University of
CINCINNATI

2019 Summary of Mental Health Response

January 1-December 31, 2019

University of Cincinnati Police Division

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I. Introduction

Annually the University of Cincinnati Police Division (UCPD) completes a statistical summary of mental health related calls for service (CFS) for the prior year, as required by the UCPD Mental Health Response Policy. The purpose of this summary is to review any patterns, trends, and other information useful for the preparation of training, policy review, and patrol deployment. This report is the third annual report for this purpose and includes data about incidents that occurred between January 1, 2019, and December 31, 2019.

UCPD revises and continually evaluates its Mental Health Response Policy to ensure consistency with best practices and to establish guidelines for the handling of calls involving persons engaged in behavior or exhibiting signs indicative of mental illness. The current policy calls for a focus on de-escalation of the situation whenever possible. The UCPD personnel participates in 16 hours of de-escalation training for critical incidents (Integrating Communications, Assessment, and Tactics--ICAT). This training follows 40 hours of Crisis Intervention Team training, provided by Mental Health America of Northern Kentucky and Southern Ohio to ensure UCPD employees are equipped to respond to mental health related calls with the care and expertise they require. The policy further requires that two officers will be dispatched and/or respond to all mental health response calls and that a supervisor will respond on all calls for service involving violent or potentially violent persons with mental health issues. In addition to the initial training, all patrol personnel receive mental health related refresher training every other year. This ensures an ongoing mental health specific focus in regular training. Further, current mental health related incidents are forwarded to the training division to be used in scenarios for other training.

II. Review of Past Years Reports

In 2018 and 2019, UCPD published reports about officer contact with subjects where there was a mental health component. Several different strategies were used in an attempt to get a clearer picture of these encounters. The goal of the reports was to better inform the department about the volume of these types of incidents, the individuals involved, and implications for officer training.

To that end, UCPD used several different sources of data to try and build a picture of mental health related responses. This proved to be very difficult because, as will be mentioned throughout this report, any encounter between a citizen and a police officer has the potential to be related to mental health. Even a simple request for a door unlock or jump start can result in contact with an individual that may require treatment or are in some form of mental distress.

This report builds on the initial work of the past years. It reframes some of the practices used to get a clearer picture of these events. Unlike previous reports, this document contains data from UCPD's records management system (ARMS). A mental health indicator was added to the system in late 2018. This allows officers to indicate if a report of any kind is related to mental health.

As a result of the changes implemented from suggestions in past years, this year's report can draw on the existing data sources and the enhanced ARMS data. Limitations still exist; however, the spirit of this report is one of improvement and expanding capabilities in collecting data related to these incidents and growth in the training officers receive related to mental health.

### III.	The Data

There are multiple sources of information on mental health related activity for UCPD, but there is no central repository of these data. The CAD (Computer Aided Dispatch) data provides information regarding the overall percentage of calls to the UCPD Emergency Communication Center that are initially reported as being related to mental health, but these data do not provide detailed information regarding what officers encounter and how they respond.

Another source of data is the UCPD contact cards. These data include detailed information about both the individual encountered and the disposition of the stop, but officers are only required to complete contact cards for non-consensual stops. Therefore, these data do not capture consensual encounters that may be related to mental health issues.

The UCPD Mental Health Response policy also requires that officers complete an ARMS (Automated Records Management System) report for all mental health related incidents, including consensual and non-consensual encounters. ARMS includes a "behavioral health related" code to indicate that a report of any kind (criminal offense, information, traffic collision) is in some way related to mental health. In 2019, UCPD pushed to ensure that officers were indicating mental health related incidents.

An issue with the ARMS data is that the quantitative data collected is not particularly informative to the context of the interaction between officers and individuals encountered. The more descriptive information regarding officer and subject actions are contained in the qualitative report narratives. All ARMS report narratives related to mental health issues are regularly forwarded to the UCPD Training Section for their review to determine whether any officer-reported information can inform future mental health refresher training curricula. Further, once weekly, an automated report aggregates these data and forwards them to other university stakeholders.

Although none of the data sources provide a complete picture of the mental health related issues that the UCPD encounter, each provides different information that can contribute to a cumulative approach to understanding UCPD's mental health response.

