Just Give Me The Facts: How The Albuquerque Police Department Is Using Data To Build Stronger CIT Programs

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Tasia Sullivan, Detective, Crisis Intervention Unit
Bonnie Briones, Detective, Crisis Intervention Unit
Mark Oberman, Clinician, Crisis Intervention Unit
Our Conversations With Others Always Lead To Better Data And Smarter Thinking
"Mental health in America has been marginalized and we are all suffering for it. This includes individuals who live with mental health issues and addictions, their families, our employers, our schools and our first responders who all too often become stopgaps in a broken system."

Mayor R.J. Berry, Albuquerque
One Of Our City’s Darkest Days

https://www.youtube.com/watch?v=F7_TYvAx-wY

http://www.kob.com/article/stories/s3882024.shtml#.Vpe-Ffkrl2w
How Albuquerque Police Department Uses Data

1. To Advocate For Those Individuals Living With Mental Illness.
2. To Help Strengthen Crisis Intervention In Albuquerque.
3. To Address The Most Difficult Issues Our City Faces.
4. To Better Understand And Support The Individuals In Crisis Who Come In Contact With The Albuquerque Police Department.
5. To Continually Improve The Training, Safety and Effectiveness Of Police Officers Dealing With Individuals In Crisis.
6. To Address The Requirements Of The APD-DOJ Agreement.
APD Uses Data To:

To Advocate For Those Individuals Living With Mental Illness
The Prevalence Of Mental Illness In America

- Adults Living With Schizophrenia: 2,400,000
- Adults Living With Bipolar Disorder With Schizophrenia: 6,100,000
- Adults Living With Major Depression: 16,000,000
- Adults Living With Anxiety Disorders: 42,000,000

Source: National Alliance On Mental Illness. www.nami.org
The Social Costs Of Mental Illness In America

Source: National Alliance On Mental Illness. www.nami.org
Bernalillo County had an estimated 517,800 individuals over 18 years of age in 2013.

- Schizophrenia (n=5,696): 1.10%
- Bipolar Disorder (n=13,463): 2.60%
- Major Depression (n=34,693): 6.70%

Source: Landscape of Behavioral Health In Albuquerque (2014). UNM Department of Psychiatry and Behavioral Sciences, UNM Center For Educational Policy, and RWJF Center for Health Policy, UNM
Twenty-two percent (22.4%) of Bernalillo County’s population is estimated to have mental illness and/or substance use disorders. Of those, an estimated 53,000 individuals (35%) are not receiving services.
How Bernalillo County Compares To The Nation

Number per 100,000

- Deaths Due to Self-Inflicted Injury: Bernalillo 20.4, USA 12.4
- Alcohol-Related Deaths: Bernalillo 50.5, USA 27.6
- Drug Overdose Deaths: Bernalillo 29.1, USA 12.3
- Deaths Chronic Liver Disease/Cirrhosis: Bernalillo 18.9, USA 10.3

Source: Landscape of Behavioral Health In Albuquerque (2014). UNM Department of Psychiatry and Behavioral Sciences, UNM Center For Educational Policy, and RWJF Center for Health Policy, UNM
The Data Are Clear. Millions Of Americans Live With Mental Health Issues. Few Come In Contact With Police.

Our Most Important Resources Are Compassion, Understanding And Strong Systems Of Support.
When Systems Of Support Fail, The Human Costs Are Devastating

John Hyde Killed Five People Including Officers King and Smith, 2005

James Boyd Shot By Police, 2014

David and Kathy Finch Attacked By Their Son James, 2015

Officer Carol Oleksak Shot By Duc Mihn Pham, 2003

‘They tried everything’

Miracle Recovery
Police Officer Who Was Shot Helps Mentally Ill
And So Are The Financial Costs

Police misconduct lawsuits since 2010 have resulted in a tab of $23 million for Albuquerque taxpayers. The number will likely increase as several suits are ongoing and recent officer-involved incidents may result in new lawsuits being filed.

Included in the $23 million figure is a $7.95 million settlement with the family of Iraq War veteran Kenneth Ellis III, who was fatally shot in the neck by APD officer Brett Lampiris-Tremba while holding a gun to his own head. The settlement came after a jury awarded $10.3 million to the family and the city appealed. The judgement was one of the largest against the city in its history.

Another high-profile case was settled in mid-December 2013, when the city agreed to pay $900,000 to the family of Alan Gomez. Gomez was shot by officer Sean Wallace after the girlfriend of Gomez’s brother called police asking for assistance. Police said they believed Gomez was holding his brother and his brother’s girlfriend hostage, but Gomez was unarmed at the time he was shot. The shooting was Wallace’s third in the line of duty.

A lawsuit that is still ongoing involves the fatal shooting of Christopher Torres, who had a history of mental health issues. Torres was killed by APD officer Kyle Adams after Torres shot at police several times.

City agrees to pay $7.95 million in Ellis shooting

Detective Brett Lampiris-Tremba demonstrates during a wrongful death trial how Iraq war veteran Kenneth Ellis III was holding a gun to his own head when Lampiris-Tremba shot and killed him in the parking lot of a 7-Eleven in 2010.
The Issues We All Face

https://www.youtube.com/watch?v=9SgRN8xZfRE
The Issues We All Face: 257 People With Signs Of Mental Illness Were Involved In Deadly Encounters With Police (January 2, 2015 – January 19, 2016)

Legend

Number Of People

1

2 - 3

4 - 7

8 - 10

11 - 15

16 - 25

26 - 49

NI=Not Included in database

APD Uses Data To:

To Help Strengthen Crisis Intervention In Albuquerque
APD Crisis Intervention Unit: The Past

1994
APD Went To Memphis

1996
APD Adopted The Memphis Model

1997
CIT Unit Formed; First CIT Class

2003
Duc Pham

2004
Wertheimer Report

2005
John Hyde
5 People Killed Including 2 APD Officers

2004
Wertheimer Report

2005
John Hyde
5 People Killed Including 2 APD Officers

2010
60 CIT-Trained Officers In The Field

2011
HJM 17
Behavioral Health Summit

2011
APD Use of Force
PERF Report

2012
HM 45
Task Force

2012
APD Real Time Crime Center

2014
DOJ Agreement

2014
James Boyd
Two Officers Charged
APD Crisis Intervention Unit: The Present

2014
UNM Produces The Landscape Of Behavioral Health In Albuquerque Study

2014
APD Real Time Crime Center provided Officers with background Information 14,188 calls for service

2015
APD Real Time Crime Center provided Officers with background Information 27,473 calls for service

2016
100% Field Officers CIT-Trained

2014
The Mental Health Response Advisory Committee

2015
Bernalillo County Commission Passes $20 Million Mental Health Tax

2016
New Mexico Passes Assisted Outpatient Treatment Act
The Albuquerque Police Department
Crisis Intervention Unit
Mapping The Data

