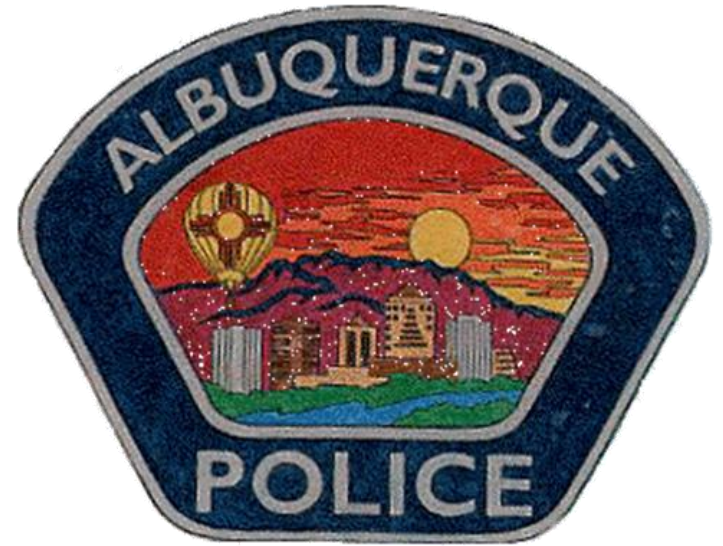


The Albuquerque Police Department Crisis Intervention Unit Data Book: A Working Compendium



Version Date: December 15, 2017

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Background

In 2014, the City Of Albuquerque and the U.S. Department of Justice entered into an agreement often referred to as the CASA (Court Appointed Settlement Agreement) which identified a number of actions to be completed by the Albuquerque Police Department (APD).

The CASA paragraphs #129 and #137 direct APD to collect data on the use of crisis intervention certified responders for management purposes and to demonstrate the impact of and inform modifications to crisis prevention services. These data include:

- date, shift, and area command of the incident;
- subject's age, race/ethnicity, and gender;
- whether the subject was armed and the type of weapon;
- whether the subject claims to be a U.S. military veteran;
- name and badge number of crisis intervention certified responder or CIU detective on the scene;
- whether a supervisor responded to the scene;
- techniques or equipment used;
- any injuries to officers, subjects, or others;
- disposition of the encounter (e.g., arrest, citation, referral); and
- a brief narrative of the event (if not included in any other document).
- number of individuals in the COAST and CIU case loads;
- number of individuals receiving crisis prevention services

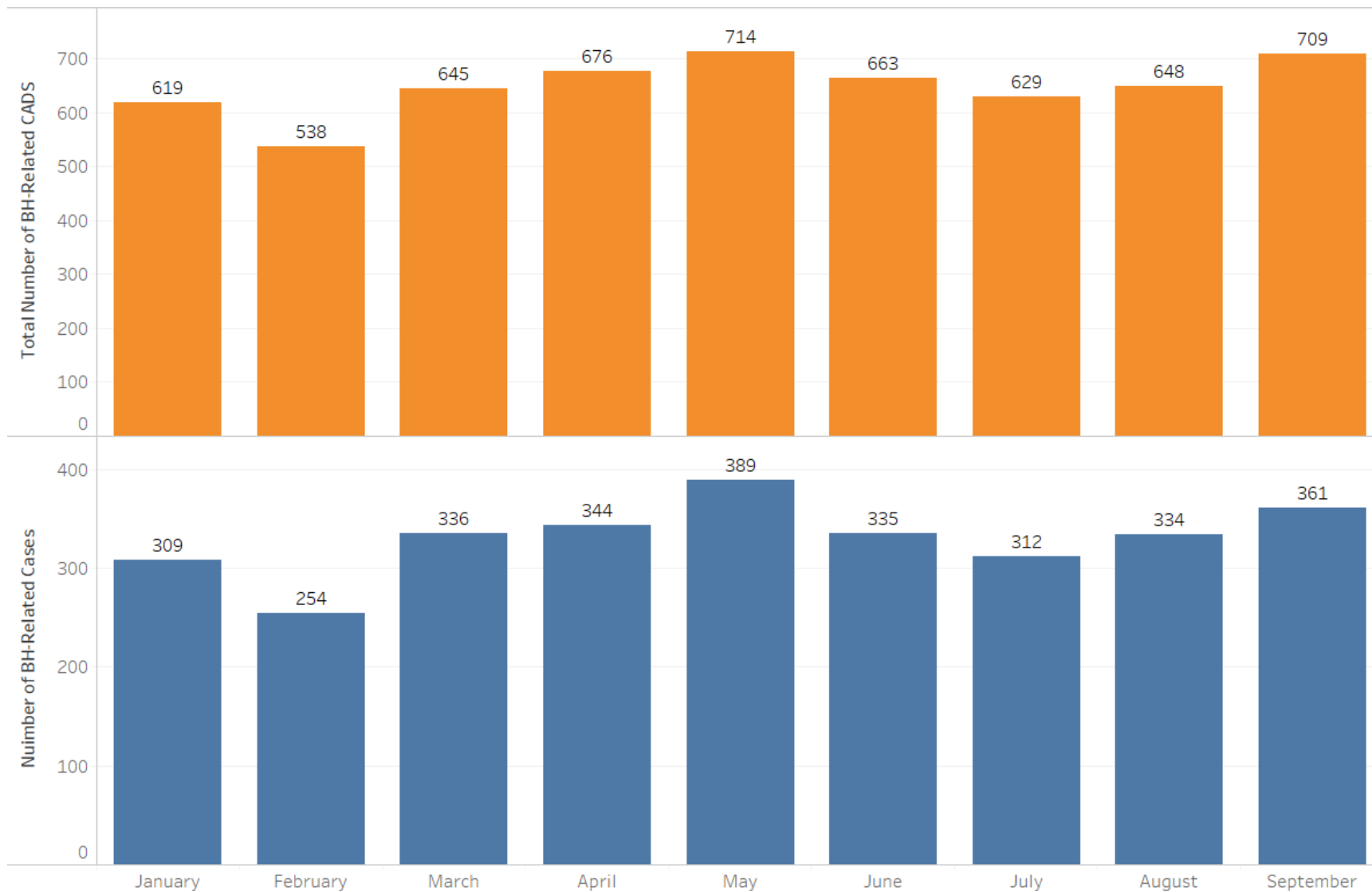
CASA paragraph #130 also directs APD to these data to continually improve police training; practices and policies; and to identify systemic issues that impede the Department's ability to provide an appropriate responses individuals experiencing a mental health crisis.

The APD Crisis Intervention Unit Data Book is one way APD provides information about these data and our efforts to use this information to continually strengthen our ability to protect and serve our community.

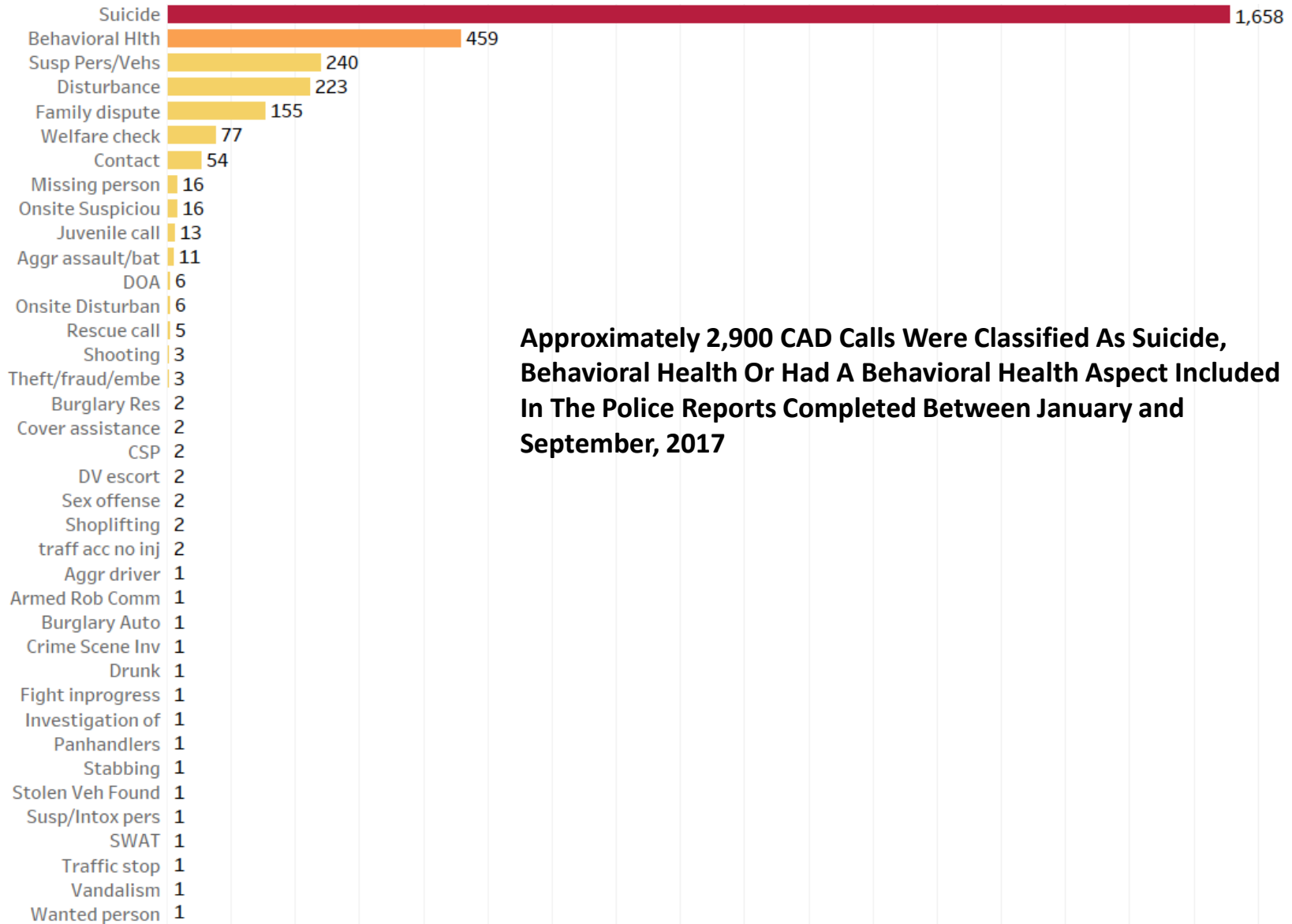
Data Definitions

- 1. Throughout this report we refer to behavioral health related computer aided dispatch (CAD) incidents and police reports. Computer Aided Dispatches are 911 calls that are categorized as suicide or behavioral health in CAD descriptions. If CAD calls turn into incidents that required police reports, these reports may be categorized as suicide, behavioral health, mental commit, mental patient, or psychiatric evaluation depending on which record system is used and what year the report was filed.**
- 2. The data come from Tiburon and other dynamic data bases and are continually updated as reports are completed and revised.**
- 3. We fully understand that our data is based on behavioral health related incidents which are known to be behavioral health related by law enforcement at the time of occurrence. There are probably many incidents which are classified in other ways which have a behavioral health components and are missed in our analyses.**
- 4. We are committed to improving our data collection and analyses and we have made some important strides so far. But clearly, complete and accurate data in law enforcement is a journey rather than a destination.**

The Number Of Behavioral Health Related CAD Calls And BH-Related Cases January, 2017 To September, 2017

