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

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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 use 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 response to 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 Police Reports
January, 2017 To June, 2017

January 2017: 297
February 2017: 183
March 2017: 258
April 2017: 299
May 2017: 307
June 2017: 286
### The Number Of Behavioral Health Related Police Reports By Shift
January, 2017 To June, 2017

<table>
<thead>
<tr>
<th></th>
<th>January 2017</th>
<th>February 2017</th>
<th>March 2017</th>
<th>April 2017</th>
<th>May 2017</th>
<th>June 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day</strong></td>
<td>85</td>
<td>52</td>
<td>89</td>
<td>90</td>
<td>79</td>
<td>87</td>
</tr>
<tr>
<td><strong>Grave</strong></td>
<td>64</td>
<td>36</td>
<td>67</td>
<td>64</td>
<td>78</td>
<td>70</td>
</tr>
<tr>
<td><strong>Swing</strong></td>
<td>147</td>
<td>95</td>
<td>102</td>
<td>145</td>
<td>150</td>
<td>129</td>
</tr>
</tbody>
</table>
## The Number Of Behavioral Health Related Police Reports By Area Command
### January, 2017 To June, 2017

<table>
<thead>
<tr>
<th>Area</th>
<th>January 2017</th>
<th>February 2017</th>
<th>March 2017</th>
<th>April 2017</th>
<th>May 2017</th>
<th>June 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>FH</td>
<td>44</td>
<td>28</td>
<td>41</td>
<td>51</td>
<td>44</td>
<td>27</td>
</tr>
<tr>
<td>NE</td>
<td>47</td>
<td>36</td>
<td>56</td>
<td>64</td>
<td>66</td>
<td>62</td>
</tr>
<tr>
<td>NW</td>
<td>42</td>
<td>34</td>
<td>42</td>
<td>45</td>
<td>51</td>
<td>50</td>
</tr>
<tr>
<td>SE</td>
<td>72</td>
<td>42</td>
<td>58</td>
<td>67</td>
<td>63</td>
<td>69</td>
</tr>
<tr>
<td>SW</td>
<td>30</td>
<td>20</td>
<td>20</td>
<td>29</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>VA</td>
<td>61</td>
<td>23</td>
<td>41</td>
<td>43</td>
<td>56</td>
<td>53</td>
</tr>
</tbody>
</table>
The Age Of Individuals In Behavioral Health Related Police Reports
January, 2017 To June, 2017
The Gender Of Individuals In Behavioral Health Related Police Reports
January, 2017 To June, 2017

Female: 671
Male: 858
## The Race/Ethnicity Of Individuals In Behavioral Health Related Police Reports
### January, 2017 To June, 2017

<table>
<thead>
<tr>
<th></th>
<th>Hispanic</th>
<th>Not Hispanic</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asian</strong></td>
<td></td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Black</strong></td>
<td>4</td>
<td>66</td>
<td>26</td>
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<tr>
<td><strong>Native American</strong></td>
<td>9</td>
<td>56</td>
<td>36</td>
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<tr>
<td><strong>Pacific Islander</strong></td>
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<td>2</td>
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<tr>
<td><strong>Unknown</strong></td>
<td>33</td>
<td>22</td>
<td>189</td>
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<tr>
<td><strong>White</strong></td>
<td>436</td>
<td>416</td>
<td>229</td>
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</table>
Was The Subject Armed In The Behavioral Health Related Police Reports?  
January, 2017 To June, 2017

- No: 1,473
- Yes: 56
<table>
<thead>
<tr>
<th>Weapon Type</th>
<th>Count</th>
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<tbody>
<tr>
<td>Box Cutter, Knife, Razor, Scissors</td>
<td>28</td>
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<tr>
<td>Firearm</td>
<td>10</td>
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<tr>
<td>Rocks</td>
<td>5</td>
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<tr>
<td>Glass</td>
<td>3</td>
</tr>
<tr>
<td>Baseball Bat</td>
<td>2</td>
</tr>
<tr>
<td>Firearm and Knife</td>
<td>2</td>
</tr>
<tr>
<td>Dumbbell</td>
<td>1</td>
</tr>
<tr>
<td>Metal Pipe</td>
<td>1</td>
</tr>
<tr>
<td>Piece of Concrete</td>
<td>1</td>
</tr>
<tr>
<td>Screw Driver</td>
<td>1</td>
</tr>
<tr>
<td>Sharp File</td>
<td>1</td>
</tr>
<tr>
<td>Stun Gun</td>
<td>1</td>
</tr>
</tbody>
</table>
Was The Subject A Veteran In The Behavioral Health Related Police Reports?
January, 2017 To June, 2017

- Unknown: 1,192
- Yes: 60
- No: 208
Did A Supervisor Respond To The Scene?
January, 2017 To June, 2017

