

**Progress / Status Summary of the USDOJ Settlement Agreement  
Entered Into By the United States of America and the City of  
Albuquerque Regarding the Albuquerque Police Department**

Sixth Report

February, 2017 - July, 2017

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and the Albuquerque Police Department

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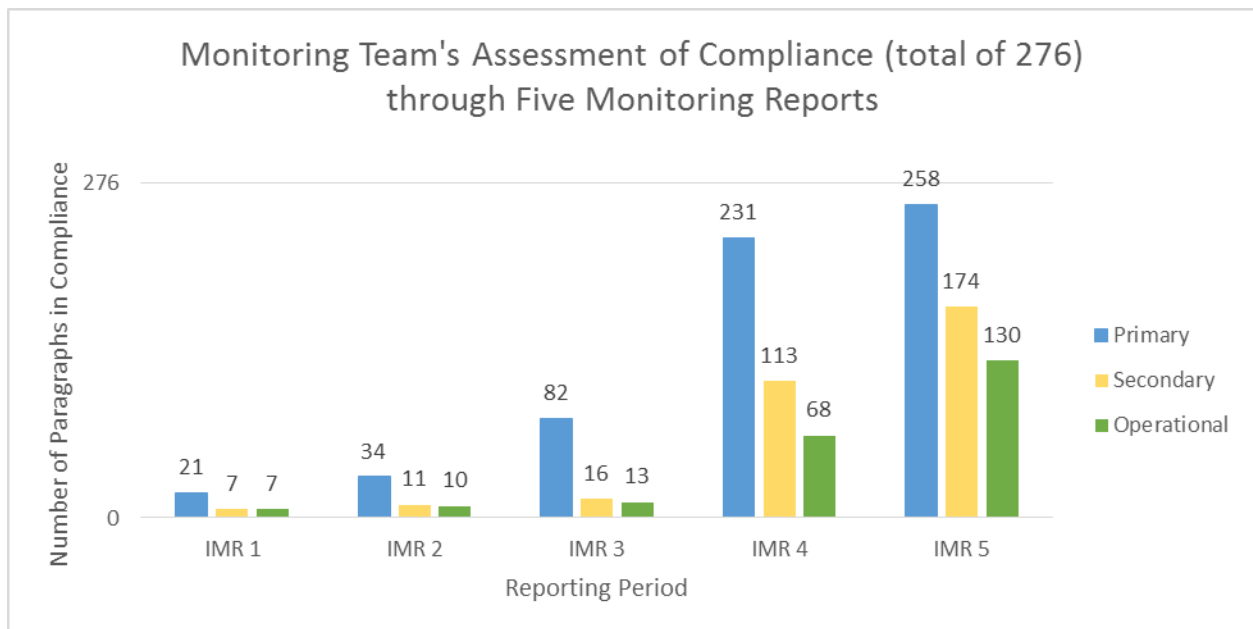


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## INTRODUCTION

The Albuquerque Police Department and the City of Albuquerque continue working to operationalize the requirements of the Court Approved Settlement Agreement (“CASA”) located <http://documents.cabq.gov/justice-department/settlement-agreement.pdf>. An immense amount of effort has been devoted to the crafting of policies and training to address use of force, supervisor use of force investigations, crisis intervention, on-body recording devices, and other significant areas of Departmental reform. The process of reforming APD involves the drafting of policy (primary), the delivery of training (secondary) and the measurement of how policy and training have been adopted by the Department as part of day-to-day operations (operational). At this point APD and the City are working to develop the systems and processes to assure that the hard work developing policy and delivering training result in true systemic reform of the way the Department addresses the critical areas of use of force, contact with individuals in crises and community engagement. This Agency Report is meant to detail Departmental effort to achieve meaningful reform while also including responses to the Independent Monitor’s recommendations found in the Fifth Independent Monitor’s Report (“IMR5”).

### Compliance Measurements

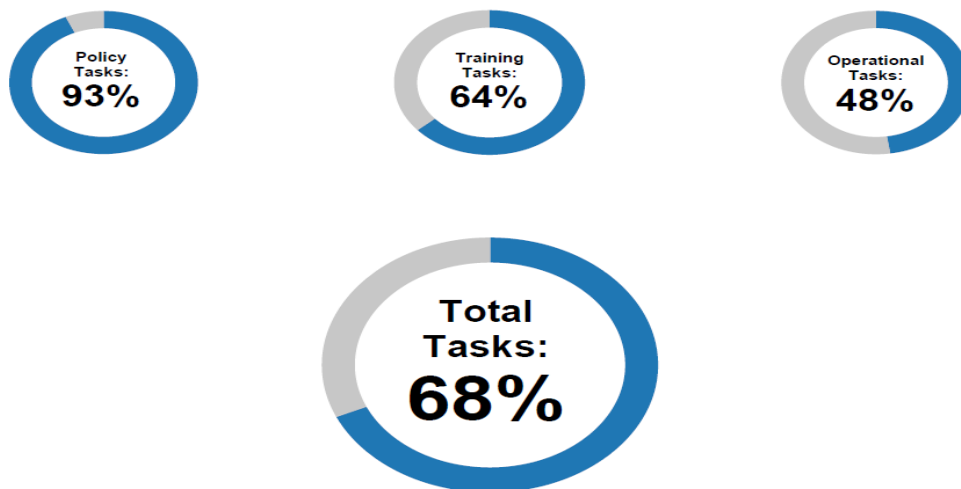


As the chart above shows, APD has made significant progress in meeting the primary, secondary and operational requirements delineated in the CASA over the period of monitored reform. APD

accomplished an increase in the degree of primary compliance by 181% from IMR3 to IMR4, and then another 12% from IMR4 to IMR5. APD is within eighteen (18) paragraphs (7%) of achieving full primary compliance.<sup>1</sup> APD increased the level of secondary compliance by 606% from IMR3 to IMR4, and then another 54% from IMR4 to IMR5. The degree of operational compliance has also been improving, with a 423% increase from IMR3 to IMR4, and then another 91% increase from IMR4 to IMR5.

In addition to tracking degrees of compliance at the primary, secondary and operational levels, APD has developed a graphical way to show compliance based upon sections of the CASA. An example of one such chart is set out below. APD uses these charts as a means to determine progress by a particular section so that resources can be allocated appropriately. A full set of the progress charts are available as an appendix to this document (Appendix I). The hope is that the reader will view the graphical depiction of compliance progression alongside the efforts being made by APD to achieve operational compliance.

#### ALL SETTLEMENT AGREEMENT PARAGRAPHS



The following sections will provide an overview of progress in policy, training and firearms qualifications, operations and supervision, technology improvements, officer assistance and support, and outreach that have been realized during this fifth monitoring period. All of the improvements are responsive to the requirements of the CASA while also considering the feedback given to APD by the

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<sup>1</sup> Note that this number is current as to the end of the monitoring period ending July 31, 2017. Several policies were submitted to the Independent Monitor before the end of the reporting period with approval of them provided only recently, and outside the monitoring period, or anticipated approval in the next few weeks.

Independent Monitor in the form of official recommendations from IMR5, written directives, and formal and informal discussions with the monitoring team and the parties.

## **POLICY**

The most notable accomplishment in this reporting period as it relates to policy development was the approval of the use of force policy suite by the Independent Monitor (Standard Operating Procedure (SOP) 2-52, 2-53, 2-54 and 2-55). This means that definitional concerns surrounding neck holds, show of force, un-resisted handcuffing and distraction strikes have been resolved. These policy changes will be incorporated into use of force training by the Academy in the next training iteration. In addition to the use of force policy suite the Independent Monitor granted approval of the Use of On-Body Recording Devices SOP. The canine unit policy was approved by the Independent Monitor just outside of this reporting period and the Early Intervention and Recognition System policy is pending approval as of the writing of this Report.

Several other policies have completed APD's internal policy development process and are now being commented upon by the Parties, with the next step being approval by the Independent Monitor: SOP 1-1 Personnel Code of conduct, SOP 2-20 Hostage, Suicidal, Barricaded Subject, and Tactical Threat Assessment, SOP 3-32 Employee Work Plans/Performance Evaluations, SOP 3-51 Department Orders, SOP 4-21 First Amendment Assemblies, SOP 5-1 Special Investigations Division and SOP 6-2 Recruiting Unit.

Finally, SOP 3-52 Policy Development process, which has been the subject of considerable discussion between the Parties, Independent Monitor, the Police Oversight Board ("POB") and the Civilian Police Oversight Agency is still pending. The main concern during this policy discussion has been the appropriate placement of the POB in the policy development process to assure that meaningful feedback by the Board is incorporated into a final policy. In early August, another proposal was discussed between the interested stakeholders and it is hoped that this revision will provide a satisfactory fix for this policy. The proposal was formally submitted for review the week before the filing of this Agency Report.

APD is also going to provide an updated policy review document to the public, through its website (<https://www.cabq.gov/police/our-department/standard-operating-procedures>), on a weekly basis. This update will show exactly where a given policy is in the policy development process. The Department also has a policy input form on its website (<https://www.cabq.gov/police/our->

[department/standard-operating-procedures](#)) where users can provide commentary on any given policy. Where there is community input APD will provide an outcome on a given recommendation and a written response to any user who completes the form and sends it to APD.

## **TRAINING AND FIREARMS QUALIFICATIONS**

The APD Academy is responsible for meeting the diverse training needs of cadets, newly promoted sergeants, and lieutenants while also assuring that the entire force is educated on the requirements of the new use of force reporting and investigation process implemented through the reform effort. In addition, state mandated law enforcement training must be provided to assure continued law enforcement accreditation is maintained. This training involves two-year cycles of topic specific areas of learning such as coursework in driving while intoxicated or domestic violence investigations.

In response to the training needs of the Department the Academy has developed a training schedule that lays out each course delivered on a monthly basis for every CASA specific requirement. In addition to the schedule, APD Academy staff is working on developing a training plan that involves a comprehensive seven-step approach to instruction that includes: (1) needs assessment, (2) curriculum development, (3) oversight/approval, (4) delivery, (5) implementation, (6) evaluation and (7) revision.

To aid in the provision of education and to assure that all provided training is within the goals and vision of the Department, while also being consistent with the CASA, the Academy has developed a comprehensive plan to document and house all trainings and related course of business documents at the Academy. To assure this consistency the following steps will be adhered to when training is completed by personnel other than Academy staff: (1) a Special Order will be sent to the Department stating that the APD Academy and Director of Training maintains oversight over all training; (2) any personnel who will be training APD personnel will need to submit a lesson plan for review and approval/disapproval from the Director of Training; and (3) once the lesson plan has been approved a cover sheet will be sent to the instructor and the lesson plan and a copy of the cover sheet will be archived at the Academy.

The APD Academy also accommodates firearm qualification efforts and failure remediation for the Department. During this reporting period, there was discussion of a process for remediation of firearm qualifications that would much more definitively address firearm qualification failures. Where an individual fails a firearms qualification, a notification will be sent to the officer's chain of command

and that officer would be placed on an administrative assignment until a passing score is achieved. A special order detailing this process will be published shortly after the filing of this Agency Report.

### **Supervisory Training**

Two types of supervisory training are delivered to newly promoted sergeants and lieutenants (1) supervisory training and (2) supervisor use of force training. The training involves forty hours of instruction, of which a block is dedicated to use of force investigations, and then sergeants and lieutenants engage in on-the-job training. The initial block of use of force training had some issues that were raised by the Independent Monitoring Team and follow-up training has been delivered toward the end of 2016 and during this reporting period. The aim of the latest use of force training was to clear up confusion surrounding issues such as un-resisted handcuffing, neck holds and supervisor responsibilities in conducting force investigations.

The latest round of training for newly promoted lieutenants was completed during this reporting period and on-the-job training has begun through the Field Training Evaluation Program. Finally, an update to supervisor use of force investigations was provided with make-up dates available through video recordings of the classroom instruction. Supervisory Use of Force Investigations training was developed due to concerns identified in previous Monitor's Reports.

### **Use of Force Training**

During the last visit by the Independent Monitoring Team with Academy staff there was considerable feedback provided concerning instructing Department personnel on un-resisted handcuffing, neck holds, distraction strikes and show of force. This discussion has guided the development of a use of force training update so that the concerns noted by the Independent Monitoring Team are adequately defined and explained in future training. The training materials for these updates are rooted in the recently approved use of force policy suite. The Academy's advanced training unit has created an outline to address these gaps and the Department is awaiting feedback from the Independent Monitoring Team so that video production and alternative teaching modalities (such as Power DMS) can be used to deliver instruction. The instruction will include a multiple-choice test along with the utilization of PowerDMS (APD's document distribution system) to deliver the aspects of training that involve a hands-on component. PowerDMS will allow the Academy to deliver video training, conduct testing, and surveying while gathering reporting statistics to provide feedback concerning the efficacy of training. The training will also be archived on an APD intranet page for ease of reference in the future.

Use of force phase one training consisted of a use of force refresher, crowd control, and an overview of the roles and responsibilities of the Critical Incident Review Team (CIRT). Use of force phase one training had a total of 899 personnel to be trained, 886 personnel completed the training, and the attendance rate is 98.55%. Makeup dates will be scheduled on an individual, as needed basis.

Use of force phase two training involved the provision of reality-based training (RBT) to personnel. As of the time of this report, use of force phase two training had 40 sessions completed and 34 sessions remaining. The total number of personnel to be trained is 899. Four hundred and sixty-three individuals have completed the training and 418 are scheduled to attend. This means that approximately fifty two percent of personnel have attended this training. Finally, there were twelve sessions of FBI civil rights color of law training that have been completed, and make-up sessions will be scheduled on an as needed basis.

### **Enhanced Crisis Intervention Training (eCIT)**

Enhanced Crisis Intervention Training is an eight hour course that is given in addition to the standard 40-hour CIT course which is required for all personnel. The course focuses on police interactions with those living with mental illness. Attendance and consideration for eCIT certification is voluntary. The latest eCIT certified field officer count, as of the end of July 2017, is one hundred and nine, and APD expects an additional fifteen to thirty eCIT trained officers by October 2017. This projection is based upon the number of officers that have already signed up for the eCIT class (Note: the average eCIT class size is six).

APD now has at 25% of personnel eCIT certified with the ultimate goal being 40%. APD will continue the recruiting efforts for eCIT by offering additional courses in the evening and weekends and planning for the new bid to attract additional candidates. Other methods have also been discussed to increase eCIT certifications including the authorization of overtime for the training of officers who need to train while not on duty. The provision of overtime pay has increased the rate of course registration. In order to increase the profile of eCIT personnel, and in response to community members and mental health peers, the Department has begun to issue eCIT pins to newly certified eCIT officers.

APD has been working closely with the Mental Health Response Advisory Committee (MHRAC) (<https://www.cabq.gov/mental-health-response-advisory-committee>) to develop curricula for mental health training through an ongoing dialogue which resulted in a formal feedback letter concerning the CIT training. The Department now has an agreed upon schedule to review classes going forward, with MHRAC providing monthly feedback on different CIT classes for the cadets, the 40 Hour CIT, 8 hour eCIT, and 20 hour Telecommunicators crisis intervention training (CIT).

Staff is currently collecting data and analyzing how many eCIT officers are responding to crisis intervention calls for service. Data collected included the final results of the calls, whether they were transported to the hospital, arrested, or another outcome. In addition to outcomes, in-house analysts are determining geographical locations and volume of eCIT calls to determine if there are an appropriate number of eCIT-certified officers available to meet demand. Finally, analysts are collecting general data and reviewing all uses of force (including ECW) and officer involved shootings that stem from behavioral health related calls.

### **Crisis Intervention Team (CIT) Training**

CIT is an innovative first-responder model of police-based crisis intervention that incorporates community, health care, and advocacy partnerships. The CIT Model was first developed in Memphis, Tennessee and has spread throughout the country with many law-enforcement agencies adopting the model. CIT provides law enforcement-based crisis intervention training for assisting those individuals with a mental illness, and improves the safety of patrol officers, consumers, family members, and citizens within the community. CIT is a program that provides the foundation necessary to promote community and statewide solutions to assist individuals with a mental illness. The CIT Model reduces both stigma and the need for further involvement with the criminal justice system. CIT also provides a forum for effective problem solving regarding the interaction between the criminal justice and mental health care system while also fostering a sustainable context for positive change.

In 1996, Sgt. Gene Pettit was assigned the task of starting a CIT program for the APD. He began networking to build collaboration within the community. A combined effort with the University of New Mexico, National Alliance on Mental Illness, and APD resulted in a first-ever 40-hour CIT class that graduated officers on January 31<sup>st</sup>, 1997. The class was taught in collaboration with community experts from local resources that were available.

Since then, APD has been a leading innovator in the CIT model, being one of the first law enforcement organizations to dedicate full-time sworn employees to a CIT program. By creating a unit of full time sworn officers to interact with individuals living with mental illness, APD raised the standard for police intervention in crisis situations. Another groundbreaking innovation to the model was APD's inclusion of a staff psychiatrist to the group, supported by clinicians, crisis specialists, and continuing education. APD's CIT program is still getting local and national recognition for its innovation, leadership, and knowledge. A recent publication in the American Journal of Psychiatry discussed the program and



how police can best work with the mental health community. The American Journal of Psychiatry is the most prestigious peer reviewed psychiatric journal in the world. (The article can be found in its entirety in Appendix II).

Most departments across the country offer approximately eight hours of basic crisis training. Although CIT programs have become more prevalent they are not so pervasive as to say that they exist in a majority of police departments. APD's training is among the most extensive in the country, starting with fifty six hours of mental health training in the Academy, which is sixteen more hours than what is mandated by the state. Beginning six months after graduating from the Academy, and after completing on the job training (OJT), officers are then required to take the forty hour CIT course. APD continues to offer the forty hour CIT course on at least a quarterly basis. APD also opened the class to local law enforcement agency officers who would like to attend when space is available.

In April 2017, staff completed training 20-hour CIT training to 29 newly-hired APD telecommunicators. Prior to offering the classes, CIU did a trial run of the newly developed telecommunications scenarios the month before the class began, in order to fine tune the scenarios used in the training. The telecommunicator CIT training course was state accredited on April 6th, 2017.

### **CIT Knowledge Network**

The CIT program's collaboration with the University of New Mexico and the CIT Knowledge Network has also praised by the Albuquerque Journal. (Appendix VI). The CIT Knowledge Network was developed out of a need to improve APD's interactions with people living with mental illness. Every week, the CIT Knowledge Network provides law enforcement agencies with educational presentations to fill the unmet need of the training needs of personnel dealing with individuals in crisis. Each meeting is divided into two parts: (1) a brief didactic presentation related to CIT policing or mental health, and (2) debriefings on officer cases involving subjects living with mental illness. Weekly presentations focus on the safety of interactions between officers and peers, psychiatric diagnoses, de-stigmatization, and resources.

Following the didactic presentation officers debrief complex cases involving interactions they've experienced with people living with mental illness. Officers debrief these cases for feedback and recommendations from their peers and experienced CIT detectives and psychiatrists. Case debriefings give officers a chance to receive advice on their calls including de-escalation techniques, resource referrals, identification of subject behaviors, and appropriate communication techniques.

### **Crisis Intervention Unit (CIU)**

Starting at the end of August 2017, CIU will teach HB93, which is a State mandated mental health training, in a two hour block during the Maintenance of Effort training for 2017. This will be completed within the two year time frame that the last HB93 was taught, which will sustain Departmental compliance with CASA paragraph 122.

### **On-Body Recording Devices**

APD was one of the first large departments in the country to fully deploy body cameras in 2011. Since then, the department has developed the program and has stayed ahead of the technology curve. The latest development is the deployment of a new camera and platform that will be launched in September 2017. The latest camera is a second generation of the vendor's body camera which will provide enhanced features that include increased image resolution, longer battery life, increased data storage, and image stability. A revised on-body recording device policy was approved, and training has been provided. The vendor provided training for the deployment of the new camera system to multiple Departmental instructors to accommodate deployment in late 2017.

APD has begun a process of randomly selecting on-body camera videos and using the content to aid supervisors in their ongoing evaluation and supervision of personnel. The Academy also uses the video review submissions by supervisors to incorporate into training in order to complete the training loop.

### **Diversity Training**

The Academy has partnered with community members to present APD cadets with the perspective of some of the minority communities represented in Albuquerque. The minority groups currently participating include Native American, African American, Latino, and Asian. During the panel, each stakeholder presents on their respective minority group. After the presentations, cadets participate in a question and answer session with the panel. The Academy conducted one session (outside of this reporting period) for our sworn officers with approximately fifteen participants and there is a plan to conduct two more sessions before the end of 2017.

### **Firearms Qualifications**

It is Department policy to provide officers with a duty sidearm and a less-lethal shotgun. Other authorized officers may be issued a patrol rifle, 12-gauge shotgun, and/or an enhanced shotgun. The Department will also supply necessary training and ammunition for these firearms. Firearms

qualifications are held annually for day/night qualifications. The purpose of firearms qualifications is to show proficiency under New Mexico Department of Public Safety standards for Law Enforcement Certifications. In order to qualify on a handgun, officers have to shoot 80% or higher, 90% for a rifle, and 80% for a shotgun. All sworn personnel are required to qualify with all weapons assigned to them which includes primary duty handgun, shotgun, and rifle. The 2017 firearms day and night qualification session required that a total of 899 qualify. At the time of this report, 885 officers have successfully completed their day and night qualifications (98.44% of personnel). Makeup dates are being scheduled to assure that the required number of qualified personnel is met.

### **Problem Oriented Policing Training**

Paragraph 258 of the CASA required APD to provide sixteen hours of initial structured training on community and problem-oriented policing methods and skills for all officers, including supervisors, commanders, and executives. This training is required to include: a) methods and strategies to improve public safety and crime prevention through community engagement; b) leadership, ethics, and interpersonal skills; c) community engagement, including how to establish formal partnerships and actively engage community organizations, including youth, homeless, and mental health communities; d) problem-oriented policing tactics, including a review of the principles behind the problem solving framework developed under the “SARA Model” (Scanning, Analysis, Response, Assessment), which promotes a collaborative, systematic process to address issues of the community, safety, and quality of life; and e) conflict resolution and verbal de-escalation of conflict; and f) cultural awareness and sensitivity training.

Problem-oriented policing (POP) is an analytic method used by police to develop strategies that prevent and reduce crime. Under the POP model, police agencies are expected to systematically analyze the problems of a community, search for effective solutions to the problems, and evaluate the impact of their efforts. POP represents police-led efforts to change the underlying conditions at hot spots that lead to recurring crime problems. It also requires police to look past traditional strategies and consider other possible approaches for addressing crime and disorder. Problem-oriented policing places a high value on new responses that are preventive in nature, independent from the criminal justice system, while engaging other public agencies and the community to collaborate and contribute to the reduction of policing problems. Problem-oriented policing carries a commitment to implementing the new strategy, rigorously evaluating its effectiveness, and, subsequently, reporting the results in ways that will benefit other police agencies and that will ultimately contribute to building a body of knowledge that supports the further professionalization of the police.

APD has revised, based on the monitoring team's comments, its POP training, and presented its POP training to 864 of all sworn officers. Provision of training to this number of sworn personnel is above the ninety five percent threshold established by the monitoring team. APD reports that 98.77 percent of the officers who took the APD post-test received a passing score. Operational aspects of the APD's performance on this requirement will be assessed as the POP procedures are placed into operations and the monitoring team has an opportunity to assess outcomes associated with the new program.

## **OPERATION AND SUPERVISION**

### **Supervisor Checklists**

APD has continued to refine and build out the Supervisor Checklist at both the Sergeant and Lieutenant levels. Staff have considered and performed a business analysis on the system, implemented software changes, and improved the report writing. These changes are driven by input from supervisors as they see the utility of the process and request enhancements to further assist them in their supervisory duties. The involvement of these important stakeholders means that the final product is developed iteratively, meeting both the goals of the agreement, and improving effective supervision. During this reporting period a presentation was delivered on the supervisor checklist SharePoint site to the CASA Implementation team. APD staff continue to refine the process and work on ways to ensure that supervisors are viewing monthly reports, ensuring that documentation supports the close supervision of staff.

### **Electronic Control Weapons (ECW) "Spark" Testing and Auditing**

A spark test is accomplished by pointing the ECW in a safe direction, removing the air cartridge, turning the power on, pulling the trigger, and then turning the unit off as soon as the spark is seen. A visible spark between the electrodes at the front of the ECW will show the unit is functioning properly. Performing a spark test ensures that the ECW is operating correctly before officers are actively patrolling and deployment may become necessary. APD staff has developed a protocol to guide officers around when they should spark test their ECWs. The information from the ECW is then reviewed and audited to ensure that the ECW activation was a spark test and not a formal activation during a use of force event. This process will help the department match up tests of the equipment compared to actual deployments that will improve analysis and accountability.

The ECW quarterly data upload process has been developed, trained, and implemented. Automated reminder emails to officers have increased awareness of the requirement and their role in meeting the necessary compliance level of 95% or greater. APD is in the process of increasing automation of the entire upload process in order to more easily identify trends associated with ECW usage.

### **Logging Community Events**

Since the CASA was implemented in November 2014, APD has increased the number and documentation of community interactions. In response to requirements of Paragraph 263 in the CASA, APD officers must attend a minimum of two community/outreach events per year. APD and City technical staff collaborated heavily with Police and Community Together (PACT) teams (created by APD to promote community interaction and response within each area command), to develop and test a logging process that improves the ease of recording community interactions. A special code has been implemented (75-1) in the department's Computer Aided Dispatch (CAD) software that allows officers to log their community interactions just as they would a normal call. The logs can then be sorted by that code to meet analysis and reporting requirements. In addition to the new "10-code", a new form deployed in the Traffic and Criminal Software (TraCS) system will allow officers to capture data items including the number of people that attended the event, what was discussed, items that require responses and/or follow up, and other data points. TraCS is a statewide traffic data collection software initiative implemented with the goal of electronic data transfer. APD anticipates that, as the process develops, this will become a useful way to collect information that can then be analyzed in a useful and meaningful way.

### **Formalizing Processes**

During this reporting period the Department devoted considerable attention to resolving the problem raised when supervisors are requesting investigative deadline extensions with no structure or clear end date. The CASA mandate of supervisor's completing the investigation within seventy two hours has not been consistently satisfied. Because there is no standardized approach to extensions or the expected time for an investigation to take a supervisor the Department has begun to collect data around these investigations from numerous sources in order to establish and standardize protocols to address the timelines and extension

The sources of information include internal data, stakeholder input, and best practices. To aid in this effort, City IT staff has developed a database where users from each area command enter how long

it takes each supervisory level to complete the review of an investigation. In addition, APD formed a working group to examine tracking systems, standard course of business formats, job aids, templates processes and workflow to aid in the assessment and analysis of the use of force reporting process. Department personnel have also reached out and met with personnel from the Seattle Police Department to obtain an overview of their processes to glean ideas about improving APD's system.

### **Additional Concern Memo Standardization**

APD utilizes Blue Team software to generate an Additional Concern Memo (ACM) when a deficiency is noted in supervisor investigative quality, officer tactics, performance, or other areas of concern. The ACMs may not rise to the level of a full investigation requiring discipline, but instead would be noted and archived for analysis and trend identification. ACM capability will be added to the Early Intervention and Recognition System (EIRS) as another means to capture metrics to positively improve upon officer performance. During this reporting period, a group of department staff worked to standardize the ACM form. The goal of the group was to develop a form to be utilized by supervisors to address everything from policy concerns stemming from a force incident to recognition of commendations. The form will contain numerous fields that will allow for it to be searched for data reporting and analysis.

### **Problem Oriented Policing (POP) Project Formalization**

APD staff developed a Completed Staff Work (CSW) document detailing their plan to become compliant with paragraph 257 of the CASA, which requires APD to "ensure that officers are familiar with the geographic areas they serve, including their issues, problems, and community leaders; engage in problem identification and solving activities with the community members around the community's priorities; and work proactively with other city departments to address quality-of-life issues.". To aid in the development of the CSW, staff conducted a focus group with the Police and Community Together (PACT) lieutenants and drafted a first-ever standard operating procedure for POP. The SOP has been submitted to the APD policy process for review and approval.

In addition to the POP policy, staff has collected data from all area commands indicating how many officers signed bid sheets from April to July. Staff is developing an electronic method to distribute bid packets through PowerDMS to keep track of how many officers signed the packets while also providing them with a short survey to evaluate how well they know the stakeholders in the area command and to demonstrate understanding and comprehension of the information provided. To

gauge feedback and success, APD staff has created an online POP stakeholder survey that can be sent to all community members affected by POP projects.

To develop the training associated with the new POP policy and program, APD developed a working group consisting of staff from crime analysis, the academy and PACT to ensure that the program reaches defined milestones for finalizing in-service training for POP. The curriculum has been developed for the in-service training, and production to deliver an accompanying video continues. A training schedule has been created and implementation of in-service training that should be completed by the end of the year.

To aid in community outreach and understanding, staff are developing a new crime statistics website so that the public can view crime data for each area command. APD is also expanding the crime data provision to a web map platform so that the public can focus in on their specific neighborhood for crime data. Staff has completed a narrative description of one of APD's most successful POP projects to encourage other community members to participate along with a demonstration of what can be accomplished when law enforcement and the community work together to solve problems. POP project managers will now be presenting their projects monthly to the Community Policing Councils for their area commands.

To formalize the POP process, staff has created new forms for POP project managers to complete at the beginning and the end of a project. These forms will be included in bid packets so officers are aware of the POP projects in their area. Staff is in the process of developing a SharePoint system that POP project managers will be able to use to help them keep track of how many officers are working on POP projects.

## **TECHNOLOGY IMPROVEMENTS**

### **IAPro and Blue Team**

APD's collaboration with CI-Technologies (the vendor of BlueTeam and IAPro) continues to be an effective means for creating the technological framework to deliver upon the technological requirements of the CASA. Input from the monitoring team, APD supervisors and users have resulted in the creation of a joint product roadmap which will guide development of the software in the future so that it can better meet the needs of the department and the requirements set forth in the CASA. CI-Technologies has identified tentative schedules for many of the changes. Many of these enhancements will improve the product for all customers, and therefore will not incur further cost to APD. CI-Technologies and APD will continue to develop scope and cost estimates for other changes that are

more specific to APD. As a result, there will be multiple, incremental versions released to APD, tested by them and deployed. APD has also been working with other customers of CI-Technologies to share and gain knowledge. This will further benefit APD by suggesting further ways in which overall process efficiency and accuracy can be improved.

### **APD Data Warehouse**

The APD data warehouse was created last year to help store the data elements specified in Paragraph 298 of the CASA. In addition to the large amount of data required to be collected by Paragraph 298, the APD Data Warehouse continues to collect other data sources and continues to be refined and developed as the primary location for reporting APD data. Ongoing work continues in three main areas:

- Bringing additional data sources into the data warehouse;
- Curation and documentation of existing data; and
- The development of reports, user security roles and enhancements to other systems that rely on this data.

In response to the monitor's Paragraph 298 Report, which was released in August 2017, APD has created a working group with all departmental data producers, analysts, and auditors to improve data collection, documentation, and reports. The collaboration of the group (a first of its kind) will help the department immeasurably in the future as it aims to standardize all staff's understanding of how and what data is collected, and what it is used for. The data validation and documentation will aid the monitor in future 298 reports and bolster the department's credibility in providing the data to the community.

### **Improving Data Processes**

In addition to the work being done by the P298 Data Group, APD has developed an overall departmental data strategy to ensure that data is collected and managed in an appropriate way. Illustrative of this strategy is a business process evaluation (also known as project concept report, or PCR) recently completed to document and determine the best way for technology to support the needs of the Crisis Intervention Unit (CIU). The PCR highlights opportunities in which considerable process improvement can be obtained by a closer alignment of technology with business needs. These solutions include configuration changes, report writing, improvements by vendors and new data capture systems. Other recent data process improvements include:



- Analyzing and determining whether an internal management system would assist APD in standardizing and storing course of business documents that are used for reference regarding employee concerns and commendations; and
- Making changes requested by the Special Investigations Division (SID) to their data collection worksheets to improve data analysis and reporting to the monitoring team that is consistent with the CASA.

### **Employee Work Plans (EWPs)**

For at least the last ten years, APD supervisors have utilized the EWP process to manage staff. The EWP process involves supervisors working with employees to make sure that every employee has an individually developed job plan. The document is maintained and updated as necessary by the employee with the concurrence of the employee's manager. The document lists the employee's responsibilities and the core job functions, goals, and expectations for performance. It is the employee's responsibility to execute the job plan with management support and agreement. Supervisors work with employees to ensure that employees have appropriate elements of their company's mission, goals, and objectives in their job plans. Supervisors also work with employees to ensure that regular performance discussions and feedback are occurring relative to the core functions, job expectations and goals in the job plan.

A new EWP online process was implemented last year, and a one-year cycle was completed during this reporting period. APD IT and APD Personnel have worked together to create notifications of upcoming Talent Management Checkpoints that inform managerial staff via e-mail of pending employee reviews and deadlines. Also within this reporting period, APD staff has begun a new round of Talent Management documents that will spur regular reviews of employee performance for the coming cycle. Analysis and development work continues to incrementally improve Employee Work Plans while also integrating them into the APD Data Warehouse.

APD Personnel staff is working closely with City Human Resources staff to ensure that "reports to" information in PeopleSoft is as accurate as possible for the officer bid that will be effective on September 19, 2017. Ensuring that the supervisory chain of command (i.e., "who reports to whom") is accurately captured and maintained is extremely important. Not only is this information essential for Employee Work Plans (EWPs), but also a number of other projects and reports such as the monthly activity reporting report (also known as "MyPal") which uses this information to provide updates on subordinates to supervisors.

## **Line Inspections**

As part of the department's efforts to meet the requirements of CASA Paragraph 206 which requires "close and consistent supervision of all officers", APD developed an automated line inspection form. A line inspection checks an officer's duty weapons, ammunition, ECW, on-body camera, appearance, vehicle, among other items. Sufficient experience and feedback has been received from users and consideration of audit/inspection recommendations from IMR 5 regarding the line inspection automated form to develop an improved, department-wide version. In order to implement some of these requested efficiencies and improvements (e.g. retrieval of weapons information), work is almost complete to ensure that supervisors will have property inventory information integrated as part of the new system. Discussions have taken place with vendors as to how best to develop and implement the new system based on these changes. A working group consisting of process stakeholders is being formed to develop the final requirements of the new system.

## **Community Outreach Reporting**

In response to the requirements in Paragraph 263 of the CASA which requires APD to "attend at least two community meetings or other meetings with residential, business, religious, civic or other community-based groups per year in the geographic area to which the officer is assigned", City IT staff collaborated with Community Policing Council members, field officers, and the APD Public Information Officer (PIO) to evaluate business needs and build process requirements for a reporting system that would reliably collect data on community outreach efforts. The collaboration resulted in a form deployed through APD's TraCS system to support officer input of data when attending a community event. See "Logging Community Events" above. Staff also worked to migrate individual area command websites under the City website umbrella with the long-term goal of being able to extract data from area command calendars. The data extraction would combine all of the data into one source to aid in compliance reporting.

## **On-Body Video Recording Inspections**

The video inspection process has been updated in the new On Body Recording Device (OBRD) policy. The new process has identified several areas that a supervisor should be looking for within the reviews, including evidence of constitutional policing; officer conduct; domestic violence responses; tactics, including officer safety; recognizing signs of persons in crisis and treating them with dignity; among others listed in SOP 2-8 Use of On-Body Recording Devices F2E. It also identifies a review time window per video in order to alleviate reviewing redundant parts of the video. A system framework is in

place to provide supervisors with a random sample of videos to review. Further work will continue once operational and business issues have been resolved.

### **Activity Reporting**

APD's new Monthly Activity Tracker (also known as "MyPal") is now deployed and active. MyPal was created in order to satisfy the requirements of CASA Paragraph 205 and 208 that call upon supervisors to "closely and consistently supervise all officers under their primary command." MyPal provides supervisors a list of all staff that are under their command, as well as rank, Telestaff entries (vacation and sick leave, overtime usage, among others), Blue Team entries, reports written, arrests and warrants, CAD entries, missing reports, and video inspections. The information provides accountability of officer actions throughout the supervisory chain and provides a comprehensive description of officer activity in one convenient location that is accessible wherever the supervisor has internet connectivity.

