

**Mental Health Response Advisory Committee (MHRAC)
Meeting Minutes**

Tuesday, January 16, 2017

In Attendance:

Co-Chair Danny Whatley, The Rock at Noon Day
Detective Matt Tinney, APD Crisis Intervention Unit
Rick Miera, Executive Committee
Paula Burton, Peer Representative
Ellen Braden, CABQ-Dept. of Family & Comm. Services
Lieutenant Zach Wesley, APD CIU
Betty Whiton, NAMI
Rob Nelson, APD/C.O.A.S.T.
David Ley, NM Solutions
Nancy Koenigsberg, Disability Rights NM
Mike McConnell, NAMI/Peer Representative
George Mercer, Albuquerque Health Care for the Homeless
David Webster
Deputy Chief E. Garcia
Sergeant D. Dosal, APD
Detective D. Baca, APD
Detective A. Hoisington, APD
Detective D. Padilla, APD
Detective F. Baca, APD

Detective L. Saavedra, APD
Detective B. Briones, APD
Dr. Peter Winograd, APD Policy Analyst
Auditor: Cynthia Martinez, APD
Scribe: Yvette Marentes, APD

Absent:

Steve Bringe, Peer Representative
Nils Rosenbaum, M.D., APD Behavioral Health Division
Robert Salazar, NAMI/Peer Representative
William Narrow, MD., M.P.H., UNM Dept. of Psychiatry
Detective Lawrence Saavedra, APD
Detective Jeff Bludworth, APD - Excused

Meeting called to order at 5:04 quorum of 13 was met at time of start.

Welcome first time guests

Chris McCarthy and Amir Chapel, program evaluators are here to see how MHRAC fits into the criminal justice system along with Karen Husk the newest member of C.O.A.S.T. and Lieutenant Cory Lowe, APD

Special guest Laura Kunard, Monitor from APD

Approval of meeting minutes

Motion was made and seconded to approve minutes, minutes were approved with adjustments already sent to the administrator

Public Comment (two minutes per person, 15 minutes total)

New board members were introduced, Mike McConnell he has been on the training committee for some time and George Mercer with Healthcare for the Homeless. Michele Franowski has sent out her resignation, she has asked that the FIC look for another member from that group.

Mental Health Response Advisory Committee (MHRAC)
Meeting Minutes
Tuesday, January 16, 2017

Report and update from CIU, APD and Dr. Rosenbaum

Lieutenant Wesley, Dr. Rosenbaum is still out of town due to family emergency, we wish him the best. CIU (Crisis Intervention Unit) is working on trying to get some new technology possibly, depending on finances. The technology is called "ride along" which is an app that Seattle police department uses that gives real time information.

The resource committee went over a lot of resources and the most up to date digital type of resources that we can get online to officers. With the App that we are looking into, we can incorporate that kind of info as well, all of the force can have the info available to them at the touch of a button. If officers are dispatched and there is hazard information, the officers will be able to tailor their approach to the specific call. It will be available to officers only but we are in the preliminary stages of looking into it.

Detective Matt Tinney, we just finished a course with the telecommunicators and an eCIT (enhanced Crisis Intervention Team) course. We are either at or over the 40% goal for eCIT trained officers. The next CIT course is in March, and he is getting a lot of interest from supervisors.

Nancy Koenigsberg, Lieutenant Wesley, do you have an info on the ride along app that we can look at? We will send out to the council to take a look.

Report and update from sub-committees

Training

David Ley, we did not meet in December, next meeting is on Monday we are reviewing curricular to stay up to date.

Paula Burton, Betty Whiton says no one has commented on last month's curriculum, no comments means we are happy with it.

Information

Nancy Koenigsberg will be making an appointment to go down to the CIU (Crisis Intervention Unit) to review internal records tonight.

Resources

We looked at Share NM and Albuquerque Coordinated Resource Guide (online,) and discussed how the information can be incorporated.

Danny Whatley, Deputy Chief Garcia, would MHRAC take a look at all this before it is put out? Deputy Chief Garcia, yes it will all be evaluated prior.

Report and updated from C.O.A.S.T

C.O.A.S.T. is focusing a big part of their time on outreach every Thursday at 12:30 the team collaborates and then they go out to the areas where persons experiencing homelessness camp (or sleep, etc.,) to try

Mental Health Response Advisory Committee (MHRAC) Meeting Minutes

Tuesday, January 16, 2017

and help the people that are there. C.O.A.S.T. identifies people that are non-violent and in crisis and they provide them with resources to keep them out of crisis.

Comments from Co-chairs

Mobile Crisis Team Project

CET (Community Engagement Team) . Rick says they will be announced on January 17th. rides along with police officers and social workers that are assigned to the team, the county signed their part of the approval paperwork and it has been sent over to the city. We are just waiting for the council to sign the paperwork.

Ellen Braden, because we have a new administration that may be taking time to get to know the project, she sees this as a good thing as we will have their full support of the new administration once signed.

911 operators will be making the initial decision to see what support needs to be sent out during a call. If it is determined that CET is needed, dispatch will send out the community engagement team.

Dr. Kunard, who is going to be doing these referrals?

David Ley is there a way providers can refer people? In the future how does he tell his team to engage?

Rick Miera, that is a great question, he will be meeting with these people to find out. David Ley wouldn't be at all surprised if the state crisis line might have referrals as well.

Ellen Braden, the way the mobile crisis team will be deployed is through the 911 operators.

Nancy Koenigsberg, how do the community engagement teams differ from how the C.O.A.S.T. team works? There seems to be some overlap. C.O.A.S.T.says they get their referrals from the CIT officer who makes the referral or a field officer or when they do outreach they can do referrals too.

Danny Whatley you don't get dispatched directly? Yes

Lieutenant Wesley,if an officer is out on a call and sees need for a C.O.A.S.T. specialist they will notify dispatch. They also get referrals through reports if an officer writes a report that needs follow-up by a C.O.A.S.T. officer. Qualifications to be a C.O.A.S.T. member include a bachelor's degree or related experience.

Detective Matt Tinney, the idea was to base CET similar to C.O.A.S.T. but it is outside of the police department so that it doesn't need to be a law enforcement referral. C.O.A.S.T. can bring out a clinician out but the clinician is part of CIT, thus part of law enforcement.

NancyKoenigsberg, it is important to differentiate how it works.

Danny Whatley, third parties can engage with C.O.A.S.T. providers? Detective Matt Tinney yes a provider can call for assistance, they prefer referrals come from C.O.A.S.T. but anyone can call and make a referral.

Mental Health Response Advisory Committee (MHRAC)
Meeting Minutes
Tuesday, January 16, 2017

Danny Whatley had a conversation with Deputy Chief Garcia, we all received the flow chart at the last meeting which is actually an old chart. They are now looking to start from scratch and see how to make it work.

Deputy Chief Garcia, yes we are using the same components but are streamlining the process. We are looking for input and want to streamline the whole flow chart. They have a group specifically working on the flow chart now

Danny Whatley, Deputy Chief Garcia is fully aware that we want to be involved at the beginning and the end of the process.

Legislative Finance Committee, 2018 Project Overview

Jon Courtney, Travis McIntyre and Amir Chapel

Rick Miera, (regarding Amir Chapel) most may know that have worked on the behavioral health initiative that he was our go to for statistics for at least a year and a half looking at how we are going to spend Legislative finance committee stole him, he has done some excellent work on the behavioral health initiative.

Amir Chapel, is a program evaluator with the LFC they had a presentation on the crime in Bernalillo county. There are a number of reasons why crime is increasing the LFC is trying to pin down reasons as to why crime is going up. They know much of the background about what has been going on in the department (including but not limited to reduced number of field services officers, drug related crimes, unemployment, the NM Supreme Court Case Management Order and more) They looking at two things, 1. Arrests and since 2010 have decreased and part 2. Convictions have decreased as well. Taos, Belen and Gallup do have a higher crime rate per capita. They have not spoken to anyone in depth in the behavioral health field. They are trying to get hard factual information to try and pin down what is causing crime to rise in the area. They will be reaching out to leadership to see what they can find out.

David Webster, Amir what is your end product going to be? To start reducing the rate of crime. Some cities in the state have per capita a higher crime rate than Albuquerque.

David Webster, will there be a written report? Yes in May of this year, it will address felony property and violent crime in particular.

Rick Miera, can you clarify what you mean by we had an influx of crime but also have less arrests is that were you are starting from? If that is the basis then the assumption is that if there were more arrests there would be less crime.

Amir Chapel, they are looking at the deterrents to see how to catch crime. When he drives around he is not seeing speed traps or other deterrents that could stop someone from committing crime. It is not the assumption, they are trying to look at the whole system not just one piece.

Amir Chapel, officers are frustrated when they book someone and then see them back on the streets. He is a transplant to this city that wants to help the problem.

Nancy Koenigsberg, what is it that you are looking to get from this committee? Amir: They know that a lot of the people that are in jail are addicts or have mental illness. They want to see how these systems interact. He is trying to streamline how these processes work and needs to speak to other entities to see what goes on. We all know that there is new money and addressing crime is at the top of everyone's lists.

Mental Health Response Advisory Committee (MHRAC)
Meeting Minutes
Tuesday, January 16, 2017

Data Presentation from Dr. Winograd

Data Presentation is attached to the meeting minutes.

Any questions or clarification that is needed from Dr. Winograd is noted below:

DC any shift that begins after 5 p.m. is considered Graveyard.

Dr. Winograd, we have gotten thousands of calls, about half do not turn into anything, and close to half are transportation to the hospital calls. The question about how we get telecommunications to figure out who to send out to the scene is crucial. How do we get smart about this?

David Ley, there aren't enough hospital beds to be able to accommodate all of the people.

Dr. Winograd - This is the first time he has been able to present this, if you look at the DOJ findings letter one of the paragraphs that is most important is in that letter pg. 14 paragraph 1.

Update to slide 16-17; there are now 196 officers as of today that have received eCIT training

Detective Matt Tinney, training for telecommunicators have a checklist they use and then will send out an eCIT officer depending what comes out on the check list. However if all of these officers are being dispatched, which calls should the eCIT officers be focusing on. We are currently training the dispatchers but we want input from MHRAC to determine how to best use our eCIT officers and mobile crisis teams.

Detective B. Briones (discussing a person shot by police)" - slide 30 the biggest thing with this person is that she kept telling Detective. Briones that she wanted help, the day that she talked to her she had a suicide plan and wanted a police officer to shoot her. Detective Briones tried to tell a provider what was going on and they stated that they could not help her. With everyone involved in her case it is hard to find treatment for her and establishments that are willing to help her.

There is another case Detective Briones is working in which she has difficulty finding resources for; he has been in and out of the system his whole life. There is a struggle to get him help and funds and he is a ticking time bomb. He commits crime just so that he can go back to jail, jail is the only resource that he has. Some of the people that have had serious interactions with police officers need help and we do not have the help available for them and the police officers are the ones that have to help them. It is overwhelmingly frustrating.

Question: Is there any way to break funds lose to increase the bed count? Dr. Winograd does not have the answer to this. We can go to our powerful partners and give them the data but APD cannot be the only responders.

Dr. Winograd, MHRAC we really need your political help in getting this message across.

Mental Health Response Advisory Committee (MHRAC) Meeting Minutes

Tuesday, January 16, 2017

Danny Whatley, are you looking for additional training for CIU responders? Yes Dr. Winograd is open to everything, Sergeant Dosal is getting hundreds of referrals a week. Sergeant Dosal, the biggest problem that we are having right now are situations like Detective Briones' consumer and we brainstorm and there is no answer and we have multiple calls about this person and no one can come to a resolution. Help needs to be provided to officers after hours and other organizations that can help as well. We are just out of people that we can reach out to, she believes that they are out there but we do not know where to find them or how to access the help.

David Ley, there is an overlap between the issues in the police department and the challenge is that our system is not able to deal with these kinds of issues. This is a question that no one really has an answer for, there is no quick fix or easy answer, and it is an overall system issue.

Danny Whatley, we are not only seeing it with the providers but at the homeless shelters as well. Most of them have been barred from all facilities in town so there is nowhere for them to go.

David Ley has to tell his staff to turn people away because they are not safe, this sounds mean but the reality is there is an obligation to protect everybody else.

Rick Miera, the last time he was here there was a point in the meeting where we talked about this type of individual and that they are a different kind of person that is mean and violent, adding another 200 hospital beds will not make a difference if there are violent people that need help. This is something that MHRAC should be taking a look at but we also need to see where we can put pressure on an organization that will not take a person due to them being violent. Detective Briones, for a fact one of her consumers is banned from all local hospitals, where is she going to take this person?

Rick, there is something wrong with the hospital that they can actually get away with that.

Danny Whatley, we are talking about commitment and forced treatment that is non-existent, so he ends up with law enforcement having to deal with him.

Rick Miera, people are not following what their rules should be as a hospital.

Nancy Koenigsberg, she's concerned about Concerned that what she is hearing is that the real problem is people with mental illness that are violent. There is a mental health system that was decimated that has been deteriorating for a long time; medical system is hell bent on making money and saying no to providing services. In terms of how MHRAC can use their influence, we put a letter together last fall to the human services department on how their decisions are effecting people with mental illness, we submitted a letter. Through data collection, we should be able to get this to Santa Fe and to the human services department in an attempt to reconstruct the service delivery system. . It is important to start being able to describe the frequent interactions with the mental health population in data collection just as we are doing with the APD interactions. We can start talking about the next set of data to look at to try and find out what resources we need and then we can start brainstorming to see what can be sent to legislation.

Dr. Winograd, his request is that what is discussed gets out of this room, we have a new Chief and a new Mayor and the CASA agreement is a huge lever. We need to have a larger conversation.

