

**Albuquerque Police Department
Crisis Intervention Division Staffing Study
March 28, 2023**

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Executive Summary

The purpose of this study was to conduct a staffing analysis of the Crisis Intervention Division (CID) and ECIT officers within the Albuquerque Police Department. The results include:

- In the 16th Independent Monitor's Report, APD's reforms were in full compliance for 23 of the 27 Crisis Intervention paragraphs in the CASA. The monitors stated that they still have concerns about APD's ability to use behavioral health data for management purposes and about the increase in OIS's involving individuals in crisis.
- Based on current workloads, the CID needs 10 home visiting detectives, 3 clinicians and 2 coordinating detectives.
- The number of cases referred to CID is likely to increase, resulting in a need for additional home visiting detectives and clinicians.
- Approximately 50% of the officers in the Field Services Bureau are ECIT-certified and these officers responded to almost 80% of behavioral health calls in 2022.
- In 2022, the MCT responded to over 2,300 calls for service and the remaining COAST staff member worked with 107 home visiting cases and referrals. These calls for service and referrals are likely to increase in 2023. Since these two response models are collaborative efforts between APD and ACS, staffing decisions should include both agencies.
- This study uses the framework of police-mental health collaborations which also includes four measures of success: increased connections to resources; reduced repeat encounters; minimized arrests; and reduced use of force. The data indicate that APD's staffing (and policy and training) efforts have resulted in low rates of arrest and uses of force. There is less data on how well APD and other community partners are doing in terms of connecting individuals in crisis to effective resources and reducing the number of repeat encounters with law enforcement. Success on these two measures could help with APD's behavioral health related staffing needs in the future.

Introduction

APD has had a Crisis Intervention Team (CIT) since 1997. The world has changed in the intervening years, and it is worth considering APD's role in behavioral health in 2023. The purpose of this analysis is to use 26 years of lessons learned; the reforms that APD has made in response to the CASA; and current data to explore the following questions:

Current Status

- What are APD's essential functions related to the behavioral health challenges facing individuals, their families and the wider community?
- What is the current status of APD's behavioral health efforts in the Monitor's 16th Report?
- What methodology is most useful for conducting a staffing study of both CID and ECIT?
- What are the staffing estimates for CID detectives and clinicians?
- What do the data say about MCT and COAST?
- What is the current distribution and impact of ECIT officers in the field?
- Do ECIT staffing levels contribute to recent OIS's involving individuals in crisis?

Future Challenges

- How will APD respond to the increasing number of behavioral health referrals coming To CID?
- How can APD continue to ensure that an adequate number of ECIT Officers are assigned where they are needed?
- How does the establishment of the Albuquerque Community Safety Department impact APD?
- How could APD continue to measure the success of it's behavioral health related staffing efforts?

The Albuquerque Police Department's Crisis Intervention Team

A Report Card

By DEBORAH L. BOWER, M.S., M.A., and W. GENE PETTIT



"The intervention by CIT-trained officers in crisis situations is directly responsible for the decrease in police shootings. This has saved the lives of both citizens and police officers."

—Albuquerque Police Chief
Gerry Galvin

Like most large metropolitan police departments, the Albuquerque, New Mexico, Police Department (APD) faces the challenge of finding the most effective way to deal with individuals in crisis. These individuals often demonstrate inadequate coping with stressful life events by endangering themselves or others and may be at serious risk of injury or death. They may compound their problems with alcohol or other drugs, have a mental illness, or intend to die at the

hands of police (victim-precipitated homicide or suicide by cop). Unwittingly, individuals in crisis may behave in ways that can result in a police shooting. Research on these incidents reveals five key factors associated with fatal police shootings: 1) commission of a serious criminal offense; 2) use of alcohol or other drugs; 3) presence of a mental disorder or irrational behavior; 4) existence of actions that officers can misinterpret easily, such as pointing a toy gun; and

February 2001 / 1

APD's Crisis Intervention Unit Was One Of The First In The Country

CIT Data for 1999		
	Count	Percentage
Total calls for CIT service	3,257	
Mental illness believed to be a factor	1,878	57.7
Mental illness not believed to be a factor	407	12.5
Mental illness not evaluated	972	29.8
Sex		
Female	1,366	41.9
Male	1,871	57.4
Unspecified	20	.7
Suicide calls		
Attempted	505	15.5
Threatened	948	29.1
Threatened suicide by cop*	9	0.427
Weapons involved	457	14.0
Substance abuse		
Alcohol	890	27.3
Other drugs	554	17.0
Injury to subject		
Prior to police contact	426	13.1
Result of police contact	38	1.2
Subjects transported		
Arrests/protective custody	298	9.1
Mental health facilities	1,391	42.7
Admission to mental health facilities**	398	12.2

*Data from May-December 1999, (total equals 2,105)

**Underestimate, officers leave facility prior to admission

Source: FBI Law Enforcement Bulletin, February 2001

What Are APD's Essential Functions Related To The Behavioral Health Challenges Facing Individuals, Their Families And The Wider Community?

The 2014 Department Of Justice Investigation included the finding that: *"A significant amount of the force we reviewed was used against persons with mental illness and in crisis. APD's policies, training, and supervision are insufficient to ensure that officers encountering people with mental illness or in distress do so in a manner that respects their rights and is safe for all involved."*

The DOJ recommended a number of remedial measures including:

- "1. Develop policies and implement procedures to improve the response to individuals in behavioral or mental health crisis, and to minimize the use of unnecessary force against such individuals.***
- 2. Develop and implement protocols with the Crisis Intervention Team on how to handle interactions with individuals with known or suspected mental health issues, including those observably undergoing a mental health crisis, individuals with developmental disabilities, and individuals who appear to be intoxicated or impaired.***
- 3. Require all officers to participate in crisis intervention training.***
- 4. Expand the number of officers trained on how to handle interactions with individuals with mental health issues and individuals who appear to be intoxicated.***
- 5. Review current policies and protocols concerning interactions with individuals with mental illness, developmental disabilities or other impairments to ensure they are consistent with applicable legal standards and generally accepted policing practice."***

What Is The Current Status of APD's Behavioral Health Efforts In The Monitor's 16th Report?

In 2014, the U.S. Department Of Justice (DOJ) reported its finding from its civil investigation of APD. The DOJ believed that APD engaged in a pattern or practice of use of excessive force and deadly force including a significant amount against persons with mental illness and in crisis. The DOJ wrote, *"APD's policies, training, and supervision are insufficient to ensure that officers encountering people with mental illness or in distress do so in a manner that respects their rights and is safe for all involved."* (DOJ Civil Investigation Report of The Albuquerque Police Department, April 10, 2014).

A Court-Approved Settlement Agreement (CASA) was negotiated between the DOJ and the City Of Albuquerque. The CASA Section VI. Crisis Intervention contained 27 paragraphs (paras 110 to 137) detailing the changes APD needed to make to ensure officer safety and accountability; promote constitutional, effective policing; minimize the necessity for the use of force against individuals in crisis; and, where appropriate, assist in facilitating access to community-based treatment, supports, and services to improve outcomes for the individuals.

On November 9, 2022, the Independent Monitor filed the 16th Report on the Compliance Levels of APD and the City Of Albuquerque with the requirements of the CASA. The Independent Monitor reported that APD was in full compliance (primary, secondary and operational) with 23 of the 27 Crisis Intervention paragraphs.

We will examine the four paragraphs that are not in operational compliance next because they provide a critical context for this report.

It is important to note that this report was prepared during February and March of 2023. The parties are currently finalizing revisions to the CASA that may impact these paragraphs' requirements. Further, the Monitor's 17th Report is scheduled to be completed in May 2023. This new report may contain additional recommendation and observations.

The CASA Behavioral Health Related Paragraphs NOT In Full Compliance

CASA Paragraph Number	Paragraph Stipulation Summary	IM 16th Report Compliance Levels	Key Monitor Notes	Current CASA Revisions Under Consideration
110	<p>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. APD also agrees to implement the requirements detailed in paragraphs 111 to 137.</p>	<p>Primary: In Compliance Secondary: In Compliance Operational: Not In Compliance</p>	<p><i>"This overarching paragraph encompasses the entire Crisis Intervention section of the CASA... During prior reporting periods, the monitoring team expressed concern about APD's frequency of use of force against people in crisis and people with mental illness. We remain concerned about some tragic outcomes during this reporting period."</i> (The reporting period is February 1, 2022, through July 31, 2022)</p>	<p>The parties have agreed that this paragraph is not intended to be separately evaluated from the provisions that follow when the Monitor assesses compliance.</p>
127	<p>APD agrees to provide sufficient coverage of crisis intervention certified responders to maximize the availability of specialized responses to behavioral health incidents.</p>	<p>Primary: In Compliance Secondary: In Compliance Operational: Not In Compliance</p>	<p><i>"Our recommendation that APD "re-assess its 40 percent guideline for CIU-trained officers (in light of recent incidents involving individuals in mental health crises) and determine if the 40 percent staffing level continues to meet community needs" remains... While APD continues to research best practices in terms of crisis intervention staffing levels in other jurisdictions, we reiterate our recommendation for APD to conduct meaningful analysis on this issue by employing the expertise of a data scientist."</i></p>	<p>The parties have deleted this paragraph and agreed that the City's priority for these types of calls for service should be ACS, not crisis intervention certified law enforcement officers.</p>

The CASA Behavioral Health Related Paragraphs NOT In Full Compliance

CASA Paragraph Number	Paragraph Stipulation Summary	IM 16th Report Compliance Levels	Key Monitor Notes	Current CASA Revisions Under Consideration
129	APD agrees to collect detailed data on behavioral health related incidents for management purposes.	Primary: In Compliance Secondary: In Compliance Operational: Not In Compliance	<i>"Recommendation for Paragraph 129: Staff and properly supervise appropriately trained personnel to provide accurate and complete data and analytics in a timely fashion to meet the requirements of this paragraph, which include collecting data "for management purposes."</i>	The parties have agreed to refine some of the data elements that need to be gathered by APD
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	Primary: In Compliance Secondary: In Compliance Operational: Not In Compliance	"... the monitoring team remains concerned about the collection, management, and analyses of these data and APD's capacity to use them for "management purposes" to "demonstrate the impact of and inform modifications to crisis prevention services," as this paragraph requires. Further, we are aware of difficulties extracting crisis intervention-related data from APD's new RMS Mark43. ... We await meaningful analysis of these data, along with the demonstration of decision-making based on that analysis and interpretation."	The parties have refined the kinds of data that need to be gathered and how that data should be analyzed. The focus is how the City overall can ensure that people with behavioral health issues are getting the response best suited to the circumstances from APD, ACS and other City initiatives.

The Key Takeaways For APD And Crisis Intervention In The IM 16th Report On CASA Compliance

- Most of APD's efforts to implement integrated, specialized responses to individuals in crisis through partnerships with community stakeholders and mental health professionals; specialized training for officers, telecommunicators, and others; staffing the Crisis Intervention Unit; ensuring a sufficient number of ECIT officers in the field; gathering, analyzing and using data; and proactively working with individuals to prevent crises are in full compliance in terms of policies, training and operation in the field.**
- APD has worked hard to reach this level of compliance. Maintaining these efforts is crucial, both in terms of officer and community safety and CASA compliance.**
- Both the Department and the monitors believe it is appropriate to conduct a staffing study of CID and ECIT at this time.**
- The monitors are concerned about APD's ability to gather, analyze and use behavioral health related data, especially for high-level management purposes.**
- The monitors are concerned about the increase in the number of uses of force, including officer-involved shootings, against individuals in crisis.**
- The monitors are hopeful that establishment of the Albuquerque Community Safety Department (ACS) and other behavioral health and homelessness initiatives will help reduce the numbers of use of force with and improve the outcomes for individuals in crisis.**

The Methodology For Conducting A Staffing Study Of CID And ECIT

Researchers have examined the different methodologies for assessing staffing needs and managing workload demands (e.g., Wilson and Weiss 2014) and the staffing needs of APD specifically (e.g., Weiss, 2015; Weiss, V2A, Murphy, 2021). The most appropriate methodology for the purposes of this study is a workload-based approach. However, using a workload approach with CID is complicated because the CID detectives have home visiting case management; CIT curriculum development and teaching responsibilities; and police-mental health community relationships as their primary responsibilities.

A search of the literature revealed some staffing and case load studies for homicide detectives, parole officers, community mental health teams, crisis receiving and stabilization facilities, and social workers, but none of those seemed particularly pertinent to the unique kinds of work performed by the CID detectives.

We approached this staffing study in a different manner. In staffing approaches using workload analysis, one starts with the total number of calls for service. A city may have 500,000 calls for service and the question is how many police are needed to respond to those calls in a timely and effective manner. For the most part, the individuals who make those calls expect the first responders to be sworn police officers. Calls for help involving behavioral health are different and we explore why on the next slide.

References: Weiss, Alexander. 2015. *Albuquerque Police Department Comprehensive Staffing Assessment and Resource Study*. Albuquerque, New Mexico: Albuquerque Police Department; Weiss Alexander, V2A Management Consulting, Danny Murphy. 2021. *Albuquerque Police Department Staffing Analysis*. Albuquerque, New Mexico: Albuquerque Police Department. Wilson, Jeremy M., and Alexander Weiss. 2014. *Police Staffing Allocation and Managing Workload Demand: A Critical Assessment of Existing Practices*. Policing, pp.1-13. Oxford University Press.

The Methodology For Conducting A Staffing Study Of CID And ECIT

We understand that all calls for service are complex, but calls involving individuals in crisis are different in their own way. Best practices in police-mental health collaboratives call for a variety in the types of first responders and a higher level of sophistication in how those calls are handled. Consider these points from the BJA & CSGJC (2018) report on Police-Mental Health Collaborations:

- Police departments can't do it alone.
- Law enforcement agencies should invest in comprehensive agency-wide approaches and partnerships with behavioral health system.
- These approaches included extensive mental health training for officers, specialized teams with multiple types of response models (e.g., crisis intervention teams, mobile crisis teams, short term crisis stabilization programs, in-home intervention teams, community engagement teams) and formal partnerships with community-based mental health providers and organizations representing people living with mental illness and their families.

The Albuquerque Police Department received about 8,300 behavioral health or suicide (40 and 43-1) calls in 2022. In addition, many of the CAD's involving family disputes, domestic violence, homelessness and other call types involve behavioral health issues.

We chose to analyze the workload of CID detectives, MCT officers and the distribution of the ECIT officers in the ways as described in the following slides. We are open to suggestions on how these analyses can be strengthened since police staffing needs are likely to become more difficult in the future.

Source: Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs. (2018). Bureau of Justice Assistance, The Council of State Governments Justice Center.