- Yes: 97
- No: 1,364
- Unknown: 100
### The Number And Percentage Of Behavioral Health Related CAD That Were Covered By Field Officers With ECIT Training From January 2017 To June 2017

<table>
<thead>
<tr>
<th>Officers Not ECIT Trained</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.3%</td>
<td>11.5%</td>
<td>15.4%</td>
<td>19.6%</td>
<td>18.2%</td>
<td>19.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Officers ECIT Trained</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>71</td>
<td>58</td>
<td>87</td>
<td>118</td>
<td>110</td>
<td>112</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Officers Not ECIT Trained</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>87.7%</td>
<td>88.5%</td>
<td>84.6%</td>
<td>80.4%</td>
<td>81.8%</td>
<td>80.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Officers ECIT Trained</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>404</td>
<td>443</td>
<td>434</td>
<td>441</td>
<td>431</td>
<td>424</td>
</tr>
</tbody>
</table>
What Techniques Or Equipment Was Used In Incidents Which Involved Use Of Force? January, 2017 To June, 2017

There were approximately 3,500 behavioral health related CAD in the first six months of 2017. During that time, there were 18 Use of Force Cases related to those CAD.
What Injuries Occurred To Officers In Incidents Which Involved Use Of Force?
January, 2017 To June, 2017

There were approximately 3,500 behavioral health related CAD in the first six months of 2017. During that time, there were 18 Use of Force Cases related to those CAD.
What Injuries Occurred To Subjects Or Others In Incidents Which Involved Use Of Force? January, 2017 To June, 2017

There were approximately 3,500 behavioral health related CAD in the first six months of 2017. During that time, there were 18 Use of Force Cases related to those CAD.
The Number And Percentage Of The Dispositions Of Behavioral Heath Related CAD From January To June 2017

<table>
<thead>
<tr>
<th>Disposition</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal Or No Law Enforcement</td>
<td>1,891</td>
<td>56.5%</td>
</tr>
<tr>
<td>Action Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport To Emergency Services</td>
<td>1,353</td>
<td>40.5%</td>
</tr>
<tr>
<td>Arrests or Summons</td>
<td>63</td>
<td>1.9%</td>
</tr>
<tr>
<td>Suicide</td>
<td>39</td>
<td>1.2%</td>
</tr>
</tbody>
</table>

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.
Number of Individuals Assigned To CIU Detectives From January, 2015 To August, 2017

These are the number of individuals assigned to CIU Detectives by year. Caseloads for Detectives are cumulative.
The Number Of Individuals Assisted By COAST
January, 2017 To August, 2017

<table>
<thead>
<tr>
<th>Month</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2017</td>
<td>141</td>
</tr>
<tr>
<td>February 2017</td>
<td>119</td>
</tr>
<tr>
<td>March 2017</td>
<td>132</td>
</tr>
<tr>
<td>April 2017</td>
<td>89</td>
</tr>
<tr>
<td>May 2017</td>
<td>101</td>
</tr>
<tr>
<td>June 2017</td>
<td>118</td>
</tr>
<tr>
<td>July 2017</td>
<td>99</td>
</tr>
<tr>
<td>August 2017</td>
<td>89</td>
</tr>
</tbody>
</table>
Example Data Reports
That Illustrate How APD Uses Data For Continual Improvement
An Overview Of CIT Incidents In Albuquerque

Prepared For:
Albuquerque Police Department
Enhanced Crisis Intervention Training
Fall, 2017

Prepared By
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Introduction

Effective CIT programs are built on core elements including partnerships among law enforcement, advocacy groups, and mental health providers; community ownership; policies and procedures; highly-trained professionals in law enforcement and mental health advocacy; a rich curriculum; mental health emergency services and other support services. Assembling all of these elements into a coherent program is clearly a challenge in itself.

Once these elements are in place, it is essential to measure the impact of the CIT Program on the quality of life for individuals dealing with mental illness; on the perceptions and confidence of police officers; on the effectiveness of community supports; and on the sense of vibrancy of the community at large. A number of communities, including Albuquerque, have many of the CIT program elements in place. Now we face the challenge of really understanding if we are making a difference and if anyone is better off.
## How Might We Think About CIT Core Elements And Outcomes?