### Data Incognita
- Individual's Private Life Before And After Encounters With APD, Mental Health And/Or The Judicial System

### Data Firma
- Initial Encounters With APD Field Officers
- CIU Detectives Caseload
- COAST Services

### Data Incognita
- Emergency Facilities
- Mental Health System
- Prison System
- Court System

#### Legend
- **Private Data**
- **Data We Have**
- **Data That Takes Partnerships**
<table>
<thead>
<tr>
<th>Data</th>
<th>Initial Encounter With Field Officers</th>
<th>CIU Cases</th>
<th>COAST Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of individuals in the COAST and CIU case loads</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Number of individuals receiving crisis prevention services</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Date, shift, area command of initial incident</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Disposition of the initial encounter (arrest, citation, referral)</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dispositions of follow-up encounters with CIU &amp; COAST</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Subject’s age, race/ethnicity, and gender</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Was subjected armed &amp; type of weapon during initial and follow-up encounters</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Was subject US military vet?</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Name &amp; badge of responder or detective</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Did a supervisor respond to the scene</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Technique or equipment used during initial and follow-up encounters</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Any injuries to officers, subjects or others during initial and follow-up encounters</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Use of force in any encounter?</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Brief narrative</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
### These Are The Ways That Data Can Be Helpful

<table>
<thead>
<tr>
<th>Policy Question</th>
<th>Data Questions</th>
<th>Practice &amp; Policy Questions</th>
<th>Political Questions</th>
</tr>
</thead>
</table>
| **How Do We Minimize Police Use Of Force With People Living With Mental Illness?** | • How many calls for service are related to people living with mental illness?  
• What are the demographics and other characteristics of the individuals with mental illness encountered by the police?  
• How was the encounter resolved?  
• Did the encounter result in the use of force? | • How do we learn the important lessons after difficult incidents?  
• How do we train police officers to handle encounters with people living with mental illness?  
• How do we improve the collaboration between the police and mental health system?  
• How do we make sure that enough money is available to address the issue we face? | • Who has the power to influence communities to take better care of people living with mental illness?  
• Who can change how funding resources are allocated?  
• Who has the influence to make sure that families, police, mental health providers, and others to work together? |
The Data on Individuals In Crisis Come From Three Sources

1. Field Officer Reports and 911 Calls For Service (CFS)
   • This data set includes CFS that are primarily coded as 10-40 (Mental Patient); 10-39 (Disturbance) and 10-43 and “43-1” (Suicide) but also include other CFS with codes for mental commitment or psychiatric evaluation.
   • The data also include location and other geospatial data that can be used for hot spot mapping and other analytic tools.

2. The Case Load of the CIU Detectives
   • These individuals have met the policy requirements of SOP 3-06 and 2-13, Investigations Section SOP and been assigned to the CIU Detectives by the CIU/COAST Sergeant.

3. COAST Monthly Reports
   • The data set includes the number of individuals contacted; the number of individuals assisted; the number of mental health consumers assisted; the number of referrals to services; and the number of referrals received.
CAVEAT DATA USER

One of the most important questions we face is whether the data we are gathering is capturing the full extent of the interactions between individuals in crisis and law enforcement. We must make every effort to develop data gathering and reporting protocols that ensure completeness, fairness, and objectivity.
APD Uses Data To:

To Address The Most Difficult Issues
Our City Faces
Albuquerque Police Involved Shooting Of Individuals With and Without Indications Of Mental Health Issues (2004-2016)

These data are tentative and subject to change as investigations reveal additional information.
Percent Of Total Albuquerque Police Involved Shooting That Involved Individuals With Indications Of Mental Health Issues (2004-2016)

These data are tentative and subject to change as investigations reveal additional information.

Total CIU-Related Cases & Encounters And Use Of Force

- CIU Detectives (9/15 - 3/16): 105 Total Cases, 0 Use Of Force
- COAST (11/15 - 3/16): 435 Total Cases, 0 Use Of Force
- Field Officers (1/16 - 3/16): 587 Total Cases, 4 Use Of Force

Types Of Force: Taser, Handcuffs, OC

64 Field Reports Still In Process

Source: APD Real Time Crime Center; Crisis Intervention Unit
Use Of Force In CIU-Related Incidents Handled By APD Field Officers By Month

The Uses Of Force Included OC, Taser, Passive Restraints, and Beanbags

Source: APD RTCC & CIU
To Better Understand And Support The Individuals In Crisis Who Come In Contact With The Albuquerque Police Department

APD Uses Data To:
The Number Of All Priority 1, 2, 3 Calls For Service Compared To Mental Patient and Suicide Calls For Service: 2010 To 2015

<table>
<thead>
<tr>
<th>Year</th>
<th>All Priority 1,2,3 Calls For Service</th>
<th>CIT Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>463,714</td>
<td>3,797</td>
</tr>
<tr>
<td>2011</td>
<td>437,297</td>
<td>4,036</td>
</tr>
<tr>
<td>2012</td>
<td>432,578</td>
<td>4,394</td>
</tr>
<tr>
<td>2013</td>
<td>420,715</td>
<td>4,663</td>
</tr>
<tr>
<td>2014</td>
<td>410,903</td>
<td>5,320</td>
</tr>
<tr>
<td>2015</td>
<td>412,984</td>
<td>5,616</td>
</tr>
</tbody>
</table>

Source: APD Real Time Crime Center
The Number Of Mental Patient and Suicide Calls For Service; APD Lieutenants, Sergeants and Field Officers; And CIU Detectives, 2010 To 2015

Source: APD Real Time Crime Center; Crisis Intervention Unit
In 2015, APD Field Officers Responded To 5,616 Mental Patient and Suicide Calls For Service

Source: APD Real Time Crime Center
What Do We Know About What Kinds Of Incidents Are Included In These Calls?
The 5,616 Calls For Service Are Classified As Either Mental Patient Or Suicide

Source: APD Real Time Crime Center
### What Sub-Categories Of Incidents Are Included In The Final Computer Aided Dispatch Categories Of Mental Patient And Suicide?