Development of the MyPal report was based on best technology practices in agile methodology: start with minimal viable product, test, iterate and release new features frequently. Overall feedback received from the field has been good. Further work and releases continue to expand capabilities (e.g. the addition of Use of Force metrics), and other additional metrics and examine opportunities for dashboard graphics. Development and improvement of the MyPal tool continues as feedback is received and it is expected to play a significant role in meeting the requirements of CASA Paragraph 205 and 208 while providing supervisors with a comprehensive view of all employees within their command.

City IT staff met with CI Technologies and the Executive Director of the Civilian Police Oversight Agency (CPOA) to address concerns about administrative level access to a system currently used by the Agency. A short discussion between the three groups resolved the issues and the changes made will provide the necessary access to the Executive Director and his investigators as they perform their work.

### **Website Improvements**

The Independent Monitor noted in IMR5 that the online complaint form on the website maintained by the Civilian Police Oversight Agency ("CPOA") was lacking sufficient clarity for citizens seeking to submit anonymous complaints against APD personnel. City IT staff worked with the CPOA Director to update CPOA's website (<https://www.cabq.gov/cpoa>) with revised verbiage to make the process of submitting anonymous complaints more clearly.

## **Additional Staffing**

In late April 2017, APD Deputy Chief Eric Garcia was transferred from his previous role overseeing the Criminal Investigations Bureau and was tasked with helping operational implementation of the CASA, especially with matters concerning field operations and sworn staff.

APD Personnel staff continues to work diligently to process hires in a timely manner to assist APD with overall staffing levels and to meet the requirements of the CASA. APD Personnel has completed many personnel actions to include hiring a new SOP Liaison to fill a vacancy, hired two new quality assurance auditors that are embedded in internal affairs and behavioral health, and the hire of a new Office of Policy Analysis (OPA) Coordinator to improve policy outreach and coordination between public stakeholders, agencies, and APD. During this reporting period APD promoted ten sergeants to the rank of lieutenant. Two lateral officers and two rehire officers graduated the Academy and completed their OJT (On the job-training). In response to their request and need by the MHRAC and Community Policing Councils (CPCs), APD Personnel worked closely with APD Fiscal to create the position of MHRAC/CPC Administrative Assistant. The new position will provide administrative help to both the MHRAC and CPCs by taking minutes at the meetings, creating agendas, and providing other organizational help as needed. During the reporting period, APD began a new 2017 sergeant promotional process. The written examination took place on July 17, 2017 and the assessment center was completed on August 31 2017.

## **Recruiting**

The Department recently graduated another 18 Police Service Aides in August 2017 and has 43 officer cadets in the current class. The Department continues work to recruit employees who are representative of our diverse community. The City has been supporting the Department's recruiting efforts by offering great incentive packages to new cadets as well as lateral applicants. For new cadets, incentives include a maximum incentive of up to \$5,000 for cadets payable as follows: \$1,500 at successful completion of the fourth week of training, \$2,000 at successful completion and graduation from academy training, and \$1,500 at the successful completion of the On-the-Job Training (OJT) period. A maximum incentive of up to \$8,000 for laterals payable as follows: \$2,000 at the successful completion of academy training, \$3,000 at the successful completion of On-The-Job Training (OJT) period and \$3,000 after the successful completion of a one year probationary period

## **Force Review Board**

During this reporting period, APD has taken steps to revamp and improve the department's

Force Review Board (FRB) process. Staff has considered monitor site visit commentary for proposed changes and improvements, as well as traveling to other agencies to adopt best practices.

To improve accountability and workflow, APD Executive Staff assigned a lieutenant to the Force Review Board to prepare official reports for the Chief and to take notes to assure that all recommendations are completed, closed, and course of businesses documentation is produced and archived. The FRB lieutenant researched past IMR reports to glean ideas and suggestions on where the board can improve. Qualifications for FRB members are being developed, as well as a training curriculum and standards.

## **OFFICER ASSISTANCE AND SUPPORT**

The Behavioral Sciences Section (BSS) is primarily responsible for promoting the wellbeing and resiliency of APD police officers. They offer therapy, conduct pre-employment screening, respond to critical incidents, and offer training. From January to present there has been an increase in demand for services from police officers, APD employees, and their families. BSS is putting an emphasis on confidentiality allowing officers and employees to feel comfortable discussing problems they may have. A survey sent out to the entire Department at the end of 2016 showed that many were concerned about confidentiality, which is the reason it became an important focus for BSS.

### **Peer Support Program**

In January 2017, APD officially formed the Peer Support Program, hiring a full-time coordinator to oversee the program, created a peer support board, and assembled a team of volunteers consisting of all levels of leadership throughout APD. The team attended a 24-hour Basic Peer Support & Critical Incident Stress Management course at the end of January 2017. The program is now fully operational. As awareness grows throughout the department, team members are responding to more calls, identifying areas of concern, and following up with those involved in critical incidents.

## **OUTREACH**

### **Publications**

APD's 2015 Use of Force reporting and annual review was published in August 2017 and is located at <https://www.cabq.gov/police/documents/uof-annual-2015-7-17-17.pdf>. 2016 Use of Force data continues to be compiled and will be published as soon as it is reviewed and validated. In an

effort to continue to enhance APD's Use of Force data collection and publication, and in response to a monitor recommendation in IMR 5, APD reached out to agencies around the country requesting a peer review of the department's Use of Force Report. Interest has been expressed from police departments in Cape Coral, Florida and Herndon, Virginia and work will begin to collaborate with these agencies to ensure that the department is seeking to incorporate best practices in the collection, analysis, and display of use of force data. The expectation is to receive feedback from the agencies during the 4<sup>th</sup> Quarter of 2017 and incorporate the suggestions in future versions of APD's use of force reports.

### **Social Media/Internet**

The Department continues to find new and unique ways to communicate and interactively reach out to our community. During this reporting period, APD launched an innovative program called #TuesdayCopTalk which encourages residents to pose any questions or concerns they may have about the department on social media. Residents are encouraged to follow the live question and answer session on the department's social media feeds and City website on the first Tuesday of each month. This is yet another example of how the department continually strives to encourage direct, open dialogue with our community. The department has also seen its Facebook followers increase from 24,000 followers in April of 2015 to 49,000 during this reporting period, with more than 70,000 followers on Twitter. Through direct messaging, virtual ride-alongs, question and answer forums, and constant public communication, APD is connecting with more than one million people each month in across a variety of platforms.

### **Community Outreach**

Collecting meaningful data to measure community outreach continues to be a top priority for the department. In order to improve the process of collecting outreach data a focus group comprised of civilians and sworn staff of various ranks, along with data experts, was formed during this reporting period to thoroughly analyze the process. In the past, APD supervisors kept track of community outreach using individual spreadsheets. Due to the requirement of additional information needing to be collected on each interaction, a hard copy form was used. The form collected pertinent data including topics discussed, concerns addressed, and activities which require follow-up. Outreach was also tracked through social media to ensure public transparency as well as through a community calendar. The paper form was finally transformed into a digital file in TRACS, which most officers use already for other data entry purposes. The TRACS form will best support officer data input and collect key information such as type of meeting, stakeholders identified, concerns and issues discussed and follow-up necessary to

address community needs/issues. To further help make this new system operational, and a natural part of an officer's everyday duties, a new 10-Code was created which will give the TRACs form a Computer Aided Dispatch or CAD number. The officer is now able to log in or out via APD's dispatch center when they are attending a community outreach meeting or event. This is the same process they would utilize in logging onto or out of a call for service. The 75-1 code signifies a community outreach event, and officers have been utilizing it as part of a pilot project since January 2017. Following this test phase of the combination TRACS/CAD system a Special Order will be issued to further operationalize the process department-wide. The new form was implemented in August 2017 and will ensure consistent and even more meaningful tracking of community outreach data.

Police and Community Together Teams (PACT) are now operational in each of the six APD area commands. Besides conducting proactive, community policing and policing plans to address quality of life issues, PACT have also begun meeting as a collaborative unit at least once every month. The communication has been critical to developing further community policing strategies for our city. PACT lieutenants are also now the main facilitators of APD's Problem Oriented Policing (POP) projects and are continually addressing different projects within their respective areas and with community members.

The city's six Community Policing Councils have all created and adopted guidelines and have made progress on submitting recommendations to the Chief of Police. Since their inception, the councils have submitted a total of 24 recommendations. 17 of the 24 were approved and are operational; four were partially approved and implemented; one is still in process and two have been denied due to cost and technical considerations. The city has made true progress in establishing a working and fully updated CPC website to further the important work of the councils and ensure the community can stay informed and are notified of their achievements. A full-time administrative assistant has been hired by APD to assist the councils and the Mental Health Advisory Committee with compiling minutes, agendas and notices. APD's Community Policing Council Coordinator has developed a monthly report for the councils detailing outreach efforts to further diversify membership. Recent outreach by the CPC Coordinator includes meetings with the area high schools to encourage youth membership, and meetings with members of the Asian and Vietnamese community to improve participation by underrepresented groups. There have also been continued efforts to reach out to the African American community including the African American Student Union at UNM and Martin Luther King Center. CPC meetings are also highly publicized on the department's Facebook, Twitter and Nextdoor.com pages.

Now that Community Policing Councils are better established, CPCs are beginning to review policy development. Two CPCs are reviewing APD's Use of Force policy, and all six Councils examined the new On Body Camera Policy. All six Councils have committed to reviewing additional department policies and procedures. In March, department staff presented its Fifth Agency report to the councils and public. The presentations were held at CPC meetings to spur meaningful dialogue and spread awareness about Community Policing Councils and their function.

In response to a recommendation of the Northeast CPC, the department is currently reassessing the requirement of the successful completion of the APD Citizen's Police Academy as a requirement for participating on the board of any of the CPCs. Successful completion of the CPA is a requirement of the CASA for CPC, Civilian Police Oversight Agency and Police Oversight Board Members. A focus group has been created and started meeting to formalize curriculum and shorten the academy that many members felt was cumbersome.

APD continues to expand its community outreach events. In this reporting period, APD hosted the first ever Bagels and Badges, a community event that featured the opportunity to interact and ask questions of sworn officers at morning events. Two Coffee with a Cop events were held in different areas of the city each month. Turnout for these events continues to increase and community members have expressed that they enjoy having the opportunity to ask one-on-one questions, learn about the department, and build a stronger sense of community.

### **Recognition of Efforts**

The APD's CIT program is getting local and national recognition for its innovation, leadership, and knowledge. A recent publication in the American Journal of Psychiatry discusses the program and how police can best work with the mental health community. The American Journal of Psychiatry is the most prestigious peer reviewed psychiatric journal in the world.

The CIT program's collaboration with the University of New Mexico and the CIT Knowledge Network, were also praised in the health section of the Albuquerque Journal. The CIT Knowledge Network is teleconferencing continuing education for law enforcement. In addition to online interactive lectures on mental health issues, the program also allows officers from all over the country to staff cases with Psychiatrists and other officers.

CIU is a frequent presenter to conferences around the country. They have presented in Tacoma Washington for a regional conference, as well as in Virginia, Monte Rey, and Chicago for national



conferences. This month they will present classes at the Crisis Intervention International Conference in Florida. Titles include, "CIT is on the scene, is anyone better off?" "Beach Babble: Review of the 7 active listening skills" "Learning together: The CIT Knowledge Network". The CIT program will also present twice at the International Association of Chiefs of Police (IACP) conference, which is the most important law enforcement conference of the year.

### **Action Plan Development – Response to Amici**

In response to a request by the judicial officer overseeing APD's reform process, Judge Brack to address concerns and questions that were noted by the amici during the court hearing for IMR 5, APD and City staff developed an action plan for each item that was discussed during the hearing. The action plan has undergone several iterations and has included additional commentary by the parties and amici. Even though the action plan has not been finalized, APD continues to make progress on the recommendations and plans that are contained within the document.

### **RECOMMENDATION RESPONSES**

Soon after the release of the draft of IMR 5, APD staff began compiling a list of the recommendations in order to create a plan to address each one. By the time that the final draft of IMR5 was released one month later, APD was already meeting with stakeholders frequently to measure progress and overcome any obstacles in meeting the directives. APD staff tracked all recommendations on a shared spreadsheet, and each stakeholder added additional information including estimated timelines for completion, additional resources required, regular status updates, and course of business documentation created to support the recommendation. The narratives below group the recommendations into shared subsections that address a specific topic, such as "Use of Force Principles" that are consistent with groupings in the CASA. The narratives are brief; they only provide a quick overview of the intent of the course of business documents that are created to support the effort of satisfying the recommendations and act as a guide for the monitoring team. The true measure of completeness of recommendations comes from the course of business documents that are generated from the process which are reviewed for sufficiency by the Independent Monitor.

#### **Paragraphs: 13-17**

#### **SUBSECTION: Use of Force Principles**

PROGRESS:

In response to the recommendations found in this subsection the Department has obtained approval of the use of force policy suite (SOP 2-52 through 2-55) and Inspection Process (SOP 3-30). The approval of the revised use of force policy suite is fundamental since the delivery of training is dependent upon clearly spelled out policy guidance. The newly approved use of force policy suite clears up confusion around issues related to un-resisted handcuffing, neck holds, and distraction strikes.

During this reporting period the Department promulgated Special Order 17-56 to rescind any prior special order implicating CASA related policy or process. Moving forward all special orders which touch upon a CASA policy or process will be submitted to the Independent Monitor and Parties for review and approval.

**Paragraphs: 18-23**

**SUBSECTION: Use of Firearms**

**PROGRESS:**

In response to the recommendations found in this subsection APD has developed course of business documents in response to paragraphs #18-23 of the CASA. We have implemented a revised, monitor approved policy Inspections Process (SOP #3-30) and Use of Force (SOP #2-52). Inspection reports have been conducted along with a draft audit process. This draft audit process will provide for an in-house measure of the policy usage rates and will additionally allow for measures of clarification to the department, when need is established. Additions have been made to Internal Affairs software, IA Pro, in the effort of satisfying this recommendation. The Force Investigations Team has worked in developing a spreadsheet to track specific requirements continued in the report. The spreadsheet is utilized in detail and tracks important elements such as dates for usage within the department.

The EIRS policy is pending approval; however, was designed with these recommendations in mind. Following monitor approval, the policy will be implemented with monitor approved agency wide training with Internal Affairs staff assigned to conduct training while also being the point of contact as questions may arise.

**Paragraphs: 24-38**

**SUBSECTION: Electronic Control Weapons**

**PROGRESS:**

In response to the recommendations found in this subsection APD has implemented a revised, monitor approved policy regarding Electronic Control Weapons, SOP #2-53. The new policy was

developed and updated with the aforementioned recommendations as a source of reference. Additionally, additions have been made to Blue Team. The fields were updated to reflect the need of the department as well as the recommendations contained in the report.

**Paragraphs: 39-40**

**SUBSECTION: Crowd Control and Incident Management**

**PROGRESS:**

In response to the recommendations found in this subsection the Independent Monitor recommended completion of an after-action review of the Trump rally “focusing on policy guidance for after-action event assessments, after-action upgrades to policy, training, and multi-agency responses” without involvement of CIRT. The monitor recommended development of a policy “responsive to partner-agency concerns guiding after-action reviews, assessments, and revisions to existing policy.” In addition, the Independent Monitor recommended supplemental training in Use of Force based on approved Field Services policy and Emergency Response Team policy, along with incident command training. Finally, the Independent Monitor recommended an official format for Completed Staff Work projects following formats from outside agencies along with training as needed. In response, APD has developed several course-of-business documents around the recommendations for paragraphs mentions which includes a completed staff work template. APD has also completed an after-action report developed by Commander Altman regarding the Trump rally, and the department has developed policy on after-action reviews along with templates for interagency policy reviews.

**Paragraphs: 41-45**

**SUBSECTION: Use of Force Reporting**

**PROGRESS:**

In response to the recommendations found in this subsection APD has delivered supervisory gap training and subsequent job aides. The job aids that were developed serve as a form of reference for supervisors as well as a check-list for items they are required to complete in order to sufficiently investigate a use of force incident. Additionally, the job aides form as a data source for which the department may draw from to determine trends concerning use of force incidents, reporting and investigations.

In response to the recommendations regarding the above referenced section, a special order was released regarding the requirement of the supervisory chain to add their names to the investigatory sheets. This also allows for a data source as the name of the supervisor reviewing the matter can be obtained and reported on. The use of force policy suite was approved during this reporting period resolving definitional confusion surrounding neck holds, un-resisted handcuffing, show of force and distraction strikes.

**Paragraphs: 46-49**

**SUBSECTION: Force Investigations**

**PROGRESS:**

In response to the recommendations found in this subsection APD has implemented and revised SOP's regarding Use of Force along with a Use of Force Appendix which were approved by the Independent Monitor.

**Paragraphs: 50-59**

**SUBSECTION: Supervisory Force Investigations**

**PROGRESS:**

In response to the recommendations found in this subsection APD has implemented and revised SOP's regarding Use of Force along with a Use of Force Appendix which were approved by the Independent Monitor. The updates made to the policy were designed as a manner in which to offer clear aid to officers as well as incorporation of the Independent Monitor's recommendations. Supervisory Gap training was developed and delivered to assist officers in performing supervisor use of force investigations. The tasks involved in a supervisor use of force investigation involve on-scene tasks which entail the gathering of evidence, interviews and review of evidence so that a thorough and detailed investigation can be submitted through the chain of command. As a means to assist and capture the required tasks of supervisors performing these duties, job aides were developed to serve as a reference and checklist while supervisors conduct these investigations. The job aides also provide an opportunity for data collection around use of force trends and the capturing of investigative deficiencies so that future iterations of training can remediate problematic performance trends.

MyPal has been implemented as part of the effort to meet the directives contained in the recommendation and will track data pertaining to the functioning of the force review board. An administrative lieutenant has been assigned duties regarding the Force Review Board and job aides have

been developed with regard to the Force Review Board for its members. The Department is constantly seeking guidance from best practice practitioners across every compliance requirement found in the CASA. During this reporting period staff from the Department visited New Orleans, after being told that their department had implemented best practices in their force review board performance process, and ideas concerning board functioning, training and other reference materials are being considered for implementation.

**Paragraphs: 60-77**

**SUBSECTION: Force Investigations by Internal Affairs**

**PROGRESS:**

In response to the recommendations found in this subsection APD has implemented and revised SOP's regarding Use of Force along with a Use of Force Appendix which were approved by the Independent Monitor. APD has conducted training for CIRT and Internal Affairs detectives. Staffing the team for CIRT and FIT is now at a level to meet the demands of new investigations of critical incidents and the underlying criminal activity leading to police contact. In direct response to a recommendation found in this subsection a job task analysis was conducted for Internal Affairs detectives, CIRT personnel and FIT detectives. The FIT team manual was reworked and was submitted to the Independent Monitor for his review, and a tracking sheet has been developed so that cases can be monitored from inception to submission for prosecution.

**Paragraphs: 78-80**

**SUBSECTION: Force Review Board**

**PROGRESS:**

In response to the recommendations found in this subsection, including commission of an in-depth review of Force Review Board (FRB) policy, staffing, leadership and operations, the Department has reached out to other agencies to observe best practices and gather practice materials. This effort has involved site visits to Los Angeles, Seattle and New Orleans for personal observation of force review board functioning and procedure. APD staff will continue to review other similar processes to so that these best practices can be incorporated moving forward.

**Paragraphs: 81-85**

**SUBSECTION: Multi-Agency Task Force**

**PROGRESS:**

IMR5 did not provide recommendations for this subsection as this grouping of paragraphs were found to be in full compliance.

**Paragraphs: 86-89**

**SUBSECTION: Use of Force Training**

**PROGRESS:**

In response to the recommendations found in this subsection APD has implemented and revised SOP's regarding Use of Force along with a Use of Force Appendix which were approved by the Independent Monitor. The updates made to the policy were designed to clear up confusion around definitional concepts such as un-resisted handcuffing, show of force, distraction strikes and neck holds. The supervisor gap training was delivered in order to assist supervisors in their performance of use of force investigations, and job aids that were developed serve as a form of reference for supervisors as well as a check list for items they are required to complete with regard to a use of force incident. Additionally, the job aides form as a data source for which the department may report on concerning

**Paragraphs: 90-105**

**SUBSECTION: Specialized Tactical Units**

**PROGRESS:**

The issues surrounding the canine policy and calculation of bite-ratios discussed in IMR5 were resolved just outside of this reporting period and it is anticipated that the EIRS policy will be approved shortly after the filing of this Agency Report. Therefore, this grouping of paragraphs is in line to be considered in operational compliance in the seventh Independent Monitor's Report. The Department understands that this is in no way a foregone conclusion and the noted successes of the Special Operations Division must be diligently practiced into this next reporting period for complete operational compliance to be achieved.

**Paragraphs: 106-109**

**SUBSECTION: Specialized Investigative Units**

**PROGRESS:**

In response to the recommendations found in this subsection, the Special Investigations Division (“SID”) will be placing an emphasis on documenting protocols in writing and in after-action reviews to show the Independent Monitor artifacts of operational compliance. As noted in IMR5, the emphasis, for the Independent Monitor in this next Report will be to assess the degree of operational compliance across SID. Other than this specific guidance from the Independent Monitor there were no other concrete recommendations for SID to follow-up on during this reporting period.

**Paragraphs: 110-117**

**SUBSECTION: Crisis/Intervention and Mental Health Response Advisory Council**

**PROGRESS:**

In response to the recommendations found in this subsection APD’s Behavioral Health Division (BHD)/Crisis Intervention Section (CIS/CIU) continues to work toward providing more integrated and specialized responses to people living with mental illness. This effort is evidenced through an ongoing collaboration with the MHRAC, improved communications with mental health providers, increased and updated training, SOP reviews and revisions, as well as data collection and data analysis.

The Department will remain focused on the overarching goal of collaboration to help those with mental illness as we work through the paragraphs in this subsection. The City of Albuquerque and the APD are taking the necessary steps to hire an administrative assistant for MHRAC. Two rounds of interviews were held end of June and early July. Due to unforeseen circumstances both candidates previously selected had to turn the position down. A third round of interviews will be held in the first week of August 2017. The addition of the administrative assistant will streamline the process of receiving formal communication/feedback from MHRAC regarding the CIT Training curricula and any other items that come up which necessitate a formalized communication/feedback loop.

In July 2017, MHRAC provided formal feedback to BHD/CIS on the forty hour CIT Training, the eight hour eCIT Training, and the twenty hour Telecommunicator CIT Training. Starting in August 2017 the MHRAC training subcommittee has a schedule that they will follow in order to give feedback on up to four classes each month. In addition, MHRAC is currently attempting to assist in the process of getting an MOU between APD and UNM signed regarding information sharing. The final draft has been submitted to UNM and APD is currently awaiting UNM’s feedback. For all meeting minutes and Agendas to date please see the link below.

**Paragraphs: 118-122**

**SUBSECTION: Behavioral Health Training**

**PROGRESS:**

This subsection of paragraphs was found to be in full operational compliance in IMR5. During this reporting period the Behavioral Health Division continued to provide the state mandated behavioral health training per paragraph 119. In addition to providing the training the state has approached BHD/CIU to update the state curricula for cadet behavioral health training. BHD/CIU has continued to offer the forty hour CIT training quarterly to new officers coming off OJT according to paragraph 120 and has delivered the twenty hour Telecommunicator CIT Training on April 10<sup>th</sup>-12<sup>th</sup>, 2017 and April 19<sup>th</sup>-21<sup>st</sup>, 2017 completing the training required by paragraph 121. The state mandated HB93 – Interaction with Persons with Mental Impairments will be conducted end of August 2017 – October 2017 satisfying the requirements of paragraph 122.

**Paragraphs: 123-131**

**SUBSECTION: Crisis Intervention Certified Responders and CIU**

**PROGRESS:**

In response to the recommendations found in this subsection the Crisis Intervention Unit is currently at ten and will add the remaining two personnel by November 2017, providing field staffing levels remain sufficient. The CASA and the recommendations from Weiss Consulting are twelve detectives. APD will continue studying staffing levels for eCIT certified officers. Currently the Department is at 25% eCIT certified field officers and working to achieve 40%. APD continues to offer eCIT classes each month and will continue to do so until we achieve 40% certified.

APD continues to present data to MHRAC and will continue to present on a quarterly basis. In addition to the presentations to MHRAC, APD's Crisis Intervention Section will be presenting on data trends, active listening & de-escalation skills, the CIT knowledge network, and implementing a CIT Program after a DOJ settlement at the CIT International Conference in August 2017. They will also be presenting the data trends and the CIT Knowledge Network at the International Association of Chiefs of Police Conference in October 2017.



**Paragraphs: 132-137**

**SUBSECTION: Crisis Prevention**

**PROGRESS:**

In response to the recommendations found in this subsection APD continues to present data to MHRAC and will continue to present on a quarterly basis. In addition to the presentations to MHRAC, APD's Crisis Intervention Section will be presenting on data trends, active listening & de-escalation skills, the CIT knowledge network, and implementing a CIT Program after a DOJ settlement at the CIT International Conference in August 2017. They will also be presenting the data trends and the CIT Knowledge Network at the International Association of Chiefs of Police Conference in October 2017.

**Paragraphs: 138-148**

**SUBSECTION: Policy Development, Review and Implementation**

**PROGRESS:**

In response to the Independent Monitor's recommendation that APD clear any potential "roadblocks" to the completion of policy processes, the Office of Policy Analysis (OPA) and the SOP Liaison have reviewed and will implement policies from Seattle PD, New Orleans PD and Baltimore PD in the future. The SOP Liaison maintains a membership with the International Association of Law Enforcement Planners (IALEP) and the International Association of Chiefs of Police (IACP) which afford access to policies and best practices information from agencies across the country. OPA and the APD SOP Liaison will continue to develop policy using guidance from departments who have been subject to settlement agreement or consent decree police reform efforts. APD will continue to utilize and research outside agencies policies.

**Paragraphs: 149-154**

**SUBSECTION: Training on Revised Policies, Procedures, and Practices**

**PROGRESS:**

In response to the recommendations found in this subsection APD has provided the requested course of business (COB) documentation to the Independent Monitors.

In response to commentary and recommendation for paragraph 152 of the City of Albuquerque Settlement Agreement (CASA) the following COB documentation has been provided: copies of Lateral Class #17 Law Enforcement Certifications. In the future APD is direct on exactly what is required for COB

documentation. Previously, APD provided the following COB documentation Course by Waiver (CBW) Accreditation, Lateral Class #17 Academy Schedule, and Lateral Class #17 Roster.

**Paragraphs: 155-161**

**SUBSECTION: Field Training Officer Program**

**PROGRESS:**

In response to the recommendations found in this subsection APD has provided course of business (COB) documentation. In response to commentary and recommendations to paragraph 160 the following COB documentation, 115th cadet class review of the on-the-job report has been provided. We have implemented the COB documentation and will continue to use the document for subsequent

**Paragraphs: 162-163**

**SUBSECTION: Misconduct complain intake / Reporting Misconduct**

**PROGRESS:**

In response to the recommendations found in this subsection APD has implemented and conducted Civilian Supervisory training in accordance with Independent Monitor's suggestions. This training was created with the goal of assisting civilian supervisors with their duties so that they are better equipped to assist in the needs of their staff members. Additionally, a two hour sworn manager training was provided to Commanders that emphasized providing instruction on how to supervise efficiently to increase Departmental productivity.

**Paragraphs: 164-168**

**SUBSECTION: Public information on civilian complaints**

**PROGRESS:**

In response to the recommendations found in this subsection the City has updated the online citizen complaint form.

**Paragraphs: 169-182**

**SUBSECTION: Computer intake, classification, and tracking**

**PROGRESS:**

Civilian manager training was conducted to continue the effort of assisting civilian supervisors with their duties as supervisors so that they are better equipped to assist in the needs of their staff

members. Additionally, a two hour sworn manager training was provided to Commanders that emphasized providing instruction on how to supervise efficiently to increase Departmental productivity.

**Paragraphs: 183-194**

**SUBSECTION: Investigation of Complaints**

**PROGRESS:**

In response to the recommendations found in this subsection APD has directed an order in memo format to have civilian managers trained in accordance with their duties pertaining to the above referenced subsection. The complaint intake process now shows that the Internal Affairs Commander shall send the Chief a letter notifying him of a complaint that was made through the CPOA. Civilian management training was conducted in accordance with this new procedure. Civilian manager training was conducted to continue the effort of assisting civilian supervisors with their duties as supervisors so that they are better equipped to assist in the needs of their staff members. Additionally, a two hour sworn manager training was provided to Commanders that emphasized providing instruction on how to supervise efficiently to increase Departmental productivity.

**Paragraphs: 195-197**

**SUBSECTION: Preventing Retaliation**

**PROGRESS:**

The Independent's Monitor Report (IMR) #5 provided no recommendations regarding paragraphs #195-197 of the CASA.

**Paragraphs: 198-200**

**SUBSECTION: Staffing and Training Requirements**

**PROGRESS:**

The Independent's Monitor Report (IMR) #5 provided no recommendations regarding paragraphs #198-200 of the CASA.

**Paragraphs: 201-202**

**SUBSECTION: Discipline Process and Transparency**

**PROGRESS:**

The Independent's Monitor Report (IMR) #5 provided no recommendations regarding paragraphs #201-202 of the CASA.

**Paragraphs: 203-204**

**SUBSECTION: Staffing, management, supervision**

**PROGRESS:**

The Independent's Monitor Report (IMR) #5 provided no recommendations regarding paragraphs #203-204 of the CASA.

**Paragraphs: 205-208**

**SUBSECTION: Duties of Supervisors**

**PROGRESS:**

In response to the recommendations found in this subsection APD has implemented revised, Independent Monitor approved, policy "Supervisory Leadership" (SOP #3-14). APD has also implemented revised checklists for the chain of command including commanders and lieutenants that involve areas of emphasis for personnel to be effective managers.

**Paragraphs: 209-211**

**SUBSECTION: Supervisor Training**

**PROGRESS:**

In response to the recommendations found in this subsection APD is currently working on creating a formalized training plan that will document the training cycle process. This initiative is responsive to the commentary and recommendation found in paragraph 211 of IMR5.

**Paragraphs: 212-219**

**SUBSECTION: Early Intervention System**

**PROGRESS:**

The Early Intervention and Recognition System SOP is anticipated to be approved by the Independent Monitor shortly after the filing of this Agency Report.

**Paragraphs: 220-231**

**SUBSECTION: On-Body Recording Systems**

**PROGRESS:**

In response to the recommendations found in this subsection the Department has revised its special order process to ensure that each CASA related special order is sent to the Parties and Independent Monitor for review and comment. APD and City legal staff have conducted a thorough review of all APD Special Orders from November 2014 through March 2017 and has rescinded special orders with CASA implications. APD has also implemented a revised, Independent Monitor approved policy, ("Use of on-body Recording Devices SOP 2-8) outlining inspections and audit functions of the OBRD program. APD has also implemented a monthly video inspection form.

**Paragraphs: 232-235**

**SUBSECTION: Recruitment, selection, recruitment plan**

**PROGRESS:**

In response to the recommendations found in this subsection the APD Recruiting Unit currently attends monthly recruiting events within diverse communities and has started attending CPC meetings. This is documented in the Monthly Reports and is provided to the Independent Monitor in the monthly data submissions.

**Paragraphs: 236-240**

**SUBSECTION: Hiring Practices**

**PROGRESS:**

In response to the following Independent Monitor's Report (IMR) #5 recommendations pertaining to the section Recruitment, Selection, & Promotions and subsection Hiring Practices, paragraphs 236-240 APD has provided course of business (COB) documentation. APD has provided the "Selection Report" course of business document in response to the commentary to paragraph 236 of the CASA.

**Paragraphs: 241-243**

**SUBSECTION: Promotions**

**PROGRESS:**

In response to the recommendations found in this subsection APD has continued the dialogue with the Independent Monitor and the Parties to complete the drafting of an agreed upon promotional policy for submission to the Court.

**Paragraphs: 244-246**

**SUBSECTION: Performance and Evaluation**

**PROGRESS:**

In the Independent's Monitor Report (IMR) #5 paragraphs 244 – 246 of the CASA are in full compliance.

**Paragraphs: 247-253**

**SUBSECTION: Officer Assistance and Support**

**PROGRESS:**

In response to the recommendations found in this subsection APD's Behavioral Sciences Section will continue to assess the needs of officers by sending out yearly surveys. The surveys will be sent out in November this year. Behavioral Sciences and Peer Support have been gathering data and will continue to provide analyses to the Independent Monitor.

**Paragraphs: 254-259**

**SUBSECTION: Community engagement / Community, Problem-Oriented Policing**

**PROGRESS:**

In response to the recommendations found in this subsection the Department has made a concerted effort to follow through on recommendations received from community, and a monthly Community Policing and Concerns memo will be created to document community concerns that are generated through CPC discussion, social media platforms and additional community communication. This information will be passed along to Area Commanders for consideration when allocating resources and addressing community policing concerns. The new mission statement has begun to be used in recruiting materials and as part of APD email signature lines.

In response to recommendations that APD identify staffing needs and POP development issues, APD has created an updated website (<https://www.cabq.gov/police/community-policing-council/community-policing-council-recommendations>) that shows all CPC recommendations with current status and written responses. APD Police and Communities Together (PACT) personnel now attend community

meetings along with volunteers and others as appointed by Area Commanders. APD is also implementing a new format for the monthly report that will highlight community outreach.

**Paragraphs: 260-265**

**SUBSECTION: Community Meetings and Public Information**

**PROGRESS:**

In response to the recommendations found in this subsection APD has implemented new tracking forms and rolled out a community events calendar department wide. A new callout code has been created that will allow officers to enter attendance at community meetings through the dispatch system.

In response to recommendations that APD capture crime statistics by area command, APD has implemented statistical analysis in monthly reports submitted to the public. New links have been added to the APD website providing more comprehensive crime statistics by area command for the public.

**Paragraphs: 266-270**

**SUBSECTION: Community Policing Councils**

**PROGRESS:**

In response to the recommendations found in this subsection, the requirements to serve as a voting member of a CPC, along with specific guidelines approved by each individual area command have been posted online. The Independent Monitor also recommended that APD ensure the community policing approach in area commands is based on CPC interaction. Currently APD is taking the lead to ensure Comprehensive Community Policing. At the present time three to six attend each CPC meeting. At these meetings, crime statistics are discussed and an open forum for Q & A is provided. We have also created command area TAC plans from Community input at CPC meetings.

The Independent Monitor also recommended that APD ensure a community policing approach in area commands based on CPC interaction, ensure all recommendations received from CPCs are posted and available, and ensure all CPC annual reports are posted and available. In response, the Department has implemented updates to the referenced websites and standardized the recommendation form.