<table>
<thead>
<tr>
<th>Core Elements</th>
<th>Outcome Questions</th>
</tr>
</thead>
</table>
| **Highly Trained Professionals in Law Enforcement & Mental Health Advocacy; A Rich curriculum; Policies and Procedures** | 1. How do we evaluate the reduction of use of force with individuals dealing with mental health issues?  
2. How do we evaluate the effectiveness of jail diversion efforts?  
3. How do we evaluate the impact of repeat encounters with the same individuals?  
4. How do we evaluate the quality of the ECIT Training for officers particularly in the quality of interactions these officers have with individuals dealing with mental health issues? |
| **Mental Health Emergency Services and Other Support Services** | 5. How do we evaluate the impact of our relationships with mental health emergency services and other support services? |
| **Partnerships Among Law Enforcement, Advocacy Groups, and Mental Health Providers; Community Ownership** | 6. How do we evaluate the impact of our partnerships with other law enforcement agencies, advocacy groups, and the community? |
The Number Of APD’s BH-Related CAD Calls Has Increased 60.4% Since 2010. It Is Very Likely Those Calls Will Continue To Increase

APD CAD Calls All Priorities

Source: APD CIU 3.10.17
In 2016, APD Field Officers Responded To 6,092 CIT-Related CAD Calls

Source: APD Real Time Crime Center
How CIT-Related CAD Calls In 2016 Varied By Area Command And By Month

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foothills</td>
<td>70</td>
<td>88</td>
<td>97</td>
<td>100</td>
<td>100</td>
<td>88</td>
<td>102</td>
<td>96</td>
<td>98</td>
<td>102</td>
<td>69</td>
<td>103</td>
</tr>
<tr>
<td>Northeast</td>
<td>113</td>
<td>88</td>
<td>117</td>
<td>111</td>
<td>108</td>
<td>124</td>
<td>129</td>
<td>111</td>
<td>112</td>
<td>130</td>
<td>110</td>
<td>125</td>
</tr>
<tr>
<td>Northwest</td>
<td>72</td>
<td>48</td>
<td>65</td>
<td>53</td>
<td>79</td>
<td>72</td>
<td>82</td>
<td>69</td>
<td>73</td>
<td>71</td>
<td>74</td>
<td>80</td>
</tr>
<tr>
<td>Southeast</td>
<td>108</td>
<td>98</td>
<td>123</td>
<td>128</td>
<td>129</td>
<td>139</td>
<td>110</td>
<td>96</td>
<td>124</td>
<td>104</td>
<td>113</td>
<td>155</td>
</tr>
<tr>
<td>Southwest</td>
<td>53</td>
<td>61</td>
<td>66</td>
<td>50</td>
<td>60</td>
<td>67</td>
<td>64</td>
<td>51</td>
<td>45</td>
<td>63</td>
<td>48</td>
<td>52</td>
</tr>
<tr>
<td>Valley</td>
<td>89</td>
<td>67</td>
<td>78</td>
<td>61</td>
<td>67</td>
<td>85</td>
<td>86</td>
<td>87</td>
<td>94</td>
<td>78</td>
<td>78</td>
<td>98</td>
</tr>
</tbody>
</table>
How CIT-Related CAD Calls In 2016 Changed By Day Of The Week
How CIT-Related CAD Calls In 2016 Changed By Time Of Day
### How APD Field Officers’ CIT-Related ARS Reports Have Changed Over Time

<table>
<thead>
<tr>
<th>Incident Type</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>1,333</td>
<td>1,663</td>
<td>2,041</td>
<td>2,210</td>
<td>2,789</td>
<td>2,701</td>
<td>2,333</td>
</tr>
<tr>
<td>Suicide</td>
<td>333</td>
<td>351</td>
<td>316</td>
<td>226</td>
<td>165</td>
<td>148</td>
<td>119</td>
</tr>
<tr>
<td>Attempted Suicide</td>
<td>1</td>
<td>75</td>
<td>313</td>
<td>397</td>
<td>291</td>
<td>199</td>
<td></td>
</tr>
<tr>
<td>Other Incident Types w/ Behavioral Health</td>
<td>54</td>
<td>67</td>
<td>66</td>
<td>60</td>
<td>71</td>
<td>69</td>
<td>48</td>
</tr>
<tr>
<td>Incident</td>
<td>87</td>
<td>66</td>
<td>26</td>
<td>24</td>
<td>25</td>
<td>25</td>
<td>9</td>
</tr>
<tr>
<td>Battery</td>
<td>9</td>
<td>12</td>
<td>9</td>
<td>20</td>
<td>25</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>Domestic Dispute</td>
<td>15</td>
<td>12</td>
<td>11</td>
<td>6</td>
<td>12</td>
<td>14</td>
<td>4</td>
</tr>
</tbody>
</table>
APD Field Officers Filed Almost 19,000 BH-Related ARS Reports Between 2010 and 2016 (Number of Reports By Beat)
How APD Field Officers’ BH-Related ARS Reports Have Changed By Beat Over Time From 2014 To 2016

3,484 BH-Related Field Reports In 2014

3,259 BH-Related Field Reports In 2015

2,730 BH-Related Field Reports In 2016
The Change In BH Reports By Beat From 2014 To 2016
How do we evaluate the reduction of use of force with individuals dealing with mental health issues?
All Calls For Service Vs. Use Of Force Incidents
August 2016 To January 2017