<table>
<thead>
<tr>
<th>Final CAD Description</th>
<th>ARS Incident Type</th>
<th>RMS Incident Type</th>
<th>Statute Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MENTAL PATIENT</strong></td>
<td>Null</td>
<td>MENTAL COMMIT</td>
<td>INCIDENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MENTAL COMMIT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>PROHIBITED PEDESTRI</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>PSYCHIATRIC EVALUATI</td>
</tr>
<tr>
<td><strong>MENTAL COMMIT</strong></td>
<td>Null</td>
<td>MENTAL COMMIT</td>
<td>INCIDENT</td>
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<td></td>
<td></td>
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<td>MENTAL COMMIT</td>
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<td>PROHIBITED PEDESTRI</td>
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<td></td>
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<td></td>
<td>PSYCHIATRIC EVALUATI</td>
</tr>
<tr>
<td><strong>ATTEMPTED SUICIDE</strong></td>
<td>Null</td>
<td>SUICIDE</td>
<td>INCIDENT</td>
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<td></td>
<td></td>
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<td>MENTAL COMMIT</td>
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<td>SUICIDE</td>
<td>INCIDENT</td>
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<td>MENTAL COMMIT</td>
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<td>PSYCHIATRIC EVALUATI</td>
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<td><strong>SUICIDE</strong></td>
<td>Null</td>
<td>SUICIDE</td>
<td>INCIDENT</td>
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<td>MENTAL COMMIT</td>
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<td>INCIDENT</td>
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<td>SUICIDE</td>
<td>INCIDENT</td>
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<td>PROHIBITED PEDESTRI</td>
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<td></td>
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<td></td>
<td>PSYCHIATRIC EVALUATI</td>
</tr>
</tbody>
</table>

**Source:** APD Real Time Crime Center
APD Field Officers Often Respond To Calls For Service That Are For Other Kinds Of Incidents But Turn Into Mental Health Related Incidents

Source: APD Real Time Crime Center
What Do We Know About Where These Calls Take Place?
In 2015, APD Field Officers Filed Reports On 3,114 Mental Commit, Suicide and Attempted Suicide Incidents

These incidents often are related to NM Statute 43-1-10: Emergency Mental Health Evaluation And Care.

Legend
Number Of Incidents Per Beat
1 - 16
17 - 34
35 - 56
57 - 92
93 - 145

Source: APD Real Time Crime Center
In 2015, Field Officers in These Beats Provide 1,634 Transports to Emergency Facilities
In 2015, These Emergency Facilities Received Most Of The Individuals Transported

<table>
<thead>
<tr>
<th>Facility</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNM</td>
<td>651</td>
</tr>
<tr>
<td>Kaseman</td>
<td>464</td>
</tr>
<tr>
<td>Presbyterian</td>
<td>173</td>
</tr>
<tr>
<td>Lovelace</td>
<td>157</td>
</tr>
<tr>
<td>VA</td>
<td>74</td>
</tr>
<tr>
<td>Women's Hospital</td>
<td>45</td>
</tr>
<tr>
<td>Rust Medical Center</td>
<td>30</td>
</tr>
<tr>
<td>Haven Behavioral Hospital</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: APD Real Time Crime Center
Transporting Individuals In Crisis To Emergency Facilities Rather Than Jail Is Critically Important

Legend

Number Of Transports To Emergency Facilities
- 2 - 6
- 7 - 50
- 51 - 92
- 93 - 225
- 226 - 464
- 465 - 652

Number Of Transports By Beat
- 1 - 9
- 10 - 17
- 18 - 27
- 28 - 43
- 44 - 74

Source: APD Real Time Crime Center
What Do We Know About When These Calls Take Place?
These 5,616 Calls For Service Happen More At Certain Times Of The Day And Days Of The Week

<table>
<thead>
<tr>
<th>Time</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Time Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midnight to Six AM</td>
<td>2.3%</td>
<td>2.2%</td>
<td>1.9%</td>
<td>1.8%</td>
<td>2.0%</td>
<td>1.6%</td>
<td>2.3%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Six AM To Noon</td>
<td>2.4%</td>
<td>2.8%</td>
<td>3.1%</td>
<td>2.8%</td>
<td>2.8%</td>
<td>2.9%</td>
<td>2.1%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Noon To Six PM</td>
<td>3.9%</td>
<td>5.8%</td>
<td>5.3%</td>
<td>5.0%</td>
<td>5.8%</td>
<td>4.5%</td>
<td>3.7%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Six PM To Midnight</td>
<td>4.5%</td>
<td>5.2%</td>
<td>4.5%</td>
<td>4.7%</td>
<td>4.8%</td>
<td>4.6%</td>
<td>4.6%</td>
<td>32.8%</td>
</tr>
<tr>
<td>Day Totals</td>
<td>13.1%</td>
<td>15.9%</td>
<td>14.8%</td>
<td>14.3%</td>
<td>15.4%</td>
<td>13.6%</td>
<td>12.8%</td>
<td>5,616</td>
</tr>
</tbody>
</table>

Source: APD Real Time Crime Center
The Number Of Calls Increase As The Day Goes On

Mondays and Thursdays From Noon To Six PM Are High Volume For Mental Patient And Suicide Calls For Service

Source: APD Real Time Crime Center
If We Unpack The Calls For Service Using The Statute Description, We See That Psychiatric Evaluations and Mental Commit Account For Most Of The Increase

These Data Are Based On The 3,114 CIT-Related Reports Filed By Field Officers In 2015

Source: APD Real Time Crime Center
If we unpack the calls for service using the ARS incident type, we see that calls related to NM Statute 43-1-10: Emergency Mental Health Evaluation account for most of the increase.

Source: APD Real Time Crime Center

These data are based on the 3,114 CIT-related reports filed by field officers in 2015.
## Type Of Call By Time Of Day and Day Of Week

<table>
<thead>
<tr>
<th>Time Slot</th>
<th>Attempted Suicide</th>
<th>Mental Commit</th>
<th>SUICIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Records</td>
<td>Number of Records</td>
<td>Number of Records</td>
</tr>
<tr>
<td>Six To Midnight</td>
<td>123</td>
<td>137</td>
<td>117</td>
</tr>
<tr>
<td>Noon To Six</td>
<td>123</td>
<td>150</td>
<td>142</td>
</tr>
<tr>
<td>Six To Noon</td>
<td>86</td>
<td>86</td>
<td>77</td>
</tr>
<tr>
<td>Midnight To Six</td>
<td>66</td>
<td>57</td>
<td>53</td>
</tr>
</tbody>
</table>

Source: APD Real Time Crime Center
An Exploratory Analyses Of Age And Time (206 CIU-Related Calls In February, 2016)

Source: APD Real Time Crime Center; Crisis Intervention Unit
An Exploratory Analyses Of Gender And Time (206 CIU-Related Calls In February, 2016)

Source: APD Real Time Crime Center; Crisis Intervention Unit
An Exploratory Analysis Of 78 CIT-Related Calls For Youth Age 12-18 By Time And Weekday (Monday-Friday)

Source: APD Real Time Crime Center; Crisis Intervention Unit
What Do We Know About Mental Health Evaluation Calls When We Put Time And Place Together?
These Are Beats With 20 Or More Mental Commit Calls During 2015

Data Question: Why Is There Such A Range Among Beats?