### IV.	Mental Health Specific Calls for Service

Call for service data is collected when a citizen calls to report an issue or an officer communicates their activity over the radio. An electronic document is created by a dispatcher that indicates details about the type of call for service and what the officers will encounter when they arrive on the scene. The computer-aided dispatch (CAD) system houses these records. It is important to note that these initial details can be inaccurate or at the very least, not represent the situation as it is occurring. For this reason, the data collected from the CAD system should be considered to be supplemental. Even with the fluid nature of these situations, these data can be valuable in gaining insight into what the officer knows before the encounter with the subject.

Figure 1: UCPD Mental Health Related Call for Service Data: 2016 -2019

UCPD Mental Health Related Calls for Service
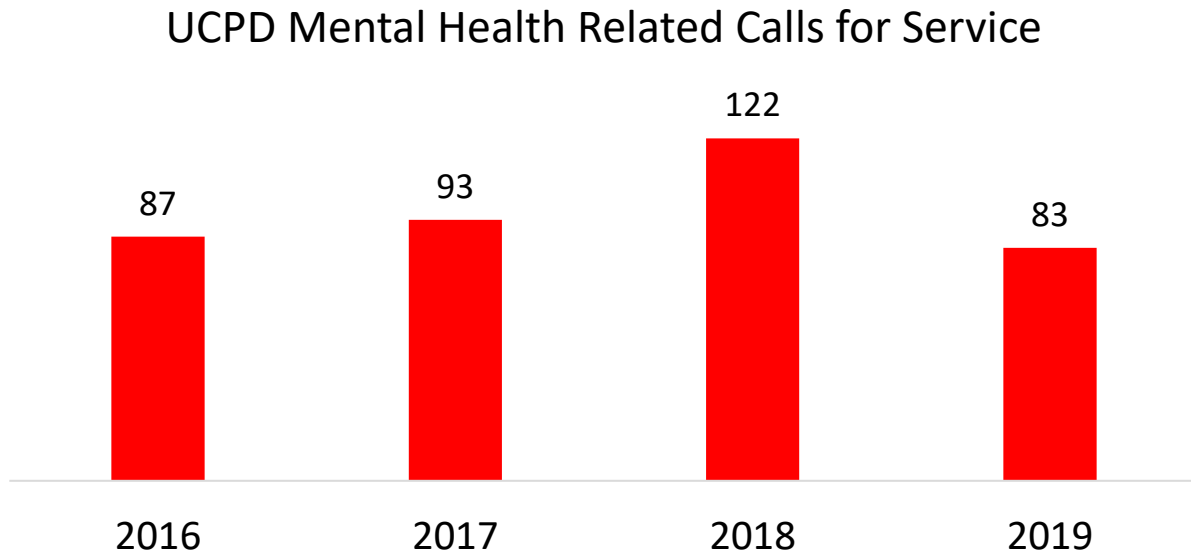
In past years' reports, there has been discussion about changing call types to meet the needs of collecting mental health related calls for service data. This is not a solution to the issue of gaining a greater understanding of mental health related incidents and requests for service, as any call could be related to mental health. Even calls where an officer initiates contact with a citizen could be mental health related, and the decision to change that call type may be short-sided. Changing call types could result in undercounting crucial calls for service data. For this reason, the 'behavioral health' indicator in ARMS is being used as a means of collecting information on all mental health related calls for service.

Table 1: UCPD Mental health related Call for Service Data: 2016 -2019 by Type

Call Type	2016	2017	2018	2019	Total
Mentally Impaired Nonviolent	39%	31%	37%	39%	36%
Mentally Impaired Violent	26%	22%	27%	27%	25%
Suicide/Attempt Suicide	34%	47%	36%	35%	38%
Total	**100%**	**100%**	**100%**	**100%**	**100%**

Given that caveat, several different call types immediately indicate a call for service related to mental health. These call types include Mentally Impaired Nonviolent, Mentally Impaired Violent, and Suicide/Attempt Suicide. Other types of mental health related calls are often related to mental health, but there is not a clear way of determining if they are from the CAD system. In these cases, it is beneficial to rely on the ARMS data as a supplement.

Figure 1 demonstrates the calls for service for mental health related call types over the past several years. These calls have remained relatively stable over this period, but there was a decline of 39 calls

from 2018 to 2019. This is a decent decrease, but keep in mind that any call an officer responds to could be related to mental health.