**Paragraphs: 271-293**

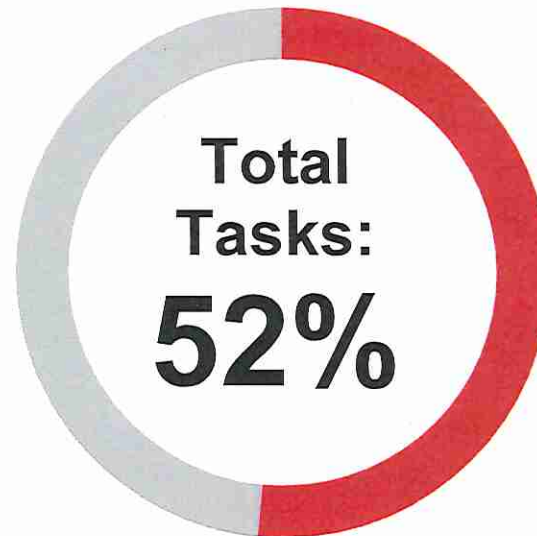
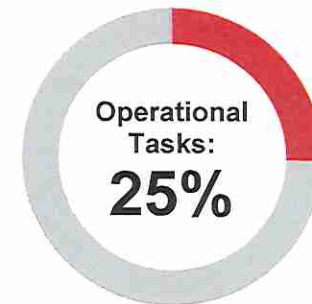
**SUBSECTION: Civilian Police Oversight Agency**

## APPENDIX



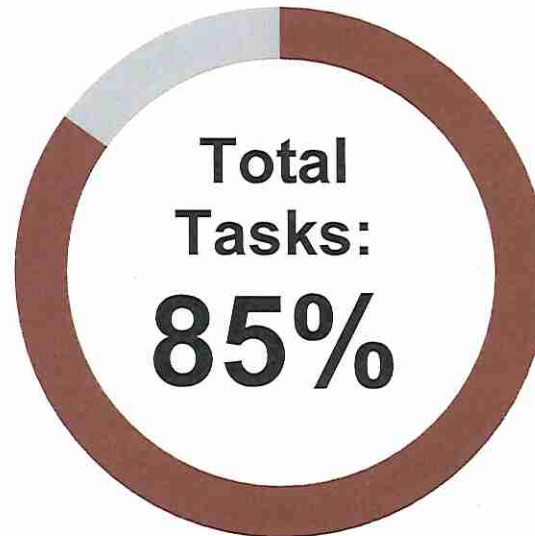
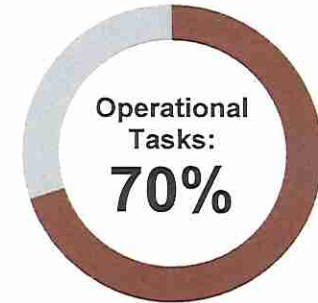
Appendix I  
CASA Progress Ring Charts

## USE OF FORCE: INTERNAL CONTROLS AND ACCOUNTABILITY



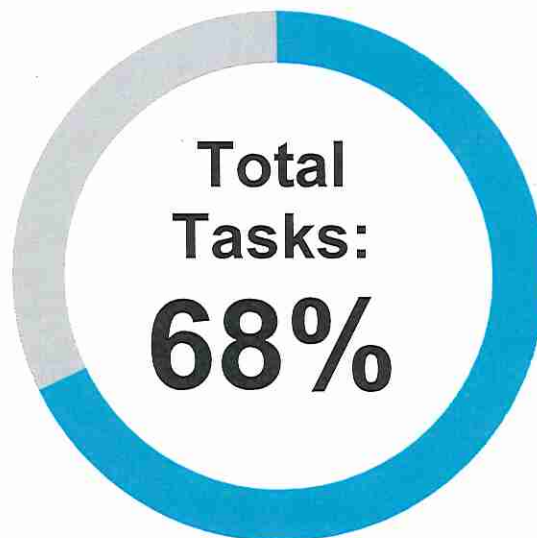
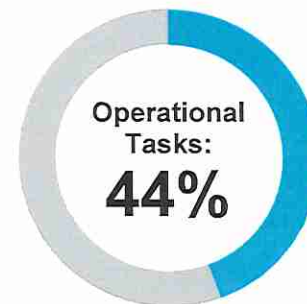
Use of Force: Internal Controls and Accountability spans 75 paragraphs comprising 27% of the Settlement Agreement.

## SPECIALIZED UNITS



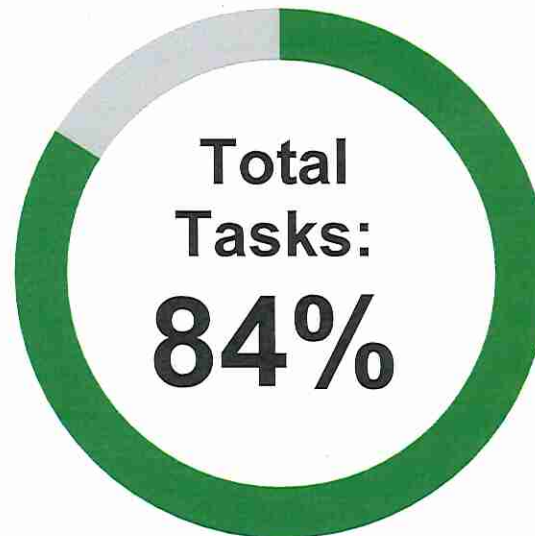
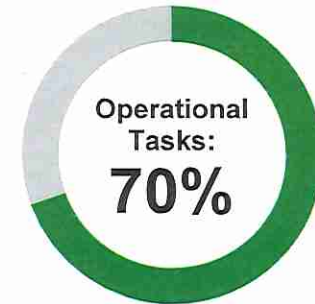
Specialized Units spans 21 paragraphs  
comprising 8% of the Settlement  
Agreement.

## CRISIS INTERVENTION



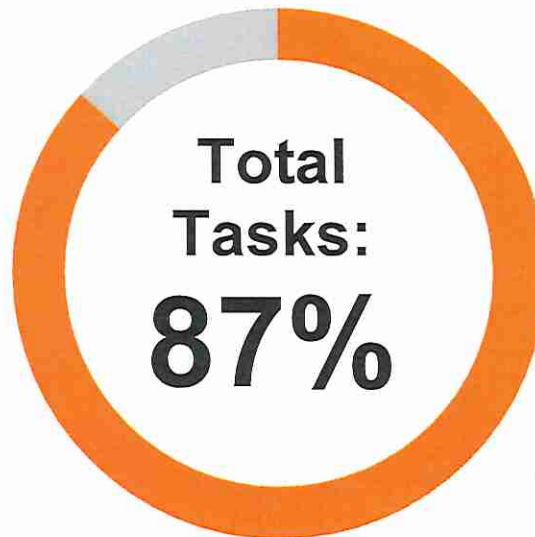
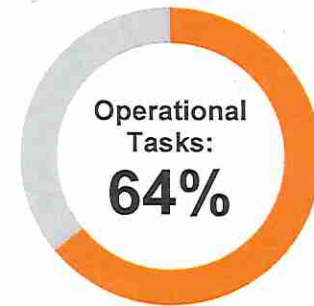
Crisis Intervention spans 28 paragraphs comprising 10% of the Settlement Agreement.

## POLICIES AND TRAINING GENERALLY



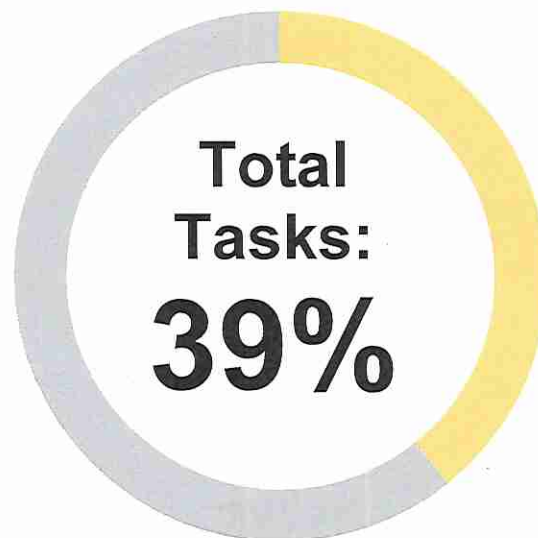
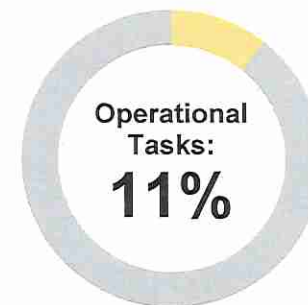
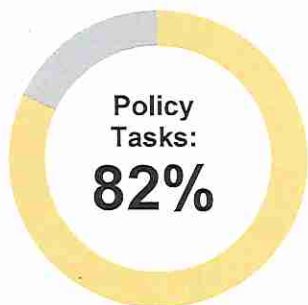
Policy and Training Generally spans 24 paragraphs comprising 9% of the Settlement Agreement.

# MISCONDUCT COMPLAINT INTAKE, INVESTIGATION, AND ADJUDICATION



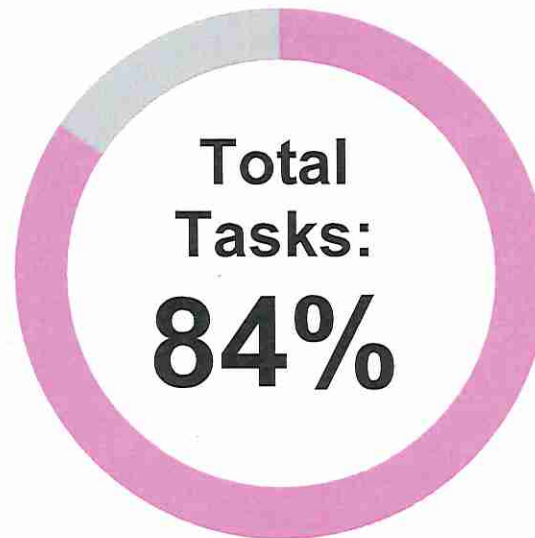
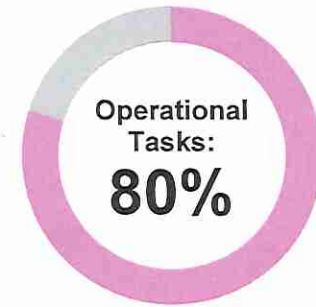
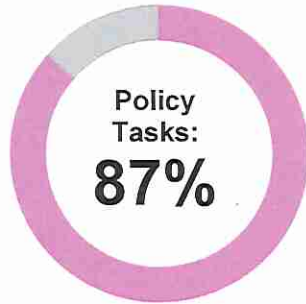
Misconduct Complaint Intake, Investigation, and Adjudication spans 41 paragraphs comprising 15% of the Settlement Agreement.

## STAFFING, MANAGEMENT, AND SUPERVISION



Staffing, Management, and Supervision spans 29 paragraphs comprising 10% of the Settlement Agreement.

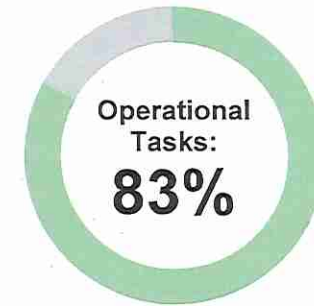
## RECRUITMENT, SELECTION, AND PROMOTIONS



Recruitment, Selection, and Promotions spans 15 paragraphs comprising 5% of the Settlement Agreement.

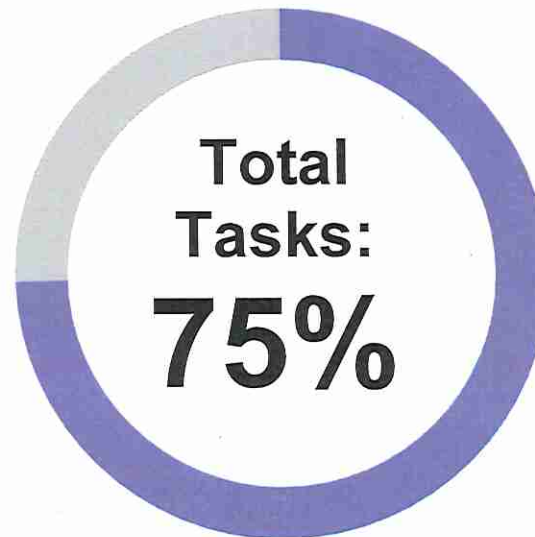
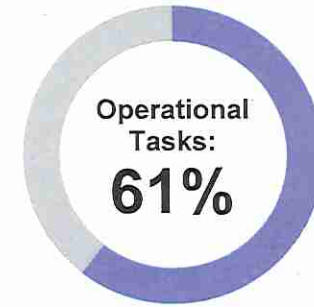
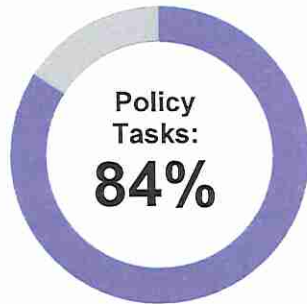


## OFFICER ASSISTANCE AND SUPPORT



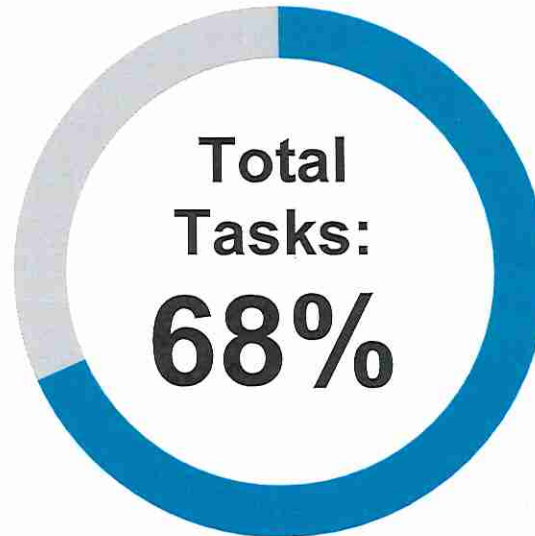
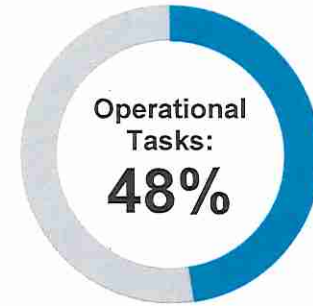
Officer Assistance and Support spans 7 paragraphs comprising 3% of the Settlement Agreement.

## COMMUNITY ENGAGEMENT AND OVERSIGHT



Community Engagement and Oversight spans 40 paragraphs comprising 14% of the Settlement Agreement.

## ALL SETTLEMENT AGREEMENT PARAGRAPHS



Appendix II  
The Therapist Is A Cop Article

# UNDARK



**VARIABLES** / *News & Features*

## The Therapist is a Cop

*In New Mexico, a medical school and the police join forces to defuse tense confrontations between officers and people with mental illness.*

10.26.2016 / **BY** Benson Daitz

**D**AN DUHIGG, an assistant professor of psychiatry at the University of New Mexico School of Medicine, sits at an oval table in a small conference room with Raymond Maynes, a crisis specialist with the Albuquerque Police Department. Opposite them is a large monitor, its screen split into a half-dozen squares, where the faces of six police officers from departments around the state — many in rural areas where mental health intervention training is not readily available — stare back.

“So let me summarize the case,” Duhigg says. “We’ve got a 51-year-old man in Las Cruces, New Mexico, who enlisted a cab driver to buy an AR-14 assault rifle — gave him \$10,000 cash. The gun shop alerted you. Meanwhile, the same guy walked into an RV dealer, found a model he liked, and left a bag filled with \$40,000 as a deposit. The RV folks called you, too. According to the cabbie, the man was going to drive the RV to White Sands National Monument, fight the ISIS contingent there — and then travel to one of Hillary Clinton’s campaign stops and kill her. Is that about right?”

“That’s pretty much it,” says Officer T.J. Camacho, from the Las Cruces Police Department, leaning back in his desk chair. “He sounds like he’s bipolar, but we can’t hold him on that, so we’ve got him under constant surveillance, and the FBI knows about him.”

Duhigg tells Camacho that he, too, suspects Las Cruces is dealing with a bipolar personality. “It’s springtime,” Duhigg says, “and that’s when we see a lot of manic behavior.”



The unusual exchange grows out of a new partnership between the Albuquerque Police Department and the University of New Mexico School of Medicine's Project ECHO — a 13-year-old initiative that began as an effort to help inform primary care doctors in far-flung areas of the state in the treatment of hepatitis C, but has now expanded to become a knowledge-sharing network across a variety of diseases and specialties. Today, the videoconferencing network is used by medical practitioners worldwide — a virtual consultative clinic, where specialists at a medical center help community clinicians manage patients with a range of chronic diseases.



Dan Duhigg, assistant professor of psychiatry at the University of New Mexico, in a videoconference with police officers.

*Visual by Benson Daitz*

In this case, however, the practitioners aren't physicians, they're police officers, and they are learning how to better manage the people they see every day — many of who present with mental illness.

It's an experiment that could help address a nationwide problem. Across the country, mental health systems are fragmented and failing, and police departments have become front-line mental health workers by default. Far too often, for both the mentally ill and their distressed families, police are also the responders of last resort, sometimes with disastrous consequences.

The problem manifests in jurisdictions from New York City, where police fatally shot a 66-year-old schizophrenic woman last week, to suburban San Diego, where a man wielding an electronic cigarette — and described by his family as mentally ill — was shot dead by police last month. The Washington Post, which has been tracking police shootings, has tallied 184 police killings of people with diagnosed mental illness so far this year.

After numerous incidents involving the Albuquerque Police Department — including the infamous and grisly 2014 police killing in of a schizophrenic homeless man named James Boyd, which was captured on video — the U.S. Department of Justice stepped in. A settlement agreement required, among numerous other reforms, that the police department create an advisory committee to review training, policies, and procedures for dealing with the mentally ill.

The case against two former police officers facing second-degree murder charges in Boyd's death ended in a mistrial earlier this month.

I'm a professor of family and community medicine at the University of New Mexico, and a volunteer attending physician in ECHO's chronic pain and headache clinic, where I worked with Dr. Duhigg. When I learned about the ECHO program's fledgling connection to the Albuquerque Police Department, I thought it seemed an ideal use of the ECHO model, and I had to learn more.

"I think I'm the only full-time psychiatrist in the country working for a police department," Nils Rosenbaum told me as a roomful of recent Albuquerque Police Academy graduates were preparing to begin a 40-hour course in crisis intervention. Both Rosenbaum and Duhigg — colleagues at the university — now sit on the police department's mental health response advisory panel.

Rosenbaum explained that he and Detective Matt Tinney had seen an ECHO presentation that Duhigg gave last year and wondered, if it worked so well teaching doctors, "why not try it with cops?"

**P**ROJECT ECHO and the Albuquerque Police Department's Crisis Intervention Team started this weekly videoconference early this year, and it is proving particularly helpful for rural and small town police departments.

Rio Arriba County, in rural northern New Mexico, for example, usually leads the state in both health disparity and crime statistics. During my visit, Captain Randy Sanchez of the Rio Arriba County Sheriff's office, a regular participant in the weekly CIT/ECHO conferences, presented a case of a man with severe mental health problems in need of mandatory treatment — and a judge unwilling to sign an order without more evidence. The online advice, from a number of police departments: Use body cameras to record police interactions with him.

"That's what we're going to do," Sanchez said. "I'm a big supporter of the networking available through the CIT/ECHO. The ability to establish contact outside of our usual circles is a great advantage."

Later, Sergeant Scott Facka, with the San Juan County Sheriff's office in northwestern New Mexico, described the case of a man who was making constant calls to the power companies in this oil- and gas-producing region, telling them he was Yahweh and threatening them.

A helmet camera video captured the fatal shooting of James Boyd, a schizophrenic homeless man, by Albuquerque police in 2014. (Graphic video) "When I tried to talk to him, he told me he was dead, and the medical examiner was taking things out of his pockets," Facka said. "We had no idea of how to deal with him. He'd talk nonstop about it. He was out of control."

Duhigg suggested the man might have Cotard's syndrome, or "walking corpse syndrome," a rare delusion in which the person believes he's dead or doesn't exist. "Dr. Duhigg suggested some ways of talking to him, to bring him back to reality — that he wasn't dead," Facka said, "and I was able to calm him down."

At a subsequent ECHO session, Officer Camacho, from Las Cruces, called in from his parked cruiser and shared follow-up information about the man who threatened to kill Hillary Clinton. He'd been able to persuade the man to go voluntarily to a psychiatric hospital — though he left against medical advice after just six days, and they'd lost contact.

Detective Tinney then raised a new question for the group.

A rookie cop had asked for advice about his response to a young man with a history of mental illness whom he'd transported to the county mental health center. From previous encounters, the officer knew that the man, standing in his front yard, was Greg, but when he asked him his name, he responded, "Adam." The officer went along with him,

thinking he might be delusional, although during the transport, he didn't notice anything else unusual. The question was, should one challenge a possible delusion, or play along with it?

Tinney asked if there were any suggestions from the network, and several officers voiced support for the rookie's approach.

Then Duhigg chimed in.

"I believe in gravity," he said, leaning back in his chair, his hands laced behind his head. "If someone came in this room and told me that gravity didn't exist, I might think he was crazy. Folks who think they're Adam, the first man, or Jesus, are just as convinced [of that reality] as I am that gravity exists. No use arguing until treatment begins to make a difference."

The six cops, looking on from the digital array, nodded in agreement.

*Benson Daitz, M.D., is a professor at the University of New Mexico School of Medicine, a documentary filmmaker, and a novelist. He has written for The New York Times, The Atlantic, and Eclectica.*

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[Albuquerque](#), [mental illness](#), [New Mexico](#), [police](#), [Project ECHO](#), [UNM](#)

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Appendix III

APD Uses AHRQ Resources for Crisis Intervention Team Training Article



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care

## Albuquerque Police Department Uses AHRQ Resources for Crisis Intervention Team Training

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**May 2017**

In 2016, Albuquerque Police Department (APD) became the first law enforcement agency in the Nation to train its officers through videoconferencing with psychiatrists, based on the AHRQ-funded [Project ECHO](#) (Extension for Community Healthcare Outcomes) learning model. Since then, there has been an increased focus on making mental health referrals instead of arrests, and an increasing number of agencies are participating in the project.

Albuquerque police officers received mental health and crisis intervention team training via videoconference with clinicians of New Mexico School of Medicine. Of 2,064 crisis intervention-related incidents that occurred from January to November 2016 in the city, APD officers identified the need to refer about 78 percent of the individuals for mental health evaluation and followup care instead of making an arrest.

Daniel J. Duhigg, D.O., associate professor of psychiatry at the University of New Mexico and medical director for the Crisis Intervention Training ECHO, explained, "Our goal is to help law enforcement officials develop and implement specific responses to individuals who are in mental health crisis and facilitate access to community-based services in order to improve the outcomes for those individuals."

"The collaboration between law enforcement and medical personnel has been amazing. The training has focused on instances when jail diversion is appropriate, because the individual has mental health issues that need to be addressed," said.

The videoconferencing training has been popular, as attendance among organizations had tripled in the first year. In January 2016, members of nine local area police departments attended the weekly videoconferencing clinics. By year end, attendance had grown to 27 law enforcement and rescue agency members across New Mexico and others from Oregon, Washington, and New York.

Project ECHO is a knowledge-sharing, distance-based telehealth network model for implementing best practices in patient management. Project ECHO began in 2003 by assisting rural physicians who obtained evaluations of their patients' conditions from clinicians at the University of New Mexico. The driving force behind the creation of Project ECHO was Dr. Arora, M.D., a University of New Mexico professor of medicine.

During the videoconferences with psychiatrists, officers receive training on topics such as bipolar disorder, substance post-traumatic stress disorder, and autism. The training helps to prepare officers for situations they are likely to encounter during patrols. APD records show that crisis intervention-related incidents increased nearly 60 percent from 2010 to

"Law enforcement personnel don't usually have access to resources that prepare them for interacting with people with mental illness," noted APD Detective Matthew Tinney. "In addition to providing expert medical advice, these weekly 15-minute videoconference clinics give officers an opportunity to describe situations they've handled and discuss communications and discuss de-escalation techniques."

Det. Tinney continued, "By receiving training from the University of New Mexico clinicians, our officers can learn about best practices to use for helping someone who, for example, may be suicidal and out of control due to drug use."

"The videoconference clinics are highly participatory and enlightening," said Nils A. Rosenbaum, M.D., an APD psychiatrist. "They provide an open, safe forum where officers can bounce ideas off one another about what worked well for them in certain situations or what didn't work. This helps prepare them to know how to interact effectively with the community."

**Impact Case Study Identifier:** 2017-08

**AHRQ Product(s):** Project ECHO

**Topic(s):** Health Information Technology (HIT), Outcomes, Policy, Screening

**Geographic Location:** New Mexico, New York, Oregon, Washington

**Implementer:** Albuquerque Police Department, University of New Mexico School of Medicine

**Date:** 05/23/2017

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2017-08

## Appendix IV

American Journal of Psychiatry: Collaboration to Reduce Tragedy and Improve Outcomes: Law Enforcement, Psychiatry, and People Living With Mental Illness

APD, UNM Praised for Response to the Mentally Ill Article



# Collaboration to Reduce Tragedy and Improve Outcomes: Law Enforcement, Psychiatry, and People Living With Mental Illness

Nils Rosenbaum, M.D., Detective Matthew Tinney, Mauricio Tohen, M.D., Dr.P.H.

A homeless man, known as “the Street Corner Saint,” lived in a small camp in a park in uptown Albuquerque. Each morning he would stand on the same busy corner and preach that the world would be saved once “Margaret realized her destiny.” Despite efforts by police and local homeless providers, no intervention was successful. Local outreach groups got to know him and ensured that he ate every day. Despite the various services he was offered, he refused to move or leave his corner.

Meanwhile, the police received numerous calls about him from angry and concerned citizens. “He’s bad for business!” “He scares kids!” When he was doing well, the Saint quietly displayed signs, answered questions about Margaret, whom he never identified, and counseled people on how to live happy lives. At his worst, he yelled at pedestrians and threw rocks near children.

When reports of his throwing rocks came in, police either arrested him or brought him to the hospital emergency department. At the emergency department, he presented well, was calm, and was soon discharged. When brought to jail, the Saint was found incompetent to stand trial and was released within a couple of days. For years, the Saint’s life rotated through homelessness, brief jail stays, and hospital emergency department transports without admission.

Then a police psychiatrist who worked on the city police department’s crisis intervention team was asked to intervene. The psychiatrist met with the Saint and

established rapport. He also spoke with local homeless assistance providers, who gave him background and patterns that would later help to resolve the case: The Saint was never seen with recreational drugs, he had no known medical problems, and at times he reacted to internal stimuli. Notably, some years earlier, he had refused food and almost starved himself to death.

The psychiatrist also spoke with providers at the university hospital emergency psychiatric services. They discussed various options, planning to intervene the next time he decompensated. Months later, a report came to the psychiatrist that the Saint had lost weight and was refusing food. The psychiatrist evaluated him again, and because rapport had already been established, the Saint told him that he had stopped eating because Margaret had demanded that he purify himself by refusing food. The psychiatrist decided to have him transported to the hospital, where he was later admitted.

The Albuquerque Police Department had added essential components to the intervention—a psychiatric evaluation, increased coordination of care, and doctor-to-doctor conversations that ensured a proper evaluation and admission. Then a key moment arrived: the police, the police psychiatrist, and local homeless aid providers all met with the Saint and expressed their concern and desire to help. The Saint was moved by the group support, and he accepted housing. He has now been in services for over 3 years and is doing well.

## BACKGROUND OF THE PROBLEM

Psychiatric interventions have moved toward the criminal justice system. Every large jail and prison in the United States must offer psychiatric services to inmates in order to comply with the Eighth Amendment and established case law (1). Nearly all sizable emergency departments have access to psychiatric consultation. Very few psychiatrists in the United States are employed by a law enforcement agency and work

alongside detectives, conduct evaluations in the field, assist with training, and participate in community outreach (2, 3). The need for collaboration between psychiatry and law enforcement is stronger than ever. Over the past 20 years, the number of hospital beds has been cut, and interactions between psychiatric patients and law enforcement have increased (4–6). Partnerships between law enforcement and psychiatry can augment the efforts of psychologists and other clinicians who are more prevalent within law enforcement.

See related features: [Clinical Guidance \(Table of Contents\)](#) and [AJP Audio \(online\)](#)



A lack of data has fueled a cycle of misunderstanding between law enforcement agencies and psychiatrists, hampering effective partnerships. Because law enforcement agencies have always focused on crime and public safety, the mental health data they collect may be misleading. Typically, law enforcement service calls are coded so that criminal behaviors take precedence as the primary reason for a contact, so when a person with schizophrenia is involved in a “domestic dispute,” this would not be tracked as a call involving mental illness.

Despite limited data, best estimates show that 3%–10% of all police calls involve people living with mental illness (see Table S1 in the data supplement that accompanies the online edition of this article). Many factors contribute to the wide variation in contact rates, such as access to services, outreach, mental health laws, local sociopolitical culture, various lengths of stay in jails and prisons, and difficulty identifying and categorizing people with mental illness.

Whatever the cause of the variation, 3% may represent an underestimate, considering that 4% of the general population lives with a severe mental illness (7), 23% of jail inmates have psychotic symptoms (8), and more than 14% of men in jail have a severe mental illness (9).

In Albuquerque, law enforcement likely has contact rates much higher than 3%. A recent survey of Albuquerque police field officers showed that officers believed that one-third of their calls involved people with mental illness (10). Although “one-third” may represent survey bias more than accuracy, it may suggest that officers feel these calls are frequent, time-consuming, and memorable.

Albuquerque is a midsized city. The Albuquerque Police Department has more than 800 sworn employees. The department dispatched more than 488,000 calls in 2014 (11). If just 3% of those calls had a significant mental health component—a low estimate—that would be more than 14,500 calls. Moreover, these estimates show that in this locale, more emergency mental health evaluations are done by law enforcement than by three of the largest psychiatric emergency departments combined (see Tables S2 and S3 in the online data supplement). Law enforcement agents routinely make life-and-death decisions regarding dangerousness assessments, which can have tragic outcomes (see Table S4 in the data supplement). The Albuquerque Police Department also routinely conducts welfare checks and determines the need for medical or psychiatric transport. In Albuquerque, 20% of all high-acuity mental health cases seen in the University of New Mexico Hospital’s psychiatric emergency department are brought in by the Albuquerque Police Department (see Table S5 in the data supplement).

### THE UNIQUE ROLE OF THE PSYCHIATRIST IN LAW ENFORCEMENT

There are clear benefits to having a medical doctor in a law enforcement agency. The primary goal is to increase collaboration between different disciplines and cultures to improve safety and patient outcomes. Although psychiatrists’ salaries are typically higher than those of other mental health

professionals, psychiatrists play a unique leadership role within the field of mental health, which can potentially reduce liability. As physicians, they may facilitate expedient access to other providers and administrators in the mental health community. In many jurisdictions, a unique set of laws and regulations allows physicians to have a broad range of influence. Many jurisdictions require a physician’s participation to enact civil commitments, to formally evaluate patients for treatment and fiduciary guardianship, to assign payees to manage people’s disability checks, to prescribe medication, or to admit people to hospitals (12, 13).

As part of a larger team, psychiatrists can evaluate pharmacological treatments and medical conditions that are common in psychiatric disorders, such as delirium, thyroid disease, diabetes, infections, seizure disorders, strokes, and adverse effects of medications. When working with other mental health professionals, psychiatrists can effect positive changes in individual clinical cases and systems in ways that can support and enhance the efforts of psychologists and other providers (Table 1). Albuquerque may be unique in employing a full-time psychiatrist (N.R.).

### COST-BENEFIT CONSIDERATIONS

Monetary concerns have been one counterforce to bridging law enforcement and mental health cultures. Nationally, however, evidence-based research and anecdotal evidence suggest that communities with strong law enforcement mental health programs can expect cost savings from reduced and efficient hospitalizations, reduced arrests and jail time, and reduced lawsuits (14, 15). In Louisville, Ky., a city of similar size to Albuquerque, the annual cost savings associated with the police department’s crisis intervention team (CIT) were more than \$1 million (16). The Louisville analysis did not include other potential benefits of the program, such as reduced liability, improved patient outcomes, and community satisfaction. Some evidence shows reduced arrest rates associated with jail diversion programs (17–19).

According to internal records, Albuquerque police mental health calls have increased by 48% over the past 5 years. To help field officers, the crisis intervention unit (CIU) has expanded its activities well beyond conducting home visits and has become more involved in training and community coordination. For example, in 2013, fewer than 30 field officers attended a 40-hour class on mental health interventions; in 2015, the CIU trained 228 officers.

The psychiatrist works within the overall CIT program, which is collaborative and complex. Since the expansion of the program in 2014, the CIU has kept more detailed and accurate data (20). Use of force, especially officer-involved shootings, has decreased, and jail diversion has increased. Furthermore, contributing factors other than the work of the psychiatrist and the CIT program have influenced clinical and legal outcomes, among them local and national attention to police interactions with people with mental illness, high-profile cases, and an agreement with the U.S. Department of



TABLE 1. Case Examples of Law Enforcement Mental Health Collaboration<sup>a</sup>

Chief Complaint	History	Status Quo, Before Crisis Intervention Team	Underlying Condition	Intervention
"Help me, ghosts are breaking into my home!"	Ms. A, a 56-year-old woman with depression and frequent calls to police, believed ghosts were stealing her possessions. Field officers found no immediate danger to self or others.	In order to intervene, police would have had to wait until Ms. A became an overt danger to self or others.	Thyroid dysfunction	An in-home evaluation revealed thyroid symptoms, but even more concerning, Ms. A had recently bought a gun to shoot ghosts. The gun was put in safekeeping, and the woman was transferred to the hospital.
"She's stolen all my stuff, and put in replicas!"	Mr. B, a 71-year-old man, continually called police because he believed his ex-wife had stolen his collection of baseball cards. Field police officers found no overt danger or any signs of theft.	Mr. B refused any medical transport and police had no authority to do otherwise.	Dementia	After a coordinated effort of social work and field evaluations, the team applied for a guardian for Mr. B; the psychiatrist formally petitioned the state, and a guardian was granted. Mr. B now has in-home services.
"My husband is scaring me!"	Mr. C, a 58-year-old man, acted out of character and verbally abused his wife, saying things like, "Shut up bitch, don't talk to me!" His wife said, "He gets so angry, he's calm now, but he can't sleep, I don't know what to do."	Emergency medical services and police were unable to transport Mr. C against his will because of lack of exigency; he was consistently calm at times of evaluation.	Anticholinergic crisis secondary to excessive use of over-the-counter medication for sleep	A detailed history from Mr. C's wife showed abuse of over-the-counter medications. Mr. C had signs of delirium. He was brought to the emergency department and admitted to a medical ward.
"The hospital never admits him!"	Ms. D, the mother of a young man with symptoms of mental illness, was frustrated because the hospital did not admit him. Even though she was scared of him, the hospital staff did not obtain sufficient information about the case to justify an admission.	Ms. D did not know how to properly identify, or relay, key information to the hospital. There were repeated evaluations without admission.	Schizophrenia	An in-home evaluation of the young man and his mother allowed the psychiatrist to gather key information, which was then relayed to the hospital psychiatrist, and the patient was admitted.

<sup>a</sup> For more, see the online edition of the *Journal* for a video of the authors discussing case examples and the Albuquerque CIT program.

Justice on steps to take for reform. The CIU has been a key component and facilitator for implementing positive changes for the CIT program and the community. For all Albuquerque Police Department calls coded as mental health-related in 2015, less than 2% resulted in use of force (including empty-hand techniques, impact weapons, pepper spray, and the use of electronic control devices). Moreover, less than 2% included arrests, and 80% ended as transports to a hospital.

The CIU also facilitates efficient use of services. A 2015 review of internal records showed that 15% of people evaluated by the psychiatrist in the field were brought to the hospital, and of those, 89% were admitted (21). Individuals evaluated in the field who do not need hospitalization are provided follow-up and resources (22).

### ELEMENTS OF A CIT PROGRAM

CIT programs are born when law enforcement, their communities, and mental health professionals build partnerships. The Albuquerque Police Department program is built

around three core elements, which can guide any program anywhere in the country: inclusive collaboration, training, and coordinated responses.

**Inclusive collaboration.** The Albuquerque CIT program partners with the University of New Mexico Department of Psychiatry and Behavioral Sciences, corrections departments, homeless assistance providers, hospitals, advocates, peers, and family members. Collaboration helps law enforcement agencies create access to a system of care. A program coordinator is involved in all aspects of the CIT program, promoting collaboration, recognition, transparency, and cross-agency development.

In any community, a good starting point is to have a designated program coordinator who builds partnerships through outreach, promotes the CIT program, collects and shares data, and is involved in all aspects of the program.

**Training.** CIT programs provide foundational and advanced knowledge of mental health, de-escalation, and resources. All



of the CIT training at the Albuquerque Police Department touches on at least one of three topics: safety, destigmatization, and accessing resources. Albuquerque has a 40-hour basic class and an 8-hour advanced class. In any community, even in courses with fewer hours, training on severe mental illness must serve the function of promoting safety, decreasing stigma, or finding resources—otherwise why teach law enforcement personnel about mental illness at all?

*Coordinated responses.* Coordinated responses are the active component of a CIT program that is supposed to make life better and safer for the citizens. In Albuquerque, real-time responses have clinical guidance and try to focus only on situations where police are truly needed. This includes the CIU detectives, field officers, clinicians, the psychiatrist, and other civilians.

In any community, coordinated responses can start with just one or two officers who have an interest in working with people with mental illness, and with the support of a law enforcement agency, officers can be assigned as mental health detectives or program coordinators.

Data on the effectiveness of CIT programs around the country are still relatively sparse. The concept itself of the CIT program is only 30 years old. Although the adaptation, implementation, and study of CIT programs are still in the early stages, best-practice guidelines and advice for starting CIT programs are available (23, 24). Some aspects of CIT programs have been studied more extensively than others. The most widely studied is the 40-hour class for field officers, which includes both classroom instruction and scenario-based practice. For example, studies have looked at students' perceptions of and attitudes toward people with mental illness, as well as use of force and arrest rates among officers who have attended classes (25, 26).

