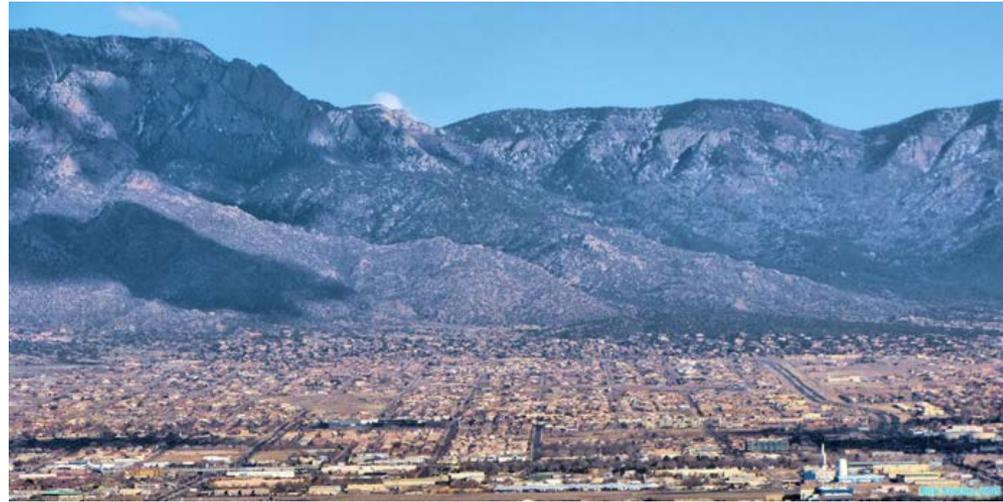


# An Overview Of Behavioral Health Related Incidents In Albuquerque



**Prepared For:  
Albuquerque Police Department  
Spring, 2019**

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# The Albuquerque Police Department's Crisis Intervention Team

## A Report Card

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



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

—Albuquerque Police Chief  
Gerry Galvin

Like most large metropolitan police departments, the Albuquerque, New Mexico, Police Department (APD) faces the challenge of finding the most effective way to deal with individuals in crisis. These individuals often demonstrate inadequate coping with stressful life events by endangering themselves or others and may be at serious risk of injury or death. They may compound their problems with alcohol or other drugs, have a mental illness, or intend to die at the hands of police (victim-precipitated homicide or suicide by cop). Unwittingly, individuals in crisis may behave in ways that can result in a police shooting. Research on these incidents reveals five key factors associated with fatal police shootings: 1) commission of a serious criminal offense; 2) use of alcohol or other drugs; 3) presence of a mental disorder or irrational behavior; 4) existence of actions that officers can misinterpret easily, such as pointing a toy gun; and

February 2001 / 1

Source: FBI Law Enforcement Bulletin, February 2001

# APD's Crisis Intervention Unit

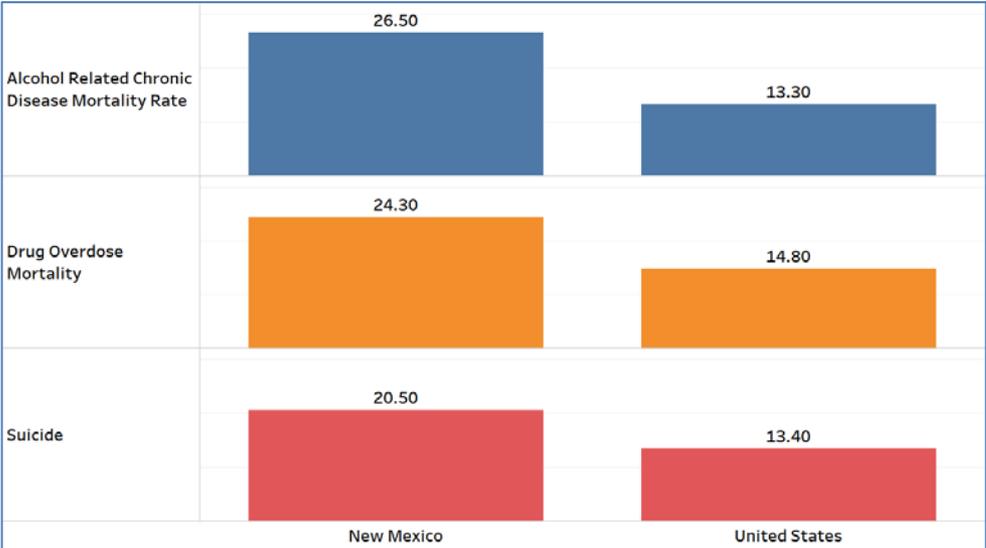
CIT Data for 1999

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

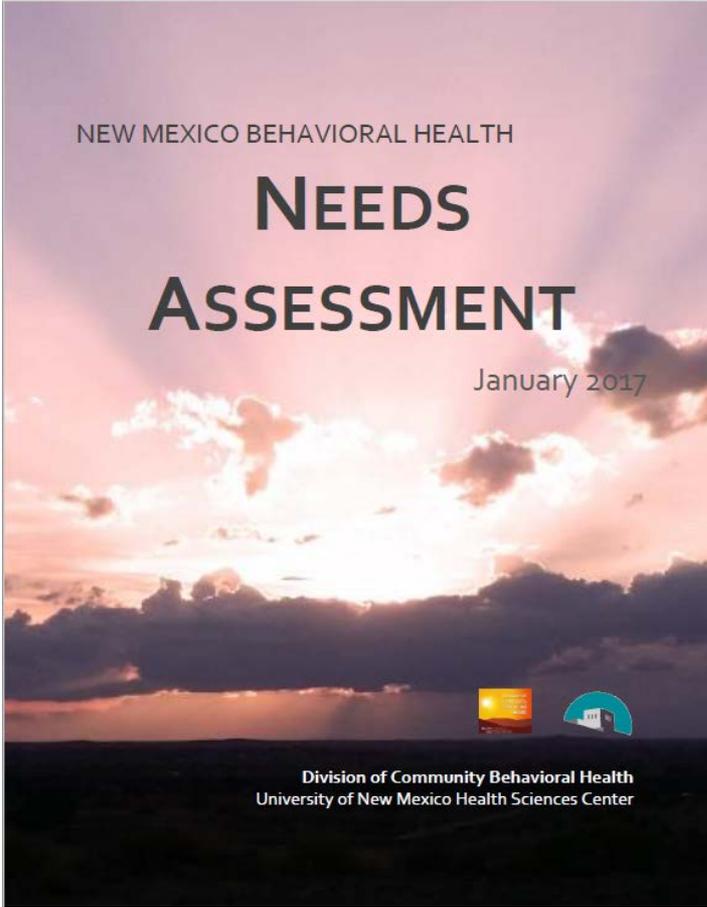
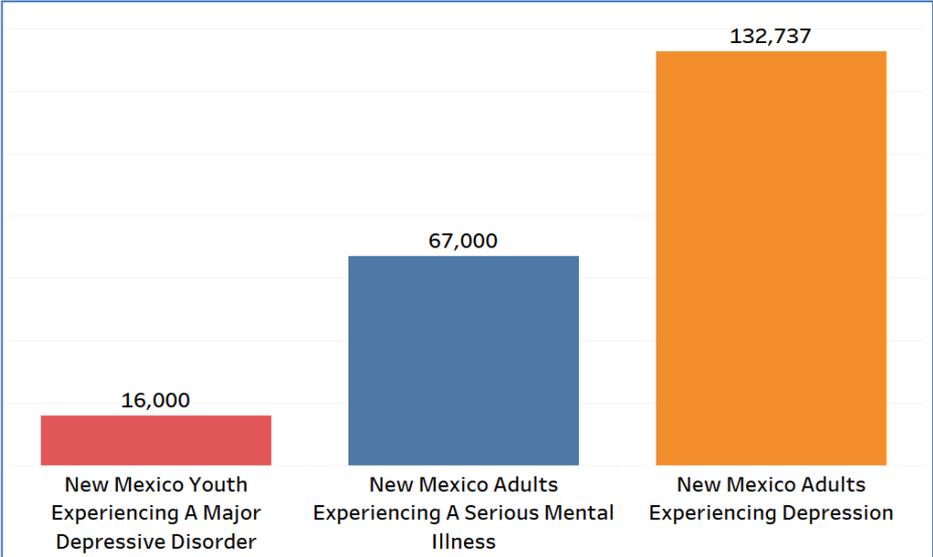
\*Data from May-December 1999, (total equals 2,105)