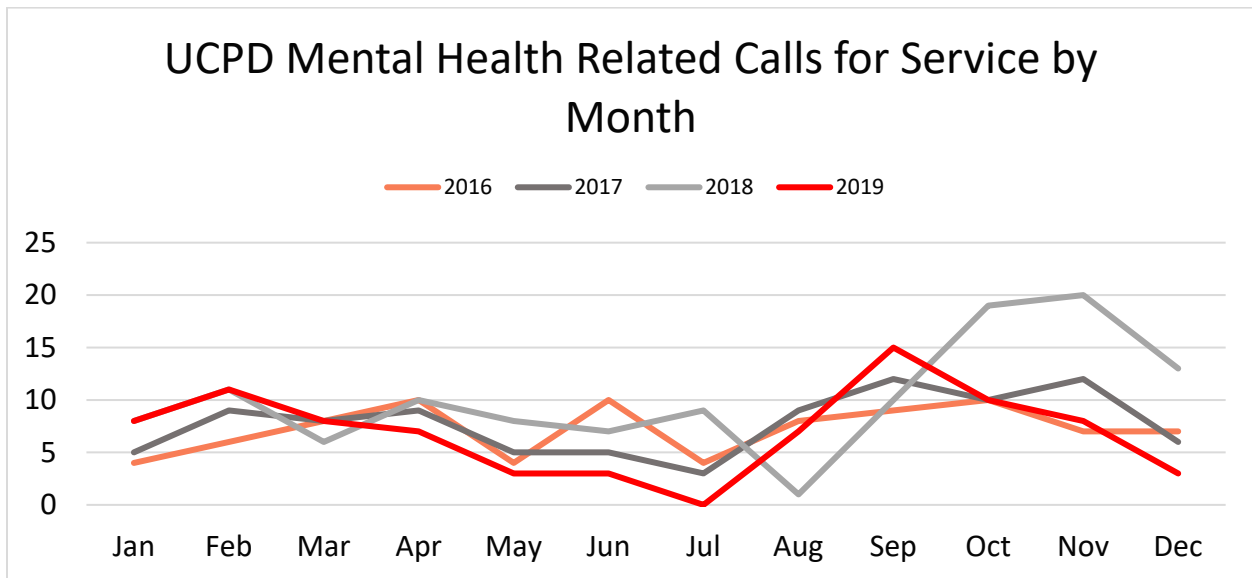**Figure 2: UCPD Mental Health Related Call for Service Data: 2016 -2019 by Month**

Figure 2 highlights the seasonal pattern that we typically see in calls for service for mental health issues. Fall and spring semesters represent usual spikes in these calls, while the summer and breaks are often much lower as the number of students on campus decreases. It should be noted that September and October are typically the highest months for these types of calls for service. Students adjusting to the college environment and new students and faculty being introduced to the population seems to impact these types of requests for assistance.
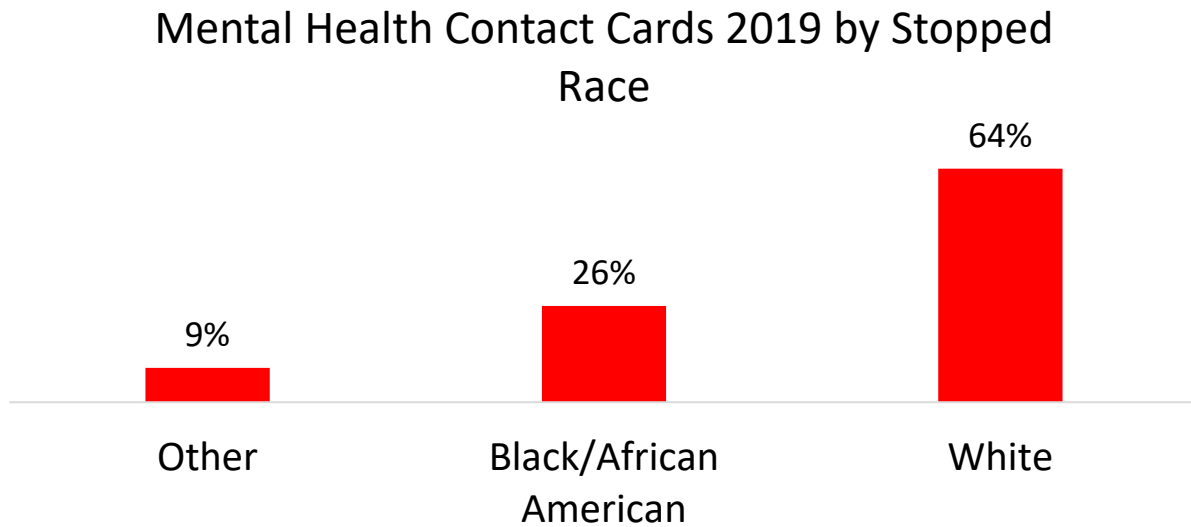
V.   Mental Health Related Contact Cards