USE OF FORCE INCIDENTS IN IMR 5 REPORTING PERIOD (248):
.1% (ONE TENTH OF ONE PERCENT) OF 227,619 CALLS FOR SERVICE INVOLVED ANY USE OF FORCE

SERIOUS USE OF FORCE INCIDENTS IN IMR 5 REPORTING PERIOD (34):
.015% (15 THOUSANDTHS OF ONE PERCENT) OF 227,619 CALLS FOR SERVICE

= 1,000 CALLS FOR SERVICE
Use Of Force Cases By Year By Behavioral Health Related Category

Policy on UOF Reporting Changed In January 2016

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

<table>
<thead>
<tr>
<th>Type Of Force</th>
<th>Incident Not BH</th>
<th>BH-Related Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arm Bar, Hand/Feet Impact</td>
<td>12.0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>ECW</td>
<td>13.8%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Empty Hand</td>
<td>17.1%</td>
<td>1.4%</td>
</tr>
<tr>
<td>Firearm - OIS &amp; Firearms</td>
<td>0.4%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Impact Weapon</td>
<td>9.5%</td>
<td>0.7%</td>
</tr>
<tr>
<td>K9</td>
<td>3.2%</td>
<td>0.0%</td>
</tr>
<tr>
<td>OC Spray</td>
<td>3.4%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Solo or Group Take Down</td>
<td>23.3%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Other</td>
<td>12.3%</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
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<tbody>
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<td>No</td>
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<td>March</td>
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<td>April</td>
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<td>August</td>
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<td>March</td>
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<tr>
<td>July</td>
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8/8/17 Incident under review

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

• Each use of force or firearm discharge is important. Numbers are not the only story.
• Identifying all types of use of force and whether incidents are behavioral health related is complex. Both of these factors requires careful vetting.
• The UOF reports in behavioral health related incidents has been a consistently low percentage of the overall uses of force. In addition, the types of force used in these incidents have been on the lower level of force types. Please note that one inappropriate use of force is too many, but the overall pattern argues that APD is minimizing the use of force with individuals suffering from behavioral health crisis.
• The FAD reports in behavioral health related incidents indicates that the incident on August 8, 2017 was the first firearm discharge to have occurred since May of 2014. That incident is under review.
How do we evaluate the effectiveness of jail diversion efforts?
The Number of Behavioral Health Related CAD From January To June 2017

- January: 533
- February: 472
- March: 553
- April: 601
- May: 605
- June: 581
<table>
<thead>
<tr>
<th>Disposition</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal Or No Law Enforcement Action Needed</td>
<td>1,891</td>
<td>56.5%</td>
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<tr>
<td>Transport To Emergency Services</td>
<td>1,353</td>
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<tr>
<td>Arrests or Summons</td>
<td>63</td>
<td>1.9%</td>
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<tr>
<td>Suicide</td>
<td>39</td>
<td>1.2%</td>
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How do we evaluate the impact of our relationships with mental health emergency services and other support services?
<table>
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<th>Service</th>
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Thoughts To Consider

• CIU has built strong relationships with emergency room doctors.
• Hospitals are the most expensive option.
• Hospitals have limited resources.
• How do we track the individuals who repeatedly use emergency services and intervene in ways that are more effective?
• Jail diversion can sometimes be treatment diversion.
• The issues of behavior health and drug use.
How do we evaluate the impact of repeat encounters with the same individuals?
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**

- **12/22/2012**
  Placed in custody for causing a disturbance at a church.

- **1/7/2015**
  Officers received calls that Mr. A was threatening neighbors. Detectives attempted to make contact but no contact was made.

- **1/8/2015**
  Mr. A was located and arrested.

- **5/11/15**
  Mr. A was released from hospital and booked into jail. His house was posted substandard.

- **5/8/15**
  Mr. A stabbed a person with a broken piece of mirror then barricaded himself in his house. This resulted in a SWAT Response. Mr. A fought through taser and K9 and injured a SWAT Officer.

- **5/13/15**
  Mr. A’s case was assigned to CIU who began working with District Attorney and Pre Trial Services.

- **6/18/15**
  Field Officers inform CIU that Mr. A is inside his residence which is still posted substandard.

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**What Seems To Be Working And Not Working?**
Mr. A (Continued)

- **6/9/2015**
  CIU visited with Mr. A and learned that he was not currently receiving services. His aunt had bonded him out of jail.

- **6/10/2016**
  Mr. A's aunt called to say he had pushed her several times. Officer responded to the call and Mr. A was taken into custody.

- **6/16/15**
  CIU visited Mr. A in jail and he was receptive to the visit.