The Steps Involved In This Workload-Based Staffing Assessment

Wilson & Weiss Approach

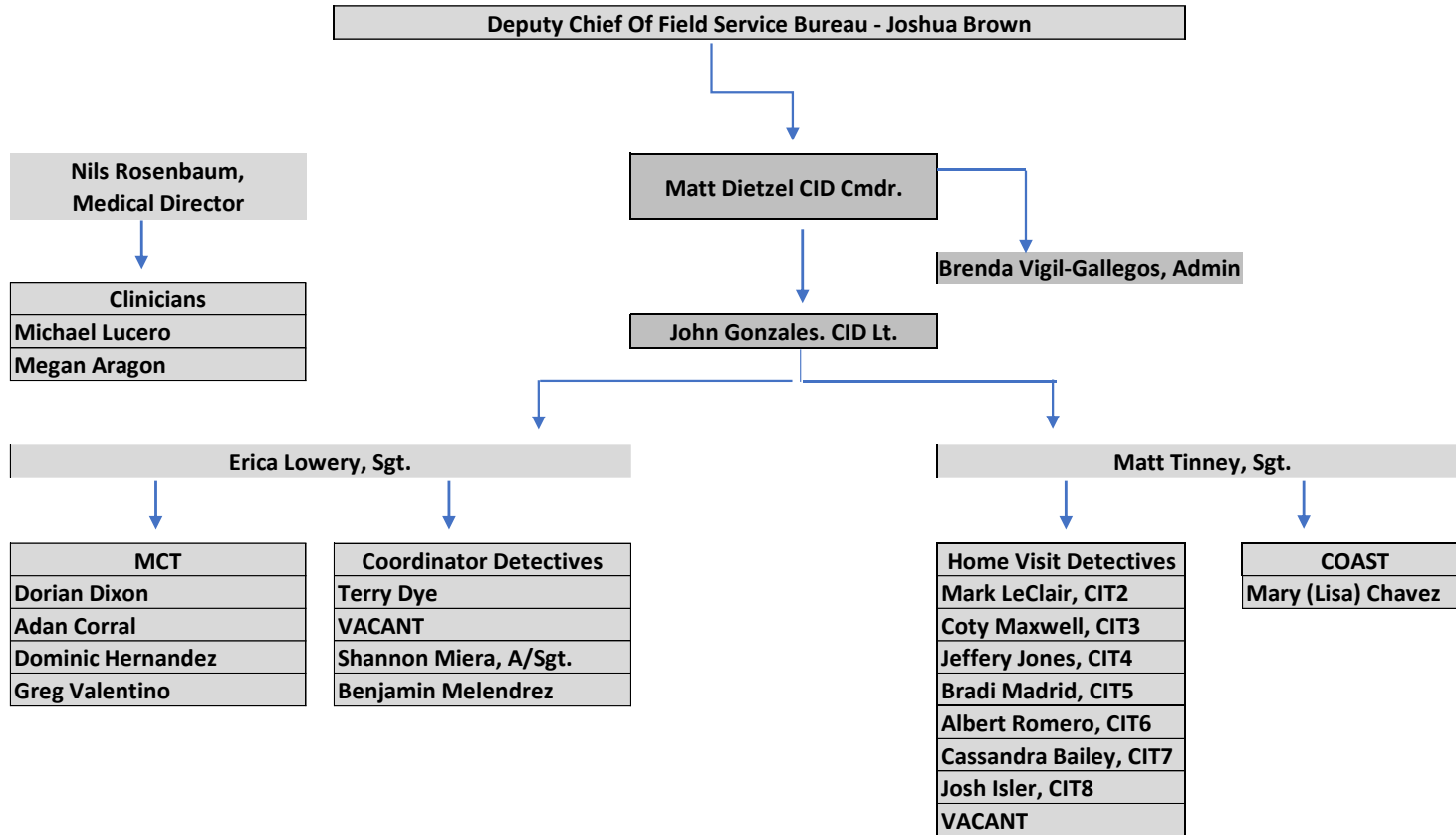
1. Examining the distribution of calls for service.
2. Examining the nature of the calls for service.
3. Estimating time consumed on calls for service.
4. Calculation of agency shift-relief factor.
5. Establishing performance objectives.
6. Providing staffing estimates.

Our Modifications

1. Examining the distribution of CID detectives and clinicians' responsibilities.
2. Examining the nature of the of CID detectives and clinicians' responsibilities.
3. Estimating time consumed on of CID detectives and clinicians' responsibilities.
4. Calculation of agency shift-relief factor.
5. Establishing performance objectives.
6. Providing staffing estimates.

References: Wilson, Jeremy M., and Alexander Weiss. 2014. *Police Staffing Allocation and Managing Workload Demand: A Critical Assessment of Existing Practices*. Policing, pp.1-13. Oxford University Press.

APD's Crisis Intervention Division As Of January 2023



The Follow-Up Detectives (aka Home Visit Detectives)

CID follow-up detectives are responsible for assessing individuals for risk to others, especially if a person affected by a behavioral health disorder or in behavioral health crisis puts someone else's (including community members or the officer's) safety at risk. They are also responsible for assessing escalating behavior or erratic conduct. A person may not currently pose a risk to anyone else's safety, but he or she may be displaying behavior that causes increasing alarm to others through physical actions, threats, or property damage. The behavior may result in increased risk to self or others, including officers.

The Follow-Up Detective's role is to follow through on assigned cases of people living with mental illness and try to resolve any crisis or danger before closing a case. They work closely with clinicians and C.O.A.S.T. to achieve this goal. Here are some basic roles for detectives:

- Detectives will be case agents for all assigned cases.**
- They will conduct follow-up contact and try to mitigate any danger involved in their cases and connect people to services.**
- They will connect with our partners and others between follow-ups to connect people to services.**
- All detectives will support each other and C.O.A.S.T. with their assigned cases.**
- They will go on follow-up visits with C.O.A.S.T. to serve as backup.**

All cases assigned to detectives will:

- Be staffed with at least one clinician. Depending on the level of severity, initial staffing will happen as soon as reasonably possible, to help formulate the case. For the sake of continuity, after initial staffing, the clinician will continue with the case, but this is not essential, and another clinician can take over if needed.**
- Have at least one follow-up attempt and phone call attempted with a clinician. Exceptions can be made if the clinician is unable to do a visit or they can clinically articulate why a visit is unnecessary.**

**Source: Albuquerque Police Department Behavioral Health Division Crisis Intervention Division Handbook
(June 6, 2022. Version 5)**

The Clinicians

The Clinician provides evaluation, assessment, crisis intervention, safety risk assessments, safety planning, and referrals for people in the community living with mental illness who come into contact with the Department. The Clinician performs community education services and a variety of related tasks that promote and enhance the City's community policing efforts.

General Responsibilities:

- **Report to BHS Medical Director regarding clinical concerns and for general supervision**
- **Review with BHS Medical Director before a Certificate for Evaluation is written, if necessary**
- **Report to BHS Medical Director regarding administrative requests, such as vacation, etc.**
- **Conduct in person visits with personnel**
- **Assist C.O.A.S.T., CID Detectives and supervisors, and BHS Medical Director by offering opinions and clinical consultations**
- **Help with other tasks as assigned**
- **Share information with participating psychiatric services regarding shared consumers**

Behavioral Sciences Medical Director

APD SOP: 1-20-4 Staffing and Personnel Responsibilities

A. Medical Director

1. The Medical Director, who is a physician trained in behavioral health, shall:
 - a) Oversee all logistical and administrative functions of the BSS;
 - b) Help recruit and select contract clinicians and contract agencies, and facilitate partnerships with outside licensed providers;
 - c) Coordinate trainings and outreach programs for Department personnel;
 - d) Work to ensure the mental health of Department personnel by providing all personnel and their family members with easy access to services;
 - e) Provide clinical guidance for BSS clinical staff, including contractual staff;
 - f) With the written consent of the client, assist the client with referrals, evaluations, and medication management; and
 - g) Help with clinical oversight and direction of Officer Wellness Program Unit personnel.

APD SOP: 1-20-5 BSS Responsibilities...

5. Assist Crisis Intervention Unit (CIU) personnel and other units within the Department by offering training and wellness programs;

The Number Of Home Visiting Cases By HV Detective By Month In 2022

	Coty Maxwell	Cassandra Bailey	Josh Isler	Albert Romero	Mark LeClair	Jeff Jones	Brandi Madrid	Grand Total
January 2022	4	1		1	4	4	5	19
February 2022	8	3		4	4	3	3	25
March 2022	7	4		5	2	2	4	24
April 2022	3	6		4	3	2	4	22
May 2022	4	4		4	1	3	2	18
June 2022	5	4	1	2	2	2	4	20
July 2022		3	9	5	2	3	3	25
August 2022	5	3	5	1	3	1		18
September 2022	5	6	7	7	4	3		32
October 2022	1	3	6	3	7	2		22
November 2022	5	6	8	4	6	1		30
December 2022	7	8	12	6	4	2	1	40
Grand Total	54	51	48	46	42	28	26	295

Source: CID Case Rotation (Data Downloaded 3.2.23)

Home Visit Detective Case Level Workload Analysis

The Crisis Intervention Division Home Visiting Model			
Case Assigned Tasks	Hours Per Task		
	Primary Detective	Secondary Detective	Clinician
Conduct Background Review	3		
First Staffing With Clinicians	1		1
First Home Visit With Contact	4	3	4
Case Maintained Over 14 Weeks (Average Case Time = 70.4 Days)			
Coordination With Agencies & Service Providers	10		
Home Visits With Contact 12 Visits (12*4 Hours)	48	36	28
Report Writing	5		10
Transports	2		
Case Closed			
Final Case Review	2		
Final Staffing	1		1
Final Report Writing	1		2
Total Hours Per Case	77	39	46

The CID Home Visiting Detectives Serve As Primary On Approximately 40% Of Cases and As Secondary On Approximately 60% Of Cases. And Secondary On Others. So, The Total Time A HV Detective Spends On An Average Case Is 58 Hours.

Home Visit Detective Monthly Workload Analysis

Data Category	Activity	Jan-22	Feb-23	Mar-23	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Row Total	Average Time On Task	Total Hours
STATISTICAL INFORMATION FROM MONTHLY	Number of Home Visits:	155	208	277	337	243	329	236	341	317	285	239	337	3304		
STATISTICAL INFORMATION FROM MONTHLY	Number of Home Visits as Primary Detective:	56	72	102	118	83	136	100	130	152	129	107	150	1335	4 Hours	5340
CALCULATED FOR THIS ANALYSIS	Number of Home Visits as Backup Detective	99	136	175	219	160	193	136	211	165	156	132	187	1969	3 Hours	5907
STATISTICAL INFORMATION FROM MONTHLY	Numbers of Investigative Hours Completed:	148	140	183	112	121	208	193	199	205	203	241	253	2206		2206
STATISTICAL INFORMATION FROM MONTHLY	Number of Transports:	3	2	8	12	5	3	11	8	6	3	6	7	74	2 hours	148
STATISTICAL INFORMATION FROM MONTHLY	Number of Contacts (phone, email, etc.):	171	191	270	184	177	258	234	323	320	293	348	319	3088	.5 hour	1544
STATISTICAL INFORMATION FROM MONTHLY	CIT Worksheet/Reports Written:	26	37	44	45	33	47	62	58	79	62	62	69	624	1 hour	624
COMMUNITY MEETINGS FROM MONTHLY	Number of Community Meetings Attended:	6	18	19.5	4	11	14	6	3	9.5	3	3	3	100	2 hours	200
TRAINING FROM MONTHLY	Number of Training Hours Provided:	2.5	75	0.5	4	2.5	1	0	12	1	2	0.5	0	101		101
CALLOUTS FROM MONTHLY	Number of On-call Contacts: (phone calls or on-scene):	26	18	30	14	30	24	37	15	20	33	37	36	320	2 hours	640
CALLOUTS FROM MONTHLY	Number of Callout/Investigative OT Hours:	2.5	14	15.25	4	9	7	25	3	11	0	19	18.5	128.25		128.25
CALLOUTS FROM MONTHLY	Number of Safety Bulletins Issued:	4	4	3	2	2	1	6	2	3	3	2	4	36	2 hours	72
															Total Hours	16,910.25

Source: CID Monthly Reports (Data Downloaded 3.2.23)

Clinicians Monthly Workload Analysis

Clinician Activities	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Row Total	Average Time on Task	Total Hours
Number of Home Visits:	71	67	83	96	70	110	59	120	111	84	82	104	1057	4	4228
Number of Certificates for Evaluation Written:	1	1	4	2	0	1	5	3	0	2	3	2	24	1	24
Number of Provider Contacts (phone, email, etc.):	28	24	25	33	28	32	23	33	40	34	48	33	381	0.5	190.5
Number of Consumer Contacts (phone, email, etc.):	1	0	2	2	0	7	5	6	10	7	5	0	45	0.5	22.5
Number of Cases Staffed:	27	32	54	51	32	47	82	71	48	86	96	93	719	1	719
Number of Community Meetings Attended:	10	12	8	2	2	9	5	2	8	3	3	2	66		
Number of Hours Spent at Community Meetings:	15	14.5	12	3	3	12	6	3	11.5	4	4	2.5	90.5		151.5
Number of Consults After Hours:	0	0	1	0	0	0	0	0	0	0	0	0	1	1	1
Number of Callout After Hours:	0	0	0	0	0	0	0	0	0	0	0	0	0		
													Total Hours		5336.5

Source: CID Monthly Reports (Data Downloaded 3.2.23)

The Coordinating Detectives

CIT Training Coordinators act as a liaison with the program stakeholders ... in order to ensure the success of the CIT Program. They will also be responsible for curricula development and training. The coordinators maintain the continuity of the CIT program and serve as a point of contact for the department. The coordinators will serve many roles with an emphasis on examining, reviewing, and making recommendations to ensure departmental and community needs are met. The main focus is on training and community collaboration. Coordinators will also be available to help other follow-up detectives as requested.

Program development and maintenance includes working with our partners via:

- **Networking**
- **Outreach**
- **Increase community ownership in the CIT/ECIT program**
- **Promotion of CIT/ECIT**
- **Promotion of Project CIT Echo**
- **Promotion of SCION**
- **Promotion of the Officer Wellness Program**
- **Promotion of the Law Enforcement Assisted Diversion Program (LEAD)**

Coordinators will also monitor changes in laws and legal issues related to crisis services; they will do this by:

- **Periodically reviewing case law as it pertains to mental health law enforcement issues, and being familiar with current laws, case law, and as needed, meetings with the District Attorney's Office.**
- **Having a clear understanding of commitment and transportation laws**
- **Providing input to legislators and legislative proposals (when cleared to do so by the chain of command).**

**Source: Albuquerque Police Department Behavioral Health Division Crisis Intervention Division Handbook
(June 6, 2022. Version 5)**

The Coordinating Detectives (Continued)

Coordinators will provide general guidance for field officers, and will:

- **Address issues raised by officers that concern mental health police interactions or relevant community issues**
- **Interface with FSB supervisors in problem-solving issues**
- **Conduct additional training for officers, either requested from supervisors or themselves**
- **Meet monthly with Sergeant Coordinators**

Coordinators will help make data useful and the collection of data reasonable and informed. Data is used to guide the overall function of the program, and will be periodically used with MHRAC, City Council, grant applications, and as needed.

Coordinators are responsible for supporting the growth, expansion, and public relations of the CID both within the department and the community. They will use all methods at their disposal for this purpose, including overseeing Department CIT/ECIT outreach by using social media, Daily 49, Newsletter, and Emails.

