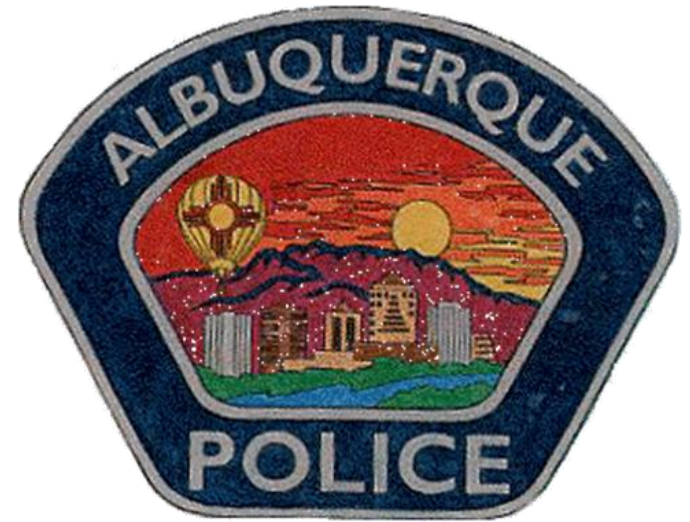


The Data Book For The Albuquerque Police Crisis Intervention Unit & Department Behavioral Health Division



A Work In Continuous Progress Prepared For:
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**This Is A Internal
Discussion Draft For
APD. Data Are
Continually Updated.**

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Introduction

The purpose of this working paper is to gather and analyze data related to individuals in crisis and their encounters with the Albuquerque Police Department. The overarching goals are to improve the quality of those interactions so that individuals receive more support, officers are safer, and the community is a better place for everybody.

The Department of Justice & City Of Albuquerque agreement provides a powerful opportunity to use data to achieve those goals. We have organized this working paper around the key paragraphs that deal with data in the DOJ agreement.

This paper is a work in progress primarily to be used in internal discussions within APD. Each month additional data will be gathered and analyzed. In addition, this document will provide an archive of analyses completed and a listing of analyses that could be done in the future.

Finally, this working paper will be a useful source for the data to be shared with our partners and stakeholders. As these analyses are completed and vetted, they can be used to help inform the critical conversations that are taking place in our community.

CIT-Related Data And The DOJ Agreement

Crisis Intervention Is Critical For Albuquerque

“To maintain high-level, quality service; to ensure officer safety and accountability; and to promote constitutional, effective policing, APD agrees to minimize the necessity for the use of force against individuals in crisis due to mental illness or a diagnosed behavioral disorder and, where appropriate, assist in facilitating access to community-based treatment, supports, and services to improve outcomes for the individuals. APD agrees to develop, implement, and support more integrated, specialized responses to individuals in mental health crisis through collaborative partnerships with community stakeholders, specialized training, and improved communication and coordination with mental health professionals.”

DOJ & ABQ Settlement Agreement A: Mental Health Response Advisory Committee

115. Within nine months of the Effective Date, APD shall provide the Advisory Committee with data collected by crisis intervention certified responders, CIU, and COAST pursuant to Paragraphs 129 and 137 of this Agreement for the sole purpose of facilitating program guidance. Also within nine months of the Effective Date, the Advisory Committee shall review the behavioral health training curriculum; identify mental health resources that may be available to APD; network and build more relationships; and provide guidance on scenario-based training involving typical situations that occur when mental illness is a factor.

116. The Advisory Committee shall seek to enhance coordination with local behavioral health systems, with the goal of connecting chronically homeless individuals and individuals experiencing mental health crisis with available services.

DOJ & ABQ Settlement Agreement C: Crisis Intervention Certified Responders and Crisis Intervention Unit

129. APD shall collect data on the use of crisis intervention certified responders and CIU. This data will be collected for management purposes only and shall not include personal identifying information of subjects or complainants. APD shall collect the following data:

- a) date, shift, and area command of the incident;
- b) subject's age, race/ethnicity, and gender;
- c) whether the subject was armed and the type of weapon;
- d) whether the subject claims to be a U.S. military veteran;
- e) name and badge number of crisis intervention certified responder or CIU detective on the scene;
- f) whether a supervisor responded to the scene;
- g) techniques or equipment used;
- h) any injuries to officers, subjects, or others;
- i) disposition of the encounter (e.g., arrest, citation, referral); and
- j) a brief narrative of the event (if not included in any other document).

DOJ & ABQ Settlement Agreement D: Crisis Prevention

137. APD shall collect and analyze data to demonstrate the impact of and inform modifications to crisis prevention services. This data will be collected for management purposes only and shall not include personal identifying information of subjects or complainants. APD shall collect the following data:

- a) number of individuals in the COAST and CIU case loads;
- b) number of individuals receiving crisis prevention services;
- c) date, shift, and area command of incidents or follow up encounters;
- d) subject's age, race/ethnicity, and gender;
- e) whether the subject claims to be a U.S. military veteran;
- f) techniques or equipment used;
- g) any injuries to officers, subjects, or others;
- h) disposition of the encounter (e.g., arrest, citation, referral); and
- i) a brief narrative of the event (if not included in any other document).

DOJ & ABQ Settlement Agreement C: Crisis Intervention Certified Responders and Crisis Intervention Unit

130. APD will utilize incident information from actual encounters to develop case studies and teaching scenarios for roll-call, behavioral health, and crisis intervention training; to recognize and highlight successful individual officer performance; to develop new response strategies for repeat calls for service; to identify training needs for in-service behavioral health or crisis intervention training; to make behavioral health or crisis intervention training curriculum changes; and to identify systemic issues that impede APD's ability to provide an appropriate response to an incident involving an individual experiencing a mental health crisis.

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW MEXICO

SETTLEMENT AGREEMENT

Behavioral Health Training

118. APD has undertaken an aggressive program to provide behavioral health training to its officers. This Agreement is designed to support and leverage that commitment.

#119. APD agrees to continue providing state-mandated, basic behavioral health training to all cadets in the academy. APD also agrees to provide 40 hours of basic crisis intervention training for field officers to all academy graduates upon their completion of the field training program. APD is also providing 40 hours of basic crisis intervention training for field officers to all current officers, which APD agrees to complete by the end of 2015.

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW MEXICO

SETTLEMENT AGREEMENT

Behavioral Health Training

#120. The behavioral health and crisis intervention training provided to all officers will continue to address field assessment and identification, suicide intervention, crisis de-escalation, scenario-based exercises, and community mental health resources. APD training shall include interaction with individuals with a mental illness and coordination with advocacy groups that protect the rights of individuals with disabilities or those who are chronically homeless. Additionally, the behavioral health and crisis intervention training will provide clear guidance as to when an officer may detain an individual solely because of his or her crisis and refer them for further services when needed.

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW MEXICO

SETTLEMENT AGREEMENT

Behavioral Health Training

#121. APD shall ensure that new telecommunicators receive 20 hours of behavioral health training. This training shall include: telephonic suicide intervention; crisis management and de-escalation; interactions with individuals with mental illness; descriptive information that should be gathered when telecommunicators suspect that a call involves someone with mental illness; the roles and functions of COAST, crisis intervention certified responders, and CIU; the types of calls that should be directed to particular officers or teams; and recording information in the dispatch database about calls in which mental illness may be a factor.

#122. APD shall provide two hours of in-service training to all existing officers and telecommunicators on behavioral health-related topics biannually.

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW MEXICO

SETTLEMENT AGREEMENT

Crisis Intervention Certified Responders and Crisis Intervention Unit

#123. APD shall maintain a sufficient number of crisis intervention certified responders who are specially trained officers across the Department who retain their normal duties and responsibilities and also respond to calls involving those in mental health crisis. APD shall also maintain a Crisis Intervention Unit (“CIU”) composed of specially trained detectives housed at the Family Advocacy Center whose primary responsibilities are to respond to mental health crisis calls and maintain contact with mentally ill individuals who have posed a danger to themselves or others in the past or are likely to do so in the future. APD agrees to expand both the number of crisis intervention certified responders and CIU.

#124. The number of crisis intervention certified responders will be driven by the demand for crisis intervention services, with an initial goal of 40% of Field Services officers who volunteer to take on specialized crisis intervention duties in the field. Within one year of the Effective Date, APD shall reassess the number of crisis intervention certified responders, following the staffing assessment and resource study required by Paragraph 204 of this Agreement.

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW MEXICO

SETTLEMENT AGREEMENT

Crisis Intervention Certified Responders and Crisis Intervention Unit

#125. During basic crisis intervention training for field officers provided to new and current officers, training facilitators shall recommend officers with apparent or demonstrated skills and abilities in crisis de-escalation and interacting with individuals with mental illness to serve as crisis intervention certified responders.

#125. Within 18 months of the Effective Date, APD shall require crisis intervention certified responders and CIU to undergo at least eight hours of in-service crisis intervention training biannually.

#126. Within 18 months of the Effective Date, APD will ensure that there is sufficient coverage of crisis intervention certified responders to maximize the availability of specialized responses to incidents and calls for service involving individuals in mental health crisis; and warrant service, tactical deployments, and welfare checks involving individuals with known mental illness.

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW MEXICO

SETTLEMENT AGREEMENT

Crisis Intervention Certified Responders and Crisis Intervention Unit

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

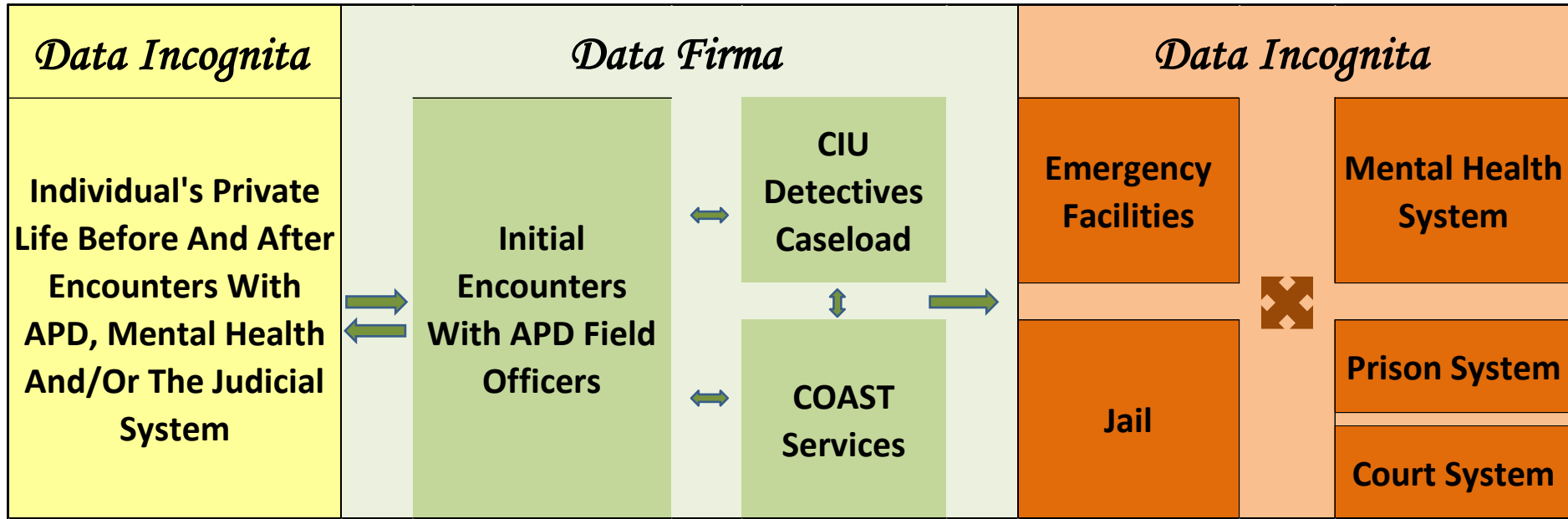
#128. APD will ensure that crisis intervention certified responders or CIU will take the lead, once on scene and when appropriate, in interacting with individuals in crisis. If a supervisor has assumed responsibility for the scene, the supervisor will seek input of the crisis intervention certified responder or CIU on strategies for resolving the crisis when it is practical to do so.

How We Think About Data

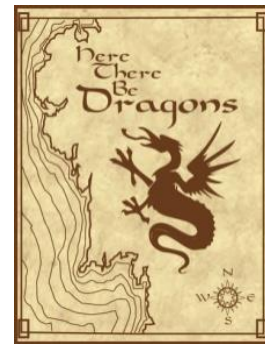
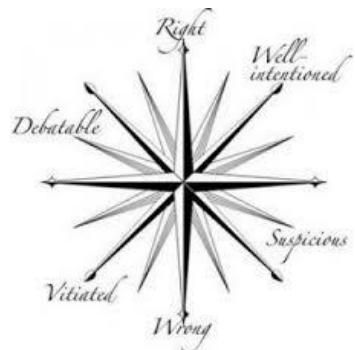
Why Data Matter

- Data provide us with insight into the behavioral health and law enforcement issues facing our families, communities and agencies.
- Data provide us with a basis for advocacy and enable partnerships to come to consensus on pragmatic ways to address to improve law enforcement, the behavioral health system and other contentious issues that too often divide communities.
- Data enable us to ask better questions about the challenges we face; the laws, regulations, budgets, programs and policies we pass; and the barriers that keeps us from working collaboratively.
- Data help us prioritize limited resources by identifying where our citizens are most in need, how our sources of support are deployed, and where the gaps remain.
- Data help us hold each other accountable by tracking the outcomes that matter and by providing fair and independent information that people of good will can use to strengthen their efforts.

Mapping The Data



Legend



How Might We Think About The Key Outcomes?

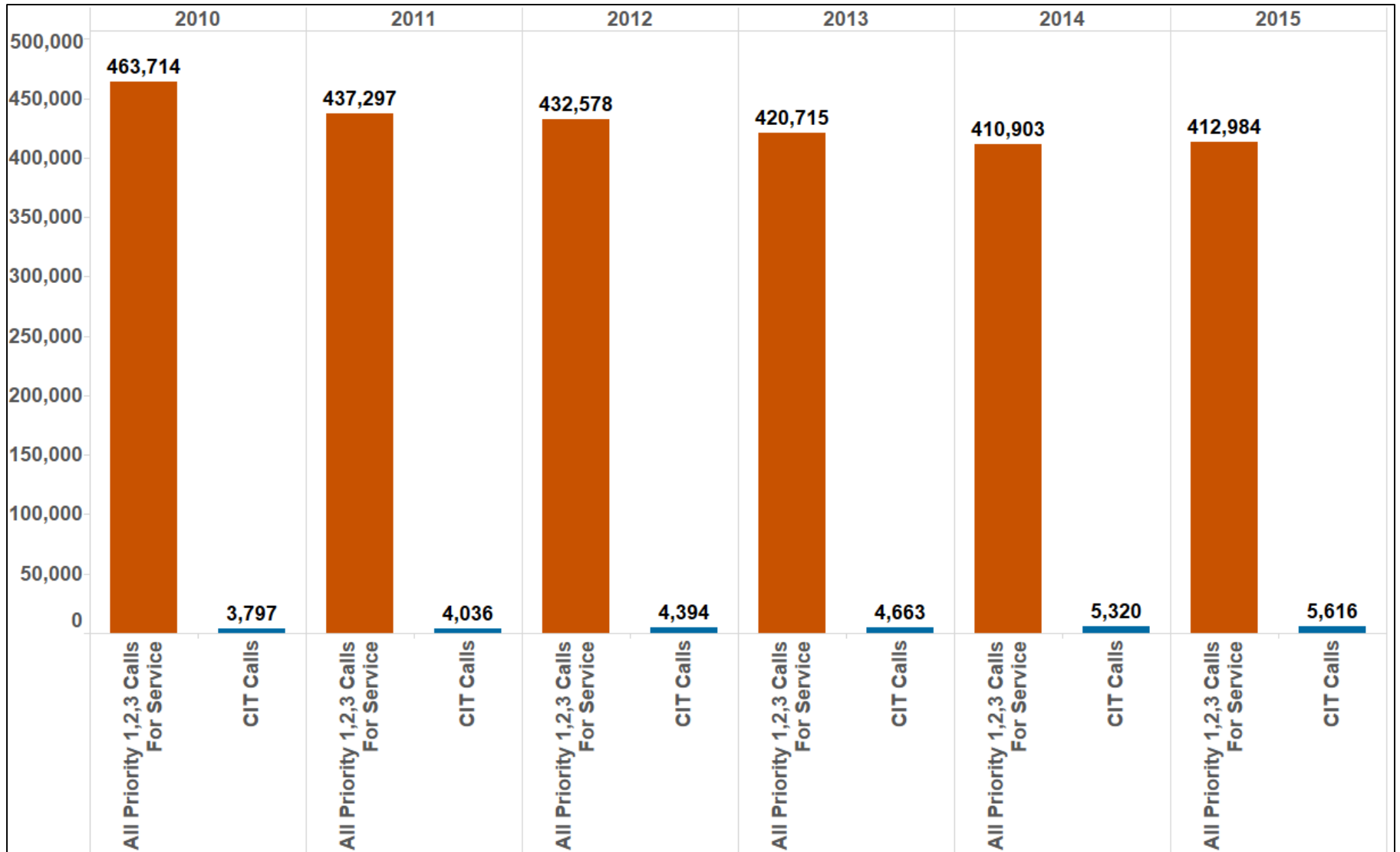
Data Elements	DOJ Paragraph	Descriptive Indicator Or Outcome Or Both	Outcome Rationale
Number of individuals in the COAST and CIU case loads;	# 137	Descriptive Indicator	
Number of individuals receiving crisis prevention services;	# 137	Descriptive Indicator	
Date, shift, and area command of incidents or follow up encounters;	# 129 & #137	Descriptive Indicator	
Has subject had previous encounters with law enforcement?		Both	Reduction of repeat encounters is a measure of the effectiveness of the support system
Subject's age, race/ethnicity, and gender;	# 129 & #137	Descriptive Indicator	
Whether the subject claims to be a U.S. military veteran;	# 129 & #137	Descriptive Indicator	
Techniques or equipment used;	# 129 & #137	Descriptive Indicator	
Use Of Force		Outcome	Trend Should Go Down
Any injuries to officers, subjects, or others;	# 129 & #137	Both	Key Measure Of Use Of Force & Trend Should Go Down
Disposition of the encounter (e.g., arrest, citation, referral); and	# 129 & #137	Both	Key Measure Of Jail Deferral & Trend Should Go Up[
A brief narrative of the event (if not included in any other document).	# 129 & #137	Descriptive Indicator	
Whether the subject was armed and the type of weapon;	# 129	Descriptive Indicator	
Name and badge number of crisis intervention certified responder or CIU detective on the scene;	# 129	Both	Key Measure Of Crisis Responder Implementation & Trend Should Go Up
Whether a supervisor responded to the scene.	# 129	Descriptive Indicator	

These Are The Ways That Data Can Be Helpful

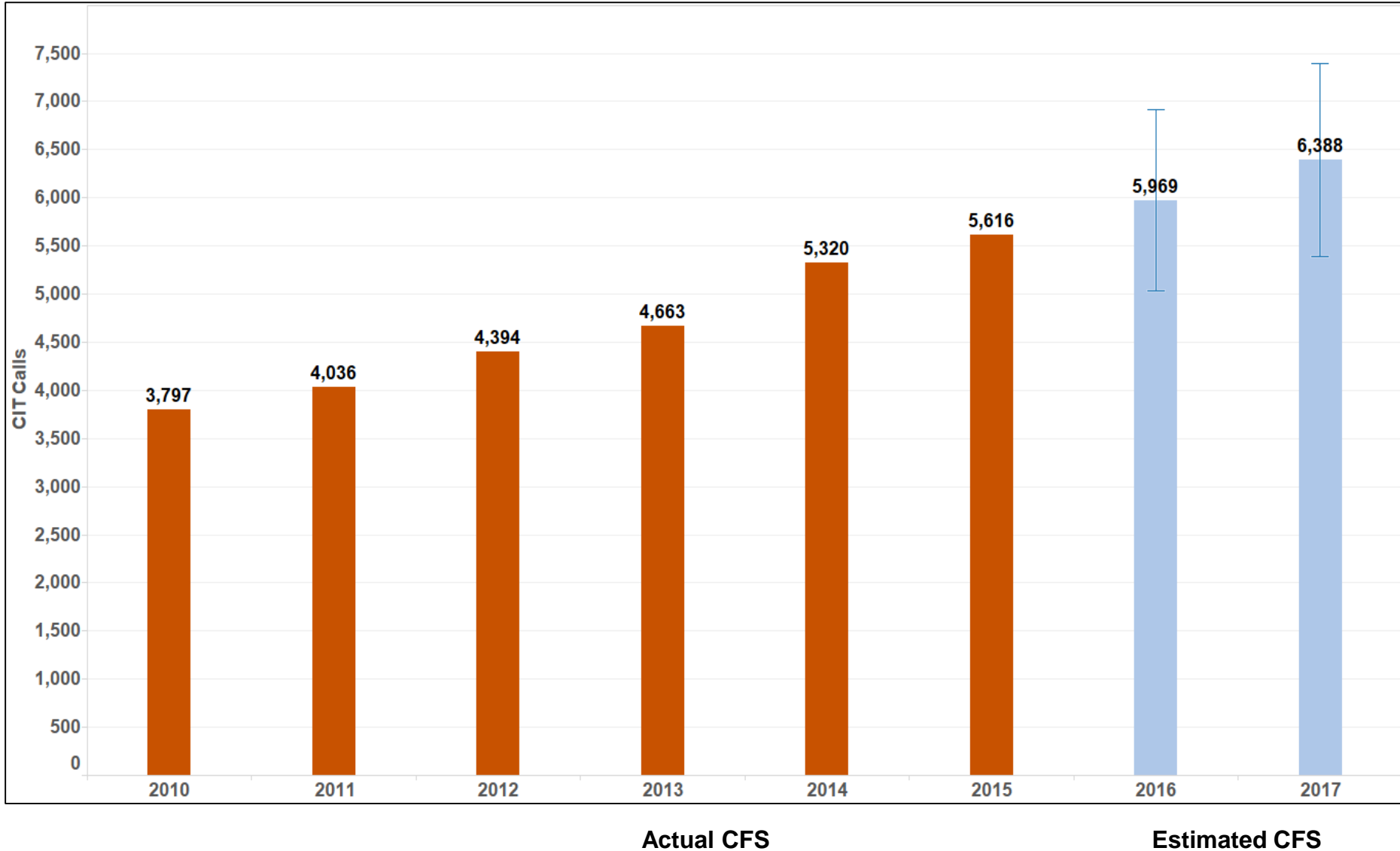
Policy Question	Data Questions	Practice & Policy Questions	Political Questions
<p>How Do We Minimize Police Use Of Force With People Living With Mental Illness?</p>	<ul style="list-style-type: none"> • How many calls for service are related to people living with mental illness? • What are the demographics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

What Do We Know About CIT-Related Calls From 2010 To 2015?

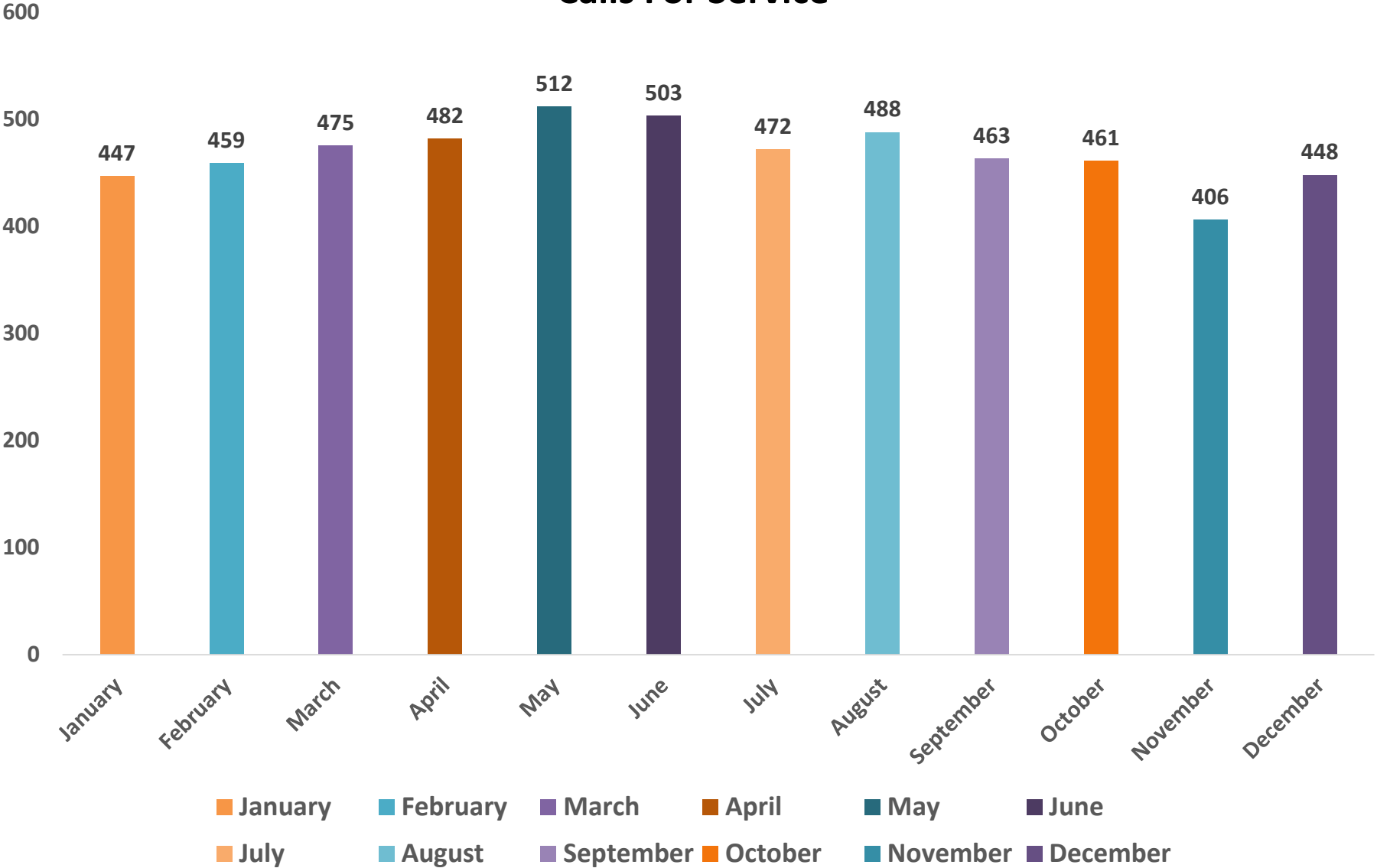
The Number Of All Priority 1, 2, 3 Calls For Service Compared To Mental Patient and Suicide Calls For Service: 2010 To 2015



The Number Of CIT-Related Calls For Service Has Increased 47.9% Since 2010. It Is Very Likely Those Calls Will Continue To Increase

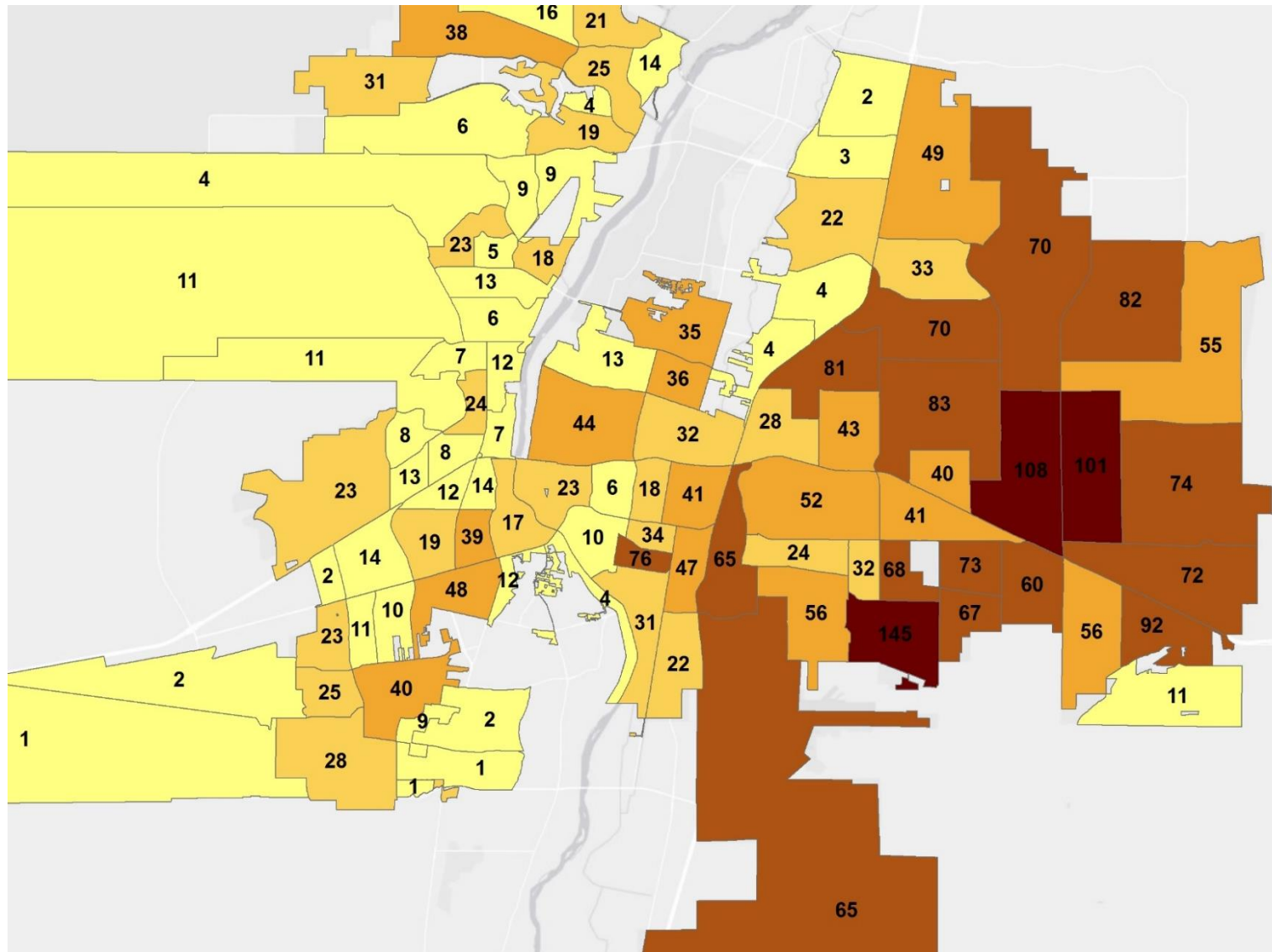


In 2015, APD Field Officers Responded To 5,616 Mental Patient and Suicide Calls For Service

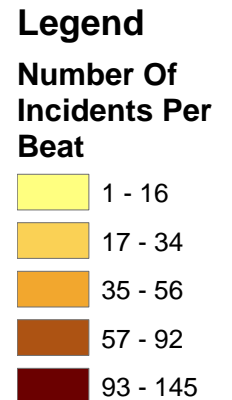


Source: APD Real Time Crime Center

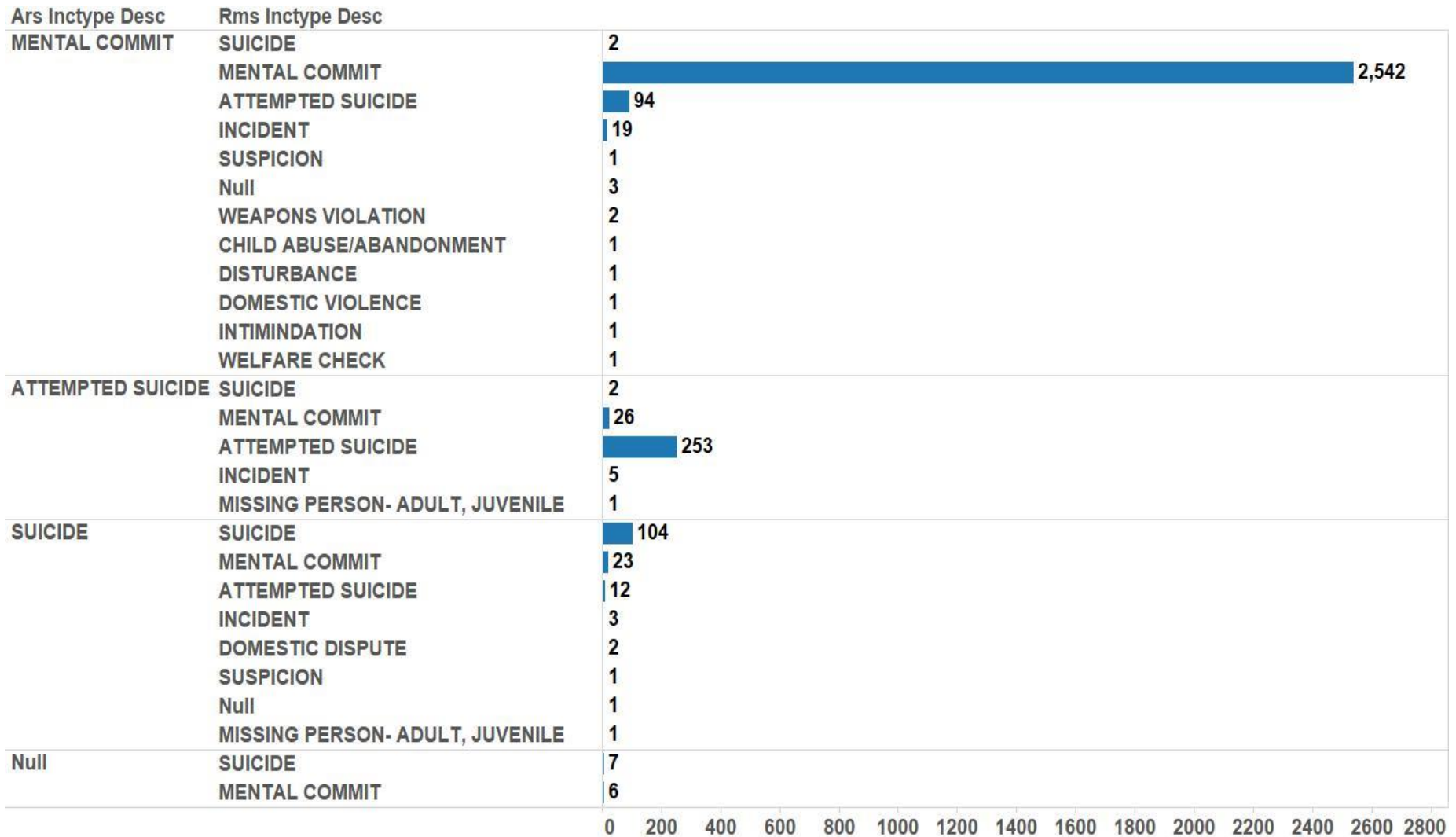
In 2015, APD Field Officers Filed Reports On 3,114 Mental Commit, Suicide and Attempted Suicide Incidents



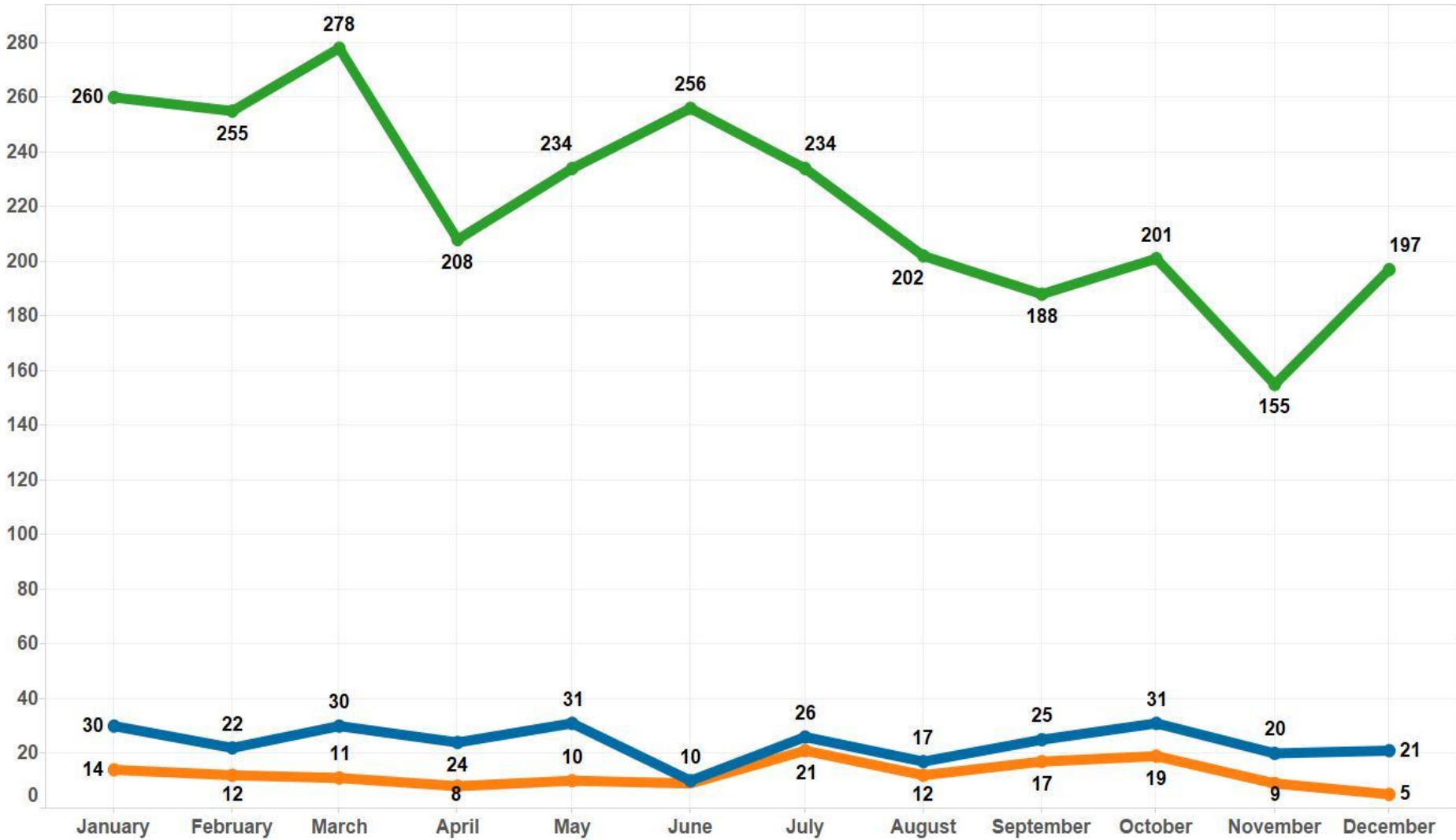
These incidents often are related to NM Statute 43-1-10: Emergency Mental Health Evaluation And Care.



The 3,115 CIT-Related Incidents In 2015 Were Classified In The Following Ways



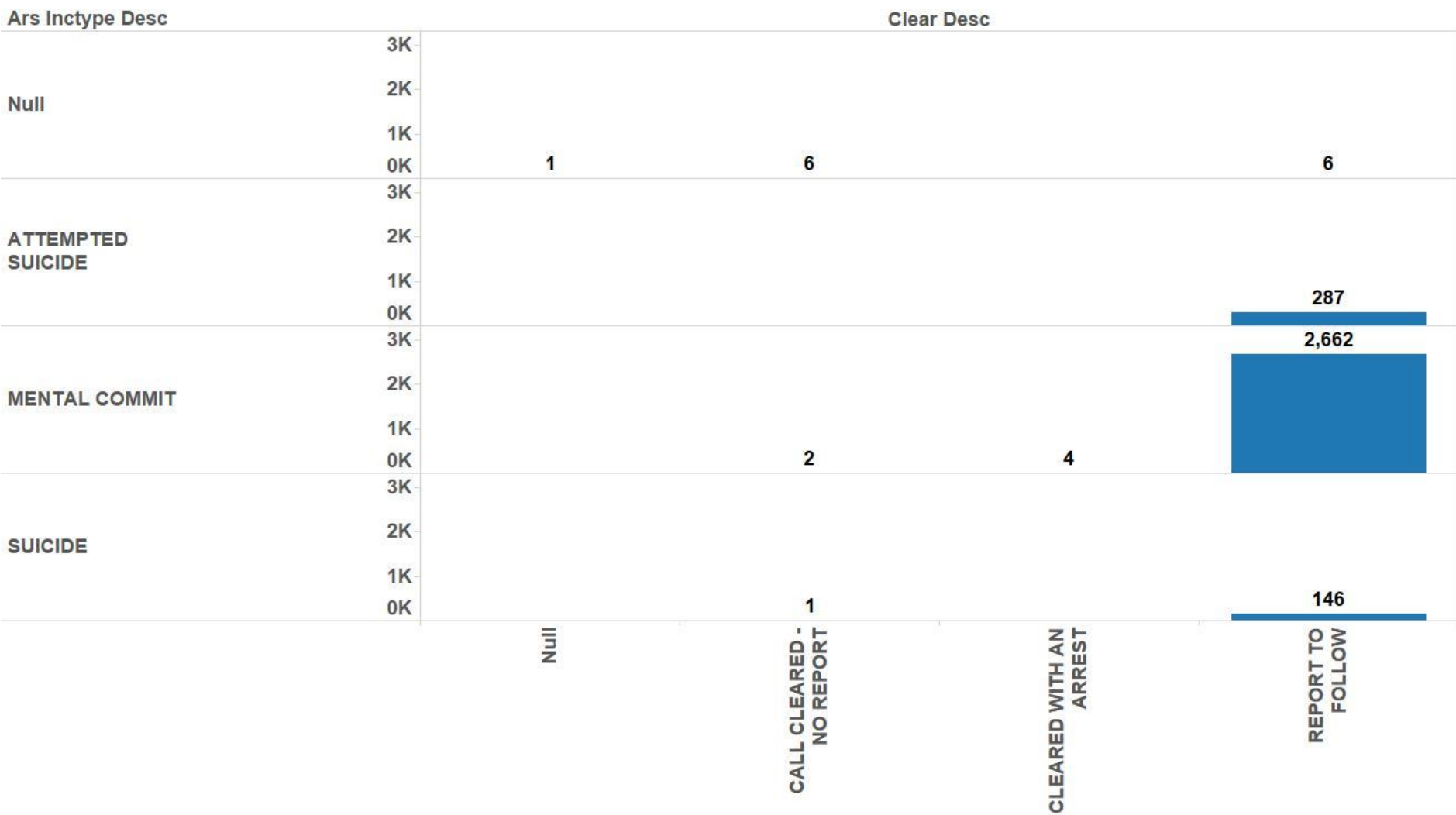
The 2015 CIT-Related Incidents By ARS Type And By Month



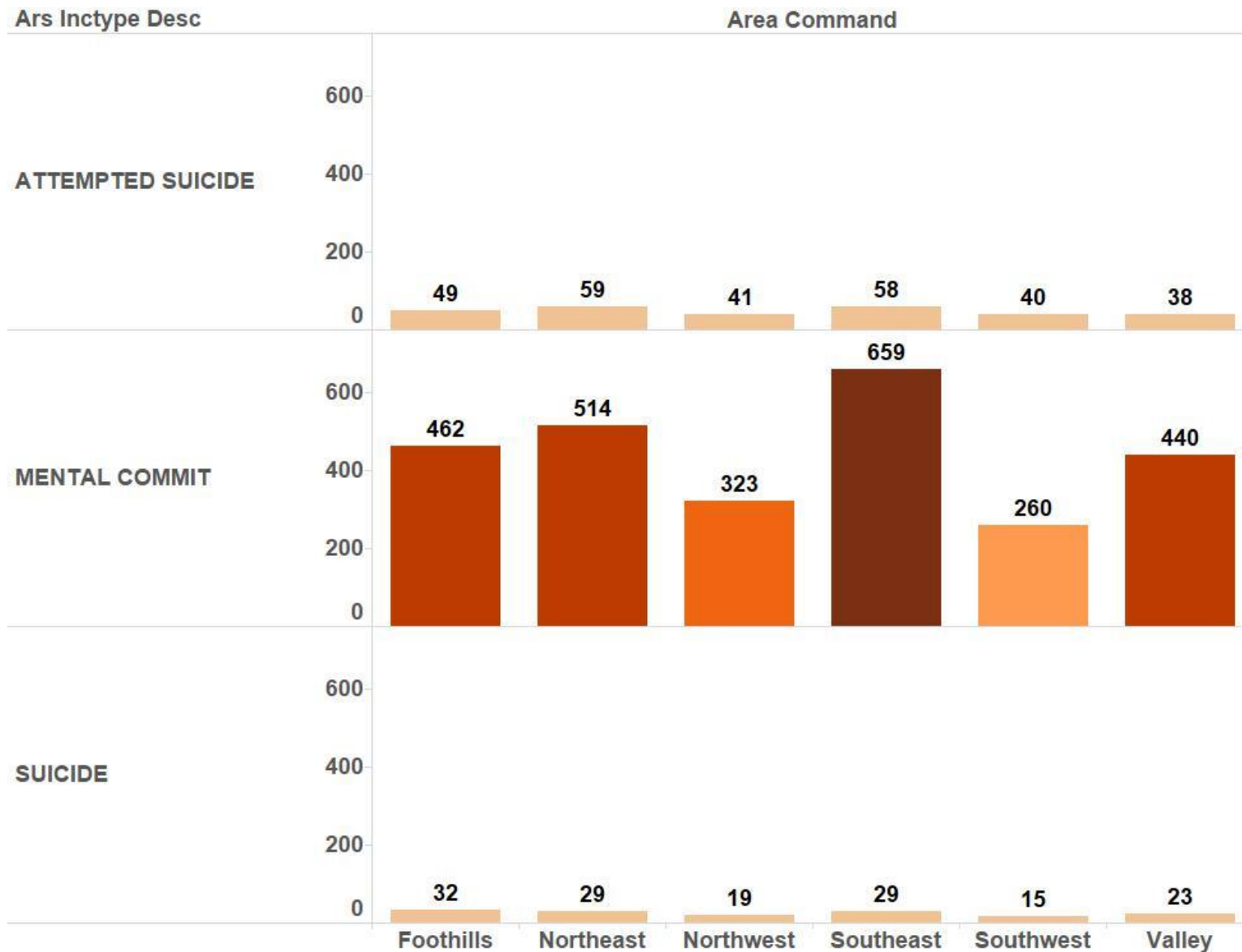
Ars Inctype Desc
■ ATTEMPTED SUICIDE
■ MENTAL COMMIT
■ SUICIDE

Source: APD RTTC

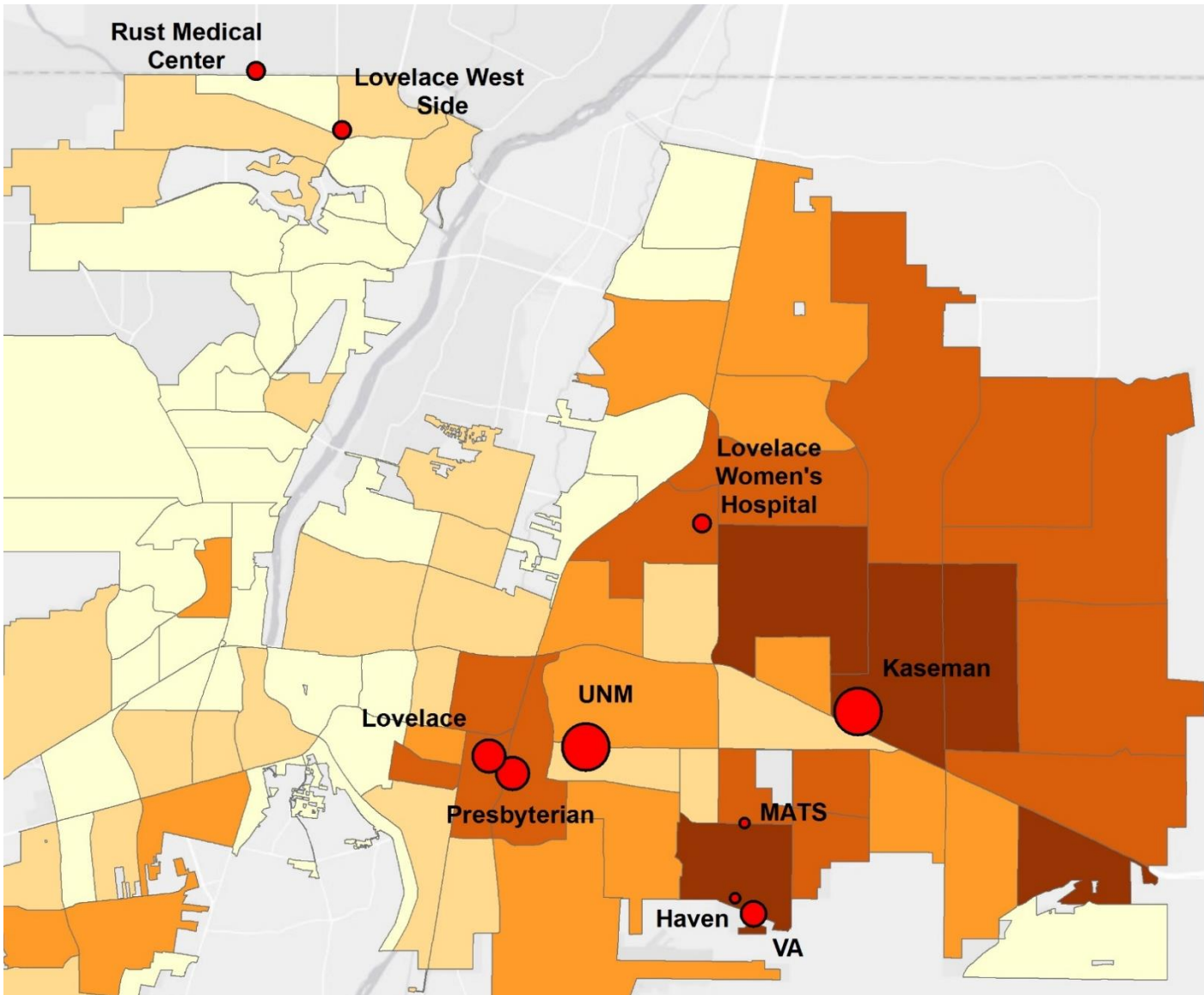
The 2015 CIT-Related Incidents By ARS Type And By Clear Description



The 2015 CIT-Related Incidents by ARS Type And Area Command

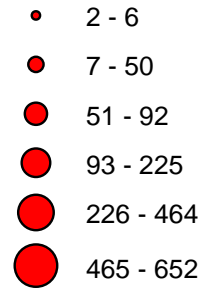


APD Officers Transported Individuals In Crisis To These Emergency Facilities In 2015

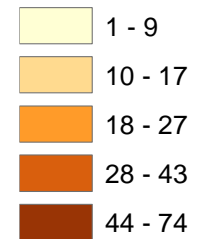


Legend

Number Of Transports To Emergency Facilities

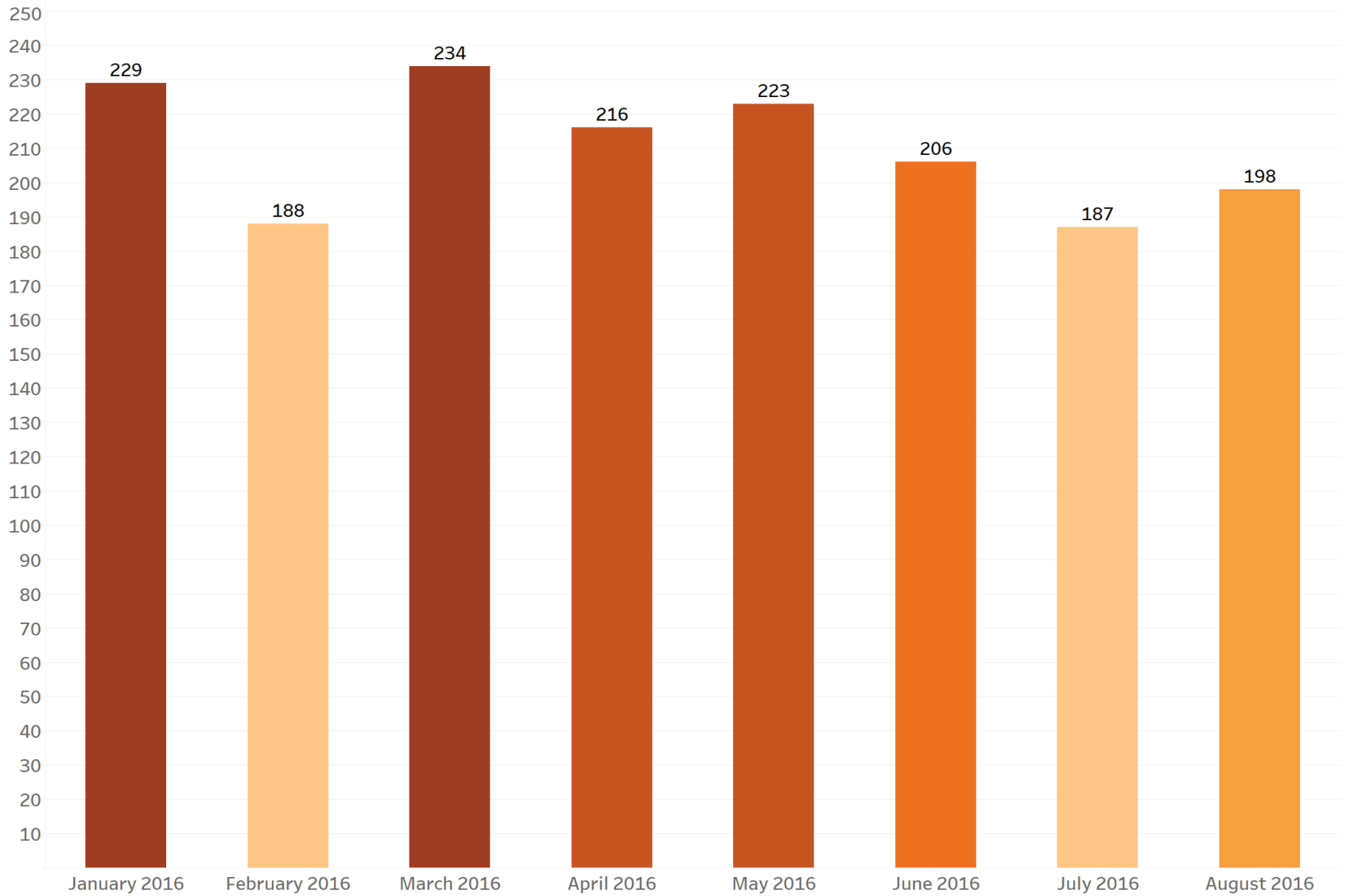


Number Of Transports By Beat

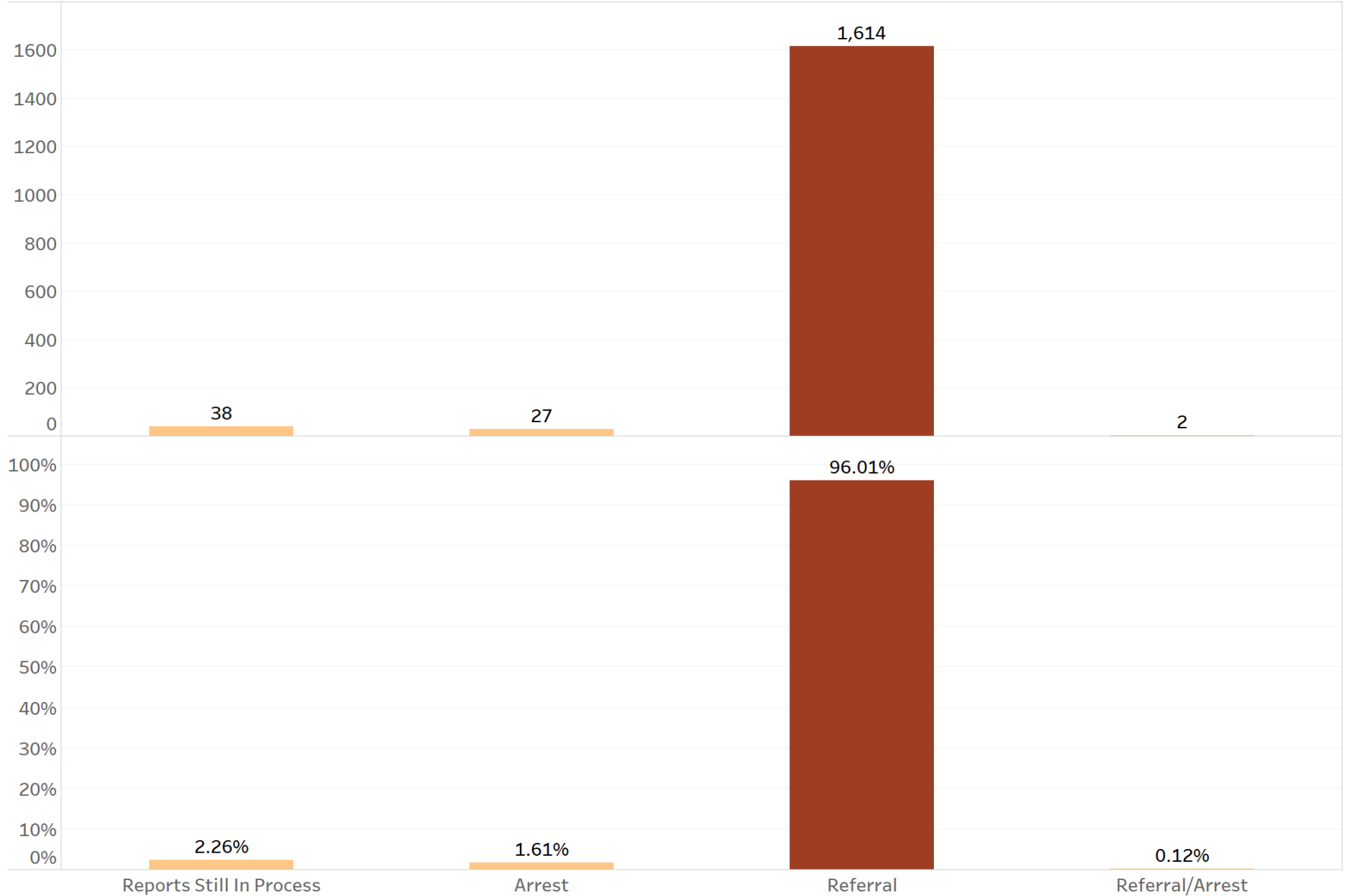


What Do We Know About The Initial CIT-Related Encounters With APD Field Officers in 2016?

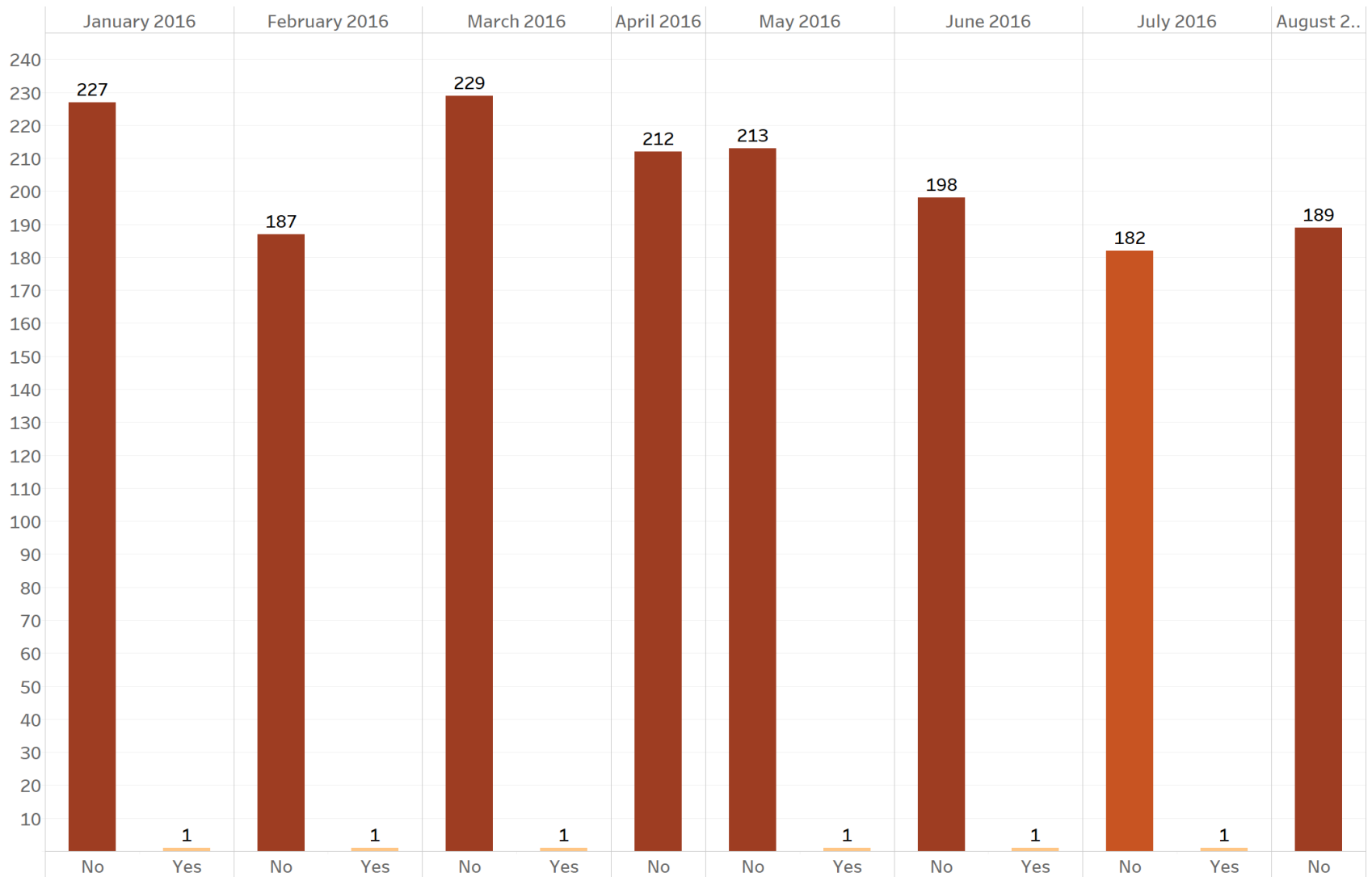
APD Field Officers Filed Reports On 1,681 CIT Incidents From January To August, 2016



The Number And Percentages Of Dispositions Of The 1,681 CIT Incidents From January To August, 2016

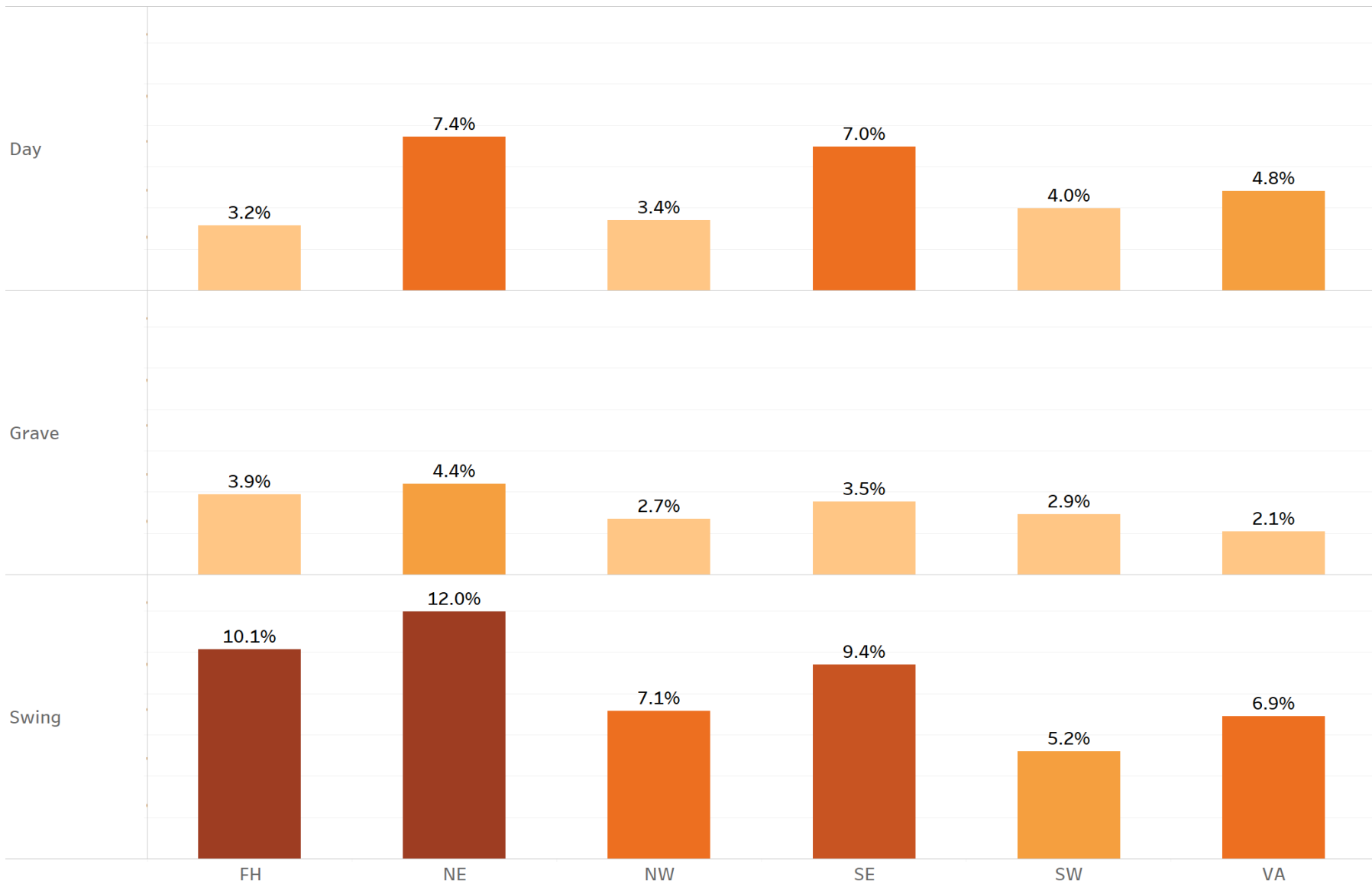


Use Of Force During The 1,681 CIT Incidents From January To August 2016



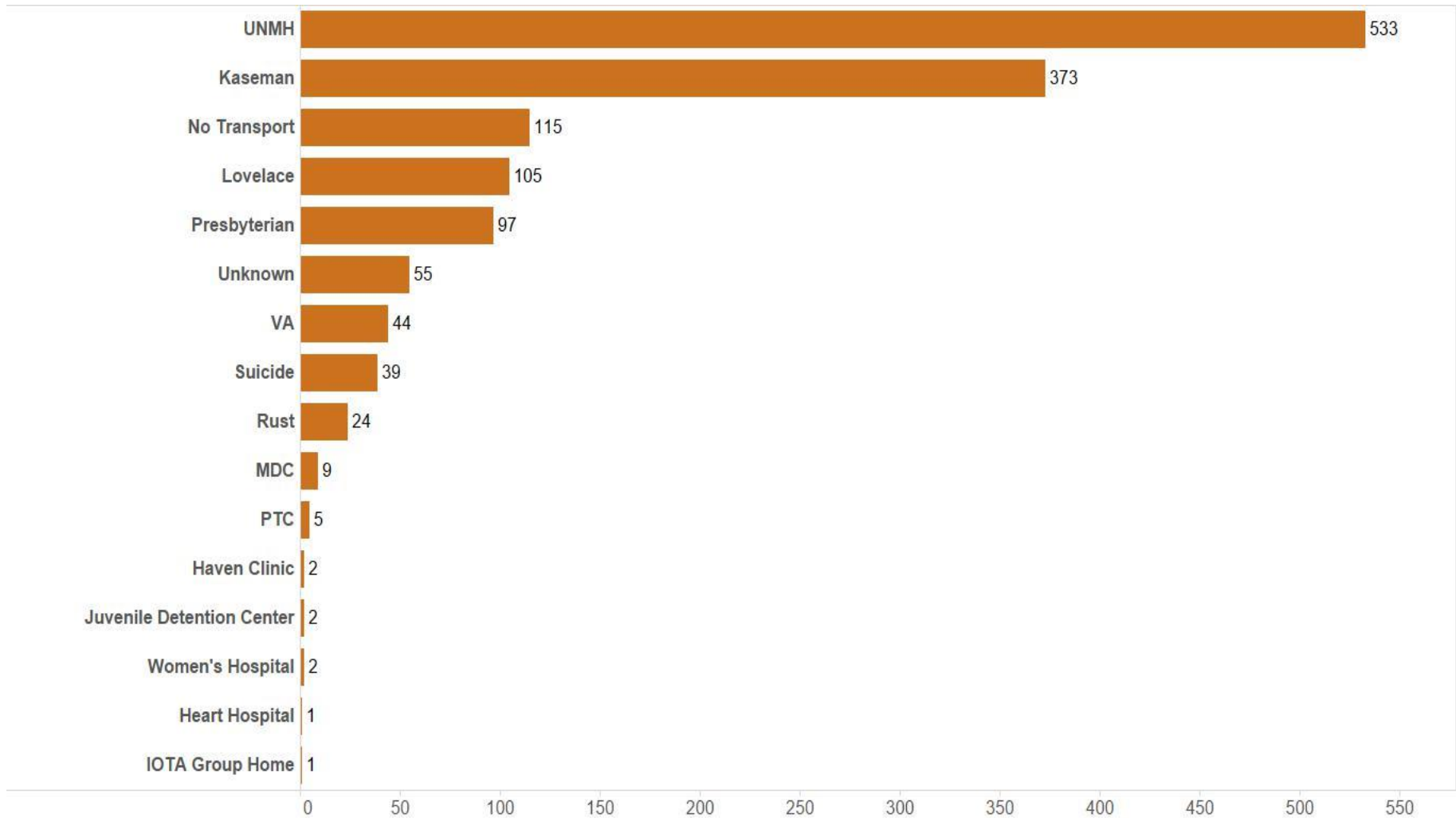
Note: Cases do not sum to 1,681 because some reports are still in process.

The Percent Of The 1,681 CIT Incidents By Area Command And Shift



Note: Cases do not sum to 1,681 because some reports are still in process.

Transport Information For The 1,681 CIT Incidents From January To July, 2016



Note: Cases do not sum to 1,681 because some reports are still in process.

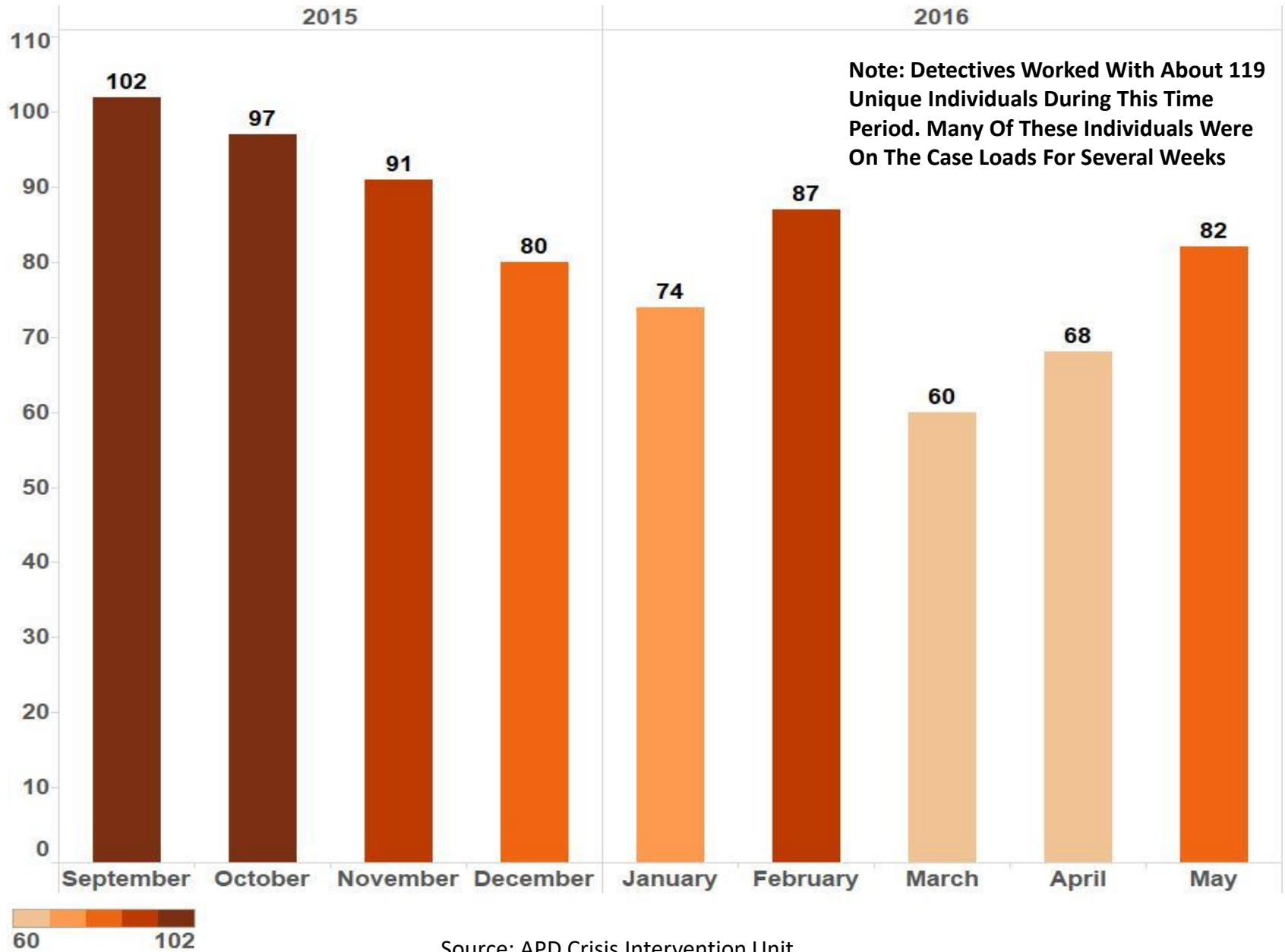
What Do We Know About The Individuals On The CIU Caseload?

Individuals On The CIU Detectives' Case Loads Meet These Criteria

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

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

Number of Individuals On CIU Detectives' Cases Loads By Month From September, 2015 To May, 2016



Source: APD Crisis Intervention Unit

What Do We Know About The Individuals On The COAST Caseload?

COAST Specialists Provide Their Services In These Circumstances

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

How Should We Think About The COAST Caseload?

Date	# of Individuals Assisted	# of mental health consumers assisted
1/1/2015	187	97
2/1/2015	274	100
3/1/2015	189	94
4/1/2015	173	95
5/1/2015	106	58
6/1/2015	145	94
7/1/2015	128	78
8/1/2015	130	78
9/1/2015	128	51
10/1/2015	85	55
11/1/2015	49	21
12/1/2015	46	27
1/1/2016	50	21
2/1/2016	62	44
3/1/2016	50	33
4/1/2016	49	31
5/1/2016	29	32

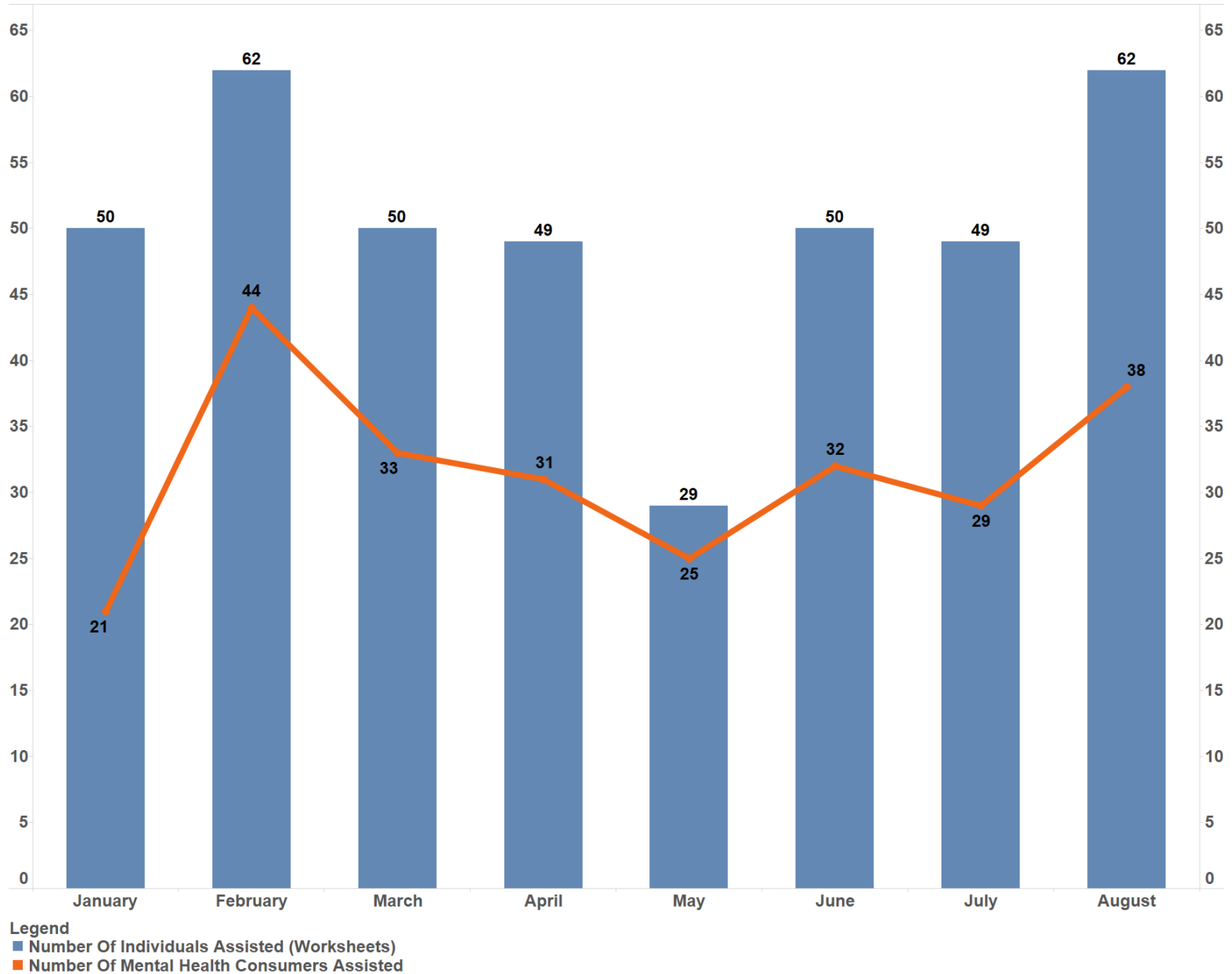
Making Sure We Get All Of The COAST Data

COAST Officer	COAST	FH	NE	NW	SE	VA	Total
Andrews, Debra	38	3	4	1	1	1	48
Garcia, Yvette M.	90	3	1	22		2	118
Hovey Thomas, Denise	5				13		18
Lopez, Celina	263		1				264
Maynes, Raymond	159					1	160
Percival, Tatiana	42	15	23	1	1	1	83
Sgt. John Gonzales of CIU Took 1	1						
	598						691

Making Sure We Get All Of The COAST Data

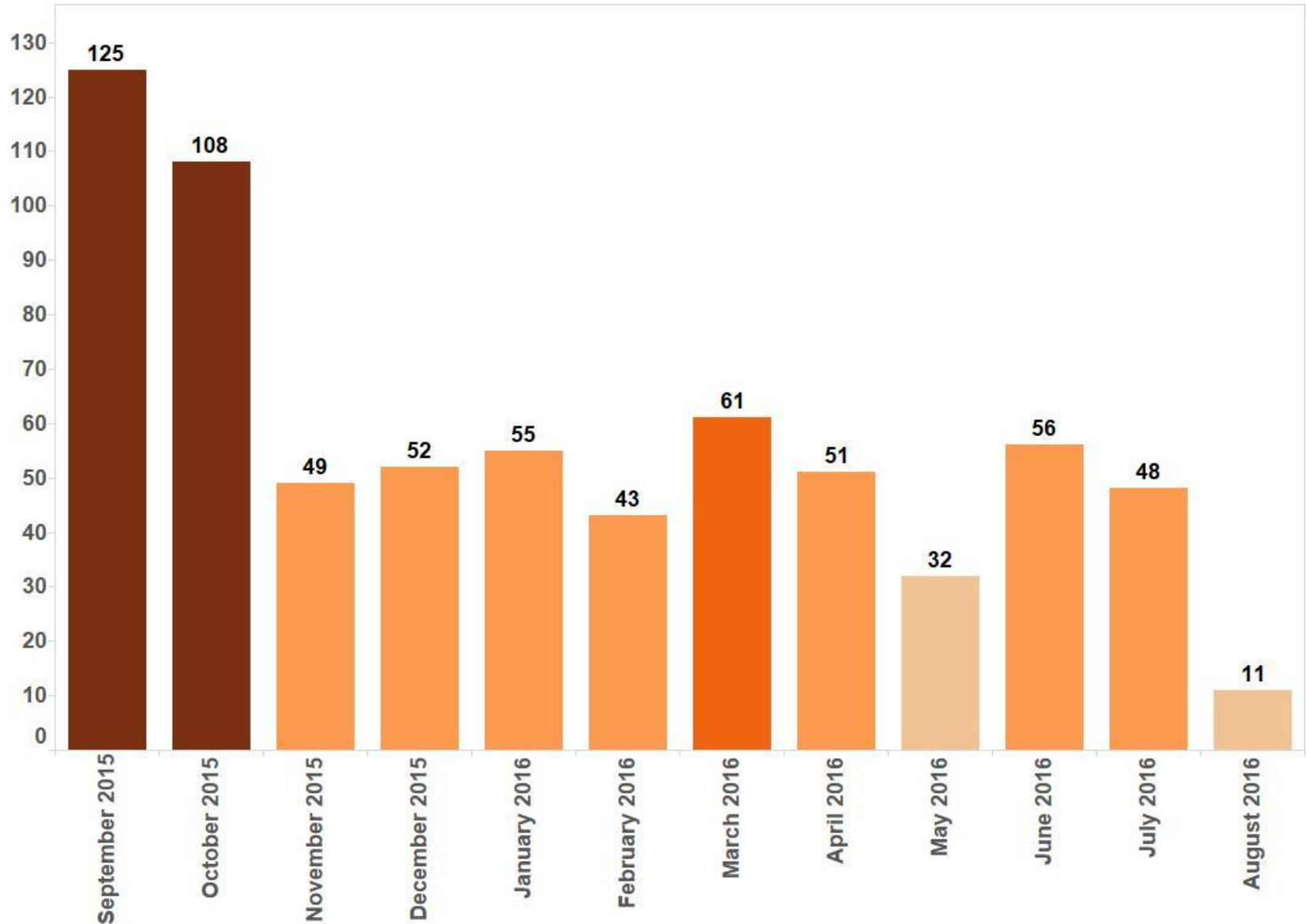
Area	2015				2016				
	Andrews, Debra	Garcia, Yvette M.	Lopez, Celina	Maynes, Raymond	Garcia, Yvette M.	Hovey Thomas, Denise	Lopez, Celina	Maynes, Raymond	Percival, Tatiana
COAST	38	60	133	92	30	5	130	67	42
FH	3				3				15
NE	4		1		1				23
NW	1				22				1
SE	1					13			1
VA	1				2			1	1

The Number Of Individuals Assisted By COAST



Source: APD CIU

The Number Of Contacts Made By COAST Officers From September 2015 To August 10, 2016



Source: APD CIU Worksheet On SharePoint

How Might We Think About Measuring The Implementation and Impact Of Behavioral Health Training?

“So That” Training Strategy Analyses

40 Hours Of Basic Training For Cadets

Strategy:

A minimum of 40 of crisis management training shall be included in the curriculum of each basic law enforcement training class.

So That

Newly trained police officers will have a better understanding of how to interact with individuals in crisis due to mental illness or a diagnosed behavioral disorder and, where appropriate, assist in facilitating access to improve outcomes for the individuals.

So That

Law enforcement interactions with persons with mental impairments results in less use of force; increased jail diversion: less risk to police officers, individuals, and the community; and increase linkages community-based treatment, supports, and services.

So That

Individuals in crisis have better outcomes; communities have coordinated and sufficient systems of support; and law enforcement agencies are perceived as part of the solution rather than one of the problems.

40 Hours Of Training For Academy Graduates & All Current Field Officers

Strategy:

A minimum of 40 of basic crisis intervention training to all academy graduates. A minimum of 40 hours of basic crisis intervention training for all current officers by the end of 2015

So That

New graduates and current officers will have a better understanding of how to interact with individuals in crisis due to mental illness or a diagnosed behavioral disorder and, where appropriate, assist in facilitating access to improve outcomes for the individuals.

So That

Law enforcement interactions with persons with mental impairments results in less use of force; increased jail diversion: less risk to police officers, individuals, and the community; and increase linkages community-based treatment, supports, and services.

So That

Individuals in crisis have better outcomes; communities have coordinated and sufficient systems of support; and law enforcement agencies are perceived as part of the solution rather than one of the problems.

20 Hours Of Behavioral Health Training For New Telecommunicators

Strategy:

Twenty (20) hours of behavioral health training will be provided to new telecommunicators.

So That

Newly trained telecommunicators will have a better understanding of telephone suicide prevention, crisis management and de-escalation, descriptive information that should be gathered, the rolls and functions of COAST, CIU and other support, where different types of calls should be directed and other key aspects of dealing with individuals in crisis.

So That

Telecommunicators can provide callers and first responders with the critical information they need in an emergency to ensure that interactions with persons with mental impairments result in less use of force; increased jail diversion: less risk to police officers, individuals, and the community; and increase linkages community-based treatment, supports, and services.

So That

Individuals in crisis have better outcomes; communities have coordinated and sufficient systems of support; and law enforcement agencies are perceived as part of the solution rather than one of the problems.

2 Hours Of In-Service Training

Strategy:

Two hours of in-service training to all existing officers and telecommunicators on behavioral health-related topics biannually.

So That

Existing officers and telecommunicators will have a better understanding of how to interact with individuals in crisis due to mental illness or a diagnosed behavioral disorder and, where appropriate, assist in facilitating access to improve outcomes for the individuals.

So That

Law enforcement interactions with persons with mental impairments results in less use of force; increased jail diversion: less risk to police officers, individuals, and the community; and increase linkages community-based treatment, supports, and services.

So That

Individuals in crisis have better outcomes; communities have coordinated and sufficient systems of support; and law enforcement agencies are perceived as part of the solution rather than one of the problems.

8 Hours Of Enhanced Crisis Intervention Training

Strategy:

Eight hours of an advanced course that will provide volunteer officers with further training in crisis intervention.

So That

The Albuquerque Police Department will have enough highly-trained crisis intervention certified responders to maximize the availability of specialized responses to incidents involving individuals in mental crisis, warrant service, tactical deployments and welfare checks involving individuals with known mental illness.

So That

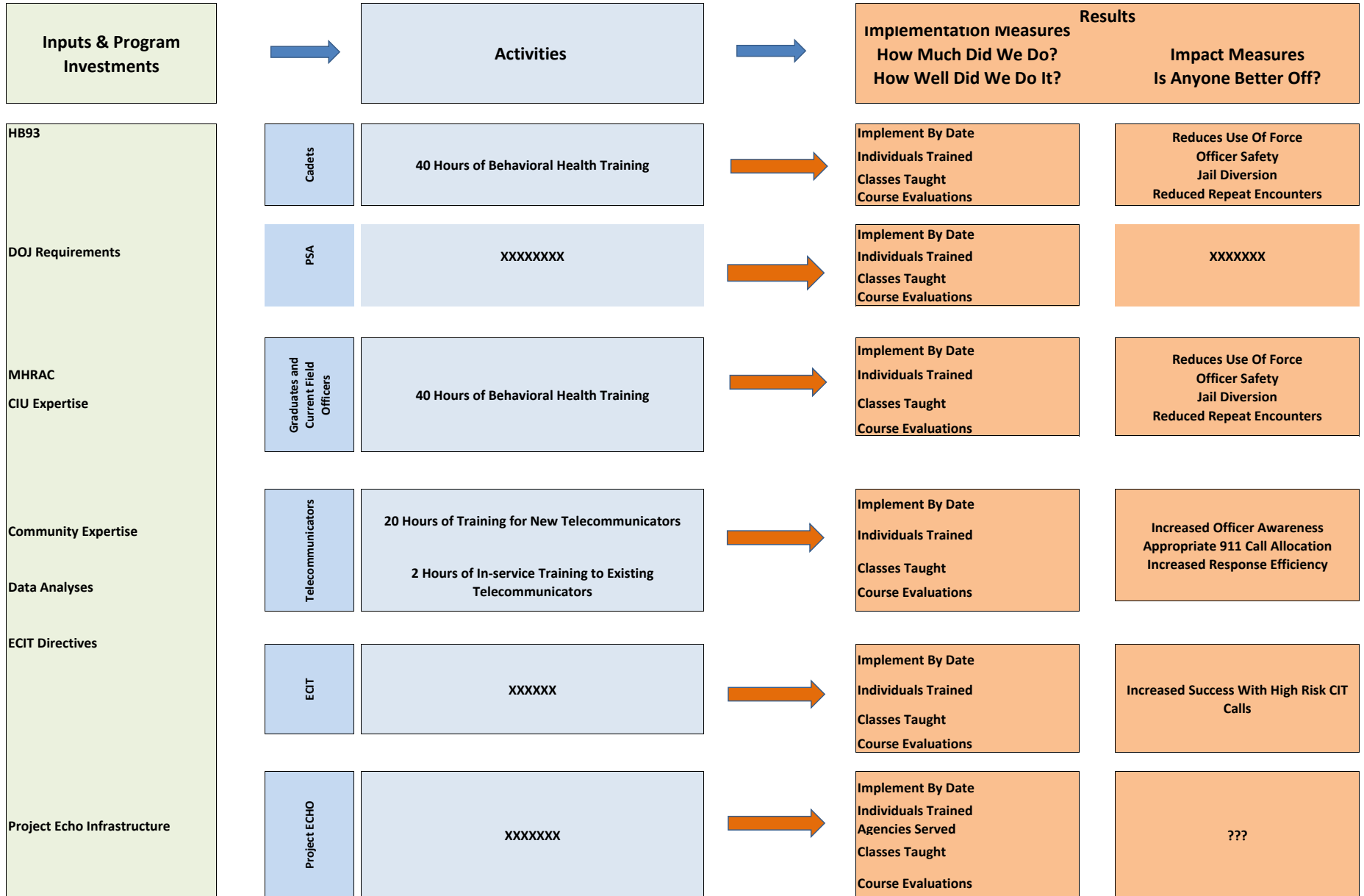
High-risk law enforcement interactions with persons with mental impairments results in less use of force; increased jail diversion: less risk to police officers, individuals, and the community; and increase linkages community-based treatment, supports, and services.

So That

Individuals in crisis have better outcomes; communities have coordinated and sufficient systems of support; and law enforcement agencies are perceived as part of the solution rather than one of the problems.

