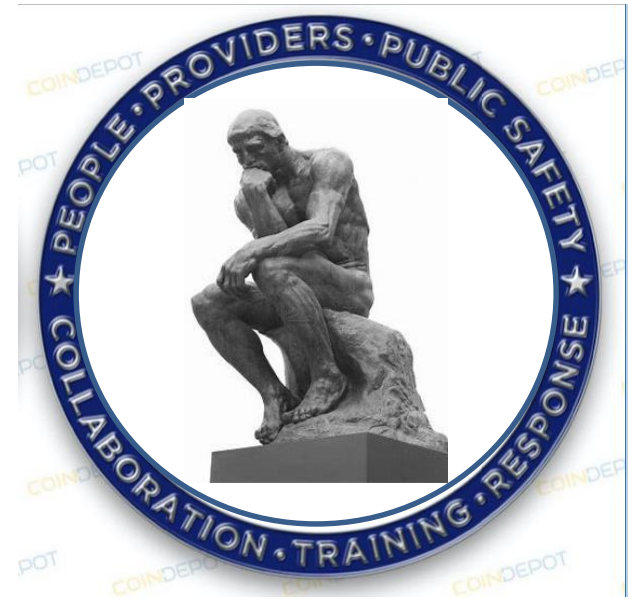


# Who Are We Serving: How Can We Think Smarter About Helping The People Involved in Behavioral Health-Related Encounters With Law Enforcement?

Prepared For:  
Project ECHO  
Albuquerque Police Department  
March 20, 2018

Prepared By  
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# How Do We Think Smarter About?

- How Do We Get The Right People To The Right Place?
- Ensuring That Encounters Are Safe For All Involved?
- How Key Risk Factors Are Tied To Effective Interventions?
- How To Better Provide People With Effective Resources?
- How Do We Handle Repeated Encounters With The Same People?
- What Are The Data Telling Us?
- The Data We Should Be Gathering?
- The Other Questions We Should Be Asking?

# The Albuquerque Police Department's Crisis Intervention Team

## A Report Card

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



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

—Albuquerque Police Chief  
Gerry Galvin

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

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

February 2001 / 1

Source: FBI Law Enforcement Bulletin, February 2001

# APD's Crisis Intervention Unit

CIT Data for 1999

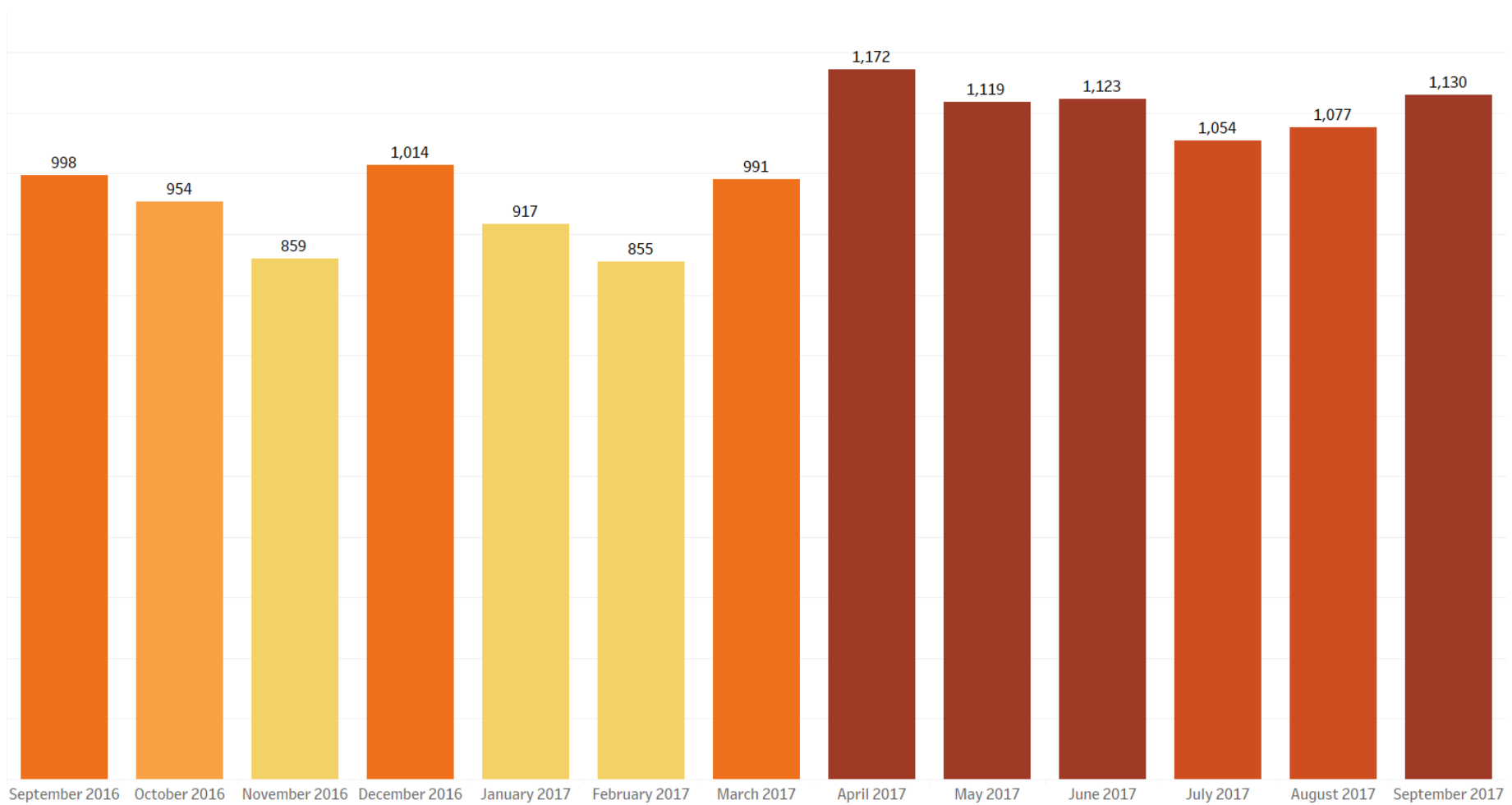
	Count	Percentage
Total calls for CIT service	3,257	
Mental illness believed to be a factor	1,878	57.7
Mental illness not believed to be a factor	407	12.5
Mental illness not evaluated	972	29.8
Sex		
Female	1,366	41.9
Male	1,871	57.4
Unspecified	20	.7
Suicide calls		
Attempted	505	15.5
Threatened	948	29.1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

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

\*\*Underestimate, officers leave facility prior to admission

# **The Challenges We Face Now**

# Combined, APD And BCSD Responded To 13,263 Priority 1 & 2 CIT-Related CAD Calls Between September 1, 2016 and September 30, 2017



# Mobile crisis units debut

---

By Ryan Boetel / Journal Staff Writer

Published: Sunday, February 18th, 2018 at 5:03pm

Updated: Sunday, February 18th, 2018 at 11:28pm

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The first of four mobile crisis teams – new, multi-agency teams to help people with mental illnesses where appropriate, instead of sending them into the criminal justice system – goes live today.

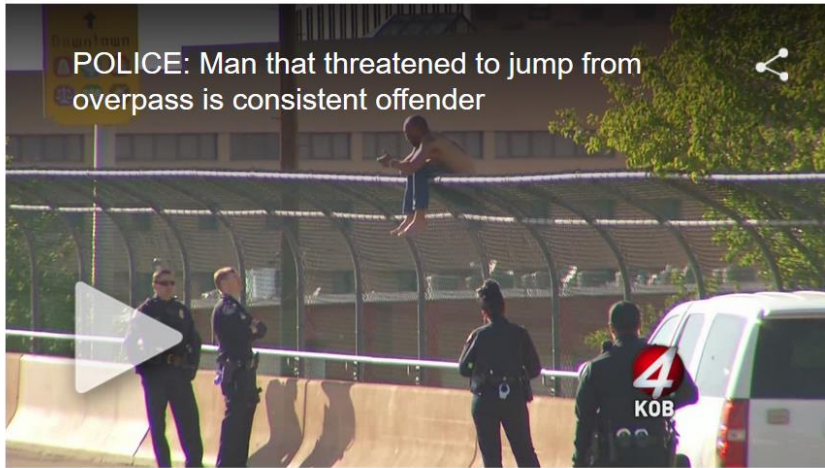
Teams will consist of a law enforcement officer and a social worker with a master's degree. Albuquerque police and the Bernalillo County Sheriff's Office will assign two officers to the beat.

The county has one mobile crisis team that will start responding to calls for service today, and the county's other team and two teams with Albuquerque police officers are finishing on-the-job training, BCSO Capt. Craig Sevier said.

The teams will take over calls for service involving people with mental illnesses when police determine there is no immediate threat of injury.

Such calls are common. Albuquerque police and the BCSO responded to more than 13,000 priority-one and -two calls involving people with a mental illness from Sept. 1, 2016, through Sept. 30, 2017, according to a report that Peter Winograd, a policy analyst, prepared for the county's behavioral health project coordinator.

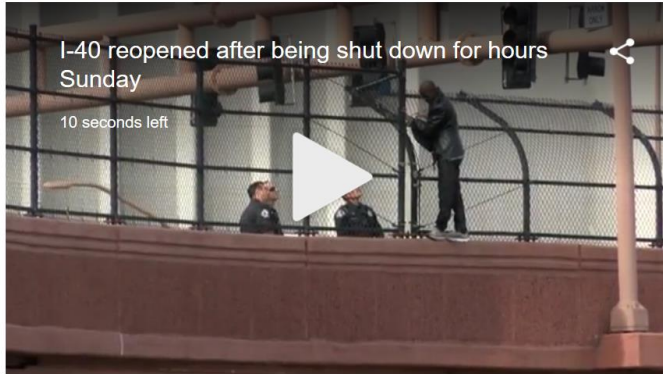
## Police: Man that threatened to jump from overpass is consistent offender



## I-40 reopens Monday after 12hr shut down

By: KRQE Media

Updated: Feb 04, 2018 12:00 PM MST

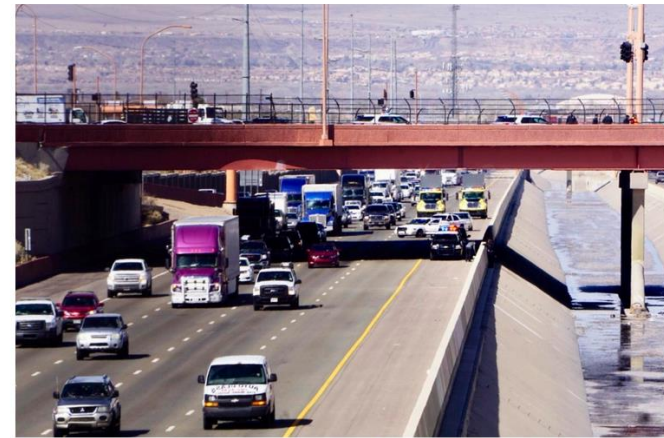


ALBUQUERQUE, N.M. (KRQE) - I-40 was shut down for more than 12 hours Sunday after an individual threatened to jump off the Louisiana overpass. All eastbound lanes have since been reopened.