The Coordinating Detectives' Instructional & Meeting Workload

CID Courses Taught In 2022	Number of Hours Writing Curriculum	Number of Hours Teaching + Prep	Minimum # of Coordinating Detectives	Number of Times Taught Per Year	Ave # Of Students	Required or Requested	APD Academy Involved
CIT 40 Certification Course	0	172	3	4	40	Required	Yes
APD Cadets State Certification	0	129	3	3	25	Required	Yes
ECIT Certification Class	65	120	2	10	25	Required	Yes
NM Telecommunicators Certification	0	92	2	4	20	Required	Yes
Lateral Officer CIT training	0	24	2	3	10	Required	Yes
Public Service Aid training	0	115	2	5	8	Required	Yes
Reality Based Training	13	392	1	49	20	Required	Yes
HB93 Train the trainer 40 hr.	260	0		3	20	Required	Yes
Crisis Intervention new hire	0	15	1	3	1	Required	No
Mandatory Training Referrals		88	1	11	1	Required	Yes
Basic De-escalation training	0	136	1	50	15	Request	No
Conferences, Speaking Events	195	30	2	15	Variable	Request	No
Civilian Police Academy	0	21	2	3	15	Request	Yes
ACS Civilian Training	0	80	1	3	15	Request	No
Communication in the Trenches	0	32	3	8	15	Request	No
CIT Echo	19.5	60	1	30	25	Request	No
Mental Health First Aid	0	24	2	3	25	Request	No
CNM College Comm class	10	4	1	2	20	Request	No
Total Instructional Hours	562.5	1534					

Meetings And Other Activities	Number of Hours
Number of Hours Internal Meetings:	379.5
Number of Hours Community Meetings:	62
Number of Hours Networking Meetings:	258.5
Monthly Administration Time (12.5 Hours per Week)	650
Total Meeting And Administrative Hours	1350

Total Coordinating Detectives Hours = 3446.5

The Coordinating Detectives Monthly Workload Analysis

Activity	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-23	Sep-22	Oct-22	Nov-22	Dec-22	Row Total	Total Hours
Number of Hours on Curriculum:	267	48	78	86	195	53	95	92	176	160	214	193	1657	1657
Number of Hours of Training Conducted:	65	81	20	208	114	26	174	440.5	208	113	269	71	1789.5	1789.5
Number of Hours Internal Meetings:	39	13	12	19	47	9	26.5	27	53	37	28	69	379.5	379.5
Number of Community Meetings Attended:	3	2	1	3	1	0	1	4	5	5	5	0	30	
Number of Hours Community Meetings:	6	4	2	2	2	0	1	2	14	11	18	0	62	62
Number of Hours Networking Meetings:	28.5	7	7.5	14	45.5	6	2	9	26	82	19	12	258.5	258.5
													Total Hours	4146.5

Source: CID Monthly Reports (Data Downloaded 3.2.23)

CID Staffing Estimate Analysis For Home Visiting Detectives, Clinicians And Coordinating Detectives

Benefit Time Off Category	Total Hours For 436 Officers In Weiss Study	Estimated Hours For One FSB Officer Ten Hour Shift	Estimated BTO For Sworn Officers	Estimated BTO For Civilian Staff
Holiday	37,410.06	85.80	85.80	85.80
Injury Light Duty	4,852.50	11.13		
Injury Time	26	0.06		
Injury Time – FMLA	242	0.56		
Jury Duty	10.5	0.02		
Military Leave	3,302	7.57		
Military Leave Without Pay	2,817	6.46		
No Show	190.5	0.44		
Non-Exempt WOS	817	1.87		
Paid Leave Other	554	1.27	1.27	1.27
PD - CTO Straight Taken FMLA PD	323	0.74	0.74	
PD - CTO Straight Taken PD	15,947.36	36.58	36.58	
PD - CTO Taken FMLA PD	224.25	0.51	0.51	
PD - CTO Taken PD	21,380.75	49.04	49.04	
PD - FH Taken PD	739	1.69		
PD - Hazard Duty Leave	250	0.57		
Sick – Emergency	531	1.22	1.22	
Sick – FMLA	5,783.50	13.26	13.26	
Sick – Injury	382	0.88	0.88	
Sick Donated Leave FMLA	10	0.02	0.02	
Sick Leave	14,730.35	33.79	33.79	33.79
Suspension – Unpaid	190	0.44		
Vacation	37,041.40	84.96	84.96	84.96
Vacation – FLMA	1,662.25	3.81	3.81	3.81
In-service	34,008	78.00	92.00	20
Total	183,424.42	420.70	403.88	229.63
Benefit Time Off		420	404	230
Regular Days Off (=3 days*10 hours)* 52 weeks)		1560	1560	1560
Total Hours Off		1980	1964	1790
Maximum Time Available (=365 days * 10 hours)		3650	3650	3650
Actual Hours Worked		1670	1686	1860
SRF		2.2	2.2	2.0

Calculating APD’s Shift Relief Factor

These are the benefit time off data from the Weiss study and the estimated benefit time off data for the sworn officers and civilian staff.

Please note the increase in total in-service training hours for 2023

Staffing Estimates For Home Visiting Detectives

Personnel	HV Cases		If One HV Detective Was If Available 3650 Hours	Time Committed To Task	SRF	Total Staffing
HV Detectives	295	17,110.00	4.69	100%	2.2	10.31
Personnel	Total Hours From Monthly Reports		If One HV Detective Was If Available 3650 Hours	Time Committed To Task	SRF	Total Staffing
HV Detectives	16,910		4.63	100%	2.2	10.19

The staffing estimates for the HV detectives were computed two ways. The first is based on an analysis of the average time taken by an individual case. The second estimate is based on the monthly activities report completed by the HV detectives each month. In this case, the staffing estimates are similar.

It is important to note that both estimates are based on the actual work completed by the HV detectives in 2022. Later in this report, we calculate the estimated increase in the number of cases referred to CIU in 2023. That increase would lead to the need for 13 HV detectives.

Staffing Estimates For CID Clinicians

Personnel	HV Cases		If One Clinician Was If Available 3650 Hours	Time Committed To Task	SRF	Total Staffing
Clinician	295	13,570.00	3.72	100%	2	7.44
Personnel	Total Hours From Monthly Reports		If One Clinician Was If Available 3650 Hours	Time Committed To Task	SRF	Total Staffing
Clinician	5,336.50		1.46	100%	2	2.92

The staffing estimates for the CID clinicians were also computed two ways. The first is based on an analysis of the average time taken by an individual case. The second estimate is based on the monthly activities report completed by the clinicians each month. In this case, the staffing estimates are different. The difference illustrates results of calculations based on actual work versus calculations based on need. In a fully-staffed world, each home visit would be made of a team of two HV detectives and a clinician. In the real world of staffing shortages, the HV teams vary in composition. These estimates are based on the actual work completed in 2022. Later in this report, we calculate the estimated increase in the number of cases referred to CIU in 2023. In a fully-staffed world, that increase would lead to the need for 9 clinicians.

Staffing Estimates For Coordinating Detectives

Personnel	Total Instructional & Meeting Hours Per Task Analysis	If One CRD Detective Was If Available 3650 Hours	Time Committed To Task	SRF	Total Staffing
CRD Detectives	3,446.50	0.94	100%	2.2	2.08
Personnel	Total Hours From Monthly Reports	If One HV Detective Was If Available 3650 Hours	Time Committed To Task	SRF	Total Staffing
CRD Detectives	4,146.50	1.14	100%	2.2	2.50

The staffing estimates for the coordinating detectives were also computed two ways. The first is based on an analysis of the average time taken by instructional and meeting workload. The second estimate is based on the monthly activities report completed by the coordinating detectives each month. In this case, the staffing estimates are similar.

What Do The Data Say About Mobile Crisis Teams And COAST

The Mobile Crisis Team (MCT)

A Mobile Crisis Team (MCT) consists of one ECIT Officer from APD and one independently licensed Clinician from the Albuquerque Community Safety Department (ACS). BCSO teams are comprised of one Deputy and one independently licensed Clinician.

Mobile Crisis Teams (MCT) are responsible for:

- a. Primarily responds to priority mental health calls city and countywide. May respond to lower priority calls for service as determined by MCT members.
- b. May be utilized as a resource and for consultation for the Field Service Bureau.
- c. Assessing individuals for risk to self or others, especially if a person affected by a behavioral health disorder or in behavioral health crisis puts someone else's (including community members or the officer's) safety at risk.
- d. Assessing escalating behavior or erratic conduct that may put the community or responding officers at risk. Additionally, a person may not currently pose a risk to themselves or anyone else's immediate safety, but they are displaying behavior that is escalating through physical actions, threats, or property damage. The behavior may result in increased risk to self or others, including officers.

The APD assigned MCTs will report to the CID Lieutenant and CID Sergeant(s). The MCT's primary objective in all interventions is to evaluate the risk the individual poses to themselves or others and to de-escalate and calm the situation in an effort to safely resolve the crisis. The goal for MCT is to allow citizens to stay in the community. MCT will attempt to do all that is possible to do so, when it can be done safely. If keeping a citizen in the community is not feasible, MCT will transport the citizen to a Mental Health Facility or to the most appropriate location.

Source: Albuquerque Police Department Behavioral Health Division Crisis Intervention Division Handbook
(June 6, 2022. Version 5)

COAST

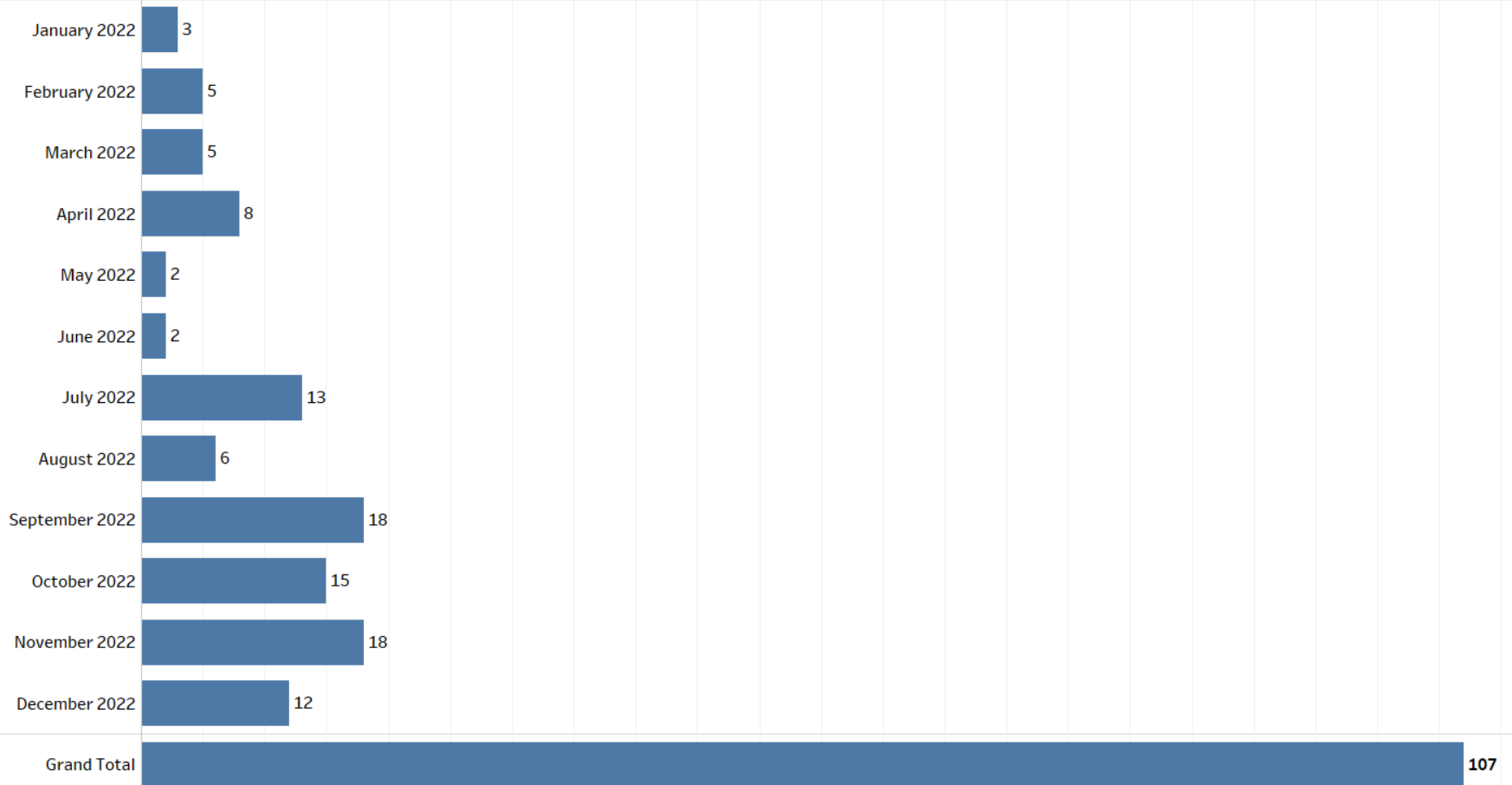
The Crisis Outreach and Support Team (C.O.A.S.T.) workers are non-sworn personnel who work within law enforcement to help people living with mental illness, or are experiencing homelessness, or have some other behavioral crisis that has come to the attention of the police.

The primary responsibilities for C.O.A.S.T have been transferred to Albuquerque Community Safety (ACS) Department. ACS is a newly formed public safety department, that operates independently from and in collaboration with APD and AFR. ACS allows 911 dispatch to send trained professionals with backgrounds in behavioral and mental health and social services to non-violent and non-medical calls. The goal is to deliver the right response at the right time and to improve access to the broad range of social services from government and community-based organizations.

Currently, CID has one individual who still performs the responsibilities assigned to C.O.A.S.T.

The Number Of Behavioral Health Cases Referred To The Remaining C.O.A.S.T Staff Member By Month In 2022

Lisa Chavez



Source: CID Case Rotation (Data Downloaded 3.2.23)

What Is The Current Status And Impact Of APD's ECIT Efforts?