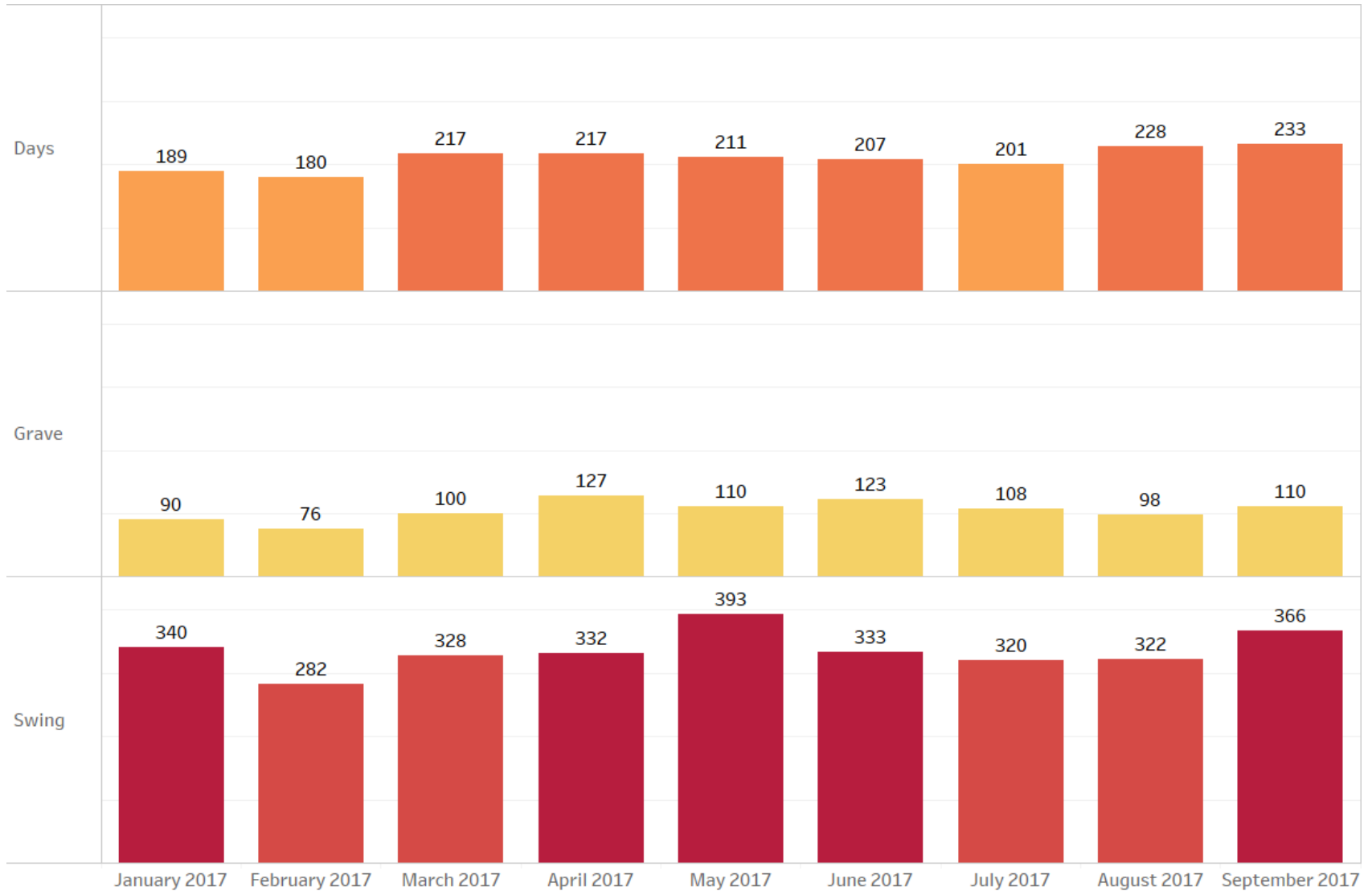


Behavioral Health Issues Are An Aspect Of Many Different Kinds Of CAD Calls

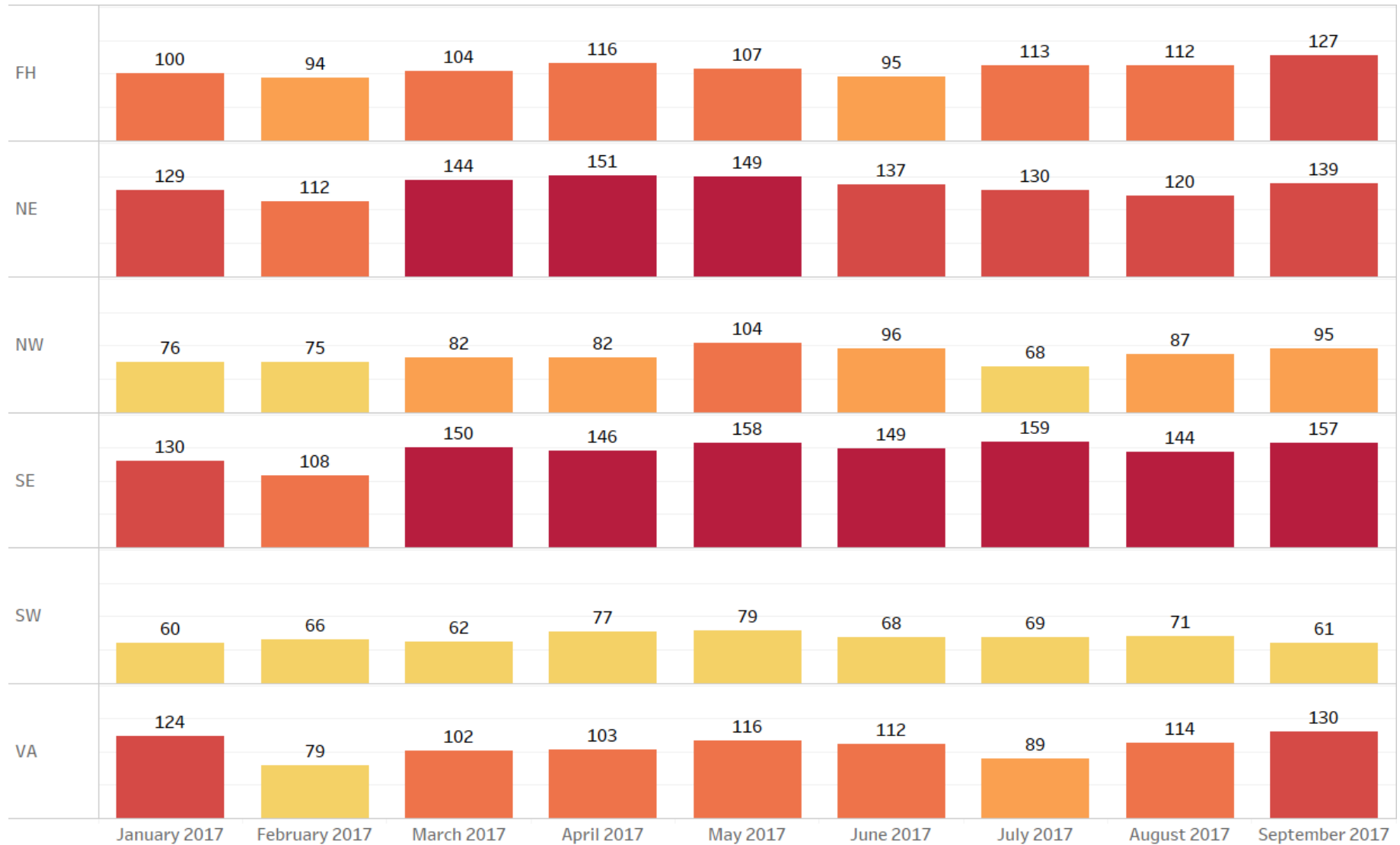


Approximately 2,900 CAD Calls Were Classified As Suicide, Behavioral Health Or Had A Behavioral Health Aspect Included In The Police Reports Completed Between January and September, 2017

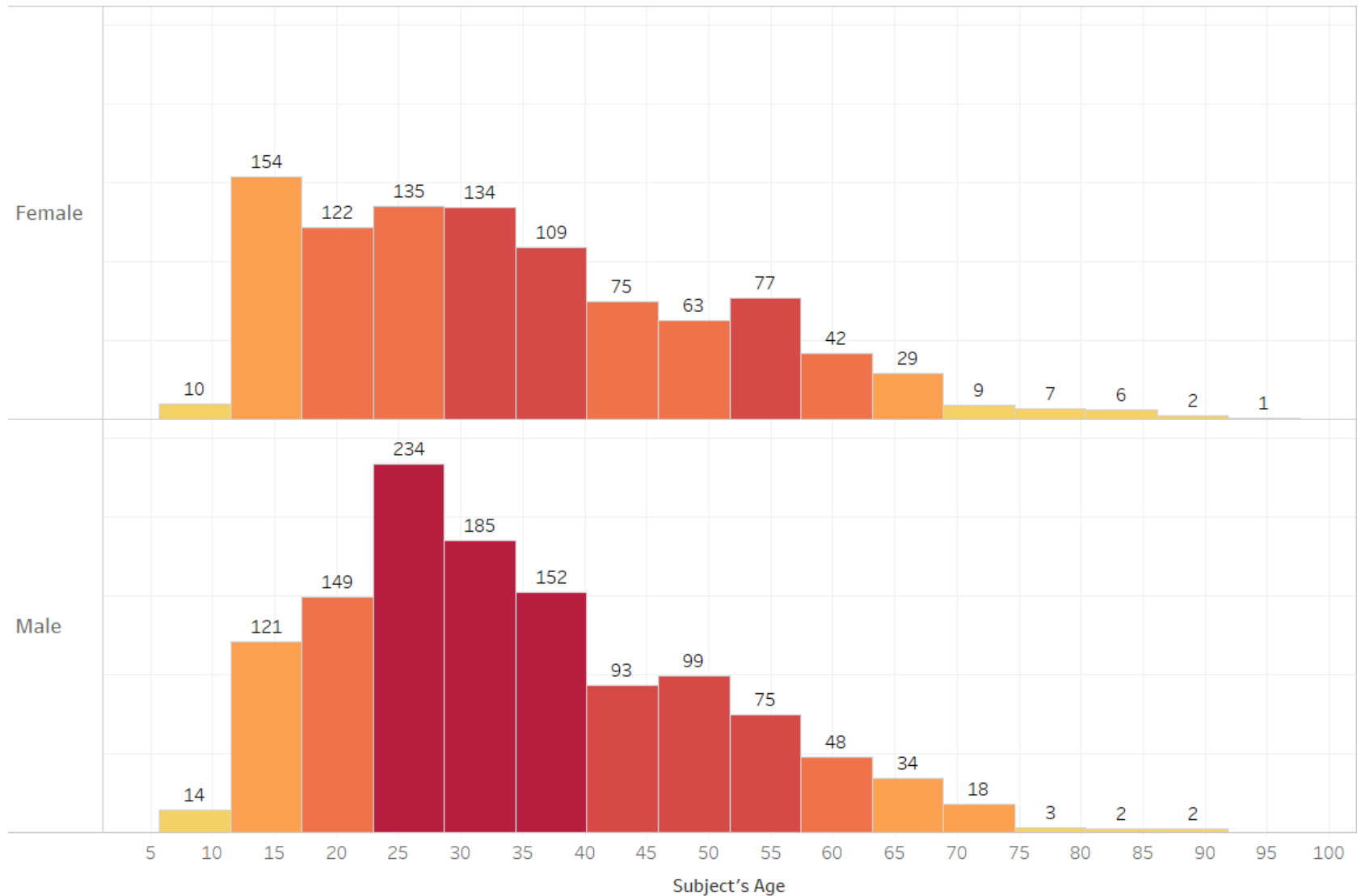
The Number Of Behavioral Health Related CADs By Shift January, 2017 To September, 2017