## Individuals Who Threatened To Commit Suicide By Jumping Off Bridges Or Structure

### APD: Person jumped to death from Louisiana onto I 40

By: Elise Kaplan / Journal Staff Writer  
Wednesday, February 21st, 2018 at 10:41am

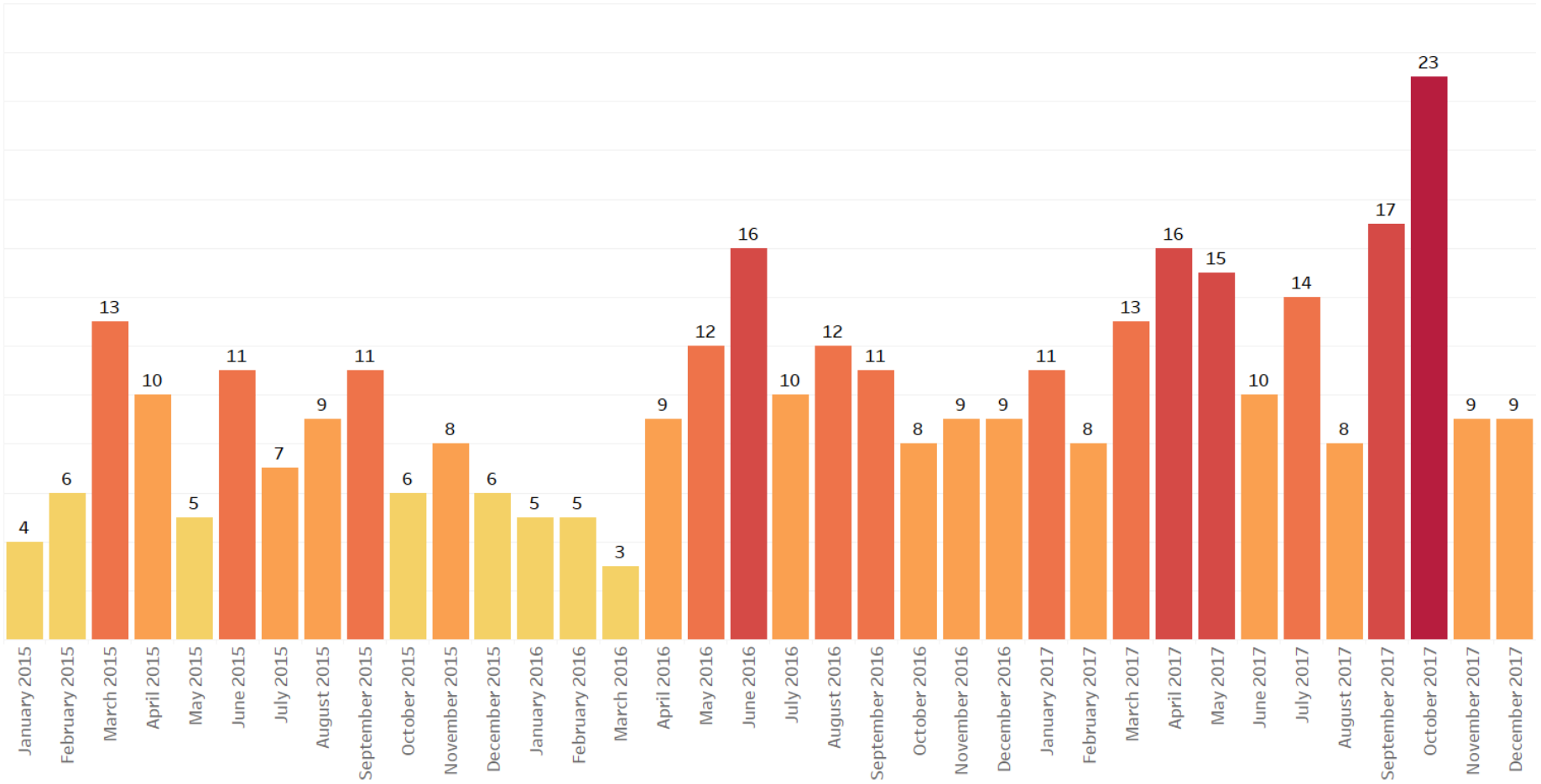


Traffic slows on eastbound Interstate 40 at Louisiana after a person jumped to their death Wednesday morning. (Adolphe Pierre-Louis / Albuquerque Journal)



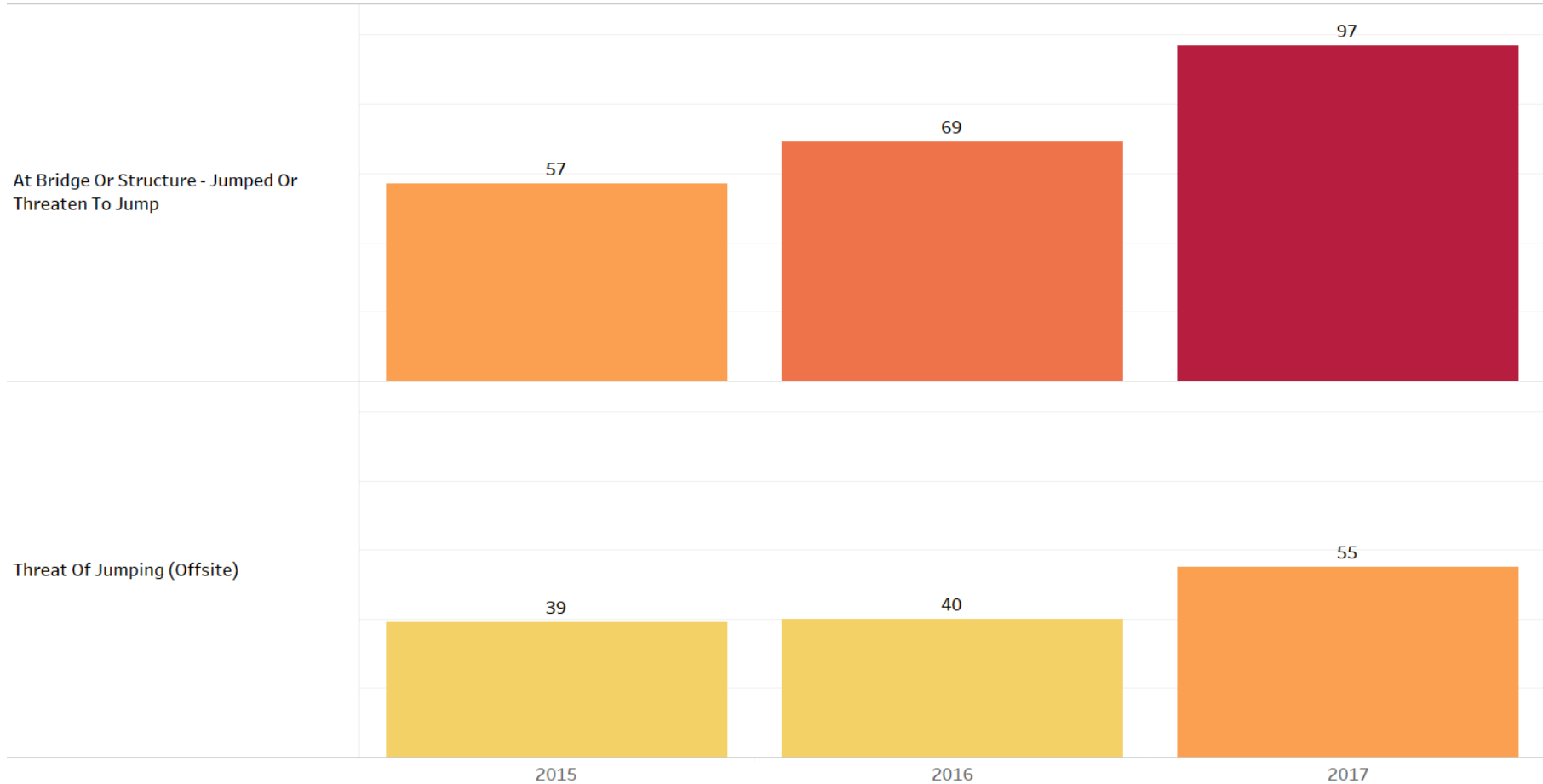
ALBUQUERQUE, N.M. — A person jumped to their death from the Louisiana overpass onto Interstate 40 Wednesday morning, according to a spokesman for the Albuquerque Police Department.

# 358 CAD's Involving Individuals Who Threatened To Commit Suicide By Jumping Off Bridges Or Structures From 2015 To 2017

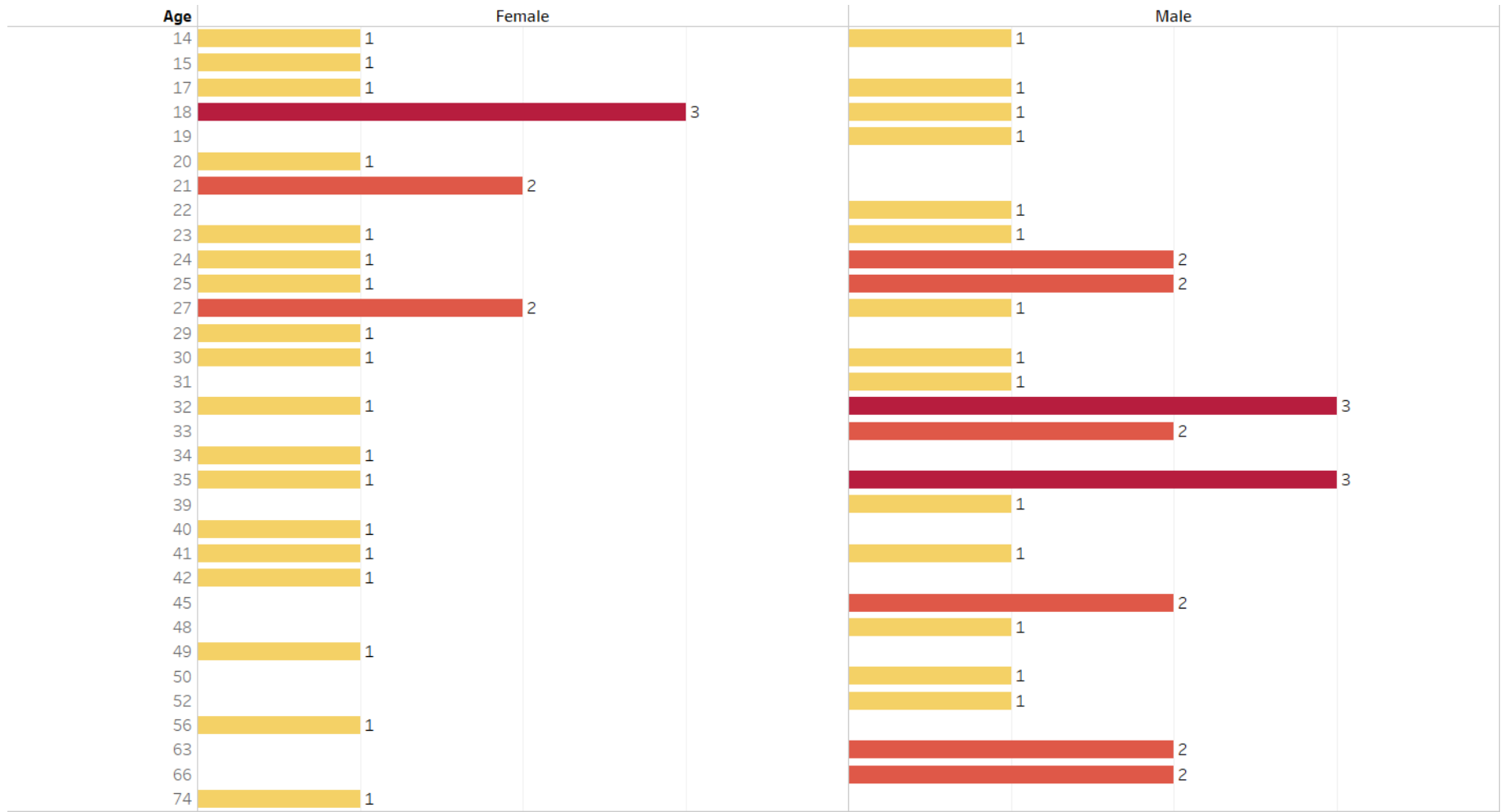




# The Location And Type Of Threat Of Individuals Who Threatened To Commit Suicide By Jumping Off Bridges Or Structures



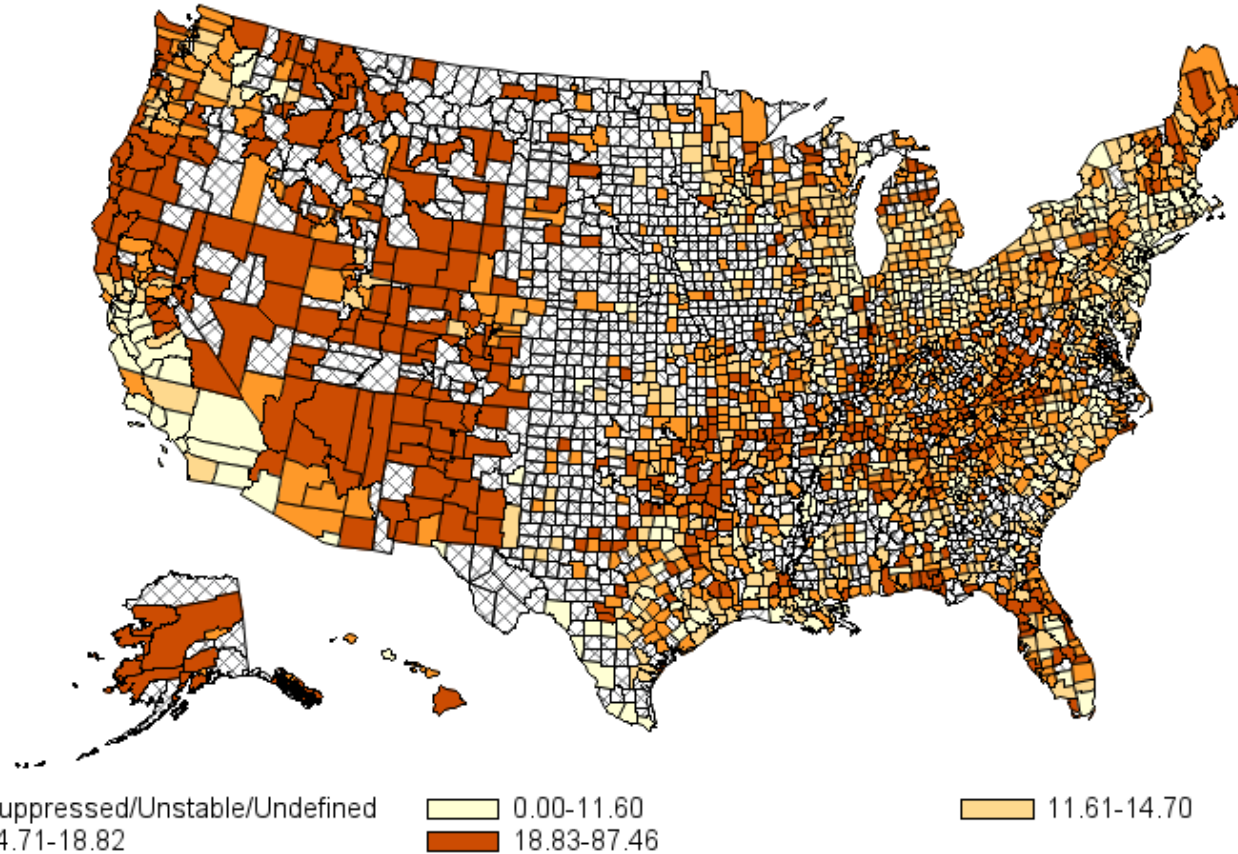
# The Age and Gender Of Individuals Who Threatened To Commit Suicide By Jumping Off Bridges Or Structures From 2015 To 2017