The Context For Analyzing The Status Of APD's ECIT Officers

APD SOP 2-19-3 defines Enhanced Crisis Intervention Team (ECIT) as: *The ECIT is comprised of specially-trained, uniformed sworn personnel who function as specialists to respond to calls involving individuals affected by behavioral health disorders or experiencing behavioral health crises.*

CASA Paragraph 124: *The number of crisis intervention certified responders will be driven by the demand for crisis intervention services, with an initial goal of 40% of Field Services officers who volunteer to take on specialized crisis intervention duties in the field.*

FIELD SERVICES BUREAU	
	CURRENT
Deputy Chief	1
Patrol Commander	6
Patrol Lieutenant	17
Recruit on OJT (class 125)	0
PRT Lieutenant	2
PRT Sergeant	6
PRT Officer	28
CIT Commander	1
CIT Lieutenant	1
CIT Sergeant	2
CIT Officer	15
FSB Impact Sergeant	3
FSB Impact Officer	18
Patrol Sergeant	54
Patrol Officer (Including bikes)	324
Total Staffing	478

APD OPS Lineup 1.18.23

The FSB Officers Included In This Analysis

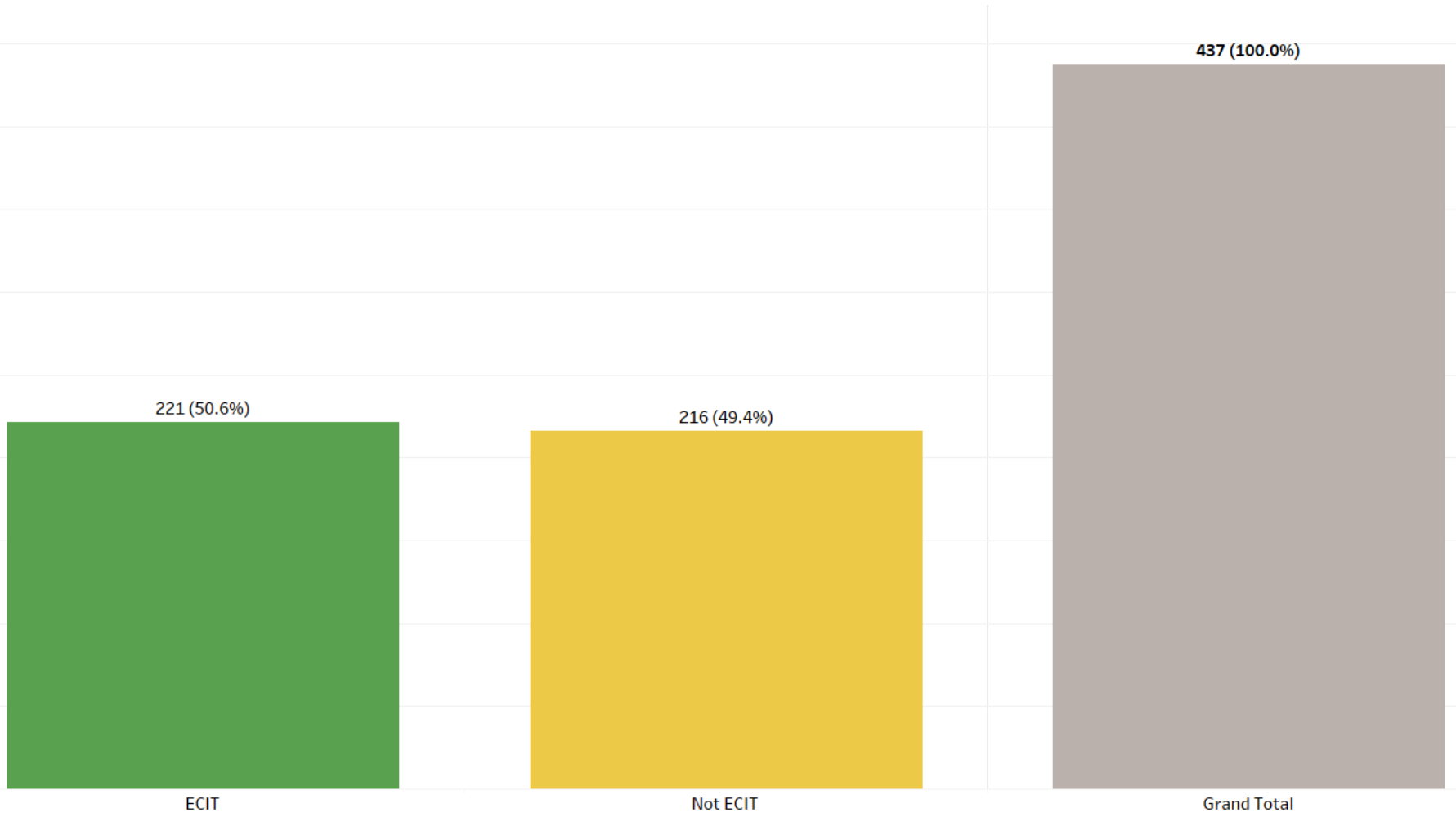
FIELD SERVICES BUREAU	
CURRENT	
Deputy Chief	1
Patrol Commander	6
Patrol Lieutenant	17
Recruit on OJT (class 125)	0
PRT Lieutenant	2
PRT Sergeant	6
PRT Officer	28
CIT Commander	1
CIT Lieutenant	1
CIT Sergeant	2
CIT Officer	15
FSB Impact Sergeant	3
FSB Impact Officer	18
Patrol Sergeant	54
Patrol Officer (Including bikes)	324
Total Staffing	478

FIELD SERVICES BUREAU	Current
Patrol Commander	6
Patrol Lieutenant	17
Proactive Response Team (PRT) Lieutenant	2
Proactive Response Team (PRT) Sergeant	6
Proactive Response Team (PRT) Officer	28
Patrol Sergeant	54
Patrol Officer (Including bikes)	324
Total Staffing	437

These 437 FSB Officers are included in this analyses because they are most likely to respond to BH-related calls for service.

APD OPS Lineup 1.18.23

The Number And Percent Of ECIT Officers In FSB As Of 1.18.2023



The Number And Percent Of ECIT Officers By Rank, Area Command Teams And PRT

Rank Status (group) 1	ECIT	Area Command Teams	PRT	N/A	Grand Total
Commander	Not ECIT			4 (0.9%)	4 (0.9%)
	ECIT			2 (0.5%)	2 (0.5%)
PRT Lieutenant	Not ECIT		2 (0.5%)		2 (0.5%)
PRT Sgt	Not ECIT		2 (0.5%)		2 (0.5%)
	ECIT		4 (0.9%)		4 (0.9%)
Area Command Lieutenant	Not ECIT			9 (2.1%)	9 (2.1%)
	ECIT			8 (1.8%)	8 (1.8%)
Area Command Sgt	Not ECIT	31 (7.1%)			31 (7.1%)
	ECIT	23 (5.3%)			23 (5.3%)
Officers	Not ECIT	160 (36.6%)	8 (1.8%)		168 (38.4%)
	ECIT	164 (37.5%)	20 (4.6%)		184 (42.1%)
Grand Total		378 (86.5%)	36 (8.2%)	23 (5.3%)	437 (100.0%)

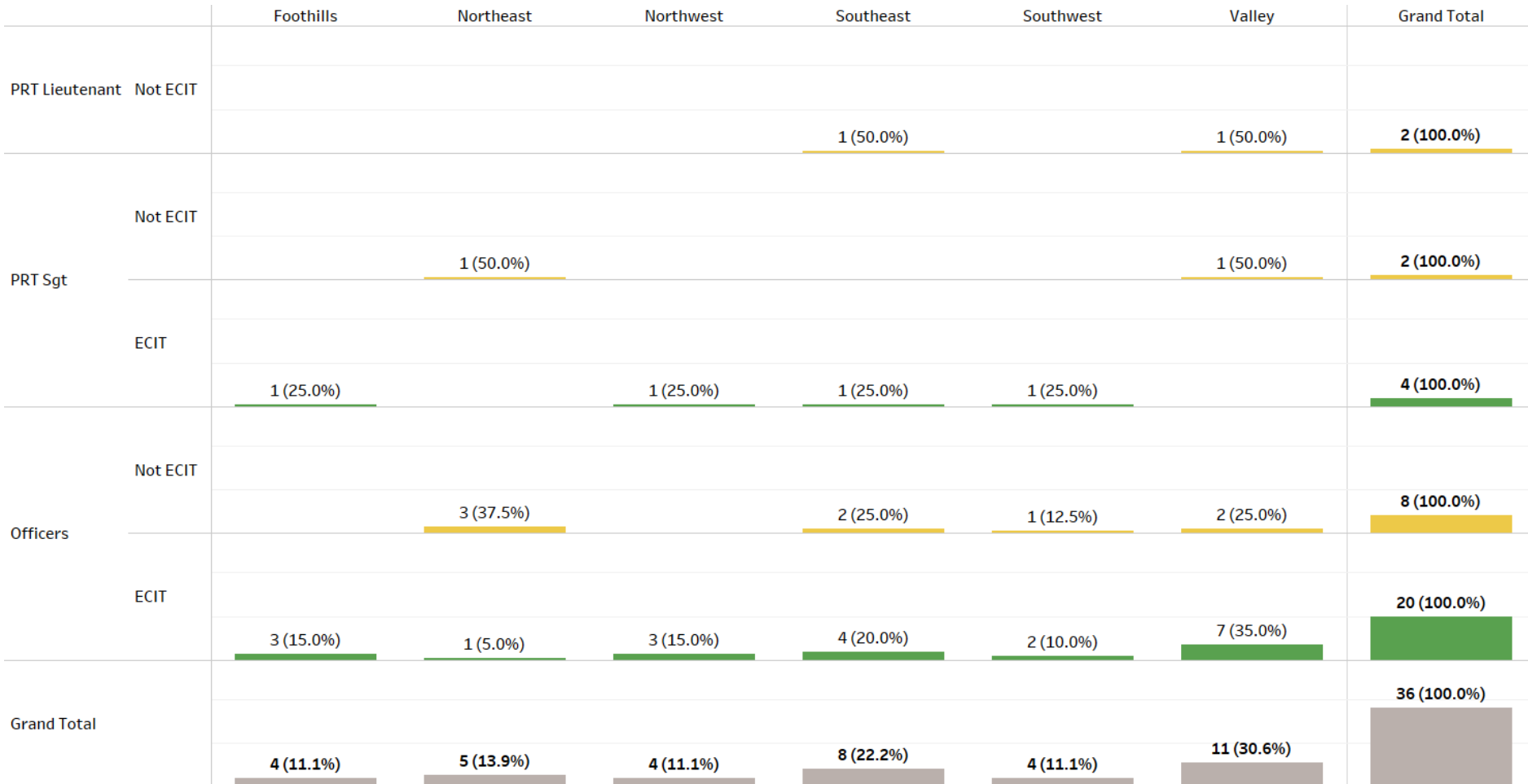
The Number And Percent Of ECIT Officers By Rank And Area Command

Rank Status (group) 1	ECIT	Foothills	Northwest	Northwest	Southeast	Southwest	Valley	Grand Total
Commander	Not ECIT		1 (0.2%)	1 (0.2%)	1 (0.2%)		1 (0.2%)	4 (1.0%)
	ECIT	1 (0.2%)				1 (0.2%)		2 (0.5%)
Area Command Lieutenant	Not ECIT	2 (0.5%)	1 (0.2%)	2 (0.5%)	1 (0.2%)	1 (0.2%)	2 (0.5%)	9 (2.2%)
	ECIT	1 (0.2%)	2 (0.5%)	1 (0.2%)	1 (0.2%)	2 (0.5%)	1 (0.2%)	8 (2.0%)
Area Command Sgt	Not ECIT	6 (1.5%)	5 (1.2%)	5 (1.2%)	7 (1.7%)	3 (0.7%)	5 (1.2%)	31 (7.7%)
	ECIT	4 (1.0%)	3 (0.7%)	3 (0.7%)	3 (0.7%)	5 (1.2%)	5 (1.2%)	23 (5.7%)
Officers	Not ECIT	28 (7.0%)	24 (6.0%)	31 (7.7%)	29 (7.2%)	22 (5.5%)	26 (6.5%)	160 (39.9%)
	ECIT	21 (5.2%)	38 (9.5%)	17 (4.2%)	32 (8.0%)	24 (6.0%)	32 (8.0%)	164 (40.9%)
Grand Total		63 (15.7%)	74 (18.5%)	60 (15.0%)	74 (18.5%)	58 (14.5%)	72 (18.0%)	401 (100.0%)

The Number And Percent Of ECIT Officers By Rank And Shift

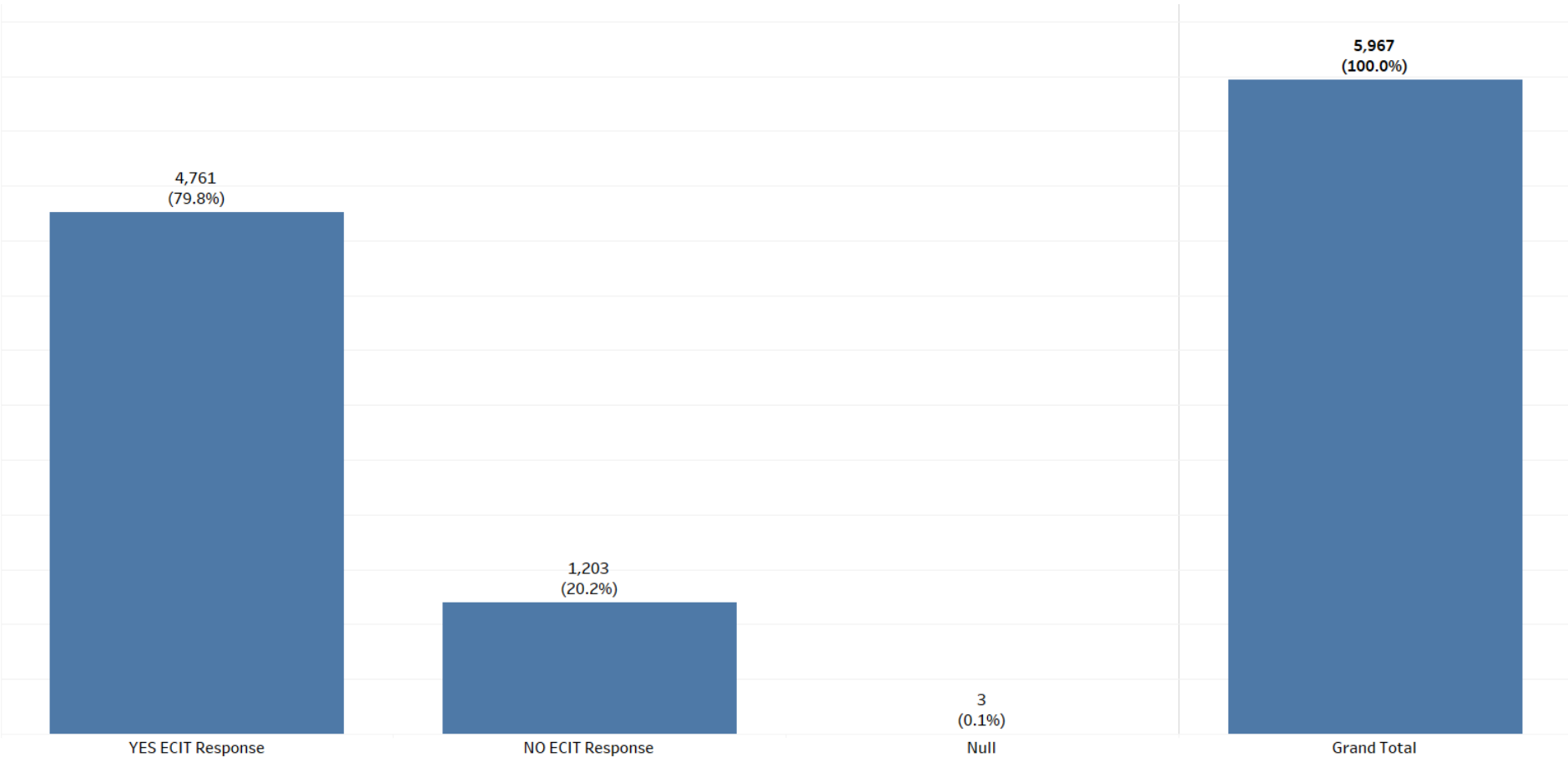
Rank Status (group) 1	ECIT	DAY SHIFT WATCH II	Graveyard Shift Watch I	Swing Shift Watch III	Grand Total
Area Command Lieutenant	Not ECIT	5 (1.3%)	2 (0.5%)	2 (0.5%)	9 (2.3%)
	ECIT		4 (1.0%)	4 (1.0%)	8 (2.0%)
Area Command Sgt	Not ECIT	13 (3.3%)	9 (2.3%)	9 (2.3%)	31 (7.8%)
	ECIT	8 (2.0%)	12 (3.0%)	3 (0.8%)	23 (5.8%)
Officers	Not ECIT	62 (15.7%)	62 (15.7%)	36 (9.1%)	160 (40.5%)
	ECIT	69 (17.5%)	60 (15.2%)	35 (8.9%)	164 (41.5%)
Grand Total		157 (39.7%)	149 (37.7%)	89 (22.5%)	395 (100.0%)

