



University of Cincinnati Police: Summary of Mental Health Response

May 1, 2022 – April 30, 2023

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 incidents, as required by the UCPD Mental Health Response Policy. This summary aims to review any patterns, trends, and other helpful information for the preparation of training, policy review, and patrol deployment. This report includes data about incidents that occurred between May 1, 2022, and April 30, 2023.

UCPD revises and continually evaluates its Mental Health Response Policy to ensure consistency with best practices and establish guidelines for handling calls involving persons engaging in behavior or exhibiting signs indicative of mental illness. The current policy calls for a focus on the de-escalation of situations 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 incidents with the care and expertise they require. The policy requires two officers to be dispatched and/or respond to all mental health response calls. A supervisor will respond to all calls for service involving violent or potentially violent persons with mental health issues. In addition to the initial training, all patrol personnel regularly attend a mental health-related refresher training. This ensures an ongoing mental health-specific focus in regular training. Furthermore, current mental health-related incidents are forwarded to the training division to be used in scenarios for other training.

II. Review of Past Year's Reports

In 2018, 2019, 2020, 2021, and 2022, UCPD published reports about officer contact with subjects where there was a mental health component. Several different strategies were used to get a clearer picture of these encounters. The goal of the reports were to better inform the department about the volume of these types of incidents, the individuals involved, and the implications for officer training.

To that end, UCPD used several different data sources to 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. For example, 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 document contains data from UCPD's records management system (ARMS) and other sources related to UCPD and interactions involving mental health. A mental health indicator was added to the records management system in late 2018, allowing officers to indicate if a report of any kind is related to mental health. As mentioned above, the goal of providing the indicator for mental health-related issues allows for tracking incidents that in the past may have gone unnoticed in traditional means of reporting.

As a result of the changes implemented from previous suggestions, 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.

This is the third report in the new format. In 2020, the UCPD published an updated report that accounts for data running from May to April of the following year. This was done to understand better the cycles and trends that impact our students, faculty, and staff in a more natural timeframe than a calendar year.

For example, as the year progresses, stress and weather impact the population much differently in an academic year than in a calendar year. This also allows for examining a more stable population as students tend to be in the UC Uptown from the fall season through the spring season.

III. The Data

There are multiple sources of information on mental health-related activity for UCPD. The CAD (Computer Aided Dispatch) data provides the overall percentage of calls to the UCPD Emergency Communication Center that are initially reported as related to mental health. However, these data do not provide detailed information regarding what officers encounter and how they respond. Call for service data from CAD helps examine repeated incidents at a particular location and can be used to augment other data sources.

Contact Cards completed by UCPD officers are also a valuable source of data on mental health-related incidents. 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 indicated mental health-related incidents.