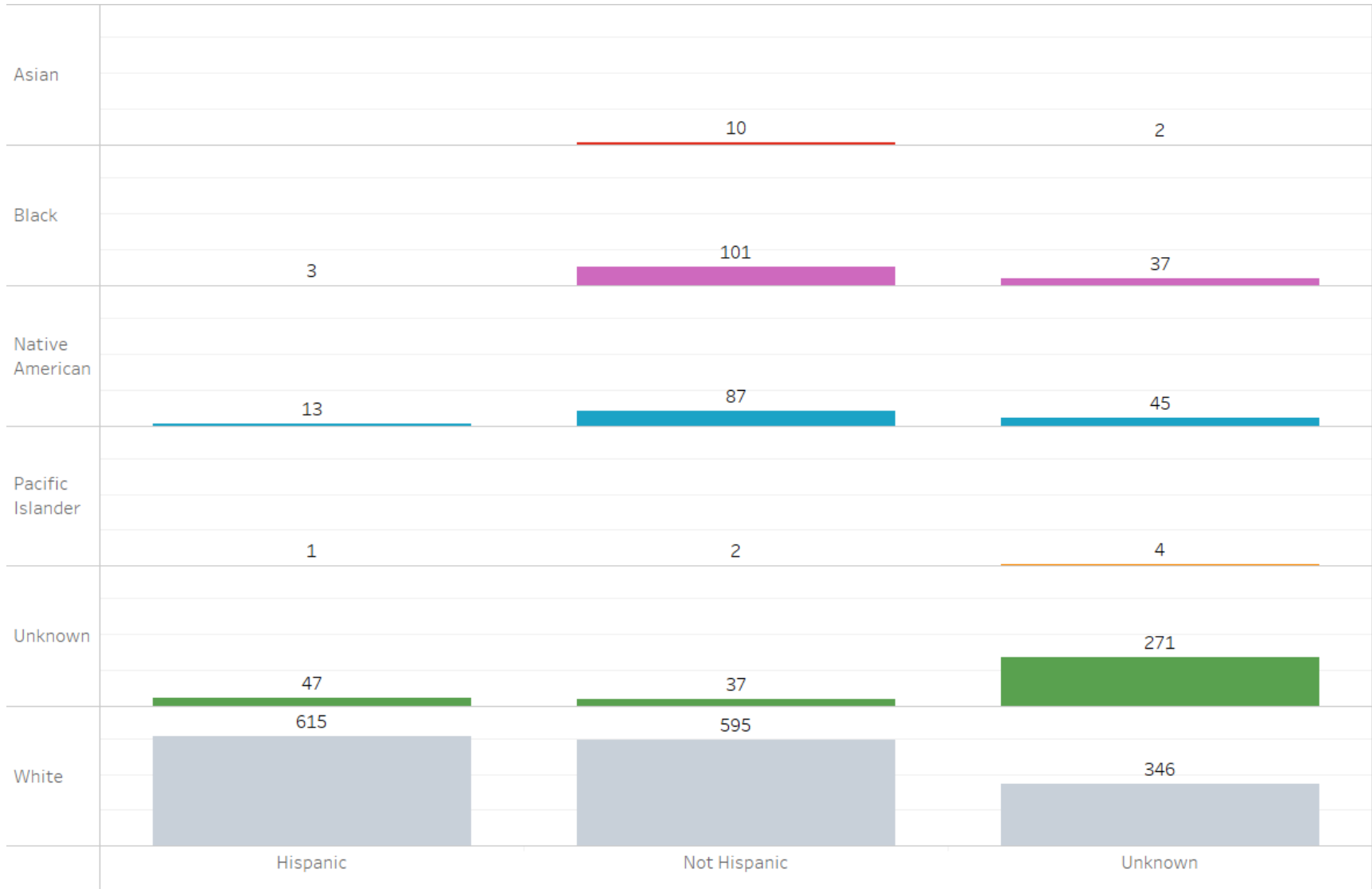
The Number Of Behavioral Health Related CADs By Area Command January, 2017 To September, 2017



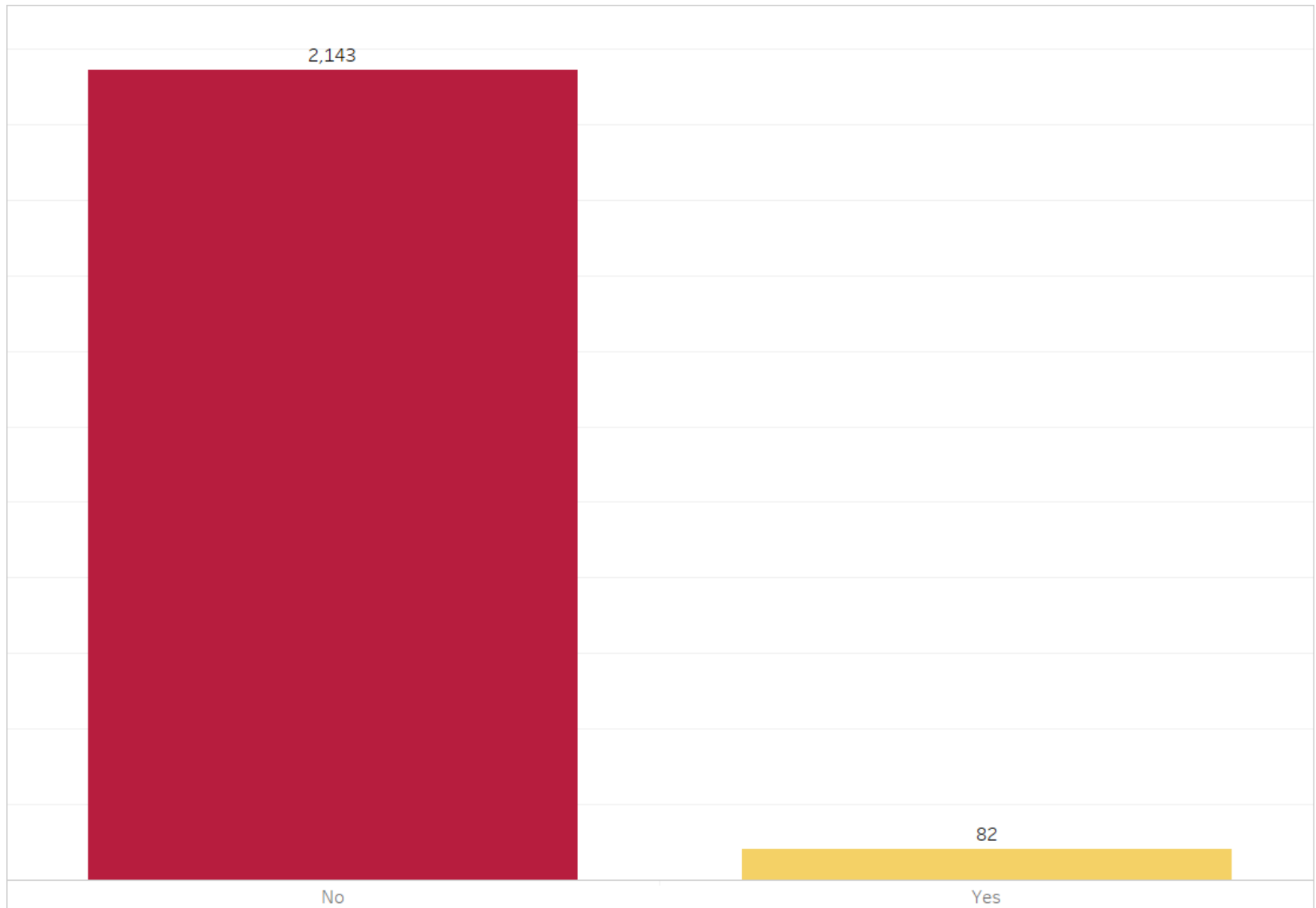
The Age And Gender Of Individuals In Behavioral Health Related Police Reports January, 2017 To September, 2017



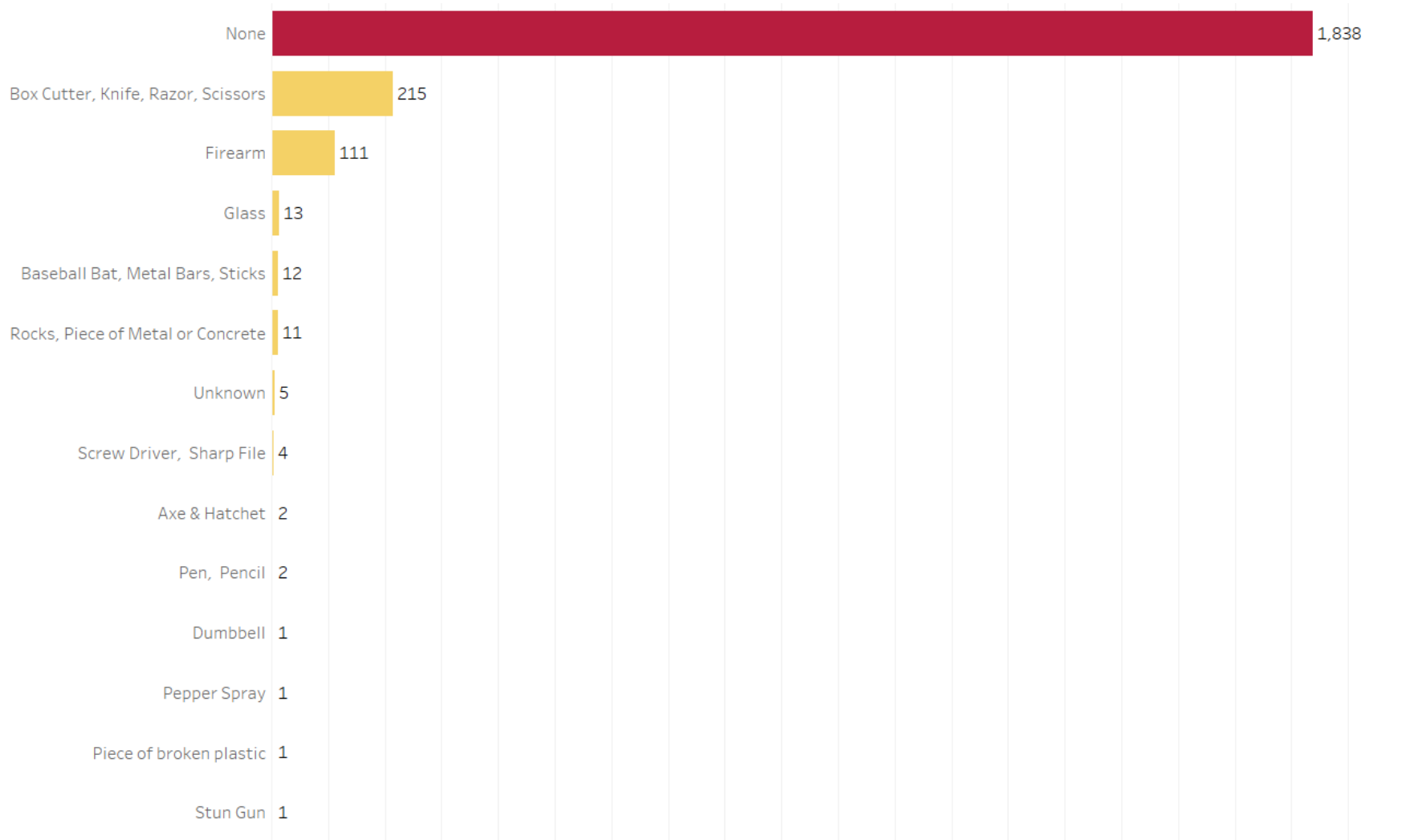
The Race/Ethnicity Of Individuals In Behavioral Health Related Police Reports January, 2017 To September, 2017



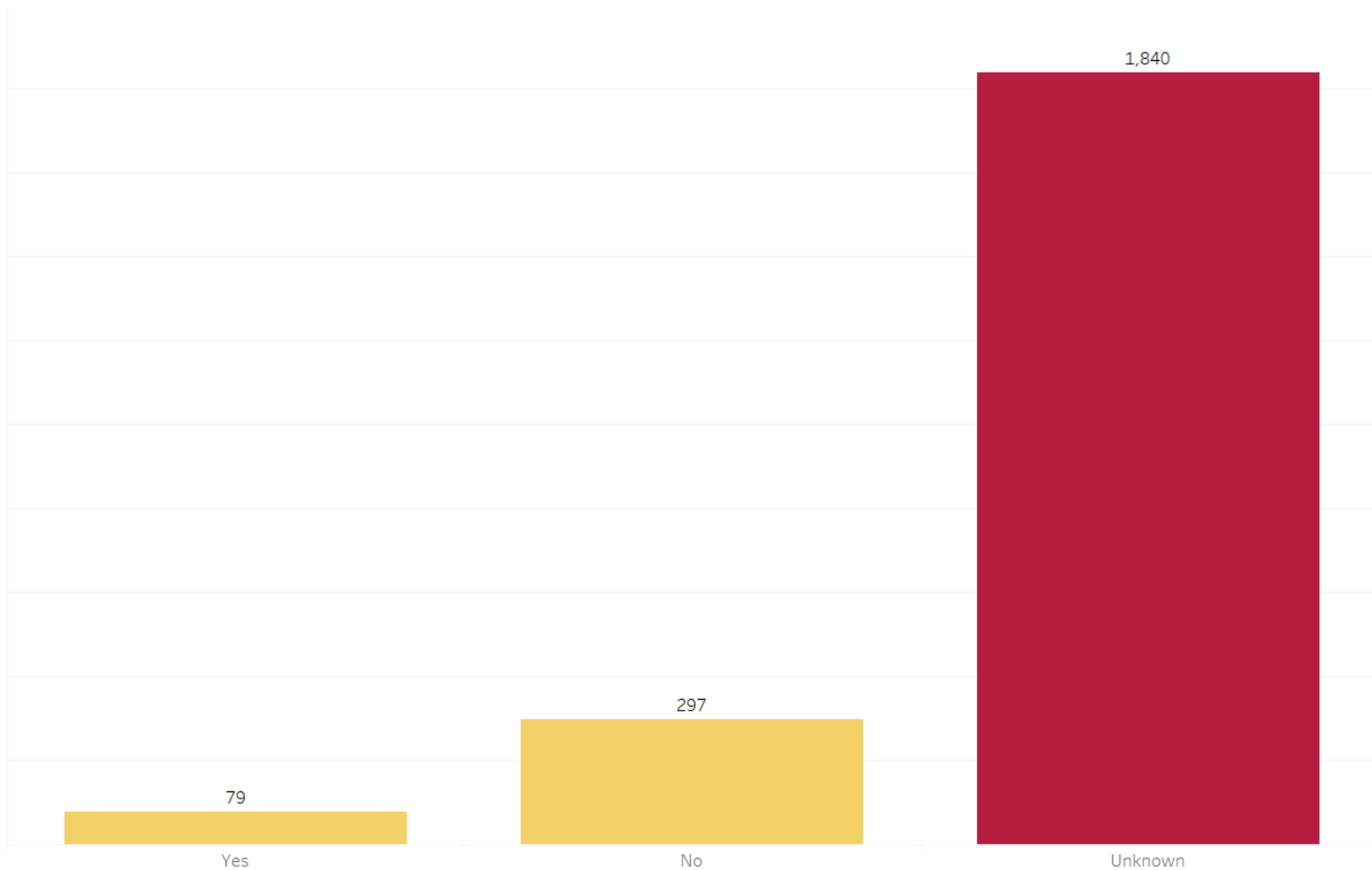
Was The Subject Armed In The Behavioral Health Related Police Reports? January, 2017 To September, 2017