This Is Preliminary Data Based On 57 Cases

# 2008-2014, United States Death Rates per 100,000 Population

All Injury, Suicide, All Races, All Ethnicities, Both Sexes, All Ages  
Annualized Crude Rate for United States: 12.63

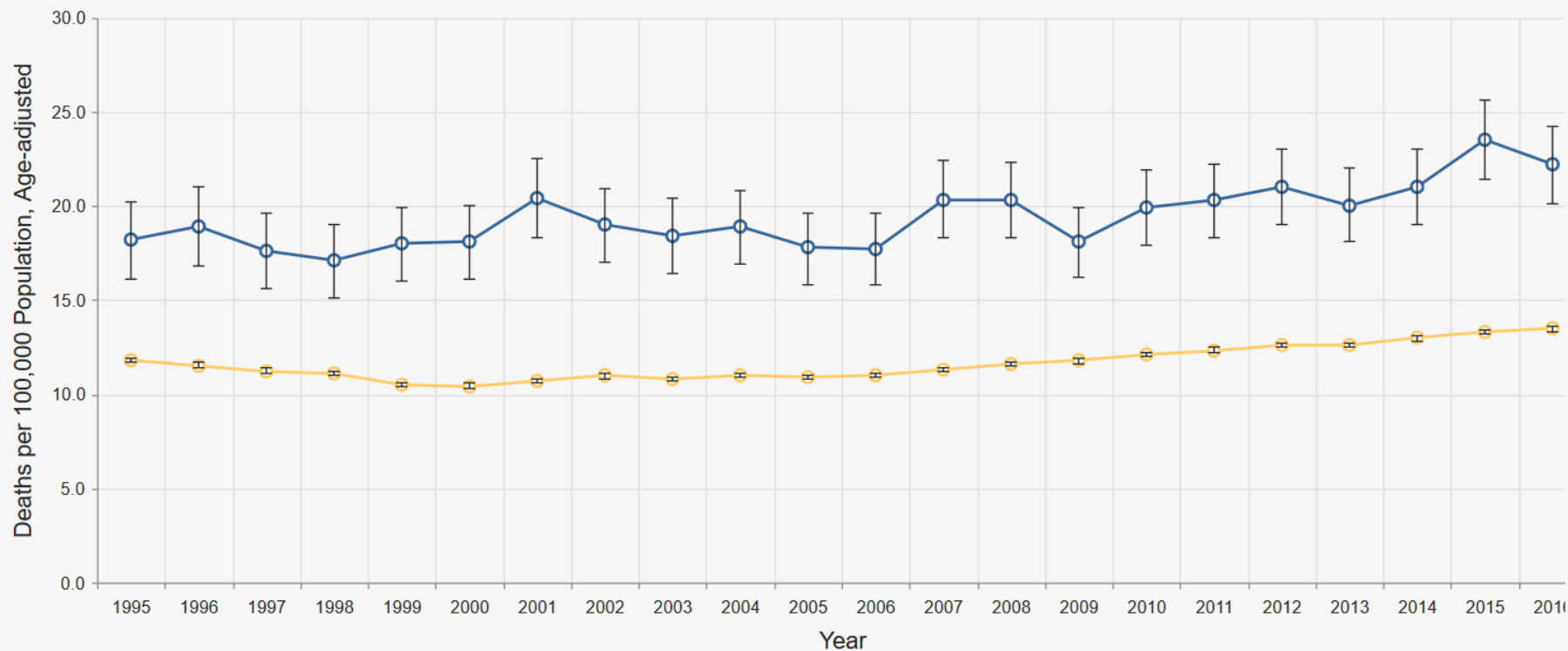


Reports for All Ages include those of unknown age.

\* Rates based on 20 or fewer deaths may be unstable. These rates are suppressed for counties (see legend above); such rates in the title have an asterisk.

Produced by: the Statistics, Programming & Economics Branch, National Center for Injury Prevention & Control, CDC  
Data Sources: NCES National Vital Statistics System for numbers of deaths; US Census Bureau for population estimates.

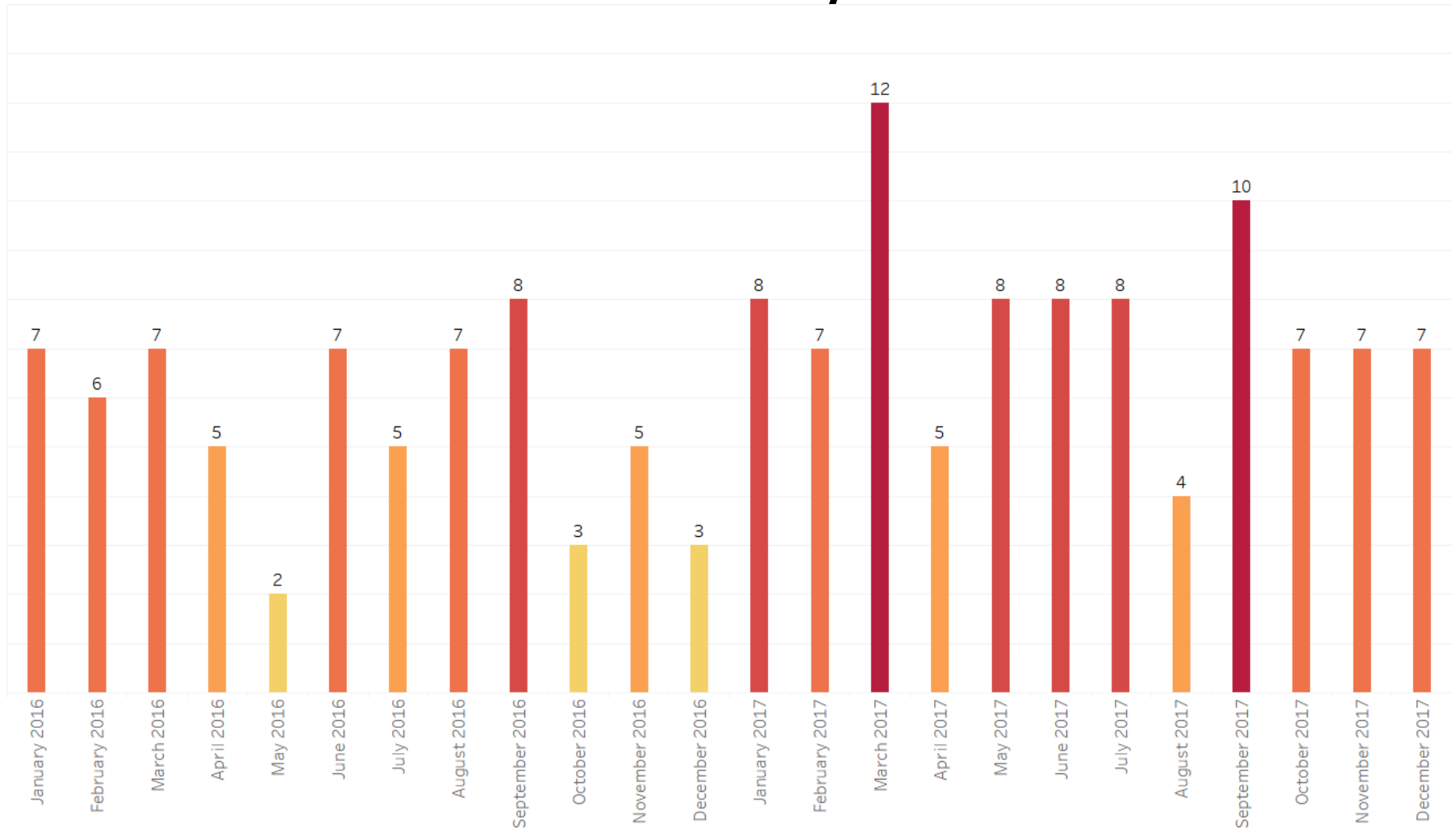
# Suicide Deaths By Year, New Mexico And The United States 1995-2016



Since 1995, NM suicide rates have been consistently 1.5 times higher than national rates. Since 2006, suicide deaths increased in NM by about 25% compared to a 23% increase in the U.S.

Source: [https://ibis.health.state.nm.us/indicator/view/SuicDeath.Year.NM\\_US.html](https://ibis.health.state.nm.us/indicator/view/SuicDeath.Year.NM_US.html)

# The 156 Cases Of Suicide By Month And Year



**The data used in this analyses includes 156 cases of completed suicide that occurred between January 2016 and December of 2017. APD officers responded to these incidents and completed State Of New Mexico Uniform Incident Reports.**





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## SAMHSA and VA Announce Cities Participating in the Mayor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families

Tuesday, February 20, 2018

The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Department of Veterans Affairs (VA) are proud to announce the cities that will participate in the first group for the Mayor's Challenge to Prevent Suicide Among Service Members, Veterans, and their Families. Albuquerque, N.M.; Billings, Mont.; Richmond, Va.; Helena, Mont.; Houston; Las Vegas; Los Angeles and Phoenix will form interagency teams to increase suicide prevention support for veterans in their communities. SAMHSA and VA identified these cities based on veteran population data, suicide prevalence rates and capacity of the cities to lead the way in this first year of the Mayor's Challenge.

The goal of the Mayor's Challenge is to reduce suicides among service members, veterans and their families using a public health approach to suicide prevention. The eight city teams will meet in Washington March 14-16, 2018 to develop strategic action plans to for their communities. The teams will contain members from community groups, local government, military and others. SAMHSA's Service Members, Veterans, and their Families Technical Assistance Center will provide technical assistance to the teams.

SAMHSA and VA are committed to working with communities to bring this support to service members, veterans and their families. Along with the eight cities participating in this year's Mayor's Challenge, VA has committed resources to support technical assistance for an additional 20 locales.

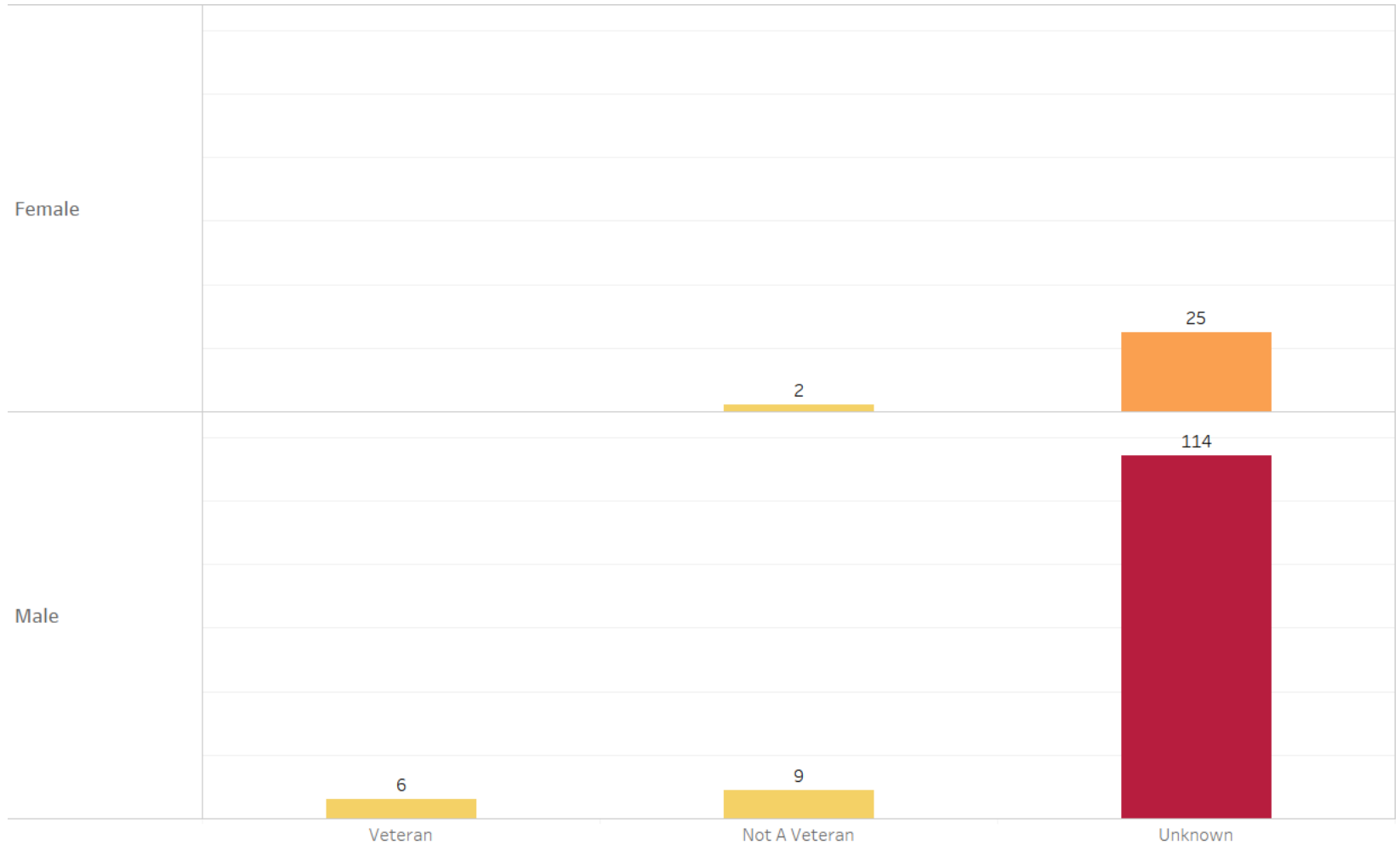
Others interested in learning more about the Mayor's Challenge can submit a request for information form at <http://bit.do/mayorschallenge>. For more information on VA's suicide prevention campaign, visit <http://www.veteranscrisisline.net/bethere>. For information on SAMHSA's suicide prevention efforts, visit <https://www.samhsa.gov/suicide-prevention/samhsas-efforts>.