## CONCLUSIONS

Having a psychiatrist working within a law enforcement agency can add important value in serving the community. The psychiatrist can advise, supervise, and consult with other clinical providers in the community and with those working within law enforcement.

Having a full-time psychiatrist in a law enforcement agency can be a daunting or even impossible task for many jurisdictions. No doubt there are other opportunities for psychiatrists to help span the boundaries between law enforcement and mental health. This may include offering to teach law enforcement agencies pertinent issues about mental illness, and, just as important, law enforcement professionals may educate psychiatrists on safety and law enforcement's role in mental health. By encouraging law enforcement agencies to consult on difficult cases, it is possible to help shape the system by networking and helping other mental health professionals to be more involved with law enforcement agencies. Working relationships can lead to other positive outcomes, such as pursuing grant funding for

collaborations between law enforcement and mental health personnel.

Asking questions and learning can form the foundation of an effective partnership. The more mental health professionals understand about law enforcement, the more they can help their communities. Opportunities for engagement may include participating on community oversight boards and scheduling meetings with law enforcement command staff or with local deputies and police officers. Collaborations may be initiated by simply contacting law enforcement offices in a nonurgent context to start a valuable dialogue.

Discussions on mental health and law enforcement can be provocative and lead to emotional reactions from both the general public and law enforcement personnel, and concerns about tragic outcomes can elicit the strongest reactions. Questions about these types of tragedies are best answered in person, although they are often addressed through media exchanges, which can distort the intent of both those asking the questions and those in law enforcement responding. For example, a variation of the following question is frequently asked when there are deadly encounters between law enforcement and people with mental illness. "Why don't police just shoot people in the leg?" Although this question can be frustrating at times, law enforcement personnel have a clear and important answer. Law enforcement officers are trained to stop potentially fatal threats of physical harm to themselves or others with the use of lethal force. Lethal force options like a firearm should not be used to maim individuals for being resistant to law enforcement. If an officer shoots for the leg, which is a very difficult target, the threat of deadly violence continues even if the assailant is wounded. By asking questions, and understanding the answers, psychiatrists may be more equipped to lead productive discussions in their communities.

Psychiatrists have always taken an active role in helping the most disenfranchised people in our communities. By focusing some of our professional energy on cross-collaboration with law enforcement, we can increase understanding, reduce liability, and, most importantly, improve patients' lives and the stability of our communities.

Increased collaboration between psychiatrists and law enforcement will help prevent situations in which police officers are placed in the awful position of having to use lethal force against a person with mental illness.

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Dr. Tohen has received honoraria from or served as a consultant for Abbott, Alexza, Alkermes, Allergan, AstraZeneca, Bristol-Myers Squibb, Elan, Eli Lilly, Forest, Gedeon Richter, GlaxoSmithKline, Johnson & Johnson, Lundbeck, Merck, Minerva, Neurocrine, Otsuka, Pamlab, Pfizer, Roche, Shire, Sunovion, Teva, and Wyeth, as well as Elsevier Publishing and Wiley Publishing; he and his wife are former employees of Eli Lilly. Dr. Rosenbaum and Detective Tinney report no financial relationships with commercial interests.



Received Aug. 31, 2016; revisions received Oct. 21, 2016 and Feb. 28, 2017; accepted March 1, 2017.

*Am J Psychiatry* 2017; 174:513–517; doi: 10.1176/appi.ajp.2017.16080985

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Delivery alert until NaN

## APD, UNM praised for response to the mentally ill

By Rosalie Rayburn / Journal Staff Writer

Tuesday, July 11th, 2017 at 12:02am

ALBUQUERQUE, N.M. — A teamwork initiative between the Albuquerque Police Department and psychiatrists from the University of New Mexico has caught the attention of law enforcement agencies around the state and across the country.



The June issue of the prestigious American Journal of Psychiatry included an article about how the APD's Crisis Intervention Team and the UNM Department of Psychiatry and Behavioral Sciences are working together. The goal is to help police officers better understand how to work with mentally ill people so they can de-escalate stressful situations, avoid sending them to jail and connect them with supportive services.

"I think the fact that the American Journal of Psychiatry took this (article) really talks about the importance that the American Psychiatric Association gives to the collaboration between law enforcement and psychiatry," said Dr. Mauricio Tohen, professor and chairman of the UNM School of Medicine's Psychiatry and Behavioral Sciences department.

Representatives from APD and UNM will soon be taking that message to two high-level law enforcement conferences. They will be giving presentations and talks at the International Crisis Intervention Team Conference in Fort Lauderdale, Fla., in August and the International Association of Chiefs of Police conference in Philadelphia, Pa., in October.

The Crisis Intervention Team Knowledge Network ECHO, funded by a three-year \$250,000 grant through the Department of Justice, aims to give officers alternatives to sending mentally ill people to jail by connecting them directly with UNM psychiatrists who can recommend treatment or appropriate services. An additional component provides training, and enables individual officers and law enforcement agencies from anywhere in the country to connect by phone, computer or laptop to participate in free weekly video conferences with behavioral health experts. They cover topics like bipolar disorder, schizophrenia and anxiety disorders. Officers can also discuss complex cases and seek advice.

For example, a conference in late June drew participation from nine different agencies, including Albuquerque, Rio Rancho and Las Cruces police departments, U.S. Probation and Parole, Middlesex Sheriff's Office in Cambridge, Mass., and Wicomico County Health Department in Salisbury, Md.





Dr. Nils Rosenbaum

Crisis intervention training for law enforcement officers has been around for many years, but the closeness of the collaboration between APD and the UNM Psychiatry Department has enabled the departments to understand and trust each other better, said psychiatrist Dr. Nils Rosenbaum, medical director of the APD Behavioral Health Division.

“We are becoming recognized leaders in this country,” Rosenbaum said.

Prior to 2014, when the initiative started, APD’s crisis intervention team had two detectives and a part-time psychiatrist. Now, the team will soon have 12 detectives and Rosenbaum is a full-time employee. Either Rosenbaum or a UNM psychiatrist is on 24-hour call to provide support to officers.



Matthew Tinney

“We are lucky to have a psychiatrist – to be able to communicate with him to ask how better to serve the mentally ill population. Jail is not the place to send them,” said Detective Matthew Tinney of the APD crisis intervention unit.

The video-conferencing training, which started in 2016, is modeled on Project ECHO (Extension for Community Healthcare Outcomes), a telehealth network started by UNM in 2003 to assist rural physicians.

**Contact the writer:**

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Appendix V  
2017 CIT International Conference Presentation

# **CIT Is On The Scene: Is Anyone Better Off?**

**A Working Analysis Of CIT Implementation & Impact  
In Albuquerque, New Mexico**

**Presented At The 2017 CIT International Conference  
Ft. Lauderdale, Florida  
August 17, 2017**

**Prepared By:**

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# Compassion In Action



The Professionals In  
The Albuquerque  
Police  
Department's Crisis  
Intervention Unit



# Introduction

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

Once these elements are in place, it is essential to measure the impact of the CIT Program on the quality of life for individuals dealing with mental illness; on the perceptions and confidence of police officers; on the effectiveness of community supports; and on the sense of vibrancy of the community at large.

A number of communities, including Albuquerque, have many of the CIT program elements in place. Now we face the challenge of really understanding if we are making a difference and if anyone is better off.

# How Might We Think About CIT Core Elements And Outcomes?

Core Elements	Outcome Questions
<p>Highly Trained Professionals in Law Enforcement &amp; Mental Health Advocacy; A Rich curriculum; Policies and Procedures</p>	<ol style="list-style-type: none"> <li>1. How do we evaluate the reduction of use of force with individuals dealing with mental health issues?</li> <li>2. How do we evaluate the effectiveness of jail diversion efforts?</li> <li>3. How do we evaluate the impact of repeat encounters with the same individuals?</li> <li>4. How do we evaluate the quality of the ECIT Training for officers particularly in the quality of interactions these officers have with individuals dealing with mental health issues?</li> </ol>
<p>Mental Health Emergency Services and Other Support Services</p>	<ol style="list-style-type: none"> <li>5. How do we evaluate the impact of our relationships with mental health emergency services and other support services?</li> </ol>
<p>Partnerships Among Law Enforcement, Advocacy Groups, and Mental Health Providers; Community Ownership</p>	<ol style="list-style-type: none"> <li>6. How do we evaluate the impact of our partnerships with other law enforcement agencies, advocacy groups, and the community?</li> </ol>



# **What Can We Learn From The Broader Fields Of Evaluation?**

# **Theory of Change And The Consequences Of Our Actions**

## **Consequential Validity**

- **What is our theory of change? If we put all the pieces of a CIT program together, what do we think will happen?**
- **What are the intended impacts of our decisions and actions?**
- **What are the unintended impacts of our decisions and actions?**

**Adapted From The CIT Strategic Plan,  
November 2015 – November 2017**

## **Theory Of Change**

**We believe that recovery is possible for people living with mental illness and/or addiction who are in crisis.**

**THEREFORE**

**We support teamwork and collaboration.**

**AND**

**We educate to provide safe and compassionate interventions.**

**AND**

**We promote diversions into mental health systems of care.**

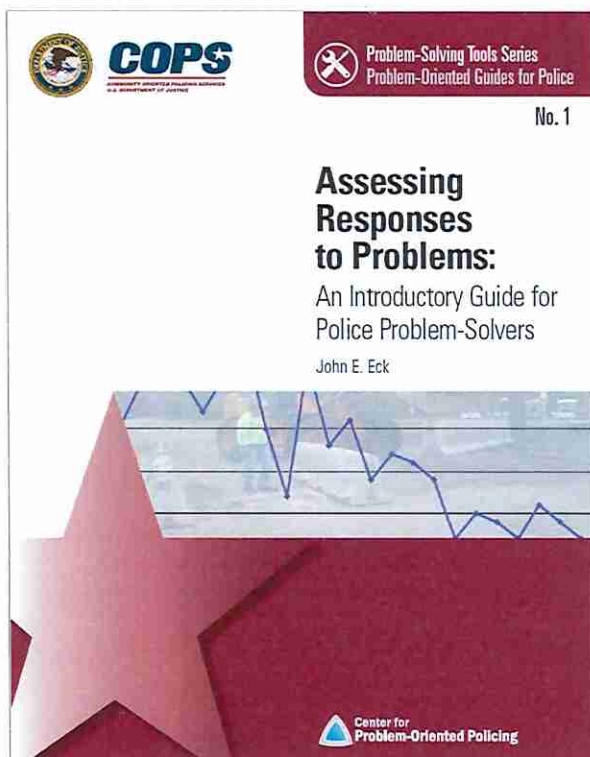
**AND**

**We strive for continued improvement of outcomes through effective CIT programs.**

**SO THAT**

**Our people, our communities, our families, our friends and our loved ones can live lives filled with dignity, understanding, kindness, and hope.**

# Process Evaluations Vs Impact Evaluations

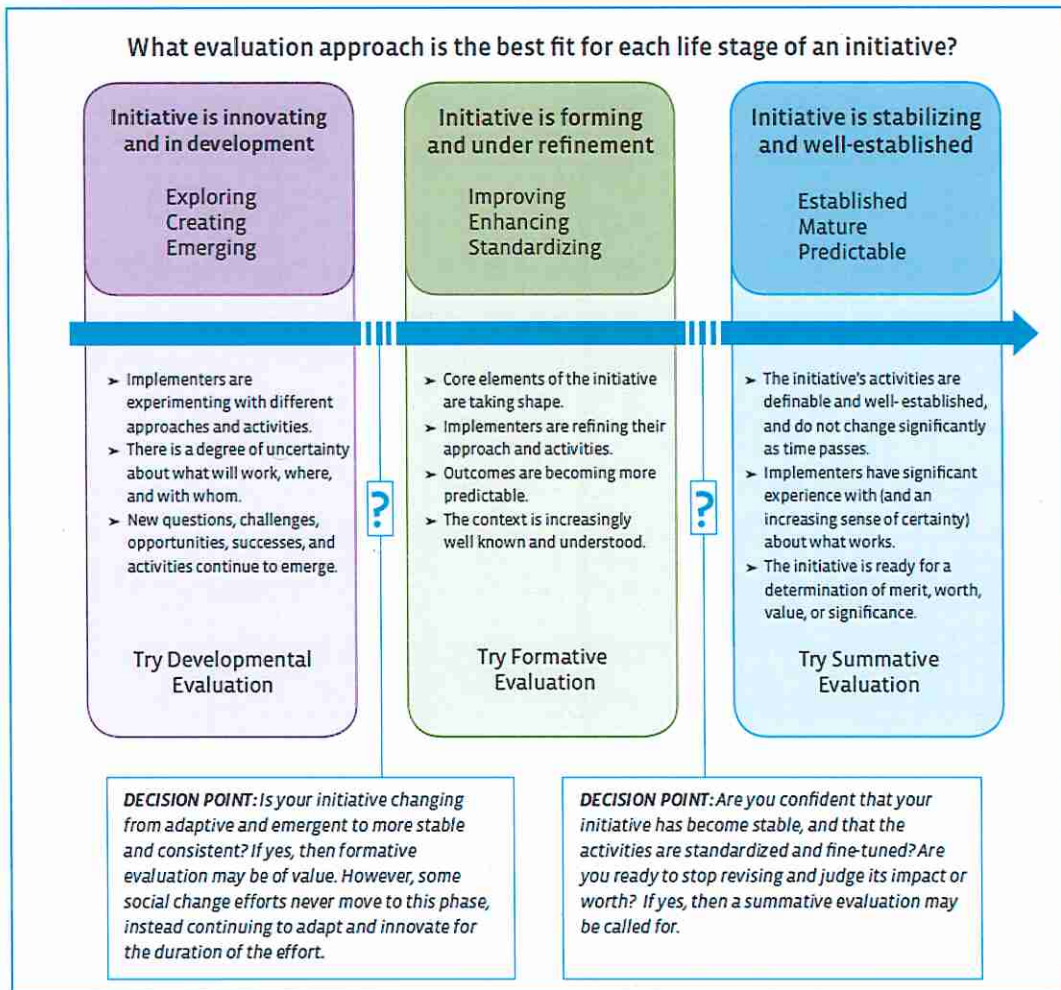


*“There are two types of evaluation. You should conduct both... Process evaluation ask the following questions: Did the response occur as planned? ... Did you do what you said you would do?...”*

*An impact evaluation asks the following questions: Did the problem decline? If so, did the response cause the decline?”*

		Process Evaluation Results	
		Response implemented as planned, or nearly so	Response not implemented, or implemented in a radically different manner than planned
Impact Evaluation Results	Problem declined	<b>A.</b> Evidence that the response caused the decline	<b>C.</b> Suggests that other factors may have caused the decline, or that the response was accidentally effective
	Problem did not decline	<b>B.</b> Evidence that the response was ineffective, and that a different response should be tried	<b>D.</b> Little is learned. Perhaps if the response had been implemented as planned, the problem would have declined, but this is speculative

# Developmental Evaluation



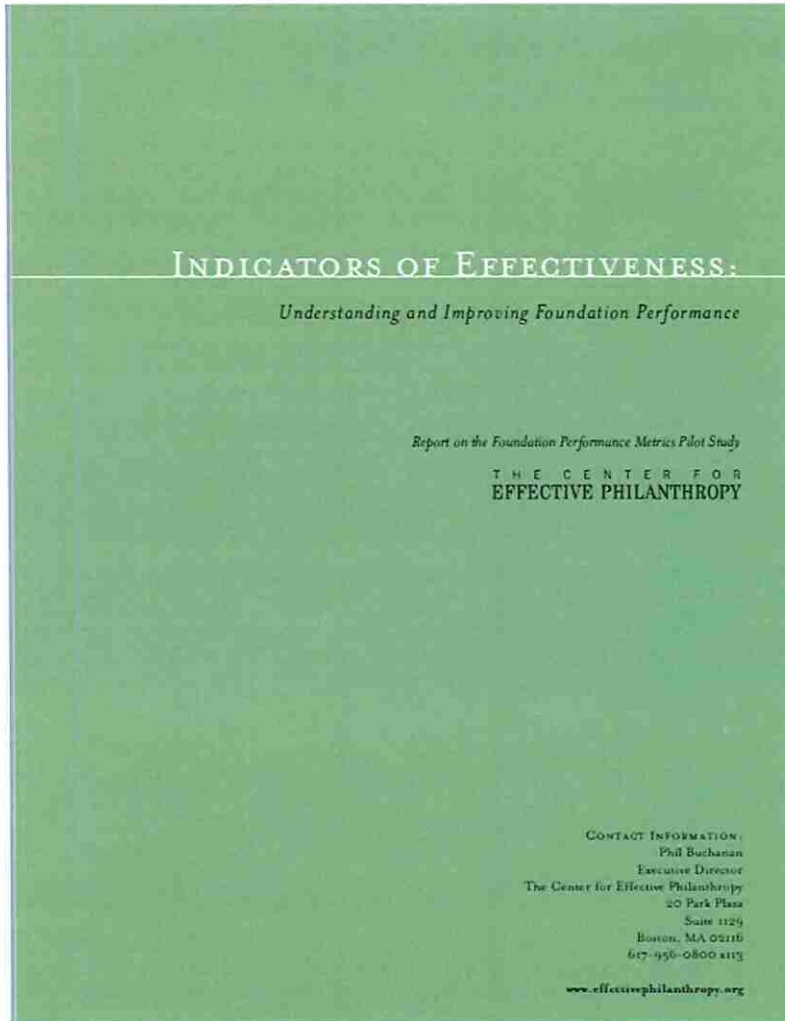
## Types of Questions Answered By Developmental Evaluation

- What is developing or emerging as the *CIT Program* takes shape?
- What variations in effects are we seeing?
- What do the initial results reveal about expected progress?
- What seems to be working and not working?
- What elements merit more attention or changes?
- How is the larger system or environment responding to the *CIT Program*?
- How should the *CIT Program* be adapted in response to changing circumstances?
- How can the *CIT Program* adapt to the context in ways that are within the Program's control?

Adapted From Preskill & Beer, 2012. *Evaluating Social Innovation*. FSG, Center For Evaluation Innovation



# Measuring Social Benefit



## Questions To Consider

- Are we working with the partners in law enforcement, advocacy groups and mental health providers who can best achieve impact?
- Are we responsive to our partners and treat them fairly?
- Are our goals with each of our partners clear and achievable?
- Have we and our partners advanced the field by influencing the thinking of policy makers, funders, thought leaders, or the public?
- Are we helping our partners improve their effectiveness?
- What is the aggregated impact directly caused by our partnerships?

Adapted From The Center For Effective Philanthropy, 2002. Indicators of Effectiveness: Understanding and Improving Foundation Performance.

## Better Data, Harder Questions

Policy Question	Data Questions	Practice & Policy Questions	Political Questions
<p style="text-align: center;"><b>How Do We Minimize Police Use Of Force With People Living With Mental Illness?</b></p>	<ul style="list-style-type: none"> <li>• How many calls for service are related to people living with mental illness?</li> <li>• What are the demographics and other characteristics of the individuals with mental illness encountered by the police?</li> <li>• How was the encounter resolved?</li> <li>• Did the encounter result in the use of force?</li> </ul>	<ul style="list-style-type: none"> <li>• How do we learn the important lessons after difficult incidents?</li> <li>• How do we train police officers to handle encounters with people living with mental illness?</li> <li>• How do we improve the collaboration between the police and mental health system?</li> <li>• How do we make sure that enough money is available to address the issue we face?</li> </ul>	<ul style="list-style-type: none"> <li>• Who has the power to influence communities to take better care of people living with mental illness?</li> <li>• Who can change how funding resources are allocated?</li> <li>• Who has the influence to make sure that families, police, mental health providers, and others to work together?</li> </ul>

## How Might We Evaluate CIT Efforts?

Key Evaluation Questions	Types Of Evidence		
	Data	Achievements	Stories
How Much Did We Do?	How many interactions did we have? How many officers trained? How many support services & resources deployed?	Benchmarks, Milestones, Awards	Individual Lives Impacted, Community Testimony, Agency Stories
How Well Did We Do It?	Measures of appropriate officer responses. Measures of appropriate service and resource deployment.		
Is Anyone Better Off?	Improvements in the circumstances of individuals experiencing a mental health crisis. Improvements in skills, attitudes, behaviors of police officers. Stronger community collaboration and increased resources available to assist people living with mental illness.		

Based On Mark Friedman and Results Based Accountability



## **Is Anyone Better Off?**

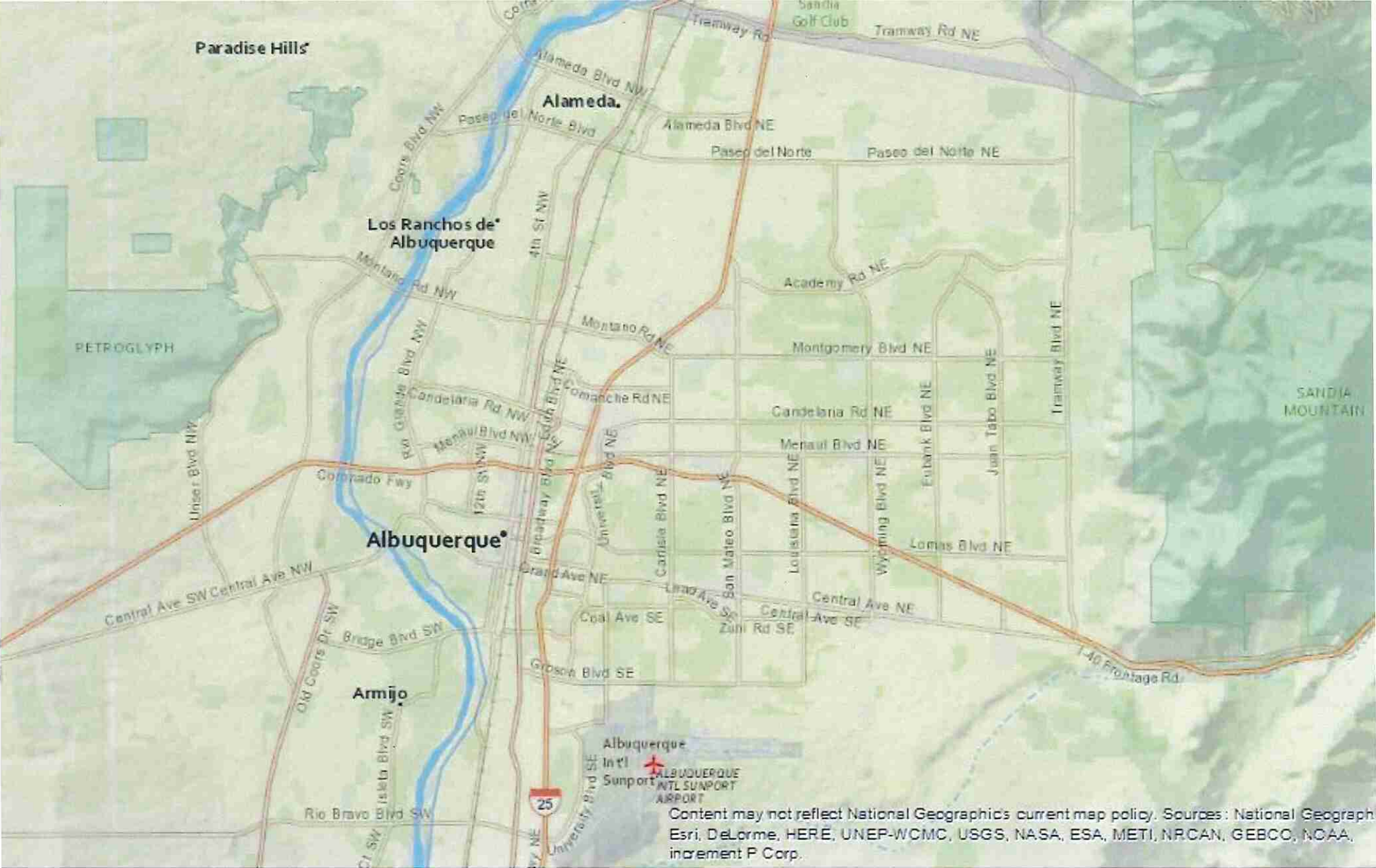
- 1. How do we evaluate the reduction of use of force with individuals dealing with mental health issues?**
- 2. How do we evaluate the effectiveness of jail diversion efforts?**
- 3. How do we evaluate the impact of repeat encounters with the same individuals?**
- 4. How do we evaluate the quality of the ECIT Training for officers particularly in the quality of interactions these officers have with individuals dealing with mental health issues?**
- 5. How do we evaluate the impact of our relationships with mental health emergency services and other support services?**
- 6. How do we evaluate the impact of our partnerships with other law enforcement agencies, advocacy groups, and the community?**



# New Mexico



# Albuquerque

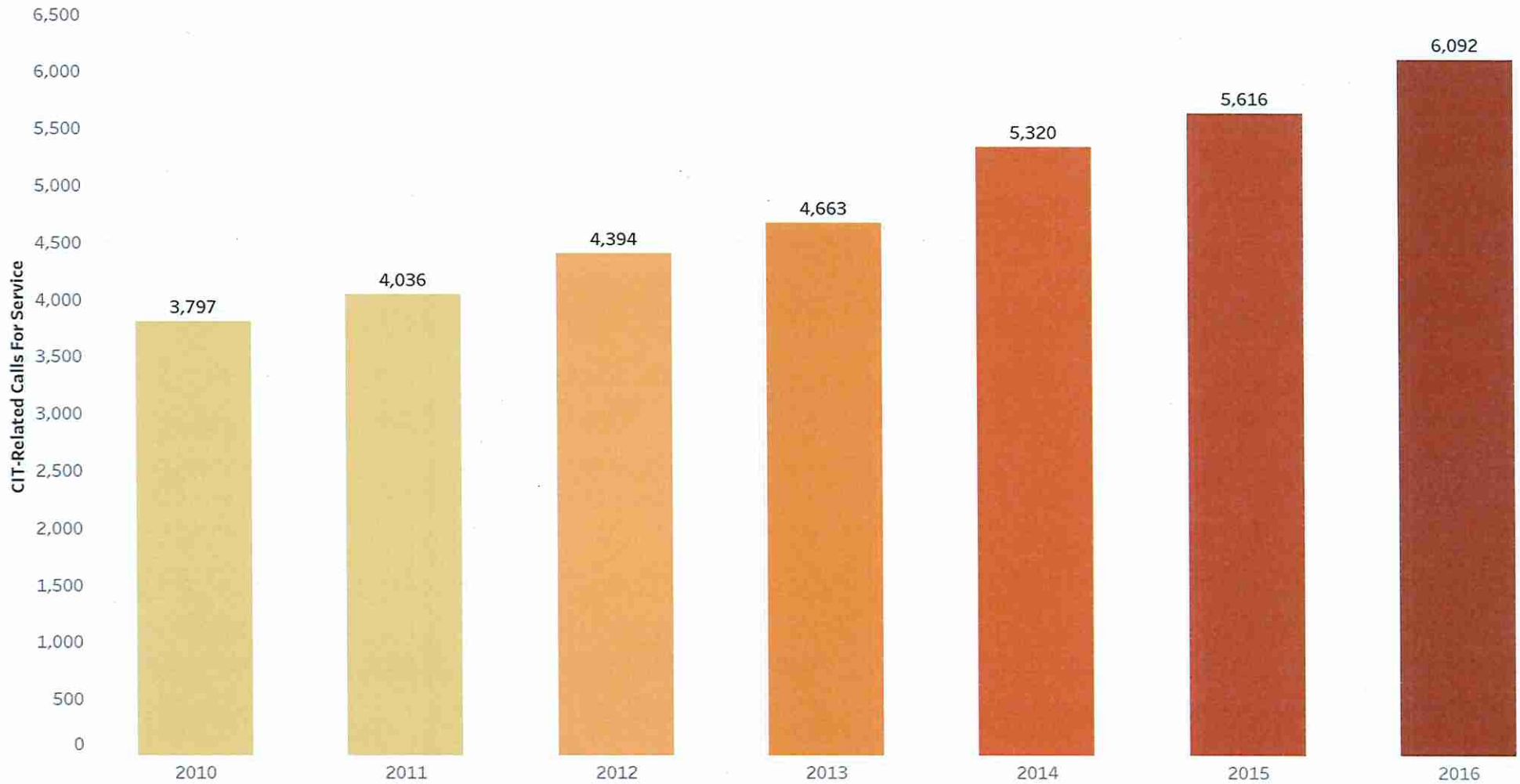




## Definitions and Limitations

- 1. Basic Crisis Intervention Team (CIT) Training:** APD's goal is that all field service officers will successfully complete the basic 40 hour crisis intervention team training. Over 550 APD cadets and officers have completed basic CIT training since 2014. Approximately 99% of field officers are CIT trained.
- 2. Enhance Crisis Intervention Team (ECIT) Training:** APD's goal is that 40% of the field services officers will complete an additional 8 hours specialized training in order to better handle calls involving individuals affected by a behavioral health disorder or experiencing a behavioral health crisis. ECIT training was first implemented in October, 2016 and over 100 APD field officers have completed the ECIT training as of July, 2017.
- 3. Throughout this presentation we refer to behavioral health related computer aided dispatch (CAD) incidents.** These are calls that are categorized as suicide or behavioral health in CAD descriptions. If CAD calls turn into incidents that required police reports, these reports may be categorized as suicide, behavioral health, mental commit, mental patient, or psychiatric evaluation depending on which record system is used and what year the report was filed.
- 4. We fully understand that our data is based on behavioral health related incidents which are known to be behavioral health related by law enforcement at the time of occurrence.** There are probably many incidents which are classified in other ways which have a behavioral health components and are missed in our analyses.
- 5. We are committed to improving our data collection and analyses and we have made some important strides so far.** But clearly, complete and accurate data in law enforcement is a journey rather than a destination.

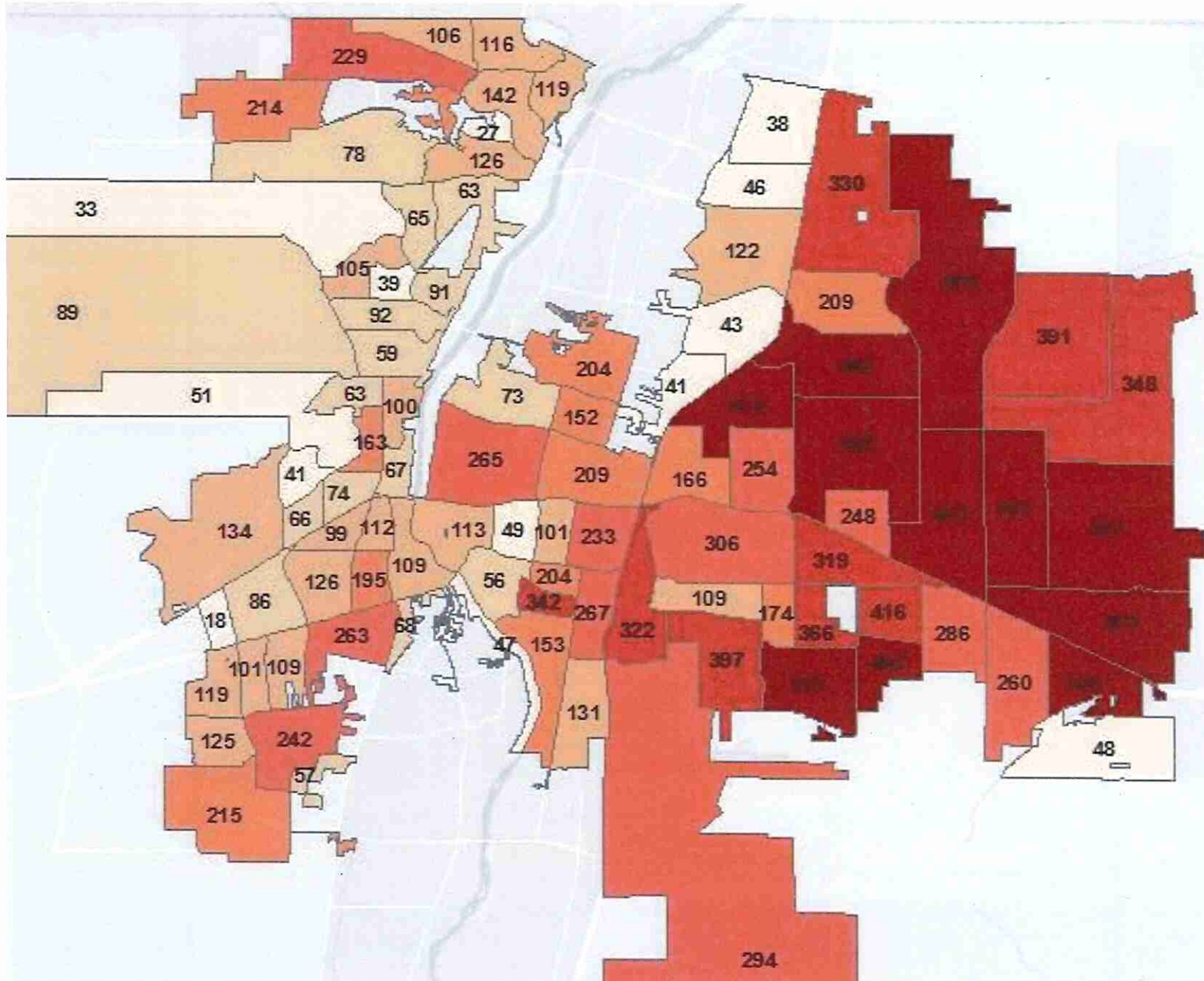
# The Number Of APD's BH-Related CAD Calls Has Increased 60.4% Since 2010. It Is Very Likely Those Calls Will Continue To Increase



## APD CAD Calls All Priorities

Source: APD CIU 3.10.17

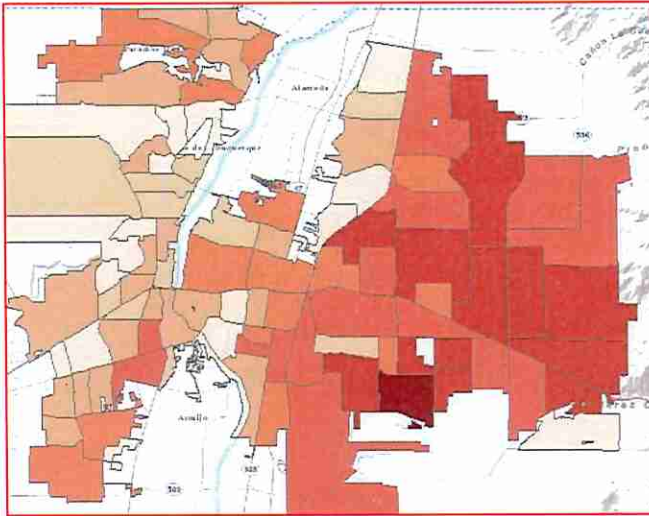
# APD Field Officers Filed Almost 19,000 BH-Related ARS Reports Between 2010 and 2016 (Number of Reports By Beat)