In 2019 UCPD officers completed 711 contact cards. A contact card is completed by an officer after they engage in an incident where an individual is not immediately free to leave. This does not mean that they are arrested as a result of the incident. For this timeframe, there were 53 (7.45%) contact cards related to mental health by either being marked explicitly as such for the reason of stop or they resulted in an involuntary 72-hour commitment to a mental health facility. It is crucial to keep in mind that these represent individuals stopped by the police an not an incident itself. In these encounters, only 13% were initiated by the officer. The other 87% were the result of a request for assistance.

Figures 3 and 4 demonstrate the breakdown of individuals involved in these stops. The gender of individuals stopped is relatively evenly distributed, with females representing 53% of stopped individuals. Black individuals accounted for 26% of individuals in the contact card data.

The disposition data collected indicates that the most common outcome of these stops was a 72-hour mental health evaluation. This is consistent with what has been discovered in past years' reports. Only one of these incidents resulted in the arrest of the individual stopped. In this case, the individual had been sending threatening and disturbing emails and social media posts that constituted a criminal act.

UCPD strives to handle these types of incidents in a way that is consisted with our core values and with consideration of the safety of all parties involved. To that end, only one of these stops resulted in an officer using force to control the subject. In November of 2019, UCPD was contacted by one of the mental health care providers on campus for a patient transport call for service. Upon arrival, the subject was combative with the facility staff. The officer pointed a Taser at the subject to gain compliance and physically restrained him. The Taser was not discharged, however, per UCPD's use of force policy, the display of the device is considered to be a use of force.