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

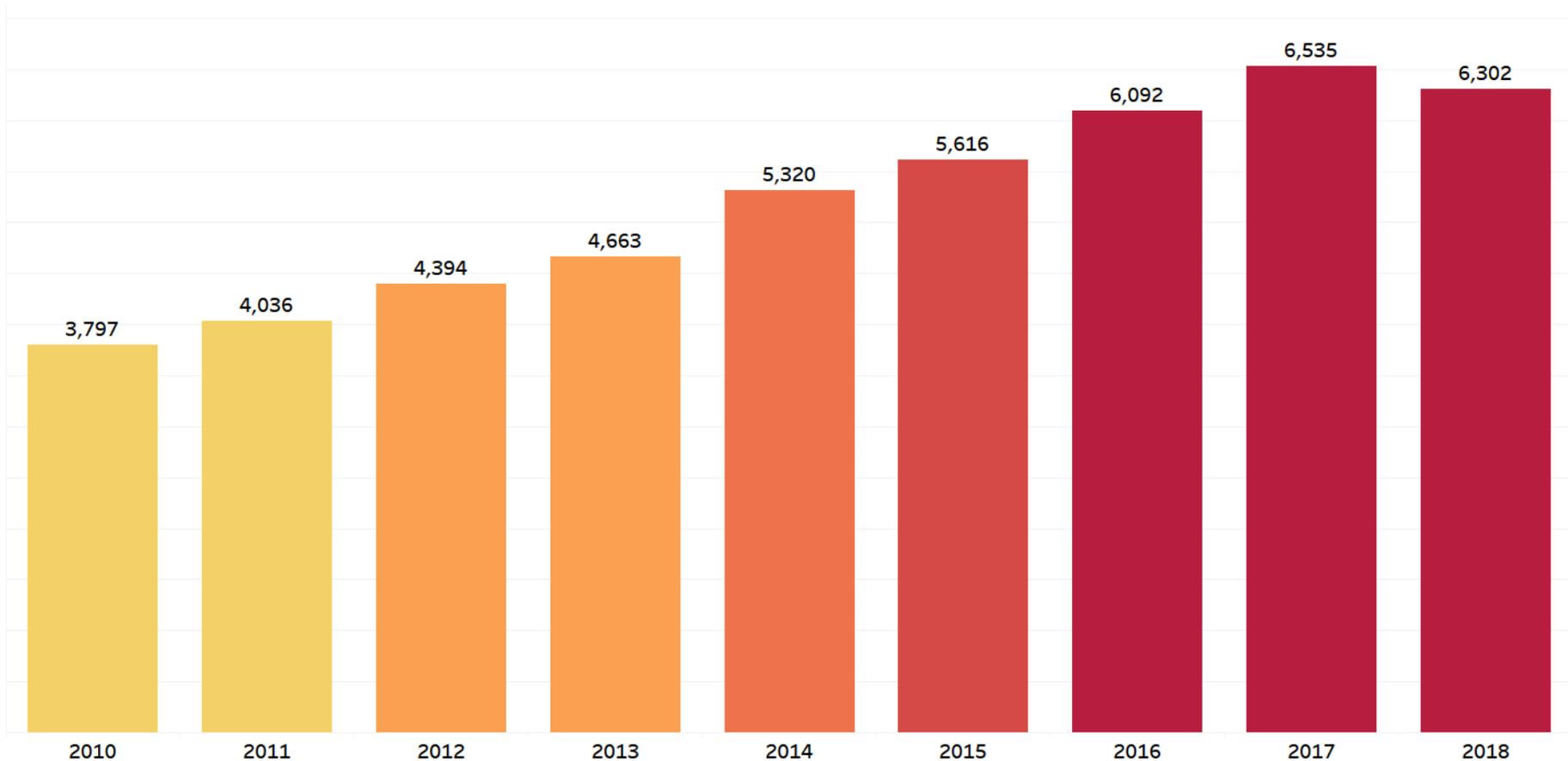
# The Issues Facing Our State



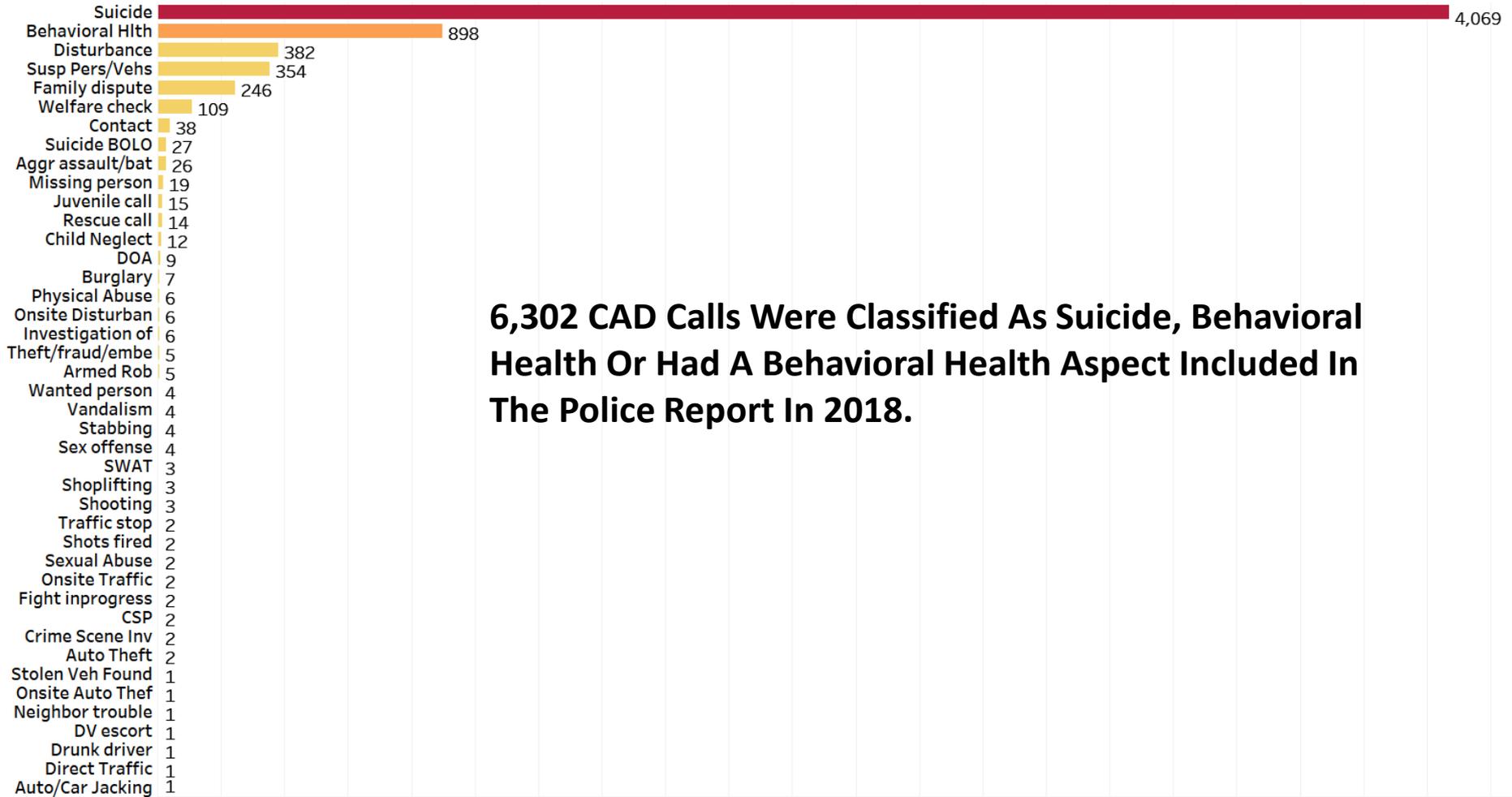
Mortality Rates (per 100,000 age-adjusted)



# The Number Of APD's BH-Related CAD Calls Increased From 2010 To 2017. In 2018, The BH-Related CAD Calls Declined Slightly.