The Number And Percent Of ECIT Officers By Rank And Area PRT



APD Responded To 5,967 Behavioral Health Calls In 2022

ECIT Officers Responded To 80% Of Those Calls

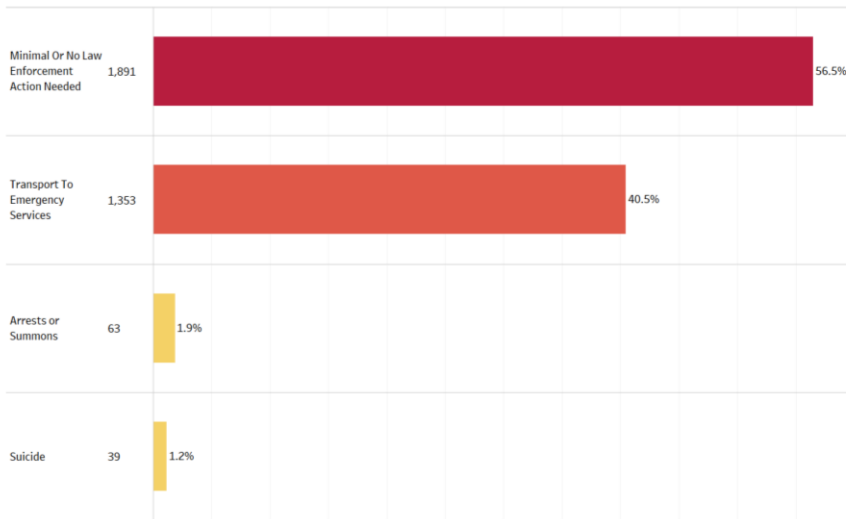


Source: ECIT Response Rate Tracking Sheets, Crisis Intervention Department.

APD Response To Behavioral Health Calls By Type Of Call, Type Of Response And By Month

Type	Yes/No	Month												
40 - Behavioral Health Issue	NO ECIT Response	12 (2.6%)	31 (6.8%)	27 (5.1%)	22 (4.9%)	35 (6.5%)	28 (5.6%)	16 (3.5%)	36 (6.5%)	31 (6.5%)	24 (4.7%)	24 (4.8%)	30 (5.6%)	316 (5.3%)
	YES ECIT Response	109 (23.6%)	130 (28.6%)	142 (26.6%)	129 (29.0%)	138 (25.7%)	139 (27.8%)	88 (19.5%)	151 (27.3%)	144 (30.2%)	129 (25.0%)	115 (22.9%)	134 (25.0%)	1,548 (26.0%)
43-1 - Suicide	NO ECIT Response	82 (17.7%)	61 (13.4%)	87 (16.3%)	60 (13.5%)	82 (15.3%)	89 (17.8%)	91 (20.2%)	74 (13.4%)	50 (10.5%)	65 (12.6%)	63 (12.5%)	83 (15.5%)	887 (14.9%)
	YES ECIT Response	259 (56.1%)	232 (51.1%)	277 (52.0%)	234 (52.6%)	281 (52.4%)	244 (48.8%)	256 (56.8%)	292 (52.8%)	252 (52.8%)	297 (57.7%)	301 (59.8%)	288 (53.8%)	3,213 (53.9%)
Grand Total		462 (100.0%)	454 (100.0%)	533 (100.0%)	445 (100.0%)	536 (100.0%)	500 (100.0%)	451 (100.0%)	553 (100.0%)	477 (100.0%)	515 (100.0%)	503 (100.0%)	535 (100.0%)	5,964 (100.0%)
		January	February	March	April	May	June	July	August	September	October	November	December	Grand Total

The Number And Percentage Of The Dispositions Of Behavioral Health Related CAD From January To June 2017



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

How Have APD's Efforts Impacted The Outcomes For Behavioral Health Related Incidents?

The charts on the left display the dispositions of CIT encounters reported in the CIU Data books for Fall, 2017 and Fall, 2022, respectively.

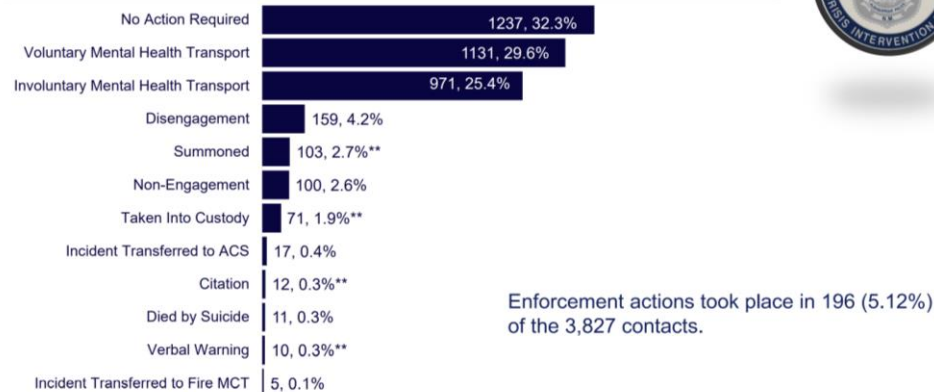
Clearly, APD's responses to individuals in crisis have become more specialized and sophisticated over time.

The date ranges for these two charts vary by 1 month but please note that the percentage of individuals transported to services increased from 40.5% in 2017 to 55% in 2022.

Note also that the percentage of individuals arrested has remained small over time.

These data are from 12/1/2021 to 6/30/2022

Encounter data – Outcomes for CIT Encounters*



Enforcement actions took place in 196 (5.12%) of the 3,827 contacts.

n=3,827 *See Appendix for definitions; **Enforcement action



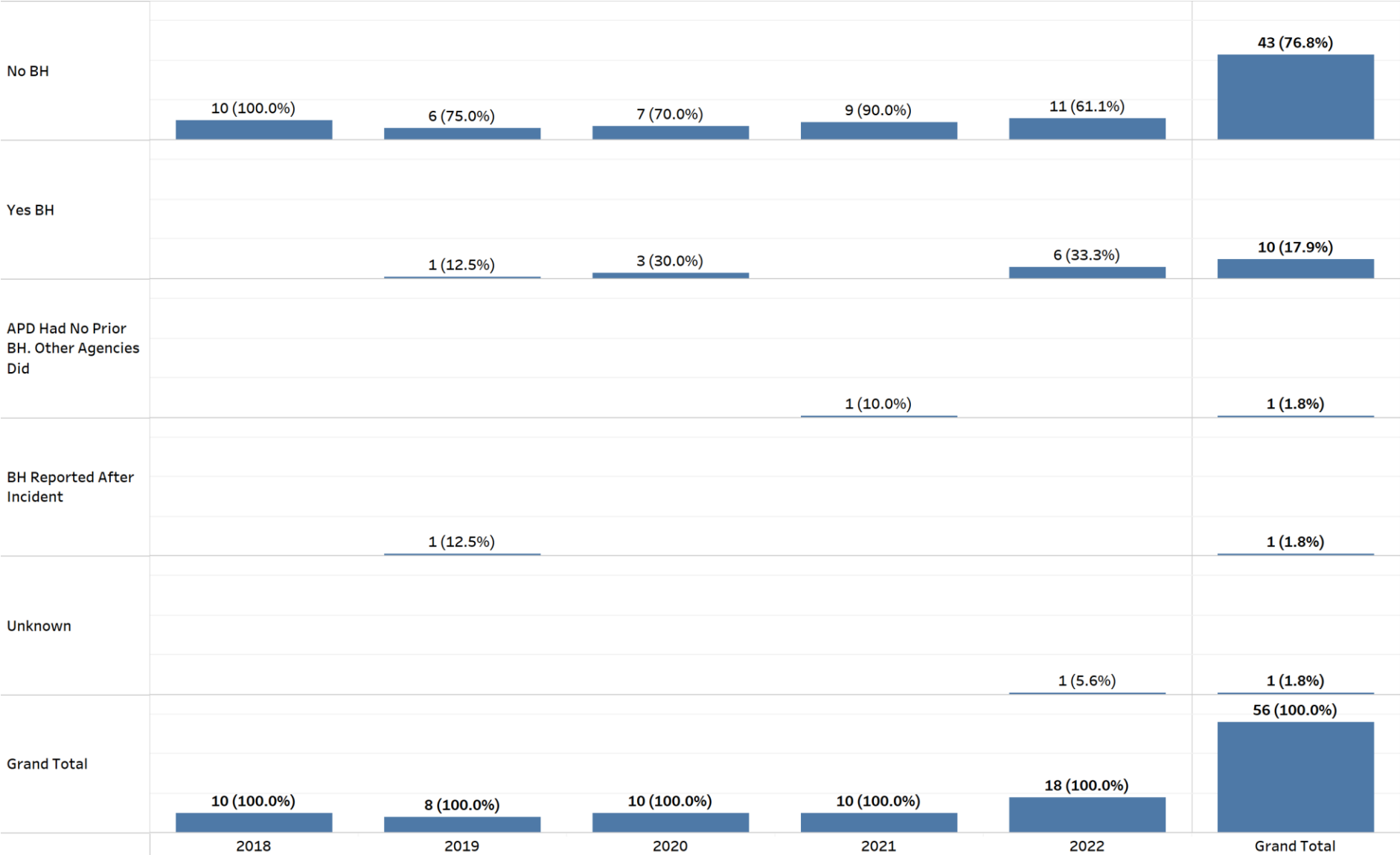
Do ECIT Staffing Levels Contribute To Recent OIS's Involving Individuals In Crisis?

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

This paragraph was in Primary and Secondary Compliance but not in Operational Compliance in the Monitor's 16th Report (11/09/22). The monitor's recommendation (4.7.114a) stated: *“APD should continue to re-assess its 40 percent guideline for CIU-trained officers, in light of recent incidents involving individuals in mental health crises and determine if the 40 percent staffing level continues to meet community and department needs.”*

Analyzing the recent increase in OIS's including those with individuals in crisis is beyond the scope of this staffing study. But the following two slides indicate that the availability of ECIT officers is not a primary factor. ECIT officers were involved in each of the 6 OIS incidents involving individuals in crisis and, in fact 50% of the 22 officers involved in all 6 incidents were ECIT.

APD's Officer Involved Shootings By Behavioral Health Status By Year



ECIT Officers Were At Each Of The 6 OIS BH Cases That Occurred in 2022

Inc: Case #	Officer Number	Rank	ECIT				Not ECIT			
22-0021036	Officer 1	Sergeant					■	1		
	Officer 2	Police Officer 1C					■	1		
	Officer 3	Lieutenant	■	1						
22-0026100	Officer 4	Senior Police Officer 1C					■	1		
	Officer 5	Police Officer 1C	■	1						
	Officer 6	Senior Police Officer 1C	■	1						
22-0046595	Officer 7	Police Officer 1C	■	1						
	Officer 8	Police Officer 1C					■	1		
	Officer 9	Police Officer 1C					■	1		
22-0055814	Officer 10	Police Officer 1C	■	1						
	Officer 11	Master Police Officer					■	1		
	Officer 12	Senior Police Officer					■	1		
	Officer 13	Senior Police Officer	■	1						
	Officer 14	Sergeant					■	1		
	Officer 15	Police Officer 1C	■	1						
22-0087893	Officer 16	Police Officer 1C					■	1		
	Officer 17	Police Officer 1C	■	1						
	Officer 18	Police Officer 1C					■	1		
	Officer 19	Sgt. Prisoner Transport	■	1						
22-0092172	Officer 20	Police Officer 1C	■	1						
	Officer 21	Senior Police Officer 1C					■	1		
	Officer 22	Police Officer 1C	■	1						
Grand Total			■ 11				■ 11			

Future Challenges

- **How will APD respond to the increasing number of behavioral health referrals coming To CID?**
- **How can APD continue to ensure that an adequate number of ECIT Officers are assigned where they are needed?**
- **How does the establishment of the Albuquerque Community Safety Department impact APD?**
- **How could APD continue to measure the success of it's behavioral health related staffing efforts?**

The Behavioral Health Referrals To CID

The Crisis Intervention Division has always taken behavioral health referrals from officers in the field and other sources. In October of 2022, the recently installed Mark43 computer system began to provide a more efficient way for field officers and others to send referrals to CID.

Here is the email that went to APD from CID:

We are now able to received referrals when you put the label “Crisis Intervention Unit” on your reports or CIT Contact Sheets inside of Mark43. This should make it easier and more streamlined in your day-to-day duties. Please remember to only add the label on a case that you are requesting review for follow up from the Crisis Intervention Unit or the one COAST representative. Please indicate in your report why you feel they need a follow up from law enforcement. You still should still complete CIT Contact Sheets when you have engagement with an individual who you have identified is living with a mental health disorder. This does not need to be labeled for follow up unless you feel there is also a need for further police intervention.