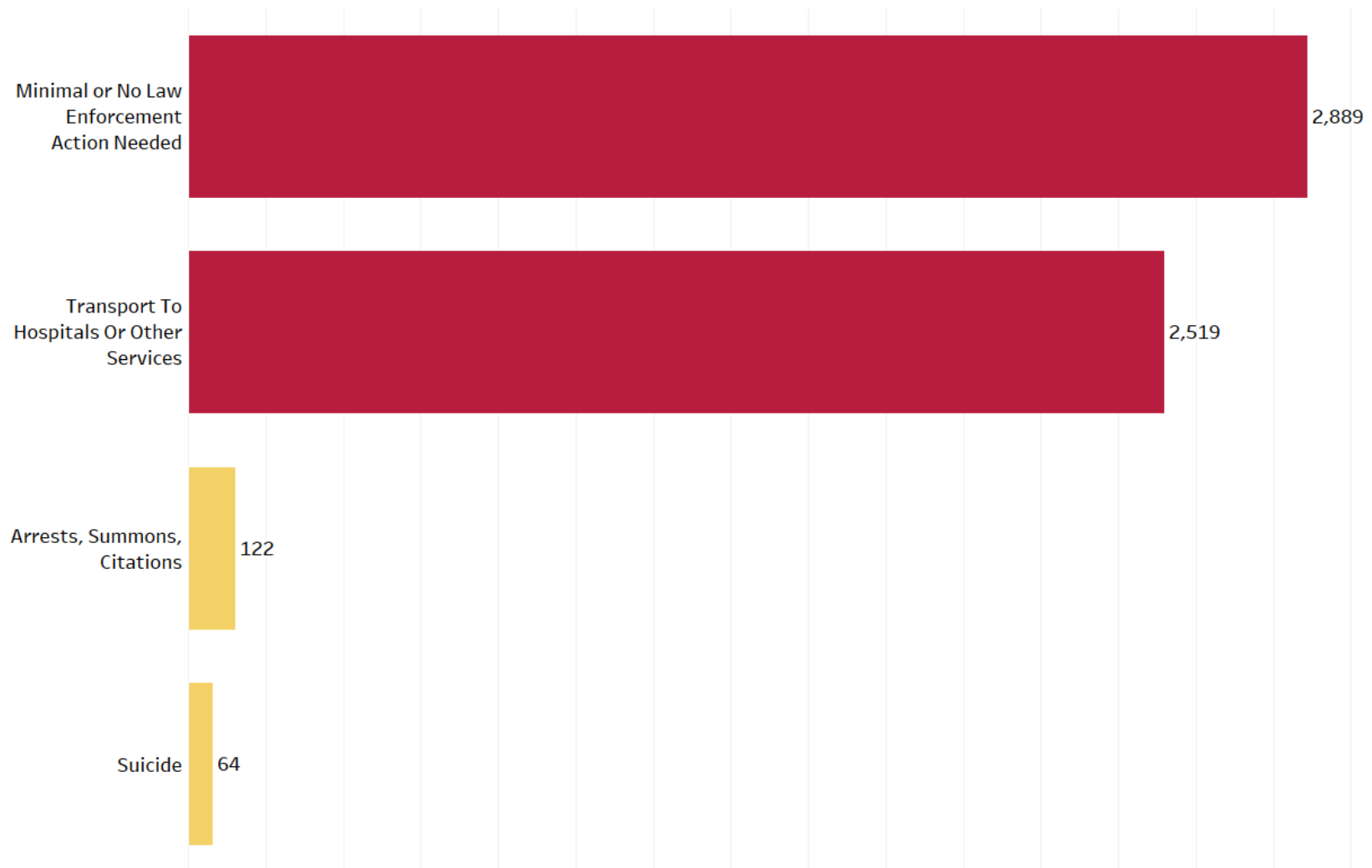
What Type Of Weapon Was Used When Subject Was Armed? January, 2017 To September, 2017



Was The Subject A Veteran In The Behavioral Health Related Police Reports? January, 2017 To September, 2017



The Number Of The Dispositions Of Behavioral Heath Related CAD From January To September 2017



Data in this chart was compiled from all behavioral health and suicide calls that came into dispatch and compared to reports that were filed from those calls to determine the final outcome. No law enforcement action needed are calls in which officers responded but did not take any report or action. Some individuals may have been involved in multiple incidents.

AN UPDATE ON ECIT TRAINING, DEPLOYMENT AND IMPACT

“A significant amount of force we reviewed was used against persons with mental illness and in crisis. APD’s policies, training, and supervision are insufficient to ensure that officers encountering people with mental illness or in distress do so in a manner that respects their rights and is safe for all involved.” DOJ-APD Findings Letter (April 10, 2014)

“124. The number of crisis intervention certified responders will be driven by the demand for crisis intervention services, with an initial goal of 40% of Field Services officers who volunteer to take on specialized crisis intervention duties in the field. Within one year of the Effective Date, APD shall reassess the number of crisis intervention certified responders, following the staffing assessment and resource study required by Paragraph 204 of this agreement.”

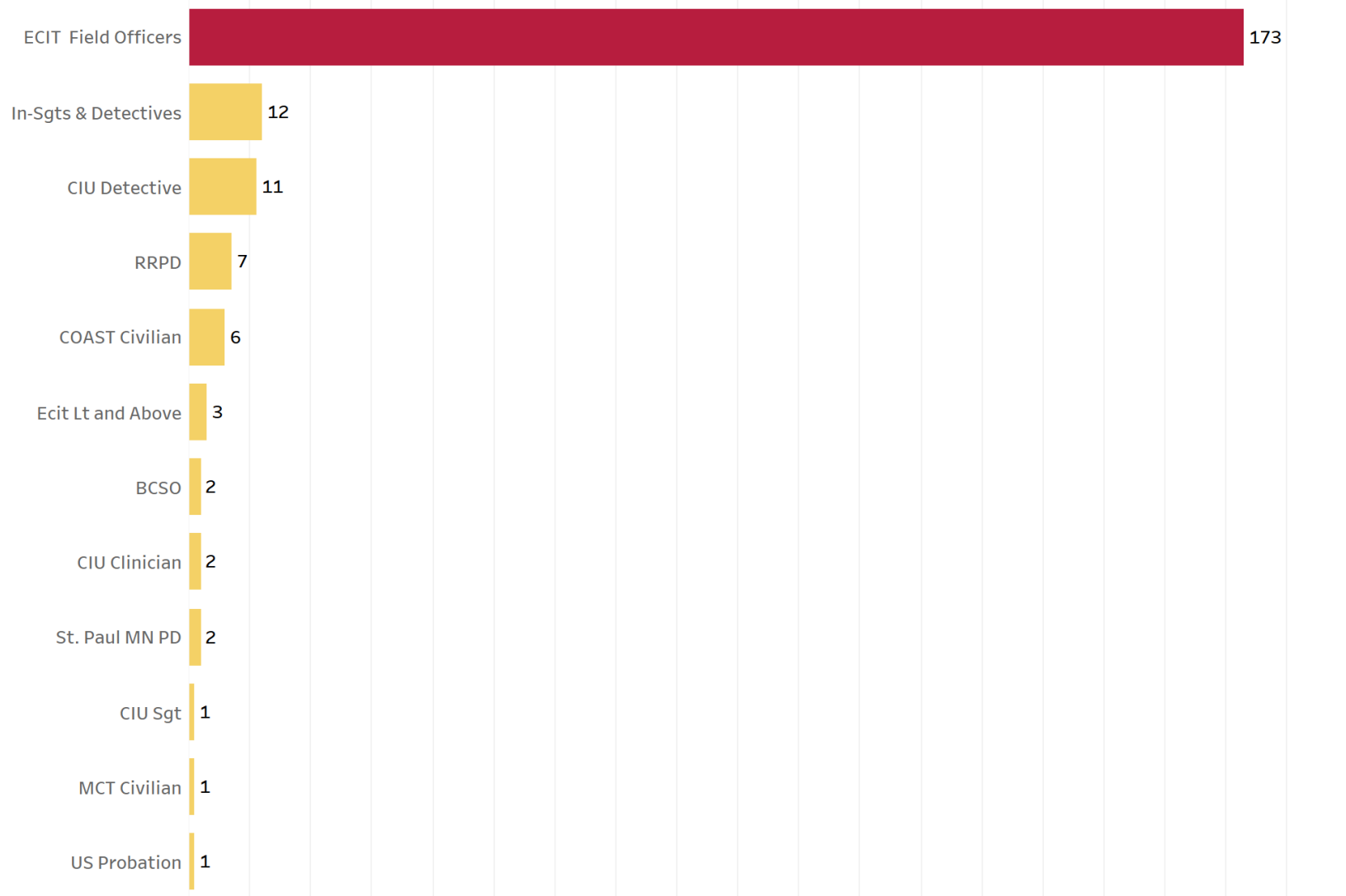
“127. Within 18 months of the Effective Date, APD will ensure that there is sufficient coverage of crisis intervention certified responders to maximize the availability of specialized responses to incidents and calls for service involving individuals in mental health crisis; and warrant service, tactical deployments, and welfare checks involving individuals with known mental illness.”

The Department of Justice v. City of Albuquerque Settlement Agreement, 2014.

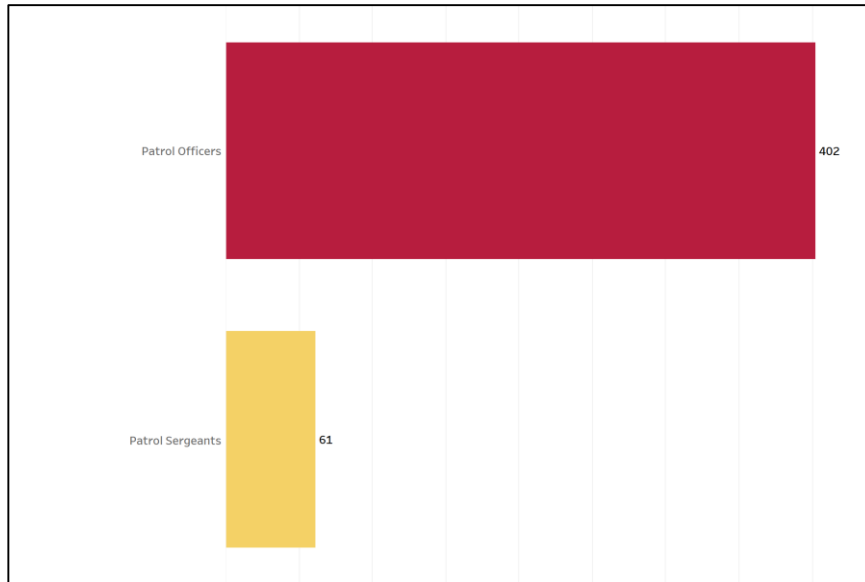
Key Questions

- How can APD determine whether 40% of Field Services Officers is a sufficient number of crisis intervention certified responders to meet the demand for crisis intervention services in Albuquerque?
- How can APD refine its policies, partnerships and information flow to ensure that appropriate crisis intervention certified officers are dispatched to the appropriate behavioral health related calls?
- How can APD evaluate the effectiveness of its approach to dealing with individuals in crisis and regain the public trust that APD's policies, training, and supervision are sufficient to ensure that officers encountering people with mental illness or in distress are doing so in a manner that respects their rights and is safe for all involved?