- **4/4/2016**
  CIU learned that Mr. A was no longer in jail. He could not be contacted and had an outstanding felony warrant. CIU issued a safety bulletin.

- **4/14/16**
  CIU was informed that Mr. A was inside his residence. Mr. A was taken into custody and transported to the hospital and then jail.

- **1/26/2017**
  CIU worked with field officers to take Mr. A to jail.

- **7/14/16**
  Mr. A's aunt bonded him out of jail and he is staying with her. Mr. A is currently receiving medication and is compliant. However, hospital services did not get Mr. A into a program for receiving his medications.

What Seems To Be Working And Not Working?
Mr. A (Continued)

2/15/17
CIU receives a call from Mr. A who is out of jail and requesting assistance from CIU in working with probation officer.

2/21/17-2/27/17
CIU and field officers conduct a pickup order with Mr. A who goes willingly to the doctor.

2/27/17
CIU and field officers conduct a pickup order with Mr. A who goes willingly to the doctor.

2/3/17
CIU visits with Mr. A in jail.

2/21/17-2/27/17
CIU conducts multiple visits with Mr. A who has good rapport with detectives but is having issues.

3/1/17 – 6/7/17
CIU conducts nine home visits with Mr. A who is taking medication, living in a new address and seems to be doing well.

What Seems To Be Working And Not Working?
Thoughts To Consider

• The amount of time and effort that CIU detectives and clinicians put into building relationships with individuals is impressive.
• When possible, the importance of slowing down the interaction between individuals and officers.
• Helping individuals who face both drug addiction and mental health issues requires specialized systems of support.
• Every part of the behavioral health system has to be working in order to have a long term impact on individuals.
• Careful analysis of case studies is important both for the field and for individual agencies.
How do we evaluate the quality of the ECIT training for officers?
The Number Of Officers And Others Receiving ECIT Training From October 2016 To July 2017

Detectives & Inside Officers
- October 2016: 11
- November 2016: 9
- January 2017: 2
- February 2017: 1

ECIT Civilians
- October 2016: 8
- December 2016: 29

Field Officers
- October 2016: 18
- January 2017: 2
- February 2017: 1
- March 2017: 6
- April 2017: 11
- May 2017: 7
- June 2017: 18
- July 2017: 11

Outside Agencies
- October 2016: 1
- November 2016: 3
- December 2016: 3
- January 2017: 1
- February 2017: 1
- March 2017: 1
- April 2017: 1
- May 2017: 1
### The Number And Percentage Of Behavioral Health Related CAD That Were Covered By Field Officers With ECIT Training From January 2017 To June 2017

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The Number Behavioral Health Related CAD Compared To Other CAD From January 2017 To June 2017
Duration For Selected CAD Calls, In Hours, From When The Officer Is Dispatched To The Time The CAD Is Closed