Also, as a reminder on what the CIU follows up on:

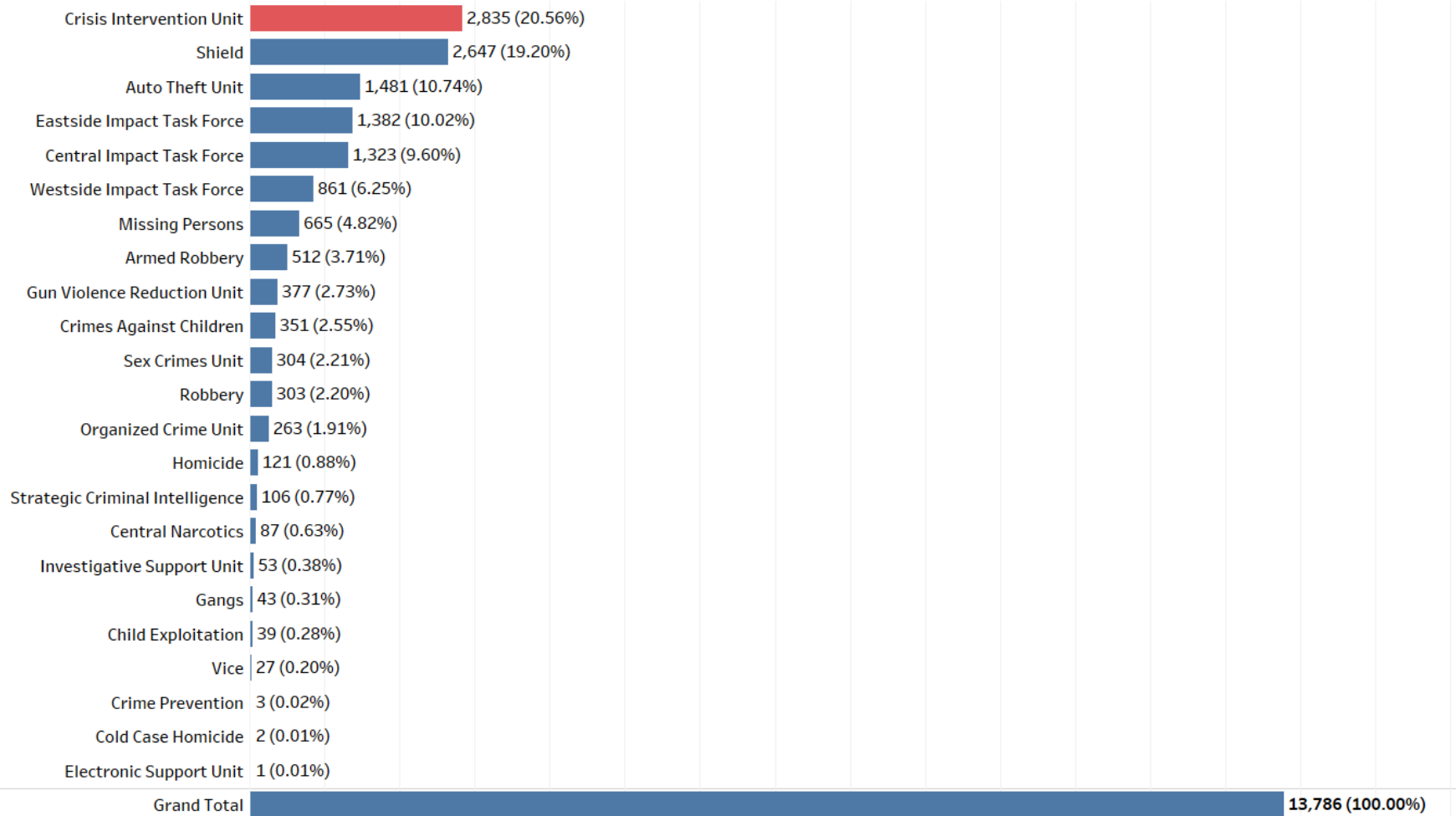
Individuals who are a danger to the community based off their behavioral health.

Individuals who are dangerous to officers based off their behavioral health.

Individuals who are creating a strain on public safety services due to behavioral health.

Don't forget about our partners with the Albuquerque Community Safety Division when it comes to getting people connected with services. They are a larger staffed division that is able to help with services, and lower-level follow ups. If you have questions or concerns on an individual or a call, please feel free to reach out to our on-call.

The Number And Percent Of Referrals Received By Units For Follow-Up Actions From June 2022 To January 2023



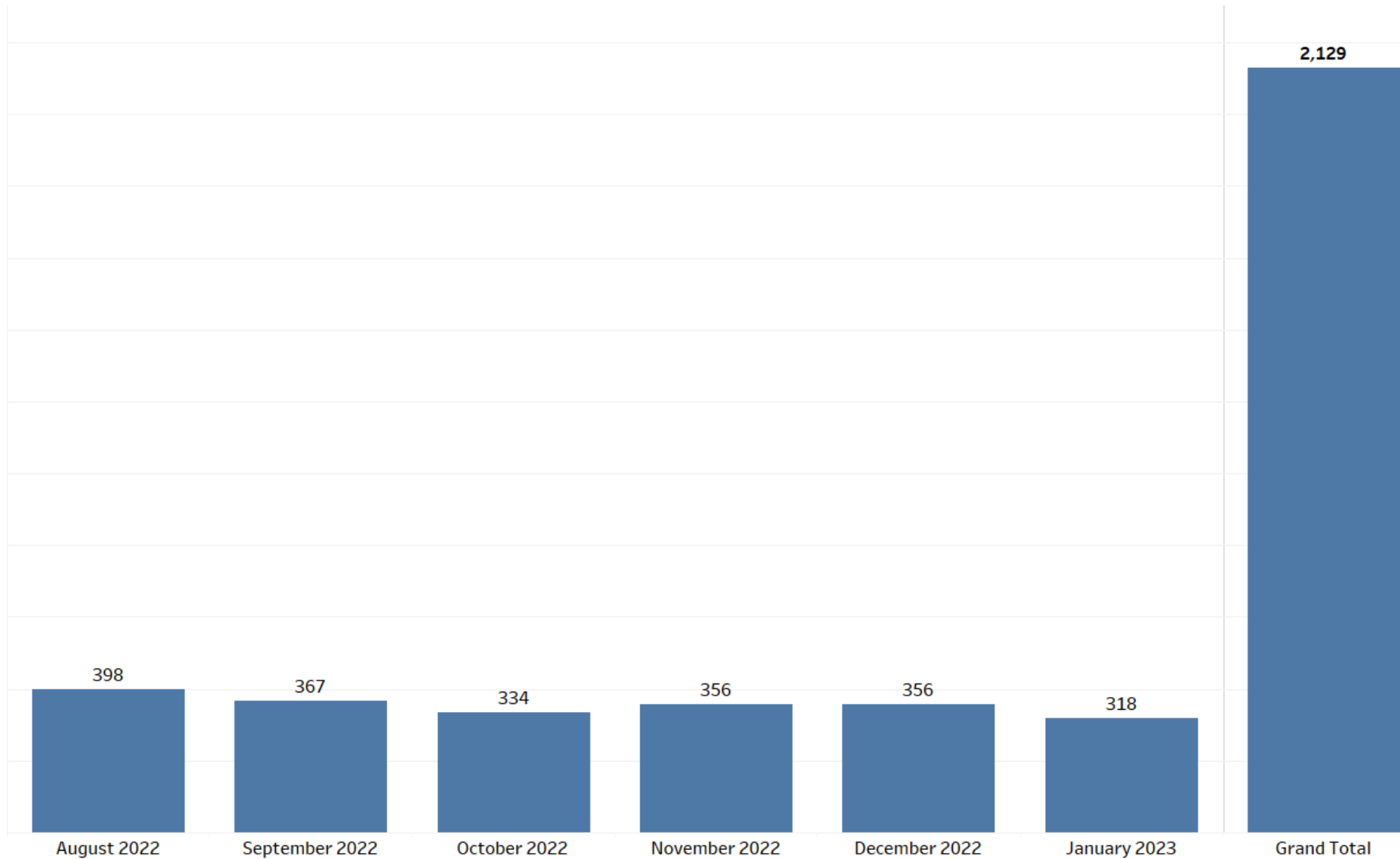
The Referrals That Are Routed To CID Include Red Flag Laws And Possible School Shooting Investigations

The referrals that are sent to CID include:

- 1. Extreme Risk Firearm Protection Orders (ERFPO). The purpose of an ERFPO order is to prohibit a respondent from possessing a firearm, or purchasing, receiving, or attempting to purchase a firearm while the order is in effect. If that individual has a documented or suspected mental health history, then the Crisis Intervention Unit will handle that case.**
- 2. Mass Casualties At Schools Or Other Identified Areas. The purpose of this special order is to identify the step-by-step process that department personnel should follow for threats involving situations where mass casualties may occur. One of those steps includes completing relevant reports to the Strategic Criminal Intelligence Unit (SCIU) and Crisis Intervention Unit (CIU) for follow-up investigations.**

Sources: APD SOP 2-59 Extreme Risk Firearm Protection Order; APD SOP (Under Review) Department Personnel's Response To Threats Involving Mass Casualties At Schools Or Other Identified Areas.

The Number Of Referrals To CID On Mark 43 From August 2022 To January 2023



The Number Of Referrals To CID On Mark 43 By Personnel Unit By Month

	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	Grand Total
Field Services - Northeast Area Command - NE	94	63	68	94	81	72	472
Field Services - Foothills Area Command - FH	74	82	72	81	78	57	444
Field Services - Southeast Area Command - SE	63	53	55	66	68	61	366
Field Services - Northwest Area Command - NW	70	75	54	52	53	50	354
Field Services - Valley Area Command	46	53	46	33	40	51	269
Field Services - Southwest Area Command - SW	34	31	22	21	20	14	142
Downtown	4	4	6	2	6	3	25
Mobile Crisis Team	1		5	5	4	3	18
Crisis Intervention Unit	10	3		1		1	15
NW Project Response Team		1	1		1	1	4
Aviation			2	1	1		4
VA Project Response Team			1			2	3
SE Project Response Team					2		2
Foothills Project Response Team			1		1		2
Crime Scene Specialists	1				1		2
Telephone Report Unit	1						1
SW Project Response Team		1					1
NE Project Response Team						1	1
Evidence Unit						1	1
Eastside Impact Task Force		1					1
DWI Section						1	1
Abandoned Vehicles			1				1
Grand Total	398	367	334	356	356	318	2,129

The Number Of Referrals To CID On Mark 43 By Call Type By Month

	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	Grand Total
Null	352	367	246	328			1,293
43-1 - Suicide					160	130	368
39 - Disturbance	4		12	2	37	55	110
15 - Family dispute							
31 - Susp Pers/Vehs	6		9	6	33	29	83
40 - Behavioral Hlth	4		4	1		13	28
10-0 - Welfare check					12		
27-4 - Aggr assault/bat	2		4			6	21
25 - Contact					10		
41 - Neighbor trouble				1		7	12
28 - Missing person			3		4	5	12
31S - Onsite Suspiciou							
27-9 - Stabbing					4	1	5
27-5R - Burglary Res							
23 - Sex offense					2	2	4
15-1 - DV Escort/Violat							
CSSUIC - Suicide Related					3		3
65 - Kid/abduct/hosta					1	2	2
58 - DOA							
52 - Alarm					2		2
44 - traff acc no inj			1			1	2
43 - Rescue call							
39-3 - Shots fired					1	1	2
38 - Vandalism							
32 - Fight inprogress			1			1	2
31-1 - E911 hang up					1		1
30-3 - Child Neglect					1	1	2
27-8 - Shooting							
60 - Field Briefing					1		1
45 - traff acc injuri	1						1
31-T - Mass Casu Threat						1	1
27-7 - Auto Theft						1	1
27-6 - Theft/fraud/embe					1		1
27-3I - Armed Rob Indiv							1
10 - P-watch						1	1
Grand Total	398	367	334	356	356	318	2,129

What Happens To Referrals Routed To CID?

Referrals	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Totals
New	436	511	446	430	424	2247
Assigned	103	143	135	134	120	635
Not Assigned	319	351	295	279	283	1527
Referred to Outside Agency	14	17	18	17	21	87

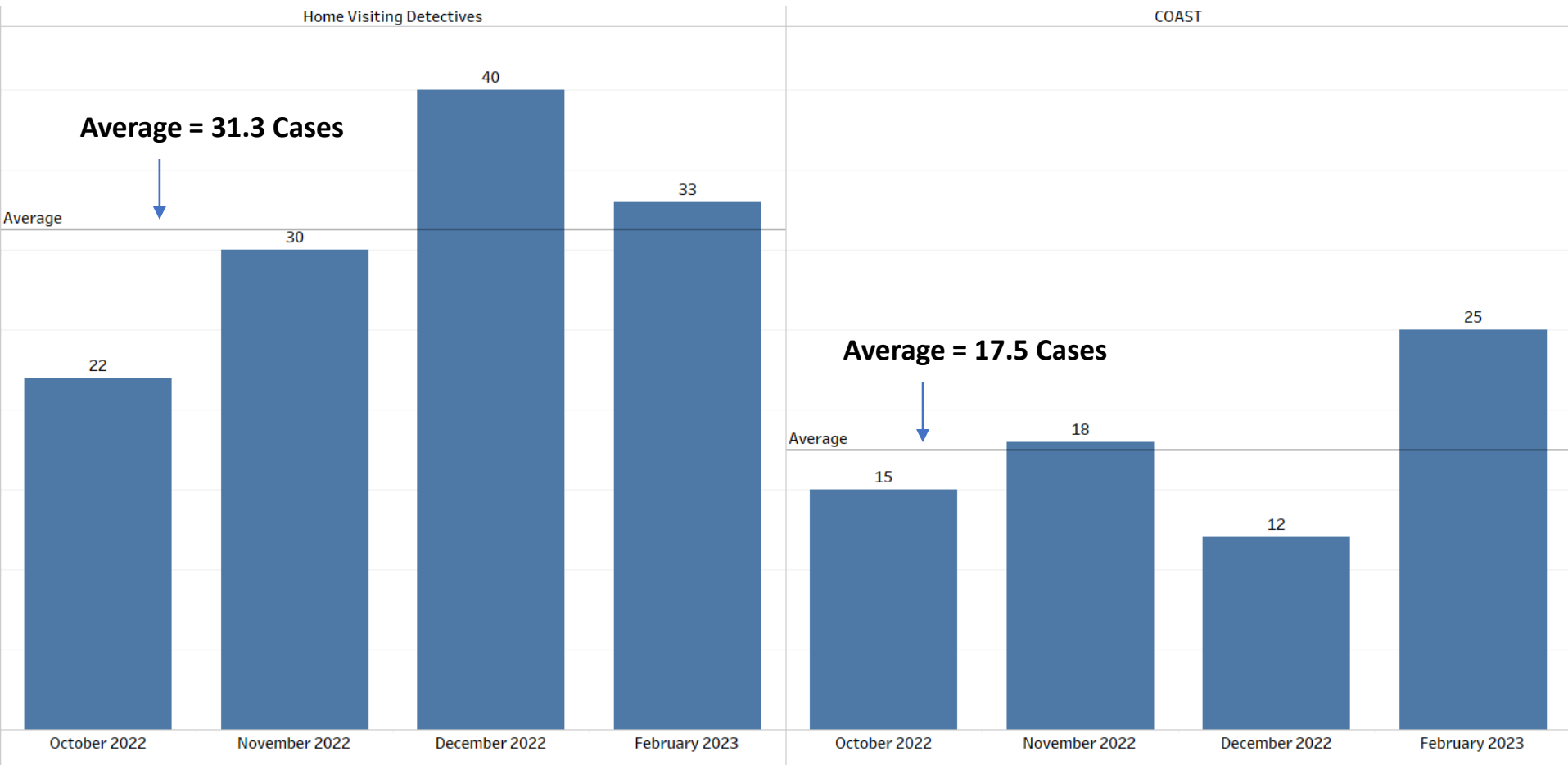
New: These are all referrals reviewed by the CID HV Sergeant. The majority of these are Mark43 reports that tag CIU but these also include requests from ACS, Hospitals, emails, and other sources

Assigned: This is for all referrals that have been assigned for some type of follow-up. This includes new cases in SharePoint, new referrals on active cases, cases that are on past clients that need to be reviewed by the case agent, phone follow-ups, professional contacts, etc. The CID HV Sergeant only assigns referrals to HV detectives if there is an expectation that they dedicate some time to a task.