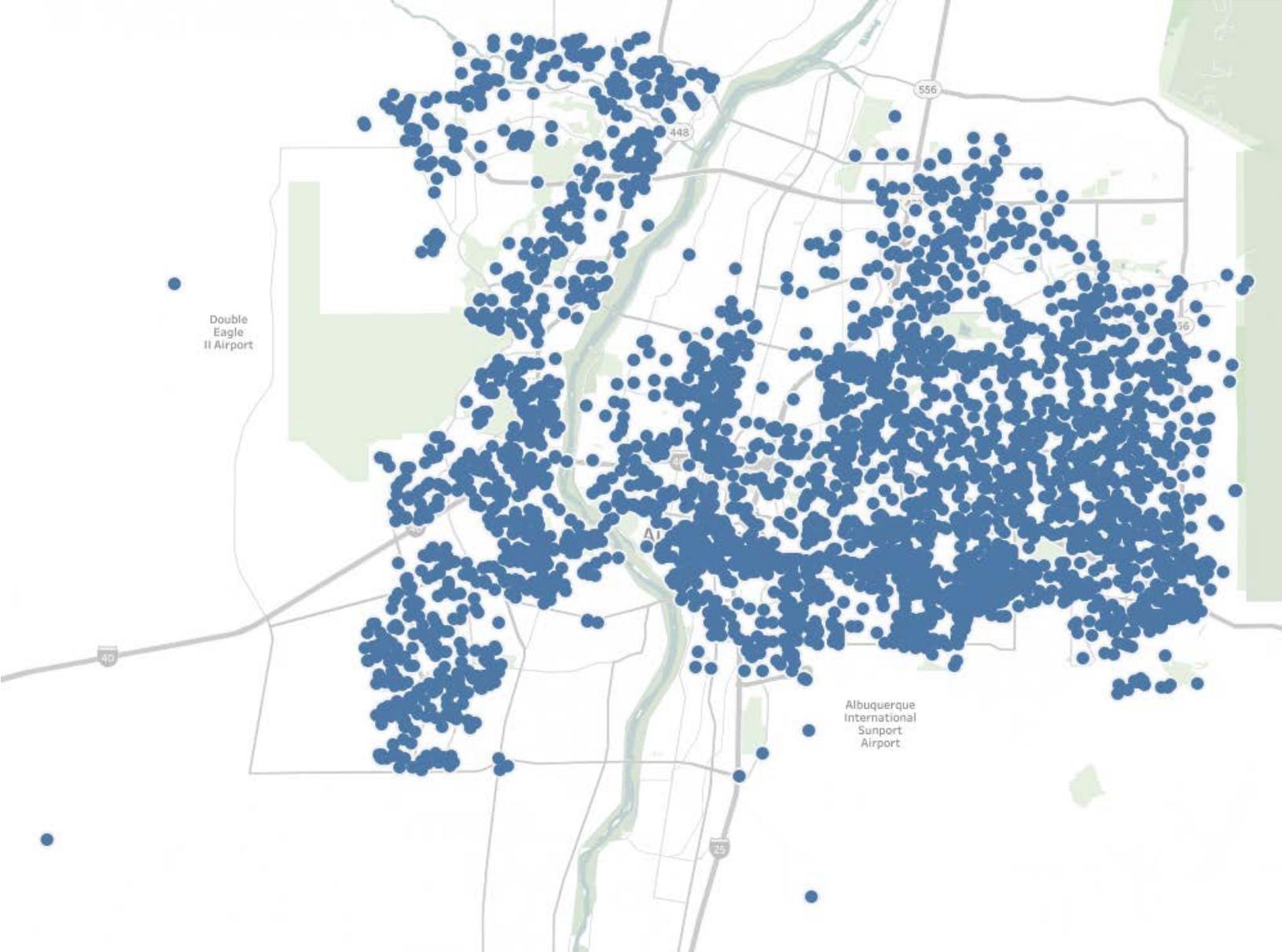


# Behavioral Health Issues Are An Aspect Of Many Different Kinds Of CAD Calls

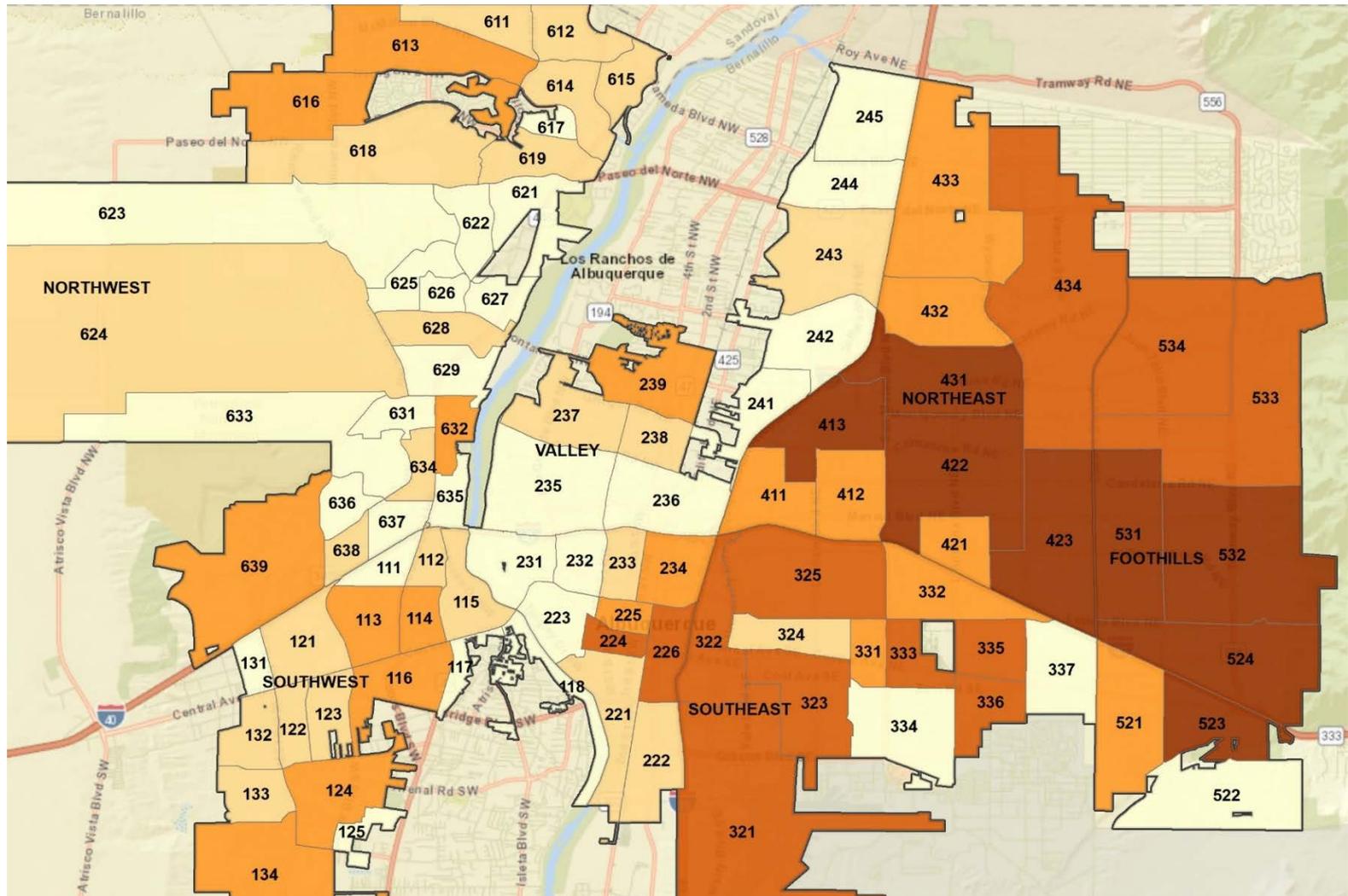


**6,302 CAD Calls Were Classified As Suicide, Behavioral Health Or Had A Behavioral Health Aspect Included In The Police Report In 2018.**

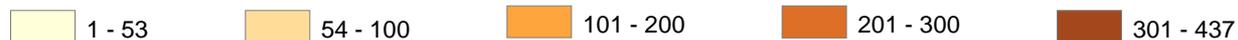
# In 2018, APD Responded To Behavioral Health Related Calls All Across Our City



# APD Responded To About 12,600 Behavioral Health Related Calls For Service Between January 2017 and August 2018. These Are The Number Of Calls By Beat



Number Of CFS Per Beat



# Police-Mental Health Collaborations

A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs

## Introduction

Law enforcement agencies across the country are being challenged by a growing number of calls for service involving people who have mental health needs. Increasingly, officers are called on to be the first—and often the only—responders to calls involving people experiencing a mental health crisis. These calls can be among the most complex and time-consuming for officers to resolve, redirecting them from addressing other public safety concerns and violent crime. They can also draw intense public scrutiny and can be potentially dangerous for officers and people who have mental health needs. When these calls come into 911/dispatch, the appropriate community-based resources are often lacking to make referrals, and more understanding is needed to relay accurate information to officers. As such, there is increasing urgency to ensure that officers and 911 dispatchers have the training, tools, and support to safely connect people to needed mental health services.<sup>1</sup>

To respond to these challenges, police departments are increasingly seeking help from the behavioral health system.<sup>2</sup> This trend is promising, as historically, law enforcement and the behavioral health system have not always closely collaborated. Absent these collaborations, officers often lack awareness of, or do not know how to access, a community's array of available services and alternatives to arrest, such as crisis stabilization services, mental health hotlines, and other community-based resources. And even when officers are fully informed, service capacity is typically insufficient to meet the community's need. As a result, officers experience frustration and trauma as they encounter the same familiar faces over and over again, only to witness the health of these individuals deteriorate over time.

### Police Departments Can't Do it Alone

Many communities continue to face pervasive gaps in mental health services, especially crisis services, placing a heavy burden on law enforcement agencies and, in particular, officers. Without access to appropriate alternatives, officers are often left with a set of poor choices: leave people in potentially harmful situations, bring them to hospital emergency departments, or arrest them.

Understanding a need for greater collaboration, many law enforcement and behavioral health agencies have begun taking important steps to improve responses to people who have mental health needs. These efforts have led to improvements in practices, such as providing mental health training to law enforcement workforces and including mental health, crisis intervention, and stabilization training as part of some states' law enforcement training standards. (Stabilization training refers to tactics used to defuse and minimize any harmful or potentially dangerous behavior an individual might exhibit during a call for service.) Some of these communities also designate officers to serve as part of specialized teams to respond to mental health-related calls for service. But while these steps are commendable and signify widespread

## How Do We Know If APD Is Making A Difference?

***Police-Mental Health Collaborations: A Framework For Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs. Council of State Governments Justice Center & Bureau of Justice Assistance. April 2019***

# How Do We Know If APD Is Making A Difference?

- **Increased connections to resources:** *Officers in communities that have PMHCs should routinely refer people who have mental health needs to community services, and they should ensure a successful linkage to the behavioral health system.*
- **Reduced repeat encounters with law enforcement:** *Ideally, as PMHCs see an increase in their connections to resources and in officer referrals of people to appropriate services, they would likely also see a reduction in the number of repeat encounters because these individuals are provided the care needed to reduce or prevent future crises.*
- **Minimized arrests:** *With an increase in the availability of community resources and services, officers have a greater set of options/primary interventions other than arrest when responding to calls involving people who have mental health needs.*
- **Reduced use of force in encounters with people who have mental health needs:** *Jurisdictions must determine what constitutes use of force in the context of the PMHC (e.g., use of handcuffs during transport, hands-on maneuvers) so consistent analysis is possible in the future. With training and a comprehensive PMHC in place, police officers are better able to manage encounters with people experiencing a mental health crisis, and force is then proportionate to the situation the officer encounters.*

<b>The Measures That Matter</b>	
<b>The Measures</b>	<b>Can APD Track And Use These Measures?</b>
<b>Level of Need</b>	
Number of calls for service involving people who have mental health needs	Yes
<b>Minimized Arrests</b>	
Number of arrests involving people who have mental health needs	Yes - Process Needs Improvement
Number of people who have mental health needs who have >1 arrest in last 12 months	Yes - Process Needs Improvement
Disposition/Resolution of Call (e.g., arrest, resolved at scene, transported for voluntary evaluation, detained for involuntary evaluation, referral to mental health treatment)	Yes - Process Needs Improvement
<b>Reduced Repeat Encounters</b>	
Number of repeat calls to the same location (or to the same individuals)	APD Can Track But How Do We Use That Information More Effectively?
<b>Reduced Use of Force</b>	
Number of encounters with people who have mental health needs where force was used	Yes
Type of force used by officers during encounters with people who have mental health needs	Yes
Injuries to officers during encounters with people who have mental health needs	Yes
<b>Administrative and Process Outcomes</b>	
Number of officers receiving mental health and stabilization training	Yes
Number of officers trained in selected PMHC response models	Yes
Percentage of shifts covered by trained officers	Yes
Percentage of dispatchers trained on PMHC response models	Yes
Number of mental health-related calls receiving a response by a trained officer	Yes

### C.I.T. WORKSHEET

CAD Number	Case Number:	Agency: APD	Date of Incident: 05/28/2018
Officer	ID #	Area: FOOTHILLS	Beat: 531    Officer's Shift: DAY    Team: 3

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

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

Did a Specialized Unit Respond: NO  
YES/NO                      UNIT

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

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

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

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

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

Subject's Address: \_\_\_\_\_ 2  
STREET ADDRESS                      APT #                      CITY                      STATE                      ZIP CODE

Subject's Description: W - WHITE    H    F    5' 07"    220    BRO    BLACK - BLK  
RACE                      ETHNICITY                      SEX                      HEIGHT                      WEIGHT                      EYE COLOR                      HAIR COLOR

Reason for Contact: CALL FOR SERVICE

Other Reason Contacted: \_\_\_\_\_ Welfare Check? NO

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

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

Substance Use: NONE

Other Type Of Substance Use: \_\_\_\_\_

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

Transported By Who? ALBUQUERQUE AMBULANCE

Self-Disclosed Mental Illness: UNK If "Yes", Then select the type of Mental Illness: \_\_\_\_\_