Rick Miera, does treatment availability depend on the diagnosis? He wants to know what the diagnosis of the person that was pushed away? Shouldn't the state should have to make providers treat certain people regardless of diagnosis?

Mental Health Response Advisory Committee (MHRAC)

Meeting Minutes

Tuesday, January 16, 2017

Dr. Winograd, one thing that is really important is to pull all the major players together such as the Mayor and the Chief and show how these are examples of what the system is not doing.

Question: Are there times or dates that you get from the hospital or from officers as to where the calls originated? Friends, family, landlord, etc? Dr. Winograd gets is all of this data, remember we get about 8000 calls a year we need to be careful and smart about who we send out and when.

SOP 3-52 Policy Development

Copies have gone out Danny Whatley and Rick Miera, the co-chairs will be involved in the process that is the policy review chart, and they are still very involved in that process. They are also adding the homeless piece of the CASA to the MHRAC responsibility. One thing that they see every day is that the new administration is getting a ton of complaints and wanting quick fixes to the homeless problems. There are frequent utilizers within the homeless community and we need to figure out how MHRAC fits into the picture to try to offer ideas for this population. There are a lot of citizen complaints; how can we offer solution to what is happening.

David Ley, makes a motion to have Dr. Kunard update the board on the agenda as to how the monitors are seeing MHRAC?

Dr. Kunard - Monitors Update

Wants to say thank you to everyone that is in the room, the conversation that was just had is exactly why the MHRAC was created by the settlement agreement. This is about problems solving and harnessing community policing, this is exactly why we are all here. We have all resources in one room so that we can have a conversation. She is encouraged every time she comes here, APD is making great progress in the areas she is focusing on. The conversations that we have are really key into moving the agency forward and focusing on the bigger outcome. Thank you to Dr. Peter Winograd for all of the data, there have been many conversations on how to answer tough questions and he is working on this. The data is very tangible and you can see how the agency as a unit is evolving and it helps the monitoring team to be able to make determinations on compliance. Thank you to everyone and thank you for having her.

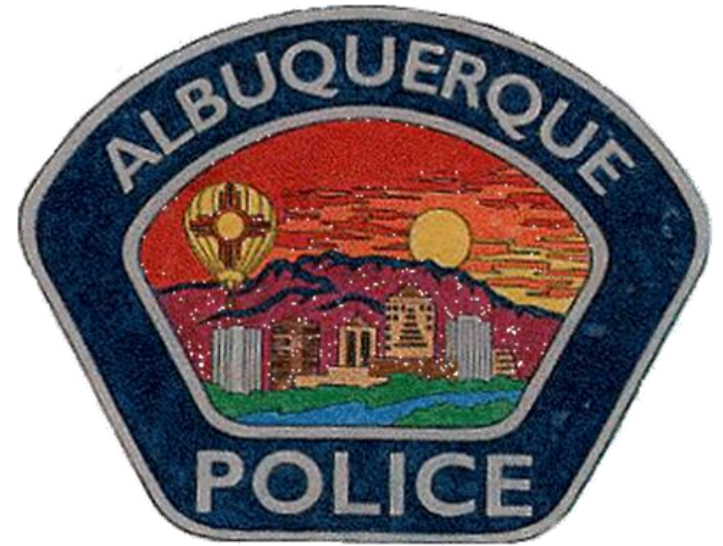
David Ley, do you think that there is anything that MHRAC should be doing at this point?

Dr. Kunard, she thinks that we have evolved quite a bit since we started the sub committees and are doing sophisticated work and she encourages us to harness the use of our new administration. She is seeing really good progress at the 3.5 year mark of her being here, and she is very happy with what she has been seeing in the last couple days.

Meeting adjourned at 7pm.

Next meeting, 2/20/18

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



Version Date: December 15, 2017

**Dr. Peter Winograd, Policy Analyst, CIU, APD
pwinograd@cabq.gov**

**Kylynn Brown, Data Analyst, CIU, APD
kylynnbrown@cabq.gov**

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

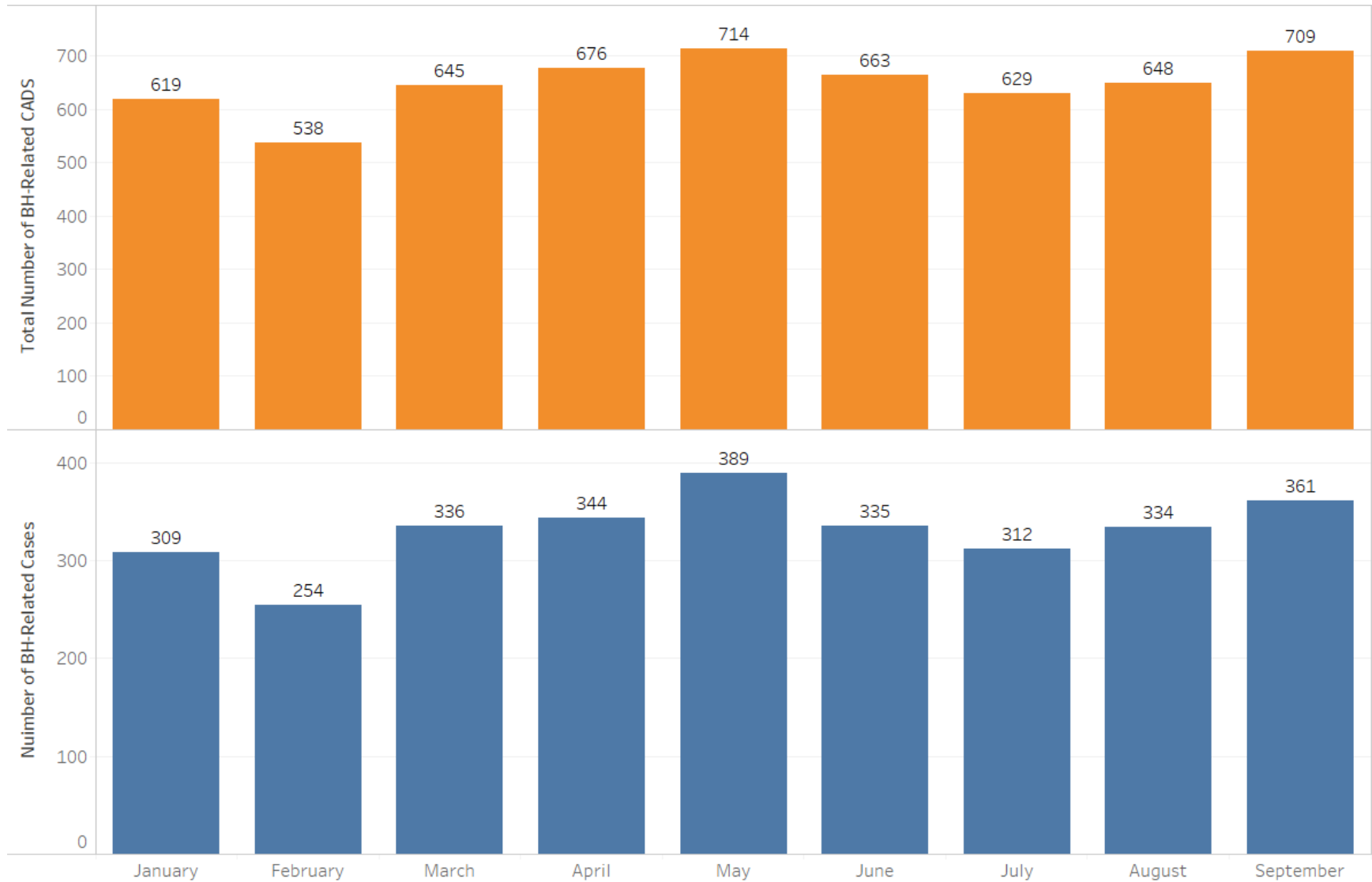
CASA paragraph #130 also directs APD to these data to continually improve police training; practices and polices; and to identify systemic issues that impede the Department's ability to provide an appropriate responses individuals experiencing a mental health crisis.

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.