**BHD CAD Duration**

- PRISONER PU/INCL: 17.95 hours
- SWAT
- SHOOTING
- ROBBERY
- SUBJECT STOP
- KID/ABDUCT/HOSTAGE
- STABBING
- DRUNK DRIVER
- DEMONSTRATION
- ARMED ROB
- HAZ MAT INCIDENT
- AUTO/CAR JACKING
- STOLEN VEH FOUND
- BURGLARY COMM
- ARMED ROB COMM
- FAMILY DISPUTE
- ONSITE AUTO THEF
- AGGR ASSAULT/BAT
- BURGLARY RES
- TRAFF ACC INJURY
- ARMED ROB INDIV
- CRIME SCENE INV
- FORGERY/COLL/CHK
- MISSING PERSON
- PROWLER
- SHOPLIFTING
- BH RELATED CAD
- NARCOTICS
- WARMUP VEH THEFT
- DV ESCORT
- BURGLARY AUTO
- AUTO THEFT
- NEIGHBOR TROUBLE
- SEX OFFENSE
- VANDALISM
- THEFT/FRAUD/EMBE
- RESCUE CALL
- FIRE CALL
- WELFARE CHECK
- ESCORT
- DISTURBANCE
- FIGHT IN PROGRESS
- AGGR DRIVER
- ANIMAL CALL
- SUSP PERS/VEHS
- TRAFF ACC NO INJ
- LOUD PARTY
- DRUNK
- SUSP/INTOX PERS
- PANHANDLERS
- DIRECT TRAFFIC
- TRAFFIC STOP
- PRISONER PU/INCL: 6.86 hours
- SWAT: 5.68 hours
- SHOOTING: 4.48 hours
- ROBBERY: 3.97 hours
- SUBJECT STOP: 3.51 hours
- KID/ABDUCT/HOSTAGE: 3.34 hours
- STABBING: 2.89 hours
- DRUNK DRIVER: 2.61 hours
- DEMONSTRATION: 2.16 hours
- ARMED ROB: 2.07 hours
- HAZ MAT INCIDENT: 1.83 hours
- AUTO/CAR JACKING: 1.82 hours
- STOLEN VEH FOUND: 1.79 hours
- BURGLARY COMM: 1.77 hours
- ARMED ROB COMM: 1.76 hours
- FAMILY DISPUTE: 1.74 hours
- ONSITE AUTO THEF: 1.74 hours
- AGGR ASSAULT/BAT: 1.49 hours
- BURGLARY RES: 1.47 hours
- TRAFF ACC INJURY: 1.41 hours
- ARMED ROB INDIV: 1.40 hours
- CRIME SCENE INV: 1.35 hours
- FORGERY/COLL/CHK: 1.33 hours
- MISSING PERSON: 1.30 hours
- PROWLER: 1.26 hours
- SHOPLIFTING: 1.22 hours
- BH RELATED CAD: 1.22 hours
- NARCOTICS: 1.16 hours
- WARMUP VEH THEFT: 1.13 hours
- DV ESCORT: 1.05 hours
- BURGLARY AUTO: 1.05 hours
- AUTO THEFT: 1.04 hours
- NEIGHBOR TROUBLE: 0.89 hours
- SEX OFFENSE: 0.85 hours
- VANDALISM: 0.84 hours
- THEFT/FRAUD/EMBE: 0.82 hours
- RESCUE CALL: 0.79 hours
- FIRE CALL: 0.78 hours
- WELFARE CHECK: 0.74 hours
- ESCORT: 0.73 hours
- DISTURBANCE: 0.72 hours
- FIGHT IN PROGRESS: 0.64 hours
- AGGR DRIVER: 0.64 hours
- ANIMAL CALL: 0.63 hours
- SUSP PERS/VEHS: 0.63 hours
- TRAFF ACC NO INJ: 0.58 hours
- LOUD PARTY: 0.56 hours
- DRUNK: 0.52 hours
- SUSP/INTOX PERS: 0.48 hours
- PANHANDLERS: 0.43 hours
- DIRECT TRAFFIC: 0.43 hours
- TRAFFIC STOP: 0.31 hours
The Number Of Behavioral Health Related CAD By Beat And The Percent Of Those Calls That Were Covered By Field Officers With ECIT Training From January 2017 To June 2017
Beats With High Numbers Of Behavioral Health Related CADS And Low Percentages Of Those CADS Covered By Field Officers With ECIT Training From January 2017 To June 2017

<table>
<thead>
<tr>
<th>Beat</th>
<th>Total BH CAD</th>
<th>Percent Covered By ECIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>413</td>
<td>130</td>
<td>10.0%</td>
</tr>
<tr>
<td>423</td>
<td>114</td>
<td>13.2%</td>
</tr>
<tr>
<td>422</td>
<td>107</td>
<td>10.3%</td>
</tr>
<tr>
<td>523</td>
<td>102</td>
<td>18.6%</td>
</tr>
<tr>
<td>532</td>
<td>95</td>
<td>5.3%</td>
</tr>
<tr>
<td>531</td>
<td>93</td>
<td>11.8%</td>
</tr>
<tr>
<td>336</td>
<td>83</td>
<td>18.1%</td>
</tr>
<tr>
<td>431</td>
<td>81</td>
<td>18.5%</td>
</tr>
</tbody>
</table>

How Might We Think About How To Deploy Our Limited Resources?
### The Disposition Of Behavioral Health Related CAD By ECIT Trained Field Officers And Non ECIT Trained Field Officers

<table>
<thead>
<tr>
<th>Category</th>
<th>ECIT Trained</th>
<th>Non-ECIT Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Law Enforcement Action Needed</td>
<td>1,440</td>
<td>236</td>
</tr>
<tr>
<td>Other Law Enforcement Resolution</td>
<td>224</td>
<td>56</td>
</tr>
<tr>
<td>Suicide</td>
<td>33</td>
<td>7</td>
</tr>
<tr>
<td>Summons and Arrests</td>
<td>115</td>
<td>29</td>
</tr>
<tr>
<td>Transports To Emergency Services</td>
<td>1,066</td>
<td>228</td>
</tr>
</tbody>
</table>

*Data Are Preliminary And These Are Cases Which Were Known To Law Enforcement As Behavioral Health Related At The Time*
Use Of Force In Behavioral Health Related CAD From January 1, 2017 To June 30, 2017 By Officer Who Were ECIT Trained Compared To Officers Who Were Not ECIT Trained

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

8/8/17 Incident under review
Thoughts To Consider

• How Does APD Determine Which CIT Calls Need To Be Covered By ECIT?
  • All CIT CADs including both original and final call type?
  • Determination by Emergency Communications 911 and Dispatch Operators?
  • By Priority, Location and History?