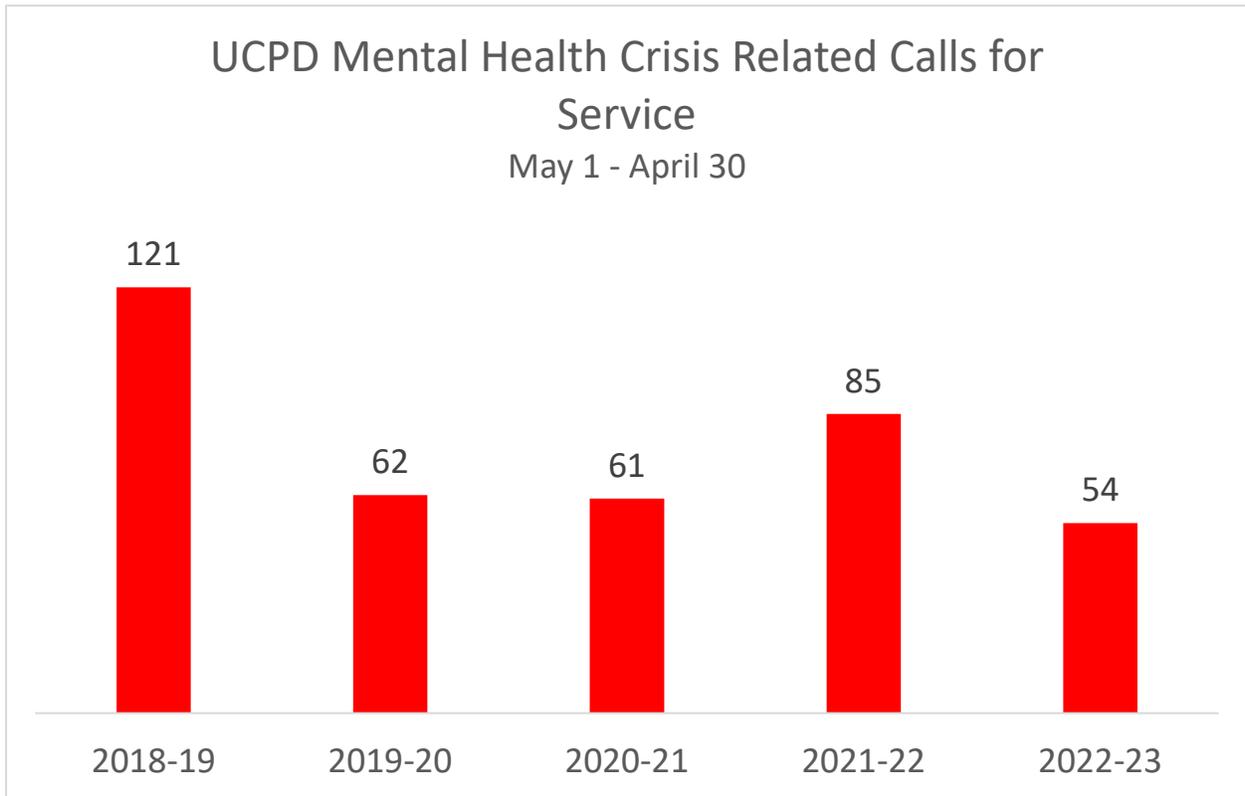
An issue with the ARMS data is that the quantitative data collected is not particularly informative to the context of the interaction between officers and individuals encountered. The more descriptive information regarding officer and subject actions is contained in the qualitative report narratives. All ARMS report narratives related to mental health issues are regularly forwarded to the UCPD Training Section 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.

The data sources discussed above provide an excellent platform for examining mental health-related issues encountered by the UC community. The UCPD is committed to ensuring that these issues are consistently evaluated to ensure equitable and compassionate handling of incidents where a subject is experiencing mental health-related issues.

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 supplemental. However, even with the fluid nature of these situations, this data can be valuable in gaining insight into what the officer knows before encountering the subject.

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



Every call for service or officer-initiated action could be related to mental health. While the initial call may not be for a mental health-related incident, officers sometimes find a mental health component to an otherwise innocuous call for service. Sometimes, however, officers are dispatched for a mental health crisis-specific call for service. These calls are captured under the "Mentally Impaired Nonviolent," "Mentally Impaired Violent," and "Suicide/Attempt Suicide" call types.

Table 1: UCPD Mental Health Related Call for Service Data: 2018 -2023 by Type

Call Types	2018-19	2019-20	2020-21	2021-22	2022-23	Total
Mentally Impaired Non-Violent	38%	39%	38%	54%	48%	43%
Mentally Impaired Violent	29%	23%	41%	16%	30%	27%
Suicide/Attempt Suicide	33%	39%	21%	29%	22%	30%
Total	100%	100%	100%	100%	100%	100%

Table 1 above demonstrates the shift in call types during the pandemic. Many of the calls for service relating to mental health involved non-UC-affiliated persons on or in the area of a UC property. UC is a public space and is used by individuals not attending classes or working at the university.

Figure 2 demonstrates the calls for service for mental health-related call types. The dashed line is the average of these calls for the past four time periods (May-April), and the solid red line represents the latest period of May 2022 through April 2023.