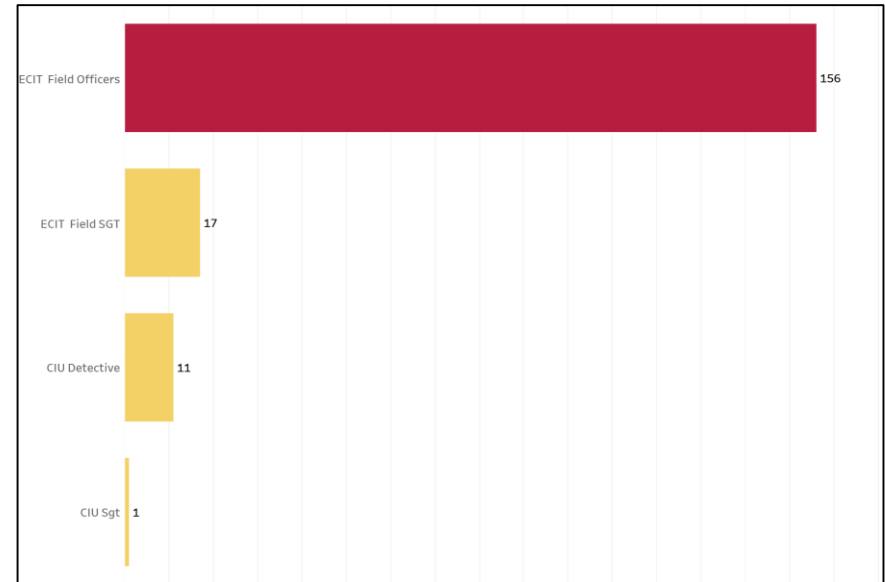
221 Officers And Civilians Completed ECIT Training Between October 2016 and December 2017



In December 2017, 39.5% of Field Bureau Officers Had Received ECIT Training



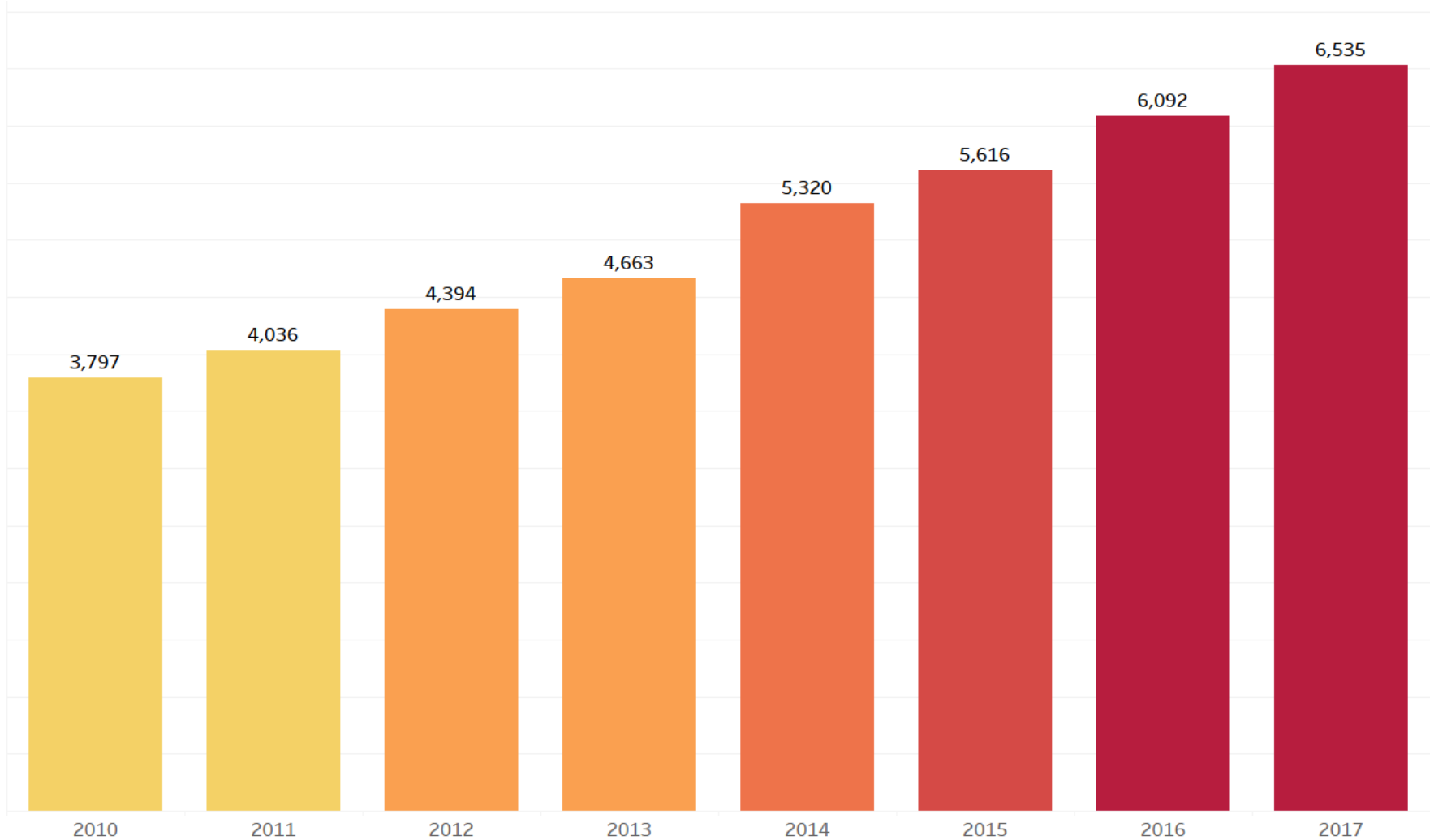
Denominator = 463



Numerator = 185

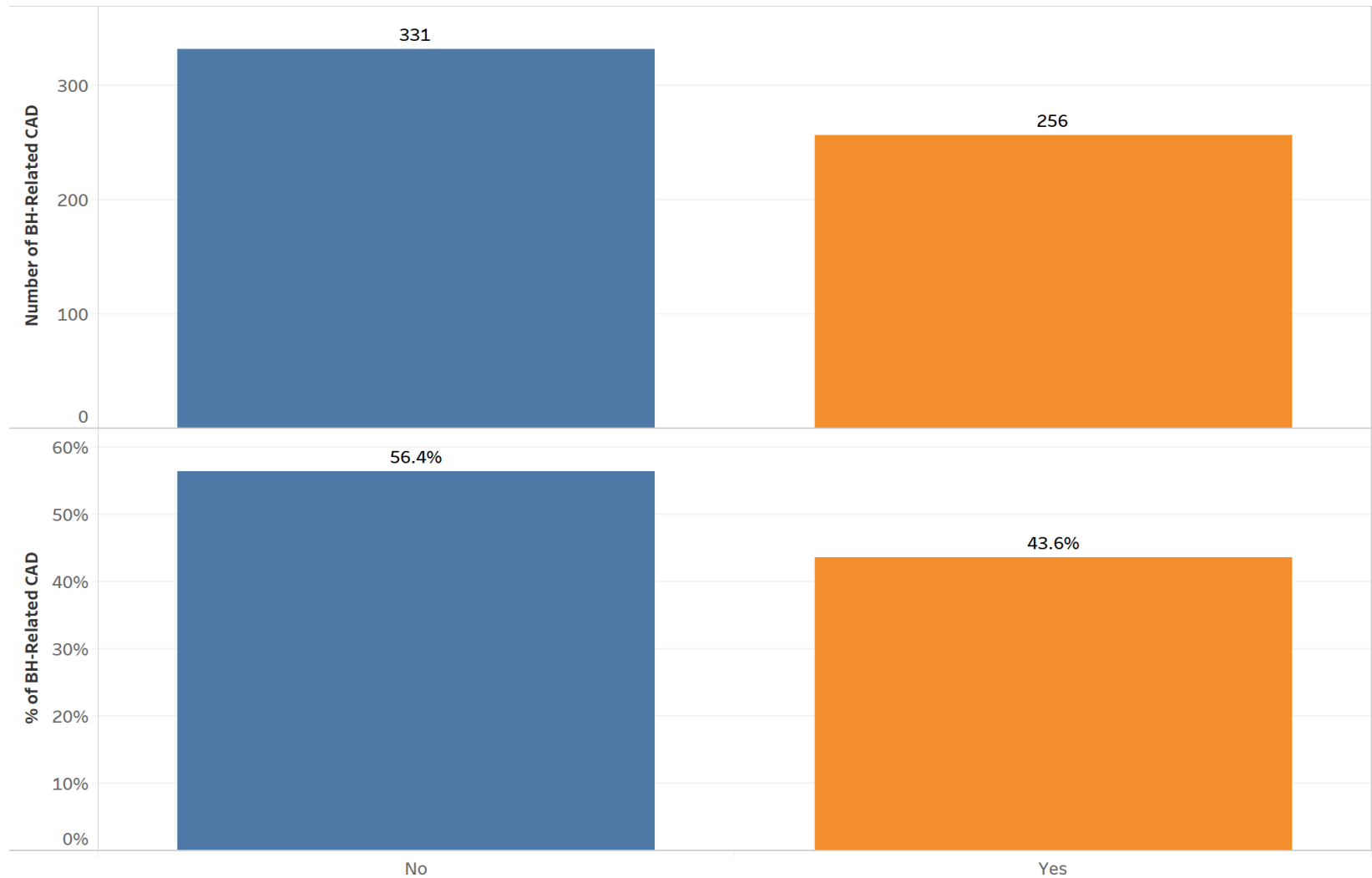
185 ECIT Trained Officers/463 Field Bureau Officers = 39.5%

The Number Of APD's BH-Related CAD Calls Has Increased 72% Since 2010. It Is Very Likely Those Calls Will Continue To Increase

