



Southwest Community Policing Council

Alamosa Community Center

6900 Gonzales Rd SW

September 12, 2018

I. Call to Order – 6:05pm

II. Welcome/introductions of CPC board, APD, and civilians

III. Approval of Agenda

- Motion proposed to have executive session – passed
- Motion to approve august minutes –passed

IV. Old/New Business

- What is the status of previous recommendations that have been re-submitted?
  - It has been submitted and the chief is looking over it right now.
- Board member has started attending the Citizen's Police Academy.
- Chris Sylvan presented CPC awards to board members for those who have 2 or more years on the board.

V. Crime Report –Lt. Espinosa

- Property crime down 18% overall in SW area
- Residential burglary down 35%
- Auto burglary down 13%
- Auto theft down 32%
- Over 40% of auto burglaries were unsecured vehicles
- Around 30% of residential burglaries were unsecured houses
- Almost 20% reduction overall in the first part of the year
  
- October 6 – 3 on 3 basketball tournament with middle school and high school kids at the community centers
- Other events to come ex. popsicles with police and working with Esperanza Bike shop

## VI. Guest Speaker – Dr. Peter Winograd

- APD officers respond to half a million calls a year, between 450-500 officers are in the field responding to those calls
- CADs –Computer assisted dispatch (911)
- In 2010 there were about 3,500 behavioral health related calls
- In 2017 there were about 6,500, there will probably be about 7500 in 2018
- These are calls coded as suicide or behavioral health
- The majority of calls listed as behavioral health are suicide or family disputes, suspicious persons, aggravated assault that have a behavioral health component
- The majority of behavioral calls are from the SE, FHs and NE.
- Lots of subjects who suffer from mental illness are living with their parents, the downtown area and valley have a lot of resources
- Track the amount of calls using force and arrests on those with mental illness.
  - 10,000 calls between January 2017 to June 2018
  - 5500 calls ended up with either nominal or no police action needed
  - 4400 transports to hospitals and emergency services
  - 42% transports to mental hospitals
  - 256 arrests, summons and citations about 2.4%
  - 112 calls where officers responded to a complete suicide
- Track all uses of force related to behavioral health vs. not (see attached presentation)
- 41 uses of force cases involving firearms
- No Use of force involving firearms from may 2014 to Aug. 2017
- Aug 8<sup>th</sup> was in the paper involving a women named Danielle Sudlow
- What's involved when officers take someone to the hospital:
  - Sgt. Dosal – an officer will assess whether to take the individual to the hospital and depending on their location, will determine the destination. But if the ambulance comes, paramedics are mandated to take the person to the nearest hospital. The officer has to be on standby and let the charge nurse know what happened on scene. An officer may be on standby anywhere from 1-4 hours to try and get the individual admitted. Vary rarely does it take an hour.
- Average takes about 2 hours but extremes have taken up to 12 hours
- Homeless victims make up a high % of homicides
- Suicide rated by county
  - Bernalillo county and center of NM - high suicide rates
  - Outreach to homeless and those in need of behavioral health services is crucial
  - Increase in those threatening to die by elevated suicides
- CIT worksheets –see attached presentation
- APDs evolving approach to CIT encounters
- Sgt. Dosal – had to come up with method of how to refer someone to the CIU unit. CIU is a group to detectives that go out after the call has already happened and triages that individual: what are their needs?

- Does this person need a case manager? Does this person need access to get medication? Do they need someone to talk to?
  - We need to help those who are in major crisis, those creating calls for service, those in grave passive neglect, or are a danger to themselves or others for example
  - There's a criteria we try to follow because CIT cannot follow everyone, there would be too many.
  - Track the referrals through email and try to follow up on them
  - A good number of these individuals are known to CIT and we are already following them. The individuals continue to make calls for service.
  - We are training the officers now to do referrals and on what CIU does
- On CIT sheets officers talk about risk assessment
  - Sgt. Dosal- we ask the officers to write a short narrative about their interaction with the individual. The narrative gives insight into the needs and risk level of the individual
- Question for all of us is: How do we take care of our city?
  - The needs are huge
- Our officers can be the first responders but they cannot be the only responders
- Q and A
  - With easy access to drugs on the streets, how do you deal with someone who becomes violent?
  - Officers are trained to de-escalate the situation, active listening, sometimes eCIT can recognize the need for a CIT detective and call them and sometimes the officer needs to disengage completely from the situation.
  - When CIU does home visits, is the person expecting you?
  - It depends on the detective, they are trained in how to be safe when approaching someone on home visits
  - If the MCT units are proven successful are there plans to expand the program?
  - Plans are already being discussed to add 2 more MCT units.
- CIU trains 911 telecommunicators and officers.
- MRAC Meeting - 2<sup>nd</sup> Tuesday of each month, 5:30 at the Rock at Noonday: to learn about resources and such.

VII. Meeting Adjourned

VIII. Next meeting Oct. 10, 2018