Veterans who are in crisis or having thoughts of suicide – and those who know a veteran in crisis – can call the Veterans Crisis Line for confidential support 24 hours a day, seven days a week, 365 days a year. Call [800-273-8255](tel:800-273-8255) and press 1, or chat online at [VeteransCrisisLine.net/Chat](http://VeteransCrisisLine.net/Chat), or text to 838255.

**For more information, contact the SAMHSA Press Office at [240-276-2130](tel:240-276-2130).**

# Preventing Suicide Among Veterans

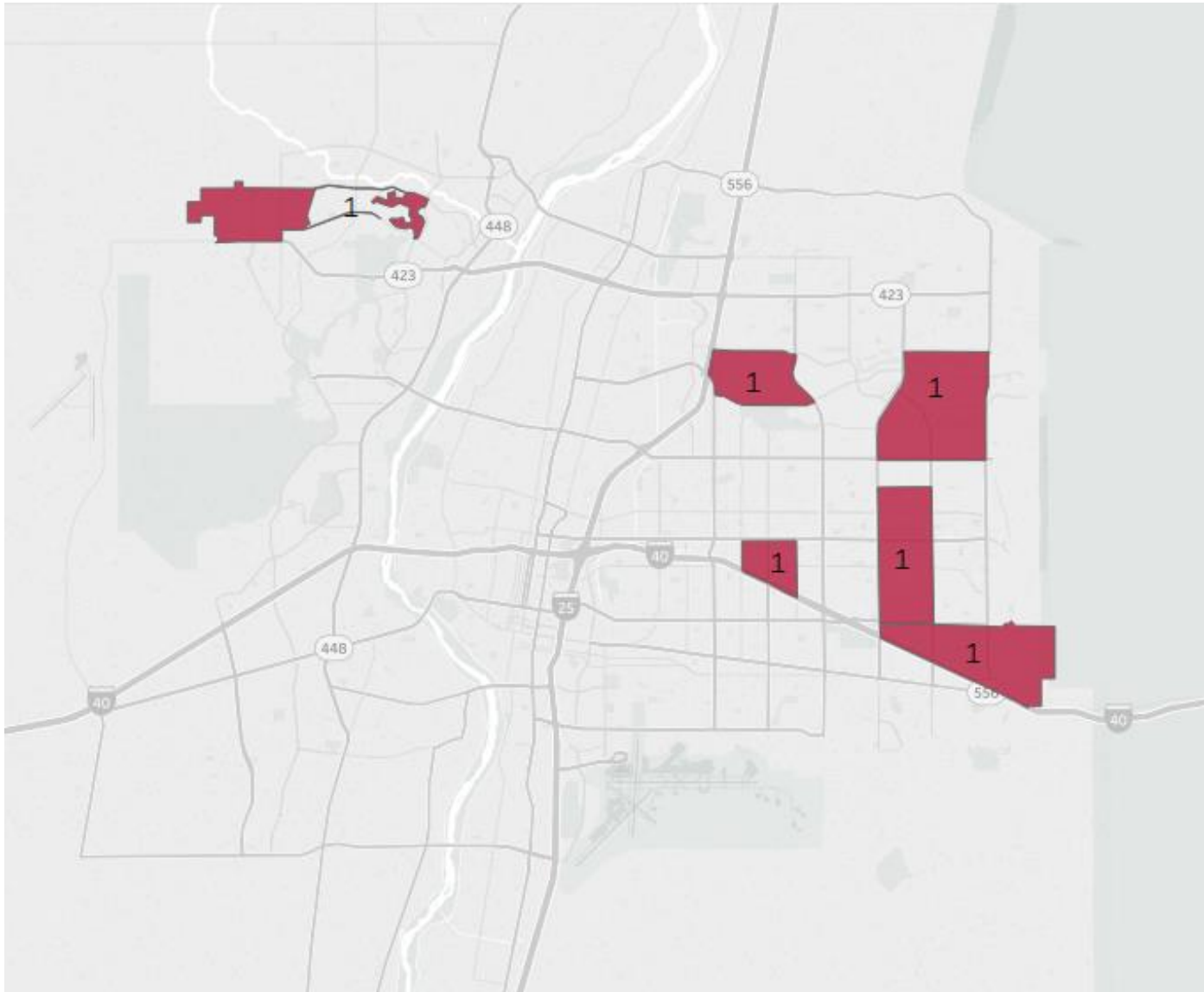
# The 156 Cases Of Suicide By Veteran Status And Gender







# The 6 Cases Of Veteran Suicide By Location



## C.I.T. WORKSHEET

CAD Number: [REDACTED]	Case Number: [REDACTED]	Agency: APD	Date of Incident: [REDACTED]
Officer: [REDACTED]	ID #: [REDACTED]	Area: SOUTHWEST	Beat: 134
Officer's Shift: SWING		Team: 8	

Did a Supervisor Respond to the Scene? NO If yes, please fill out the Supervisor Name and ID # below.

Supervisor Name: \_\_\_\_\_ ID # \_\_\_\_\_

Did a Specialized Unit Respond: NO  
YES/NO UNIT

Did an E.C.I.T. Officer show up on scene? NO If yes, please fill out the E.C.I.T. Officer Name and ID # below.

E.C.I.T. Officer Name: \_\_\_\_\_ ID # \_\_\_\_\_

Did a C.I.U. Detective/COAST show up on scene? NO If yes, please fill out the C.I.U. Detective Name and ID # below.

C.I.U. Detective/COAST Name: \_\_\_\_\_ ID # \_\_\_\_\_ Subject Homeless: NO

Subject's Name: \_\_\_\_\_ 26  
(LAST) (FIRST) D.O.B. AGE PHONE

Subject's Address: \_\_\_\_\_ ABQ NM 87121  
STREET ADDRESS APT # CITY STATE ZIP CODE

Subject's Description: \_\_\_\_\_ 220 BRO BROWN - BRO  
RACE ETHNICITY SEX HEIGHT WEIGHT EYE COLOR HAIR COLOR

Reason for Contact: CALL FOR SERVICE

Other Reason Contacted: FRIEND REQUESTED WELFARE CHECK Welfare Check? YES

Was Subject Armed? NO Type Of Weapon: \_\_\_\_\_

Was Subject Arrested? NO Arrested For? \_\_\_\_\_

Substance Use: OTHER (CLICK ON OTHER TAB)

Other Type Of Substance Use: GIN

Was There A Mental Health Transport? YES Mental Health Transport To Where? UNMMH

Transported By Who? ASSIGNED #51

Self-Disclosed Mental Illness: YES If "Yes", Then select the type of Mental Illness: ADHD, OTHER (DESCRIBE IN "NOTES" BE

Notes for Self-Disclosed Mental Illness (If Any)  
**ASPERGERS**

Does the Subject claim to be a U.S. Military Veteran? NO If "Yes", Enter the Military Branch: \_\_\_\_\_

Veteran Notes (If Any)

Risk Assessment: NONE If Subject attempted suicide, did subject die as a result? \_\_\_\_\_

Explain Risk Assessment(s) (If Any)

Use of Force: NO Person Code DET Report Written? YES

Disposition of Encounter: INVOLUNTARY MENTAL HEALTH TRANSPORT

Resources Provided: NONE

Other Resources Provided: \_\_\_\_\_

# Tracs CIT Worksheet

Please Give A Brief Narrative About The Encounter With The Subject

ON THIS DATE AND TIME APD RECEIVED A CALL FROM ██████████ WHO REQUESTED A WELFARE CHECK ON HIS CO ██████████. ██████████ WAS CONCERNED THAT ██████████ WAS DEPRESSED AND INTOXICATED.

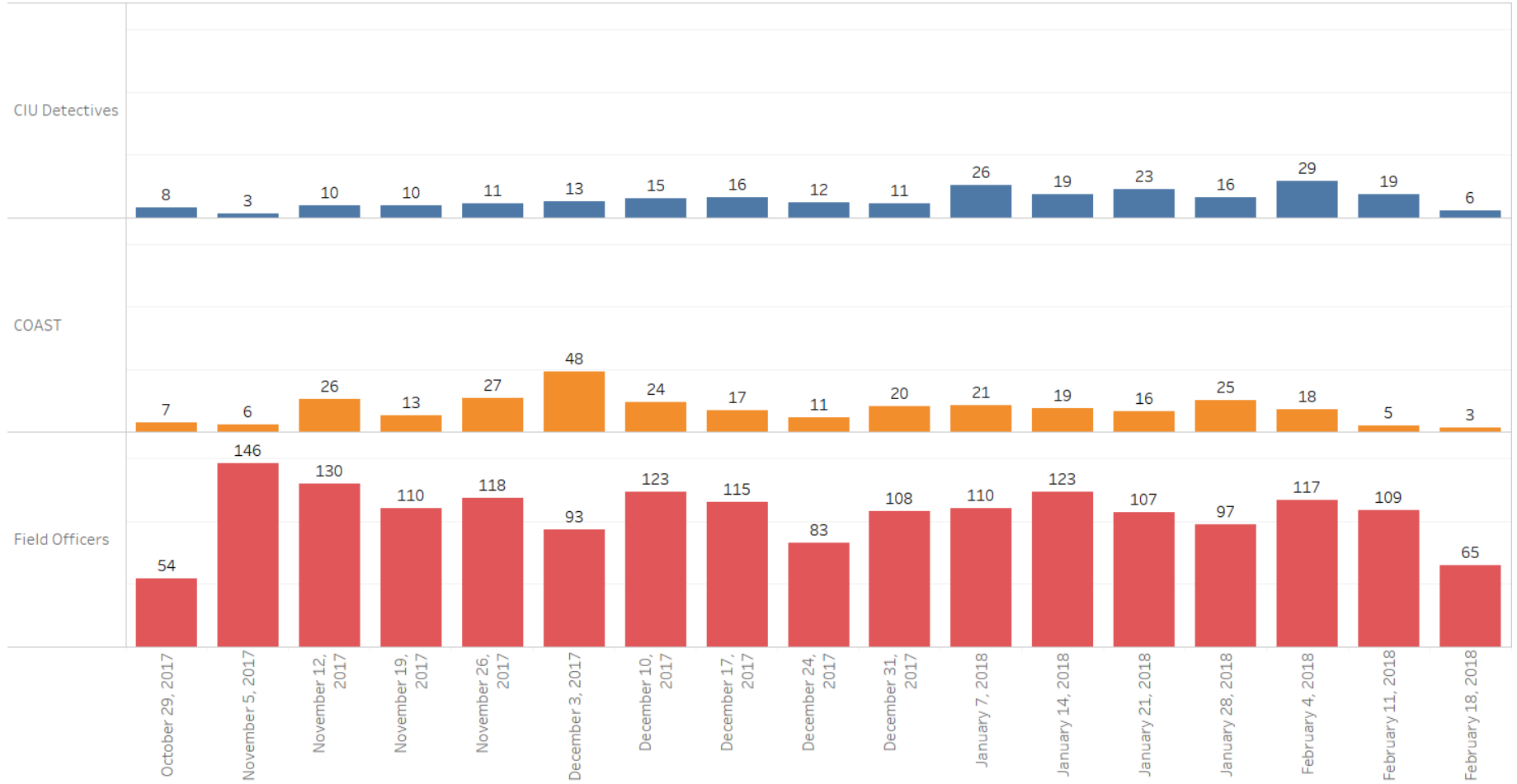
UPON ARRIVAL OFFICERS WERE CONTACTED BY ██████████ MOTHER MAVIS WHO WAS SITTING OUTSIDE IN HER VEHICLE. ██████████ EXPLAINED THAT ██████████ WAS INSIDE INTOXICATED SO SHE EXITED THE HOME TO AVOID HIM.