Notes for Self-Disclosed Mental Illness (If Any)

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

Veteran Notes (If Any)

Risk Assessment: SUICIDE THREAT If Subject attempted suicide, did subject die as a result? \_\_\_\_\_

Explain Risk Assessment(s) (If Any)

UNKNOWN

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

Disposition of Encounter: INVOLUNTARY MENTAL HEALTH TRANSPORT

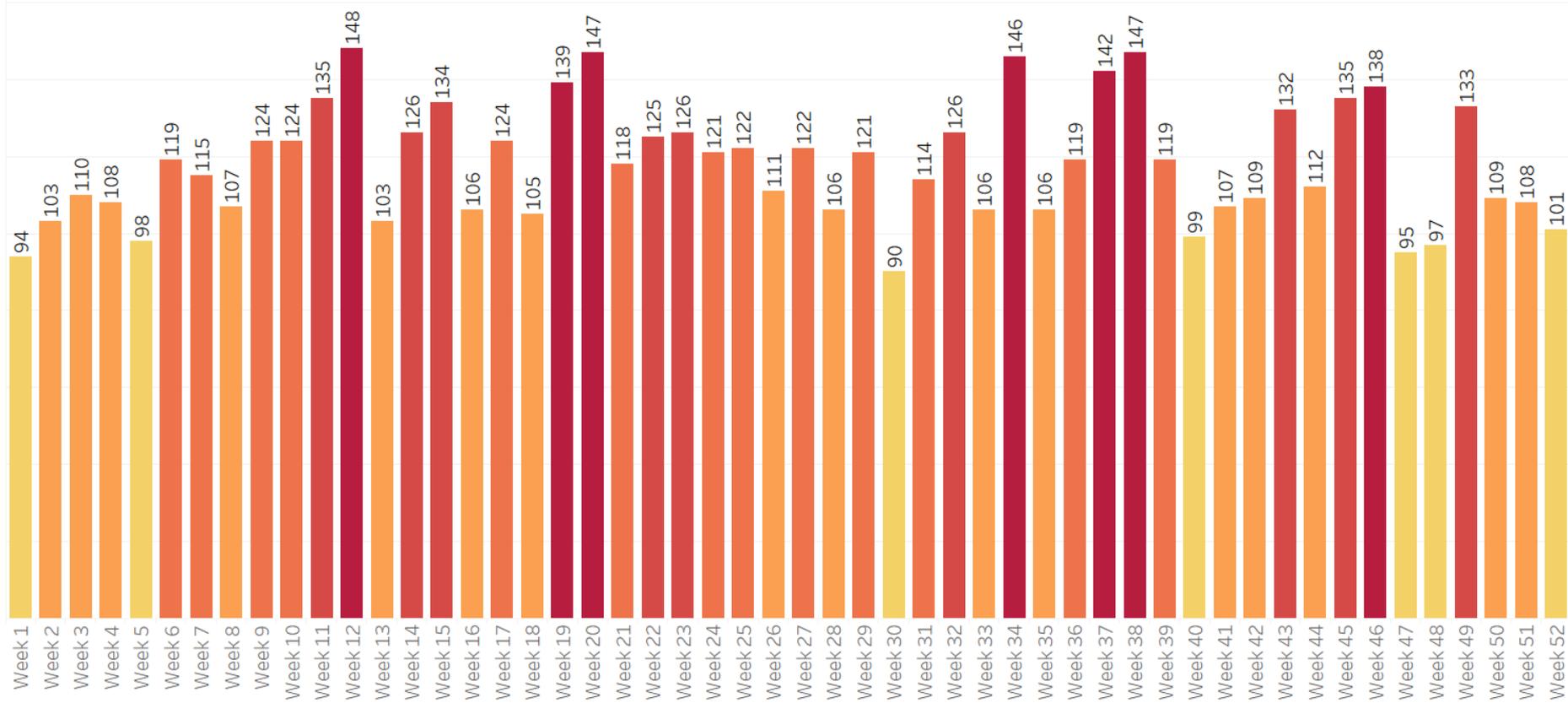
Resources Provided: CIU REFERRAL

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

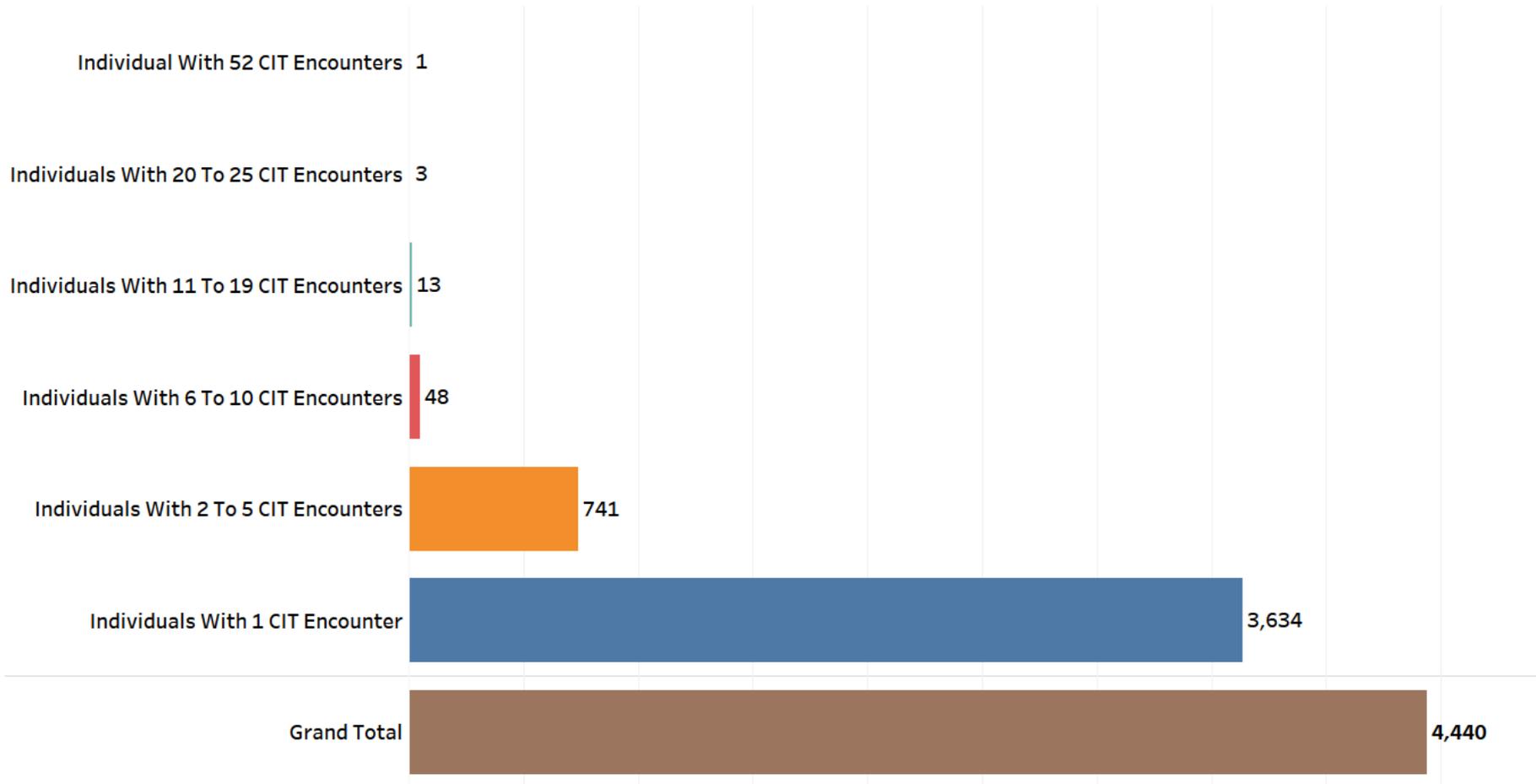
# The CIT Worksheets

**Please Give A Brief Narrative About The  
Encounter With The Subject**

