



**2018 Summary of Mental Health Response
Calls for Service and Stops**

January 1-December 31, 2018

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 is the second annual report for this purpose and includes stops occurring between January 1, 2018 and December 31, 2018.

Two years ago, the UCPD revised 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 policy calls for a focus on de-escalation of the situation whenever possible. UCPD personnel received 16 hours of de-escalation training for critical incidents (Integrating Communications, Assessment, and Tactics--ICAT) between May and September 2018. This followed 40 hours of Crisis Intervention Team training, provided by Mental Health America of Northern Kentucky and Southern Ohio, in 2017 and 2018 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. All patrol personnel receive mental health-related refresher training every other year.

II. Review of 2017 Annual Summary

The first annual mental health response summary examined calls for service and contact cards between January 1, 2017 and December 31, 2017. Calls for service tended to be clustered near student residence halls and the UC medical campus. The majority of contacts were of Whites (65%) and subjects between the ages of 18 to 25 years (76%), but evenly divided between men and women. The most common disposition for these contact card stops was the 72 Hour evaluation, where the subject was taken into custody for the purpose of emergency mental health examination in accordance with ORC 5122.10.

During the creation of the first annual summary, it was noted that there were several call types that could have been coded as mental health related but were coded as other call types. To compensate for this anomaly in the data, dispatcher narratives were queried for keywords relating to mental health. This provided a more complete picture of the situation but resulted in an estimation of mental health calls for service as opposed to a hard count for the first annual summary report.¹ As a result of this discovery, the UCPD made revisions to the Mental Health

¹ This report will not attempt to recreate the estimates from the previous year's report for a few reasons. First, the estimates that were created were subjectively based on the dispatchers notes about the incident rather than how the incident was found or from official reports associated with the incident. Second, this estimate overlapped the implementation of a new computer aided dispatch system as noted in the past report. Third, the 2017 estimate included calls for transportation of individuals who were suffering from mental health problems and did not distinguish how those transport calls were initiated. This report does not include these call types as they are transportation of individuals for hospitals, doctors' offices, or treatment/counseling facilities. These are often not individuals whose behavior has risen to the need for a police response, rather they are in need of monitoring while being transported to or from a treatment facility.

Response Policy to clarify officer and dispatcher guidelines for properly coding calls for service related to mental health response and trained personnel accordingly. Specifically, in June 2018, UCPD personnel were informed of the reasons for the revisions to the policy, as well as trained and tested on the proper dispatch coding procedure via prepared training in the DPS electronic policy software PowerDMS. Since this training, UCPD dispatch has seen an increase of 28% (n=26) in the mental health related call types of Mentally Impaired Nonviolent, Mentally Impaired Violent, and Suicide/Attempt Suicide over the 2017 call types, indicating that the training was likely effective.

III. 2018 Data Sources

There are multiple sources of information on mental health related activity for UCPD, but there is no central repository of this data. The Computer Aided Dispatch (CAD) data provide information regarding the overall percentage of calls to the UCPD Emergency Communication Center that are initially reported as being related to mental health related issues, but these data do not provide detailed information regarding what officers actually encounter and how they respond. The Contact Card data provides 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 allow the officer the ability to indicate that a report of any kind (criminal offense, information, traffic collision, etc.) is in some way related to mental health. Unfortunately, this option has not been uniformly used by officers, hindering its use for systematic record-keeping for these types of incidents. Specifically, in 2018, 64 ARMS records were marked with the behavioral health indicator, but of the ARMS reports linked to the 69 mental health related contact cards, only 28 had the behavioral health code check marked. This is a data entry issue for which guidelines will be developed and addressed in the 2019 refresher training.

A second 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. Moving forward, once officers are trained on the proper use of the behavioral health code box in ARMS, all ARMS report narratives related to mental health issues will be 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.

In short, although none of the data sources provide a complete picture of mental health related issues that the UCPD encounters, each provides different information that can contribute to a cumulative approach to understanding UCPD’s mental health response. Due to the aforementioned issues with the ARMS data, the 2018 annual summary of UCPD’s mental health

response examines just the CAD data for calls for service received by the UCPD Communication Center and the Contact Card data recorded by officers during non-consensual stops.

IV. 2018 UCPD Mental Health Response: Calls for Service (CAD Data)

Between January 1, 2018, and December 31, 2018, UCPD officers initiated or responded to a total of 24,623 calls. These included assisting other agencies (e.g., responding to a CPD dispatch), calls that the officer initiated, and calls that were dispatched by UCPD Communication Center. Mental health related calls (n=119) made up less than 1% of the total calls for the agency in 2018. Figure 1 displays the various types of mental health related calls for 2018 and compares this information to the previous four years of the same types of calls.