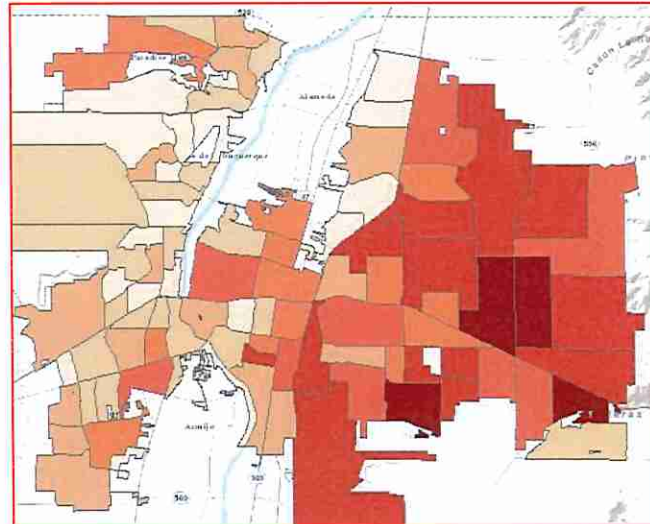


# How APD Field Officers' BH-Related ARS Reports Have Changed By Beat Over Time From 2014 To 2016

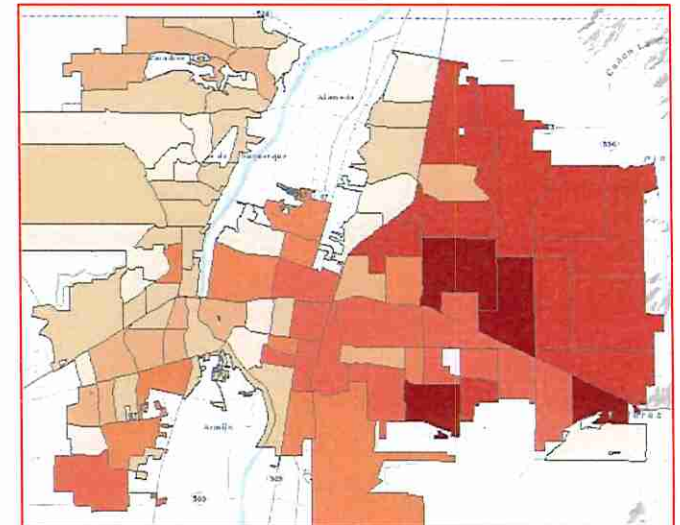
3,484 BH-Related Field Reports In 2014



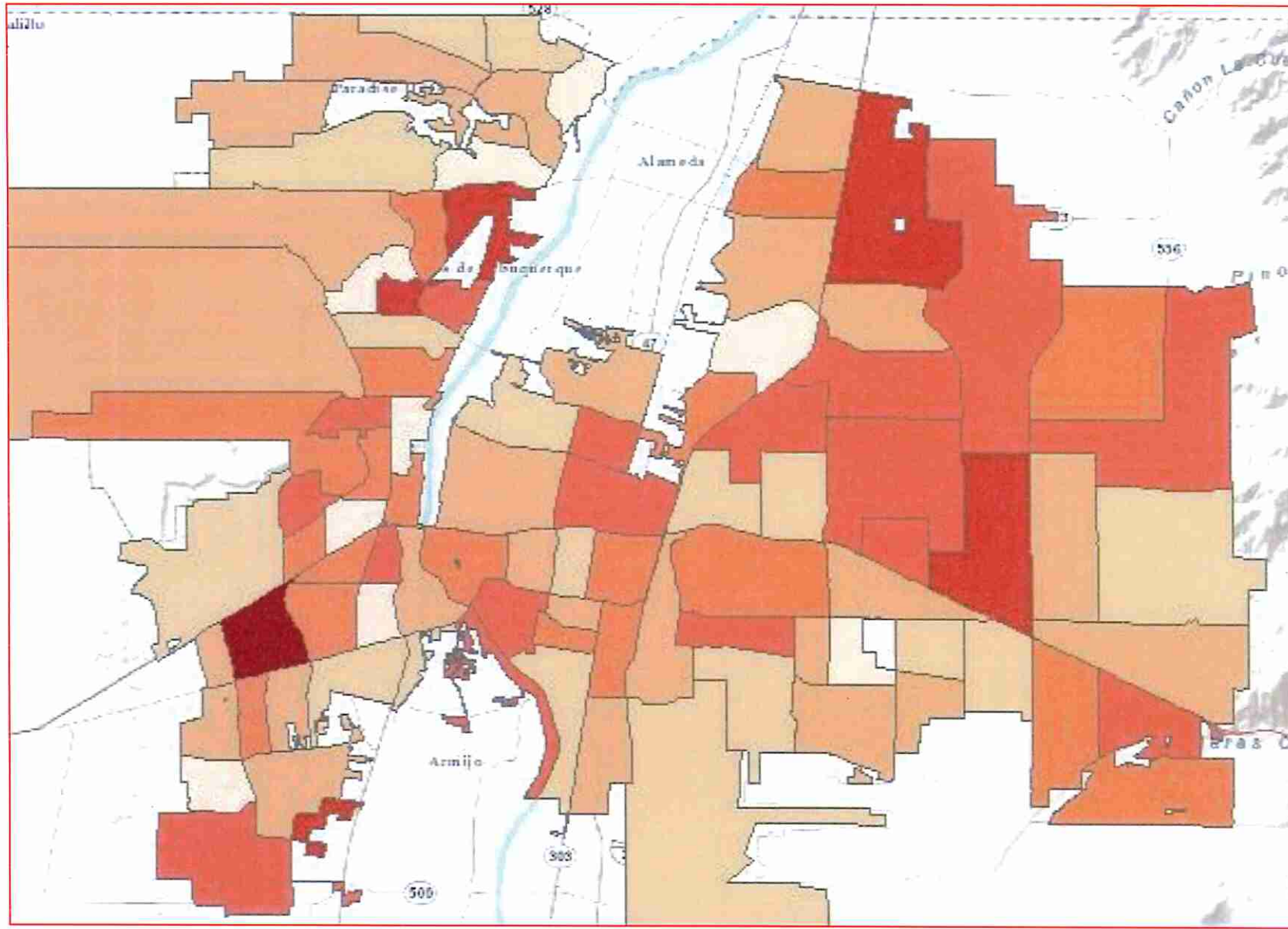
3,259 BH-Related Field Reports In 2015



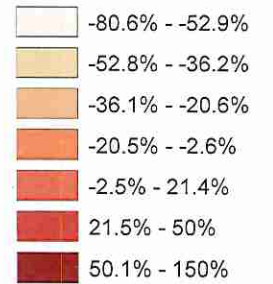
2,730 BH-Related Field Reports In 2016



# The Change In BH Reports By Beat From 2014 To 2016



## Legend Percent Difference In CIT Reports From 2014 To 2016



# **How do we evaluate the reduction of use of force with individuals dealing with mental health issues?**

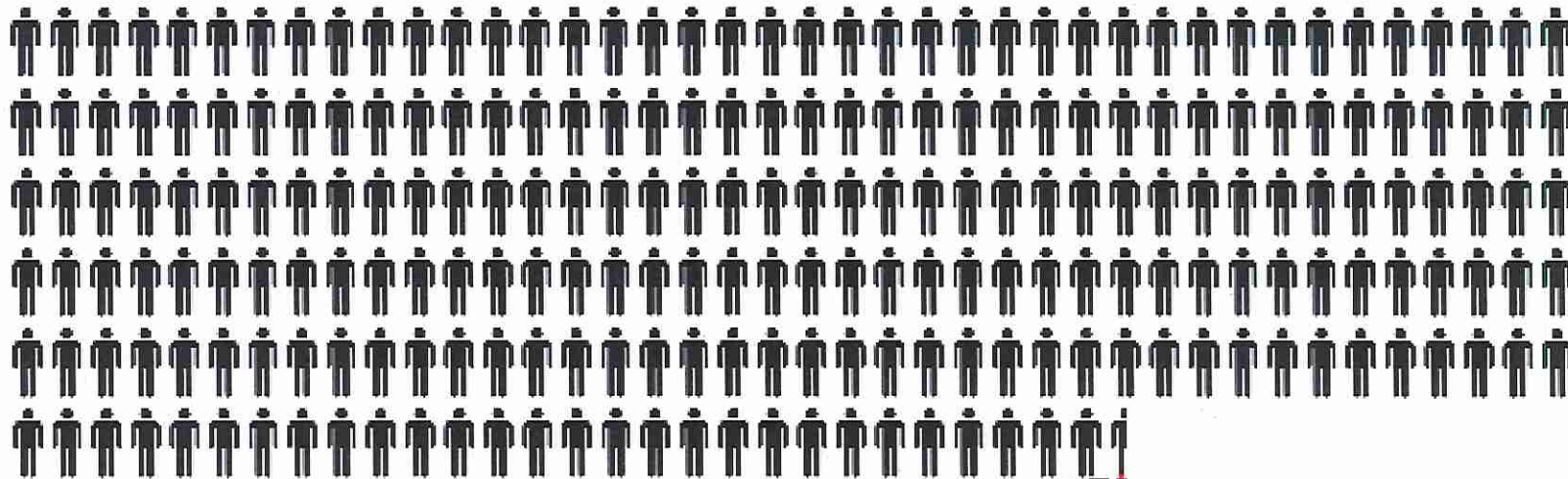
## **Evaluation Questions To Consider:**


- **Did use of force decline?**
- **If so, what caused the decline?**



# All Calls For Service Vs. Use Of Force Incidents

## August 2016 To January 2017

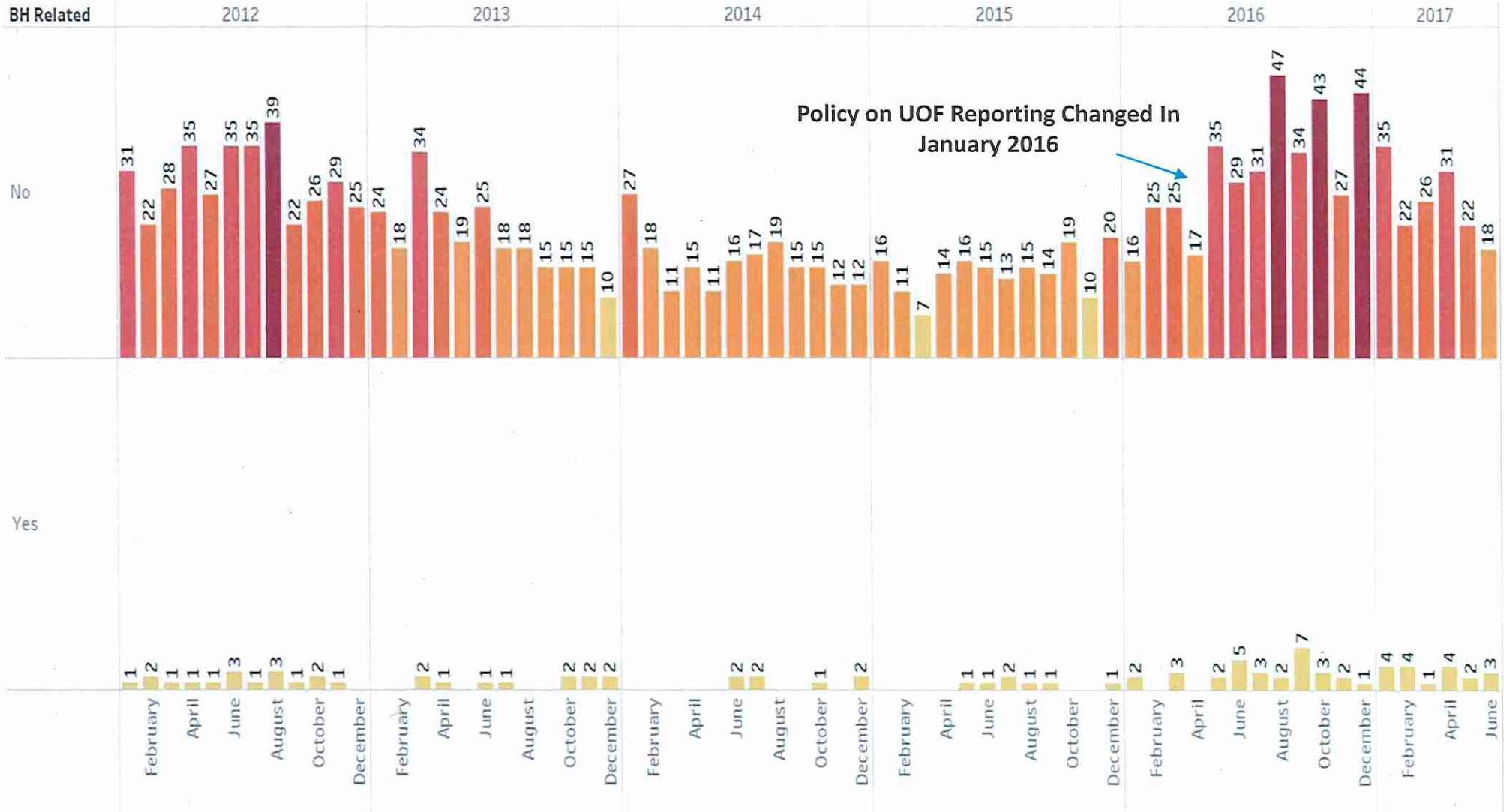


 = 1,000 CALLS FOR SERVICE

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

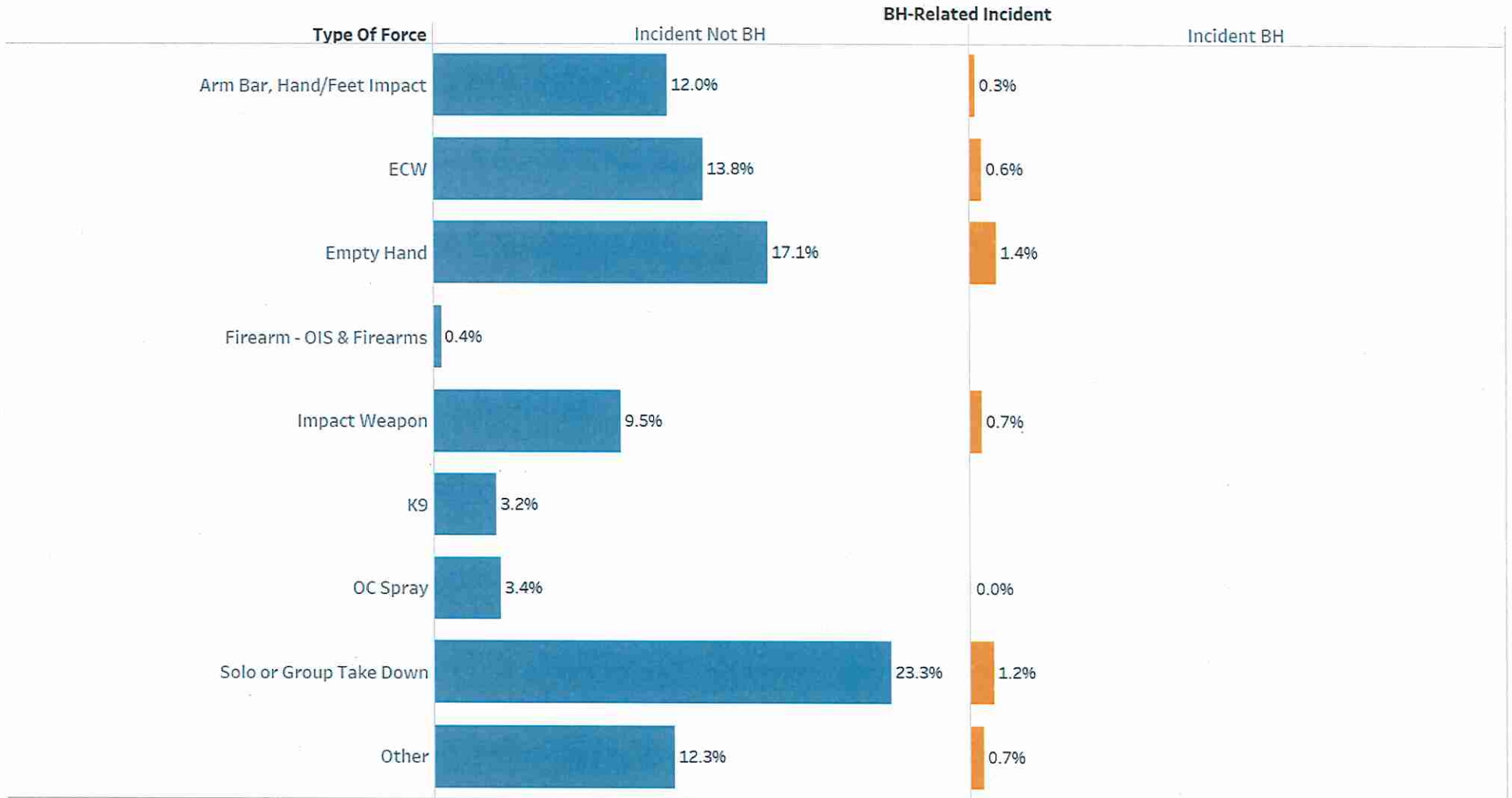
SERIOUS USE OF FORCE INCIDENTS IN IMR 5 REPORTING PERIOD (34):  
  
.015% (15 THOUSANDTHS OF ONE PERCENT) OF 227,619 CALLS FOR SERVICE

# Use Of Force Cases By Year By Behavioral Health Related Category



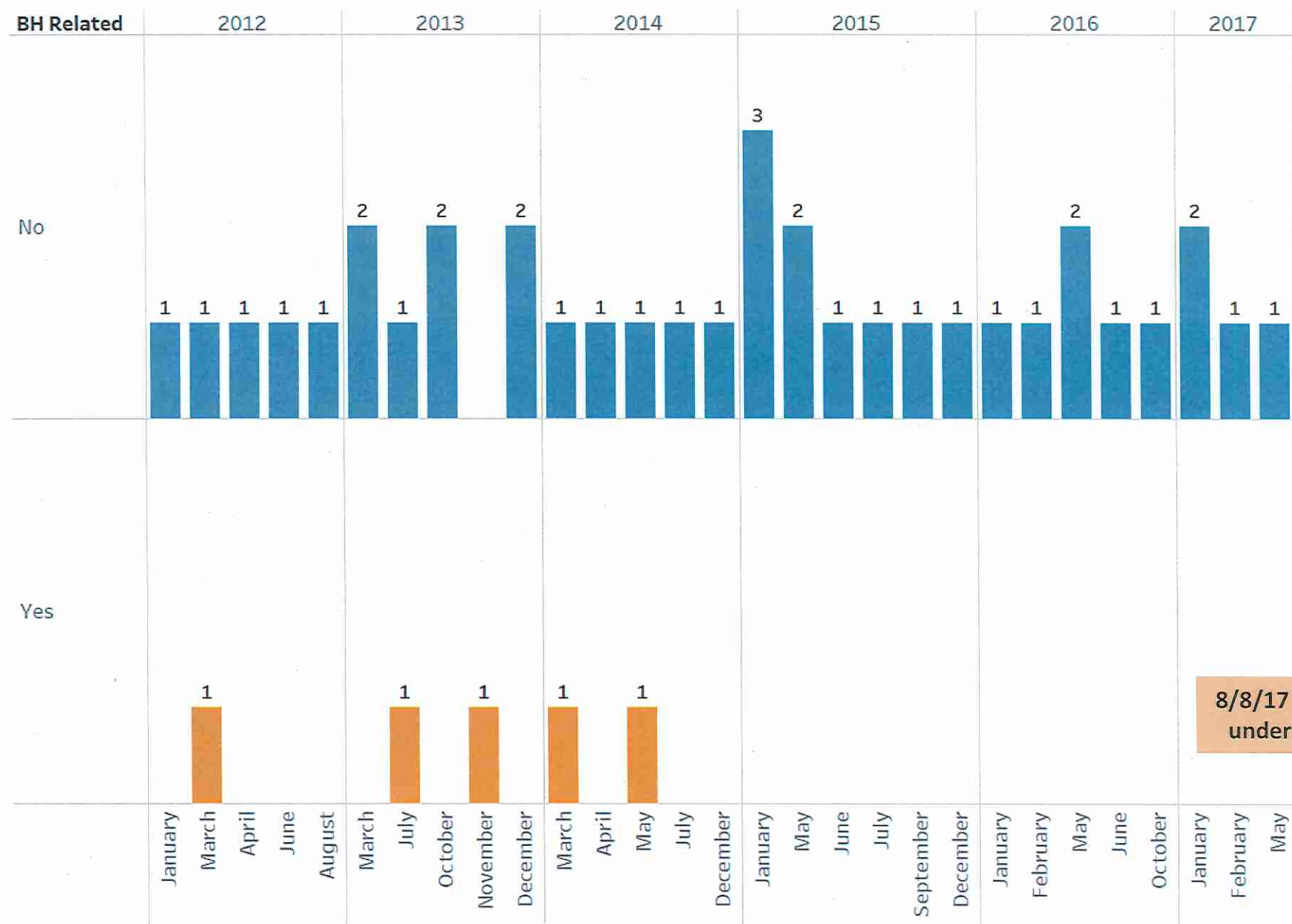
Data Are Preliminary And These Are Cases Which Were Know To Law Enforcement As Behavioral Health Related At The Time

# The Types Of Use Of Force By Officer Reports By Year Behavioral Health Related Category



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

# The 41 Use Of Force Cases Involving Firearms By Year By Behavioral Health Related Category



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



## Thoughts To Consider

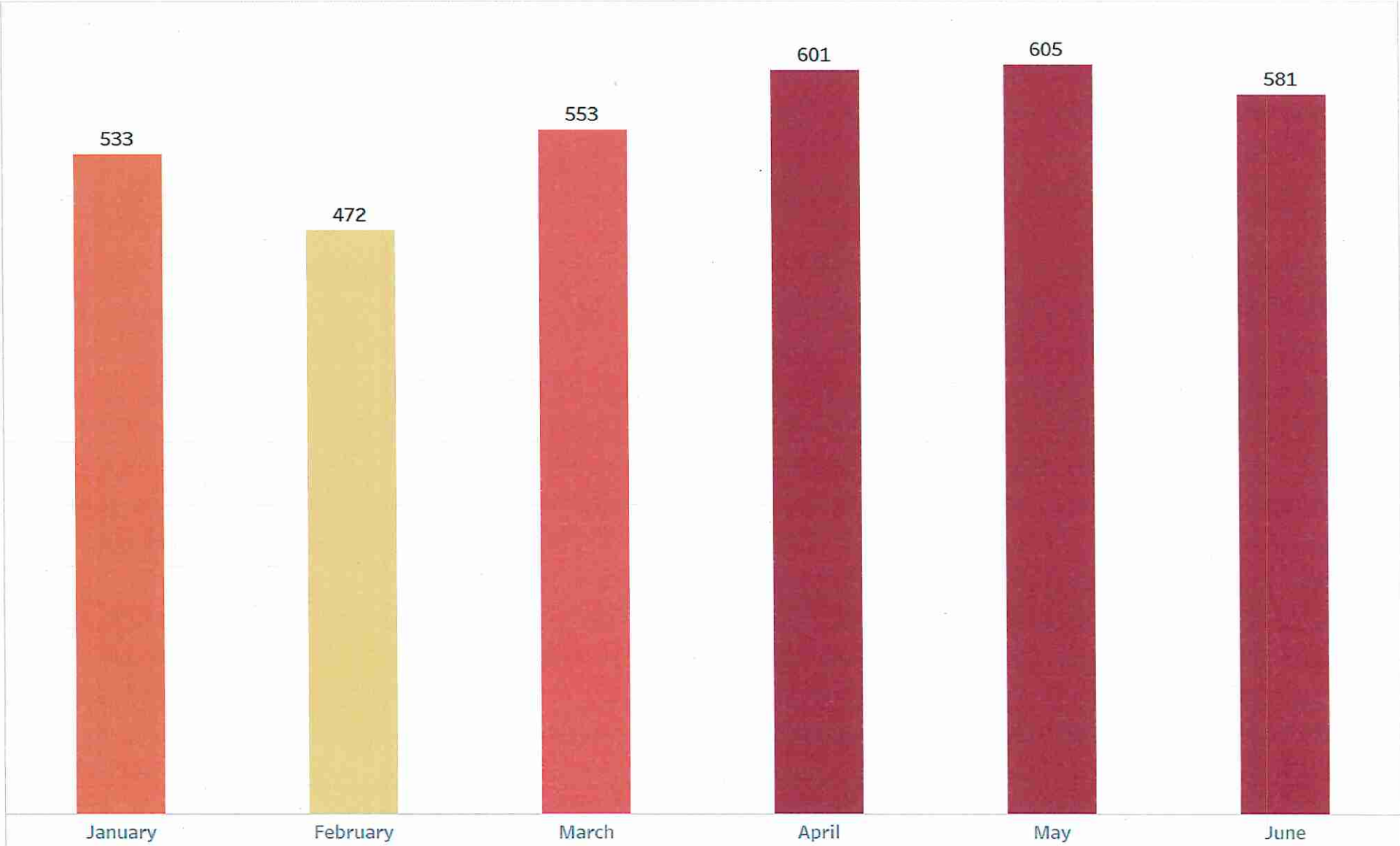
- Each use of force or firearm discharge is important. Numbers are not the only story.
- Identifying all types of use of force and whether incidents are behavioral health related is complex. Both of these factors requires careful vetting.
- The UOF reports in behavioral health related incidents has been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

# How do we evaluate the effectiveness of jail diversion efforts?

## Evaluation Questions To Consider:

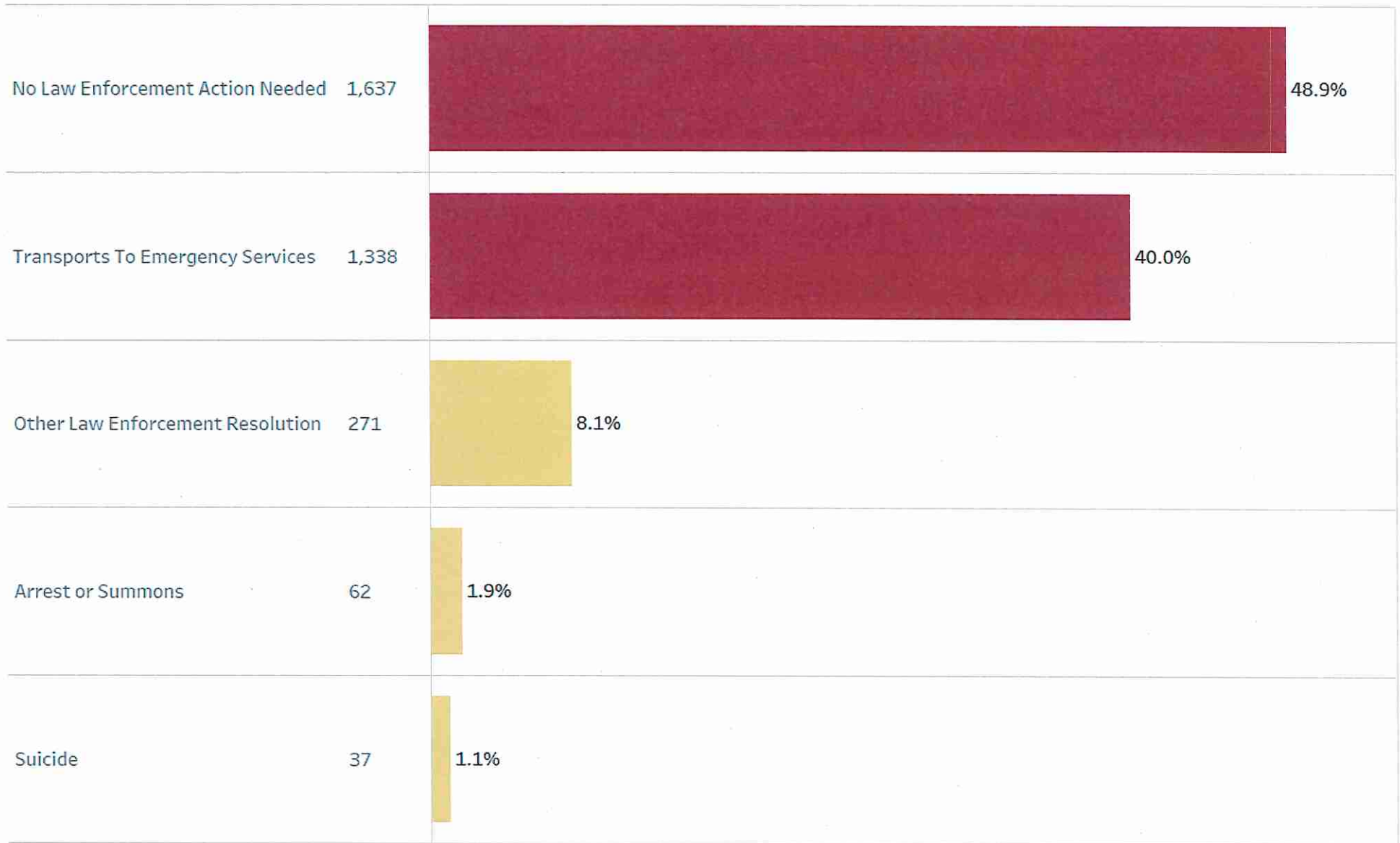
- What seems to be working and not working?
- How is the larger system responding to the APD's efforts?
- How can APD adapt to the larger system in ways that are within APD's control?

# The Number of Behavioral Health Related CAD From January To June 2017





## The Number And Percentage Of The Dispositions Of BH Related CAD From January To June 2017

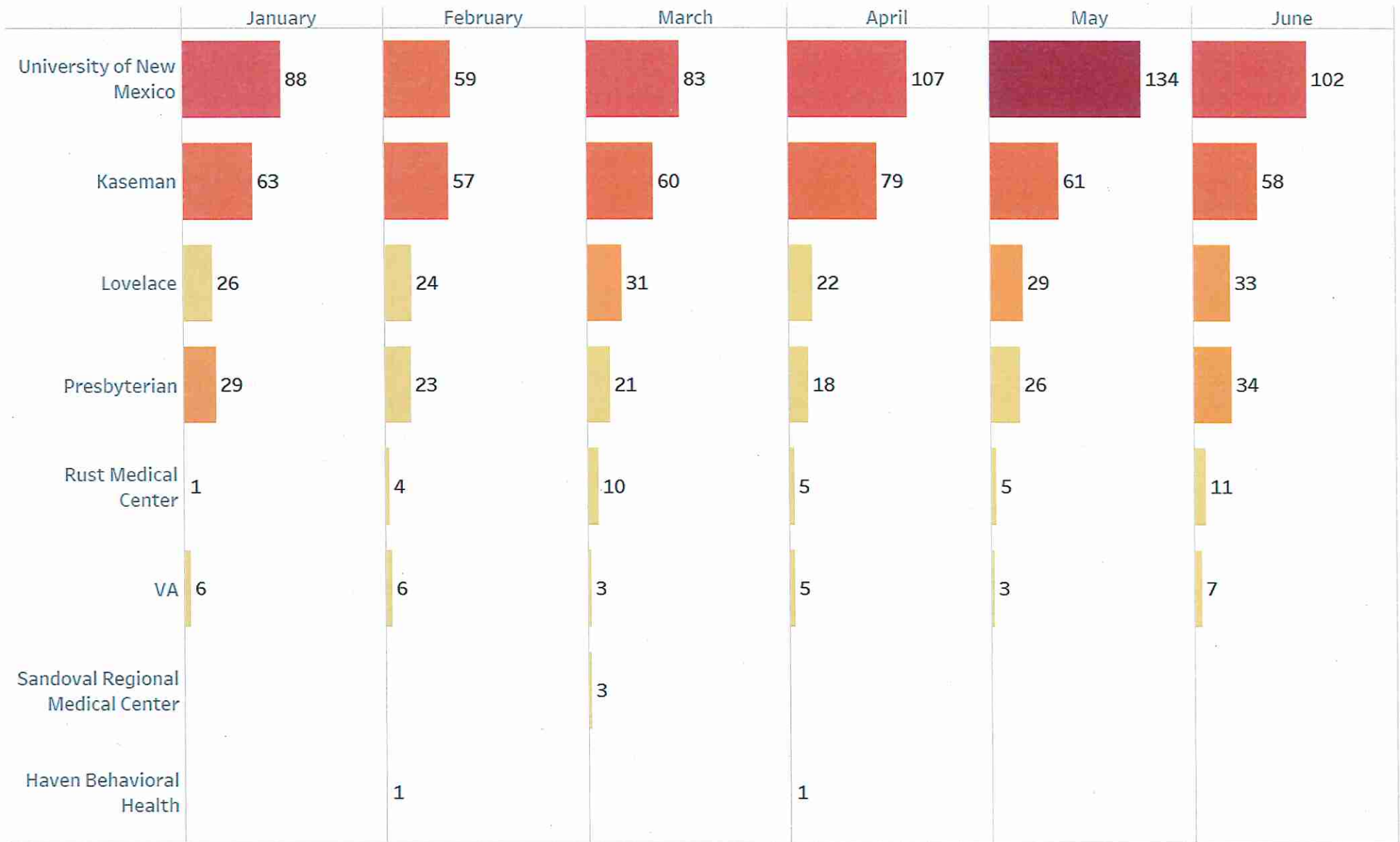


# **How do we evaluate the impact of our relationships with mental health emergency services and other support services?**

## **Evaluation Questions To Consider:**

- **Are we responsive to our partners and are we treating them fairly?**
- **Are our goals with our partners clear and achievable?**
- **Are we helping our partners improve their effectiveness?**
- **What is the aggregated impact directly caused by our partnerships?**

# The Number Of BH Related CAD By Emergency Service From January To June 2017



## Thoughts To Consider

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



# SOP 2-19-8 Diversion From Jail



## ALBUQUERQUE POLICE DEPARTMENT PROCEDURAL ORDERS

SOP 2-19

Effective: 11/01/16 Review Due: 11/01/17 Replaces: 06/07/16

### 2-19-8 Diversion from Jail

Department personnel will divert individuals with behavioral health disorders or who are in behavioral health crisis from jail through the following measures:

- A. Individuals with behavioral health disorders or in behavioral health crisis may have encounters with law enforcement for misdemeanor and/or petty misdemeanor crimes, including non-violent felonies. When possible, those persons may be better served by jail diversion, which can include the following:
  1. Issuing a verbal warning;
  2. Issuing a citation;
  3. Giving a summons for misdemeanors or submitting a non-violent felony case to the District Attorney;
  4. Transporting the person to a mental health provider either voluntarily or involuntarily pursuant to NMSA 43-1-10; or
  5. Disengagement.
- B. Jail diversion through issuance of citations or summons/submission of a case is subject to an officer's discretion and is typically appropriate unless:
  1. The individual, subject to lawful arrest, fails to identify himself or herself satisfactorily.
  2. The individual refuses to sign the citation.
  3. Arrest or taking the individual into custody is necessary to prevent imminent harm to the individual or others, or it is necessary to remove the individual from the scene of the offense.
  4. The individual has no ties to the jurisdiction reasonably sufficient to ensure their appearance and there is substantial likelihood that violators would refuse to respond to the citation.
  5. The individual is intoxicated to the point that they no longer have control of their faculties.



## ALBUQUERQUE POLICE DEPARTMENT PROCEDURAL ORDERS

SOP 2-19

Effective: 11/01/16 Review Due: 11/01/17 Replaces: 06/07/16

If one or more of these factors are present and the individual is displaying signs of a behavioral health disorder or crisis, the officer will evaluate whether arrest, transport to a mental health facility, or disengagement is appropriate. This decision will be made based on the severity of the crime, the perceived connection between the behavioral health disorder or crisis and the criminal conduct, and whether the officer believes the individual will be better served by one option more than another.

- C. When the individual's criminal behavior appears to stem from a behavioral health disorder and he or she would be better served in a treatment location than in a criminal justice setting, officers should seek such interventions in lieu of criminal charges.
  1. CITO, ECIT, MCT, and CIS will work with behavioral health care providers within the community to deter the individual from future contact with the criminal justice system.
    - a. CIS will hold quarterly meetings with University of New Mexico. In addition, CIS will hold meetings with personnel from Presbyterian ~~Kaseman~~ <sup>Casey</sup> Hospital, HealthCare for the Homeless, St. Martin's Hospitality Center, New Mexico Solutions and others as needed or requested to ensure familiarization with diversionary goals.
    - b. Officers will testify at civil commitment proceedings to promote mental health resolution rather than criminal sanctions.
  2. CITO, ECIT, MCT, and CIU Detectives will make referrals to CIS and use COAST and/or Crisis Intervention Unit Clinicians, to reduce the likelihood of future behavioral health crises and thus reduce the possibility of contact with the criminal justice system by evaluating the situation and connecting to appropriate services available to individuals living with behavioral health disorders.
  3. On active CIU cases, CIU Detectives may coordinate with the Pre-Trial Services diversionary unit in the court system to address the needs of the individuals with behavioral health disorders who were booked into the detention facility.
  4. The primary officer will retain case responsibility if a citation, summons, or case is submitted. CIU/COAST assists if the individual needs follow-up intervention. When sending a copy of the incident report to Court Services, officers will attach a note stating the individual may be a candidate for Mental Health Court.
  5. If the individual is not appropriate for jail diversion, the officer should ensure that the individual is referred to the Psychiatric Services Unit within the detention center (PSU) by writing "PSU REFERRAL" at the top of the pre-booking slip.
  6. The officer will note any jail diversion techniques used on the incident report, or if no incident report is required, on a CIT contact sheet before submission to the CIT data analysts.