# An Average Of 117 CIT Worksheets Were Completed By APD Field Officers Each Week In 2018

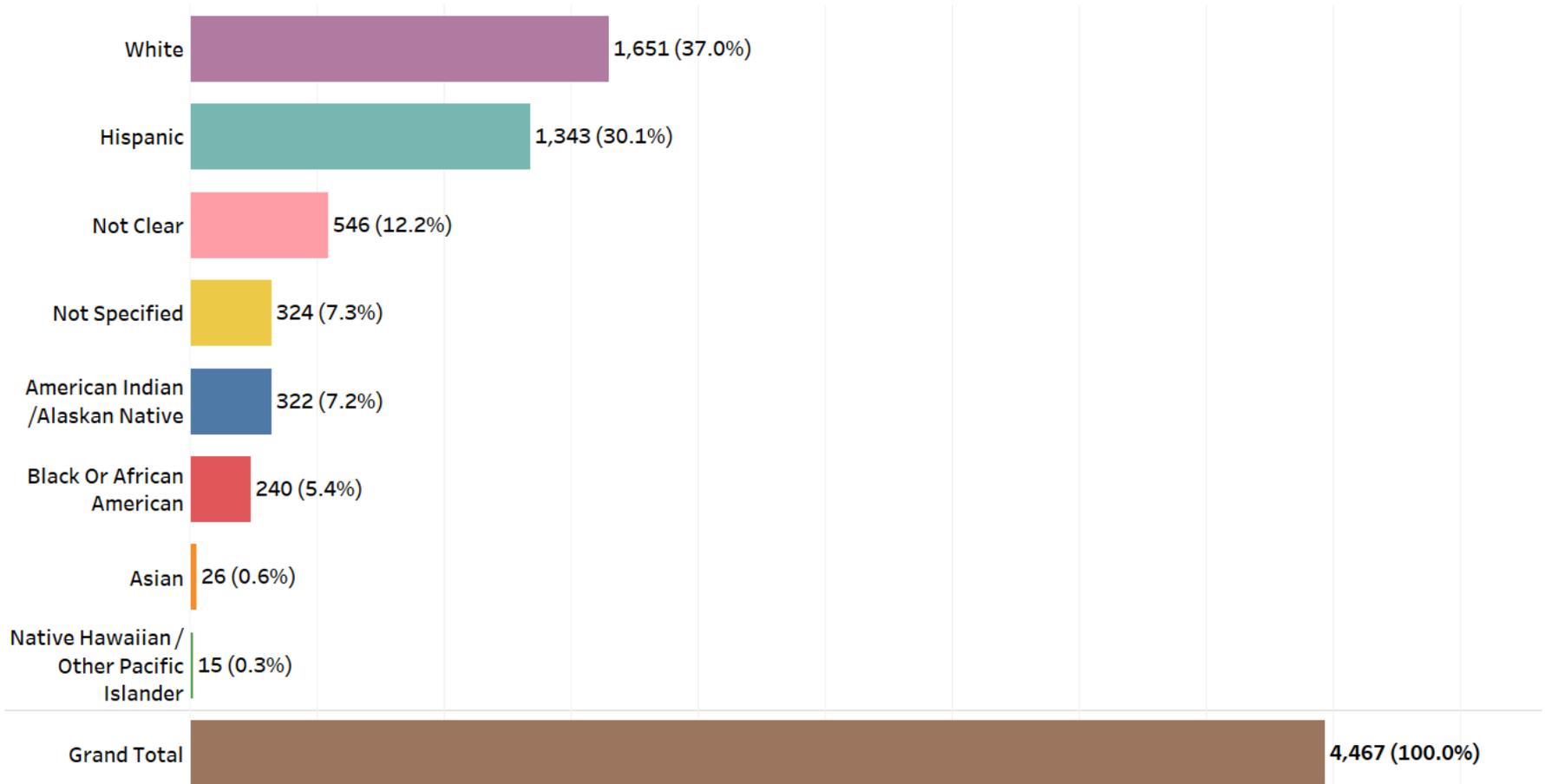


# The Number Of Individuals With Repeated CIT Encounters APD's Field Services Bureau Officers In 2018



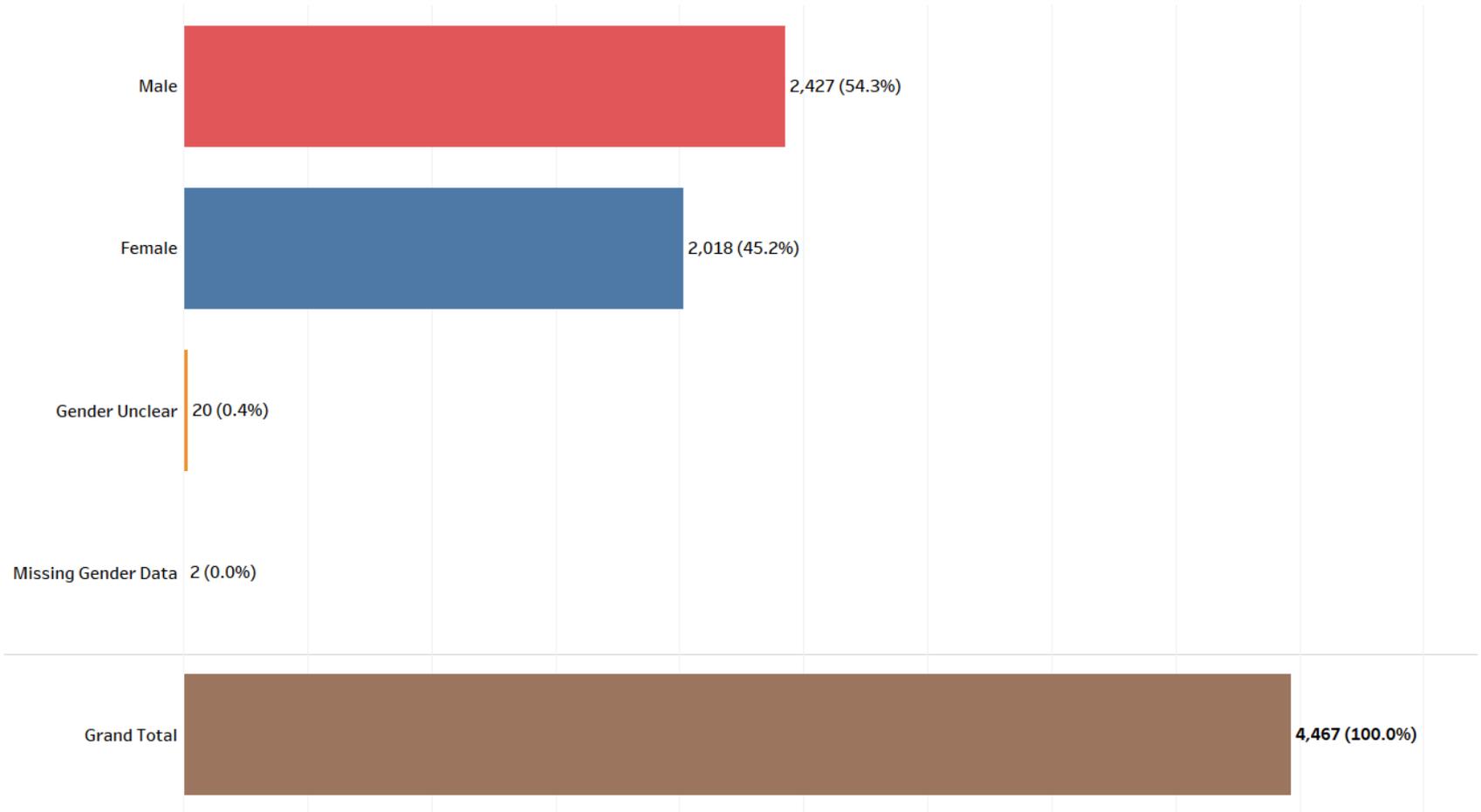
Note: These data come from CIT TraCS worksheets completed by FSB Officers.

# The Race And Ethnicity Of Individuals Experiencing Behavioral Health Issues During Encounters With APD's Field Services Bureau Officers In 2018



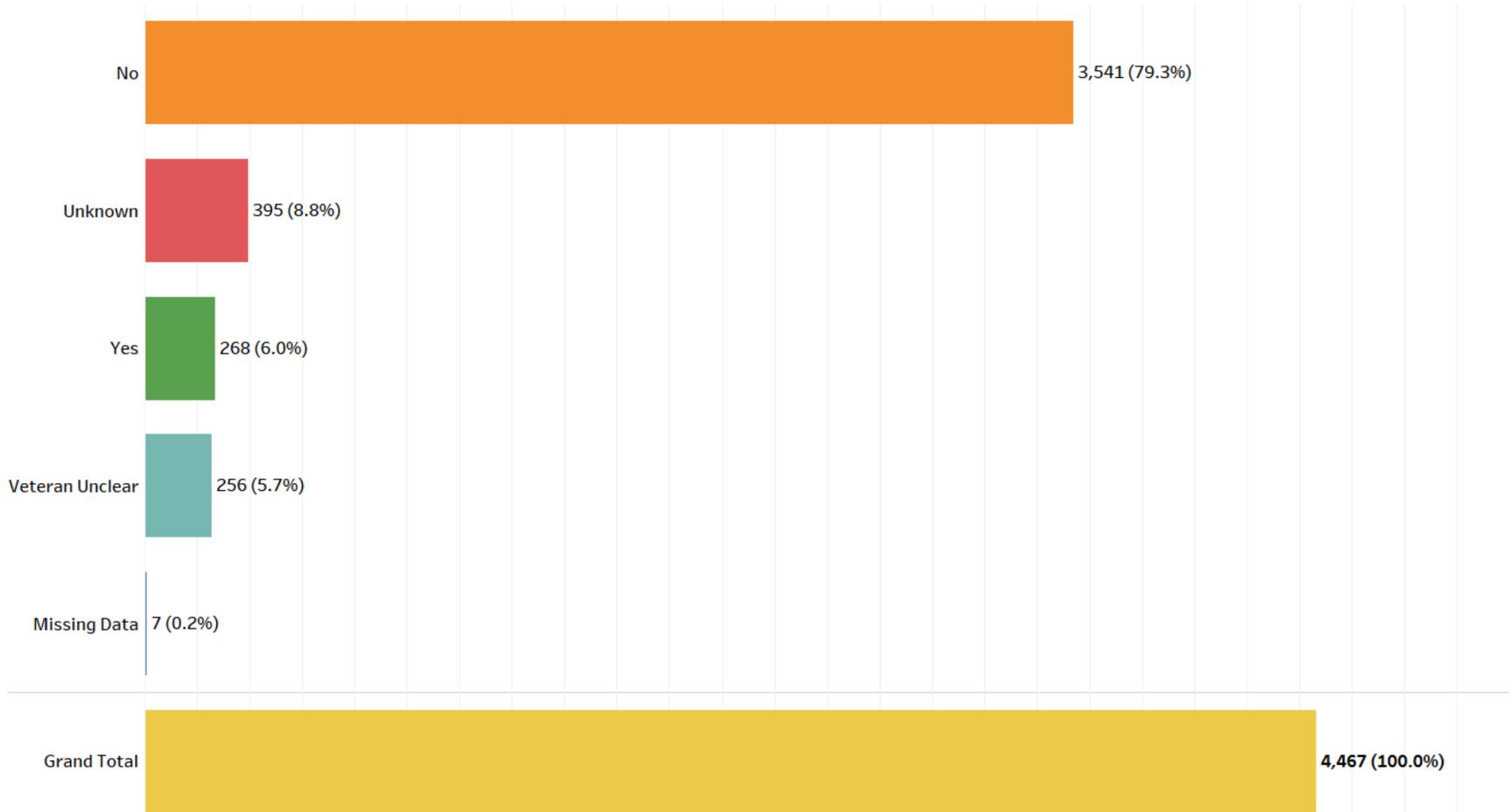
**Note:** These data come from CIT TraCS worksheets completed by FSB Officers. Those data classified as not “Not Clear” are the result of multiple encounters with the same individuals and the TraCS sheets containing different information.