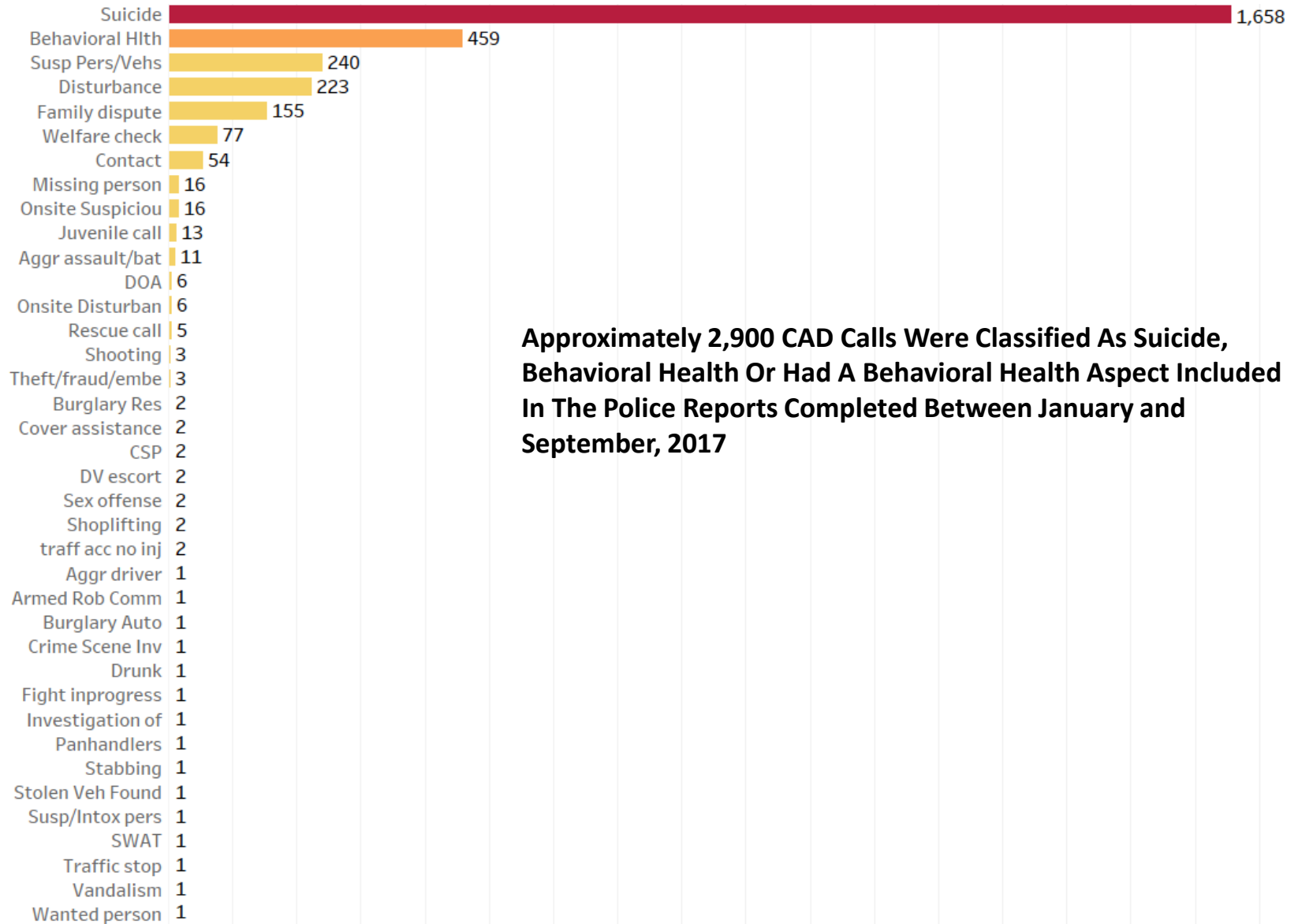
Data Definitions

- 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

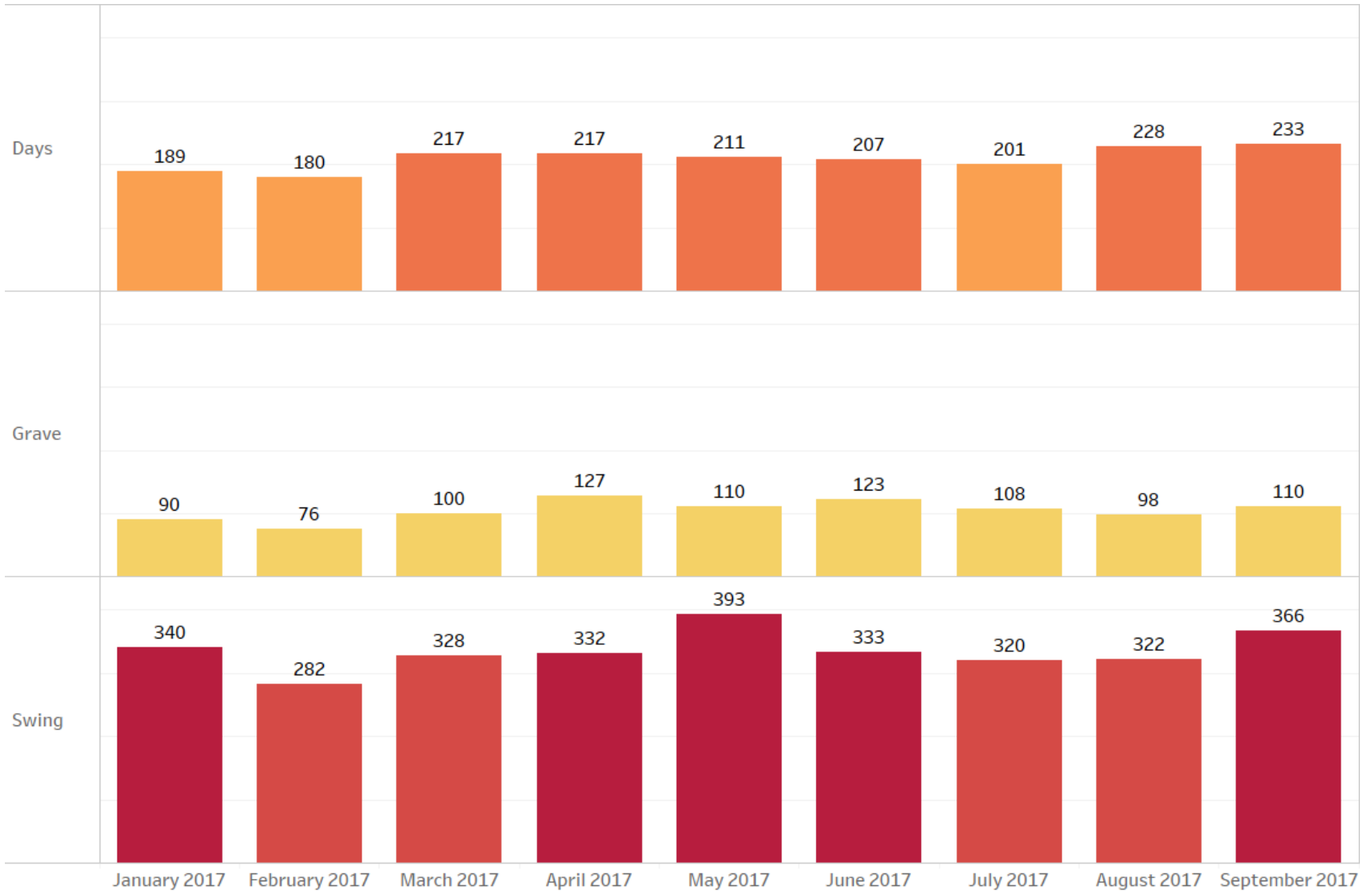


Behavioral Health Issues Are An Aspect Of Many Different Kinds Of CAD Calls



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

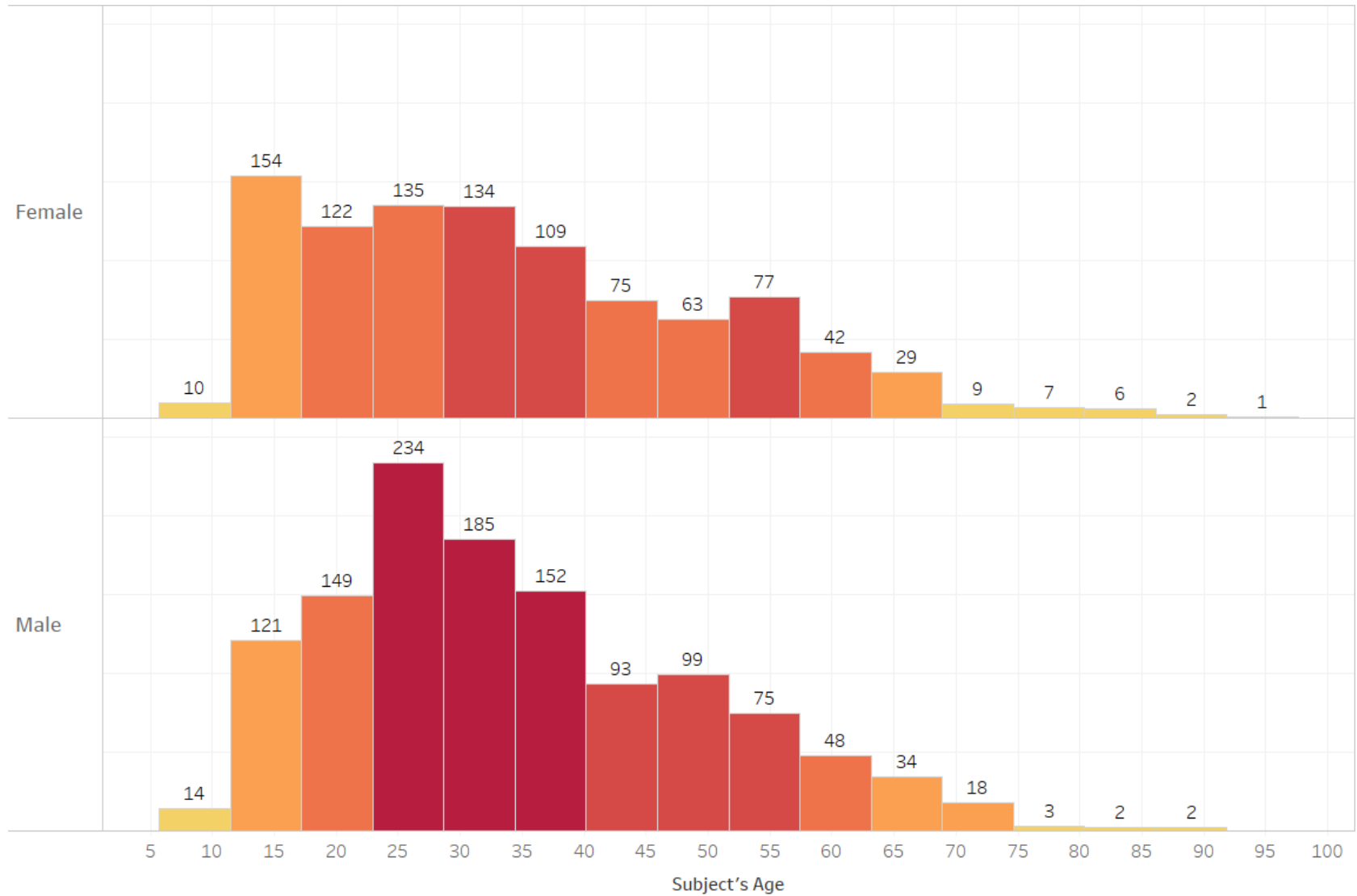
The Number Of Behavioral Health Related CADs By Shift January, 2017 To September, 2017



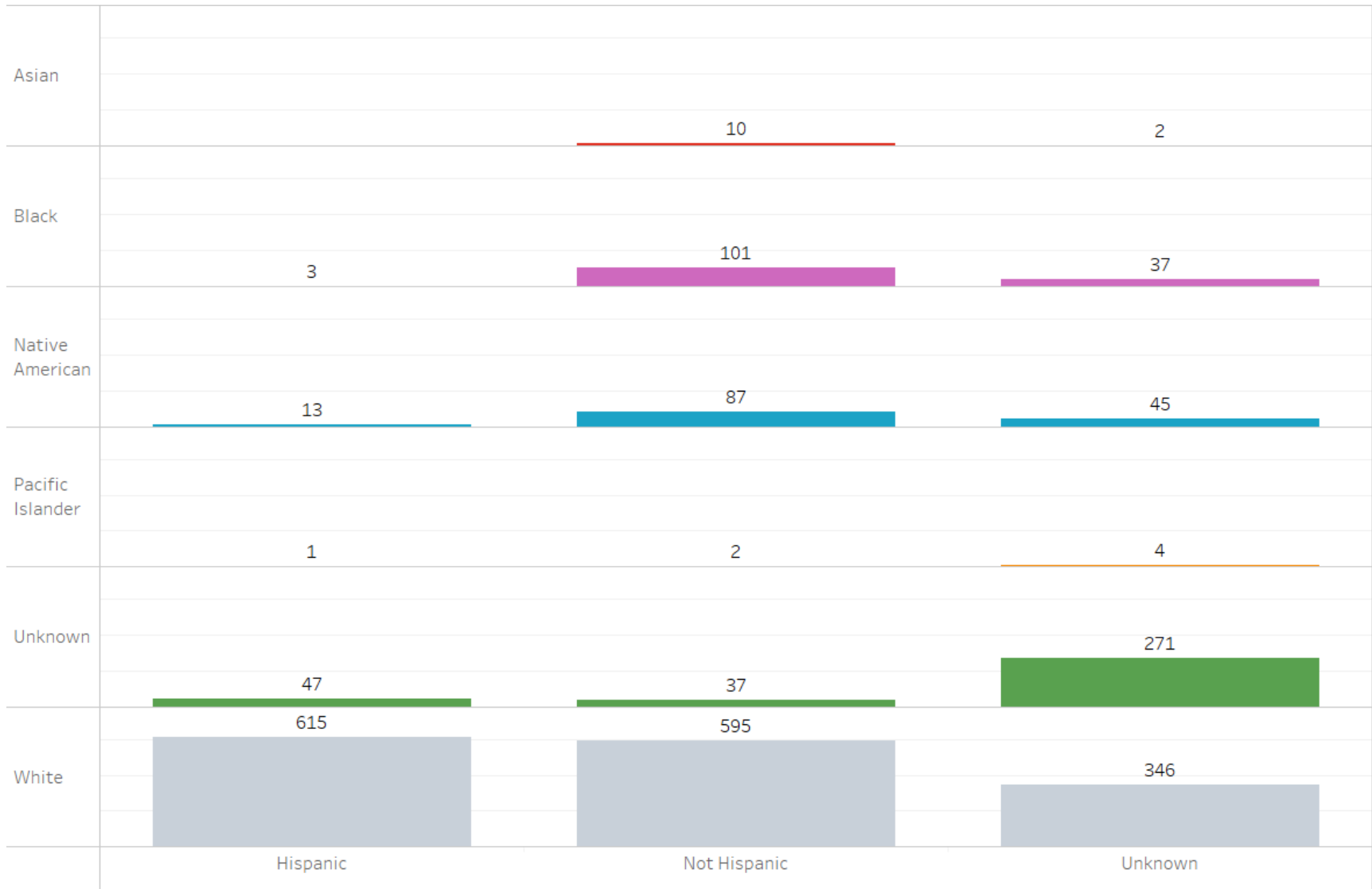
The Number Of Behavioral Health Related CADs By Area Command January, 2017 To September, 2017



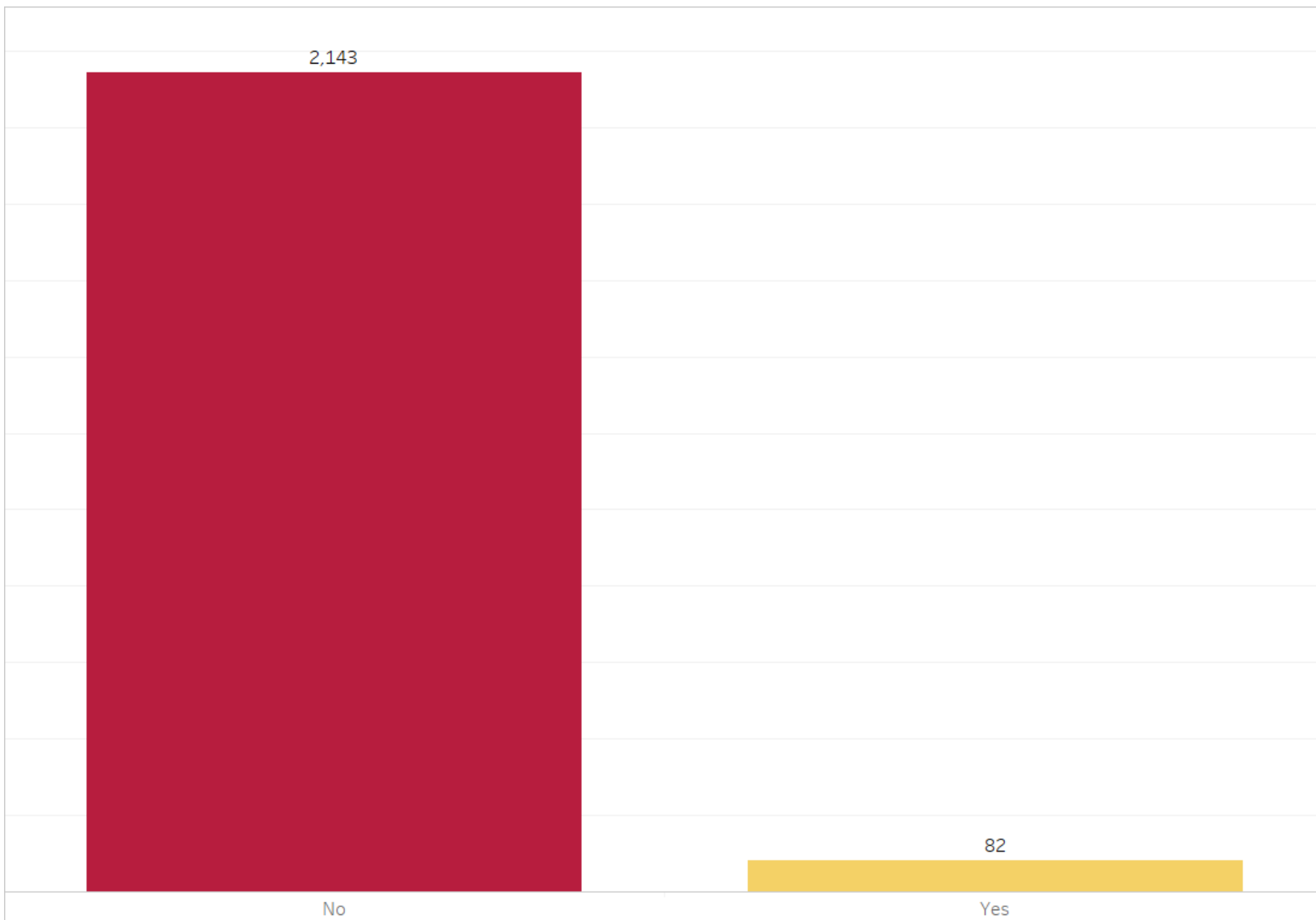
The Age And Gender Of Individuals In Behavioral Health Related Police Reports January, 2017 To September, 2017