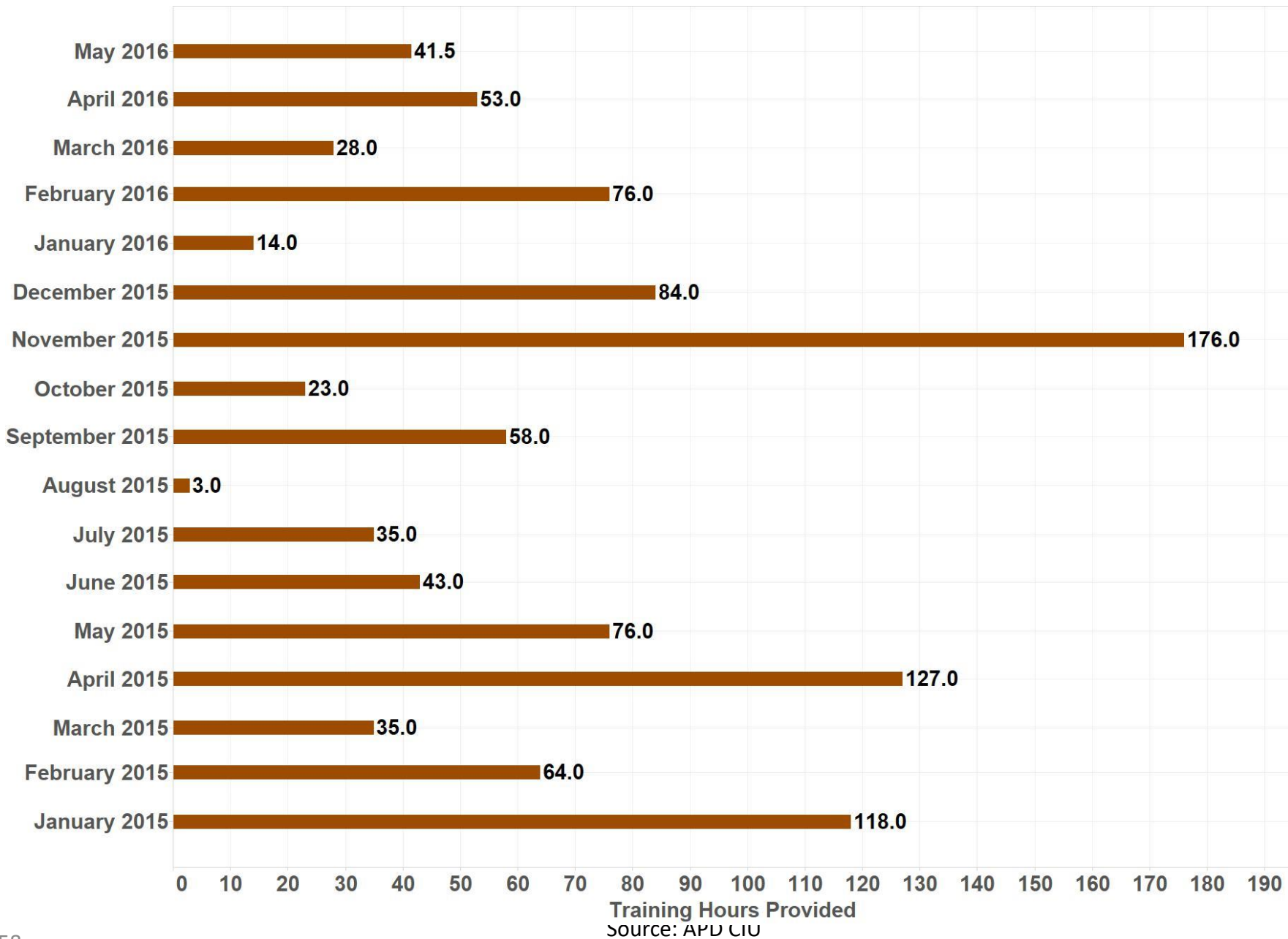
Logic Model Of CIU Training

Albuquerque Police Department Crisis Intervention Unit Behavioral Health Training

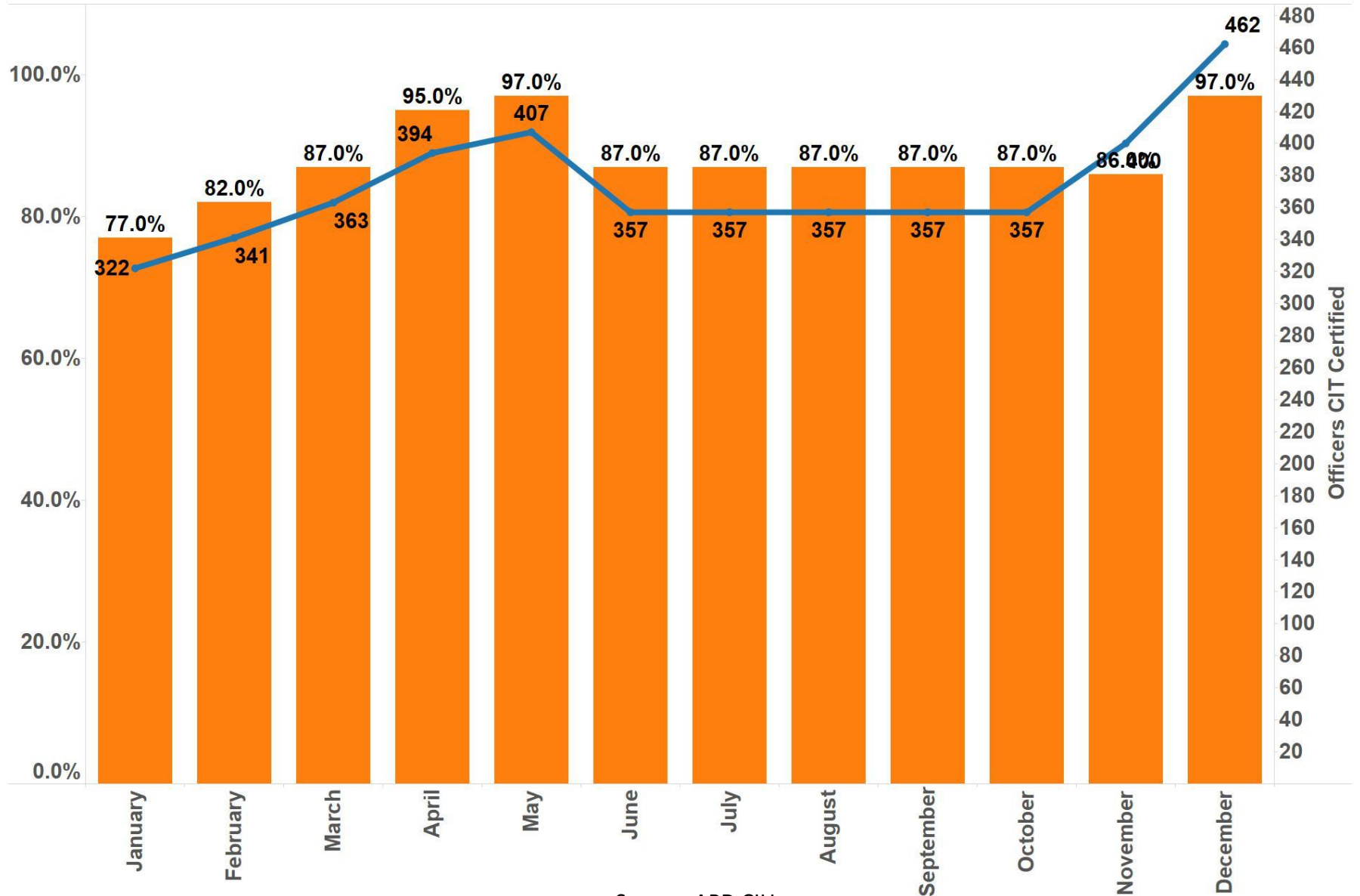


The Training Data We Have

The Training Hours Provide By CIU Detectives, January 2015 To May 2016

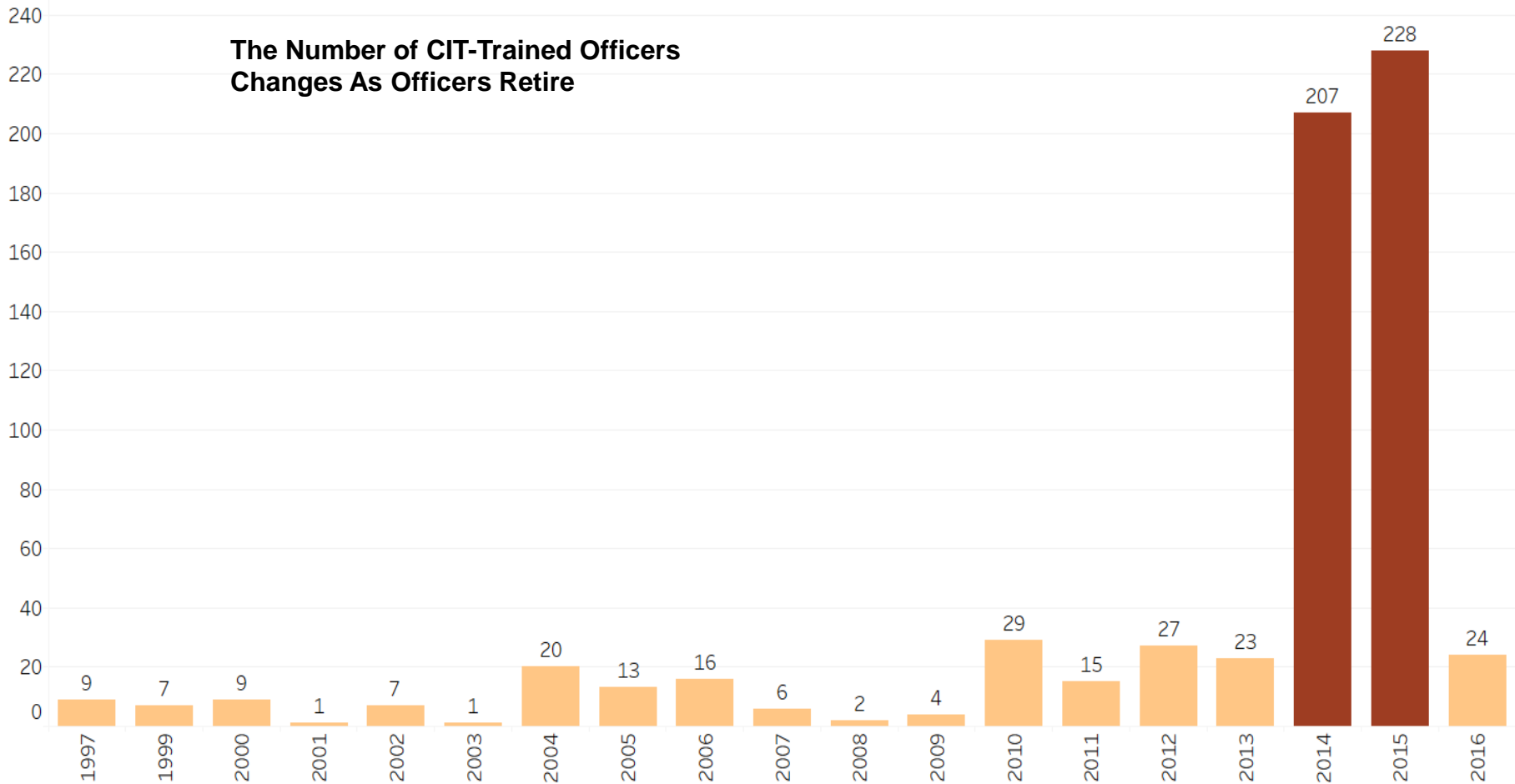


Numbers And Percent Of Field Officers Receiving Basic CIT Training January To December 2015



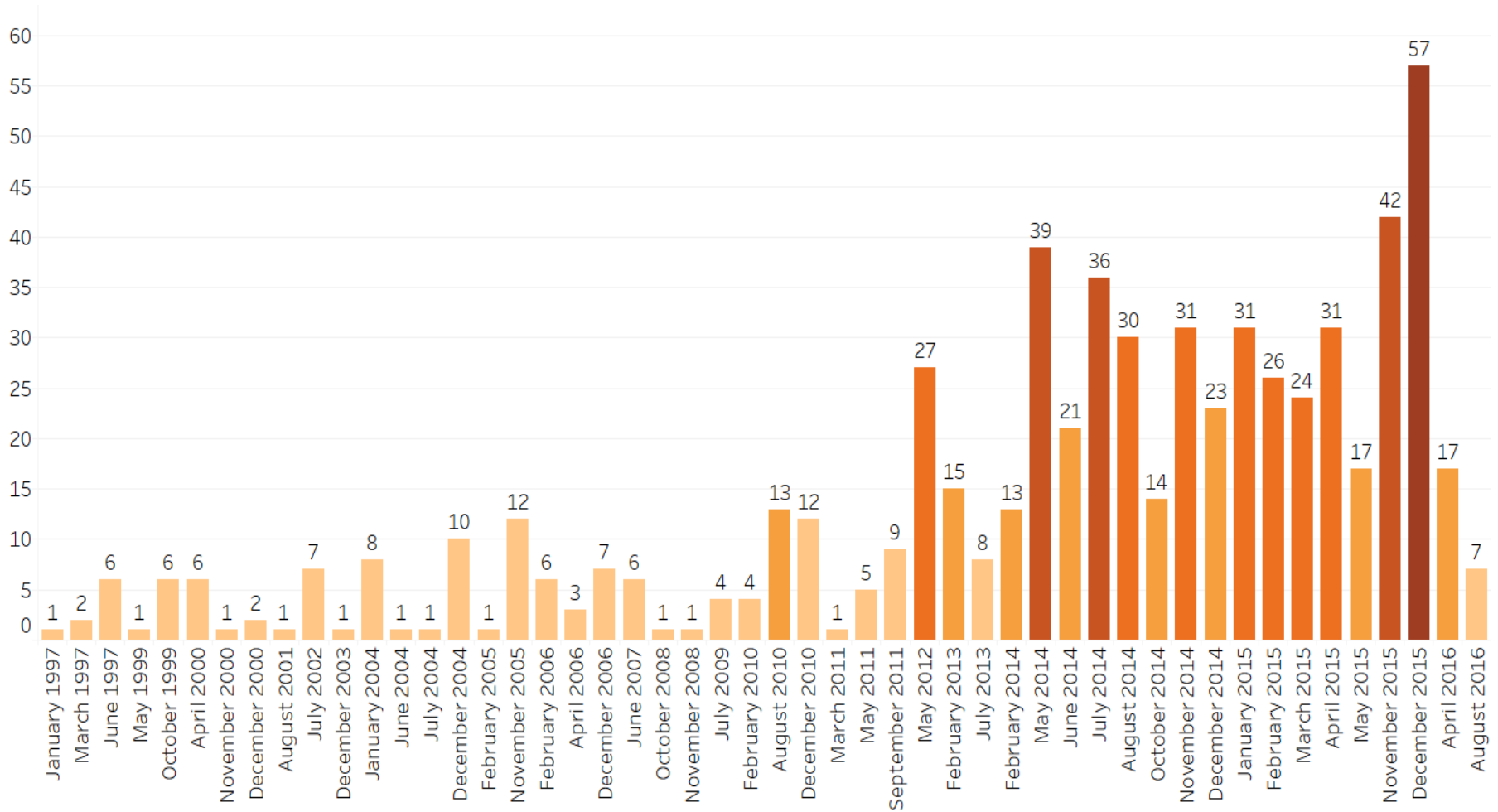
Source: APD CIU

655 Field Officers Have Completed Basic CIT Training Since 1977

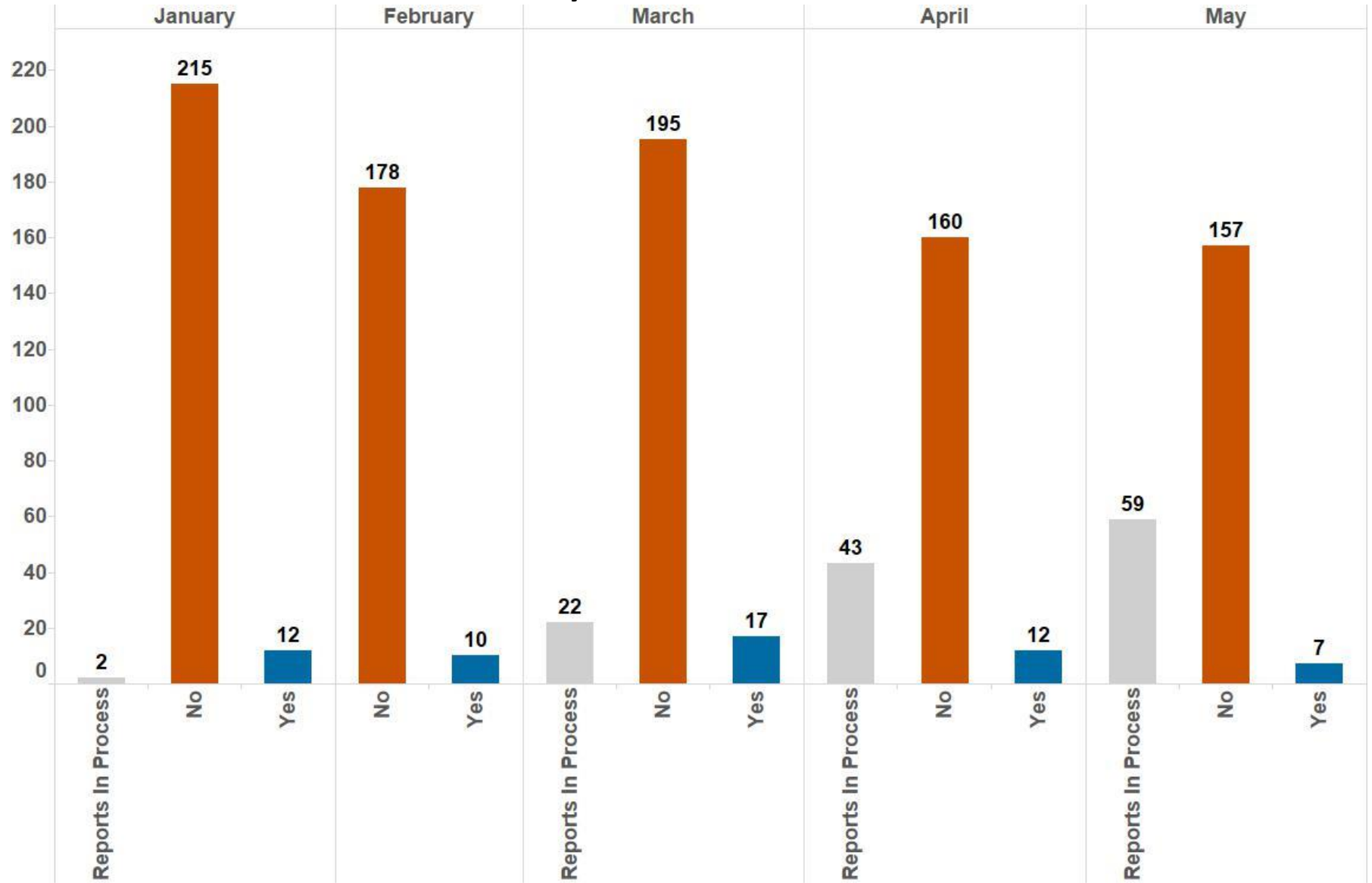


Source: APD CIU

APD CIT Trained Officers By Month



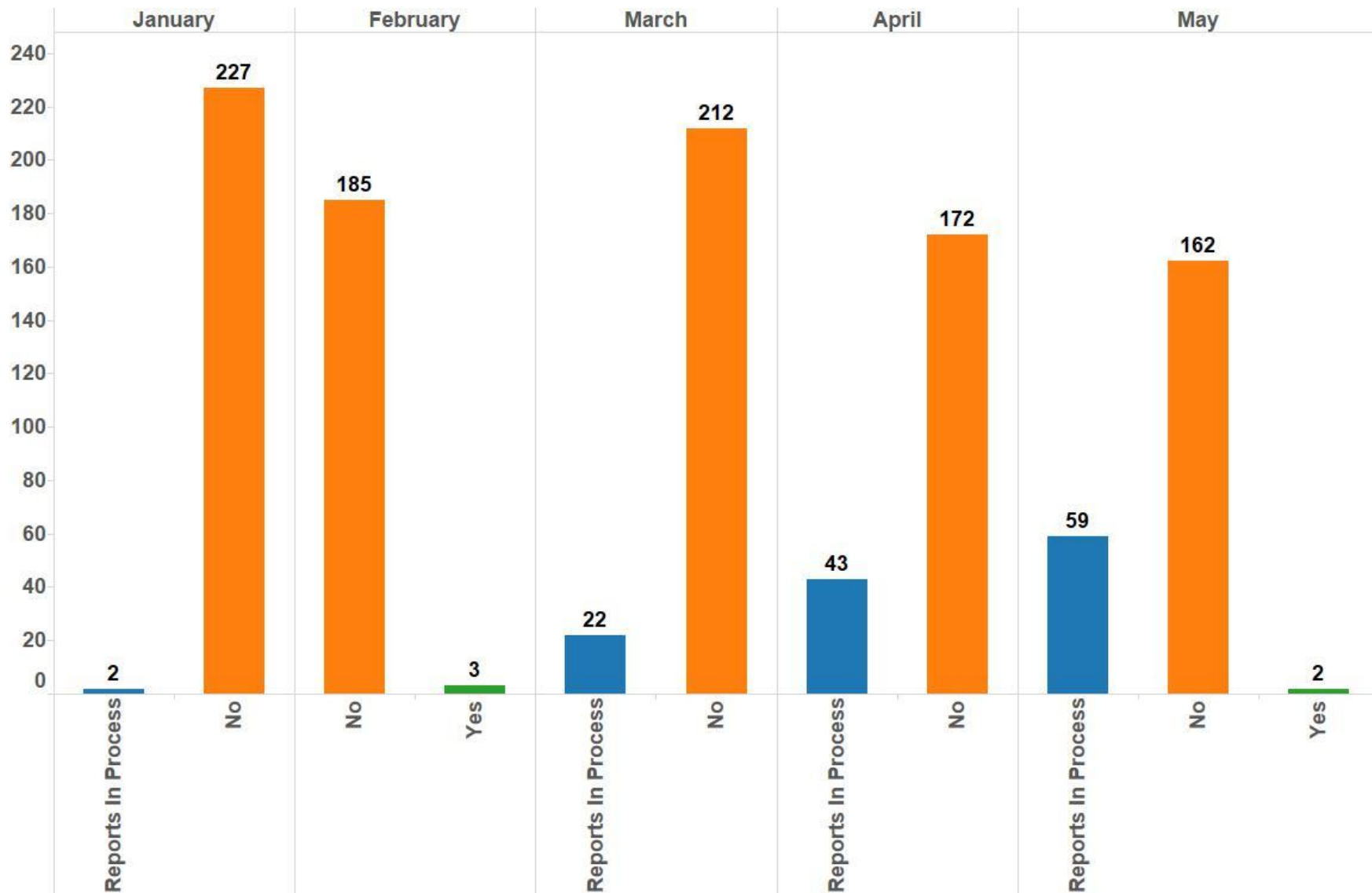
Did A Supervisor Respond To The Scene Of The CIT-Related Incidents Handled By APD Field Officers?



Did supervisor respond to scene
 Reports In Process
 No
 Yes

Source: APD RTCC & CIU

Was CIU On The Scene Of The CIT-Related Incidents Handled By APD Field Officers?



CIU on Scene
■ Reports In Process
■ No
■ Yes

Source: APD RTCC & CIU

The Training Data We Need

Choosing Implementation Measures

Possible Measures	How Well Do These Data Communicate To Our Important Partners	Do These Data Say Something Meaningful About The Results?	Can We Get These Data Easily And On A Timely Basis?
Training Dates	High	High	High
Number of Individuals Trained	High	High	High
% of target audience trained	High	High	High
Course feedback	?	?	?
Other measures?	?	?	?

Rate Possible Measures As High, Medium or Low On These Criteria

Choosing Impact Measures

Possible Measures	How Well Do These Data Communicate To Our Important Partners	Do These Data Say Something Meaningful About The Results?	Can We Get These Data Easily And On A Timely Basis?
Use of Force	High	High	Medium
Injuries To Officers And Others	High	High	High
Jail Diversion	High	High	High
Reduction In Repeat Encounters	High	High	Don't Know
Other measures?	?	?	?

Rate Possible Measures As High, Medium or Low On These Criteria

Source: Mark Friedman's Results Based Accountability

Behavioral Health Training Flow Chart



Information on Basic, Recurring and Advanced Training

Implementation & Impact Of Each Training Program

Program	What Did We Do?	How Well Did We Do It?	Is Anyone Better Off?
Cadets			
PSA			
In-Service Officers			
New Telecommunicators			
ECIT			
Project ECHO			

What Do We Know About The Behavioral Health Division?

DOJ Agreement

OFFICER ASSISTANCE AND SUPPORT

247. To maintain high-level, quality service; to ensure officer safety and accountability; and to promote constitutional, effective policing, APD agrees to provide officers and employees ready access to mental health and support resources. To achieve this outcome, APD agrees to implement the requirements below.

248. APD agrees to develop and offer a centralized and comprehensive range of mental health services that comports with best practices and current professional standards, including: readily accessible confidential counseling services with both direct and indirect referrals; critical incident debriefings and crisis counseling; peer support; stress management training; and mental health evaluations.

249. APD shall provide training to management and supervisory personnel in officer support protocols to ensure support services are accessible to officers in a manner that minimizes stigma.

DOJ Agreement (Continued)

250. APD shall ensure that any mental health counseling services provided to APD employees remain confidential in accordance with federal law and generally accepted practices in the field of mental health care.

251. APD shall involve mental health professionals in developing and providing academy and in-service training on mental health stressors related to law enforcement and the mental health services available to officers and their families.

252. APD shall develop and implement policies that require and specify a mental health evaluation before allowing an officer back on full duty following a traumatic incident (e.g., officer-involved shooting, officer-involved accident involving fatality, or all other uses of force resulting in death) or as directed by the Chief.

253. APD agrees to compile and distribute a list of internal and external available mental health services to all officers and employees. APD should periodically consult with community and other outside service providers to maintain a current and accurate list of available providers.

DOJ Agreement (Continued)

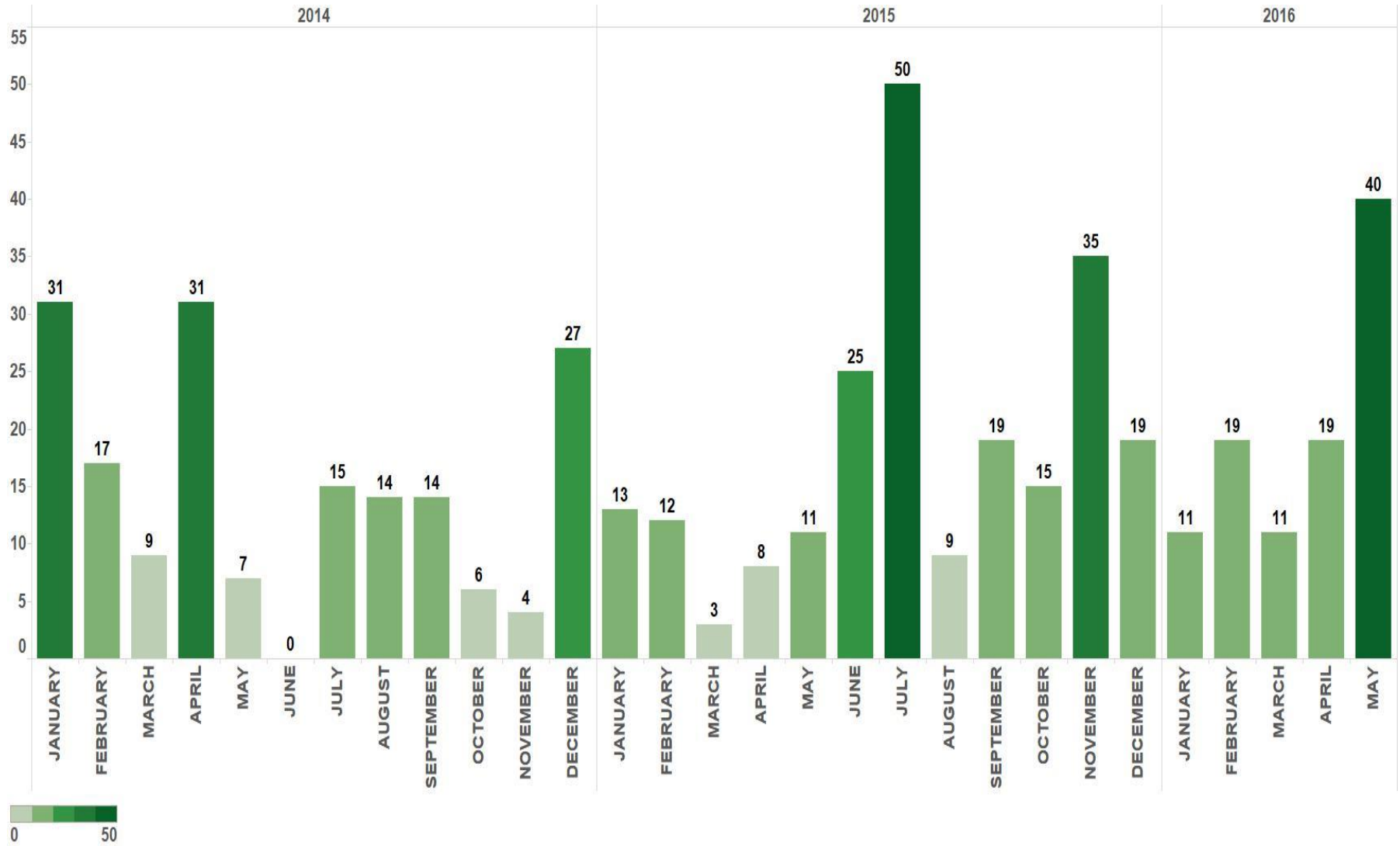
Outcome Assessments

298. In addition to compliance reviews and audits, the Monitor shall conduct qualitative and quantitative assessments to measure whether implementing this Agreement has resulted in the outcomes expressed in Paragraph 294. These outcome assessments shall include collecting and analyzing the following outcome data trends and patterns:

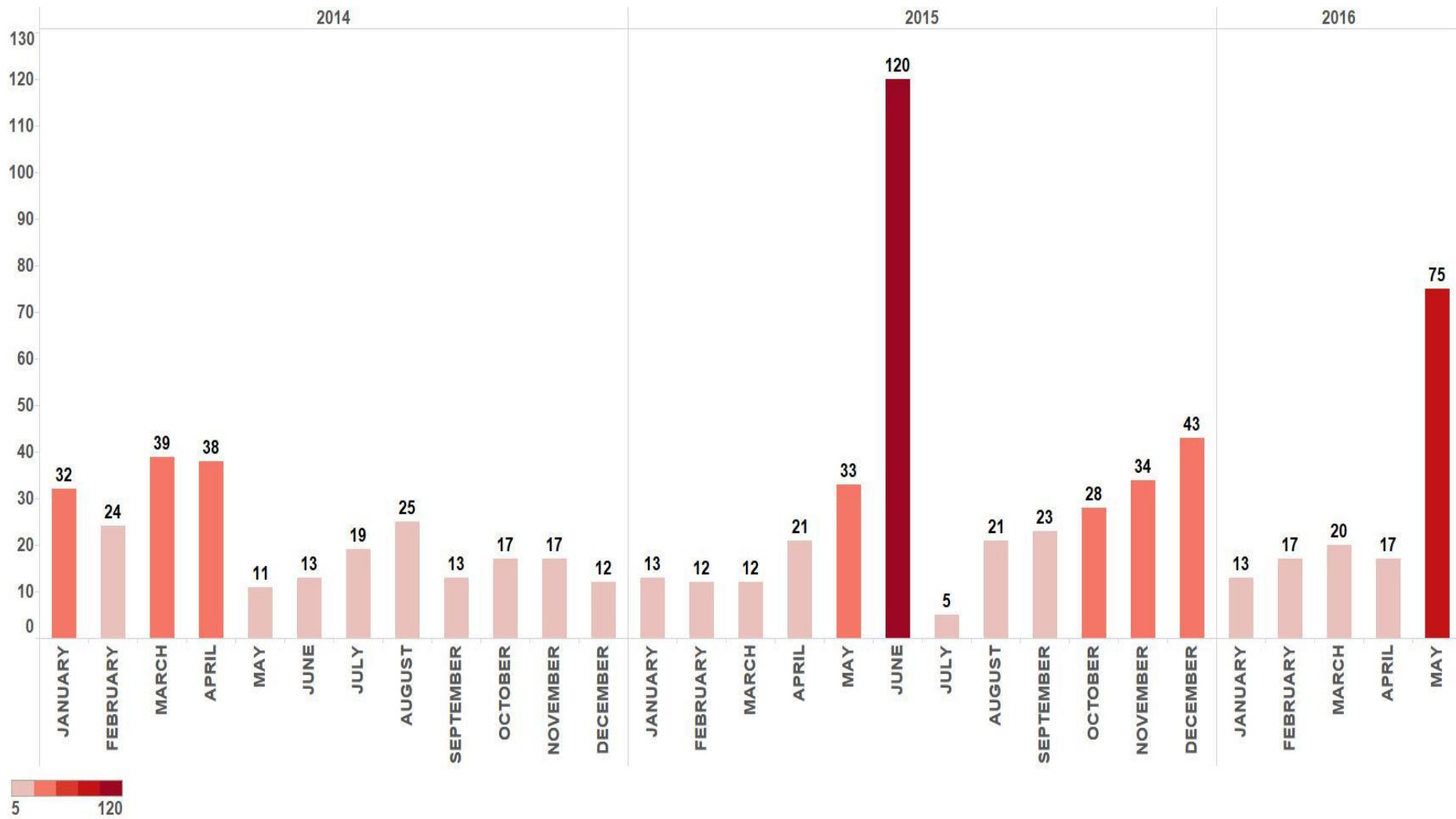
.....

- g) officer assistance and support measurements, including:
 - availability and use of officer assistance and support services; and
 - officer reports or surveys of adequacy of officer assistance and support.

The Data We Have - Interviews



The Data We Have - Training



The Data We Might What To Have

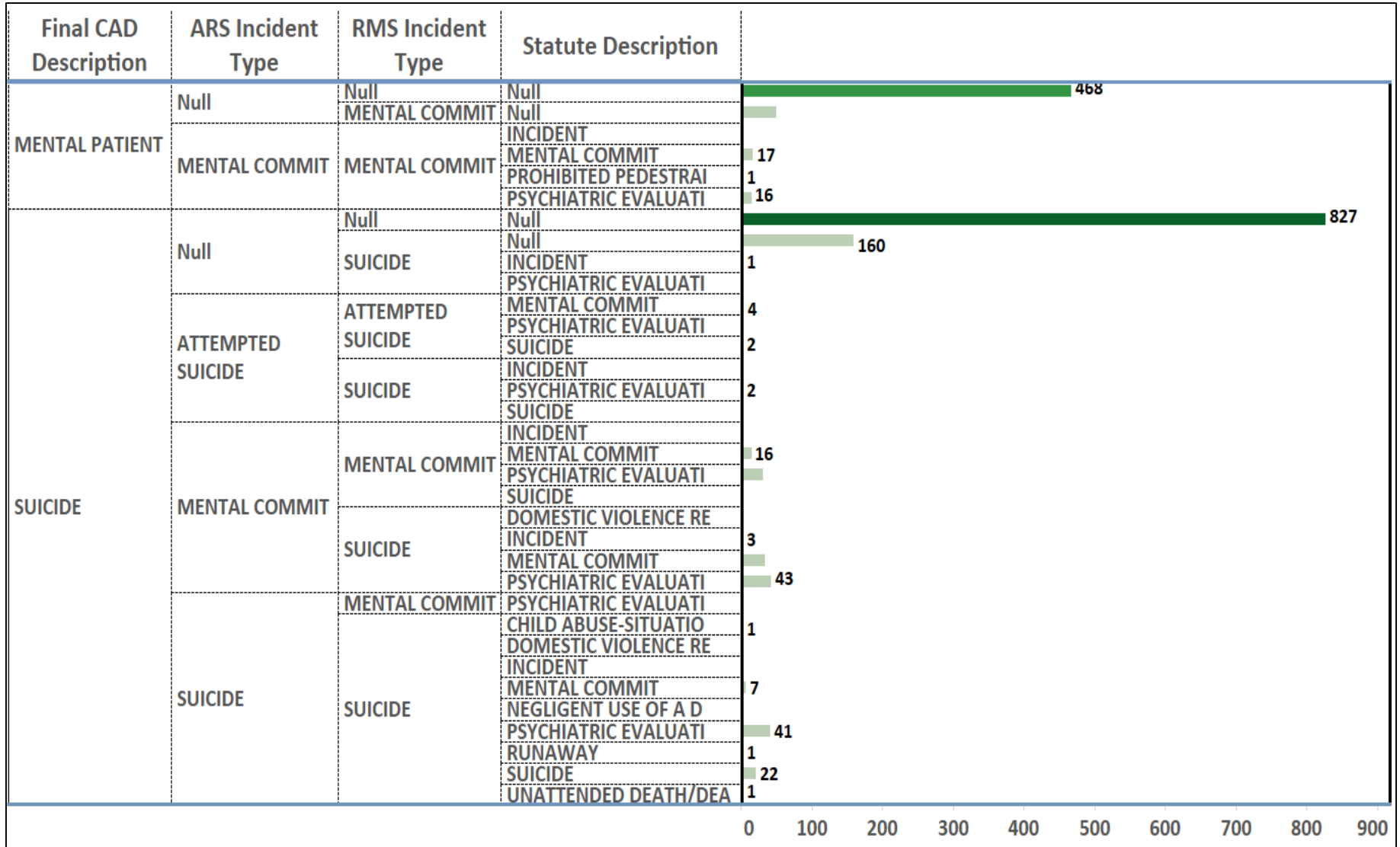
BSD Responsibilities	June - 2016 Hours	July - 2016 Hours	August - 2016 Hours	September - 2016 Hours
Crisis Intervention/OIS/Suicidality				
Critical Incident Response				
Counseling For Officers & Immediate Family				
Training For Management And Supervisory Personnel				
Training & Education For Officers				
Training & Education For Cadets				
Hostage Negotiations/Barricaded Persons/Warrants/CISD				
Psychological Testing (Evaluation for specialty assignments – SWAT)				
Pre-Employment Screenings (PSA, PTU, Police Cadets, Return To Duty)				
Research Program Development & Consultation				
Administrative - (Define?)				
CNT?				
Other?				

The Data We Might What To Have

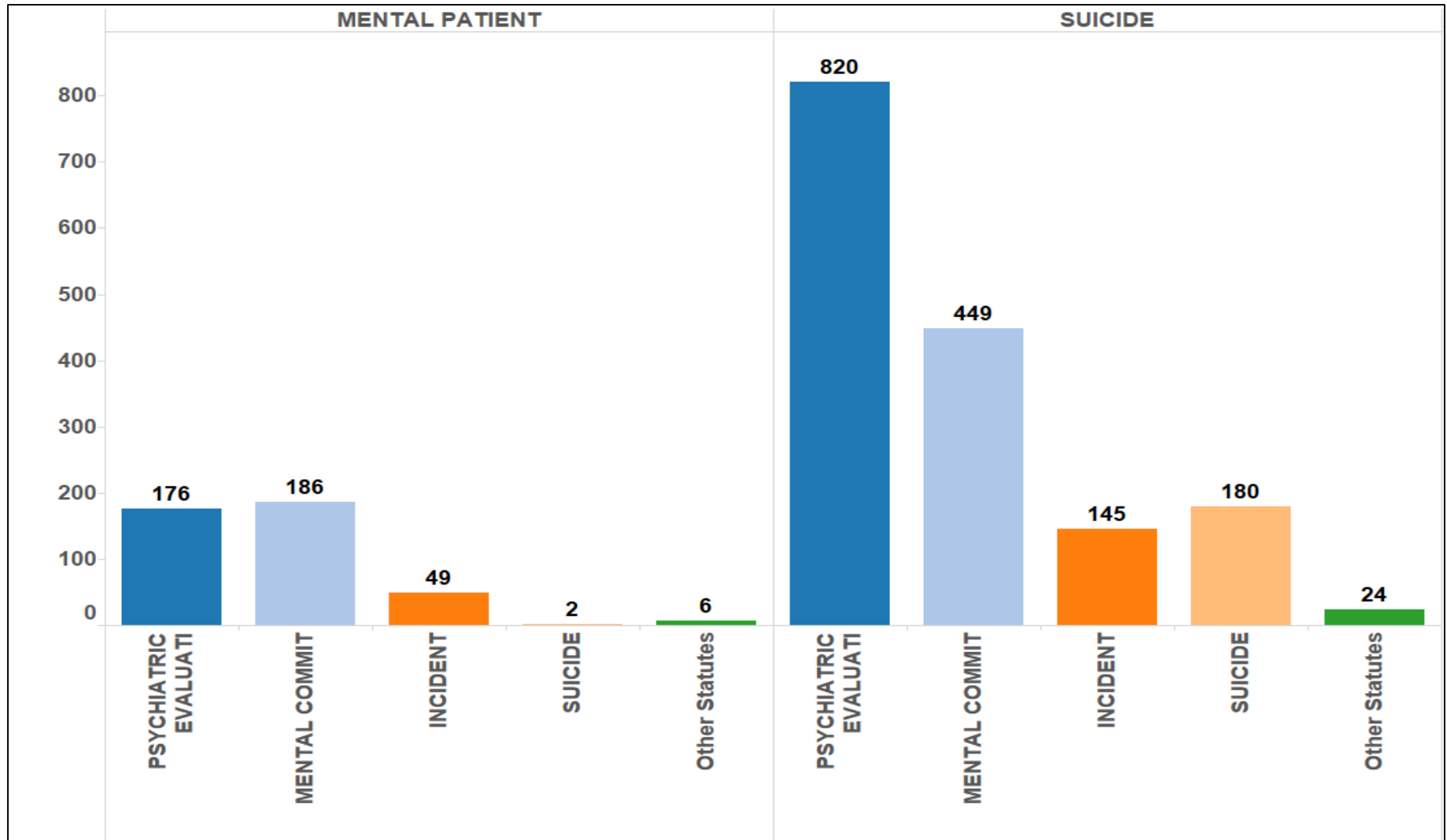
- List of policies that require and specify a mental health evaluation before allowing an officer back on full duty following a traumatic incident (e.g., officer-involved shooting, officer-involved accident involving fatality, or all other uses of force resulting in death) or as directed by the Chief.
- List of internal and external available mental health services to all officers and employees. APD should periodically consult with community and other outside service providers to maintain a current and accurate list of available providers.

Building An Effective Data Gathering And Analyses System For APD

What Sub-Categories Of Incidents Are Included In The Final Computer Aided Dispatch Categories Of Mental Patient And Suicide?

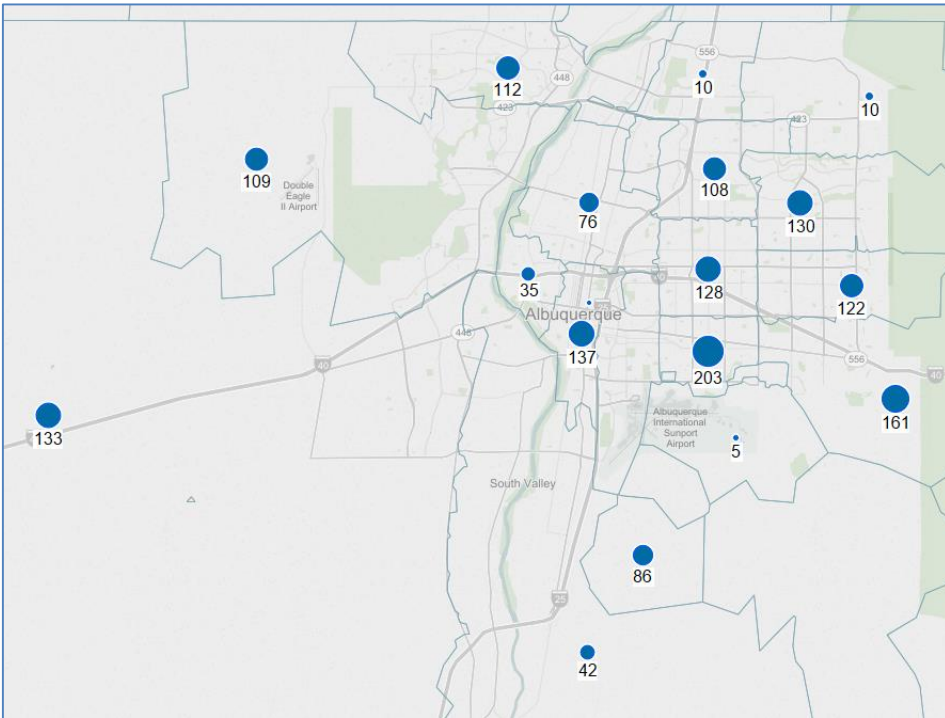


We Need To Unpack The Data Labeled Suicide In Order To Conduct Analyses And Communicate With The Public And Other Stakeholders



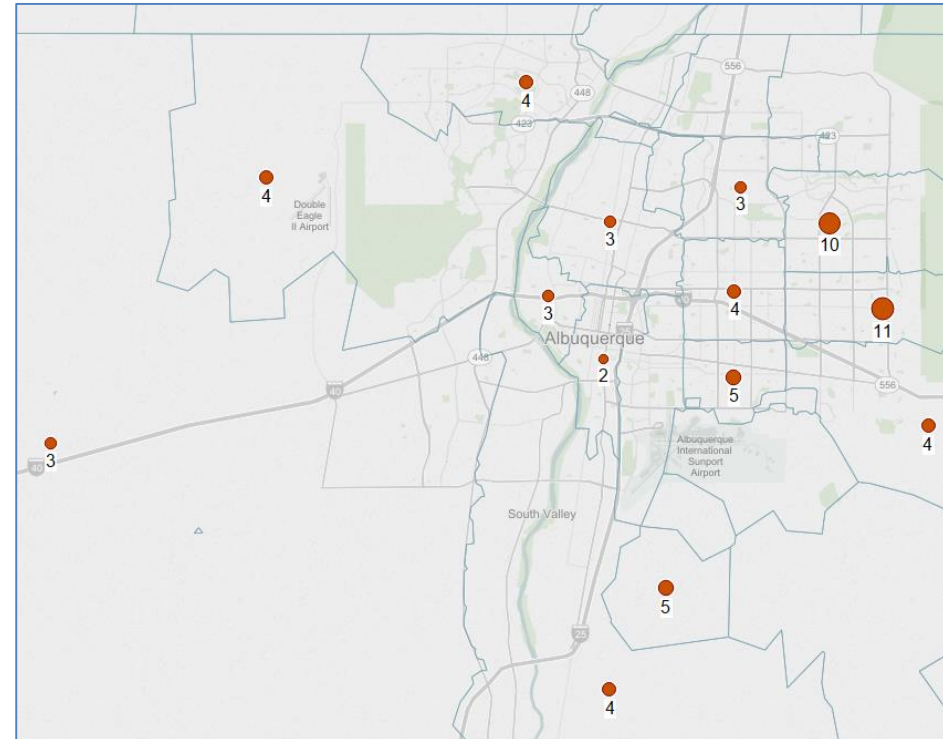
Source: APD Real Time Crime Center. Note: Approximately 2,000 Calls For Service Were Selected For Deeper Analyses By Cross-Referencing CAD and Statute Descriptions

Labels Matter



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

**What Albuquerque Looks
Like When We Map The 65
Incidents That Are Labeled
As "Suicide" At All Levels Of
Reporting**



Discussion Draft On The TraCS CIT Work Sheet



**Prepared For:
The Crisis Intervention Unit
Albuquerque Police Department
August 8, 2016**

**Prepared By:
Peter Winograd, Policy Analyst, Crisis Intervention Unit,
APD
Kylynn Brown, Data Analyst, Crisis Intervention Unit, APD**

C.I.T. WORKSHEET

Case Number:	CAD Number:	Agency:	Date of Incident:		
Officer: WINOGRAD, PETER	ID # 6258	Area:	Beat:	Officer's Shift:	Team:

Did a Supervisor Respond to the Scene: _____ If yes, please fill out the Supervisor Name and Man # below.

Supervisor Name: _____ Man # _____ Did a Specialized Unit Respond: _____
YES/NO UNIT

Subject's Name: _____
(LAST) (FIRST) D.O.B. PHONE

Subject's Address: _____
STREET ADDRESS CITY APT # STATE ZIP CODE

Subject's Description: _____
RACE SEX HEIGHT WEIGHT EYE COLOR HAIR COLOR AGE

Subject Homeless: _____ Reason for Contact: _____ Welfare Check? _____

Any Weapons Involved: _____ Substance Use: _____

Arrest: _____ Mental Health Transport: _____

Does the Subject claim to be a U.S. Military Veteran? _____ If "Yes", Enter the Military Branch: _____

Veteran Notes (If Any)

Self-Disclosed Mental Illness: _____ If "Yes", Then select the type of Mental Illness: _____

Notes for Self-Disclosed Mental Illness (If Any)

Risk Assessment: _____ If Subject attempted suicide, did subject die as a result?

Explain Risk Assessment(s) (If Any)

Use of Force: _____

Techniques or Equipment Used for Use of Force if applicable

Injuries: _____

Explain Any Injuries the Subject May Have and How They Occurred

Disposition of Encounter: _____

Resources Provided: _____

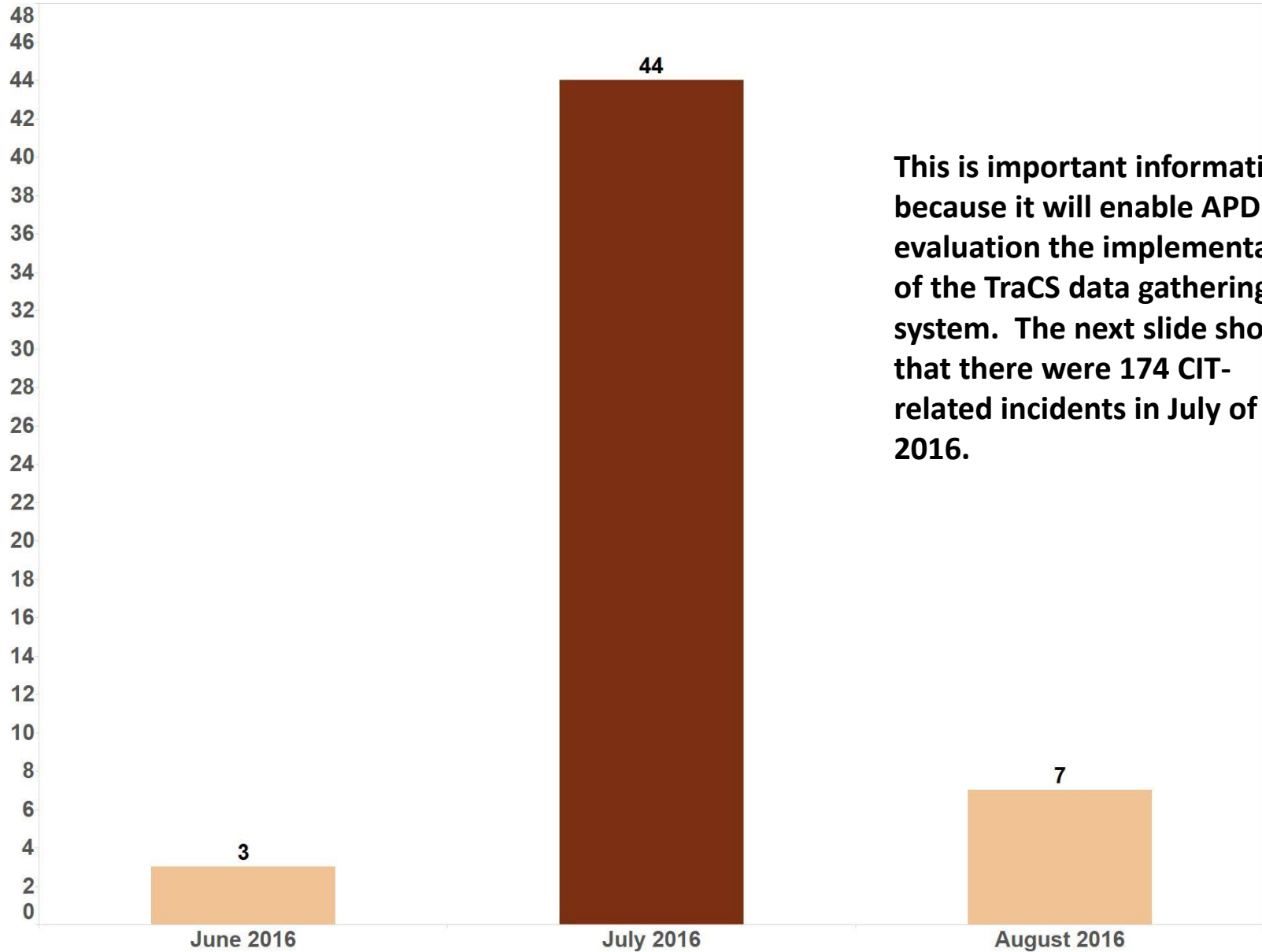
Other Resources Provided: _____

**This is the
current format
of the CIT
Worksheet in
TraCS as of
8.8.16**

Possible Things To Refine/Add

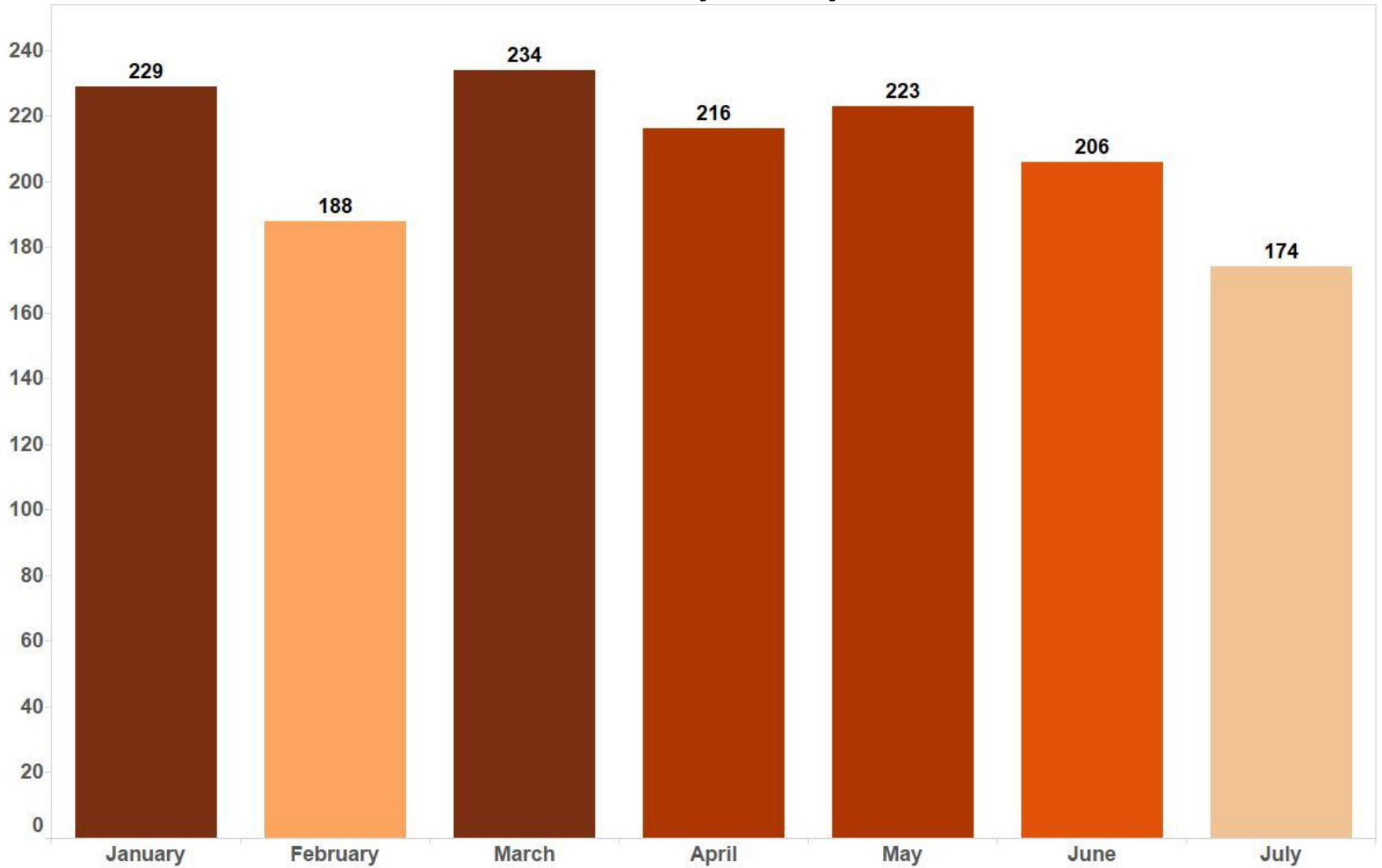
- RSO
- Ethnicity
- Was CIU on Scene
- Other (Click on Other Tab)

We Had 54 Records In TraCS As Of August 4, 2016

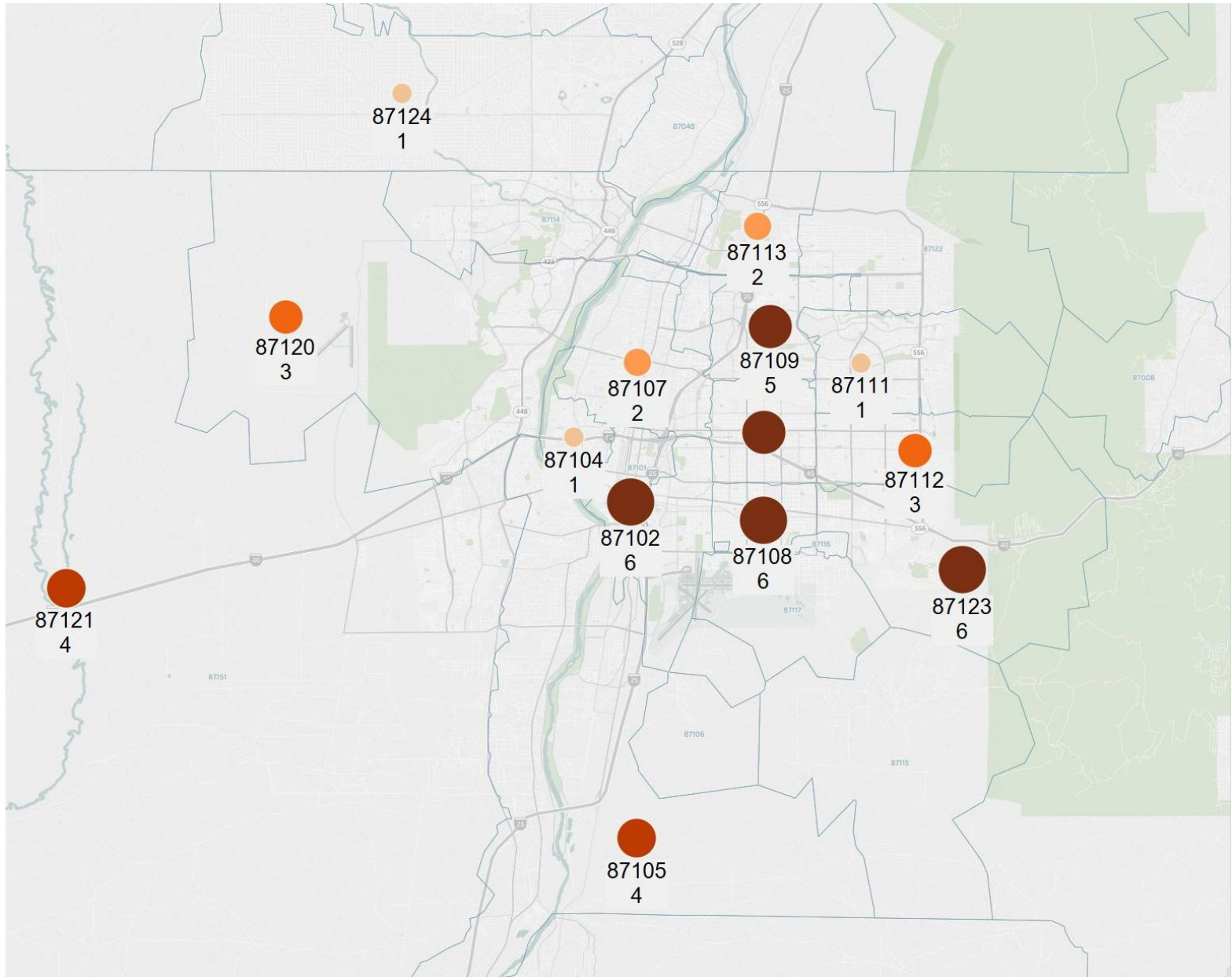


This is important information because it will enable APD to evaluation the implementation of the TraCS data gathering system. The next slide shows that there were 174 CIT-related incidents in July of 2016.

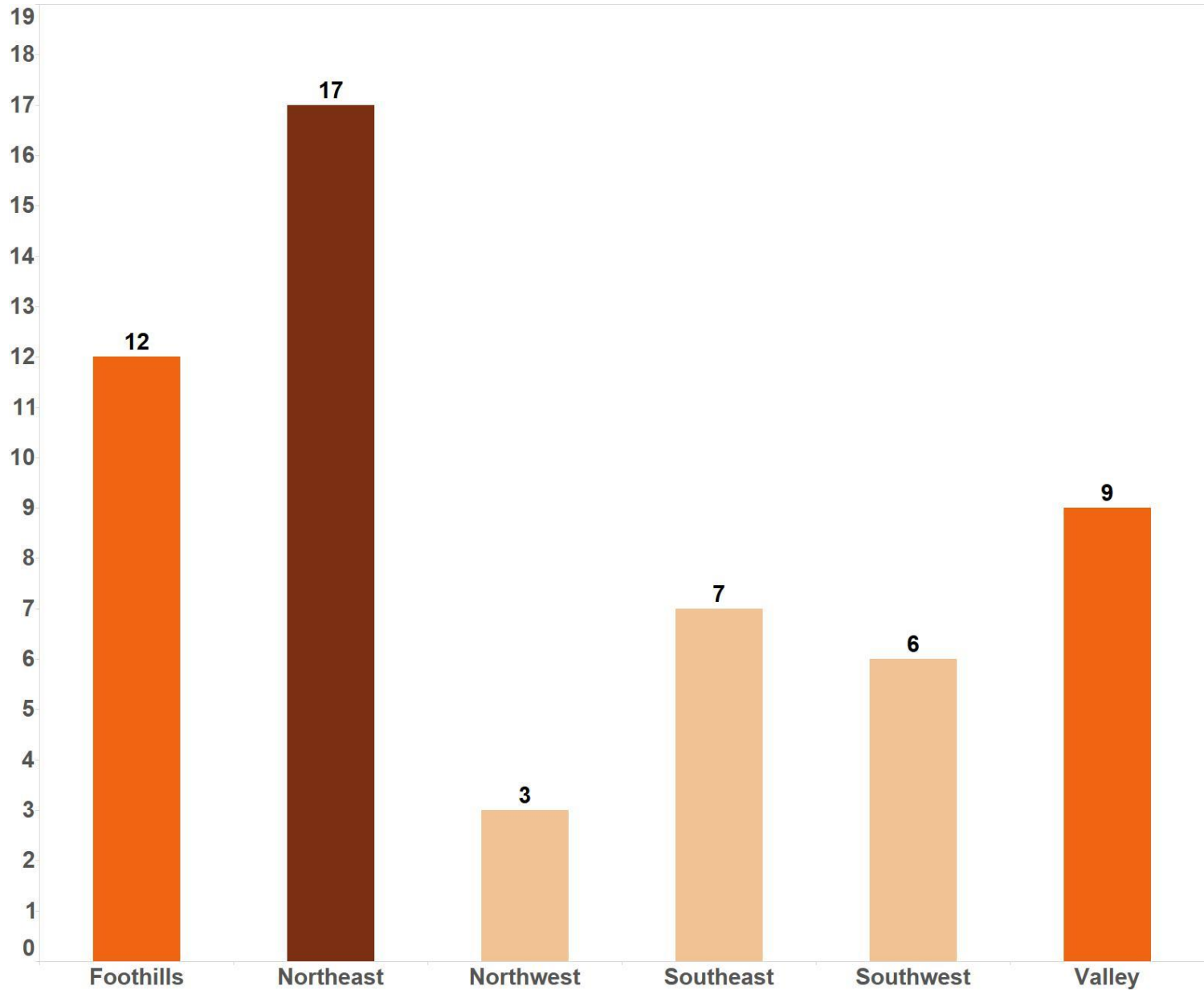
APD Field Officers Filed Reports On 1,470 CIT Incidents From January To July, 2016



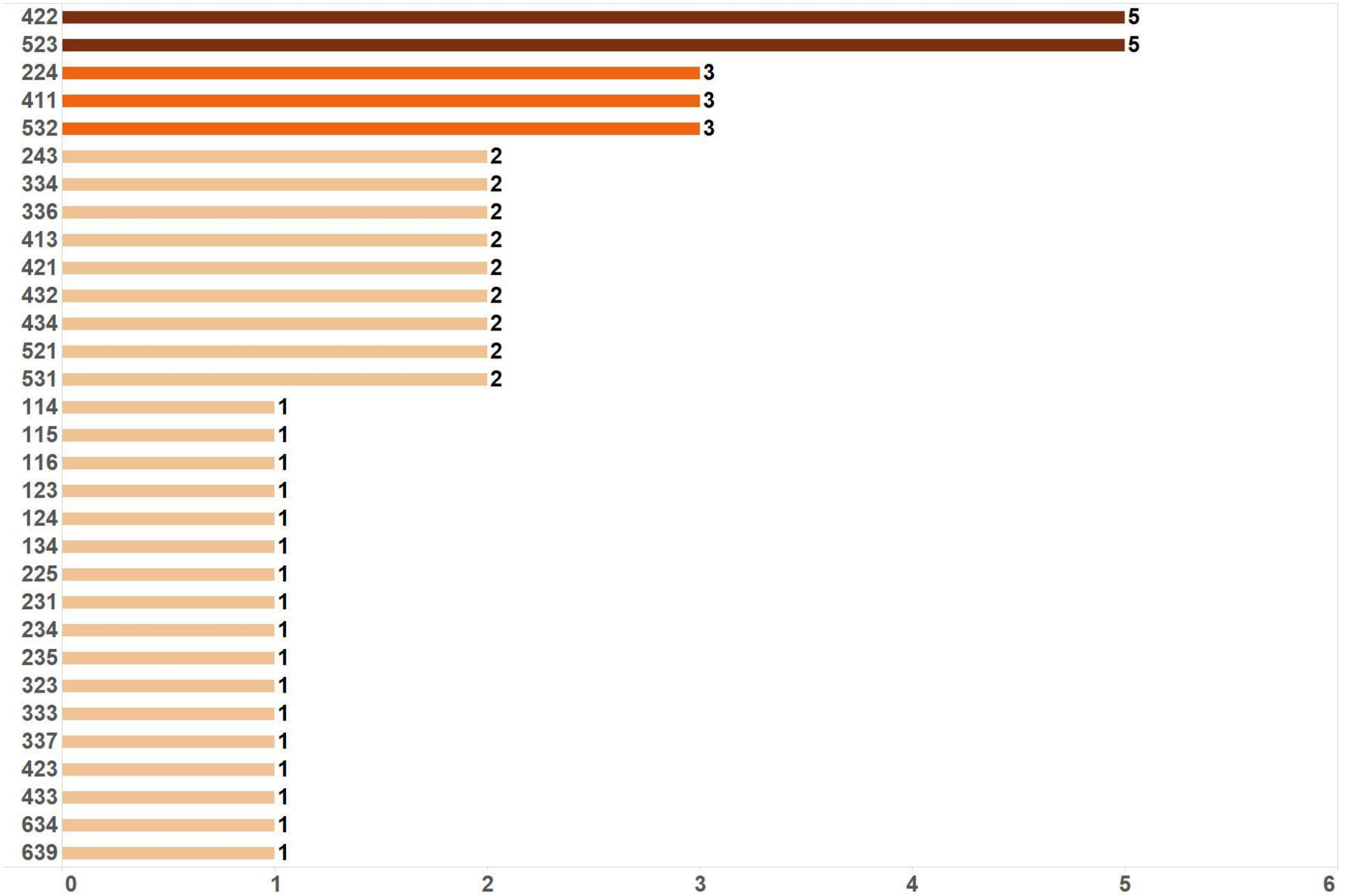
Reports By Zip Codes



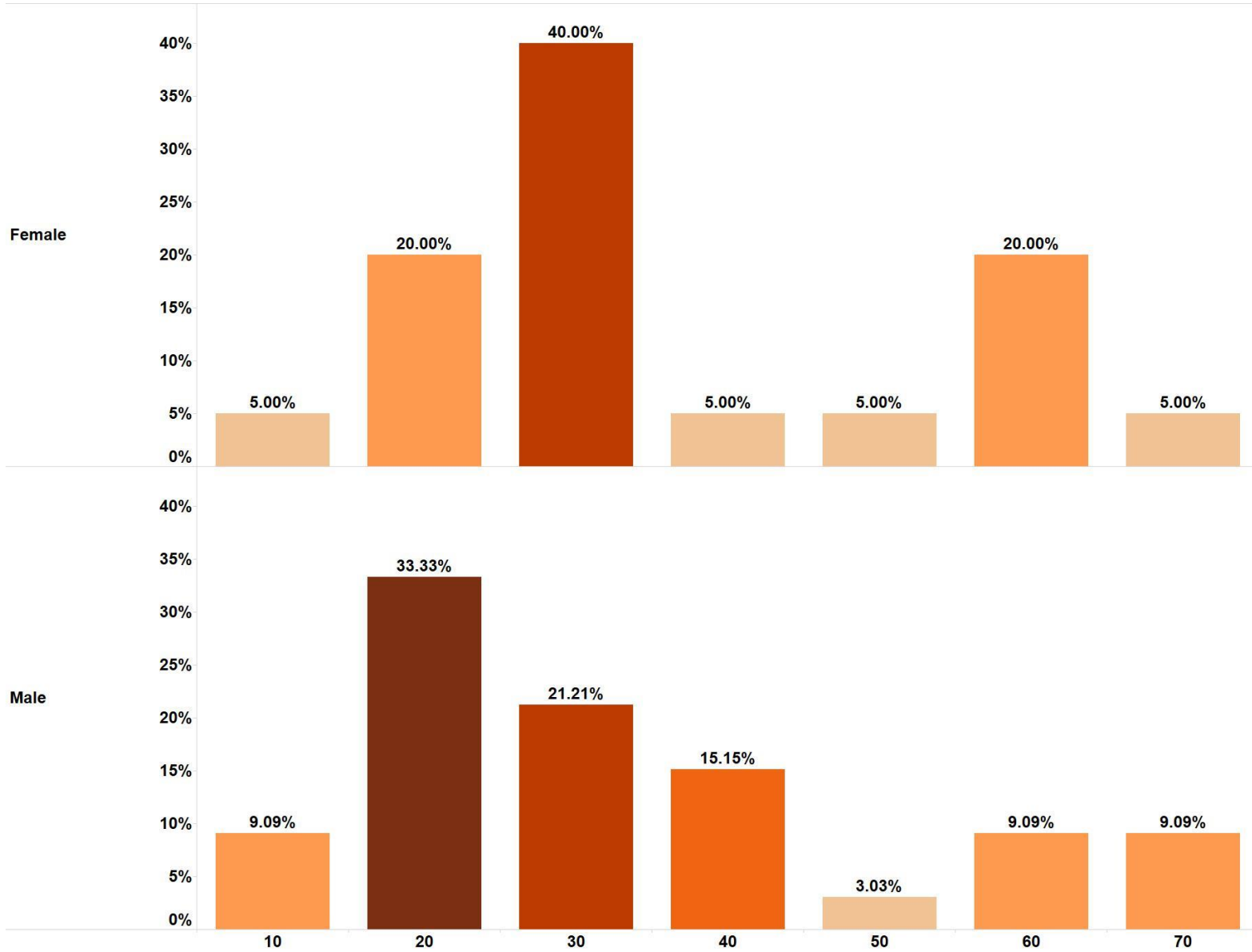
The 54 Records By Area Command



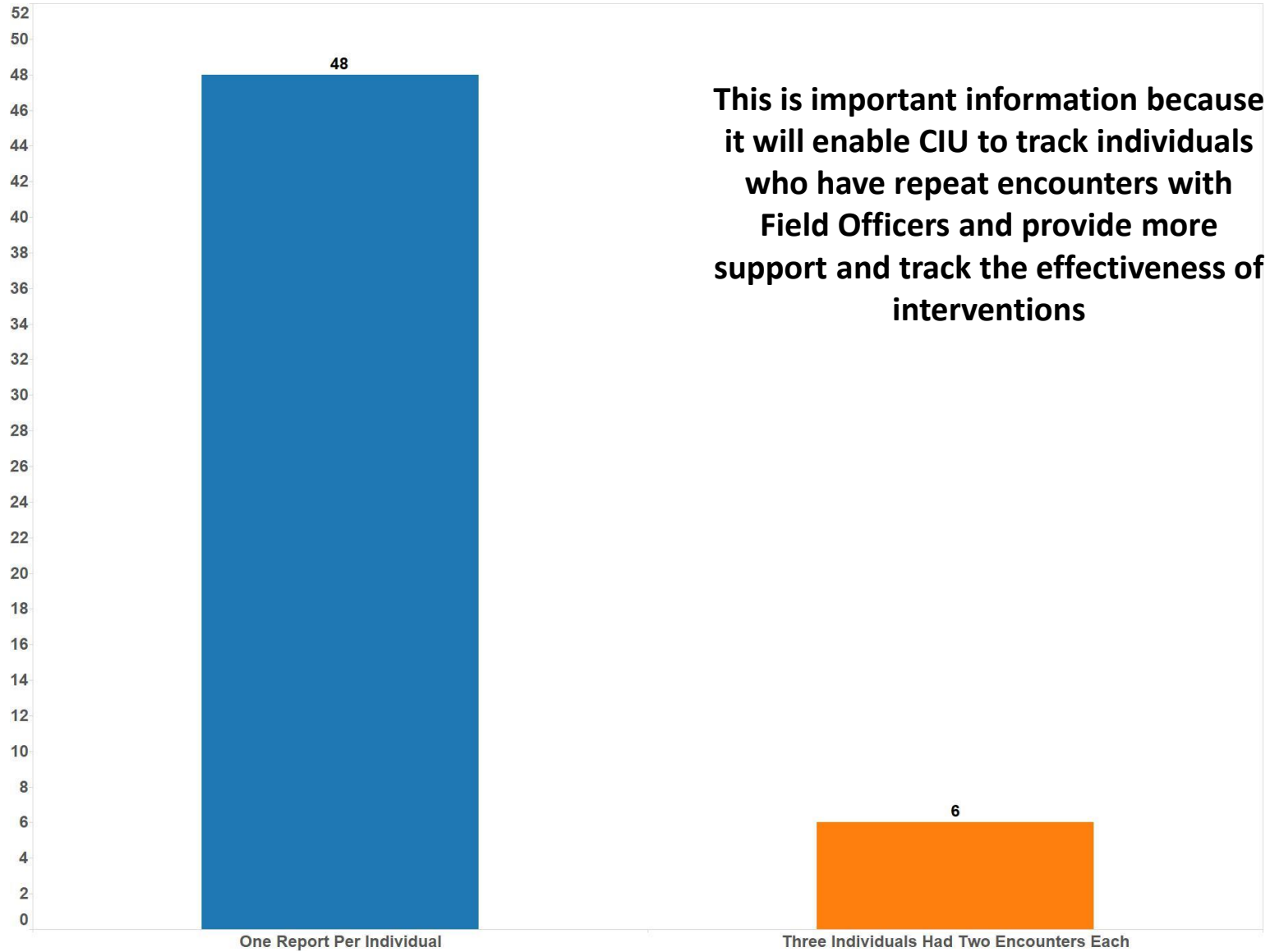
The 54 Records By Beat



The 54 Records By Age And Gender

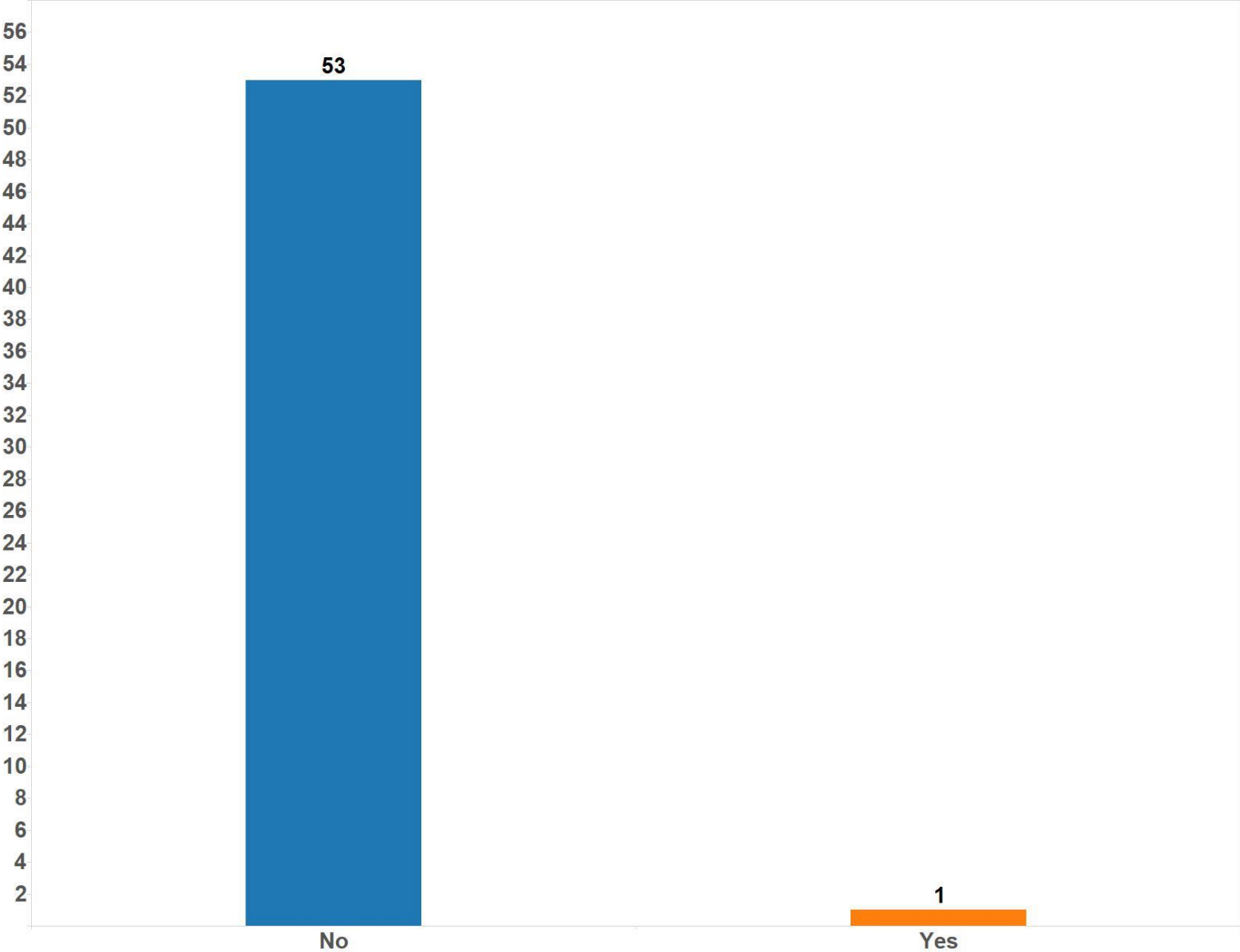


Individuals With Repeat Incidents



This is important information because it will enable CIU to track individuals who have repeat encounters with Field Officers and provide more support and track the effectiveness of interventions

Use Of Force



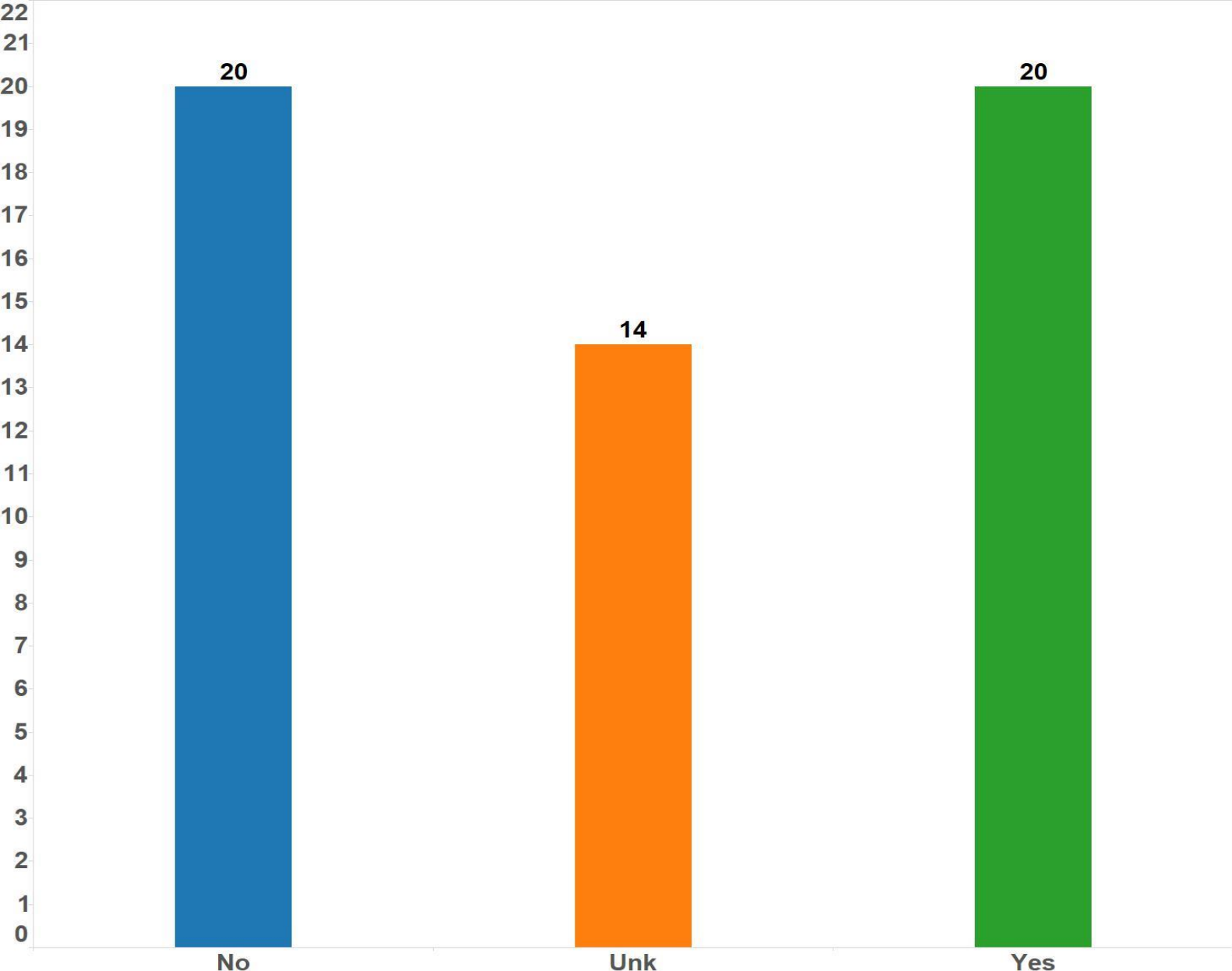
Risk Assessment

Null 27

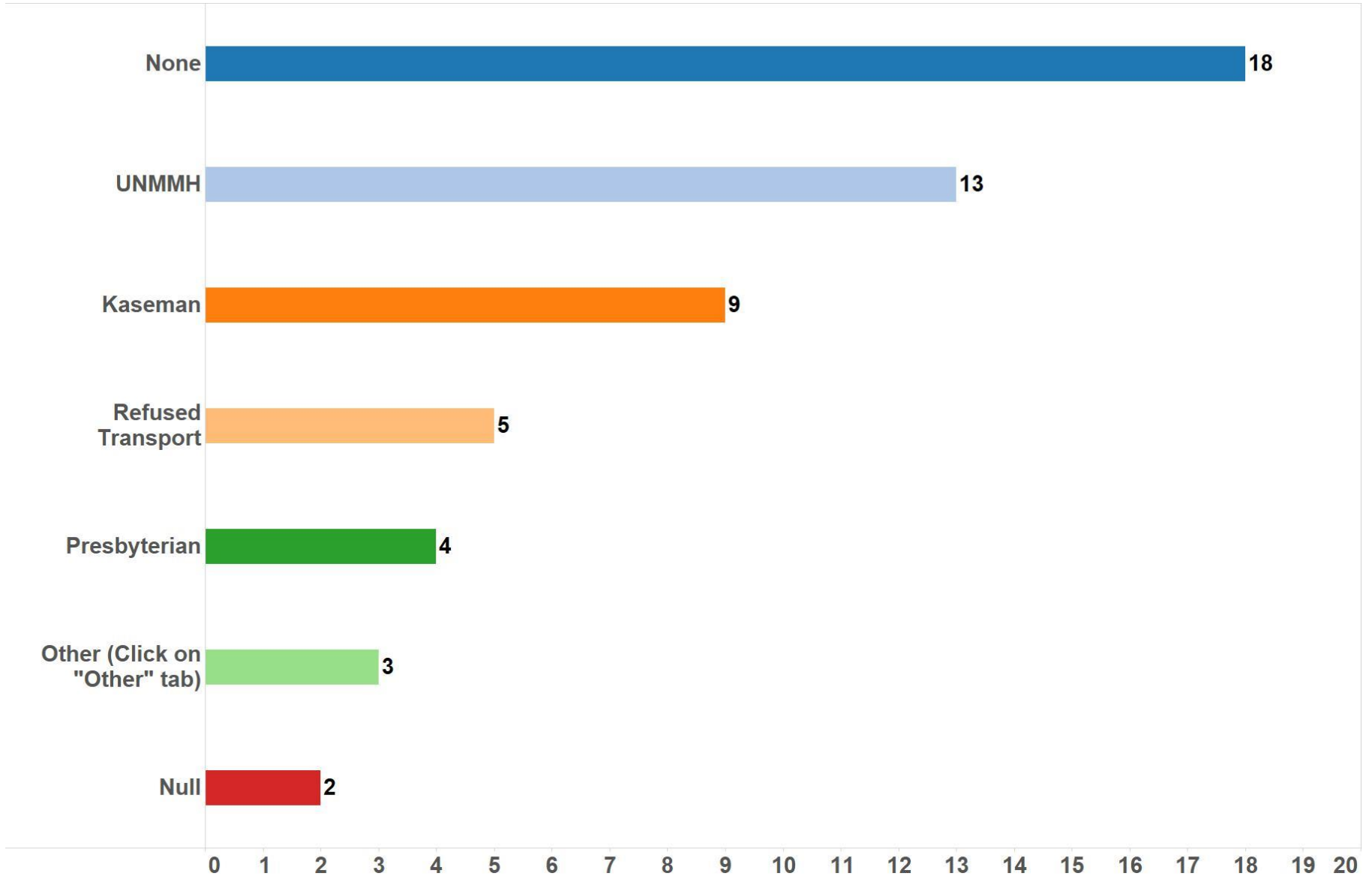
Attempted to step in front of a vehicle to end her own life. 1
Barnes was traveling with his mother when he made threats to commit suicide. No method was given, but subject.. 1
cut himself with razor 1
Gerald did not attempt to hurt himself or anyone else. 1
he threatened the customer service rep at pnm 1
HIT THE EMERGENCY GAS SHUT OFF SWITCH AT 6300 CENTRAL (CIRCLE K), PUNCHED AND KICKED THE PU.. 1
IS DELUSIONAL, CONTINUALLY CALLS FOR OFFICERS STATING PEOPLE ARE STABBED OR SHOT AND SAYIN.. 1
isaac attempted to run onto i-40 wb traffic. 1
JASON IS ACTING AGGRESSIVE TOWARDS HIS MOTHER AND THEIR NEIGHBORS. HIS BIZARRE BEHAVIOR IS.. 1
Leonard stated, "I want to die." 1
MADE STATEMENTS TO KILL HIMSELF AND ALL POLICE OFFICERS. 1
MATTHEW STATED TO OFFICERS THAT HE COULD HEAR PEOPLE ON TOP OF HIS RESIDENCE, AND POINTED .. 1
May kill himself at later time. 1
Mr. Pace did not disclose any mental illness, but the call came out that he wanted to harm himself. Mr. Pace had i.. 1
N/A 1
PETER MADE STATEMENTS TO HIS SISTER AND MOTHER THAT HE WAS GOING TO GO TO THE KITCHEN AND .. 1
possibly a danger to her mother, petra baca, who lives in the same residence. rebecca was arrested for a warrant .. 1
Possibly suicidal. 1
SANDRA DOES NOT APPEAR TO BE A DANGER TO HERSELF OR OTHERS. SANDRA HAS MADE MULTIPLE PO.. 1
Subject appears to be abusing alcohol and may become a danger to himself or others. 1
SUBJECT IS HUFFING AEROSOL CANS AND GENERATING A LOT OF CALLS FOR SERVICE AS HE REFUSES TO.. 1
Subject made verbal threats over the telephone to Dwighten Newell. 1
SUBJECT STATED HE THOUGHT ABOUT KILLING HIMSELF WITH KNIFE. DID CUT HIMSELF WITH KNIFE, BUT N.. 1
Subject stated he was performing his own home electrical wiring, but no electricity is currently running to home. ... 1
Subject stated that she wanted to die and that she had tried to hurt herself. There were not apparent signs of suic.. 1
Subject took several Tylonals in suicide attempt. 1
Subject was on Paseo Del Norte overpass hanging over edge making suicidal threats. See report for details (forw.. 1

0 10 20 30

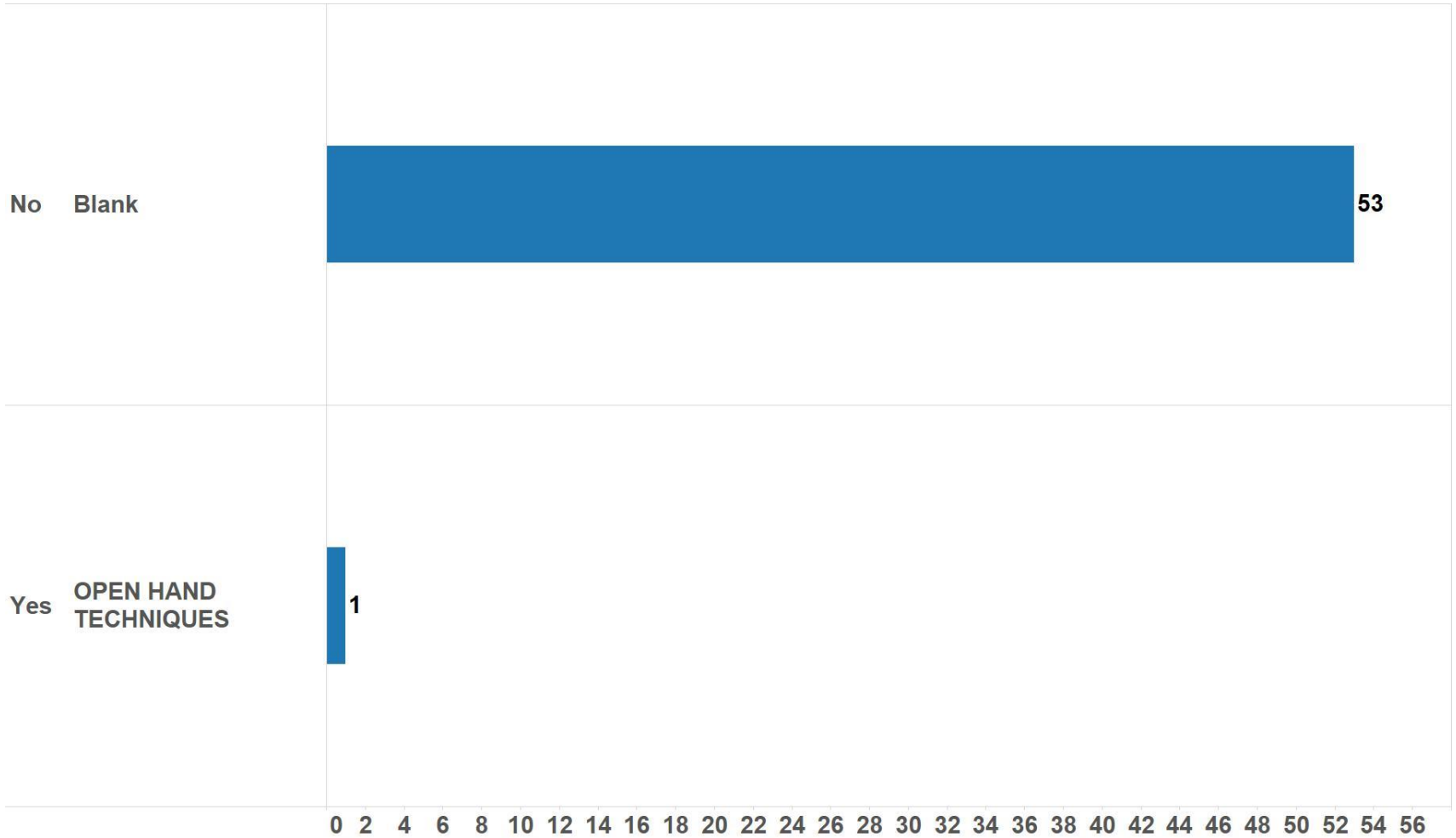
Mental III



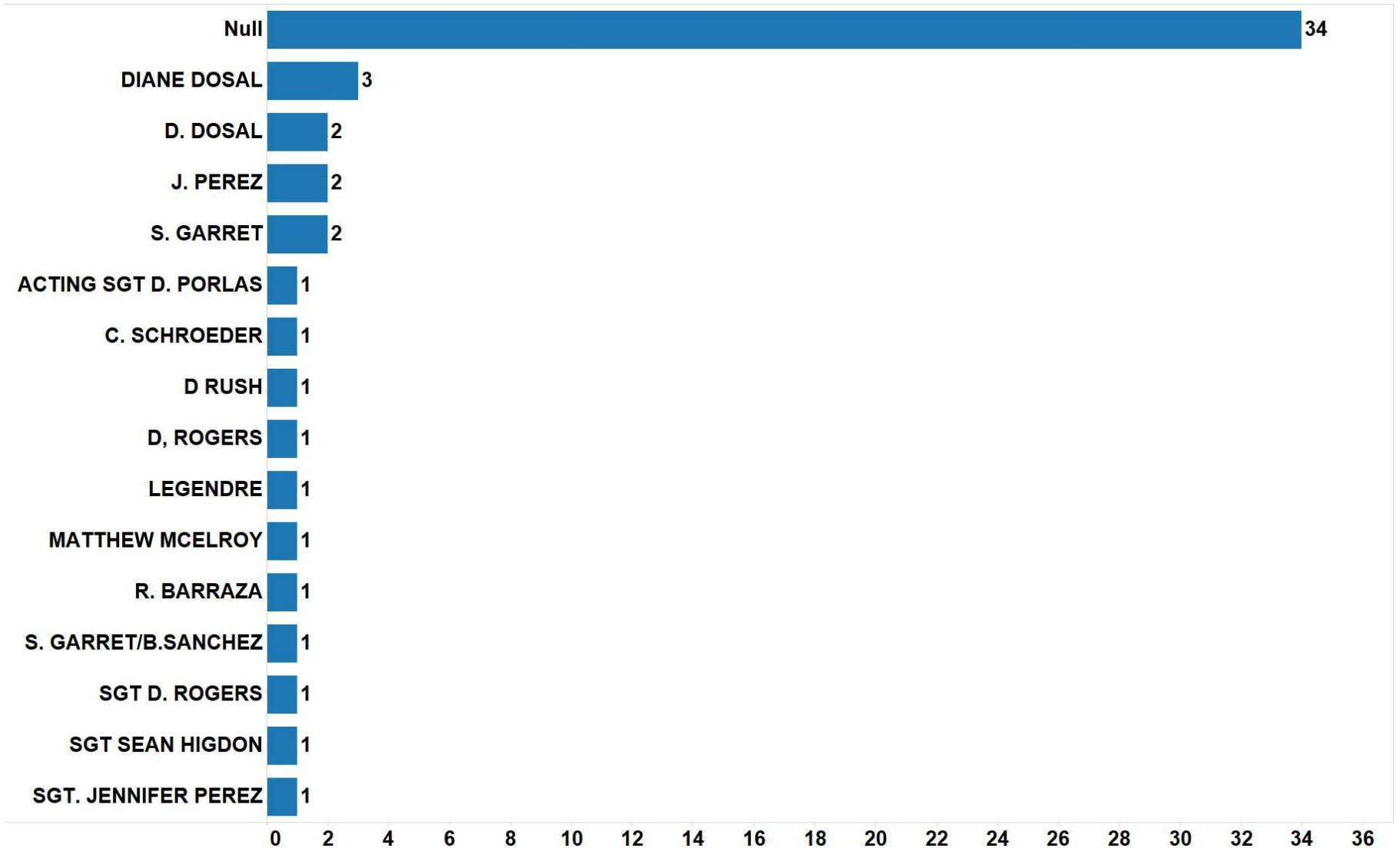
Transport



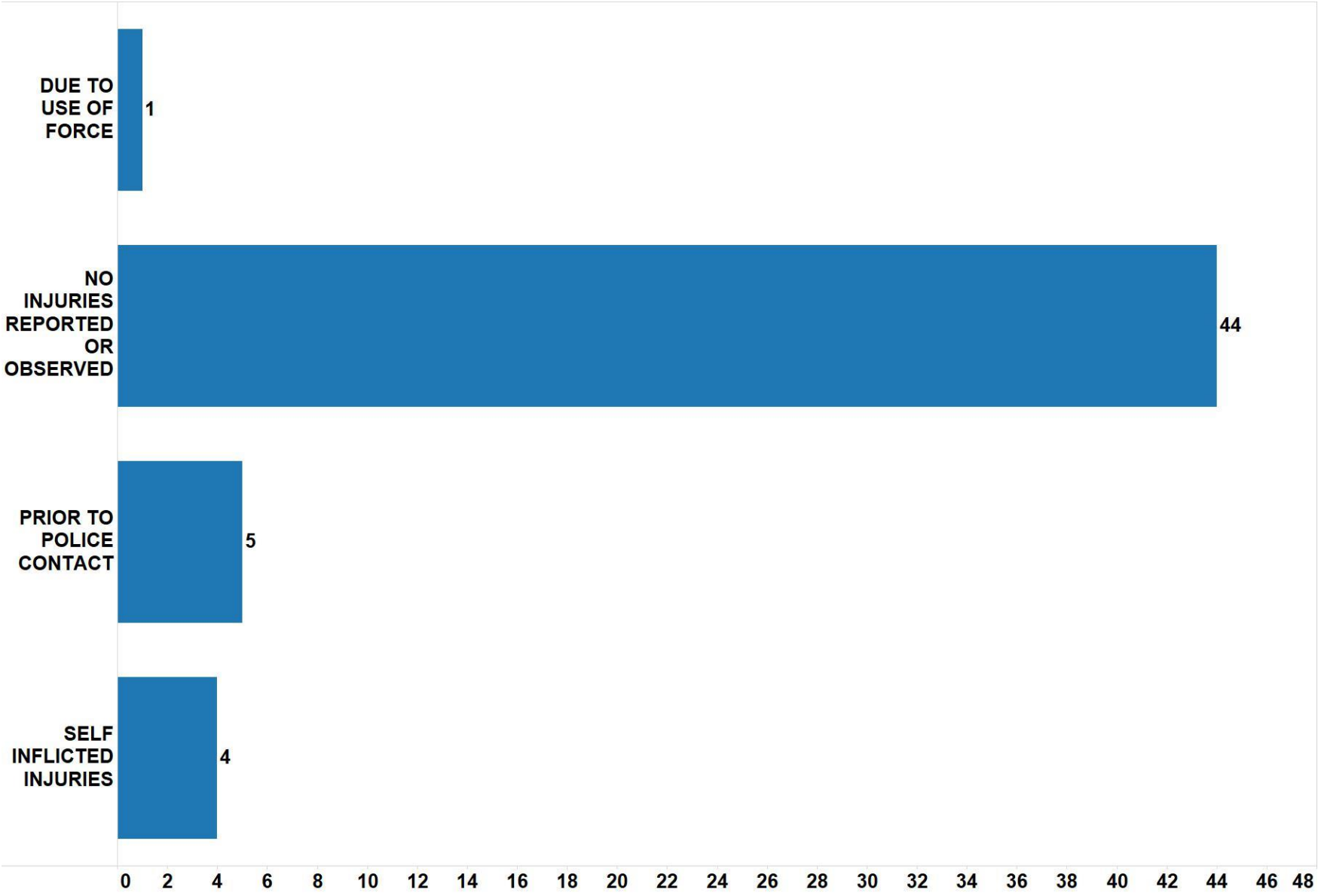
Use of Force And Use Of Force Technique



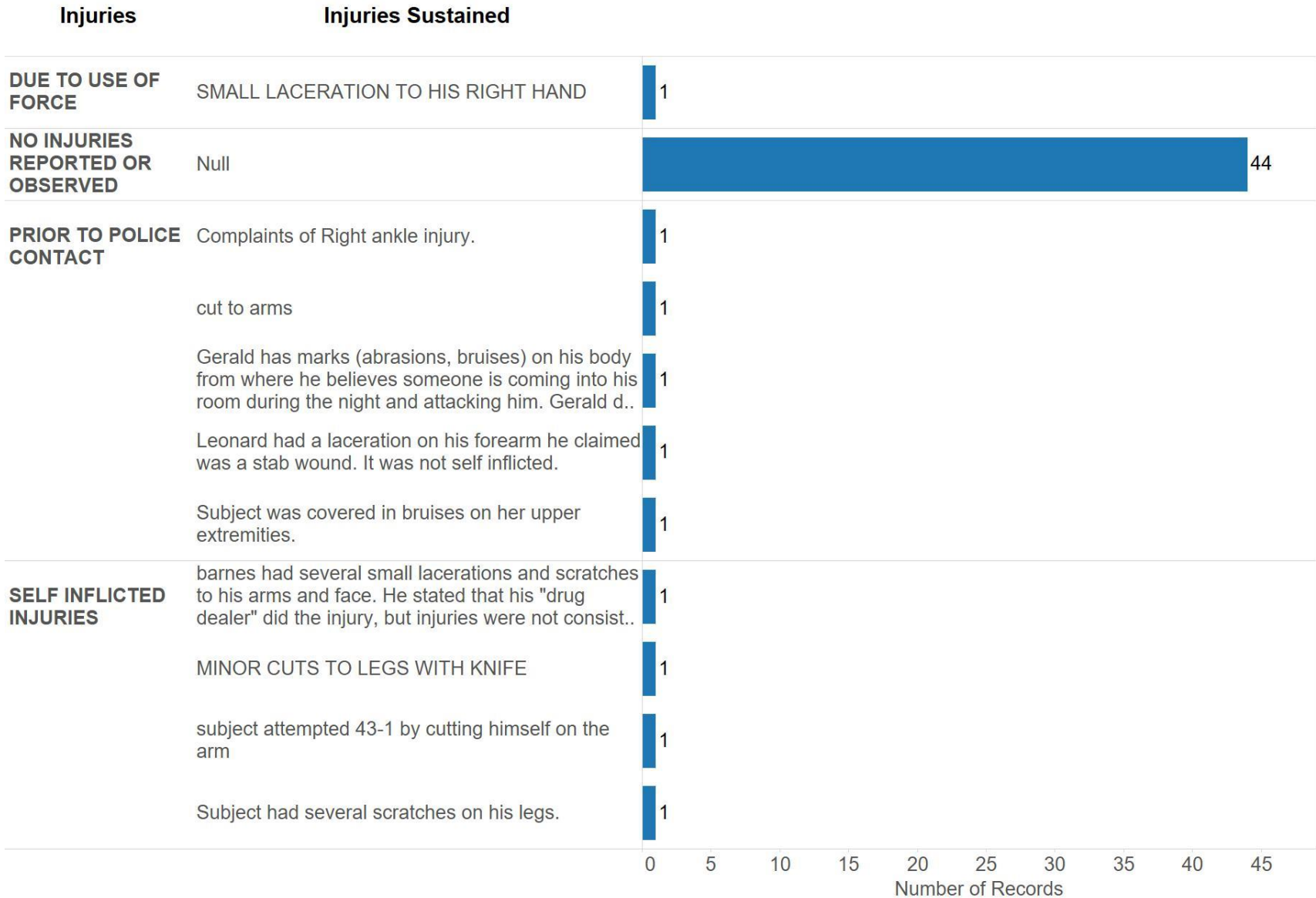
Supervisor Name



Injuries



Injuries By Injuries Sustained



Exploratory Data Analyses: Findings To Consider

In Process

What Else Do We Need To Know?