# The Gender Of Individuals Experiencing Behavioral Health Issues During Encounters With APD's Field Services Bureau Officers In 2018



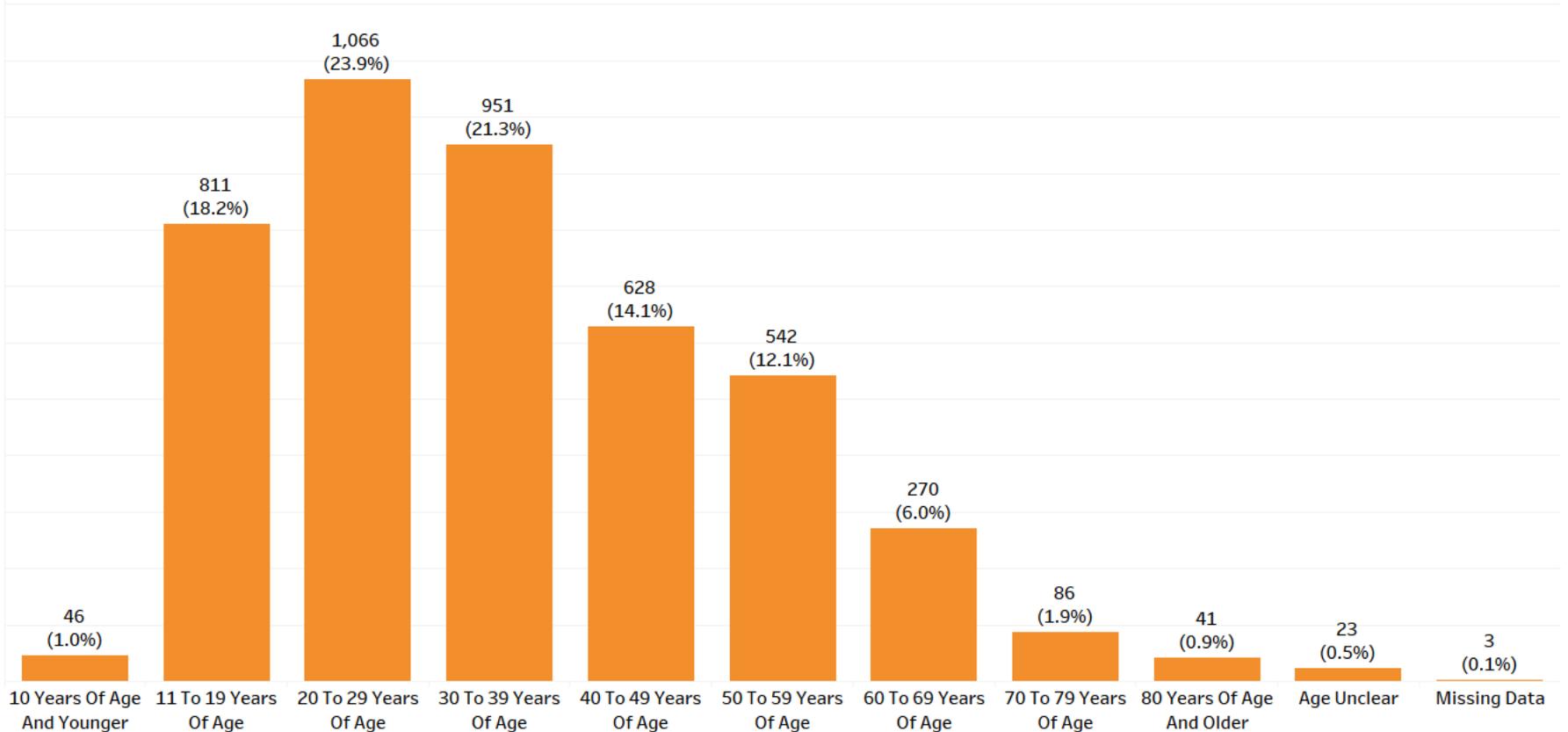
Note: These data come from CIT TraCS worksheets completed by FSB Officers. Those data classified as not "Gender Unclear" are the result of multiple encounters with the same individuals and the TraCS sheets containing different information.

# The Veteran Status Of Individuals Experiencing Behavioral Health Issues During Encounters With APD's Field Services Bureau Officers In 2018



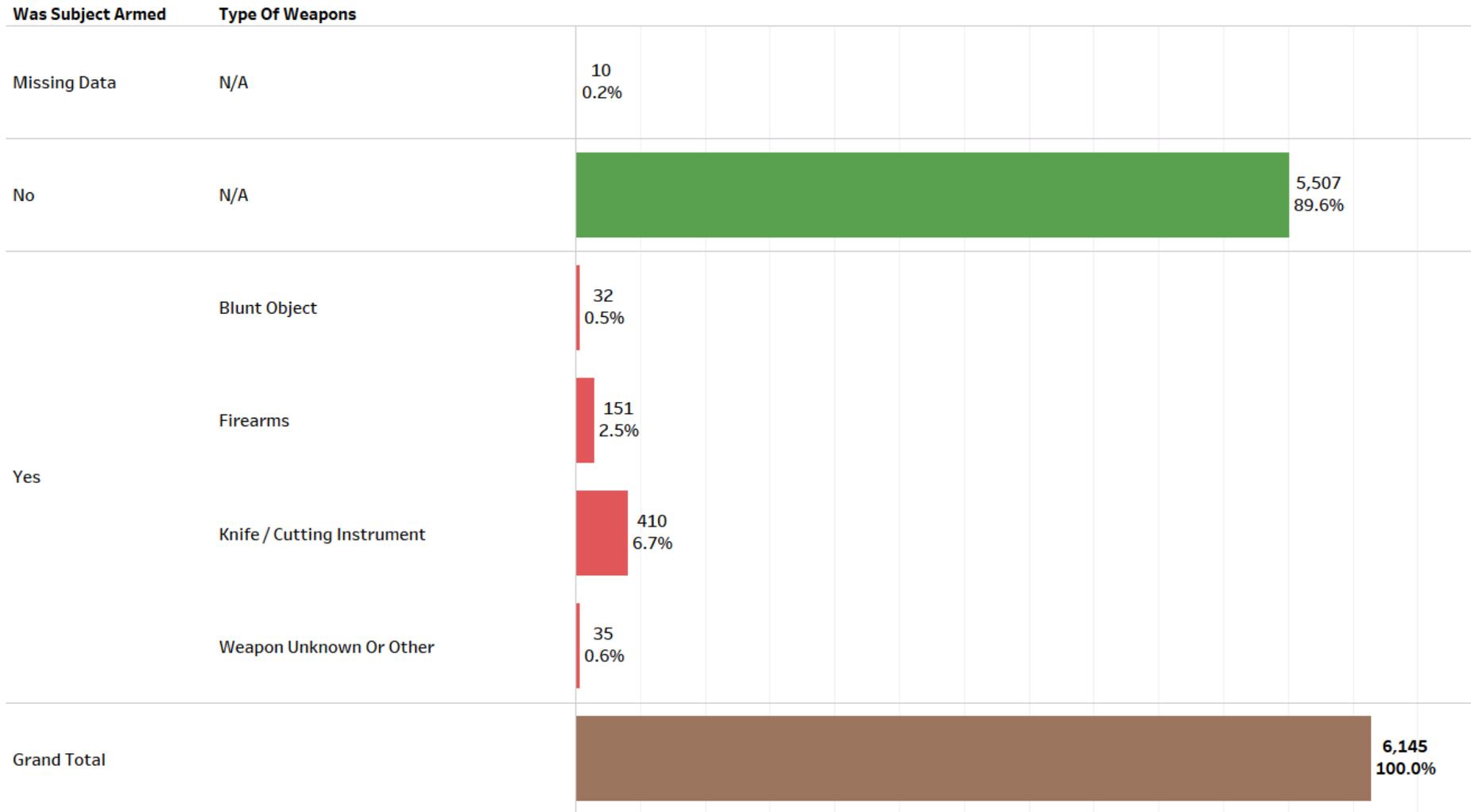
**Note:** These data come from CIT TraCS worksheets completed by FSB Officers. Those data classified as not “Veteran Unclear” are the result of multiple encounters with the same individuals and the TraCS sheets containing different information.

# The Age Of Individuals Experiencing Behavioral Health Issues During Encounters With APD's Field Services Bureau Officers In 2018



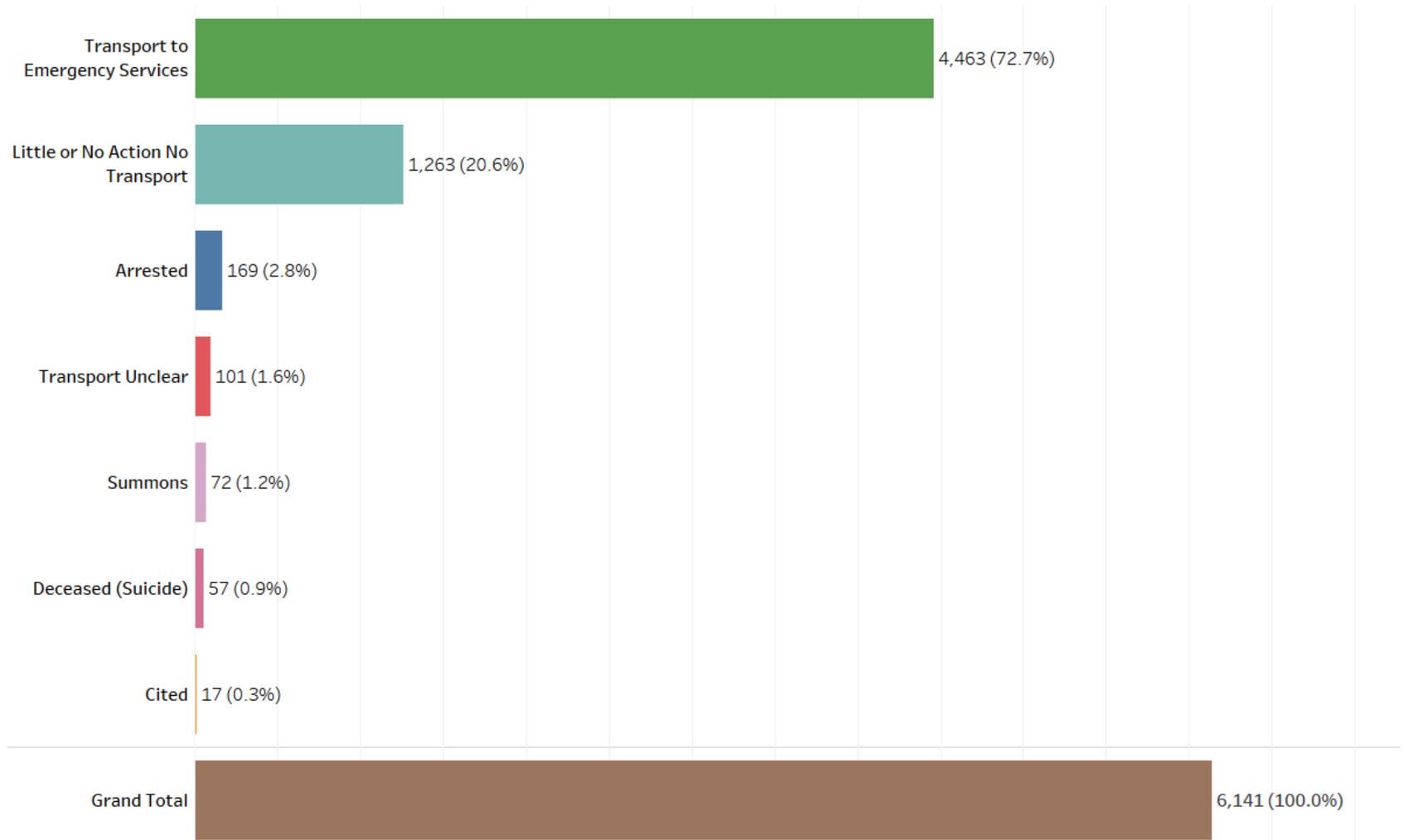
Note: These data come from CIT TraCS worksheets completed by FSB Officers. Those data classified as not "Age Unclear" are the result of multiple encounters with the same individuals and the TraCS sheets containing different information.