As shown, in 2018, 35% of mental health related calls were for mentally impaired nonviolent individuals, while 37% were related to suicide or attempted suicide. Suicide was the most frequent type of mental health related call across all five years, except 2016. Approximately 28% of 2018 mental health related calls were for mentally impaired violent individuals. Between 2014 and 2018, calls involving mentally impaired violent individuals were consistently the least frequent.

Figure 1. Calls for Service for Mental Health Response by Run Type

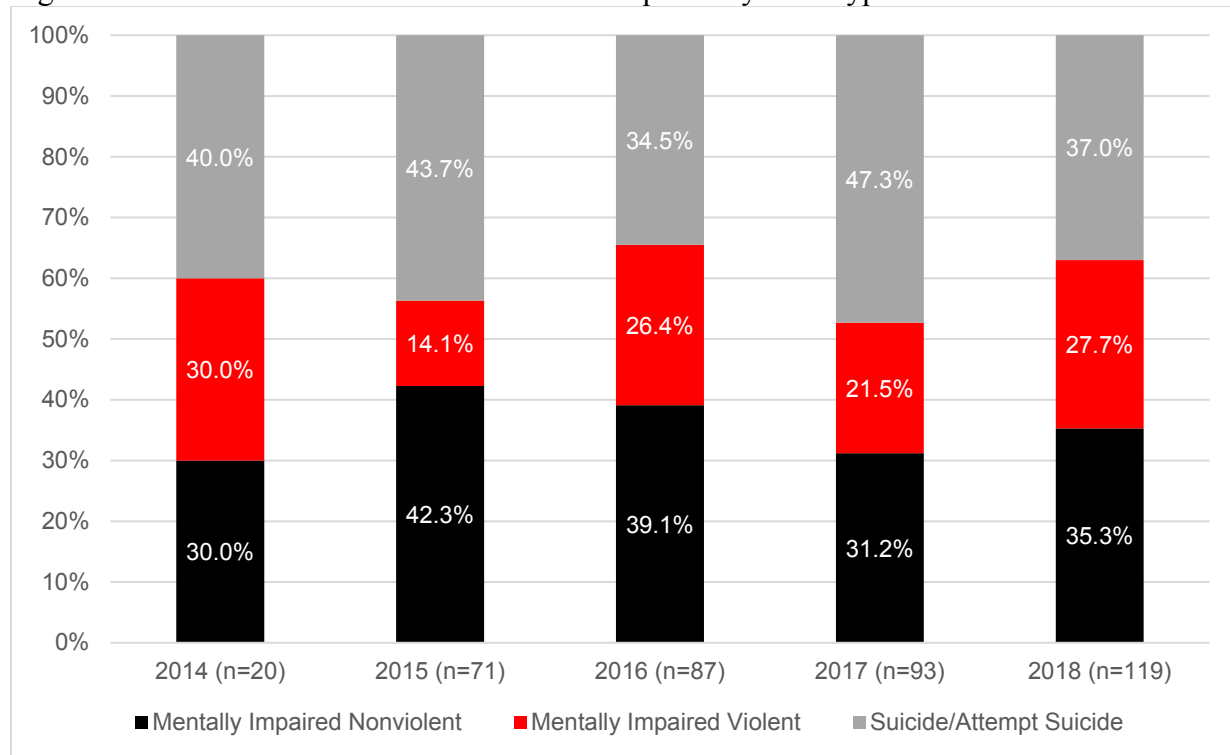
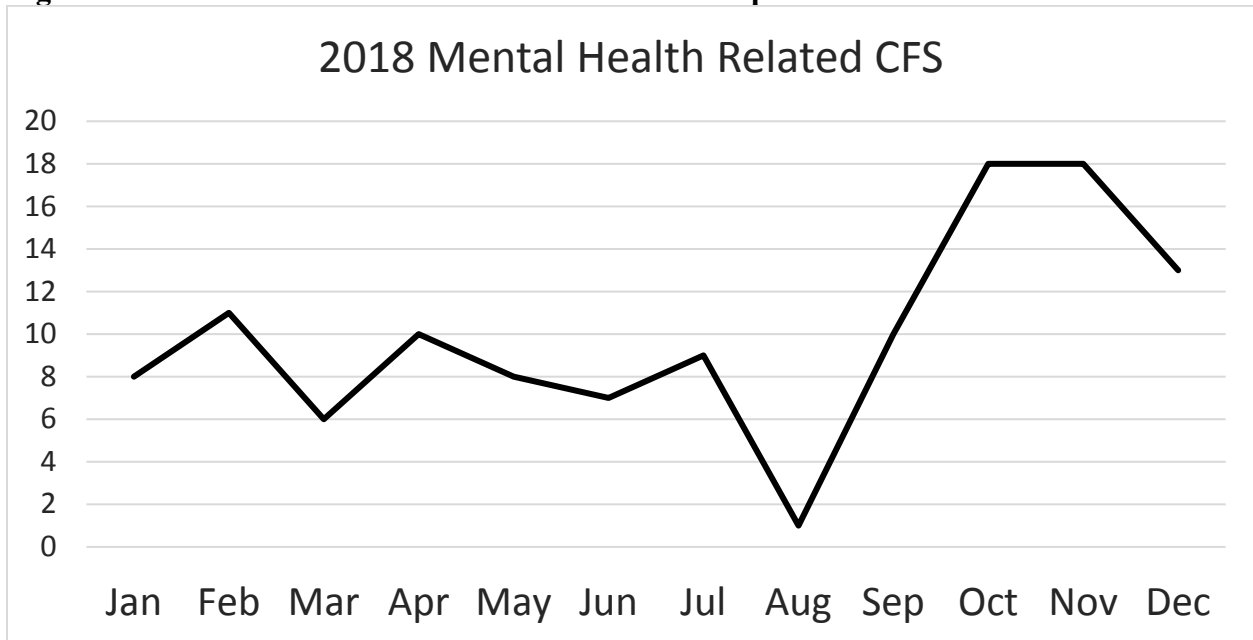