Policy Question: How Can APD And Its Partners Make Effective Use Of This Information?
The Percentage Of Increase In Mental Health Evaluation Calls Vary By Time Of Day Varies By Beat

(Beat With 20 Or More Mental Commit Calls During 2015)

Legend

AM_PM_Change

-21.1% - 33.3%
33.4% - 86.4%
86.5% - 137.5%
137.6% - 220.0%
220.1% - 360.0%

Source: APD Real Time Crime Center
Beat 524 Had 64 Mental Health Evaluation Reports In 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midnight To Six</td>
<td>4</td>
<td>6.3%</td>
</tr>
<tr>
<td>Six To Noon</td>
<td>9</td>
<td>14.1%</td>
</tr>
<tr>
<td>Noon To Six</td>
<td>28</td>
<td>43.8%</td>
</tr>
<tr>
<td>Six To Midnight</td>
<td>23</td>
<td>35.9%</td>
</tr>
<tr>
<td>Totals</td>
<td>64</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: APD Real Time Crime Center
How Can We Learn More About The 3,758 Calls For Service Classified As Suicide In 2015?
Critical Context: The NM Office Of The Medical Investigator Reported These Completed Suicides For Bernalillo County, 2005 - 2014

Source: The New Mexico Office Of The Medical Investigator, Annual Report 2014
We Need To Unpack The Data Labeled Suicide In Order To Conduct Analyses And Communicate With The Public And Other Stakeholders

Source: APD Real Time Crime Center. Note: Approximately 2,000 Calls For Service Were Selected For Deeper Analyses By Cross-Referencing CAD and Statute Descriptions
Labels Matter

What Albuquerque Looks Like When We Map All 1,618 Calls For Service That Are Labeled As “Suicide”

What Albuquerque Looks Like When We Map The 65 Incidents That Are Labeled As “Suicide” At All Levels Of Reporting
It is important to note that a review of 56 incident reports indicate that even those incidents categorized as suicide at all levels of the reporting system were related to suicide incidents or attempts, but were not often completed suicides.

Labels used in the offense/incident box of the New Mexico Uniform Incident Report:

- Incident: 10
- Mental Commit: 9
- Psychiatric Evaluation: 16
- Suicide: 11
- Completed Suicide: 10
What Do We Know About The Individuals In Crisis That Come In Contact With The Crisis Intervention Unit?
Individuals On The CIU Detectives’ Case Loads Meet These Criteria

CIU detectives shall limit their intake to Police Referrals only, unless exigent circumstances exist. These referrals should have the following criteria:

a. Availability of weapons
b. Substantiated statements to commit, or the actual commitment of a violent or dangerous act
c. Personal history, known or provided, that reflects prior violence under similar circumstances
d. Any corroborating information that would lead a CIU detective to believe the individual is a danger to others or displays escalating behavior

Source: APD Crisis Intervention Unit
Number of Individuals On CIU Detectives’ Case Loads By Month From September, 2015 To March, 2016

Source: APD Crisis Intervention Unit

Note: Data Is For Full Months Only
CIU Detectives Worked With 105 Unique Individuals From August 17, 2015 To April 8, 2016: Age

Source: APD Crisis Intervention Unit
CIU Detectives Worked With 105 Unique Individuals From August 17, 2015 To April 8, 2016: Gender, Race/Ethnicity

Source: APD Crisis Intervention Unit
CIU Detectives Worked With 105 Unique Individuals From August 17, 2015 To April 8, 2016: U.S. Veteran Status By Gender

**Female**
- No: 18
- Yes: 1

**Male**
- No: 71
- Yes: 10
- Unknown: 5

Source: APD Crisis Intervention Unit
Many of the individuals on the CIU Detectives’ case loads require multiple face-to-face contacts.

There were no uses of force by CIU Detectives during any of these contacts.
Risk Assessments
(Chapter 43 NMSA 1978 Definitions)

Danger To Others

“Likelihood of Serious Harm to Others” means that it is more likely than not that in the near future a person will inflict serious, unjustified bodily harm on another person or commit a criminal sexual offense, as evidenced by behavior causing, attempting or threatening such harm, which behavior gives rise to a reasonable fear of such harm from the person.

Danger To Self

“Likelihood of Serious Harm to Oneself” means that more likely than not that in the near future the person will attempt to commit suicide or will cause serious bodily harm to the persons self by violent or other self-destructive means, including but not limited to grave passive neglect.

Source: Detective Mathew Tinney, APD Crisis Intervention Team
The Individuals On The CIU Detective Case Loads By Risk Assessment And Gender

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th></th>
<th>Male</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Danger To Others</td>
<td>5</td>
<td>5</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>Danger To Others &amp; To Self</td>
<td>11</td>
<td>45</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Danger To Self</td>
<td>3</td>
<td>45</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: APD Crisis Intervention Unit
Were Drugs Involved In The Initial Encounter?

- **No Drugs**: 43.56%
- **Alcohol or Alcohol and Other Drugs**: 15.84%
- **Meth or Meth and Other Drugs**: 14.85%
- **Marijuana or Marijuana and Other Drugs**: 8.91%
- **Unknown**: 5.94%
- **Spice or Spice and Other Drugs**: 3.90%
- **Cocaine, Crack, & Other Drugs**: 2.97%
- **Unknown Narcotic**: 1.98%
- **Suboxine**: 0.99%
- **Pain Killers**: 0.99%

Source: APD Crisis Intervention Unit
The CIU Detectives Use The Information On Their Cases In A Number Of Ways

a. Use information and anecdotal evidence to improve communication with individuals who have frequent contact with law enforcement.
b. When detectives and COAST find service gaps and other needs, they are brought to the attention of community stakeholders and policy-makers.
c. Detective provide field officers with current information about high-risk individuals.
d. Detectives use actual cases and encounters in case-based teaching in CIT Classes and continuing education for law enforcement.

Source: APD Crisis Intervention Unit
The Critical Importance Of Foresight


This Individual Was Safely Taken Into Custody On April 14, 2016

SAFETY BULLETIN WITH BACKGROUND INFORMATION
What Do We Know About The Individuals In Crisis Who Are Served By COAST?
COAST Specialists Provide Their Services In These Circumstances

1. COAST will be utilized by officers to provide further crisis intervention, referrals to services, and education.
2. When an officer has determined the scene is safe and there is a need for COAST on scene, they will request a COAST unit.
3. COAST shall provide a reasonable effort to resolve the crisis that created the call-out. This may include frequent contacts, as well as police that are having several interactions with the person due to their behavior which may include dispatched calls, unfounded reports of crimes or self-initiated stops.
4. Risk to self: The person is at risk of harming him/herself.
5. Be responsible for taking cases referred to COAST, which are in addition to on-scene referrals, and have been assigned to them by the CIU Sergeant.