# Was Subject Armed During CIT Encounters With APD's Field Services Bureau Officers In 2018



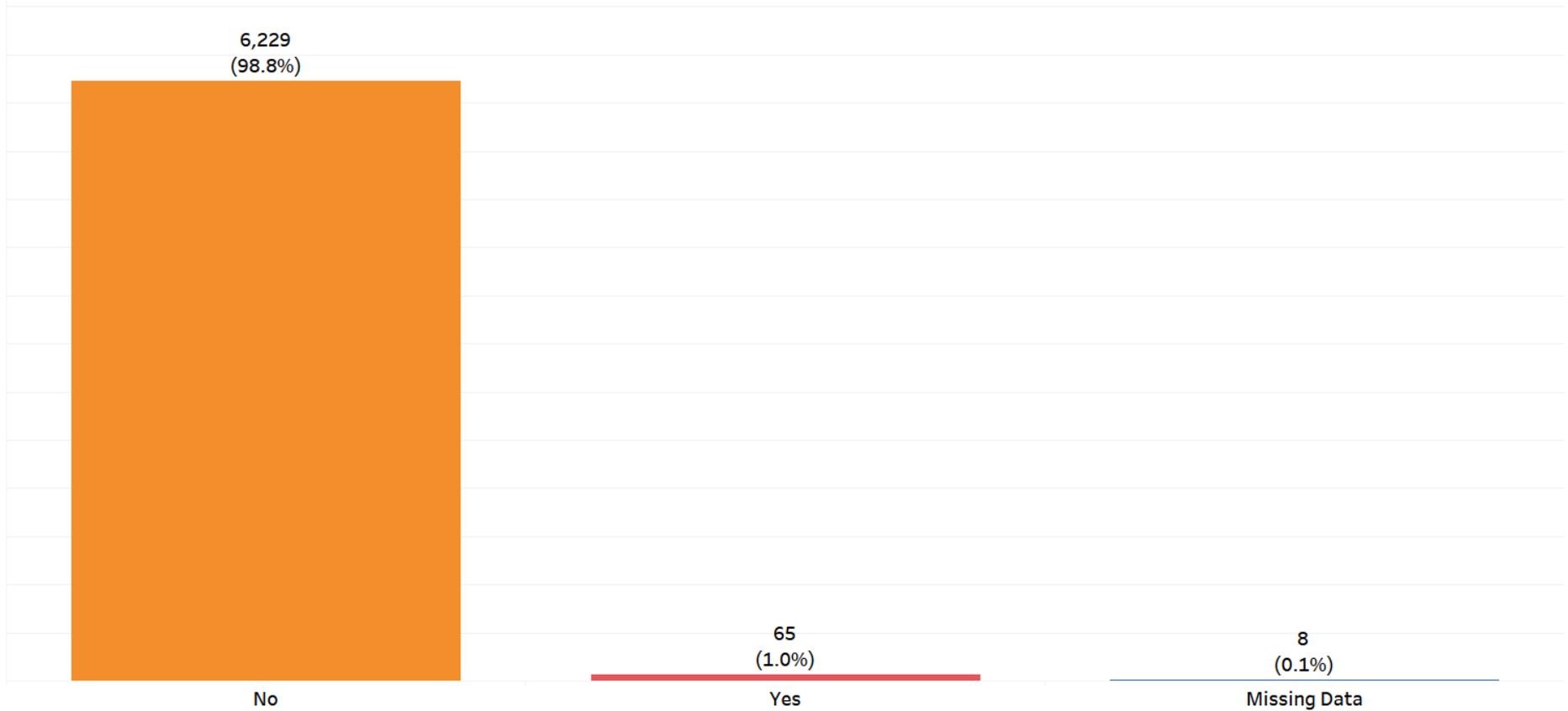
Note: These data come from CIT TraCS worksheets completed by FSB Officers.

# Preliminary Data: The Disposition Of CIT Encounters With APD's Field Services Bureau Officers In 2018

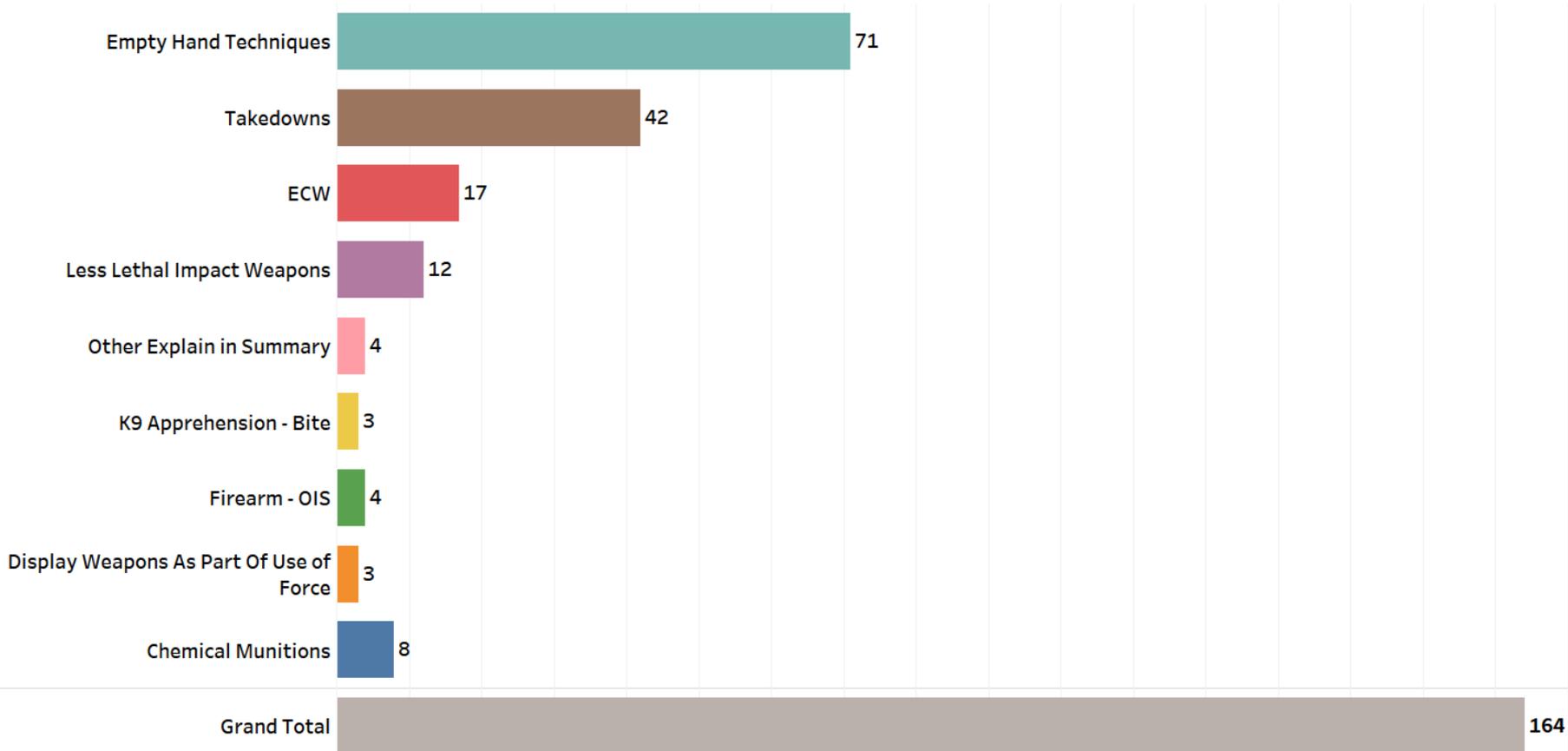


Note: These data come from CIT TraCS worksheets completed by FSB Officers.