██████████ INVITED OFFICERS INSIDE WHERE WE MET ██████████ IN THE FAMILY ROOM. ██████████ QUICKLY COMPLAINED ABOUT HIS FRIEND CALLING APD BUT HE SAID IT WAS FOR THE BEST BECAUSE HE WAS THINKING ABOUT HANGING HIMSELF. ██████████ SAID THAT HE SUFFERS FROM ASPERGERS SYNDROME AND ADHD. ██████████ ADMITTED MIXING GIN WITH HIS MEDICATION.

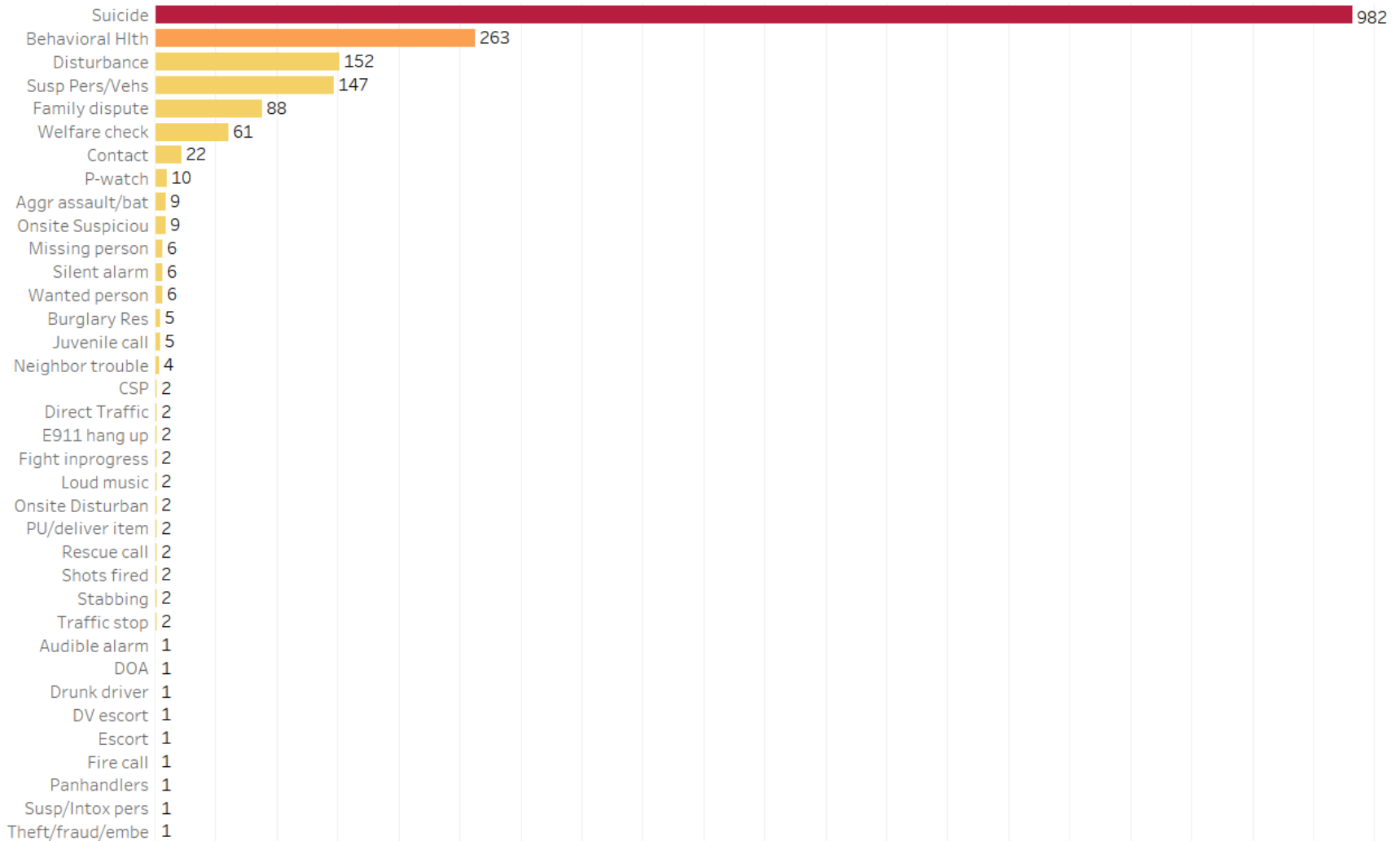
██████████ RELUCTANTLY AGREED TO GO WITH ALBUQUERQUE AMBULANCE ██████████ TO UNMHC FOR A EVALUATION. MY VIDEO WAS DOWNLOADED. A CIT WORKSHEET WAS COMPLETED.

## Tracs CIT Worksheet

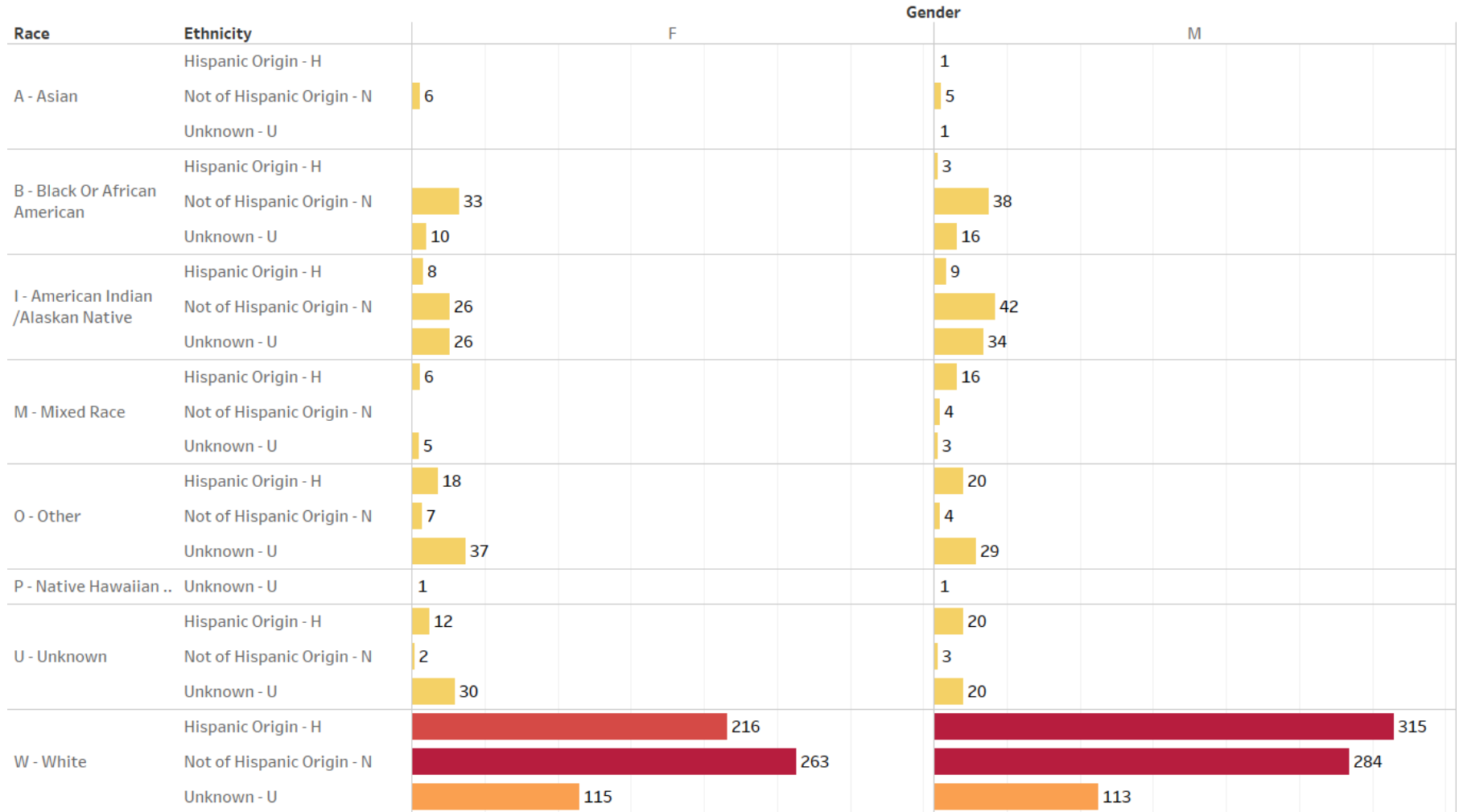
## 2,360 BH-Related TRACs Worksheets Completed Between November 1, 2017 And February 22, 2018



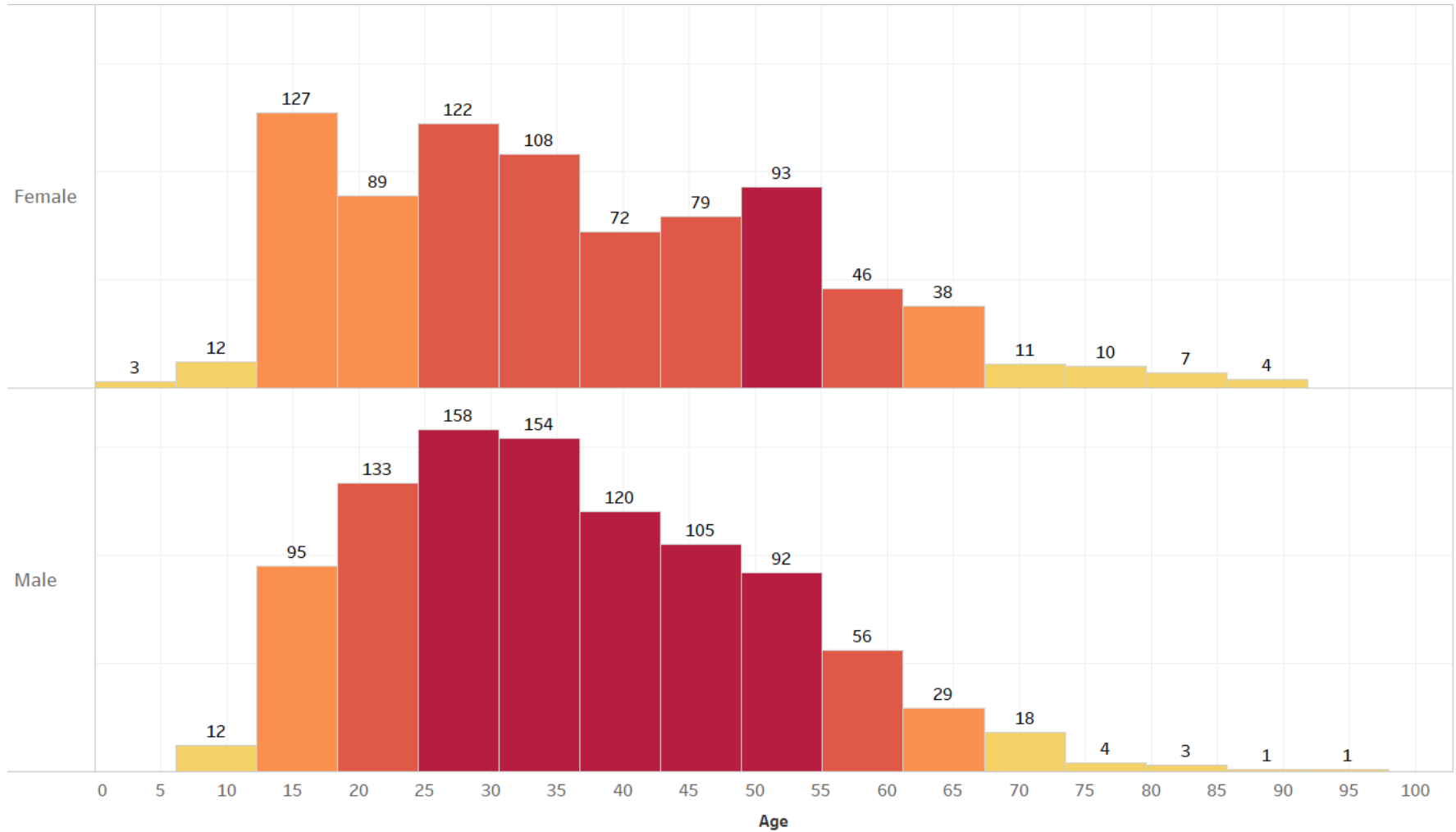
# BH-Related CADs Reported On The TRACs Worksheet By Type of Incident Between November 1, 2017 And February 22, 2018