In Process

MHRAC Presentations

The Mental Health Response Advisory Committee Status Report: June 21, 2016



Prepared For:

Dr. Nils Rosenbaum, Medical Director, Behavioral Health Division

Lt. Glenn St. Onge, Crisis Intervention Unit

Sgt. John Gonzales, Crisis Intervention Unit

Prepared By:

The Albuquerque Police Department Crisis Intervention Unit

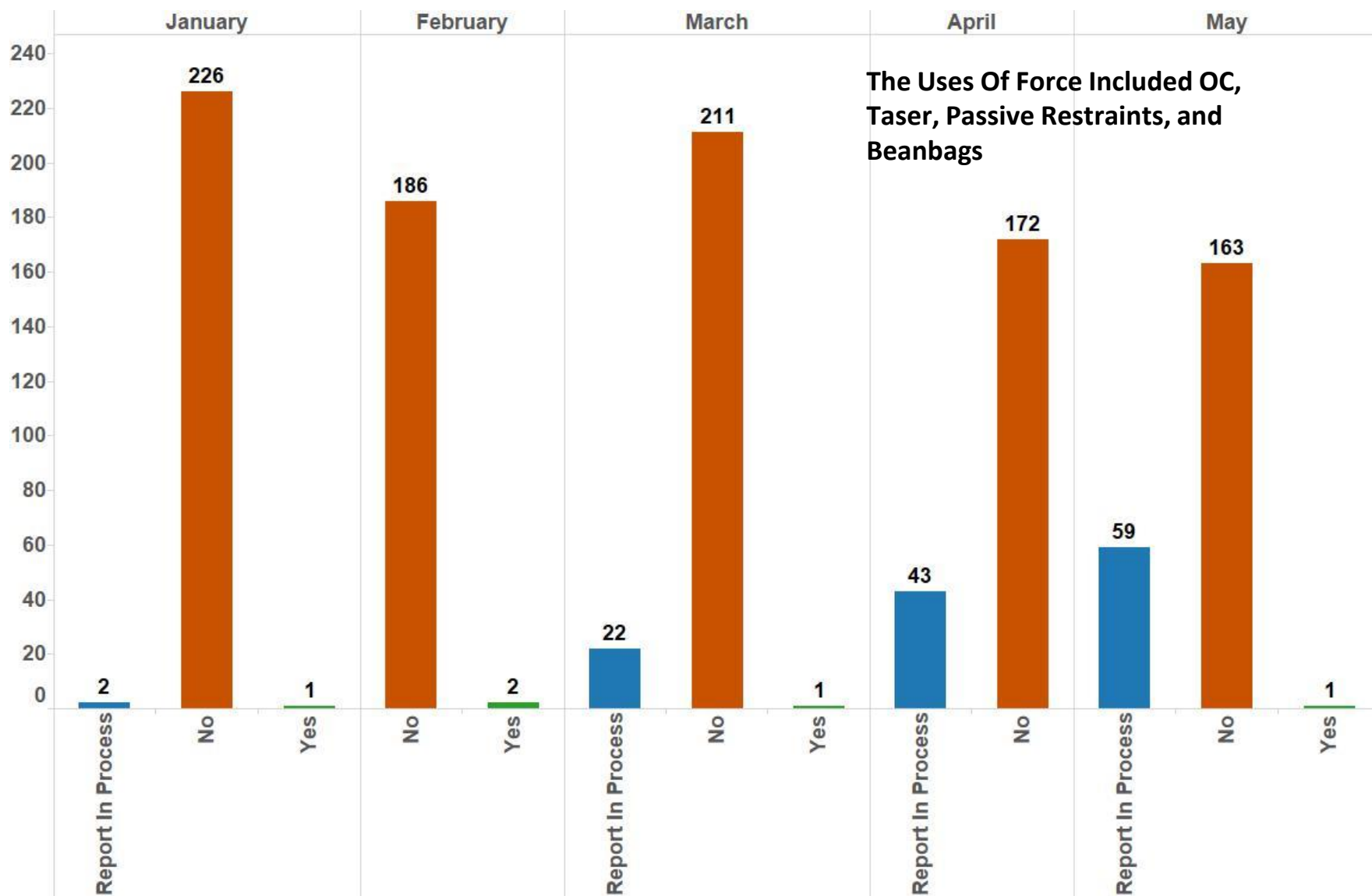
The Albuquerque Police Department Real Time Crime Center

Mental Health Response Advisory Committee Monthly Report Table Of Contents

- 1. Key Outcomes**
- 2. Descriptive Data**
 - **CIU Detectives**
 - **COAST**
 - **APD Field Officer CIT-Related Incidents For January To May 2016**
- 3. Exploratory Data Analyses: Findings To Consider**

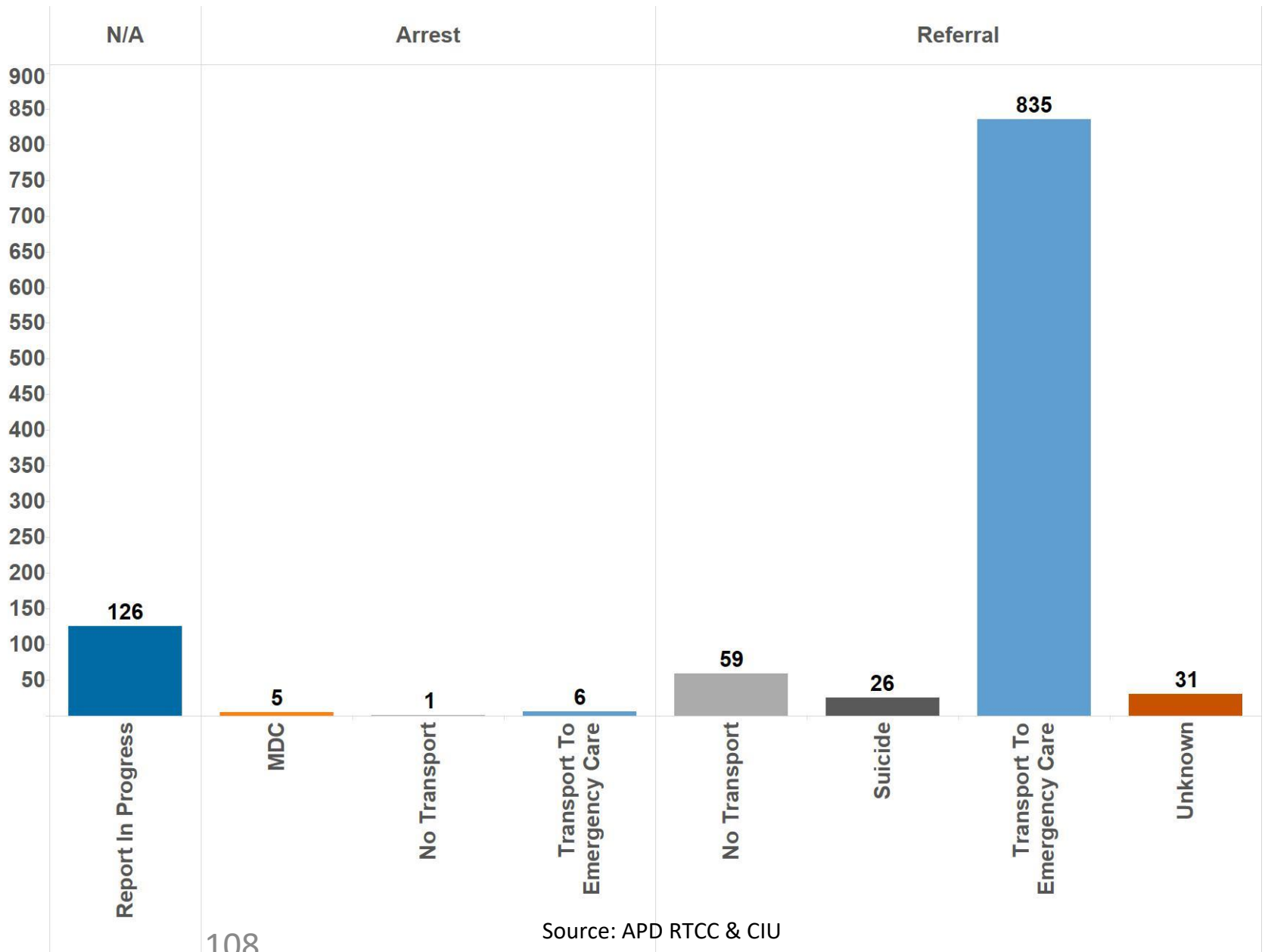
Key Outcomes

Use Of Force In CIU-Related Incidents Handled By APD Field Officers By Month



Use Of Force
 Report In Process
 No
 Yes

Disposition Of The CIU-Related Incidents Handled By APD Field Officers From January To May, 2016

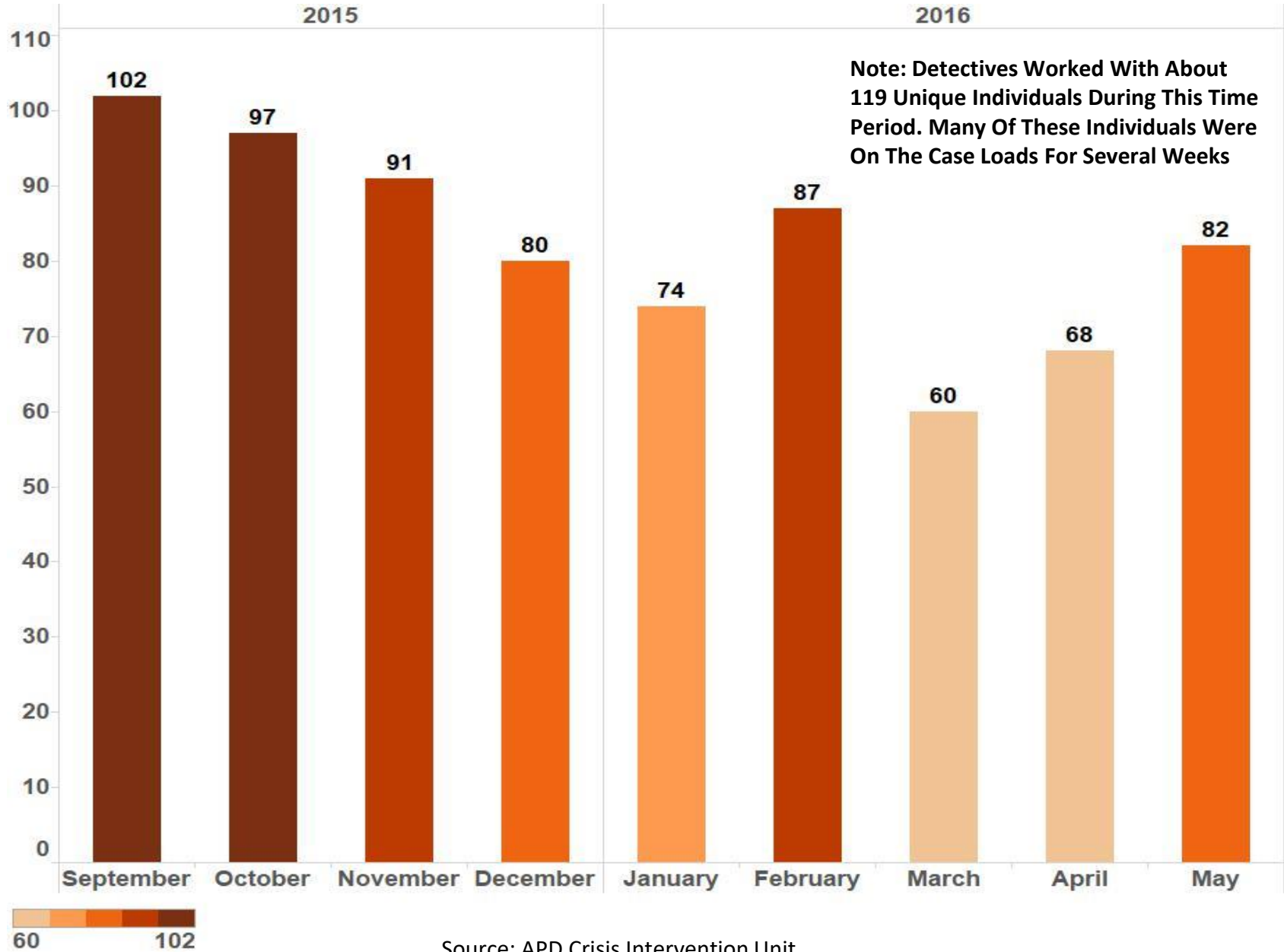


Individuals On The CIU Detectives' Case Loads Meet These Criteria

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

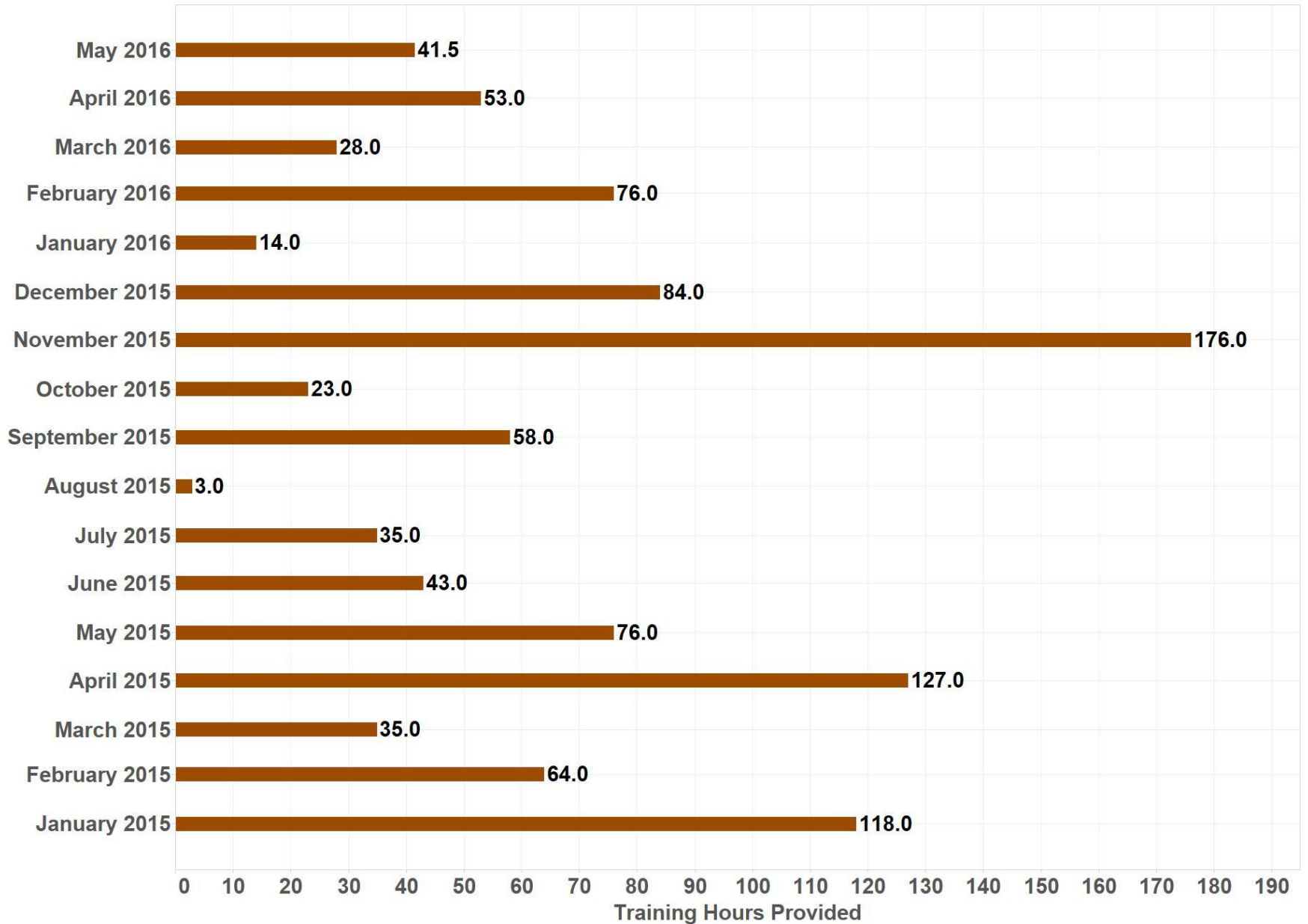
- a. Availability of weapons
- b. Substantiated statements to commit, or the actual commitment of a violent or dangerous act
- c. Personal history, known or provided, that reflects prior violence under similar circumstances
- d. Any corroborating information that would lead a CIU detective to believe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

Number of Individuals On CIU Detectives' Cases Loads By Month From September, 2015 To May, 2016



Source: APD Crisis Intervention Unit

The Training Hours Provide By CIU Detectives, January 2015 To May 2016

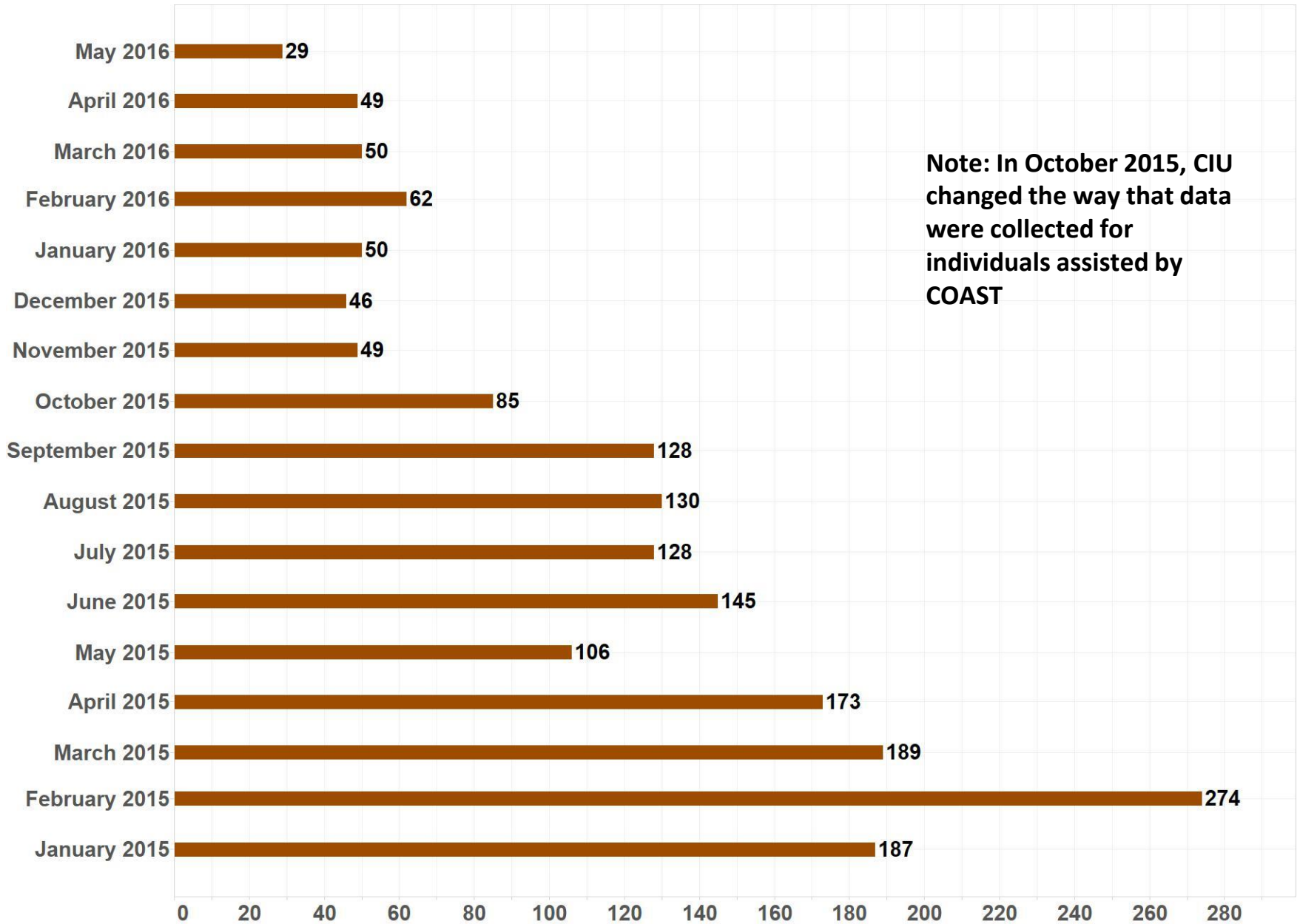


Source: APD CIU

COAST Specialists Provide Their Services In These Circumstances

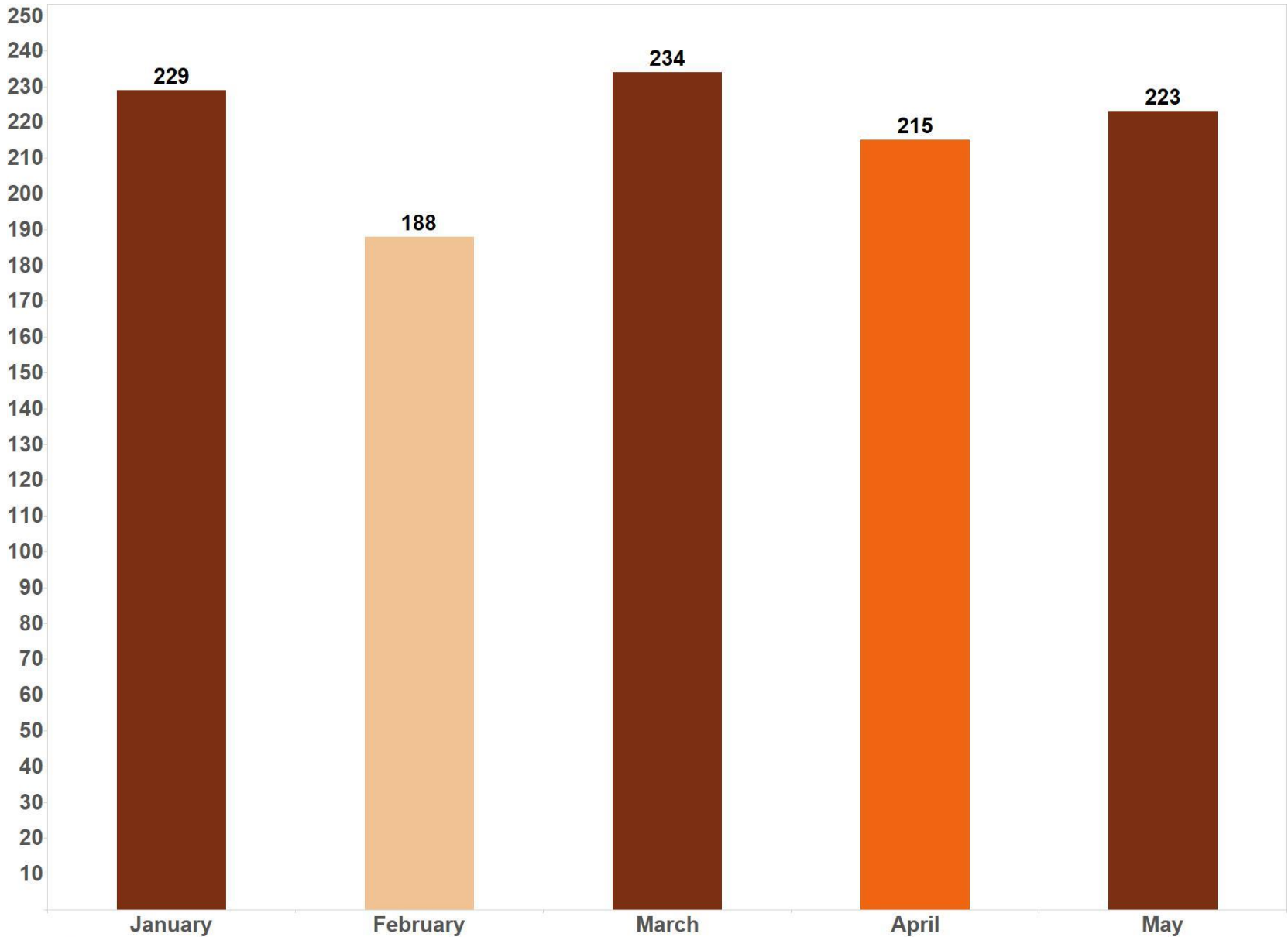
1. COAST will be utilized by officers to provide further crisis intervention, referrals to services, and education.
2. When an officer has determined the scene is safe and there is a need for COAST on scene, they will...request a COAST unit...
3. COAST shall provide a reasonable effort to resolve the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

The Number Of Individuals Assisted By COAST



Field Officer CIT- Related Incidents For January To May 2016

CIU-Related Incidents Handled By APD Field Officers, January To May, 2016

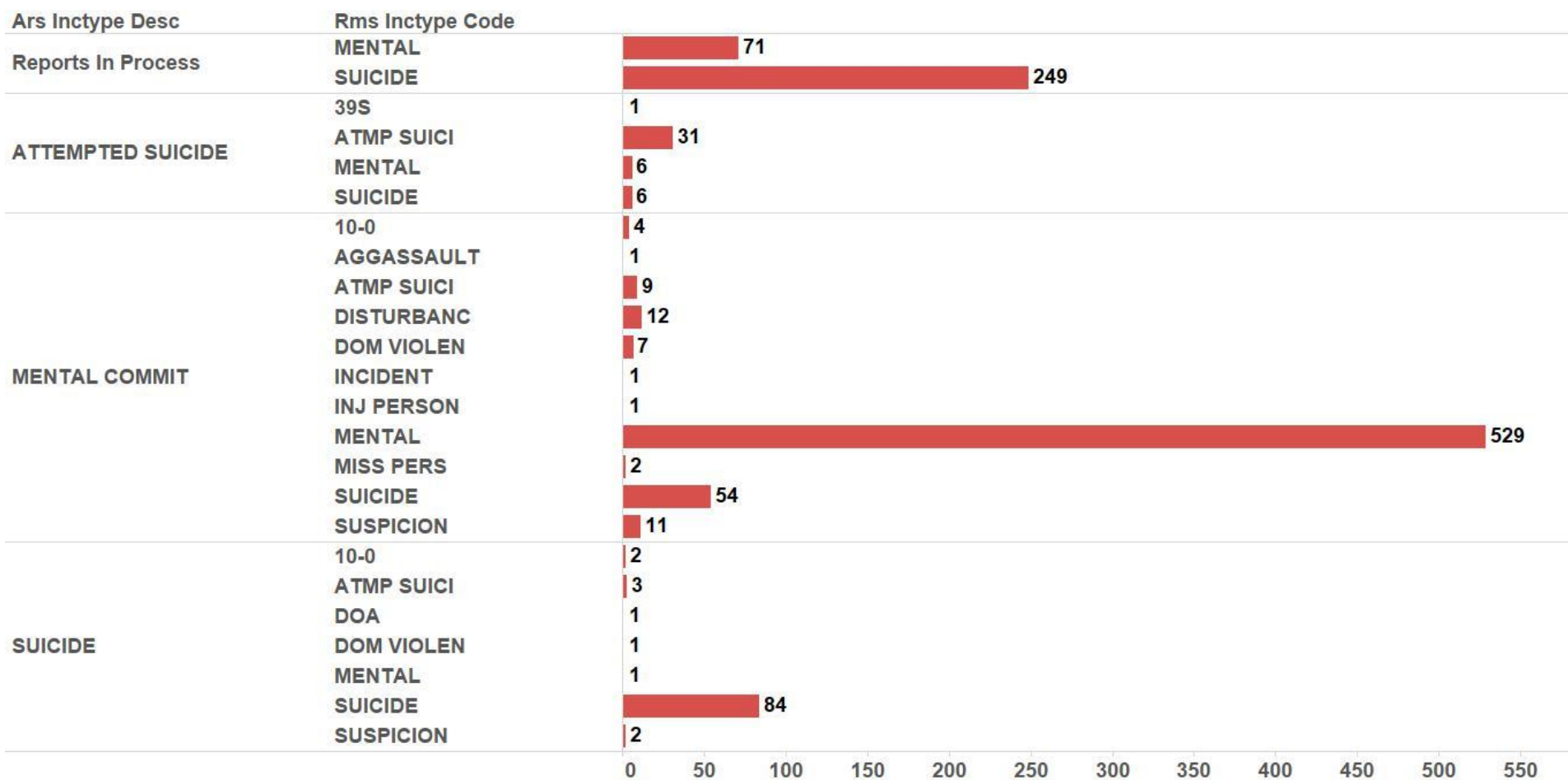


188 234

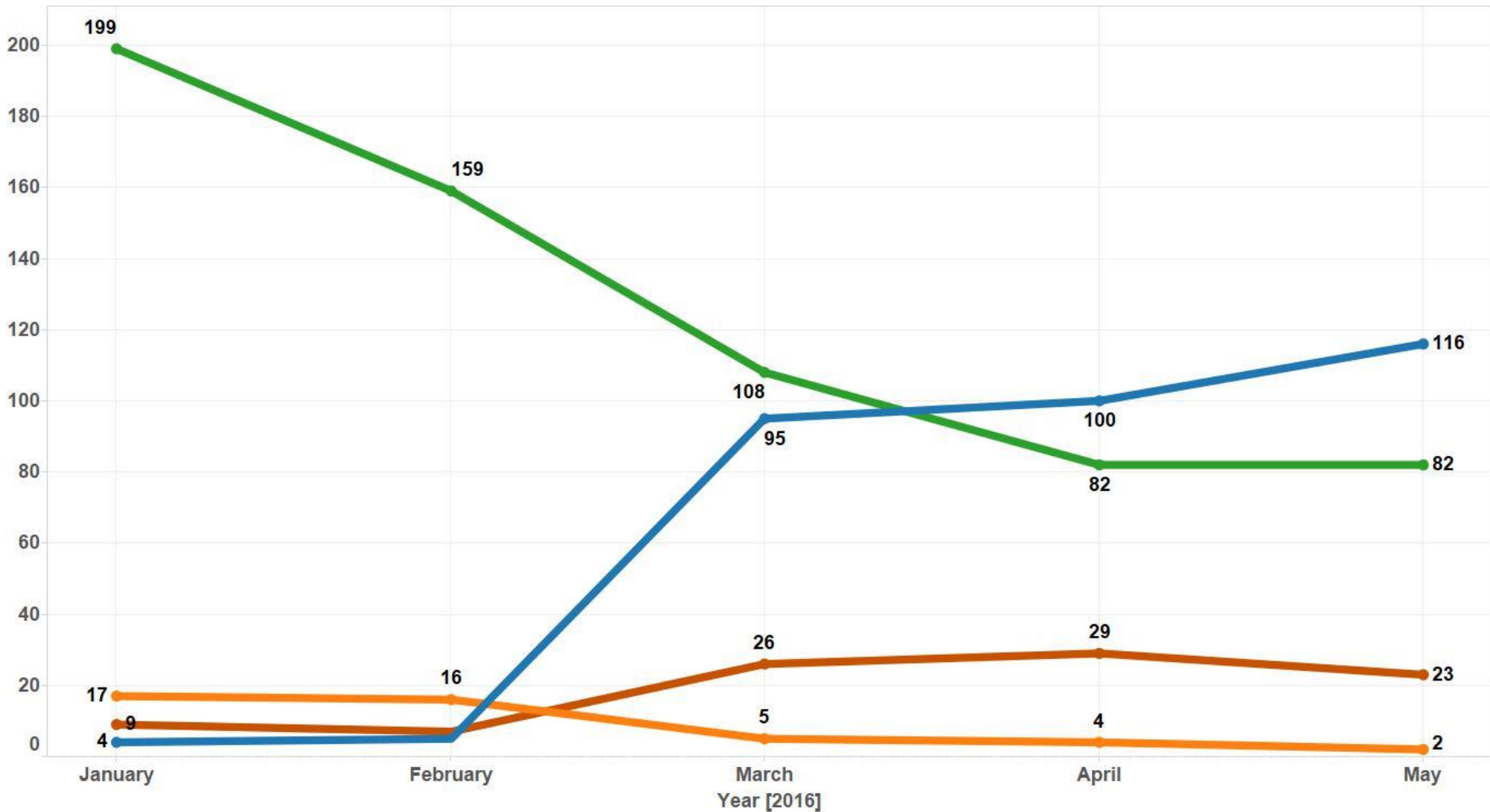
115

Source: APD IRIS & CIU

The 1,089 CIT-Related Incidents From January To May, 2016 Were Classified In The Following Ways

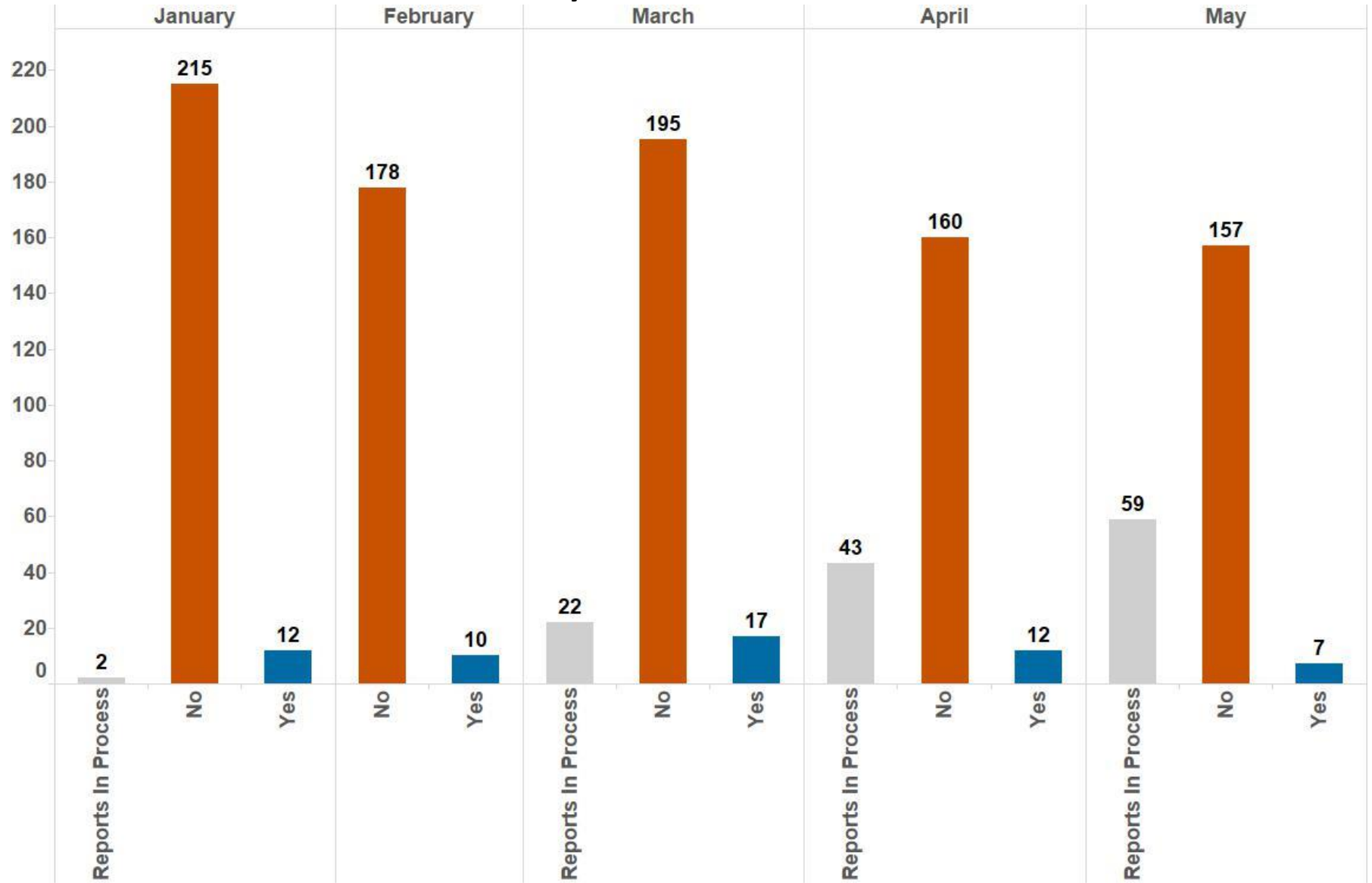


The CIT-Related Incidents By ARS Type, January To May 2016



Ars Inctype Desc
■ Reports In Process
■ ATTEMPTED SUICIDE
■ MENTAL COMMIT
■ SUICIDE

Did A Supervisor Respond To The Scene Of The CIT-Related Incidents Handled By APD Field Officers?



Did supervisor respond to scene
 Reports In Process
 No
 Yes

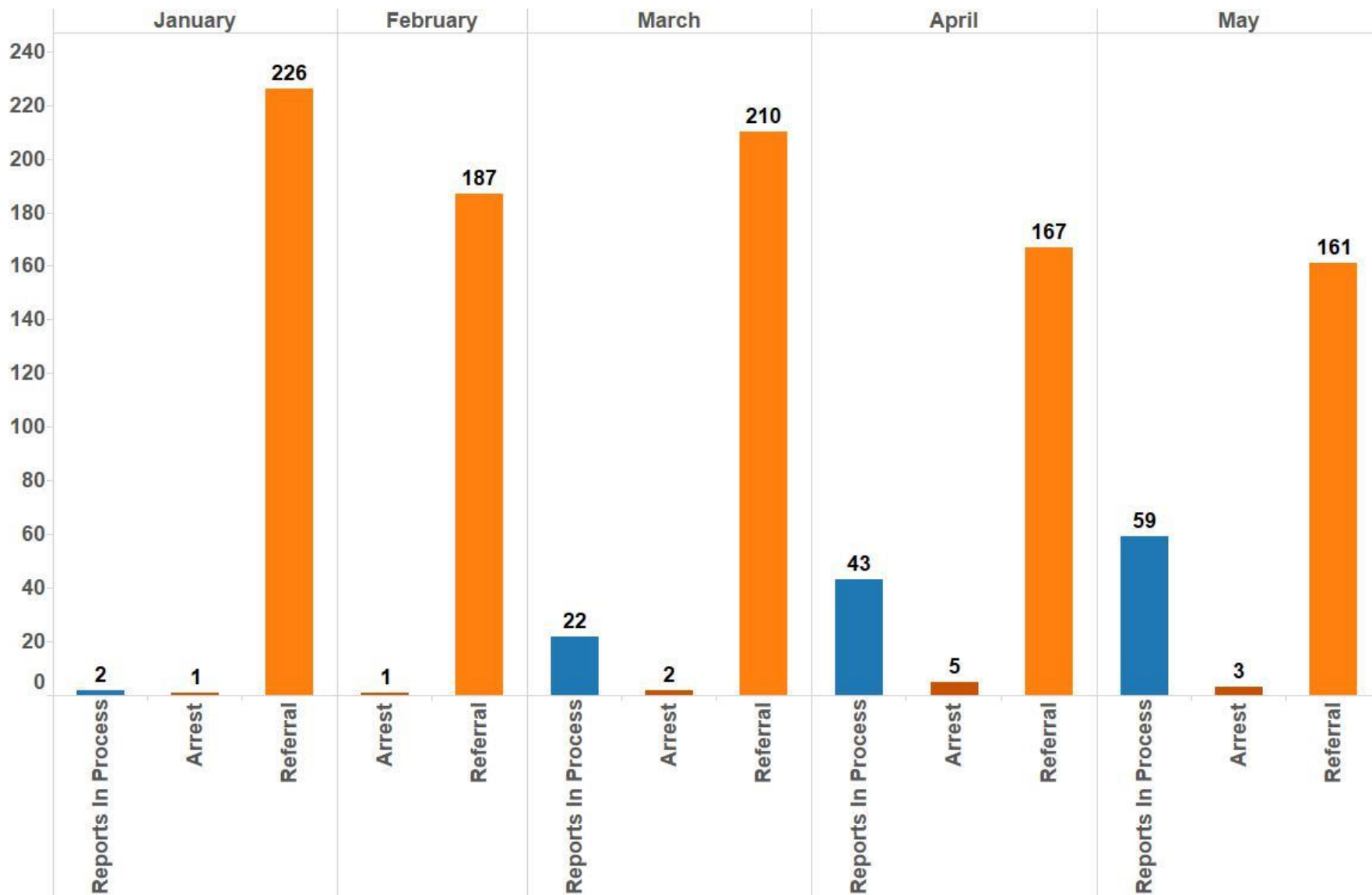
Source: APD RTCC & CIU

Was CIU On The Scene Of The CIT-Related Incidents Handled By APD Field Officers?



CIU on Scene
 ■ Reports In Process
 ■ No
 ■ Yes

Disposition Of CIU-Related Incidents Handled By APD Field Officers By Month

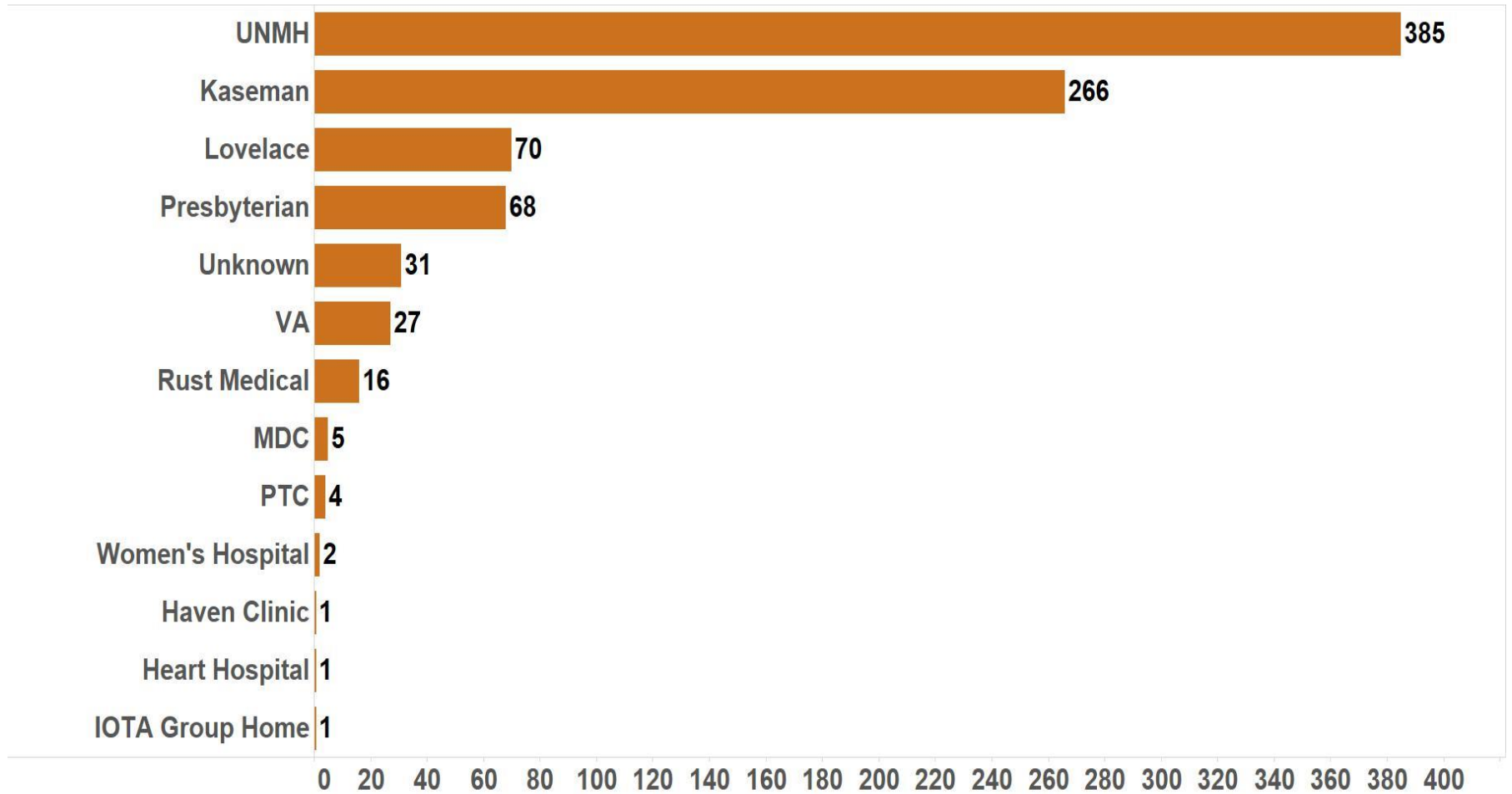


Disposition of the encounter (arrest, citation, referral)

- Reports In Process
- Arrest
- Referral

Where Did Transports To Emergence Care Go?

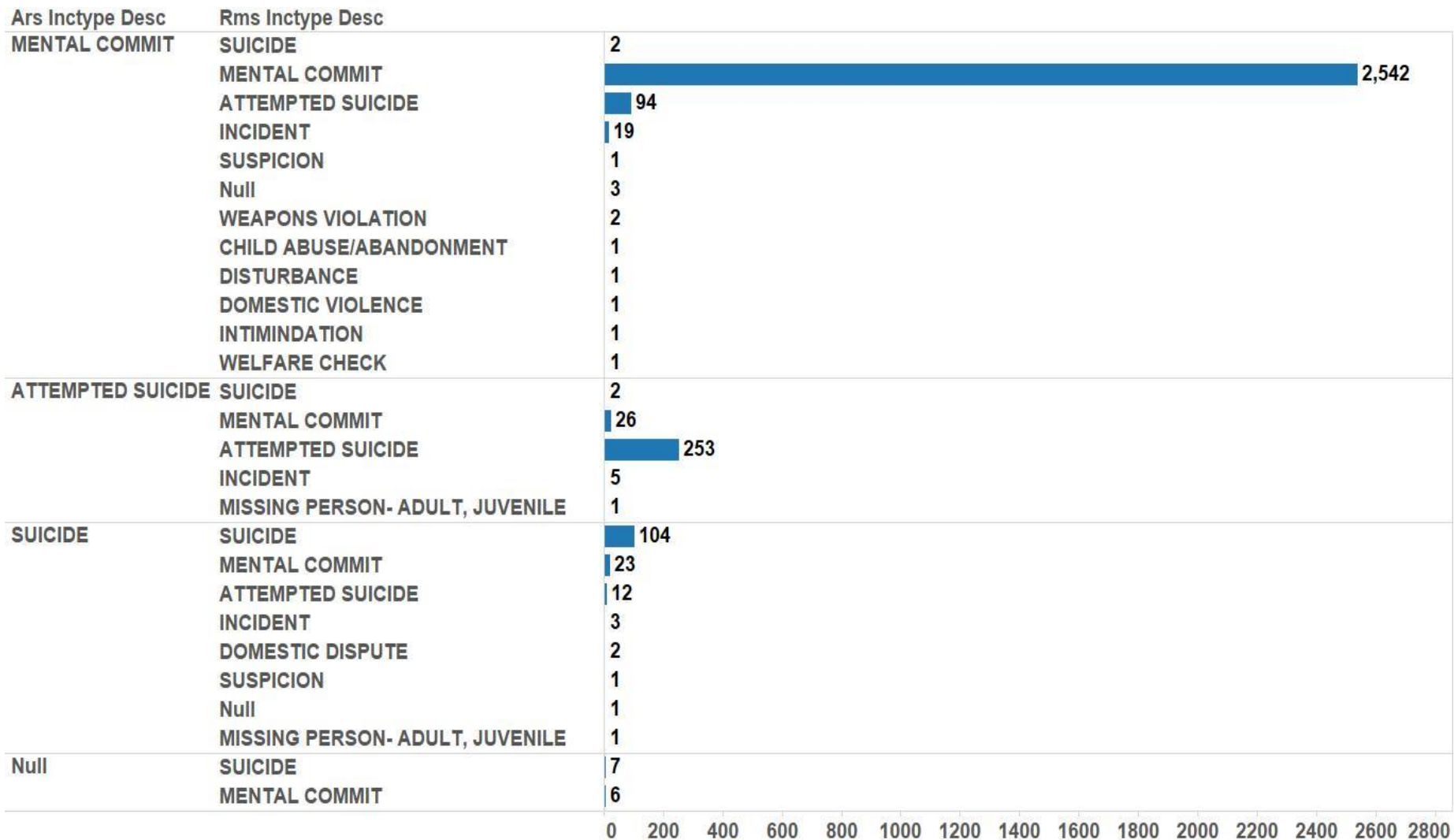
Transports to Hospital



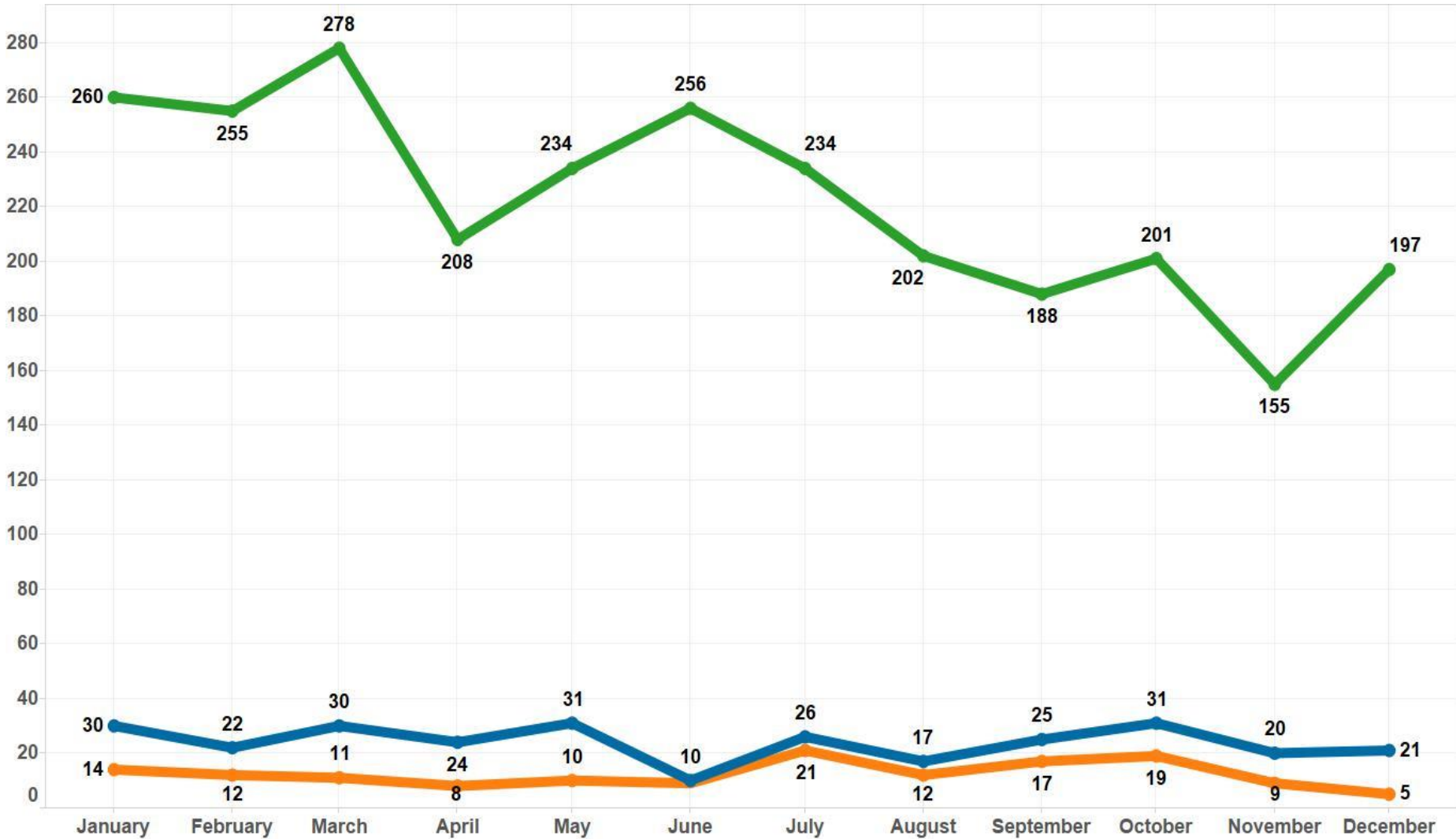
Exploratory Data Analyses: Findings To Consider

What Do We Know About Field Officer CIT-Responses For 2015

The 3,115 CIT-Related Incidents In 2015 Were Classified In The Following Ways

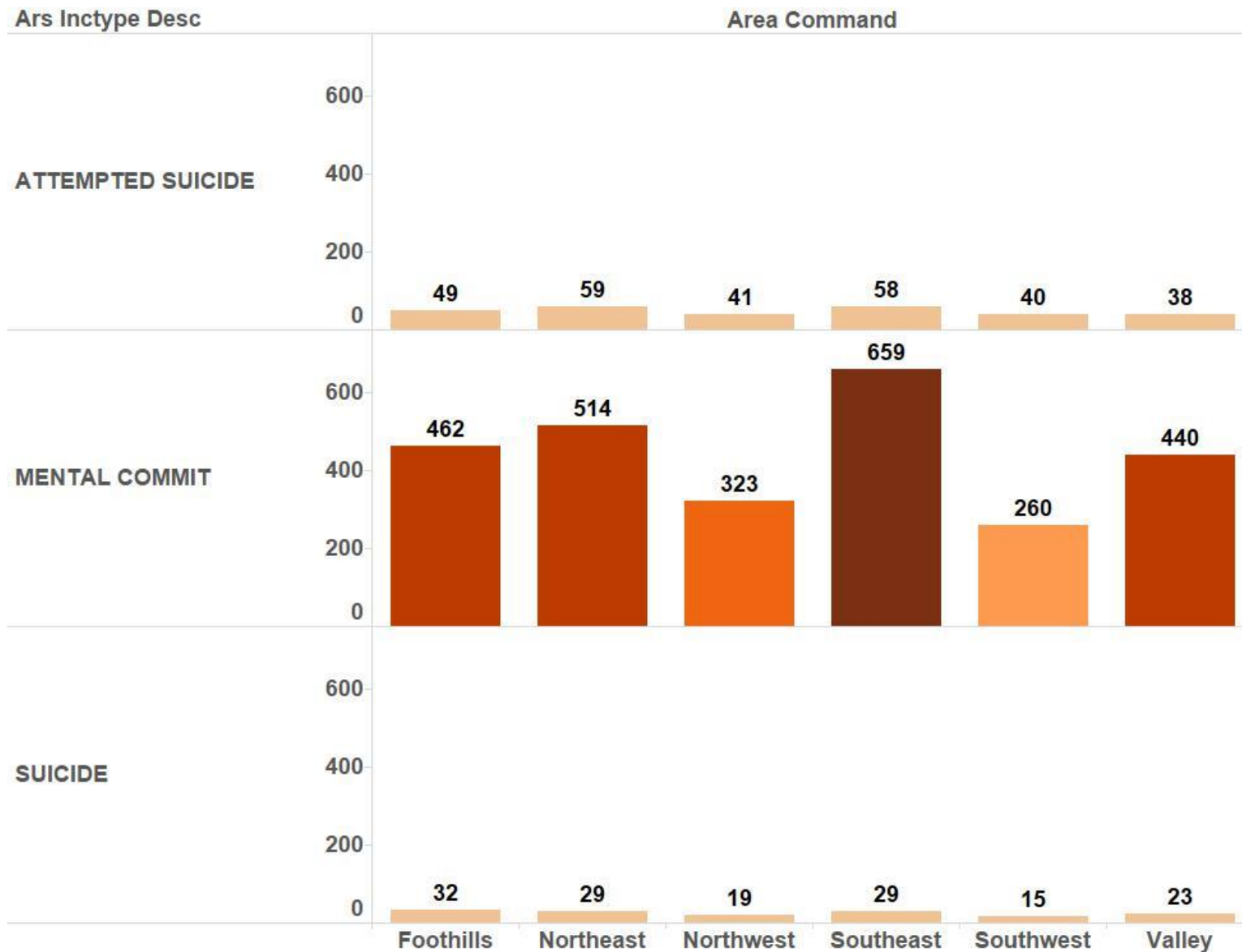


The 2015 CIT-Related Incidents By ARS Type And By Month

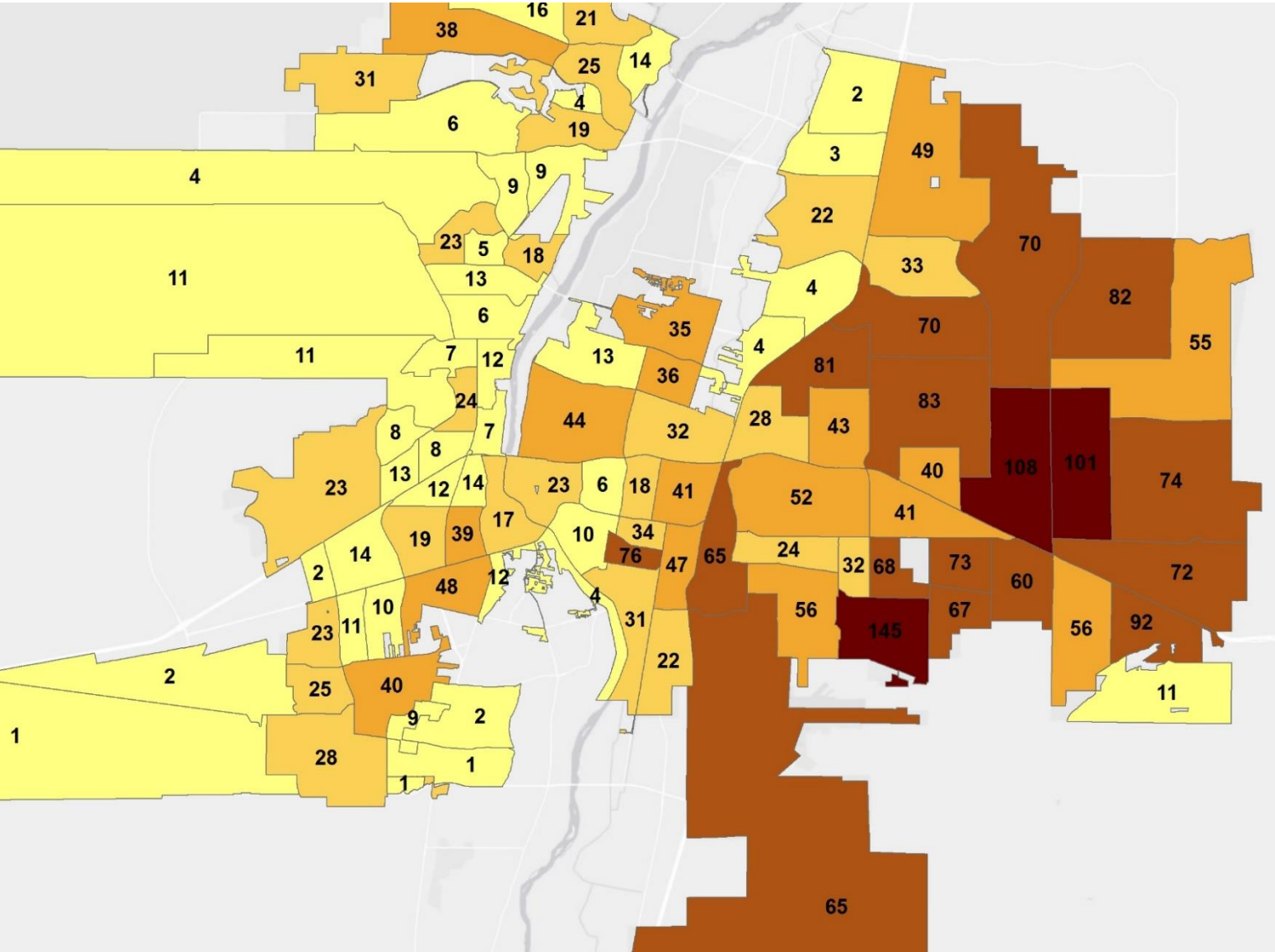


Ars Inctype Desc
■ ATTEMPTED SUICIDE
■ MENTAL COMMIT
■ SUICIDE

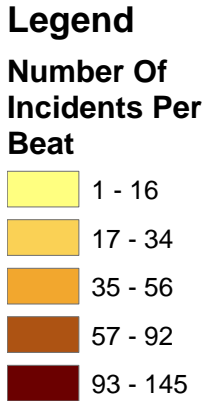
The 2015 CIT-Related Incidents by ARS Type And Area Command



The 2015 CIT-Related Incidents By Beat

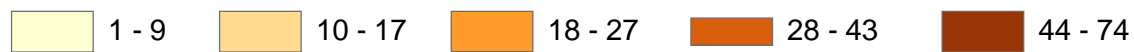
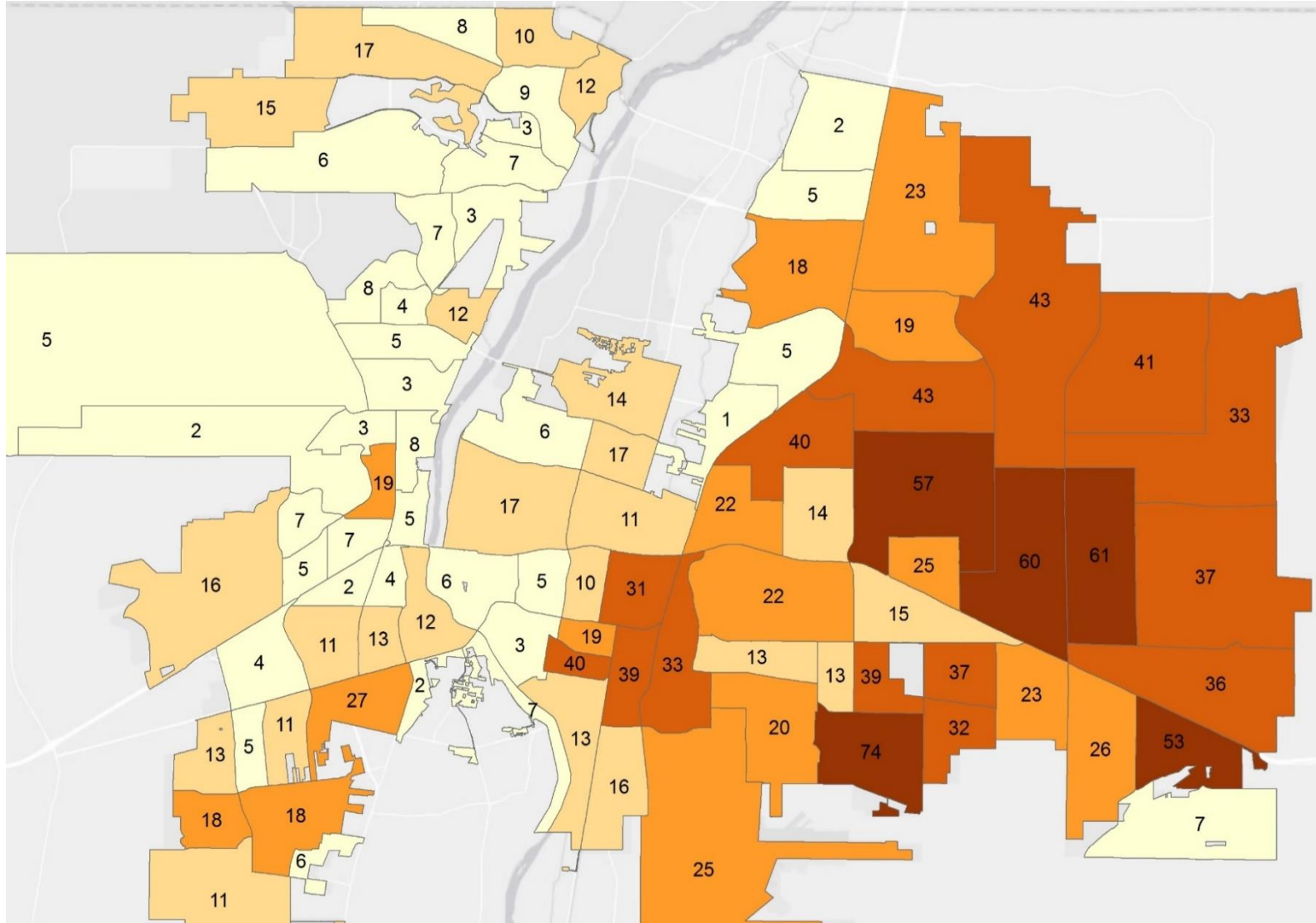


The ARS Classification Includes Attempted Suicide, Suicide, and Mental Commit



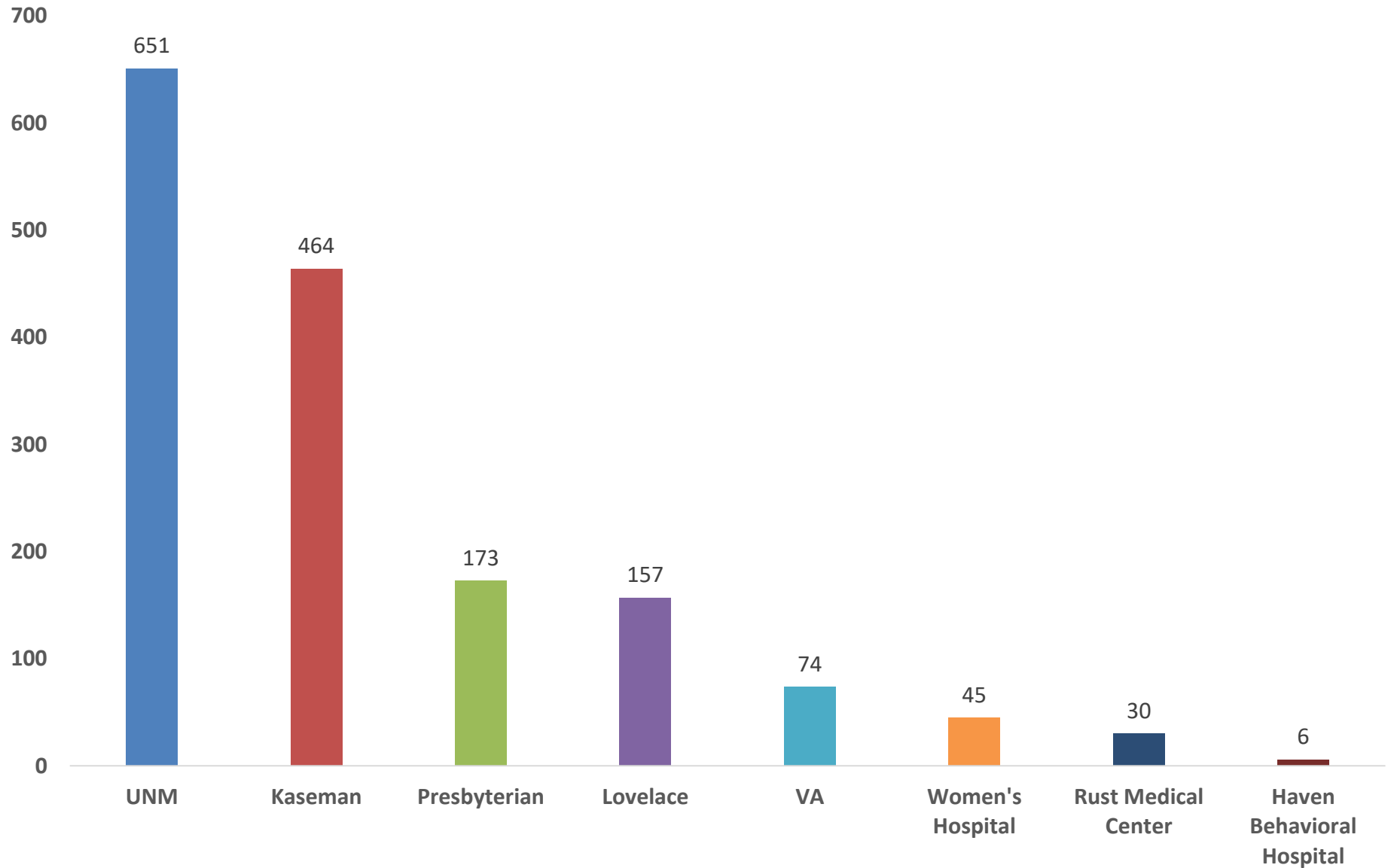
Source: APD Real Time Crime Center

In 2015, Field Officers In These Beats Provide 1,634 Transports To Emergency Facilities

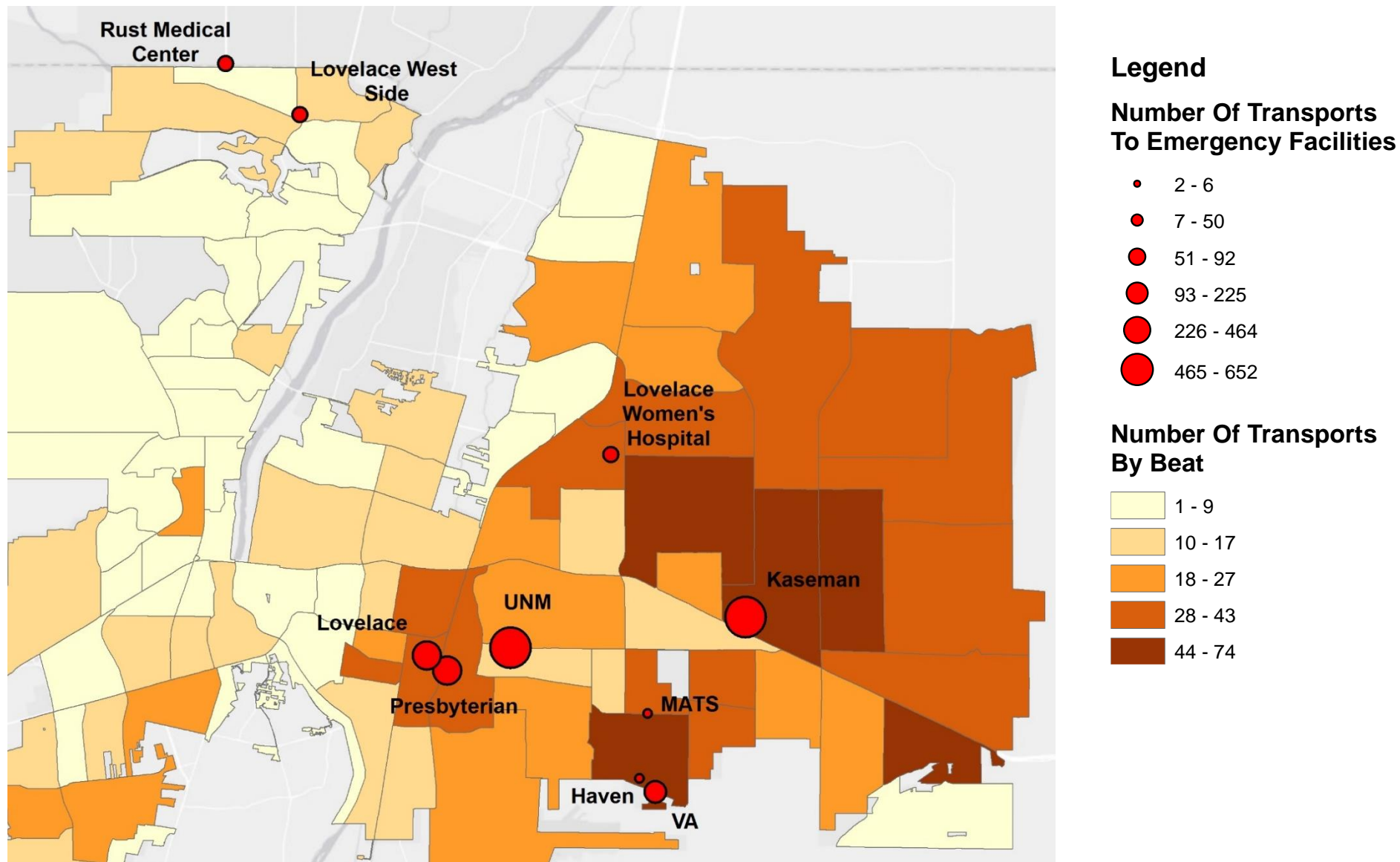


Source: APD Real Time Crime Center

In 2015, These Emergency Facilities Received Most Of The Individuals Transported



Transporting Individuals In Crisis To Emergency Facilities Rather Than Jail Is Critically Important



Discussion?

The Mental Health Response Advisory Committee Status Report: May 17, 2016



Prepared By:

**The Albuquerque Police Department Crisis Intervention Unit
The Albuquerque Police Department Real Time Crime Center**

Key Contact: Lt. Glenn St. Onge

505-924-6007

gstonge@cabq.gov

Version 2.0

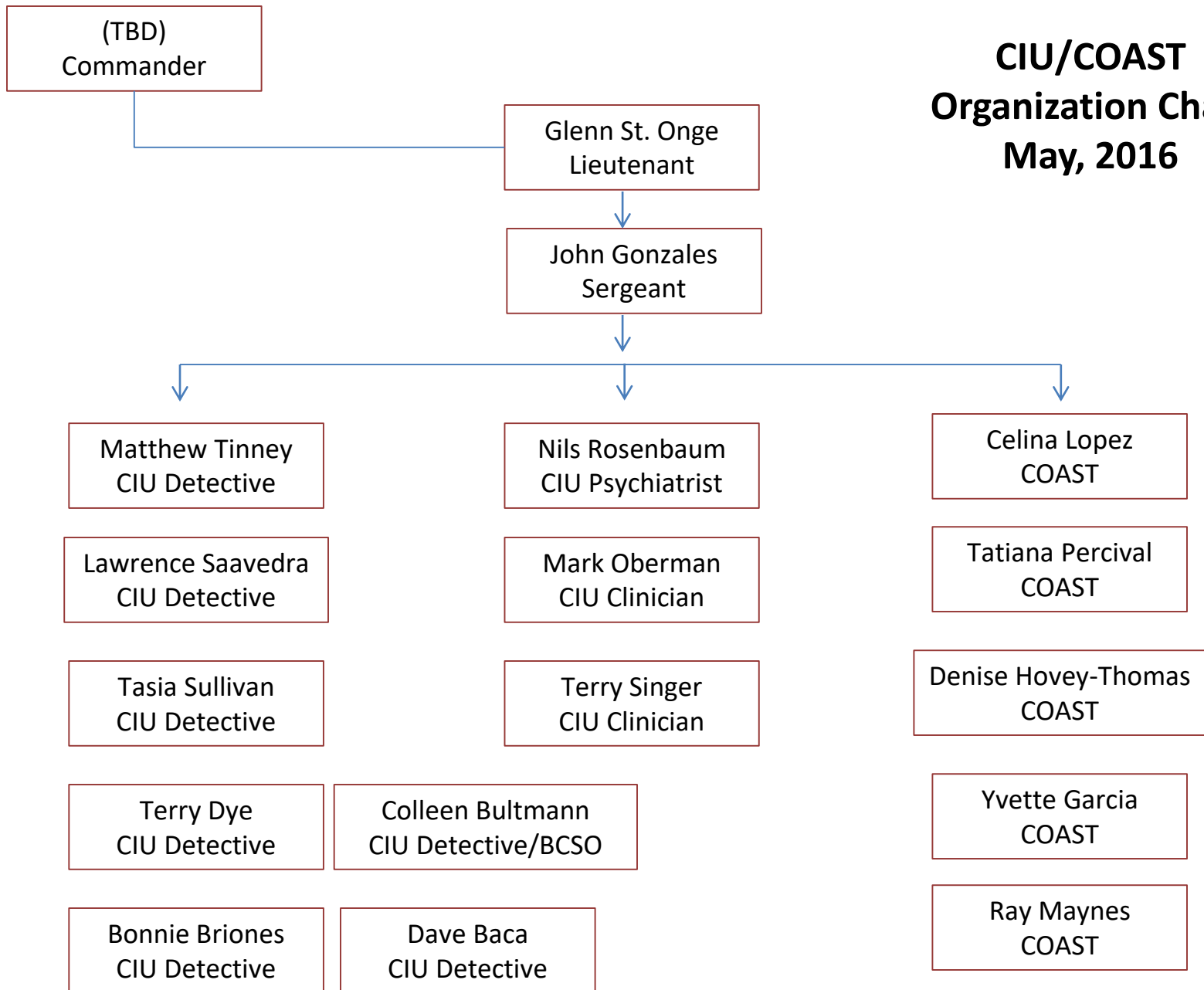
**Our Conversations With Others
Always Lead To Better Data And
Smarter Thinking.**

Mental Health Response Advisory Committee Monthly Report

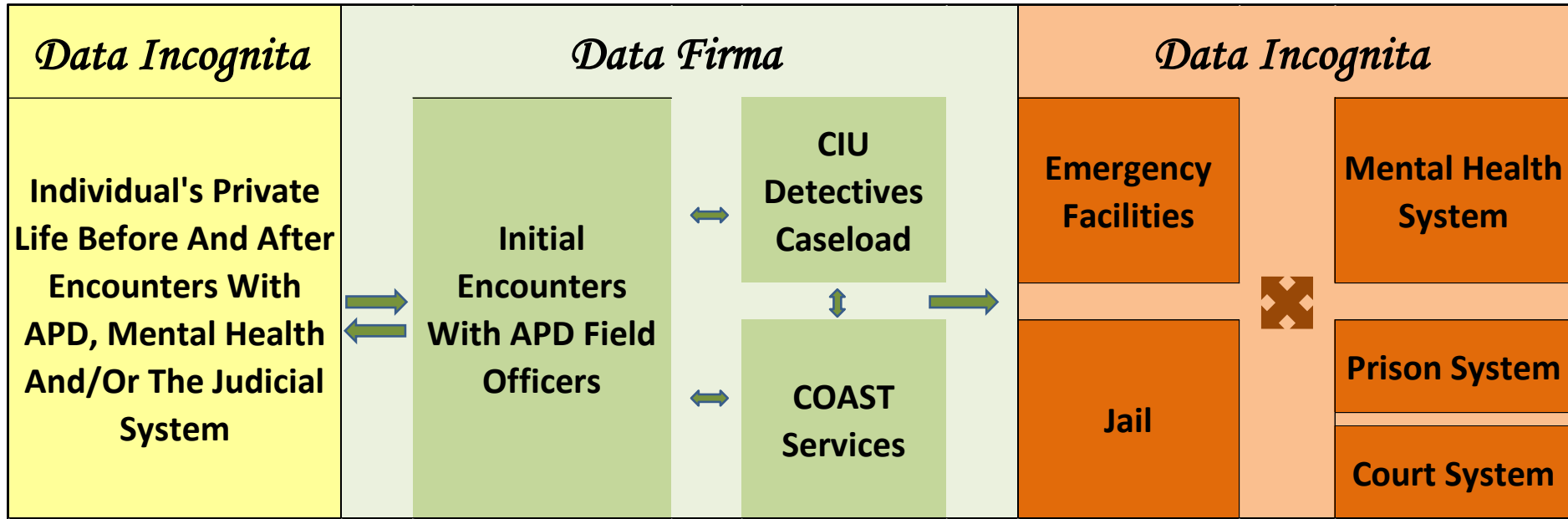
Table Of Contents

- 1. Crisis Intervention Unit Organizational Chart**
- 2. The Data We Have**
- 3. Key Outcomes**
- 4. Descriptive Data**
 - CIU Detectives' Case Loads**
 - COAST Case Loads**
 - Initial CIT-Related Encounters With APD Field Officers**
- 5. Exploratory Data Analyses: Findings To Consider**

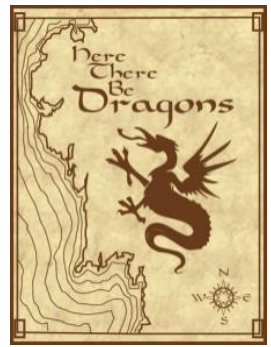
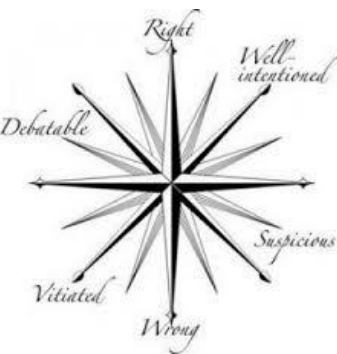
CIU/COAST Organization Chart May, 2016



Mapping The Data



Legend



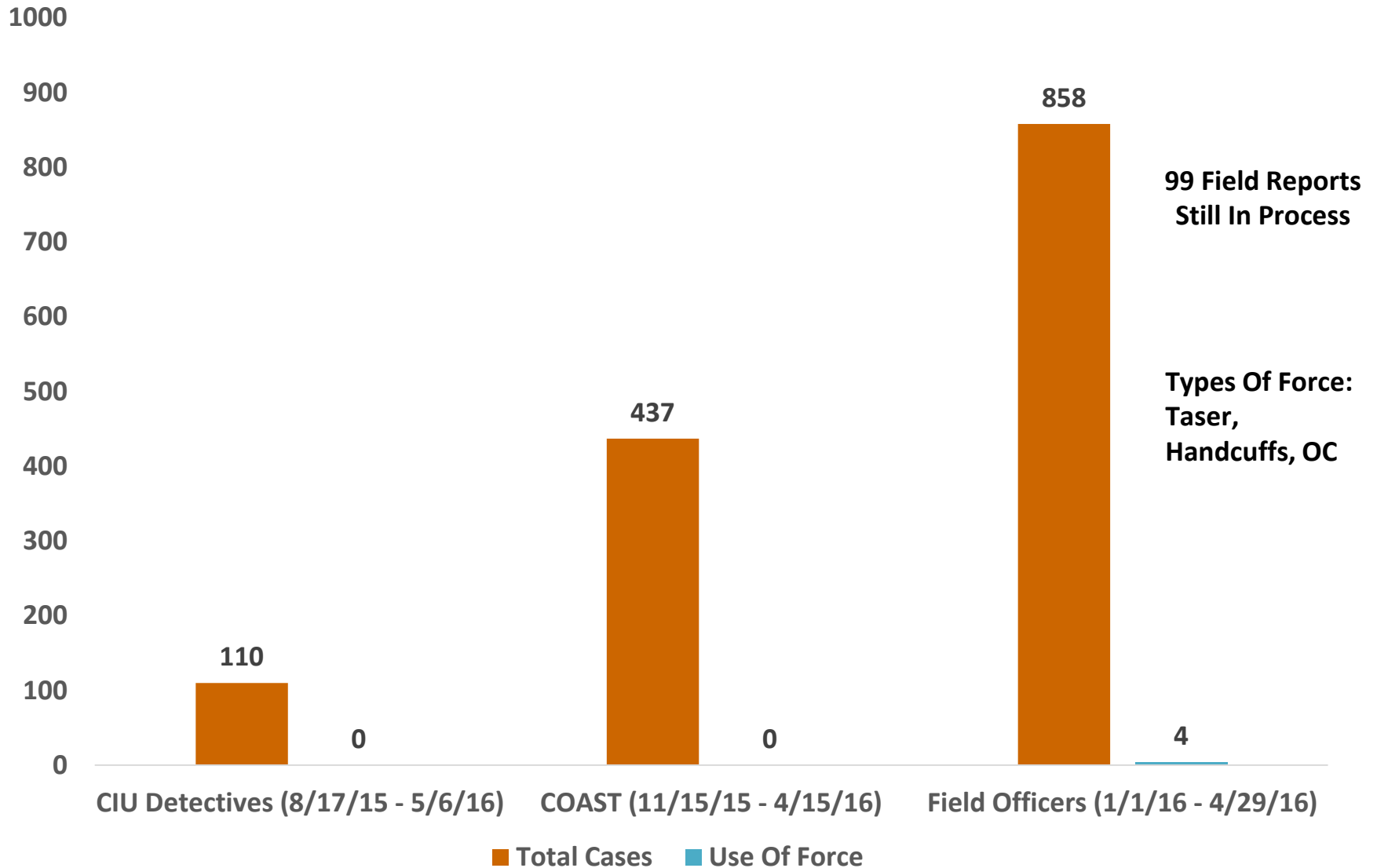
Data Sets Included In This Report

APD	How Many Individuals	Dates Covered	Complete Reports	Reports In Process	Percent Complete Reports	Source
CIU Detectives	110	8/17/15 to 5/6/16	110	0	100%	CIU Cases Loads
COAST	437	9/1/15 to 4/15/16	437	0	100%	CIT Worksheets
Field Officers	858	1/1/16 to 4/29/16	759	99	89%	CAD, RMS & CIU

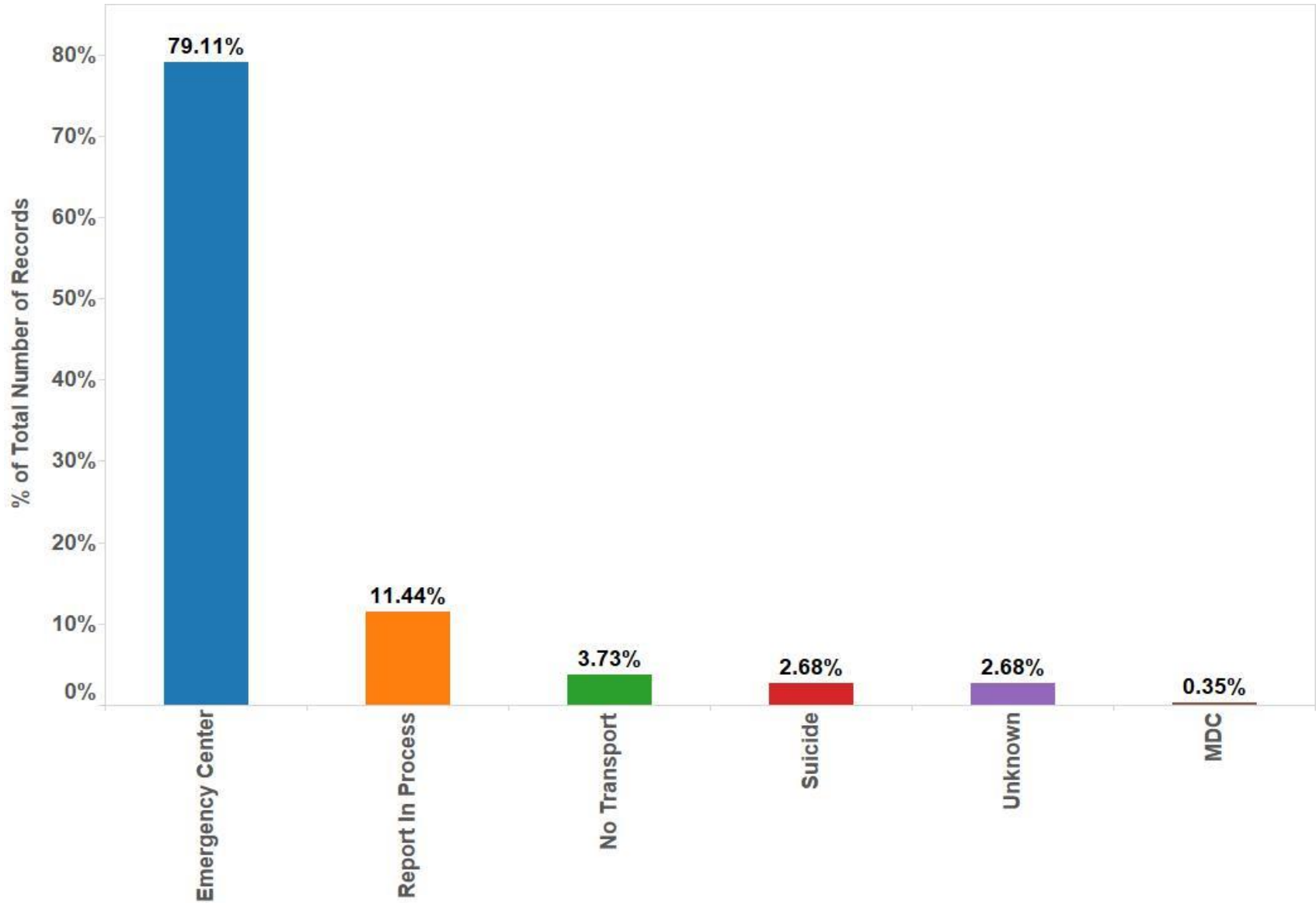
Note: These data are subject to revision as we engage in continuous data cleanup.

Key Outcomes

Total CIU-Related Cases & Encounters And Use Of Force



858 CIU-Related Initial Encounters With APD Field Officers And Transports To Emergency Centers



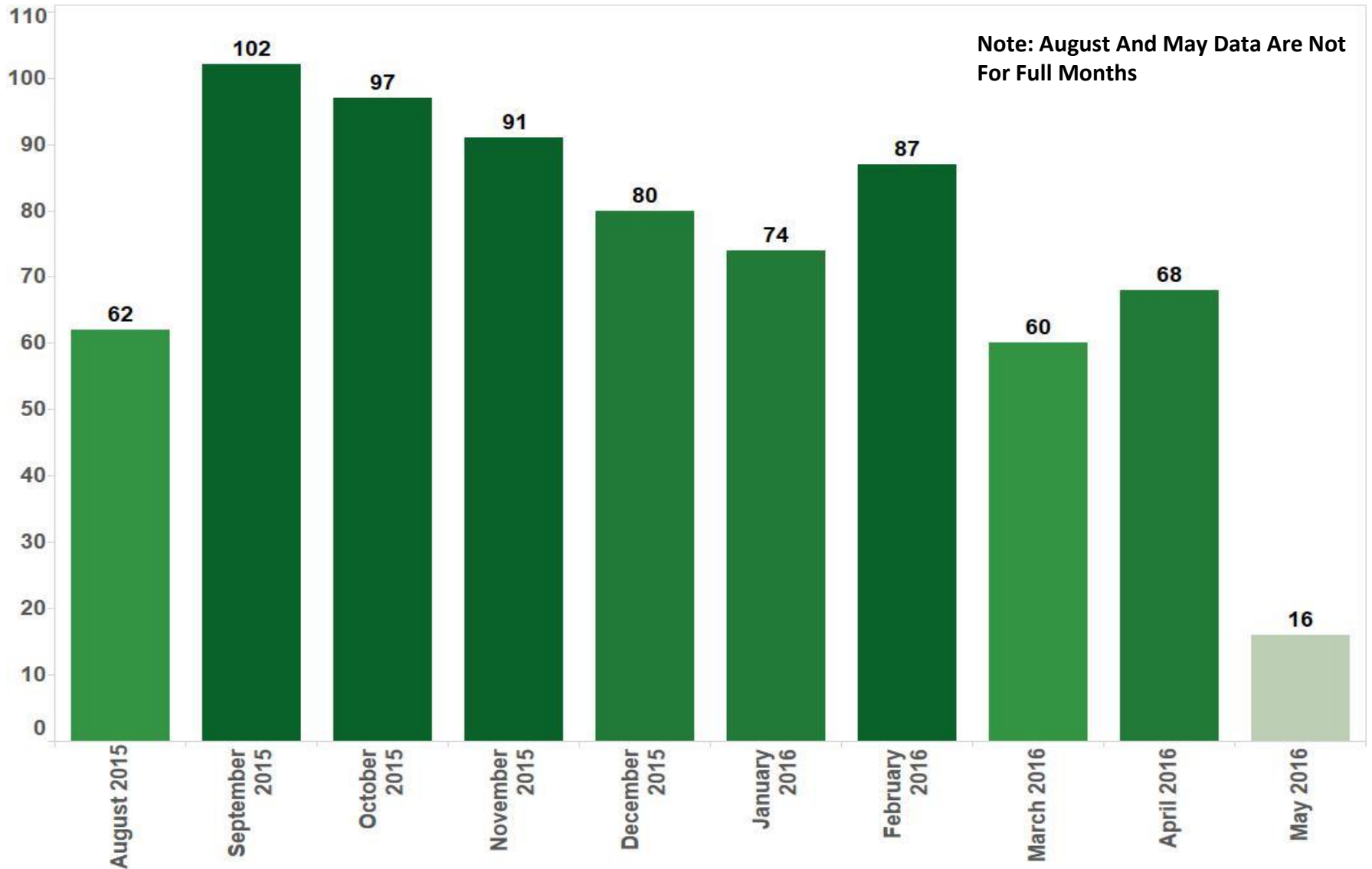
The Crisis Intervention Unit Detective's Case Load

Individuals On The CIU Detectives' Case Loads Meet These Criteria

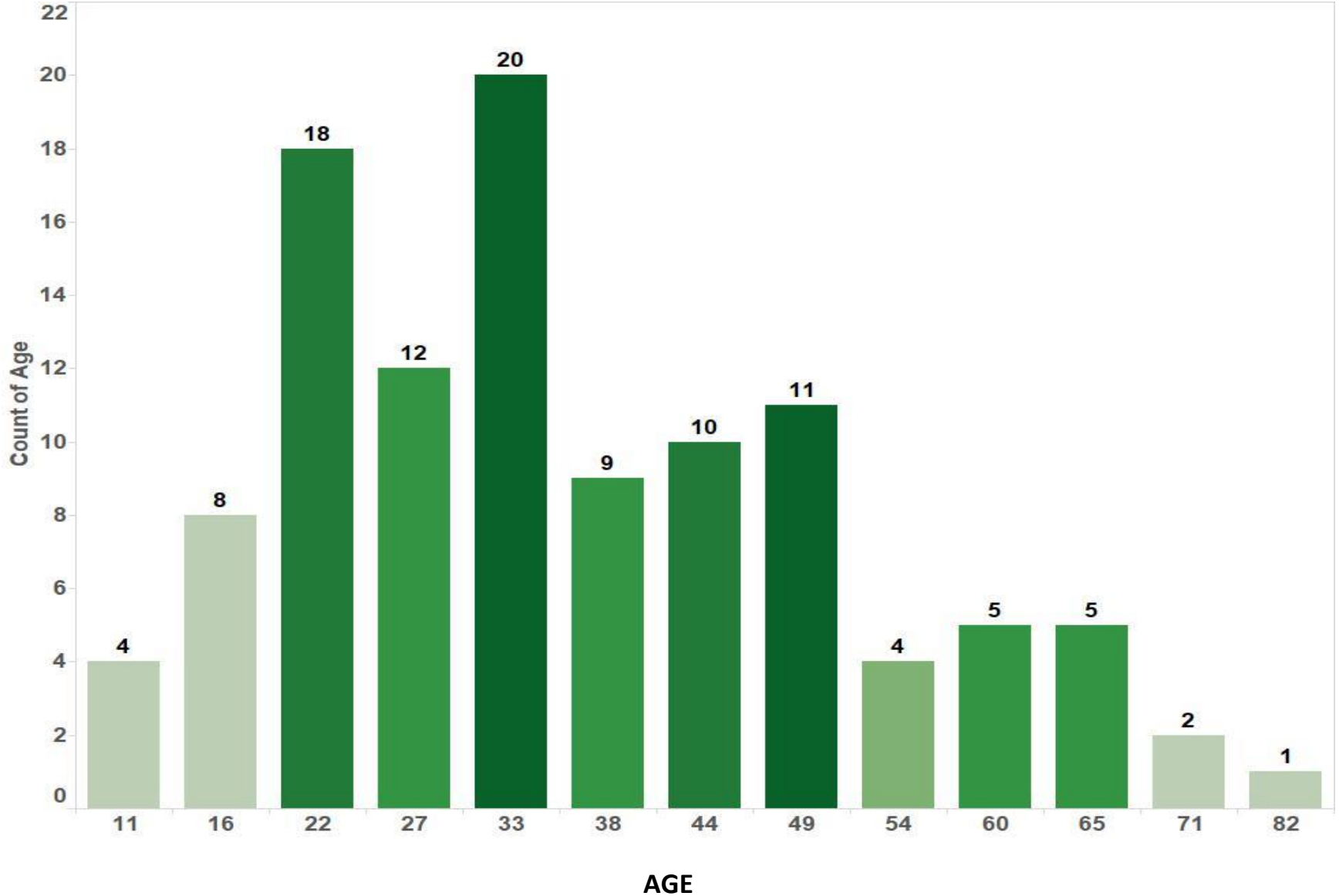
CIU detectives shall limit their intake to Police Referrals only, unless exigent circumstances exist. These referrals should have the following criteria:

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

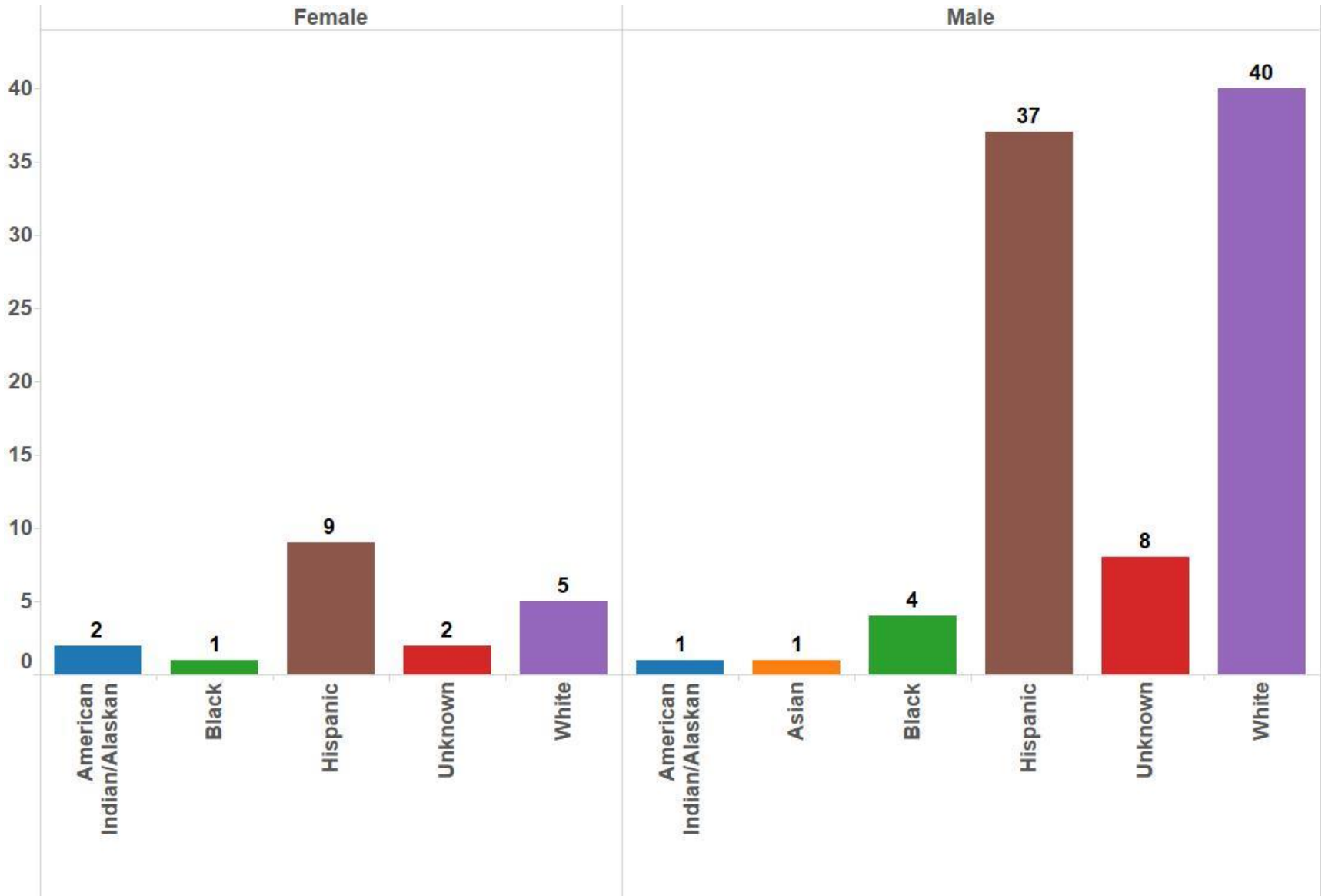
Number of Individuals On CIU Detectives' Cases Loads By Month From August 17, 2015 To May 6, 2016



The Ages Of The 110 Individuals On The CIU Detectives' Case Load (August 17, 2015 To May 6, 2016)

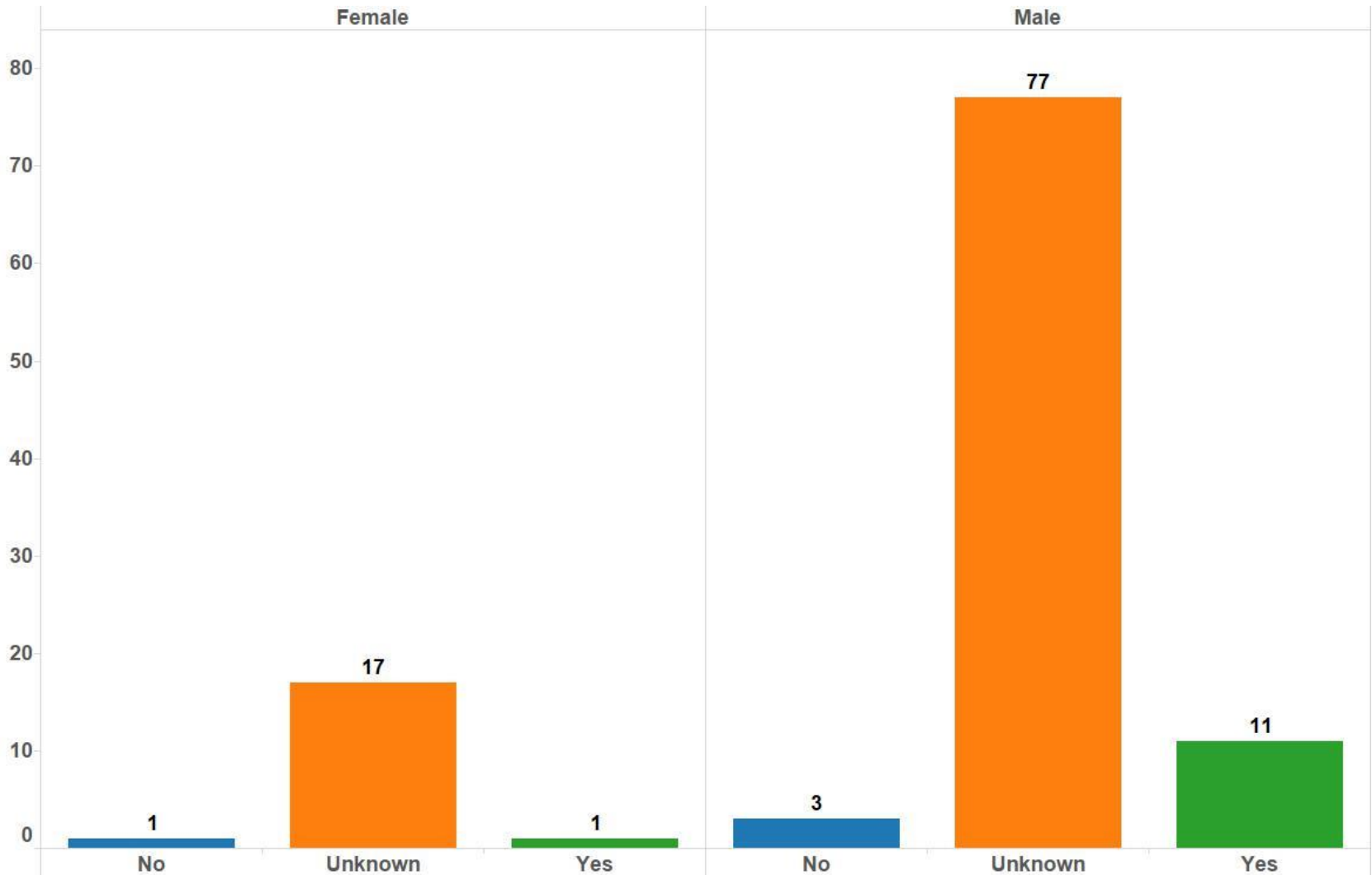


The Gender, Race/Ethnicity Of The 110 Individuals On The CIU Detectives' Case Load (August 17, 2015 To May 6, 2016)

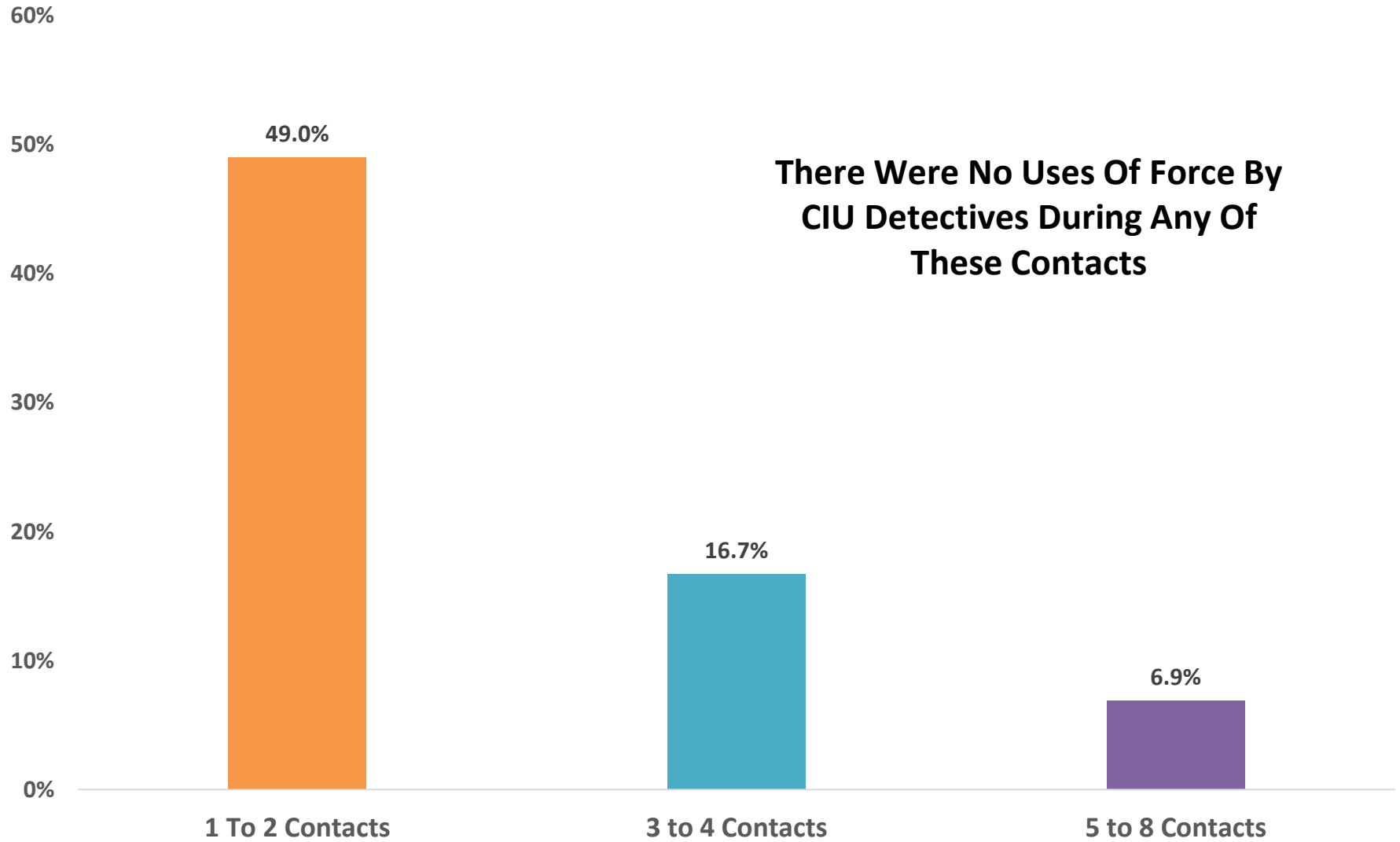


Source: APD Crisis Intervention Unit

The Veteran Status By Gender Of The 110 Individuals On The CIU Detectives' Case Load (August 17, 2015 To May 6, 2016)