# Preliminary Data: The Number And Percent Of CIT Encounters That Included Use Of Force In 2018



# Preliminary Data: The Type Of Use Of Force Techniques Used In CIT Encounters With APD's Field Services Bureau Officers In 2018



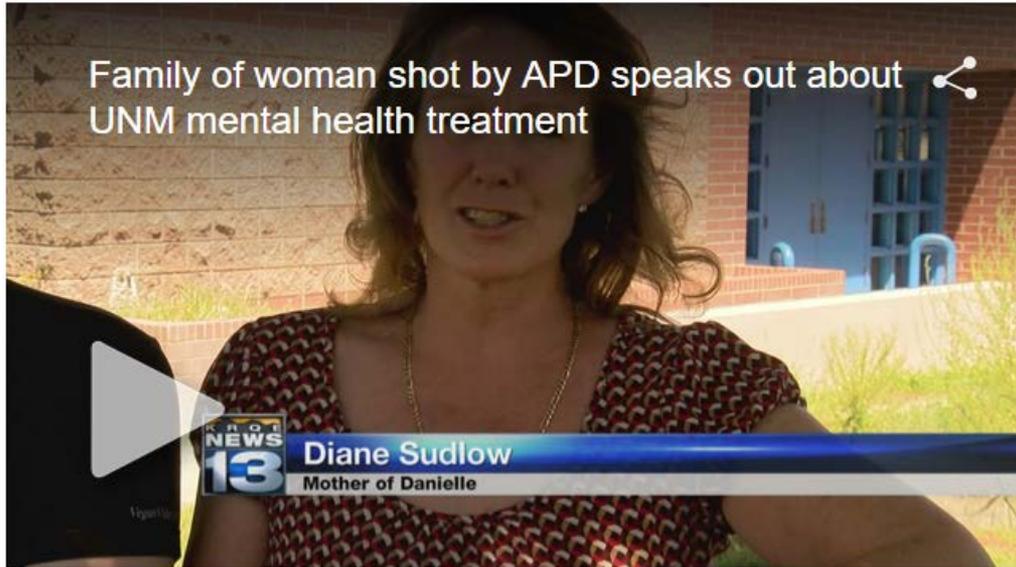
Note: Use of Force techniques measure each application of a force type during an incident.

# Family of woman shot by APD speaks out about UNM mental health treatment



By Madeline Schmitt

Published: August 16, 2017, 5:23 pm | Updated: August 22, 2017, 8:33 pm

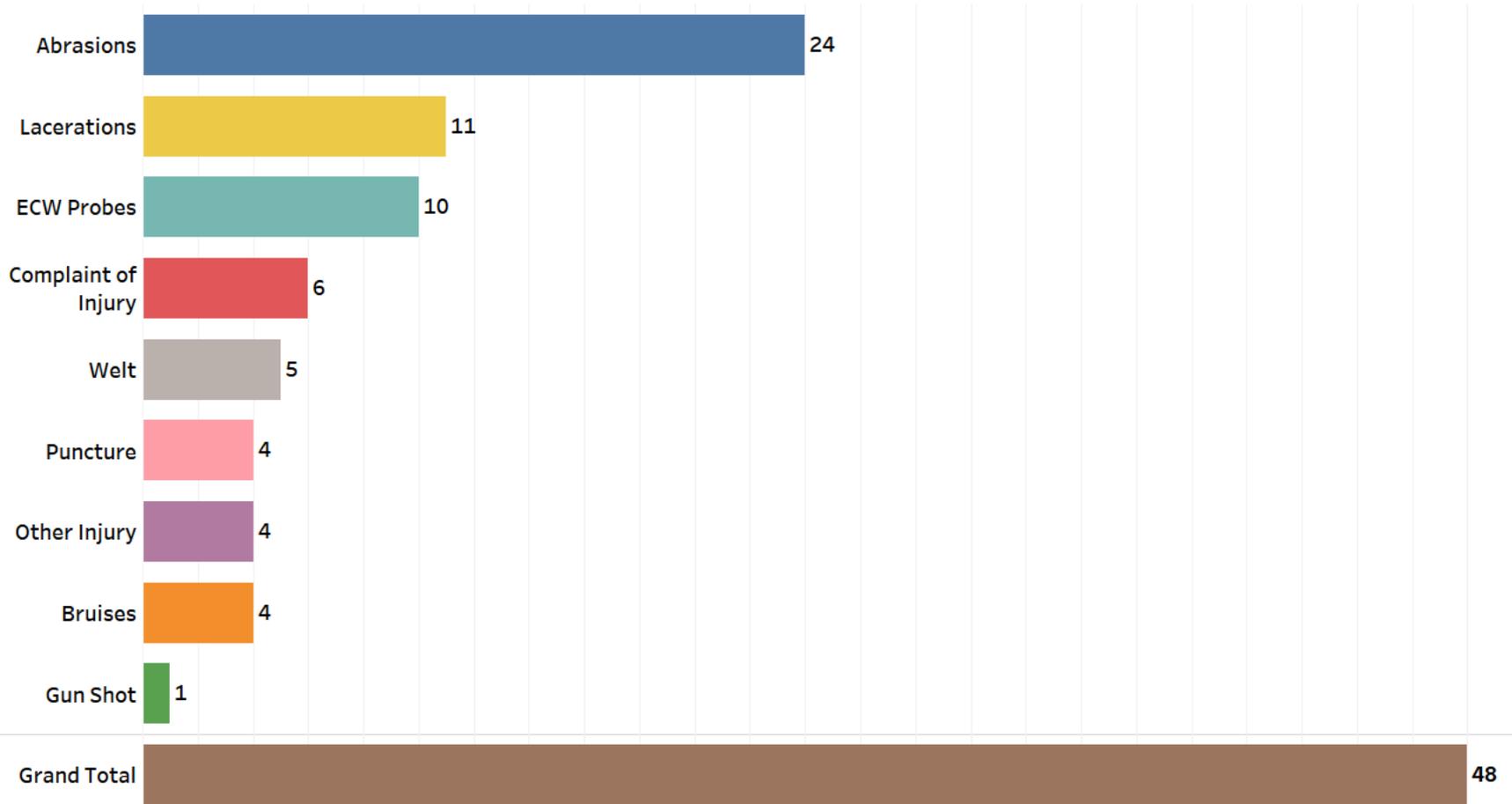


ALBUQUERQUE, N.M. (KRQE) – The family of a **young woman shot by Albuquerque Police last week** is speaking out. The Sudlows are voicing frustration and anger with UNM’s Psychiatric Care Center and its consistent admittance and quick release of Danielle, despite her clearly needing help.

Diane Sudlow, the mom of Danielle, and Danielle’s sister, Charlotte, sat down with KRQE News 13 Wednesday.

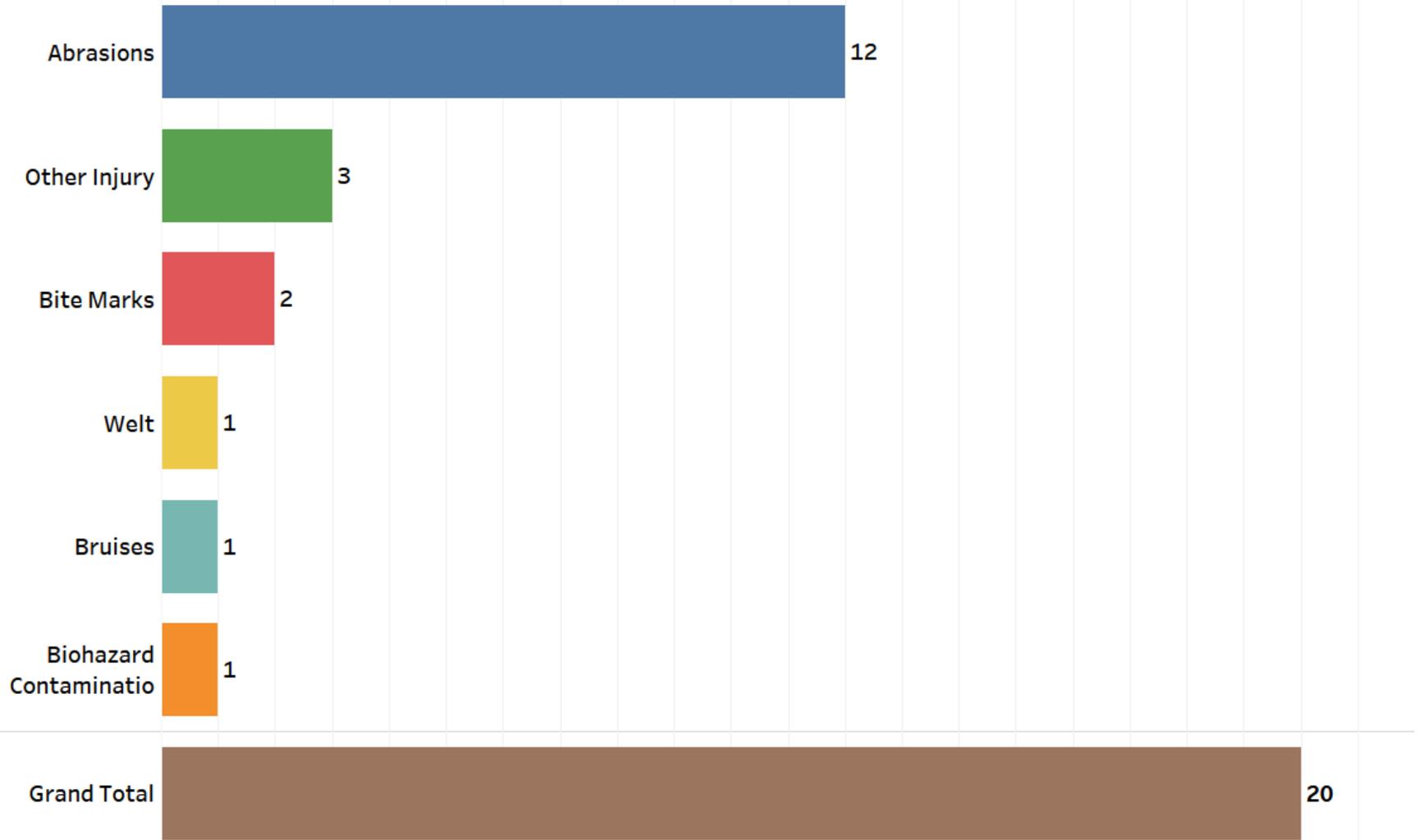
## Police Departments Can't Do It Alone

# Preliminary Data: The Number And Types OF Injuries That Occurred To Citizens In CIT Encounters In 2018



Note: Individuals Might Have Sustained Multiple One Injuries.

# Preliminary Data: The Number And Type Of Injuries That Occurred To Officers In CIT Encounters In 2018



Note: Individuals Might Have Sustained Multiple One Injuries.

**How do we continue to improve and become more effective?**