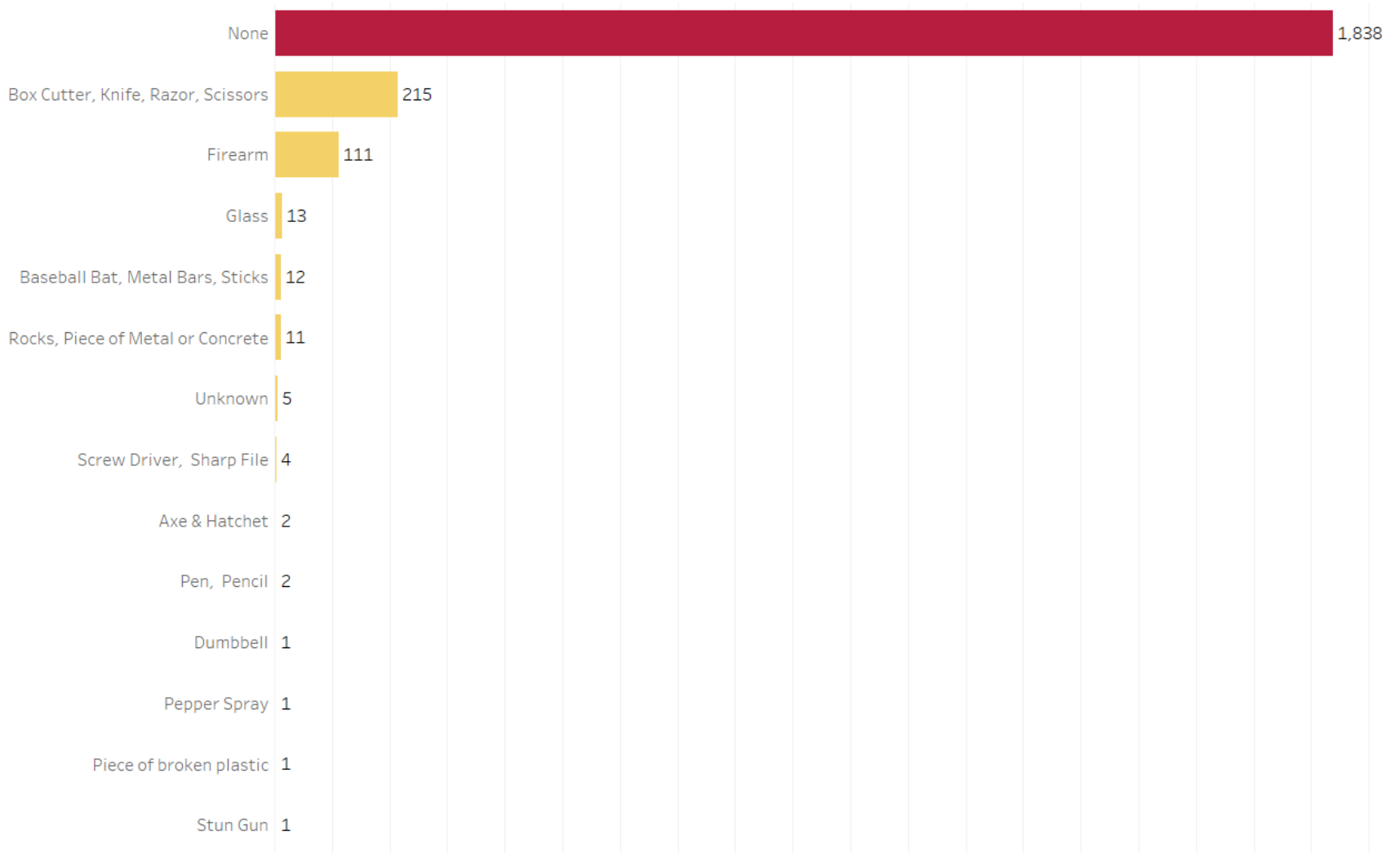
The Race/Ethnicity Of Individuals In Behavioral Health Related Police Reports January, 2017 To September, 2017



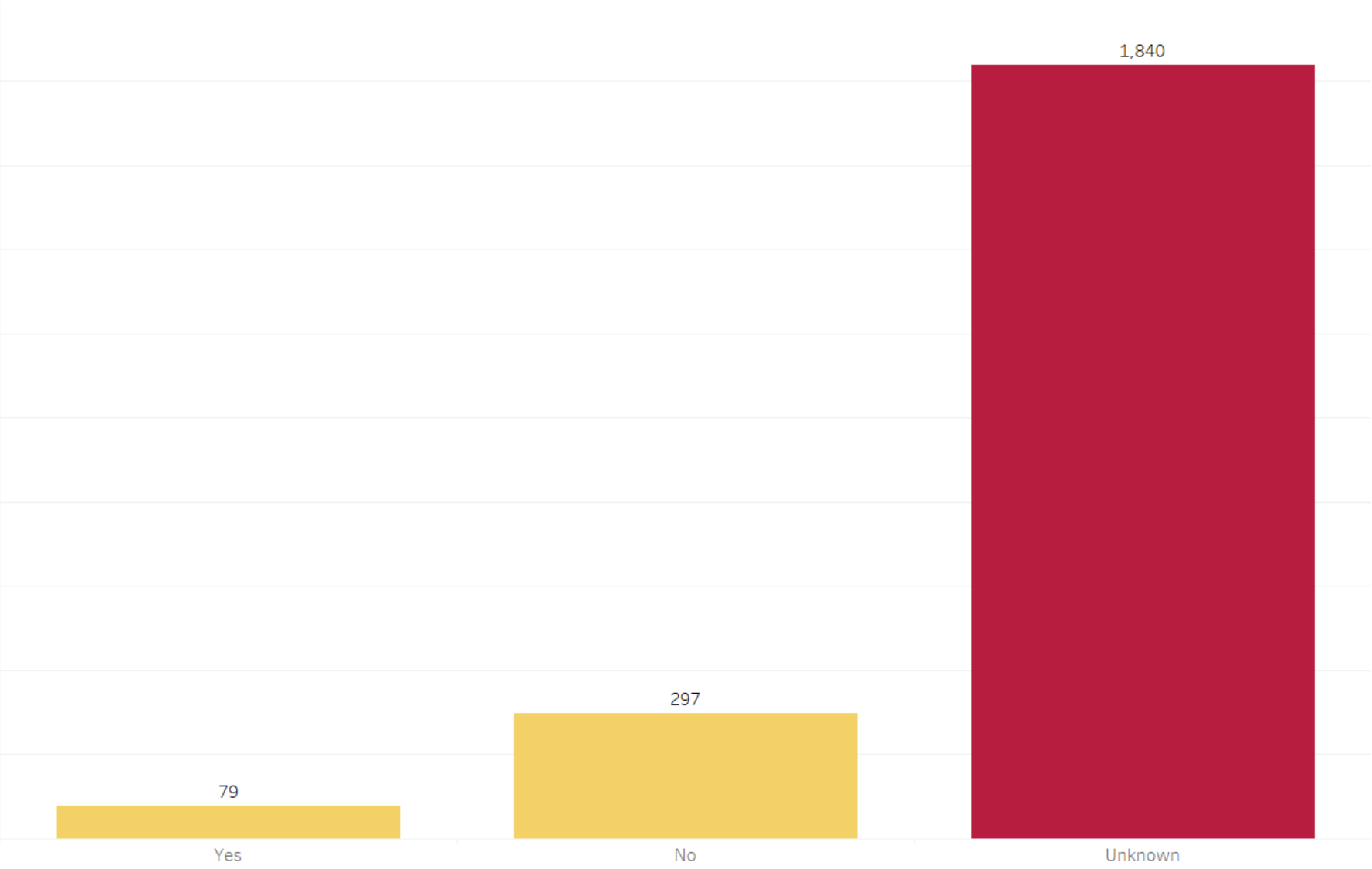
Was The Subject Armed In The Behavioral Health Related Police Reports? January, 2017 To September, 2017



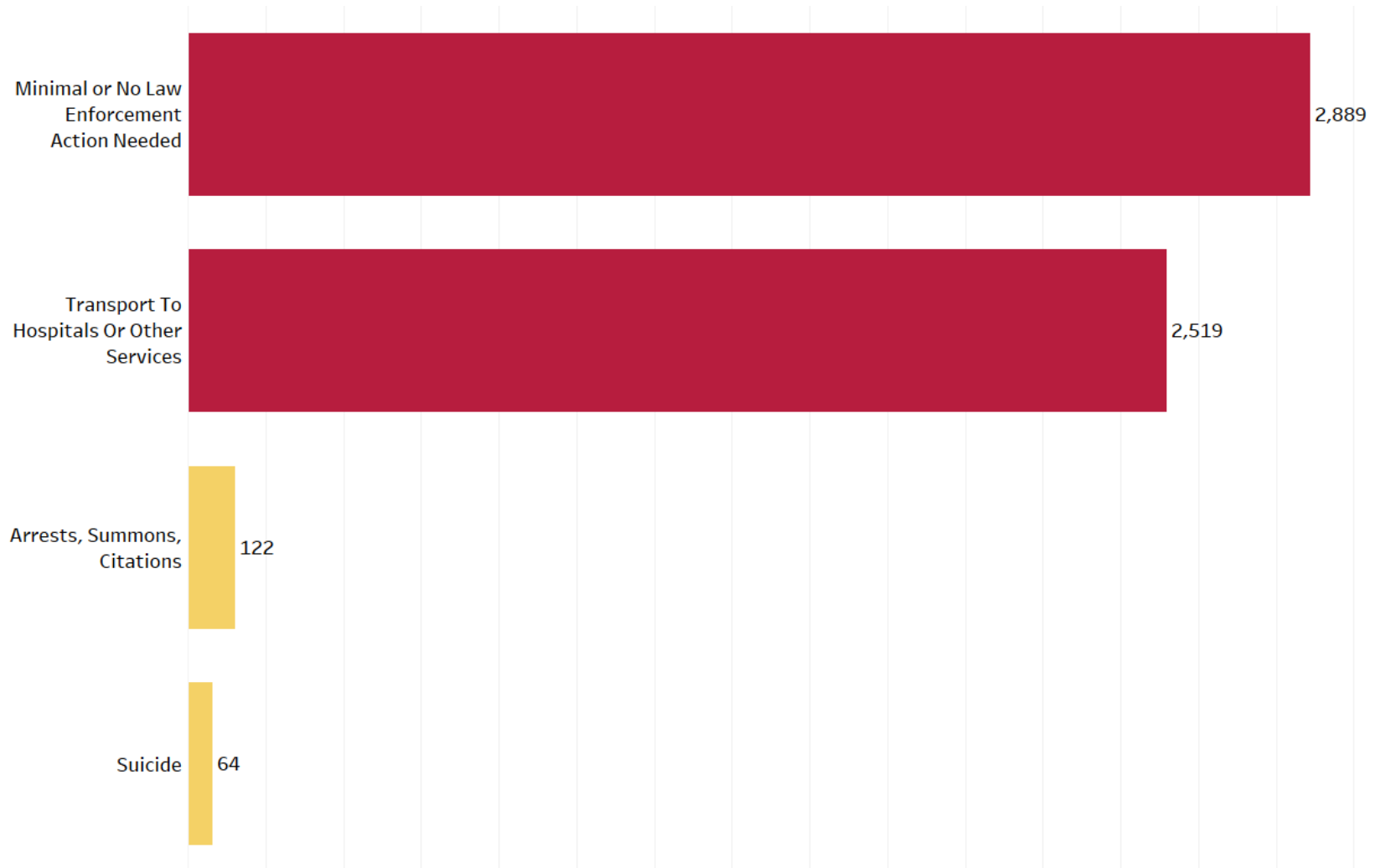
What Type Of Weapon Was Used When Subject Was Armed? January, 2017 To September, 2017



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



The Number Of The Dispositions Of Behavioral Health 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.”

