



Morehead-Cain

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Community Policing in Albuquerque: Recommendations for the City

Morehead-Cain Civic Collaboration - Team Albuquerque

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Table of Contents

Section	Page
Introduction	2
Executive Summary	4
CIT ECHO	7
Community Policing Councils	26
Mobile Crisis Teams	38
Project Guardian	47
Real-time Crime Center Recommendation	55
Other Identified Problems	58
Appendix	62
Bibliography	78

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Introduction

Throughout our time in Albuquerque, almost everyone who we have spoken to has asked us how we liked the weather. The region's hallmark "dry heat" seems to be a point of pride for the residents of this city and those surrounding it, and we have certainly come to appreciate it. Each of us hailing from an East Coast city or town in which we would otherwise be drowning in humidity, we have come to appreciate this lack of boiling air much more than we ever could have anticipated.

But even more than the weather, we have come to appreciate the people of the City of Albuquerque. Everywhere we have turned, we have been met with people more than willing to help us with our projects and initiatives, and to direct us onward to individuals or organizations that could assist us further as we worked through our summer. Working together with not just community institutions but with the community itself, we hope that this document embodies the most effective set of recommendations that we could have developed over the course of our eight weeks in the Office of the Mayor.

Arriving at the beginning of June on an educational grant from the Morehead-Cain Foundation, our team of five consisted entirely of students from the University of North Carolina at Chapel Hill. The Morehead-Cain Foundation annually awards between 60 to 80 scholarships to students to attend the University in an amount sufficient to cover most educational expenses, as well as funding for students to undertake educational and professional experiences during all four of their undergraduate summers. Lucky enough to count Dr. Elizabeth Keller, First Lady of Albuquerque among the graduates of this program, the Foundation arranged with her for our team to be hosted in the City for the summer to evaluate a number of projects and ideas related to the current Administration's community policing efforts.

Expanded upon in the following sections of this Summary and document as a whole are these recommendations, fitting roughly into two main categories: an evaluation of the CIT ECHO program currently operated jointly through the Albuquerque Police Department's Crisis Intervention Unit and the University of New Mexico's Division of Community and Behavioral Health, and a close examination at other community policing projects and initiatives currently being undertaken or considered by the City, with a particular focus on those related to mental and behavioral health education and response.

Our time here has been as informative as it has been enjoyable, with each of us from our varied educational backgrounds gaining new insight on the ways government, nonprofits, and individuals come together to solve community-wide problems. We hope that our work and recommendations are able to provide even some small help towards continuing to repair the trust between the Police Department and the people of the City of Albuquerque.

Executive Summary

On March 16, 2014, a mentally ill man named James Boyd was shot by Albuquerque Police in the Foothills of the Sandia Mountains. Video from the shooting went viral, causing national uproar. Less than a month later, the Department of Justice reported their findings from a two-year into the Albuquerque police force, finding “encounters between Albuquerque Police officers and persons with mental illness and in crisis too frequently result in a use of force or a higher level of force than necessary.”¹

Four years later we came to Albuquerque to find a city still very much in the process of repairing the trust that had been broken between the citizens and the police. We also found a city very much in transition, from an administration that fought almost every effort at police reform, to an administration that welcomes it. While the full effects of this change have not yet been felt, we believe there is good reason to hope for significant improvement in the future.

Of the many ongoing programs working to create this better future, we chose to focus our efforts onto four. These are the CIT ECHO program, the Community Policing Councils, the Mobile Crisis Teams Initiative, and Project Guardian.

CIT ECHO is an initiative developed by the APD’s Crisis Intervention Unit, meant as a continuing education program for officers. It is based on the ECHO model, a rapidly growing innovative telehealth model based out of the University of New Mexico, meant to disseminate and demonopolize expertise knowledge. A CIT ECHO session consists of a 45-minute didactic, followed by reviews and recommendations on real cases brought forth by officers.

While it quickly became clear that CIT ECHO was a very effective teaching tool for many officers, there was one key issue we identified- participation. It was evident that the majority of officers, when participating in CIT ECHO, did not have a video or audio on, and did not meaningfully contribute to the program. We feel this strongly hinders CIT ECHO from achieving its full potential, and almost all of our recommendations are meant to address this problem in some respect.

¹ United States of America, Department of Justice, U.S. Attorney's Office - District of New Mexico. (2014, April 10). Retrieved July 13, 2018, from <https://www.justice.gov/usao-nm/pr/summary-department-justices-findings-albuquerque-police-department-investigation>

Community Policing Councils (CPCs) were established in each of the six command areas to increase dialogue between communities and APD while providing a platform for civilians to advise on community specific policing strategies and recommendations.

We attended several council meetings to observe, learn, and evaluate the effectiveness of the current model. Although we appreciated and were impressed by the independent nature of the CPCs, we concluded that a higher level of unity could both eliminate confusion of purpose between APD and CPCs and lead to a more robust, streamlined recommendation process.

A recent initiative established in both Albuquerque and Bernalillo County with the goal of treating individuals with behavioral health disorders is the Mobile Crisis Team Program. In this program, an Enhanced Crisis Intervention Team Officer is paired with a Crisis Clinician and respond to high priority calls involving individuals with mental illness.

Although the program has had a successful five months of operation at the time of this report, it has become increasingly evident that there are numerous opportunities to improve the program's effectiveness. The commonality between our recommendations to improve effectiveness is essentially expansion of the Mobile Crisis Team Program and increasing its involvement in the Bernalillo community.

We also took the time to research initiatives that had been active previously, or were otherwise in development for implementation at a future date. One such project was Project Guardian, a system originally designed to track information collected by police on behavioral health calls to better inform future interactions, and to monitor for future incidences of behavior that may result in more calls for service. We found its focus on individuals who have already come into contact with police to be one that provided warnings that were reactions to past situations, rather than preemptions of future ones. Our recommendation outlines a redesign of Project Guardian to allow for a more fully comprehensive registry of individuals by allowing members of the public to join the registry prior to any encounter with the police. Concerns regarding government surveillance and the privacy of personal medical information are mitigated by establishing the registry as one that remains strictly voluntary prior to police contact, and organized under

a privately contracted records administrator with a robust communication link to officers on duty.

Lastly, we observed other problems in Albuquerque that we did not have adequate time to address properly. These problems stemmed further from the field of public safety, but others were observed in the field of healthcare for behavioral health issues. We hope the city will further address these issues such as the state of psychiatric care facilities, the quality of care for patients with behavioral health issues, the overlap of law enforcement policies, and more.

CIT ECHO

CIT ECHO is an initiative developed by the APD Crisis Intervention Unit, meant as a continuing education program for officers. It is based on the ECHO model, a rapidly-growing innovative telehealth model based out of the University of New Mexico meant to disseminate and demonopolize expertise knowledge. A CIT ECHO session consists of a 45-minute didactic, followed by debriefings and recommendations on real cases brought forth by officers.

In our time in Albuquerque, part A of our project was “Evaluating the CIT ECHO,” in regards to its attempts to “support efficient and effective learning loops within and beyond the police department,” and to “augment communication between crime, addiction, and mental/behavior specialists.”

This vector encompasses the most essential aspect of our CIT ECHO evaluation. The question is, essentially, ‘does CIT ECHO help officers learn?’ We have found the answer is generally yes, as evidenced by significant quantitative and qualitative research performed by the CIT ECHO team. In general, those who participate in CIT ECHO and complete the post-session survey report feeling more comfortable using verbal de-escalation techniques and otherwise interacting with people living with mental illness.² This reflects the qualitative research our group has done with past participants who have all affirmed the efficacy of the program. However, there were several key areas where we identified room for improvement.

Participation

CIT ECHO has seen increasingly high participation in terms of number of Zoom connections, but there is reason for concern about the quality of some of those connections. In our meeting with an APD supervisor, they shared that, while they could often get their subordinates to participate, they knew a number of these participants “turned off the microphone and camera, and went to mow their lawn.” Considering that off-duty officers who are eCIT trained are paid overtime for their ‘participation’ in CIT ECHO, this is a significant concern. We also noticed this as a problem during our sit-in on a CIT ECHO session, where the vast majority of participants had no camera connection and did not participate, as

² Crisanti, A., Earheart, J., Rosenbaum, N., Tinney, M., “CIT ECHO Meeting with APD Chiefs and ECHO 5.15.18” [Powerpoint Slides]

opposed to a handful of active participants, a majority of whom were in the room where CIT ECHO was being held. Many of our informal conversations with police have further confirmed that this is a problem.

This problem also indicates an issue with how CIT ECHO measures the success of the program. Our perception of the program so far has been that a significant measure of success currently is the number of attendees per session, with an increase in attendance considered a success for CIT ECHO. While number of attendees is certainly an important metric, it is our opinion that more metrics should be developed to quantify quality engagements along with attendance to more accurately measure the success of the program. (Page 12)

Value Proposition and Incentives for Officers

Currently, officers are rewarded in two ways for attending CIT ECHO. First, off-duty officers who are eCIT trained are paid overtime for attending CIT ECHO. Second, all officers who attend CIT ECHO receive certificates of participation for each hour attended. While both of these incentives seem effective for getting officers ‘in the door’ of the program, they lack encouragement for authentic participation. This means that officers are enabled to turn off their cameras and leave their devices, with some even being paid for it.

This raises a core issue with off-duty officers being paid to attend CIT ECHO. While it is good to compensate officers for their time, we believe that there should be more measures taken to assure that when officers are paid for their time, CIT ECHO is actually gaining their time. (Page 15)

We also identified potential improvements to the CIT ECHO certificate process. While the current model of certification does serve an important role in verifying overtime pay, it does not encourage participation that enables true peer-based learning. Without effective peer-to-peer learning, the ECHO model loses a substantial amount of its educational impact.³ By implementing a cohort model where several officers actively engage together in the CIT ECHO environment, this peer-based learning can be restored. (Page 18) This new certification process will not wholly replace the old, which would maintain its role of proving

³ Scallan, E., Davis, S., Thomas, F., Cook, C., Thomas, K., Valverde, P., . . . Byers, T. (2017). Supporting Peer Learning Networks for Case-Based Learning in Public Health: Experience of the Rocky Mountain Public Health Training Center With the ECHO Training Model. *Pedagogy in Health Promotion*,3(1_suppl). doi:10.1177/2373379917697066

attendance, but it will act as a new, substantive representation of the time and effort an officer has put into CIT ECHO.

Timing of CIT ECHO

CIT ECHO sessions are held at 1:30pm every Tuesday. While this steady time provides consistency in terms of advertising CIT ECHO, almost every officer we interviewed who no longer participated in CIT ECHO did so because the time or day was incongruent with their schedule. For example, an officer who works grave shifts on Monday nights should almost always be asleep at Tuesday at 1:30, and therefore would not be able to participate in CIT ECHO for a whole year until they receive a new bid. This could lead to imbalanced training which would overall be a negative for the police department.

The time of day itself of CIT ECHO sessions has generally been considered a positive by most officers interviewed. 1:30pm seems to be a well chosen time, although some officers seemed to prefer it be earlier in order to line up with lunch. Overall though, it seemed that changing the time, instead of just the day, of CIT ECHO would cause more confusion and scheduling conflict than it is worth. Instead of the time, we feel it would be more effective and less confusing to cycle the day of CIT ECHO sessions by an interval of time to be determined by the CIT ECHO staff. (Page 21)

Fidelity to the ECHO Model

Although CIT ECHO is a program with substantive value to the APD as is, its lack of effective peer-based learning and dearth of cases submitted indicates a general lack of fidelity to the ECHO model at-large. We recognize that CIT ECHO, as a public-safety ECHO, is a first in its field and will have to make several changes to the ECHO model. However, a core part of what defines the ECHO Model is case-based learning among peers.⁴ From everything we've seen and heard so far, CIT ECHO more closely resembles a webinar model, with didactic presentations from experts making up the majority of the presentation time.

⁴ Model. (n.d.). Retrieved from <https://echo.unm.edu/about-echo/model/>

This is a problem for two key reasons. The first of which is that ECHO has been proven as a more effective pedagogical model than the webinar model for building expertise.⁵ It would follow, therefore, that unless CIT ECHO has a particular reason that the webinar model will be more effective in the public safety sphere, it should attempt to adhere to the ECHO model whenever possible.

The second reason is that by failing to fully implement the ECHO model, CIT ECHO likely jeopardizes funding. The ECHO institute has been clear that the time where grants will be given to “anything with the ECHO logo,” even if the programs do not closely adhere to the ECHO model, is almost certainly going to be coming to an end. In the future, grantors will expect ECHO projects to not only be attempts at an ECHO model, but successful implementations of the ECHO model. While CIT ECHO will likely receive substantial leeway as a flagship ECHO project in the field of public safety, it is not clear that the current manifestation of the project can truly be considered a successfully faithful implementation of the ECHO model.

We want to be clear that we consider CIT ECHO a successful program for continuing education in law enforcement. There are issues though with its adherence to the ECHO model. We believe that pivoting towards a more faithful ECHO model will help perpetuate the success of the program both by maintaining funding and increasing capacity to build expertise. (Page 23)

Conclusion

Most of these identified problems relate to the first problem of participation. If officers would take a more active role in CIT ECHO and submit more cases, the entire program would improve immensely. For this reason, all of our recommendations are in some way related to increasing this ever-important officer participation. With more participation, many of the other issues facing CIT ECHO would resolve themselves. More participation would increase the quality of learning, expertise-building, and make CIT ECHO a more faithful ECHO model simultaneously.