Many Of The Individuals On The CIU Detective Case Loads Require Multiple Face-To-Face Contacts



**There Were No Uses Of Force By
CIU Detectives During Any Of
These Contacts**

The Crisis Intervention Unit COAST Case Load

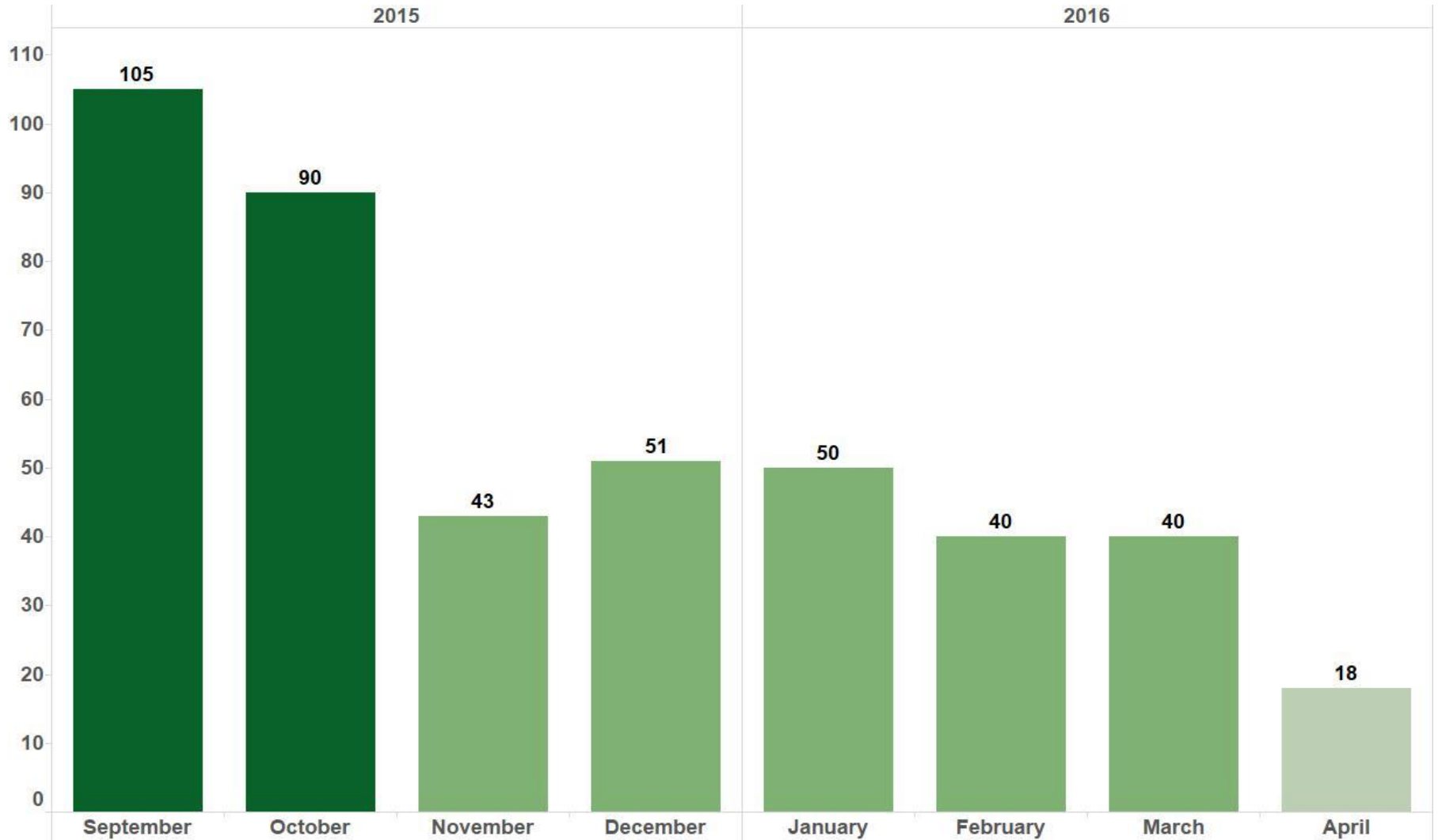
COAST Specialists Provide Their Services In These Circumstances

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

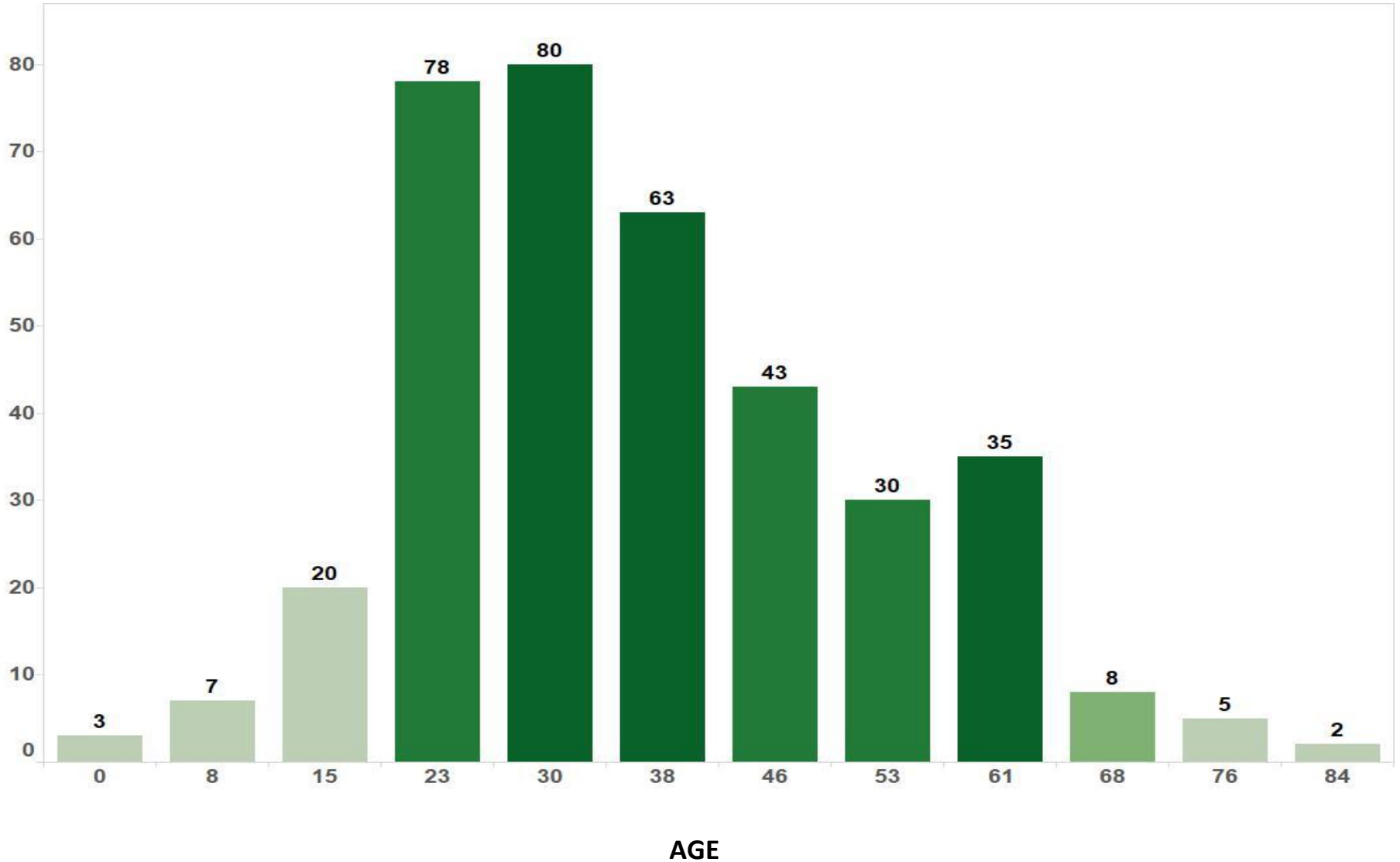
COAST Specialists Focus On These Kinds Of Issues

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

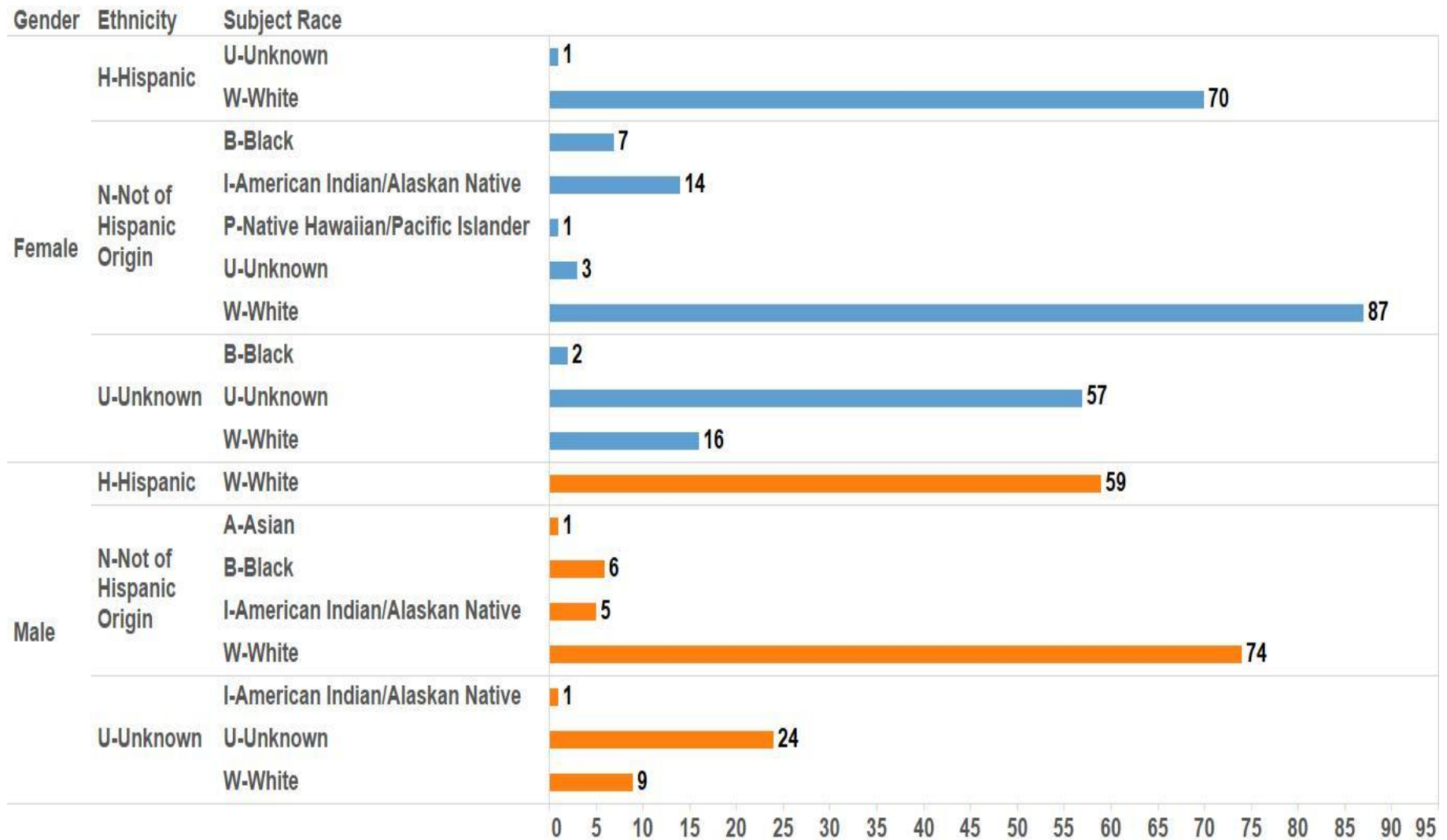
Coast Provided Services To 437 Individuals Between September, 2015 and April 15, 2016



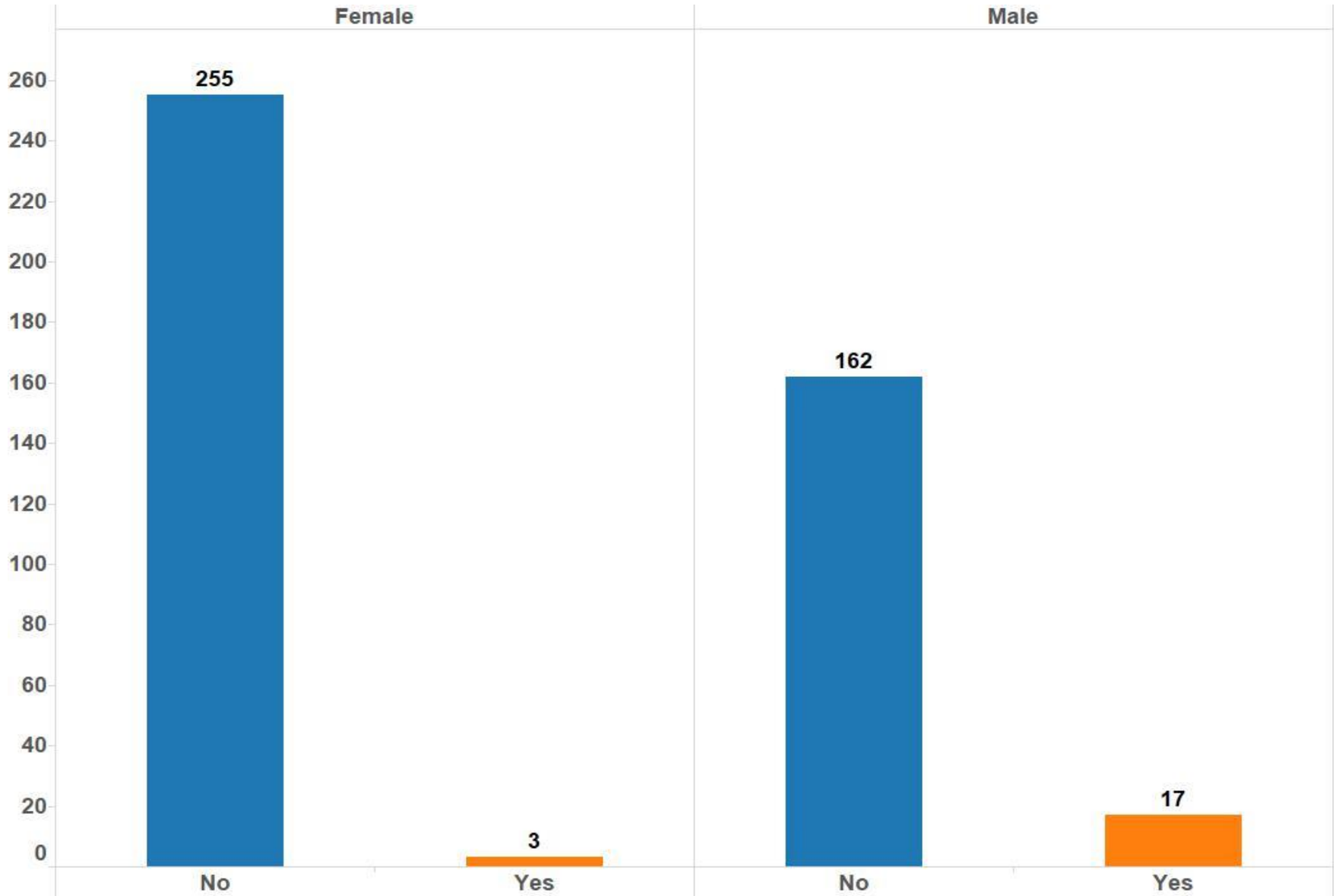
The Age Of The Individuals Served By COAST



The Gender & Race/Ethnicity Of The Individuals Served By COAST

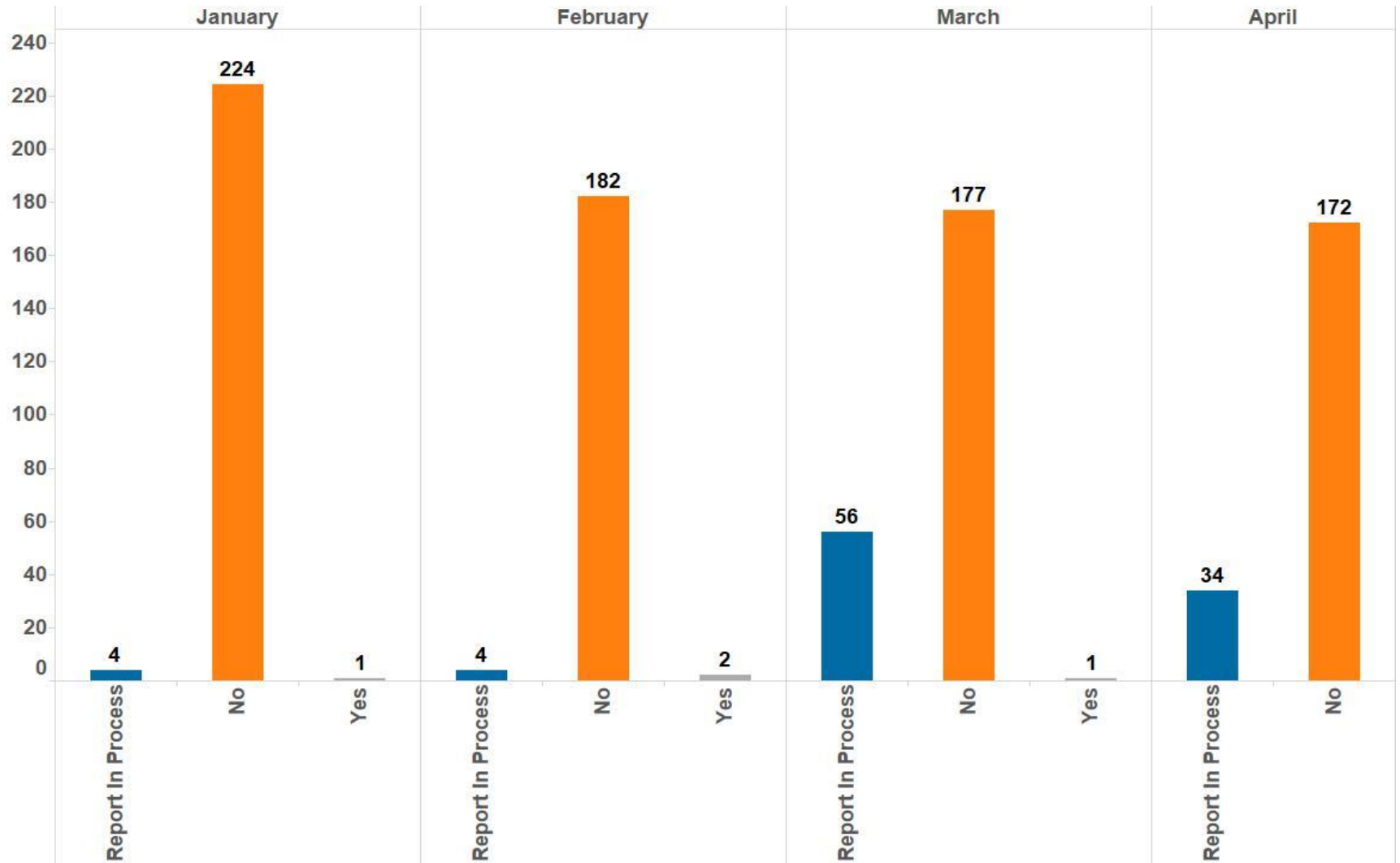


Did The Individuals Served By COAST Claim To Be Veterans?

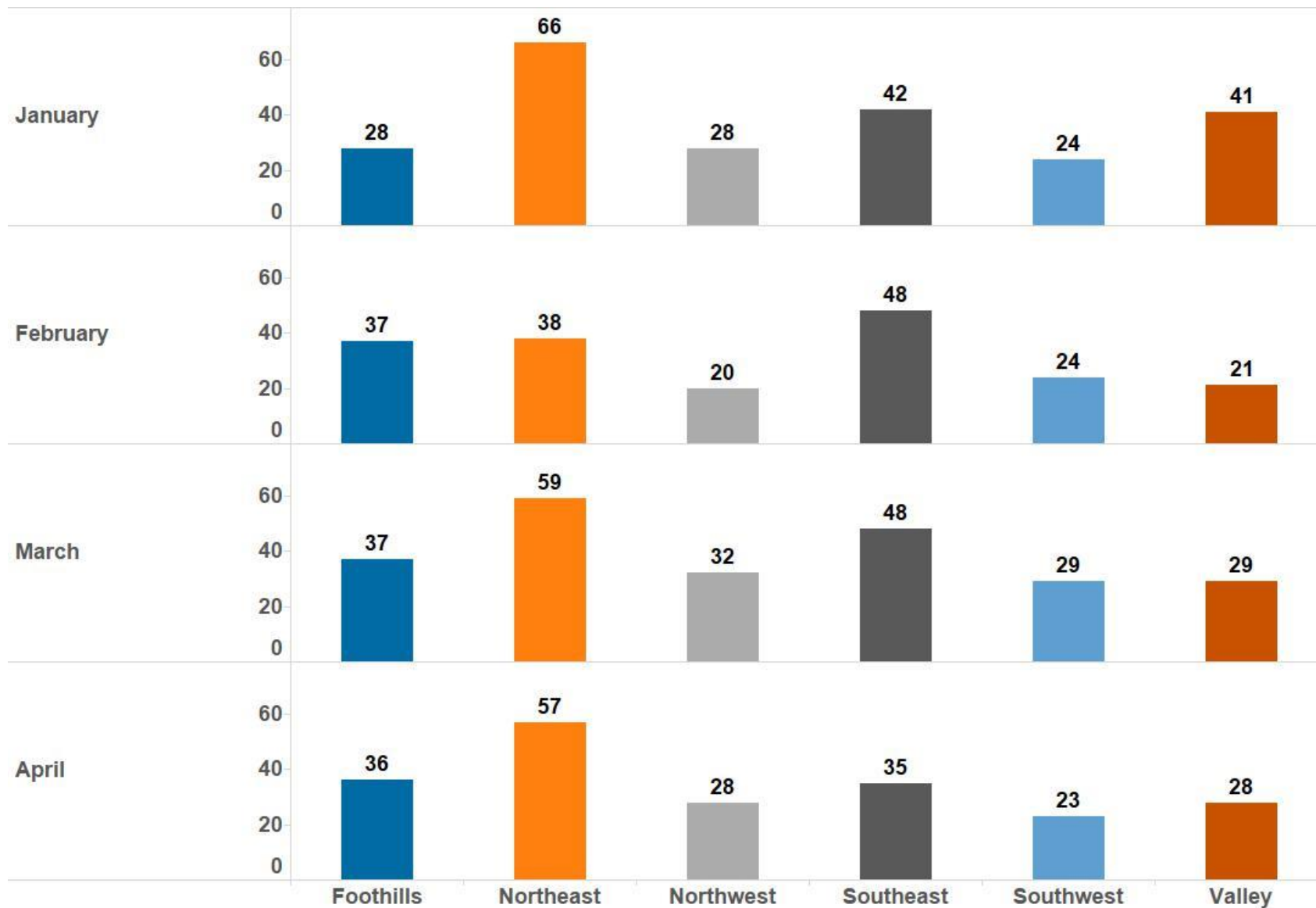


Initial CIT-Related Encounters With APD Field Officers

Use Of Force With Individuals In CIU-Related Incidents During Initial Encounter With Field Officers

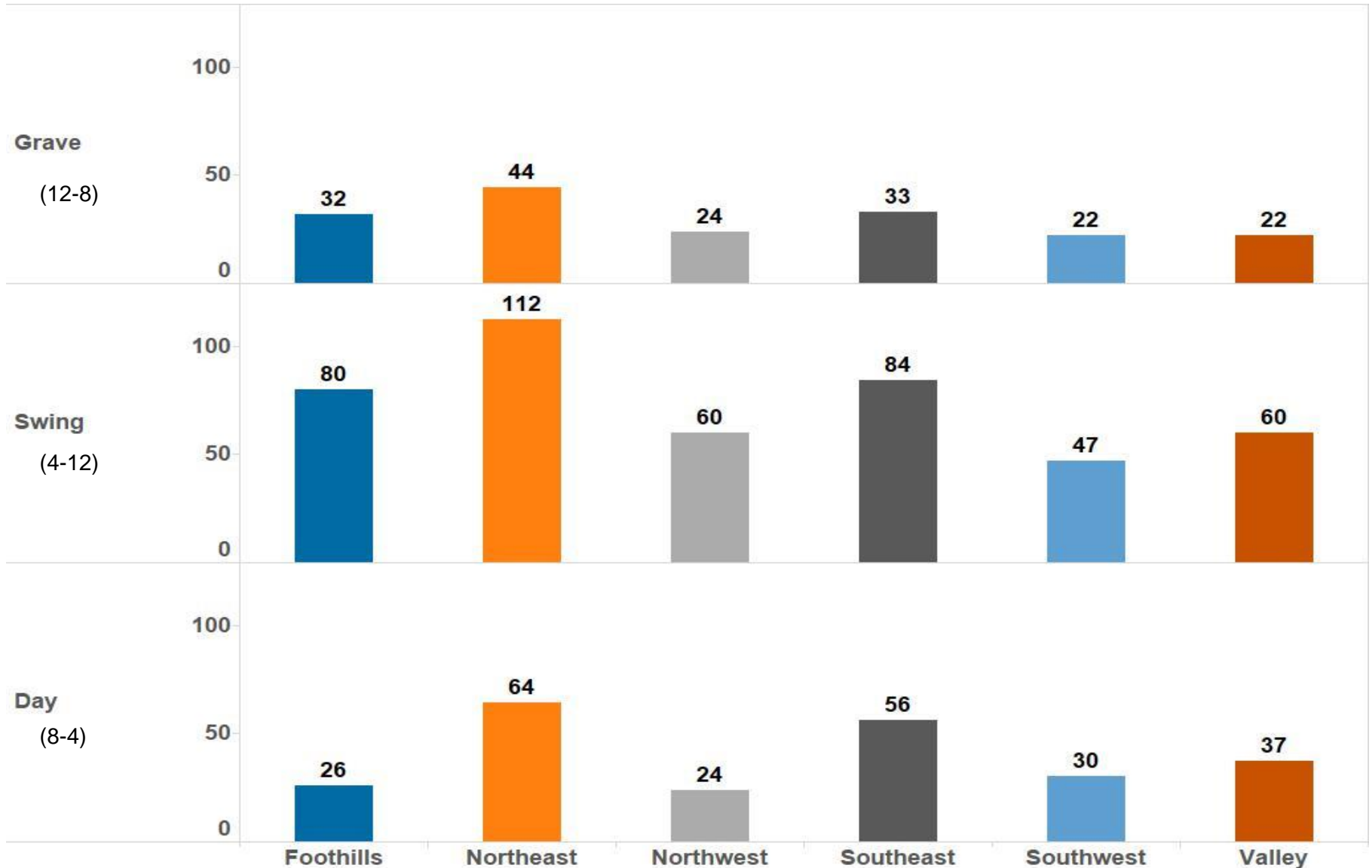


Field Officers In The Six APD Area Commands Worked With 858 CIT-Related Incidents January, 2016 to April, 2016

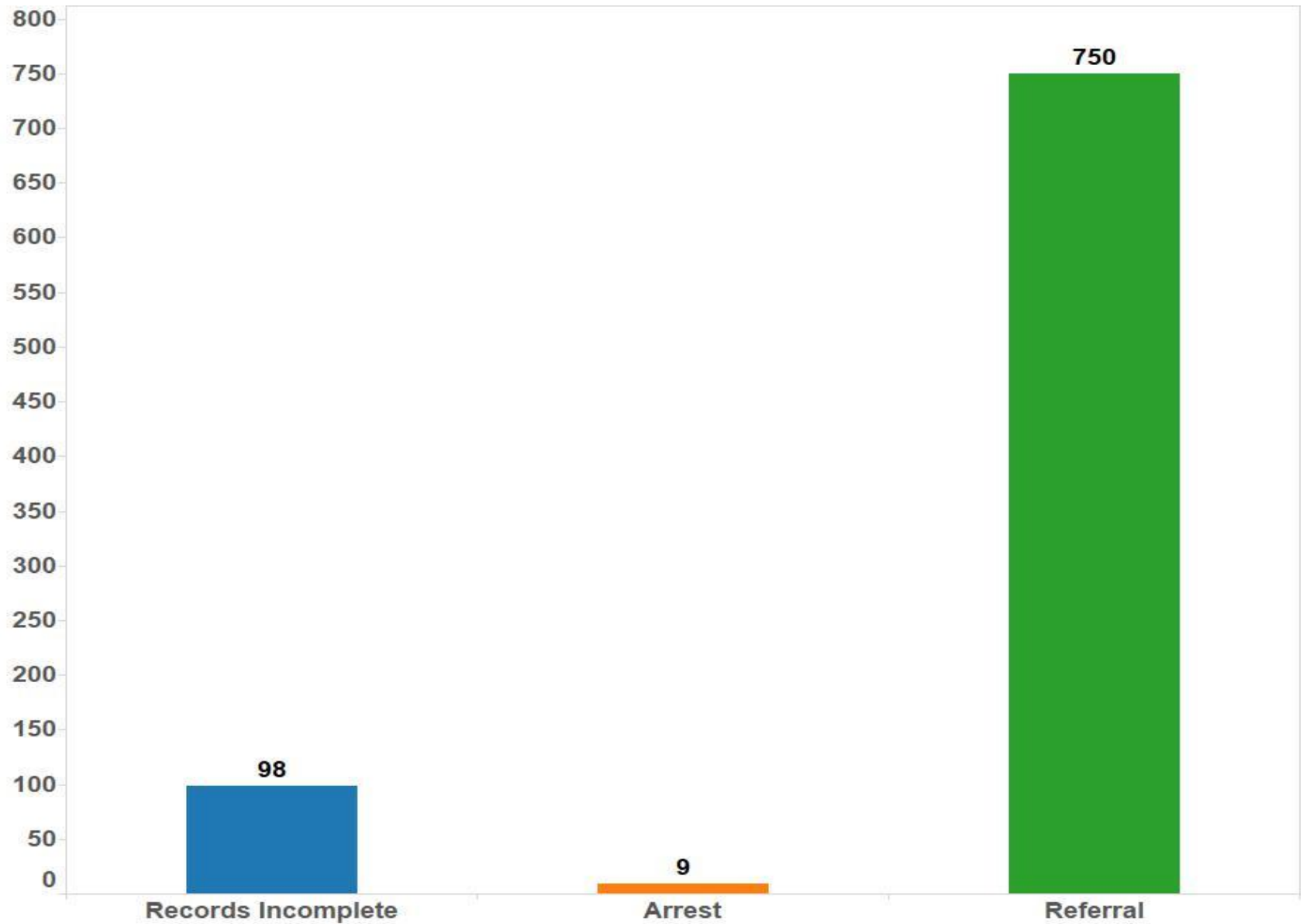


Source: APD Real Time Crime Center; Crisis Intervention Unit

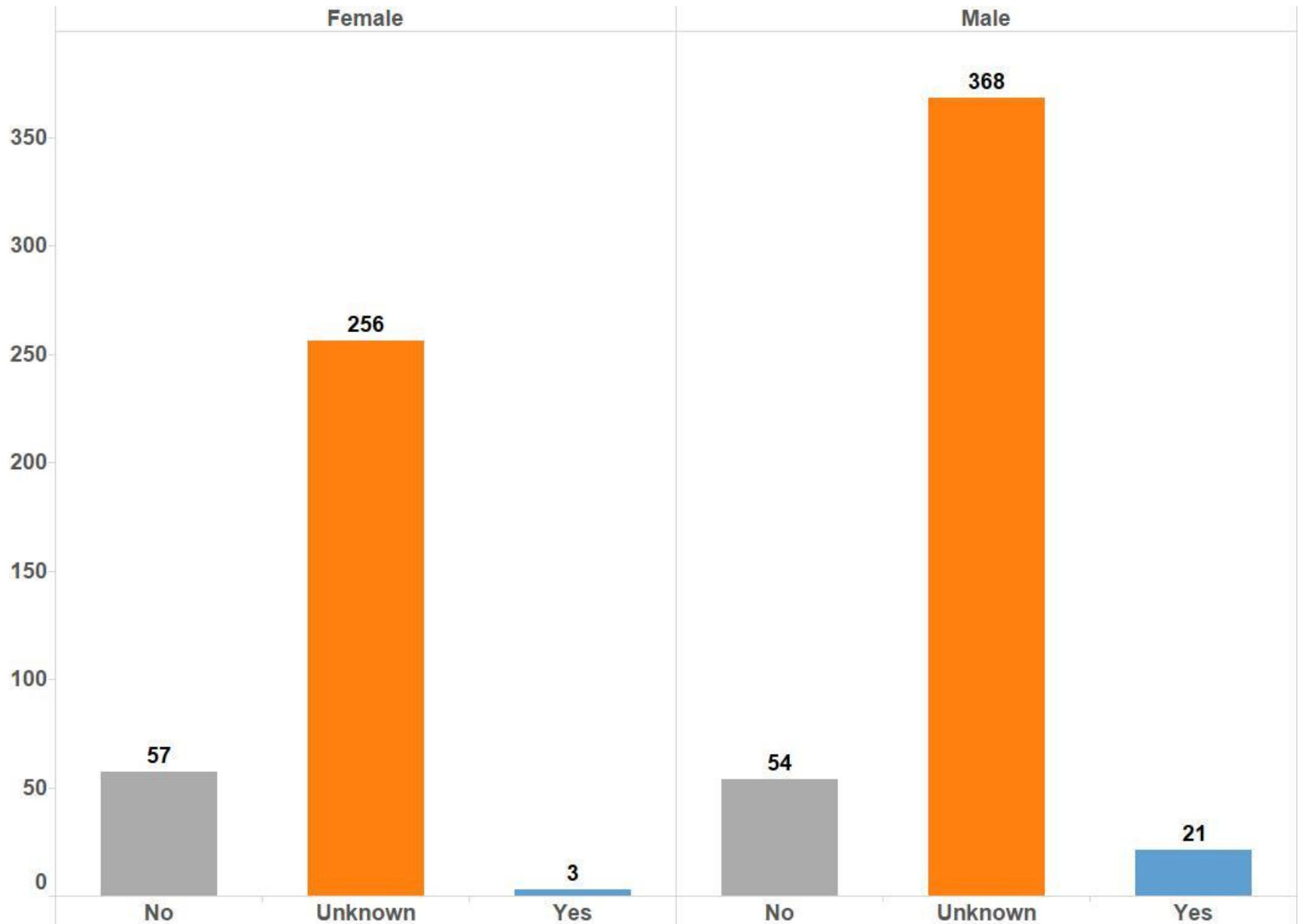
These 858 CIT-Related Incidents With Field Officers Took Place On The Following Shifts January, 2016 To April, 2016



The 858 CIT-Related Initial Incidents With Field Officers Resulted In The Following Dispositions, January, 2016 to April, 2016



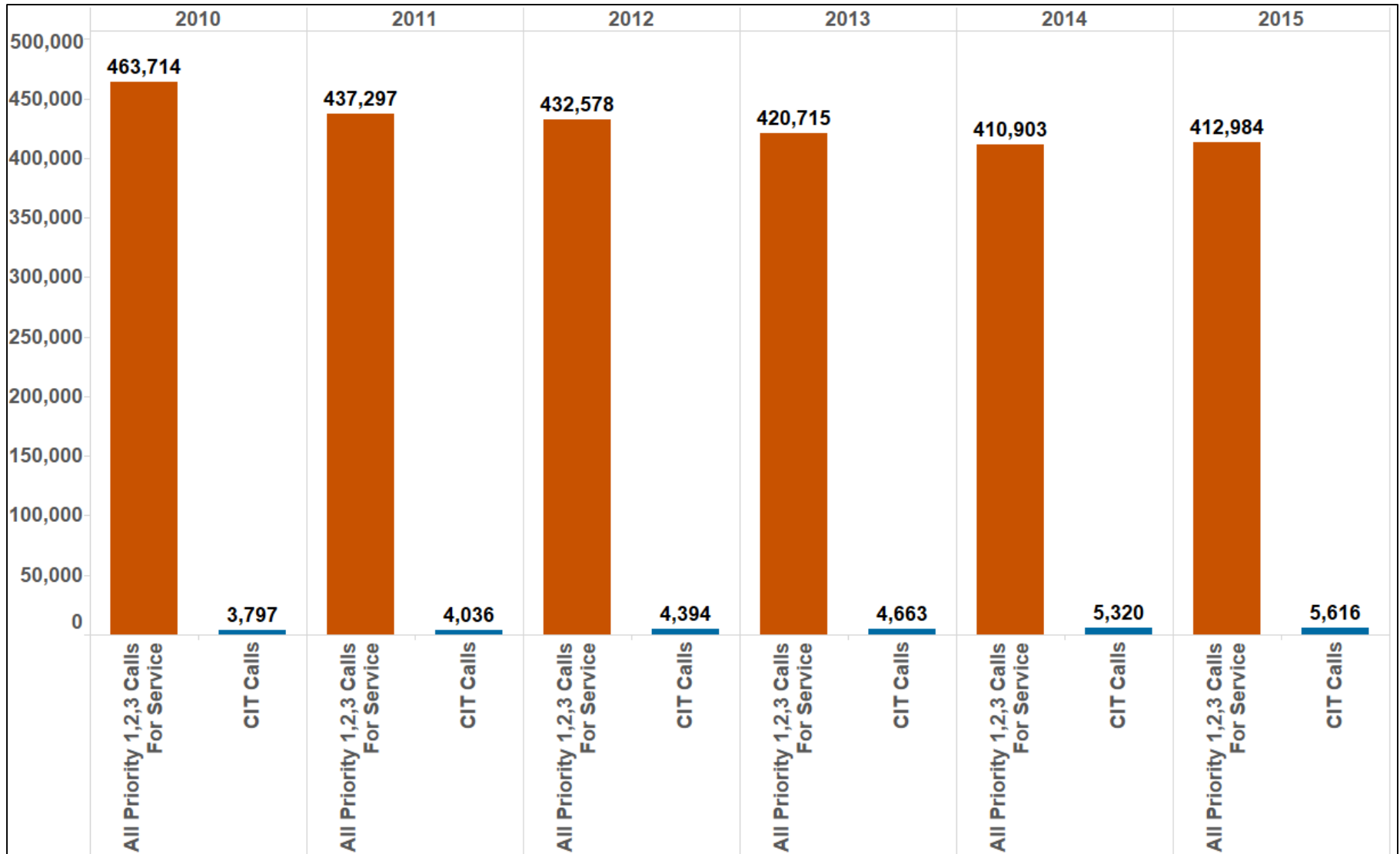
The Gender & Veteran Status Of The Individuals Encounter By Field Officers



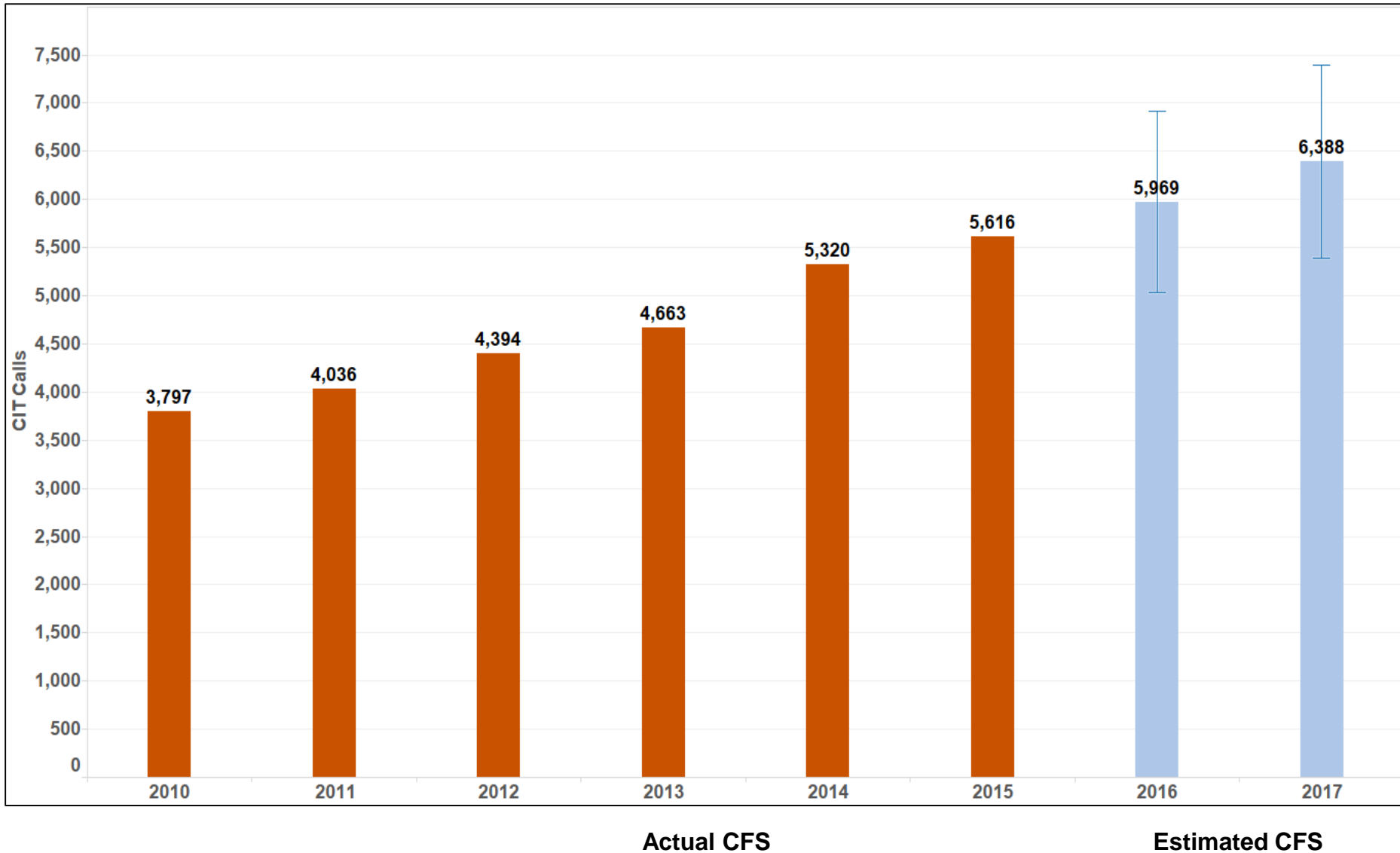
Source: APD Crisis Intervention Unit

Exploratory Data Analyses: Findings To Consider

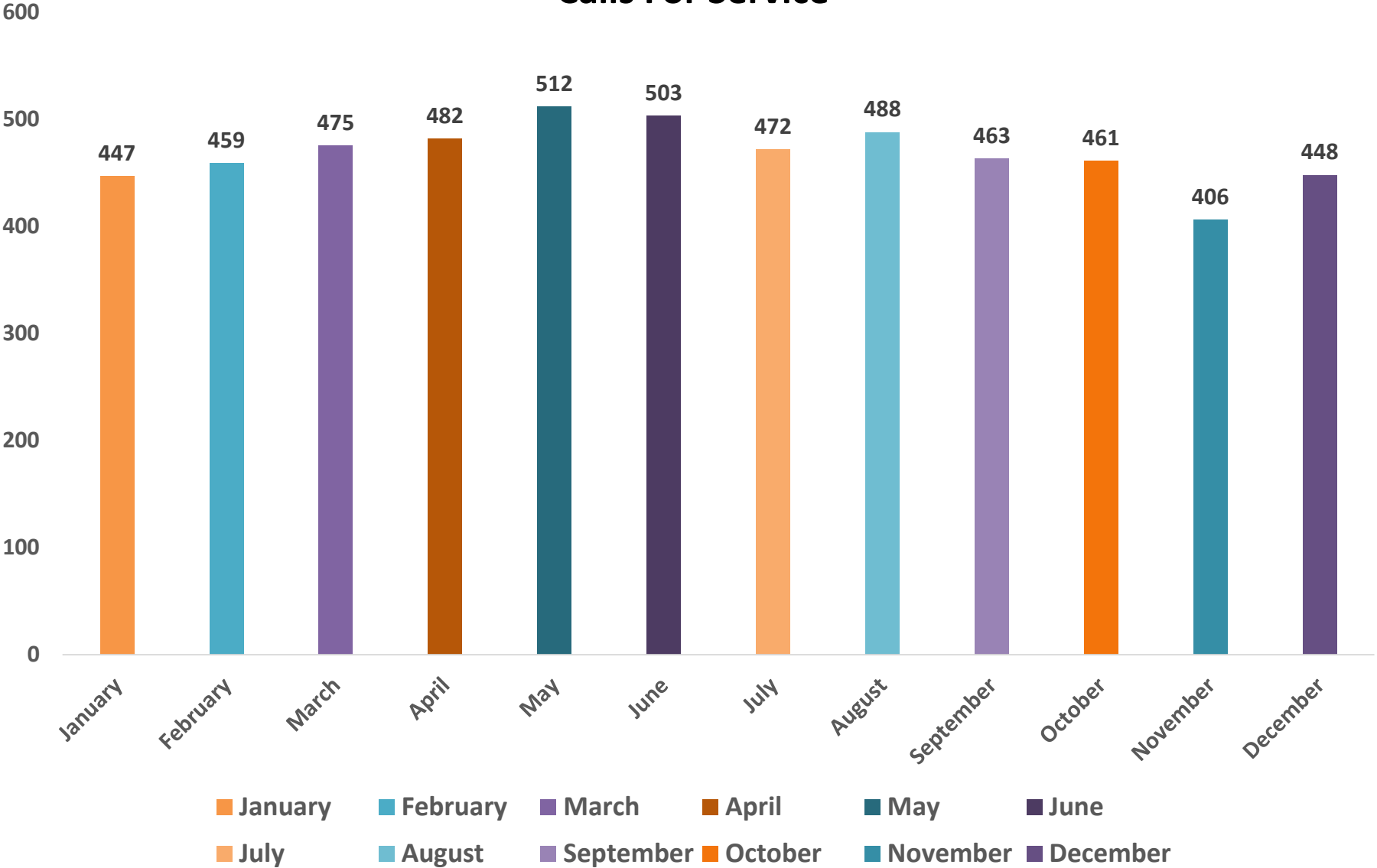
The Number Of All Priority 1, 2, 3 Calls For Service Compared To Mental Patient and Suicide Calls For Service: 2010 To 2015



The Number Of CIT-Related Calls For Service Has Increased 47.9% Since 2010. It Is Very Likely Those Calls Will Continue To Increase



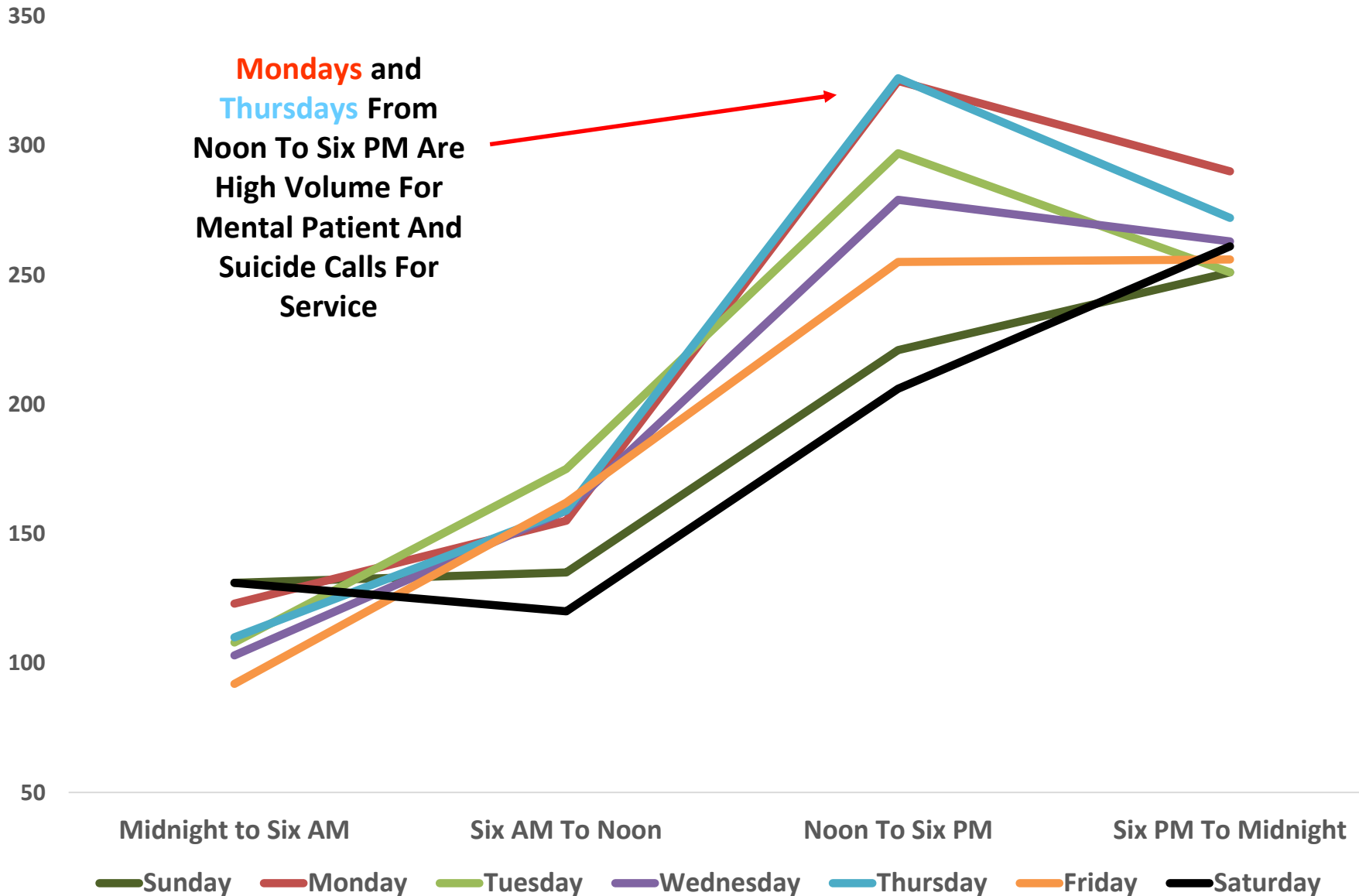
In 2015, APD Field Officers Responded To 5,616 Mental Patient and Suicide Calls For Service



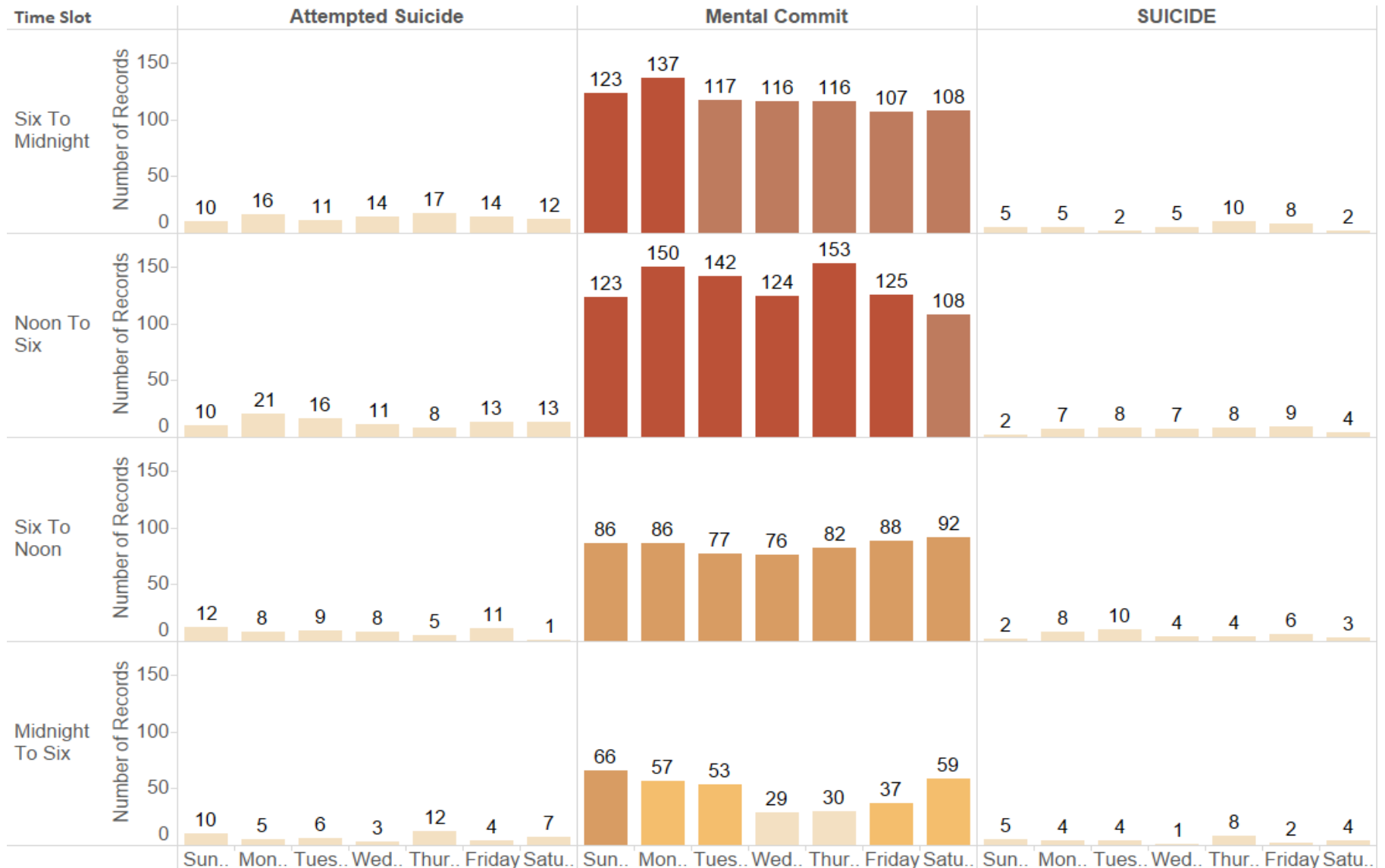
Source: APD Real Time Crime Center

What Do We Know About When These Calls Take Place?

The Number Of Calls Increase As The Day Goes On

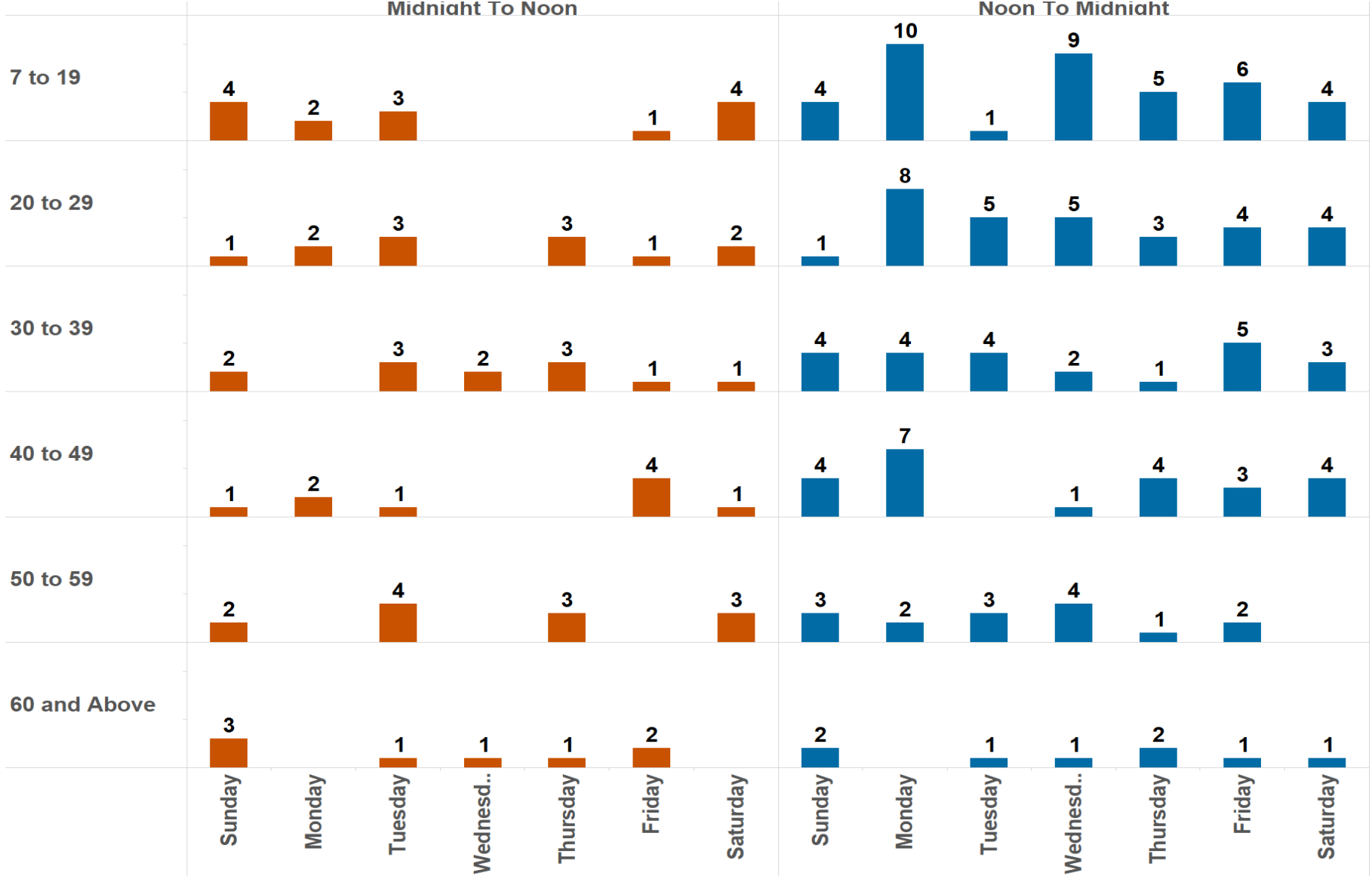


Type Of Call By Time Of Day and Day Of Week



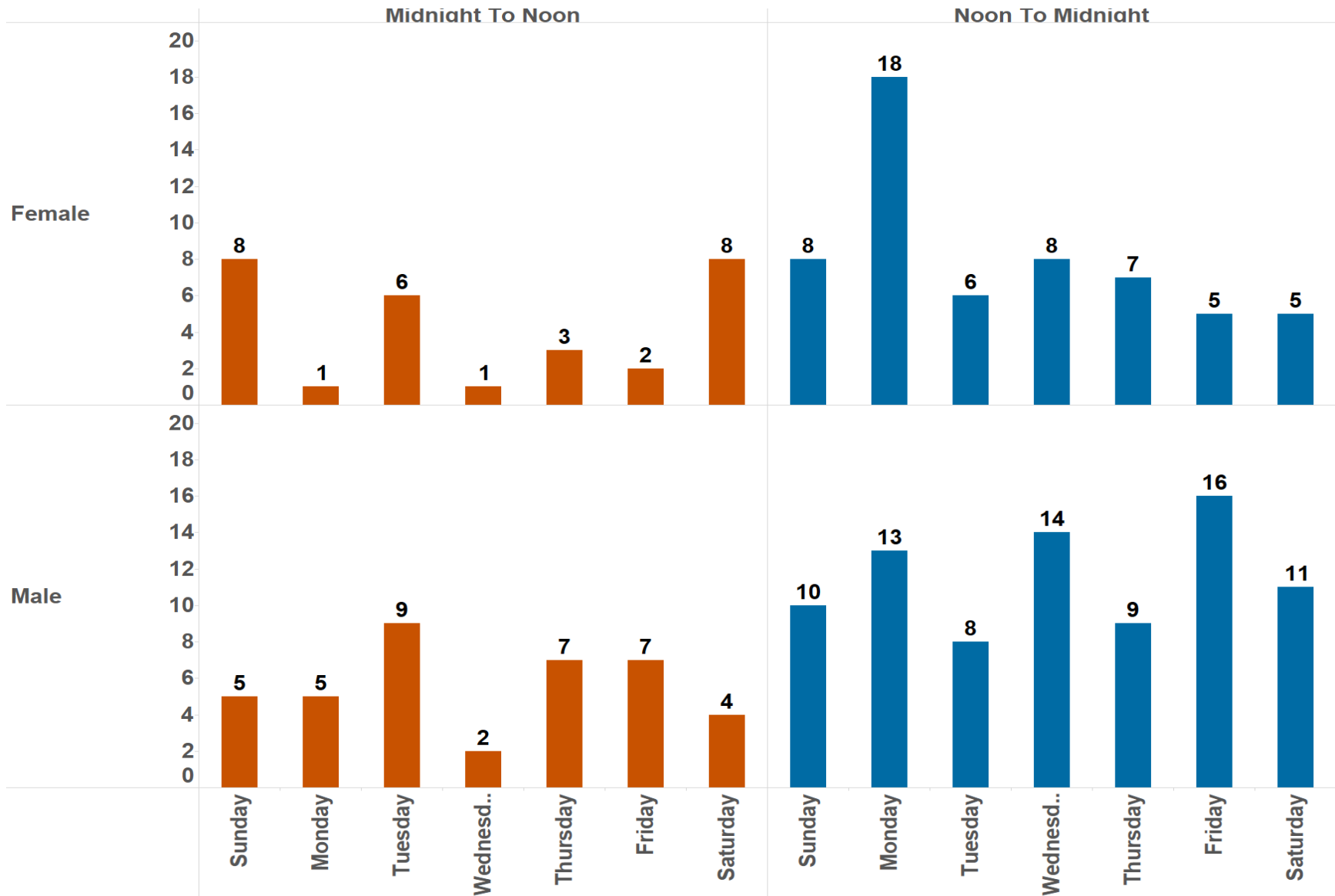
Source: APD Real Time Crime Center

An Exploratory Analyses Of Age And Time (206 CIU-Related Calls In February, 2016)



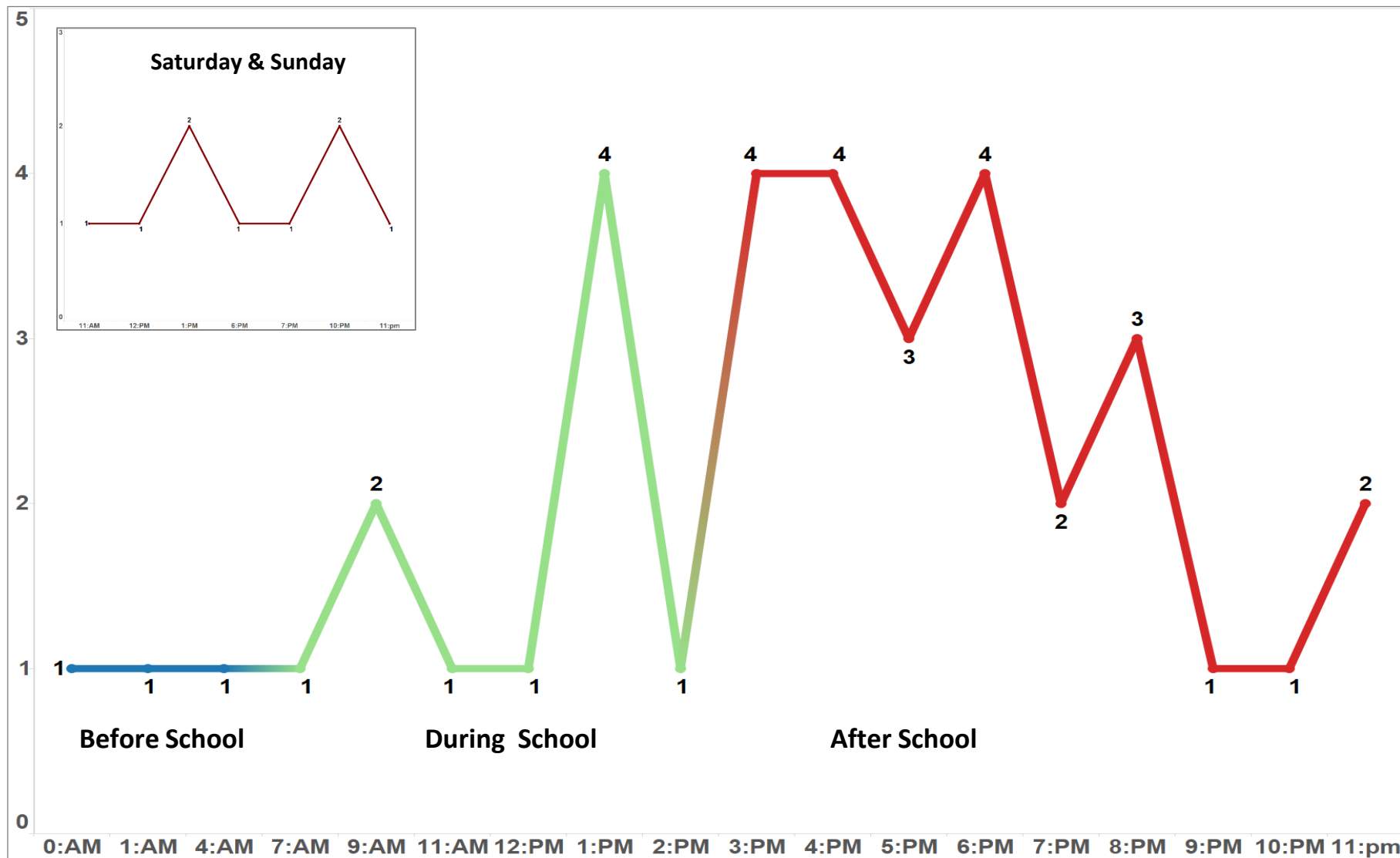
Source: APD Real Time Crime Center; Crisis Intervention Unit

An Exploratory Analyses Of Gender And Time (206 CIU-Related Calls In February, 2016)



Source: APD Real Time Crime Center; Crisis Intervention Unit

An Exploratory Analysis Of 78 CIT-Related Calls For Youth Age 12-18 By Time And Weekday (Monday-Friday)



Discussion?

The Mental Health Response Advisory Committee Status Report: April 19, 2016



**Working Draft Format For Future MHRAC Status
Reports
Data Checking Still In Progress**

Prepared By:

**The Albuquerque Police Department Crisis Intervention Unit
The Albuquerque Police Department Real Time Crime Center**

Key Contact: Lt. Glenn St. Onge

505-924-6007

gstonge@cabq.gov

Version 1.1

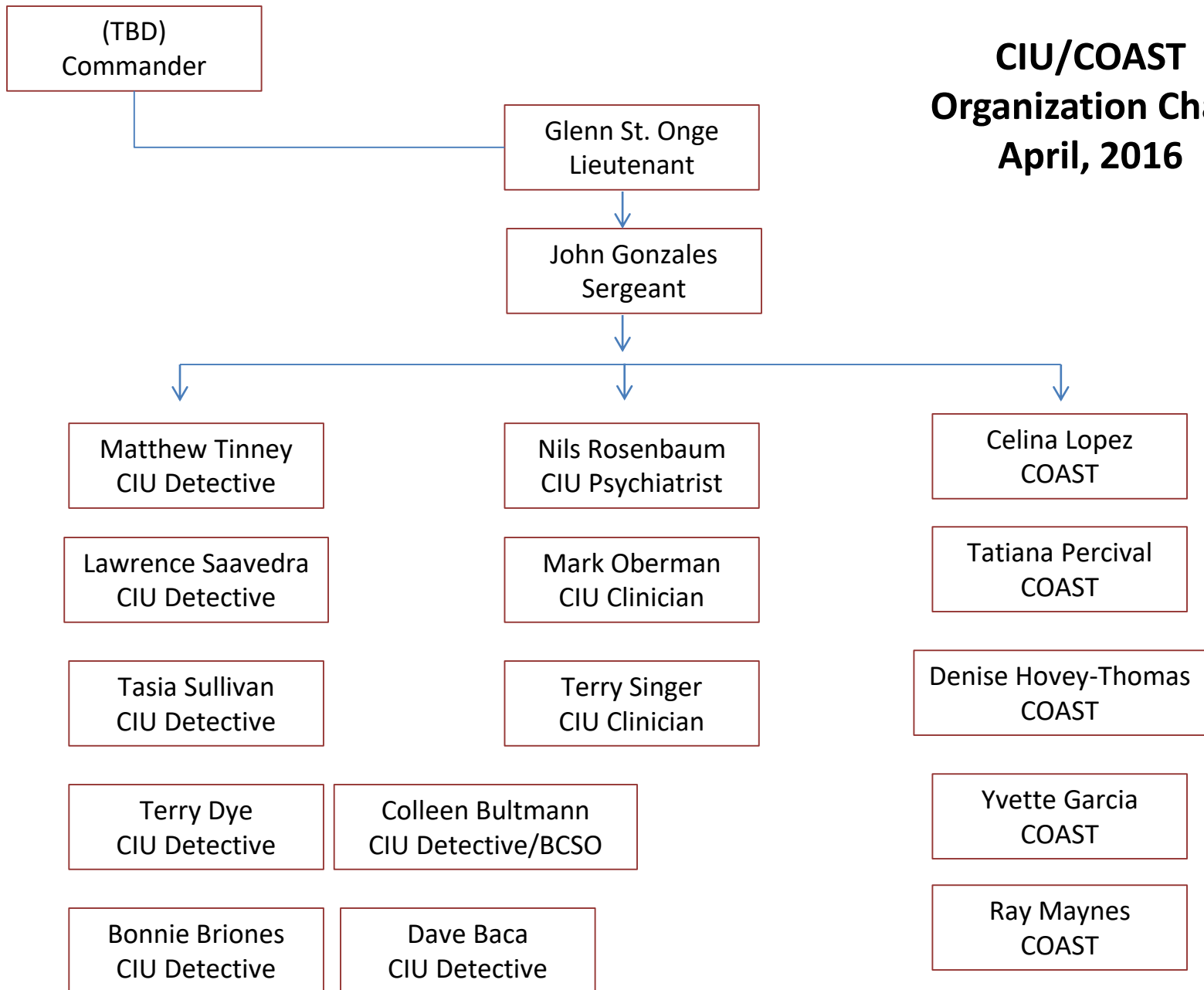
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Mental Health Response Advisory Committee Monthly Report

Table Of Contents

- 1. Crisis Intervention Unit Organizational Chart**
- 2. Key Data In This Report**
 - I. Number of Individuals On CIU case load.**
 - i. Individual's age, race/ethnicity, and gender.**
 - ii. Were Individuals U.S. military vets?**
 - iii. Use of force during follow-up encounters.**
 - II. Number of Individuals on the COAST case load.**
 - i. Individual's age, race/ethnicity, and gender.**
 - ii. Were Individuals U.S. military vets?**
 - iii. Use of force during follow-up encounters.**
 - III. Initial CIT-Related Encounters With APD Field Officers**
 - i. Date, shift and area command.**
 - ii. Disposition of initial encounter (e.g. arrest, resolution, referral).**
 - iii. Subject's age, race/ethnicity, and gender.**
 - iv. Was subject armed & type of weapon?**
 - v. Was subject U.S. military vet?**
 - vi. Did a supervisor respond to the initial scene?**
 - vii. Technique or equipment used during initial encounter.**
 - viii. Any injuries to officers, subjects or others during initial encounter.**
 - ix. Use of force during initial encounter.**
- 3. Exploratory Data Analyses: Findings To Consider**

CIU/COAST Organization Chart April, 2016



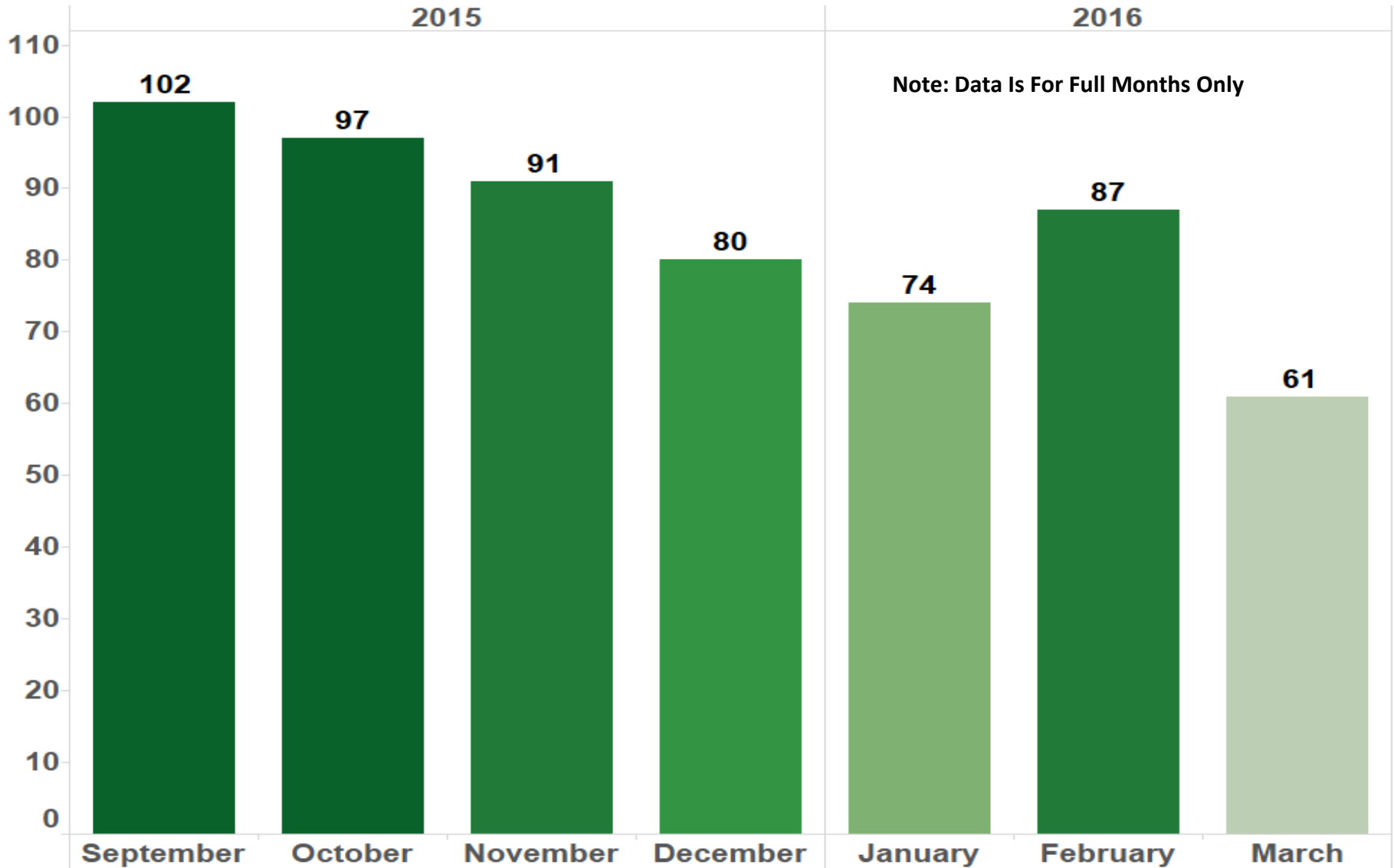
The Crisis Intervention Unit Detective's Case Load

Individuals On The CIU Detective's Case Loads Meet These Criteria

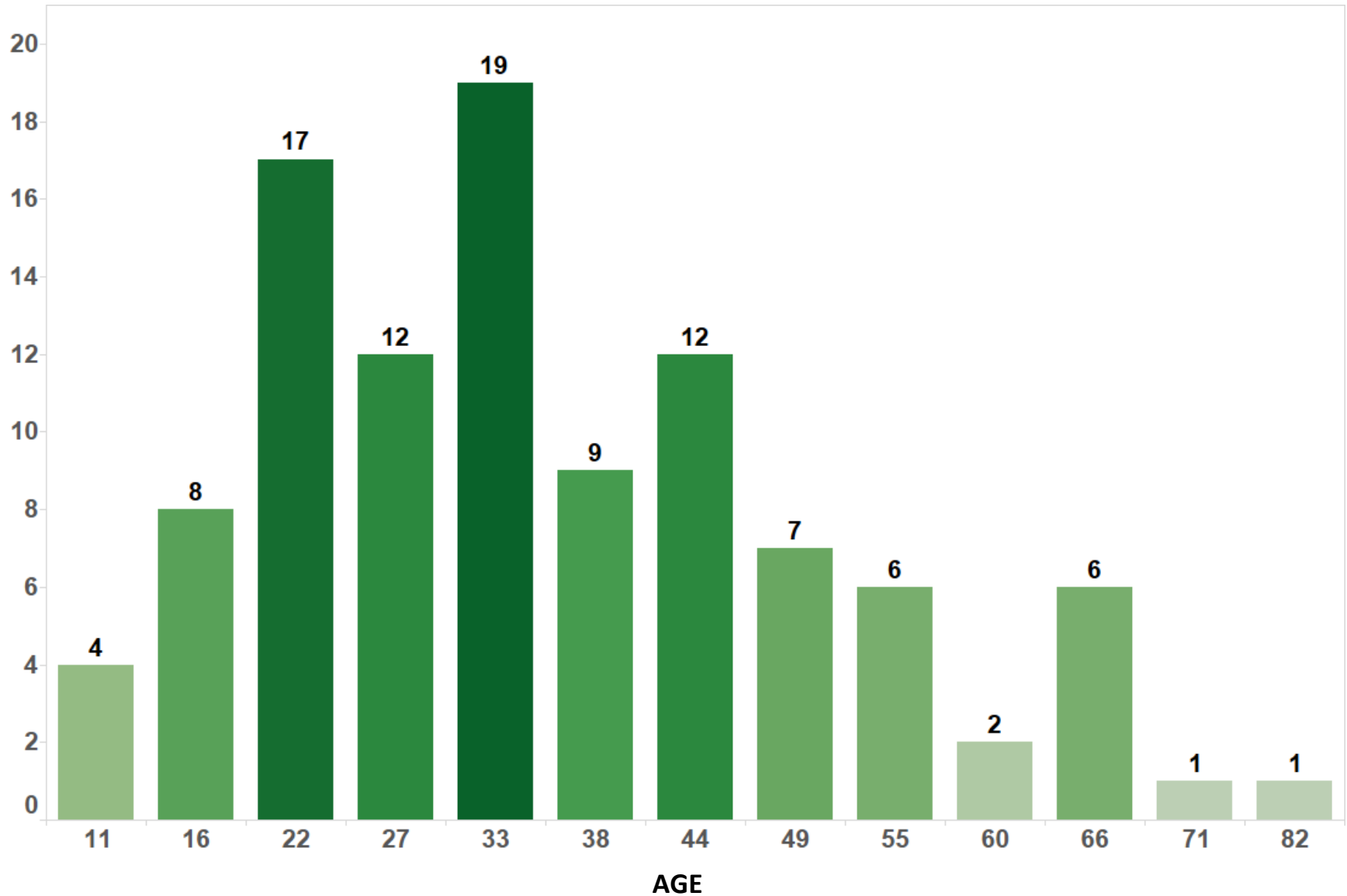
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Number of Individuals On CIU Detective Cases Loads By Month From September, 2015 To March, 2016

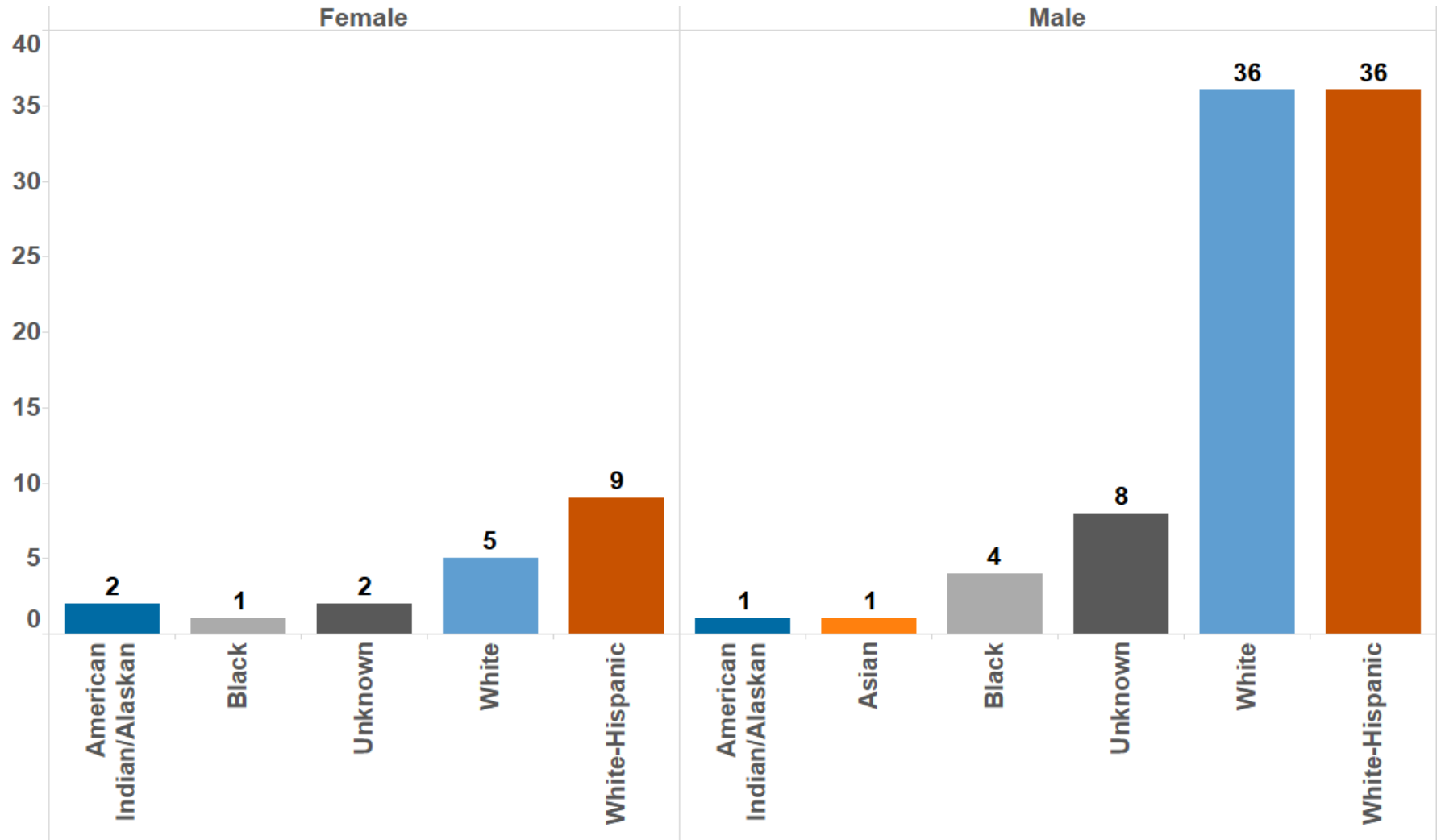


CIU Detective Worked With 105 Unique Individuals From August 17, 2015 To April 8, 2016: Age

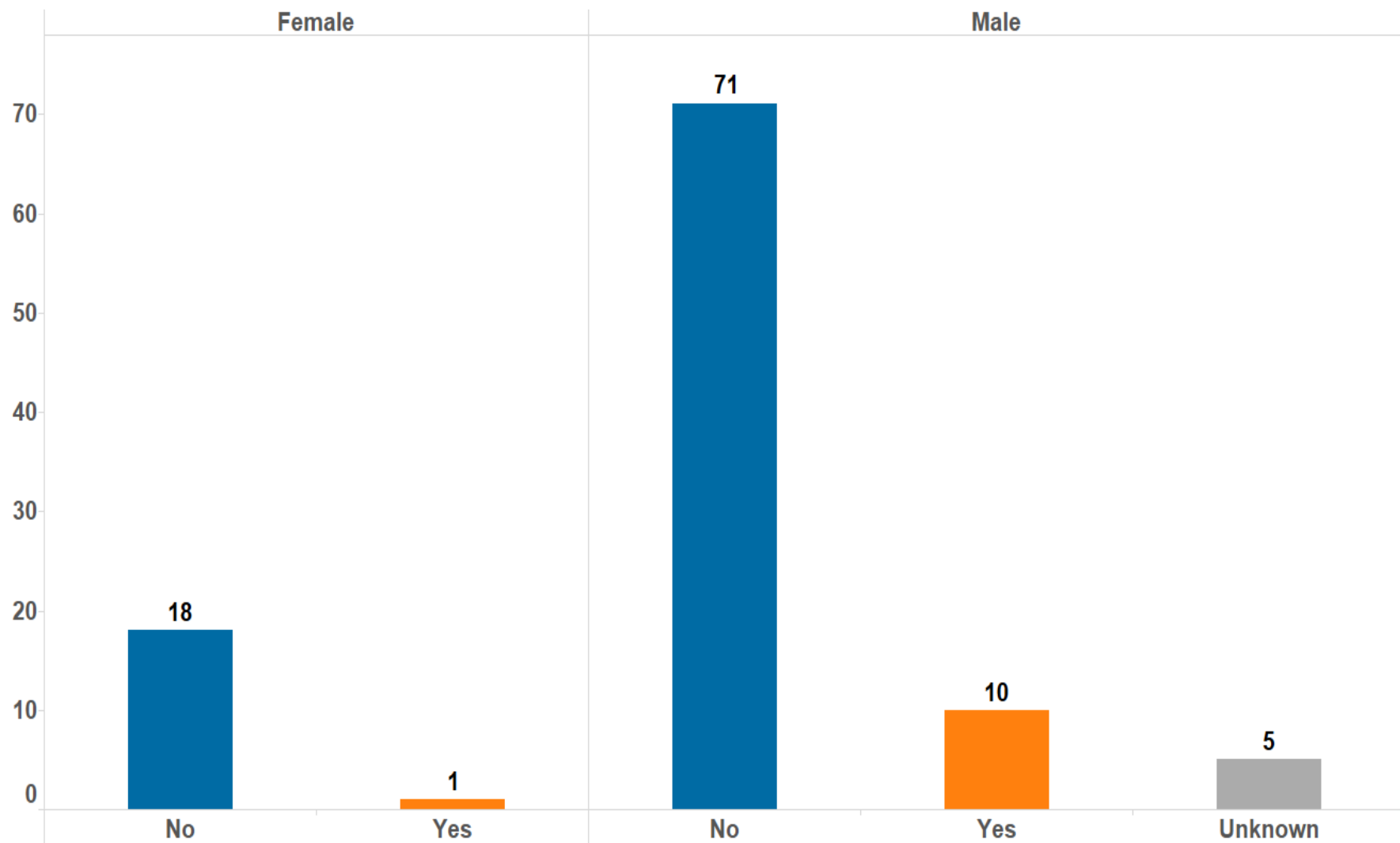


Source: APD Crisis Intervention Unit

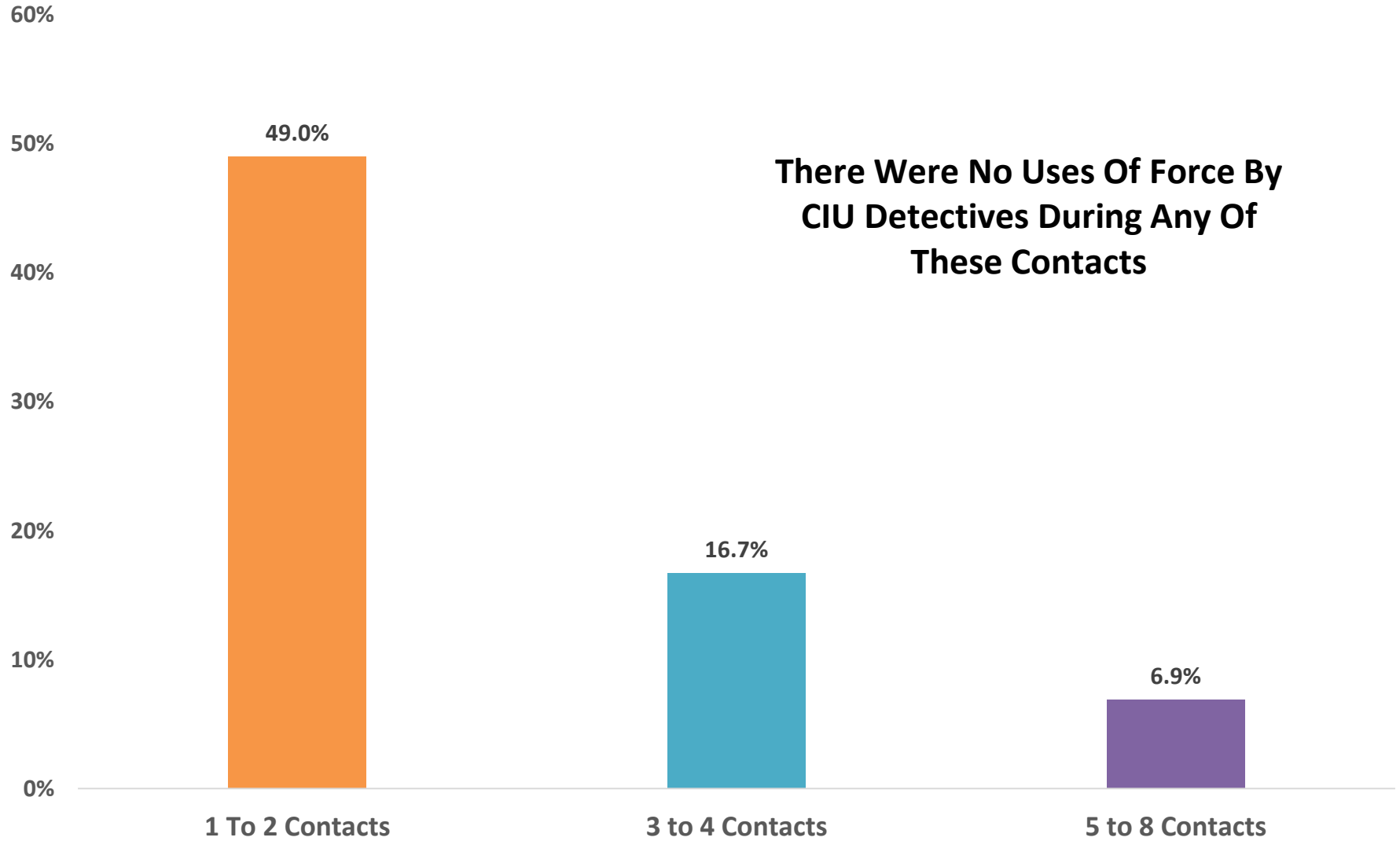
CIU Detective Worked With 105 Unique Individuals From August 17, 2015 To April 8, 2016: Gender, Race/Ethnicity



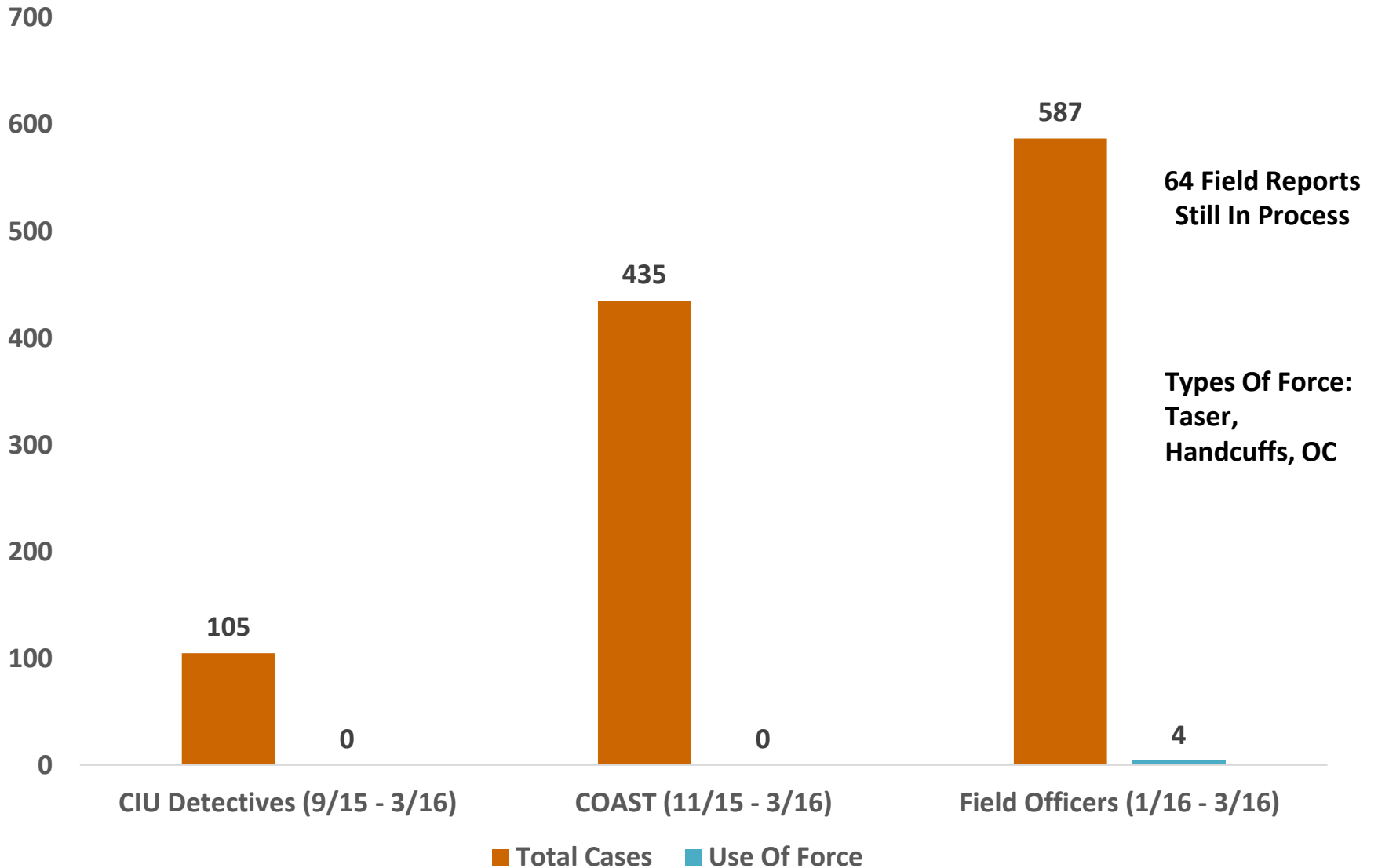
CIU Detective Worked With 105 Unique Individuals From August 17, 2015 To April 8, 2016: Veteran Status By Gender



Many Of The Individuals On The CIU Detective Case Loads Require Multiple Face-To-Face Contacts



Total CIU-Related Cases & Encounters And Use Of Force



The Crisis Intervention Unit COAST Case Load

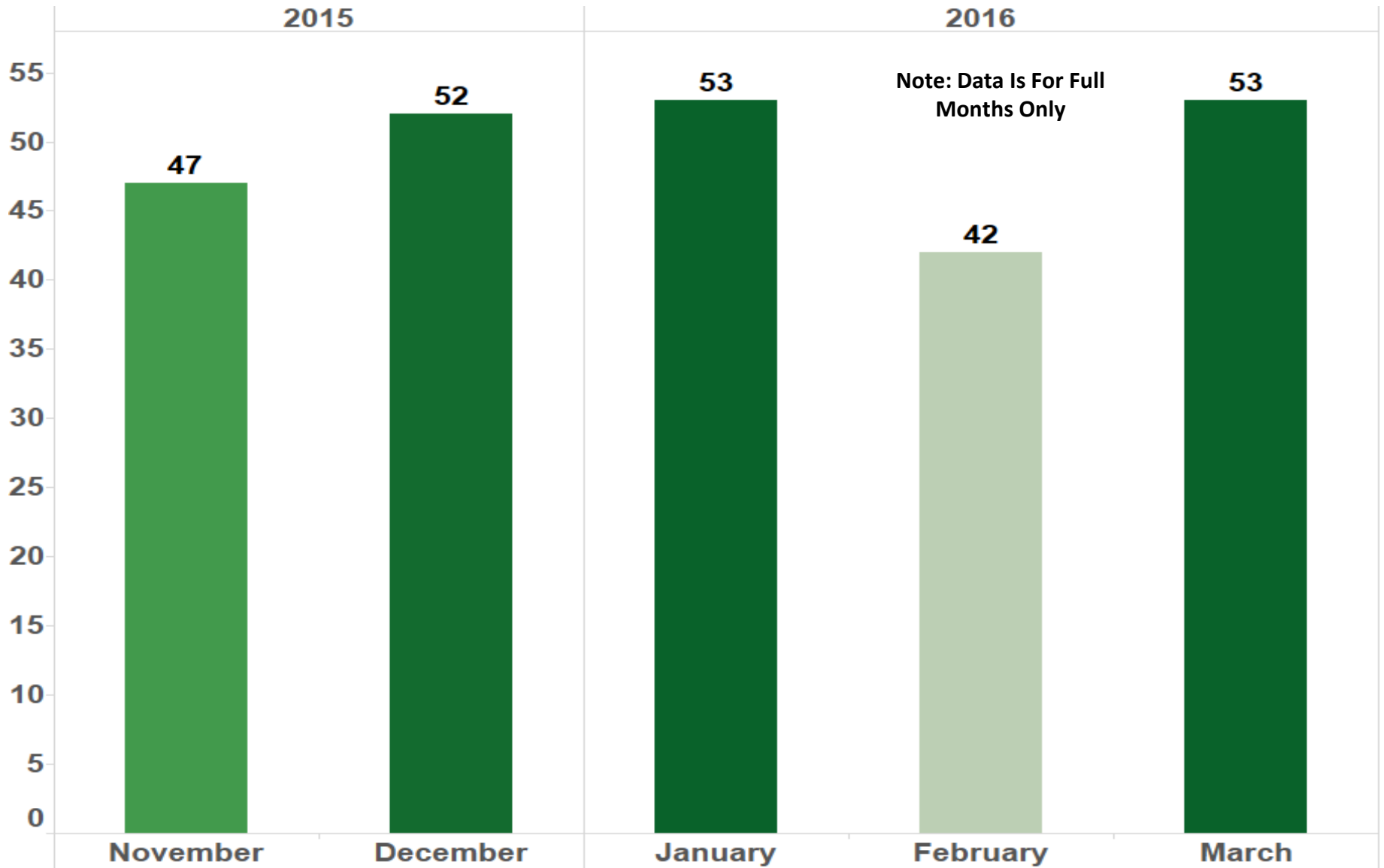
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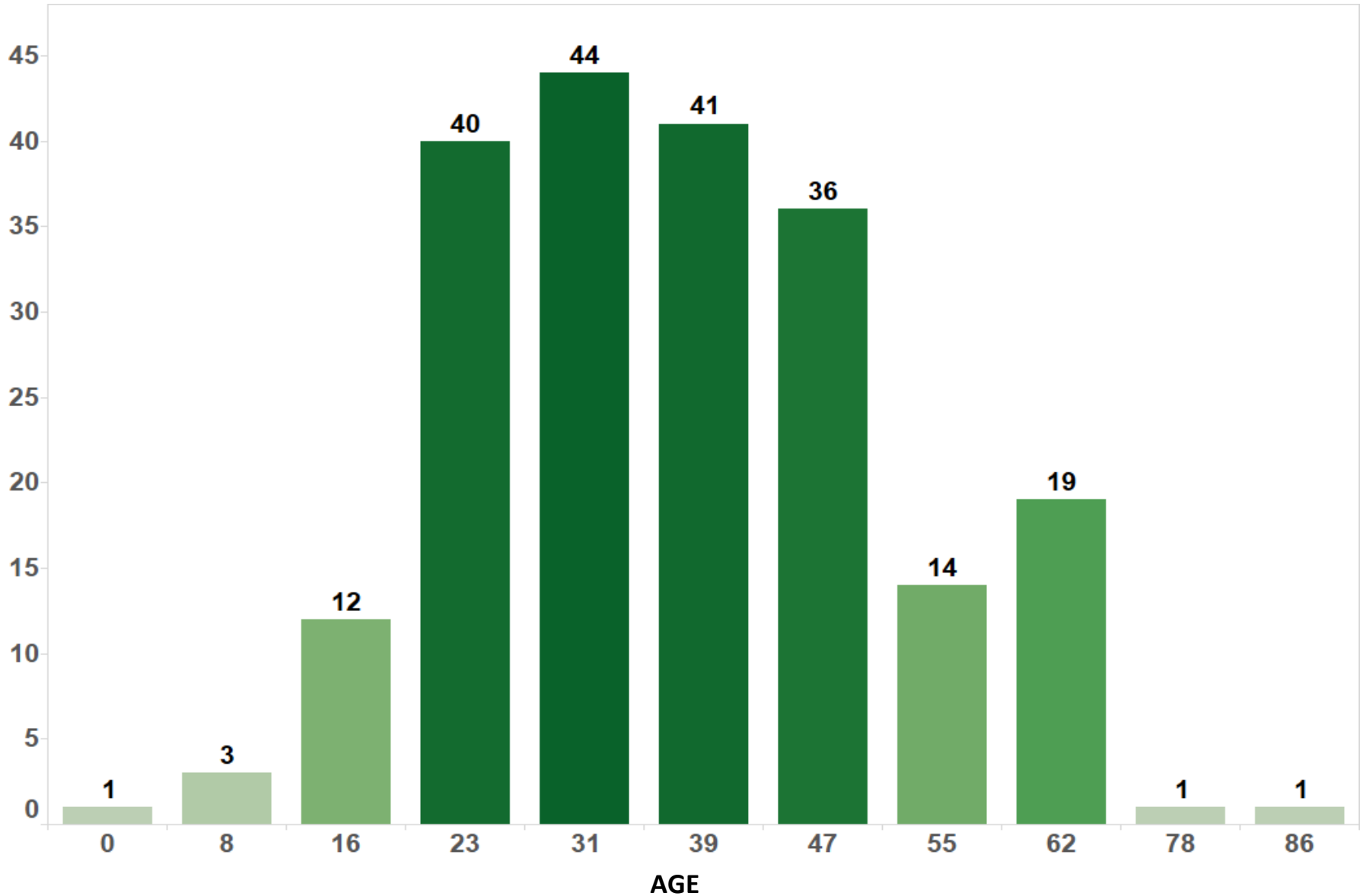
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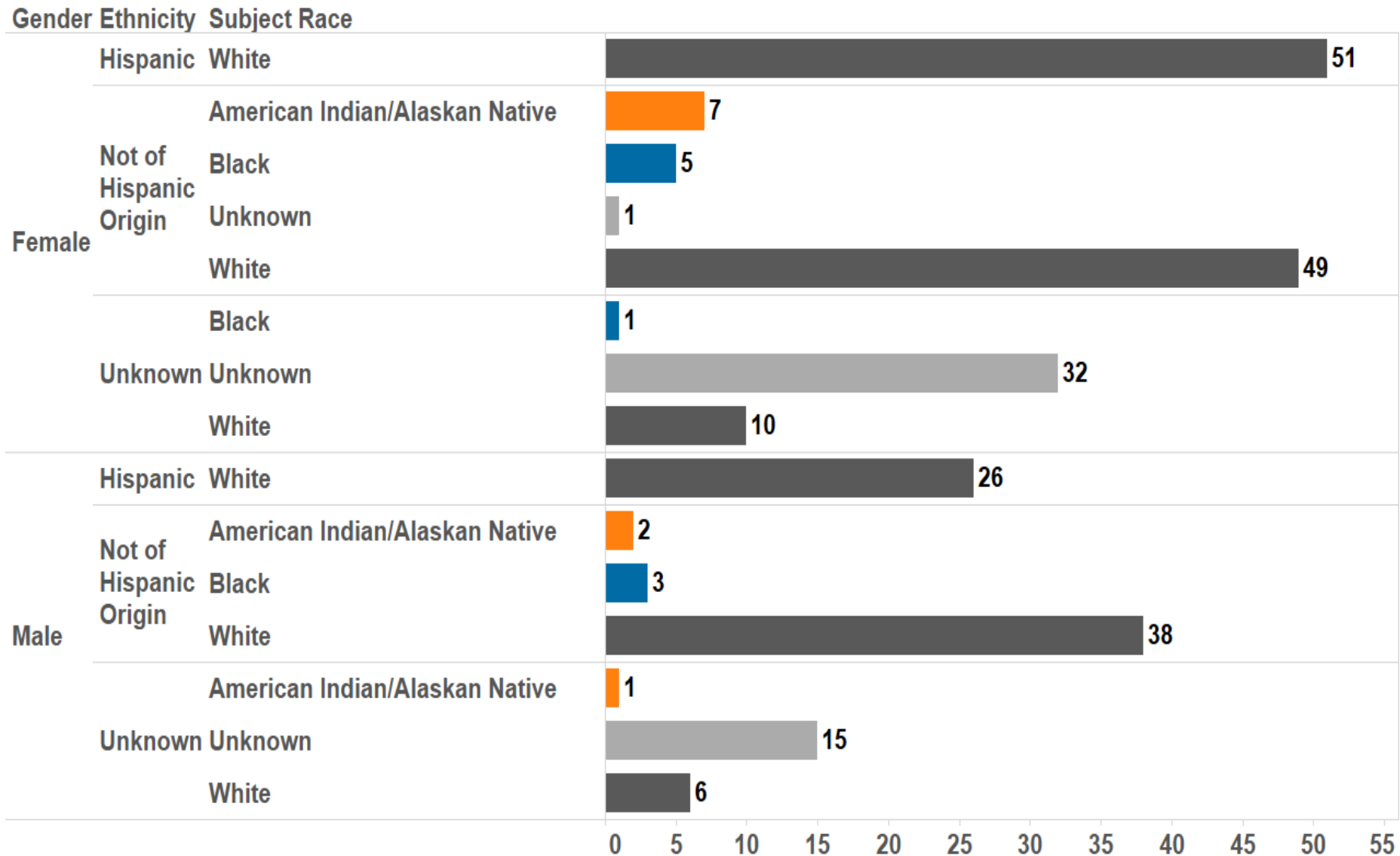
Coast Provided Services To 247 Individuals Between November, 2015 and March, 2016



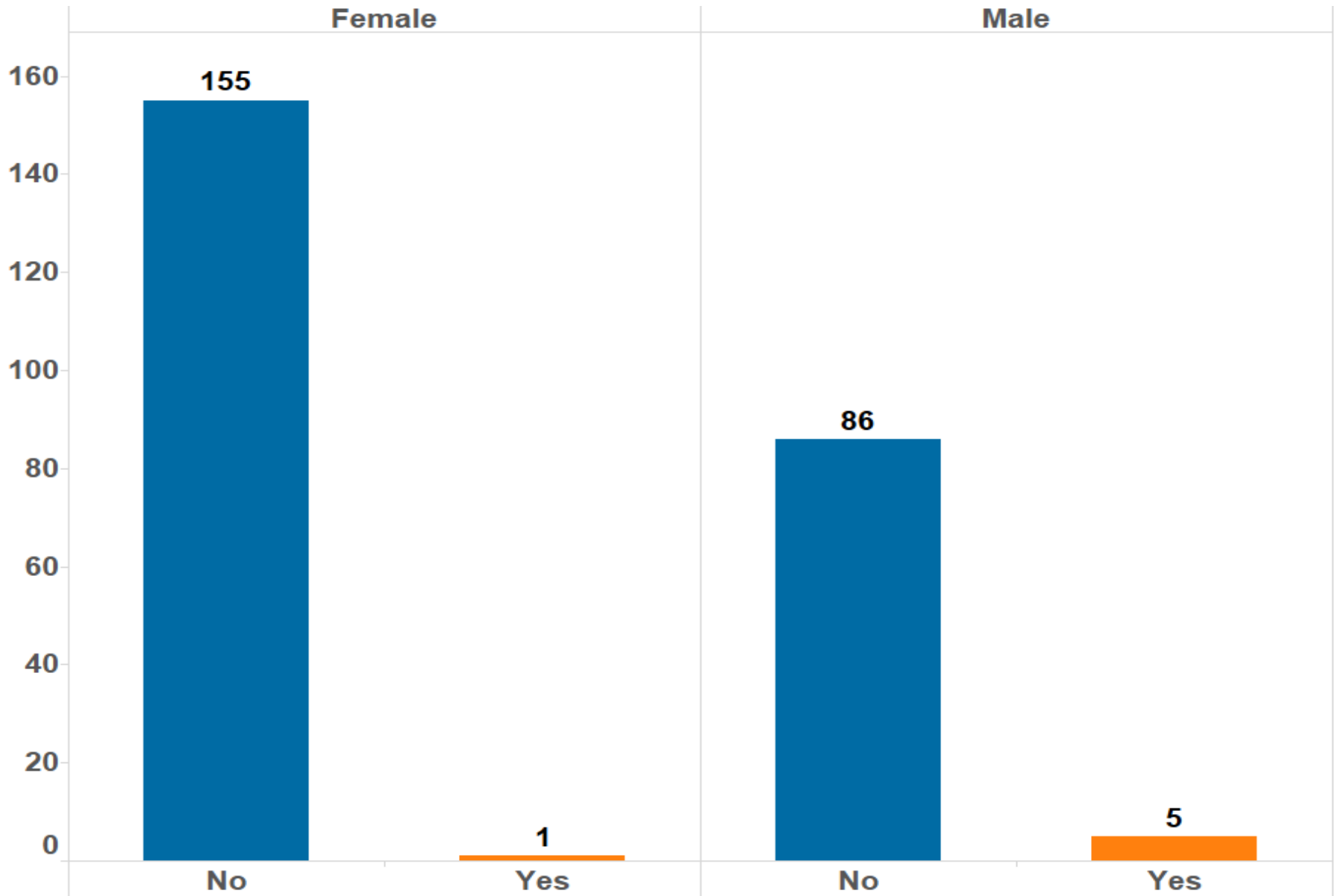
The Age Of The Individuals Served By COAST



The Gender & Race/Ethnicity Of The Individuals Served By COAST

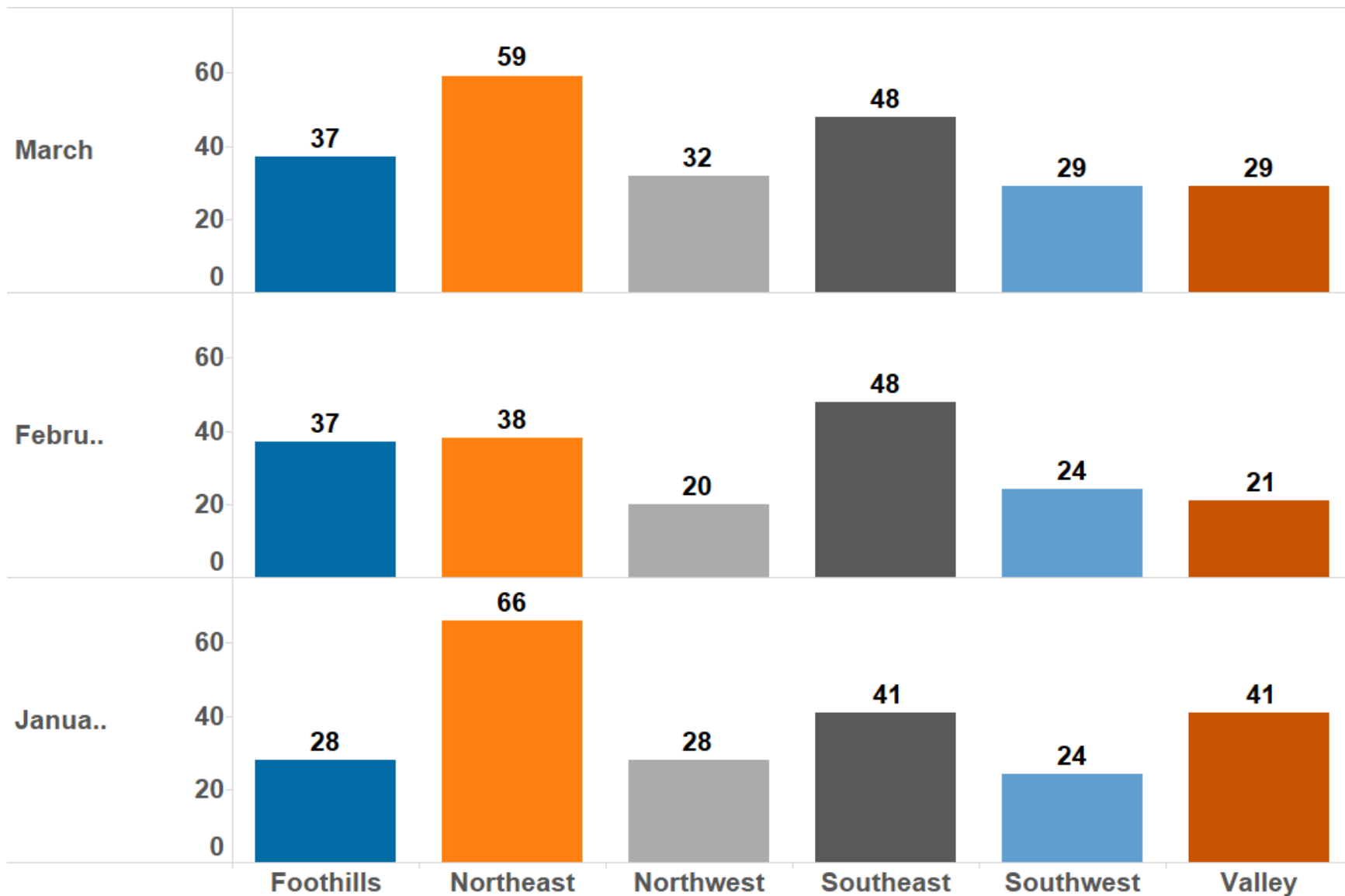


Did The Individuals Served By COAST Claim To Be Veterans?