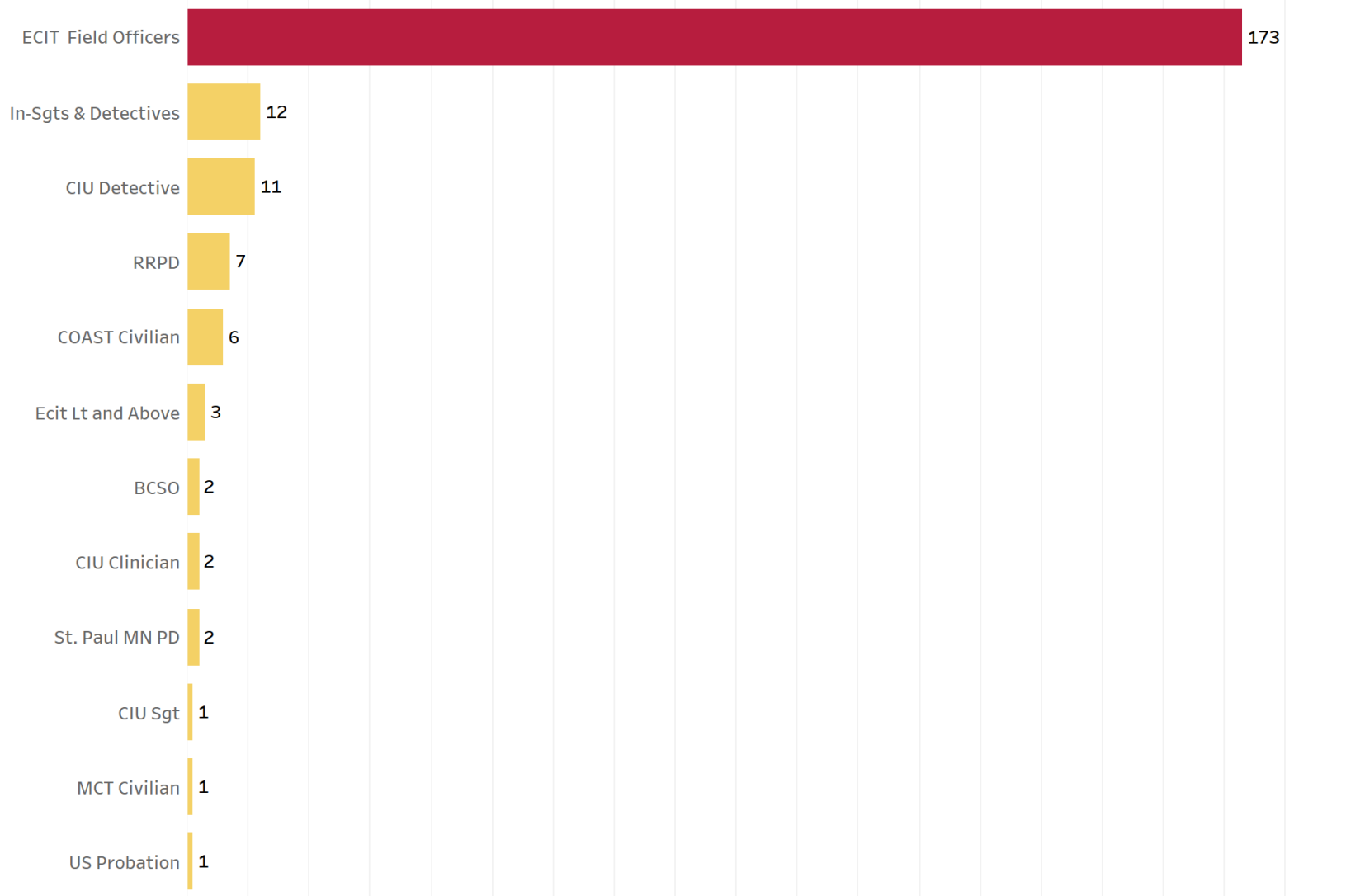
“127. Within 18 months of the Effective Date, APD will ensure that there is sufficient coverage of crisis intervention certified responders to maximize the availability of specialized responses to incidents and calls for service involving individuals in mental health crisis; and warrant service, tactical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

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

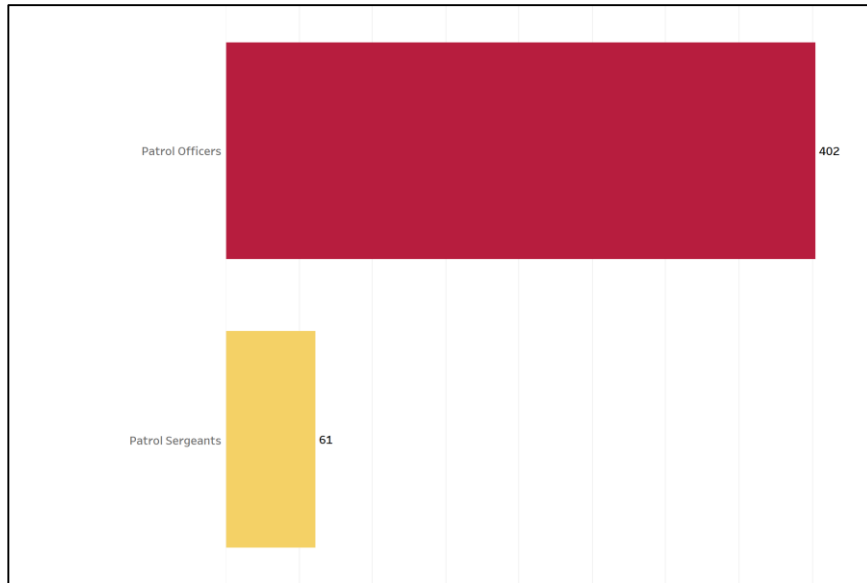
Key Questions

- 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?

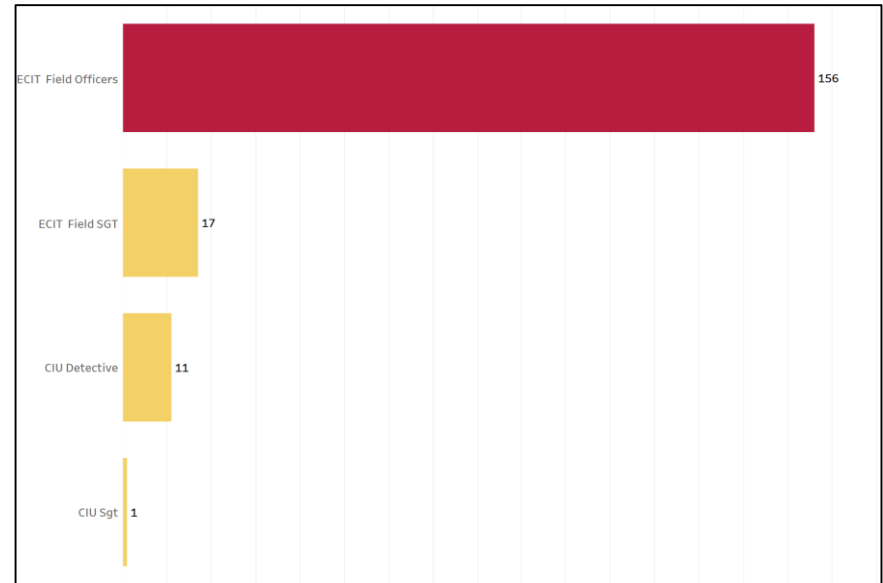
221 Officers And Civilians Completed ECIT Training Between October 2016 and December 2017



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



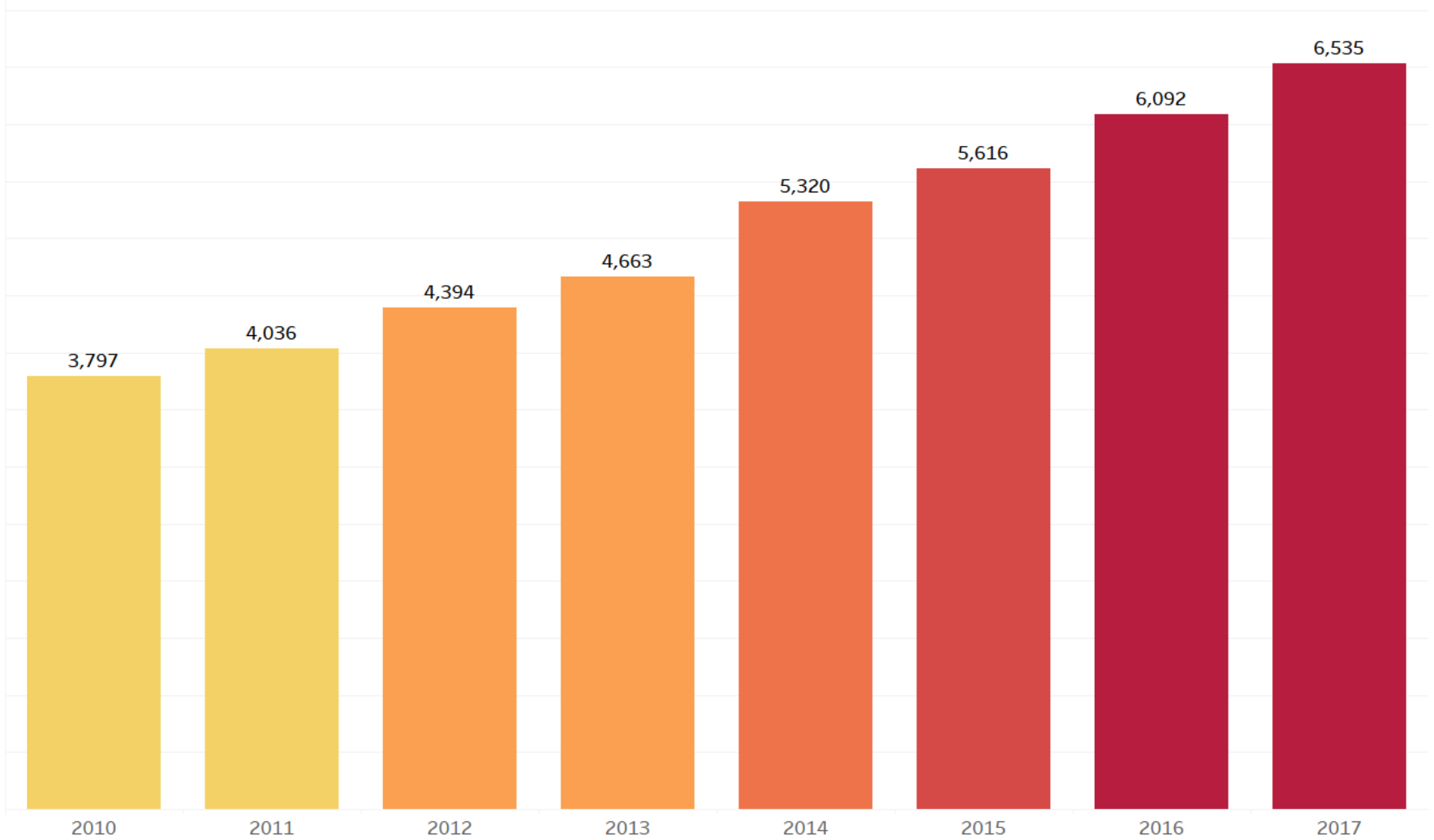
Denominator = 463



Numerator = 185

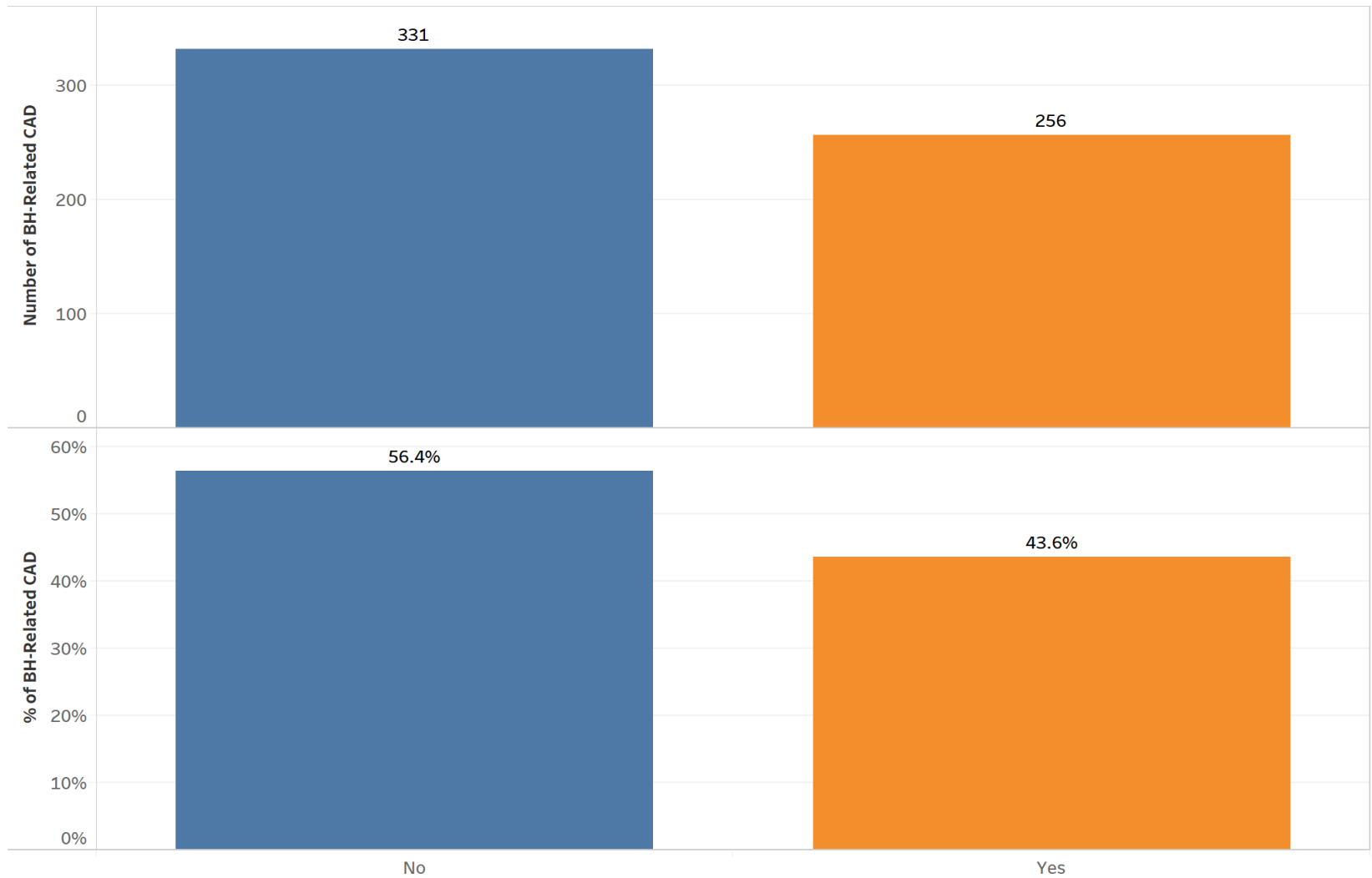
185 ECIT Trained Officers/463 Field Bureau Officers = 39.5%