Not Assigned: These are referrals that require nothing to be done. They are just closed that they do not fit the criteria. No one else is notified of these cases.

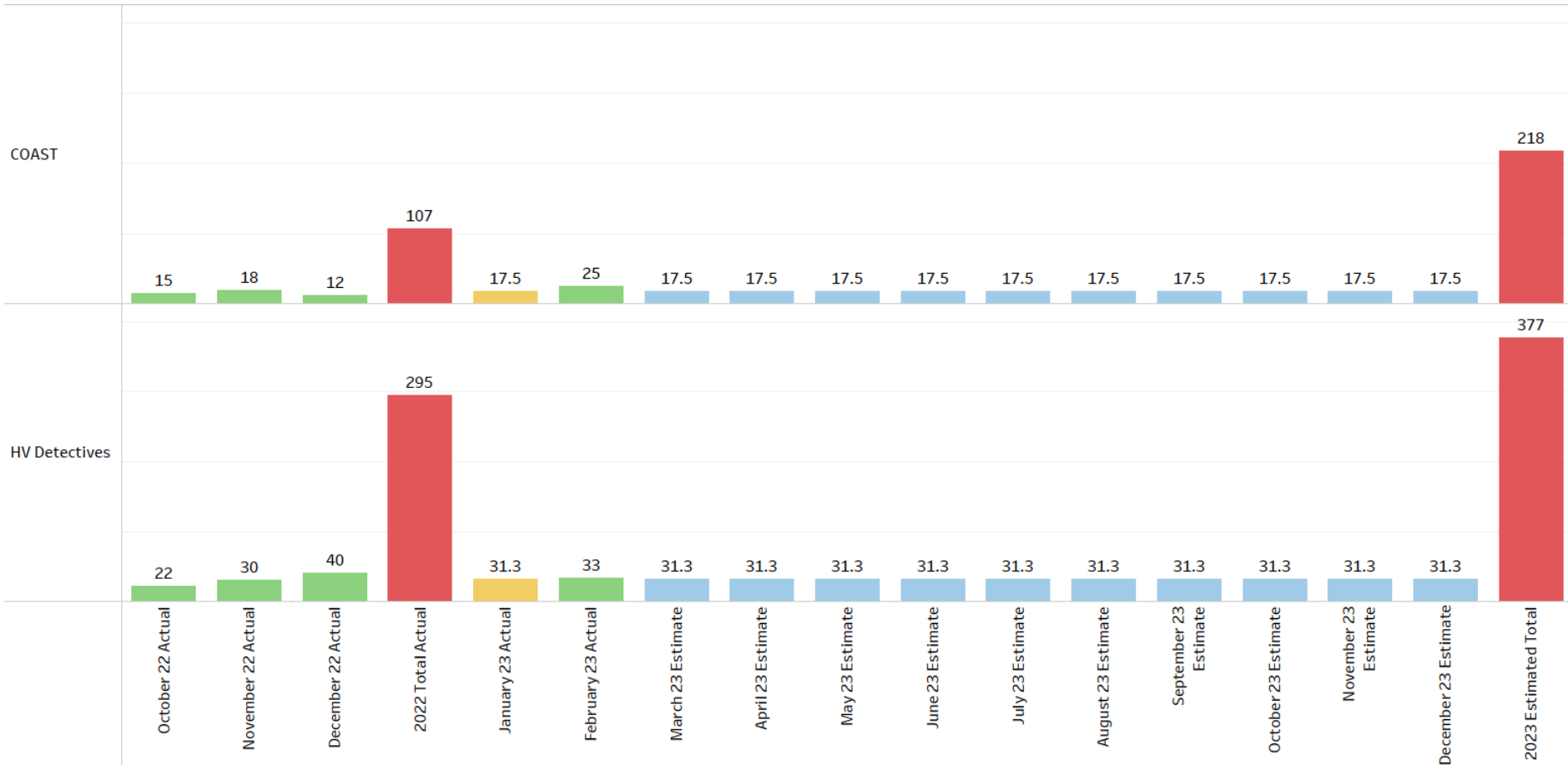
Referred Outside: These are new referrals that need additional follow-up but does not meet the criteria to assigned to CID HV detectives or COAST personnel. The most common outside agencies include the Albuquerque Community Safety Department and Community Engagement Teams (CET). Some referrals are also sent to the Mobile Crisis Teams MCT or APD Strategic Criminal Intelligence Unit for further work.

The Number And Average Number Of Referrals Assigned As Cases To HV Detectives and The One COAST Representative Since October 2022



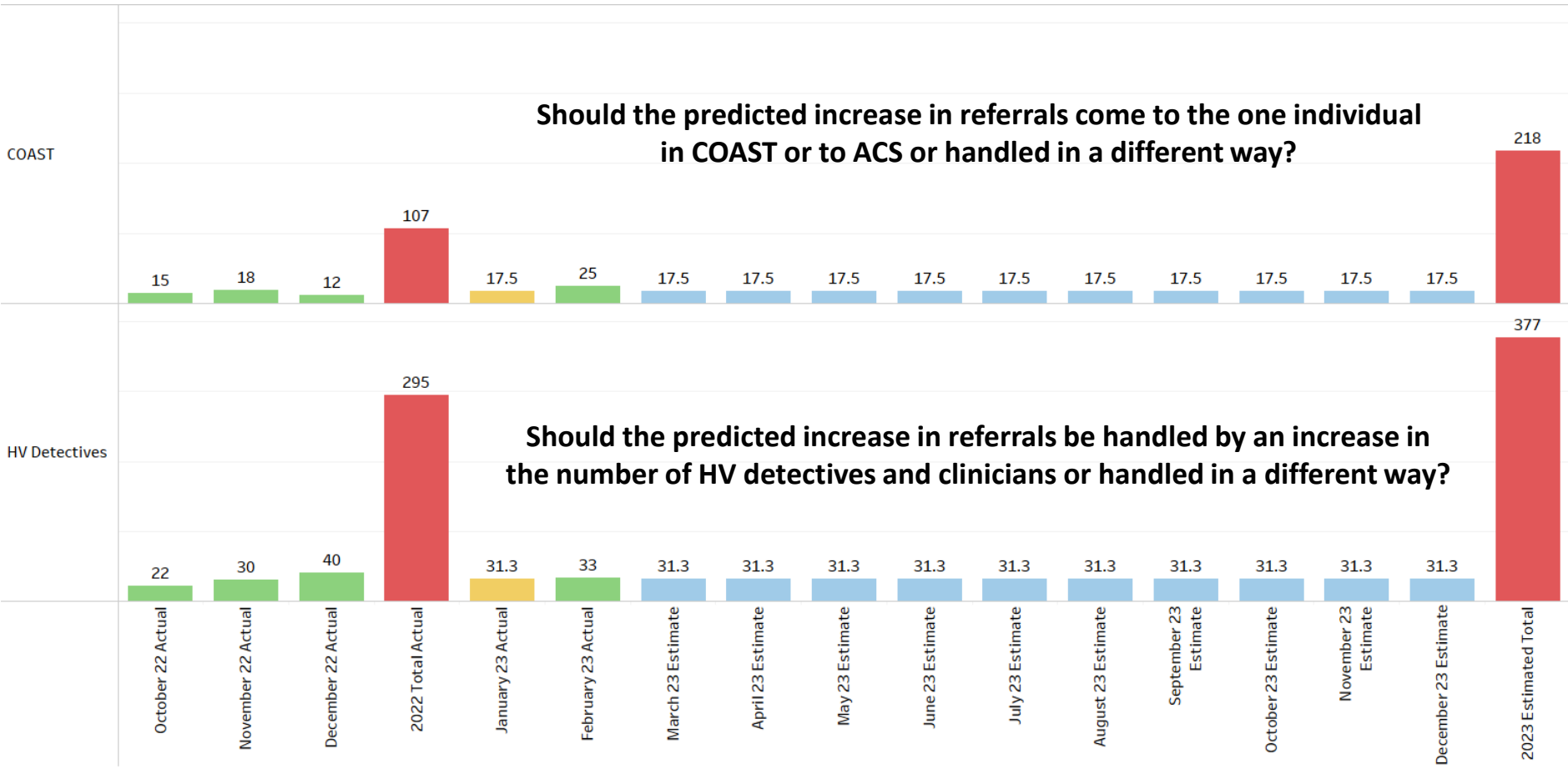
Source: CID Case Rotation (Data Downloaded 3.2.23). Please note that January 2023 data is missing because those data were missing because of computer issues.

Estimating The Number Of Cases Assigned To HV Detectives And The One COAST Representative In 2023



Source: CID Case Rotation (Data Downloaded 3.2.23). Please note that January 2023 data is missing because those data were missing because of computer issues.

What Does This Mean For Staffing?



Source: CID Case Rotation (Data Downloaded 3.2.23). Please note that January 2023 data is missing because those data were missing because of computer issues.

Ensuring That An Adequate Number Of ECIT Officers Are Assigned Where They Are Needed

Ensuring That An Adequate Number Of ECIT Officers Are Assigned Where They Are Needed

Behavioral Health Demand Bid Analysis

APD Analytics Division

January 13, 2023

This report assesses the distribution of ECIT certified officers for Albuquerque Police Department in preparation for the Field Services Bureau Bid. Using Computer Aided Dispatch (CAD) data for events that begin or end as behavioral health or suicide (40 and 43-1) between January 1, 2022 and December 31, 2022, this analysis approximates the number of ECIT officers per Area Command and Beat by shift.

Currently, there are 194 ECIT certified officers assigned to Field Services Bureau who will participate in the Bid. These officers will need to be assigned to ensure appropriate coverage of behavioral health call volume.

Total 40 and 43-1 calls in 2022 by Area Command

Area Command	Total Behavioral Health Calls	Proportion of Calls	Approx. Officers Required
Northeast	1842	0.22	43
Southeast	1684	0.2	39
Valley	1533	0.18	35
Foothills	1424	0.17	33
Northwest	1034	0.12	23
Southwest	774	0.09	17
Total	8291	0.98**	191*

*Does not total to 194 due to rounding.

**Does not total to 1 due to rounding.

APD has developed an analytics tool to determine the number of ECIT officers needed by area command, shift and beat to help inform the Bid process.

The Behavioral Health Demand Bid Analysis January 2023

Behavioral Health Demand Bid Analysis

January 13, 2023

Area Commands by Shift

Area Command	Shift	Shift		Approx. Officers per Shift
		Total 40 and 43-1 Calls	Proportion of Calls	
Northeast				
	Day	707	0.38	16
	Swing	760	0.41	18
	Graveyard	375	0.2	9
	Total	1842	0.99	43
Southeast				
	Day	682	0.4	16
	Swing	664	0.39	15
	Graveyard	338	0.2	8
	Total	1684	0.99	39
Valley				
	Day	604	0.39	14
	Swing	602	0.39	14
	Graveyard	327	0.21	7
	Total	1533	0.99	35
Foothills				
	Day	600	0.42	14
	Swing	565	0.4	13
	Graveyard	259	0.18	6
	Total	1424	1	33
Northwest				
	Day	361	0.35	8
	Swing	483	0.47	11
	Graveyard	190	0.18	4
	Total	1034	1	23
Southwest				
	Day	302	0.39	7
	Swing	321	0.41	7
	Graveyard	151	0.2	4
	Total	774	1	18
Grand Total		8291		191*

*Does not total to 194 due to rounding error.

Beat Assignments

As the geographic unit gets smaller, the approximate number of officers will also become smaller. Each table is organized by the highest volume Beat at the top of the table, then descending by call volume. As the approximate number of officers approaches zero, care will be needed to assign officers most efficiently as the behavioral health call demand is lower but all Beats in all Area Commands had demand during nearly all shifts over the course of 2022. More officers than the approximate may be needed in the high-volume areas, especially in Area Commands with more Beats since small decimals in low volume Beats take personnel that may be better used in high volume areas.

Behavioral Health Demand Bid Analysis

January 13, 2023

Northeast Area Command

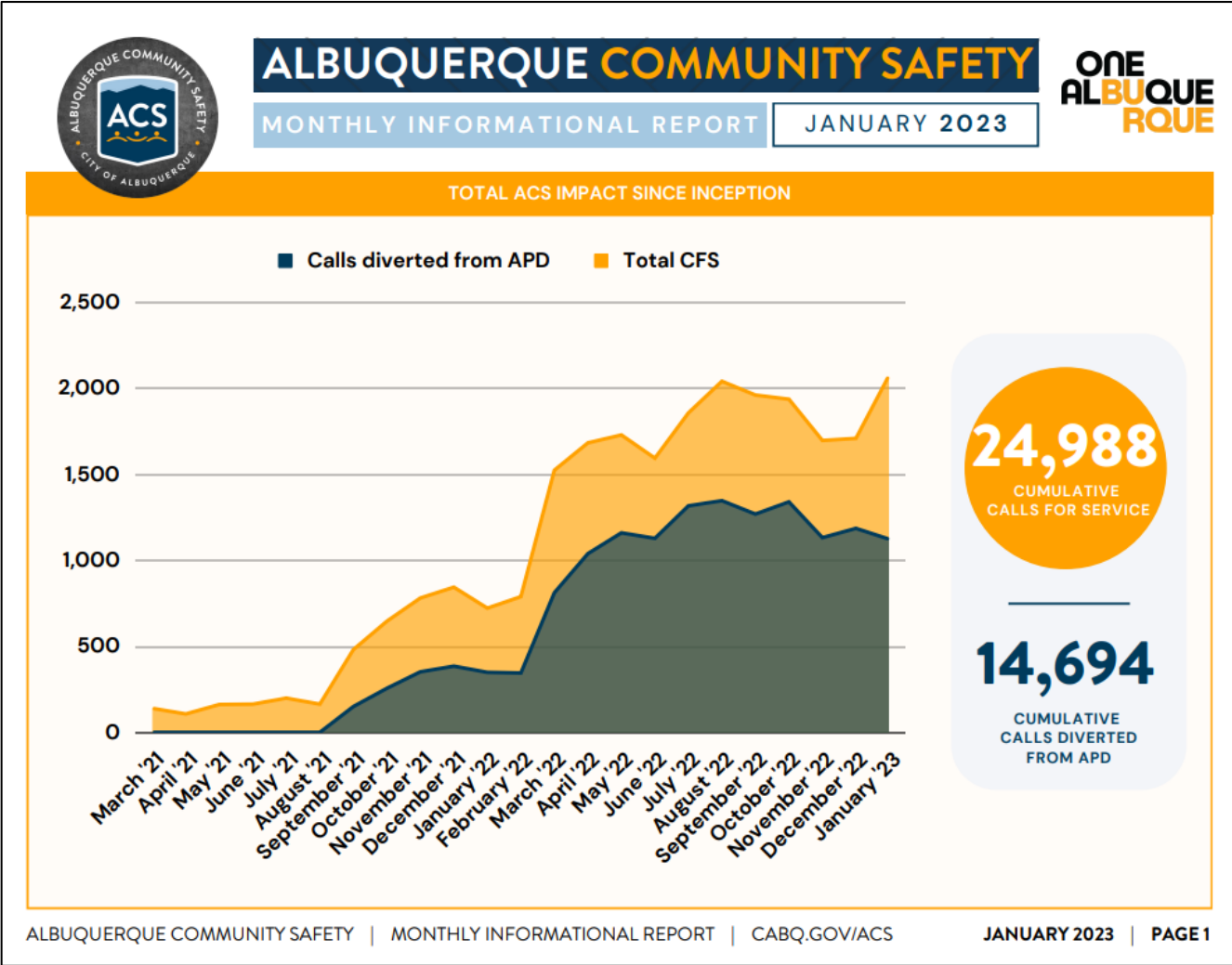
Beat	shift	Number of 40 and 43-1 CADs	Beat Proportion of Calls	Approx. Officers Per Beat
413				
	Day	137	0.19	3
	Swing	119	0.16	2.9
	Graveyard	78	0.21	1.9
423				
	Day	101	0.14	2.2
	Swing	134	0.18	3.2
	Graveyard	61	0.16	1.4
422				
	Day	95	0.13	2.1
	Swing	114	0.15	2.7
	Graveyard	44	0.12	1.1
431				
	Day	84	0.12	1.9
	Swing	87	0.11	2
	Graveyard	52	0.14	1.3
434				
	Day	77	0.11	1.8
	Swing	93	0.12	2.2
	Graveyard	30	0.08	0.7
433				
	Day	64	0.09	1.4
	Swing	65	0.09	1.6
	Graveyard	23	0.06	0.5
412				
	Day	50	0.07	1.1
	Swing	46	0.06	1.1
	Graveyard	25	0.07	0.6
411				
	Day	37	0.05	0.8
	Swing	37	0.05	0.9
	Graveyard	22	0.06	0.5
421				
	Day	29	0.04	0.6
	Swing	43	0.06	1.1
	Graveyard	20	0.05	0.4
432				
	Day	30	0.04	0.6
	Swing	21	0.03	0.5
	Graveyard	19	0.05	0.4

How Does The Establishment Of ACS Impact APD?