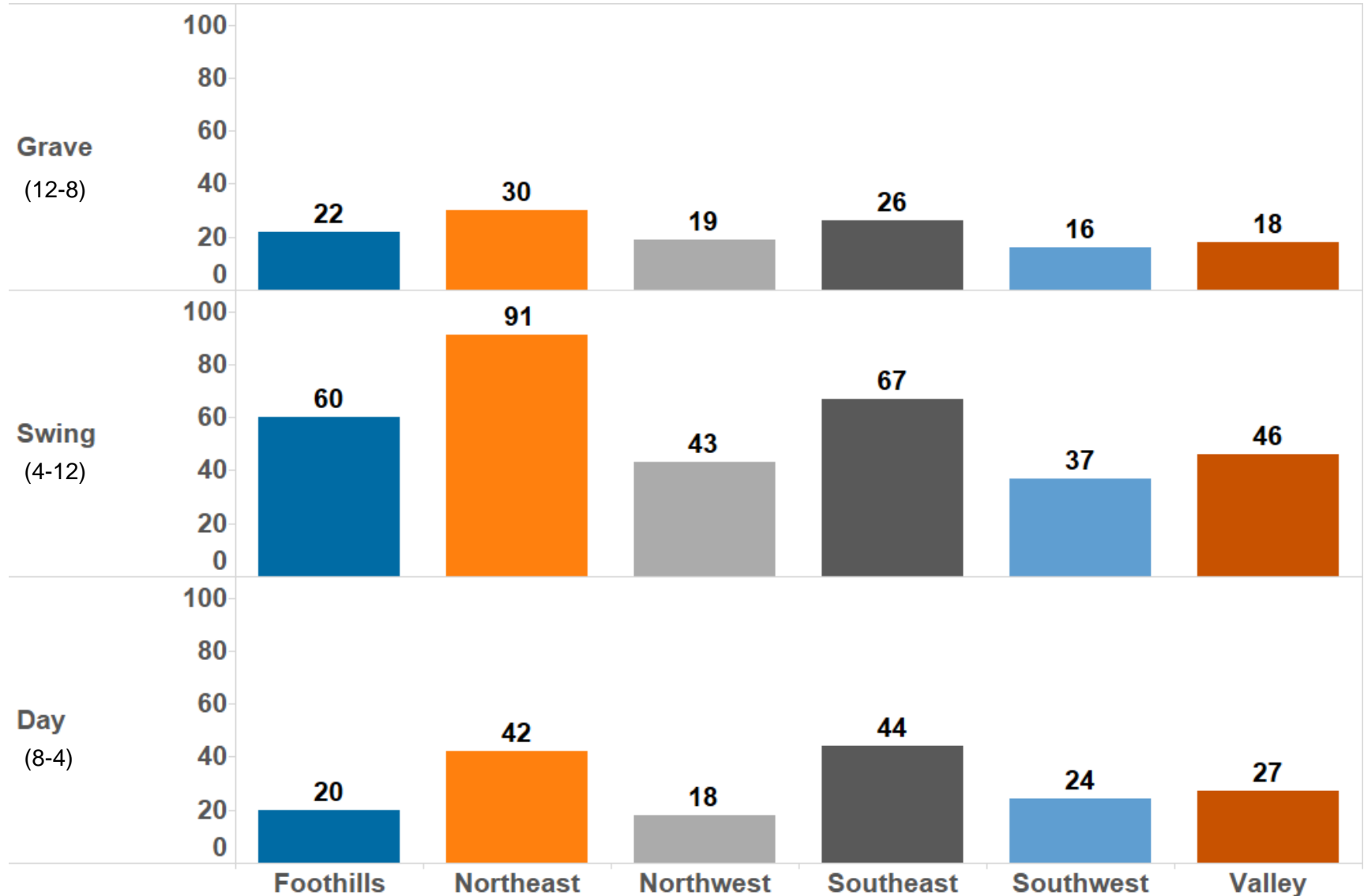


Intial CIT-Related Encounters With APD Field Officers

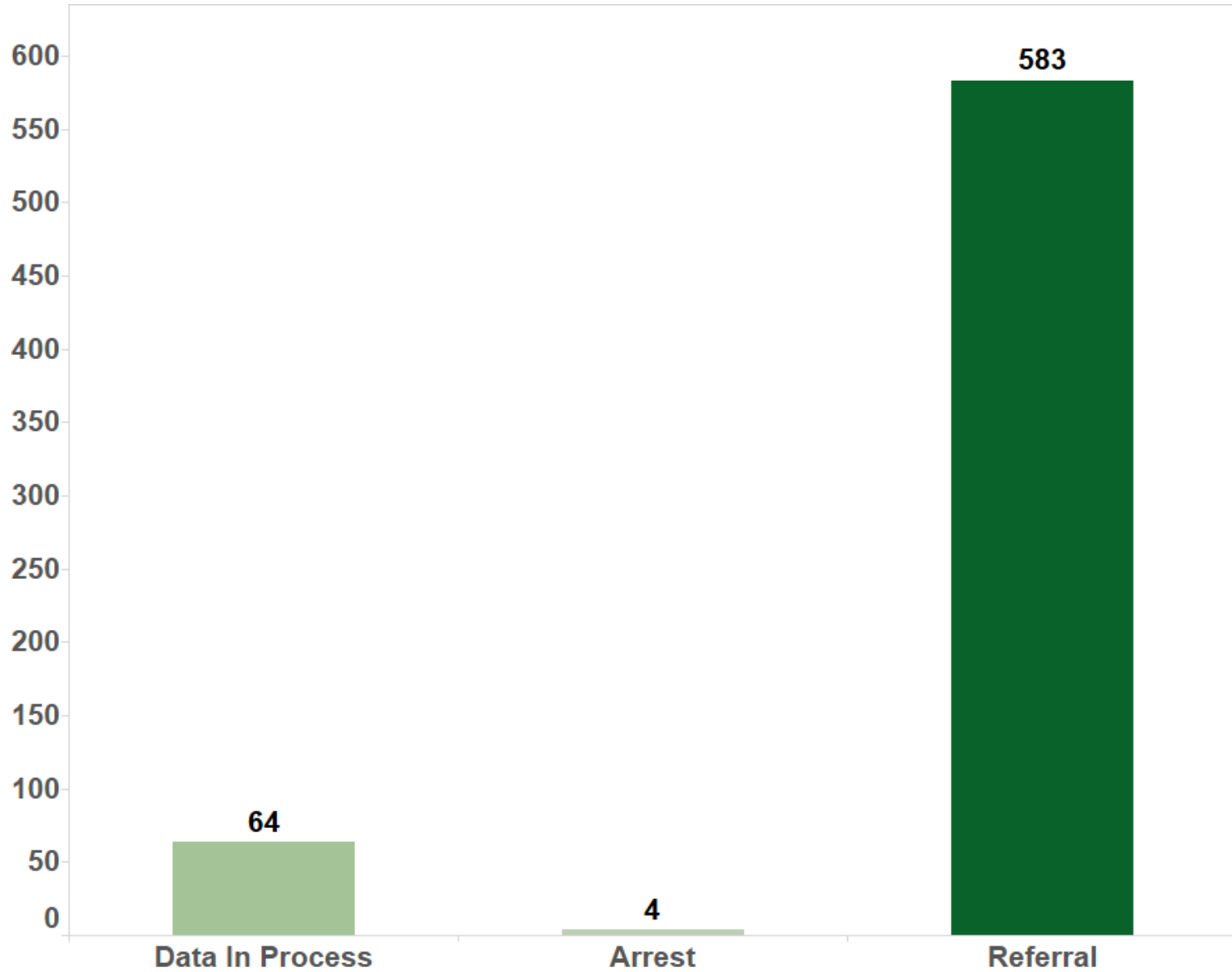
Field Officers In The Six APD Area Commands Worked With 651 CIT-Related Incidents January, 2016 to March, 2016



These 651 CIT-Related Incidents With Field Officers Took Place On The Following Shifts November 1, 2015 to March 14, 2016

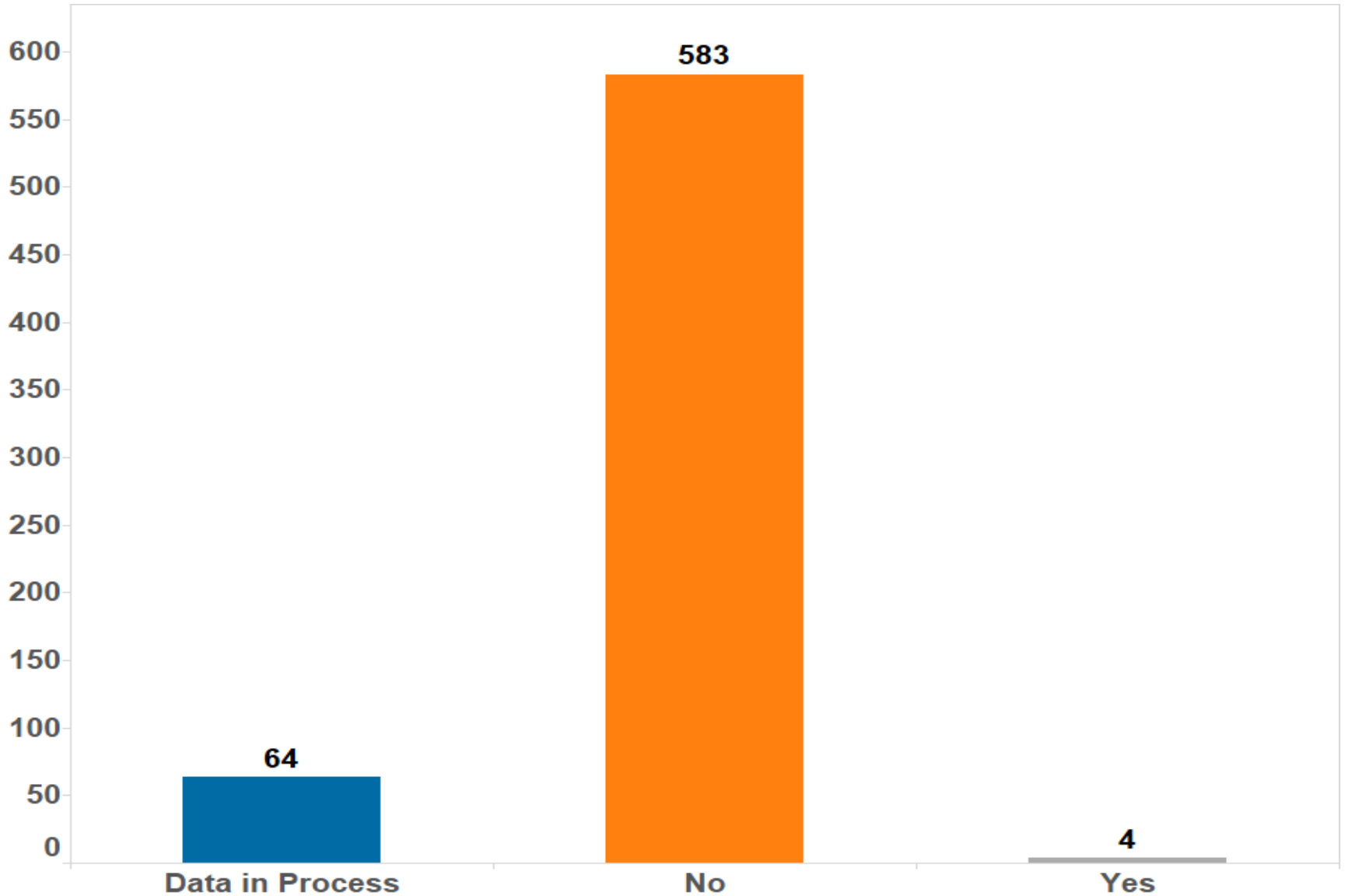


The 651 CIT-Related Initial Incidents With Field Officers Resulted In The Following Dispositions, January, 2016 to March, 2016

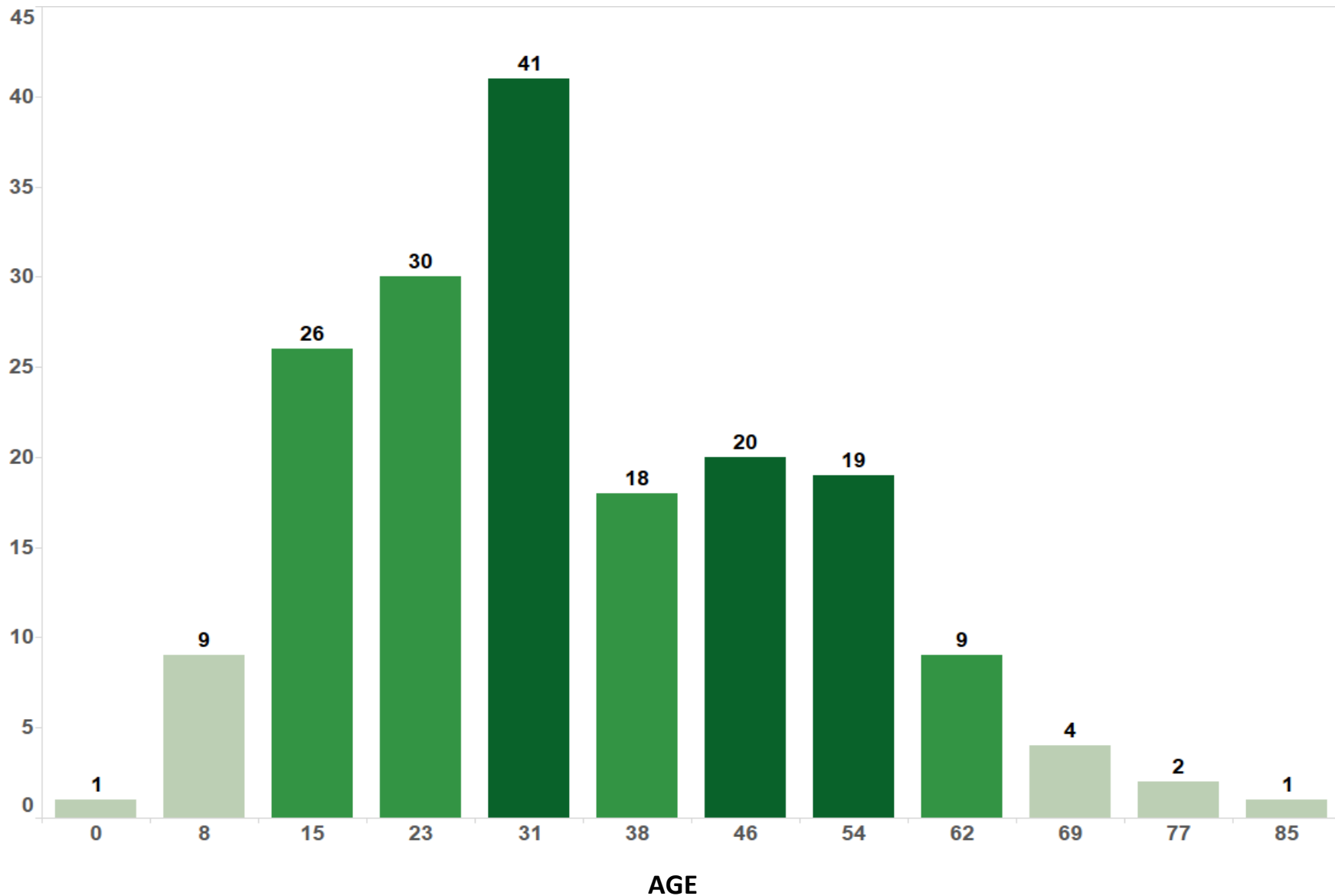


Source: APD Real Time Crime Center; Crisis Intervention Unit

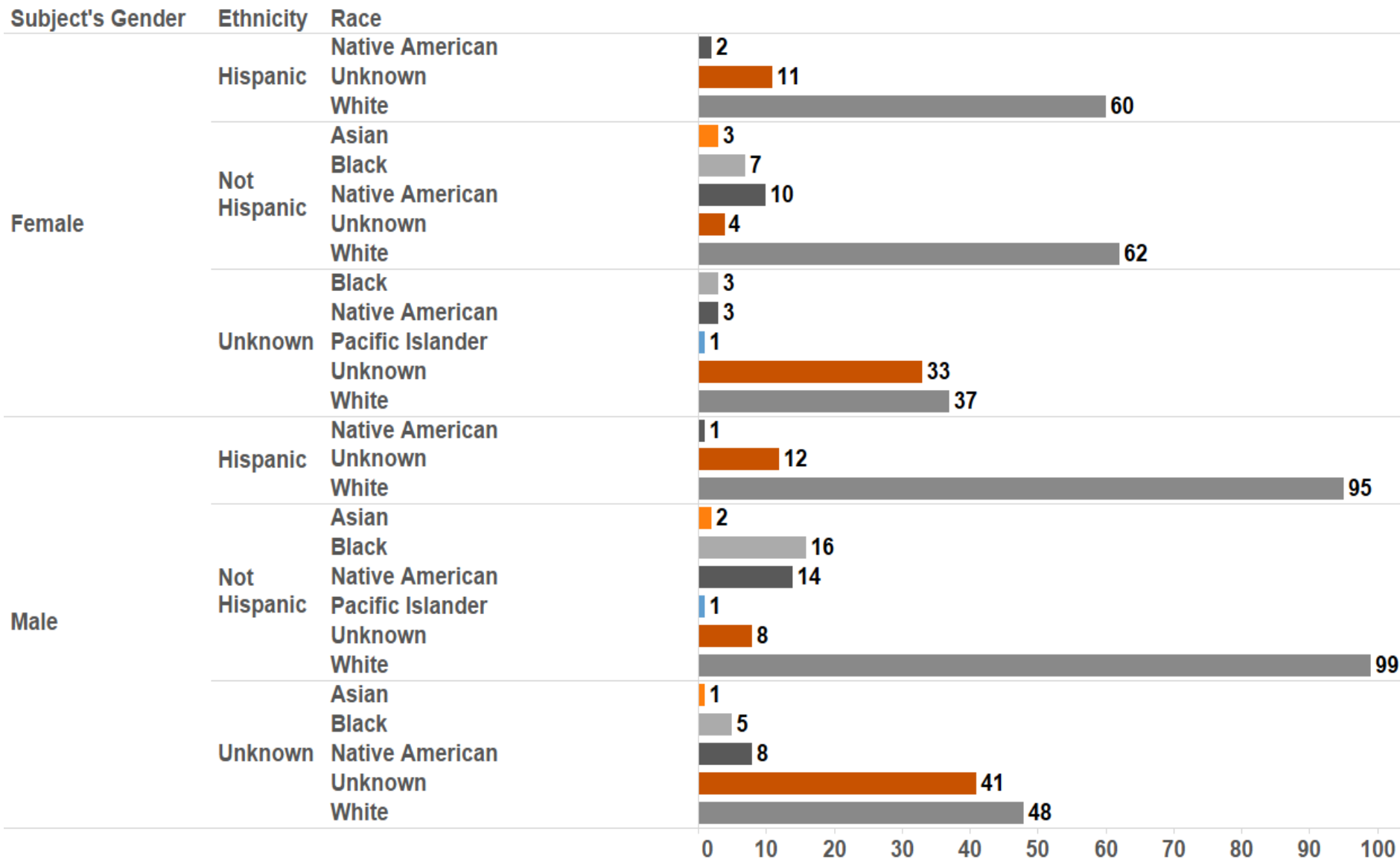
Use Of Force With Individuals On CIU Case Loads During Initial Encounter With Field Officers



The Age Of The Individuals In Initial Encounters With Field Officers



The Gender & Race/Ethnicity Of The Individuals Encounter By Field Officers



Summary APD Contact Demographics Compared To Albuquerque Demographics

People In Crisis By Gender By APD Contacts

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

Source: 2010-2014 American Community Survey, 5-Year Estimates; APD Real Time Crime Center. *Note: Cases Are From Different Time Periods And Those Cases Missing Gender Information Excluded From These Analyses

People In Crisis By Age By APD Contacts

Age	Total Population	Percent	Field Officer Reports	CIU Detectives	COAST
Under 5	37,448	6.80%			.8%
5 to 9 years	36,300	6.60%	0.4%%		
10 to 14 years	36,437	6.60%	8.0%	2.0%	1.4%
15-19 years	34,697	6.30%	14.0%	4.0%	5.2%
20 to 24 years	41,467	7.50%	12.8%	9.9%	6.0%
25 to 34 years	86,575	15.60%	22.7%	31.7%	26.1%
35 to 44 years	70,882	12.80%	16.8%	19.8%	26.9%
45 to 54 years	73,429	13.30%	12.5%	17.8%	13.9%
55 to 59 years	34,021	6.10%	6.2%	3%	4.9%
60 to 64 years	31,270	5.60%	3.8%	3%	5.4%
65 to 74 years	39,083	7.10%	2.1%	6.9%	6.3%
75 to 84 years	22,372	4.00%	.03%	2.0%	1.9%
85 years and older	9,595	1.70%	.03%		1,4%

Source: 2010-2014 American Community Survey, 5-Year Estimates; APD Real Time Crime Center; Crisis Intervention Unit.

*Note: Cases Are From Different Time Periods And Those Cases Missing Age Information Excluded From These Analyses

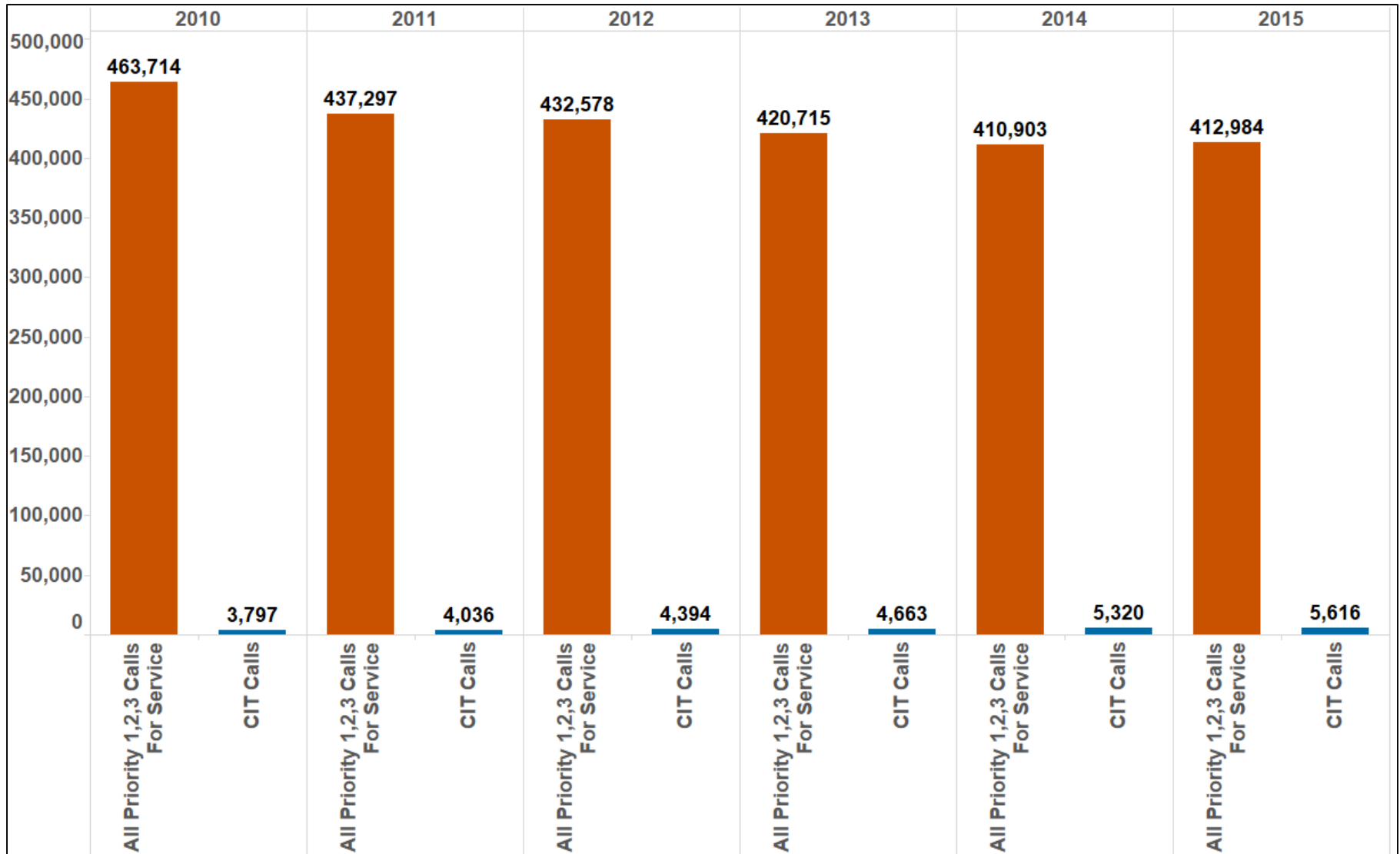
People In Crisis By Race & Ethnicity By APD Contact

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

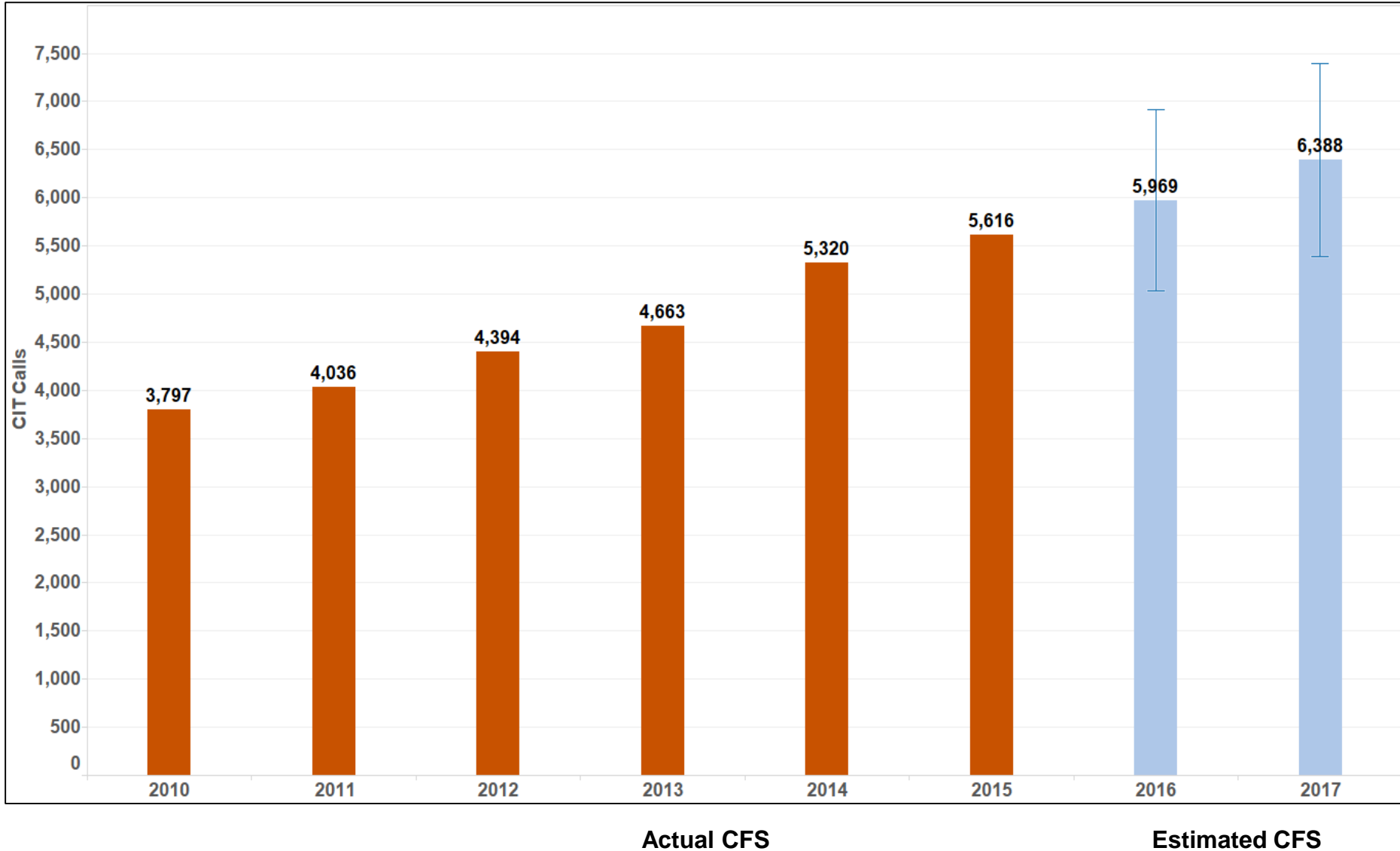
Source: 2010-2014 American Community Survey, 5-Year Estimates; APD Real Time Crime Center & Crisis Intervention Unit. *Note: Cases Are From Different Time Periods And Those Cases Missing Race/Ethnicity Information Excluded From These Analyses

Exploratory Data Analyses: Findings To Consider

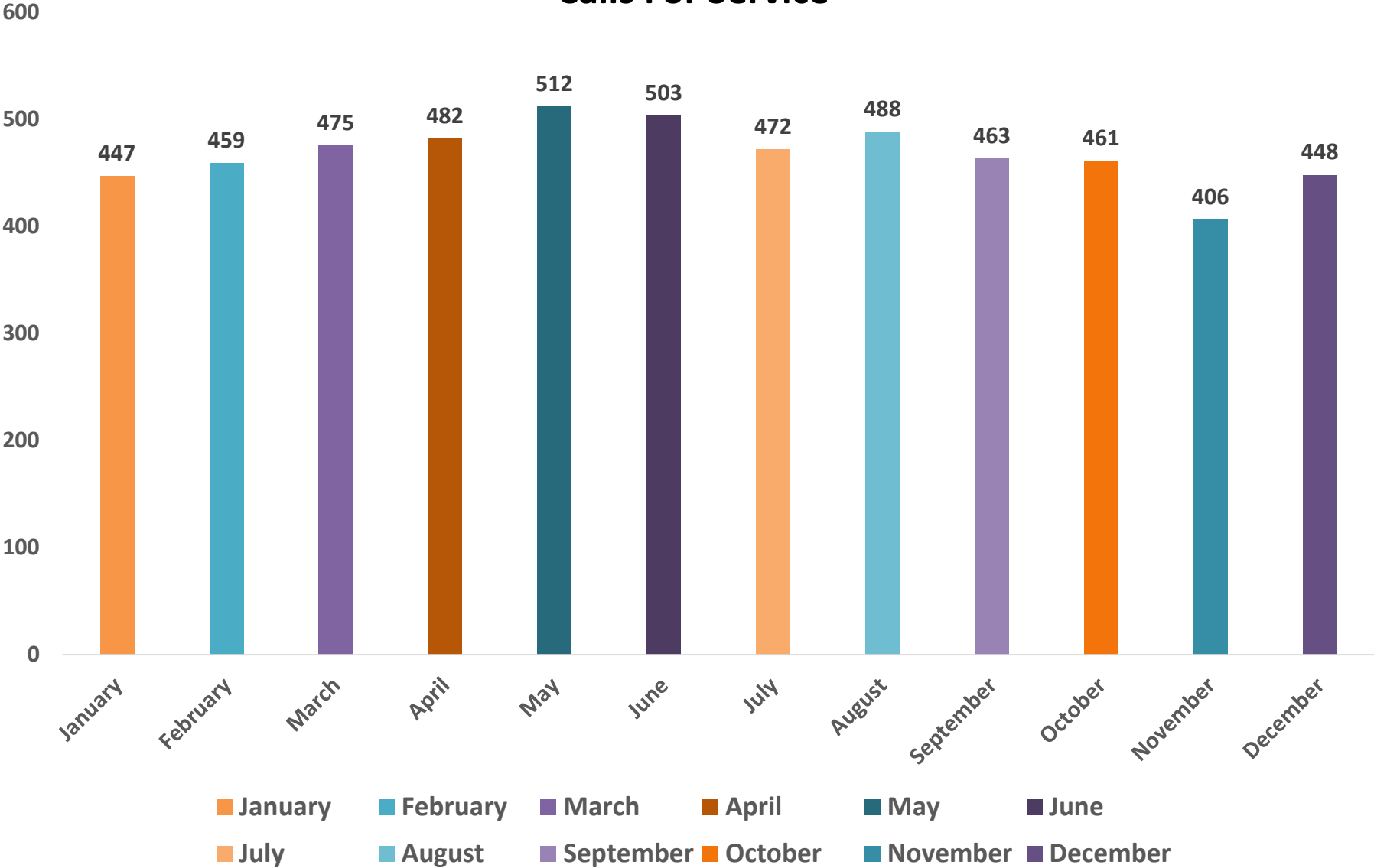
The Number Of All Priority 1, 2, 3 Calls For Service Compared To Mental Patient and Suicide Calls For Service: 2010 To 2015



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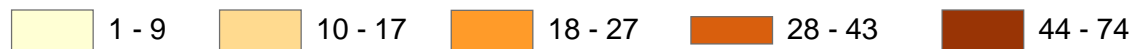
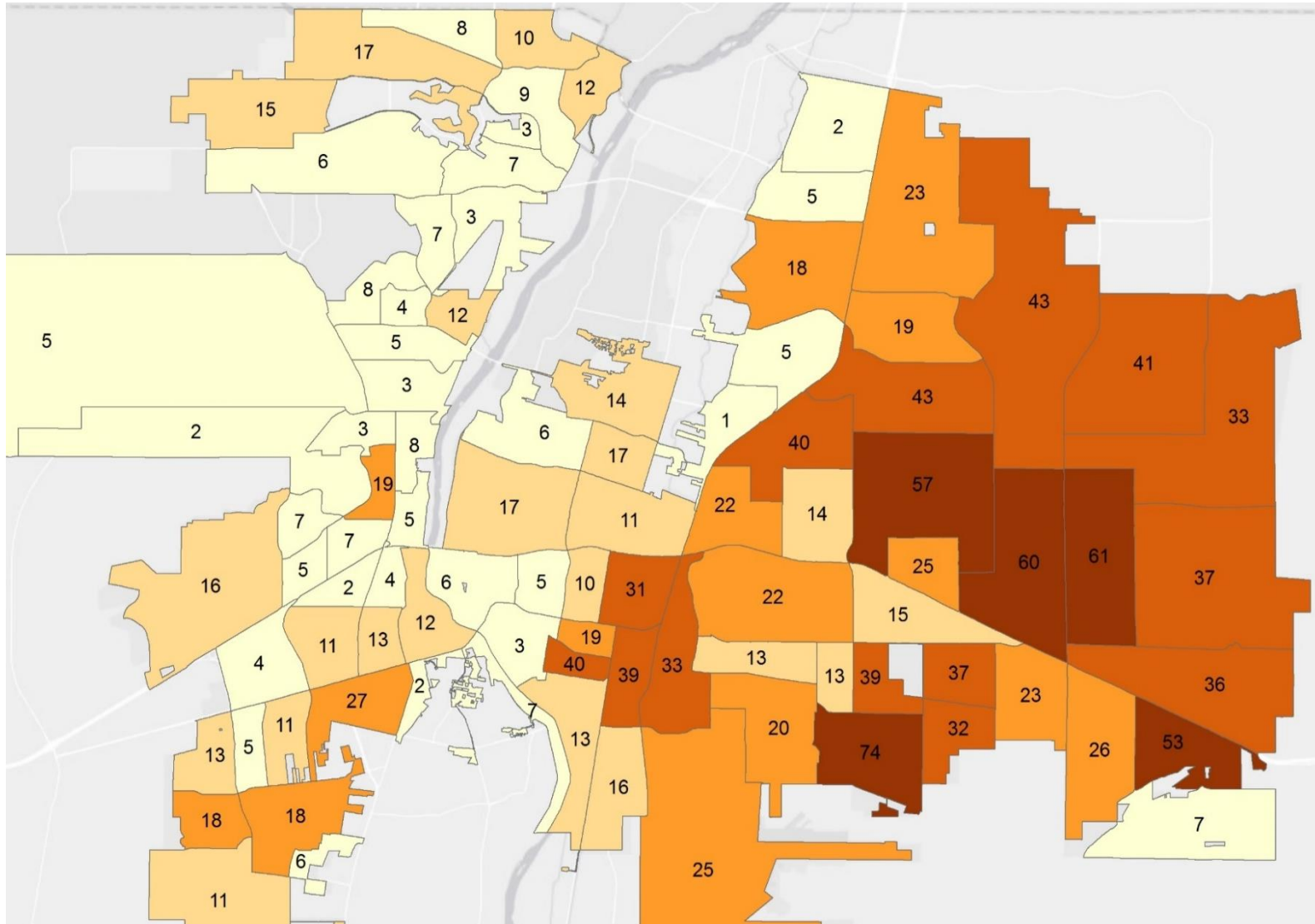


In 2015, APD Field Officers Responded To 5,616 Mental Patient and Suicide Calls For Service



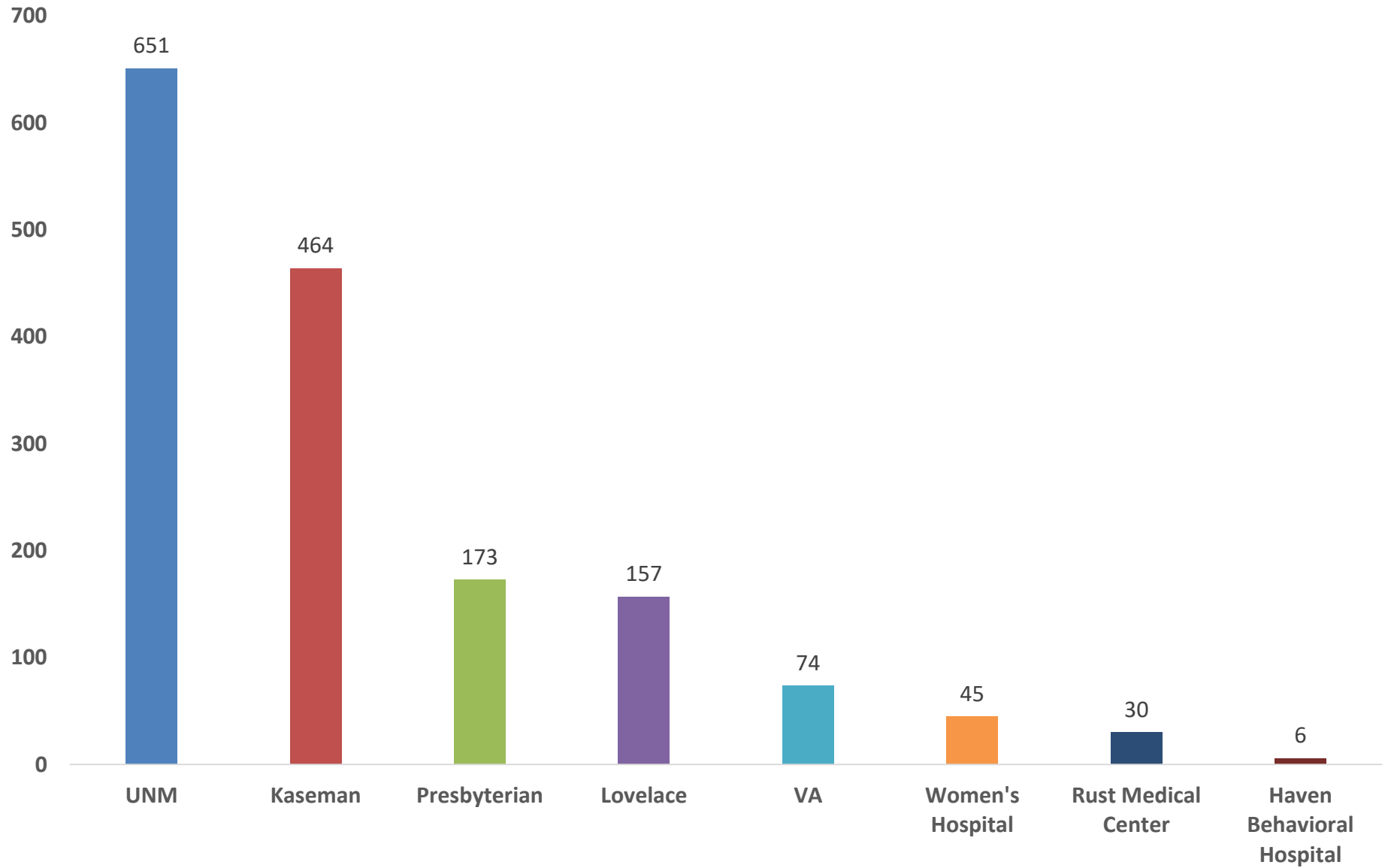
Source: APD Real Time Crime Center

In 2015, Field Officers In These Beats Provide 1,634 Transports To Emergency Facilities

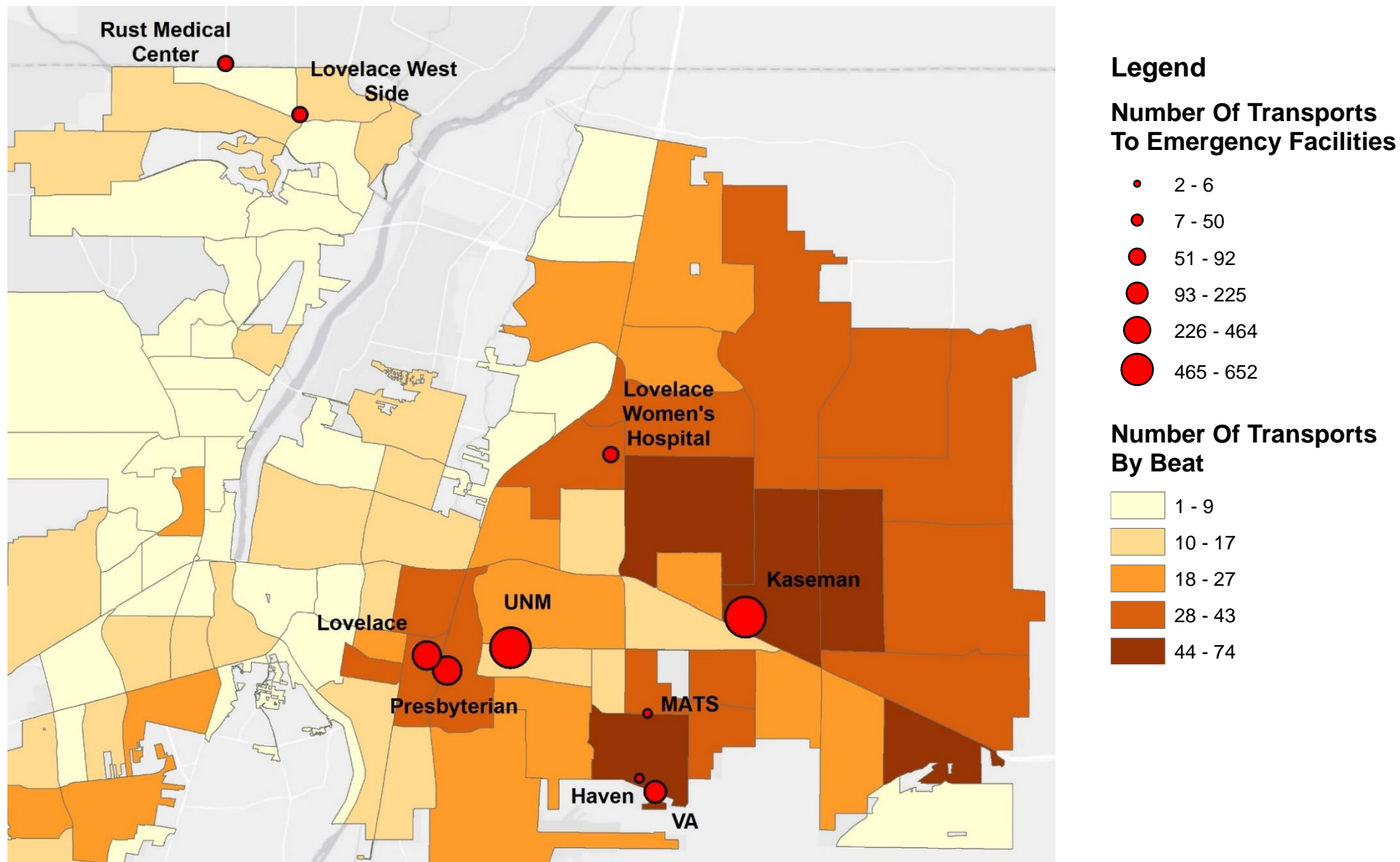


Source: APD Real Time Crime Center

In 2015, These Emergency Facilities Received Most Of The Individuals Transported

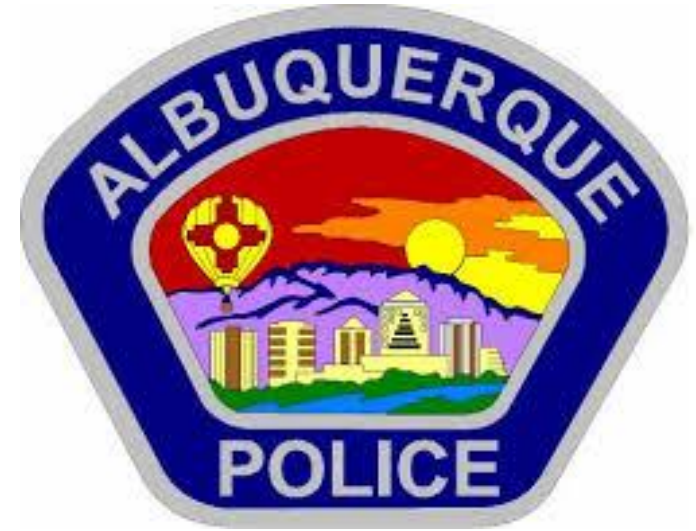


Transporting Individuals In Crisis To Emergency Facilities Rather Than Jail Is Critically Important



Discussion?

The Albuquerque Police Department Crisis Intervention Unit: Using Data To Make A Difference



Prepared For:
Mental Health Response Advisory Committee
January 19, 2016
Albuquerque, New Mexico

Prepared By:
Lieutenant Glenn St. Onge, Crisis Intervention Section/Juvenile Section, APD
Sarah Masek, Crime Analysis Unit Supervisor, Real Time Crime Center, APD
Dr. Peter Winograd, Professor Emeritus, UNM
Kylynn Brown, Crisis Intervention Unit, APD

**THIS IS A WORKING
DOCUMENT. DATA
ANALYSES ARE
PRELIMINARY**

Version 1.1

This presentation focuses on an exploratory study of current and developing data sets that can be used to help the Albuquerque Police Department's Crisis Intervention Unit strengthen its efforts in working with individuals in crisis.

One of the most useful functions of collecting data and conducting analyses is that better data and more thoughtful analyses always show up later. Better data and smarter interpretations are always welcome. We look forward to the conversations ahead and how they will help make our community a better place for all of our citizens, including those individuals living with mental illness.

The Critical Need For Crisis Intervention In Our Community



The City of Albuquerque commissioned this report in order to identify the volume, types, and levels of behavioral health services available to residents of the city and Bernalillo County. In this context, "behavioral health" refers to mental health and substance use conditions. This report highlights expected and unmet need, and suggests next steps for collaborative continued improvement. We hope to integrate these findings within the broader work of the Task Force on Behavioral Health which includes elected officials from the City of Albuquerque, Bernalillo County and the State of New Mexico and the voices of consumers, families, providers, first responders, and other important stakeholders.

Project Goals

3

- Provide an inventory of behavioral health services in Bernalillo County emphasizing treatment services available to those relying on public funds or with limited income.
- Characterize gaps in the current system and need for behavioral health services.

Complexities in Behavioral Health Planning

Many factors influence the gap between need and availability of behavioral health services in a community. Best practices indicate an array of interventions including inpatient treatment, crisis care, outpatient therapy and medical care, as well as a number of evidenced-based psychosocial supports, such as supported housing and supported employment. Use of these services within a community varies depending on accessibility, coordination across services and whether there is an adequate system for early detection, diagnosis and treatment planning. In a system with inadequate community based services, individuals and families with behavioral health conditions can go without care for far too long. This may result in crises which could have been averted with prevention.

Given the complexity of these factors and in order to aid behavioral health planning, data has been integrated from several resources: an in-depth survey of providers in the city and databases from county, state, federal, and health agencies.

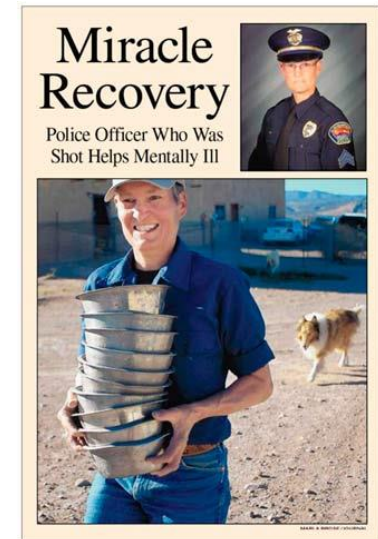
The data shared here are aimed at helping the City, County and State, residents, and public servants collaborate to create a coordinated response to unmet behavioral health needs in our community.



John Hyde Killed Five People, 2005

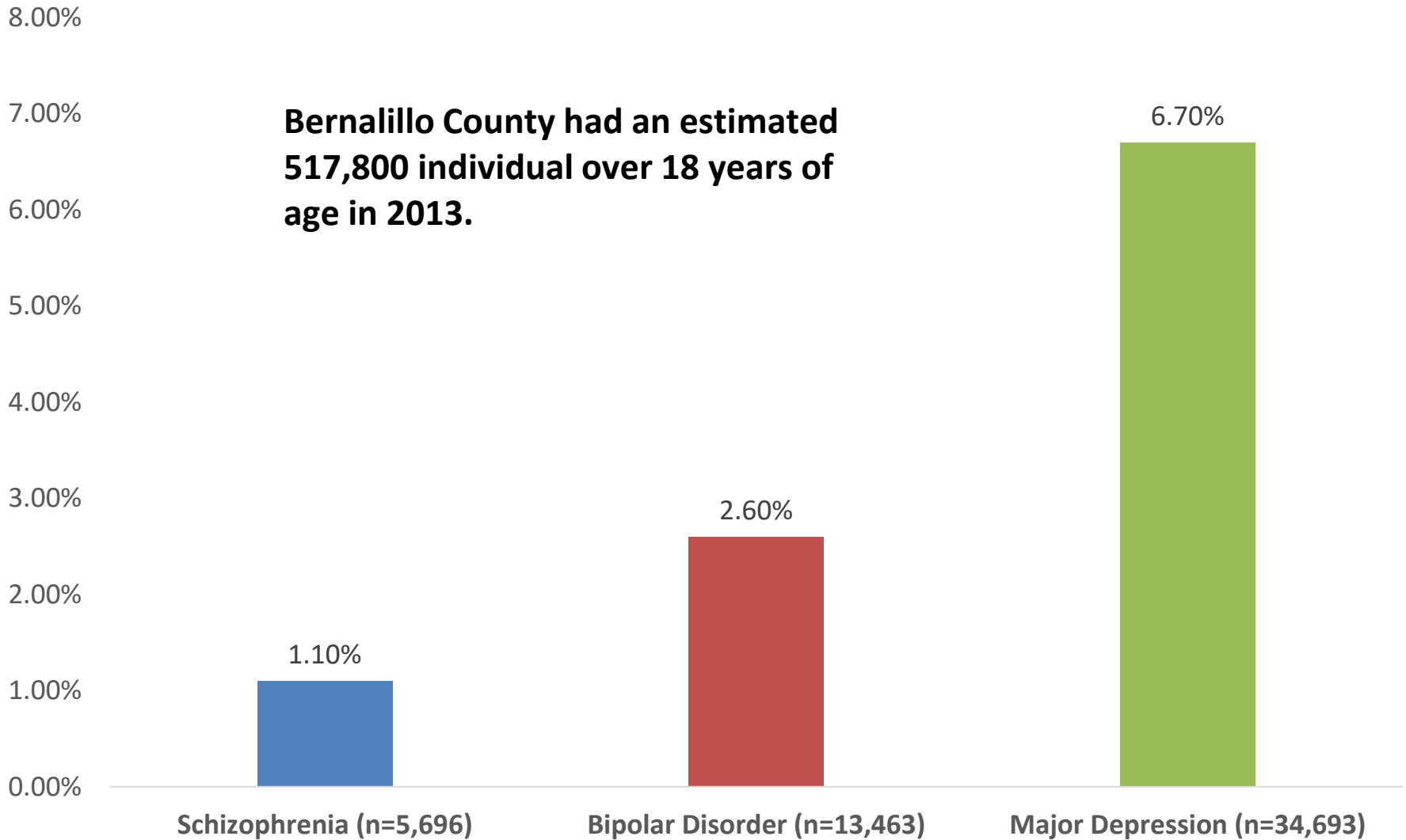


John Boyd Shot By Police, 2014



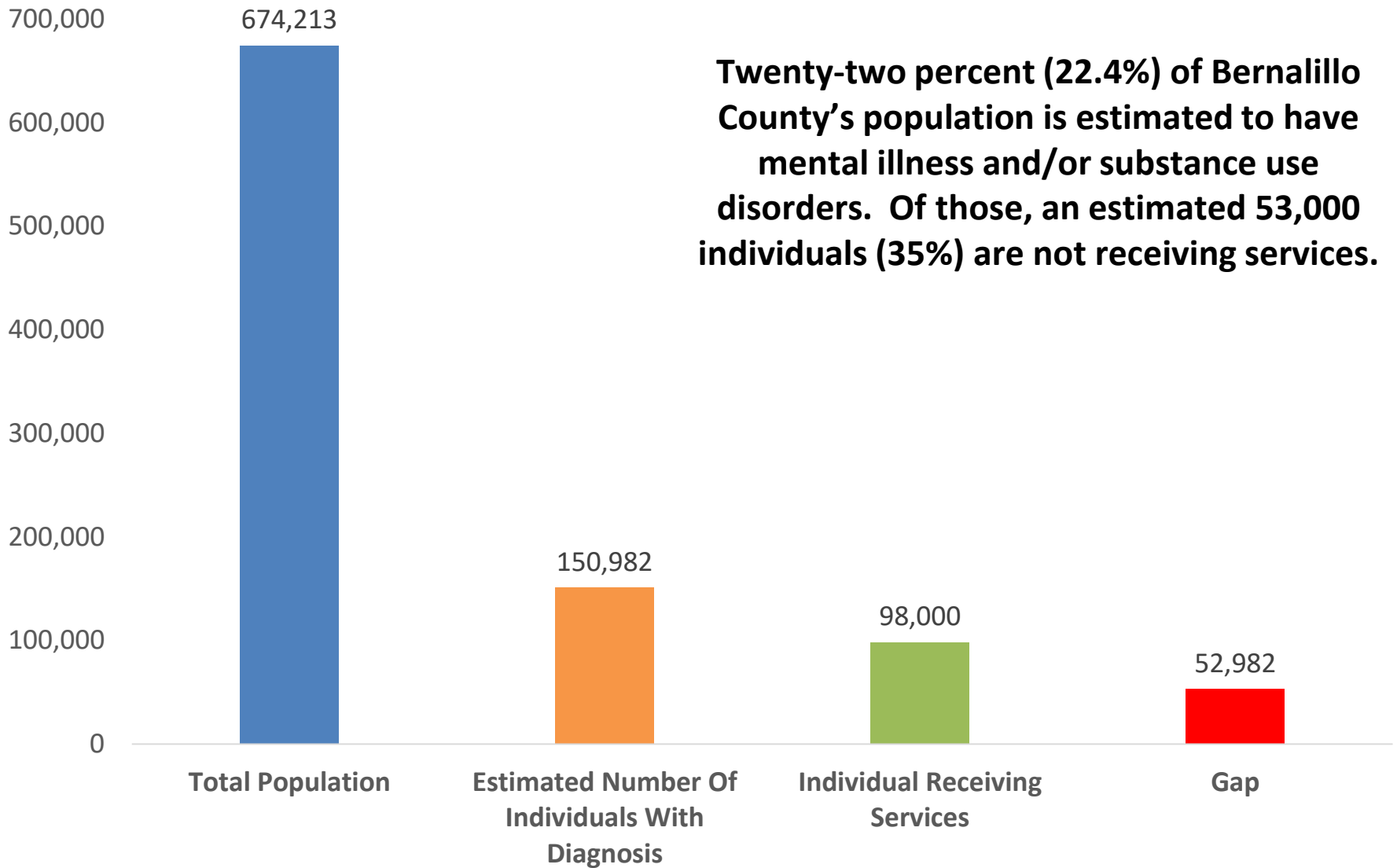
Officer Carol Oleksak Shot By Duc Mihn Pham, 2003

The Number And Percentage Of Adults Over 18 With Serious Mental Illness



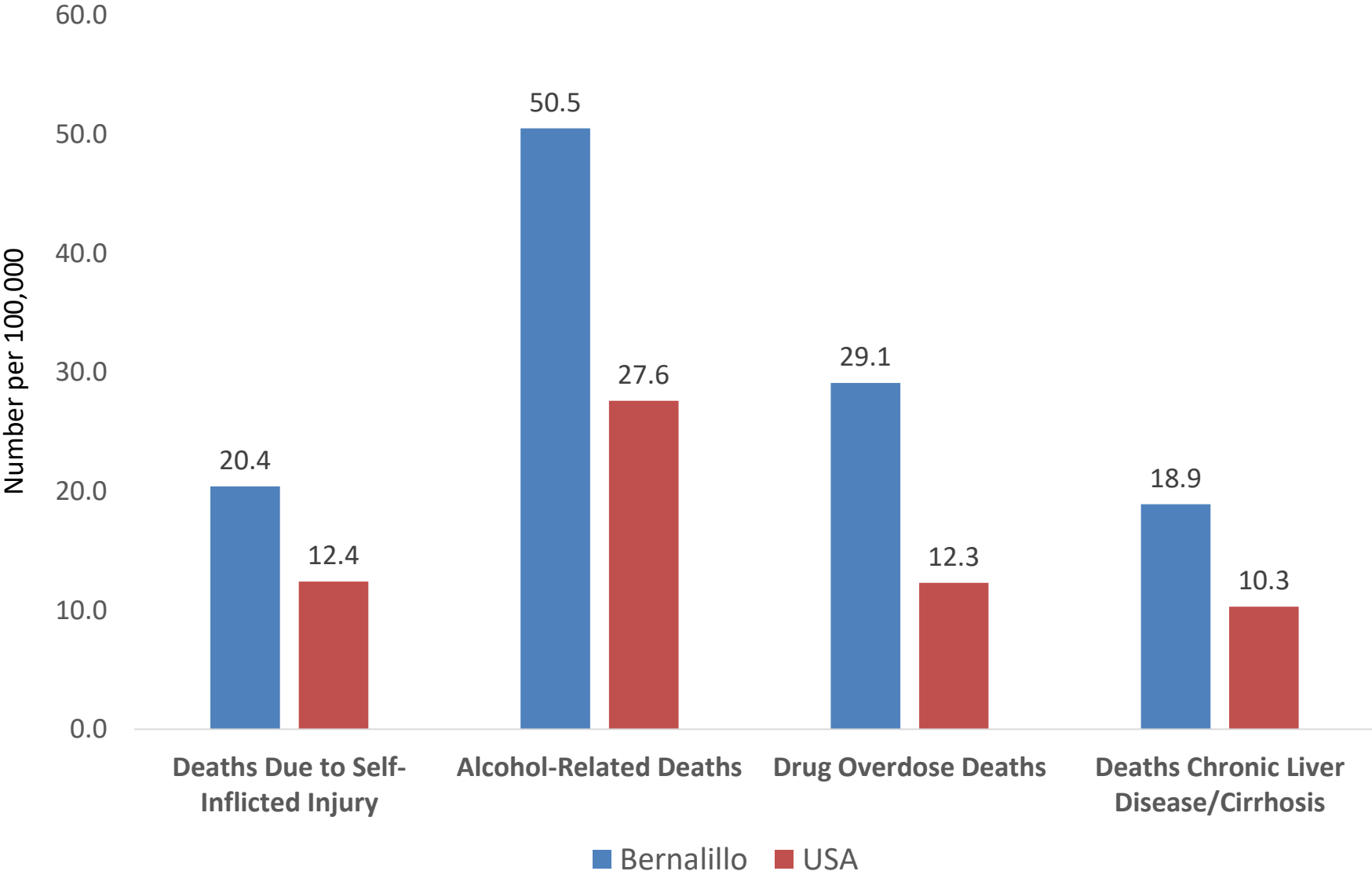
Source: Landscape of Behavioral Health In Albuquerque (2014). UNM Department of Psychiatry and Behavioral Sciences, UNM Center For Educational Policy, and RWJF Center for Health Policy, UNM

The Landscape Of Behavioral Health In Bernalillo County, New Mexico



Source: Landscape of Behavioral Health In Albuquerque (2014). UNM Department of Psychiatry and Behavioral Sciences, UNM Center For Educational Policy, and RWJF Center for Health Policy, UNM

How Bernalillo County Compares To The Nation

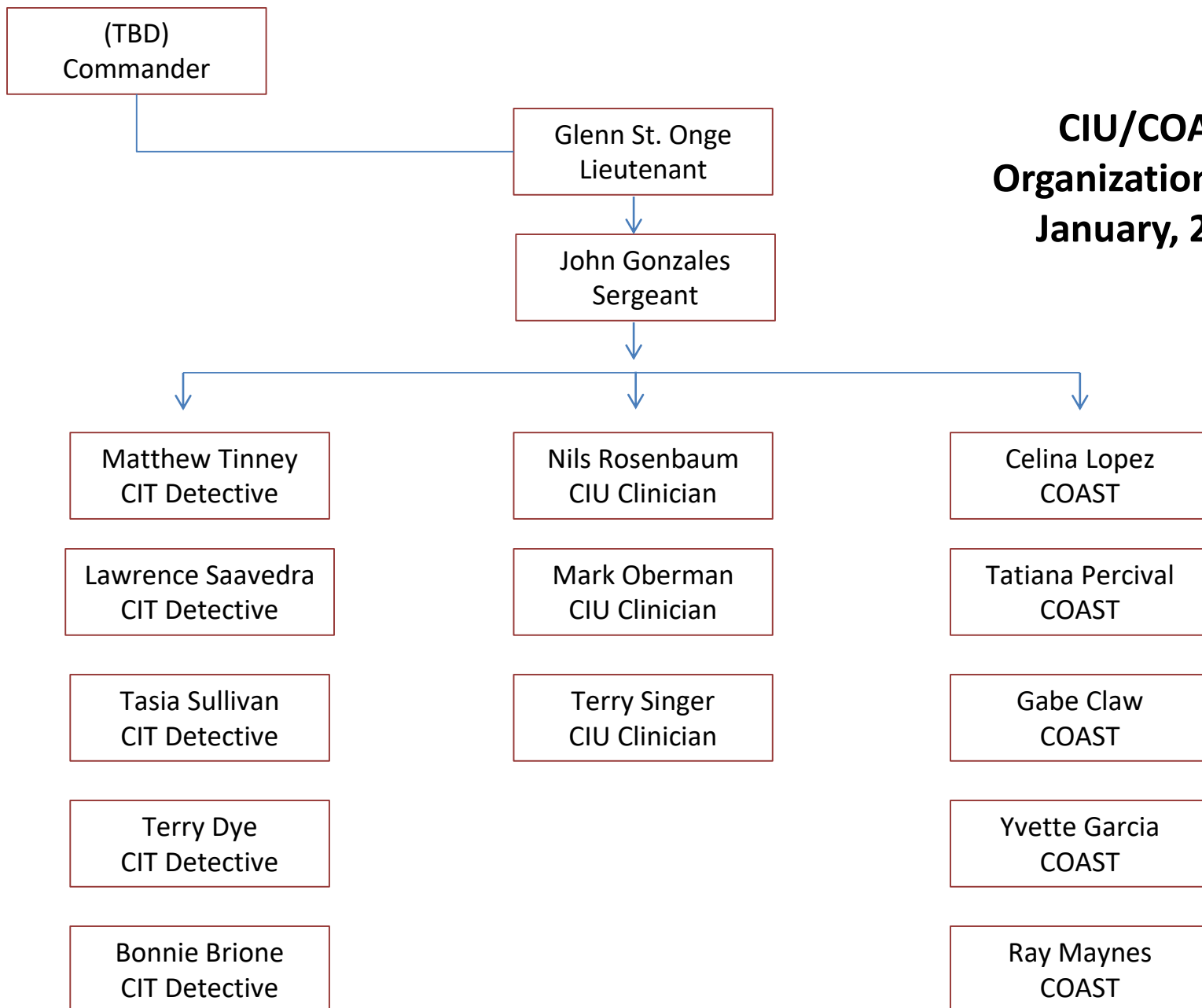


Source: Landscape of Behavioral Health In Albuquerque (2014). UNM Department of Psychiatry and Behavioral Sciences, UNM Center For Educational Policy, and RWJF Center for Health Policy, UNM

Crisis Intervention

“To maintain high-level, quality service; to ensure officer safety and accountability; and to promote constitutional, effective policing, APD agrees to minimize the necessity for the use of force against individuals in crisis due to mental illness or a diagnosed behavioral disorder and, where appropriate, assist in facilitating access to community-based treatment, supports, and services to improve outcomes for the individuals. APD agrees to develop, implement, and support more integrated, specialized responses to individuals in mental health crisis through collaborative partnerships with community stakeholders, specialized training, and improved communication and coordination with mental health professionals.”

CIU/COAST Organization Chart January, 2016



DOJ & ABQ Settlement Agreement C: Crisis Intervention Certified Responders and Crisis Intervention Unit

129. APD shall collect data on the use of crisis intervention certified responders and CIU. This data will be collected for management purposes only and shall not include personal identifying information of subjects or complainants. APD shall collect the following data:

- a) date, shift, and area command of the incident;
- b) subject's age, race/ethnicity, and gender;
- c) whether the subject was armed and the type of weapon;
- d) whether the subject claims to be a U.S. military veteran;
- e) name and badge number of crisis intervention certified responder or CIU detective on the scene;
- f) whether a supervisor responded to the scene;
- g) techniques or equipment used;
- h) any injuries to officers, subjects, or others;
- i) disposition of the encounter (e.g., arrest, citation, referral); and
- j) a brief narrative of the event (if not included in any other document).

DOJ & ABQ Settlement Agreement C: Crisis Intervention Certified Responders and Crisis Intervention Unit

130. APD will utilize incident information from actual encounters to develop case studies and teaching scenarios for roll-call, behavioral health, and crisis intervention training; to recognize and highlight successful individual officer performance; to develop new response strategies for repeat calls for service; to identify training needs for in-service behavioral health or crisis intervention training; to make behavioral health or crisis intervention training curriculum changes; and to identify systemic issues that impede APD's ability to provide an appropriate response to an incident involving an individual experiencing a mental health crisis.

DOJ & ABQ Settlement Agreement D: Crisis Prevention

137. APD shall collect and analyze data to demonstrate the impact of and inform modifications to crisis prevention services. This data will be collected for management purposes only and shall not include personal identifying information of subjects or complainants. APD shall collect the following data:

- a) number of individuals in the COAST and CIU case loads;
- b) number of individuals receiving crisis prevention services;
- c) date, shift, and area command of incidents or follow up encounters;
- d) subject's age, race/ethnicity, and gender;
- e) whether the subject claims to be a U.S. military veteran;
- f) techniques or equipment used;
- g) any injuries to officers, subjects, or others;
- h) disposition of the encounter (e.g., arrest, citation, referral); and
- i) a brief narrative of the event (if not included in any other document).

Required Data & Sources Analyses Plans

Required Data	CIU Cases	COAST Services	Calls For Service
Number of individuals in the COAST and CIU case loads	X		
Number of individuals receiving crisis prevention services	X	X	X
Date, shift, area command of incident or follow-up encounters	X		X
Subject's age, race/ethnicity, and gender	X		X
Was subjected armed & type of weapon	X		X
Was subject US military vet?	X		X
Name & badge of responder or detective	X		X
Did a supervisor respond to the scene	X		X
Technique or equipment used	X		X
Any injuries to officers, subjects or others	X		X
Disposition of the encounter (arrest, citation, referral)	X	X	X
Brief narrative	X		X

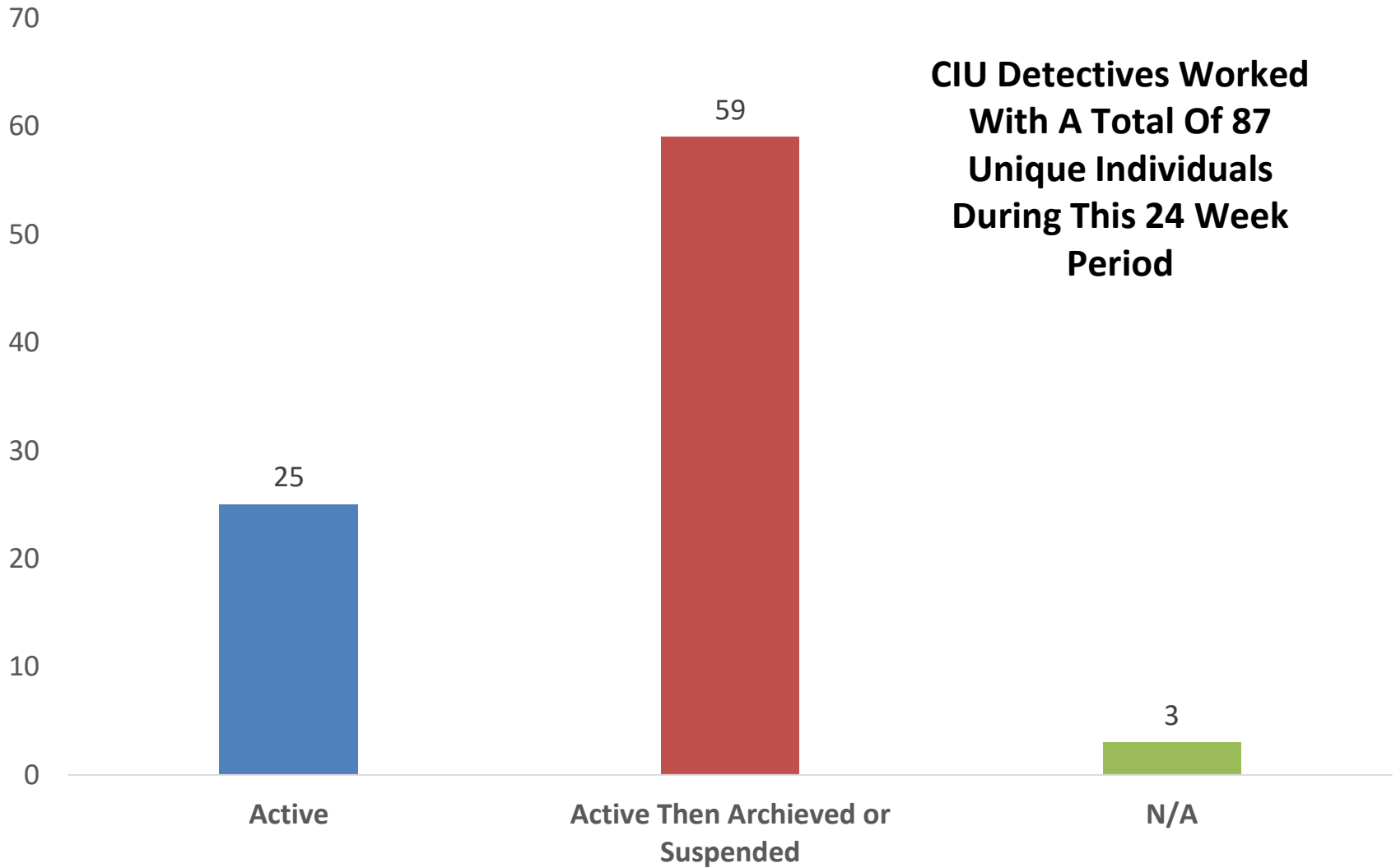
What Do We Know About The Individuals In Crisis That Come In Contact With The CIU?

The Data on Individuals In Crisis Come From Three Sources

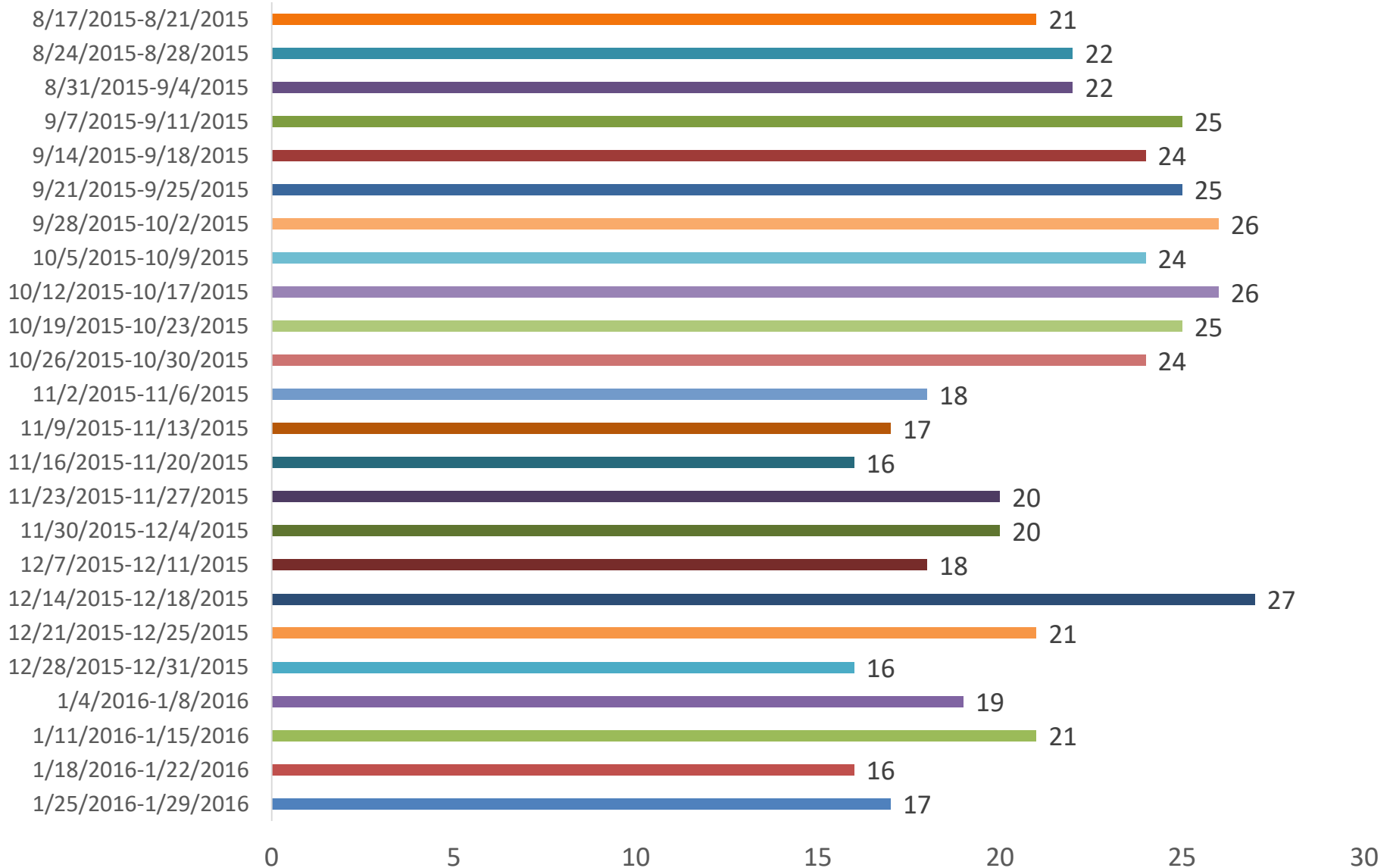
1. The Case Load of the CIU Detectives
 - Eight-seven (87) individuals are included in the data set which covers a 24-week period between August 17, 2015 and January 29, 2016.
 - These individuals have met the policy requirements of 3-06, Investigations Section SOP and been assigned to the CIU Detectives by the CIU/COAST Sergeant.
2. COAST Field Services Bureau Monthly Reports
 - The data set includes the number of individuals contacted; the number of individuals assisted; the number of mental health consumers assisted; the number of referrals to services; and the number of referrals received.
 - The data set includes the Monthly Reports for September, 2015 to December, 2015
3. Police Reports and 911 Calls For Service (CFS)
 - This data set includes CFS that are primarily coded as 10-40 (Mental Patient); 10-39 (Disturbance) and 10-43 and “43-1” (Suicide) but also include other CFS with codes for mental commitment or psychiatric evaluation.
 - The data also include location and other geo-spatial data that can be used for hot spot mapping and other analytic tools.

CIU Detective Case Load Data

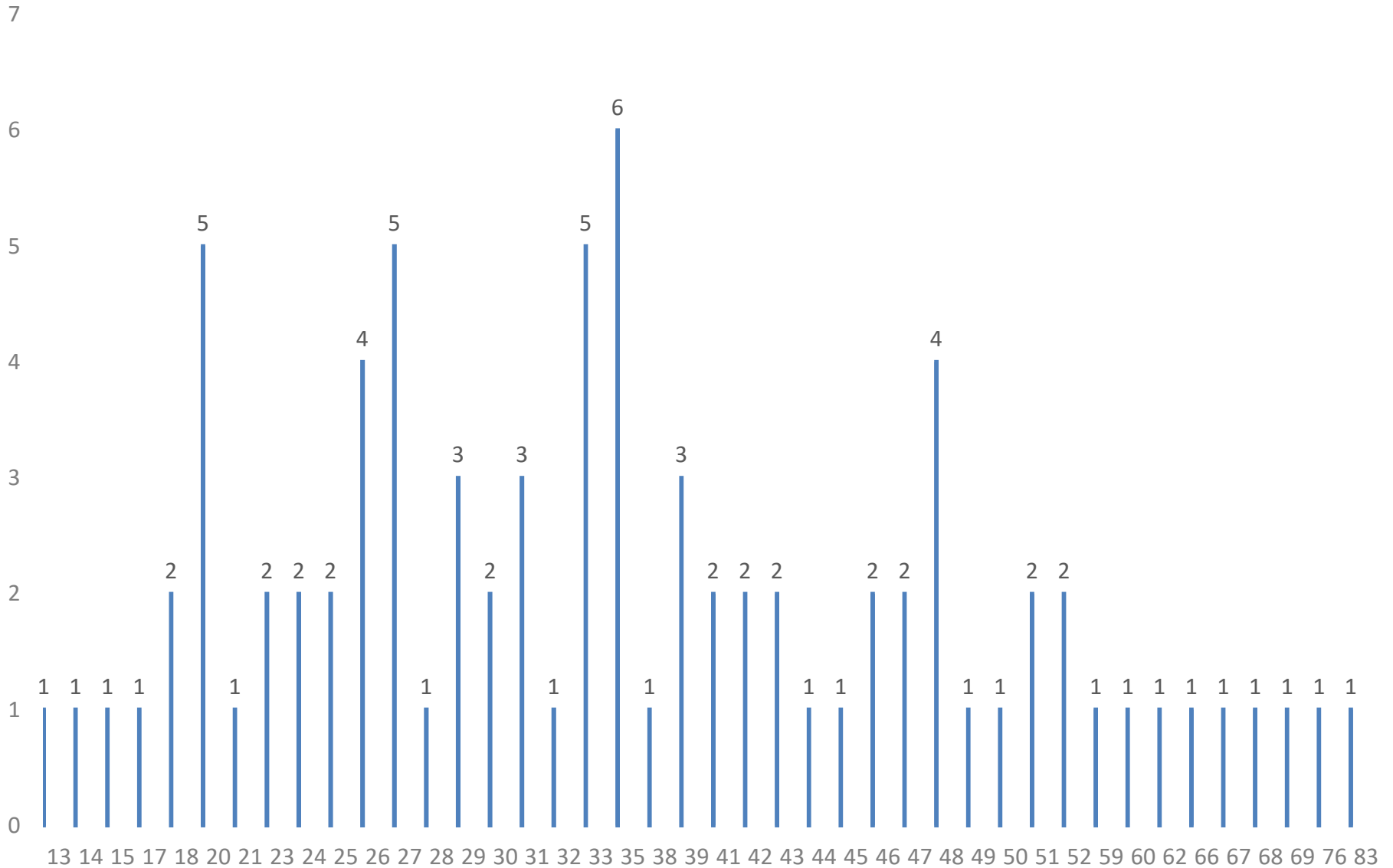
Number Of Unique Individuals On CIU Detective Cases Loads By Case Status From August 17, 2015 To January 29, 2016



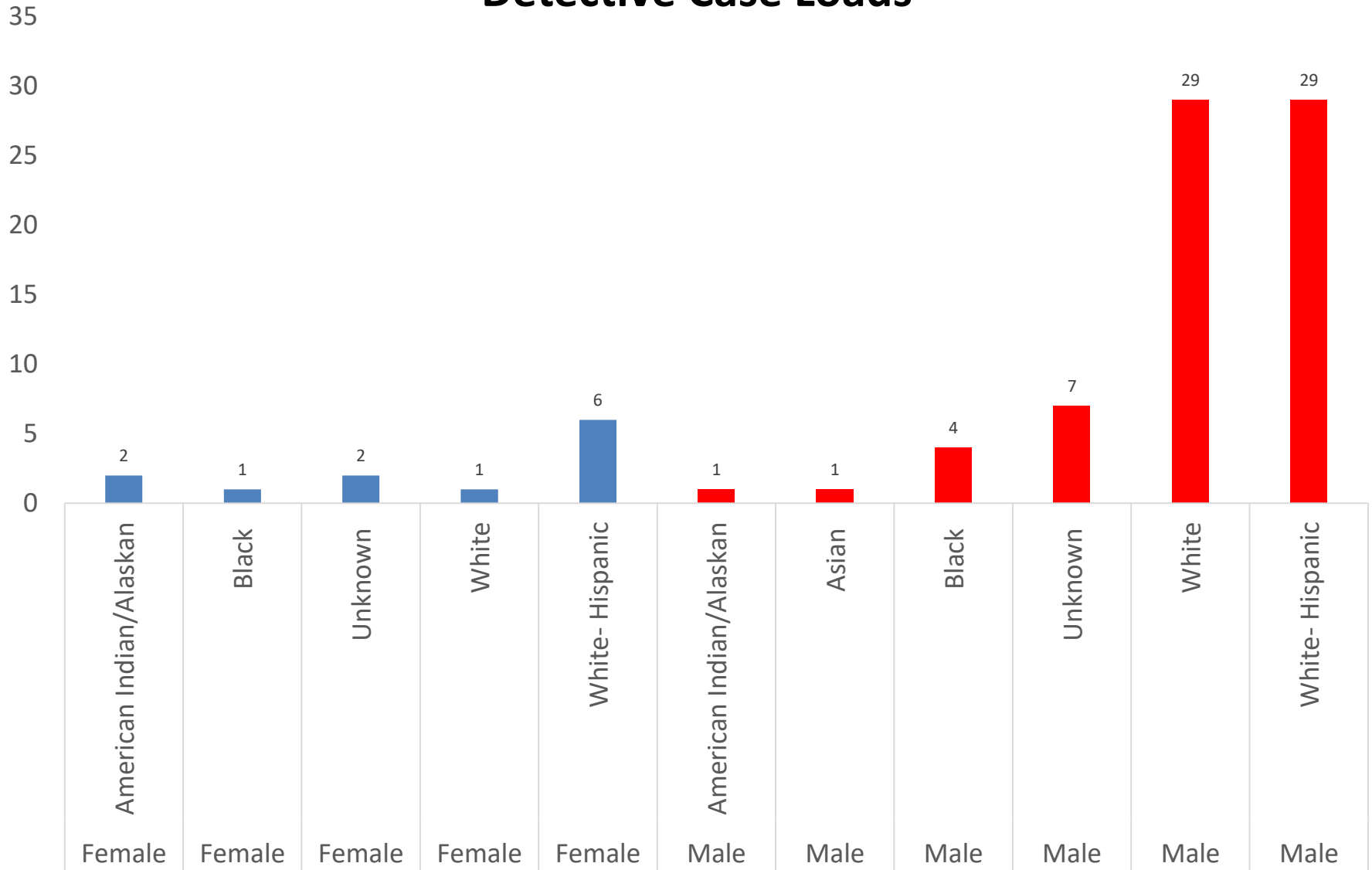
Number of Individuals On CIU Detective Cases Loads By Week From August 17, 2015 To January 29, 2016



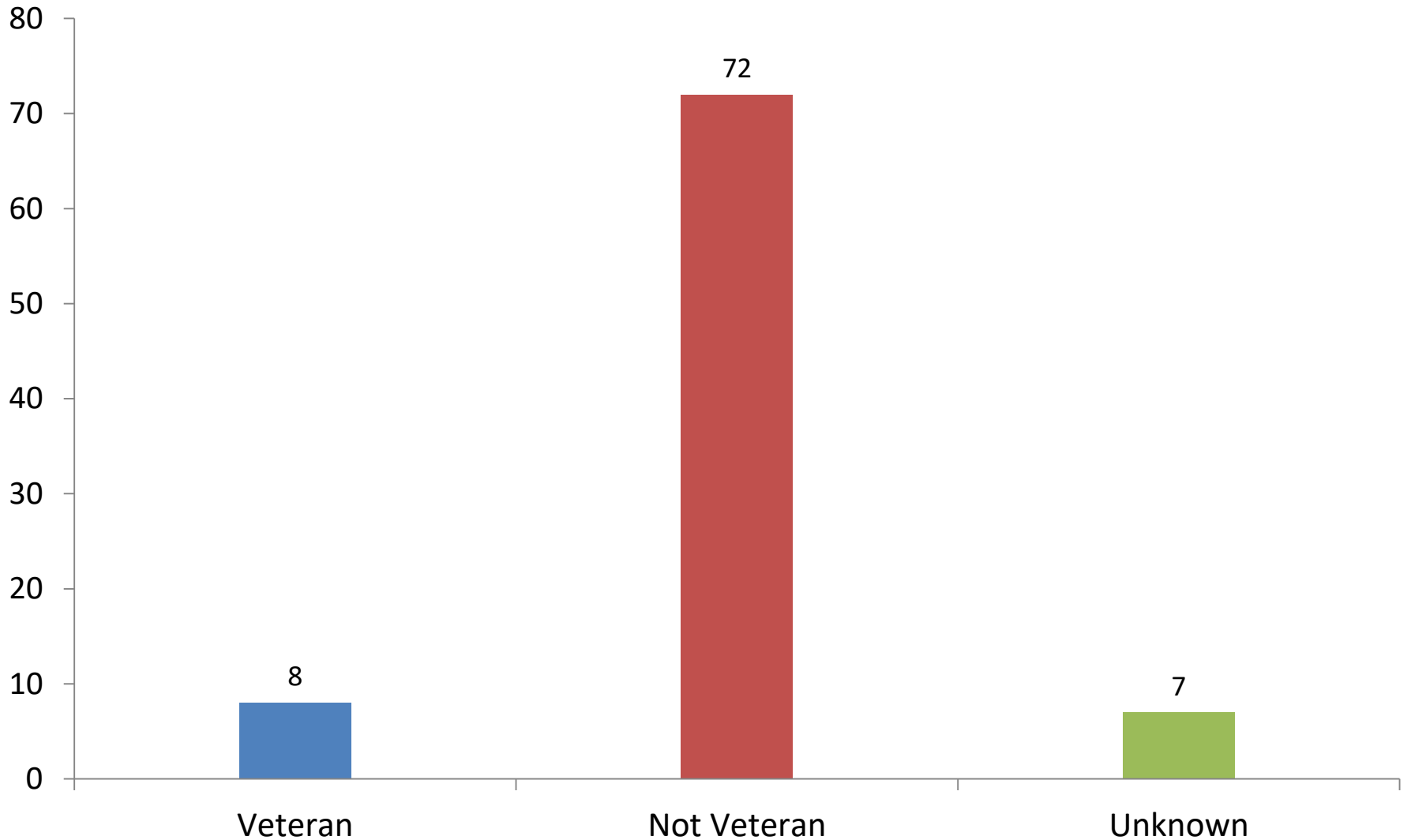
Age Of Individuals On CIU Detective's Case Load



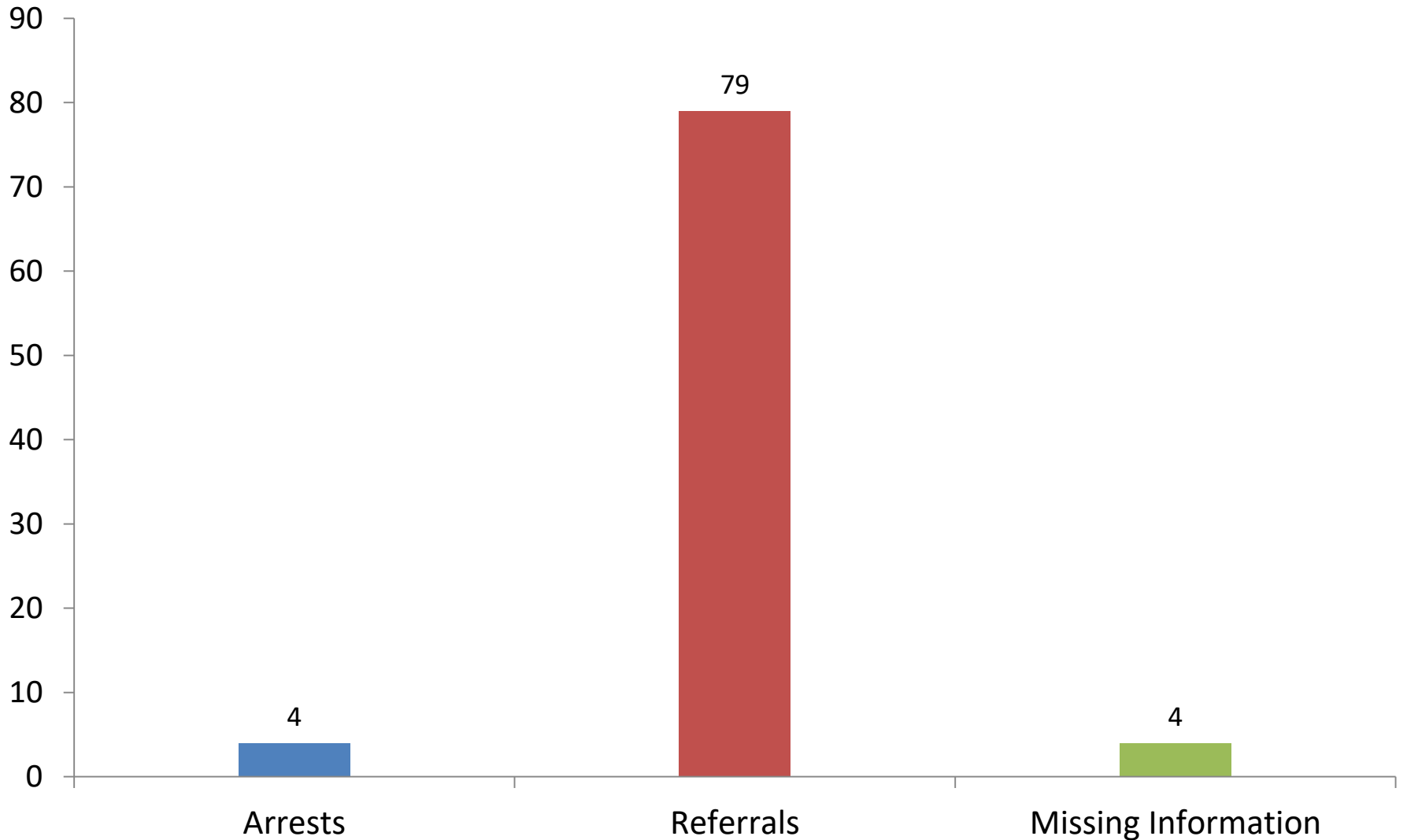
The Gender & Race/Ethnicity Of The Individuals On The CIU Detective Case Loads



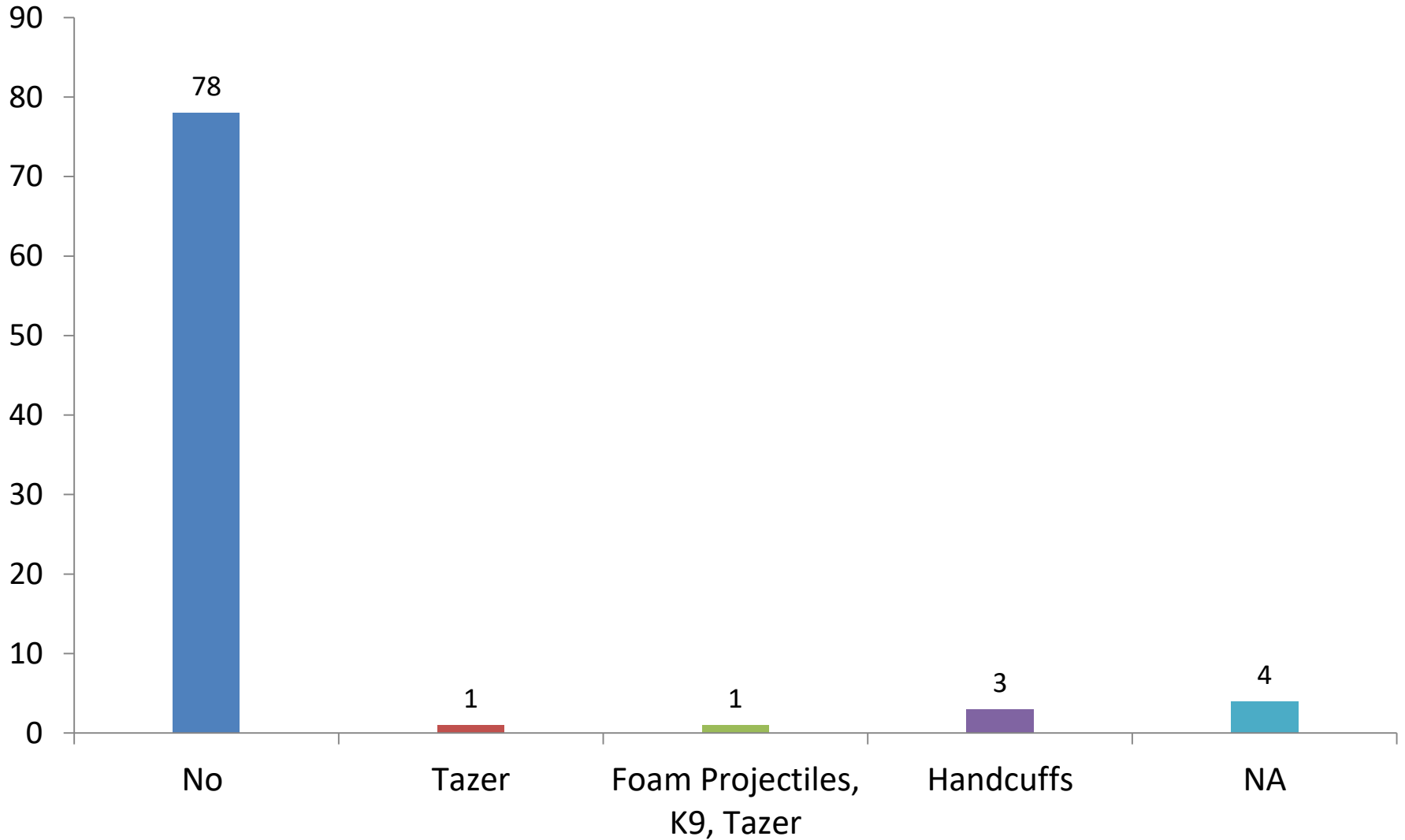
How Many Were US Military Veterans?