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

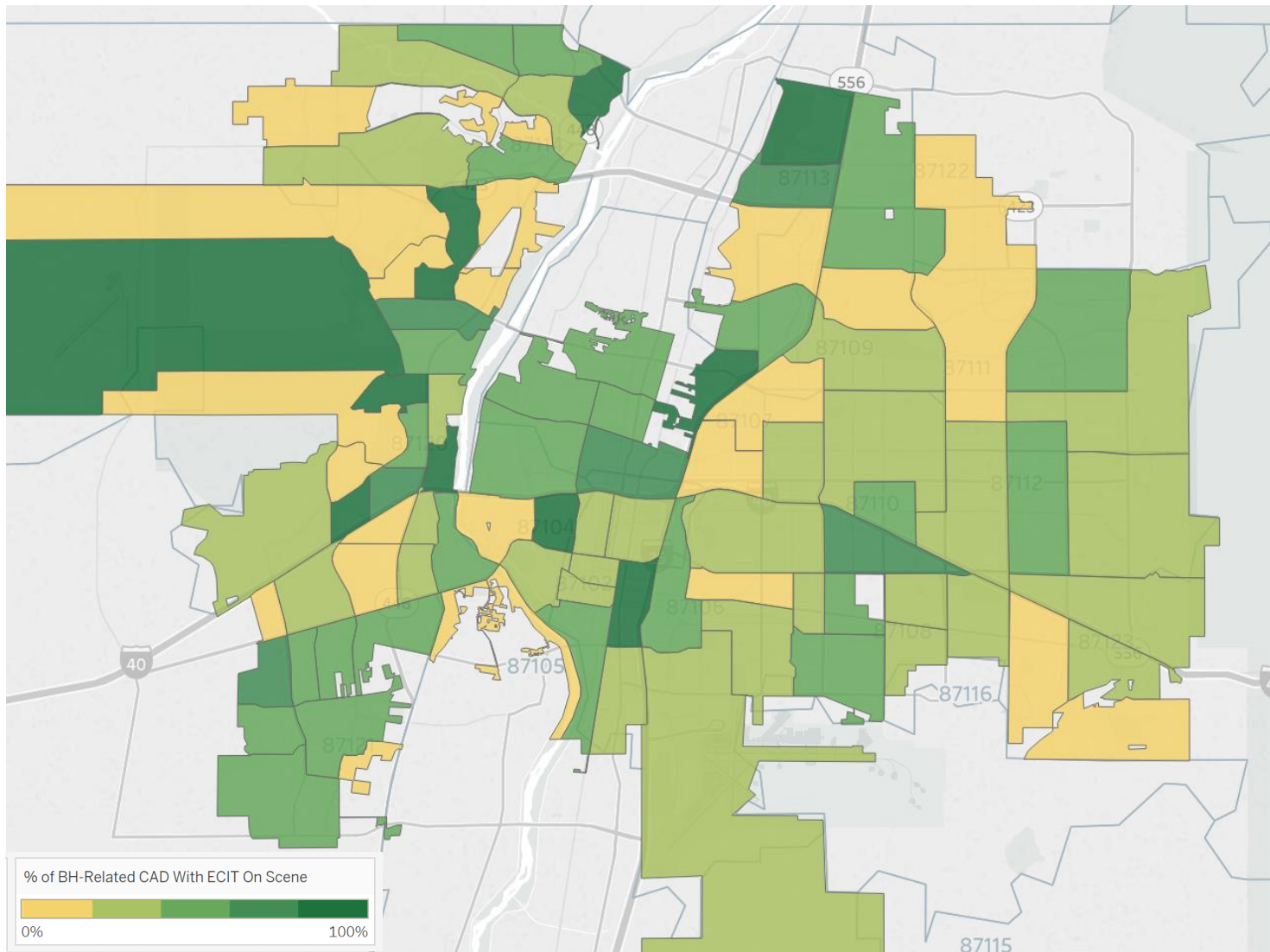


APD CAD Classified As Behavioral Health Or Suicide Calls

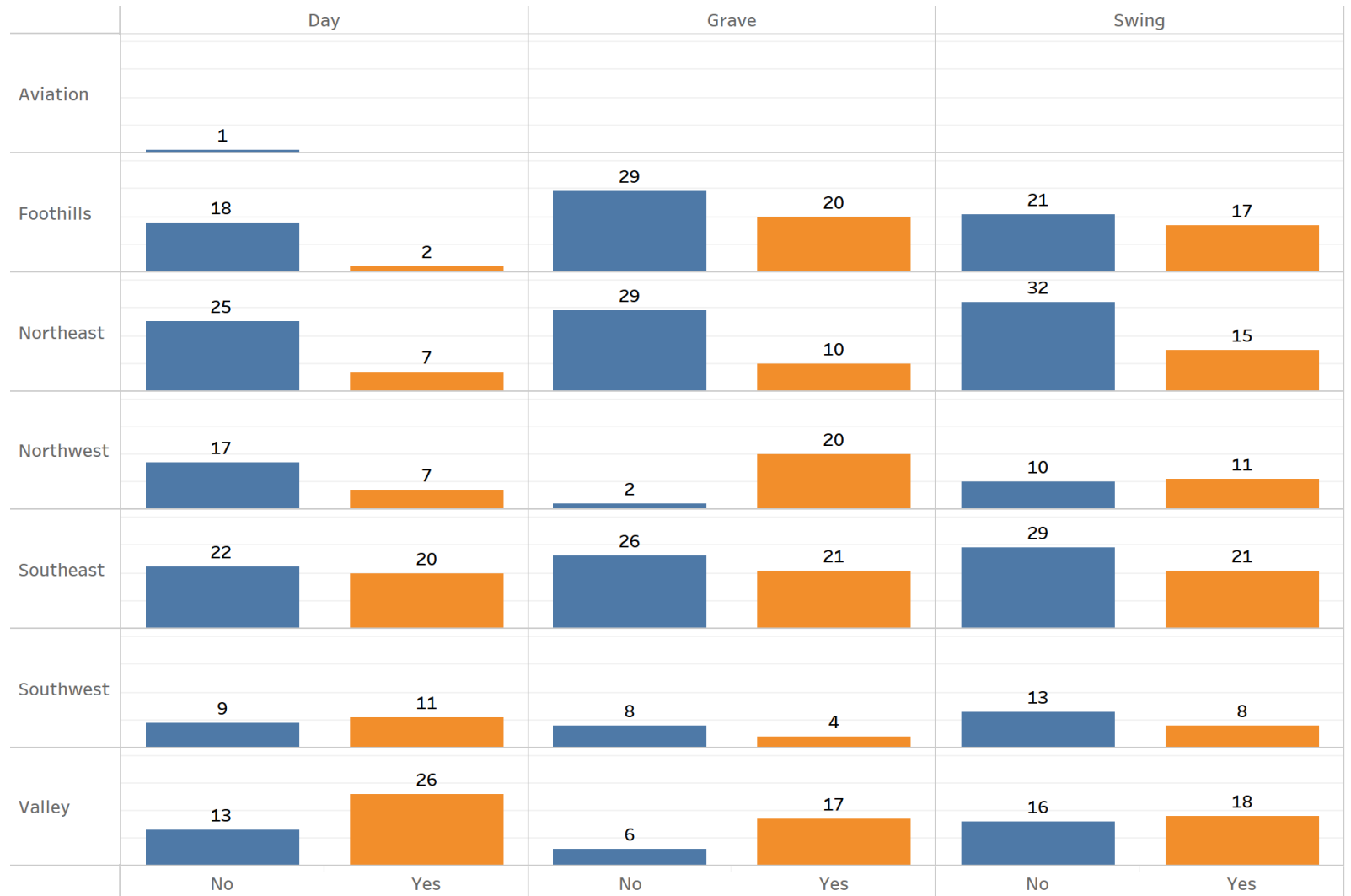
Number And Percent Of BH-Related 587 CAD With An ECIT Officer On The Scene (11/20/17 To 12/28/17)



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?

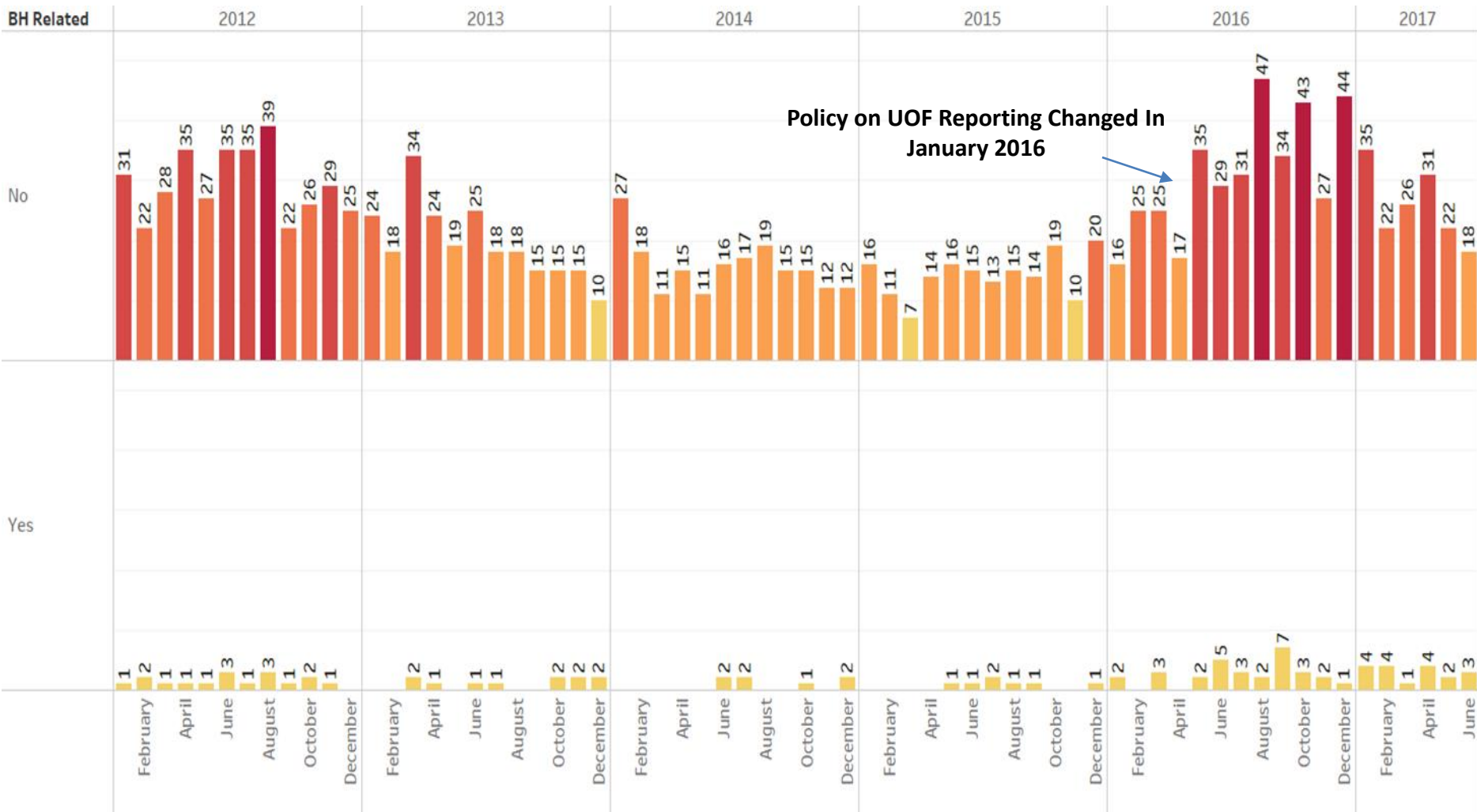
- APD SOP 2-19-3 (K): Enhanced Crisis Intervention Team (ECIT)
Specially-trained Field Services Bureau officers who function within their patrol teams as specialists to handle calls involving individuals affected by a behavioral health disorder or experiencing a behavioral health crisis.
- APD SOP 2-19-5 (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.

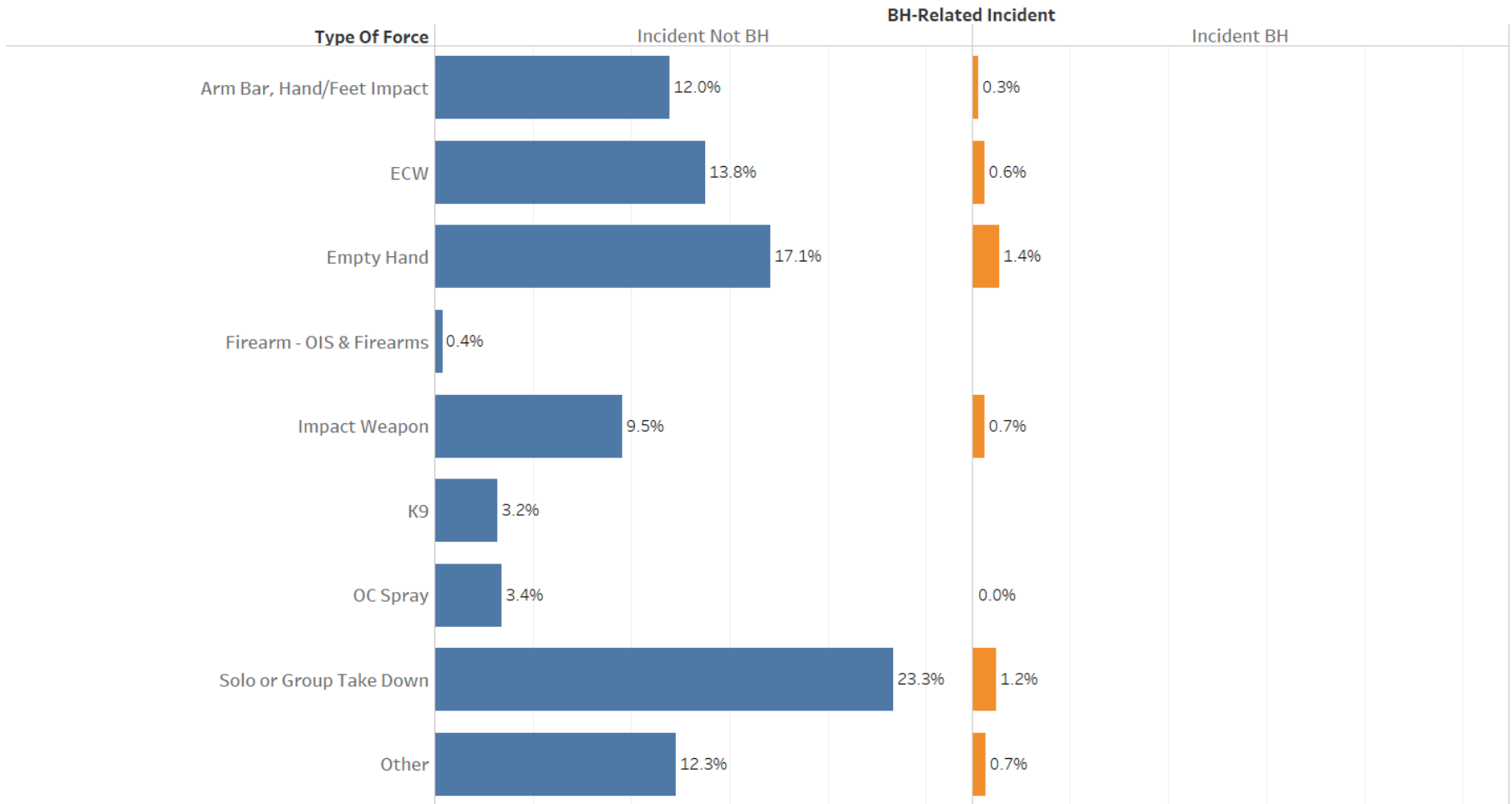
- Approximately 52% of BH-Related CADs result in minimal or no law enforcement action needed.
- Approximately 45% of BH-Related CADs result in transports to hospitals or emergency services.
- Approximately 2% of BH-Related CADs result in arrests or summons.
- Approximately 0.5% (one half of a percent) 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