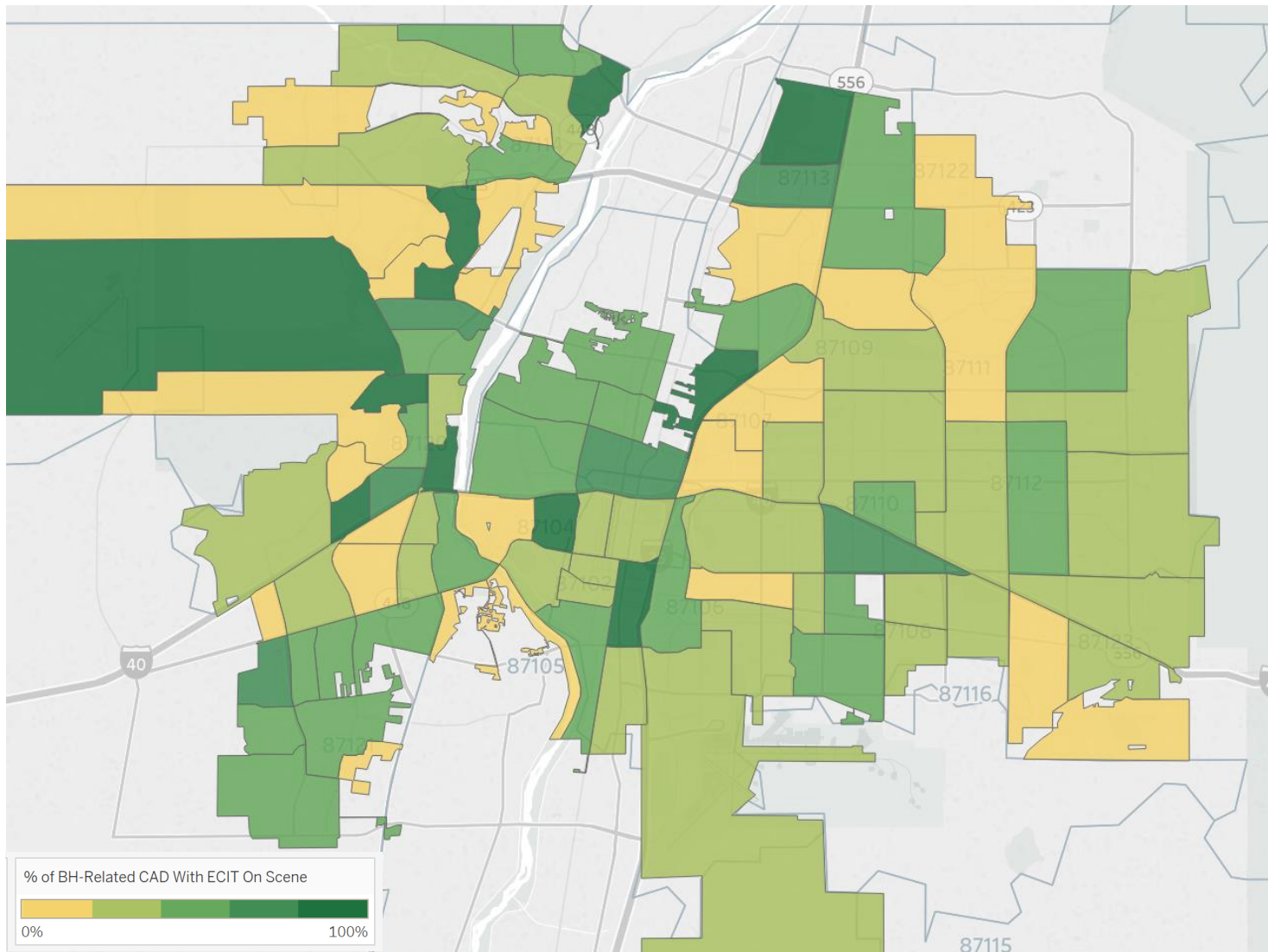


APD CAD Classified As Behavioral Health Or Suicide Calls

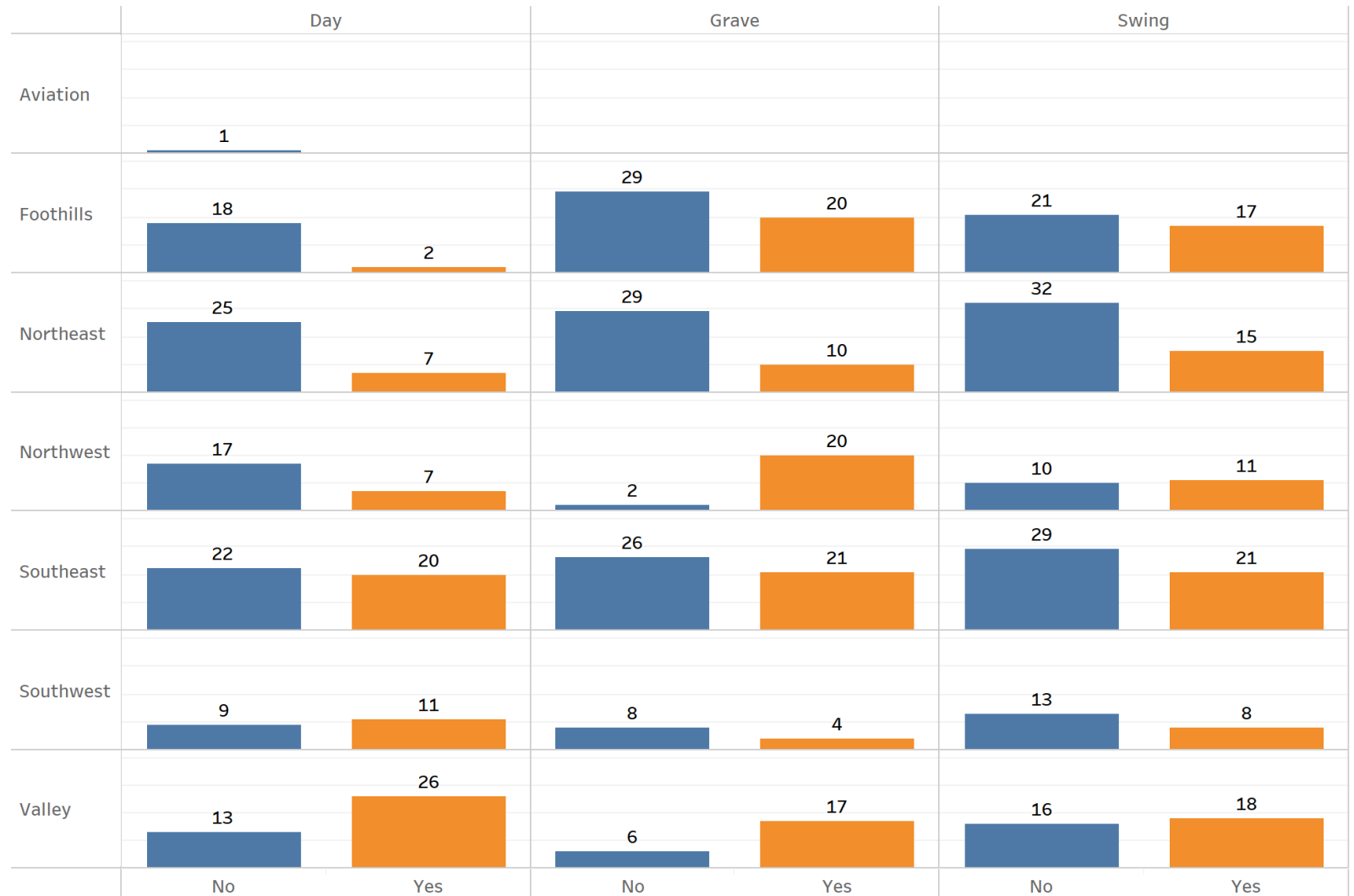
Number And Percent Of BH-Related 587 CAD With An ECIT Officer On The Scene (11/20/17 To 12/28/17)



Number Of BH-Related CAD With An ECIT Officer On The Scene By Beat (11/20/17 To 12/28/17)



Number Of BH-Related CAD With An ECIT Officer On The Scene By Area And Shift (11/20/17 To 12/28/17)



How Can The Deployment Of ECIT Officers Be Improved?

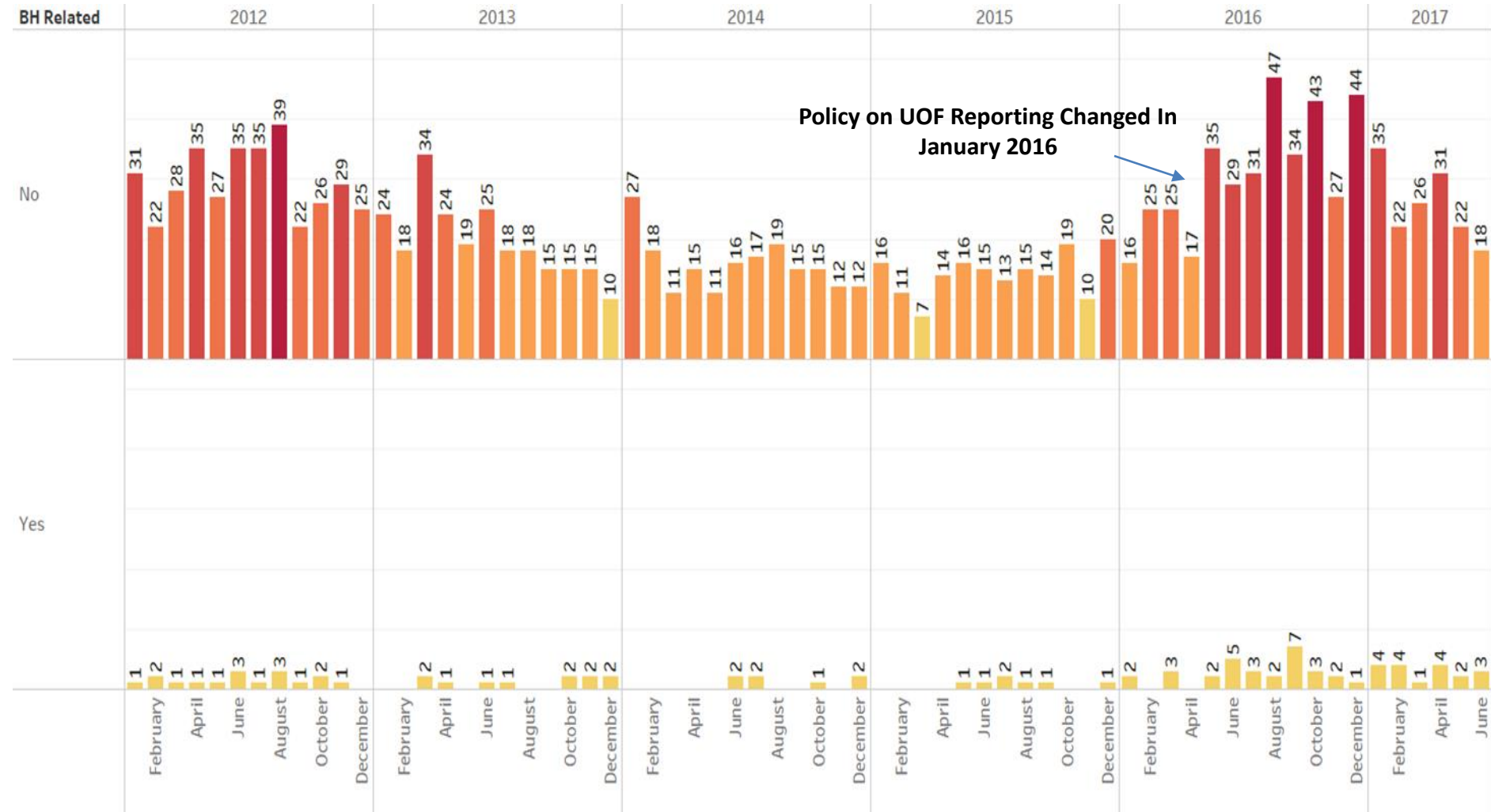
- APD SOP 2-19-3 (K): Enhanced Crisis Intervention Team (ECIT)
Specially-trained Field Services Bureau officers who function within their patrol teams as specialists to handle calls involving individuals affected by a behavioral health disorder or experiencing a behavioral health crisis.
- APD SOP 2-19-5 (D): A telecommunication employee will apply his/her training and experience to identify calls that indicates the subject may be affected by a behavioral health disorder or a behavioral health crisis, and if so, will dispatch an ECIT officer or MCT, **if appropriate** and available.

Is 40% Of Field Officers Trained In ECIT A Good Number?

If all officers were trained in ECIT, then 100% of behavioral health related calls would be answered by crisis intervention certified responders. But then these responders would not be specialized. On the other hand, is it feasible that to expect a relatively small number of specialized responders could handle all BH-Related CADs? Probably not. We believe that the best answer to this question is by focusing on the larger question of whether APD's policies, training, and supervision are ensuring that when officers are encountering people with mental illness or in distress, they do so in a manner that respects their rights and is safe for all involved. ECIT training is one part of APD's overall approach. The other components of APD's approach include training all officers in CIT; revising UOF policies; and build stronger partnerships with other community resources.

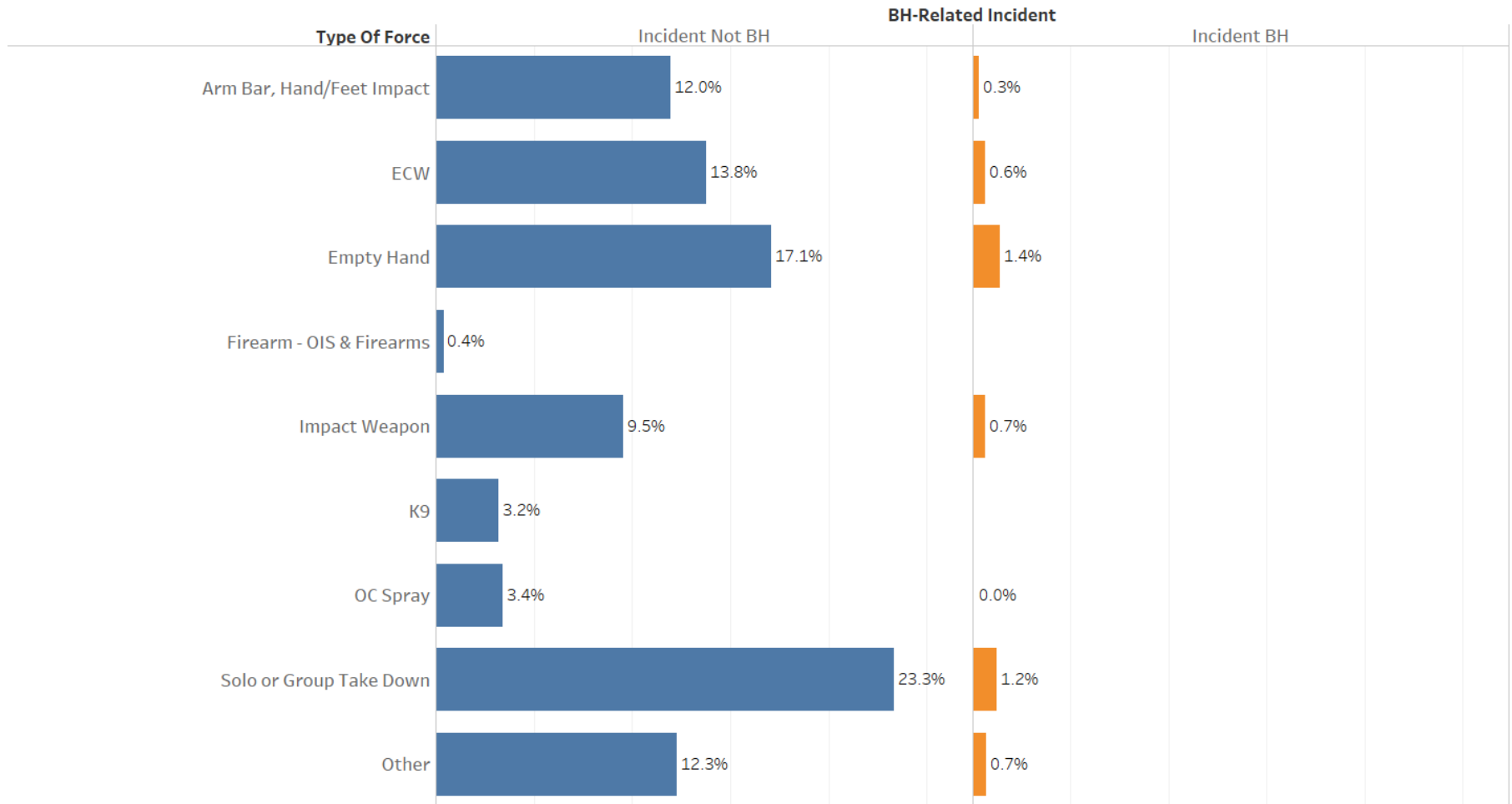
- Approximately 52% of BH-Related CADs result in minimal or no law enforcement action needed.
- Approximately 45% of BH-Related CADs result in transports to hospitals or emergency services.
- Approximately 2% of BH-Related CADs result in arrests or summons.
- Approximately 0.5% (one half of a percent) of BH-Related CADs involved a use of force. The majority of those uses of force were low levels of force with some important exceptions.