How Many Arrests vs How Many Referrals

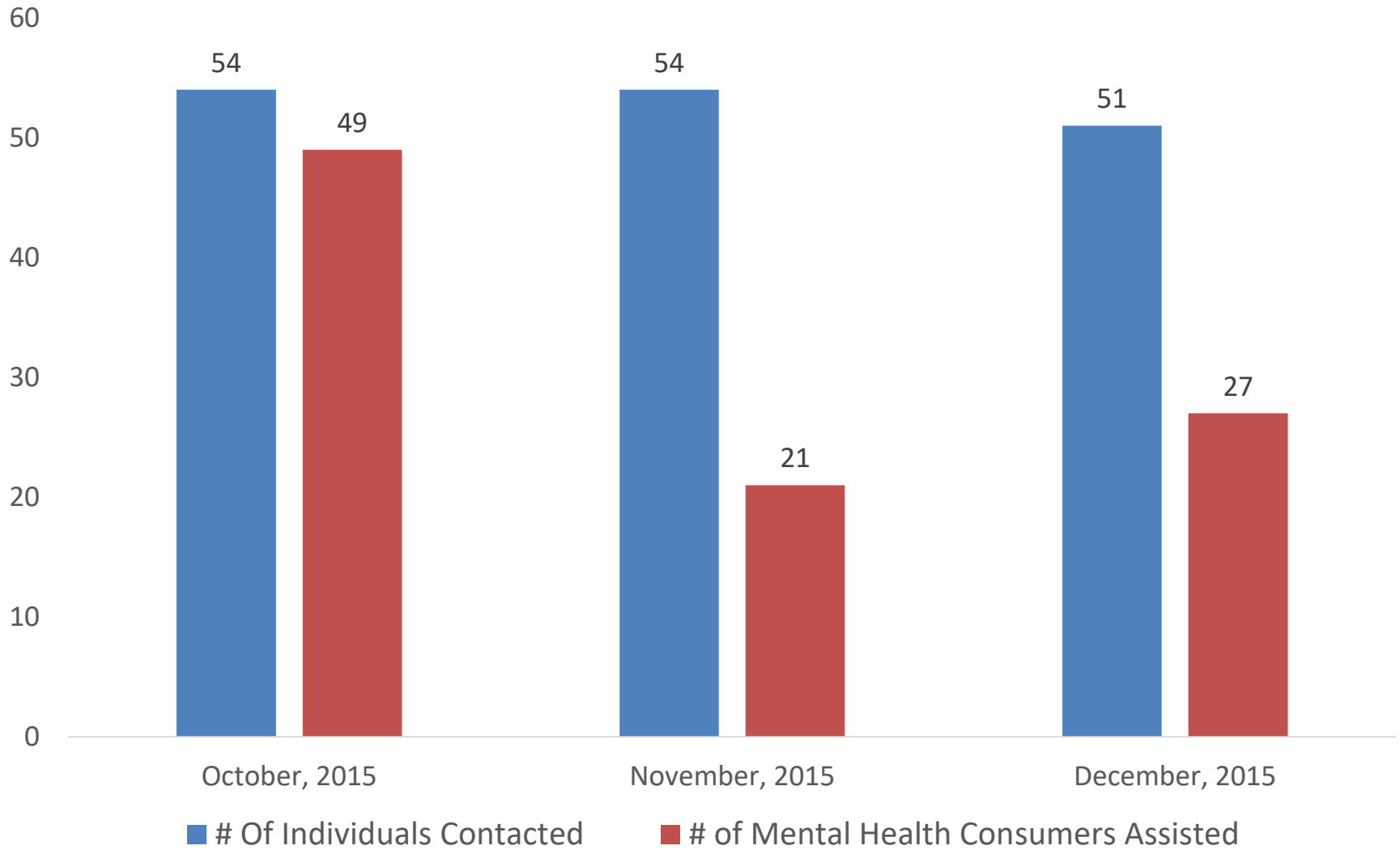


Use Of Force



COAST Monthly Reports

Individuals Contacted By COAST



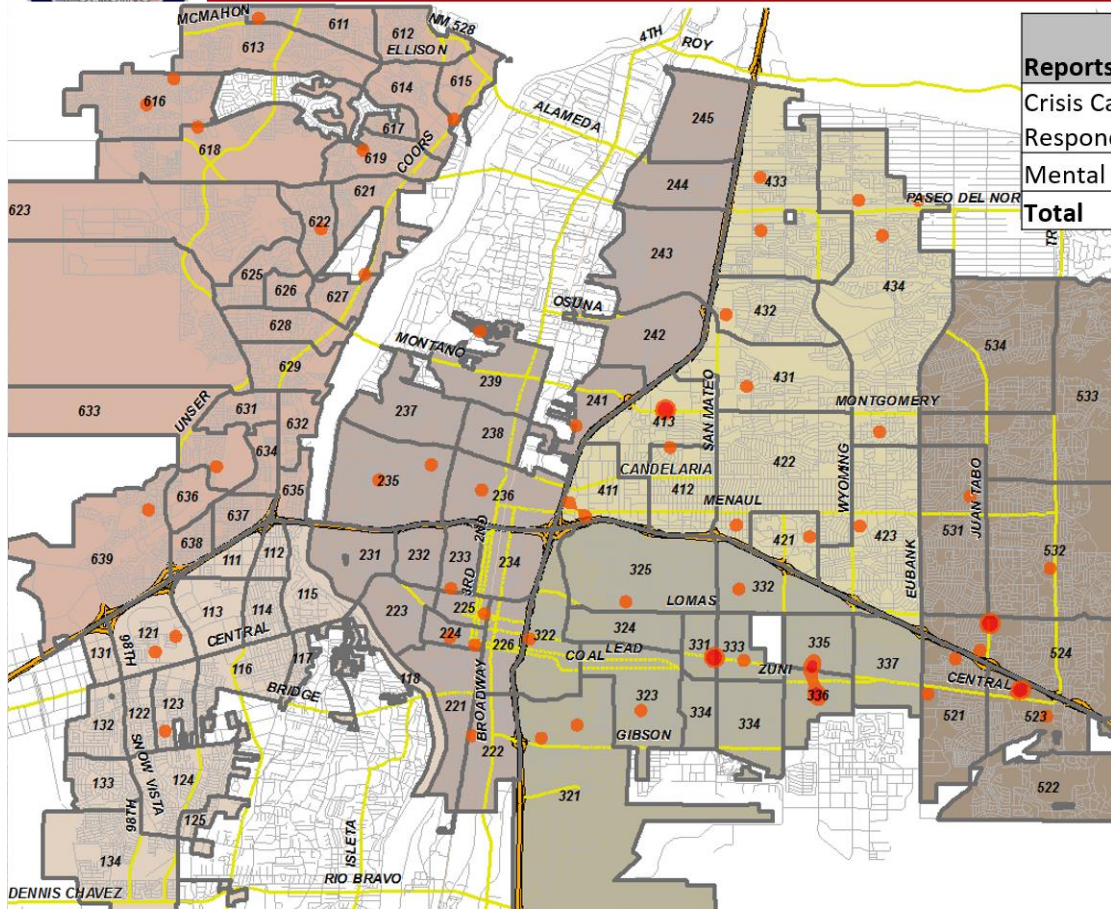
Police Reports & 911 Calls For Service

Hotspot Analyses On CIT Hotspots

APD Real Time Crime Center



CIT Hotspots & Tables - (Jan. 1 – 10, 2016) Police Reports



Reports	Last 7 Days	Jan. 1-10, 2016
Crisis Calls Responded to	22	28
Mental Commit	20	34
Total	42	62

CIT Transports (Jan 1-18):
72

Legend

Concentration of Mental, Crisis Calls Responded to

- Very High
- High

Beat	Count	Beat	Count
121	2	411	2
123	1	412	1
222	1	413	2
224	3	421	1
233	1	422	1
235	2	423	1
236	1	431	1
239	1	433	3
241	1	434	4
321	2	521	2
322	1	523	3
323	1	524	2
325	1	531	1
331	2	532	1
332	1	611	1
333	1	614	1
335	1	616	2
336	3	618	1
337	1	619	1
		621	1
		622	1
		633	1
		639	1

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

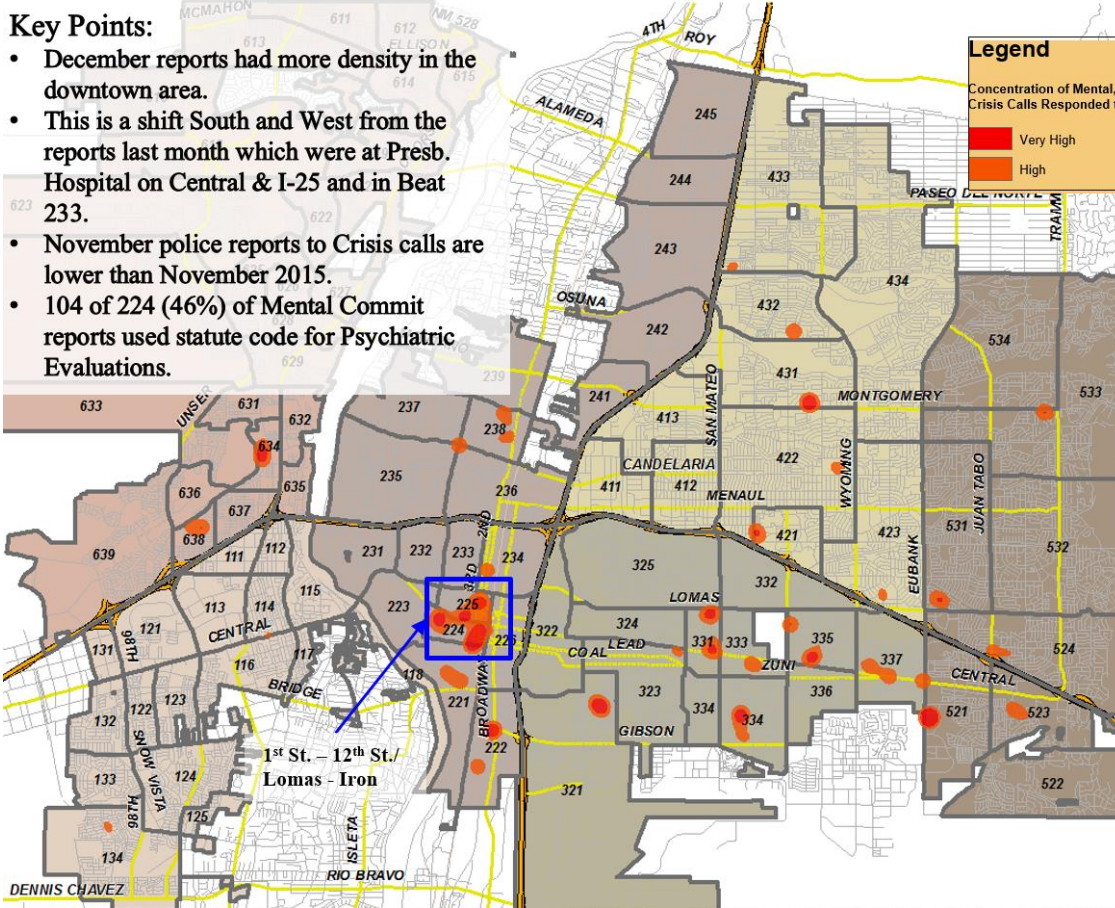
Hotspot Analyses On CIT Hotspots APD Real Time Crime Center



CIT Hotspots & Tables – December Police Reports

Key Points:

- December reports had more density in the downtown area.
- This is a shift South and West from the reports last month which were at Presb. Hospital on Central & I-25 and in Beat 233.
- November police reports to Crisis calls are lower than November 2015.
- 104 of 224 (46%) of Mental Commit reports used statute code for Psychiatric Evaluations.



Reports	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015
Crisis Calls Responded to	44	45	55	55	30	27
Mental Commit	20	179	162	194	151	197
Total	200	224	217	249	181	224

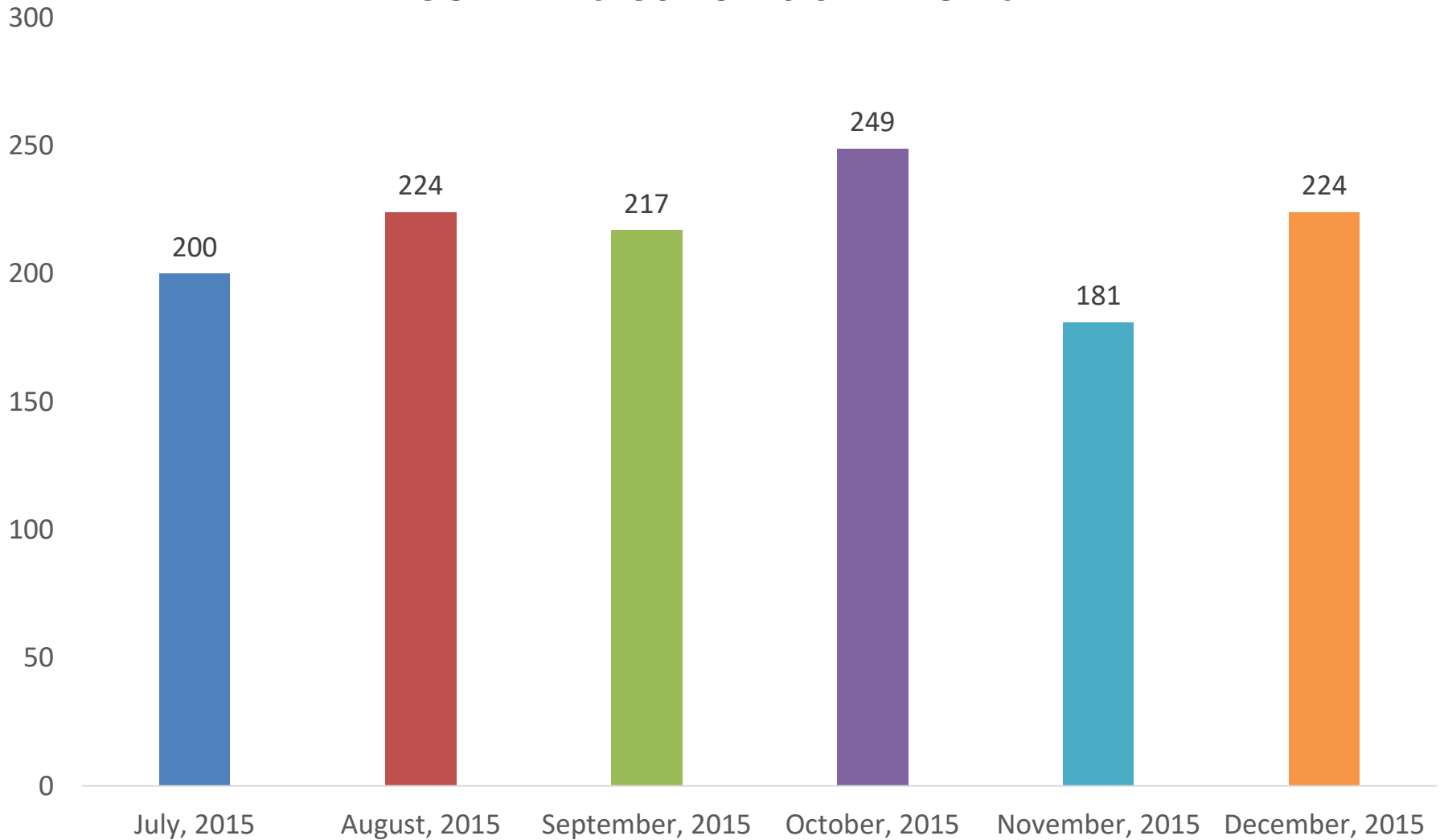
Beat	Count	Beat	Count	Beat	Count	Beat	Count	Beat	Count	Beat	Count
112	1	221	5	321	4	412	1	521	5	612	1
113	1	222	5	322	4	413	2	523	5	613	1
114	2	223	1	323	6	421	4	524	6	614	2
116	2	224	10	325	1	422	7	531	5	615	1
117	1	225	5	331	7	423	10	532	5	616	1
122	1	226	3	333	5	431	6	533	6	618	1
125	1	231	1	334	9	432	3	534	4	619	1
133	1	233	2	335	7	433	7			623	1
134	4	234	3	336	2	434	5			625	1
		235	5	337	6					626	1
		236	1							627	2
		237	2							629	1
		238	7							634	4
		239	2							636	1
		242	1							638	3
		243	1							639	2

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

CIT Transports:

110

APS Responds To A High Number Of Crisis And Mental Commit Calls Each Month



How Can We Build On This Crucial Resource To Address The Needs Of Individuals in Crisis?



Reasons to call...

Someone is always here to hear you
24/7/365

Free and confidential

Because we know this call may be the most important one you've ever made

- Having thoughts of hurting yourself or someone else
- Struggling with drugs and/or alcohol
- Feeling like you can't get out of bed in the morning
- Experiencing violence or abuse where you live
- Looking for a counselor in your area
- Behaving in ways you know aren't safe, but continue anyway
- Having a hard time keeping your anger under control
- Seeking support for someone struggling with mental health
- Just need someone to talk to

www.nmcrisisline.com

1 (855) 662-7474

1 (855) 466-7100

TTY Access - 1 (855) 227-5485



December 2015 New Mexico Utilization Report

- Overview Summary (pg 1)
- Crisis and Access Line and NSPL (pgs 2-7)
- Peer-to-Peer Warmline (pgs 8-9)

In December of 2015, the New Mexico Crisis and Access Line (NMCAL) answered 2,013 calls. This includes 1,010 calls on the Statewide Crisis and Access Line, 167 New Mexico calls to the National Suicide Prevention Lifeline (NSPL), 516 calls to the Peer-to-Peer Warmline, and 320 after-hours calls forwarded from New Mexico's Behavioral Health Core Service Agencies (CSA's).

December 2015: Calls Answered by Type

Statewide Crisis and Access Line + NSPL Calls	1177
Inbound Clinical Calls	899
- Calling about Self	769
- Calling about a Child	14
- Calling about another Adult	116
Outbound Calls	95
Information/Referral Calls	73
Seeking information about NMCAL	24
Administrative	16
Other	70
Warmline Calls	516
Calls Answered For CSA Crisis Lines	320
TOTAL CALLS ANSWERED FOR NEW MEXICO	2013



NMCAL (1-855-NMCRISIS) and Warmline (1-855-4NM-7100)
December 2015 Report

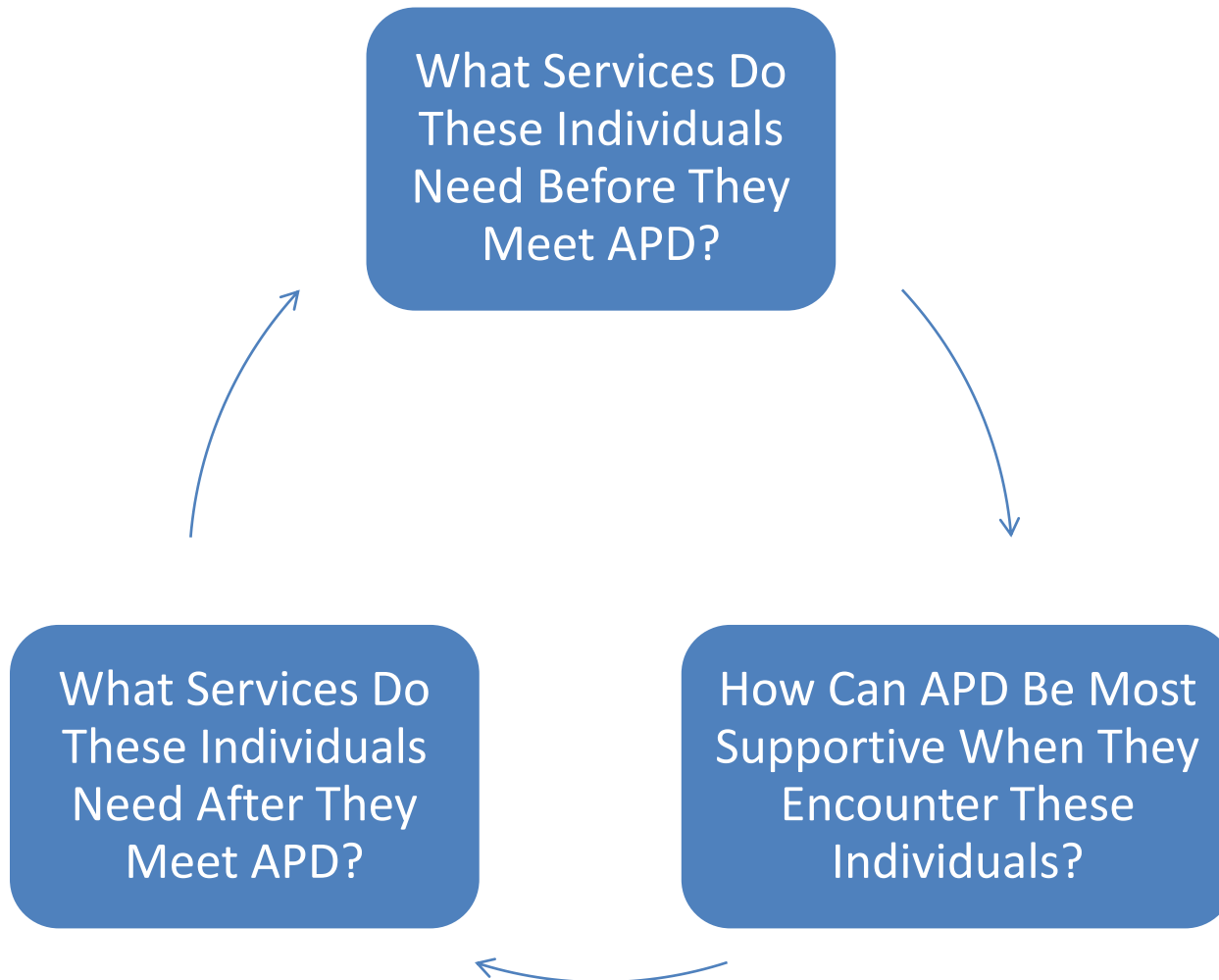
Page 1

Next Steps

DOJ & ABQ Settlement Agreement C: Crisis Intervention Certified Responders and Crisis Intervention Unit

130. APD will utilize incident information from actual encounters to develop case studies and teaching scenarios for roll-call, behavioral health, and crisis intervention training; to recognize and highlight successful individual officer performance; to develop new response strategies for repeat calls for service; to identify training needs for in-service behavioral health or crisis intervention training; to make behavioral health or crisis intervention training curriculum changes; and to identify systemic issues that impede APD's ability to provide an appropriate response to an incident involving an individual experiencing a mental health crisis.

How Can MHRAC Help Build A Community-Wide Behavioral Health System That Will Keep Individuals Experiencing Mental Health Crisis From Encountering APD In The First Place Or Becoming Repeat Cases?



Discussion?

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



**Presented at the
CIT International Conference
Chicago, Illinois
Monday, April 25, 2016**

Prepared By:

Lieutenant Glenn St. Onge, Crisis Intervention Section/Juvenile Section, Albuquerque Police Department.

Sarah Masek, Crime Analysis Unit Supervisor, Real Time Crime Center, Albuquerque Police Department.

Dr. Peter Winograd, Professor Emeritus, University of New Mexico.

Acknowledgements

This report could not have been completed without the work, guidance, support, and patience of the outstanding professionals who work in the Albuquerque Police Department including:

Kylynn Brown, Data Analyst, Crisis Intervention Unit

Katherine Rosoff, Crime Analyst, Real Time Crime Center

Matthew Tinney, Detective, Crisis Intervention Unit

John Gonzales, Sergeant, Crisis Intervention Unit

Nils Rosenbaum, Psychiatrist, Crisis Intervention Unit

Tasia Sullivan, Detective, Crisis Intervention Unit

Bonnie Briones, Detective, Crisis Intervention Unit

Mark Oberman, Clinician, Crisis Intervention Unit



Version 1.1

**Our Conversations With Others
Always Lead To Better Data And
Smarter Thinking**

The Issues We Face



“Mental health in America has been marginalized and we are all suffering for it. This includes individuals who live with mental health issues and addictions, their families, our employers, our schools and our first responders who all too often become stopgaps in a broken system.”

Mayor R.J. Berry, Albuquerque

One Of Our City's Darkest Days



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

The image shows the header of the KOB 4 website. The logo "KOB 4" is prominent, with "EYEWITNESS NEWS 4" and "WEEKNIGHTS 5, 6 & 10" to its right. Below the logo is a navigation menu with links for HOME, LOCAL NEWS, NEWS TOPICS, WEATHER, SPORTS, TRAFFIC, and PAY IT 4WARD. A secondary menu includes 4 Links, Closings, Video, Photos, Wildfire Watch, Pets, Good Day NM, Mornings, and Events. Below the navigation is a news article snippet with the headline "Albuquerque still working to help mentally ill 10 years after Hyde shooting spree". The article image shows a man in a police uniform and a portrait of another man. A play button icon is overlaid on the image, and a KOB 4 logo is in the bottom right corner of the image area.

<http://www.kob.com/article/stories/s3882024.shtml#.Vpe-FfkrI2w>

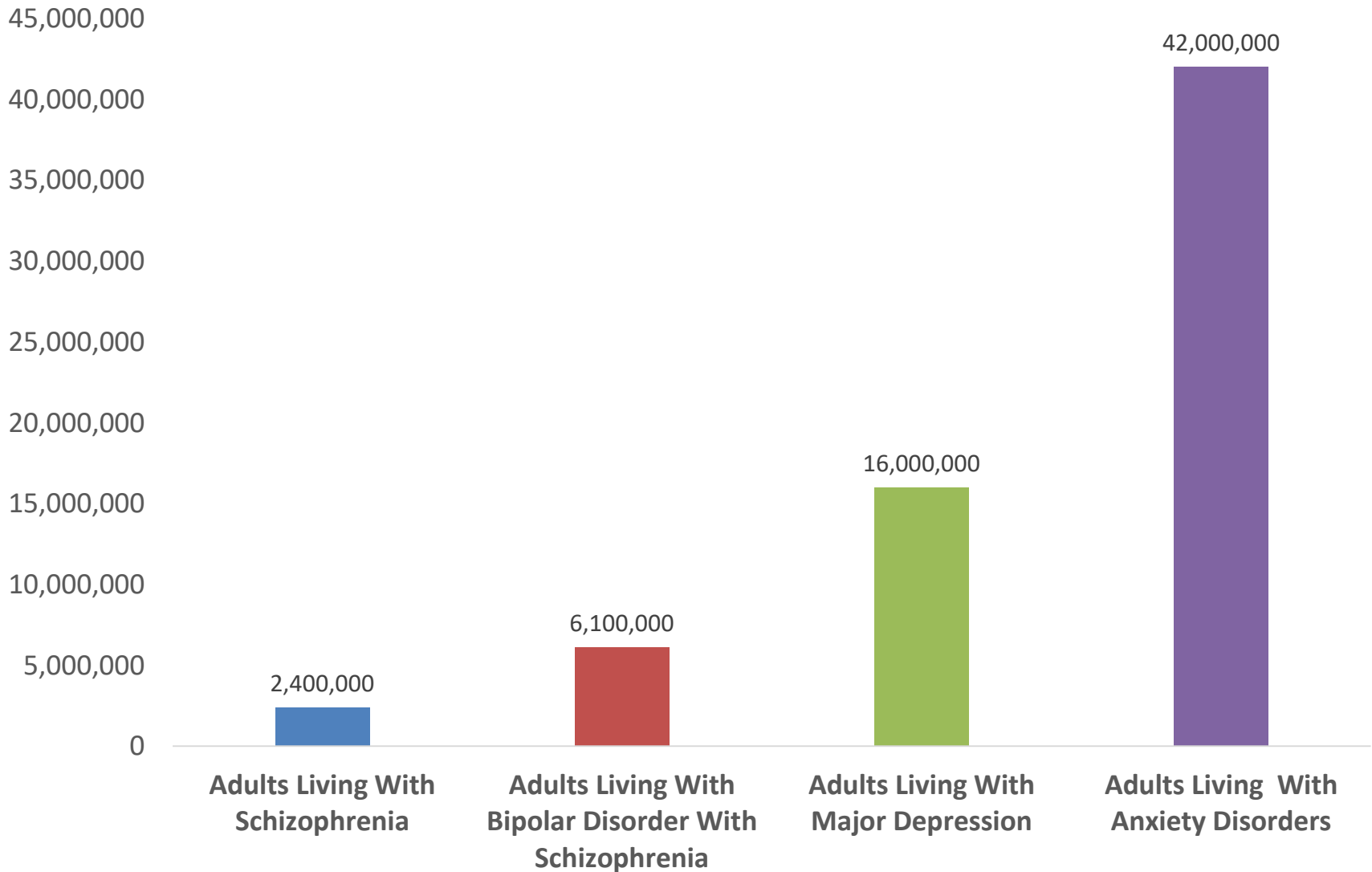
How Albuquerque Police Department Uses Data

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

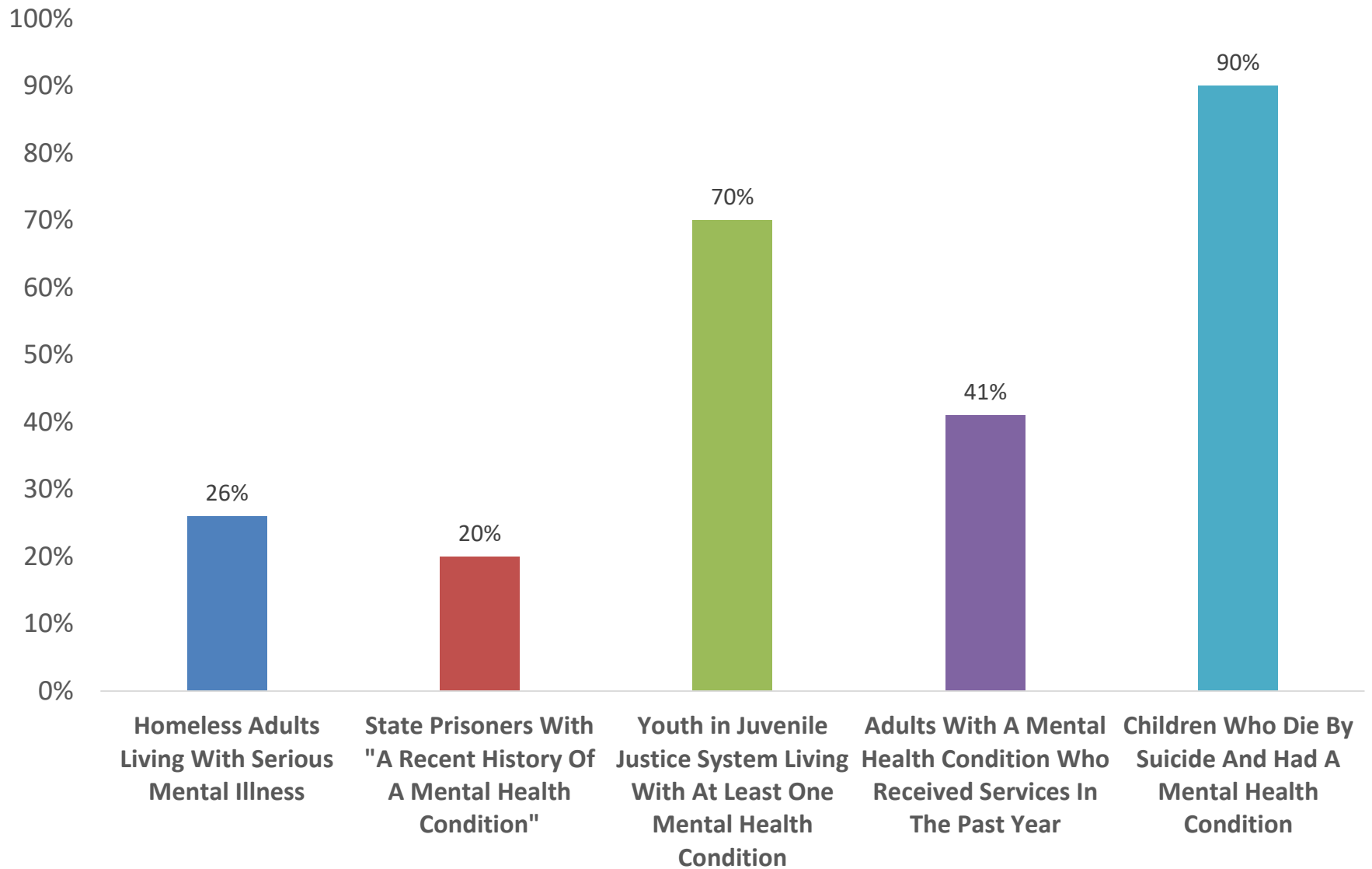
APD Uses Data To:

**To Advocate For Those Individuals
Living With Mental Illness**

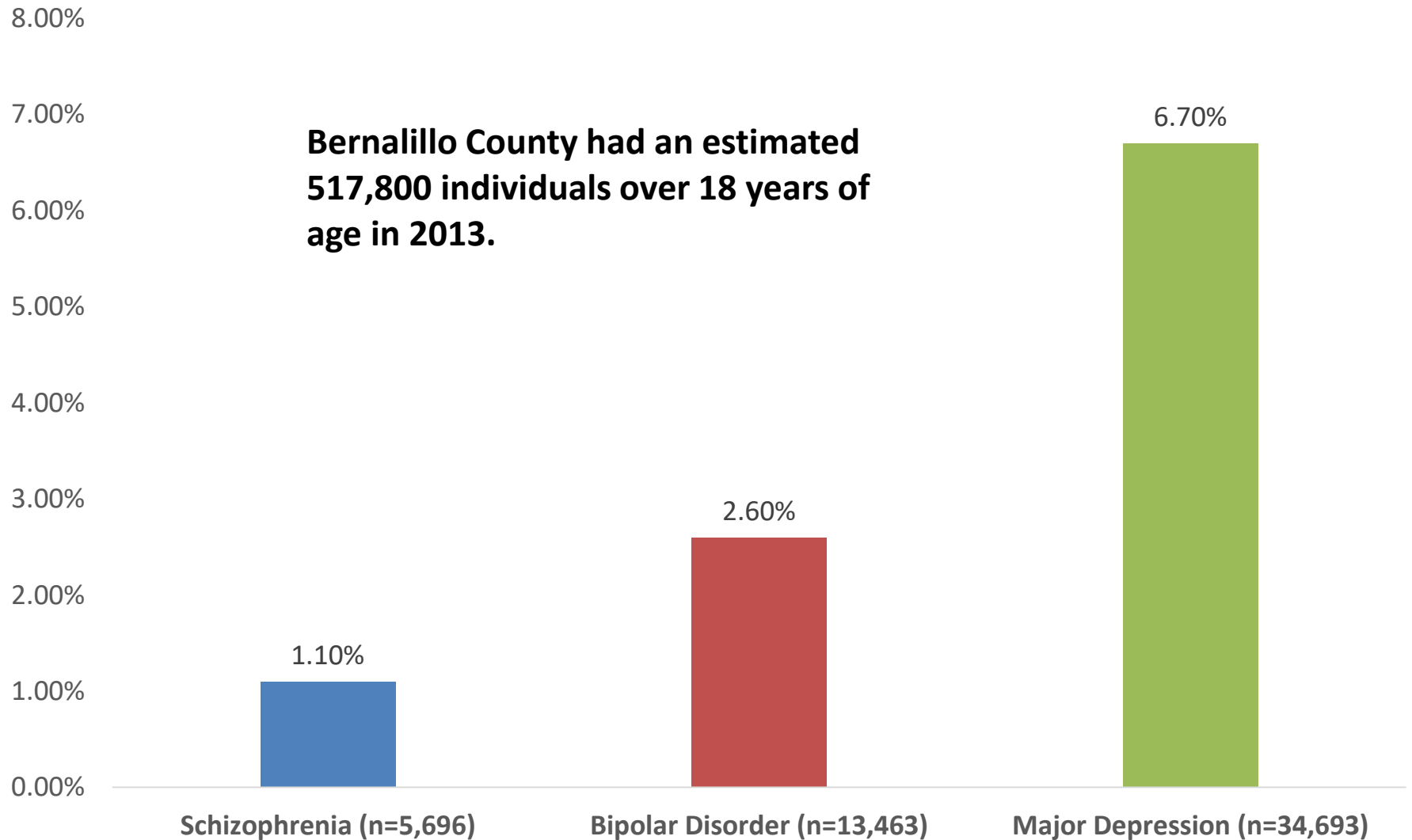
The Prevalence Of Mental Illness In America



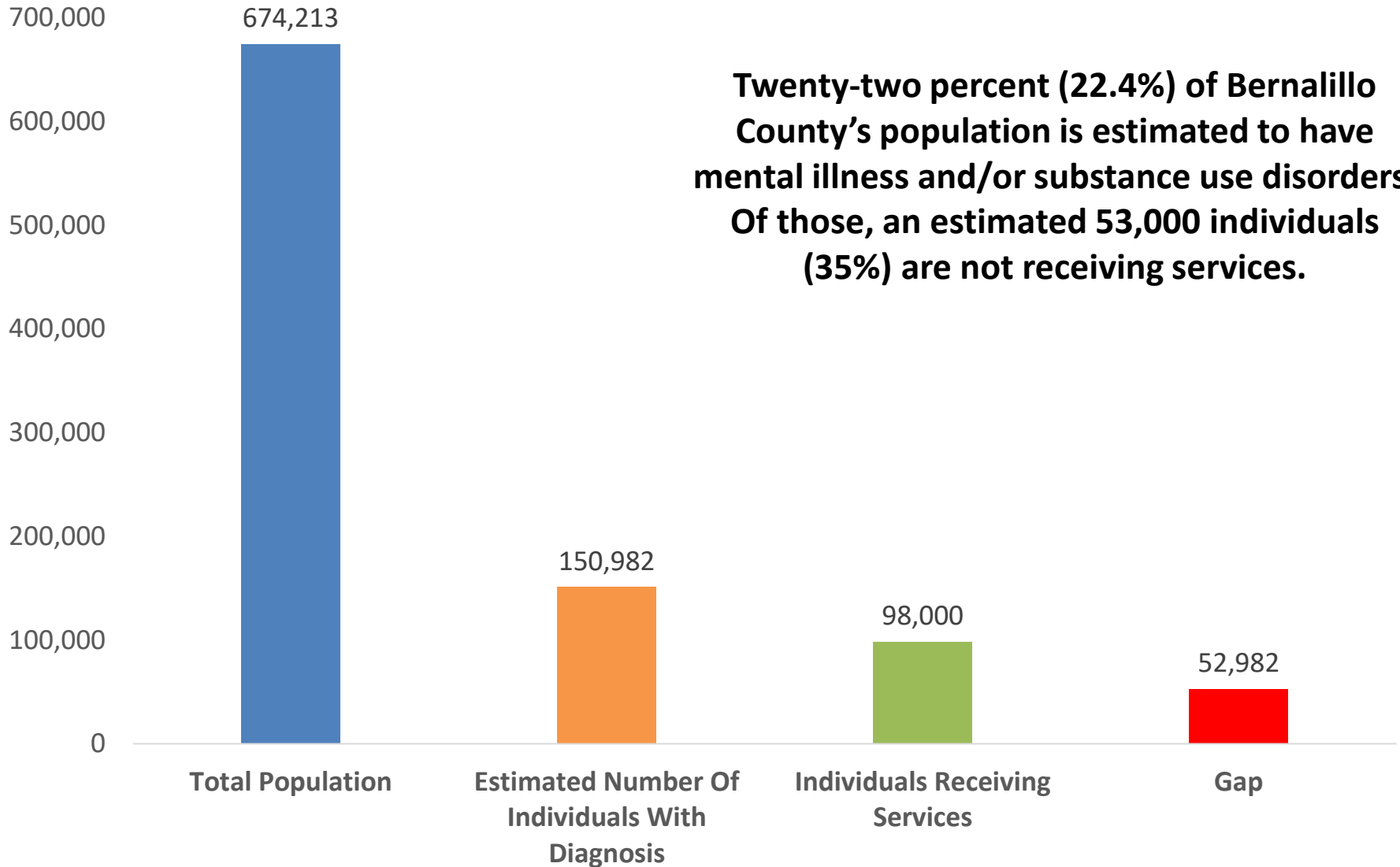
The Social Costs Of Mental Illness In America



The Number And Percentage Of Adults Over 18 In Bernalillo County With Serious Mental Illness

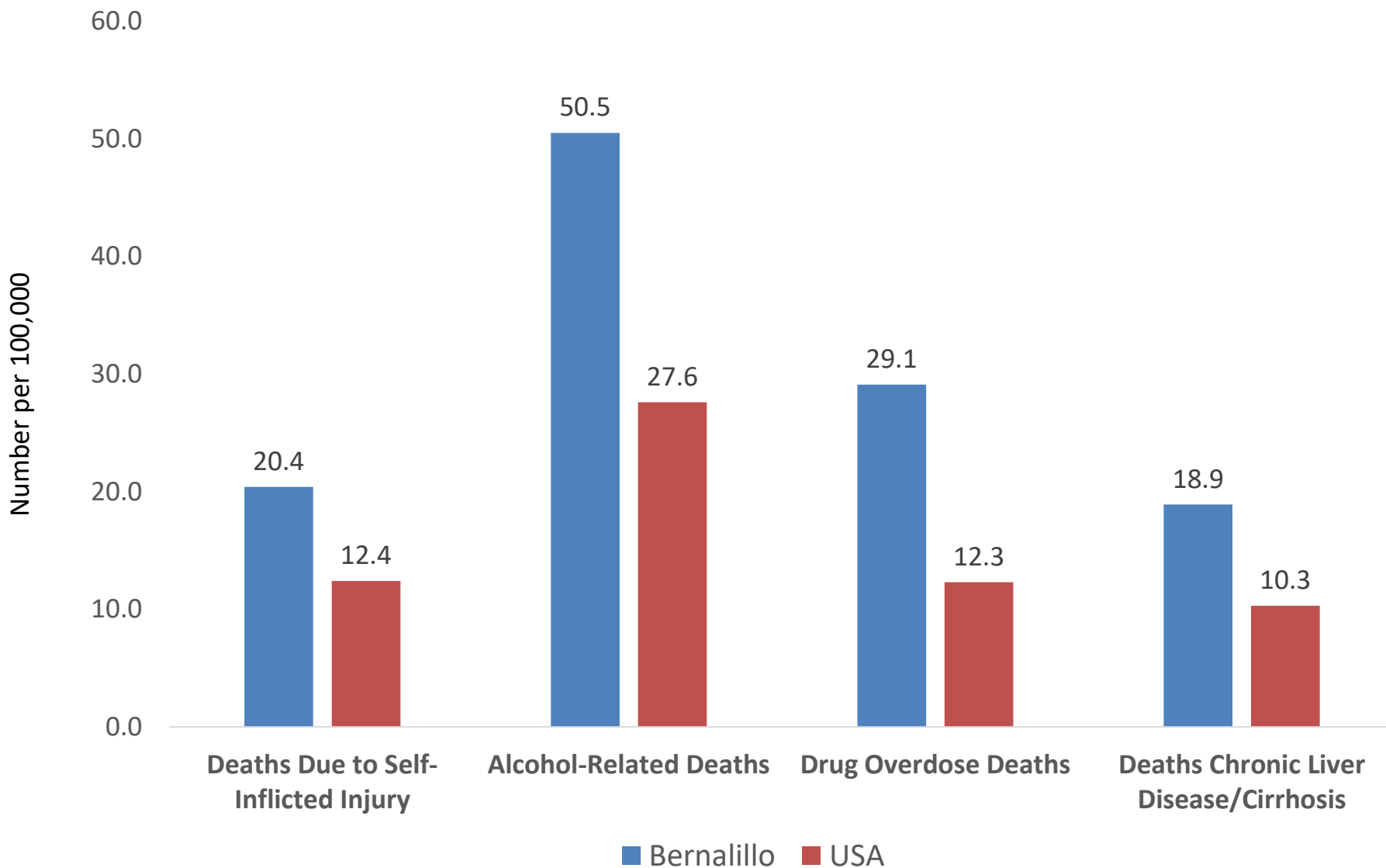


The Landscape Of Behavioral Health In Bernalillo County, New Mexico



Source: Landscape of Behavioral Health In Albuquerque (2014). UNM Department of Psychiatry and Behavioral Sciences, UNM Center For Educational Policy, and RWJF Center for Health Policy, UNM

How Bernalillo County Compares To The Nation



Source: Landscape of Behavioral Health In Albuquerque (2014). UNM Department of Psychiatry and Behavioral Sciences, UNM Center For Educational Policy, and RWJF Center for Health Policy, UNM

**The Data Are Clear. Millions Of Americans
Live With Mental Health Issues. Few Come
In Contact With Police.**

**Our Most Important Resources Are
Compassion, Understanding And Strong
Systems Of Support.**

When Systems Of Support Fail, The Human Costs Are Devastating



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



'They tried everything'

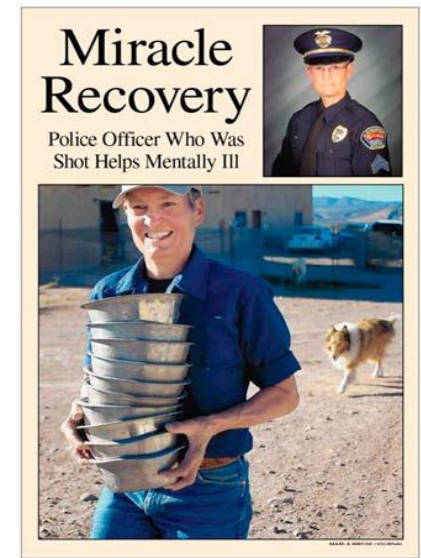
By Robert Browman, Nicole Perez And Elise Kaplan / Journal Staff Writers
Thursday, August 27th, 2015 at 12:05am



**James Boyd Shot By Police,
2014**



**David and Kathy Finch
Attacked By Their Son James,
2015**



**Officer Carol Oleksak Shot
By Duc Mihn Pham, 2003**

And So Are The Financial Costs

COST TO THE CITY

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

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

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

A lawsuit that is still ongoing involves the fatal shooting of Christopher Torres, who had a history



City agrees to pay \$7.95 million in Ellis shooting

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

The Issues We All Face



Police shooting raises ques. how to best treat mentally ill

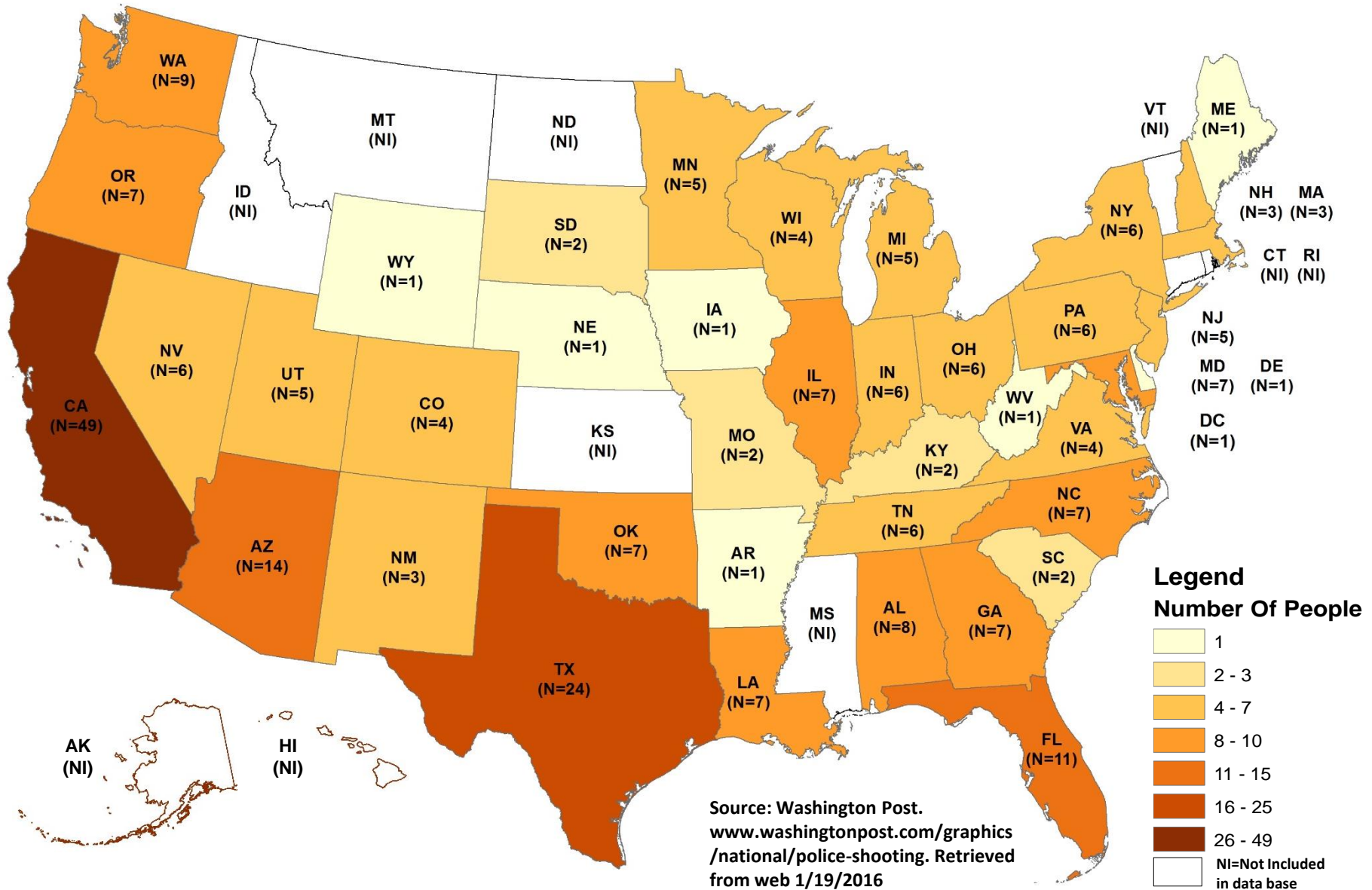
KOB 4

 3,096

1,971

<https://www.youtube.com/watch?v=9SgRN8xZfRE>

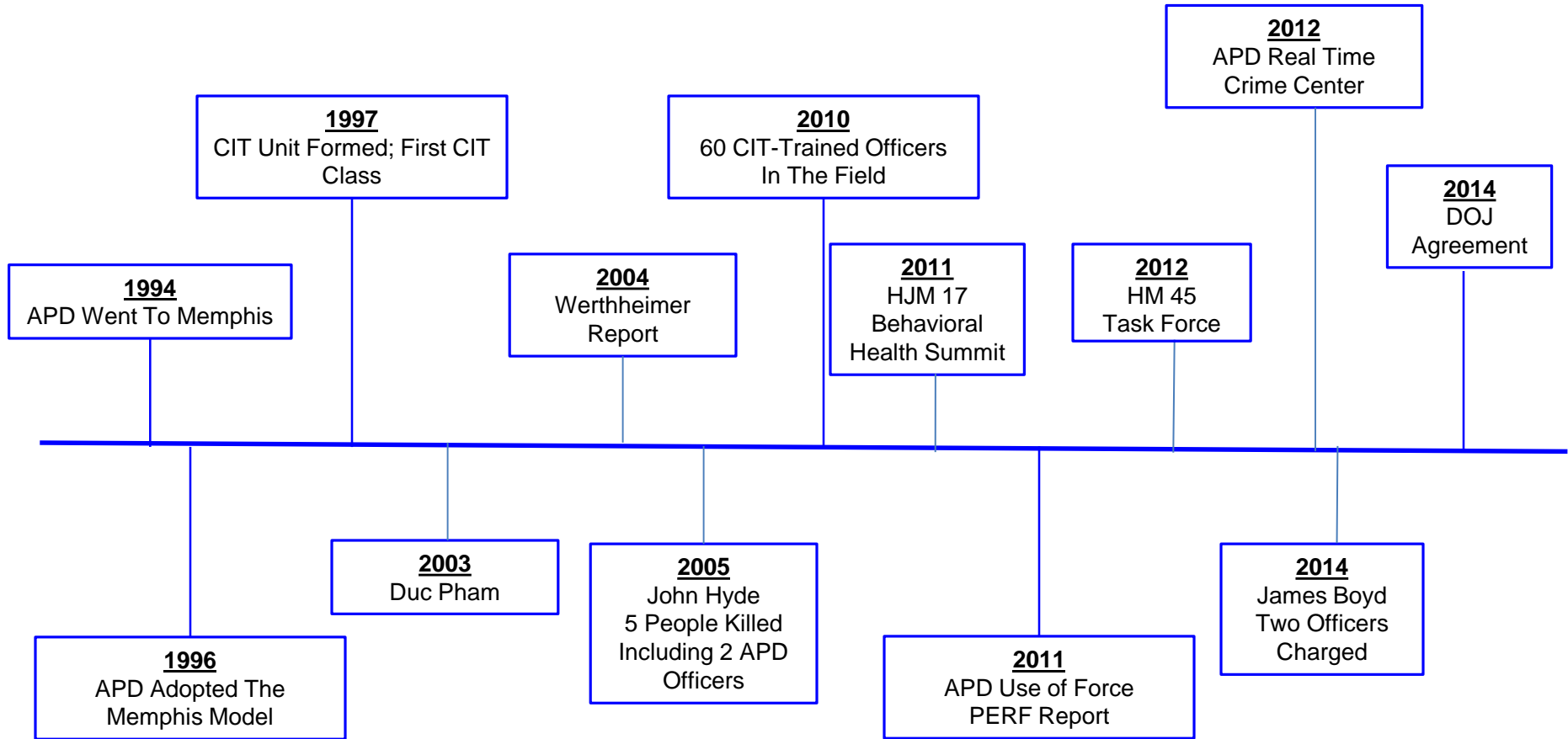
The Issues We All Face: 257 People With Signs Of Mental Illness Were Involved In Deadly Encounters With Police (January 2, 2015 – January 19, 2016)



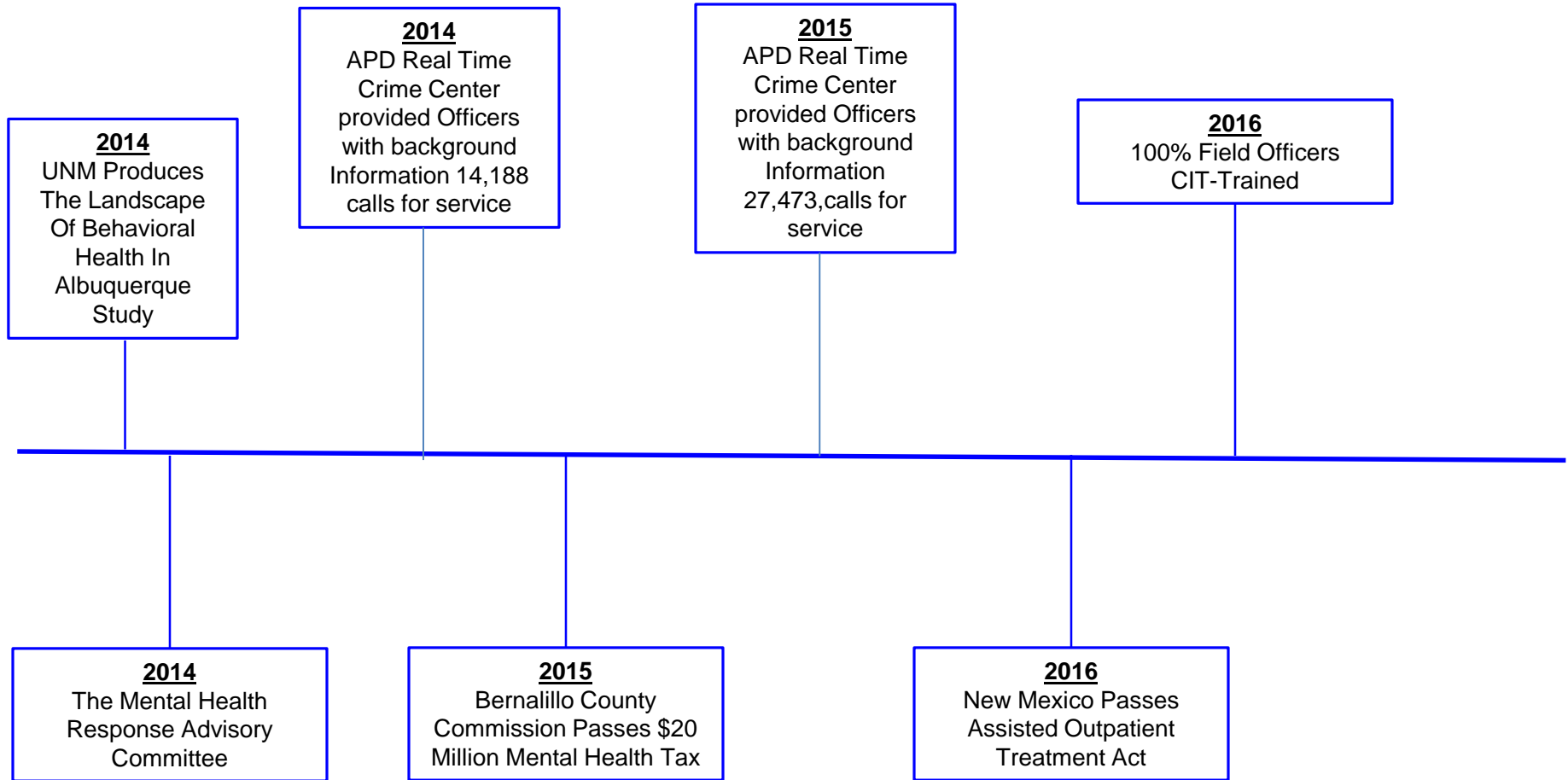
APD Uses Data To:

**To Help Strengthen Crisis Intervention
In Albuquerque**

APD Crisis Intervention Unit: The Past

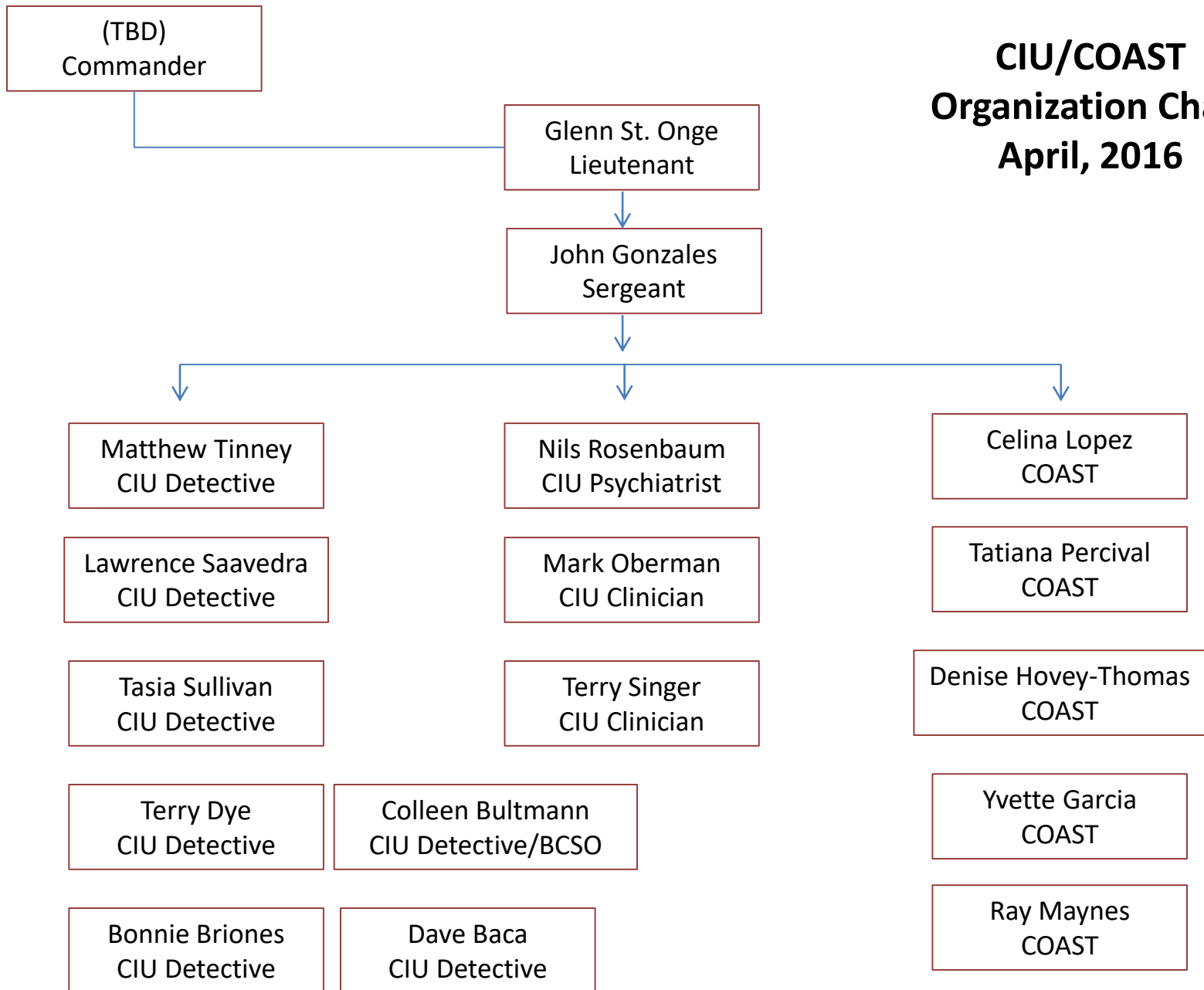


APD Crisis Intervention Unit: The Present

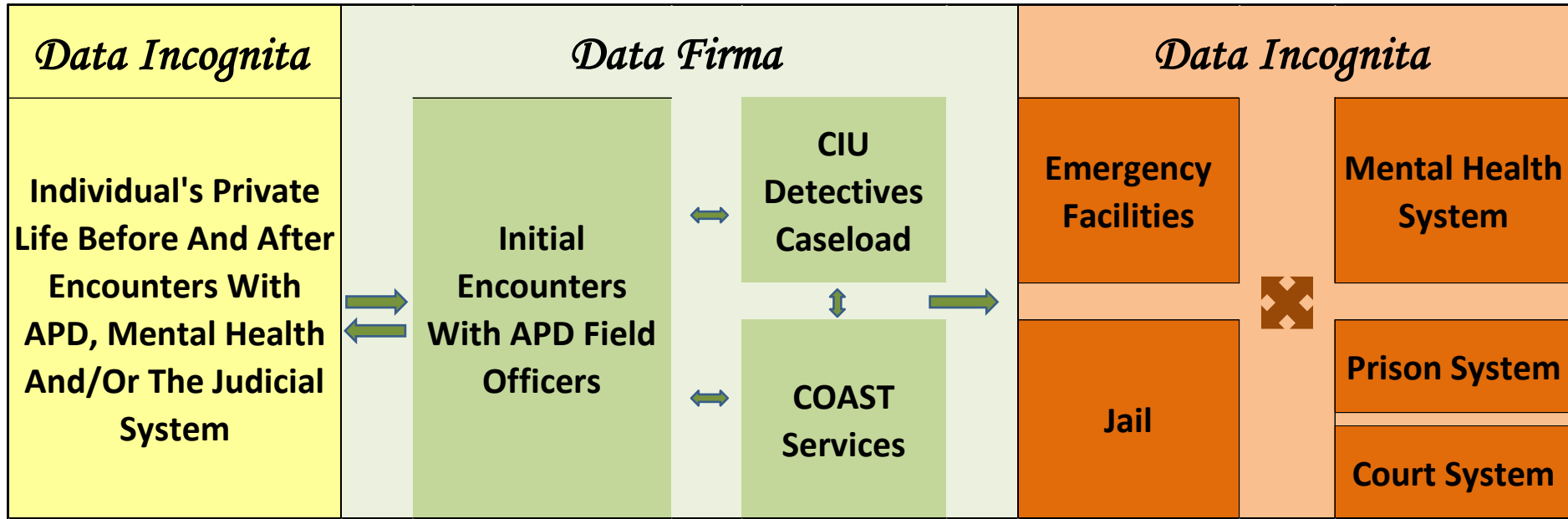


The Albuquerque Police Department Crisis Intervention Unit

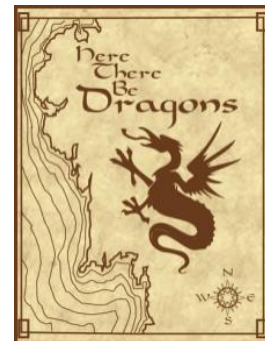
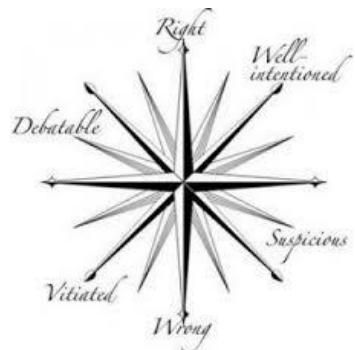
CIU/COAST Organization Chart April, 2016



Mapping The Data



Legend



Data	Initial Encounter With Field Officers	CIU Cases	COAST Services
Number of individuals in the COAST and CIU case loads		X	X
Number of individuals receiving crisis prevention services		X	X
Date, shift, area command of initial incident	X		
Disposition of the initial encounter (arrest, citation, referral)	X		
Dispositions of follow-up encounters with CIU & COAST		X	X
Subject's age, race/ethnicity, and gender	X	X	X
Was subjected armed & type of weapon during initial and follow-up encounters	X	X	X
Was subject US military vet?	X		
Name & badge of responder or detective	X		
Did a supervisor respond to the scene	X		
Technique or equipment used during initial and follow-up encounters	X	X	X
Any injuries to officers, subjects or others during initial and follow-up encounters	X	X	X
Use of force in any encounter?	X	X	X
Brief narrative	X		

**These Are
The Data
We Follow**

These Are The Ways That Data Can Be Helpful

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

The Data on Individuals In Crisis Come From Three Sources

1. Field Officer Reports and 911 Calls For Service (CFS)

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

2. The Case Load of the CIU Detectives

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

3. COAST Monthly Reports

- The data set includes the number of individuals contacted; the number of individuals assisted; the number of mental health consumers assisted; the number of referrals to services; and the number of referrals received.

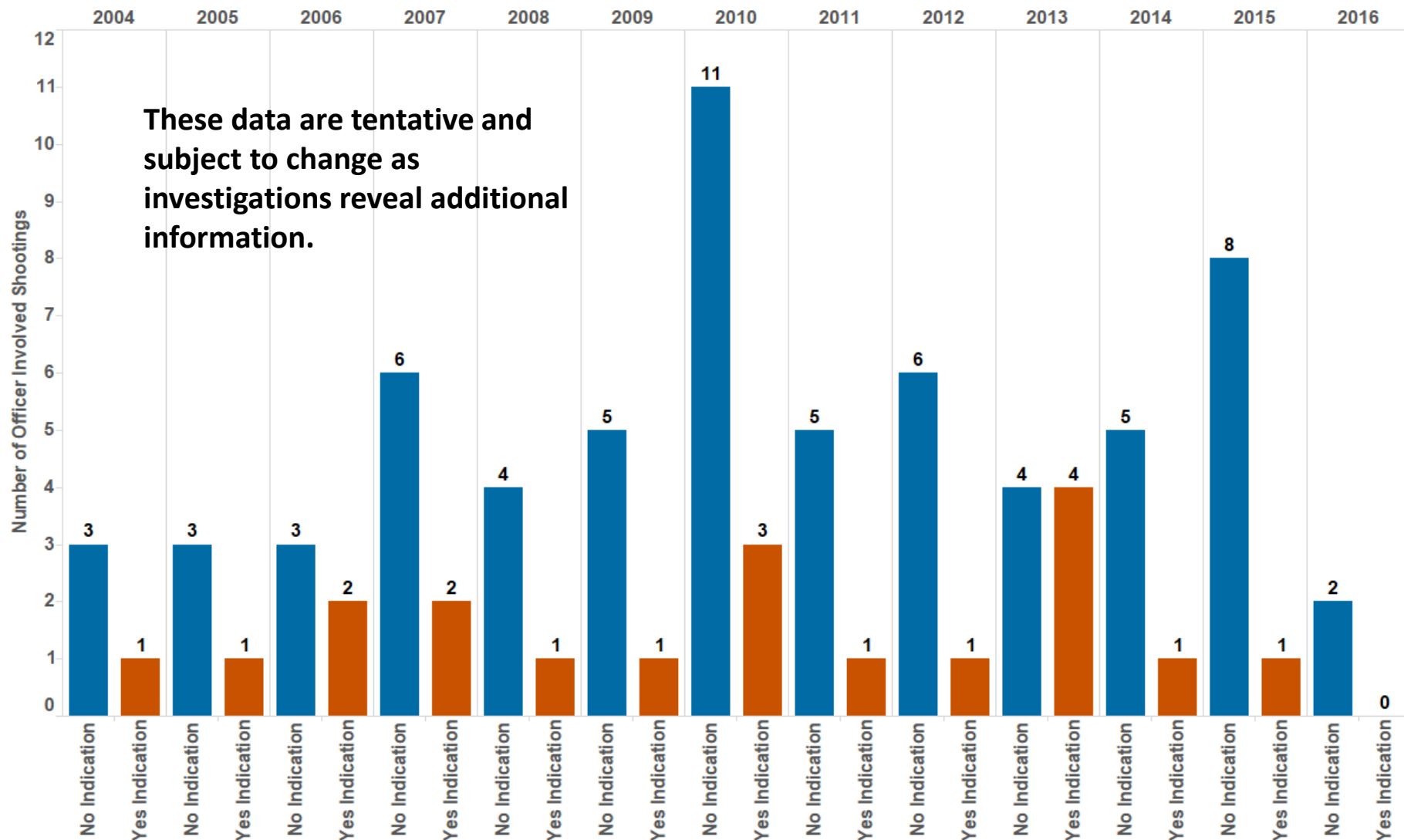
CAVEAT DATA USER

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

APD Uses Data To:

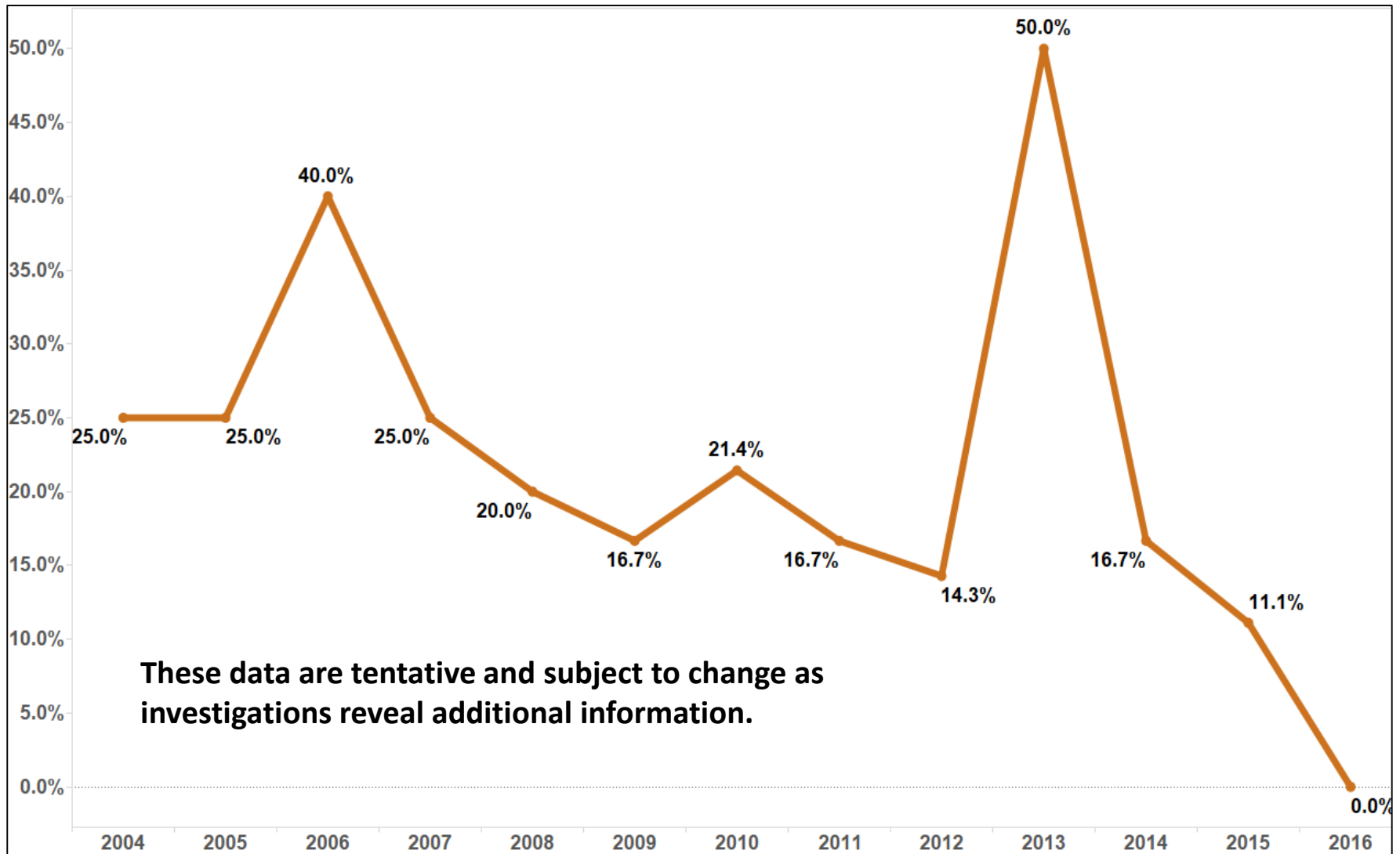
**To Address The Most Difficult Issues
Our City Faces**

Albuquerque Police Involved Shooting Of Individuals With and Without Indications Of Mental Health Issues (2004-2016)



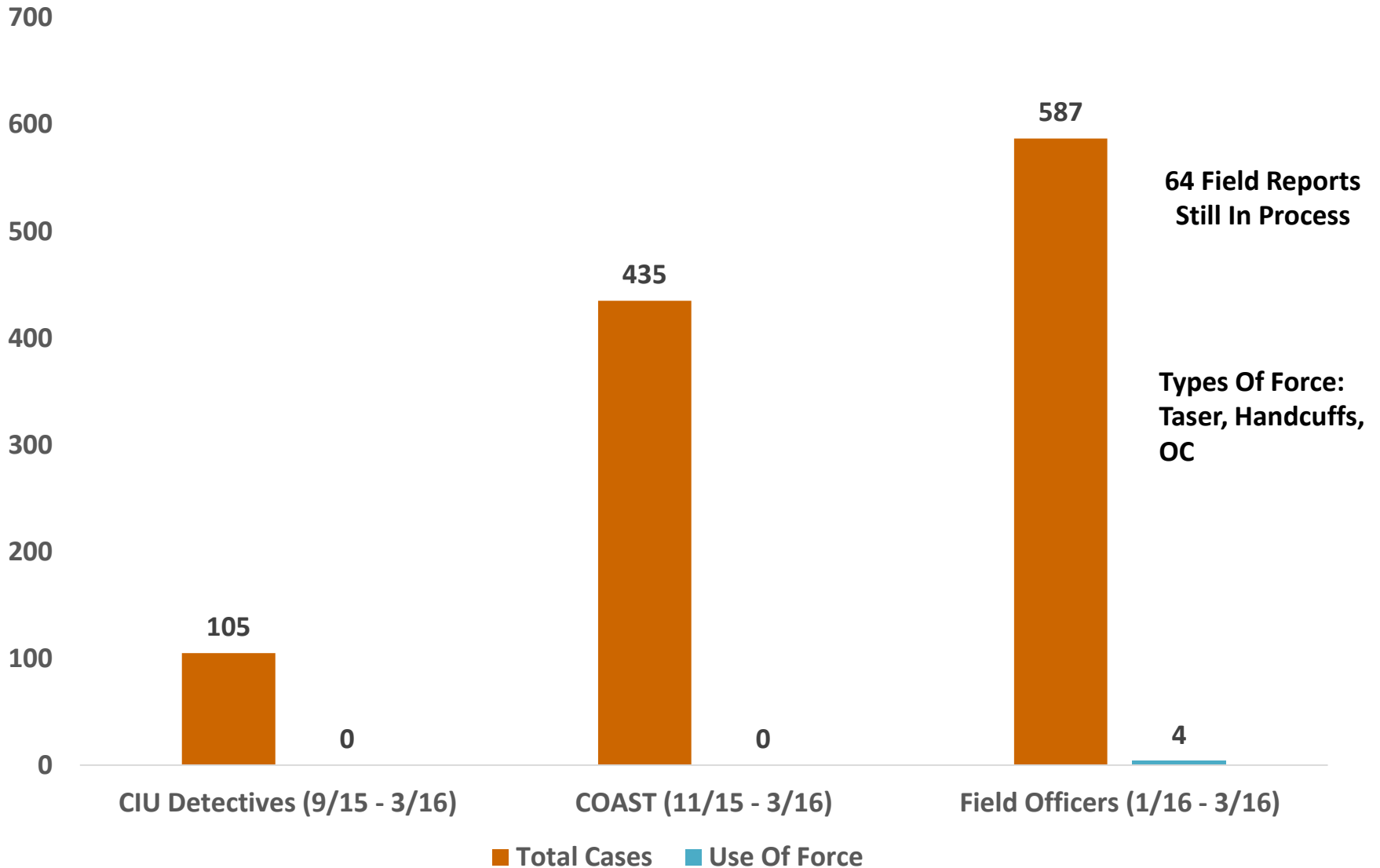
Sources: APD Real Time Crime Center; 2010-2014 Officer Involved Shooting Report, Civilian Police Oversight Agency, 2015

Percent Of Total Albuquerque Police Involved Shooting That Involved Individuals With Indications Of Mental Health Issues (2004-2016)



Sources: APD Real Time Crime Center; 2010-2014 Officer Involved Shooting Report, Civilian Police Oversight Agency, 2015

Total CIU-Related Cases & Encounters And Use Of Force



APD Uses Data To:

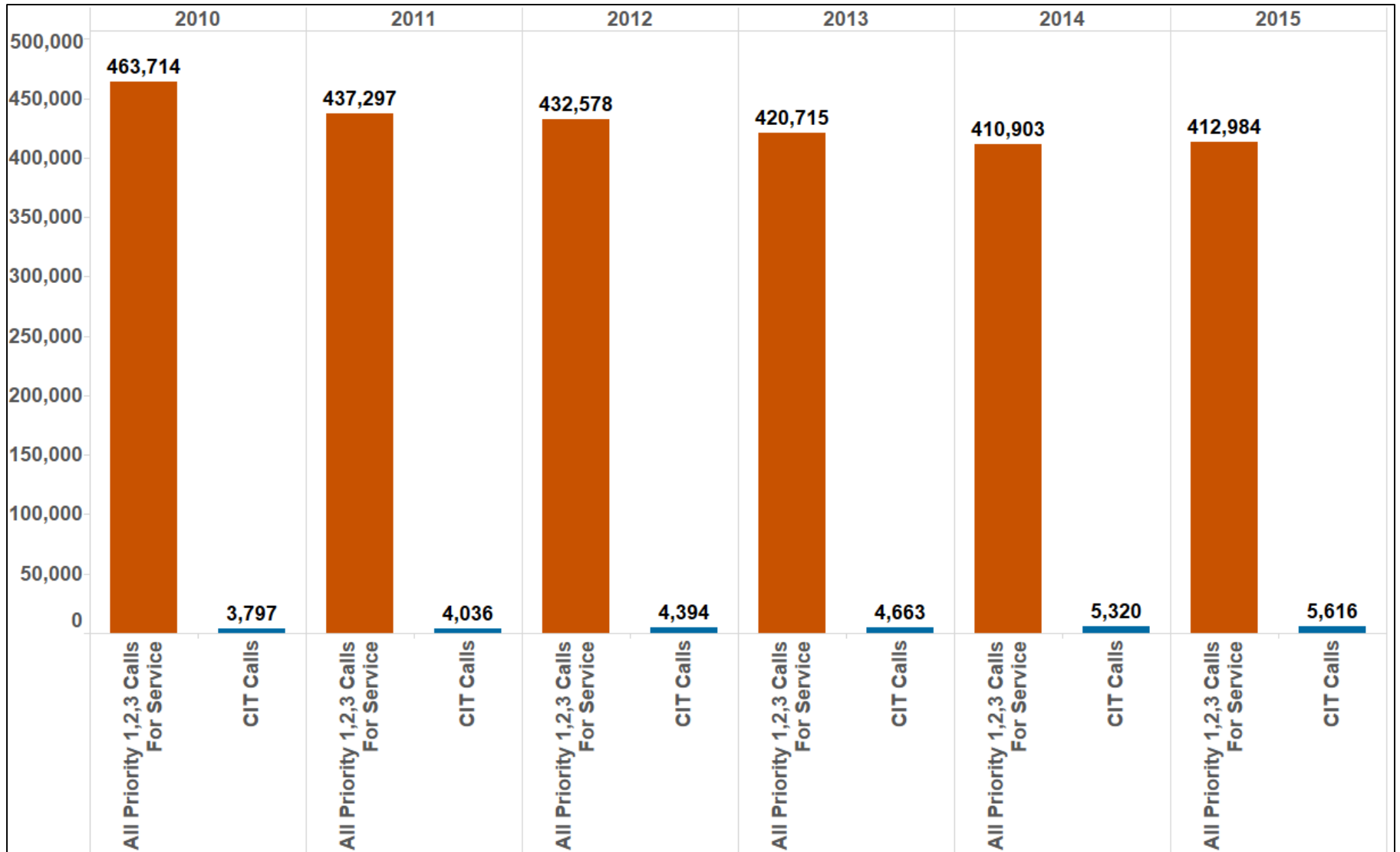
**To Better Understand And Support The
Individuals In Crisis Who Come In
Contact With The Albuquerque Police
Department**

Our Community

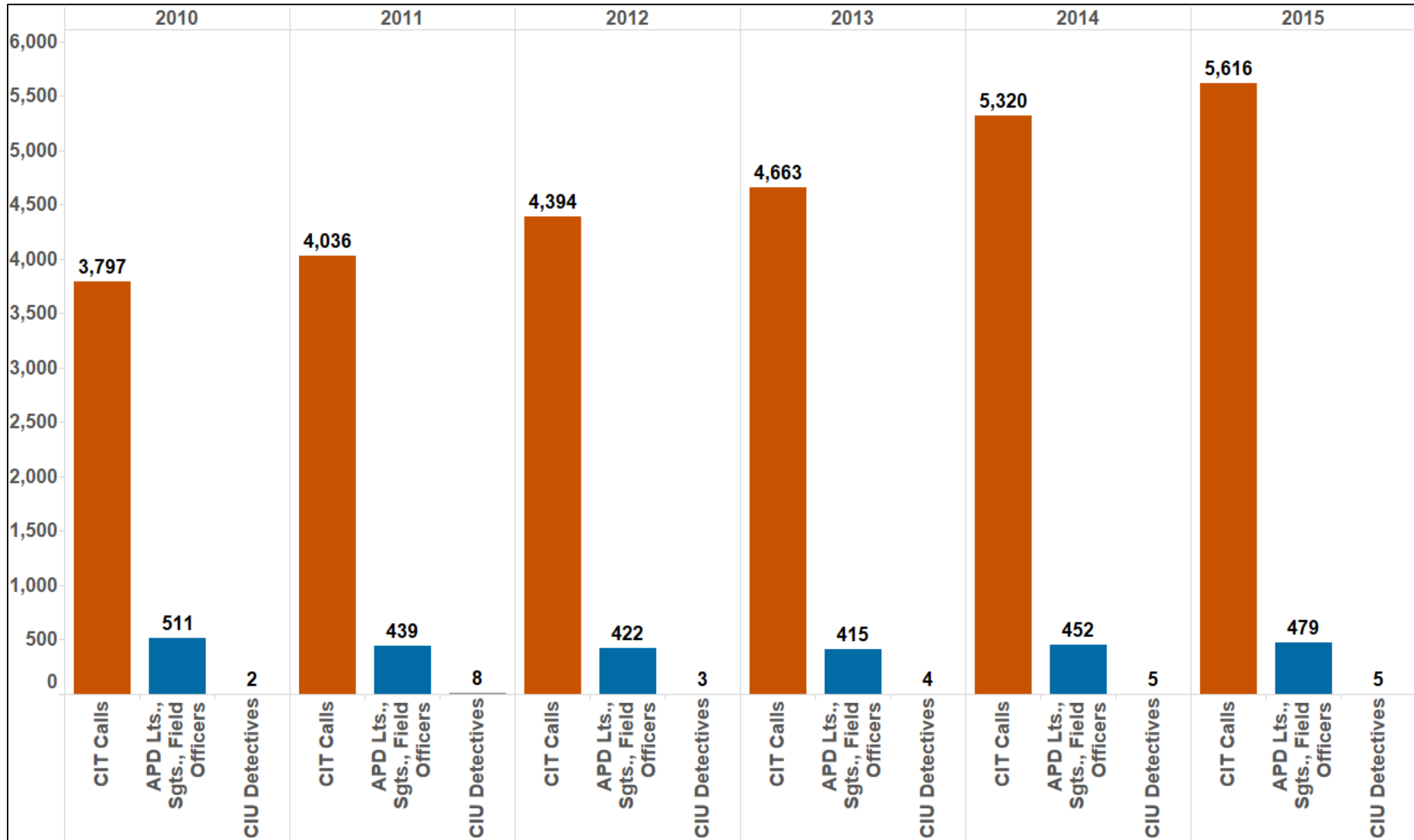


Content may not reflect National Geographic's current map policy. S DeLorme, HERE, UNEP-WCMC, USGS, NASA, ESA, METI, NRCAL

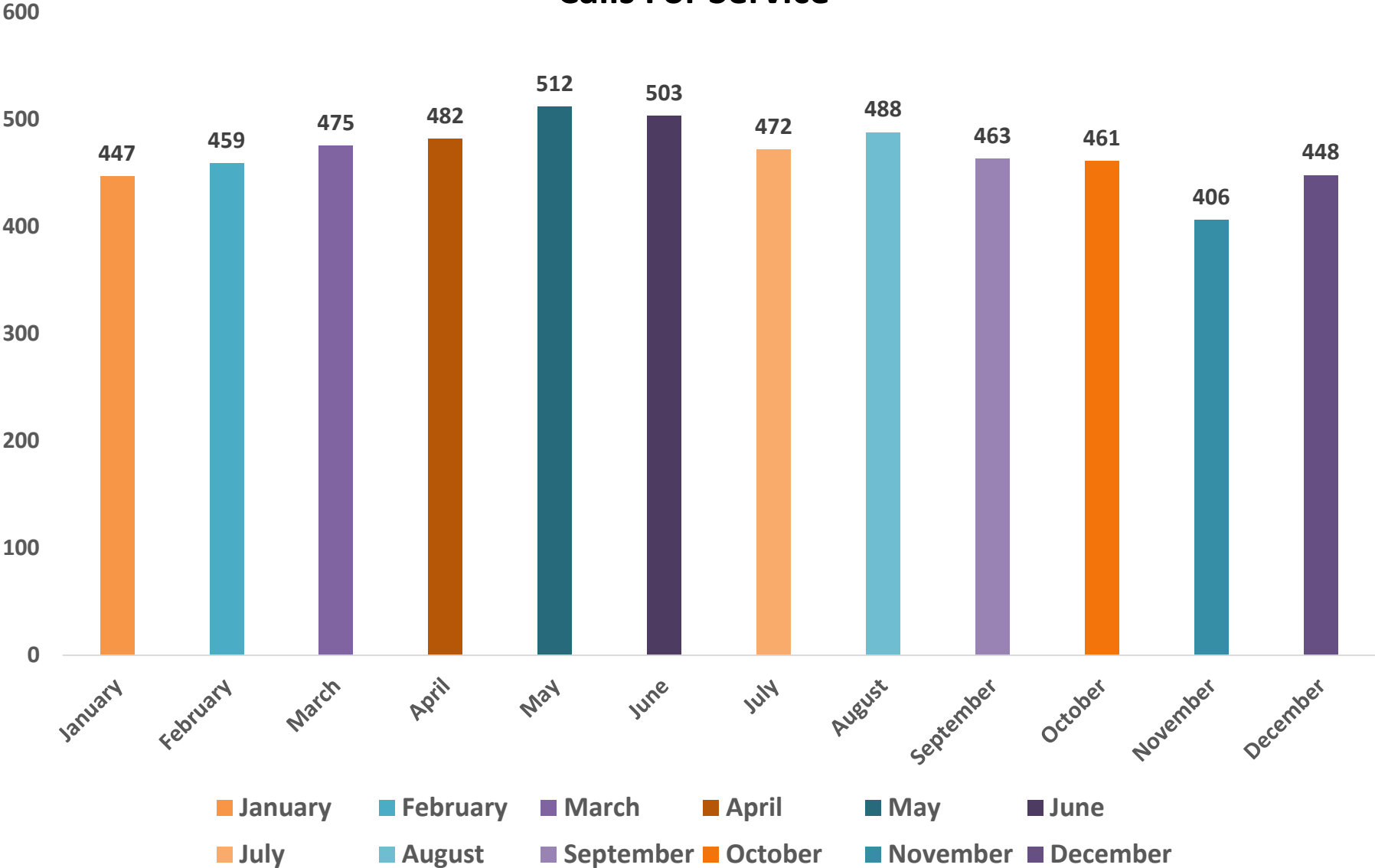
The Number Of All Priority 1, 2, 3 Calls For Service Compared To Mental Patient and Suicide Calls For Service: 2010 To 2015



The Number Of Mental Patient and Suicide Calls For Service; APD Lieutenants, Sergeants and Field Officers; And CIU Detectives, 2010 To 2015



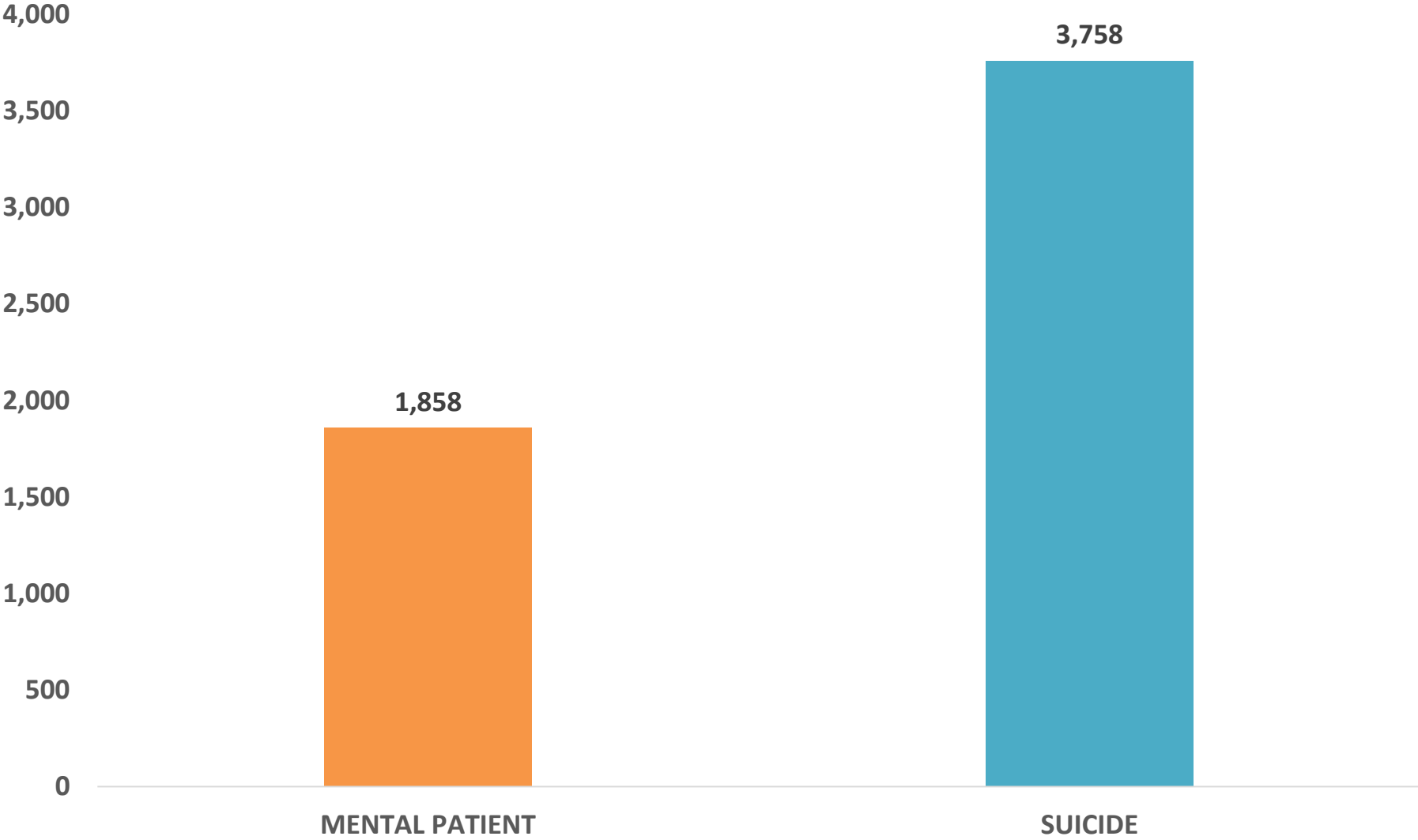
In 2015, APD Field Officers Responded To 5,616 Mental Patient and Suicide Calls For Service



Source: APD Real Time Crime Center

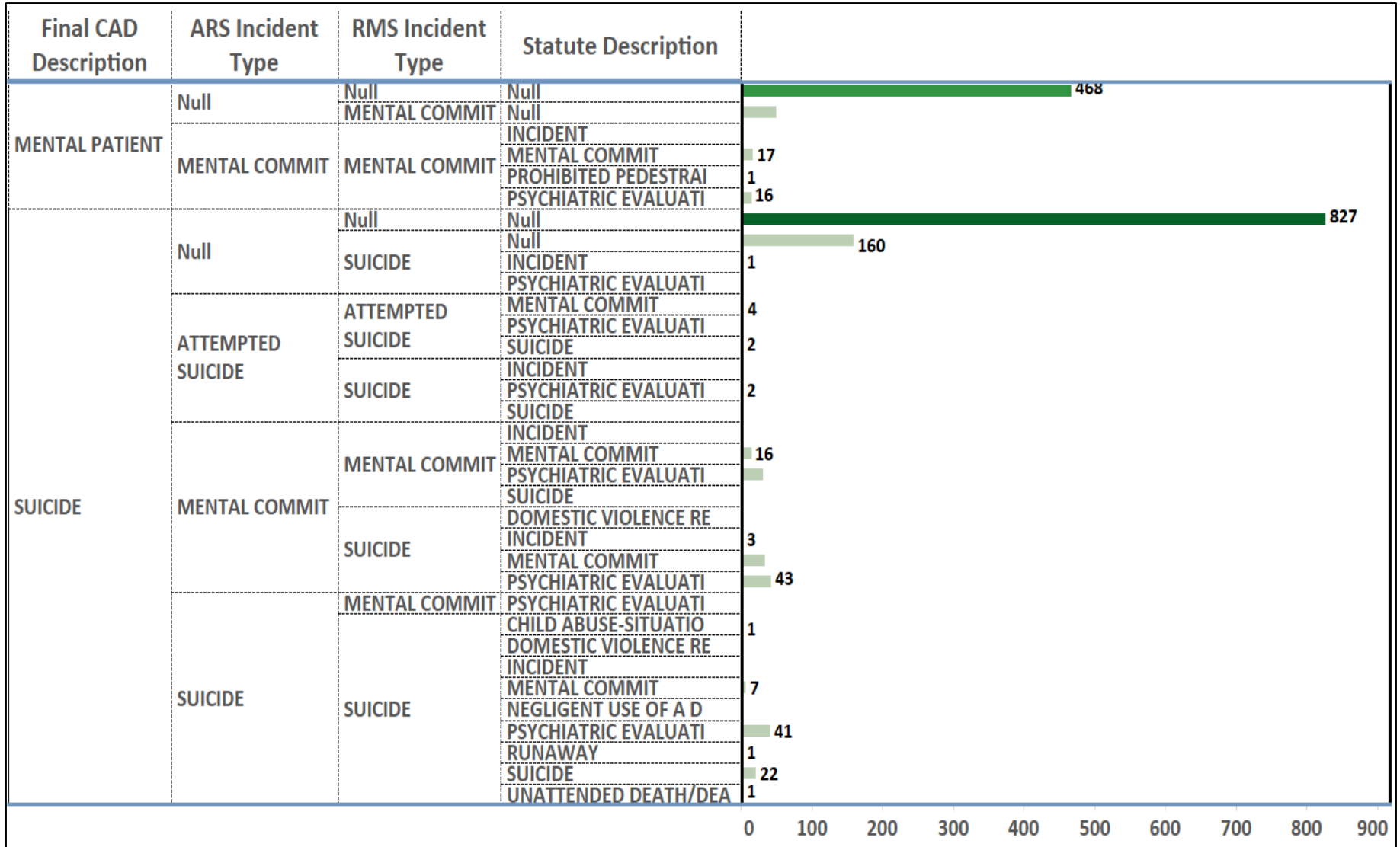
What Do We Know About What Kinds Of Incidents Are Included In These Calls?