Figure 2: UCPD Mental Health-Related Call for Service Data: By Month

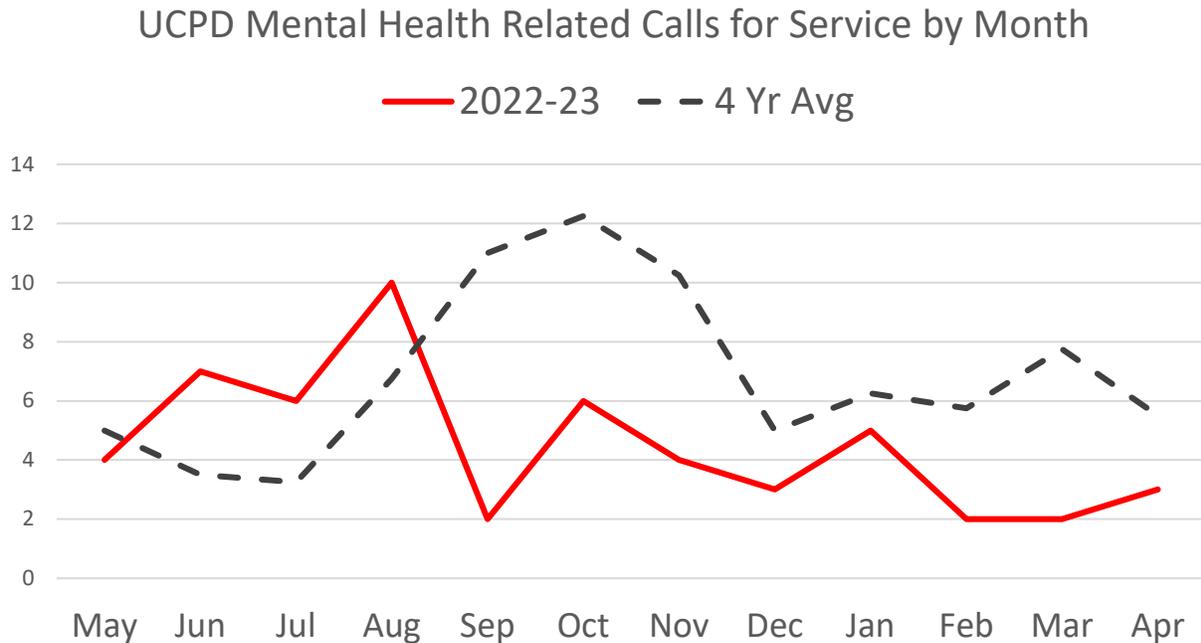


Figure 2 highlights the seasonal pattern that we typically see in calls for service for mental health issues. Fall and spring semesters represent usual spikes in these calls, while the summer and breaks are often much lower as the number of students on campus decreases. It should be noted that September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

V. Mental Health Related Contact Cards

Figures 3 and 4 demonstrate the breakdown of individuals involved in these stops. Statistically, white males account for the majority of those individuals involved with mental health related contact cards.

Figure 3: UCPD Mental Health Related Contact Cards: May 2022 -April 2023 by Stopped Race