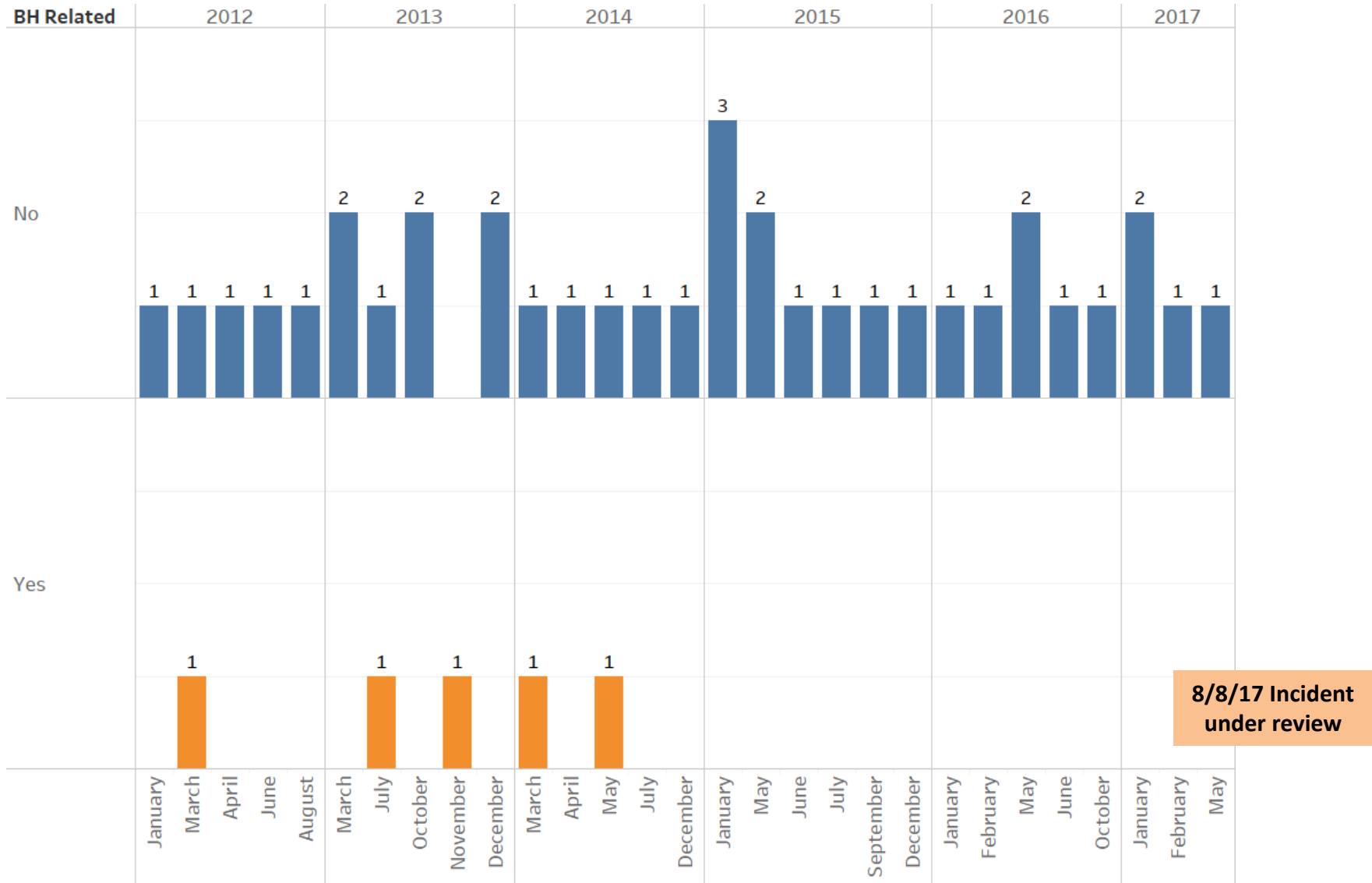
Data Are Preliminary And These Are Cases Which Were Known To Law Enforcement As Behavioral Health Related At The Time

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



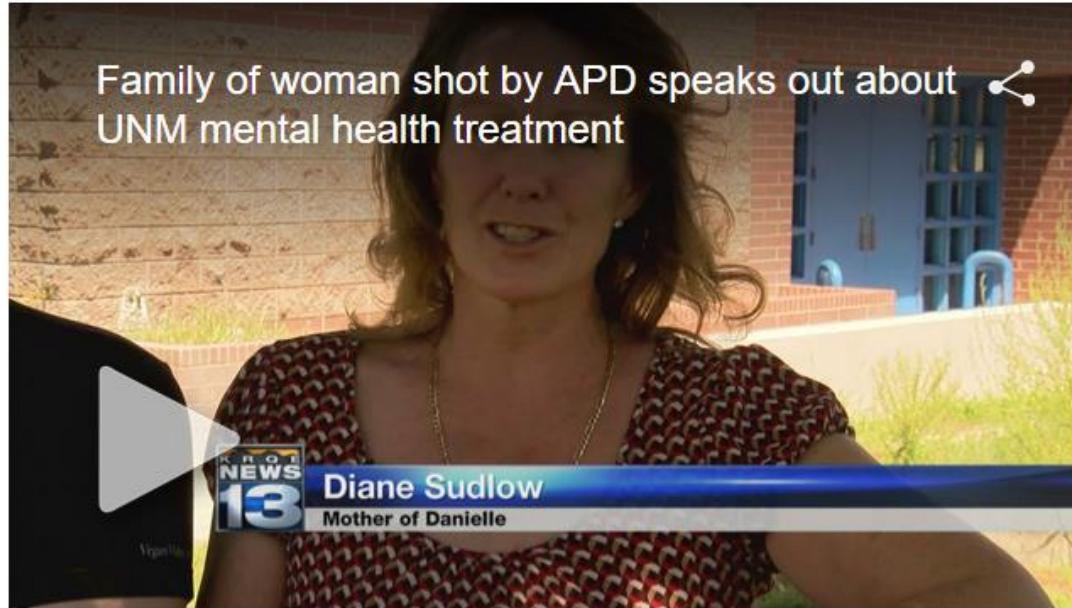
Data Are Preliminary And These Are Cases Which Were Known To Law Enforcement As Behavioral Health Related At The Time

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



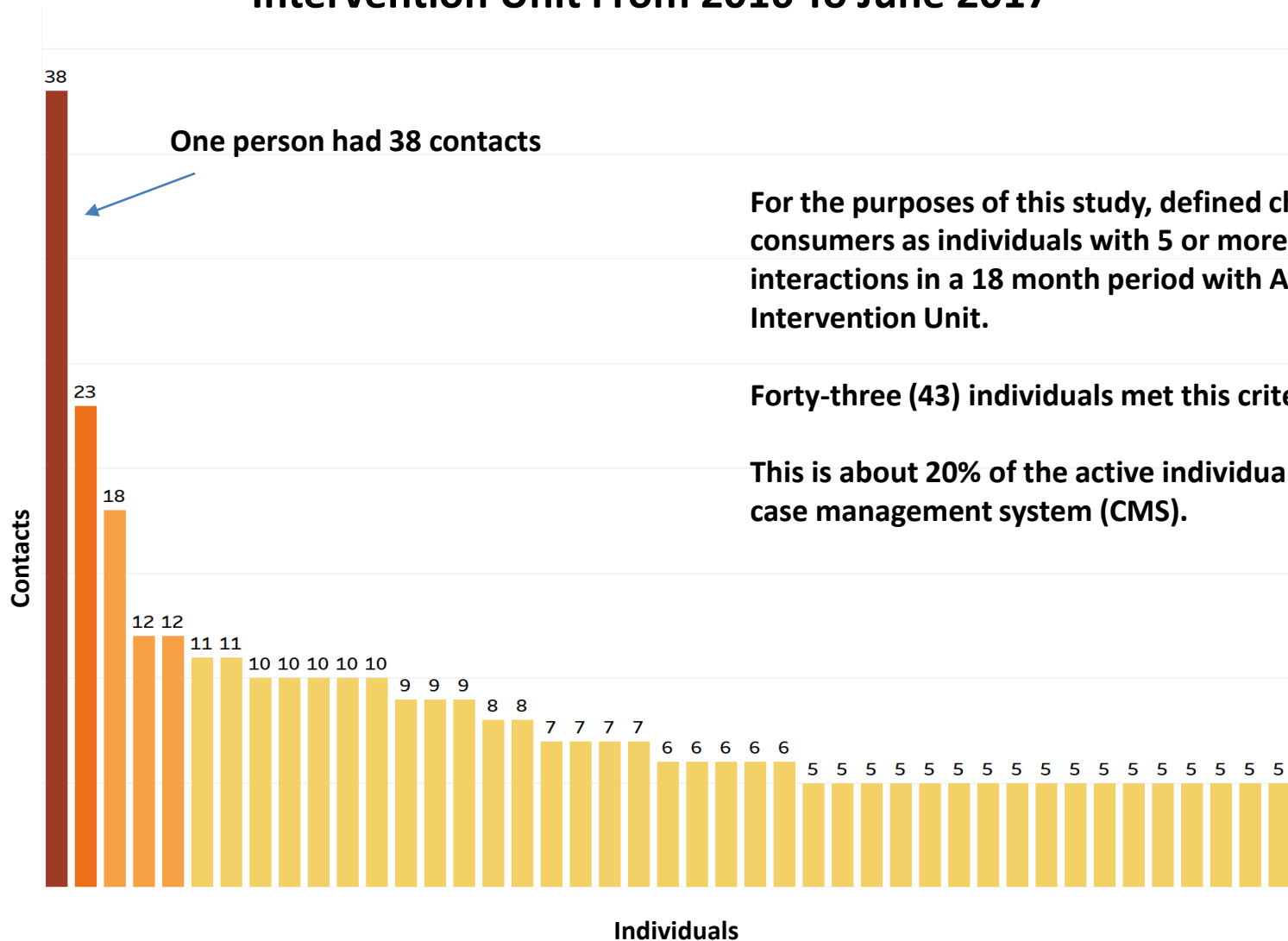
The Critical Importance Of Systems Of Support

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?