Source: APD Crisis Intervention Unit
COAST Specialists Focus On These Kinds Of Issues

- Mental Health Issues
- Suicide Intervention
- Homelessness
- Substance Abuse
- Basic Needs
- Elder Abuse and Neglect
- Crisis Intervention and Response
- Death Related Issues

Source: Detective Mathew Tinney, APD Crisis Intervention Team
Coast Provided Services To 247 Individuals Between November, 2015 and March, 2016

<table>
<thead>
<tr>
<th>Month</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>November</td>
<td>47</td>
<td></td>
</tr>
<tr>
<td>December</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>January</td>
<td>53</td>
<td>42</td>
</tr>
<tr>
<td>February</td>
<td></td>
<td></td>
</tr>
<tr>
<td>March</td>
<td>53</td>
<td></td>
</tr>
</tbody>
</table>

Note: Data Is For Full Months Only

Source: APD Crisis Intervention Unit
The Age Of The Individuals Served By COAST

Source: APD Crisis Intervention Unit
## The Gender & Race/Ethnicity Of The Individuals Served By COAST

<table>
<thead>
<tr>
<th>Gender Ethnicity</th>
<th>Subject Race</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>White</td>
<td>51</td>
<td>26</td>
</tr>
<tr>
<td>Not of Hispanic</td>
<td>American Indian/Alaskan Native</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Origin</td>
<td>Black</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>49</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>Black</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>White</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

Source: APD Crisis Intervention Unit
Did The Individuals Served By COAST Claim To Be U.S. Veterans?

Source: APD Crisis Intervention Unit
Were The Individuals Served By COAST Homeless?

**Female**

- **No**: 62.82%
- **Yes**: 31.41%
- **Unknown**: 5.77%

**Male**

- **No**: 54.95%
- **Yes**: 40.66%
- **Unknown**: 4.40%

Source: APD Crisis Intervention Unit
What Do We Know About The Initial CIT-Related Encounters With APD Field Officers?
Field Officers In The Six APD Area Commands Worked With 651 CIT-Related Incidents
January, 2016 to March, 2016

Source: APD Real Time Crime Center; Crisis Intervention Unit
These 651 CIT-Related Incidents With Field Officers Took Place On The Following Shifts November 1, 2015 to March 14, 2016

Source: APD Real Time Crime Center; Crisis Intervention Unit
The Age Of The Individuals In Initial Encounters With Field Officers

Source: APD Crisis Intervention Unit
## The Gender & Race/Ethnicity Of The Individuals Encounter By Field Officers

<table>
<thead>
<tr>
<th>Subject's Gender</th>
<th>Ethnicity</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female Hispanic</td>
<td>Native American</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td>White</td>
</tr>
<tr>
<td></td>
<td>Female Not Hispanic</td>
<td>Asian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Black</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Native American</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td>White</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>Black</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Native American</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pacific Islander</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td>White</td>
</tr>
<tr>
<td></td>
<td>Hispanic</td>
<td>Native American</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td></td>
<td>White</td>
</tr>
<tr>
<td></td>
<td>Female Not Hispanic</td>
<td>Asian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Black</td>
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<tr>
<td></td>
<td></td>
<td>Native American</td>
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<td></td>
<td></td>
<td>Pacific Islander</td>
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<td>Unknown</td>
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<td></td>
<td>White</td>
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<tr>
<td></td>
<td>Unknown</td>
<td>Asian</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Black</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Native American</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unknown</td>
</tr>
</tbody>
</table>
The 651 CIT-Related Initial Incidents With Field Officers Resulted In The Following Dispositions, January, 2016 to March, 2016

Source: APD Real Time Crime Center; Crisis Intervention Unit
Use Of Force With Individuals On CIU Case Loads During Initial Encounter With Field Officers

Source: APD Crisis Intervention Unit
Summary APD Contact Demographics Compared To Albuquerque Demographics
# People In Crisis By Gender By APD Contacts

<table>
<thead>
<tr>
<th></th>
<th>Total*</th>
<th>Males</th>
<th>Male Percent</th>
<th>Female</th>
<th>Female Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Population</strong></td>
<td>553,576</td>
<td>268,772</td>
<td>48.6%</td>
<td>284,804</td>
<td>51.4%</td>
</tr>
<tr>
<td><strong>Field Officer Reports</strong></td>
<td>587</td>
<td>351</td>
<td>59.8%</td>
<td>236</td>
<td>40.2%</td>
</tr>
<tr>
<td><strong>CIU Detective Case Loads</strong></td>
<td>105</td>
<td>86</td>
<td>81.9%</td>
<td>19</td>
<td>18.1%</td>
</tr>
<tr>
<td><strong>COAST Clients</strong></td>
<td>247</td>
<td>91</td>
<td>36.8%</td>
<td>156</td>
<td>63.2%</td>
</tr>
</tbody>
</table>


*Note: Cases Are From Different Time Periods And Those Cases Missing Gender Information Excluded From These Analyses.
## People In Crisis By Age By APD Contacts

<table>
<thead>
<tr>
<th>Age</th>
<th>Total Population</th>
<th>Percent</th>
<th>Field Officer Reports</th>
<th>CIU Detectives</th>
<th>COAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5</td>
<td>37,448</td>
<td>6.80%</td>
<td>0.4%</td>
<td></td>
<td>.8%</td>
</tr>
<tr>
<td>5 to 9 years</td>
<td>36,300</td>
<td>6.60%</td>
<td>8.0%</td>
<td>2.0%</td>
<td>1.4%</td>
</tr>
<tr>
<td>10 to 14 years</td>
<td>36,437</td>
<td>6.60%</td>
<td>14.0%</td>
<td>4.0%</td>
<td>5.2%</td>
</tr>
<tr>
<td>15-19 years</td>
<td>34,697</td>
<td>6.30%</td>
<td>12.8%</td>
<td>9.9%</td>
<td>6.0%</td>
</tr>
<tr>
<td>20 to 24 years</td>
<td>41,467</td>
<td>7.50%</td>
<td>22.7%</td>
<td>31.7%</td>
<td>26.1%</td>
</tr>
<tr>
<td>25 to 34 years</td>
<td>86,575</td>
<td>15.60%</td>
<td>22.7%</td>
<td>31.7%</td>
<td>26.9%</td>
</tr>
<tr>
<td>35 to 44 years</td>
<td>70,882</td>
<td>12.80%</td>
<td>16.8%</td>
<td>19.8%</td>
<td>26.9%</td>
</tr>
<tr>
<td>45 to 54 years</td>
<td>73,429</td>
<td>13.30%</td>
<td>12.5%</td>
<td>17.8%</td>
<td>13.9%</td>
</tr>
<tr>
<td>55 to 59 years</td>
<td>34,021</td>
<td>6.10%</td>
<td>6.2%</td>
<td>3%</td>
<td>4.9%</td>
</tr>
<tr>
<td>60 to 64 years</td>
<td>31,270</td>
<td>5.60%</td>
<td>3.8%</td>
<td>3%</td>
<td>5.4%</td>
</tr>
<tr>
<td>65 to 74 years</td>
<td>39,083</td>
<td>7.10%</td>
<td>2.1%</td>
<td>6.9%</td>
<td>6.3%</td>
</tr>
<tr>
<td>75 to 84 years</td>
<td>22,372</td>
<td>4.00%</td>
<td>.03%</td>
<td>2.0%</td>
<td>1.9%</td>
</tr>
<tr>
<td>85 years and older</td>
<td>9,595</td>
<td>1.70%</td>
<td>.03%</td>
<td></td>
<td>1.4%</td>
</tr>
</tbody>
</table>