The Albuquerque Community Safety Department was established in 2021 in order to strengthen the City's ability to send trained professionals with backgrounds in behavioral and mental health and social services to non-violent and non-medical calls. Examining the full range of staffing implications between APD and ACS (and Albuquerque Fire and Rescue) is beyond the scope of this study. But an analysis of the preliminary data provides some points for consideration:

- The January 2023 ACS monthly information report indicates that 14,694 calls for service have been diverted from APD since March 2021.**
- An analysis of ACS CAD data from September 2021 to September 2022 indicated that 10.6% of the 12,3336 calls during that time period were for calls classified as behavioral health.**
- ACS currently responds to calls for service between the hours of 8:00 a.m. and 5:00 p.m. If calls for service come in before or after those hours of operation, they are routed to APD if they are a higher priority. If these calls are categorized as a lower priority, they are held until the next day for ACS response.**
- The shortage of certified clinicians makes it difficult for ACS to hire the clinician members of the Mobile Crisis Teams (MCT).**

The Cumulative Number Of ACS's Calls For Service And The Number Diverted From APD Since March 2021



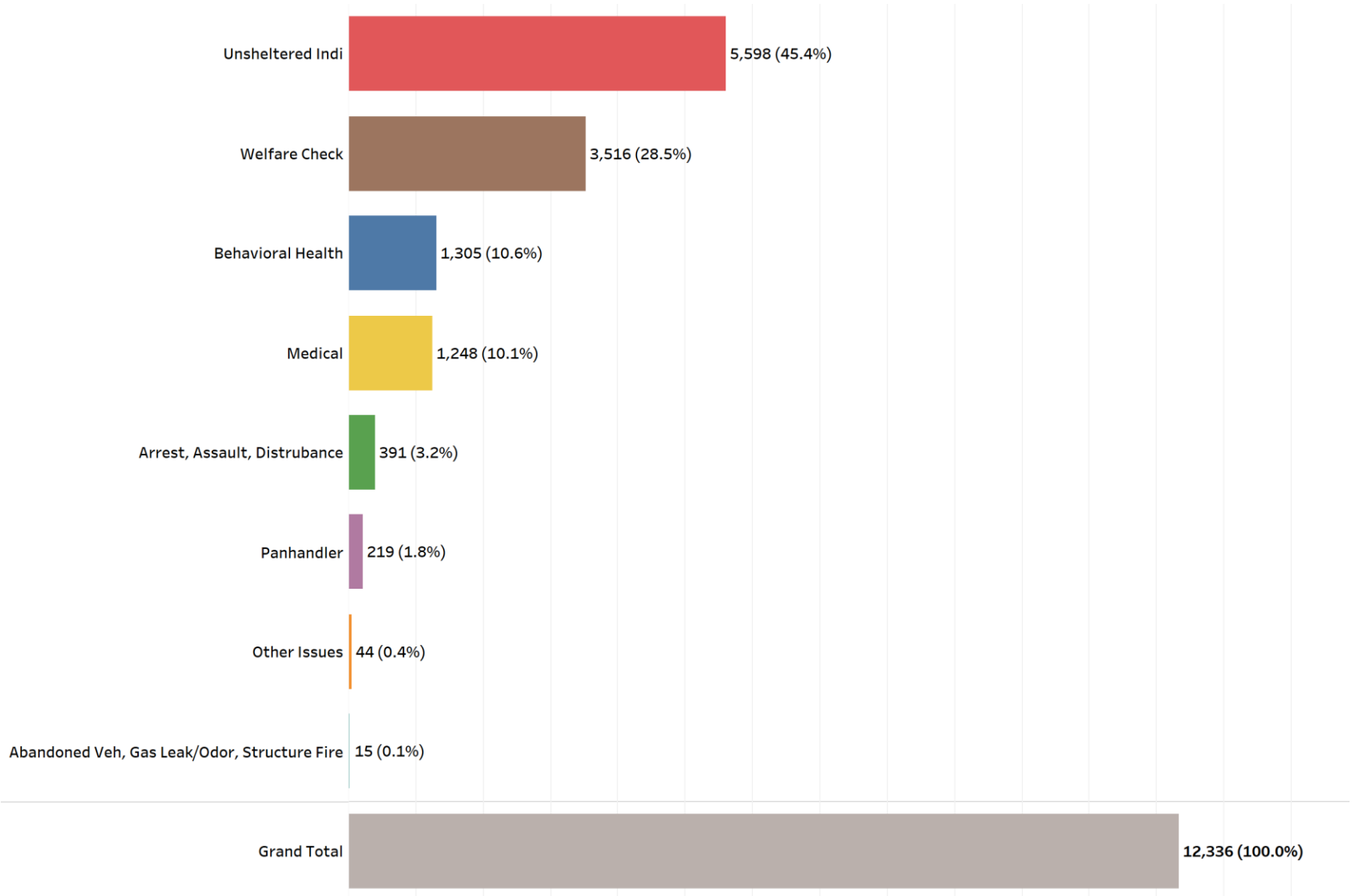
Source: ACS Monthly Reports , January 2023

The Number Of ACS's Call Types By Groups

Unsheltered Indi	Unsheltered Indi	5,598
Welfare Check	Welfare Check	3,516
Behavioral Health	Behavioral Healt	973
	Psyc/Suicide	27
	Suicide Related	305
Medical	Abdominal, Back, Chest Pain	9
	Burns	1
	Cardiac Arrest	1
	Diabetic	3
	Eye Problem	2
	Fall	12
	Headache	1
	Heat/Cold Expos	7
	Hemorrhage	4
	Intoxicated	297
	Overdose/Pois	85
	Person Down	709
	Seizure	4
	Sick	65
	Stroke	1
	Tramatic Inj	14
	Trouble Breathin	11
Unc/Faint	22	
Arrest, Assault, Distrubance	Arrest (No 55)	9
	Assault	3
	Assault (No 55)	1
	Disturbance	119
	Suspicious Perso	259
Panhandler	Panhandler	219
Other Issues	Citizen Assist	2
	Msg for Delivery	3
	Mutual Aid	2
	MVA	2
	Needle Pick up	8
	Unk Problem	27
Abandoned Veh, Gas Leak/Odor, Structure Fire	Abandoned Veh	13
	Gas Leak/Odor	1
	Structure Fire	1

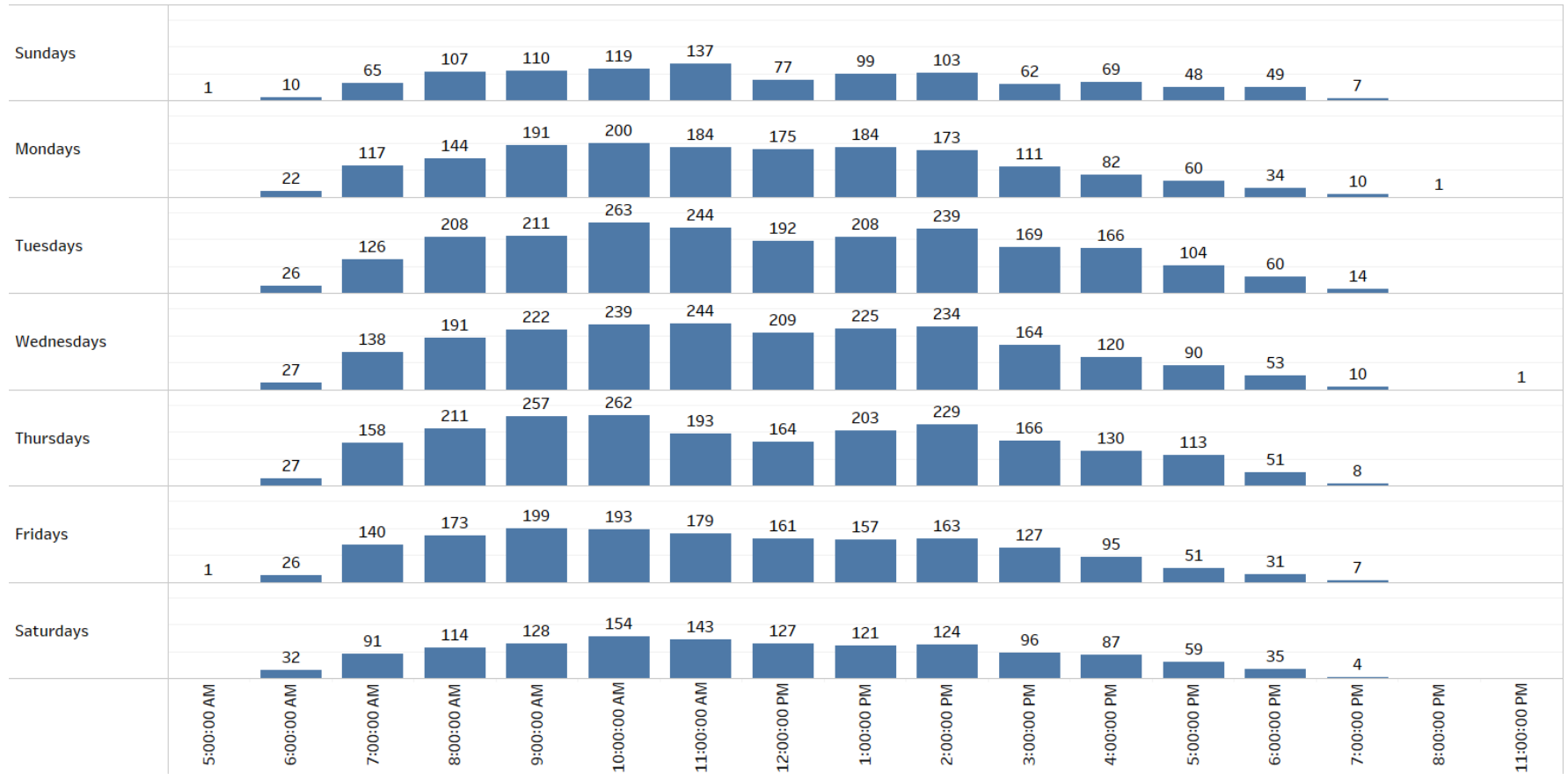
Note: The date range for these data is September 2021 To September 2022.

The Number And Percentage Of ACS's Call Types By Groups



Note: The date range for these data is September 2021 To September 2022.

The Number Of Distinct Call Numbers To ACS By Hours Of The Day And Days Of The Week



Note: The date range for these data is September 2021 To September 2022.

Summary: Staffing For Better Outcomes

We have situated our analysis within the model of police-mental health collaborations. Recall that this model's basic premise is that police can't do it alone. Police departments need agency-wide approaches; multiple types of response models including those with other non-police agencies; and strong partnerships with behavioral health systems.

Albuquerque's behavioral health needs are immense and finding enough sworn officers, mental health professionals and behavioral health system supports is difficult. Adequate staffing is important but so is tracking the outcome data to see if our staffing and approaches are working.

The police-mental health collaboration model also provides us with four key measures of success:

- Increased connections to behavioral health system resources.
- Reduced repeat encounters with law enforcement.
- Minimized arrests.
- Reduced use of force in encounters with people who have mental health needs.

The data indicate that the work that APD and the City of Albuquerque has done over the last few years have resulted in low rates of arrest and uses of force. The positive news is that APD, the City, and our community monitor those data carefully.

Unfortunately, we don't know as much about helping individuals in crisis make effective connections to resources and reducing the number of repeat encounters with law enforcement. We have anecdotal evidence of both good and bad outcomes. But we need to focus as much on these measures as we do arrests and uses of force. Success on these two measures could help with APD's behavioral health related staffing needs in the future.

Appendix: Data Notes

This study is based on data and lots of it. We appreciate the hard work from the officers who complete a huge number of reports; the staff who check the data; the analysts who produce reports; and the executive officers who use the data to inform policy and practice. But because we are data people, we have some suggestions:

1. APD's Force Review Board (FRB) is using purposeful sampling to help select the information rich cases it examines as a regular course of business. Behavioral health related incidents which include higher levels of force and injuries to individuals should continue to be included in those reviews. This practice is important because it helps inform policy and practice and addresses the Monitor's concern about APD's ability to use behavioral health data for management purposes.
2. APD should strengthen its capacity to track how many individuals in home visiting cases are connected to effective resources and how many individuals have repeat encounters. That data is available, but it is not easy to obtain or analyze. It may be useful for APD and ACS to collaborate on that effort and use the results to strengthen our behavioral health system.
3. Tracking the time that MCT on calls for service is difficult using APD's current system. This data should be easier to track on a regular basis and then used to inform staffing decisions.
4. An analysis of the CAD's system revealed 8,291 BH calls in 2022. CID's analysis of 5,967 indicated that ECIT officers responded to 80% of those calls. The difference in these numbers is that one analysis used both original and final call types and the other used only final call types. APD should strengthen its capacity to see what happens to each type of BH CAD.
5. CID's monthly reports should be revised so they are both easier to complete and provide a better picture of the important work these detectives and clinicians do. The ability to fully staff police departments is going to get more difficult in the future and good data is critical.