The 5,616 Calls For Service Are Classified As Either Mental Patient Or Suicide

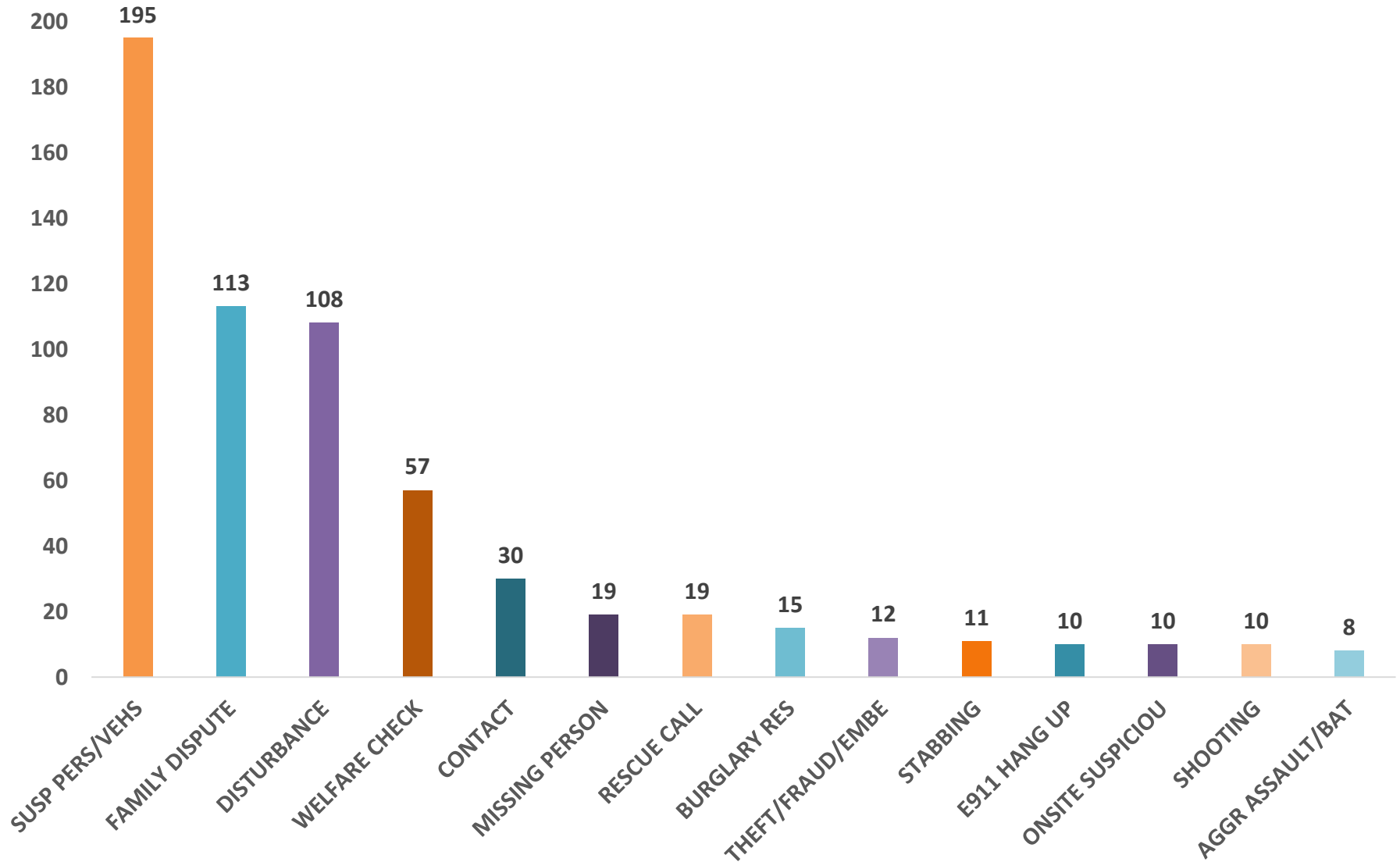


Source: APD Real Time Crime Center

What Sub-Categories Of Incidents Are Included In The Final Computer Aided Dispatch Categories Of Mental Patient And Suicide?

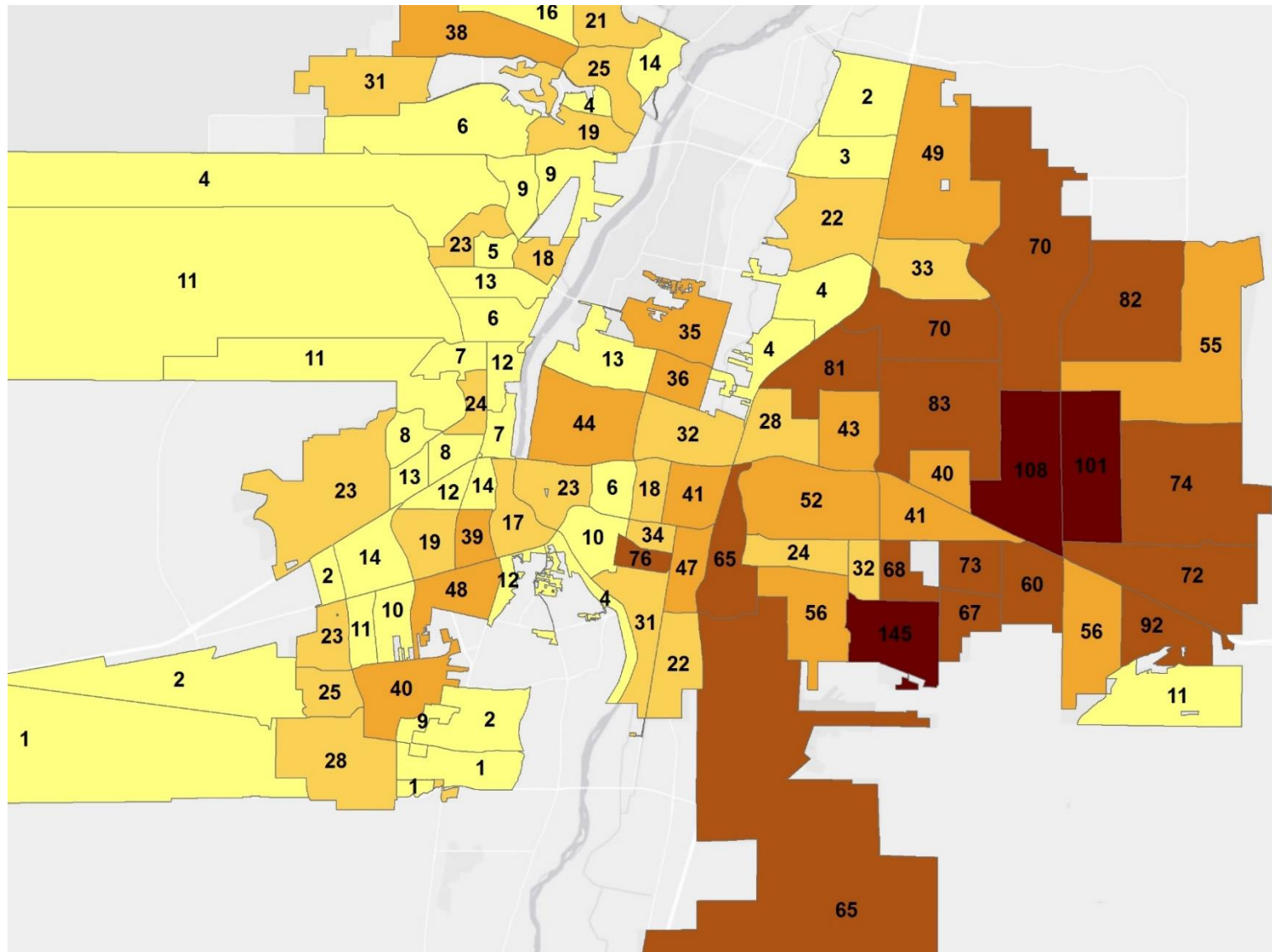


APD Field Officers Often Respond To Calls For Service That Are For Other Kinds Of Incidents But Turn Into Mental Health Related Incidents

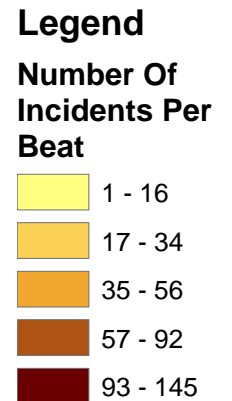


What Do We Know About Where These Calls Take Place?

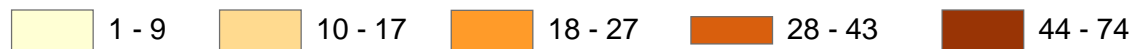
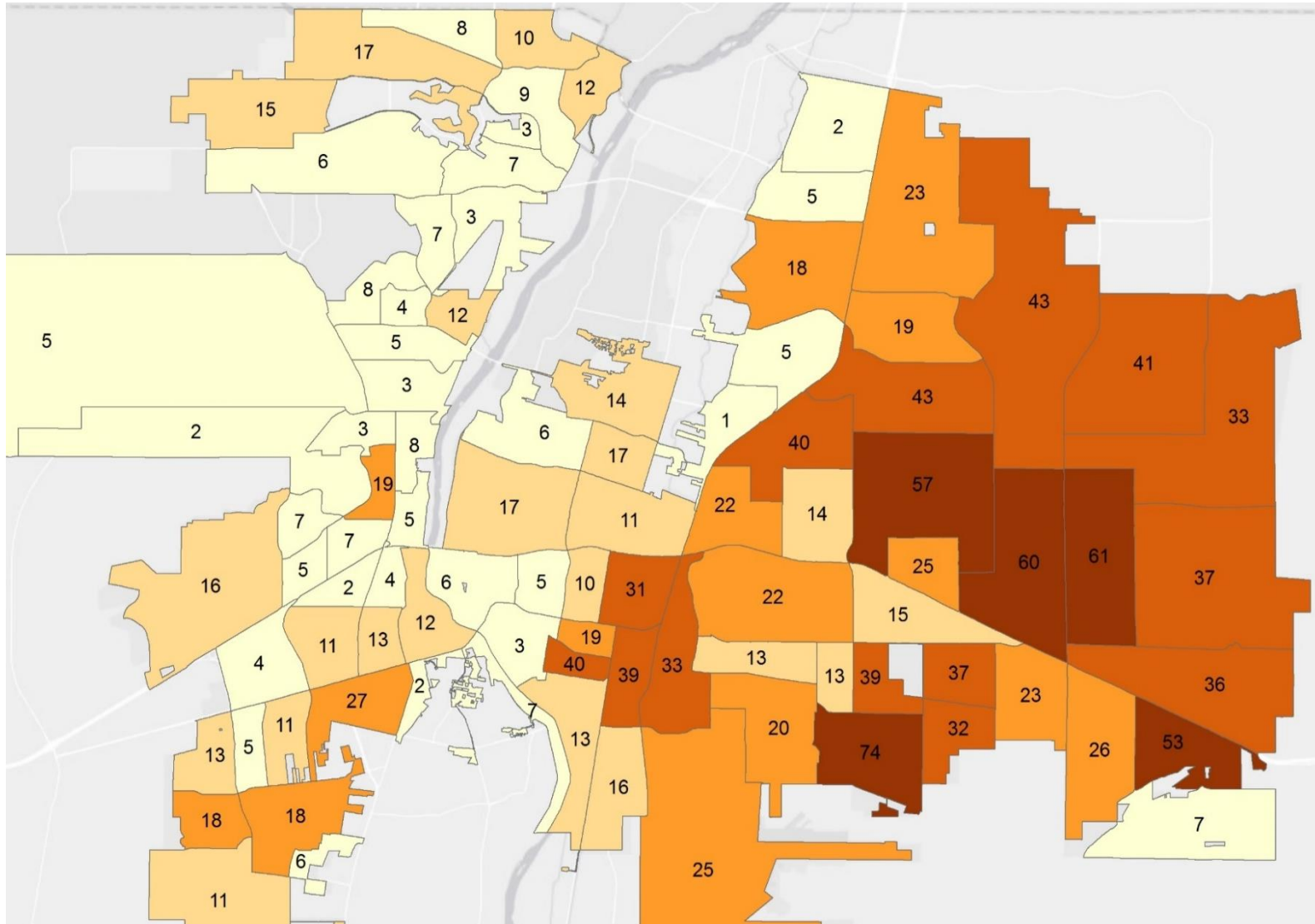
In 2015, APD Field Officers Filed Reports On 3,114 Mental Commit, Suicide and Attempted Suicide Incidents



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

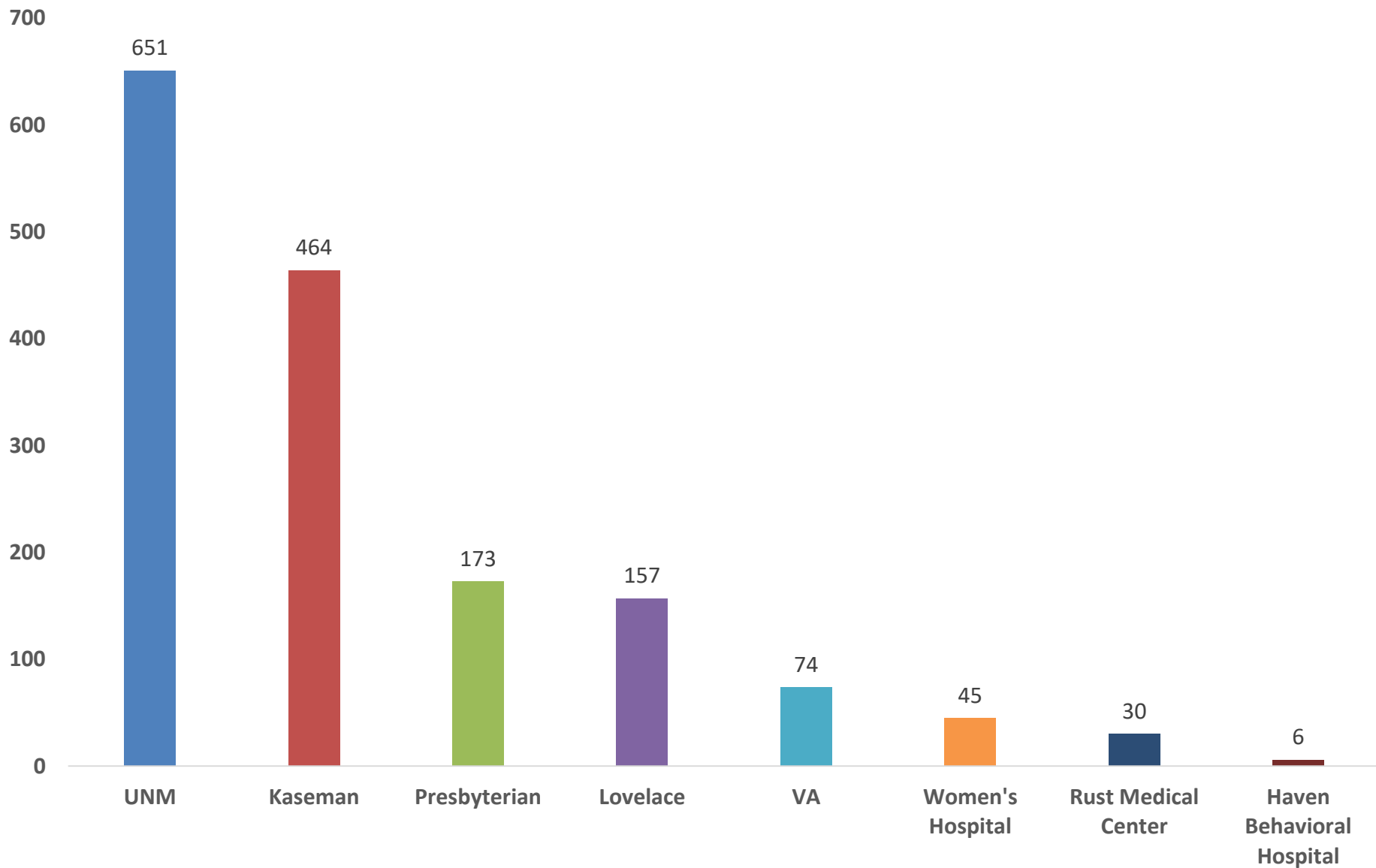


In 2015, Field Officers In These Beats Provide 1,634 Transports To Emergency Facilities

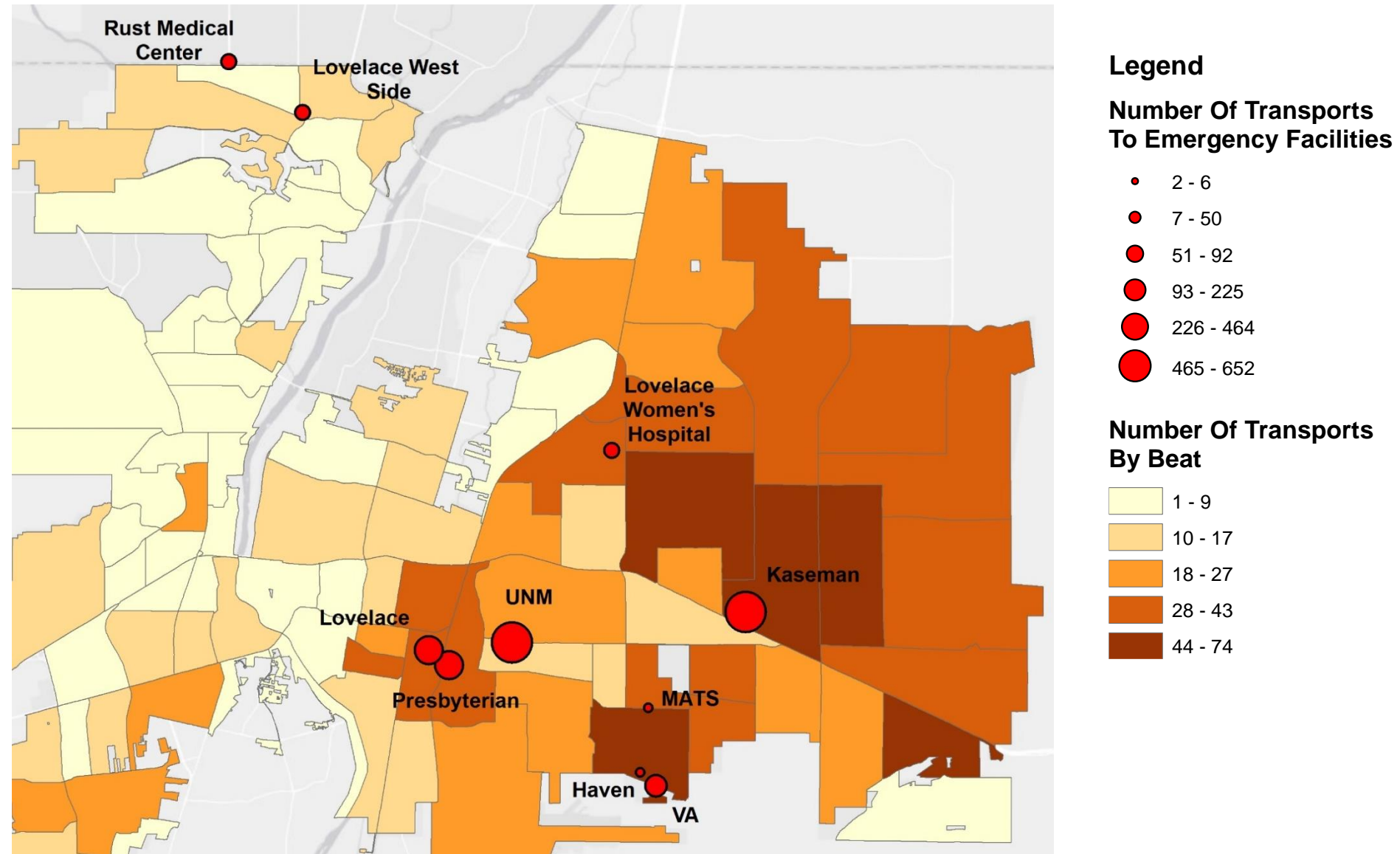


Source: APD Real Time Crime Center

In 2015, These Emergency Facilities Received Most Of The Individuals Transported



Transporting Individuals In Crisis To Emergency Facilities Rather Than Jail Is Critically Important

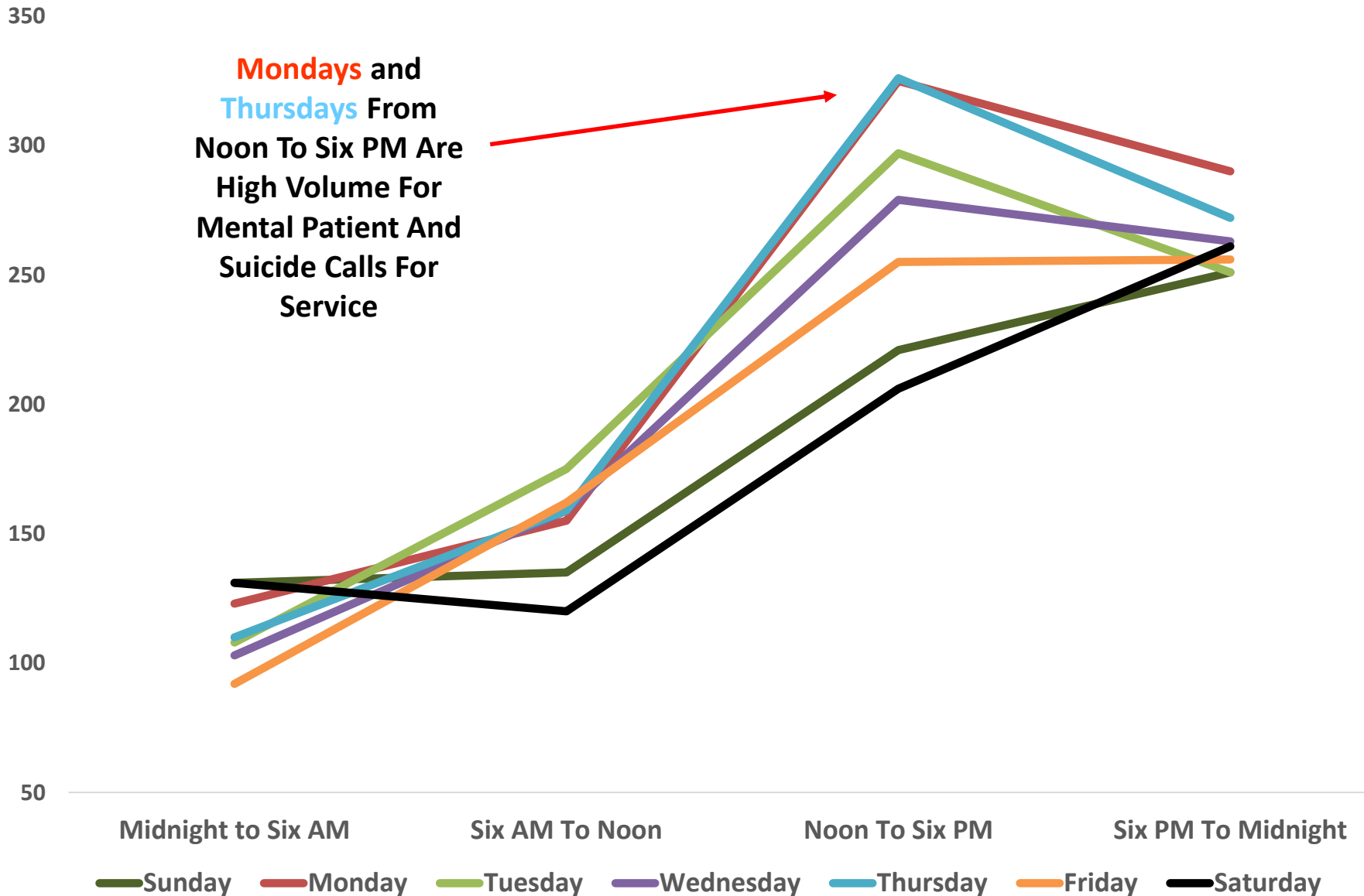


What Do We Know About When These Calls Take Place?

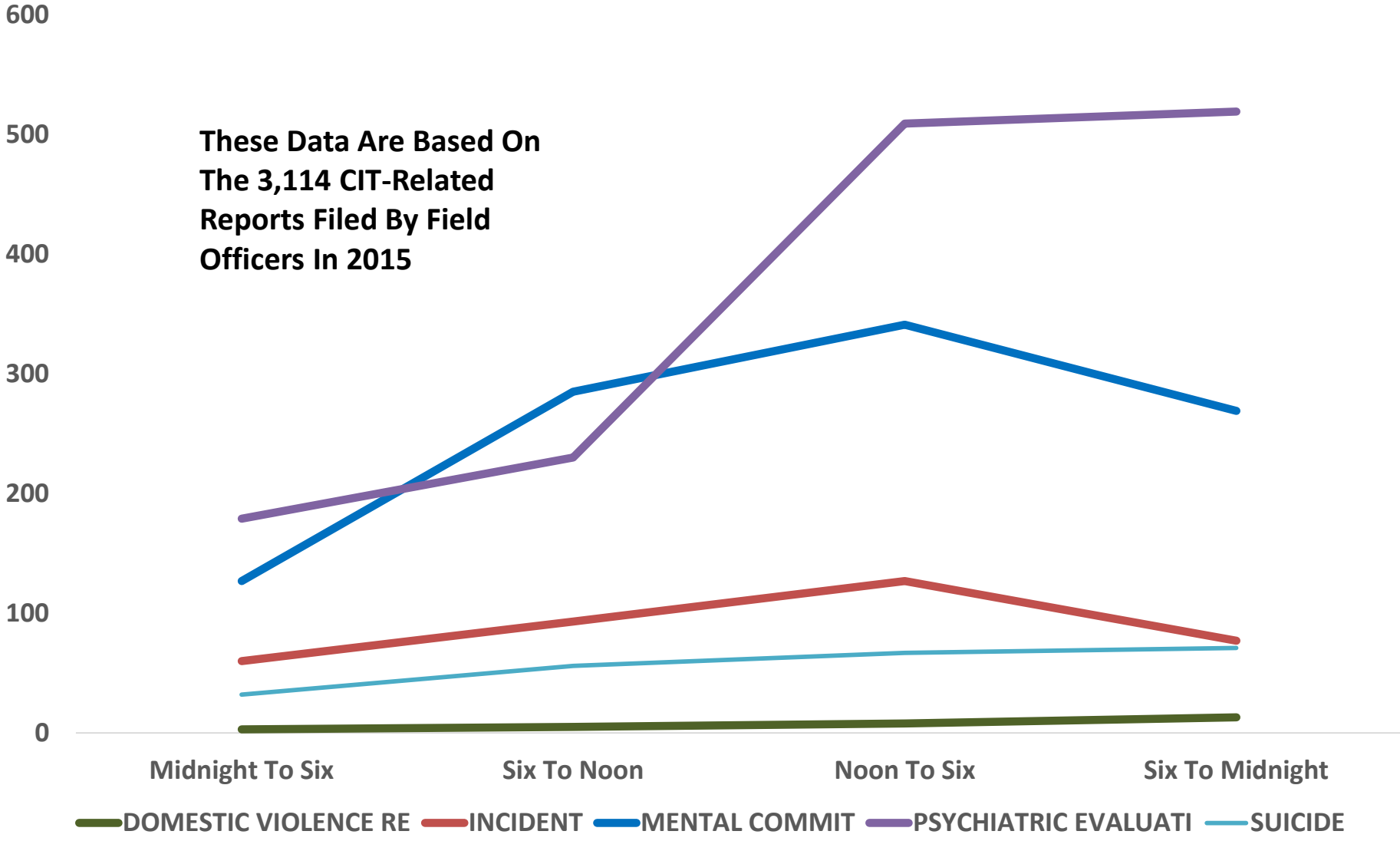
These 5,616 Calls For Service Happen More At Certain Times Of The Day And Days Of The Week

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

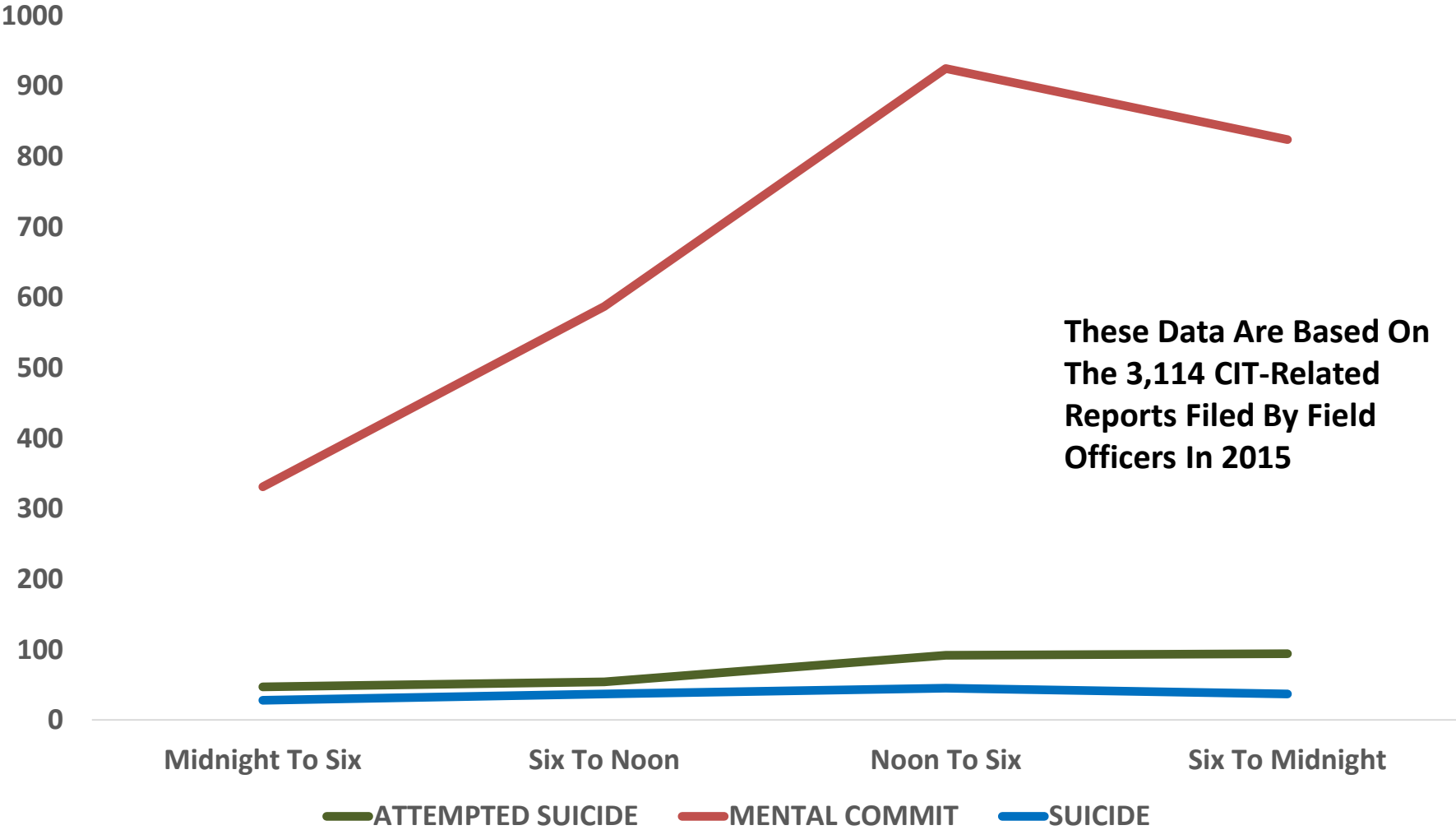
The Number Of Calls Increase As The Day Goes On



If We Unpack The Calls For Service Using The Statute Description, We See That Psychiatric Evaluations and Mental Commit Account For Most Of The Increase

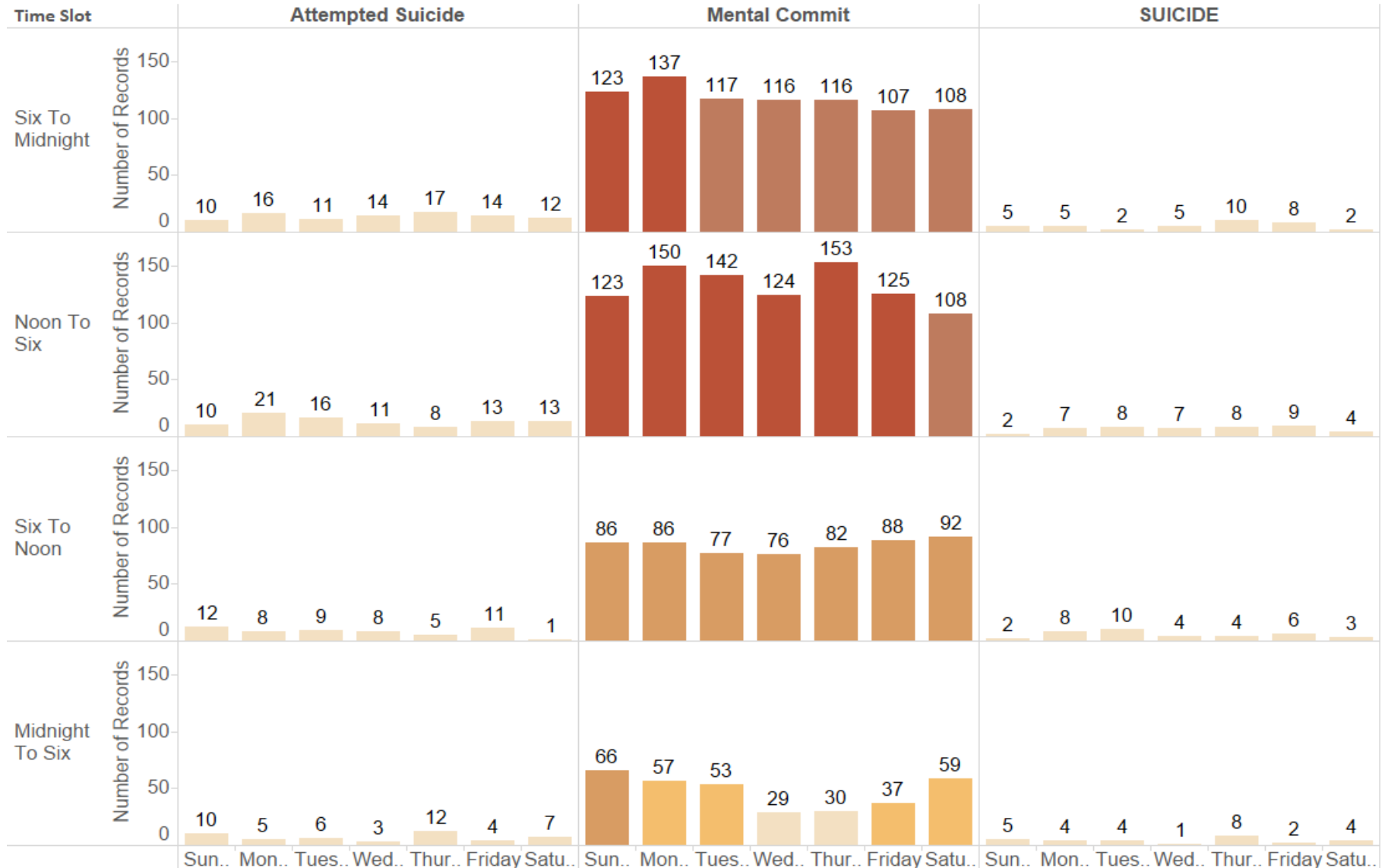


If We Unpack The Calls For Service Using The ARS Incident Type, We See That Calls Related to NM Statute 43-1-10: Emergency Mental Health Evaluation Account For Most Of The Increase

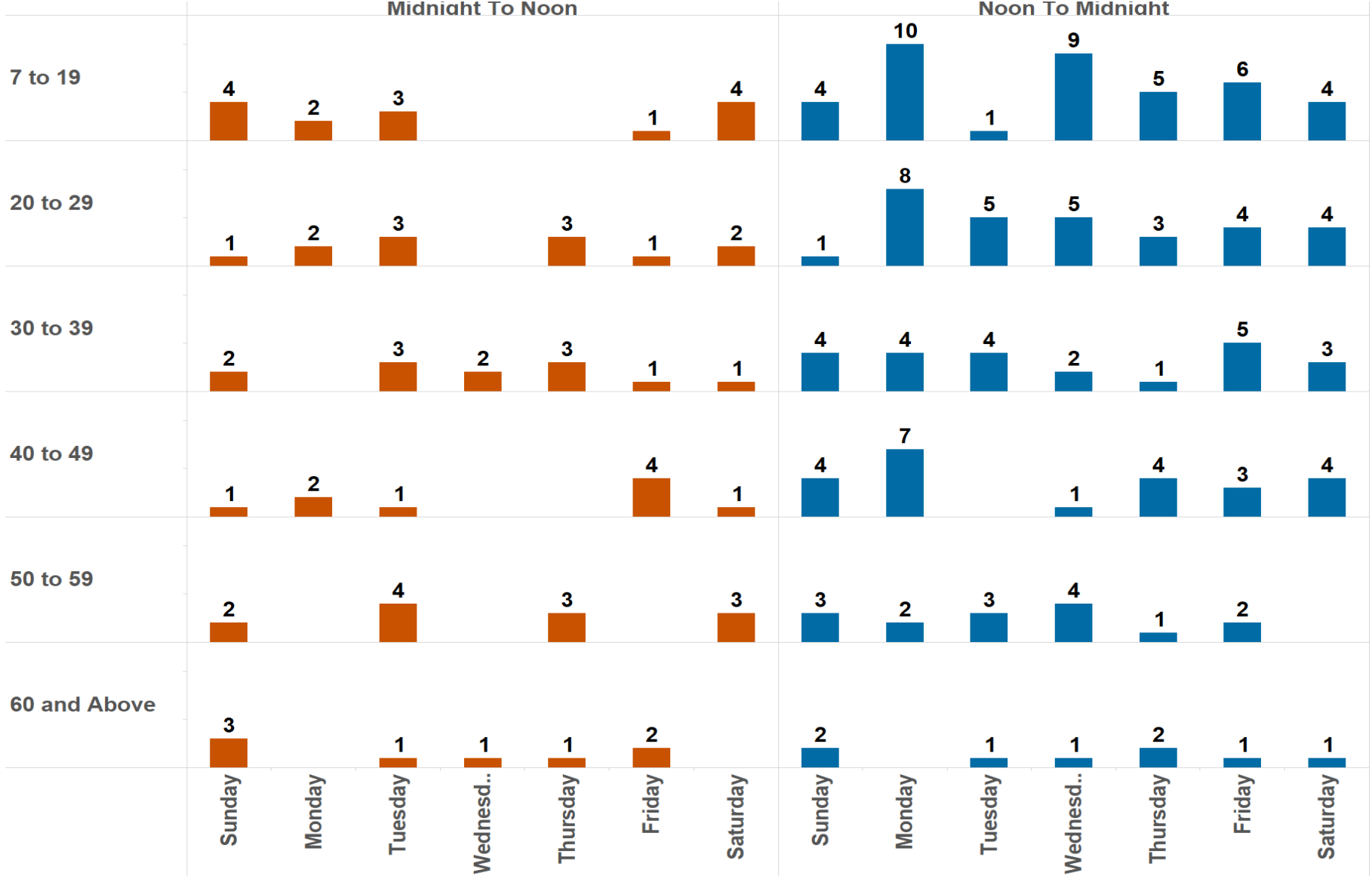


Source: APD Real Time Crime Center

Type Of Call By Time Of Day and Day Of Week

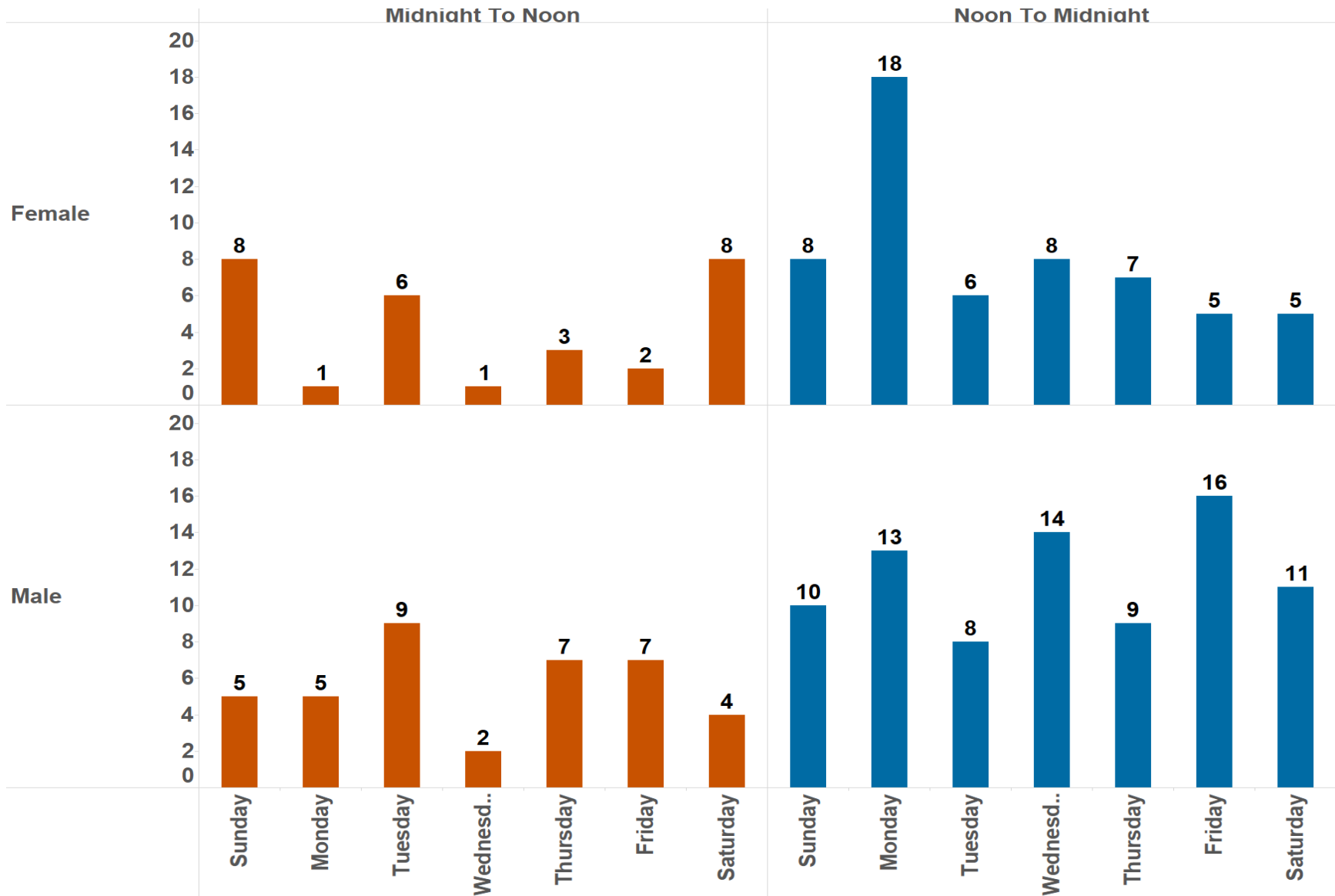


An Exploratory Analyses Of Age And Time (206 CIU-Related Calls In February, 2016)



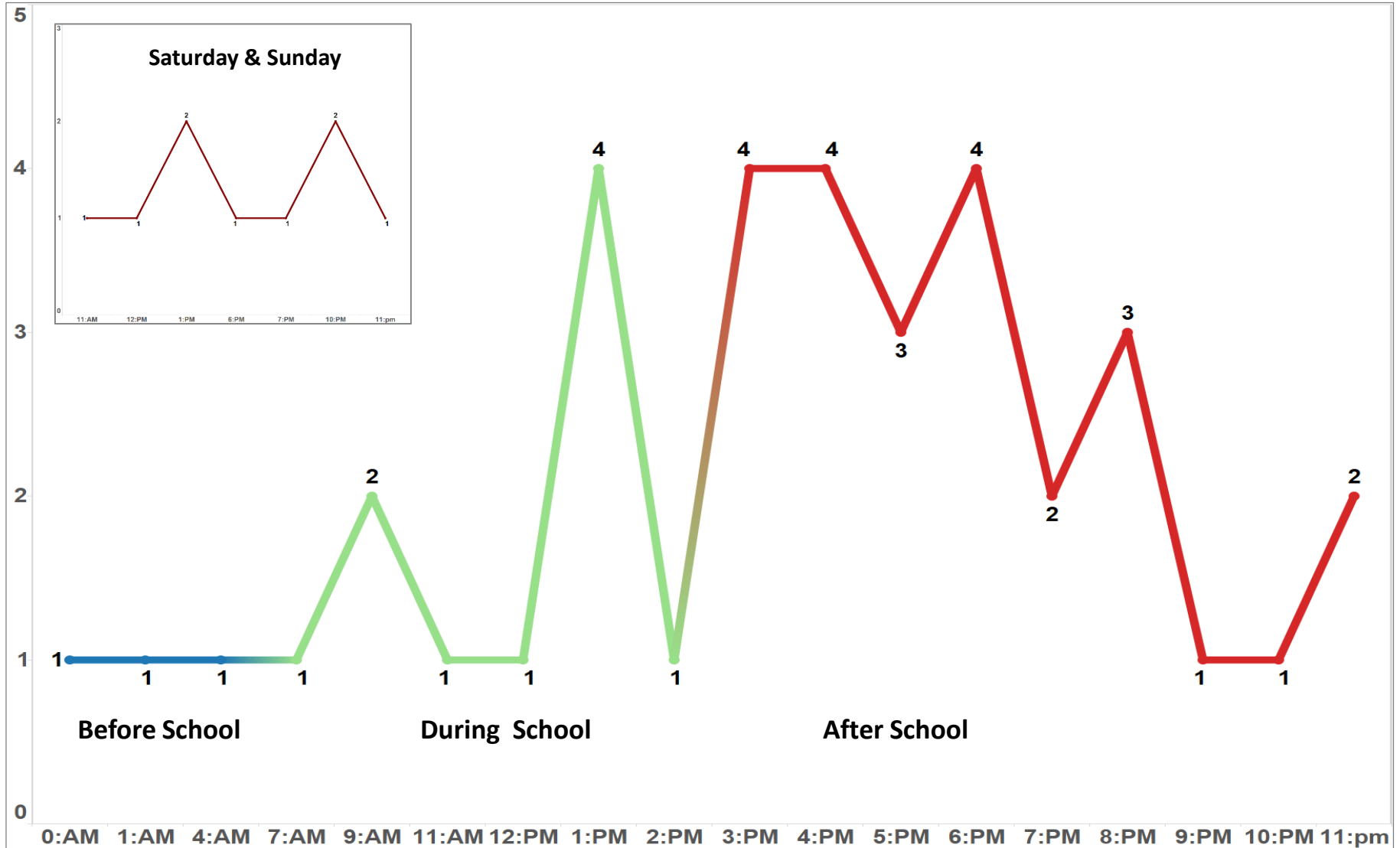
Source: APD Real Time Crime Center; Crisis Intervention Unit

An Exploratory Analyses Of Gender And Time (206 CIU-Related Calls In February, 2016)

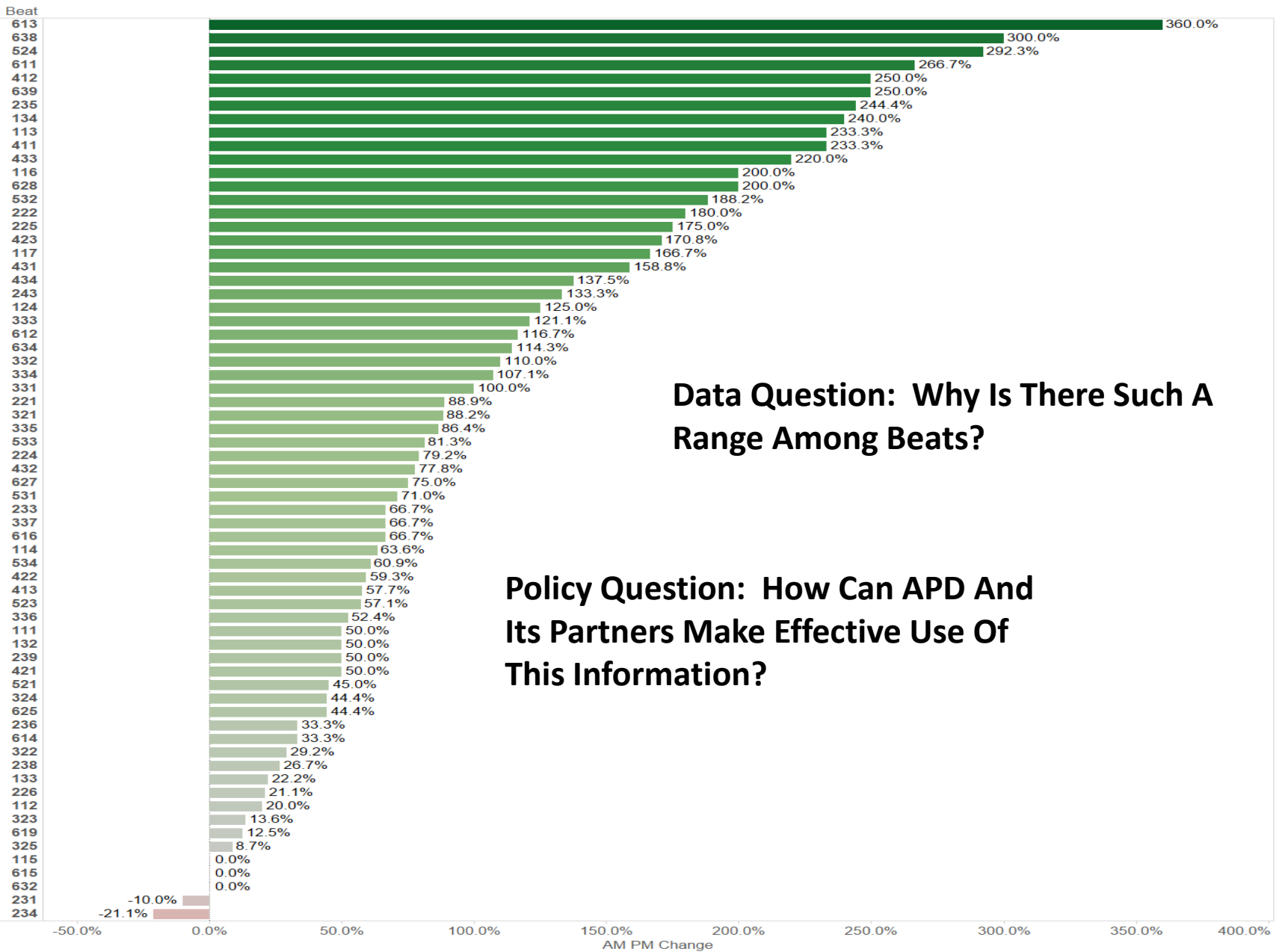


Source: APD Real Time Crime Center; Crisis Intervention Unit

An Exploratory Analysis Of 78 CIT-Related Calls For Youth Age 12-18 By Time And Weekday (Monday-Friday)



What Do We Know About Mental Health Evaluation Calls When We Put Time And Place Together?



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

Policy Question: How Can APD And Its Partners Make Effective Use Of This Information?

These Are Beats With 20 Or More Mental Commit Calls During 2015

The Percentage Of Increase In Mental Health Evaluation Calls Vary By Time Of Day Varies By Beat

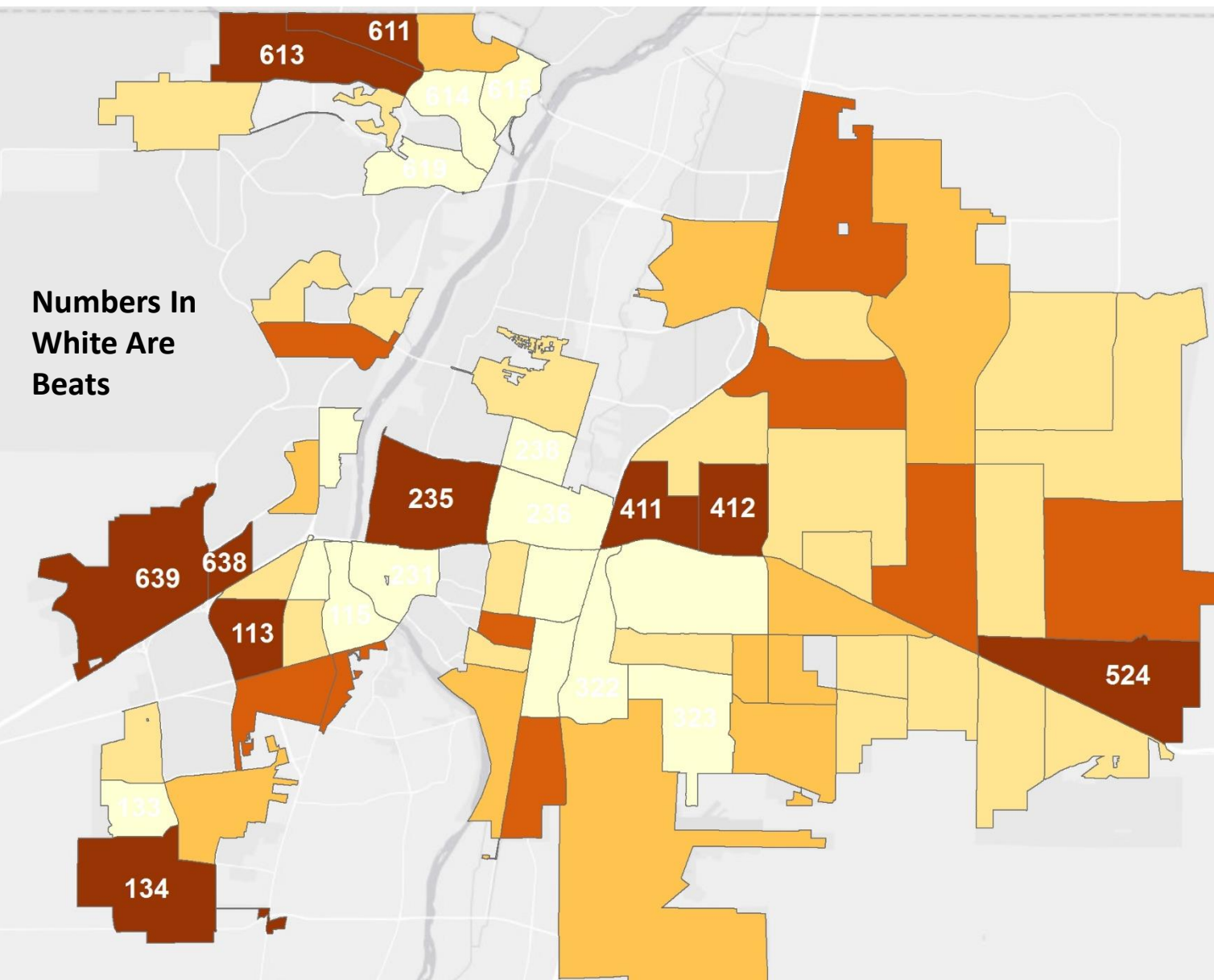
(Beats With 20 Or More Mental Commit Calls During 2015)

Numbers In White Are Beats

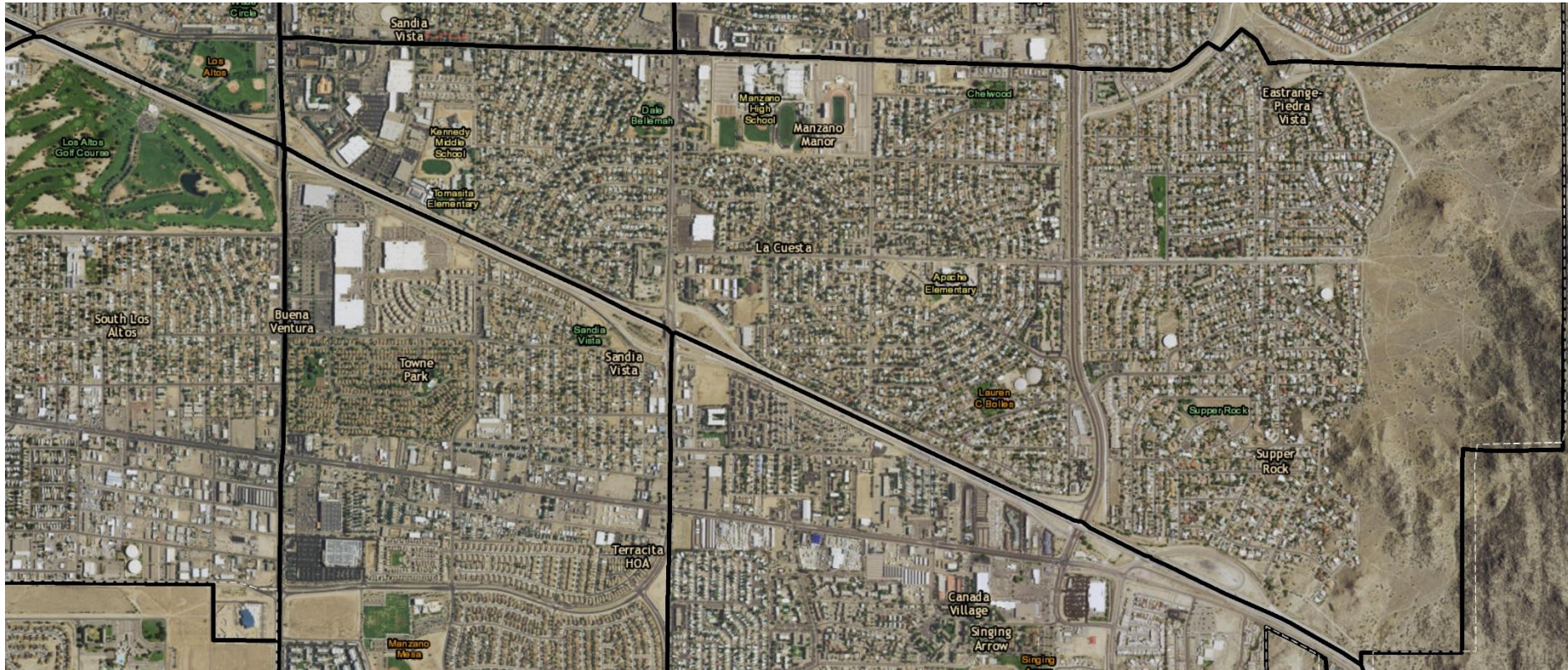
Legend

AM_PM_Change

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



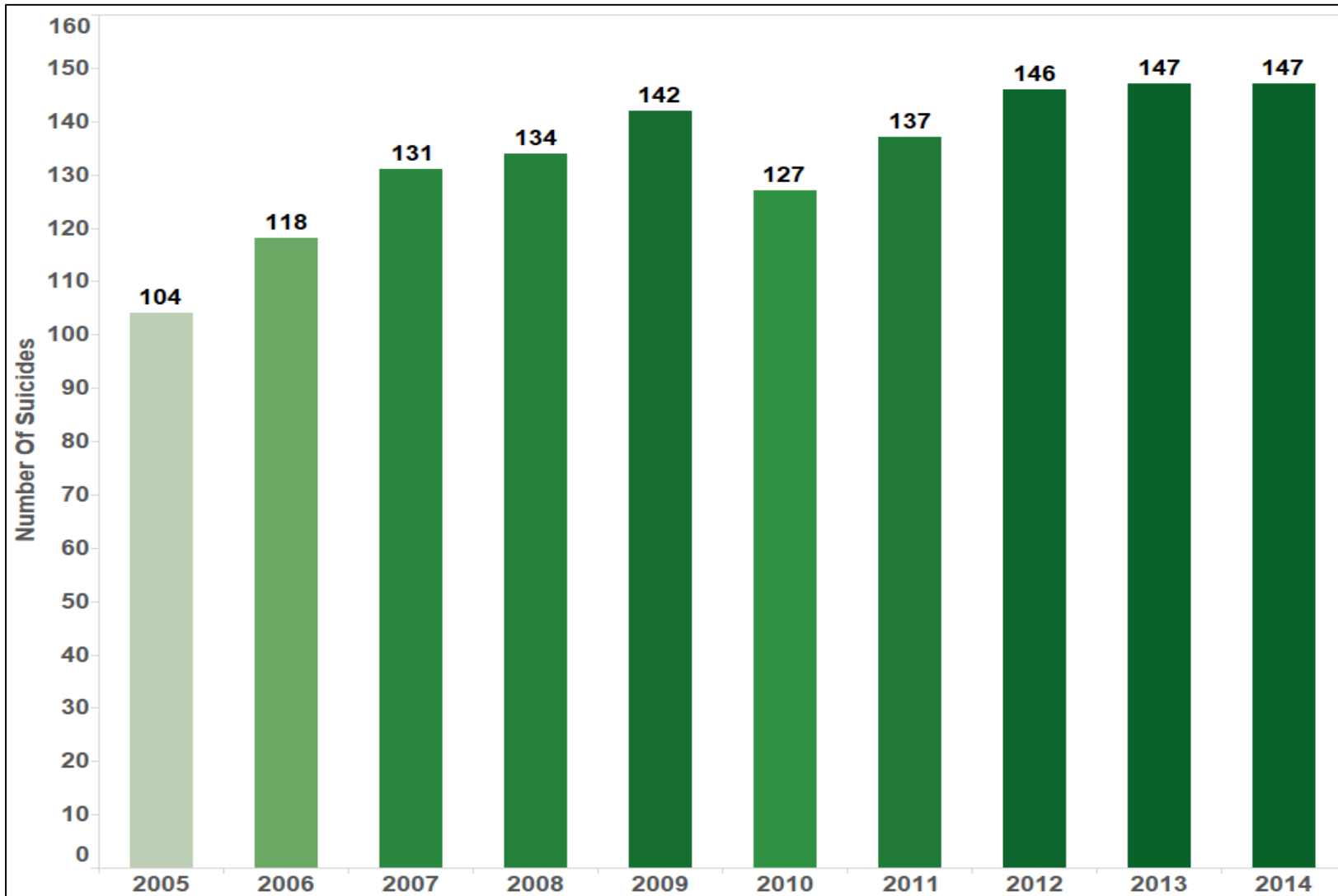
Beat 524 Had 64 Mental Health Evaluation Reports In 2015



Time	#	%
Midnight To Six	4	6.3%
Six To Noon	9	14.1%
Noon To Six	28	43.8%
Six To Midnight	23	35.9%
Totals	64	100%

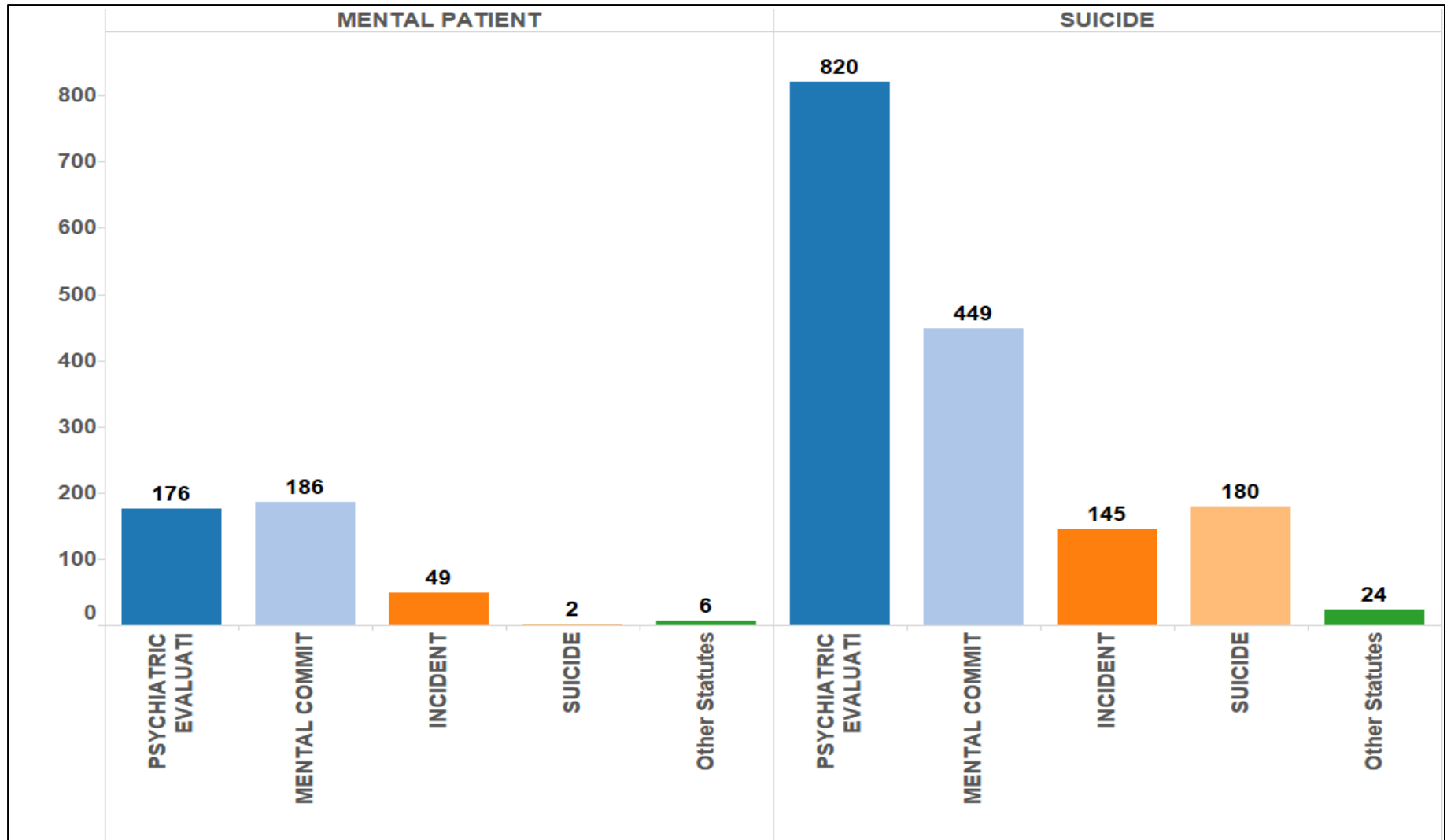
How Can We Learn More About The 3,758 Calls For Service Classified As Suicide In 2015?

Critical Context: The NM Office Of The Medical Investigator Reported These Completed Suicides For Bernalillo County, 2005 - 2014



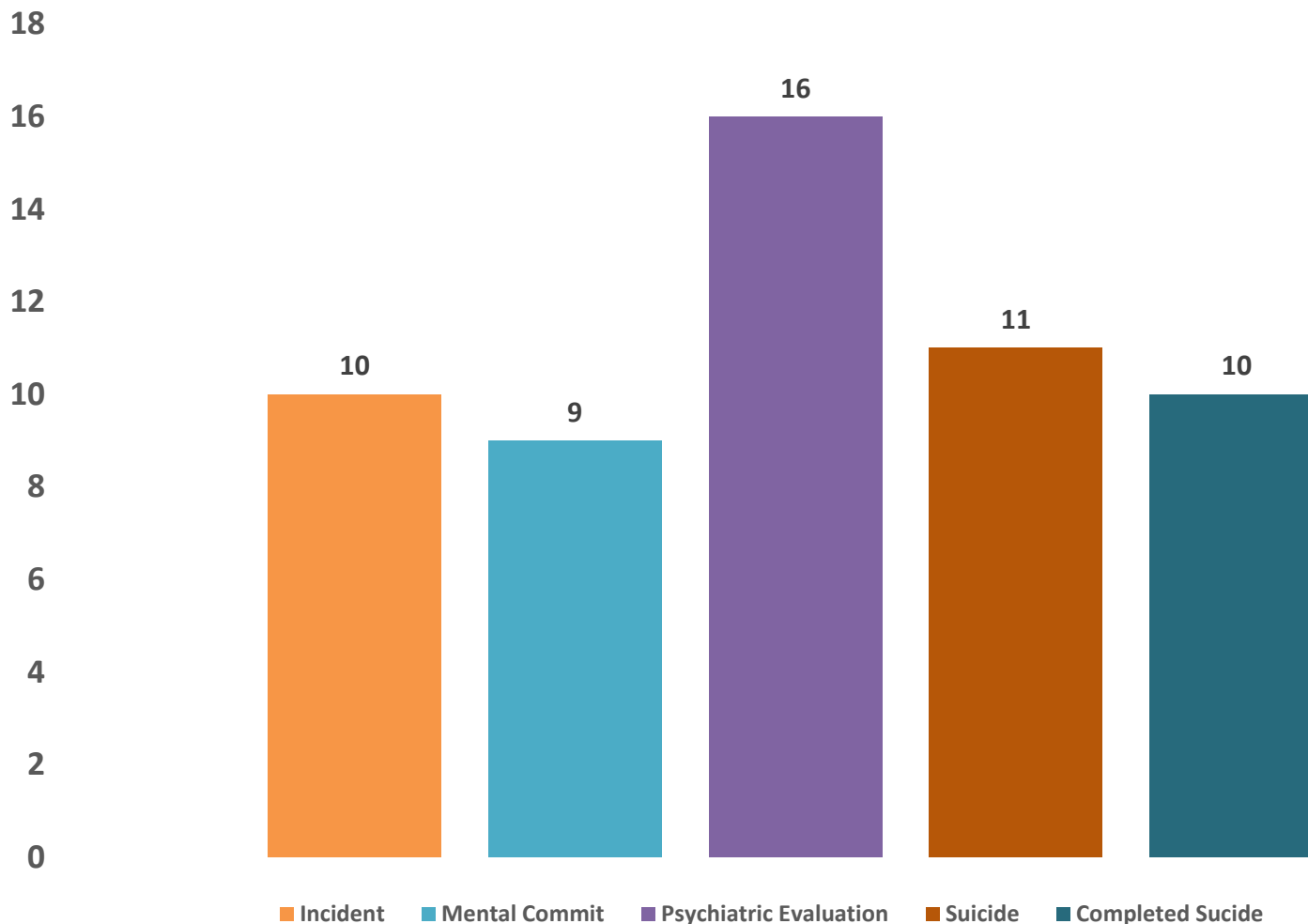
Source: The New Mexico Office Of The Medical Investigator, Annual Report 2014

We Need To Unpack The Data Labeled Suicide In Order To Conduct Analyses And Communicate With The Public And Other Stakeholders



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

It Is Important To Note That A Review Of 56 Incident Reports Indicate That Even Those Incidents Categorized As Suicide At All Levels Of The Reporting System Were Related To Suicide Incidents Or Attempts, But Were Not Often Completed Suicides



Labels Uses In The Offense/Incident Box Of The New Mexico Uniform Incident Report

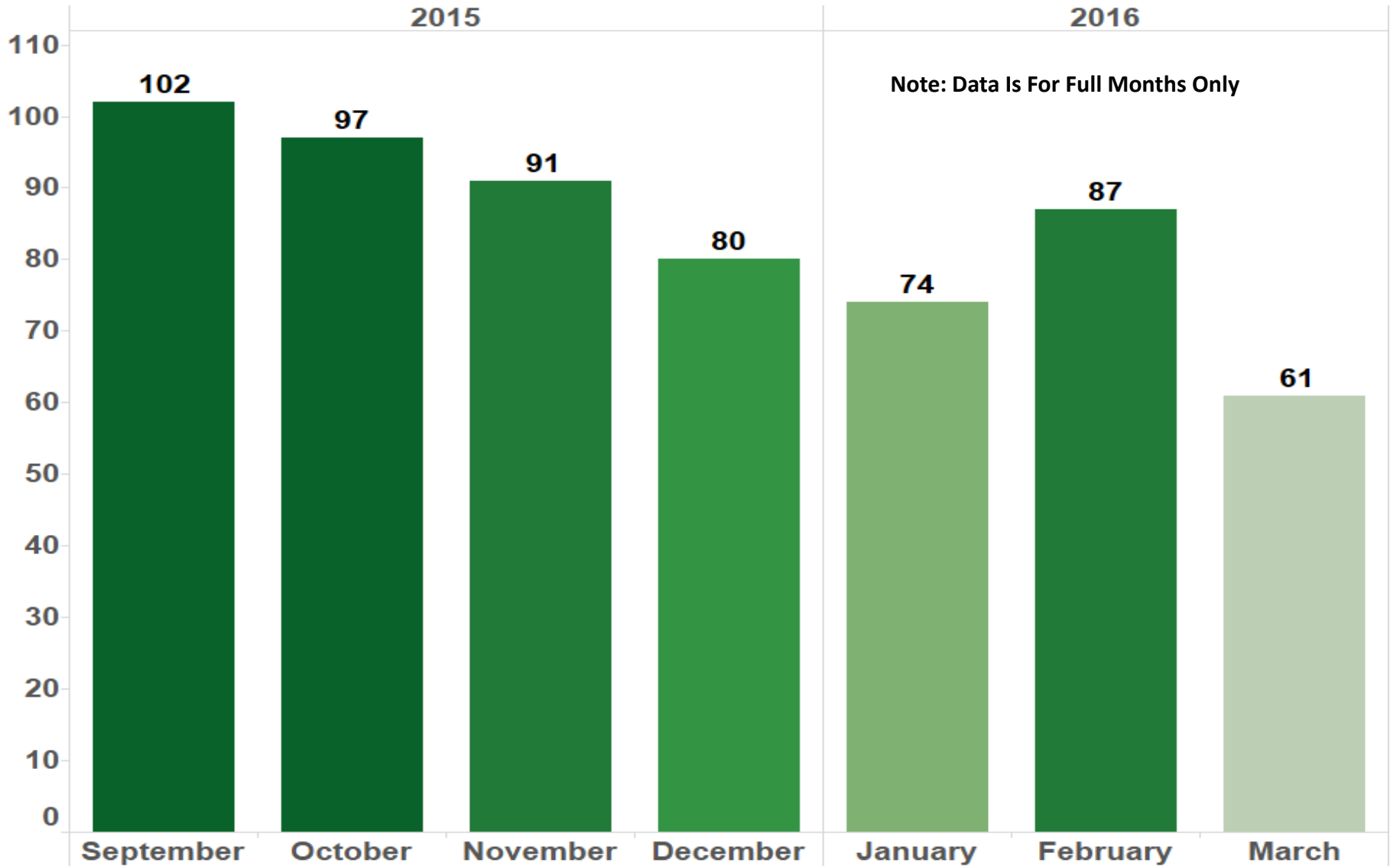
What Do We Know About The Individuals In Crisis That Come In Contact With The Crisis Intervention Unit?

Individuals On The CIU Detectives' Case Loads Meet These Criteria

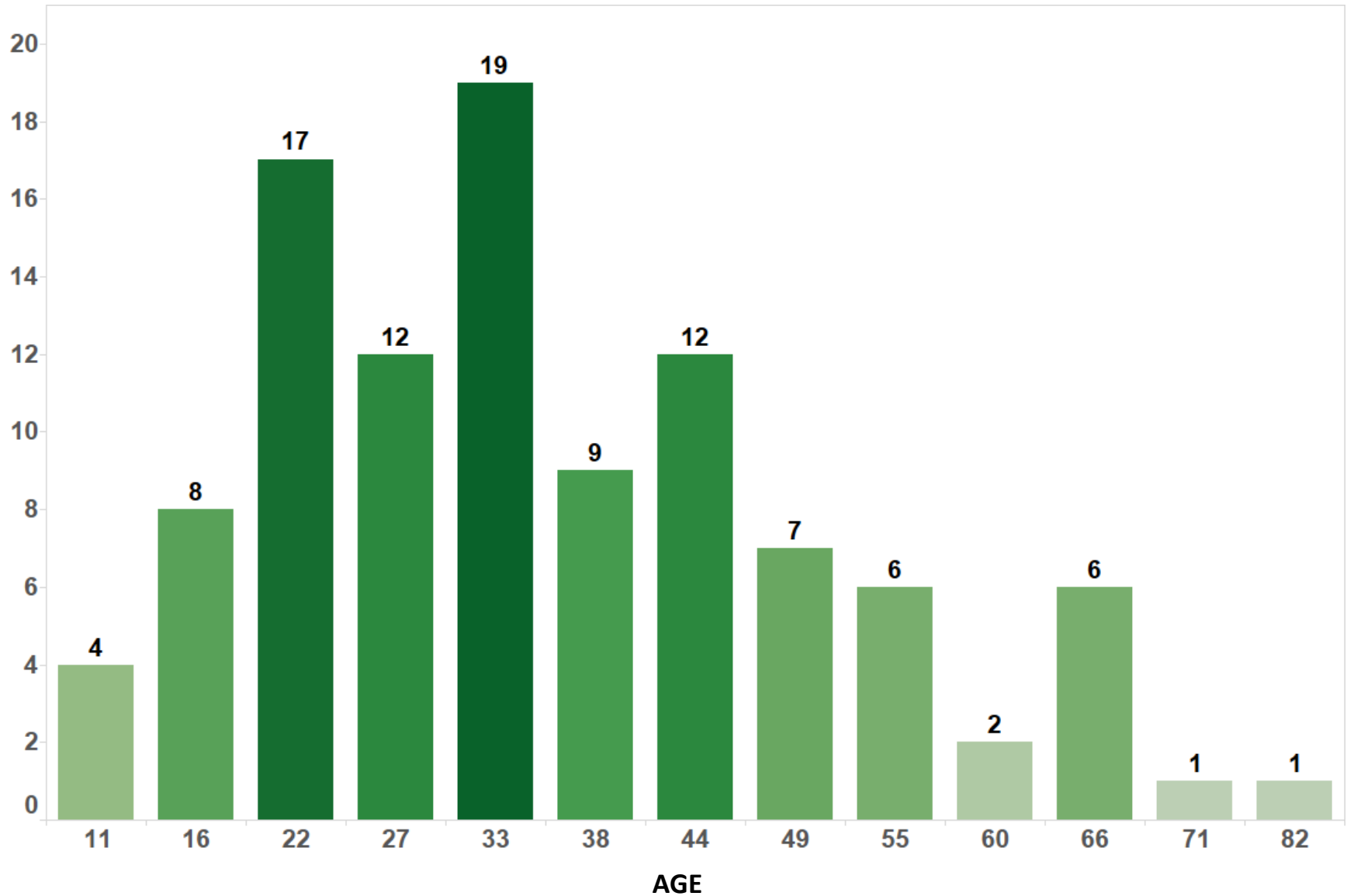
CIU detectives shall limit their intake to Police Referrals only, unless exigent circumstances exist. These referrals should have the following criteria:

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

Number of Individuals On CIU Detectives' Case Loads By Month From September, 2015 To March, 2016

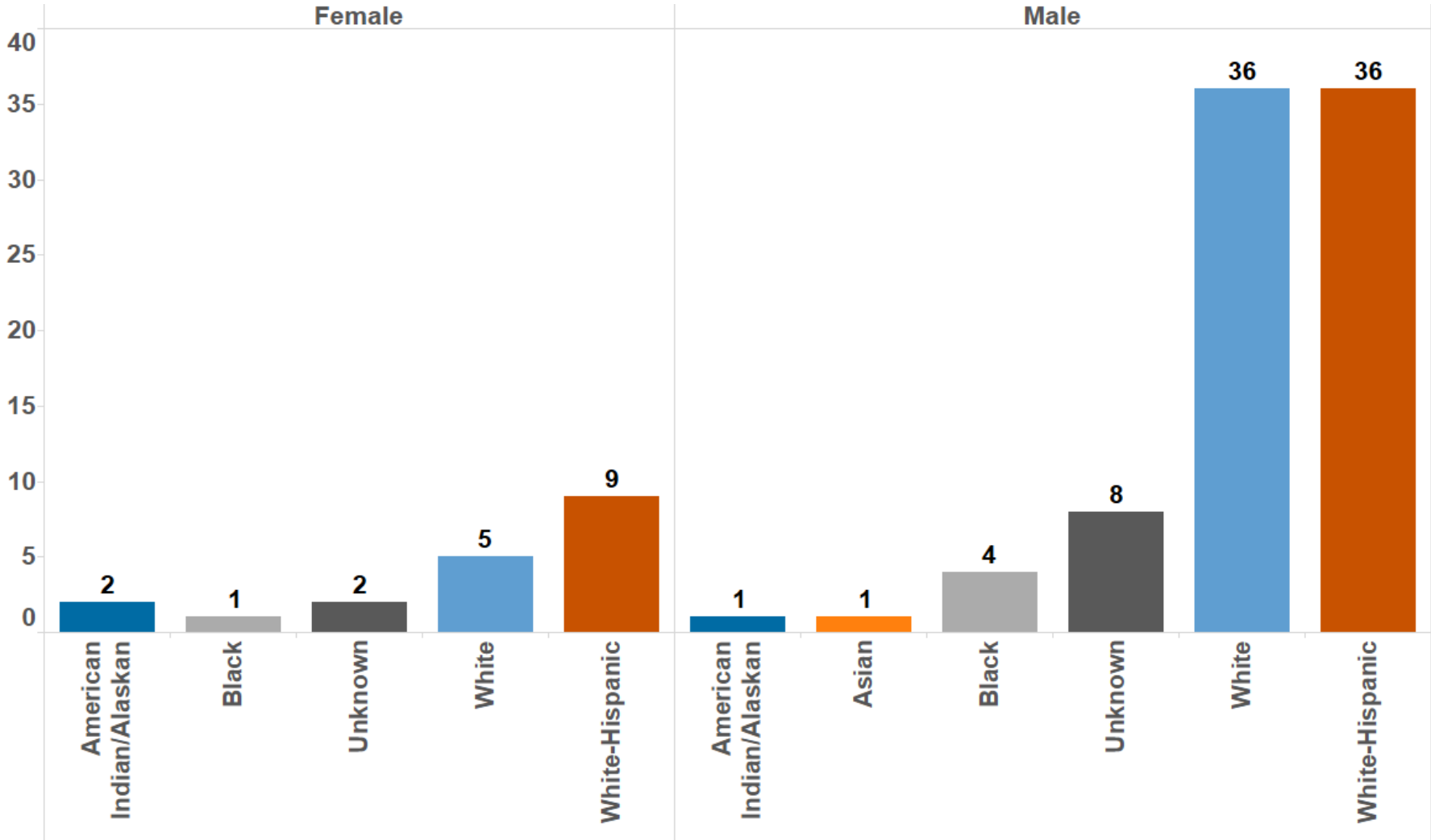


CIU Detectives Worked With 105 Unique Individuals From August 17, 2015 To April 8, 2016: Age



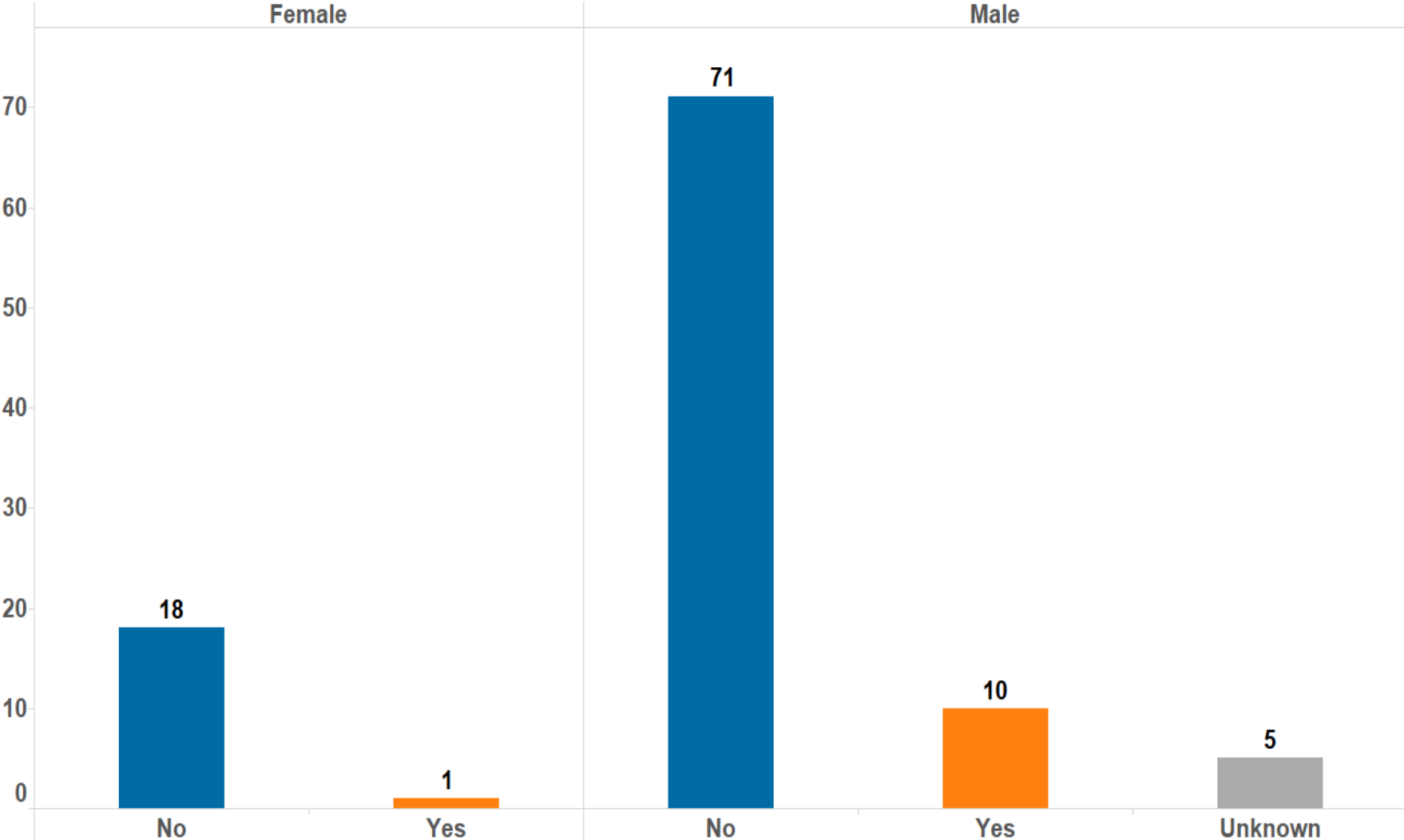
Source: APD Crisis Intervention Unit

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



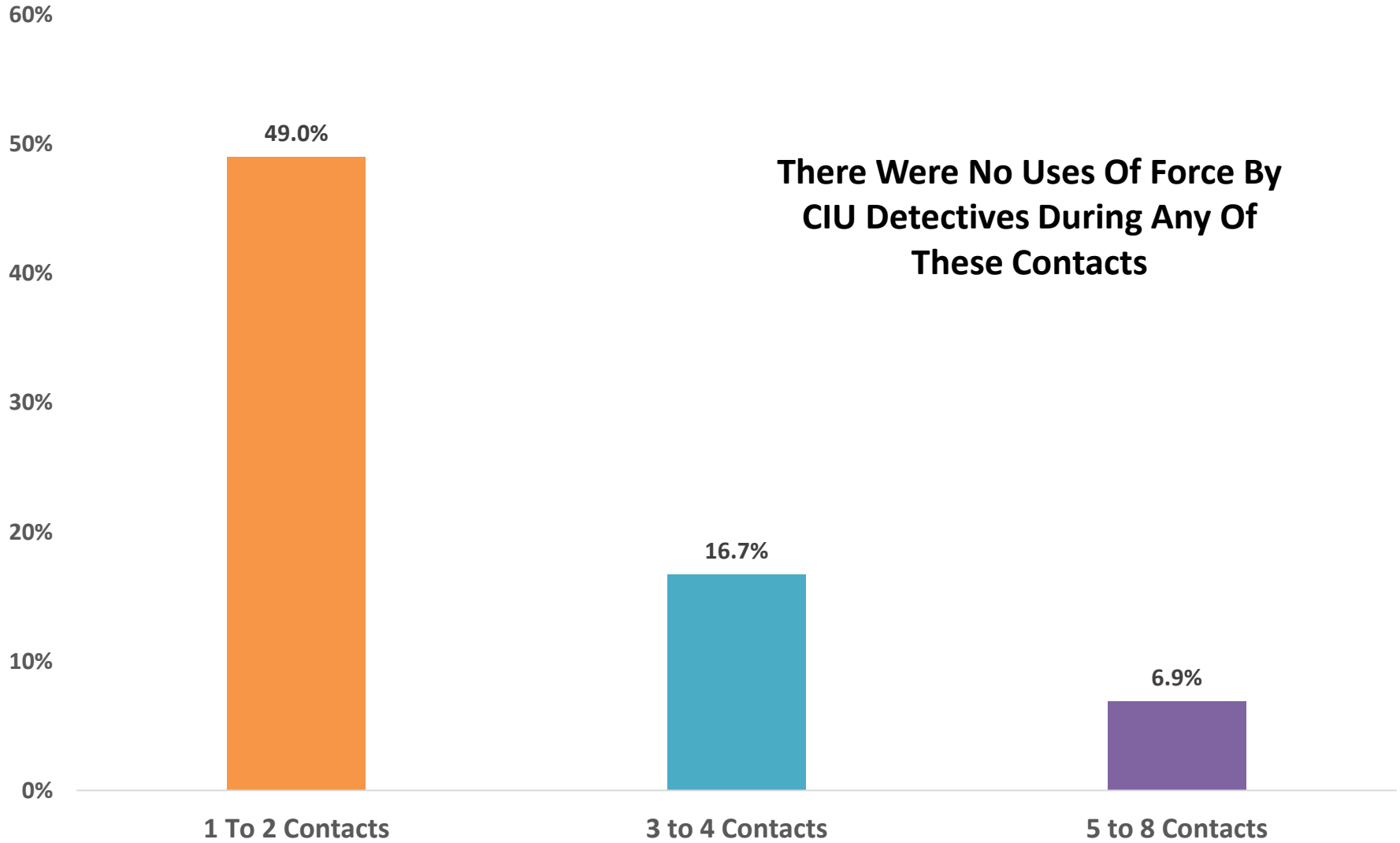
Source: APD Crisis Intervention Unit

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



Source: APD Crisis Intervention Unit

Many Of The Individuals On The CIU Detectives' Case Loads Require Multiple Face-To-Face Contacts



Risk Assessments

(Chapter 43 NMSA 1978 Definitions)

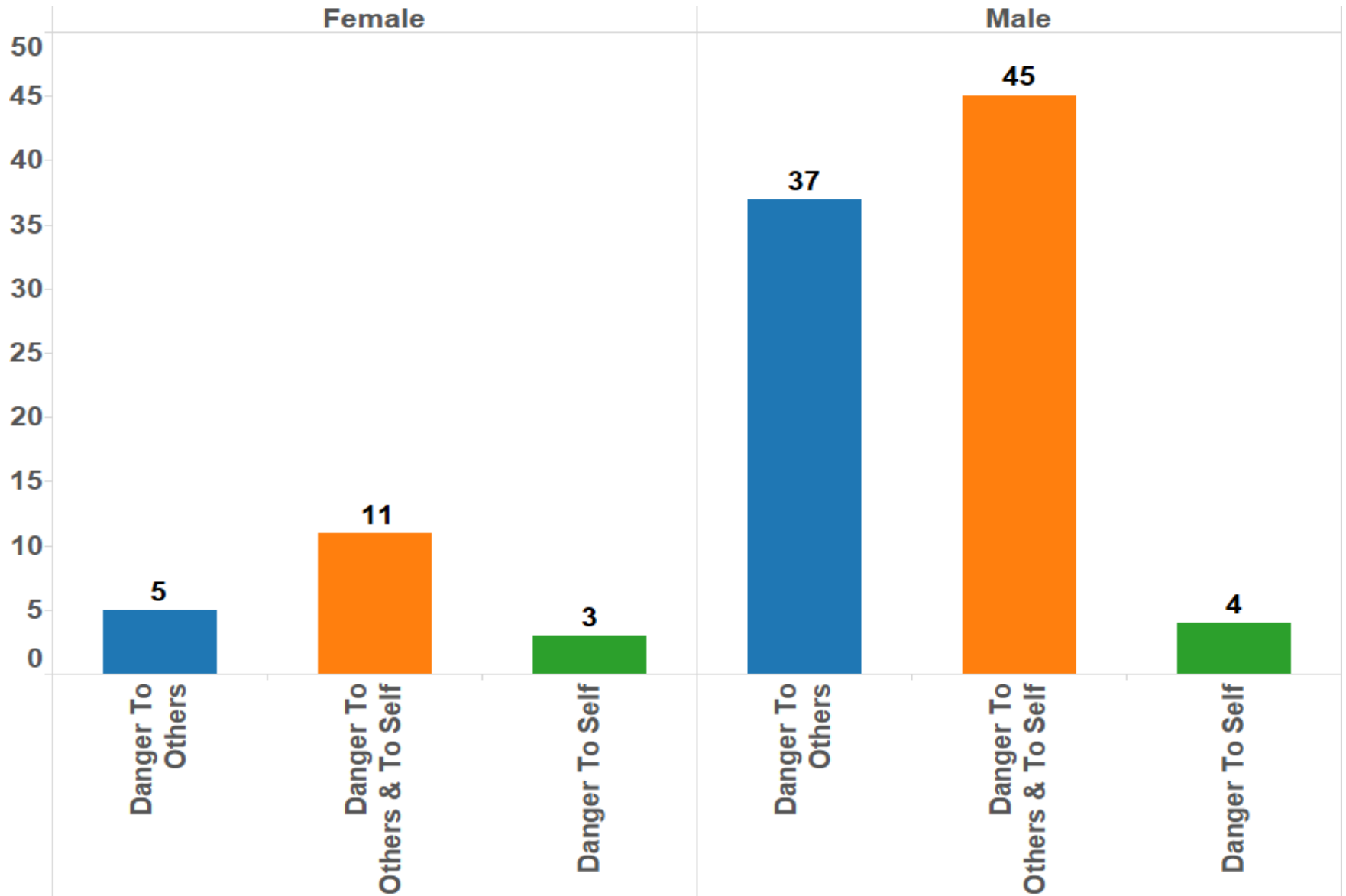
Danger To Others

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

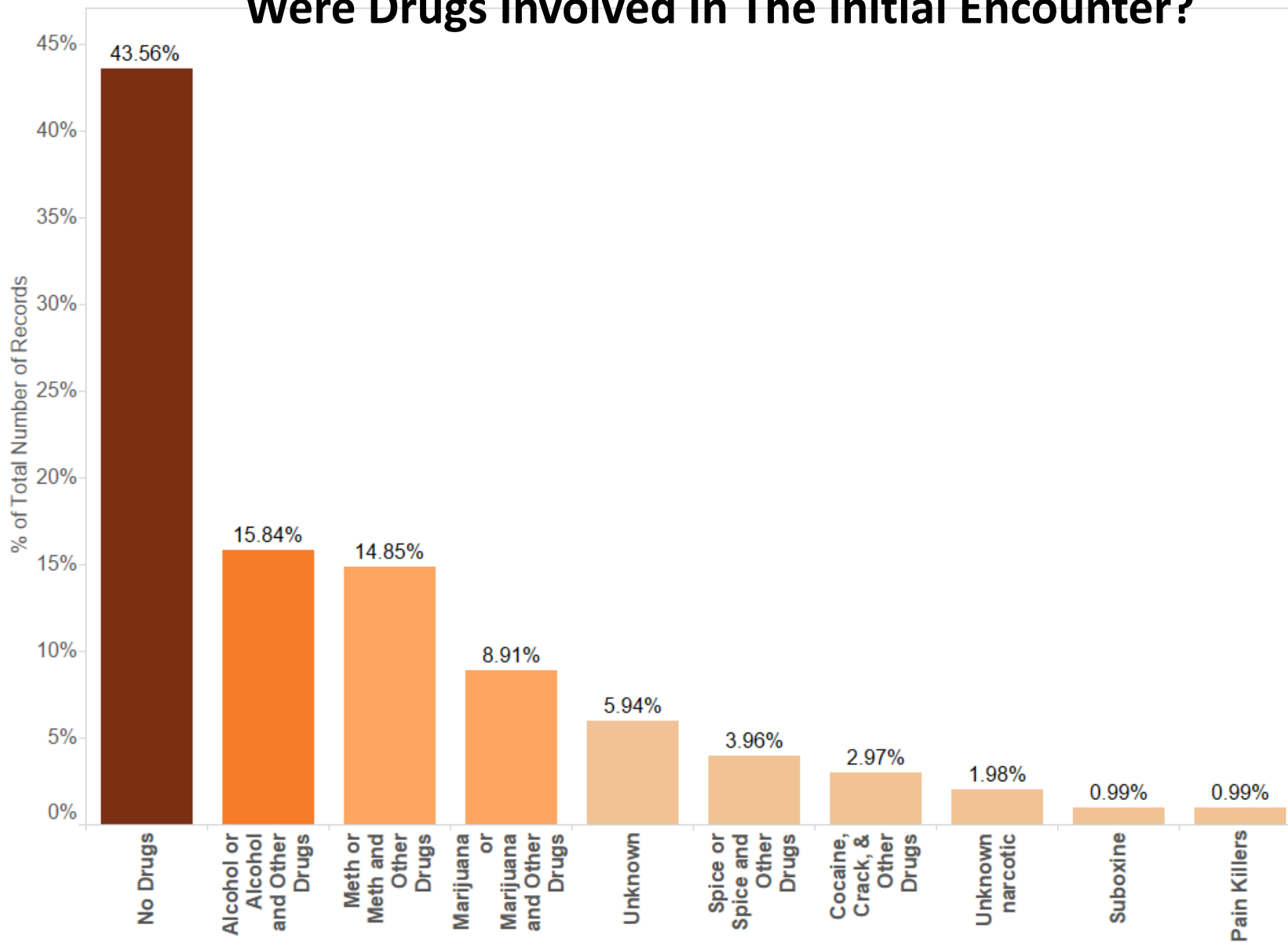
Danger To Self

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

The Individuals On The CIU Detective Case Loads By Risk Assessment And Gender



Were Drugs Involved In The Initial Encounter?





