similar training.
- C. THRIVE training.
- D. Basic Crisis Negotiations training.

68.6.8 SUPERVISION

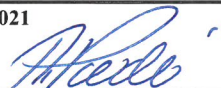
- A. The ARU officer will report to the Day Shift Commander for administrative matters and questions regarding calls for service or duties of the ARU officer. Should the Day Shift Commander be unavailable, the ARU officer will report to the on-duty patrol supervisor.
- B. In the event of a use of force, pursuit, or injury, the on-duty patrol supervisor will complete the necessary supervisory report and notify the chain of command.

68.6.9 ARU OFFICER UNIFORM

- A. Personnel permanently assigned to the ARU may wear the Department polo shirt as their daily wear uniform unless assigned to Patrol duties or directed by the Patrol Section Captain.
- B. The Department polo shirt will be worn in accordance with Directive 88.1 *Uniform regulations and Appearance.*
- C. Personnel assigned to ARU must wear their department issued protective/ballistic vest when in the field in any response capacity, in accordance with Directive 88.1 *Uniform Regulations and Appearance.*

Drafted (CEM) (PMJ) 04/14/2021

APPROVED: _____



Andrew Padilla
Chief of Police

DATE: _____

05/03/21