Mental Health Contact Cards 2022-23 by Stopped Race

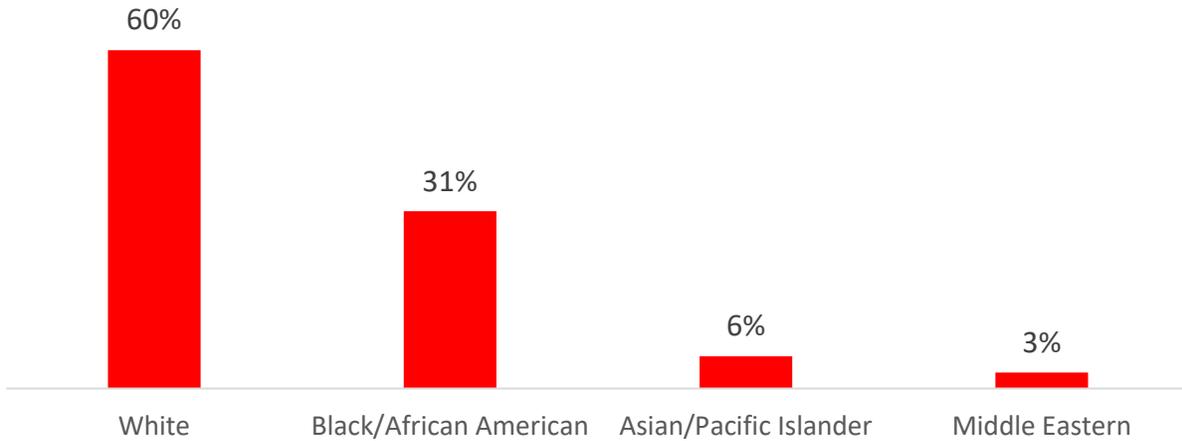
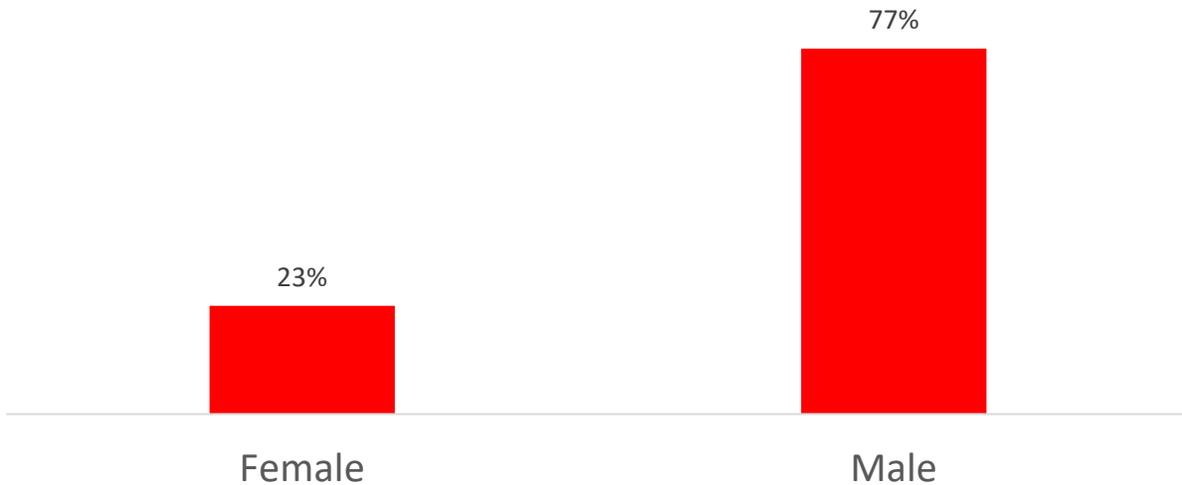


Figure 4: UCPD Mental Health Related Contact Cards: May 2022 -April 2023 by Stopped Gender

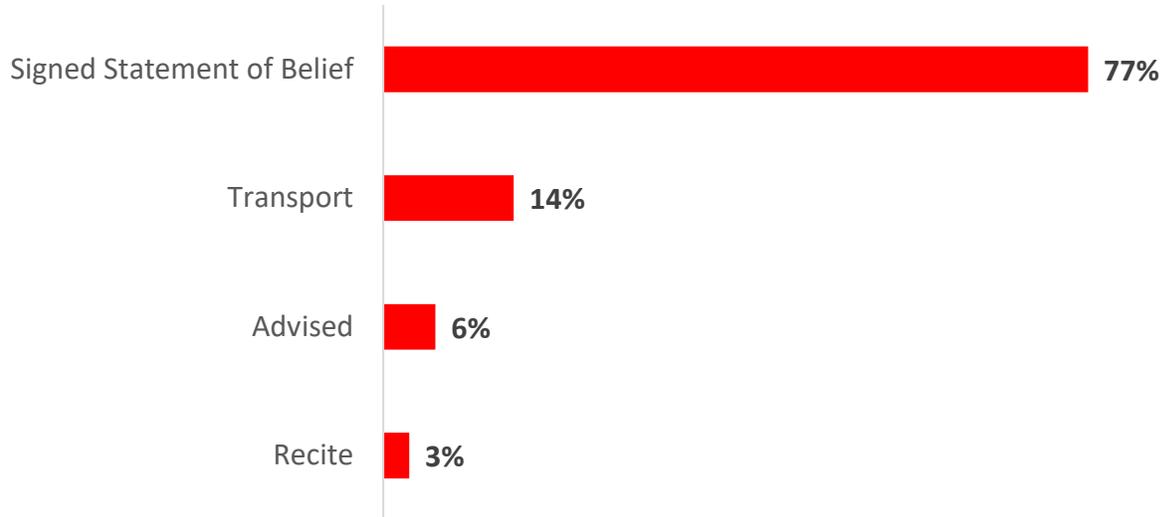
Mental Health Contact Cards 2022-23 by Stopped Gender



The disposition data collected indicates that the most common outcome (77%) of these stops were resolved by an officer signing a Statement Of Belief and transporting the individual to a mental health care facility. This is higher than what has been observed in previous report periods, which typically ranges from 39% to 75% during the past several reporting periods. This indicates that more serious mental health incidents occurred in 2022 and 2023. This is the most significant representation of the Statement Of Belief evaluation outcomes reported by the UCPD, meaning that a mental health provider accepted the officer’s statement of belief that an individual was in need of mental health care.

Figure 5: UCPD Mental Health Related Contact Cards: May 2022 -April 2023 by Stop Outcome

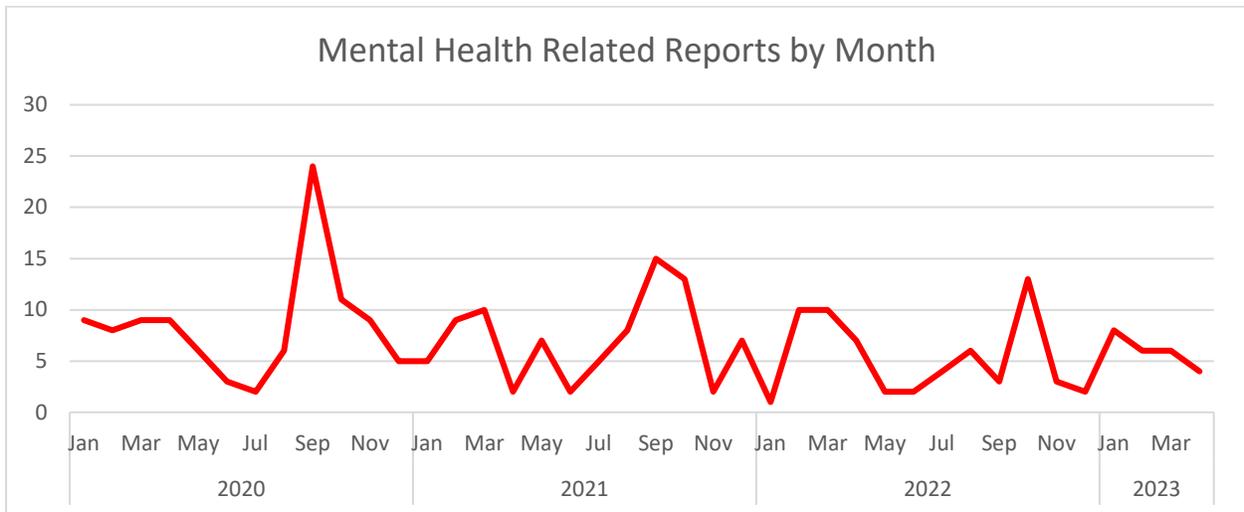
Mental Health Contact Card 2022-23 by Stop Outcome



VI. Mental Health Incidents Reports

UCPD's records management system (ARMS) contains an indicator for mental health crisis related calls for service. The total number of instances marked as related to mental health in the 2022-23 report period was 59. As figure 6 demonstrates, mental health-related incidents spike at the beginning of the semesters. These incidents tend to start declining during the second half of the spring semester. In this time period, UCPD saw a spike in these types of reports early in the fall semester.