Use Of Force Cases By Year By Behavioral Health Related Category



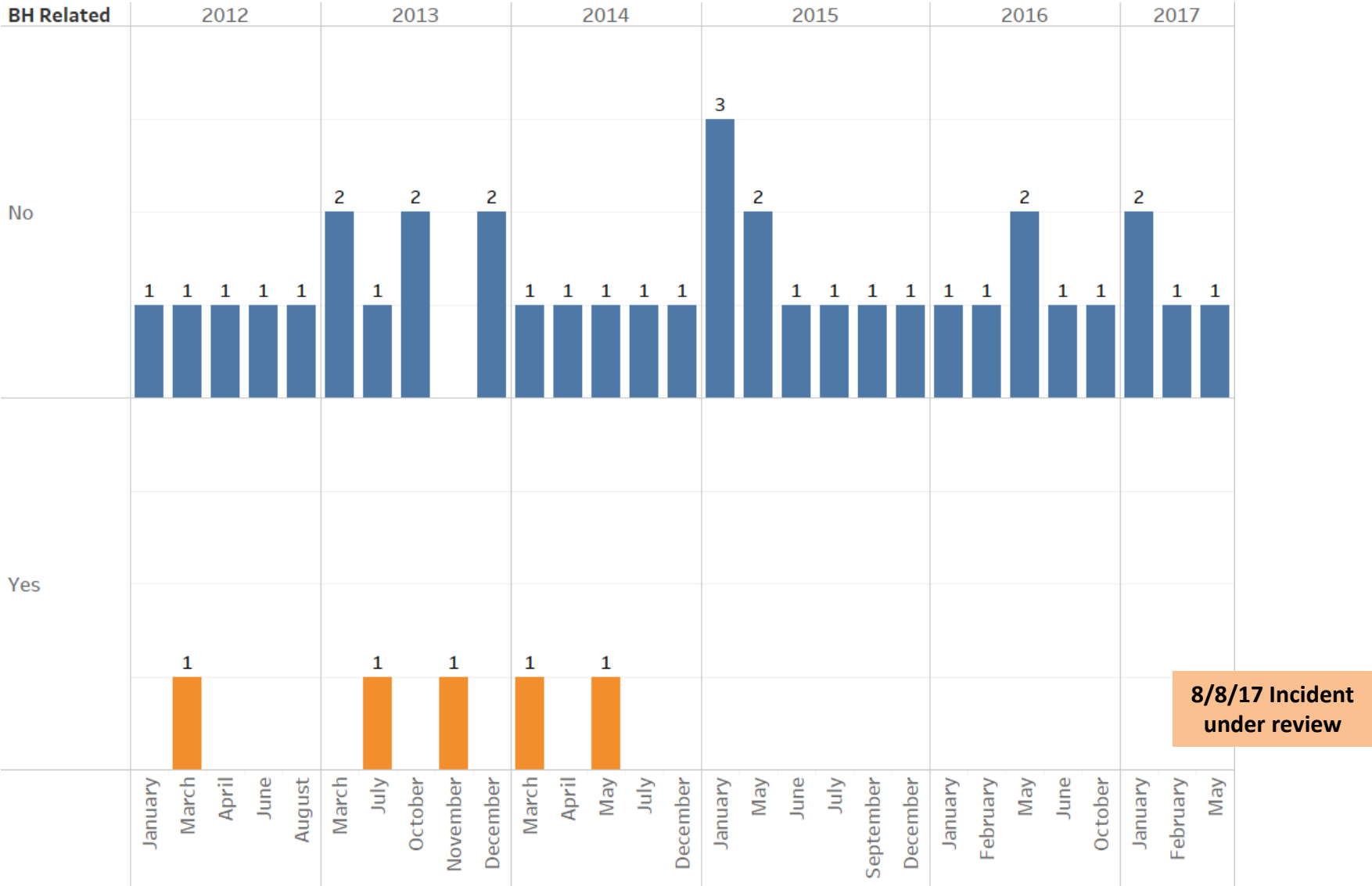
Data Are Preliminary And These Are Cases Which Were Known To Law Enforcement As Behavioral Health Related At The Time

The Types Of Use Of Force By Officer Reports By Year Behavioral Health Related Category



Data Are Preliminary And These Are Cases Which Were Known To Law Enforcement As Behavioral Health Related At The Time

The 41 Use Of Force Cases Involving Firearms By Year By Behavioral Health Related Category



Data Are Preliminary And These Are Cases Which Were Known To Law Enforcement As Behavioral Health Related At The Time

Family of woman shot by APD speaks out about UNM mental health treatment



By Madeline Schmitt

Published: August 16, 2017, 5:23 pm | Updated: August 22, 2017, 8:33 pm



The Critical Importance Of Systems Of Support

ALBUQUERQUE, N.M. (KRQE) – The family of a [young woman shot by Albuquerque Police last week](#) is speaking out. The Sudlows are voicing frustration and anger with UNM's Psychiatric Care Center and its consistent admittance and quick release of Danielle, despite her clearly needing help.

Diane Sudlow, the mom of Danielle, and Danielle's sister, Charlotte, sat down with KRQE News 13 Wednesday.

How Can We Support High-Need Individuals With Repeated Contacts With Law Enforcement?

One person had 38 contacts

For the purposes of this study, defined consumers as individuals with 5 or more interactions in a 18 month period with A Intervention Unit.

Forty-three (43) individuals met this criteria

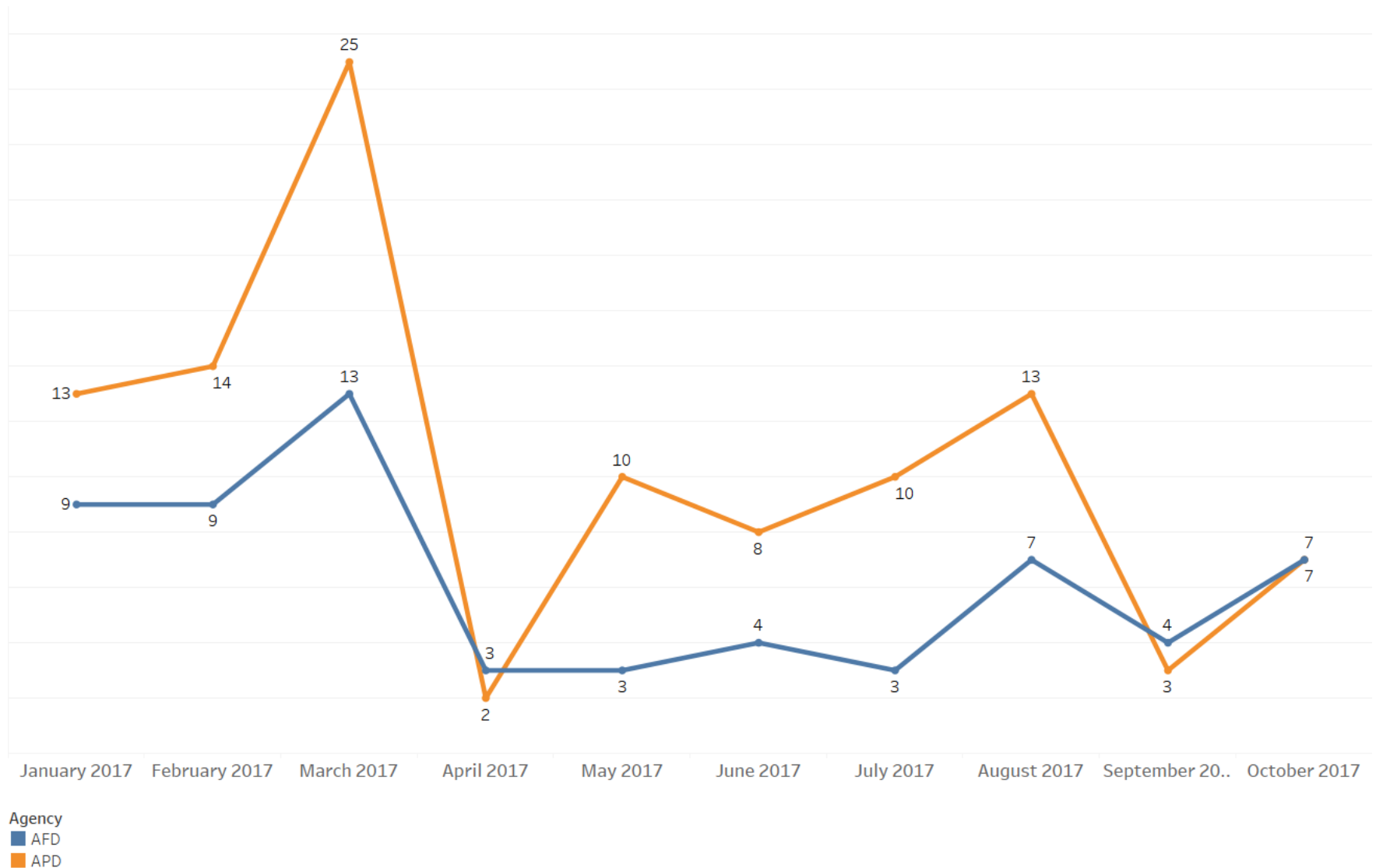
This is about 20% of the active individuals in the case management system (CMS).

Number of Contacts	Number of Individuals
38	1
23	1
18	1
12	2
11	2
10	5
9	3
8	2
7	4
6	5
5	20

This is about 20% of the active individuals in CIU's case management system (CMS).