⁵ Arora, S., Kalishman, S., Dion, D., Som, D., Thornton, K., Bankhurst, A., . . . Yutzy, S. (2011). Partnering Urban Academic Medical Centers And Rural Primary Care Clinicians To Provide Complex Chronic Disease Care. *Health Affairs*, 30(6), 1176-1184. doi:10.1377/hlthaff.2011.0278

Recommendations

- Develop metrics to focus on quality engagements with the CIT ECHO platform
- Increase requirements for officers to qualify for overtime pay
- Rework the CIT ECHO certification process to incentivize and reward officer involvement
- Cycle the day of CIT ECHO sessions to allow greater accessibility to officers
- Change the CIT ECHO didactic to have more fidelity to the ECHO model

Recommendation: Develop metrics to focus on quality engagements with the CIT ECHO platform

Current Situation

CIT ECHO collects data on connections per session, connections per officer, method of connection, and number of cases submitted. CIT ECHO also collects data on learning outcomes through post-session surveys and interviews.

Quality of Connections

Following our formal and informal interviews with officers who had engaged with the platform, we have reason to be concerned about the quality and authenticity of many attendees of CIT ECHO. A supervisor has stated their concern that many officers “turned off the microphone and camera, and went to mow their lawn” when ‘participating’ in CIT ECHO. Several informal discussions with field officers have confirmed these suspicions.

This poses an issue for several fairly obvious reasons. First of which is that if an officer is not at least watching CIT ECHO, they are not actively learning or improving their skills as an officer. This means that connection metrics, which should ideally represent the amount of active learning, could be deceiving CIT ECHO staff in regards to the reach of the program. This, if allowed to continue, could hinder and misdirect further efforts in the expansion and improvement of the CIT ECHO program.

Secondly there is the issue of officers collecting overtime that they have not earned. This ties in with Recommendation 3, which will address this issue more specifically. However, a significant hindrance to addressing this problem is the lack of metrics on officer participation. It will be difficult to make substantive steps to address the problem if there are no metrics to track whether an officer is actually engaging in the session.

Growth of Program

The problem of having an inaccurate number of officers engaging with CIT ECHO has potentially long-lasting consequences for the success and growth of the CIT ECHO program. Being able to accurately measure success is a vital part of defining the success of a telehealth program, and it would stand to reason that

same principle applies to a public safety program.⁶ If CIT ECHO does not have a viable set of metrics to measure its success, it will be difficult or impossible to improve the CIT ECHO program through iterative change.

Furthermore, not being able to accurately measure CIT ECHO's impact on officers will hinder expansion efforts. It will be difficult to ask for expansion grants if it isn't clear that the program is actually working. In this way, there might even be economic benefits to CIT ECHO's expansion of data measures.

Solution

We recommend that CIT ECHO begin developing, tracking, and analyzing several new metrics to determine not just participation in CIT ECHO, but active participation. This could take several forms. There is new data that could be tracked, as well as old data that could be analyzed from a new perspective.

In terms of new data to track, it would be revealing to record how many unique participants actually speak or otherwise actively participate in a CIT ECHO session. This is an important number because it represents how many people are actively engaging, and therefore receiving the most effective education possible. The lack of this piece of data, or an equivalent that could also track active participation as opposed to logins, is one of the main hindrances to effective evaluation of the CIT ECHO program.

Beyond new data, the CIT ECHO staff can look at old data with a new perspective. This can help more accurately guide the growth and expansion of CIT ECHO. For example, CIT ECHO could analyze how many officers they've had who have had sustained interaction with the program. This is an important number because it examines the size of the CIT ECHO 'community'. Without a strong community, whether physical or digital, it is nearly impossible for real expertise to be formed.⁷ By measuring the size of the CIT ECHO community, it is possible to track the health of the CIT ECHO ecosystem in way otherwise not reflected by raw login numbers.

⁶ Hebert, M. (2001). Telehealth Success: Evaluation Framework Development. *MEDINFO,84*, studies in health technology and informatics, 1145-1149. doi:10.3233/978-1-60750-928-8-1145

⁷ West, R. E., & Graham, C. R. (2007). K. Hakkarainen, T. Palonen, S. Paavola, & E. Lehtinen, Communities of networked expertise: Professional and educational perspectives. *Educational Technology Research and Development,55*(4), 391-393. doi:10.1007/s11423-007-9042-9

Most of all, we encourage CIT ECHO staff to adopt a “quality over quantity” mindset when it comes to the data. We consider it much better to have a smaller group of officers who actively engage and learn from the CIT ECHO experience, than for a larger group of officers to either passively watch CIT ECHO, or even not watch at all.

Recommendation: Increase requirements for officers to qualify for overtime pay

Current Situation:

Participating officers who are eCIT-certified receive overtime pay for logging on to CIT ECHO sessions on the Zoom platform.

Lack of Participation

As CIT ECHO currently operates, officers can log on to Zoom and the CIT ECHO telecast, but do not necessarily need their camera or their audio turned on. There is a chatroom to allow participation from officers without a camera or microphone.

Although there are these steps to still be able to participate, there are many avenues through which officers can join a CIT ECHO session but not actively participate or even watch. After introductions, the officers are not made to participate and can even turn their cameras or microphones off for the session. Officers can spend an entire session inactive or absent from their device, still able to receive overtime pay from having been logged on.

Unsubstantial Metrics to Measure Participation

The current metrics determining who receives overtime for participation in CIT ECHO sessions are not conducive to incentivizing active participation. The stipulation of officers already being eCIT-certified creates incentive for officers to both be eCIT trained and for eCIT officers to further their education, but the lacked of further stipulations for overtime means that some officers can receive this pay undeservingly for a lack of participation or dishonest participation.

Solution

New requirements are necessary to determine if officers receive overtime pay from participation in CIT ECHO sessions. These new requirements would

incentivize participation and further ensure that officers involved in sessions remain active for the whole session.

The new stipulations for overtime pay would have three options for participation that would qualify an eCIT officer for this pay.

The first option would be having a camera on for the whole session. The officer would not necessarily need to talk for this requirement to be met, but live video of the officer would ensure that they are indeed actively watching the CIT ECHO session and not just logged and away from their device.

The second option would be for officers to engage in the dialogue of the session either via audio with a phone or computer microphone or even text in the chat box of the session. This would show participation and an overall attentiveness to the session, especially if an officer is without a camera to share their video.

The third option would be for an officer who has logged onto a session to write up and email a short description of the session and the pieces of information they took away from the didactic, discussion, and case debriefings. This option seems to be the least likely and least attractive avenue for receiving overtime pay, but if an officer is unable to show their participation in a session by the first two options, they can still follow up with CIT ECHO staff to acquire deserved overtime. The judgement of CIT ECHO staff would be necessary in determining the quality of the officer's response to ensure the officer's genuine participation. Lastly, this written response would also aid the team working on CIT ECHO, as it would provide direct feedback on which parts of the session impacted the specific officer and what sections of the session might need tweaking or different approaches.

Although creating new stipulations for what participation qualifies an officer for overtime pay for CIT ECHO sessions leads to the fears of less connections, the benefits of this change outweigh the risk of decreasing login numbers. The reality is that these requirements for overtime pay are really not arduous, as almost everyone now has a device with a camera (the on-duty computers do not, but on-duty officer don't receive overtime anyway), and if they don't, typing a sentence or two of their thoughts into the chat is not a significant burden on officers. Any officer who refuses to do any of the three above options is probably not watching or learning from CIT ECHO anyway, and while attendance numbers may drop, it should be considered a reflection of the increased quality of the remaining views.

As the program is set to expand, the problem of officers taking advantage of the service for its overtime pay without participating or even watching could grow and further solidify itself. By making this change now, the staff of CIT ECHO could avoid facing a far larger problem and could ensure a healthier and more effective expansion of the program, both for officers and for the administrators of the program itself.

Recommendation: Rework the CIT ECHO certification process to incentivize and reward officer involvement

Current Situation

CIT ECHO rewards attendance with one certification per hour of CIT ECHO attended.

Value of CIT ECHO Certifications

Currently the CIT ECHO certification process provides one certificate for every hour of CIT ECHO participation. While this can act as an incentive for officers to participate in their first few ECHO sessions, any regular and active participant will quickly accumulate enough of these certifications to make them nearly meaningless.

The value of these certifications is further limited by the very loose requirements put upon participants. To acquire a certificate does not require a participant to share, speak, or be on video. This means that even officers who ‘participate’ by logging onto Zoom, introducing themselves, and walking away, are rewarded with CIT ECHO certificates.

Fidelity to the ECHO Model

A key component of the ECHO model is to “develop subspecialty expertise over time.”⁸ This means that as time goes on, participants should become ‘experts’ in CIT and behavioral health practice. This does not mean that participants need, for example, the depth of knowledge a psychiatrist might have, but they should be able to provide on-site expertise in the handling of behavioral health situations

⁸ Arora, S., Kalishman, S., Dion, D., Som, D., Thornton, K., Bankhurst, A., . . . Yutzy, S. (2011). Partnering Urban Academic Medical Centers And Rural Primary Care Clinicians To Provide Complex Chronic Disease Care. *Health Affairs*, 30(6), 1176-1184. doi:10.1377/hlthaff.2011.0278

according to CIT methodology. This is the “demonopolizing of specialty knowledge” that is the purpose of the ECHO model.⁹

Currently, the certification system does not encourage this cultivation of expertise, which occurs primarily through case-based learning and engagement with experts in the field. This is a considerable missed opportunity.

Encouragement of Case-Sharing

Currently, the certification process has no rewards for sharing a case. In this compensation model, officers are rewarded for sharing a case by counting their participation as one ‘community meeting’, of which officers are required to attend a certain number. While this is certainly effective in encouraging case sharing, according to all officers consulted with, the continued lack of cases indicates it is not enough encouragement.

The backbone of the ECHO model is case-based learning. Unfortunately, CIT ECHO has suffered regularly from a dearth of cases from officers. This has forced CIT ECHO to focus more on a didactic-focused model, which brings CIT ECHO further away from an ECHO model and more towards a webinar model. This hinders learning and expertise-building, which is reflected by almost all officers surveyed stating that the cases, when they were presented, were the best part of the session.

Solution

These problems can be addressed by adopting a cohort-based certification process which requires full engagement in the model. This certification system is the one recommended for CIT ECHO by Dr. Arora, the creator of the ECHO model.

This new certification process would have several components. (See Figure 1) First, it would require regular attendance of CIT ECHO over a significant period of time. Dr. Arora’s initial recommendation was for a certification period to last 6 months, and for participants to be required to attend 20 out of 26 weeks. While

⁹ Arora, S., Thornton, K., Komaromy, M., Kalishman, S., Katzman, J., & Duhigg, D. (2014). Demonopolizing Medical Knowledge. *Academic Medicine*, 89(1), 30-32.
doi:10.1097/acm.0000000000000051

this exact length of this period could be adjusted somewhat, it should be long enough to enable the development of expertise intended by the ECHO model.

Secondly, to be awarded the certification, participants would have to share a certain number of cases over that time period. This guarantees a inflow of cases to maintain the case-based learning model that drives learning and the creation of expertise. The initial number provided by Dr. Arora was 4 cases within the certification period, but again that number is subject to adjustment and fine-tuning. However, if we assume that initial number of 4, a cohort of 10 participants will analyze and engage with 40 difficult behavioral health cases over the course of a few months, representing a substantial increase over the number an officer might see naturally in the course of the regular duties.

Finally, to receive the certification, officers would have to actively participate during the ECHO session, even if they were not presenting a case. This means asking questions to the case presenter, putting forth suggestions, and otherwise being a contributing, active member of the ECHO network. This is best assessed by qualitative means by either the program coordinator, the session host, or both.

It's important to note that adopting a cohort-certification model does not have to be, and should not be, exclusionary. Participants should still feel welcomed to join the session whether or not they are part of the current cohort. The addition of the cohort model does not mandate removing any aspect of CIT ECHO as it is currently run. Even the current certification system can be kept if it is considered beneficial.

This certificate would then act as an emblem of capacity-building, which would ideally tie in to a future APD promotion system that would be better equipped to appreciate it. For example, if APD switches to a point-based promotion system, the certificate could have a place in that. Along with this, it could be a very strong incentive if receiving this certificate came with a pay bump similar to the eCIT pay bump, assuming there is room in the budget.

By creating such a certificate, which represents sustained and active expertise-building in the CIT ECHO program, officers will be further incentivized to engage with the CIT ECHO model in the way it is intended. This will boost organizational capacity, develop officer knowledge, and enable better front-line outcomes.

Recommendation: Cycle the day of CIT ECHO sessions to allow greater accessibility to officers

Current Situation

CIT ECHO holds a session at 1:30 PM every Tuesday to create a consistent schedule.

Officer Schedules

The main demographic and intended participants of CIT ECHO are police officers. These officers maintain work schedules that are not subject to regular change. If an officer is scheduled to work during CIT ECHO sessions on Tuesdays, these officers will not be able to join the sessions and be hindered from seeking out continued education.

Presenter Schedule

Presenters for the didactic portion of CIT ECHO sessions also have to have an accommodating schedule to be available to participate in the sessions. Access to many possible presenters is limited by the set CIT ECHO session date and time.

CIT ECHO Growth

The CIT ECHO schedule, although consistent, limits not only officers from pursuing continued education but also limits the CIT ECHO program from successful outreach to officers and overall expansion. Officer awareness of the resources from or even existence of CIT ECHO is limited when officers cannot sign on to CIT ECHO because of schedule conflicts.

Solution

Changing the day of CIT ECHO sessions would address these problems to the advantage of both officers involved and those involved in running the sessions.

On a certain interval to be determined by CIT ECHO staff, the day of the sessions would shift to another weekday. By shifting the day but not the time of the session, officers have more opportunities to attend sessions. A majority of officers would have a CIT ECHO session available on a day they are not scheduled, allowing a broader pool of officers to access this continued education.

By shifting the day, some officers would have CIT ECHO sessions switch from being available on their days off to the days they are scheduled, but two factors make this inconvenience valuable to the officers and CIT ECHO. The first factor is the size of CIT ECHO sessions. Even though some officers will still not be able to participate or will become unable to participate by changing the day of the sessions, this will keep sizes of the sessions relatively consistent and relatively small. This consistent size would be more conducive to conversation between officers, allowing for a more interactive and effective session of CIT ECHO. The second factor is the pragmatic numbers of officers able to use CIT ECHO in a broader timeline. CIT ECHO sessions help officers pursue continued education and even gain more specialized training, but the coincidence of days off from a schedule with days of CIT ECHO sessions should not be what determines who can access CIT ECHO. Changing the days of sessions would rotate who can access the sessions, but more officers overall would have the opportunity to participate, learn from didactics, and present cases for best practice.

Additionally, both the new availability of CIT ECHO sessions and the temporary nature of their availability would incentivize participation. By shifting days of sessions, officers would grow to know that they might only be able to access the sessions for a specific window of time before they are switched to a day that coincides with their work schedule (but also made available again at a later date). The temporary nature of the sessions would create an incentivizing urgency. Officers might consider participating in a CIT ECHO session more if they knew it would help them but was also only available for a shorter window of time before changing days again.

The design of how and when days of CIT ECHO sessions are shifted would need to be consistent, creating a cycle. Preferably, the days that would have CIT ECHO sessions in this system would allow each officer to participate for *at least* one section of time in the cycle or reach as close to this goal as possible while still maintaining a simple, consistent model.

Recommendation: Change the didactic to focus more on case-based learning

Current Situation

The didactic portion of CIT ECHO currently last 45 minutes, and the other half of CIT ECHO sessions are filled by case debriefings.

Case-based Learning

While there is no doubt value to a didactic-based webinar-like model, case-based learning is also a fundamental teaching tool, especially in complex situations like public safety.¹⁰ Currently, with a didactic much longer than a standard ECHO, CIT ECHO sacrifices a focus on case-based learning.

Our interviews, formal and informal with officers, have confirmed that the most helpful part of CIT ECHO is the cases. Many officers stated that the cases felt “practical,” and one officer in an informal interview stated that he liked the case-based learning of CIT ECHO because “you can immediately take what you learn there and use it the next shift.” Clearly, CIT ECHO’s case review process is working, and deserves more emphasis to be placed on it.

By making the didactic such a large part of the CIT ECHO program, CIT ECHO is taking the focus off of the cases, which might lead to less cases being submitted as participants don’t feel it’s necessary. The solution to a lack of cases should not be extending the didactic to fill the time period. Instead, we believe that if there are a lack of cases, CIT ECHO should adopt a “tough love” approach and end the session early, thereby emphasizing the importance of submitting cases. This is an approach that has been successful for other ECHO models, and is endorsed by the ECHO Institute.

¹⁰ Susan Bodgener & Abdol Tavabie (2011) Is there a value to case-based discussion?, *Education for Primary Care*, 22:4, 223-228, DOI: [10.1080/14739879.2011.11494004](https://doi.org/10.1080/14739879.2011.11494004)

Value of Didactics

As opposed to the case-based learning, many officers didn't feel as fond of the CIT ECHO didactics. They often felt that they were "dry." While this could be possibly fixed with a more rigorous speaker-selection process, other officers brought up more challenging issues with the didactic model as stands.

One officer, in a formal QI interview, stated that he didn't feel that the didactic had value to him as a field officer, because it was too abstract and academic. In his own words he felt that the didactic was "more relevant to CIU officers than it was to field officers." He felt that the didactic, while giving officers more technical knowledge on a subject, didn't actually teach them how to "police better." This is similar to how we felt after the CIT ECHO session we sat in. While we certainly learned more about school shootings from a technical standpoint, we didn't feel like we had a better knowledge of how officers should help prevent or face them. The most practical part of that presentation was when two school officers started sharing their own experiences, once again emphasizing the value of case-based learning.

Fidelity to the ECHO model

The heavy focus on didactic over case-based learning brings CIT ECHO further away from a true ECHO model and closer to a webinar model. In fact, most officers interviewed referred to CIT ECHO as some sort of webinar, either as "the CIT webinar" or "that webinar with Matt Tinney." While the fact officers refer to it by that isn't a problem in itself, it is indicative of a problem in the sense that a true ECHO model should not feel like a webinar to participants. By pivoting away from a webinar-model to a more faithful ECHO model, CIT ECHO will increase learning outcomes.

Solution

We recommend that CIT ECHO shorten the didactic part of the CIT ECHO session to around 15 minutes, as well as pull-in the scope of didactics.

The first part of the recommendation, to shorten the didactic time, we believe will solve several issues. First of all is the lack of focus on case-based learning. It stands to reason that dedicating more time to case-based learning will lead to

more case-based learning. If this cut-back on didactic time leads to dead time because of no cases being submitted, we recommend the “tough love” approach of cutting sessions short.

That said, this change should be eased into, and communicated clearly to participants ahead of time. CIT ECHO should not immediately switch didactics to 15 minutes and then kill the session at 30. Instead, start with the same 45 minute didactic if that’s what’s needed to fill the time, but then tell participants that in the future didactics will be getting shorter, and if cases aren’t submitted the sessions will have to be cut short. Ideally, if this is done correctly, no session will ever need to be cut short because submitted cases will increase, but it’s important to follow up on the threat to shorten the session if cases still aren’t submitted. The threat of shorter sessions will imply that officers who receive overtime pay will be paid less for shorter sessions.

Shortening the session will also help with the second part of the solution, to reign in the “scope” of the CIT ECHO didactics. ECHO didactics are meant to be short, easily applicable tidbits of knowledge to either start or end an ECHO session. Police officers will never be experts on bipolar disorder as a whole, but they can become experts on how to calm someone with bipolar disorder who is having suicidal ideation. Police officers will never be experts on fentanyl, but they can be educated as to fentanyl interactions with other drugs, and how that affects the application of Narcan. While these exact topics are fabricated, they serve as examples of the direction didactics should be going.

These shorter, more discretely targeted didactics will not only open time for more case-based learning, they can also address the officer complaints of the didactic portion being impracticable for day-to-day police work. In this way, even though less time may be dedicated to the didactic portion, that didactic may improve outcomes even more than the current, longer versions.

Community Policing Councils

As a group of Civic Collaboration Partners working with the Mayor’s Office of the City of Albuquerque and the Albuquerque Police Department, we have spent time exploring community policing councils (CPCs). These CPCs have been established in each of the six command areas as a part of the Court Appointed Settlement Agreement (CASA) to facilitate regular communication and cooperation between the Albuquerque Police Department (APD) and community leaders at the local level.¹¹ The councils are currently completely independent entities that have their own respective bylaws and codes of conduct. Mr. Chris Sylvan serves as the Community Policing Council Manager in the Police Community Outreach Department of APD . He attends all CPC sessions and also maintains a role as a liaison between APD and the CPCs.

The official goal of the CPCs is “to engage in candid, detailed and meaningful dialogue between Albuquerque Police and the citizens they serve.”¹² By attending several CPCs to observe the flow of conversation, structure, and content of discussion, we found that dialogue with police officers was most often conducted through a reading of monthly crime statistics followed by a brief explanation of the mentioned statistics. The officers typically did not actively participate in discussion aside from the presentation of crime statistics.

Many CPCs also have time set aside for a presentation from an outside organization or entity to provide a greater context to the city. The presentations, if a part of the agenda, covered a range of topics and were generally the focal point of the council meetings.

Because of the independent nature of the CPCs, the operation and structure are tailored based on the goals and hopes of the specific community. For example, each of the command areas has a different number of board members: the Foothills Command, five; the Valley Command, six; the Northeast Command, eight; the Southeast Command, twelve; the Northwest Command, six; and the Southwest Command, five. To become a board member on a CPC, one must fill

¹¹ CASA Paragraph 266: United States, Department of Justice. (2014, October 27). Retrieved July 16, 2018, from [https://www.justice.gov/sites/default/files/usao-nm/legacy/2015/01/20/DOJ-ABQ Settlement Agreement EXECUTED.pdf](https://www.justice.gov/sites/default/files/usao-nm/legacy/2015/01/20/DOJ-ABQ%20Settlement%20Agreement%20EXECUTED.pdf)

¹² Community Policing Council. (n.d.). Retrieved from <https://www.cabq.gov/police/community-policing-council>

out an application and then be confirmed by the majority of voting members on that respective CPC.

Our second vector was “How might we strengthen self-confidence and community confidence that front-line officers have the knowledge and tools to address complex public safety situations?” We essentially took this vector and focussed it onto the role and improvement of community policing councils. We delved into how the councils functioned, how they were run, and how they differed in the separate command areas. We found that although the CPCs have much to be recognized for their novel concept, there are areas that can be easily improved to increase dialogue between APD and the community, provide an active engagement system for community members to give recommendations to APD, and generally unify the purpose and legitimacy of CPCs without sacrificing the independent nature of the councils.

Unity

Currently, all the community policing councils are structured and operate completely independently from one another. As mentioned before, the councils have a different number of board members and different bylaws to further accentuate their different styles. Although the independent nature leads to different areas being able to highlight and thrive off of their inherent nuances, the concept also creates confusion between councils and APD. While the Community Policing Council website and the CASA both state a unified goal and purpose for the councils, the conduct of the meetings suggests otherwise. The meetings did not tend to emphasize the concept of policing or law enforcement but vered into the realm of general community concerns. In addition, when asking several members of APD, there was a lack of consensus on what function the CPCs serve. Generally, people knew that CPCs existed but could not formulate specifics as to how and why the institutions were beneficial to the community (page 31-32).

Board Diversity

According to the CASA, councils are to be made up of a, “representative cross-section of community members and APD officers, including, for example, representatives of social services providers and diverse neighborhoods; leaders in

faith, business, or academic communities; and youth.”¹³ However, after attending CPC meetings in several command areas, we found that this was not the case. Except for the Southeast Command CPC, which had two UNM law students, there was not a representation of the youth in the community. The CPCs also did not have adequate representation of the young to middle age population, a group that must be included to fulfill the role that CPCs serve in the community. Without a representative cross-section of the community, CPCs run the risk of not including necessary players in the discussion of policing issues and recommendations to be made. Lack of diversity also inherently leads to illegitimacy of the councils as they no longer are inclusive organizations (page 33-35).

Participation

After attending several CPCs, we noticed there to be a general lack of community participation. Many council meetings consisted of the board members, a few community members, and a couple APD officers that read crime statistics. The process seemed increasingly bureaucratic and board-dominated as opposed to active community participation. In addition, gaps in discussion were filled with presentations by various organizations. However, these presentations seem to fill a void due to the lack of participation by various members, in accordance with the actual community policing council purpose (page 33-35).

Lack of Dialogue

As mentioned in the introduction, officers typically participate in the community policing councils through reading crime statistics. Following the reading of monthly crime statistics, people at the council generally ask the officers the reason in crime increases and decreases to which the officers chart a specific reason or answer that they do not know why there is a change. This ten minute portion usually concludes the council’s interaction with the officers present. The CPCs are meant to produce dialogue with APD; the short reading of crime statistics should not stand in place or satisfy this “requirement” so to speak. There

¹³ CASA Paragraph 267: United States, Department of Justice. (2014, October 27). Retrieved July 16, 2018, from https://www.justice.gov/sites/default/files/usao-nm/legacy/2015/01/20/DOJ-ABQ_Settlement_Agreement_EXECUTED.pdf

understandably seems to be an inherent divide between the officers and community members present, a divide meant to be dealt with by the council (pages 33-35).

Recommendation Process

According to the CASA, community policing councils are supposed to be, “reviewing and assessing the propriety and effectiveness of law enforcement priorities and related community policing strategies, materials, and training,” and, “reviewing and assessing concerns or recommendations about specific APD policing tactics and initiatives.”¹⁴ Currently, the CPCs do make an effort to provide specific recommendations to APD. However, because of the irregularity of the process, many of the recommendations have not been adopted or responded to. We found a reason of unresponsiveness to be due to duplicate recommendations among the CPCs. Additionally, there seems to be no specific way for APD to process direct recommendations from CPCs, possibly because of the disconnect between councils. Another apparent drawback in the process seemed to be that there seemed to be no thorough discussion of recommendations prior to “sending them up,” which inadvertently led to an unsuccessful attempt (pages 36-37).

Conclusion

These identified problems all stem from a lack of unified purpose among the CPCs. The following recommendations hope to bring unity without taking away the sanctity of council independence. With an opportunity to unify, CPCs will be able to fulfill their goal of establishing dialogue with APD and making recommendations on behalf of the community.

¹⁴ CASA Paragraph 269: United States, Department of Justice. (2014, October 27). Retrieved July 16, 2018, from [https://www.justice.gov/sites/default/files/usao-nm/legacy/2015/01/20/DOJ-ABQ Settlement Agreement EXECUTED.pdf](https://www.justice.gov/sites/default/files/usao-nm/legacy/2015/01/20/DOJ-ABQ%20Settlement%20Agreement%20EXECUTED.pdf)

Recommendations

- Hold a CPC convention to establish guidelines for a unified mission statement, structure, and recommendation process
- Establish a consistent and purposeful community policing council structure
- Devise a structured recommendation process that is both consistent and effective

Recommendation: Hold a CPC convention to establish guidelines for a unified mission statement, structure, and recommendation process.

Current Situation

The quarterly summit is held as a meeting between all CPCs.

Lack of Unity

As there is an independent community policing council for each of the six command areas in Albuquerque, there is an understandable disconnect between the goals of the councils. While the sovereignty of each council is important for maintaining the interests of a specific area in the city, the lack of interconnectedness causes one council to be unaware of practices and ideas from another council.

Lack of Best Practice

The independence of the community policing councils and lack of unified discussion leads to less dispersion of best practice among the councils. Even though the quarterly summit acts a meeting place for all the councils, it lacks a best practice-making body that can disseminate knowledge throughout.

Solution

A CPC convention can provide an adequate means to promote best practices and establish a sense of unity among the councils. The CPC convention is much like the quarterly but with a more defined sense of purpose. The convention, although not a law or policy making body, would serve as a unifying meeting for the six board of the councils.

Firstly, the convention would commence by reviewing the recommendations up for discussion at the convention, several of which are mentioned in this document. An appropriate and reasonable discussion of a mission statement, council structure, and recommendation process suggestion could be arranged through

large-scale review or through a systematic committee structure at the convention. This would allow the councils to take a deep dive into several integral pieces of the CPCs and improve strategy and execution.

While the CPC convention is an ambitious event both in its procurement and expected results, it serves as a launching pad for increased efficacy both directly and indirectly. How effective the convention ultimately will be will depend on the diligence with which it is carried out and the willingness of the attendees to embrace change for long term improvements.

Recommendation: Establish a consistent and purposeful community policing council structure

Current Situation

The current structure of the CPCs varies heavily based on command area.

Vague Mission Statement

The current mission statement of the CPCs, although comprehensive in its interpretation, fails to provide a consistent goal. In conversations with APD officers, there seemed to be a lack of consensus on the official purpose of the CPCs. The councils came across as a band-aid solution to comply with the CASA. Consequently, while the councils provide a novel approach to improve relations between the community and police department, they lack a consolidated mission statement that mitigates confusion of purpose.

Lack of Dialogue

During most CPCs, there is a time for officers to read monthly crime statistics. Following the statistics reading, there is sometimes a few minutes for community members to ask questions to the officers. There is not a time for residents and officers to actively engage officers in a meaningful way. The current structure of most of the CPCs does not favor open dialogue but curbs interactions away from the officers.

Lack of Participation and Outreach

The CPC meetings do not have an adequate representative pool of the community participating actively in developing recommendations and bringing community policing issues to the table. The board is made up of a relatively homogenous population that does not include all age groups. Aside from the two UNM law students on the SE Command Area CPC, there are no youth that are actively participating in the councils. Without appropriate participation, the CPCs risk losing legitimacy among the community and APD. According to the CASA, CPCs are supposed to “include a representative cross-section of community

members and APD officers, including, for example, representatives of social services providers and diverse neighborhoods; leaders in faith, business, or academic communities; and youth.”¹⁵ By lacking this essential component, there is not only a lack of compliance but a lack of efficacy. Furthermore, there does not seem to be a strong effort to recruit a more diverse board or even to broaden the scope of the councils by reaching out to community leaders and groups.

Solution

While the independence of each of the CPCs must be preserved, a responsible and efficient structure must be established, ideally at the aforementioned CPC convention. A dynamic structure must take into account several points of a successful council in producing dialogue and ample participation. First, a mission statement must be designed that presents a unified vision for the CPCs. The statement of purpose must be both inclusive and explicit in a way that is not confusing to either APD or the CPCs.

An important point of consideration to maintain an effective governing body over a CPC is the number of board members. At this time, there is no minimum or maximum number of members constituting a CPC board. However, it is necessary to have a set range to make sure there is always an appropriate number to maintain order and vote on recommendations. Considering the current states of the CPC boards, an adequate range would be 5-15. Five members is needed to conduct a reasonable vote while fifteen takes into account the relatively large board that is present in the Southeast CPC. There also needs to be a vice chair who can carry out the duties of the board chair if he/she is not present.

While an adequate number of CPC board members is necessary, the diversity of the board is imperative to the success of the councils. As mentioned by the CASA, CPCs must “include a representative cross-section of community members and APD officers, including, for example, representatives of social services providers and diverse neighborhoods; leaders in faith, business, or academic communities; and youth.”¹⁶ To maintain diverse perspectives an adequate cross section of the community, a CPC board should have a youth

¹⁵ CASA Paragraph 267 United States, Department of Justice. (2014, October 27). Retrieved July 16, 2018, from [https://www.justice.gov/sites/default/files/usao-nm/legacy/2015/01/20/DOJ-ABQ Settlement Agreement EXECUTED.pdf](https://www.justice.gov/sites/default/files/usao-nm/legacy/2015/01/20/DOJ-ABQ%20Settlement%20Agreement%20EXECUTED.pdf)

¹⁶ Ibid.

member (high school or younger), an officer that lives in the area, a local faith leader, and a local business leader. This provides several civilian perspectives as well as officer input.

Another point of consideration is propagating outreach through the CPCs. To ensure the success of the councils, the concept and meeting ideas need to reach as many people in the community as possible. For example, schools, churches, and other neighborhood organizations all have unique demographics that would greatly enhance the diversity of the CPCs. Outreach needs to be one of the most fundamental goals of the CPCs, as that will increase both participation and input. To do this, there needs to be a designated person on the board that can serve as the “outreach chair.” For the purposes of the CPC, the vice chair can appropriately assume the dual role of outreach chair. Whether it be coordinating visits to public institutions or further promoting CPCs in the community through a social media campaign, the outreach chair’s role will be vital in furthering the causes of CPCs.

Finally, there needs to be dedicated to increase dialogue between officers and residents that is not limited to crime statistics. For example, discussion of police strategy in the area as well as new policy will help keep both sides in the loop while further facilitating the active role of the CPCs in the community.

Recommendation: Devise a structured recommendation process that is both consistent and effective

Current Situation

The CPCs independently “send up” recommendations to APD that may or may not be adequately reviewed.

Disconnected Recommendation Process

The current process of providing APD with recommendations to be implemented is both disjointed and cloudy. With each council, there is a different style of presenting prior recommendations and discussing new ones. This undoubtedly leads to confusion on both ends of the problem. Firstly, the council does not have an efficient way of presenting recommendations to its constituents. For example, recommendations are brought up and voted on in a unsynchronized way with no official “write-up” form to be presented at the council. Secondly, APD does not have an official way of processing the recommendations. Processing is made difficult because each council present recommendation independently and in a nuanced way. There is no way to provide adequate contextual information to APD from the CPC boards in a timely way.

Duplicated Recommendations

Each CPC in Albuquerque has the opportunity to provide recommendations to APD. However, there seems to be no way to efficiently communicate recommendations between councils. There is a good chance that recommendations will be duplicated and therefore reduce the speed at which suggestions can be implemented. This also creates confusion if APD does take into consideration the recommendation but fails to communicate it to all the councils.

Solution

The community policing councils need to develop a systematic recommendation process that can be streamlined across command areas, ideally at the aforementioned CPC convention. The process needs to allow for increased dialogue between the CPCs and Chief of Police, provide context for specific recommendations, devise a method of feedback.

An appropriate model for a recommendation process would be arranged as follows. A meeting should be arranged every six months for each of the six councils. The attendees would include the CPC board (including the officer that is a part of the board), Chief of Police, and Community Policing Council Manager. In practice, the meetings would be scheduled so that the Chief of Police and Community Policing Manager would attend a meeting each month, rotating through each command area.

Essentially, the meeting would serve as a place to discuss any recommendations the CPC has discussed in the past six months. In terms of formality, the “meeting” would not have a specific agenda, but work as a purposeful discussion between the entities. Each board member would be able to voice his or her concerns of prior recommendations made and then further add new issues that have come up.

To provide a sense of accountability, the Chief of Police would delegate a specific recommendation to a member of APD. The delegated individual would then be required to follow-up on the progress that has been made to the CPC in a three month deadline. This not only provides a specific way for the situation, recommendation, or policy to be handled but also gives an outlet for timely follow-ups.

A regular, scheduled, and productive meeting between the Chief of Police and CPCs would likely produce increased dialogue and expedited results. This process, although requiring more time and a more focused approach in comparison to current model of sending up recommendations to APD, would ultimately decrease confusion between police department and CPCs (See figure 2 in the index for visual depiction of the recommendation process).

Mobile Crisis Teams

Throughout the duration of our submersion into the multitude of mental health programs offered in Albuquerque and Bernalillo County, we were introduced to New Mexico's version of the Co-Responder Model: Mobile Crisis Teams. With their recent implementation of February 18, 2018, we were able to conduct qualitative research on the effectiveness of the program's current state and construct numerous quality improvement recommendations.¹⁷

The Mobile Crisis Teams that operate within the jurisdiction of Bernalillo County consist of Albuquerque Police Department's two teams, and the Bernalillo County Sheriff's Office's two teams. Each team comprises an Enhanced Crisis Intervention Team Officer and a Crisis Clinician. eCIT Officers are partnered with their Crisis Clinician at the formation of their unit, and operate with this same Clinician unless they are on leave.

Coordination

Upon examination of the Mobile Crisis Teams, it is evident that there is minimal to no communication between both the County and City MCTs. The two departments utilize their own MCTs exclusively, instead of deploying them based on availability.

The minimal communication between Mobile Crisis Teams and/or their dispatchers has various unintended consequences. The negative externalities produced from this lack of communication include but are not limited to: overreliance on field officers, response time inefficiencies, and a reduction in follow-up appointment capacity.

Small Scale Crime Reduction

Mobile Crisis Teams are utilized based on the frequency of behavioral health related calls and for follow-up appointments with individuals. Because of the sporadic nature of MCT utilization, their crime reduction is inherently incremental and based on how many individual calls they respond to/follow-up appointments they conduct.

¹⁷ Boetel, R. (2018, February 18). Mobile crisis units debut. Retrieved July 12, 2018, from <https://www.abqjournal.com/1135314/mental-health-crisis-teams-debut.html>

Without the implementation of a community policing aspect to the Mobile Crisis Team Program, the crime reduction will remain incremental. At its current state, the MCT program fails to establish relationships with individuals other than those undergoing crises or receiving psychiatric treatment from their Clinicians. Additionally, with the sporadic and individualistic nature of the MCT program, crime isn't averted nearly on the same scale that establishing lasting relationships with residents in high crime areas would.

Neglect of Night Crises

In the current state of the Mobile Crisis Team Program, neither the County nor City possesses a graveyard shift unit. The current schedules of the MCTs are from 8AM-6PM (day shift), and from 12PM- 12AM (swing shift).

Because of the lack of an MCT unit for the graveyard shift, individuals experiencing psychiatric crisis during the time period of 12AM-8AM are neglected. These individuals will be responded to by eCIT Officers, and will miss the opportunity to receive on-the-spot counseling from a crisis clinician. An additional externality that the absence of a graveyard shift MCT renders includes a reduction of night-time case follow-ups.

Conclusion

Most of the issues stated above are directly linked to a lack in the establishment of an additional Graveyard Mobile Crisis Unit, a lack of Community interaction, and minimal coordination between County/City MCTs. Because each of these facets contributes to the inefficiency of the Mobile Crisis Team, all the subsequent recommendations emphasize models and/or programs that will increase MCT effectiveness and the expansion of its influence.

Recommendations

- Establish a preemptive Mobile Crisis Team check in system for high crime blocks/streets
- Expansion of the Mobile Crisis Team into the graveyard shift
- Increased coordination between the County's and City's Mobile Crisis Teams

Recommendation: Establish a preemptive Mobile Crisis Team check in system for high crime blocks/streets

Current Situation

The Mobile Crisis Team of Albuquerque Police Department's current preemptive measures to reduce the incarceration of individuals with behavioral health disorders consist exclusively of follow-up appointments with those arrested previously, or with prior encounters with APD.

Prior Police encounter required to receive follow-up

Based on the current system that the Albuquerque Police Department has in place, individuals that receive follow-up check ins must have been previously incarcerated or had reports filed due to a behavioral health related incident. This current system, although preemptive in follow-ups, is inherently reactive in nature.

Without having a prior negative interaction with a police officer, individuals with behavioral health disorders aren't connected with resources to prevent the initial behavioral health call that officers respond to. The lack of this preemptive measure neglects the demographic suffering with mental illness, essentially ignoring these individuals until their neglect manifests in a 911 call.

Lack of Trust Establishment in Neighboring Residents

The follow-up system established by Mobile Crisis Teams solely targets the individual previously displaying a behavioral health disorder. Although this system works to render a positive relationship between the individual in crisis and Albuquerque officers/clinicians, it fails to cultivate a positive relationship with the remainder of the residents in said area.

This is essentially missed opportunity in continually improving the relationship between the Albuquerque Police Department, and the citizens in which it serves. Without communicating with the remaining residents of the area on their

safety/individual mental health states, APD misses the opportunity to connect with citizens and establish much needed relationships beyond policing.

Small Scale Crime Reduction

Due to the individualistic nature of the MCT's current follow-up system, crime is reduced incrementally based on how many individual follow-ups are performed. Because MCT follow-up isn't community oriented, their presence fails to act as a crime deterrent because of interactions being limited to the sole individual that was in crisis.

Without communicating with the remaining individuals/families in the residential area, APD/MCTs are unable to establish a guarding presence in the area. Crime rates remain fairly consistent in these areas due to the duration of an MCTs time in an area being spent providing individualistic support/counseling.

Solution

To combat the previously listed issues with MCTs current follow-up system, a preemptive behavioral health community check-in system should be established. This is the Co-Responder Model mentioned in "A Co-Responder Model for Policing Mental Health Problems at Crime Hot Spots: Findings from a Pilot Project" by Claire White and David Weisburd.¹⁸

This system would utilize Albuquerque's version of the co-responder model (MCTs) to meet with residential members and business owners that reside within "hotspot areas". Hotspot areas are locations comprise high crime and large populations of individuals with behavioral health disorders. These hotspot areas would be determined based on statistical analysis of the locations involved in previous behavioral health calls, as well as areas that generally contain a high crime rate.

Within these hotspot areas, MCTs would allocate about an hour of time each week to connect the inhabitants of these hotspot communities. If modeled after the Baltimore pilot program, contact within these hotspot areas would last for

¹⁸ White, C., & Weisburd, D. (2017). A Co-Responder Model for Policing Mental Health Problems at Crime Hot Spots: Findings from a Pilot Project. *Policing: A Journal of Policy and Practice*, 12(2), 249-249. doi:10.1093/police/pax059

about fourteen weeks.¹⁹ The duration of this program within Albuquerque could be adjusted based on the receptiveness of the community, and also extended based on fluctuation in neighboring areas.

During the first week of this program, MCT teams would be required to gather a contextual understanding of their respective hotspot area, identifying potentially hazardous areas, utilizing case management databases to determine the quantity of individuals with behavioral health disorders, and contacting business owners within the vicinity. Contact with residents should begin from the second week onward.

Business owners of these areas would be contacted on ways to produce a safe environment for their customers/employees. These business owners would provide information as to the types of crime plaguing the hotspot area, and any residents of the area that have caused public disturbances at their establishment. Additionally, the officer should extend invitation to have the building's security cameras added to the RTCC's (Real Time Crime Center) system to aid in preventing crime.

Contact with the residents of these areas should be consistent of introducing the Mobile Crisis Team members, their reasoning for their increased involvement in the hotspot area, and questioning whether anyone in the residence requires immediate psychological assistance/guidance towards additional resources.

Over the course of this program, MCTs would be required to check-in with each household during each of the visits of the fourteen week program. However, teams would cease contact with their household if specified by the resident. MCTs would determine which hour out of their schedule that they would visit their hotspot area, and be required to visit this area consistently at the same time for each week of the program.

¹⁹Ibid.

Recommendation: Expand the City Mobile Crisis Team Program into the graveyard shift

Current Situation

The City Mobile Crisis Team Program only has units covering two shifts per day. These shifts include day shift (8AM-6PM) and swing shift (12PM-12AM).

Mitigated Crisis Control

The current shift coverage neglects the mental health related crime and individuals suffering from mental health crises from 8PM to 8AM within the City. Because there is no available Mobile Crisis Team for the graveyard shift, officers responding to behavioral health related calls will not have the additional expertise of a crisis clinician.

Because of officers responding solely to behavioral health related calls, the likelihood of a show-of-force incident increases due to the absence of a crisis clinician's expertise on mental illness. Additionally, follow-up appointments are missed between MCTs and individuals suffering from mental health disorders that are not able to receive follow-up appointments during day, and swing shifts.

Solution

To improve behavioral health call responses and the effectiveness of the Mobile Crisis Teams, an additional MCT unit should be developed to cover the graveyard shift. This new unit would cover the time span between 8PM to 8AM, which would allow for constant time coverage for behavioral health calls.

The establishment of this additional would allow for an overlap in MCT coverage time between the hours of 8PM to 12AM. The coverage overlap would allow for increased response time to behavioral health related calls and supplementing the shortage of officers in high crime areas of command.

Finally, this additional MCT unit would increase the capacity of follow-up appointments conducted. This additional unit could perform follow-up appointments during the graveyard shift, reaching individuals that are unavailable

to communicate with day/swing shift units due to work or other time sensitive obligations. Additionally, the swing shift MCTs would be able to conduct an increased quantity of follow-up appointments due to the supplemental coverage that the graveyard shift provides from 8PM to 12AM.

Recommendation: Increase Coordination between the County and City MCTs

Current situation

There is minimalistic communication between County and City Mobile Crisis Teams. Both County and City dispatchers deploy their own respective Mobile Crisis Teams exclusively.

Response time inefficiency

Due to County/City dispatchers depending exclusively on their own Mobile Crisis Teams, response times are inherently increased based on their team's availability. If a behavioral health related call occurs, dispatchers are required to wait for their respective MCT to finish their current call regardless of whether the MCT not in their department is available.

Increased Reliance on Field Officers

Without reliance upon which team is readily available (County or City), the dispatcher is unable to deploy an MCT in behavioral health situations that would benefit from a clinician's presence. Because of dispatchers insistence upon utilizing their own department's MCT, individuals experiencing mental crises will be responded to with the lesser alternative; CIT/eCIT Officers.

This dispatch methodology perpetuates one of the core issues facing Albuquerque Police Department, officer shortage/overutilization. Without effectively utilizing whichever MCT is readily available, dispatchers reduce the amount of field officers available to handle non-behavioral health related calls.

Additionally, this overutilization of field officers in opposition of utilizing the other department's MCT inherently increases the incarceration rate or show-of-force incidents for individuals that would have benefitted from on-the-spot psychiatric counseling.

Solution

By increasing the level of coordination between both County and City Mobile Crisis Teams, a decreased in both reliance on field officers and in response time can be established. Dispatchers should utilize whichever Mobile Crisis Team is readily available to respond to a behavioral health call, in opposition to their current sole dependency upon their own department's team.

To achieve this effectively, a clearly defined set of guidelines should be established between the two departments for circumstances in which utilization of one another's MCTs are permissible. These should include but are not limited to; location to tentative call, MCT availability (whether in a call or on a follow-up), and the priority of the tentative call.

After establishment of the coordination guidelines, there would be a training update for the dispatchers that operate within the County and the City. Adjustments to the guidelines should be needed upon alterations to the Mobile Crisis Team programs. Additionally, as the guidelines are updated retraining would need to be provided.

Project Guardian

Part of our assignment here in Albuquerque was to assess the “tools to address complex public safety situations” that police officers possess, and the ways in which these tools are employed to affect productive community policing. Beyond engaging with the tools already present and at officer’s disposal, we were also eager to find more about programs and other initiatives that had been or were being piloted in Albuquerque or other parts of the country, in the hopes that we might be able to develop one or more of these into a fully functional and permanent system .

One such program that came up earlier on during our time in Albuquerque was Project Guardian, a system originally conceived to track police encounters with members of the public who have a history of mental or behavioral health crisis, or a substance abuse disorder in order to alert officers going on repeat calls for service for that same individual. While we commend this initial design, it lacks any mechanism to pre-emptively provide information to officer on behavioral health calls in which the person seeking or in need of assistance has not called before. This recommendation therefore seeks to develop a way for individuals to alert the Department to certain aspects of their behavioral health diagnosis before having an encounter with the police, in the hopes that should they ever require assistance the responding officer will come already equipped with the knowledge to most effectively render aid.

Participation

Over half of Americans will live with some form of mental health illness at some point in their life, making it a foregone certainty that officers will encounter persons living with behavioral health diagnoses on a frequent basis.²⁰ However, it isn’t likely that they’ll encounter everyone, or even that they will encounter many individuals more than a single time. Given that mental illness can be controlled fairly well through medication, therapy, and intentional lifestyle choices, crises requiring officer response are the exception, not the norm. Taken together with the US Department of Justice’s estimation that only around 20 percent of Americans come into contact with police annually, it is unreasonable to believe that the Project Guardian system in its present form would contain information

²⁰ Centers for Disease Control and Prevention (2018, January 26). Mental Health. Retrieved July 12, 2018, from <https://www.cdc.gov/mentalhealth/learn/index.htm>

necessary to respond to all behavioral situations that police officers may face.²¹ It is thus our goal to be able to expand the system to allow more individuals in order to pre-emptively provide officers with the knowledge and resources to respond in the most effective manner to a broader array of mental and behavioral health situations. This approach is detailed in Recommendation 1 in the following pages.

Available Information

Just as the current model of the Project Guardian system only includes information on members of public that the police have already encountered, it likewise includes only information that the police are easily able to obtain through their direct interactions. By revamping the model to involve the patients' medical records and their care provider, the system becomes one with a more comprehensive level of tools available to the responding officer, better equipping them to render aid and assistance and diffuse what might otherwise be an easily escalatable situation.

Privacy Concerns

We have intentionally avoided the use of the word "database" throughout this particular recommendation, as it is term that is prone to stir up privacy concerns by members of the public, especially when used in relation to record-keeping on a distinct group of people, in this case residents of the city with mental or behavioral health diagnoses. We hope to circumvent this concern by the same mechanism employed to expand the program: voluntary registration. Participation in the registry is fully at the patient's or patient's legal guardian's discretion, and once they have agreed to participate they remain free to withdraw their name and information from the registry. By allowing a high degree of personal autonomy in the submission and maintenance of personal records, concerns regarding government overreach into personal information should in large part be avoided.

As it stands, the exact standards of privacy of police-held records regarding the personal information of a non-employee individuals remain unclear. Albuquerque Police Department Standard Operating Procedures state that all "medical, psychiatric, psychological, or OMI reports" are closed to public inspection, but

²¹ Bureau of Justice Statistics, Office of Justice Programs. (2011, October 5). Contact Between the Police and Public, 2008. Retrieved July 12, 2018, from <https://www.bjs.gov/index.cfm?ty=pbdetail&iid=2229>

what constitutes these types of records is not clearly defined.²² Further, SOP's have the potential to be overridden by state statutes governing the release of public records, and thus police records rest in the unique situation of being controlled by what could be construed as duelling sets of regulations. We therefore lay out our recommendations for Project Guardian records as used by the Department in Recommendation 2, consistent with what we believe to be the best way to protect the privacy of participants and the efficacy of the system.

Recommendations

- Allow voluntary registration in Project Guardian to prevent the risk of negative first interactions with patients with behavioral health issues, and to shift focus of Project Guardian to more fully preventative measures, rather than reactive warnings.
- If the City so decides, in the interests of privacy and liability, to facilitate the establishment of a private contractor to collect and maintain voluntarily disclosed behavioral health records for the use of Project Guardian and the Albuquerque Police Department

²² Albuquerque Police Department. (n.d.). Standard Operating Procedures, Records. Retrieved from <http://documents.cabq.gov/police/standard-operating-procedures/2-16-records.pdf>
SOP 2.16.2

Recommendation: Re-establishment of Project Guardian as a voluntary self-disclosure registry of behavioral health conditions for more informed policing.

Problems:

- At our present level of understanding, Project Guardian only includes records on individuals who have previously interacted with the police.
- A gap exists for individuals who worry they may have police interactions in the future, and wish to make the Police Department aware of certain behaviors or mannerisms that may manifest in such a moment of crisis.

Solution: Allow members of the public with diagnosed mental health conditions to request that their doctor submit records certifying their diagnoses, along with other personal information and information relevant to their condition and diagnoses, to a coordinated registry available to Albuquerque Police Department officers when dispatched to addresses registered with the system.

Voluntary Disclosure

The Project and its associated registry should be free of most concerns of surveillance and monitoring, as no member of the public with any kind of mental health diagnosis would have that information pulled for the registry unless they gave their explicit consent and direction for such to be done. Further, people wishing to disclose mental health information to the registry would direct their psychiatric or psychological care provider to forward the relevant information to the registry to verify that only legitimate diagnoses are entered. Relevant information should include but is not limited to: home address, medical diagnoses, certain words, actions, or phrases that are known to be associated with past crises for the individuals, certain topics or actions that are known to calm or otherwise engage the patient, and behaviors that the patient may manifest in crisis that may be perceived as threatening by an officer. Legal guardians of minors or of other persons unable to offer consent or direction to their care providers to disclose this information to the registry may direct the providers to make these disclosures on the patients' behalf. If and when a patient becomes able to offer legal consent and direction (i.e. achievement of age of majority, improvement in

psychiatric condition and/or stabilization), they may at any time elect to have their information withdrawn from the registry, as may anyone else who has otherwise directed that their records be submitted. Such voluntary disclosure allows officers to respond to calls for service with the most comprehensive set of information available to them, even if responding to a call for a person with no previous police interaction.

Recommendation: Use of a private contractor as a records administrator for the voluntary registry.

Problems:

- The Inspection of Public Records Act and other New Mexico state statutes regarding public records have the potential to complicate matters of confidentiality with medical records in the care of the City of Albuquerque being used in the conduct of City business.
- The public disclosure, in whole or in part, of the private health information disclosed to the City's care for the purpose of a Project Guardian registry, or even the public disclosure of names present in a registry, would pose a significant challenge to the effective conduct of public policy and community safety programs.
- In order to ensure effective trust in a registry, participants must be confident in the City's ability to protect their self-disclosed private health information on their behalf.

Solution: The City should seek out a private contractor to receive records from care providers as directed by their patients, and to standardize them into a single format to made available to officers through the Real-Time Crime Center.

Inspection of Public Records Act

With regard to medical records held by public entities, the Inspection of Public Records Act enumerates "Records pertaining to physical or mental examinations and medical treatment of persons confined to any institution" as exempt from public disclosure.²³ In *Newsome v. Alarid* (90 N.M. 790), the New Mexico Supreme Court held that it was the intent of the New Mexico state legislature to protect other medical records as well, and that a balance of interests in the conduct of public policy further required that some information not explicitly exempted from IPRA be maintained as confidential.²⁴ While this case dealt only with the records of public employees, the New Mexico State Attorney General's Inspection of Public Records Act Compliance Guide advises that "the exception

²³ Inspection of Public Records. (1978). Retrieved July 8, 2018, from https://www.env.nm.gov/Ohsb_Website/StatePlan/PublicRecordsArticle2.pdf

²⁴ Supreme Court of New Mexico. (1977). *Newsome v. Alarid* (90 N.M. 790). Retrieved July 8, 2018, from <http://www.nmcompcomm.us/nmcases/NMSC/1977/1977-NMSC-076.pdf>

generally protects records kept by any governmental agency relating to physical or mental illness or medical treatment of individuals,” even those pertaining to individuals who have never been confined to any institution.²⁵ Therefore, we believe that the City has both the legal authority and legal protection to receive these records and maintain a Project Guardian registry housed within the City’s organizational structure.

Private Contractor and HIPAA Protections

In the event that the City does not wish to directly assume the responsibility or liability of maintaining such a registry directly, we believe it may be possible to establish a similar system through a private contractor. Housing records within a private entity does not exempt them from IPRA rules and regulations (the statute states that a “public record” is almost any document “held by or *on behalf of* any public body” [emphasis added]).²⁶ However, the use of a private contractor may engage HIPAA protections that would supercede the mandate of IPRA. By engaging a wholly separate entity to receive and place into a standard format the records forwarded to the registry by care providers at the direction of their patients, this entity would seem to become a health care clearinghouse and as such is an entity protected by the HIPAA Privacy Rule. The Administrative Simplification Covered Entity Guidance²⁷ tool available online from the Centers for Medicare and Medicaid Services lays out only two requirements for a healthcare clearinghouse, as follows:

- 1) The business or agency processes, or facilitates the processing of, health information from nonstandard format or content into standard format or content or from standard format or content into nonstandard format or content.
- 2) The business or agency perform this function for another legal entity.

In the instance that a serious challenge to the registry arose in court, we believe that it would be an easier legal argument for the City to claim that the private

²⁵ Office of the New Mexico Attorney General. (2015). New Mexico Inspection of Public Records Compliance Guide. Retrieved July 9, 2018, from <https://www.nmag.gov/uploads/files/Publications/ComplianceGuides/Inspection of Public Records Compliance Guide 2015.pdf>

²⁶ Inspection of Public Records. (1978). Retrieved July 8, 2018, from https://www.env.nm.gov/Ohsb_Website/StatePlan/PublicRecordsArticle2.pdf

²⁷ Center for Medicare and Medicaid Services, US Department of Health and Human Services. (n.d.). Covered Entity Guidance. Retrieved July 8, 2018, from <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/HIPAA-ACA/Downloads/CoveredEntitiesChart20160617.pdf>

contractor who maintains the registry and the Police Department on whose behalf the registry is maintained are separate legal entities, than it would be to claim that the Police Department and whatever arm of municipal administration that maintains such a registry are separate entities under the umbrella of the City of Albuquerque. A diagram illustrating this system can be seen in Figure 3 in the Appendix.

Legal Disclaimer

In considering this recommendation, it should be noted that no member of the recommending team has had any formal legal training or education, and that this recommendation represents a best effort over eight weeks to understand the relevant provisions of IPRA and HIPAA. Any action by the City as it concerns this recommendation ought to undergo serious scrutiny by the City Attorney and his office, as well as any other legal authorities involved in its implementation.

Real Time Crime Center

Our team was able to tour the Real Time Crime Center (RTCC) while in the Albuquerque Police Department main station and found that it provides an advantage of information for police officers who are on the job and for ongoing efforts of the department to ensure the safety of the public.

The center fills gaps of inefficiency by strengthening lines of communication within the department. True to its name, the center gathers and seeks out information in real time to provide on duty officers with details pertinent to them about suspects from calls, traffic and security camera information, and the potential for a crime or threat.

With the RTCC providing this advantage to law enforcement in APD, we believe it could also benefit other law enforcement agencies in the area. The Bernalillo County Sheriff Office works throughout Bernalillo County to also ensure the safety of the public as well, so access to the resources in the RTCC would benefit this department as well.

Recommendation

- Bring a Bernalillo County affiliate into the Real Time Crime Center

Recommendation: Bring a Bernalillo County affiliate into the Real Time Crime Center

Current Situation

The Albuquerque Police Department runs the Real Time Crime Center, providing aid to on-duty officers with information pertinent to the calls they make and other necessary details.

Resource Advantage

The Real Time Crime Center provides the Albuquerque Police Department (APD) with extensive resources to aid officers in the field and the department's overall operations. These resources, such as networks of surveillance cameras across the city and people tasked with disseminating important crime-related intelligence, provide APD officers an advantage in preventing and eliminating crimes.

Although the Albuquerque Police Department and the Bernalillo County Sheriff Office (BCSO) are different entities (APD being a department of the City of Albuquerque and BCSO falling under Bernalillo County), the operations of these two organizations do not need to be fully separated. Both departments are tasked with the protection of the safety of the public. As of now, APD has the advantage of the RTCC, and the county does not. Even though both groups aim for the same goal of the protection of the public, there is a disparity in resources and quantity of knowledge that could help both organizations.

Disconnect in Law Enforcement

With the development of Mobile Crisis Teams (MCT), two from the county and two from the city, there is a growing connection between the two organizations. This growing connection sheds light on disparities between processes in the organizations and resources that each may or may not have. As the organizations experience more overlap in their operations, the lack of cooperation in efforts or lack of shared resources to a reasonable extent ultimately proves inefficient for the pursuit of protecting the safety of the public.

Solution

A solution to the disparities between APD and BCSO would be to allow an affiliate of BCSO (and, in turn, the county) to work in the Real Time Crime Center.

APD would not lose the labor they already have in the RTCC by allowing a county affiliate to operate in the same space and take advantage of the policing resources that the center provides. It is less reasonable to recommend or request that a department splits its resources with another, as the split would diminish the resources for the department who is asked to share, but this is a case where there appear to be no initial or apparent losses to APD if they were to allow a county affiliate to use the RTCC alongside city affiliates.

By allowing a county affiliate to work in and use the RTCC, the gap between the organizations of resources, operation, and overall communication would be narrowed. The disadvantage of BCSO not having access to the RTCC's information would diminish. Additionally, the presence of a county affiliate in the RTCC would encourage communication between the organizations, if not also creating a more profound level of cooperation.

Both APD and BCSO have an obligation to best protect and guard the safety of the public. They are intentionally separate entities as both serve different government organizations, but with a shared mission, cooperation should be encouraged in order to most efficiently and effectively achieve this mission. There should be no hesitation in taking action that would ultimately better protect the public both in the city and the county if the opportunity is available and feasible (as is county access to the RTCC).

Allowing a county affiliate into the RTCC would be a small, but impactful step in facilitating a relationship founded in cooperation between APD and BCSO.

Other Identified Problems

Amidst the many issues previously listed, we were able to identify numerous large-scale issues in the City of Albuquerque and Bernalillo County's psychiatric service model, as well as other lingering issues with public safety systems. These issues are often systemic in nature, and pertain largely to a lack of additional funding for service improvement.

The subsequently listed issues encompass a multitude of psychiatric facilities and public safety topics that directly influence how individuals with behavioral health disorders are treated and the resources that they are connected with, as well as the general climate of the community's trust in the City and County to safely and effectively provide services to residents. We would like to emphasize that this list is merely an identification and that due to the intricacy of these issues and our own limited time here, expert assistance is required to devise a comprehensive solution that conforms to the complexity of each situation. Finally, due to the majority of these problems requiring an establishment of additional facilities or funding, any steps taken to combat these issues must be developed from either the City or the County offices.

Long-Term Psychiatric Care Facility

A common issue that has plagued both Albuquerque and Bernalillo County is the lack of a long-term psychiatric care facility. Throughout our time here in Albuquerque, nearly every psychiatric care provider that we have contacted has stated that the absence of a long-term psychiatric care facility has and will continue to negatively impact their community.

Currently, the closest Long-Term Psychiatric Care Facility is approximately 123 miles away from Albuquerque, located in Las Vegas, New Mexico. Due to the extensive amount of travel time required to utilize this facility, long-term psychiatric care isn't feasible for many. This essentially leaves two choices to provide consistent psychiatric care; incarceration or the University of New Mexico's Psychiatric Emergency Services Center (UNM-PES).

Because of the absence of this long-term care, the University of New Mexico Psychiatric Emergency Services Center becomes overutilized for individuals chronically suffering from mental illness. These individuals are cyclically

released from UNM-PES and oftentimes return because of a lack of long-term care or a steady system of care outside of UNM-PES. The intended use of the University of New Mexico's Psychiatric Emergency Services has been to provide care for individuals experiencing immediate crisis, and to provide intensive care for a maximum of thirty days in their inpatient facilities.

If Albuquerque and/or Bernalillo County were to establish some sort of public long-term psychiatric care facility, individuals that have suffered chronically from their mental illness can receive the help they so desperately need. Behavioral health related calls to the police would reduce, and the overuse of emergency rooms and UNM-PES will be assuaged.

Required Facility for Co-Dependent Individuals

Bernalillo County's current model for mental health care neglects those that suffer from mental illness and substance abuse. Albuquerque Police Officers typically choose between UNM-PES, MATS Detox Program, or incarceration as possible locations to take someone suffering from a behavioral health disorder. The decision becomes more complicated when individuals are co-dependent, or have both substance abuse issues and behavioral health issues.

We have recognized that post-completion of the MATS Detox Program, co-dependent individuals often experience a gap in the connection to additional resources pertaining to psychiatric care and rehabilitation services.

Both city and county emergency medical services are rarely able to bring co-dependent individuals to the MATS Detox Program, because of protocol requiring them to bring patients to the emergency room. Upon arrival to the emergency room, these co-dependent individuals typically experience long wait times because of their low priority relative to other patients. Individuals have reported that they eventually leave the emergency room because of these prolonged waiting periods, preventing them from receiving both psychiatric care and detoxification for substance abuse.

The establishment of a facility for co-dependent individuals will reduce emergency calls related to both mental illness and substance abuse. This will alleviate unnecessary pressure on overutilized facilities such as UNM-PES, and local emergency rooms because of the absence of a care facility for individuals with mental illness and substance abuse issues.

Increase Coordination/Renegotiate Intake Guidelines Between EMS & PES

We have observed that both the county and city emergency medical services face difficulty when attempting to bring patients into the University of New Mexico's Psychiatric Emergency Services Center. Because of both rigid and narrow intake guidelines, numerous patients experiencing psychological crisis with additional circumstances such as minor injury or substance abuse are denied access to the UNM-PES.

We would like to emphasize that UNM-PES is an essential part of Albuquerque's CIT model, and acts as the County's "zero turnaway psychiatric care facility". And that although they are unable to turn away individuals that voluntarily enter PES, they frequently refuse patients from city and county EMS. For individuals that would benefit greater from psychiatric care rather than being diverted to the emergency room, PES counterintuitively perpetuates their cycle of psychiatric neglect due their narrow intake guidelines.

We strongly encourage the renegotiation of intake guidelines between EMS and UNM-PES because of their frequent diversion of a patients that would benefit from psychiatric care. Some of these specific instances are diversion of individuals that have minor injuries or skin abrasions, and those with elevated vitals (which are stress-induced from the psychiatric crisis).

Increased Funding for the Psychiatric Emergency Services Center at UNM Hospitals

With the increased number of patients that UNM services at their Psychiatric Emergency Services Center (UNM-PES), an evaluation of the adequacy of the facility is necessary to ensure its ability to service these patients. Currently, there are not enough rooms in the facility to accommodate more than a single-digit number of patients at a time. In the event that UNM-PES has more patients than rooms, they place beds in the hallway of the facility to accommodate these patients. It is not for a lack of care for these patients but the contrary. They want to help treat their patients and are willing to work around their limited resources to do so, but the center cannot function at full capacity as it stands with these limitations.

UNM-PES also does not have a shower for patients. With some staying in the facility for more than 12 hours before being transferred to a longer-term facility, the lack of a shower can pose a problem for the comfort and even health of the patient.

The city should confer with staff of UNM-PES to find any other problems they might have, but these issues were the most salient for the center. The trend of the number of patients at PES only seems to be increasing. The longer the city waits to address these facility problems (among others as well), the worse they will grow.

Jurisdictional Overlap Between the Albuquerque Police Department and the Bernalillo County Sheriff's Department

The City of Albuquerque should be commended for the work it has done to reform its police department, the services they provide, and the way its officers interact with individuals on behavioral health-related calls for service. However, it seems to us that the public distinction between the Police Department and the Sheriff's Department is fairly thin. The Police Department can and should continue to do everything it can to improve its process, procedures, and interactions with the public, but such efforts will always be undermined so long as the Sheriff's Department does not undertake similar measures. So long as an individual calls 911 and someone in a car with lights and sirens shows up sometime later, they are "the police," regardless of what exactly it says on their badge.

We are aware that Bernalillo County has been making inroads with their behavioral health programs through their Behavioral Health Initiative, but we believe more needs to be done to coordinate with the Sheriff's Department on this and other public safety projects, as well as to broaden the conversation on community trust to include all branches of local law enforcement and public safety services. Without this cooperation, the path to bridging the divide between government and the communities that it serves will be longer and more difficult than necessary.

Appendix

Item	Page
Figure 1. CIT ECHO, Current Model and Cohort Model	63
Figure 2. Community Policing Council Recommendation Process	64
Figure 3. Project Guardian	65
Transcription of CIT ECHO QI Interview with Officers with Infrequent Participation	66
Transcription of CIT ECHO QI Interview with Clinicians	69
Figure 4. PowerPoint Slides Referenced in CIT ECHO section	75

Figure 1. CIT ECHO, Current Model and Cohort Model

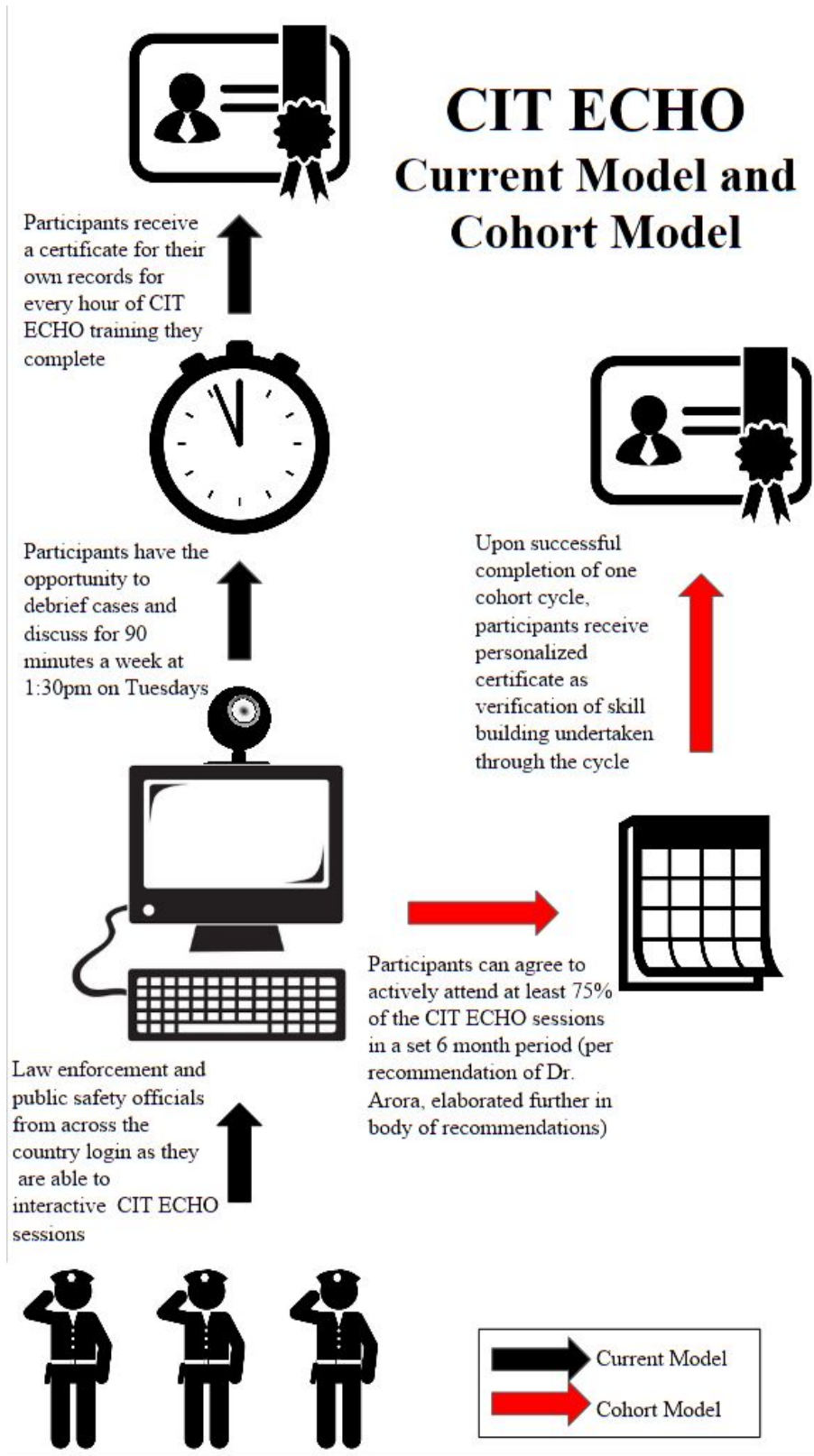


Figure 2. Community Policing Council Recommendation Process

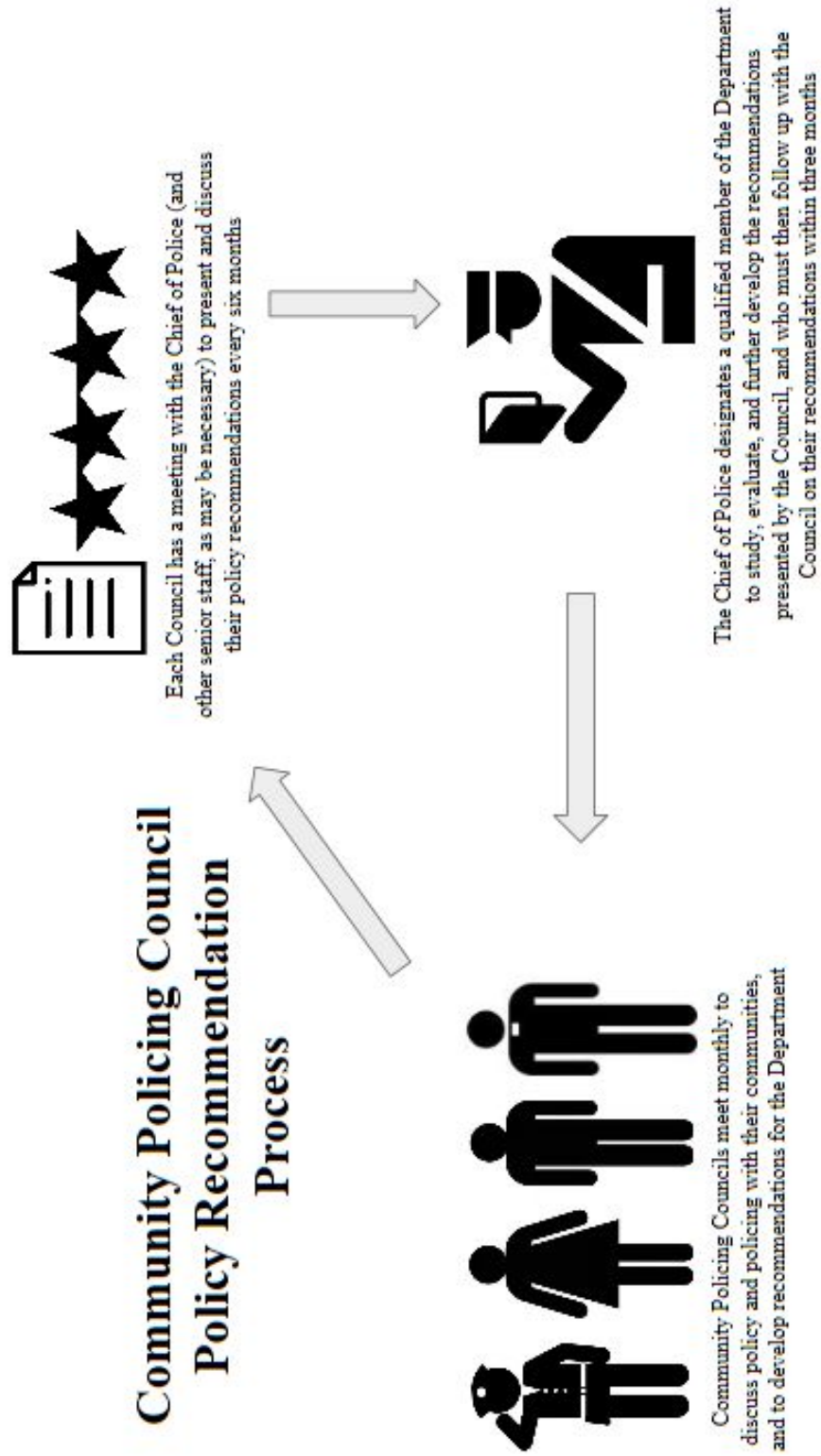
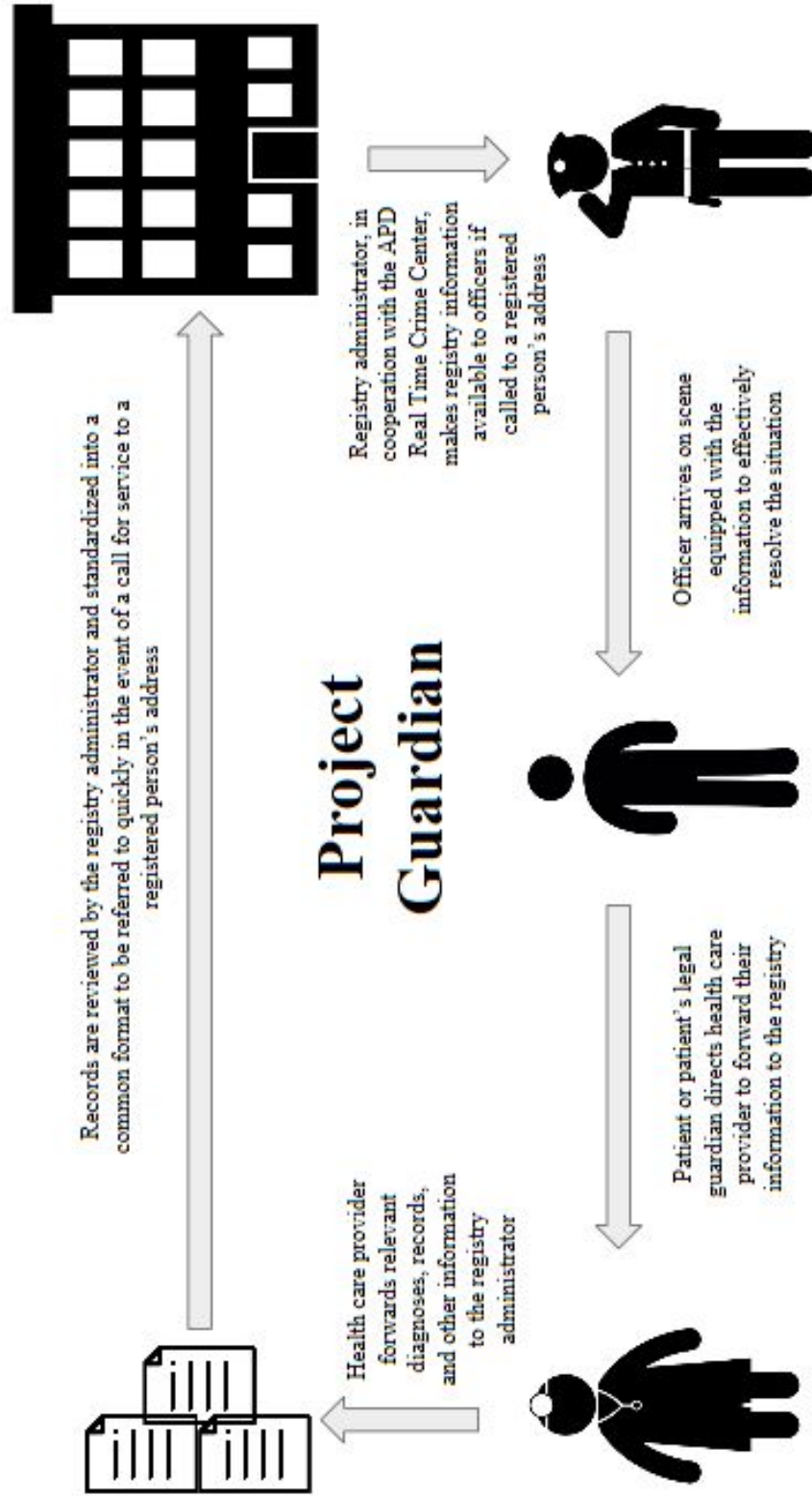


Figure 3. Project Guardian



Transcription of CIT ECHO QI Interview with Officers with Infrequent Participation

Name: Steven Weinstein

Title: Police Officer

Department: Albuquerque Police Department

Introduction to CIT ECHO: Heard about it through eCIT training. Worked in the CIU.

Reason for infrequent involvement: The time didn't work for his schedule. (Earlier or later in the day would have worked.) He worked graveyard shift.

Technology limiting (Y/N): N

Like the topics (Y/N): Y

Helpful: Case review was the most helpful. He submitted a case but wasn't given recommendations, just sympathy on what was a 'tough case'.

Proposed changes: Change the time. Work computers hinder participation. He likes the program, but it needs participation.

Name: Talia Rosenberg

Title: Police Officer

Department: Albuquerque Police Department

Introduction to CIT ECHO: Introduced through the CIU -- specifically from Detective Matt Tinney.

Reason for infrequent involvement: On duty during the session. Doesn't know how to watch afterwards.

Technology limiting (Y/N): N

Like the topics (Y/N): N/A

Helpful: Case review, sharing, and the “back-and-forth” nature of CIT ECHO was most helpful.

Proposed changes: Not enough experience with CIT ECHO to be able to say.

Name: Adam Bryand

Title: Police Officer

Department: Albuquerque Police Department

Introduction to CIT ECHO: CIT training class.

Reason for infrequent involvement: Time of CIT ECHO and technology. It crashed his phone. Works graveyard.

Technology limiting (Y/N): Y

Like the topics (Y/N): N/A

Helpful: N/A

Proposed changes: Change the time and/or day. Also help with the technology would help.

Name: Bruce Arbogast

Title: Police Officer

Department: Albuquerque Police Department

Introduction to CIT ECHO: By email.