Source: 2010-2014 American Community Survey, 5-Year Estimates; APD Real Time Crime Center; Crisis Intervention Unit. *Note: Cases Are From Different Time Periods And Those Cases Missing Age Information Excluded From These Analyses
### People In Crisis By Race & Ethnicity By APD Contact

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>CIU Detective Cases</th>
<th>COAST</th>
<th>Field Officers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>553,576</td>
<td>105</td>
<td>247</td>
<td>587</td>
</tr>
<tr>
<td><strong>Population</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>White</strong></td>
<td>228,881 (41.3%)</td>
<td>41 (39.0%)</td>
<td>103 (41.7%)</td>
<td>246 (41.9%)</td>
</tr>
<tr>
<td><strong>Hispanic</strong></td>
<td>262,070 (47.3%)</td>
<td>45 (42.9%)</td>
<td>77 (31.2%)</td>
<td>178 (30.3%)</td>
</tr>
<tr>
<td><strong>Black Or African American</strong></td>
<td>15,956 (2.9%)</td>
<td>5 (4.8%)</td>
<td>9 (3.6%)</td>
<td>31 (5.3%)</td>
</tr>
<tr>
<td><strong>American Indian and Alaskan Native</strong></td>
<td>20,742 (3.7%)</td>
<td>3 (2.9%)</td>
<td>10 (4.0%)</td>
<td>38 (6.5%)</td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td>13,771 (2.5%)</td>
<td>1 (1.0%)</td>
<td>0 (0%)</td>
<td>6 (1.0%)</td>
</tr>
<tr>
<td><strong>Other Races Alone or Together</strong></td>
<td>22,348 (4.1%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: 2010-2014 American Community Survey, 5-Year Estimates; APD Real Time Crime Center & Crisis Intervention Unit. *Note: Cases Are From Different Time Periods And Those Cases Missing Race/Ethnicity Information Excluded From These Analyses
The Albuquerque Police Department
Real Time Crime Center
APD Made A Number Of Important Changes After The John Hyde Incident Including The Creation Of The Real Time Crime Center

The RTCC’s Goal:
To provide relevant real-time information to field officers engaged in high-risk calls before they go on their first call for service and while they are on their first call for service

Source: APD Real Time Crime Center
The APD Real Time Crime Center

The RTCC:

• Takes field Intel requests.
• Addresses all requests with a special focus on mental health, domestic abuse and suicide calls.
• Provides live Intel to the field.
• Produces a daily Video Briefing.
• Has access to all available video feeds.
• Updates all divisions with the latest analytical data.
• Takes burden off of 911.

Total Number Of Calls Taken by RTCC Bridge Operators

2014: 17,628
2015: 31,048
### Real Time Crime Center Bridge CIT Examples

#### Situational Awareness for Family Fight Call Type:

<table>
<thead>
<tr>
<th>Initial Call Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BRO/BRO DISPUTE -- CLR ADVISING BRO IS VERY -18 CAUSING A 39 -- SUBJ KEEPS TRYING TO GET CLR TO 32 WITH HIM -- CLR ADVISING BRO IS OUTSIDE YELLING -- REQING 34S ASSISTANCES IN REMOVING SUBJ FROM AROUND THE 20 SUBJ S#:1 Race:W Sex:M Age:28 DOB: Hght:6’0 Name:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advised via radio to Use extreme <strong>48</strong> w/ both subjects. Brothers always 32'ing and causing 39's. During last encounter *SUBJ WAS INTOXICATE AND CARRYING A LARGE KNIFE WHEN APPROACHED BY 34'S AND STATED HE WAS UPSET THAT HIS FATHER WOULDN'T TAKE HIM TO HIS MOTHER'S GRAVE.<em><strong>34'S CONTINUED TO TRY AND CALM DOWN BUT NOTHING SEEMED TO CALM HIM DOWN. HE BECAME MORE AGITATED WITH OFFICERS AS HE CONTINUED TO YELL, CURSE, AND PACE IN THE STREET. SUBJ HAS MULTIPLE INCIDENTS WHERE HE WOULD CUT HIS LEFT HAND WITH THE KNIFE. 34'D STATED THEY WERE TRYING TO GET SUBJ HELP, BUT REFUSED TO DROP THE KNIFE AND COOPERATE. SEVERAL OFFICERS WERE FORCED TO RETREAT SLIGHTLY IN ORDER TO KEEP A SAFE DISTANCE AS HE WALKED TOWARDS THEM IN A VIOLENT MANNER. SUBJ WAS SHOT USING BEAN BAGS DURING THIS INCIDENT(apd ref.150041679). SUBJ DOES HAVE CIT LOGS ( 130046911 )WHERE HE WANTED TO COMMIT 43-1 BY COP AND SWAT. SUBJECT WAS DEPRESSED DUE TO THE DEATH OF HIS MOTHER</strong></em> <em>20 does have a hazard that is sent to 34's</em> Subj's have long history in RTCC log. Most recent (151750321).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Law Enforcement Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARS; CIT; MDS; RTCC Logs; WebQuery</td>
</tr>
</tbody>
</table>
Escalating behaviors of police calls by Joseph:
• Active threats on law enforcement personnel
• Hazard placed at house in system
• Extensive drug abuse (methamphetamine)
• Self proclaimed schizophrenic
• RTCC notified CIT in 2014 of increase to LE interactions
• Officers cautioned when contacting him

Verbal de-escalation assistance for Judy:
• History of harassment/threats to harm someone
• Brandished knife and firearm previously
• Diagnosed with Bi-polar disorder and schizophrenia
• Several attempts to gain access to neonatal ward
• Judy concerned officers perceive her as mentally ill
• Officers cautioned to not mention past mental history
Multiple Call-for-Service escalation by Ronald:

- CIT notified due to alarming number of CFS
- Known drug user (crack cocaine)
- Suffers from delusions, and possibly auditory and visual hallucinations
- Frustration with Law Enforcement /Government over Veteran Affairs treatment
- RTCC notified CIT in 2014 due to large number of false CFS he creates
  - Since 2014, RTCC involved in approximately 100 CFS by Ronald
- RTCC clarifies call history to assist supervisors in response
- RTCC assists in cancel call prior to arrival.
  - Clause identified by CIT:
    - If subject is violating the law by contacting 911 or emergency services for unrealistic calls, enforcement action should be taken. If subject is calling, officers should be dispatched to subject’s home to check for 43-1-10 or to be 16’d for charges. His address is ...
One Of RTCC’s Most Powerful Tools Is Developing Geospatial Crime Hotspot Maps For Different Categories Of Crime Including CIT-Related Incidents
**Key Points:**

- Increase of hotspots in the Southeast and Foothills Area Commands, mainly along and South of Central.
- November - December police reports to Crisis calls are lower than July – October 2015.
- 79 of 188 (42%) of Mental Commit reports used statute code for Psychiatric Evaluations.

**Legend**

- Concentration of Mental Crisis Calls Responded to
  - Very High
  - High

**CIT Hotspots & Tables – February Police Reports**

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<thead>
<tr>
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</tr>
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<tbody>
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<td>30</td>
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<td>Mental Commit</td>
<td>20</td>
<td>179</td>
<td>162</td>
<td>194</td>
<td>151</td>
<td>197</td>
<td>197</td>
<td>163</td>
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<td>Total</td>
<td>264</td>
<td>224</td>
<td>217</td>
<td>249</td>
<td>181</td>
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**Beat Count**

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<thead>
<tr>
<th>Beat</th>
<th>Count</th>
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<td>111</td>
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<td>133</td>
<td>1</td>
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<tr>
<td>134</td>
<td>6</td>
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</table>

**CIT Transports:**

143

For Further Analysis Contact the Crime Analysis Unit at 768-4822

APD CIU RTCC
**CIT Hotspots & Tables - (March 1-14, 2016) Police Reports**

**Legend**
- Concentration of Mental Crisis Calls Responded to
  - Very High
  - High

<table>
<thead>
<tr>
<th>Reports</th>
<th>Last 7 Days</th>
<th>Mar. 1-14, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis Calls Responded to</td>
<td>34</td>
<td>43</td>
</tr>
<tr>
<td>Mental Commit</td>
<td>27</td>
<td>60</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>61</strong></td>
<td><strong>103</strong></td>
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**CIT Transports (March 1-8):** 42

For Further Analysis Contact the Crime Analysis Unit at 768-4822

APD CIU RTCC
Power of an Analyst: Data Consistency

- **Field versus narrative**
  - Was a weapon used?
  - Type of weapon?

- **Knowing nuances of data**
  - ‘Transport to’
    - Better accuracy if using CAD data vs. police reports
    - Transport locations are entered differently or not at all.
      - UNMH or UNM Psych or UNM Children's or UNM Mental Health

- **Currency of fields**
  - NM State Statute of Mental Commit
    - Officers can only recommend a psychiatric evaluation
  - Attempted Suicide versus Suicide
  - Naming conventions
Power of an Analyst: Education

- **Reporting standards**
  - What your crime analyst needs
    - Transport location name specified
    - Other necessary data
    - Veteran?

- **Annual training**
  - Resources available
  - How to read a crime analysis hotspot map
  - Importance of filling out fields available
  - Use correct incident type
APD Uses Data To:

To Continually Improve The Training, Safety and Effectiveness Of Police Officers Dealing With Individuals In Crisis
APD CIU Understands Why Data Is Crucial

Data can be used:

• To highlight and address deficiencies in training and interactions between law enforcement and people in crisis.

• To show which community programs are efficient or deficient and help guide government funding options.

• To highlight the importance of including community perspectives in training.

• To serve as the basis for Case-Based Learning.
Training Based On Community Involvement and Perspective Is Crucial

“Law enforcement training has been isolated and in-agency. We work for our community and should adapt to their values and needs. This creates buy-in and community ownership, reduces negative views and gains advocate support. We may overlook simple ideas because they are not based in the law enforcement model of thinking and training. CIT is a community program and not just an in-house training.”

CIU Detective Mathew Tinney
CIU’s Detectives Use Case-Based Learning To Share Their Knowledge and Experience With Other Officers

CIU Detectives:

- Handle cases involving people who come in frequent contact with field officers.
- Have intimate knowledge of community systems and services.
- Can translate provider jargon to officers for a better understanding.
- Test skills and theories of communication daily and use personal experience to describe how to use the techniques.
- Review high profile and use of force cases with individual living with a mental illness and conduct follow up giving them first hand knowledge of what worked and did not work in the interaction.
- Better understanding of how hospital admission and law works from actual usage.
- Use of real cases creates acceptance and buy-in from field officers.
- Are on-call to staff cases and work side-by-side with field officers.
CIU Detectives Are Using Innovative Ways To Provide Case-Based Learning When and Where Partners Need It.
APD Uses Data To:

To Address The Requirements Of The City Of Albuquerque And Department Of Justice Agreement
Since the Justice Department began investigating civil rights violations by police in 1994, it has forced 25 police departments to reform under the watch of independent monitors.”

The Washington Post, 2015

Orange = Patterns of excessive force
Blue = Other civil rights violations
Crisis Intervention Is Critical For Albuquerque

“To maintain high-level, quality service; to ensure officer safety and accountability; and to promote constitutional, effective policing, APD agrees to minimize the necessity for the use of force against individuals in crisis due to mental illness or a diagnosed behavioral disorder and, where appropriate, assist in facilitating access to community-based treatment, supports, and services to improve outcomes for the individuals. APD agrees to develop, implement, and support more integrated, specialized responses to individuals in mental health crisis through collaborative partnerships with community stakeholders, specialized training, and improved communication and coordination with mental health professionals.”
129. APD shall collect data on the use of crisis intervention certified responders and CIU. This data will be collected for management purposes only and shall not include personal identifying information of subjects or complainants. APD shall collect the following data:

a) date, shift, and area command of the incident;

b) subject’s age, race/ethnicity, and gender;

c) whether the subject was armed and the type of weapon;

d) whether the subject claims to be a U.S. military veteran;

e) name and badge number of crisis intervention certified responder or CIU detective on the scene;

f) whether a supervisor responded to the scene;

g) techniques or equipment used;

h) any injuries to officers, subjects, or others;

i) disposition of the encounter (e.g., arrest, citation, referral); and

j) a brief narrative of the event (if not included in any other document).
137. APD shall collect and analyze data to demonstrate the impact of and inform modifications to crisis prevention services. This data will be collected for management purposes only and shall not include personal identifying information of subjects or complainants. APD shall collect the following data:

a) number of individuals in the COAST and CIU case loads;
b) number of individuals receiving crisis prevention services;
c) date, shift, and area command of incidents or follow up encounters;
d) subject’s age, race/ethnicity, and gender;
e) whether the subject claims to be a U.S. military veteran;
f) techniques or equipment used;
g) any injuries to officers, subjects, or others;
h) disposition of the encounter (e.g., arrest, citation, referral); and
i) a brief narrative of the event (if not included in any other document).
130. APD will utilize incident information from actual encounters to develop case studies and teaching scenarios for roll-call, behavioral health, and crisis intervention training; to recognize and highlight successful individual officer performance; to develop new response strategies for repeat calls for service; to identify training needs for in-service behavioral health or crisis intervention training; to make behavioral health or crisis intervention training curriculum changes; and to identify systemic issues that impede APD’s ability to provide an appropriate response to an incident involving an individual experiencing a mental health crisis.
Mental Health Response Advisory Committee Monthly Report

Table Of Contents

1. Crisis Intervention Unit Organizational Chart

2. Key Data In This Report
   
   I. Number of Individuals On CIU case load.
      i. Individual’s age, race/ethnicity, and gender.
      ii. Were Individuals U.S. military vets?
      iii. Use of force during follow-up encounters.

   II. Number of Individuals on the COAST case load.
      i. Individual’s age, race/ethnicity, and gender.
      ii. Were Individuals U.S. military vets?
      iii. Use of force during follow-up encounters.

   III. Initial CIT-Related Encounters With APD Field Officers
      i. Date, shift and area command.
      ii. Disposition of initial encounter (e.g. arrest, resolution, referral).
      iii. Subject’s age, race/ethnicity, and gender.
      iv. Was subject armed & type of weapon?
      v. Was subject U.S. military vet?
      vi. Did a supervisor respond to the initial scene?
      vii. Technique or equipment used during initial encounter.
      viii. Any injuries to officers, subjects or others during initial encounter.
      ix. Use of force during initial encounter.

3. Exploratory Data Analyses: Findings To Consider
How Do We Build A Community-Wide Behavioral Health System That Will Keep Individuals Experiencing Mental Health Crisis From Encountering APD In The First Place Or Becoming Repeat Cases?

What Services Do These Individuals Need Before They Meet APD?

What Services Do These Individuals Need After They Meet APD?

How Can APD Be Most Supportive When They Encounter These Individuals?
Kendra’s Law

Where Do We Go From Here?
The Number Of CIT-Related Calls For Service Has Increased 47.9% Since 2010. It Is Very Likely Those Calls Will Continue To Increase

Source: APD Real Time Crime Center; Crisis Intervention Unit
### Albuquerque’s Agenda For Improving Mental Health Services

<table>
<thead>
<tr>
<th>Concrete Steps</th>
<th>Status</th>
<th>Impact Analyses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passage of an Assisted Outpatient Treatment Law.</td>
<td>Passed in 2016</td>
<td>Needs To Be Conducted</td>
</tr>
<tr>
<td>Development of a robust system including identifying patients most at risk,</td>
<td>In Process</td>
<td>Needs To Be Conducted</td>
</tr>
<tr>
<td>development of mobile crisis teams, expanding Assertive Community Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>teams, and piloting Community Engagement Teams.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Better coordination of care among the city of Albuquerque, Bernalillo County,</td>
<td>In Process</td>
<td>Needs To Be Conducted</td>
</tr>
<tr>
<td>behavioral health services, primary care sites and a crisis triage center.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closure of the gaps in the continuum of care by rebuilding intensive outpatient</td>
<td>In Process</td>
<td>Needs To Be Conducted</td>
</tr>
<tr>
<td>services, residential treatment, partial hospital and respite programs and</td>
<td></td>
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</tr>
<tr>
<td>other resources which have been dramatically reduced of the past 10 years.</td>
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<td></td>
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<tr>
<td>Administrative changes including updating the NM Mental Health Code to allow</td>
<td>In Process</td>
<td>Needs To Be Conducted</td>
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<tr>
<td>for better treatment coordination between the legal system, health care</td>
<td></td>
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<td>providers, law enforcement and first responders.</td>
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<tr>
<td>Review of reimbursement and regulatory guidelines to allow for the flexibility</td>
<td>In Process</td>
<td>Needs To Be Conducted</td>
</tr>
<tr>
<td>needed to maximize existing services and increase capacity.</td>
<td></td>
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<tr>
<td>Support for programs that work including Albuquerque Heading Home which</td>
<td>In Process</td>
<td>Needs To Be Conducted</td>
</tr>
<tr>
<td>provides housing for the homeless.</td>
<td></td>
<td></td>
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</tbody>
</table>

**Source:** Mayor R. J. Berry. Editorial In The Albuquerque Journal, October 19, 2015
## Crisis Intervention In Albuquerque: The Future

<table>
<thead>
<tr>
<th>What Data Need To Be Developed?</th>
<th>What Practices Need To Be Improved?</th>
<th>What Policies Need To Be Developed?</th>
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</thead>
<tbody>
<tr>
<td>• Outcome and Effectiveness Indicators From Follow-Up Units, Techniques And Approaches</td>
<td>• Data Definitions</td>
<td>Clear Guidelines On How:</td>
</tr>
<tr>
<td>• Indicators Of Training Effectiveness</td>
<td>• Data Collection</td>
<td>• Detectives, COAST And Field Officers Should Do To Collect And Maintain Better Data</td>
</tr>
<tr>
<td>• Perceptions About Interactions From Both Those Living With Mental Illness and From Police Officers</td>
<td>• Record Maintenance</td>
<td>• Dispatch And Other Call Takers Should Collect And Maintain Data</td>
</tr>
<tr>
<td></td>
<td>• Program Buy-In From All Areas Of The Department</td>
<td>• Mental Health Providers And Emergency Facilities Collect And Maintain Data On Law Enforcement Interactions</td>
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<tr>
<td></td>
<td>• Sharing Of Information Both Within The Department And Among Other Key Community Partners</td>
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</tbody>
</table>
Better Data Means Harder Questions

How Do We Get Law Enforcement, Advocates, The Mental Health Community And Policy Makers To Work Together?

What Is The Impact Of Our Practices, Policies And Procedures?

What Are The Interactions Between Law Enforcement and Individuals Living With Mental Illness?
What Are Your Data Questions?
What Are Your Policy Questions?
What Are Your Political Questions?
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