Figure 3: UCPD Mental Health Related Contact Cards: 2019 by Stopped Race

Mental Health Contact Cards 2019 by Stopped Race

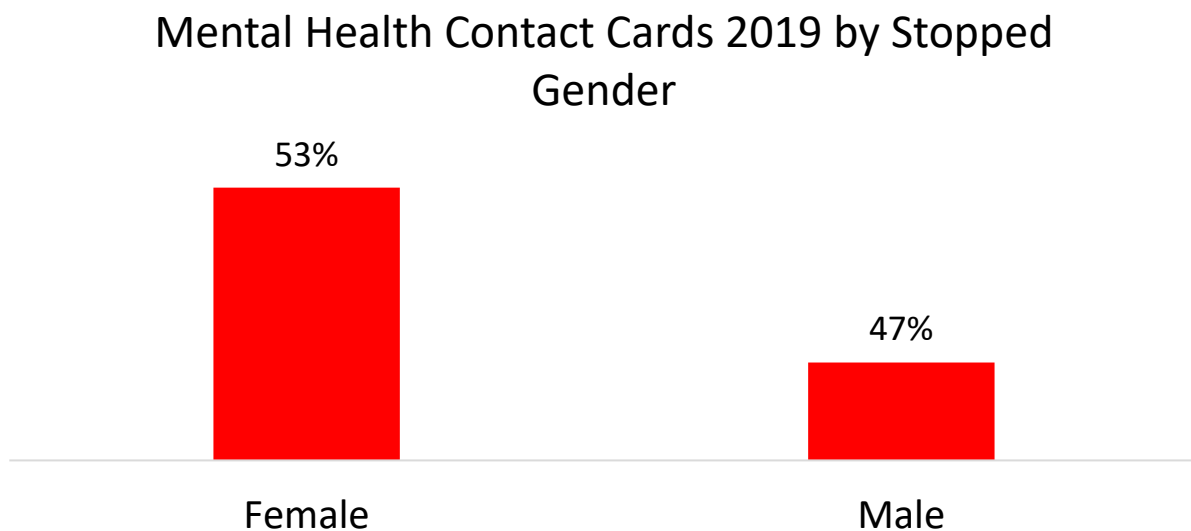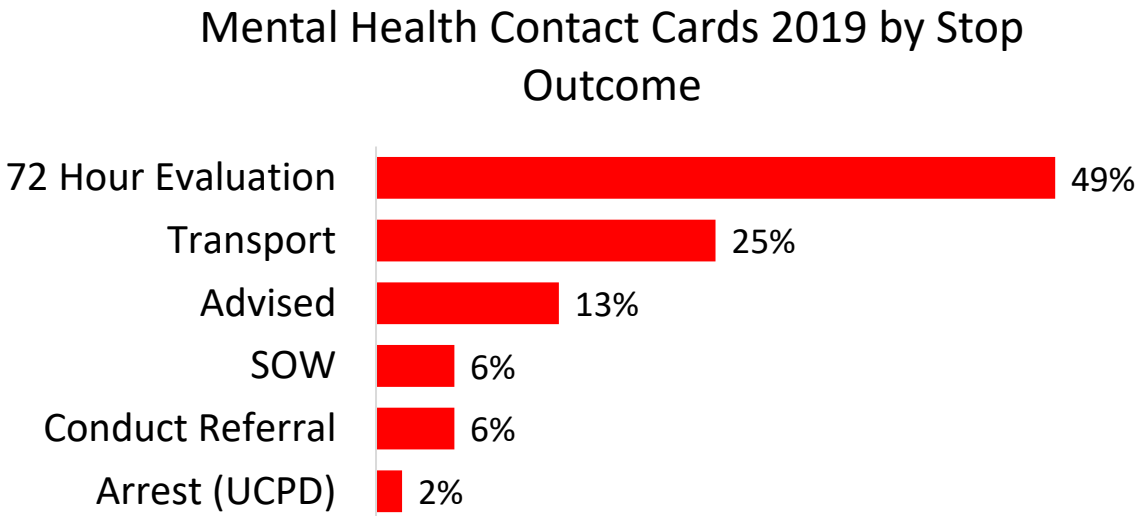**Figure 4: UCPD Mental Health Related Contact Cards: 2019 by Stopped Gender**

## Mental Health Contact Cards 2019 by Stopped Gender

Figure 5: UCPD Mental Health Related Contact Cards: 2019 by Stop Outcome

Mental Health Contact Cards 2019 by Stop Outcome

Outcome	Percentage
72 Hour Evaluation	49%
Transport	25%
Advised	13%
SOW	6%
Conduct Referral	6%
Arrest (UCPD)	2%

VI.   Mental Health Incidents Reports

The ARMS behavioral health indicator has been in use since 2019 to mark cases that are related to mental health in some way. The total number of instances marked as being related to mental health in 2019 was 127. As figure 6 demonstrates, mental health related incidents spike at the beginning of the semesters. During the second half of the spring semester, these incidents tend to start declining.
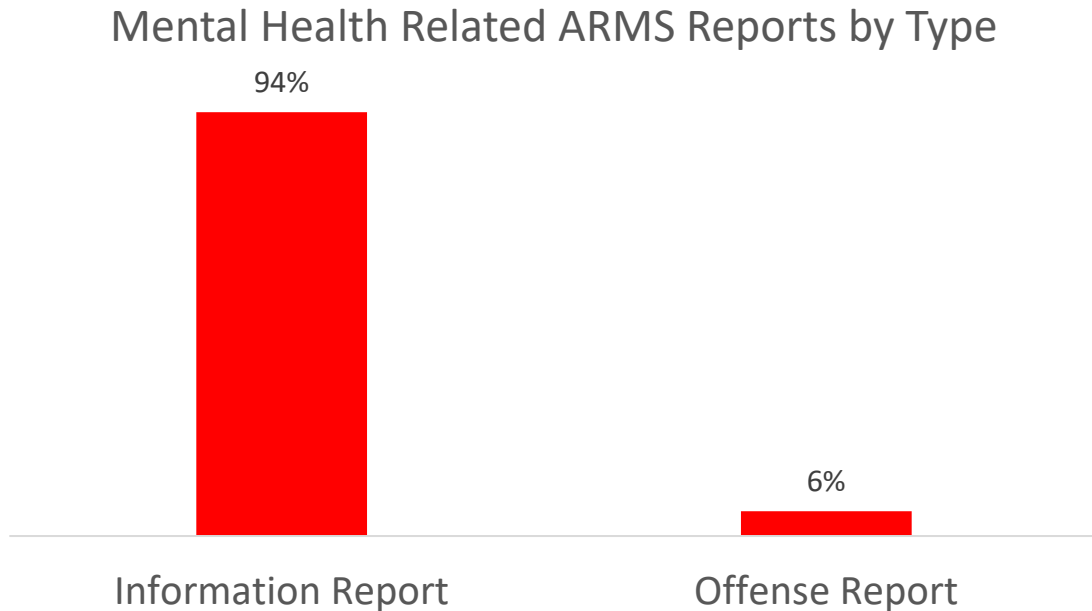
Figure 6: UCPD Mental Health Related Incidents by Month