Source: APD Crisis Intervention Unit

The CIU Detectives Use The Information On Their Cases In A Number Of Ways

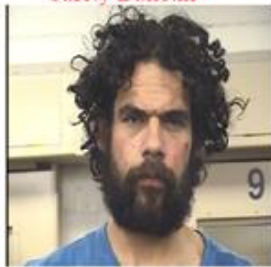
- a. Use information and anecdotal evidence to improve communication with individuals who have frequent contact with law enforcement.
- b. When detectives and COAST find service gaps and other needs, they are brought to the attention of community stakeholders and policy-makers.
- c. Detective provide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

The Critical Importance Of Foresight

CIU Detectives Sent Out The Safety Bulletin On April 4, 2016

**ALBUQUERQUE POLICE**
DEPARTMENT
VIOLENT CRIMES DIVISION
CRISIS INTERVENTION UNIT
(505)924-6005 Bulletin# 2016-05

CRISIS INTERVENTION
Safety Bulletin



**SAFETY BULLETIN
WITH BACKGROUND
INFORMATION**

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

SWAT team arrests man near Candelaria and 2nd NW

By Elise Kaplan / Journal Staff Writer
Published: Thursday, April 14th, 2016 at 2:45pm
Updated: Thursday, April 14th, 2016 at 6:47pm



The Albuquerque Police Department SWAT team fires tear gas towards a home as they try to arrest a man holed up inside Thursday. (Jim Thompson/Journal)

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ALBUQUERQUE, N.M. — For the second time in a year, the SWAT team has arrested 32-year-old Kevin Estrada at his house on the 200 block of Veranda NW.

About 11 months ago, officers armed with armored vehicles, tear gas and flash bangs arrested him after an hours-long standoff, according to court documents.



Kevin Estrada, 32. (MDC)

What Do We Know About The Individuals In Crisis Who Are Served By COAST?

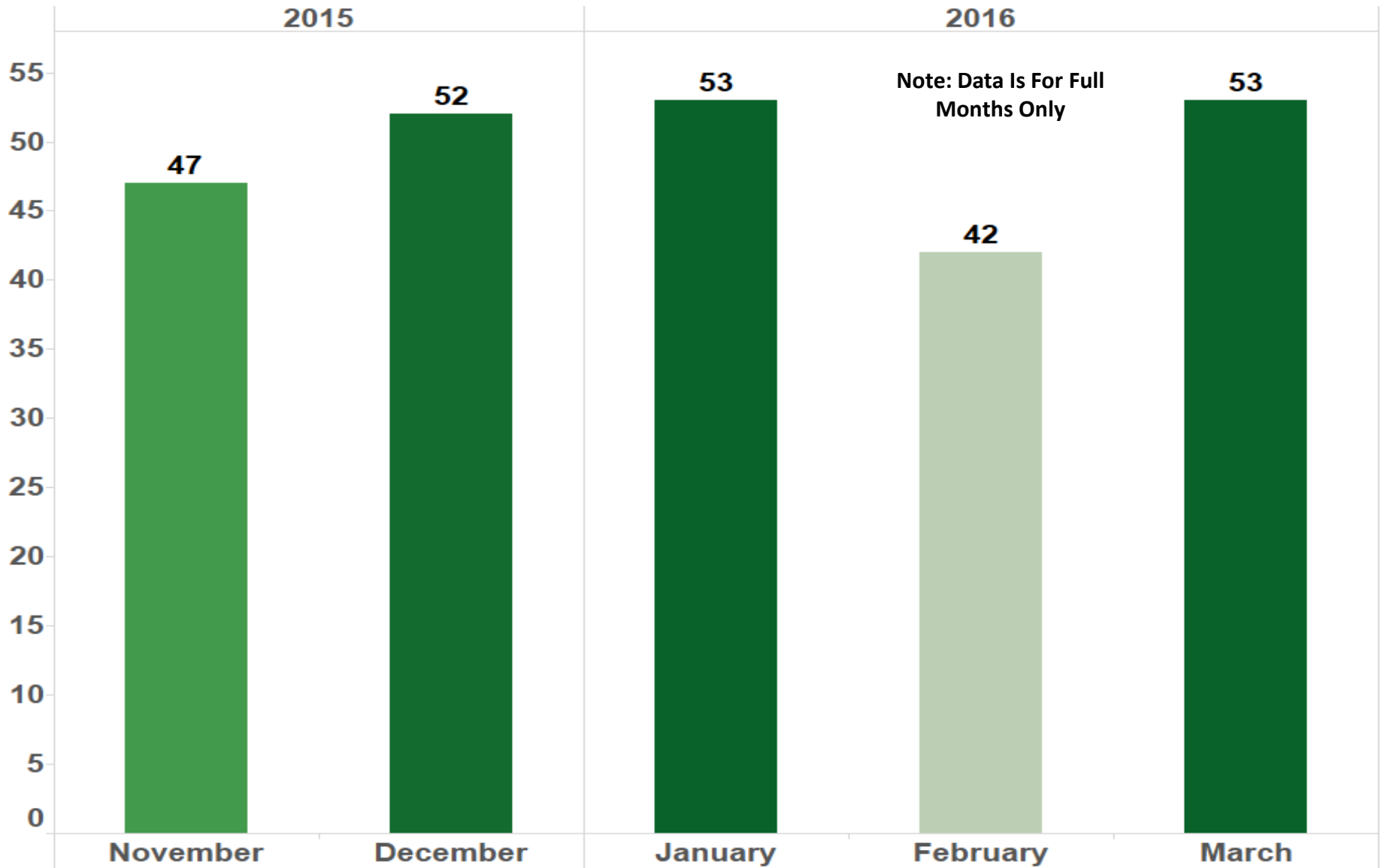
COAST Specialists Provide Their Services In These Circumstances

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

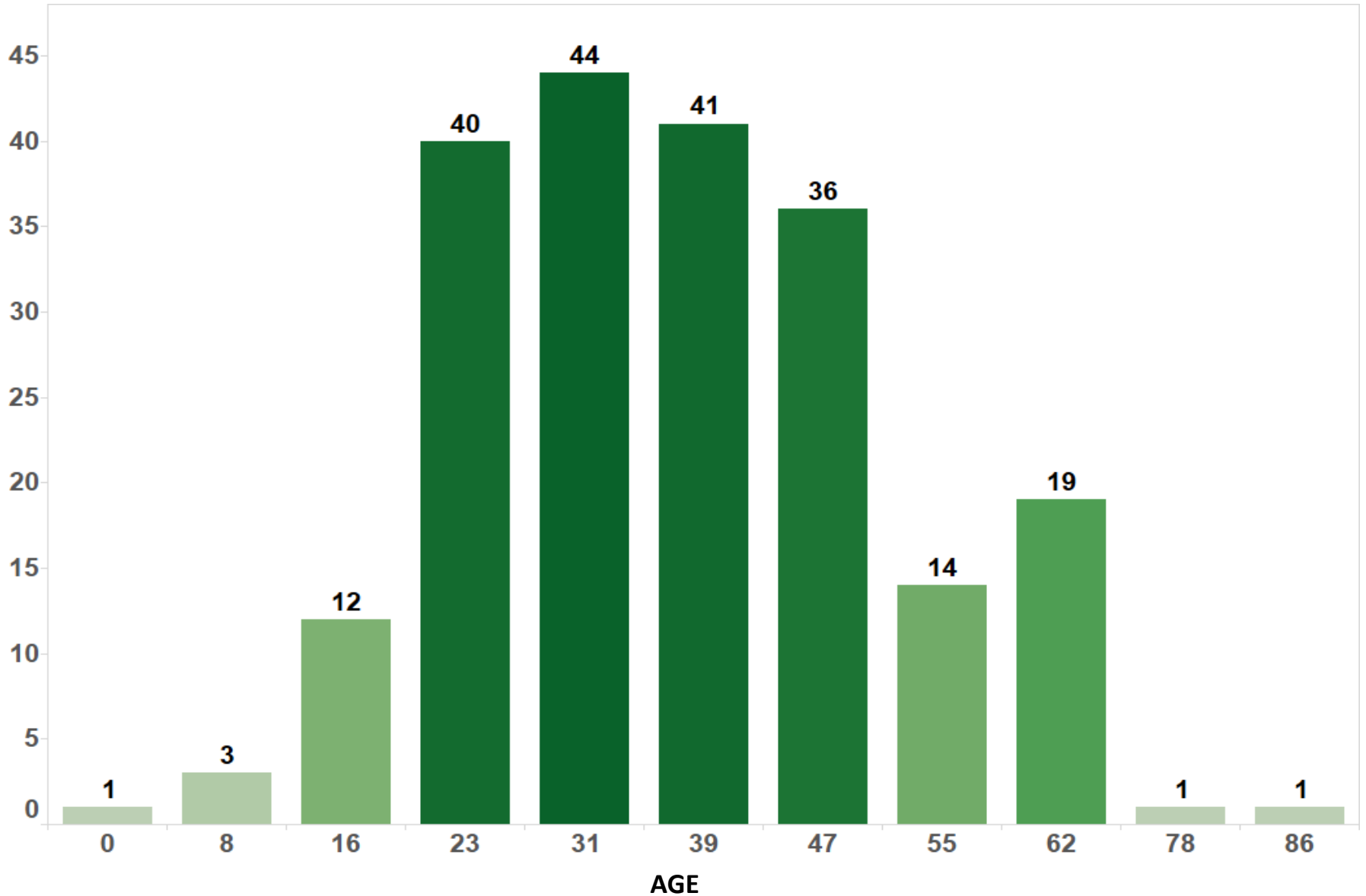
COAST Specialists Focus On These Kinds Of Issues

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

Coast Provided Services To 247 Individuals Between November, 2015 and March, 2016

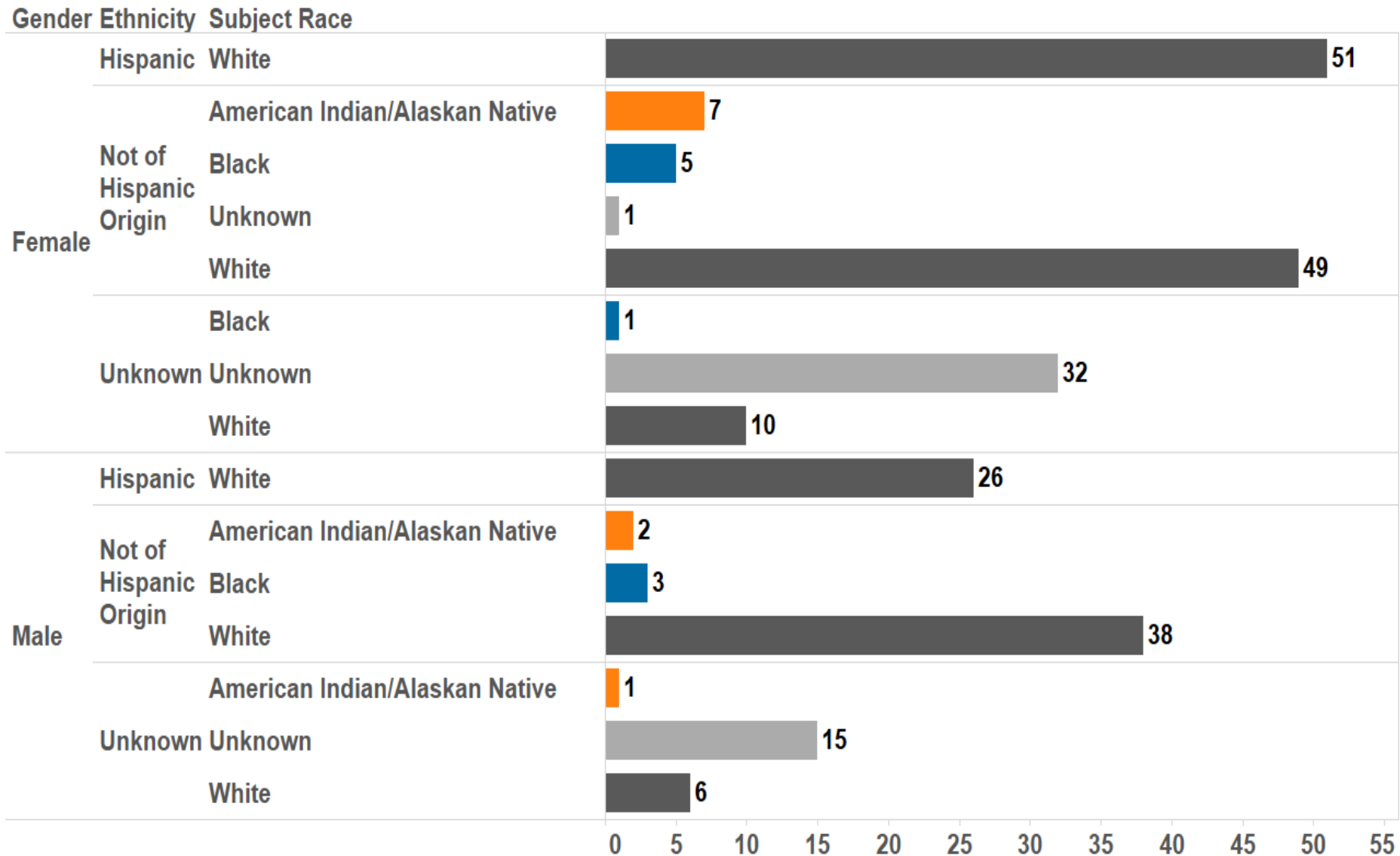


The Age Of The Individuals Served By COAST

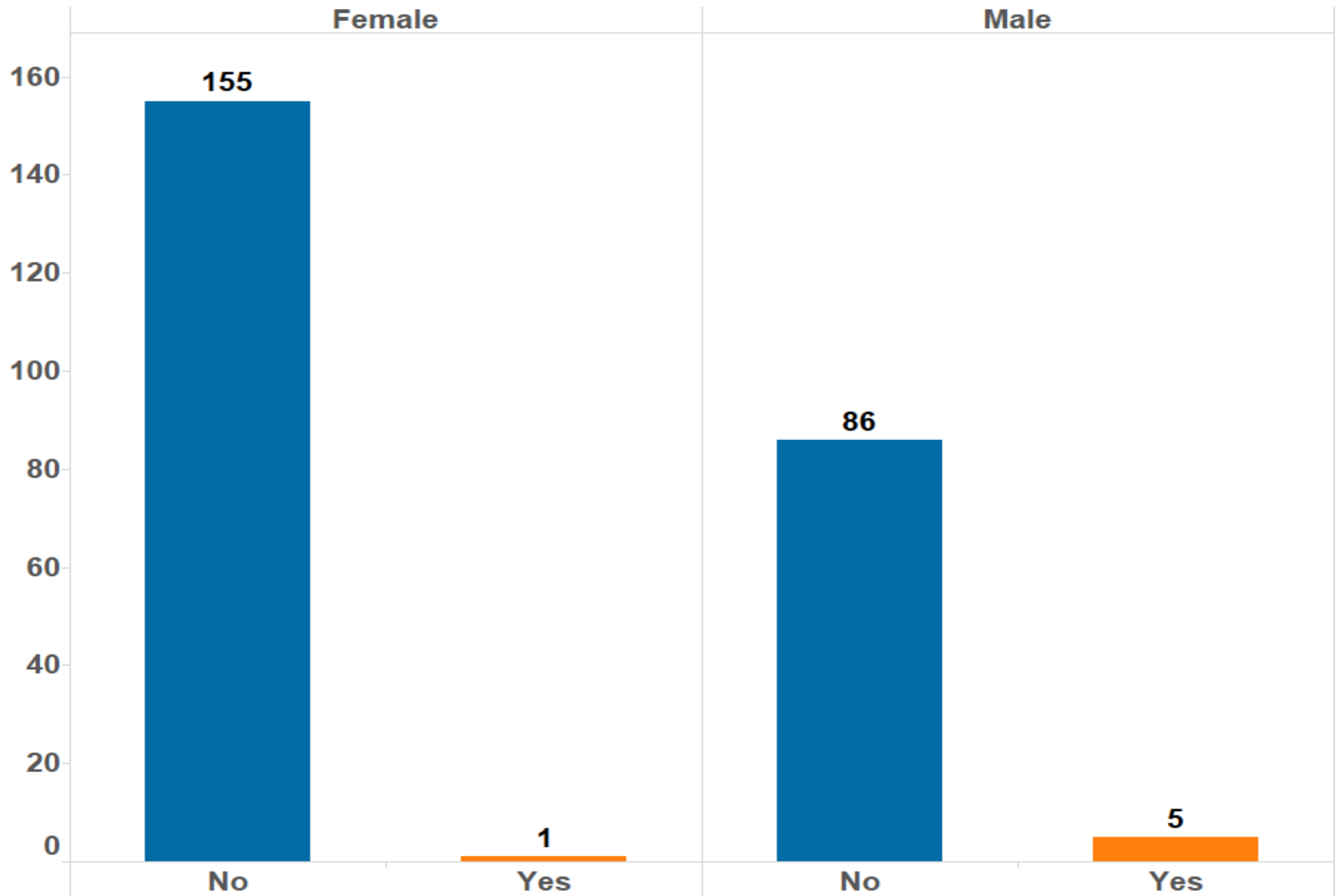


Source: APD Crisis Intervention Unit

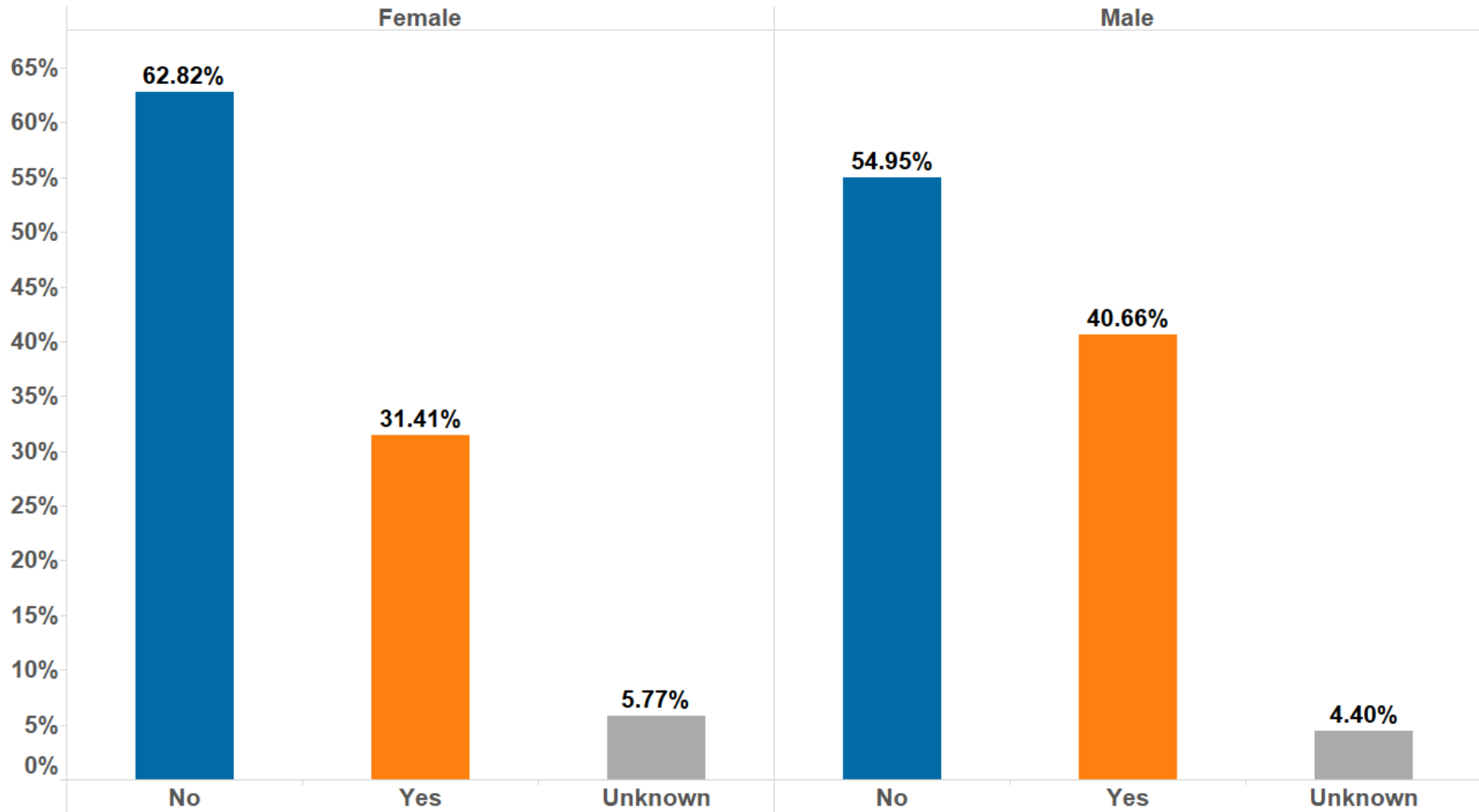
The Gender & Race/Ethnicity Of The Individuals Served By COAST



Did The Individuals Served By COAST Claim To Be U.S. Veterans?

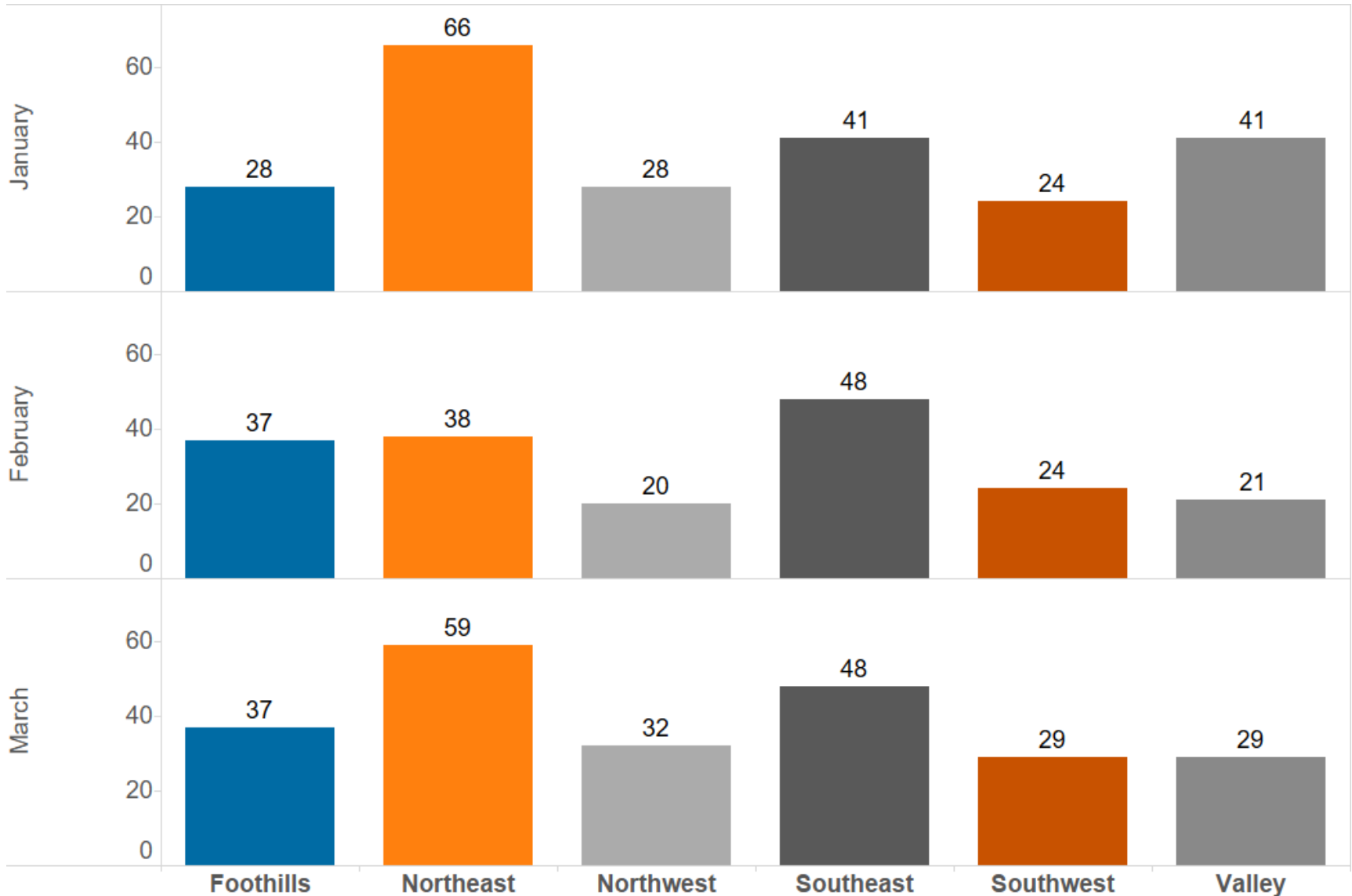


Were The Individuals Served By COAST Homeless?



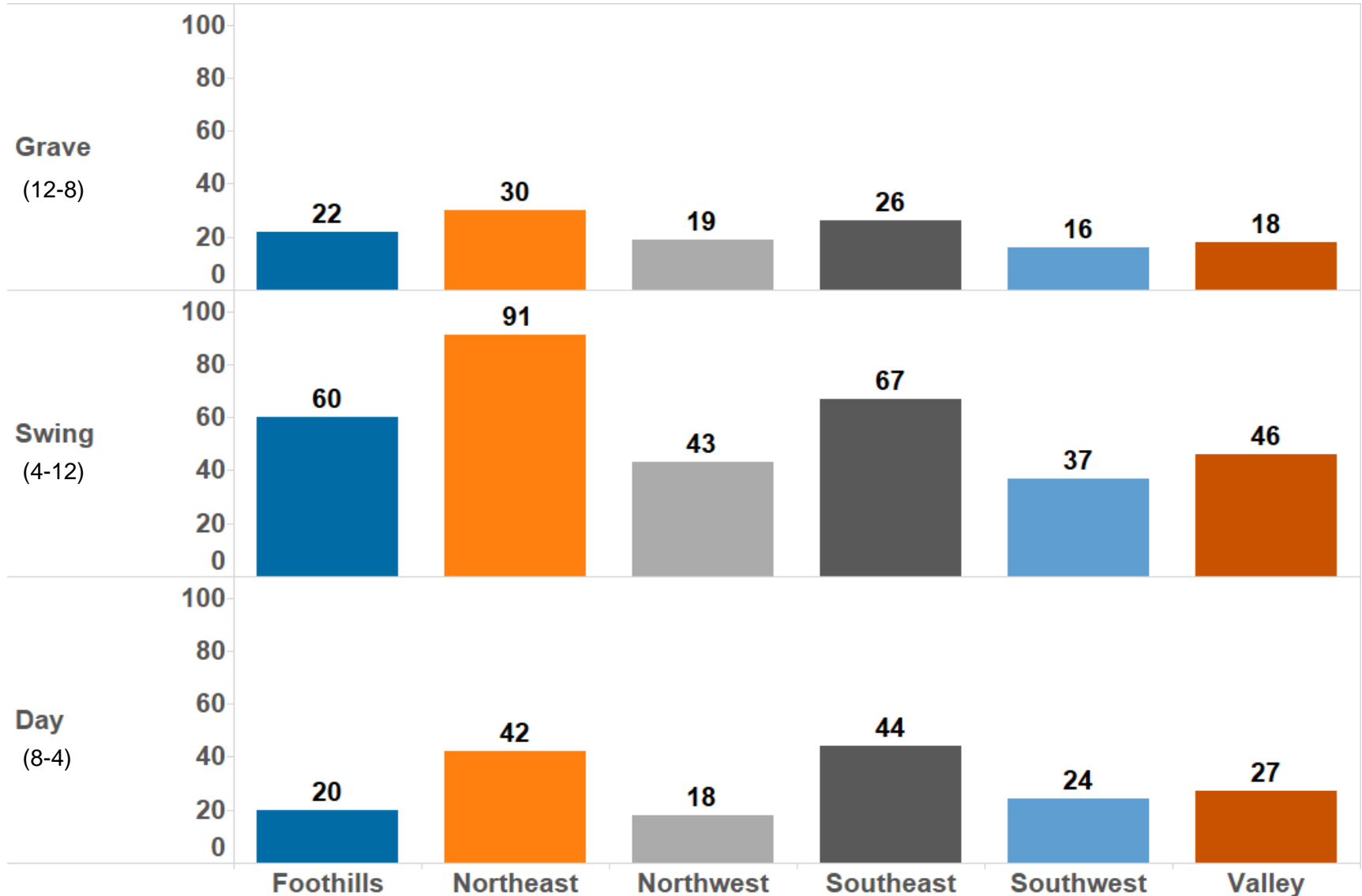
What Do We Know About The Initial CIT-Related Encounters With APD Field Officers?

Field Officers In The Six APD Area Commands Worked With 651 CIT-Related Incidents January, 2016 to March, 2016



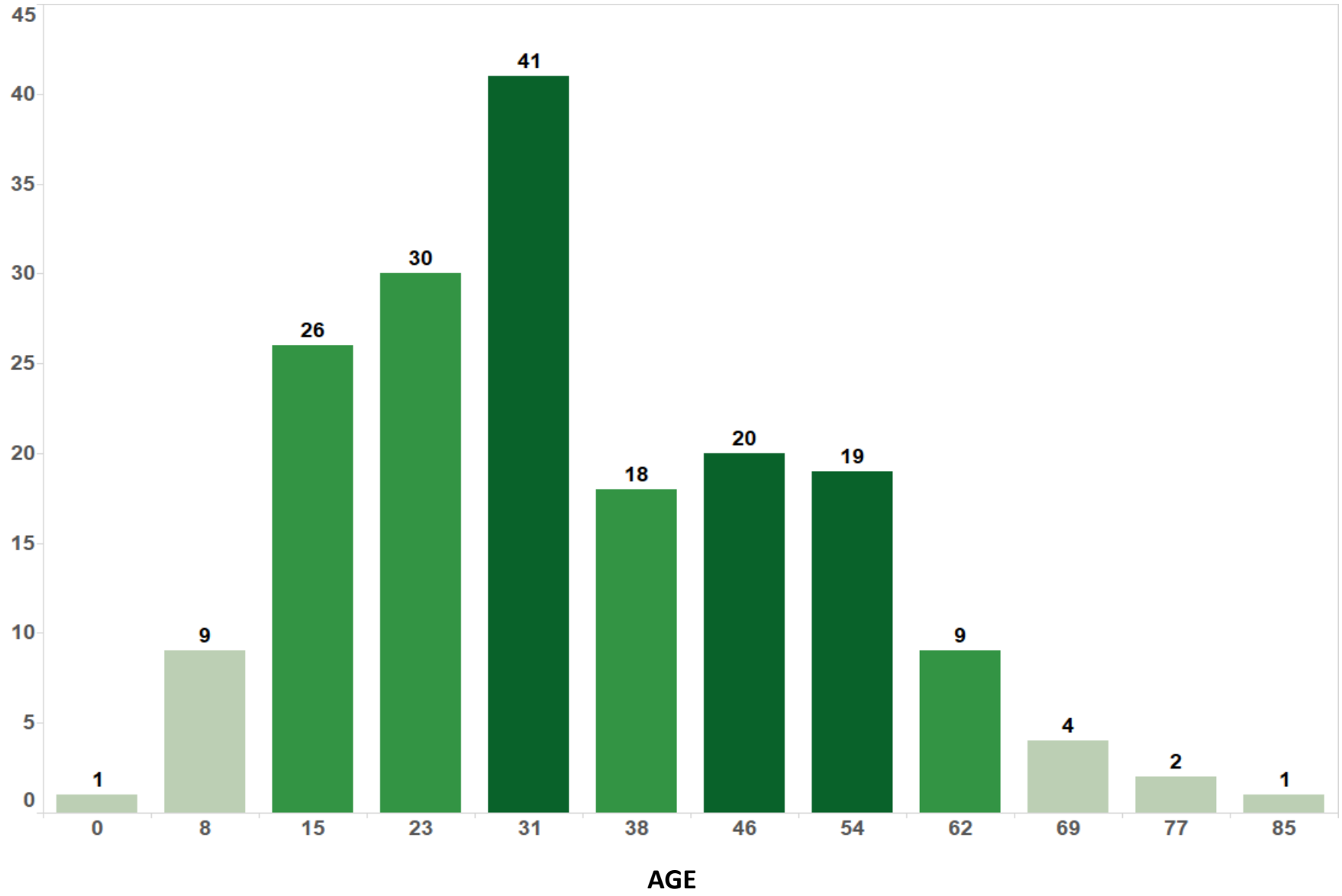
Source: APD Real Time Crime Center; Crisis Intervention Unit

These 651 CIT-Related Incidents With Field Officers Took Place On The Following Shifts November 1, 2015 to March 14, 2016

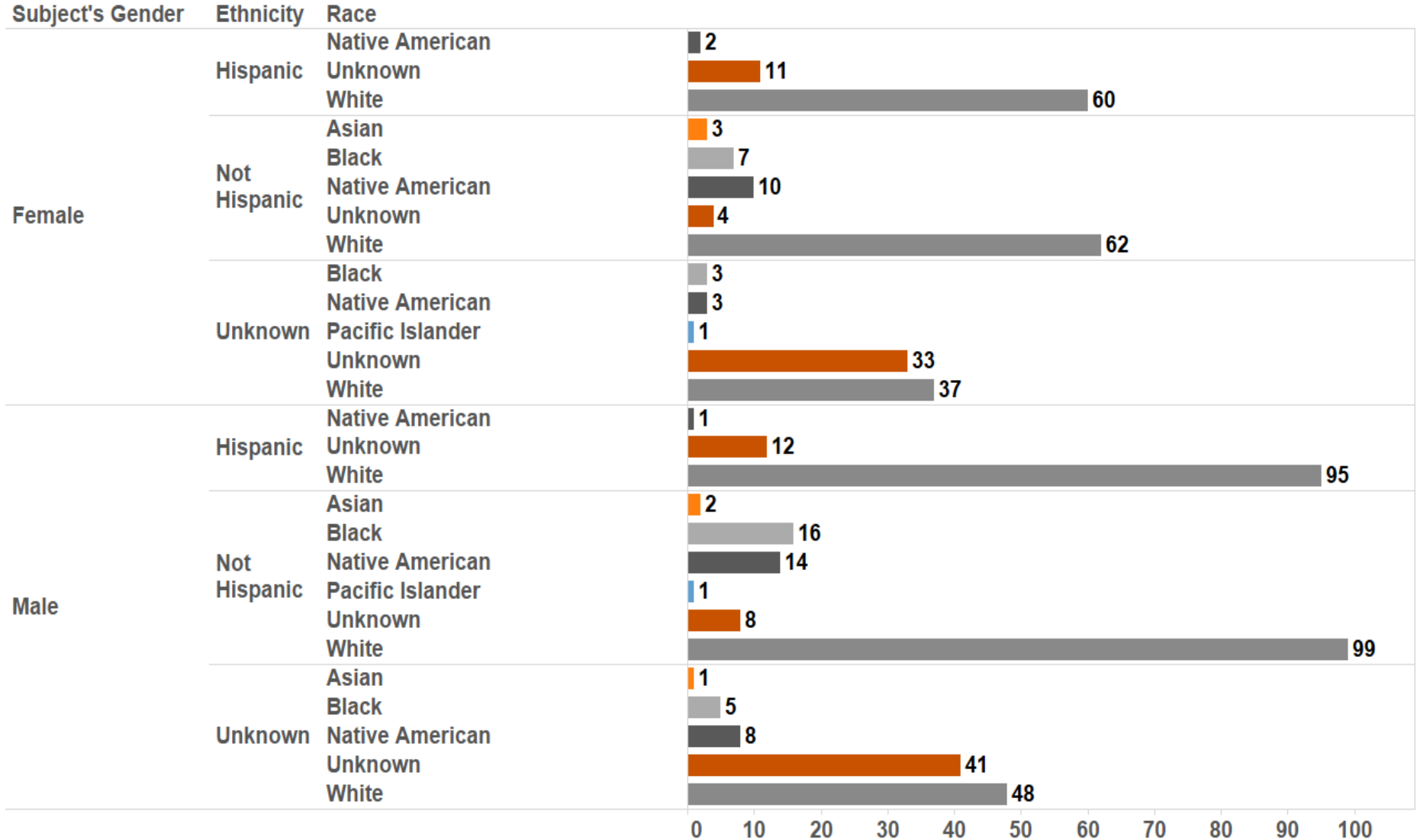


Source: APD Real Time Crime Center; Crisis Intervention Unit

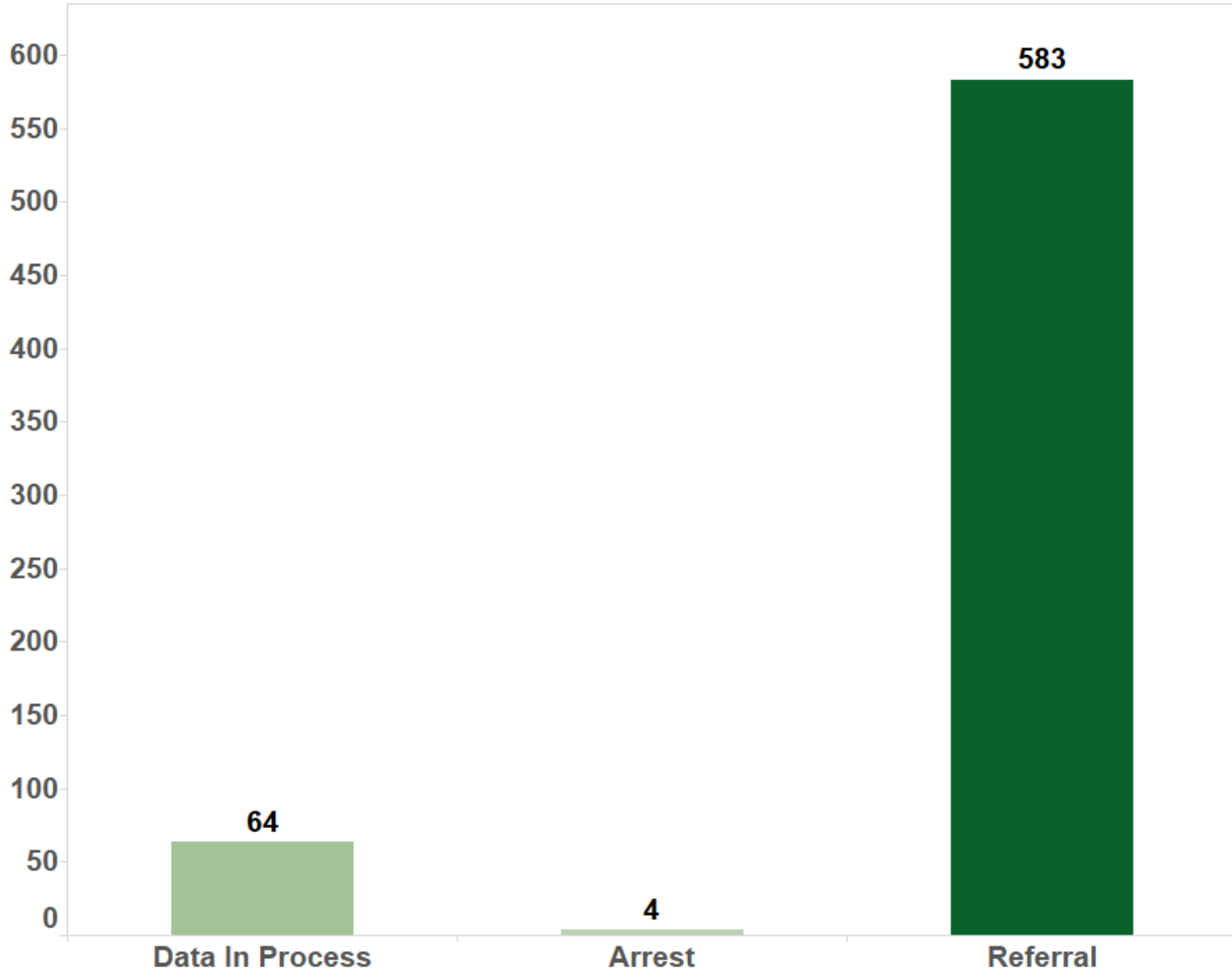
The Age Of The Individuals In Initial Encounters With Field Officers



The Gender & Race/Ethnicity Of The Individuals Encounter By Field Officers

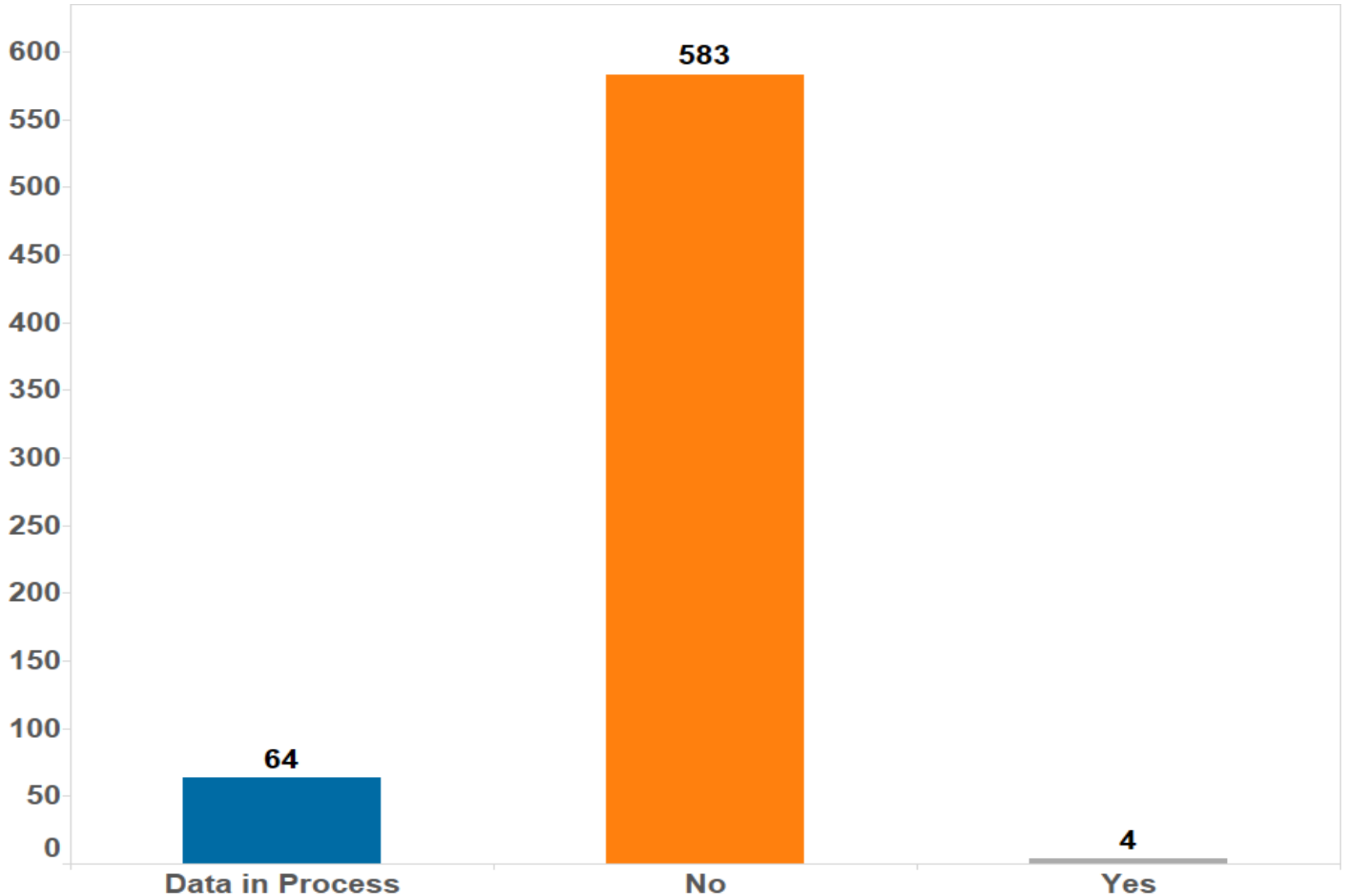


The 651 CIT-Related Initial Incidents With Field Officers Resulted In The Following Dispositions, January, 2016 to March, 2016



Source: APD Real Time Crime Center; Crisis Intervention Unit

Use Of Force With Individuals On CIU Case Loads During Initial Encounter With Field Officers



Summary APD Contact Demographics Compared To Albuquerque Demographics

People In Crisis By Gender By APD Contacts

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

Source: 2010-2014 American Community Survey, 5-Year Estimates; APD Real Time Crime Center.

*Note: Cases Are From Different Time Periods And Those Cases Missing Gender Information Excluded From These Analyses

People In Crisis By Age By APD Contacts

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

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

People In Crisis By Race & Ethnicity By APD Contact

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

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

The Albuquerque Police Department Real Time Crime Center

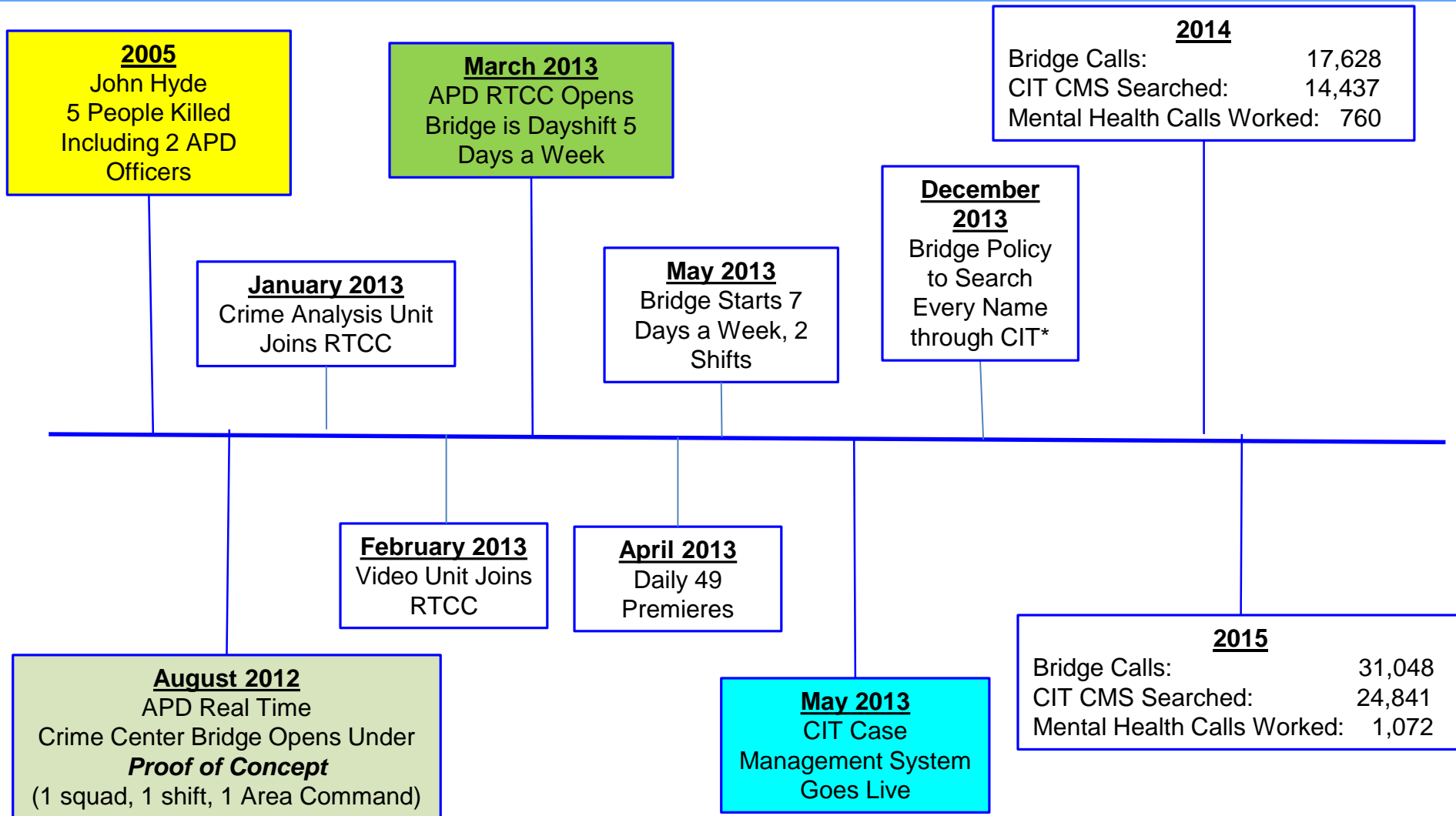
APD Made A Number Of Important Changes After The John Hyde Incident Including The Creation Of The Real Time Crime Center



The RTCC's Goal:

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

APD Real Time Crime Center: CIT Assistance

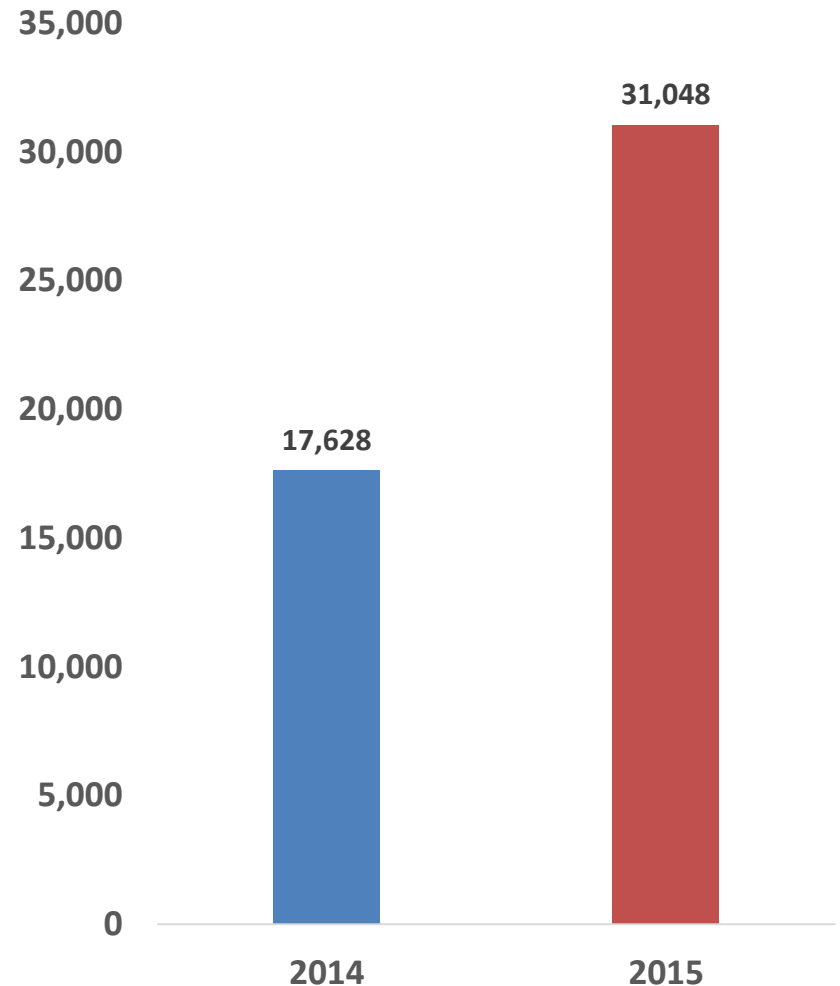


***Number of Cases in CIT Case Management System: 4,568**

The APD Real Time Crime Center

The RTCC:

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



**Total Number Of Calls Taken by
RTCC Bridge Operators**

Real Time Crime Center Bridge CIT Examples

Situational Awareness for Family Fight Call Type:

Initial Call Information	<p>██████████, ALB Type:15 Name:██████████ Phone:██████████ ...BRO/BRO DISPUTE -- CLR ADVING BRO IS VERY -18 CAUSING A 39 -- SUBJ KEEPS TRYING TO GET CLR TO 32 WITH HIM -- CLR ADVING BRO IS OUTSIDE YELLING -- REQING 34S ASSITANCES IN REMOVING SUBJ FROM AROUND THE 20 SUBJ S#:1 Race:W Sex:M Age:28 DOB:██████████ Hght:6'0 Name:██████████</p>
Notes/Comments	<p>Advised via radio to Use extreme **48** w/ both subjects. Brothers always 32'ing and causing 39's. During last encounter *SUBJ WAS INTOXICATE AND CARRYING A LARGE KNIFE WHEN APPROACHED BY 34'S AND STATED HE WAS UPSET THAT HIS FATHER WOULDN'T TAKE HIM TO HIS MOTHER'S GRAVE.***34'S CONTINUED TO TRY AND CALM ██████████ DOWN BUT NOTHING SEEMED TO CALM HIM DOWN. HE BECAME MORE AGITATED WITH OFFICERS AS HE CONTINUED TO YELL, CURSE, AND PACE IN THE STREET. SUBJ HAS MULTIPLE INCIDENTS WHERE HE WOULD CUT HIS LEFT HAND WITH THE KNIFE. 34'D STATED THEY WERE TRYING TO GET SUBJ HELP, BUT ██████████ REFUSED TO DROP THE KNIFE AND COOPERATE. SEVERAL OFFICERS WERE FORCED TO RETREAT SLIGHTLY IN ORDER TO KEEP A SAFE DISTANCE AS HE WALKED TOWARDS THEM IN A VIOLENT MANNER. SUBJ WAS SHOT USING BEAN BAGS DURING THIS INCIDENT(apd ref.150041679). SUBJ DOES HAVE CIT LOGS (130046911)WHERE HE WANTED TO COMMIT 43-1 BY COP AND SWAT. SUBJECT WAS DEPRESSED DUE TO THE DEATH OF HIS MOTHER*** *20 does have a hazard that is sent to 34's* Subj's have long history in RTCC log. Most recent (151750321).</p>
Training	No
Law Enforcement Resources	ARS; CIT; MDS; RTCC Logs; WebQuery

Real Time Crime Center Bridge CIT Examples

Escalating behaviors of police calls by Joseph:

- Active threats on law enforcement personnel
- Hazard placed at house in system
- Extensive drug abuse (methamphetamine)
- Self proclaimed schizophrenic
- RTCC notified CIT in 2014 of increase to LE interactions
- Officers cautioned when contacting him

Verbal de-escalation assistance for Judy:

- History of harassment/threats to harm someone
- Brandished knife and firearm previously
- Diagnosed with Bi-polar disorder and schizophrenia
- Several attempts to gain access to neonatal ward
- Judy concerned officers perceive her as mentally ill
- Officers cautioned to not mention past mental history

Real Time Crime Center Bridge CIT Examples

Multiple Call-for-Service escalation by Ronald:

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

**One Of RTCC's Most Powerful Tools Is
Developing Geospatial Crime Hotspot Maps
For Different Categories Of Crime Including
CIT-Related Incidents**



CIT Hotspots & Tables – February Police Reports

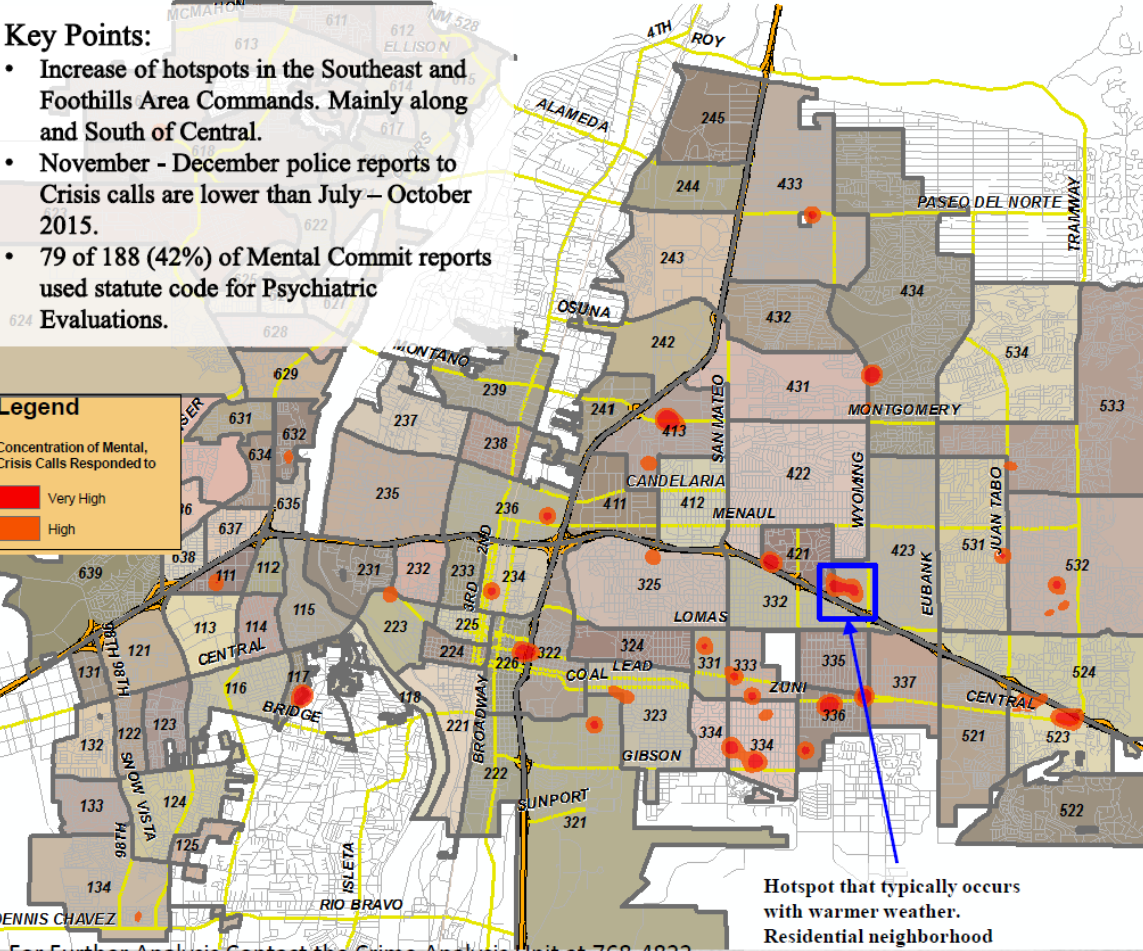
Key Points:

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

Legend

Concentration of Mental, Crisis Calls Responded to

- Very High
- High



Hotspot that typically occurs with warmer weather. Residential neighborhood

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

Reports	July 2015	August 2015	September 2015	October 2015	November 2015	December 2015	January 2016	February 2016
Crisis Calls Responded to	44	45	55	55	30	27	30	25
Mental Commit	20	179	162	194	151	197	197	163
Total	264	224	217	249	181	224	227	188

Beat	Count	Beat	Count	Beat	Count	Beat	Count	Beat	Count	Beat	Count
111	3	221	1	321	5	413	8	521	2	613	1
112	2	222	1	322	3	421	4	523	9	614	1
114	1	223	2	323	3	422	3	524	6	616	2
116	1	226	4	325	5	423	10	531	6	618	1
117	4	231	2	331	3	431	3	532	7	619	2
121	1	232	1	333	4	432	1	533	4	624	2
122	3	234	2	334	10	433	3	534	3	625	1
124	1	235	2	335	3	434	6			628	2
132	1	236	2	336	9					629	1
133	1	238	1	337	3					632	2
134	6	239	1							634	1
		244	1							635	1
		245	1							636	1
										638	2

CIT Transports:
143

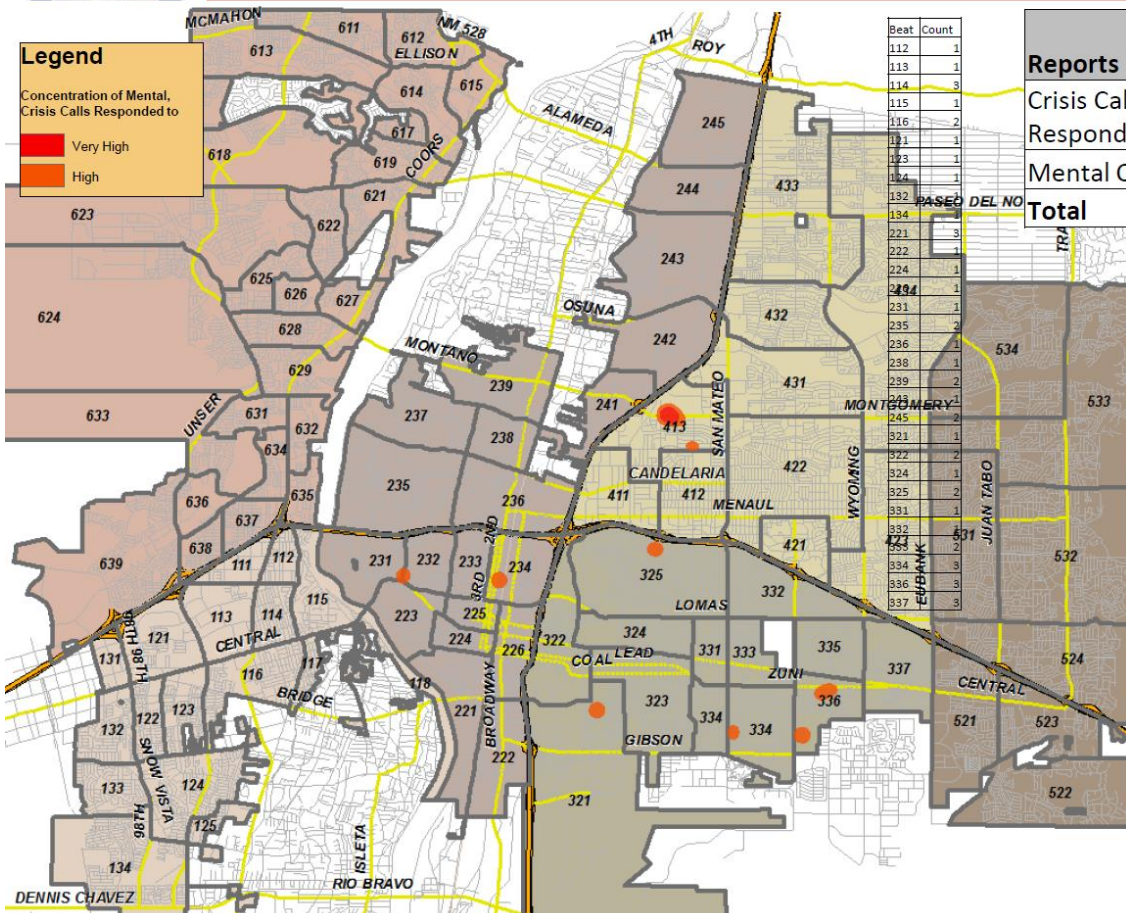


CIT Hotspots & Tables - (March 1-14, 2016) Police Reports

Legend

Concentration of Mental, Crisis Calls Responded to

- Very High
- High



Reports	Last 7 Days	Mar. 1-14, 2016
Crisis Calls Responded to	34	43
Mental Commit	27	60
Total	61	103

CIT Transports (March. 1-8):
42

Beat	Count	Beat	Count
112	1	411	1
113	1	412	4
114	3	413	2
115	1	422	3
116	2	423	8
121	1	431	3
123	1	432	1
124	1	434	2
132	1	521	3
134	1	523	3
221	3	524	2
222	1	531	1
224	1	532	6
226	1	533	2
231	1	534	3
235	2	611	1
236	1	612	1
238	1	613	1
239	2	616	1
243	1	621	1
245	2	627	1
321	1	629	2
322	2	635	1
324	1	636	1
325	2	639	1
331	1		
332	1		
333	2		
334	3		
336	3		
337	3		

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

Power of an Analyst: Data Consistency

- **Field versus narrative**
 - Was a weapon used?
 - Type of weapon?
- **Knowing nuances of data**
 - 'Transport to'
 - Better accuracy if using CAD data vs. police reports
 - Transport locations are entered differently or not at all.
 - UNMH or UNM Psych or UNM Children's or UNM Mental Health
- **Currency of fields**
 - NM State Statute of Mental Commit
 - Officers can only recommend a psychiatric evaluation
 - Attempted Suicide versus Suicide
 - Naming conventions

Power of an Analyst: Education

- **Reporting standards**
 - What your crime analyst needs
 - Transport location name specified
 - Other necessary data
 - Veteran?
- **Annual training**
 - Resources available
 - How to read a crime analysis hotspot map
 - Importance of filling out fields available
 - Use correct incident type

APD Uses Data To:

**To Continually Improve The Training,
Safety and Effectiveness Of Police
Officers Dealing With Individuals In
Crisis**

APD CIU Understands Why Data Is Crucial

Data can be used:

- To highlight and address deficiencies in training and interactions between law enforcement and people in crisis.
- To show which community programs are efficient or deficient and help guide government funding options.
- To highlight the importance of including community perspectives in training.
- To serve as the basis for Case-Based Learning.



Training Based On Community Involvement and Perspective Is Crucial

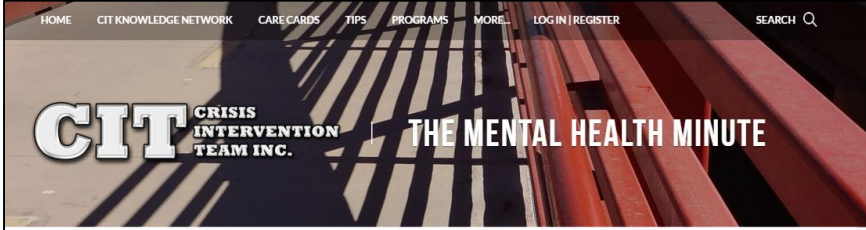
“Law enforcement training has been isolated and in-agency. We work for our community and should adapt to their values and needs. This creates buy-in and community ownership, reduces negative views and gains advocate support. We may overlook simple ideas because they are not based in the law enforcement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

CIU Detective Mathew Tinney

CIU's Detectives Use Case-Based Learning To Share Their Knowledge and Experience With Other Officers

CIU Detectives:

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



The CIT Knowledge Network

1/13/2016

0 Comments

On Tuesday (12th) UNM's ECHO hosted a training for eight law enforcement agency in New Mexico. This exciting project will give law enforcement across the state access to ongoing training and medical professionals to staff cases with. This is an innovative approach to CIT policing that we have been part of from the inception. We are very excited that ECHO was receptive to the idea of allowing a CIT clinic in their program. We will post more as it develops.

Blog

Ask a Doc - Ask a Cop: The Mental Health Minute

The Crisis Intervention Team, Inc. brings you education, conversations and perspectives on mental illness.

E-mail
Ask@goCIT.org



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MetaECHO 2016 Conference Information #MetaECHO2016



GE Foundation Announces New Collaboration with ECHO



A quick, two minute animated video of the ECHO model...

Project ECHO: A Revolution in Medical Education and Care Delivery

Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty care and reduce health disparities. The heart of the ECHO model™ is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities.


→

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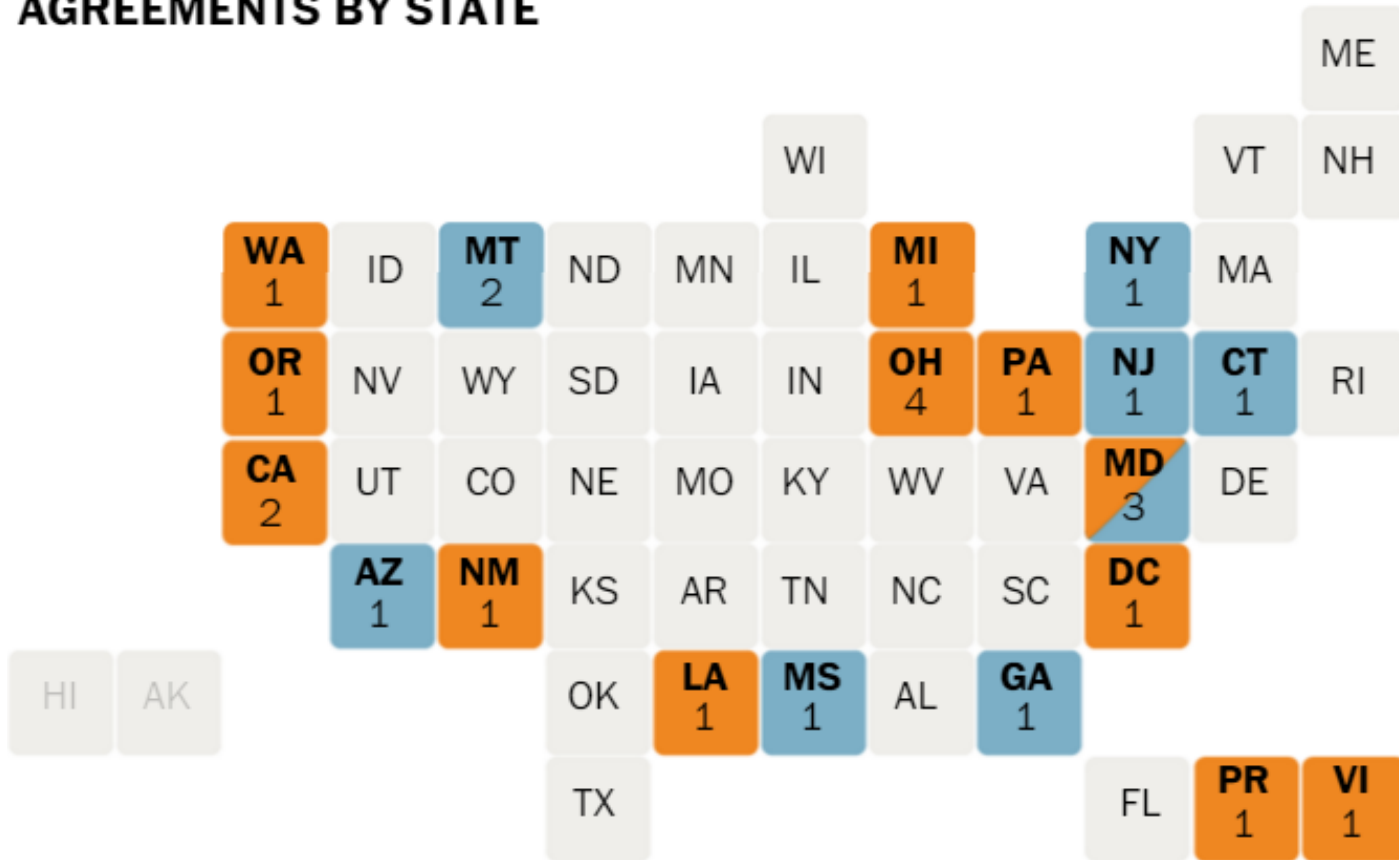
→


APD Uses Data To:

**To Address The Requirements Of The
City Of Albuquerque And Department
Of Justice Agreement**

Federal Interventions At Police Departments (1994-2015)

AGREEMENTS BY STATE



“Since the Justice Department began investigating civil rights violations by police in 1994, it has forced 25 police departments to reform under the watch of independent monitors.”

The Washington Post, 2015

Orange = Patterns of excessive force

Blue = Other civil rights violations

Crisis Intervention Is Critical For Albuquerque

“To maintain high-level, quality service; to ensure officer safety and accountability; and to promote constitutional, effective policing, APD agrees to minimize the necessity for the use of force against individuals in crisis due to mental illness or a diagnosed behavioral disorder and, where appropriate, assist in facilitating access to community-based treatment, supports, and services to improve outcomes for the individuals. APD agrees to develop, implement, and support more integrated, specialized responses to individuals in mental health crisis through collaborative partnerships with community stakeholders, specialized training, and improved communication and coordination with mental health professionals.”

DOJ & ABQ Settlement Agreement C: Crisis Intervention Certified Responders and Crisis Intervention Unit

129. APD shall collect data on the use of crisis intervention certified responders and CIU. This data will be collected for management purposes only and shall not include personal identifying information of subjects or complainants. APD shall collect the following data:

- a) date, shift, and area command of the incident;
- b) subject's age, race/ethnicity, and gender;
- c) whether the subject was armed and the type of weapon;
- d) whether the subject claims to be a U.S. military veteran;
- e) name and badge number of crisis intervention certified responder or CIU detective on the scene;
- f) whether a supervisor responded to the scene;
- g) techniques or equipment used;
- h) any injuries to officers, subjects, or others;
- i) disposition of the encounter (e.g., arrest, citation, referral); and
- j) a brief narrative of the event (if not included in any other document).

DOJ & ABQ Settlement Agreement D: Crisis Prevention

137. APD shall collect and analyze data to demonstrate the impact of and inform modifications to crisis prevention services. This data will be collected for management purposes only and shall not include personal identifying information of subjects or complainants. APD shall collect the following data:

- a) number of individuals in the COAST and CIU case loads;
- b) number of individuals receiving crisis prevention services;
- c) date, shift, and area command of incidents or follow up encounters;
- d) subject's age, race/ethnicity, and gender;
- e) whether the subject claims to be a U.S. military veteran;
- f) techniques or equipment used;
- g) any injuries to officers, subjects, or others;
- h) disposition of the encounter (e.g., arrest, citation, referral); and
- i) a brief narrative of the event (if not included in any other document).

DOJ & ABQ Settlement Agreement C: Crisis Intervention Certified Responders and Crisis Intervention Unit

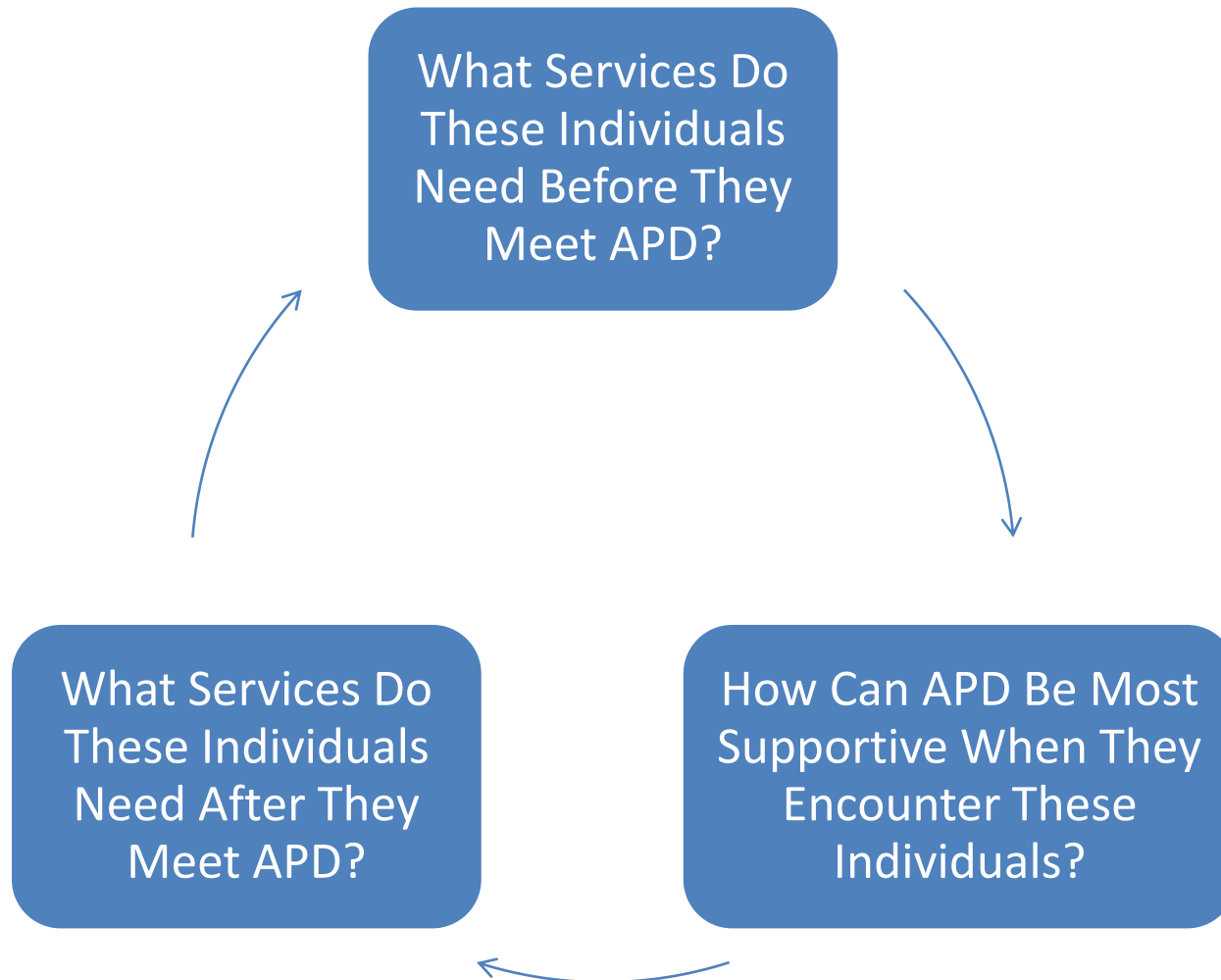
130. APD will utilize incident information from actual encounters to develop case studies and teaching scenarios for roll-call, behavioral health, and crisis intervention training; to recognize and highlight successful individual officer performance; to develop new response strategies for repeat calls for service; to identify training needs for in-service behavioral health or crisis intervention training; to make behavioral health or crisis intervention training curriculum changes; and to identify systemic issues that impede APD's ability to provide an appropriate response to an incident involving an individual experiencing a mental health crisis.

Mental Health Response Advisory Committee Monthly Report

Table Of Contents

- 1. Crisis Intervention Unit Organizational Chart**
- 2. Key Data In This Report**
 - I. Number of Individuals On CIU case load.**
 - i. Individual's age, race/ethnicity, and gender.**
 - ii. Were Individuals U.S. military vets?**
 - iii. Use of force during follow-up encounters.**
 - II. Number of Individuals on the COAST case load.**
 - i. Individual's age, race/ethnicity, and gender.**
 - ii. Were Individuals U.S. military vets?**
 - iii. Use of force during follow-up encounters.**
 - III. Initial CIT-Related Encounters With APD Field Officers**
 - i. Date, shift and area command.**
 - ii. Disposition of initial encounter (e.g. arrest, resolution, referral).**
 - iii. Subject's age, race/ethnicity, and gender.**
 - iv. Was subject armed & type of weapon?**
 - v. Was subject U.S. military vet?**
 - vi. Did a supervisor respond to the initial scene?**
 - vii. Technique or equipment used during initial encounter.**
 - viii. Any injuries to officers, subjects or others during initial encounter.**
 - ix. Use of force during initial encounter.**
- 3. Exploratory Data Analyses: Findings To Consider**

How Do We Build A Community-Wide Behavioral Health System That Will Keep Individuals Experiencing Mental Health Crisis From Encountering APD In The First Place Or Becoming Repeat Cases?



Kendra's Law

KRQE NEWS 13



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REPO

DOJ findings spark talks about Kendra's Law



By Crystal Gutierrez

Published: April 11, 2014, 6:35 pm | Updated: August 10, 2015, 12:37 pm

DOJ findings sparks talks about Kendra's Law



"A significant amount of force we reviewed was used against persons with mental illness and ones in crisis."



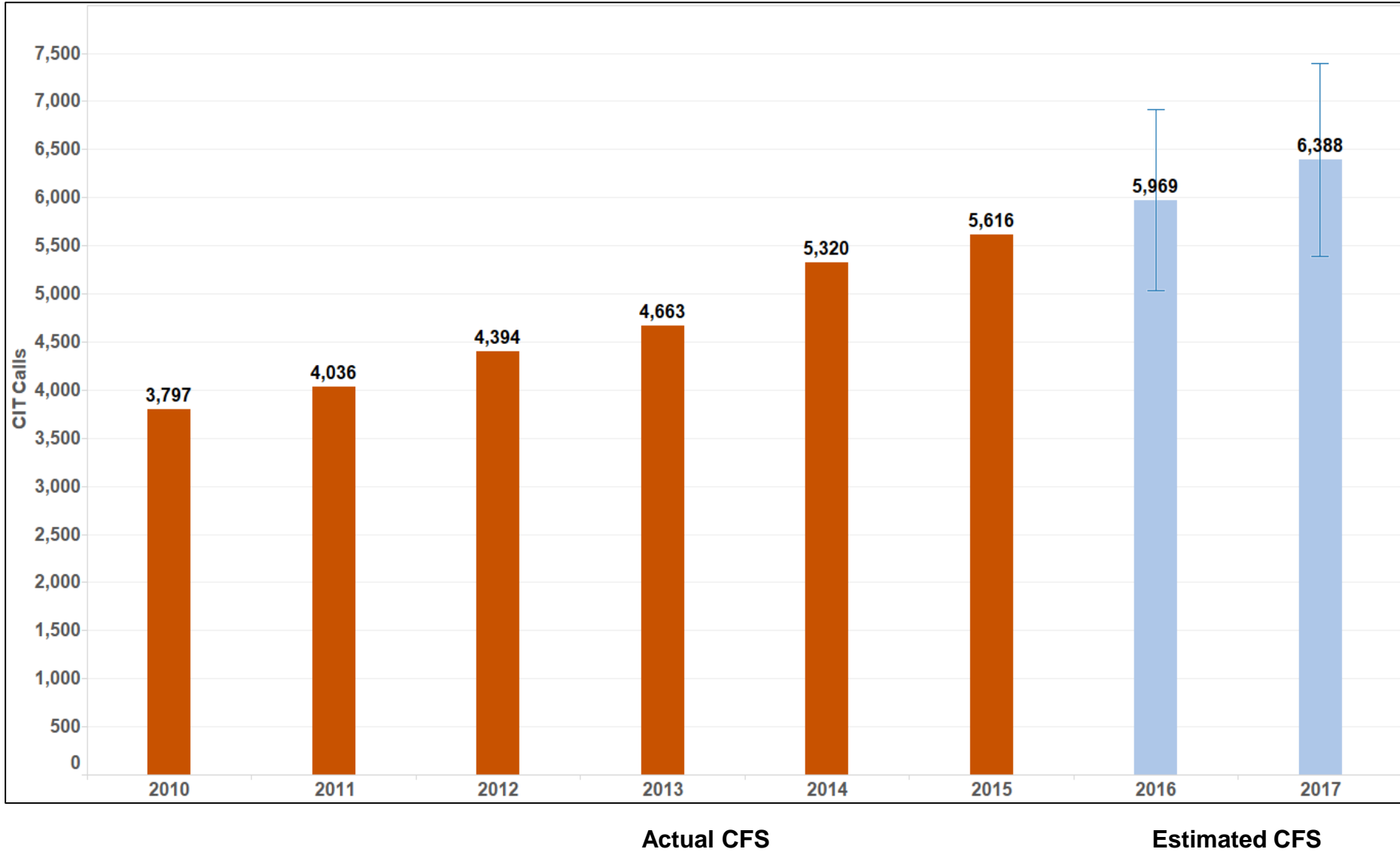
*officers who have been...
period. The threshold of five meetings...
of force, or a combination of 25 other...
meeting years—is too high. The seven...
APD's early intervention system may...
side. APD should consider adding...
The department is also not using the...
attended, which is to disrupt patterns...
early intervention files and found...
supervisors to discuss underlying...
flagged because of multiple force...
many made no mention of supervi...
the reports were so cursory that it...
the meeting. We question the effec...*

*Internal Affairs Policy, 3-41-2(A)(2).
Early Intervention System Policy, 3-49.*

<http://krqe.com/2014/04/11/doj-findings-spark-talks-about-kendras-law/>

Where Do We Go From Here?

The Number Of CIT-Related Calls For Service Has Increased 47.9% Since 2010. It Is Very Likely Those Calls Will Continue To Increase



Albuquerque's Agenda For Improving Mental Health Services

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

Source: Mayor R. J. Berry. Editorial In The Albuquerque Journal, October 19, 2015

Crisis Intervention In Albuquerque: The Future

What Data Need To Be Developed?

- Outcome and Effectiveness Indicators From Follow-Up Units, Techniques And Approaches
- Indicators Of Training Effectiveness
- Perceptions About Interactions From Both Those Living With Mental Illness and From Police Officers

What Practices Need To Be Improved?

- Data Definitions
- Data Collection
- Record Maintenance
- Program Buy-In From All Areas Of The Department
- Sharing Of Information Both Within The Department And Among Other Key Community Partners

What Policies Need To Be Developed?

- Clear Guidelines On How:
- Detectives, COAST And Field Officers Should Do To Collect And Maintain Better Data
 - Dispatch And Other Call Takers Should Collect And Maintain Data
 - Mental Health Providers And Emergency Facilities Collect And Maintain Data On Law Enforcement Interactions

Better Data Means Harder Questions



Harder Questions

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

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

What Are The Interactions Between Law Enforcement and Individuals Living With Mental Illness?

Better Data



What Are Your Data Questions?
What Are Your Policy Questions?
What Are Your Political Questions?

Contact Information

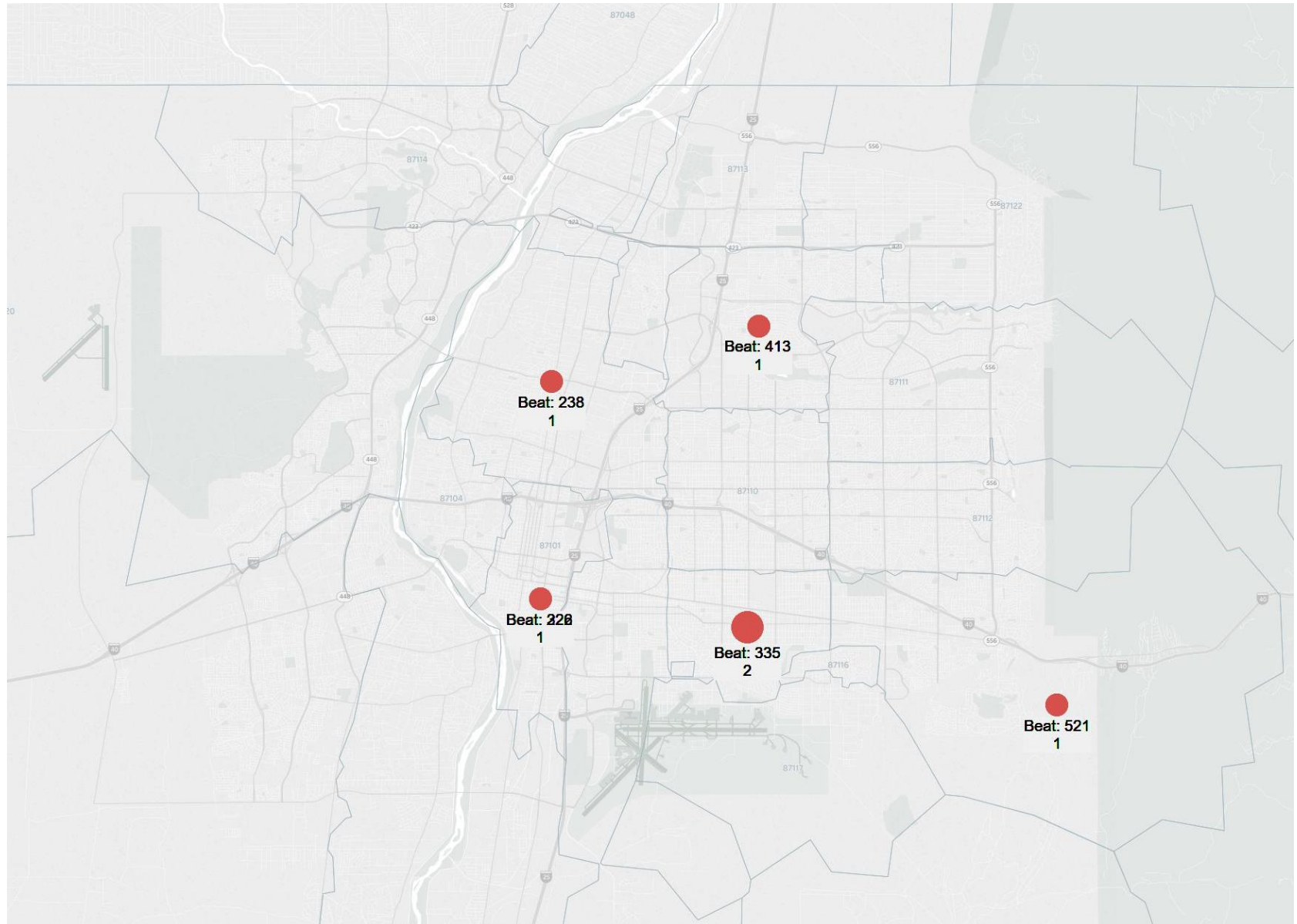
Lt. Glenn St. Onge
(505) 924-6007
gstonge@cabq.gov

Sarah Masek
(505) 768-4822
smasek@cabq.gov

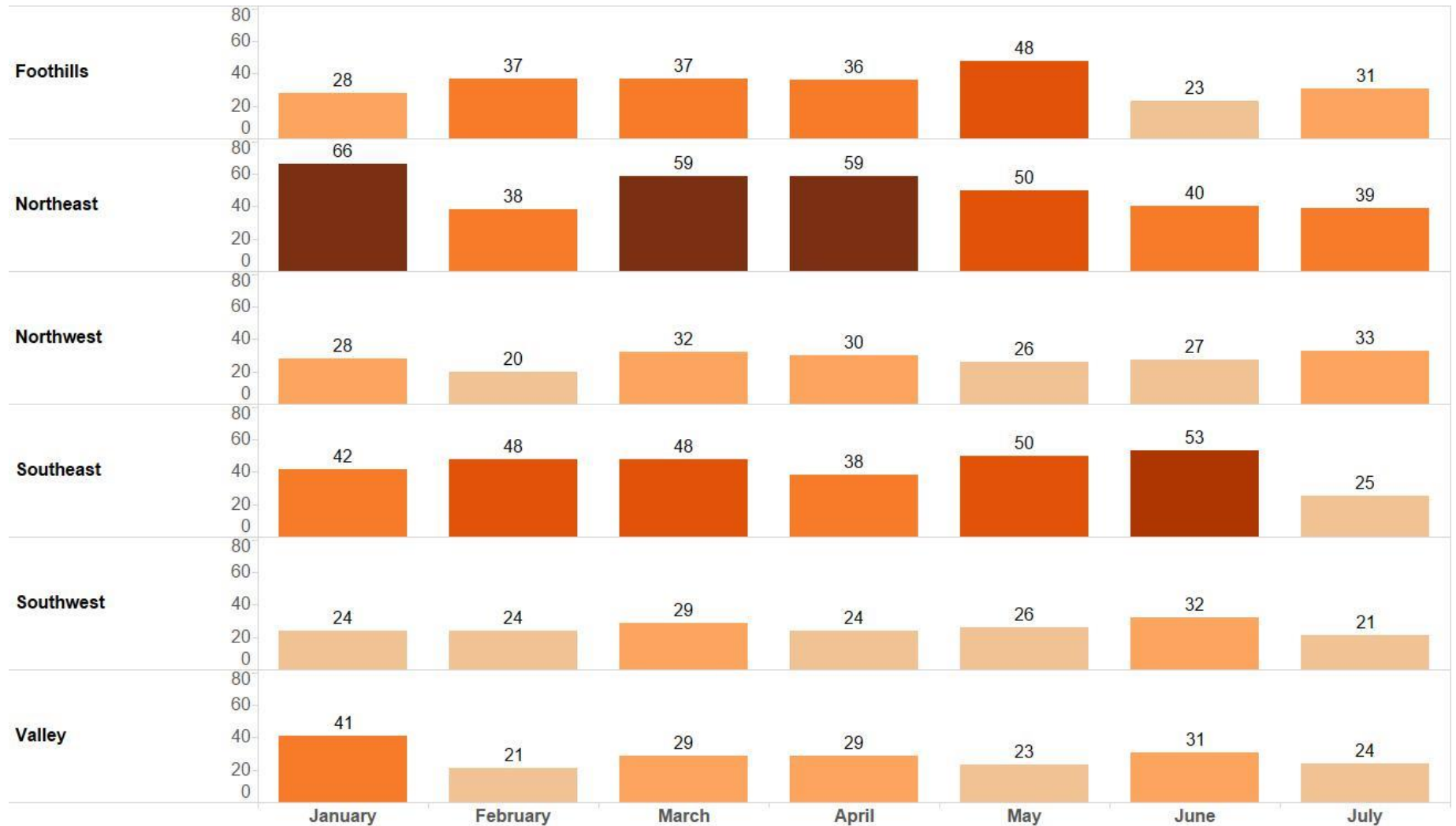
Peter Winograd
(505) 340-5664
peter.winograd.nm@gmail.com

Slides To Be Updated

The Use Of Force In CIT-Related Incidents By Beat

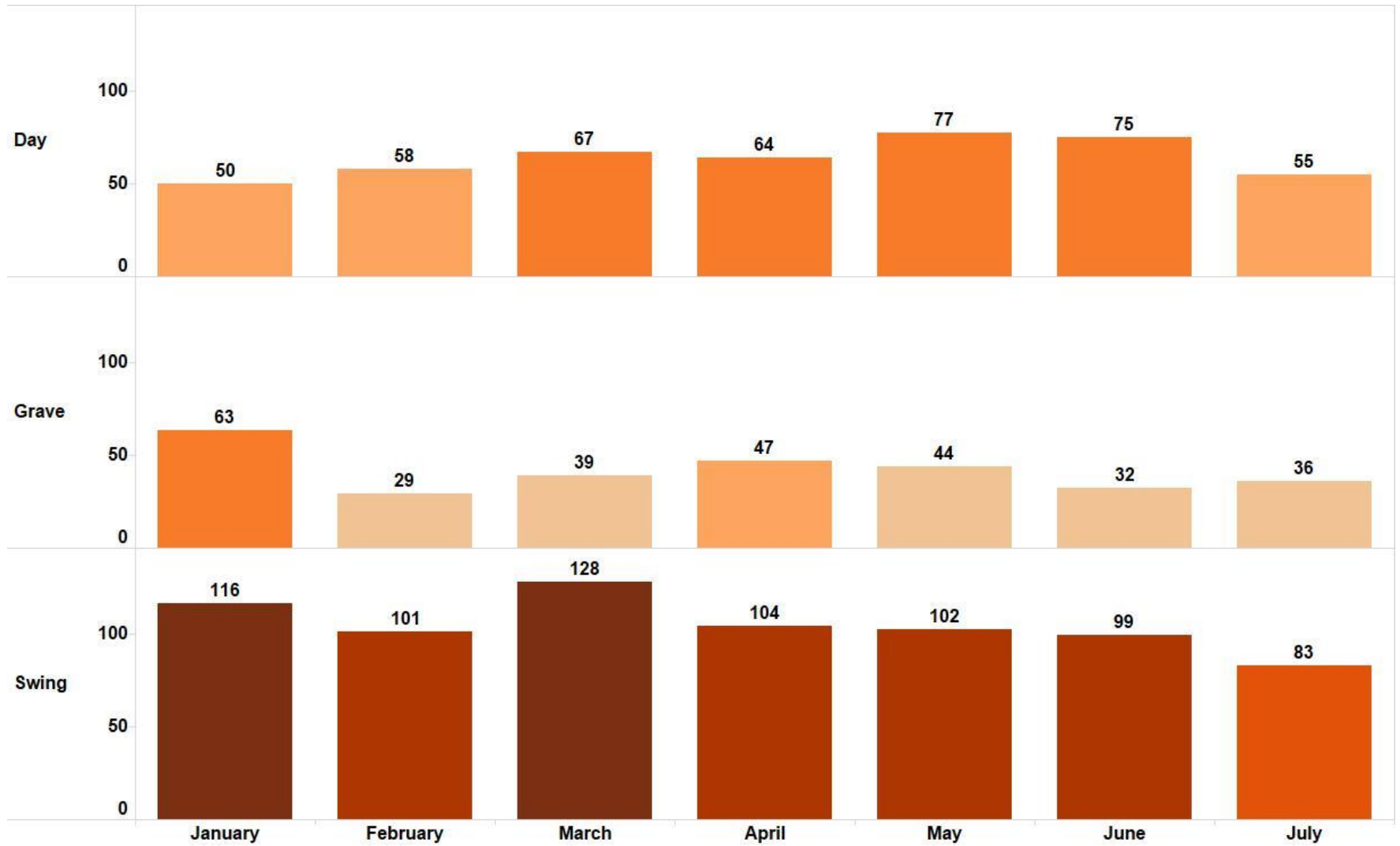


Occurrence By Area Commands Of The 1,470 CIT Incidents From January To July, 2016



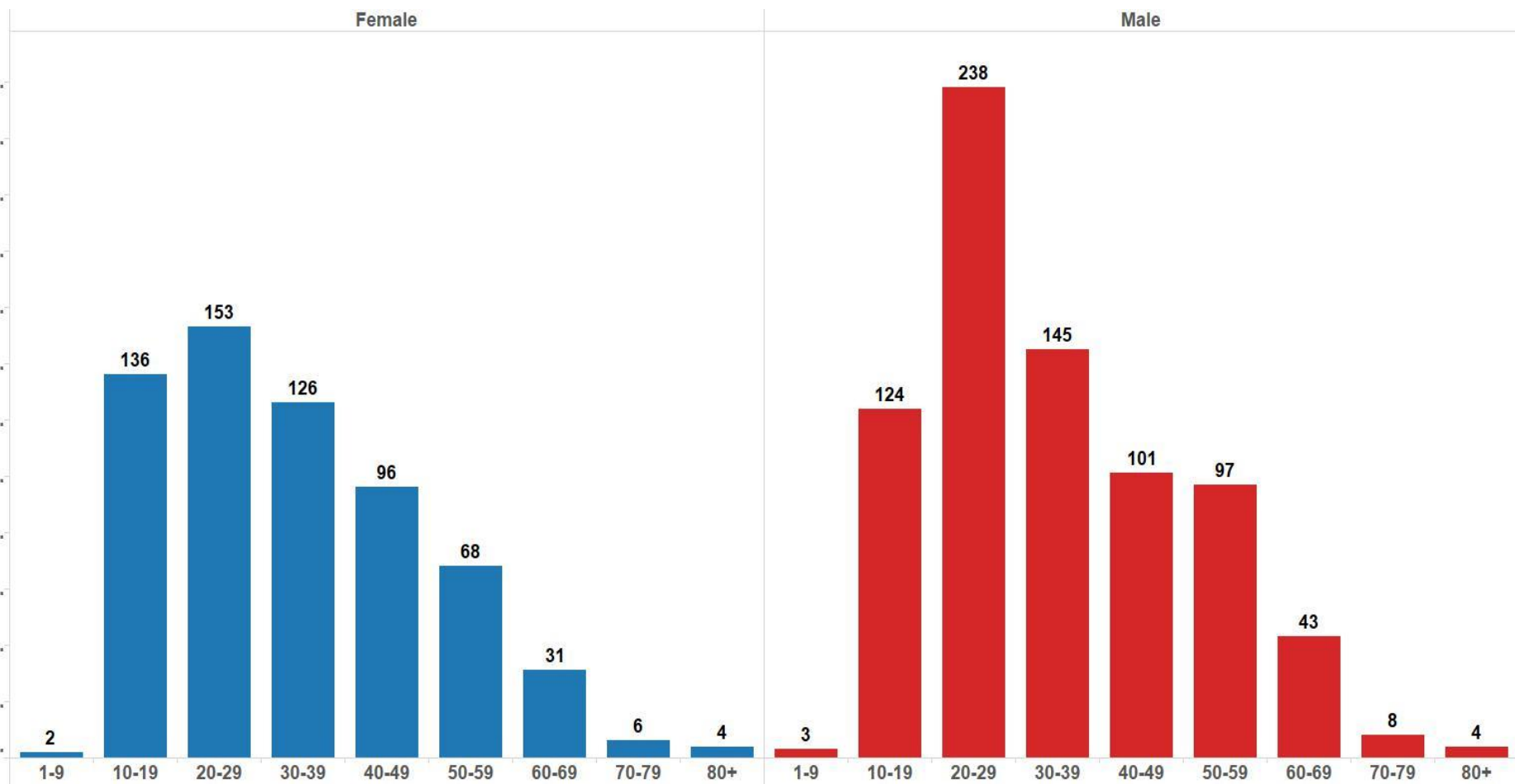
Note: Cases do not sum to 1,470 because some reports are still in process.

The Shift Distribution Of The 1,470 CIT Incidents From January To July, 2016



Note: Cases do not sum to 1,470 because some reports are still in process.

The Gender And Age Distribution Of The 1,470 CIT Incidents From January To July, 2016



Note: Cases do not sum to 1,470 because some reports are still in process.