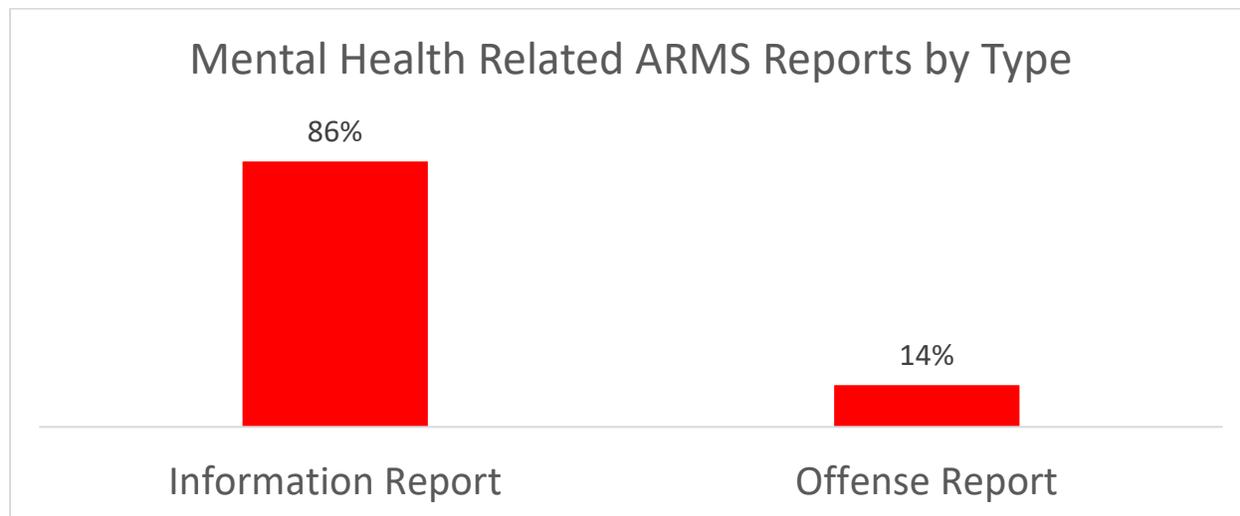
Figure 6: UCPD Mental Health Crisis Related Calls for Service by Month



Of the reports marked as being related to mental health, only 14% involved a criminal act, while the others were some other type of incident. This is a decrease over the previous year's report. However, several of these incidents involved the same offender who has mental health challenges and was

involved in several incidents on and around campus during this timeframe. This individual is no longer in the UC area.

Figure 7: May 2022 – April 2023 UCPD Mental Health Related Incidents Report Type



The information from all offense and information reports relating to mental health is passed along to the UCPD Training Section for incorporation into training. These data are sent every week in an automated email. This email also goes to other university stakeholders to ensure that we are doing our best to treat mental health issues holistically. As demonstrated by the ARMS reports and other data sources, most of these incidents do not involve a criminal offense, yet the police are called to help. Assessing these data helps us provide the necessary information and services to our community and fellow university partners responsible for mental health on and around campus.

VII. Implications

The University of Cincinnati Police Division is committed to process improvement. Mental health issues are consistently an issue of policing agencies across the United States, and we strive to approach these situations with the most informed response possible. 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 and other university stakeholders. This means that officers can train using situations they are likely to encounter in their daily activities. In addition, 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.

The training section reviewed the mental health-related "calls for service" and determined that our current training is sufficient.