Exploratory Study Of Individuals With Repeated Contacts With APD's Crisis Intervention Unit From 2016 To June 2017

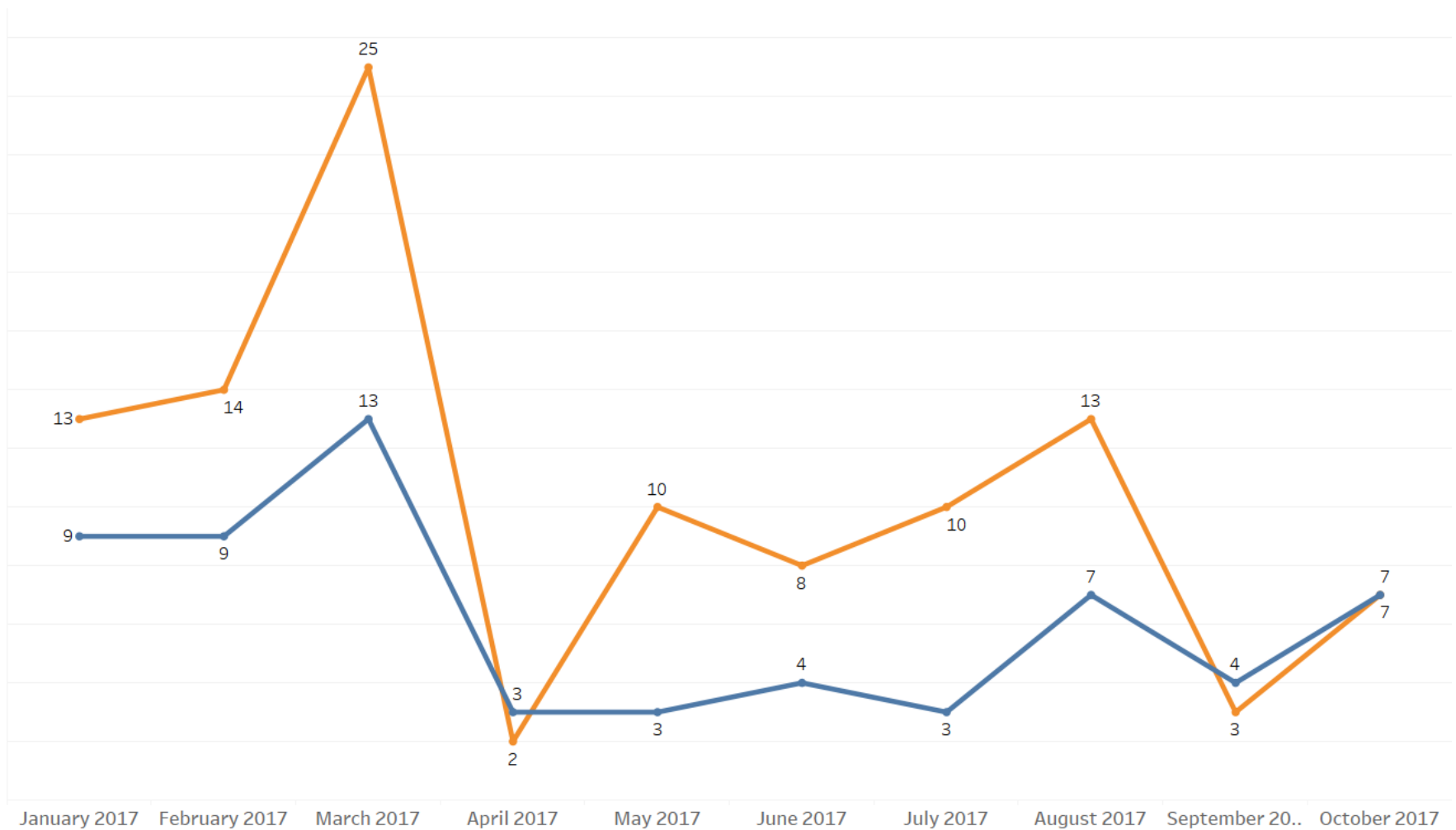


For the purposes of this study, defined chronic consumers as individuals with 5 or more interactions in a 18 month period with APD's Crisis Intervention Unit.

Forty-three (43) individuals met this criteria.

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

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

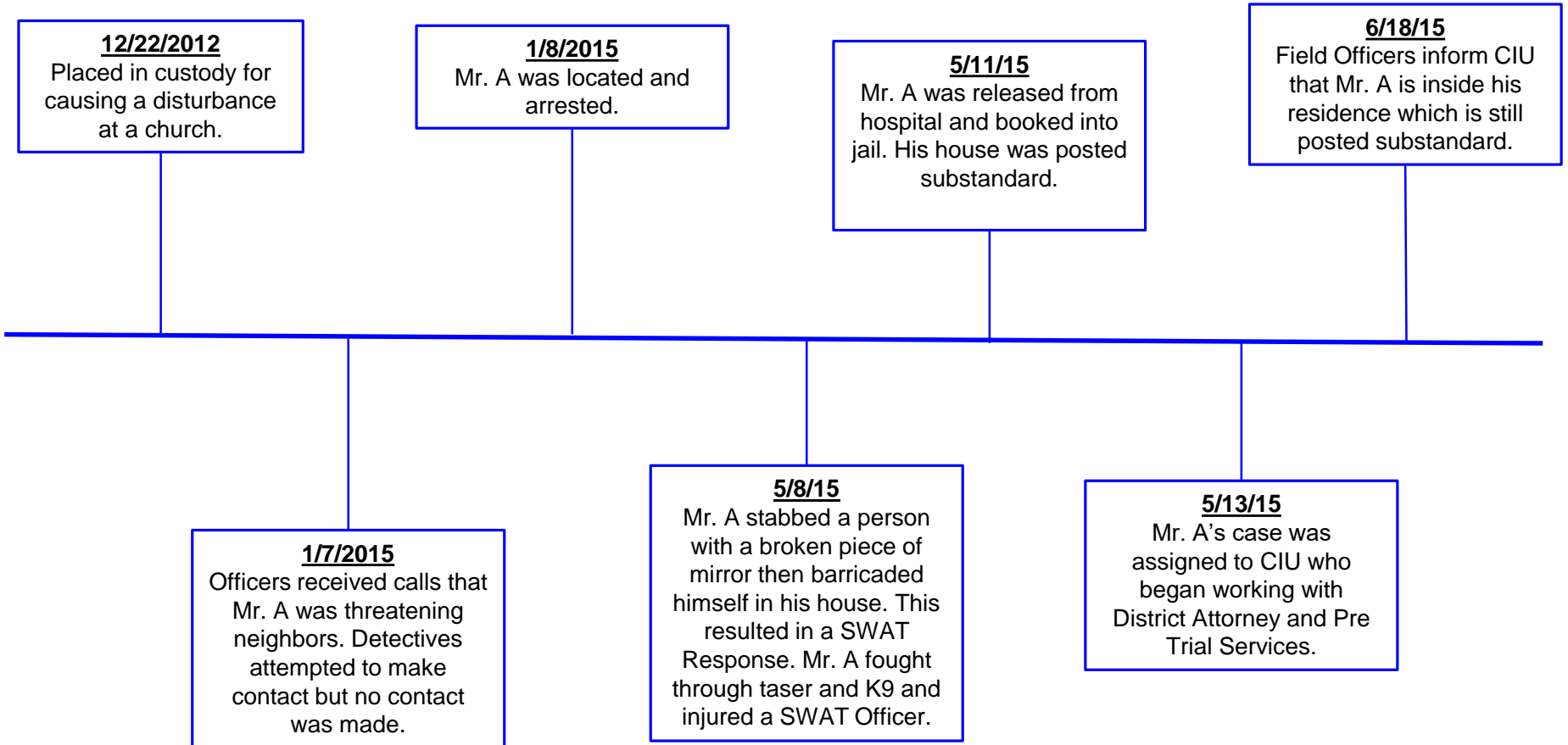


Agency
■ AFD
■ APD

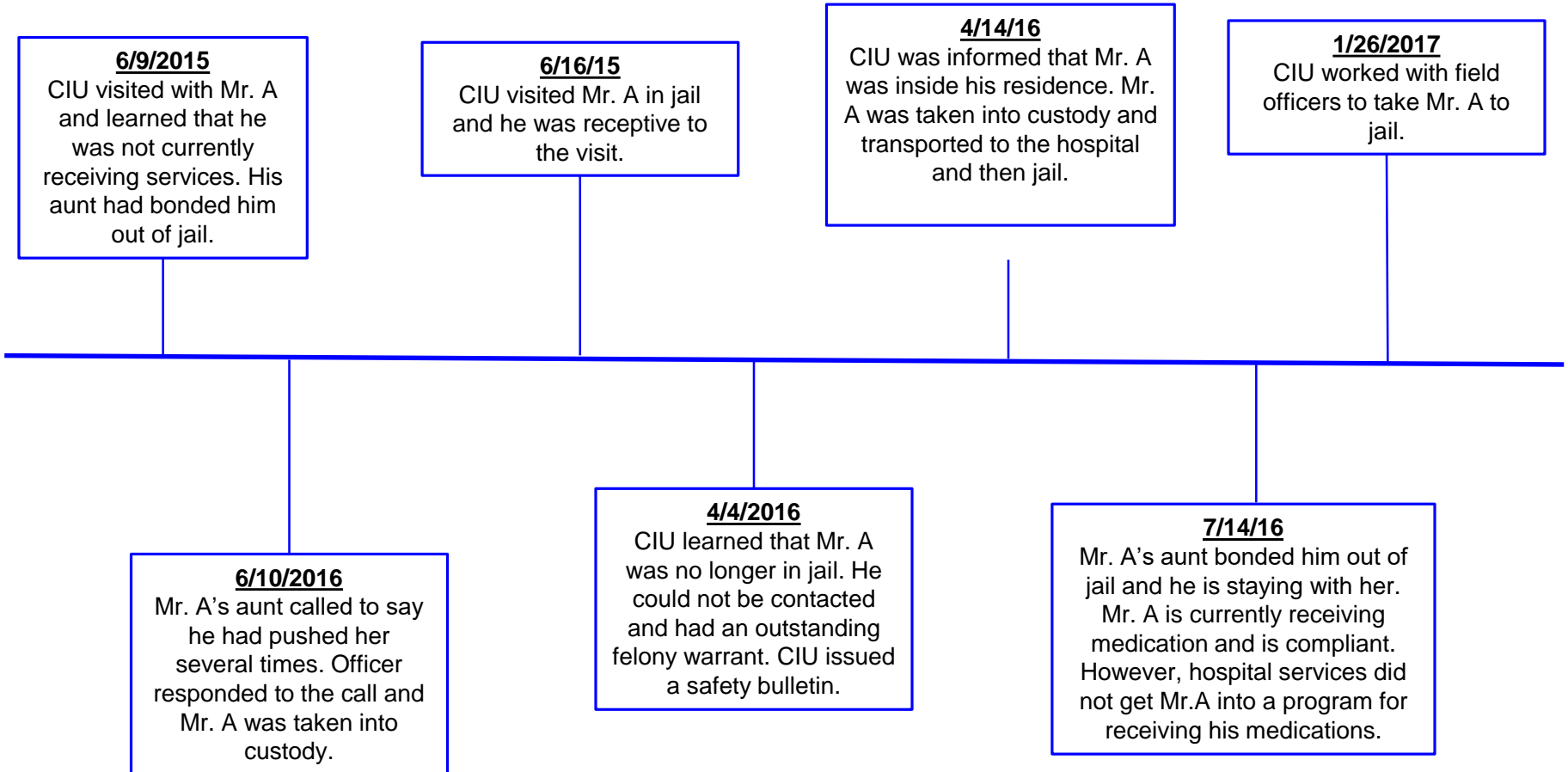
The Story Of Mr. A

- 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.

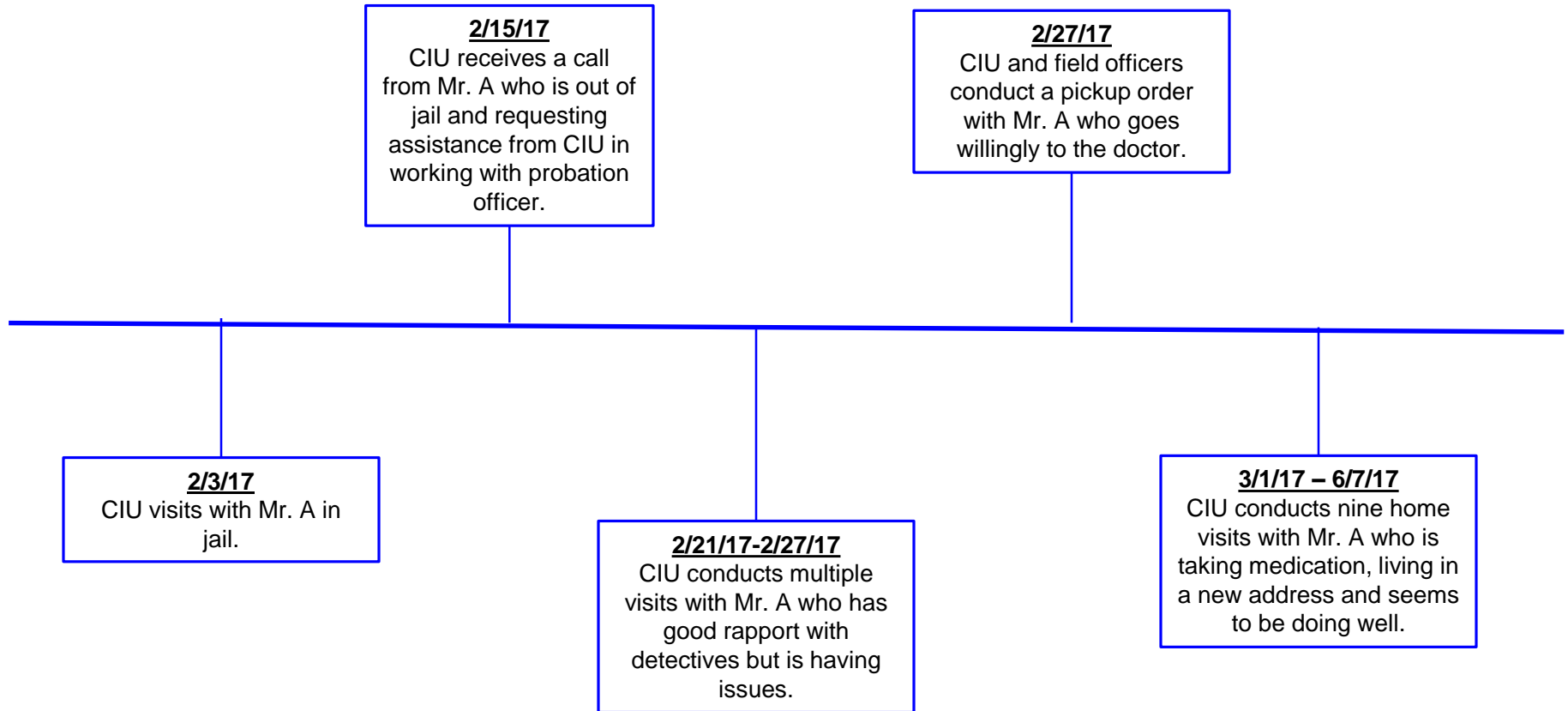
Mr. A



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.