Improving Interactions: What has helped Albuquerque Police

Matt Dietzel
Acting Commander
Crisis Intervention Division
Albuquerque Police Department

Community Involvement: Bring in Help

- The Mental Health Response Advisory Committee was created during APD's Settlement Agreement
  - Board of experts and advocates in homelessness and behavioral health
    - NAMI, Healthcare for the Homeless, Disability Rights New Mexico + more
  - Reviews all behavioral health and homelessness
    - Training
    - Policy
  - Two subcommittees
    - Training
    - Resources and Information Sharing

Training

- Academy Training — Mandated
- CIT 40 hour class — Mandated at APD
- Enhanced CIT (ECIT) — Volunteer

Diversion Options

- Establish a jail diversion policy
  - How serious is this crime?
  - What is motivating the behavior?
  - Is jail the right option all the time?
    - What about during a pandemic?
  - Capture that decision!!
- Law Enforcement Assisted Diversion (LEAD)
  - Treatment over charges
  - Immediate intake into case management instead of booking

Embed Experts

Psychiatrist on staff in Crisis Intervention

Supervises two clinicians in Crisis Intervention for follow up on officer referrals after calls involving behavioral health

In 2018 APD added Co-Responders

-APD ECIT Officer

-Clinician

Responding to calls together as they happen

Currently 4 APD Teams, 1 Bernalillo County Team,
1 Bernalillo County Fire Team

Incident Review

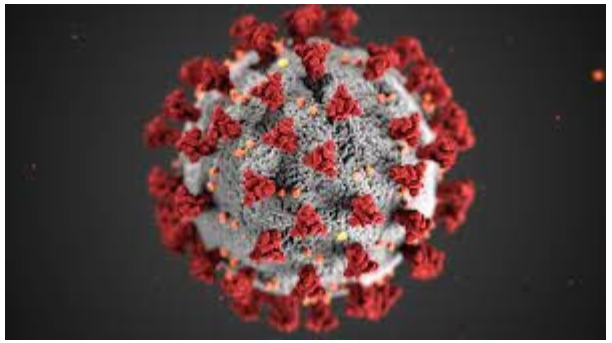
- Monthly random audits of Behavioral Health Calls
  - Reports
  - CIT Contact Sheets
  - Body Camera Footage

  - Where can we improve?
  - Are we seeing failures across the department or certain shifts?
  - Tone, Responsiveness and Care

Remove Police Entirely when possible

- Crisis Line Diversion
  - Some 911 callers just “want to talk”
- Albuquerque Community Safety Department
  - Dispatch difficulties
  - Not every call needs a police officer
  - APD data supports this response!
    - Between 7-10% of BH calls involved an armed person
    - 40% of the time APD takes no action at all

A Bump in the Road: Emergency Mental Health Drop offs



43-1-10 NMSA [paraphrased]

- Police **may** transport a person to a mental health facility if a person is:
  - Threatening harm to self
  - Threatening harm to others
  - Refusing or unable to take care of basic personal or medical needs to the extent that serious harm could result (Grave Passive Neglect)
- And that:
  - immediate detention is necessary to prevent such harm.

Emergency Mental Health Transport Disconnect- Police and Hospitals

- An officer recognizes that a person poses a threat
  - De-escalates and builds enough trust to get the person to a hospital
- The officer arrives at psychiatric emergency room with the person
  - Makes report on why that person is threat
- Person is released after an examination
  - At times before the officer has even left the parking lot

Mental Health Evaluation Transports

- Long wait times to be seen
- Repeated transports with little to no change in crisis status
- Limited number of beds
- Lack of sufficient on site security
- Staff burnout can cause re-escalation

These issues result in:

“Well next time I’ll just take them to jail”

What could help:
Crisis Triage Centers

- No wrong door
- Medical Capability
  - Prescribers
  - No need for pre drop off medical clearance
  - “Methamphetamine Detox”
- Quick Drop off for families AND first responders
- 24 hour access
- No rejection policy for first responders
- Real time bed availability
- National Guidelines for Behavioral Health Crisis Care
  - https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf