
The Albuquerque Police Department's Crisis Intervention Team

A Report Card

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



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

—Albuquerque Police Chief
Gerry Galvin

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

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



Ms. Bower conducts data analysis on police shootings for the Albuquerque, New Mexico, Police Department.



Sergeant Pettit serves with the Albuquerque, New Mexico, Police Department and administers the CIT program.

5) occurrence of victim-precipitated homicide.¹

In an effort to safely and effectively meet the needs of individuals in crisis, APD studied several crisis intervention approaches. In early 1997, with the cooperation and assistance of local mental health consumer and treatment services, APD instituted a Crisis Intervention Team (CIT) based on the model created by the Memphis, Tennessee, Police Department in 1988. Since the inception of CIT, 230 Albuquerque officers, as well as officers from Houston, Austin, and South Rio Grande Valley, Texas, and Roanoke, Virginia, have graduated from the in-house, 40-hour training course in crisis intervention.

The current designated strength of CIT stands at 108 officers, or approximately one-fourth of the field patrol. These CIT specialists respond in a team effort to crisis situations. They bring psychology to the streets—to individuals with

mental illness and to those who, in a time of crisis, pose a danger to themselves or others. After 3 years of working together, the CIT has gathered facts and tabulated data to examine its effectiveness.

WHAT ARE THE RESULTS?

The CIT program has shown impressive results. In 1999, CIT officers responded to 3,257 calls, an average of 271 calls per month. Almost half of the contacts (48 percent) resulted in transporting individuals to a local mental health facility where they received professional care. Officers arrested, transported to jail, or otherwise took into protective custody fewer than 10 percent of the individuals contacted. Injuries to citizens during CIT contacts occurred in only a little over 1 percent of calls. While mental illness was an apparent factor in 58 percent of the calls, almost half of the calls (45 percent) involved suicide attempts or threats.

Alcohol, present in 27 percent of the cases, constituted the most frequently cited substance of abuse.

Police Shootings

Since the inception of CIT, special weapons and tactics (SWAT) call outs involving a crisis intervention component have decreased 58 percent. Police shootings involving individuals in crisis also have declined incrementally since 1997, as the CIT program has developed. From 1994 through 1996, six individuals were killed in crisis-related police shootings. From 1997 through 1999, four individuals were killed. These data are important in light of the fact that the population of Albuquerque has grown 18 percent in the last 10 years and 7 percent (from 418,454 to 446,400 residents) since 1996. Although the population of Albuquerque has increased, the number of police shootings has dropped. This suggests that CIT officers use skill and discretion in resolving potentially lethal situations. It also demonstrates the department's commitment to less-than-lethal force (e.g., use of beanbag or taser weapons) in resolving life-threatening crises.

Additional Data

In May 1999, APD added other data-gathering categories to CIT reporting, including age and race of the subject, specific drugs or substances present, weapon method (to hurt self or others), and level of threat to officers or other individuals. Of the 2,105 cases from May to December 1999, individuals 36 to 60 years old required the most frequent intervention, followed by

those 19 to 35 years of age. Non-Hispanic whites constituted 59 percent of the cases, followed by Hispanics at 28 percent; African Americans and Native Americans at 5 percent, each; and other races at 3 percent. The ethnic backgrounds of these individuals reflect the demographic composition of Albuquerque where 35 percent of the citizens declare themselves to be of Spanish origin, 3 percent each as African American or Native American, and 2 percent as Asian.²

Second to alcohol, a variety of prescription and over the counter medications (often mixed with alcohol) proved the most frequently identified category of substance abuse. Anecdotal information suggests that individuals, particularly females, used prescribed drugs, such as antidepressants, as the most common medications for overdose.

Individuals brandished edged weapons and firearms (199 and 117 cases, respectively) in 15 percent of the calls. Other weapons included bats or, in the cases of suicide attempts, pills and carbon monoxide (196 cases). Jumping (37 cases) and hanging (20 cases) represent other intended or threatened methods of suicide attempts. Thirty individuals made suicide gestures by jumping out of cars into traffic. Fourteen percent of the cases involved a threat to harm others, and 4 percent threatened to harm police personnel.

Notably, nine cases occurred in which individuals stated that they intended to die at the hands of police. Literature on suicide by cop (also referred to as victim-precipitated homicide and hetero-suicide)

suggests that probable or possible suicidal motivation exists in 16 to 47 percent of police shootings.³ While some individuals make detailed plans for confronting police with the intention of being killed, others may react impulsively to police presence during a crisis.⁴ Still others, caught in the act of committing a crime, would rather be killed than captured.

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WHY DOES CIT WORK?

CIT has worked because the APD studied other successful programs and planned carefully. Also, the department emphasized five main areas: the selection and training of CIT officers, the operational concept of CIT, the team-within-a-team approach of the program, the partnering of community resources, and the cost-effective aspects of CIT.

Selection and Training

Officers selected for CIT training possess superior skills in communication, tactics, and problem solving. Each applicant for a CIT position submits a resume and undergoes an intensive screening

process. After acceptance into the CIT program, officers must complete a 40-hour certification training course. Once on the street, each officer receives \$50 per month as incentive pay.

Training includes instruction in legal issues specific to commitment and the rights of the individual, case management, special populations (e.g., individuals who are homeless, elderly, developmentally disabled, or brain injured), psychopharmacology, substance abuse, and tactical considerations. The bulk of the training, however, involves recognizing mental illnesses and personality disorders and applying appropriate crisis intervention techniques. Practical exercises include professional actors who role-play individuals in crisis. During these simulations, officers demonstrate their crisis intervention skills, which trainers evaluate and provide feedback on.

The training also formally addresses officer awareness, safety, and tactics. Statistical compilations inform officers about the characteristics of those officers killed in the line of duty, as well as the offenders.⁵ The training emphasizes that while good evaluation, empathy, and communication skills are necessary for CIT officers, officer safety remains paramount. While the need for understanding and knowledge in dealing with people in crisis exists, the need for CIT officers to be well-balanced, tactical specialists remains equally important as well.⁶ Therefore, the training stresses tactical issues by addressing the interface between CIT and SWAT units should

a CIT call escalate to a SWAT deployment.

Operational Concept

While training represents an important aspect of the program, CIT exists primarily as an operational concept. A cross section of field patrol officers throughout the city comprises the team. These officers function as generalists and specialists. When not responding to calls in which individuals with mental illness constitute a potential factor or where people are otherwise in crisis and at risk, CIT officers handle regular patrol functions. Strategic placement of CIT officers on all shifts provides for a rapid specialist response to potentially dangerous scenes. These officers operate within squads and report directly to the sector sergeant.

Typically, 911 operators, who have both entry-level and roll-call training in crisis recognition, identify CIT calls. The operators flag the calls for a specialist response and direct them to the police dispatcher who communicates the call to the nearest available CIT field officer. Should the need for a response arise in an area of the city without a CIT officer nearby, a team member from another area command would respond.

Team within a Team

APD's 854 sworn personnel provide community-oriented policing services to approximately 446,000 Albuquerque residents.⁷ Of the 403 officers dedicated to field patrol functions, 108 are CIT officers. A full-time sergeant, four detectives, and an administrative

assistant provide support for these officers. Housed administratively in the Special Investigations Division (SID), this support staff represents one team within the larger team of CIT officers. Each detective is assigned to a specific area command and functions as a liaison between the field and the SID office. This support network, or team-within-a-team concept, has contributed to the dramatic, positive results of the CIT program.

Follow-up of CIT calls by the detectives also has facilitated the success of this team. They carefully review all reports generated by field CIT officers for content. In many cases, detectives initiate intensive follow-up investigations and proactive interventions. The support staff members conduct "knock and talks" where they visit individuals who potentially may pose a threat to themselves or others. The members identify resource-intensive individuals and implement measures to reduce the frequency of police contacts. Officers in the field receive bulletins about these potentially dangerous individuals to enhance safety for police personnel, as well as the involved individuals.

Community Resources

Support from the mental health community has proved critical to the success of CIT. Despite a history of adversarial relationships and misunderstandings, once police personnel and mental health administrators sat down together to solve problems collectively, they expressed mutual goals and objectives. Roundtable discussions with the administrators of the different local facilities eliminated barriers

CIT Results

- Minimized police use of force, resulting in reductions in injuries to police personnel and consumers
- Established proactive intervention to deter crisis-related events from possible undesirable outcomes
- Reduced liability risks through improved crisis management
- Created partnerships between mental health agencies and the police, resulting in problem solving and program development
- Identified deficiencies within the mental health network
- Used police officers as case finders for the mental health system
- Developed an administrative vehicle for supporting a jail diversion program
- Increased public confidence and support

CIT Data for 1999

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

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

**Underestimate, officers leave facility prior to admission

and promoted positive change. Without the cooperation of this network of mental health care providers, proactive measures by police would have proved fruitless.

Since the inception of CIT, a dramatic shift in attitude has taken place between the police and mental health care providers.⁸ For example,

improved cooperation led to the University of New Mexico Mental Health Center changing the triage system of its psychiatric emergency room to better accommodate law enforcement officers who bring in individuals for evaluation. Now, the system places officers at the top of the waiting list, with the goal of

reducing their wait time and returning them to service as soon as possible.

Other mental health care advocates have noted the impact of improved cooperation. One mental health care professional contends that CIT "is the best thing that has happened for the mentally ill

residents of Albuquerque. They are going to jail less and are treated with more respect.”⁹ This kind of response has led individuals with mental illness and their families to have more confidence in the police handling of crisis situations. In fact, at the annual meeting of the New Mexico chapter of the National Alliance for the Mentally Ill, family members were encouraged to call 911 and ask for a CIT officer should a crisis situation occur.

In the final analysis, for CIT to function, it had to develop partnerships with a variety of mental health resources because these community programs provide the referrals that CIT officers use for individuals in need of mental health services. These resources also enable the CIT detectives to promote favorable long-range alternatives to police intervention in these situations.

Cost-effectiveness

Limited training costs for CIT include materials and the cost of professional role-players for interactive training scenarios. Fortunately, grant funding from the New Mexico Department of Health absorbs these expenses. Another cost-saving aspect involves volunteer CIT instructors cultivated from within the police, legal, and mental health communities.

In contrast, CIT justifies the incentive pay of \$50 per month by the anticipated reduction in risk of injury or death to officers and individuals in crisis and by the reduction of large liability claims, which could result from police use of force. Further, savings incurred by the significant reduction in SWAT

activations and resulting overtime pay also offset the incentive pay.

WHAT ABOUT THE FUTURE?

Given these results, the CIT program administrators have nurtured future plans. These include providing CIT training to APD’s 30 school resource officers, improving data collection to aid in planning and program development, perfecting and implementing an early warning system to identify chronically dangerous individuals, and supporting initiatives to create more community resources critical to the success of proactive intervention.

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CONCLUSION

Effectively handling individuals in crisis poses a difficulty for all law enforcement agencies. The Albuquerque, New Mexico, Police Department implemented a program that stands as an effective and efficient method of crisis intervention. The department has had its Crisis Intervention Team in place for the past 3 years and has collected valuable data on its

effectiveness. The data support the objectives of the Albuquerque Police Department’s community-oriented policing efforts, as well as its goal of resolving crisis situations without the use of force.

Albuquerque’s CIT program exemplifies what law enforcement, the mental health community, and individuals in need of crisis intervention and their families can accomplish when they work together to solve problems. The CIT model can help agencies striving for excellence in community-oriented policing and, more important, help them reduce the often-tragic consequences of dealing with individuals in crisis. ♦

Endnotes

¹ R. Parent, “Police Shootings: Reducing the Risks,” *Law and Order*, January 2000, 82-84.

² City of Albuquerque Planning Department, *Census Information for the City of Albuquerque* (Albuquerque, NM, 2000) available from <http://www.cabq.gov/planning/statistics/census.html>; accessed December 11, 2000.

³ D. Kennedy, R. Homant, and R. Thomas Hupp, “Suicide by Cop,” *FBI Law Enforcement Bulletin*, August 1998, 21-27.

⁴ V. Lord, “One Form of Victim Precipitated Homicide: The Use of Law Enforcement Officers to Commit Suicide,” presentation at the 1998 annual meeting of the Academy of Criminal Justice Sciences.

⁵ Department of Justice, Federal Bureau of Investigation, *Law Enforcement Officers Killed and Assaulted, 1998* (Washington, DC, 1999).

⁶ Dr. Donn Hubler, former director of APD’s Behavioral Science Unit.

⁷ City of Albuquerque Planning Department, *Population Estimates* (Albuquerque, NM, 2000); available from <http://www.cabq.gov/planning/statistics>; accessed December 11, 2000.

⁸ Nancy Purtell, executive director of the University of New Mexico Mental Health Center.

⁹ Dr. Shirley Washburn, past president of the New Mexico chapter of the National Alliance for the Mentally Ill.