# The Race, Ethnicity And Gender Of The People Involved In BH-Related CADs With Field Officers Between November 1, 2017 And February 22, 2018

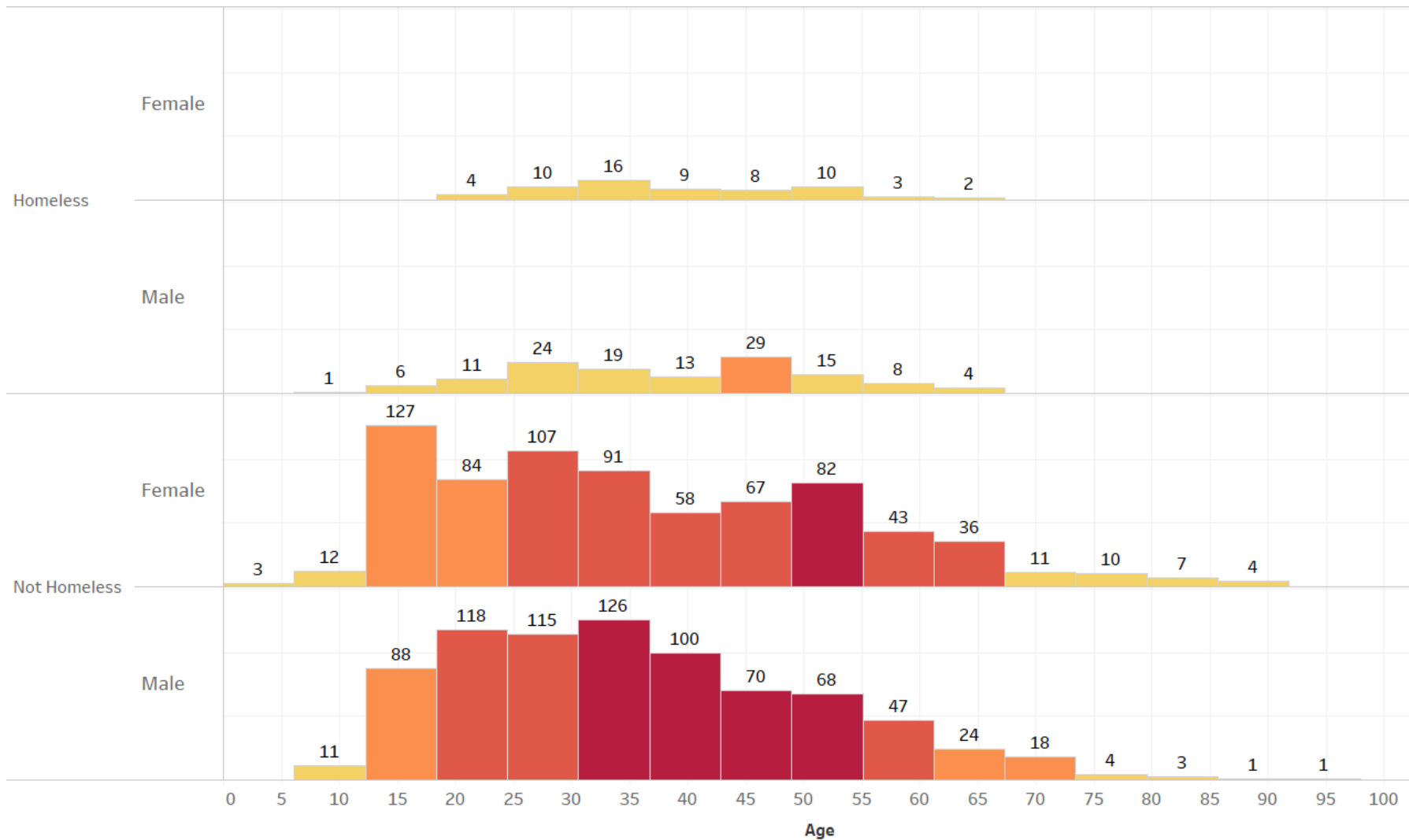


# The Age And Gender Of The People Involved In BH-Related CADs With Field Officers Between November 1, 2017 And February 22, 2018





# The Homeless Status, Age And Gender Of The People Involved In BH-Related CADs With Field Officers Between November 1, 2017 And February 22, 2018



# Homeless Victims Comprised A High Percentage Of The 75 Murders In Albuquerque In 2017

## Mean and deadly streets for homeless people

By Elise Kaplan / Journal Staff Writer  
Published: Thursday, December 21st, 2017 at 4:05pm  
Updated: Thursday, December 21st, 2017 at 11:25pm



Patric Williams holds a candle as the names of homeless people who died in 2017 are read during the Albuquerque Homeless Persons Memorial Vigil at The Rock at NoonDay on Thursday. Williams was remembering his younger brother Christopher Linn Williams. "He was a wanderer of the world," Williams said of his brother. (Maria Brose/Albuquerque Journal)

*Copyright © 2017 Albuquerque Journal*

More than a dozen of this year's 72 murder victims in Albuquerque were reportedly homeless when they were killed – living on the streets, in motels or in other unstable situations around the city.

Sgt. Elizabeth Thomson with the Albuquerque Police Department, said the total of 14 makes up a slightly higher percentage than in 2016, when 11 of the 61 murder victims were homeless.

However, she said, detectives are investigating whether one person, or a group of people, killed three of the 2017 victims, men who were found stabbed to death and in similar positions earlier this year.

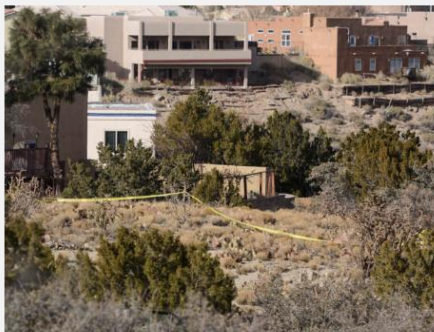
She said the other 11 homicides don't appear to be related.

"We always have a number of people who were homeless who are included in our number of people who were murdered," Thomson said. "They are definitely victimized at a higher rate than the general population."

## Body found in Four Hills area

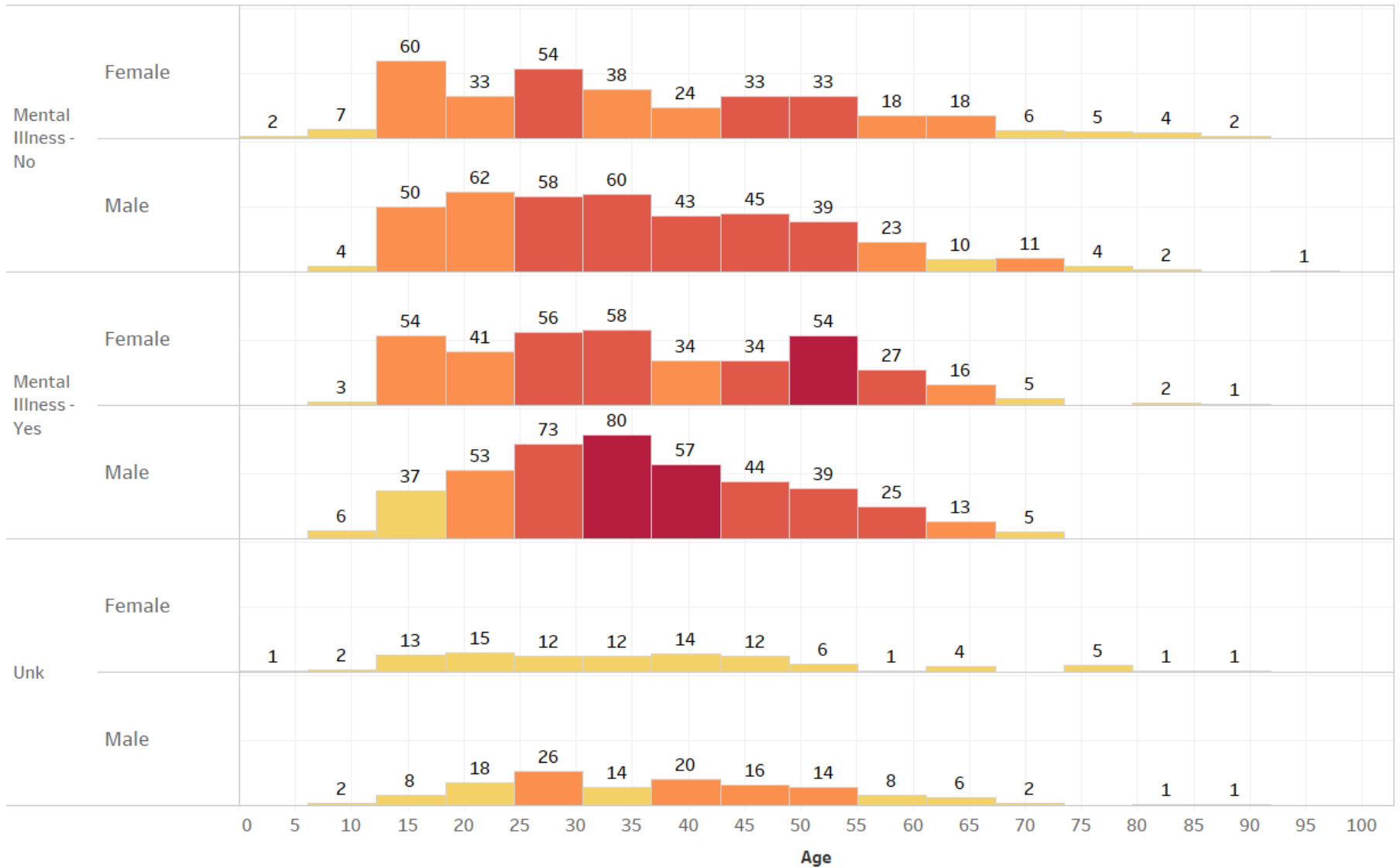
By Matthew Reisen / Journal Staff Writer  
Published: Saturday, December 23rd, 2017 at 3:32pm  
Updated: Saturday, December 23rd, 2017 at 11:02pm

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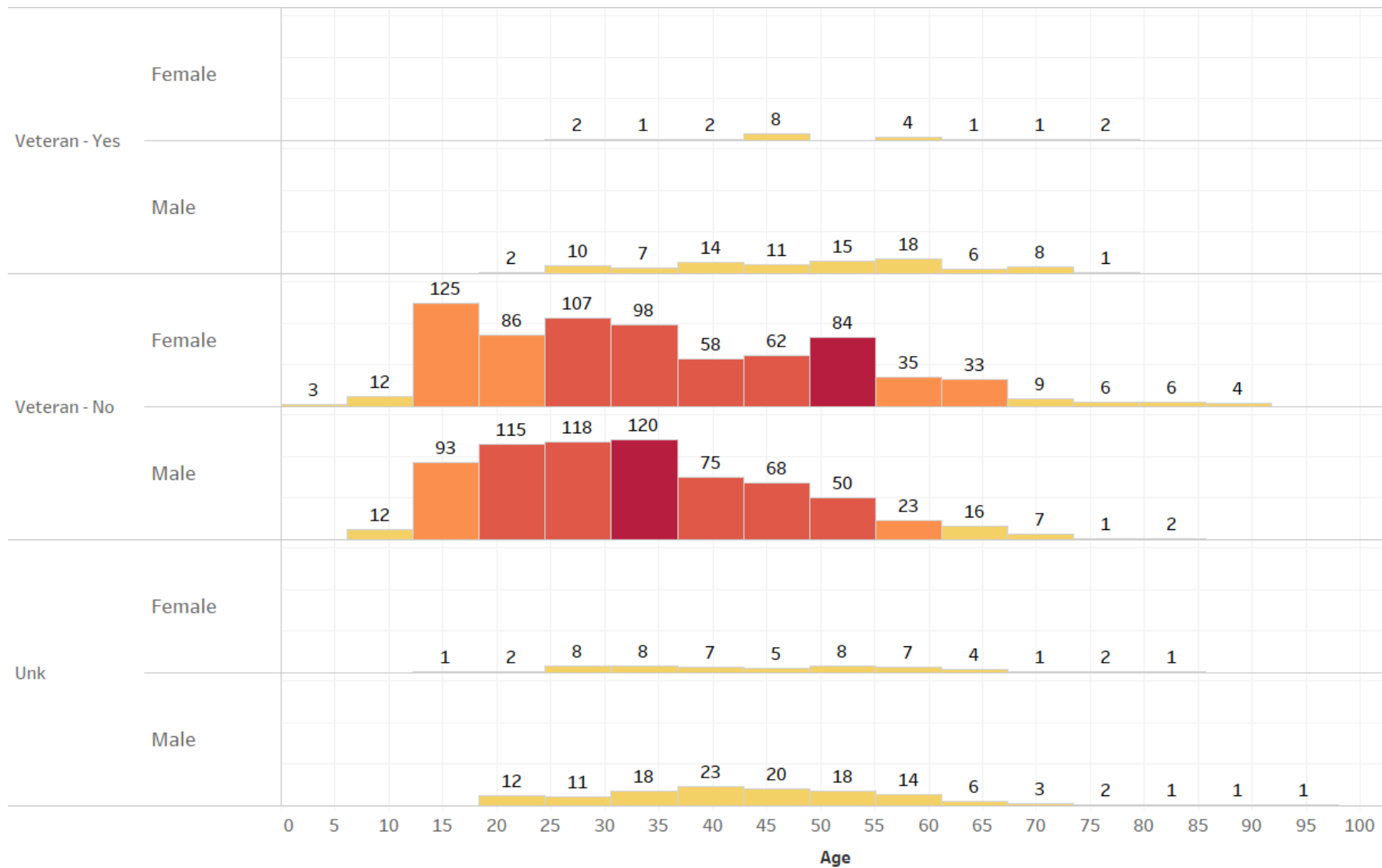