Reason for infrequent involvement: Interest in topics, but shorthanded on shifts. Topics had angle of CIU detectives and didn't teach on how to police better. Perspective of topics was too CIU for him.

Technology limiting (Y/N): N

Like the topics (Y/N): N

Helpful: The topics were helpful but the way they were taught from a CIU perspective was not.

Proposed changes: Timing.

Name: Patricia Tackett

Title: Detective

Department: Dayton Police Department, Dayton, OH

Introduction to CIT ECHO: N/A

Reason for infrequent involvement: Could not connect, and there was no audio. Wanted to join but could not. She could not be reached for interview but did say this.

Technology limiting (Y/N): Y

Like the topics (Y/N): N/A

Helpful: N/A

Proposed changes: N/A

Transcription of CIT ECHO QI Interview with Clinicians

Name: Rachael Hatfield

Title: Psychologist

Location: Huntington, West Virginia

Introduction to CIT ECHO: Member of the Association of Chiefs of Police. Attended conference in Philadelphia.

Amount of Participation: Weekly since February.

If infrequent, why?: Anytime missed because of time difference on East Coast.

Technology limiting (Y/N): N/A

Helpful: She enjoys the police perspective because it teaches police. Different perspectives from different states interesting. Continued education for her too.

Proposed Changes: Nothing.

Changes specifically for clinicians: N/A

Convenient Time: Starting later or earlier would help. She wants it at lunchtime for the East Coast.

Gaps in Training that CIT ECHO could Supplement: New substances being abused. Better understanding of barriers each discipline faces. Medicine vs. Police. Also information on when police can arrest people.

Most Common Behavioral Health Disorders Encountered: Psychotic, suicidal, substance abuse.

What Mental Health Topic Like to See Taught: Reading facial expression and body language for emotions. Use less “jargon” about psychology/psychiatry. Refresher courses in regular rotation (de-escalation, etc.).

Name: Gilbert Valdez

Title: Mobile Crisis Clinician

Location: St. Martin's Mobile Crisis Team, Albuquerque, NM

Introduction to CIT ECHO: CIU detectives part of on-the-job training.

Amount of Participation: 4-5 times.

If infrequent, why?: Inconvenient because shifts not on Tuesdays.

Doesn't want to attend while off shift.

Technology limiting (Y/N): N/A

Helpful: Great to hear cutting edge research/what's new in the field. Sessions are recorded and loves the database.

Proposed Changes: Different days or additional days would help. Zoom model works well.

Changes specifically for clinicians: N/A

Convenient Time: Wednesday through Friday, weekdays.

Gaps in Training that CIT ECHO could Supplement: Safety protocols in field working with law enforcement.

Most Common Behavioral Health Disorders Encountered: Schizophrenia, bipolar disorder, antisocial, multi-personality disorder, anxiety disorders, autism, and oppositional defiance disorder.

What Mental Health Topic Like to See Taught: Autism, schizo-affectiveness disorder, and mobile crisis (?).

Name: Liesbeth Gerritsen

Title: Psychologist

Location: Portland Police Bureau, Portland, OR

Introduction to CIT ECHO: A sergeant went to a CIT Intl. conference. He mentioned it and she saw it because she's in charge of training.

Amount of Participation: 3 times.

If infrequent, why?: Scheduling conflicts. Not prioritized. Some topics are less relevant. Some topics she already has knowledge of.

Technology limiting (Y/N): N/A

Helpful: A police perspective, how to present things with good reception. What topics are most relevant here vs. Portland.

Proposed Changes: None specifically.

Changes specifically for clinicians: Marketing more, increased outreach.

Convenient Time: 1:00 PM Mountain. Monday and Tuesdays

Gaps in Training that CIT ECHO could Supplement: None.

Most Common Behavioral Health Disorders Encountered:

Depression/anxiety, psychosis due to drugs.

What Mental Health Topic Like to See Taught: Threat assessment, personality disorders (DSM), dual diagnosis (mental health and drug use), presentation of programs to help mentally ill and substance users, medication from a clinical perspective.

Name: Lisa Galles

Title: Mobile Crisis Clinician

Location: St. Martin's Mobile Crisis Team, Albuquerque, NM

Introduction to CIT ECHO: 40-hour CIT training through APD.

Amount of Participation: Once or twice.

If infrequent, why?: Scheduling conflict -- I'm on shift at that time. I plan to attend in the future if possible.

Technology limiting (Y/N): N/A

Helpful: Likes that the sessions are records and can be reviewed later on the CIT ECHO website for scheduling conflicts. Loves the topics discussed and their applications to her job.

Proposed Changes: Nothing.

Changes specifically for clinicians: CIT ECHO should not be accessible to clinicians who aren't working alongside law enforcement. Opening it up seems not helpful because there's value to smaller groups.

Convenient Time: N/A

Gaps in Training that CIT ECHO could Supplement: N/A

Most Common Behavioral Health Disorders Encountered: N/A

What Mental Health Topic Like to See Taught: N/A

Name: James Holmes

Title: MSW

Location: Center for Urban Community Services, New York City, NY

Introduction to CIT ECHO: Clinical training for CIT. Looked it up online for more information.

Amount of Participation: 4-5 times.

If infrequent, why?: Time conflict with teaching time. Change in time of day would be better.

Technology limiting (Y/N): N

Helpful: He was new to the job. Useful to show how things worked in other cities. Provided context. Different scales between NM and NY.

Proposed Changes: Wants to make it more public/accessible. Suggested to present it at CIT Intl. Conference.

Changes specifically for clinicians: Wants more people involved. The technology has been working well for them.

Convenient Time: Other days of the week, keeping Eastern time in mind.

Gaps in Training that CIT ECHO could Supplement: N/A

Most Common Behavioral Health Disorders Encountered: N/A

What Mental Health Topic Like to See Taught: Mental health diagnoses and new treatments.

Name: Melissa Schultz

Title: MCT Program Manager

Location: St. Martin's Mobile Crisis Team, Albuquerque, NM

Introduction to CIT ECHO: Emails that go out to the department about interesting topics for the week.

Amount of Participation: About 20 times.

If infrequent, why?: Conflicting commitments generally.

Technology limiting (Y/N): N/A

Helpful: Didactics presented wide range of topics. Interaction with presenter was important.

Proposed Changes: Wishes more people would participate.

Changes specifically for clinicians: None -- consistency of didactics is good.

Convenient Time: Early afternoon or late morning would be better. Tuesdays, Wednesdays, or Thursdays.

Gaps in Training that CIT ECHO could Supplement: None, but would be nice if it counted as continuing education.

Most Common Behavioral Health Disorders Encountered: Depression, anxiety, substance abuse.

What Mental Health Topic Like to See Taught: Treatment and symptom management, resources that are available (locally and nationally for mental health).

Name: Tara McCormick

Title: Substance Use Treatment Program Supervisor

Location: New Mexico Solutions

Introduction to CIT ECHO: Has not yet attended a CIT ECHO session.

Proposed Topics: What life was life for clients who have been incarcerated for a long time.

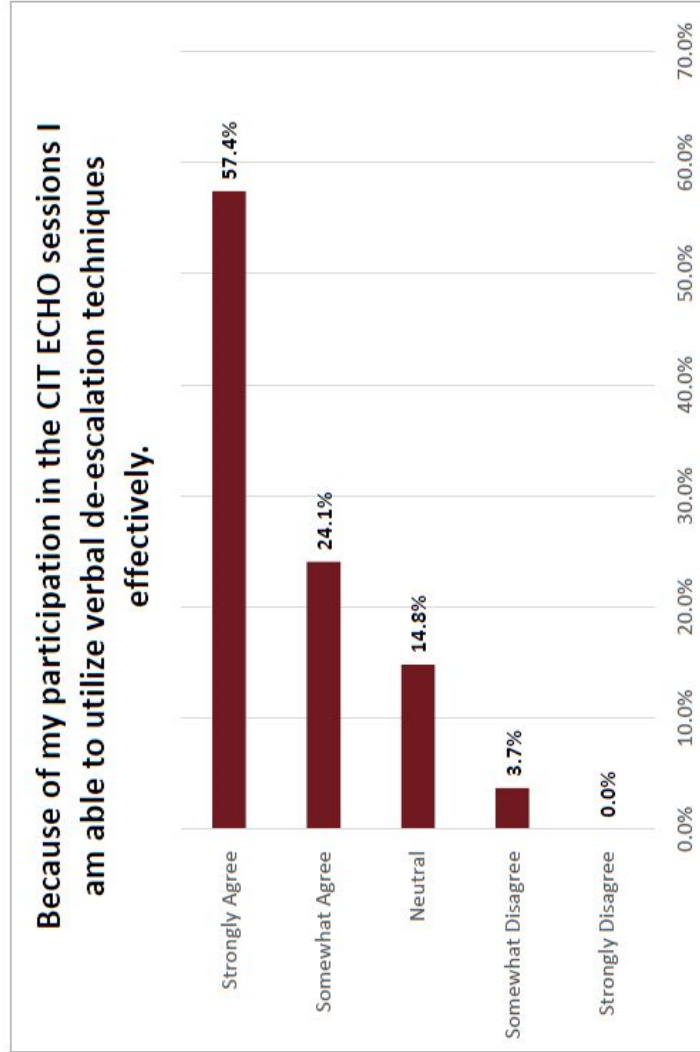
Convenient Time: Friday mornings.

Most Common Behavioral Health Disorders Encountered: Trauma and substance abuse.

Gaps in Training that CIT ECHO could Supplement: Trauma and substance abuse.

Figure 4. Powerpoint slides referenced in CIT ECHO section

Impact on officer self-efficacy

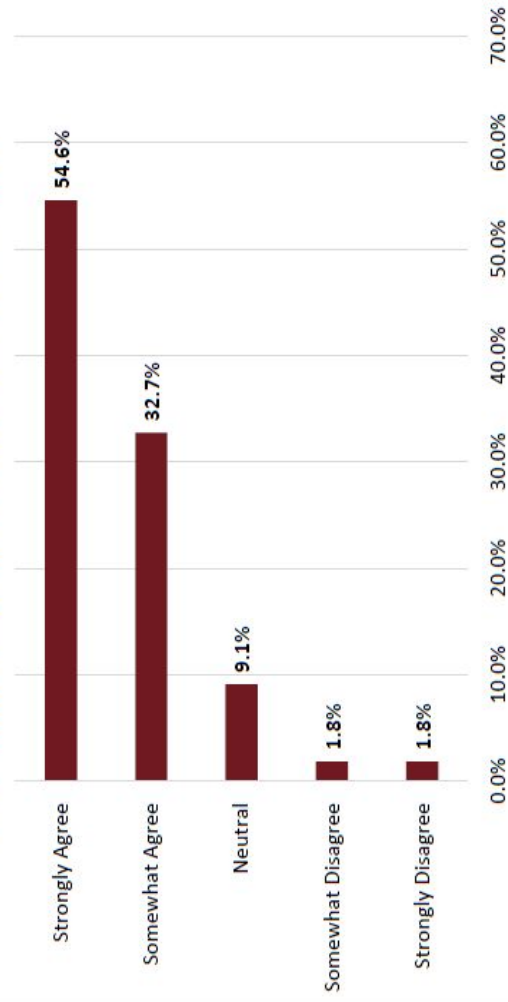




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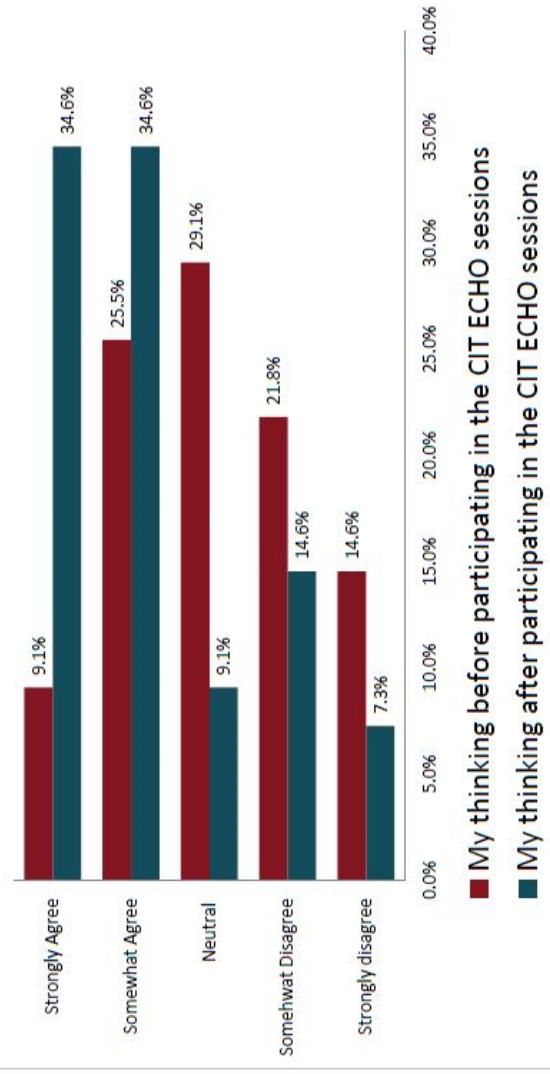
“I will keep in mind that individuals with this disorder are very smart and can catch on to my reactions and behavior. Even though the likelihood that things are happening as they say are probably not, it is still very real and scary for them.”

After participating in the CIT ECHO I feel comfortable interacting with people living with mental illness.



Impact on officer perceptions

It is the job of law enforcement to link/connect people living with mental illness into treatment.



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