6

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# How do we evaluate the impact of repeat encounters with the same individuals?

## Evaluation Questions To Consider:

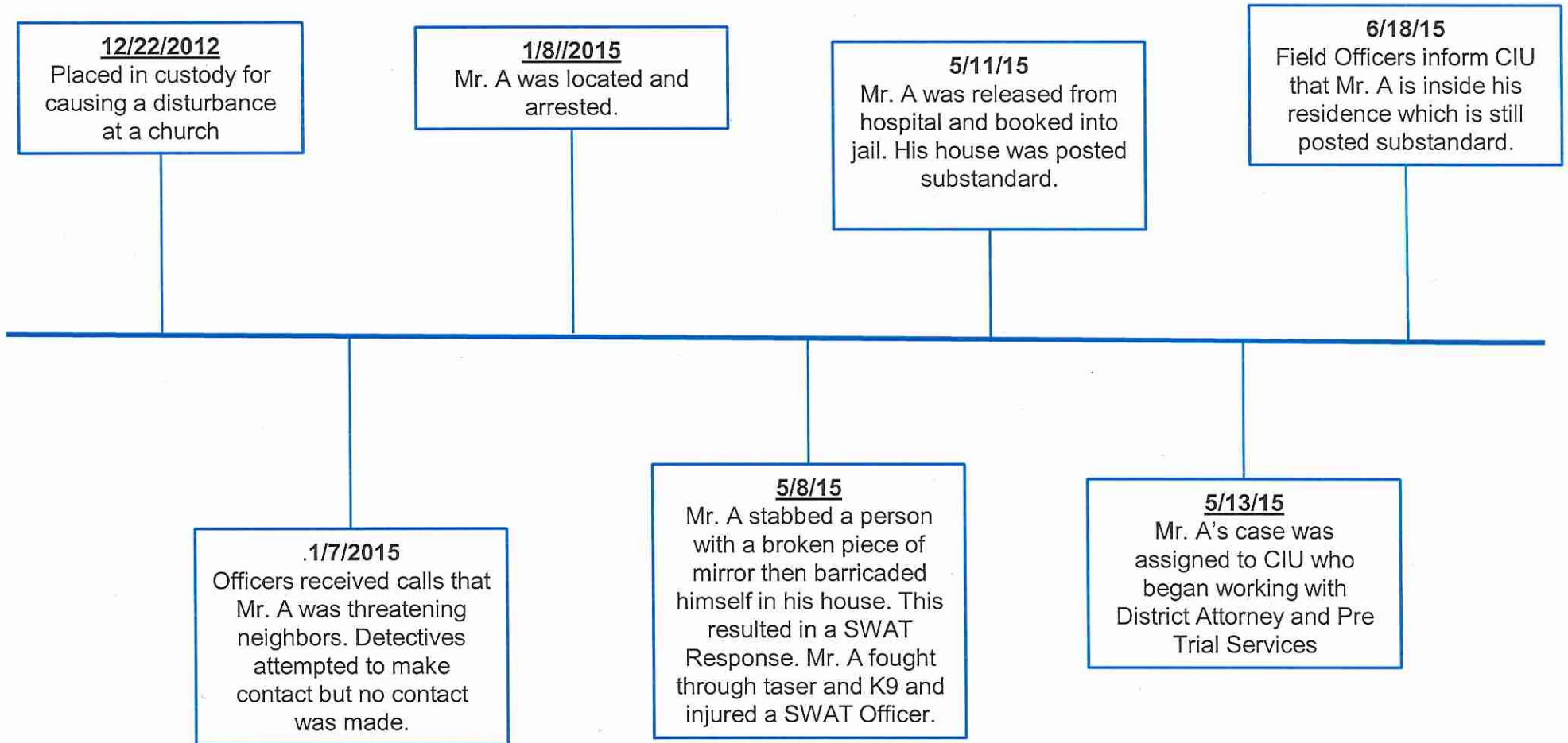
- What variations in effects are we seeing?
- What seems to be working and not working?
- What elements merit more attention or change?
- What are the intended impacts of our decisions and actions?
- What are the unintended impacts of our decisions and actions?

## The Power of Stories: Mr. A

- Mr. A is in his mid-30's and living with schizophrenia and serious substance abuse.
- Mr. A has had several violent encounters with police.
- Mr. A has felony warrants including False Imprisonment, Battery upon a Household Member, Resisting and Evading An Officer, Aggravated Battery With A Deadly Weapon Resulting in Great Bodily Harm.
- Mr. A has a history of using methamphetamines and other narcotics.
- Mr. A has numerous documented contacts with police officers between 2012 and 2017.

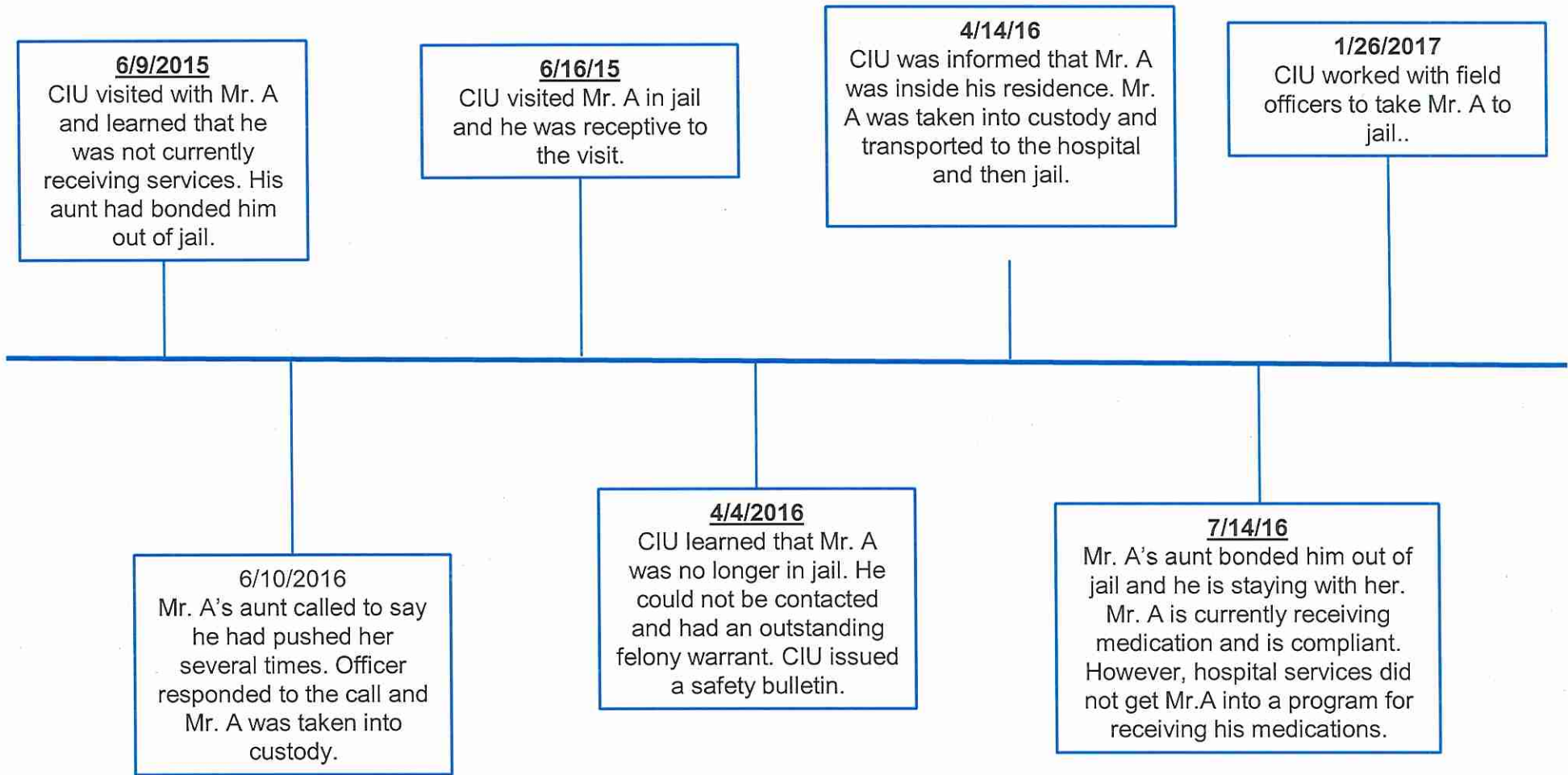


# Mr. A



**What Seems To Be Working And Not Working?**

# Mr. A (Continued)



**What Seems To Be Working And Not Working?**

# Mr. A (Continued)

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

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

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

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

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

**What Seems To Be Working And Not Working?**

## Thoughts To Consider

- The amount of time and effort that CIU detectives and clinicians put into building relationships with individuals is impressive.
- Every part of the behavioral health system has to be working in order to have a long term impact on individuals.
- Careful analysis of case studies is important both for the field and for individual agencies.

# How do we evaluate the quality of the ECIT training for officers?

## Evaluation Questions To Consider:

- Are we doing what we said we would do?
- What variations in effects are we seeing?
- What seems to be working and not working?
- What elements merit more attention or change?
- What are the intended impacts of our decisions and actions?
- What are the unintended impacts of our decisions and actions?



# SOP 2-19-7 ECIT Response To Behavioral Health Situations



## ALBUQUERQUE POLICE DEPARTMENT PROCEDURAL ORDERS

SOP 2-19

Effective: 11/01/16 Review Due: 11/01/17 Replaces: 06/07/16

### 2-19-7 Response

7

A. In responding to an individual experiencing a behavioral health crisis, an officer will de-escalate and calm the situation until a supervisor or ECIT or MCT arrives to control the scene and direct operations.

1. ECIT, MCT, or CIU will take the lead in interacting with individuals in a behavioral health crisis. If a supervisor has assumed responsibility for the scene, the supervisor will seek input from ECIT, MCT or CIU on strategies for de-escalating, calming and resolving the crisis, when it is safe.

6

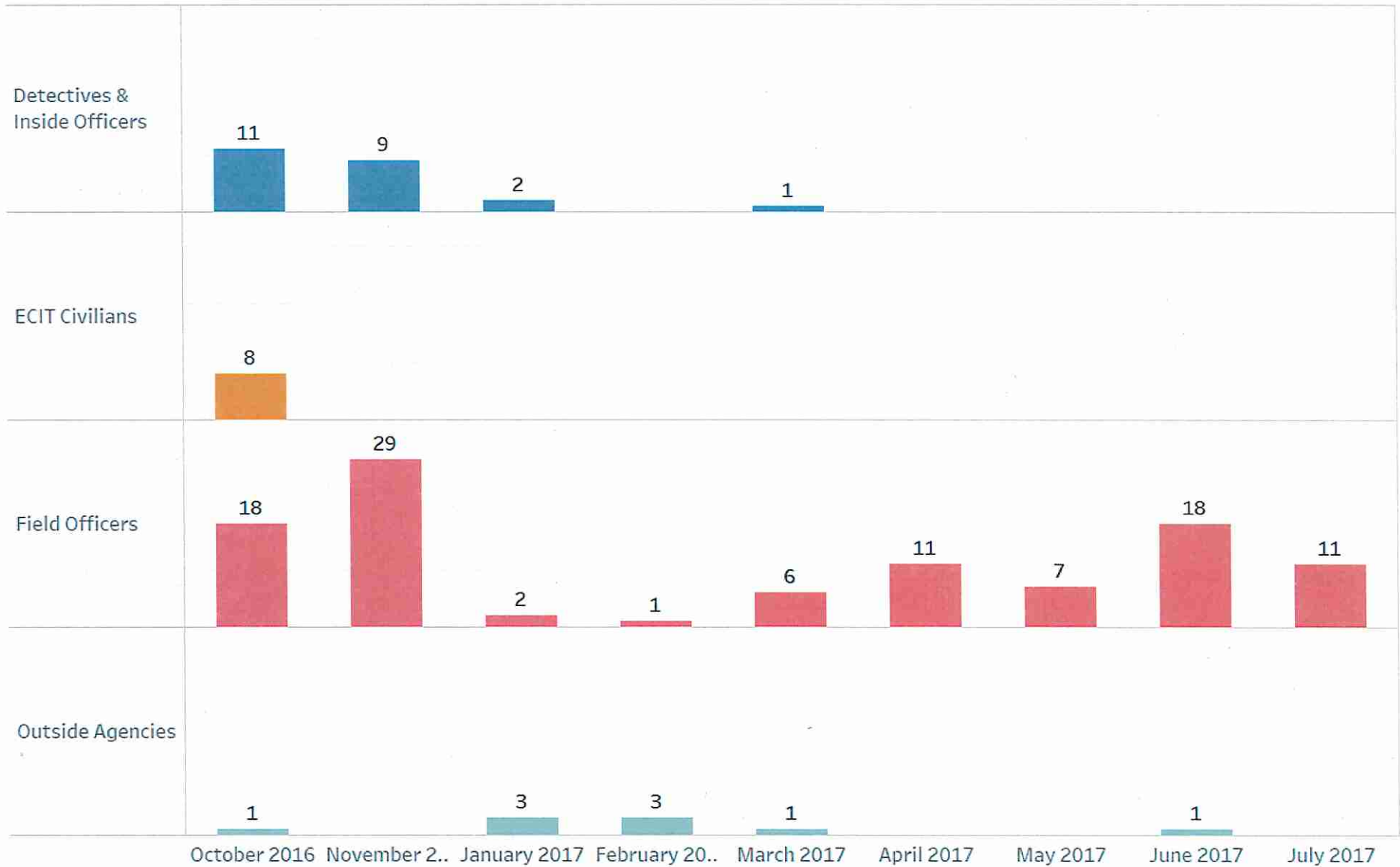
2. The responding officer will request a backup officer whenever the individual will be taken into custody (either for booking or for emergency mental health evaluation). If the responding officer is a CITO, the officer should specifically request an ECIT officer or MCT as backup.

3. Officers should take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet non-threatening tone and manner when approaching or conversing with the individual. Where possible, avoid physical contact, and take time to assess the situation. Officers should operate with the understanding that time is an ally, and there is no need to rush or force the situation.

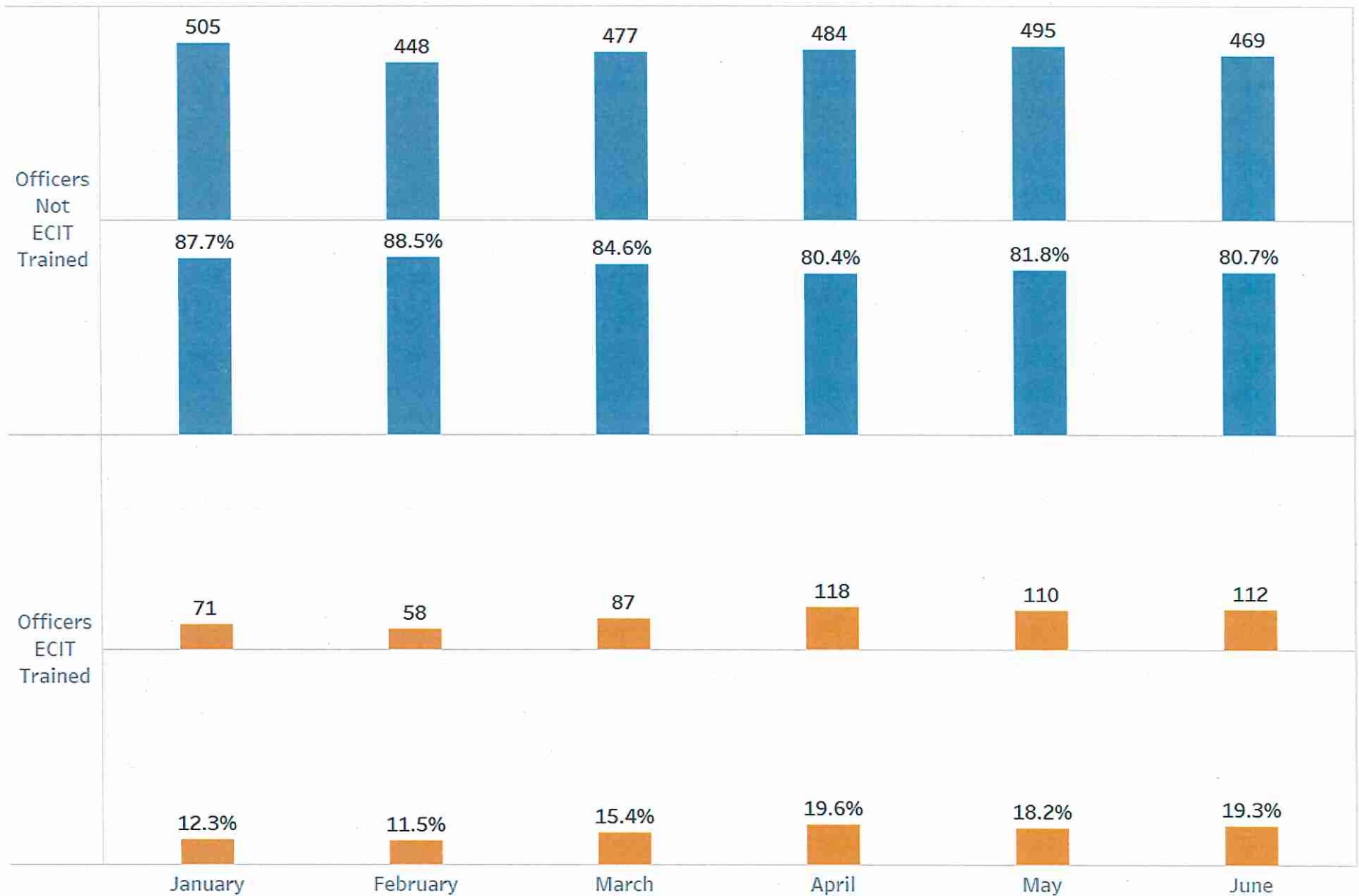
4. Officers should move slowly and do not excite or agitate the person. Provide reassurance that the police are there to help and that the person will be provided with appropriate care, assistance and resources.



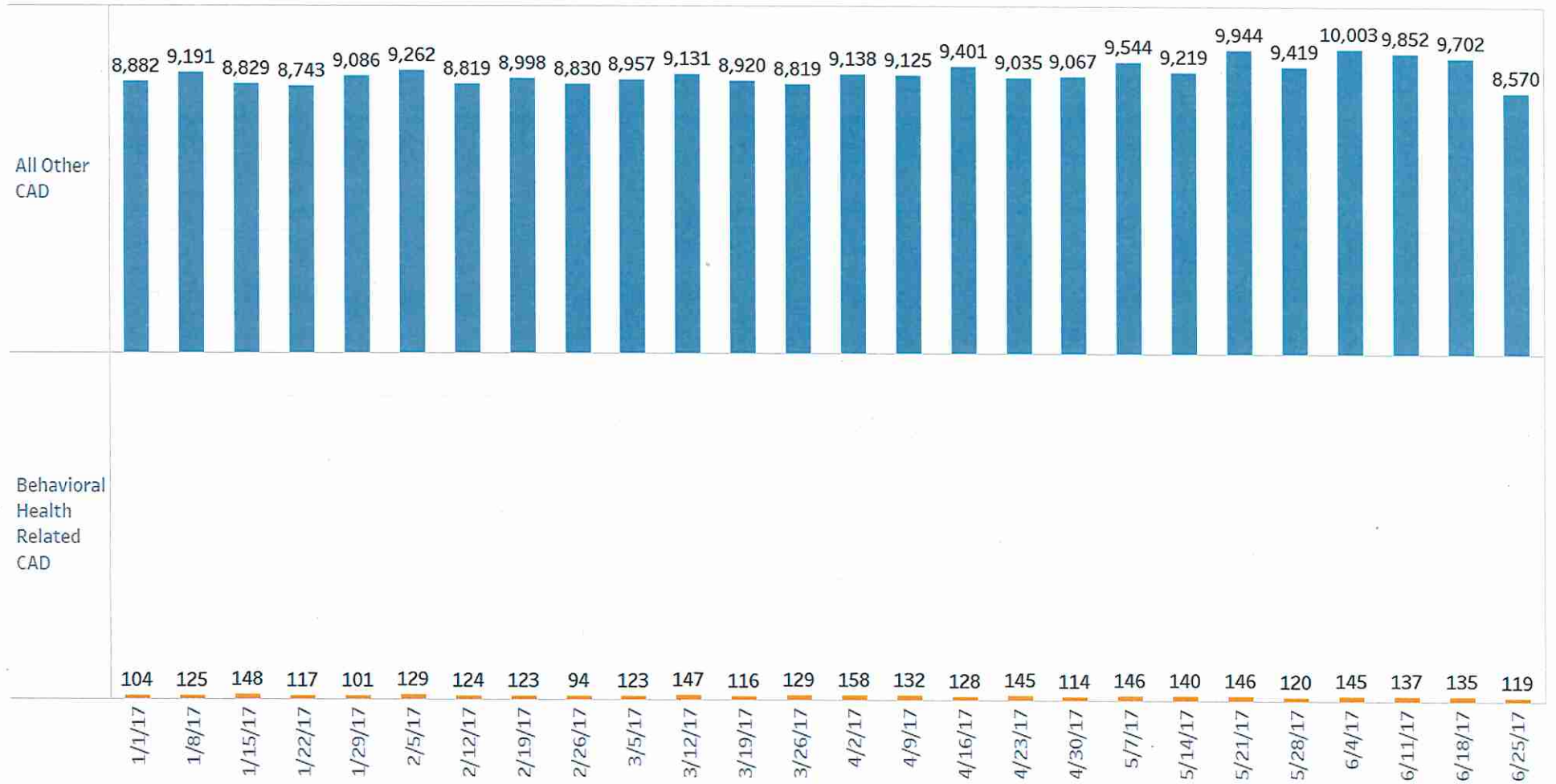
# The Number Of Officers And Others Receiving ECIT Training From October 2016 To July 2017



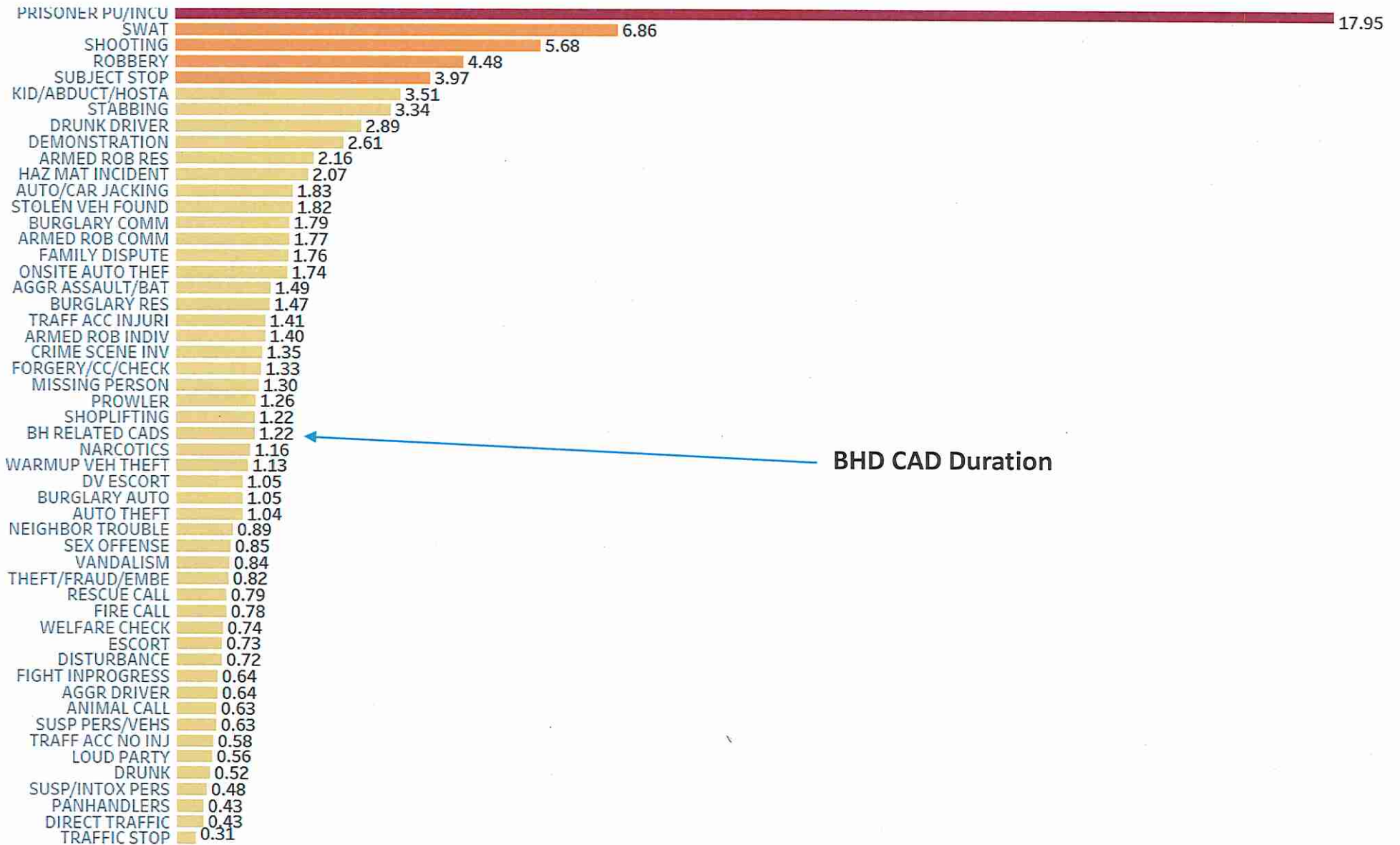
## The Number And Percent Of Behavioral Health Related CAD That Were Covered By Field Officers With ECIT Training From January 2017 To June 2017



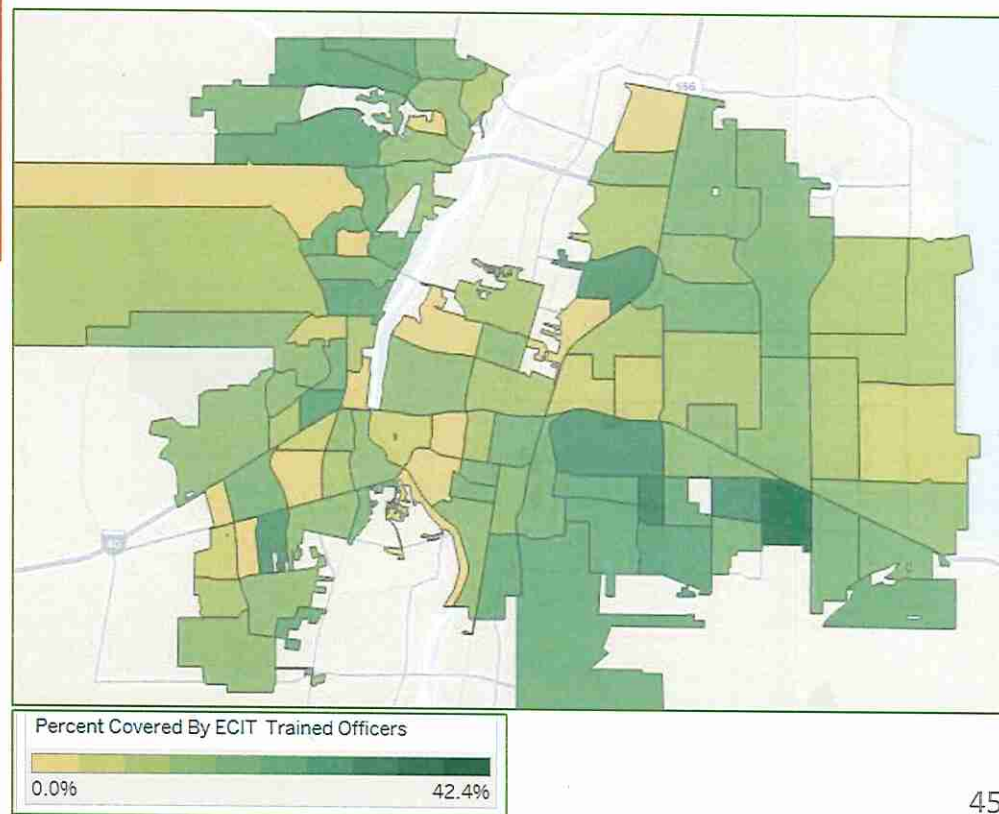
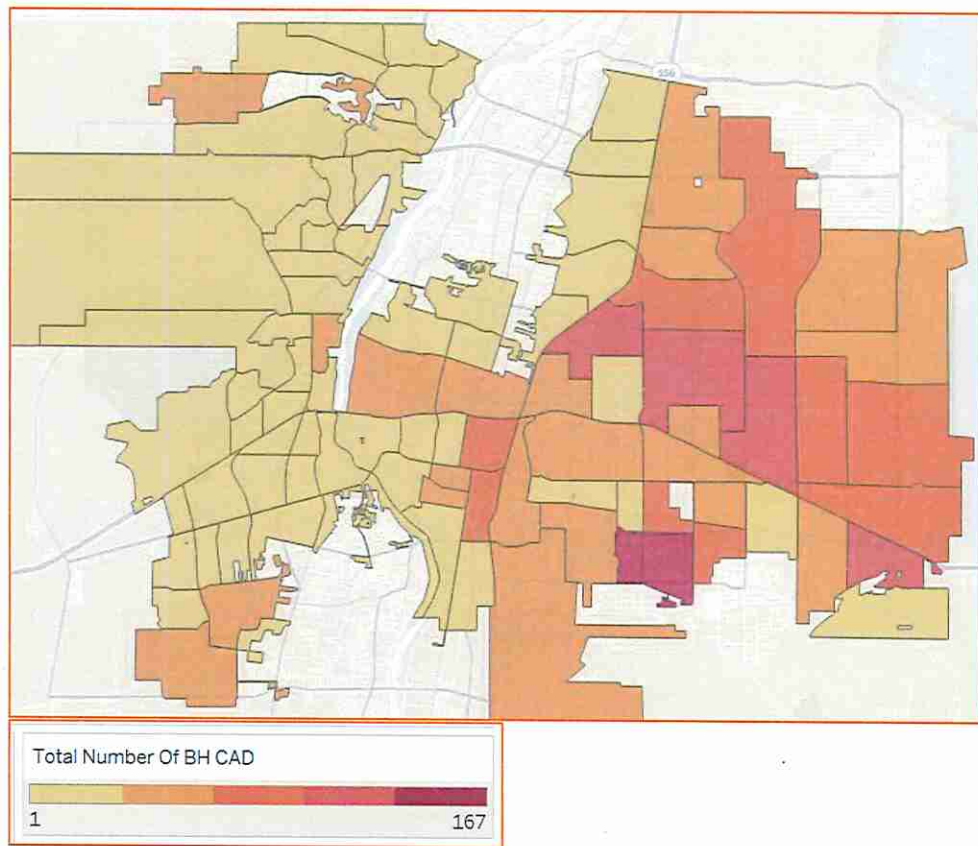
## The Number Behavioral Health Related CAD Compared To Other CAD From January 2017 To June 2017



## Duration For Selected CAD Calls, In Hours, From When The Officer Is Dispatched To The Time The CAD Is Closed

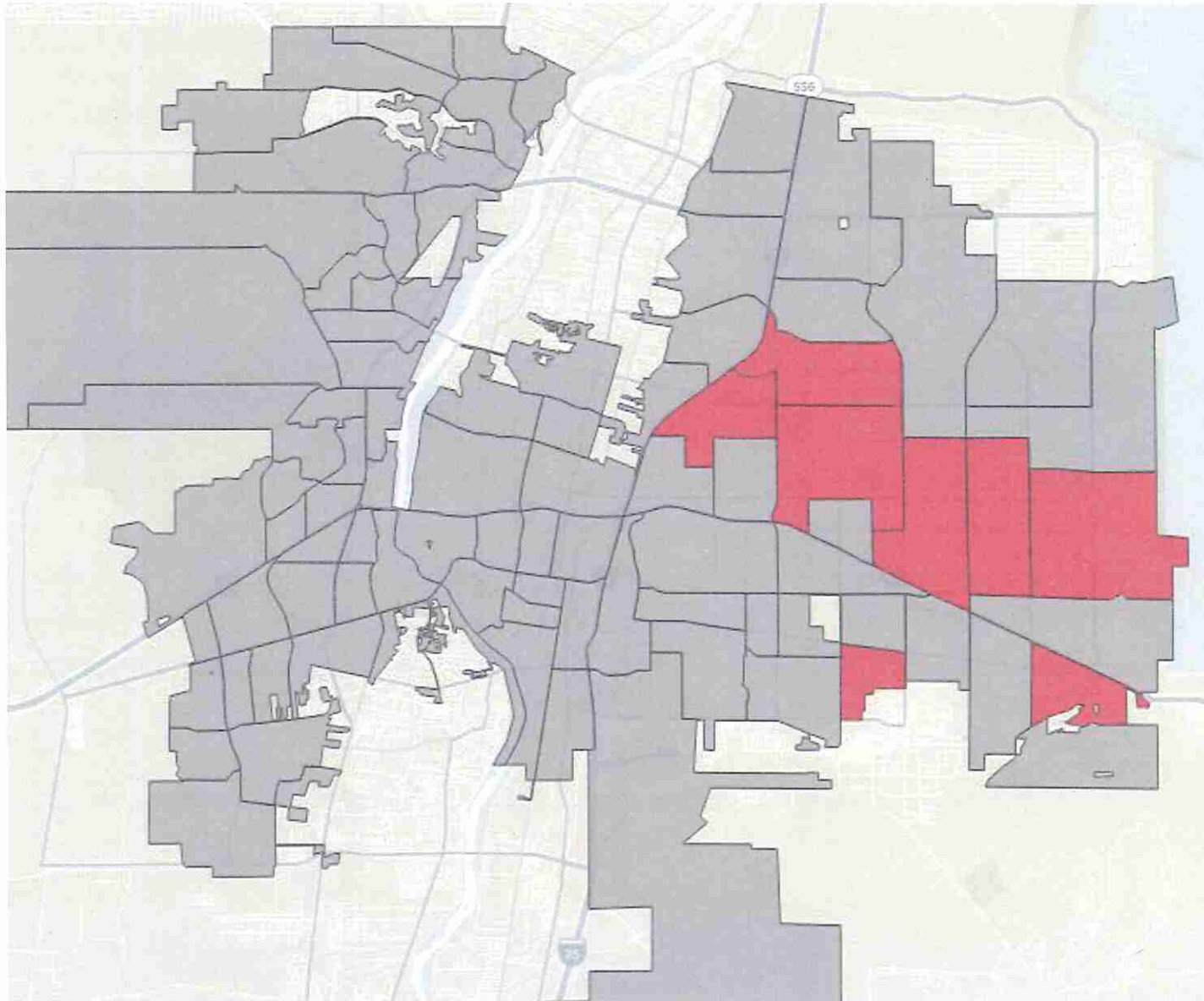


# The Number Of Behavioral Health Related CAD By Beat And The Percent Of Those Calls That Were Covered By Field Officers With ECIT Training From January 2017 To June 2017





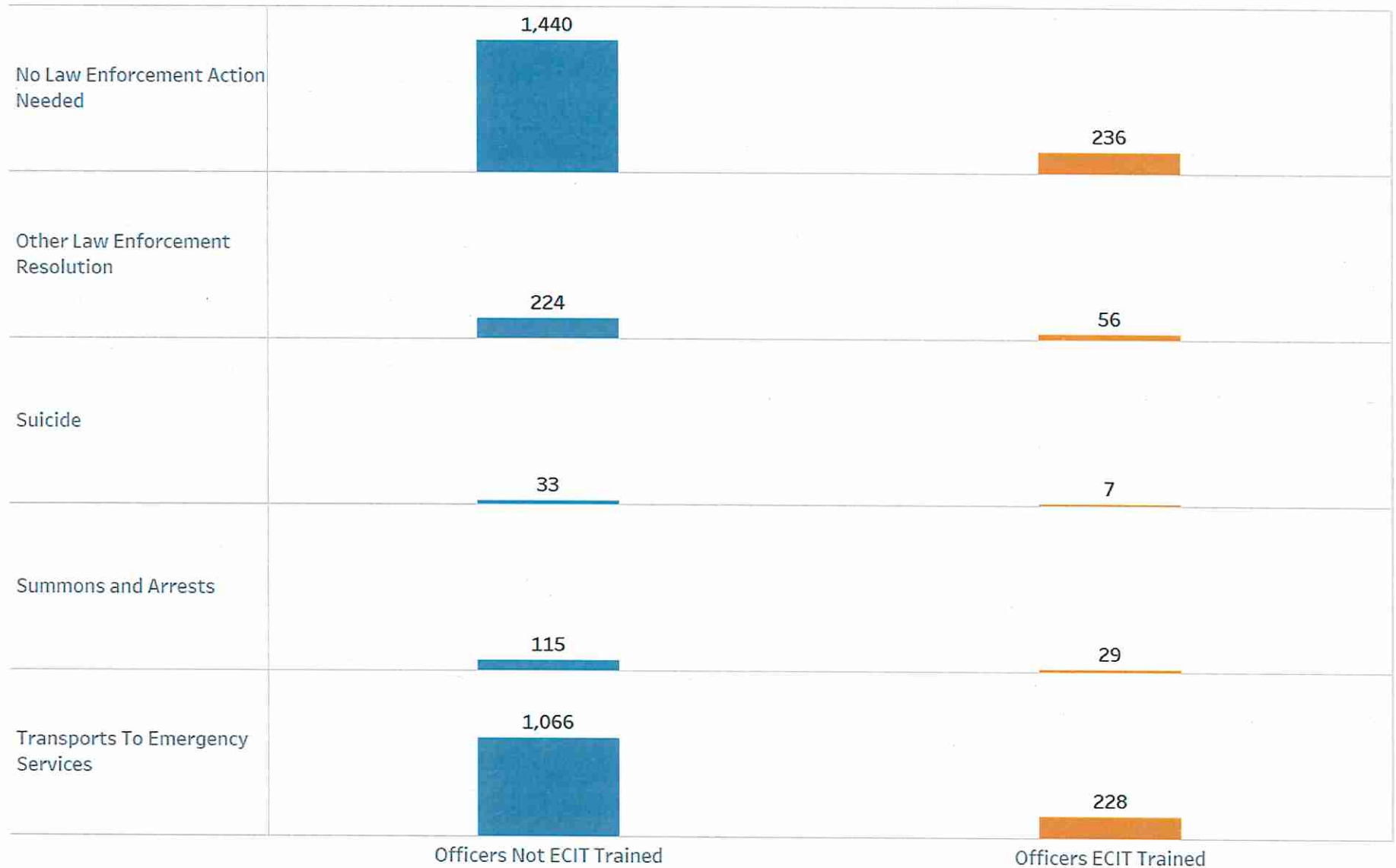
**Beats With High Numbers Of Behavioral Health Related CADs And Low Percentages Of Those CADs Covered By Field Officers With ECIT Training From January 2017 To June 2017**



**How Might We Think About How To Deploy Our Limited Resources?**

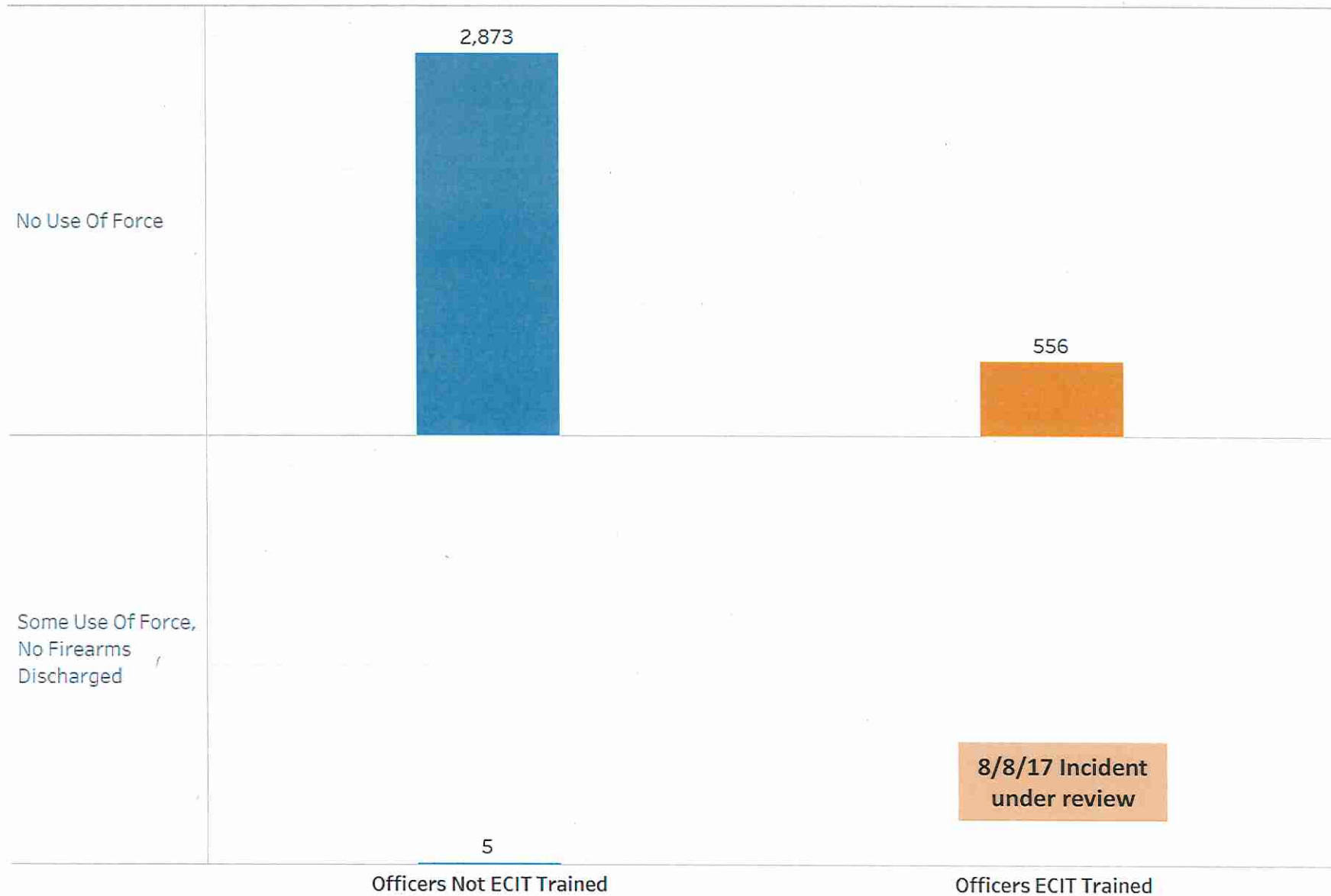
Beat	Total BH CAD	Percent Covered By ECIT
413	130	10.0%
423	114	13.2%
422	107	10.3%
523	102	18.6%
532	95	5.3%
531	93	11.8%
336	83	18.1%
431	81	18.5%

## The Disposition Of Behavioral Health Related CAD By ECIT Trained Field Officers And Non ECIT Trained Field Officers



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

# Use Of Force In Behavioral Health Related CAD From January 1 2017 To June 30, 2017 By Officer Who Were ECIT Trained Compared To Officers Who Were Not ECIT Trained



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

## Thoughts To Consider

- **How Does APD Determine Which CIT Calls Need To Be Covered By ECIT?**
  - All CIT CADs including both original and final call type?
  - Determination by Emergency Communications 911 and Dispatch Operators?
  - By Priority, Location and History?
- **How Does APD Determine How Officers Are Deployed?**
  - By Shift?
  - By Area Command?
  - By Days?
- **When Do CIU Detectives Get Deployed?**
- **What Changes Need To Be Made To SOP and Telecommunicator Training?**
  - What is the process for an ECIT officer to be pulled from an active dispatch to a high priority CIT CAD?



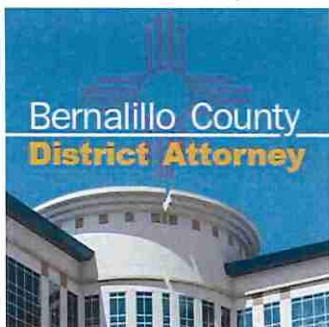
# **How do we evaluate the impact of our partnerships with other law enforcement agencies, advocacy groups, and the community?**

## **Evaluation Questions To Consider:**

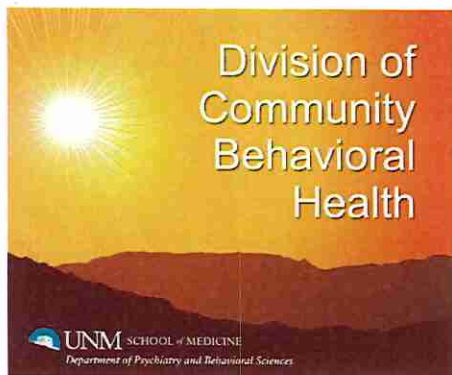
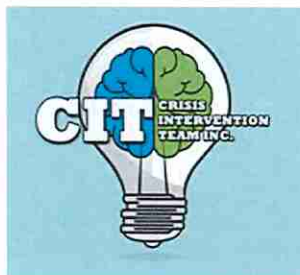
- Are we responsive to our partners and are we treating them fairly?**
- Are our relationships with our partners strong enough to overcome turf and trust issues?**
- Are our goals with our partners clear and achievable?**
- Are we helping our partners improve their effectiveness?**
- What is the aggregated impact directly caused by our partnerships?**



# Some Of Our Partners

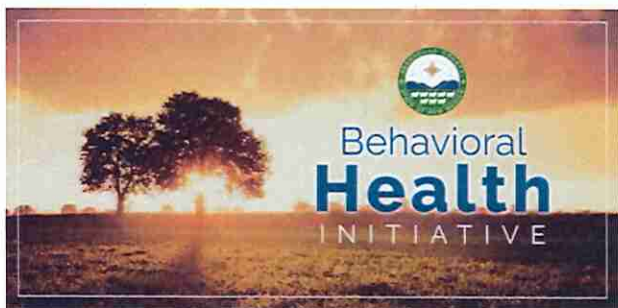
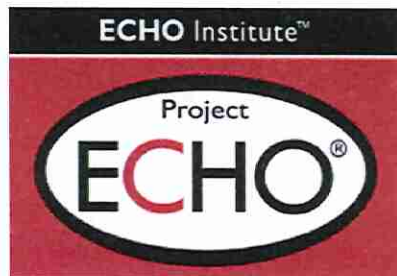


Mental Health  
Response Advisory  
Committee

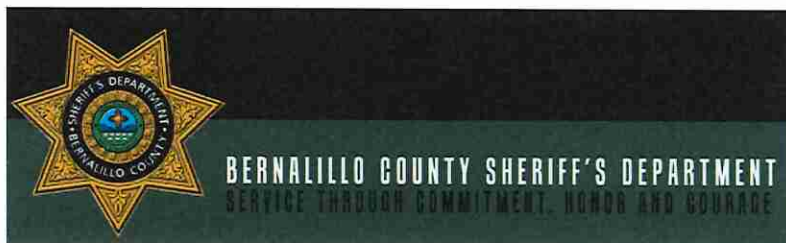


NAMI New Mexico

National Alliance on Mental Illness  
New Mexico State Chapter



City Of Albuquerque Family  
& Community Services



# How Partners Can Help Each Other Improve Their Effectiveness

## HOUSE OFFICER AFFILIATION AGREEMENT

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

### RECITALS

- A. The caseload at the Institution is adequate to provide an opportunity for University resident physicians ("House Officers") to obtain practical and didactic exposure to patient management under the supervision of the medical staff of the Institution.
- B. The purposes of this Agreement are:
  - 1. To establish a training and educational program for House Officers while on rotation at the Institution;
  - 2. To ensure a close working relationship between the University and the Institution;
  - 3. To benefit both the University and the Institution through provision of quality medical education and training by allowing participation by House Officers in the delivery of health care services by the medical staff of the Institution;
  - 4. To provide House Officers with opportunities to acquire specific skills and knowledge in designated specialty areas through experience in patient care delivery by qualified physicians; and
  - 5. To enable House Officers to become knowledgeable about operational aspects of various types of health delivery systems.

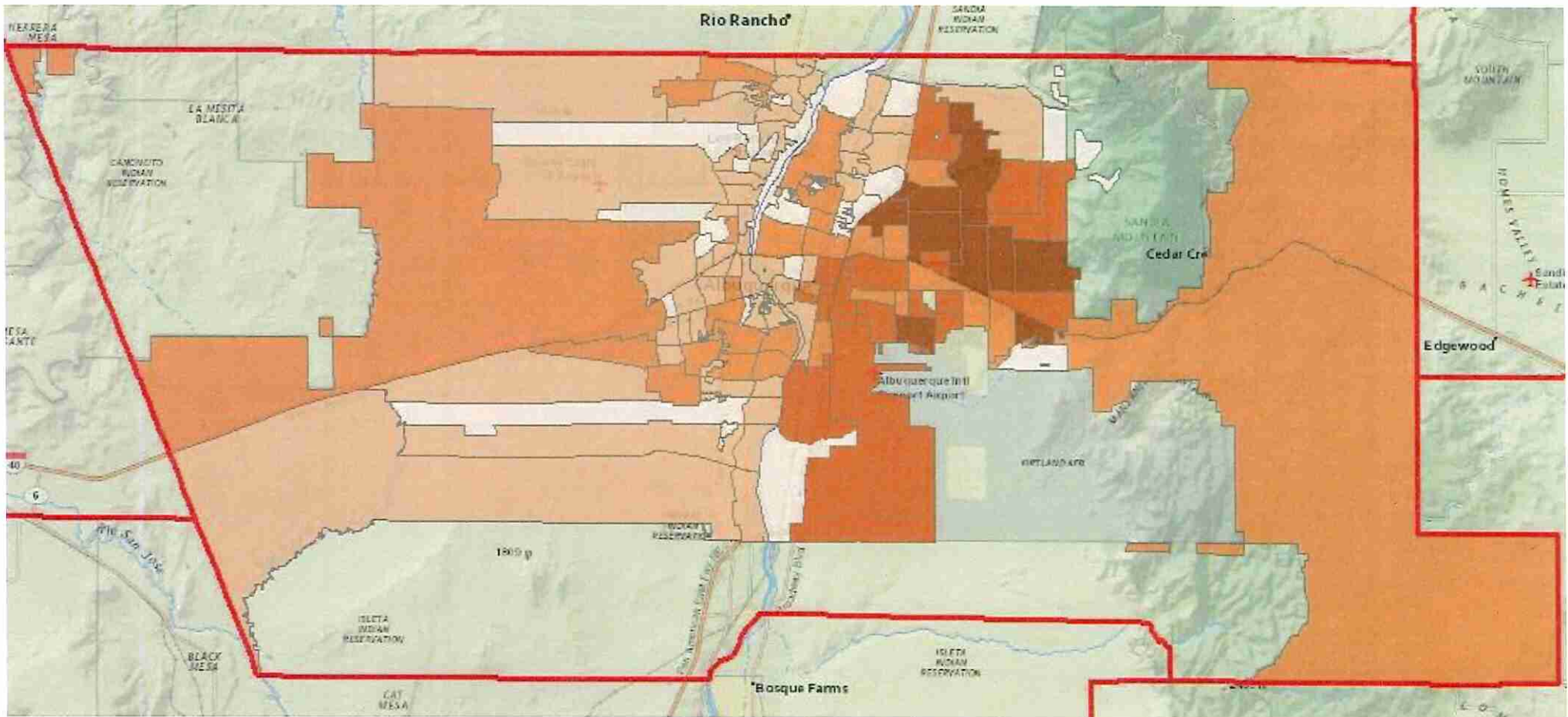
### I. RESPONSIBILITIES OF THE INSTITUTION

- A. The Institution will:
  - 1. Accept for training the number of House Officers to be determined jointly by the Institution and the University.
  - 2. Make available its clinical and related facilities and its personnel to provide quality learning experiences for House Officers during their educational rotation at the Institution under the supervision of qualified Institution personnel.

**APD And The University  
Have Signed An Agreement  
That Enables Resident  
Physicians To Get  
Education Credit When  
Working With APD**



# 2016 BH-Related CAD Calls For APD And BCSD Combined By Beat Priority 1 & 2 Calls Only



3 - 19

20 - 42

43 - 83

84 - 145

146 - 291

**Legend: Number OF BH-Related CAD Calls Per Beat**



**COMMISSIONERS**

Debbie O'Malley, Chair  
District 1

Steven Michael Quezada, Vice Chair  
District 2

Maggie Hart Stebbins, Member  
District 3

Lonnie C. Talbert, Member  
District 4

Wayne A. Johnson, Member  
District 5

**COUNTY MANAGER**

Julie M. Baca

**ELECTED OFFICIALS**

Tanya R. Giddings  
Assessor

Linda Stover  
Clerk

Willow Misty Parks  
Probate Judge

Manuel Gonzales  
Sheriff

Nancy Bearce  
Treasurer

**County of Bernalillo**  
**State of New Mexico**

**Procurement & Business Services**  
**Purchasing Section**

One Civic Plaza, NW, 10th Floor  
Albuquerque, New Mexico 87102  
Office: (505) 468-7013 Fax: (505) 468-7067  
[www.bermco.gov/purchasing/](http://www.bermco.gov/purchasing/)

DATE: May 12, 2017  
TO: All Prospective Offeror's  
FROM: James Zamora, Purchasing Administrator, Purchasing Department  
RE: Request for Proposal RFP 40-17-JZ  
Behavioral Health Clinicians for Mobile Crisis Teams

Bernalillo County Purchasing Department is seeking competitive solicitations from Offerors for Behavioral Health Clinicians for Mobile Crisis Teams.

A Non-Mandatory, Pre-Proposal conference will be held on May 24, 2017, starting at 10 a.m. Mountain Daylight Time (MDT) at the Albuquerque/Bernalillo County Government Center, Bernalillo County, One Civic Plaza NW, 10th floor, Purchasing Conference Room C, Albuquerque, New Mexico, 87102.

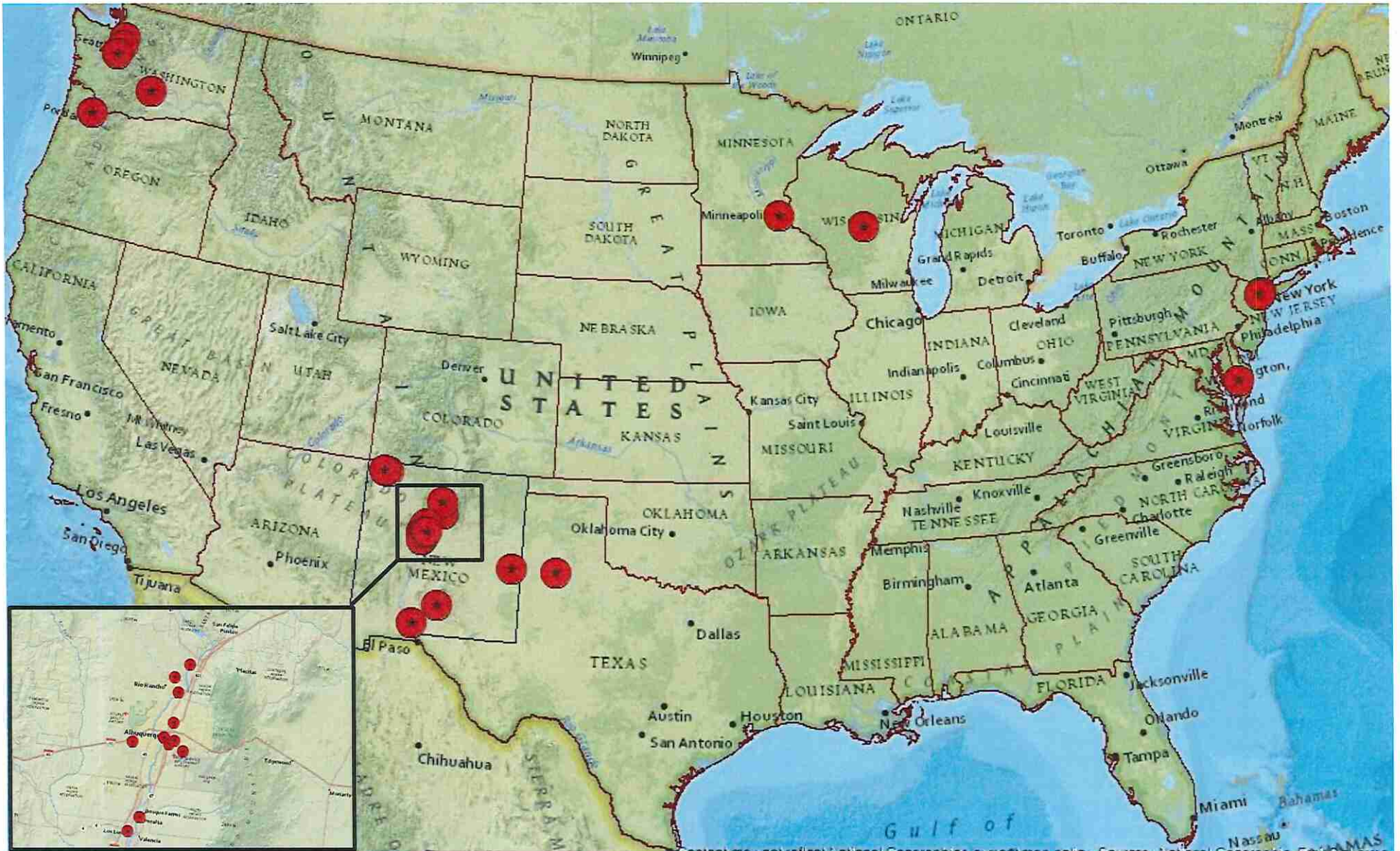
For registered vendors, pertinent RFP documents, including the specifications and the proposed contract documents can be downloaded through the purchasing website at no cost. For firms not registered, interested parties are encouraged to register at no cost through the County's purchasing website, [www.bermco.gov/purchasing](http://www.bermco.gov/purchasing). Vendors are also welcome to contact James Zamora, Purchasing Administrator/Procurement Manager at 505-468-7394, or by e-mail [jzamora@bermco.gov](mailto:jzamora@bermco.gov), to request a hard copy document at a cost of 50 cents per page. This RFP is issued by the Purchasing Department in accordance with the provisions of Sections 13-1-103 through 13-1-110 NMSA 1978. The Purchasing Department is the only organization who is authorized to make copies or distribute this RFP on behalf of the County.

Sealed submittals for the referenced proposal must be addressed and delivered, no later than 4:00 p.m.MDT on June 16, 2017 at the Albuquerque/Bernalillo County Government Center, Bernalillo County, One Civic Plaza NW, Purchasing Department, 10h Floor, Room #10010, front desk, Albuquerque, New Mexico, 87102. Sealed submittals will be date and time stamped upon receipt. Delivery of proposals is the sole responsibility of the Offeror.

**Request For  
Proposals For  
Behavioral Health  
Clinicians For  
Mobile Crisis  
Teams**



# The Crisis Intervention Team Knowledge Network ECHO





# EVALUATION

*"I will keep in mind that individuals with this disorder are very smart and can catch on to my reactions and behavior. Even though the likelihood that things are happening as they say are probably not, it is still very real and scary for them."* -APD Officer

- Interviews with stakeholders
- Online survey that will assess satisfaction with the technology and curriculum and impact on self-efficacy
- Online survey to assess impact on knowledge related to the content presented in the session

## CIT Knowledge Network Survey

Welcome!

Dr. Annette Crisanti PhD from the Department of Psychiatry and Behavioral Sciences, is conducting an evaluation of the CIT Knowledge Network. The purpose of this survey is to examine the impact of the CIT Knowledge Network on interactions with people living with mental illness and experiences using technology to join weekly CIT ECHO sessions. You are being asked to participate in the evaluation because you have completed three or more CIT ECHO sessions.

Your participation will involve completing a brief online survey. The survey should take about 10 minutes to complete. Your involvement in the study is voluntary, and you may choose not to participate. There are no names or identifying information associated with this survey. The survey includes questions such as how comfortable you are when interacting with someone living with mental illness and your satisfaction with the technology used to join weekly CIT sessions. You can refuse to answer any of the questions at any time. There are no known risks in this study, but some individuals may experience discomfort when answering questions. All data will be kept for approximately five years in a locked file in Dr. Crisanti's office and then destroyed.

The findings from this project will provide information on the impact of the CIT Knowledge Network model on law enforcement interactions with people living with mental illness. If published, results will be presented in summary form only.

If you have any questions about this research project, please feel free to call Dr. Crisanti at (605) 850-7430. If you have questions regarding your legal rights as a research subject, you may call the UNMHSOC Office of Human Research Protections at (505) 272-1129.

N = 11      Attendance per IECHO: 25      Response Rate: 44%

Topic: Suicide by Cop      Presenter: Orlando Ortiz

**Rating Key:**

	Not at all	Very little	Somewhat	Much	Very much	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Not at all	Very little	Somewhat	Much	Very much	Mean (SD)
1. To what extent did the information in this week's session improve your knowledge of the presentation topic? (N = 11)	0 0%	0 0%	3 27%	6 55%	2 18%	3.91 (0.70)
2. How likely are you to use the information you learned in this week's session in your job? (N = 11)	0 0%	0 0%	5 45%	3 27%	3 27%	3.82 (0.87)
3. To what degree did this week's session impact your knowledge of resources in the community? (N = 11)	1 9%	1 9%	3 27%	3 27%	3 27%	3.55 (1.29)

**Rating Key:**

	Poor	Fair	Good	Very Good	Excellent	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Poor	Fair	Good	Very Good	Excellent	Mean (SD)
4. After attending this week's session how would you rate your ability to interact with an individual in a mental health crisis? (N = 11)	0 0%	0 0%	11 100%	0 0%	0 0%	3.00 (0.00)

# THE CIT ECHO: YEAR 1 OUTCOMES

## Who is participating?

The CIT Knowledge Network connects law enforcement and public safety agencies from across the state of New Mexico, as well as Oregon, Washington, Minnesota, Wisconsin, New York, Maryland and Texas.



## THE AGENCIES WE REACH



- Fire Department (9.02%)
- Other (11.28%)
- Police Department (57.14%)
- Probation Department (12.78%)
- Sheriff Department (9.77%)

## Participants from the Police Department



- Detectives (5.19%)
- Lieutenants (5.19%)
- Sergeants (22.08%)
- Officers (58.44%)
- Crisis Specialists (9.09%)



42 didactic presentations



Over 40 complex cases staffed by officers

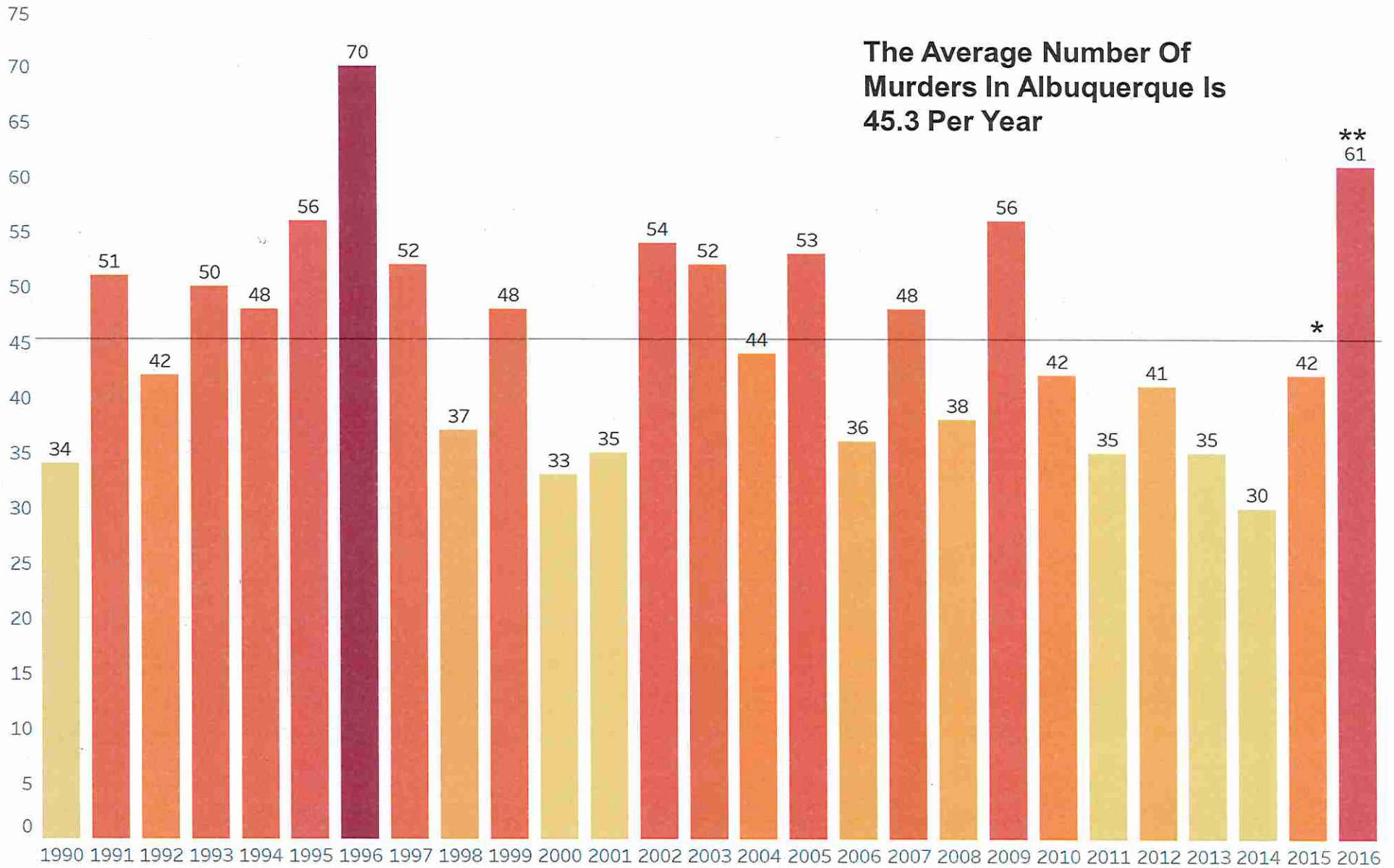


125 officers attended a session





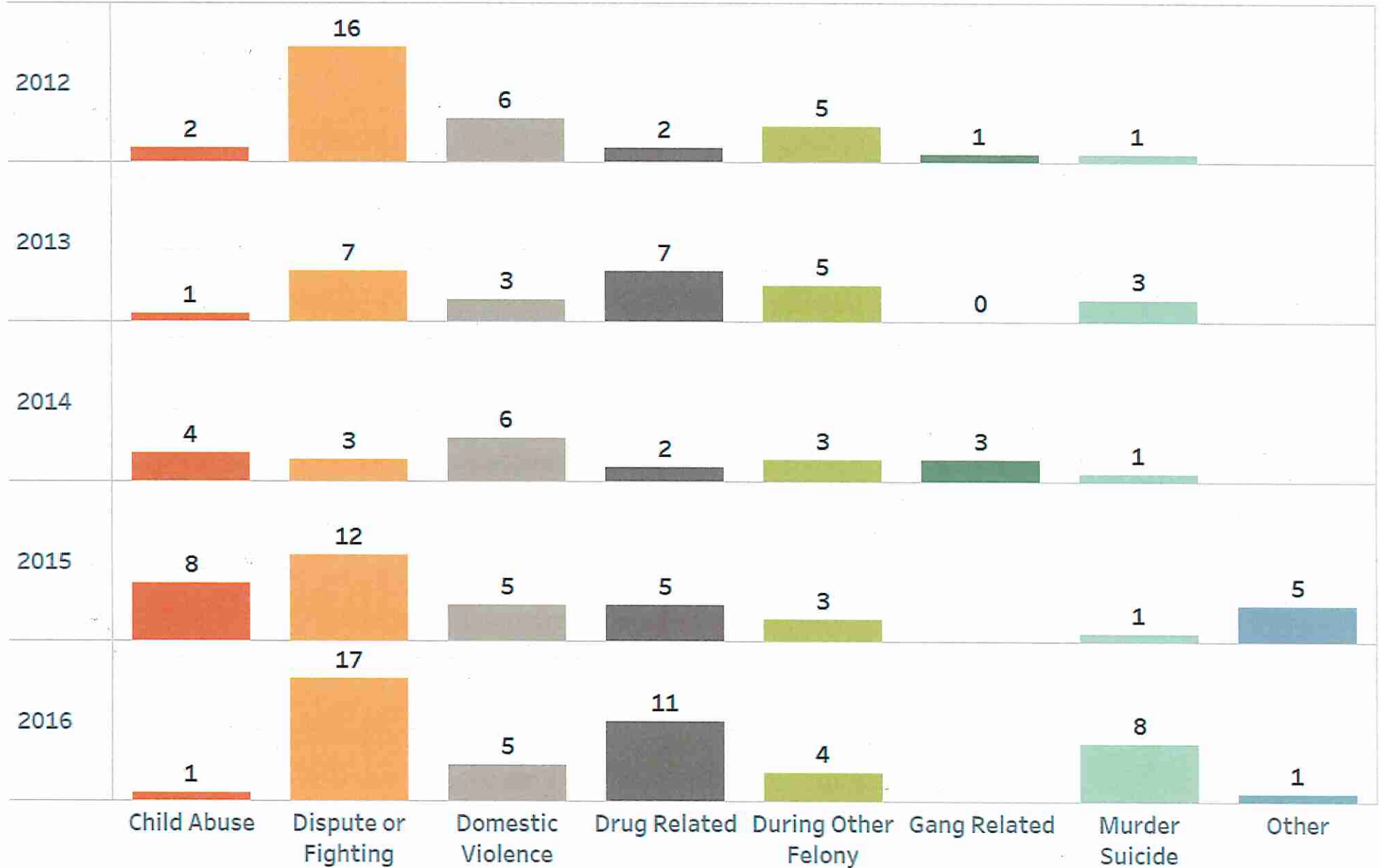
# The Number Of Murders In Albuquerque 1990 To 2016



\* 2015 FBI UCR Murder Numbers Do Not Include 4 Negligent Homicides

\*\* 2016 Murder Numbers Are Not Official UCR Yet

# The Types Of Murders In Albuquerque 2012 To 2016



# Achievements We Have Made

## New county tax bears first fruit

By Martin Salazar / Journal Staff Writer  
Saturday, August 26th, 2017 at 11:42pm



A group of PB&J preschoolers and their parents get ready for the kids' graduation ceremony last month. PB&J is one of eight organizations sharing \$3 million a year for two years from Bernalillo County's behavioral health tax to combat adverse childhood experiences, such as abuse and neglect. Not all PB&J students have experienced such traumas. (Maria Bresse/Albuquerque Journal)

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## HEALTH

ALBUQUERQUE JOURNAL | TUESDAY, JULY 11, 2017 | PAGE B5

## APD, UNM praised for response to mentally ill

Initiative keeps the vulnerable out of jail

BY ROSALIE HAYBURN  
SPECIAL STAFF WRITER

A teamwork initiative between the Albuquerque Police Department and psychiatrists from the University of New Mexico has caught the attention of law enforcement agencies around the state and across the country.

The June issue of the prestigious American Journal of Psychiatry included an article about how the APD's Crisis Intervention Team and the

UNM Department of Psychiatry and Behavioral Sciences are working together. The goal is to help police officers better understand how to work with mentally ill people so they can de-escalate stressful situations, avoid sending them to jail and connect them with supportive services.

"I think the fact that the American Journal of Psychiatry took this article really talks about the importance that the American Psychiatric Association gives to the collaboration between law



Matthew Tinney



Dr. Nils Rosenbaum

enforcement and psychiatry," said Dr. Mauricio Tohen, professor and chairman of the UNM School of Medicine's Psychiatry and Behavioral Sciences department.

Representatives from APD and UNM will soon be taking that message to two high-level law enforcement conferences. They

will be giving presentations and talking at the International Crisis Intervention Team Conference in Fort Lauderdale, Fla., in August and the International Association of Chiefs of Police conference in Philadelphia, Pa., in October.

The Crisis Intervention Team Knowledge Network ECHO, funded by a three-year \$2.6 million grant through the Department of Justice, aims to give officers alternatives to sending mentally ill people to jail by connecting them directly with UNM psychiatrists who can recommend treatment or appropriate services. An additional component provides training, and enables individual

officers and law enforcement agencies from anywhere in the country to connect by phone, computer or laptop to participants in free weekly video conferences with behavioral health experts. They cover topics like bipolar disorder, schizophrenia and anxiety disorders. Officers can also discuss complex cases and seek advice.