Police investigate the scene where a body was found with "massive trauma" in Four Hills on Saturday around noon. (Maria Brose/Albuquerque Journal)

# The Self-Disclosed Mental Illness Status, Age And Gender Of The People Involved In BH-Related CADs With Field Officers Between November 1, 2017 And February 22, 2018



# The Veteran Status, Age And Gender Of The People Involved In BH-Related CADs With Field Officers Between November 1, 2017 And February 22, 2018

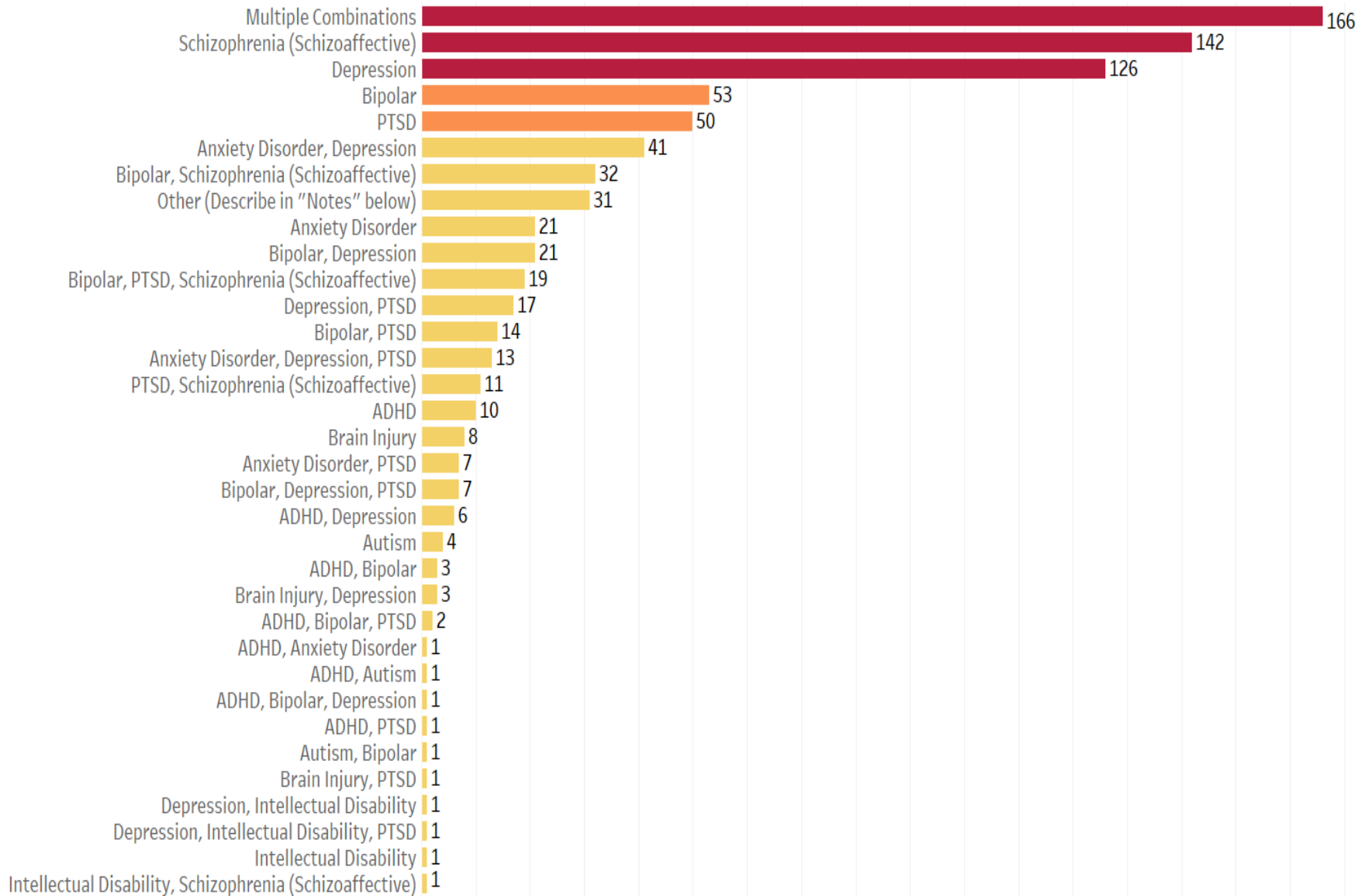


# The APD CIT Worksheet Includes The Following Question And Possible Answers

## Self-Described Mental Illness

- ADHD
- Anxiety Disorder
- Autism
- Bipolar
- Brain Injury
- Depression
- Intellectual Disability
- Other (Describe in “Notes” Below)
- PTSD
- Schizophrenia (Schizoaffective)

## How Do We Make Useful Sense Of The Responses?

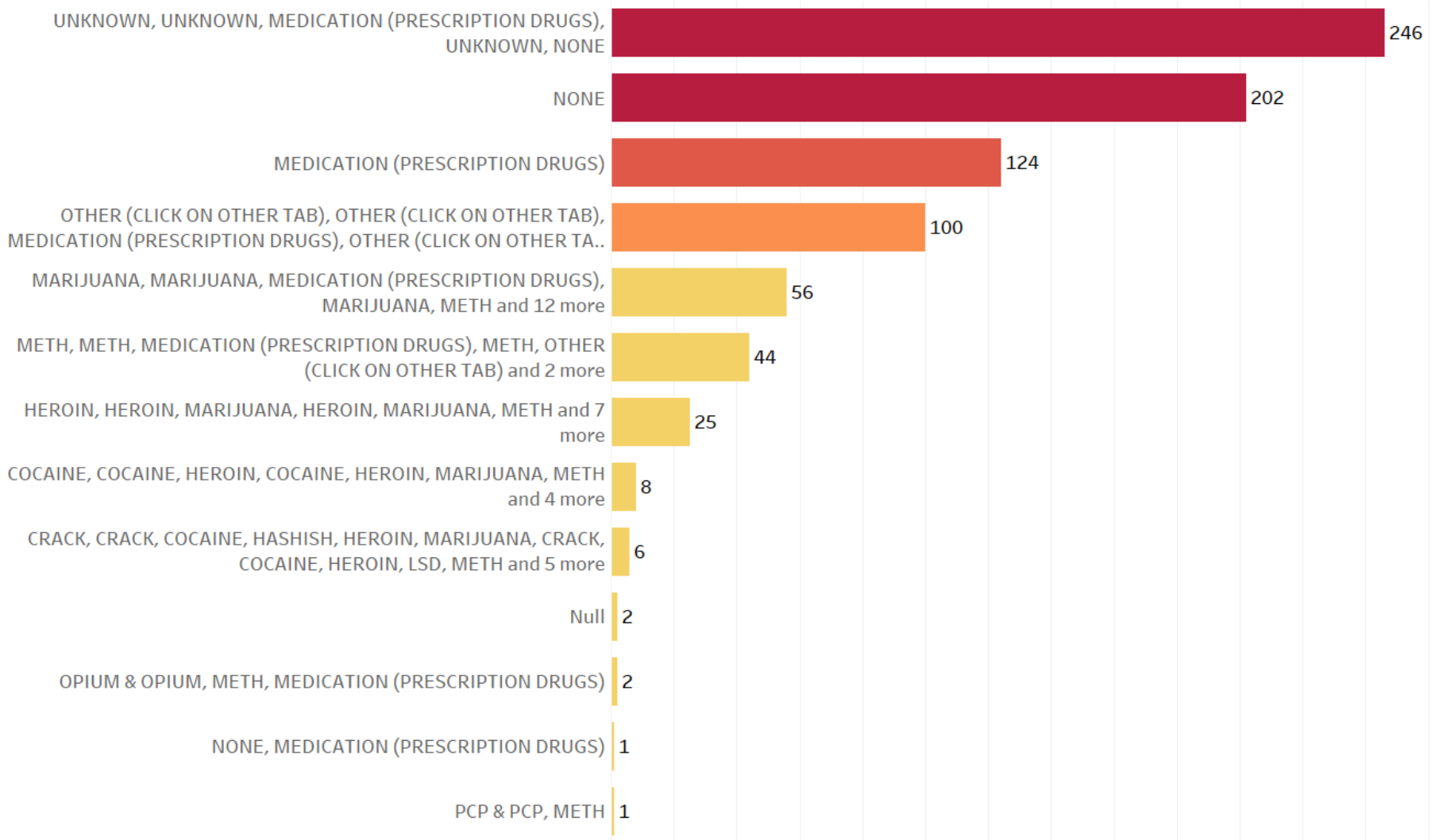


# The APD CIT Worksheet Includes The Following Question And Possible Answers

## Substance Used

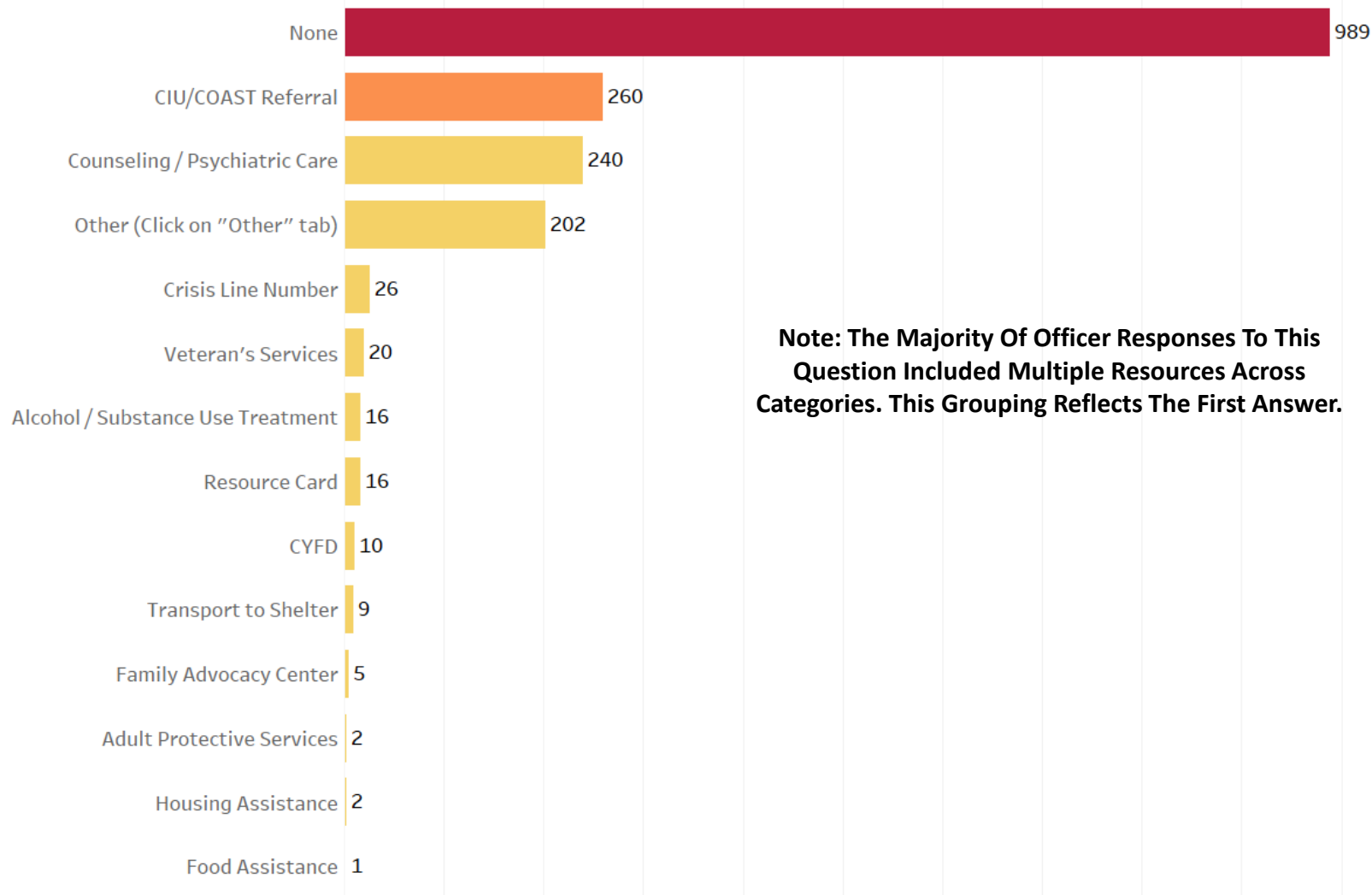
- Cocaine
- Crack
- Heroin
- LSD
- Marijuana
- Medication (Prescription Drugs)
- Meth
- Opium
- Other Depressants
- Other Narcotics
- Other Hallucinogens
- Other Stimulants
- PCP
- Unknown

## How Do We Make Useful Sense Of The Responses?



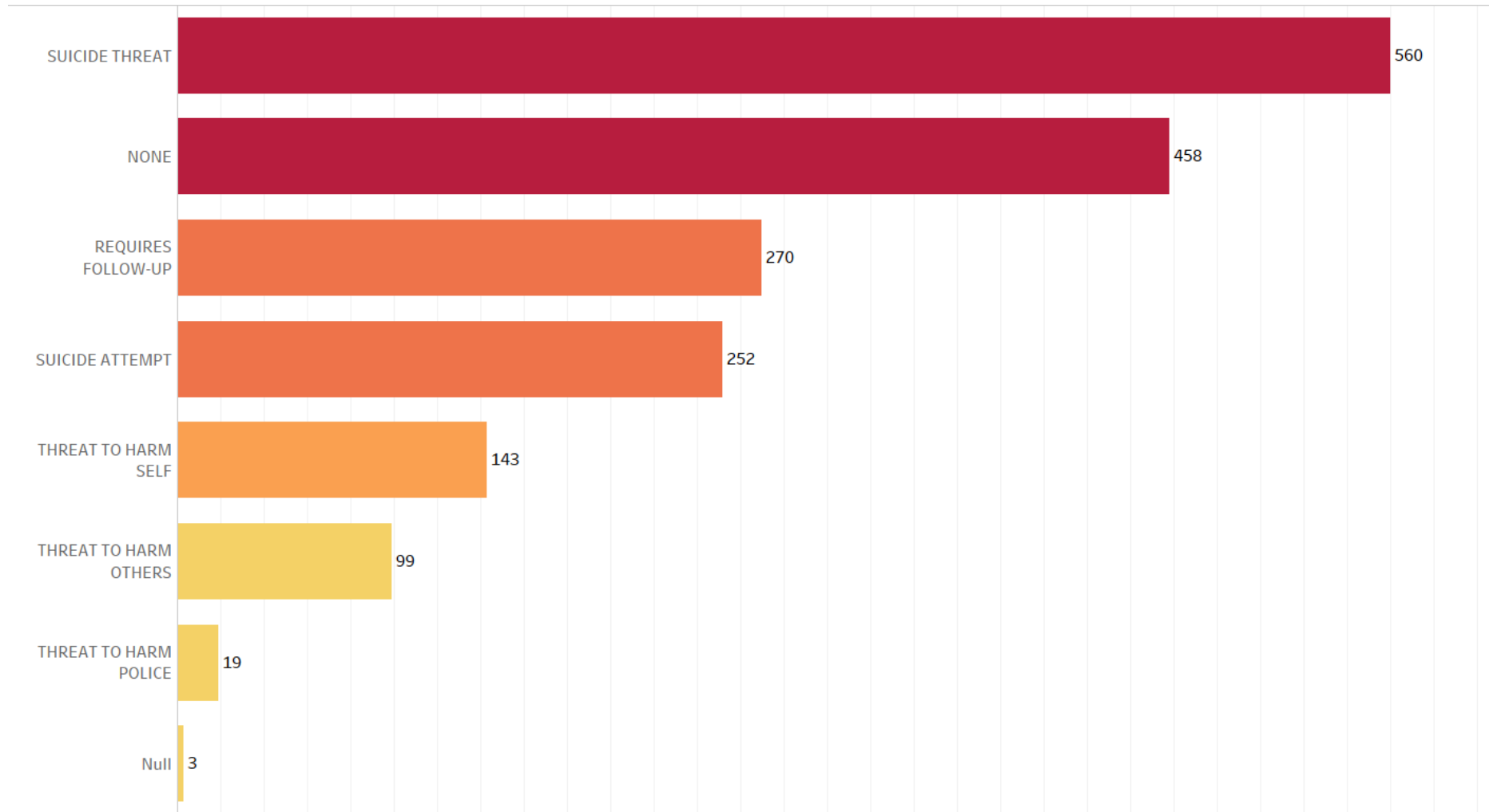


## The Resources Provided To People During The BH-Related CADs With Field Officers Between November 1, 2017 And February 22, 2018



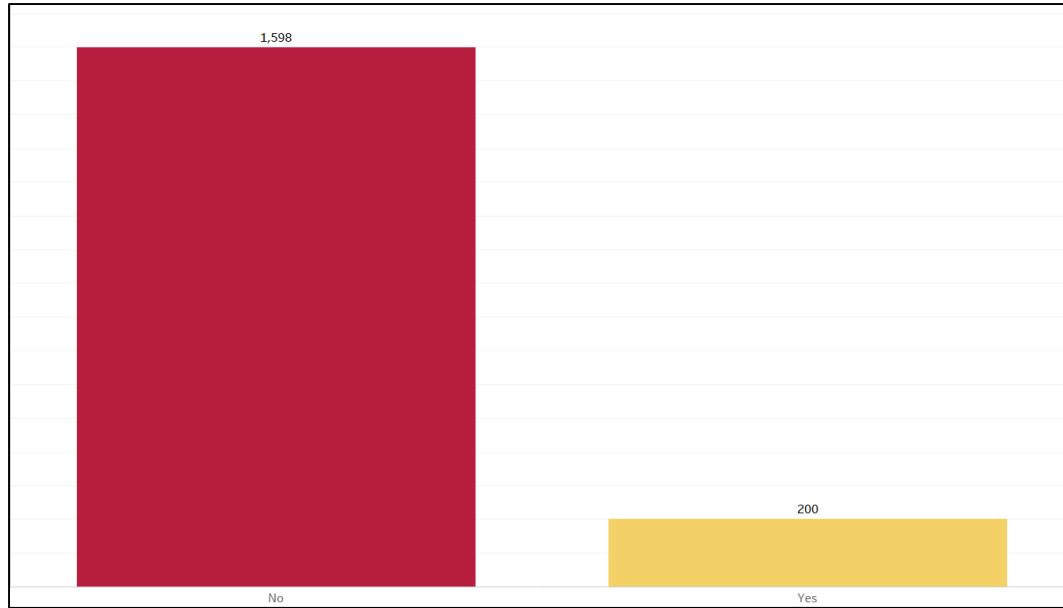


# How Do We Think Smarter About Risk Factors?



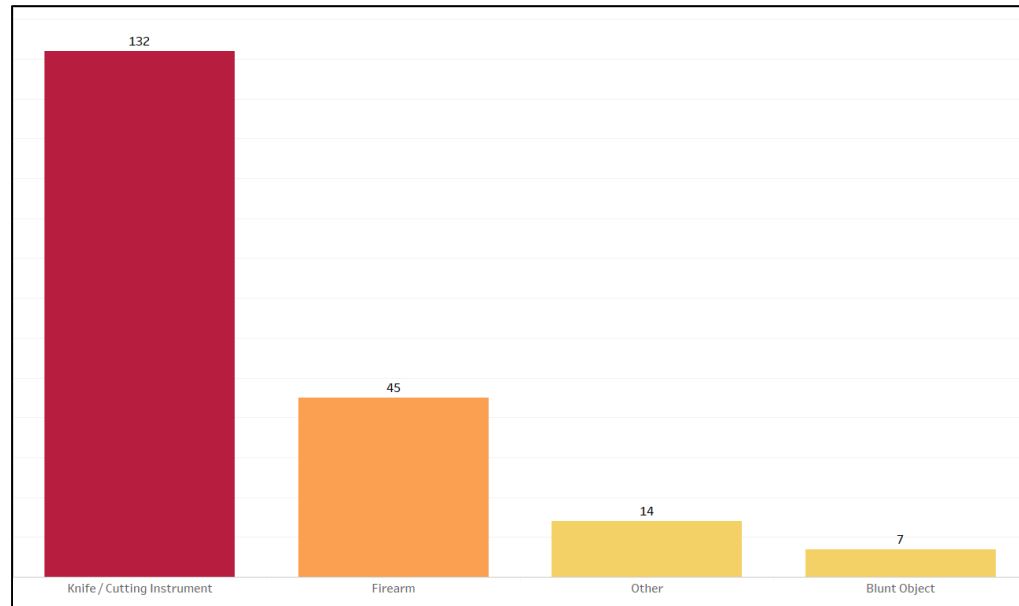
Type Of Risk Recorded By Field Officers

# How Do We Think Smarter About Risk Factors?



Was Subject Armed?

## Type Of Weapon?



# How Do We Think Smarter About Risk Factors? A Hypothetical Analysis

# Encounters	Sex	Substance Use	Self Reported Mental Illnesses	Risk	Subject Armed	Weapons (group)
7	F	METH	Bipolar, Brain Injury, PTSD, Schizophrenia (Schizoaffective)	REQUIRES FOLLOW-UP	Yes	Blunt Object
			Bipolar, Depression, Schizophrenia (Schizoaffective)	THREAT TO HARM OTHERS	Yes	Knife / Cutting Instrument
2	F	HEROIN	Depression	THREAT TO HARM OTHERS	Yes	Firearm
1	M	UNKNOWN	Depression	SUICIDE THREAT	Yes	Firearm
2	M	METH	Schizophrenia (Schizoaffective)	THREAT TO HARM OTHERS	Yes	Firearm
1	F	UNKNOWN	Bipolar, Schizophrenia (Schizoaffective)	REQUIRES FOLLOW-UP	Yes	Knife / Cutting Instrument
26	F	UNKNOWN	Other (Describe in "Notes" below)	SUICIDE THREAT	Yes	Knife / Cutting Instrument
6	F	UNKNOWN	Bipolar, PTSD, Schizophrenia (Schizoaffective)	SUICIDE THREAT	Yes	Knife / Cutting Instrument
1	M	COCAINE, HEROIN, MARIJUANA..	Bipolar, Schizophrenia (Schizoaffective), Other (Describe in "	THREAT TO HARM OTHERS	Yes	Knife / Cutting Instrument
1	F	METH	Depression	NONE	Yes	Knife / Cutting Instrument
1	M	HEROIN	Bipolar, PTSD, Schizophrenia (Schizoaffective)	NONE	Yes	Knife / Cutting Instrument
2	M	HEROIN	Bipolar	SUICIDE THREAT	Yes	Knife / Cutting Instrument
1	M	UNKNOWN	Other (Describe in "Notes" below)	THREAT TO HARM SELF	Yes	Knife / Cutting Instrument
1	F	HEROIN	Bipolar	SUICIDE THREAT	Yes	Knife / Cutting Instrument
2	M	METH, OTHER (CLICK ON OTHE..	Bipolar	SUICIDE THREAT	Yes	Knife / Cutting Instrument
8	M	UNKNOWN	Brain Injury	REQUIRES FOLLOW-UP	Yes	Other
2	M	UNKNOWN	Schizophrenia (Schizoaffective)	SUICIDE ATTEMPT	Yes	Knife / Cutting Instrument
2	M	UNKNOWN	Other (Describe in "Notes" below)	SUICIDE THREAT	Yes	Knife / Cutting Instrument
2	M	METH, OTHER DEPRESSANTS	PTSD	SUICIDE THREAT	Yes	Knife / Cutting Instrument
1	M	UNKNOWN	Schizophrenia (Schizoaffective)	THREAT TO HARM OTHERS	Yes	Other
2	F	METH	Depression	SUICIDE ATTEMPT	Yes	Knife / Cutting Instrument
1	F	HEROIN	PTSD, Schizophrenia (Schizoaffective), Other (Describe in "N..	REQUIRES FOLLOW-UP	Yes	Knife / Cutting Instrument
4	M	UNKNOWN	Depression	THREAT TO HARM SELF	Yes	Knife / Cutting Instrument
2	M	METH	Schizophrenia (Schizoaffective)	SUICIDE THREAT	Yes	Knife / Cutting Instrument
2	M	UNKNOWN	Schizophrenia (Schizoaffective)	THREAT TO HARM OTHERS	Yes	Unarmed
4	M	UNKNOWN	Depression	SUICIDE ATTEMPT	Yes	Knife / Cutting Instrument

**What Factors Do We Use To Triage Through Thousands Of Reports And Get The Right Response To The Right Individuals?**

# How Do We Think Smarter About?

- How Do We Get The Right People To The Right Place?
- Ensuring That Encounters Are Safe For All Involved?
- How Key Risk Factors Are Tied To Effective Interventions?
- How To Better Provide People With Effective Resources?
- How Do We Handle Repeated Encounters With The Same People?
- What Are The Data Telling Us?
- The Data We Should Be Gathering?
- The Other Questions We Should Be Asking?