29

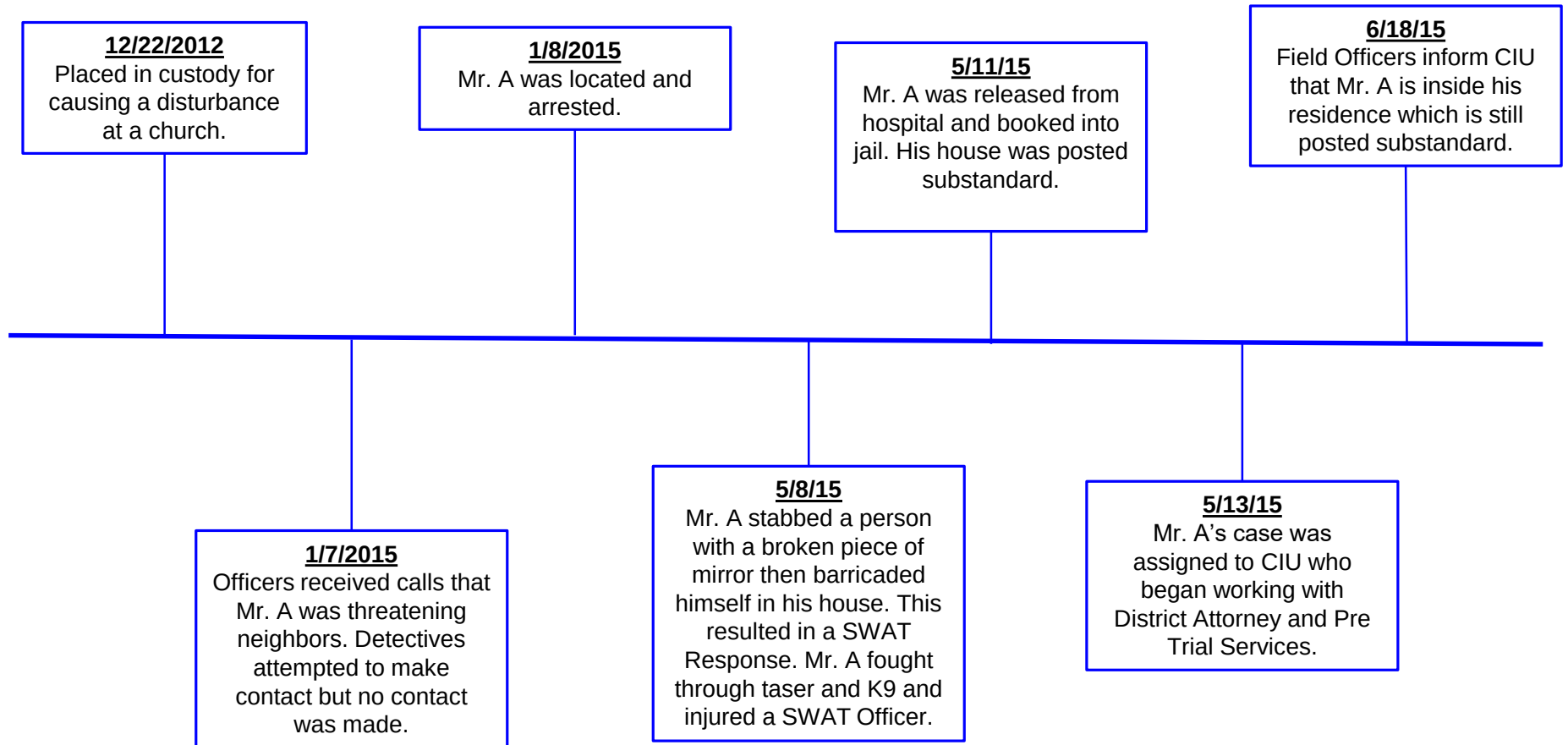
Miss R Made 167 Calls For Service That Involved Both APD And AFD Between January 2, 2017 and October 22, 2017



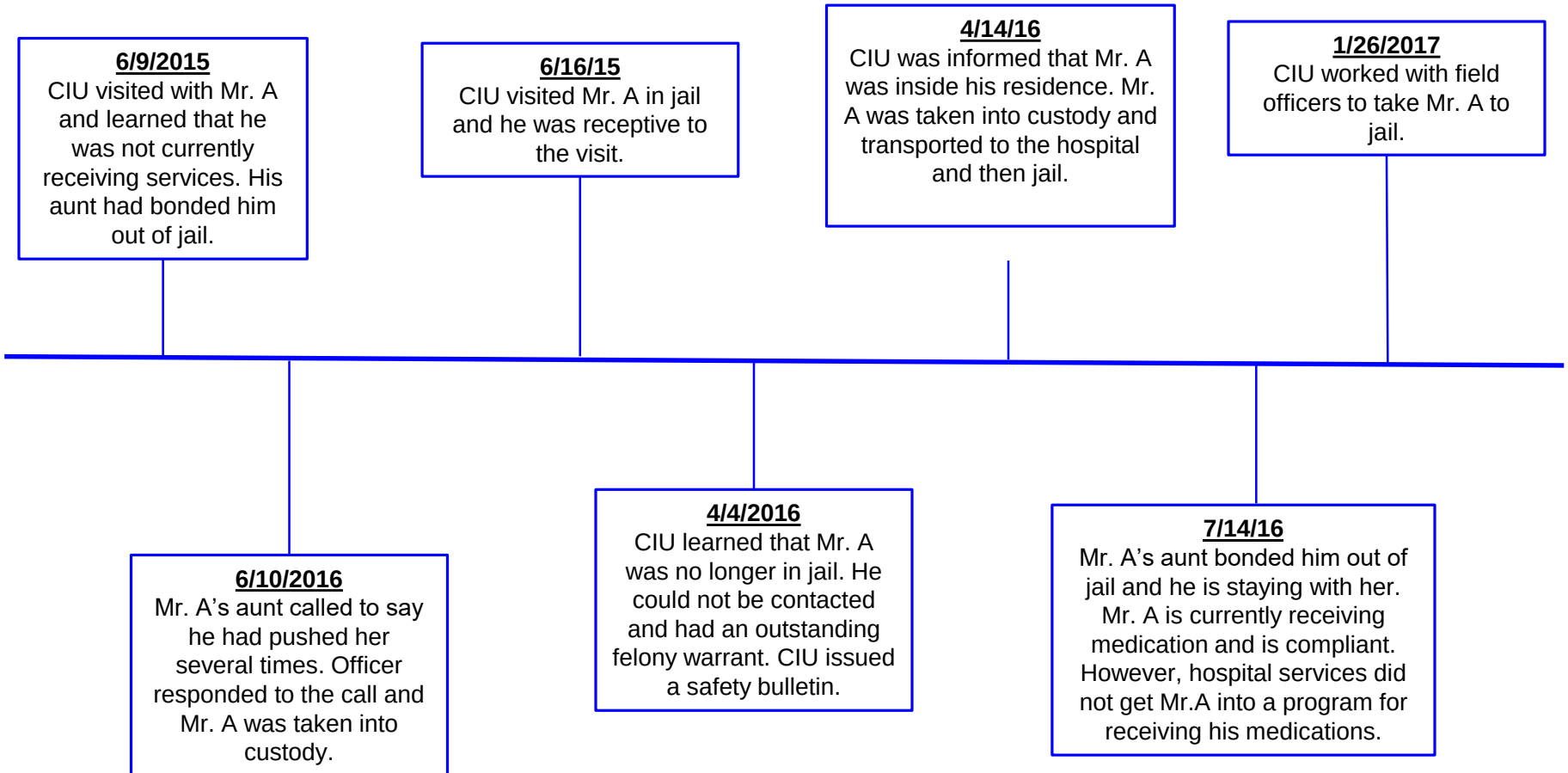
The Story Of Mr. A

- Mr. A is in his mid-30's and living with schizophrenia and serious substance abuse.
- Mr. A has had several violent encounters with police.
- Mr. A has felony warrants including False Imprisonment, Battery upon a Household Member, Resisting and Evading An Officer, Aggravated Battery With A Deadly Weapon Resulting in Great Bodily Harm.
- Mr. A has a history of using methamphetamines and other narcotics.
- Mr. A has numerous documented contacts with police officers between 2012 and 2017.

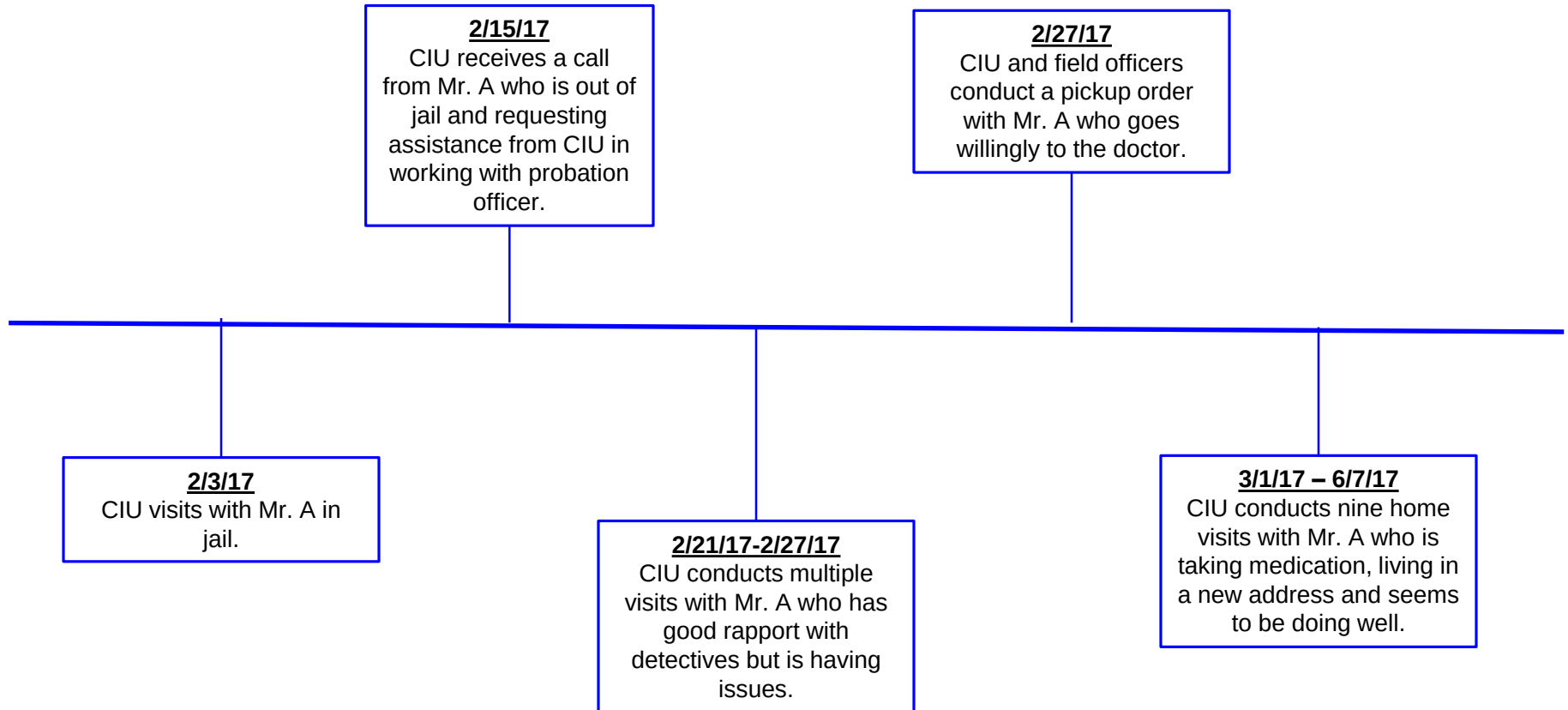
Mr. A



Mr. A (Continued)



Mr. A (Continued)



ECIT Recommendation 1

APD should clearly define which categories of officers in the Field Services Bureau are to be counted as “field services officers” and which categories of ECIT trained officers should be counted as “crisis intervention certified responders” for the purpose of meeting the 40% required by CASA Paragraph #124.

We recommend that Patrol Sergeants and Patrol Officers be counted as “field services officers”. We recommend that Patrol Officers; Patrol Sergeants; CIU Detectives, and CIU Sergeants who receive ECIT training be counted as “crisis intervention certified responders”.

ECIT Recommendation 2

APD should continue to refine the policies, training and procedures that telecommunicators use to dispatch crisis intervention certified responders to BH-Related CADs. APD is currently developing its policies, training and procedures for deploying Mobile Crisis Teams (MCT). Both ECIT and MCT deployments should be integrated parts of APD's strategy of getting the appropriate people to the appropriate incidents.

In addition, APD should continue to refine its policies and practices for diverting appropriate BH-Related CADs to the New Mexico Crisis and Access Line (NMCAL) and other community support agencies. APD should track the number of calls diverted to NMCAL and other support agencies; evaluate how effective these partnerships are; and find ways to strengthen their impact on the behavioral health crisis in our community.

ECIT Recommendation 3

APD should develop a comprehensive communication and advocacy strategy for helping the wider community understand the importance of having a stronger system of mental health providers, mental health emergency services, and other behavioral health support services. APD must do its part, but APD needs the support of a vibrant mental health system to help reduce the overall number of individuals in crisis and to break the cycle of those high-need individuals who have repeated contacts with law enforcement.

APD should consider developing a specific set of strategies for building partnerships to help support individuals with repeated contacts with law enforcement. These strategies could include developing a systematic way of identifying high-need individuals, working with key partners to consider and resolve their cases; and developing a more effective case management system to ensure that these efforts are successful.