For example, a conference in late June drew participation from nine different agencies, including Albuquerque, Rio Rancho and Las Cruces police departments, U.S. Probation and Parole, Middlesex Sheriff's Office in Cambridge, Mass., and Wicomico County

See APD >> B6

SEARCH The New York Times U.S.

## Albuquerque, Revising Approach Toward the Homeless, Offers Them Jobs

By FERNANDA SANTOS DEC. 2, 2015

RELATED COVERAGE

- Thinking Outside the Box by Moving Into One (with all 2015)
- Surge in Homelessness Tests Wisconsin Capital's Welcoming Spirit (with all 2015)

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City Hall Blog

## County approves \$30M tax hike on party lines

By Dan McKay / Journal Staff Writer  
Thursday, February 26th, 2015 at 11:42pm

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

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

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



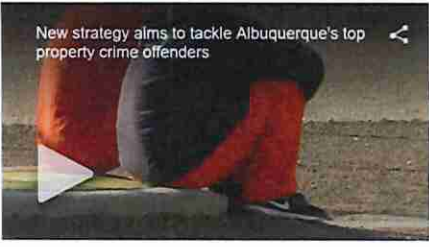
# Challenges We Face

**KRQE NEWS 13**

LIVE VIDEO NEWS WEATHER SPORTS TRAFFIC REPORT IT ALWAYS ON FOR

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

By Subramanian Subramanian  
Published: May 15, 2017, 10:46 pm | Updated: May 15, 2017, 2:28 pm



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

**SANTA FE NEW MEXICAN**

NEWS SPORTS OPINION RESTAURANTS ENTERTAINMENT MAGAZINES MULTIMEDIA LIFE CLASSIFIEDS REAL ESTATE JOBS LEASING

Advocates fear looming cuts to behavioral health services

By Justice Harwood  
The New Mexican | 448 20, 2016 | 143



VIDEO NEWS HIGHLIGHTS

MOST POPULAR

1. NACAC is facing to discover who away from sport?

2. Governor not to take any position

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Monitor slams APD use-of-force investigations

By Ryan Boetel / Journal Staff Writer  
Published: Tuesday, November 14, 2016 at 1:22pm  
Updated: Tuesday, November 15, 2016 at 13:54pm



ALBUQUERQUE, N.M. — The independent monitor overseeing Albuquerque police reforms says the APD team tasked with reviewing use-of-force cases essentially functions as a "rubber stamp" for officers involved.

While praising progress in some areas such as the SWAT unit, James Ginger, the independent monitor, wrote in the report filed Tuesday that there are problems with both use-of-force training and use-of-force investigations by APD.

He singled out the department's Critical Incident Review Team and said that CIRCT reports show investigators used "carefully worded excuses" that appear designed not to find fault with the officer's actions.

JAMES GINGER

**AlbuquerqueJournal**

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

By Dan McKay / Journal Staff Writer  
Sunday, July 17th, 2016 at 12:04pm

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Anyone living or doing business in Bernalillo County has paid a little extra in taxes over the last year — about \$20 million altogether — to launch a network of new services for people struggling with mental illness or addiction.


But the county hasn't actually offered any new programs.

Some of the money is being spent anyway, but for a housing program that was in place before the tax increase — a move the County Commission approved to help address a budget shortfall this year.

**The Washington Times** HOME NEWS OPINION SPORTS MARKET SUBSCRIBE

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Albuquerque news crew has vehicle stolen while reporting on local crime wave



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LATEST VIDEOS

ALBUQUERQUE JOURNAL APD UNDER FIRE

ALBUQUERQUE JOURNAL SPECIAL REPORT

**DOJ INVESTIGATION OF APD**

Federal officials have found that APD violates citizens' rights with excessive force. [Read the full findings here.](#)

TIMELINE OF EVENTS WHAT IT'S COST US MAP OF SHOOTINGS VIDEO BACKGROUND ARTICLES

# Evaluation Copified

- **Did We Do What We Said We Would Do?**
- **How Well Did We Do It?**
- **What Seems To Be Working And Not Working?**
- **What Needs More Attention Or To Be Changed?**
- **How Are Officers, Individuals and Families, The Mental Health System And The Wider Community Responding To Our CIT Program?**
- **How Can We Help Our CIT Program Adapt To That Wider World In Ways That Are Within Our Control?**
- **Is Anyone Better Off?**

Appendix VI  
Crisis Intervention Team Knowledge Network



# Crisis Intervention Team (CIT) Knowledge Network ECHO

Visit [www.goCIT.org](http://www.goCIT.org) for more information



Training and sharing knowledge and advice on actual calls for services related to mental health and substance use disorders.

## The CIT Knowledge Network ECHO

The CIT ECHO aims to improve law enforcement interactions with people living with mental illness with a goal of decreasing use of force, fostering connections with the mental health system, and raising the level of community policing. Members meet weekly through an online video network to participate in educational presentations and review mental health calls.

### Benefits

- Free training without travel
- Provides real time access to specialty consultation with CIT experts, psychiatrists, law enforcement trainers
- Training certificates
- Helps to decrease variability in tactical responses
- Identifies areas needing improvement such as training or changes to SOPs
- Decreases liability through peer review
- Helps further develop best practices in CIT policing and programs
- Opportunity to share safety alerts, missing violent offenders, and release of violent offenders across jurisdictions

### Sample Presentations

- Understanding Bipolar disorder
- How to identify Drug Intoxication
- Understanding Schizophrenia
- Barricades and High Risk Suicides
- Spree Killings
- Mindfulness
- Traumatic Brain Injuries
- Verbal De-escalation
- Officer Self-care
- Identifying Mental Health Resources

### How to Become a Member

Meetings are for individuals in law enforcement or public safety only.

Visit [www.goCIT.org](http://www.goCIT.org) to request your membership or email the Project Coordinator.

**Jennifer Earheart:** [jearheart@cabq.gov](mailto:jearheart@cabq.gov)

[fb.com/crisisinterventionteam](https://fb.com/crisisinterventionteam)  
[twitter.com/GoCITNM](https://twitter.com/GoCITNM)

**PRESBYTERIAN**





## Topics

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

**Follow Us**

 [fb.com/crisisinterventionteam](https://fb.com/crisisinterventionteam)

 [twitter.com/GoCITNM](https://twitter.com/GoCITNM)

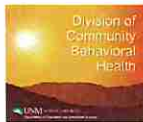
## Schedule

**Every Tuesday 1:30pm - 3:00pm**

Join from a computer, laptop, tablet or smart phone.

**It's that easy!**

Contact the Project Coordinator for more details,  
**Jennifer Earheart:** [jearheart@cabq.gov](mailto:jearheart@cabq.gov)



 **PRESBYTERIAN**

# Crisis Intervention Team (CIT) Knowledge Network ECHO



Visit [www.goCIT.org](http://www.goCIT.org) to request your membership or email the Project Coordinator.  
**Jennifer Earheart:** [jearheart@cabq.gov](mailto:jearheart@cabq.gov)

Visit [www.goCIT.org](http://www.goCIT.org) for more information

Visit [www.goCIT.org](http://www.goCIT.org) for more information



## Crisis Intervention Team (CIT)

The Crisis Intervention Team (CIT) is a model of community policing designed to address the unique approaches specific to law enforcement interactions with people with mental illness. CIT policing focuses on identifying mental illness, utilizing de-escalation skills, jail diversion, connecting individuals with mental health services, and improving connections with the community at large.



## TeleECHO Session

Every CIT Knowledge Network session is divided into two parts: a brief educational presentation and case presentations. The educational portion of the session is taught by a mental health professional or member of law enforcement. Presentations last no more than 30 minutes and cover topics specific to law enforcement interactions with people living with mental illness. Following the educational presentations are case presentations from law enforcement and public safety. Members of public safety agencies present real cases for discussion by the network, and receive recommendations consistent with CIT best-practices, including guidance on how to implement the recommendations, from the Hub Team of subject matter experts.

## The CIT Knowledge Network ECHO

The Crisis Intervention Team (CIT) Knowledge Network ECHO is an innovation of the Project ECHO® model focused improving law enforcement interactions with people living with mental illness. The CIT Knowledge Network partners with agencies around the state, creating a forum to discuss complex cases, and leverage APD's CIT expertise and UNM's psychiatric expertise, which is shared across the state. Educational presentations and telementoring fill the unmet need of training specific to public safety interactions with people living with mental illness, with a focus on symptom recognition, use of de-escalation techniques, community engagement, and jail diversion when treatment is needed.

### Benefits

-  **Free training without travel**
-  **Provides real time access to specialty consultation with CIT experts, psychiatrists, law enforcement trainers**
-  **Training certificates**
-  **Helps to decrease variability in tactical responses**
-  **Identifies areas needing improvement such as training or changes to SOPs**
-  **Decreases liability through peer review**
-  **Helps further develop best practices in CIT policing and programs**
-  **Opportunity to share safety alerts, missing violent offenders, and release of violent offenders across jurisdictions**

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 Visit [www.goCIT.org](http://www.goCIT.org) to request your membership or email the Project Coordinator.  
**Jennifer Earheart:** [jaarheart@cabq.gov](mailto:jaarheart@cabq.gov)

## Who We Are

The CIT ECHO is led by a hub of subject matter experts from mental health and law enforcement. Members of the Hub Team include APD Crisis Intervention Unit Detectives, psychiatrists, and crisis specialists. The Hub Team provides real-time feedback on case presentations.



**Dr. Dan Duhigg**  
 Medical Director for Addiction Services  
 Presbyterian Healthcare Services  
 UNM Department of Psychiatry and Behavioral Sciences



**Dr. Nils Rosenbaum**  
 Medical Director  
 Behavioral Health Division  
 Albuquerque Police Department



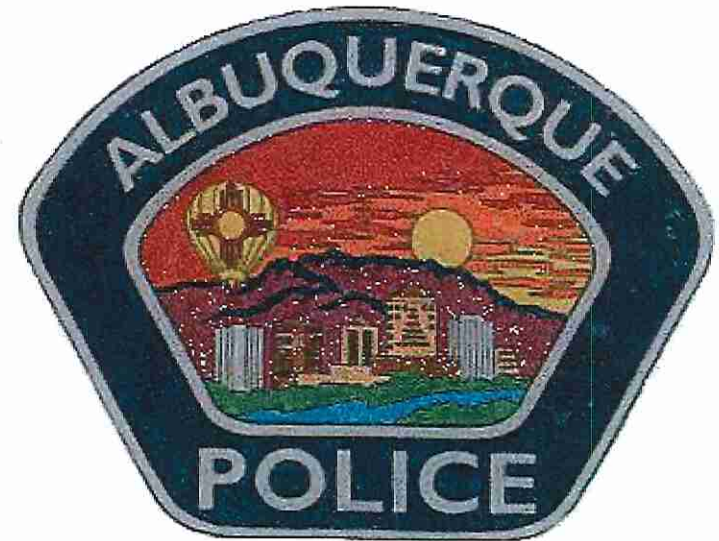
**Detective Matthew Tinney**  
 Crisis Intervention Unit  
 Albuquerque Police Department

## Mission Statement

The Crisis Intervention Team (CIT) Knowledge Network ECHO aims to improve law enforcement interactions with people living with mental illness with a goal of decreasing use of force, fostering connections with the mental health system, and raising the level of community policing.

Appendix VII  
APD Peer Support Data Update

**APD PEER SUPPORT  
DATA UPDATE: MARCH,  
2017 TO AUGUST 14,  
2017**



**Prepared For:**

**Melissa Schultz, Peer Support Program Coordinator, APD**

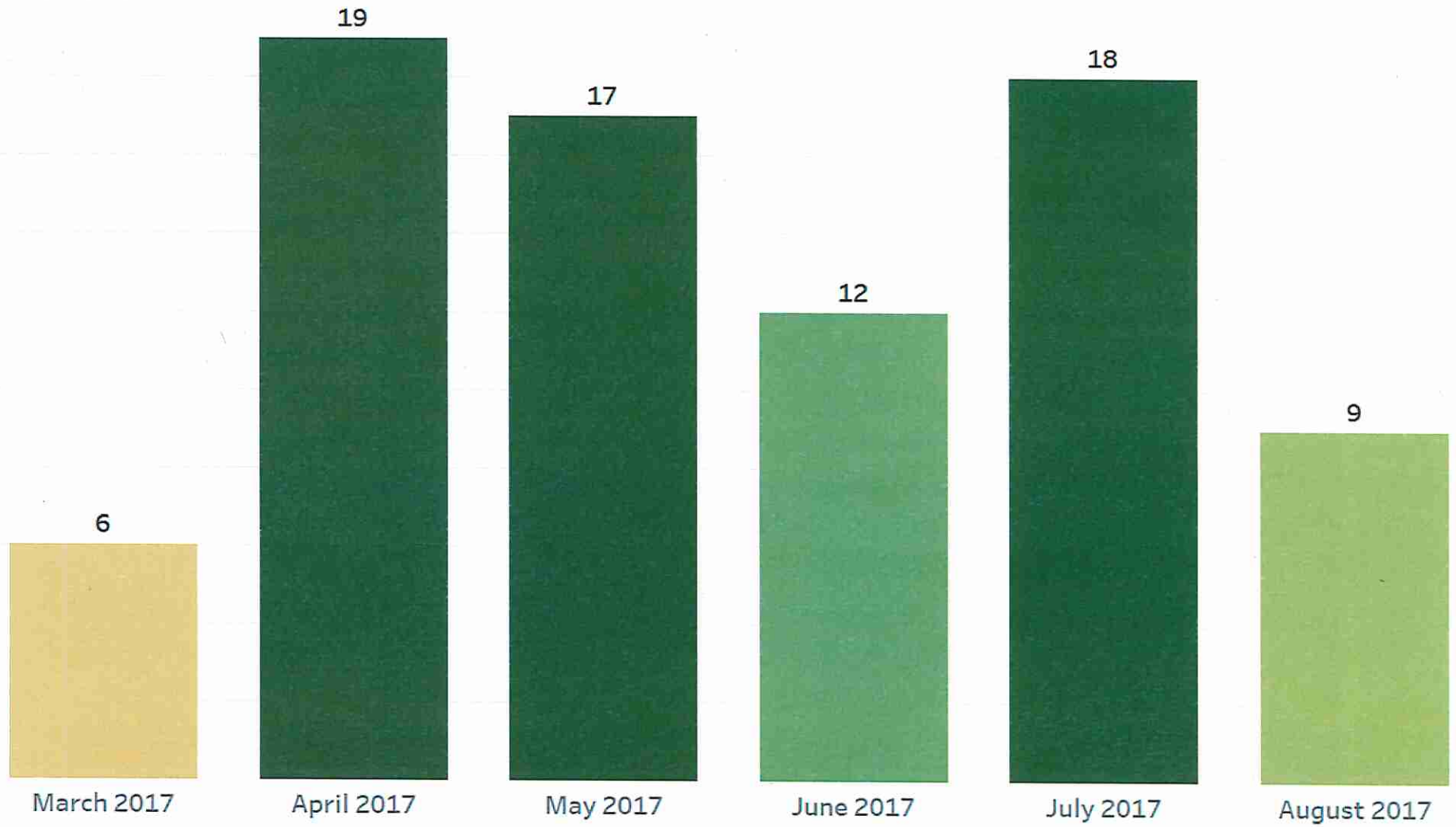
**Cynthia Martinez, Quality Assurance Auditor I, APD**

**Prepared By:**

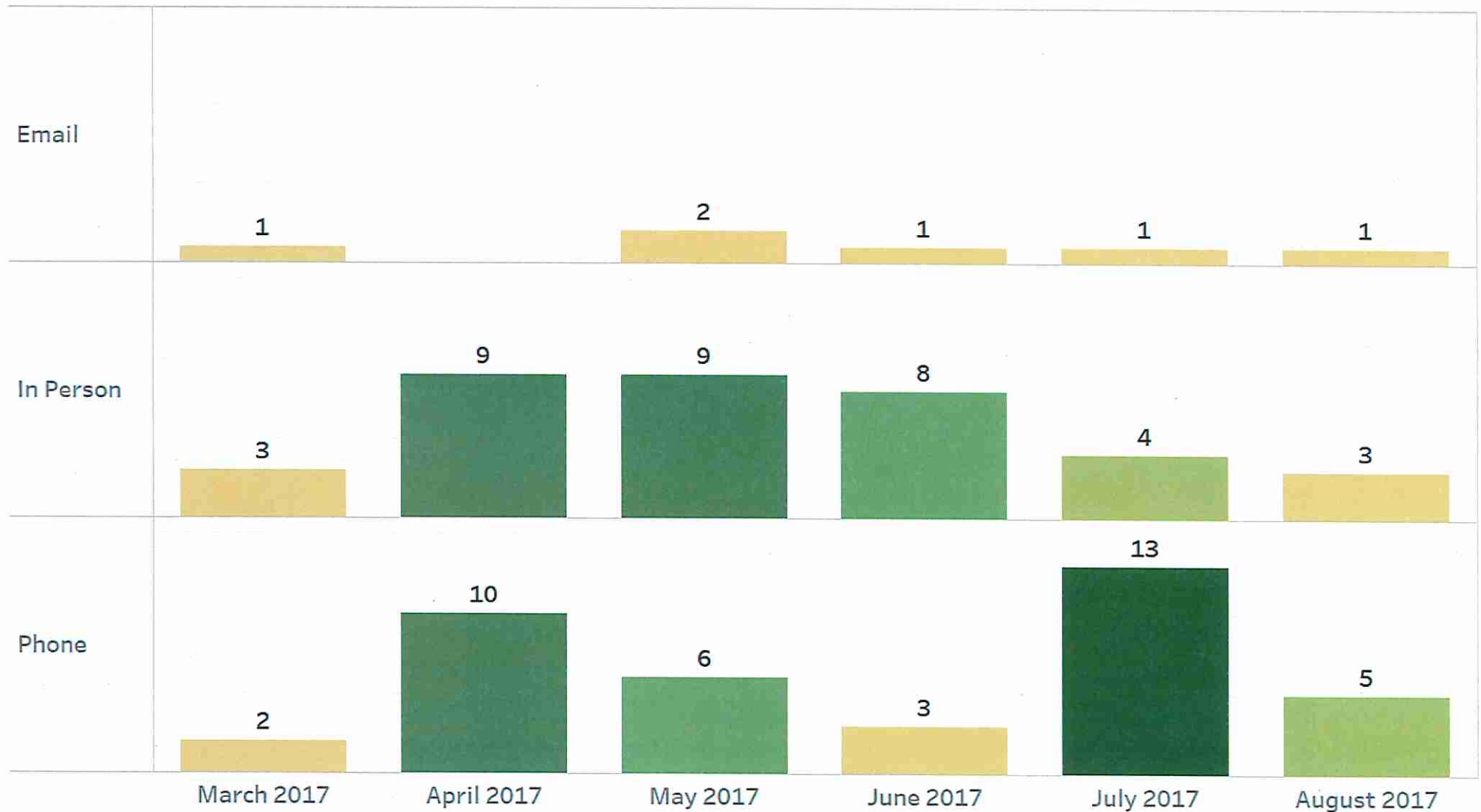
**Peter Winograd, Ph.D., Policy Analyst, Crisis Intervention Unit, APD**



# Peer Support Services Provided From March, 2017 To August 14, 2017

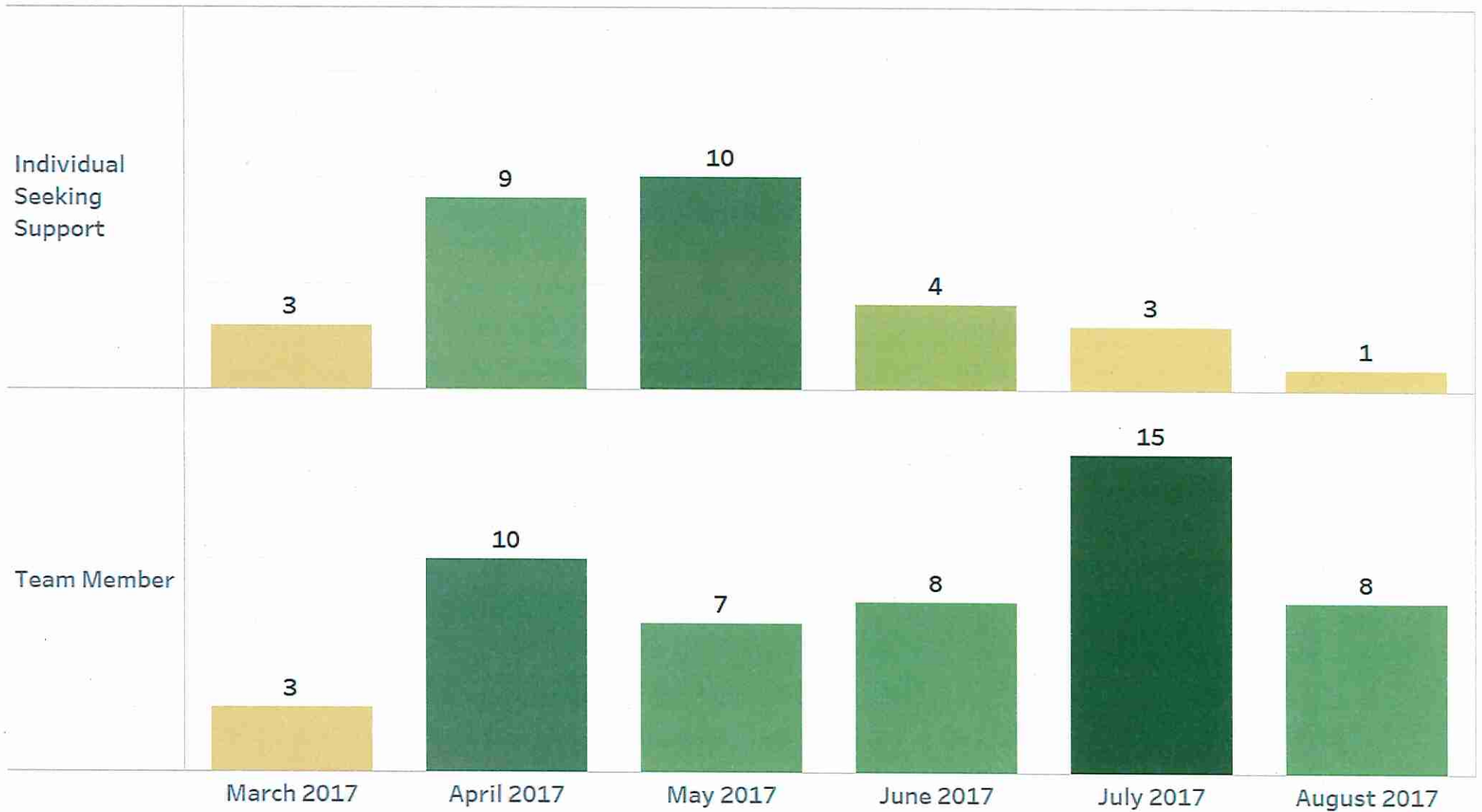


## Method Of Contacting Peer Support Services March, 2017 To August 14, 2017

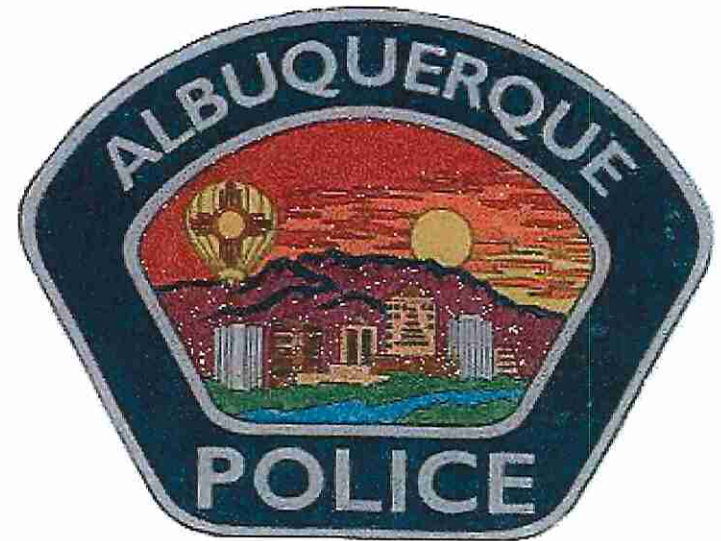




# Who Initiated The Contact With Peer Support Services? March, 2017 To August 14, 2017



**APD BEHAVIORIAL  
SUPPORT SERVICES DATA  
UPDATE: AUGUST, 2016  
TO AUGUST 14, 2017**



**Prepared For:**

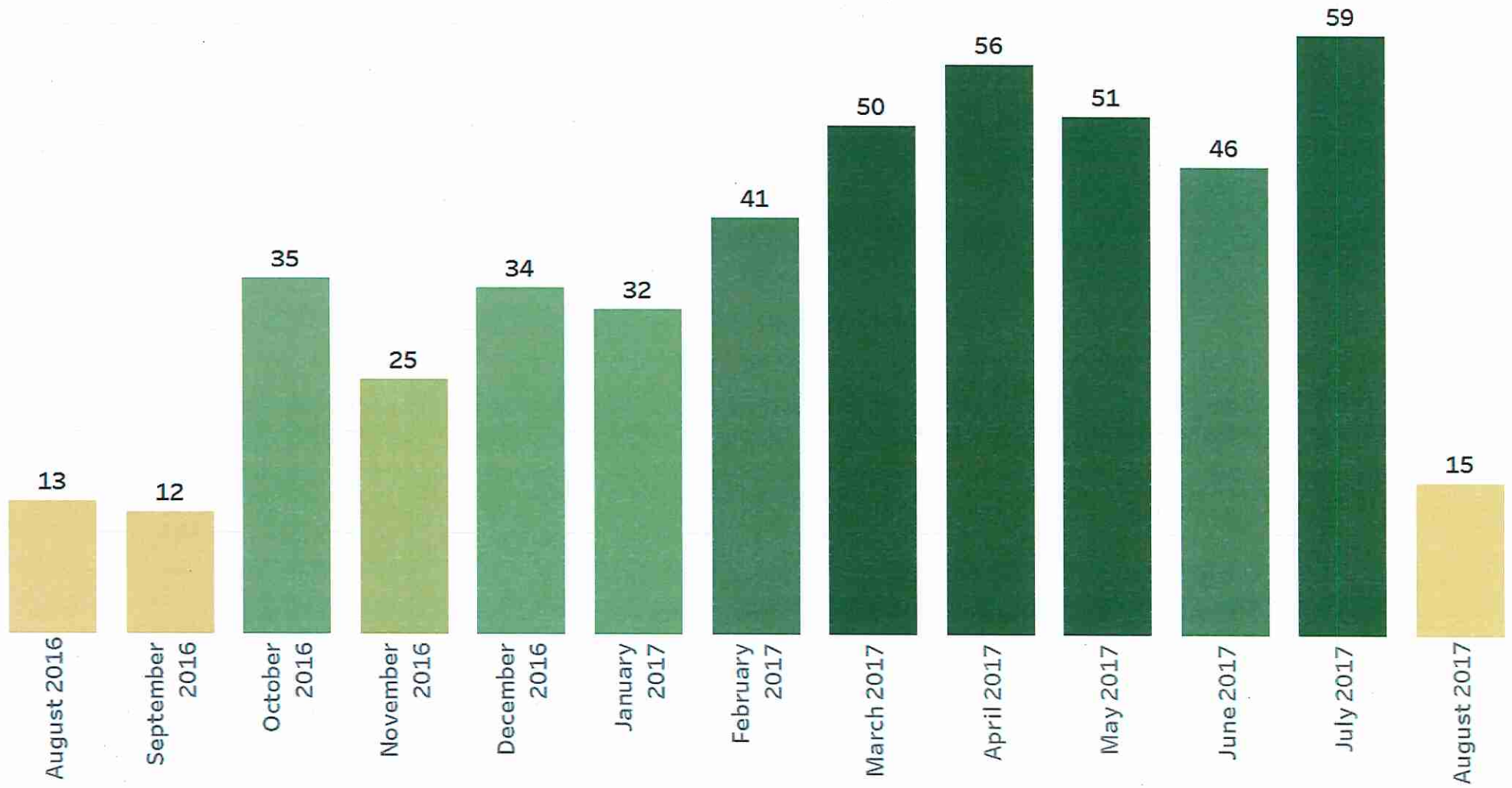
**Nils Rosenbaum, M.D., Director Behavioral Health Division, APD**

**Cynthia Martinez, Quality Assurance Auditor I, APD**

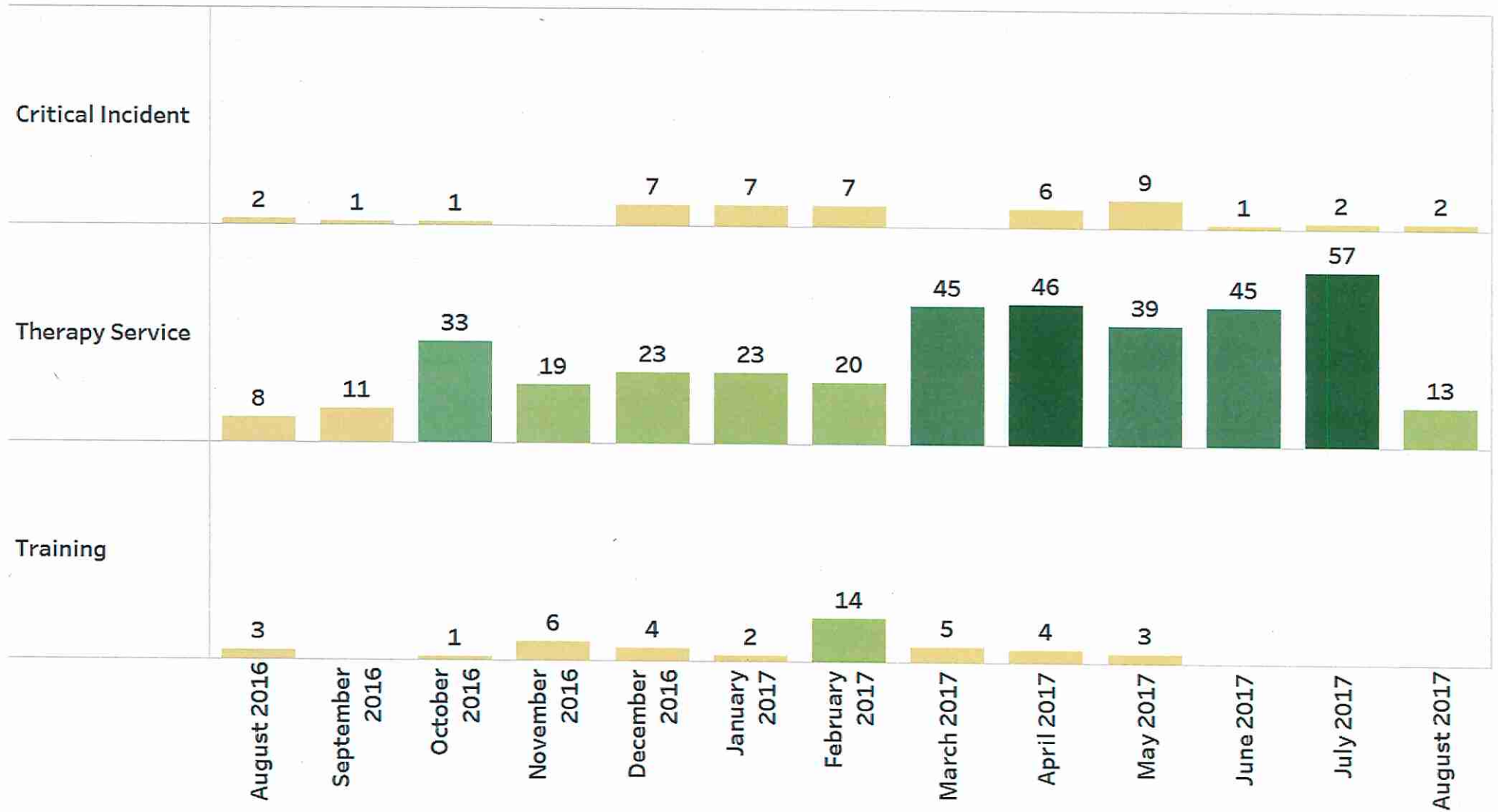
**Prepared By:**

**Peter Winograd, Ph.D., Policy Analyst, Crisis Intervention Unit, APD**

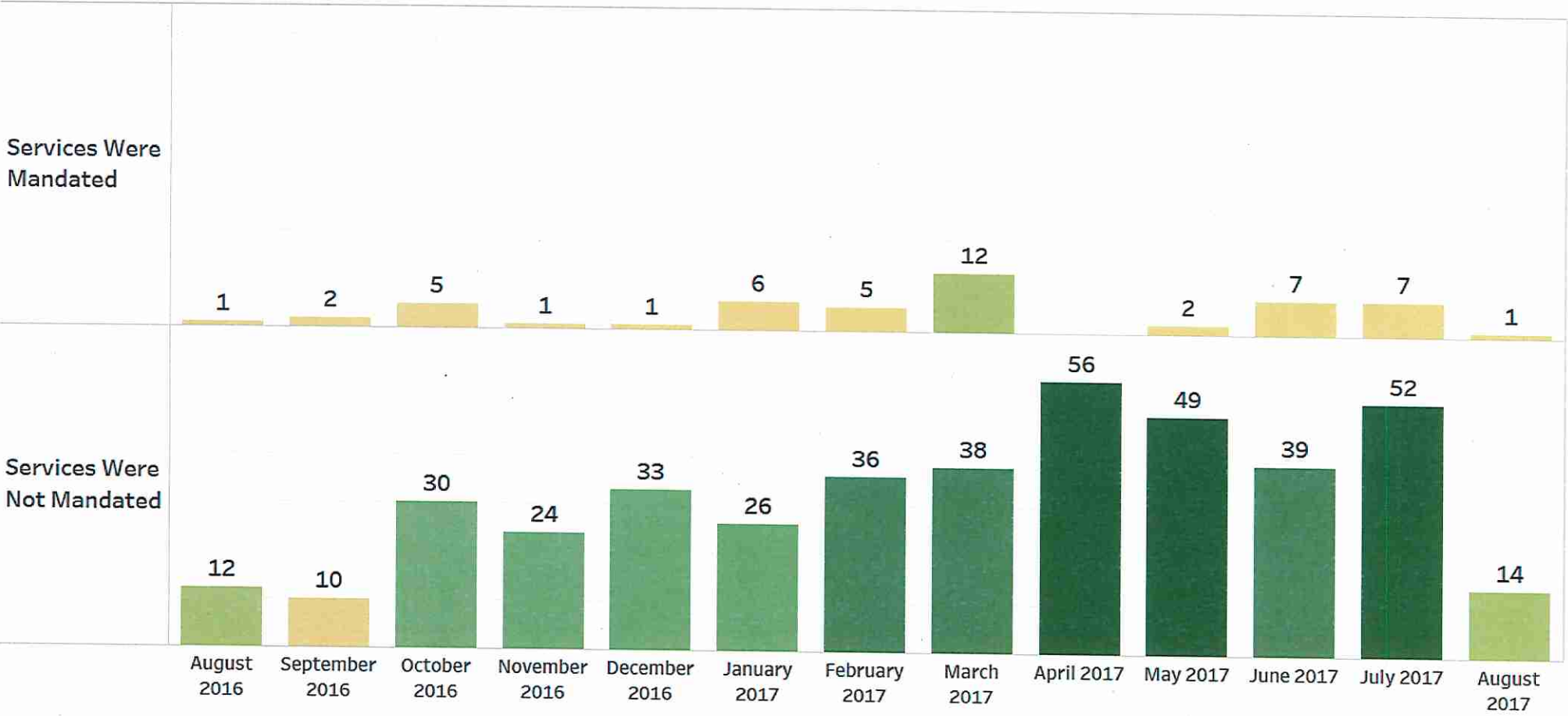
## Behavioral Sciences Section Total Services Provided From August 2016 To August 14, 2017



## Behavioral Sciences Section Type Of Services Provided From August 2016 To August 14, 2017



# Behavioral Sciences Section Mandates vs Non-Mandated Services Provided From August 2016 To August 14, 2017





## Behavioral Sciences Section Services For Sworn vs Services For Not Sworn Provided From August 2016 To August 14, 2017