• How Does APD Determine How Officers Are Deployed?
  • By Shift?
  • By Area Command?
  • By Days?

• When Do CIU Detectives Get Deployed?

• What Changes Need To Be Made To SOP and Telecommunicator Training?
  • What is the process for an ECIT officer to be pulled from an active dispatch to a high priority CIT CAD?
How do we evaluate the impact of our partnerships with other law enforcement agencies, advocacy groups, and the community?
How Partners Can Help Each Other Improve Their Effectiveness

HOUSE OFFICER AFFILIATION AGREEMENT

The Regents of the University of New Mexico, for its public operation known as the Health Sciences Center, specifically for the School of Medicine (the “University”), and Albuquerque Police Department, Crisis Intervention Unit (the “Institution”), agree:

RECITALS

A. The caseload at the Institution is adequate to provide an opportunity for University resident physicians (“House Officers”) to obtain practical and didactic exposure to patient management under the supervision of the medical staff of the Institution.

B. The purposes of this Agreement are:

1. To establish a training and educational program for House Officers while on rotation at the Institution;

2. To ensure a close working relationship between the University and the Institution;

3. To benefit both the University and the Institution through provision of quality medical education and training by allowing participation by House Officers in the delivery of health care services by the medical staff of the Institution;

4. To provide House Officers with opportunities to acquire specific skills and knowledge in designated specialty areas through experience in patient care delivery by qualified physicians; and

5. To enable House Officers to become knowledgeable about operational aspects of various types of health delivery systems.

I. RESPONSIBILITIES OF THE INSTITUTION

A. The Institution will:

1. Accept for training the number of House Officers to be determined jointly by the Institution and the University.

2. Make available its clinical and related facilities and its personnel to provide quality learning experiences for House Officers during their educational rotation at the Institution under the supervision of qualified Institution personnel.

APD And The University Have Signed An Agreement That Enables Resident Physicians To Get Education Credit When Working With APD
Bernalillo County and City Of Albuquerque Boundaries

Source: https://www.cabq.gov/gis/geographic-information-systems-data
2016 CAD Calls For Albuquerque Police Department And Bernalillo County Sheriff’s Department Priority 1 & 2 Calls By Month

Sources: APD CIU 3.10.17; BCSD 3.28.17
Combined, APD And BCSD Responded To 7,235 Priority 1 & 2 CIT-Related CAD Calls In 2016

Sources: APD CIU 3.10.17; BCSD 3.28.17
2016 CIT-Related CAD Calls For APD And BCSD Combined By Beat Priority 1 & 2 Calls Only

Legend: Number OF CIT-Related CAD Calls Per Beat

Source: APD & BCSD 3.28.17
Request For Proposals For Behavioral Health Clinicians For Mobile Crisis Teams
The Crisis Intervention Team Knowledge Network ECHO

Topics
- Bipolar Disorder
- Veteran Information & Resources
- CIT Programs and Setup
- Drugs and their Effects
- Borderline Personality Disorder
- Common Drug Street Names
- Active Listening Skills
- Disability Rights and Advocacy
- Law Enforcement Suicide & Mental Health
- Perspectives of Psychotic and Manic Symptoms
- VA Justice Outreach
- Alcohol Withdrawal
- Medication Awareness
- NAMI, National Alliance on Mental Illness
- Schizophrenia
- Use of Data in CIT Programs
- Community Collaboration in CIT
- News Trends in Mental Health and Law Enforcement
- Assistant Outpatient Treatment
- Antisocial Personality Disorder
- Officer Self-care
- Attention Deficit Hyperactivity Disorder
- Verbal Defense and Influence
- Anxiety Disorders
- Drug Induced Intoxication
- Homelessness
- PTSD
- Verbal De-escalation
- Spree Killings
- Developmentally Disabled Waivers
- Mindfulness

Schedule
Every Tuesday 1:30pm - 3:00pm
Join from a computer, laptop, tablet or smart phone.
It's that easy!
Contact the Project Coordinator for more details,
Jennifer Earheart: jearheart@cabq.gov

Follow Us
facebook.com/crisisinterventionteam
twitter.com/GoCITNM

Visit www.goCIT.org to request your membership
or email the Project Coordinator.
Jennifer Earheart: jearheart@cabq.gov

Visit www.goCIT.org for more information
The Crisis Intervention Team Knowledge Network ECHO
The Number Of Murders In Albuquerque 1990 To 2016

The Average Number Of Murders In Albuquerque Is 45.3 Per Year

* 2015 FBI UCR Murder Numbers Do Not Include 4 Negligent Homicides
** 2016 Murder Numbers Are Not Official UCR Yet
Recent Child Homicides In New Mexico