Mental Health Related Incidents: 2019
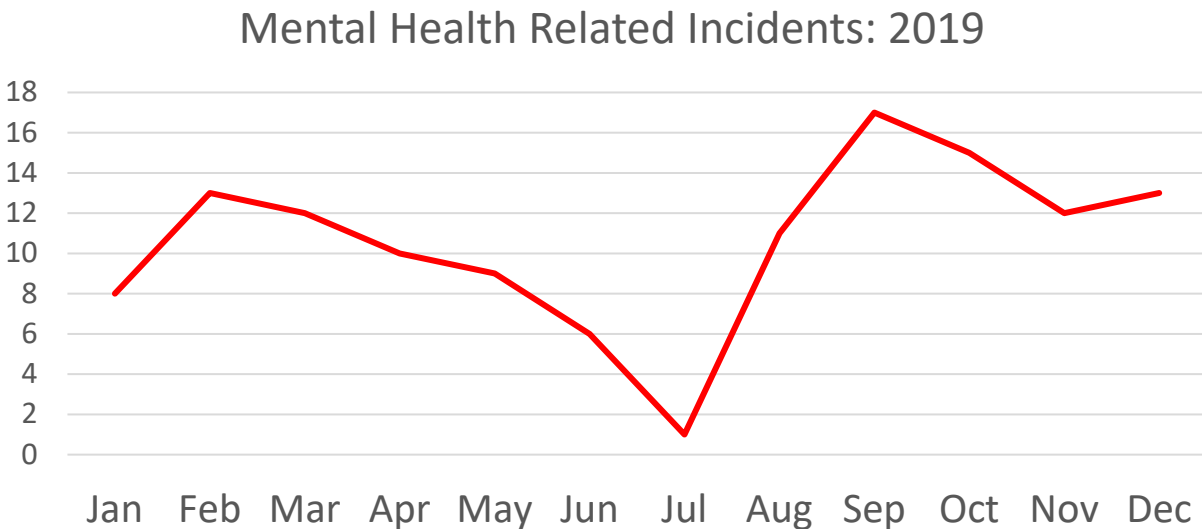
Of the reports marked as being related to mental health, only 7 were classified as offense reports. This indicates that of the 127, 6% involved a criminal act where the others were some other type of incident. All of the offenses related to these incidents were misdemeanors. There were no felony reports marked

as being related to mental health. Further, the only person to person crime type listed as an offense was telecommunications harassment.

Figure 7: 2019 UCPD Mental Health Related Incidents Report Type

Mental Health Related ARMS Reports by Type

One of the drawbacks of using ARMS as a source for marking mental health related incidents is that it is often unclear who the subject of the report was, or if they were the individual that required the officer to mark the report as mental health related. Usually, this information needs to be gathered through the unstructured narrative description of the event. This provides for rich qualitative data about these incidents that can significantly help with training scenarios but is challenging to use for quantitative analysis. This is a limitation that should be addressed in next year's report.

VII.   Implications and Future Application

The University of Cincinnati Police Division is committed to process improvement. Issues surrounding mental health are consistently an issue of policing agencies across the United States, and we strive to approach these situations with the most informed response possible. To that end, we will continue to develop new strategies and training based on the data we collect about these incidents.

In an attempt to inform operations in a manner closer to real-time, UCPD collects and automatically sends details about mental health related incidents to the training division as well as other university stakeholders. This means that officers can train using situations that they are likely to encounter in their daily activities. Adding details from these incidents to the regular training scenarios allows UCPD officers the ability to adapt and improve responses to ensure favorable outcomes for all parties.