Victoria Martens - 2016

Lilly Garcia - 2015

Jayden Dayea - 2016

Nhi Nguyen - 2016

Ashlynne Mike - 2016

The Macarenas Children - 2016

Villegas Mother & Children - 2016
In Summary

The Issues We Face

• A Rising Number Of Behavioral Health Issues
• A Rise In Crime
• A Lack Of Trust And Understanding
• Inadequate Systems Of Resources And Support

The Resources We Have

• Highly Trained Field Officers
• The CIU Detectives & Clinicians
• The Crisis Outreach And Support Team (COAST)
• Project ECHO & Other Partnerships
Achievements We Have Made

New county tax bears first fruit

By Martin Salsazar / Journal Staff Writer
Saturday, August 5th, 2017 at 11:43pm

A group of PB&J preschoolers and their parents get ready for the final graduation ceremony last month. PB&J is one of eight organizations sharing $1 million a year for two years from Bernalillo County’s behavioral health tax to combat adverse childhood experiences, such as abuse and neglect. Not all PB&J students have experienced such trauma. (Mark Brink/Albuquerque Journal)

Initiative keeps the vulnerable out of jail

By ROBERTA KASPRZAK

A new statewide initiative to keep police officers out of jail thanks to advanced behavioral health assessments introduced in New Mexico is spreading throughout the state and beyond, leading to bans on jail time and improved mental health services.

The same group of police departments and organizations that introduced the initiative in Bernalillo County last year are now rolling it out across the state.

“The dream of the behavioral health initiative is to keep police officers out of jail,” said Dr. Renee Harrold, PB&J associate director.

In Bernalillo County, the PB&J team has developed a number of strategies to keep police officers out of jail, including the use of behavioral health assessments and early intervention.

Attracting officers to the initiative has been a challenge, but Harrold said the benefits of keeping police officers out of jail outweigh the costs.

“Police officers are highly valued members of our community,” she said. “They keep our streets safe and our neighborhoods secure. It’s important to keep them healthy and mentally strong.”

Harrold said the initiative is still in its early stages, but she is confident it will continue to grow.

“We are committed to keeping police officers out of jail,” she said. “We are committed to helping them get the treatment they need to stay healthy and strong.”

APD, UNM praised for response to mentally ill

Matthew Timoney, chief of police and psychiatry, and Dr. NM. Poonawala, UNM’s chief of psychiatry, said the UNM-Penn Presbyterian/MacKay School of Medicine and the UNM Department of Psychiatry and Behavioral Sciences are working together to keep police officers out of jail.

The goal is to help police officers get better treatment and to keep them healthy and mentally strong.

“The first thing that the police officers are doing is talking about being mentally strong,” said Timoney. “They are learning about the importance of mental health and the importance of getting help when needed.”

The initiative is being praised by both police officers and mental health professionals, who say it is a step in the right direction.

“We are very proud of the police officers and the mental health professionals who are working together,” said Timoney. “We are committed to keeping our community safe and healthy.”

Counties approve $30M tax hike on party lines

By Dan McKay / Journal Staff Writer
Thursday, February 26th, 2015 at 11:36pm

The County Commission approved a $30 million tax hike on party lines, with four Democrats and one Republican voting for the measure.

County Chairwoman Michelle Grisham said the tax hike is necessary to fund critical services, including mental health and substance abuse treatment.

“Residents of Bernalillo County have been100% supportive of the tax hike,” said Grisham. “We want to ensure that our county continues to provide the best possible services to our residents.”

The tax hike is expected to raise $31 million per year, with $28 million going to mental health and substance abuse services and $3 million going to other county programs.

The tax hike will be implemented in phases, with the first phase going into effect in 2015 and the final phase going into effect in 2017.

“This tax hike is a necessary investment in the future of our county,” said Grisham. “We are committed to providing the best possible services to our residents.”

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Tatum McIntyre says she begged police, at one point, to take her daughter back to the hospital.

It was the only way, she thought, to get her treatment needed for bipolar disorder.

Another mother, Deborah Barkoff, said she’s not sure whether her adopted son — an addict who has attempted suicide — is dead or alive.

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Albuquerque, Revising Approach Toward the Homeless, Offers Them Jobs

By Fernanda Santos

The New York Times

Albuquerque, N.M. — The city’s homeless population has grown rapidly in recent years, with an estimated 3,000 people living in shelters, encampments and other places.

But the city’s approach to homeless people has been shifting.

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The Challenges Ahead

New strategy aims to tackle Albuquerque’s top property crime offenders

Advocates fear looming cuts to behavioral health services

$17M in new taxes; no mental health programs yet

DOJ INVESTIGATION OF APD

Federal officials have found that APD violates citizens' rights with excessive force. Read the full findings here.
How Do We Build Systems Of Support?