Figure 2 displays the monthly distribution of mental health related calls. As shown, the highest number of mental health related calls occurred in October, November, and December. This is consistent with the information provided to the UCPD from the university’s Counseling and Psychological Services (CAPS) office regarding peak periods of stress for students.

Figure 2: 2018 Calls for Service for Mental Health Response

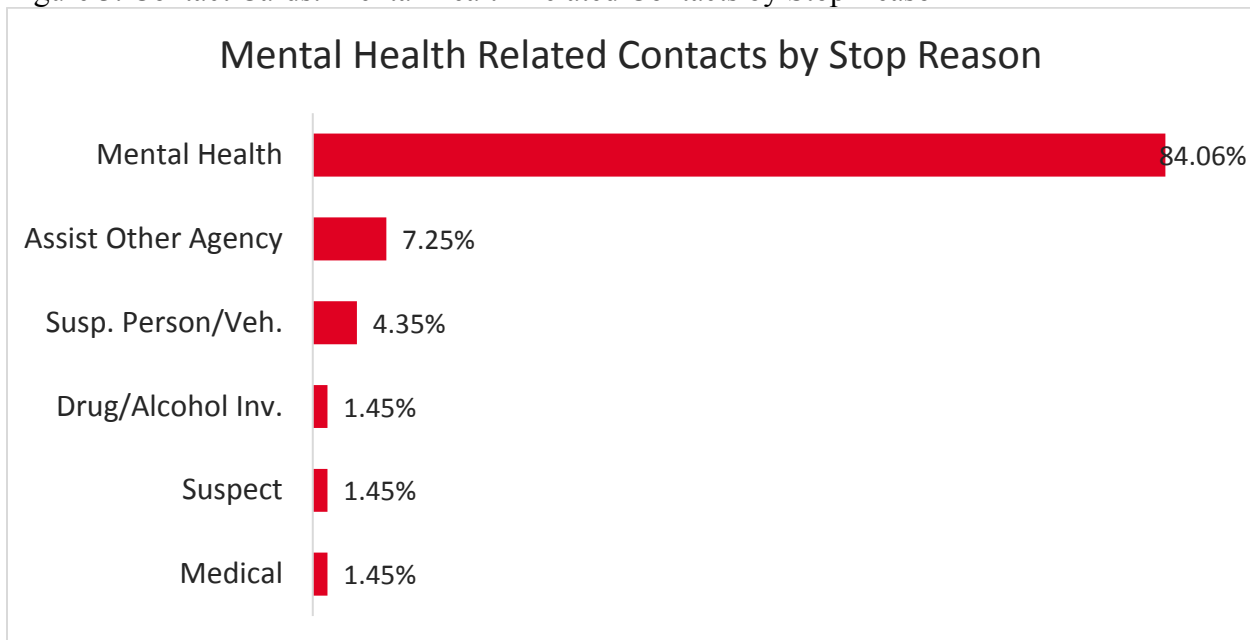


It is important to note, however, that the CAD data represent the initial notification of a situation to the police and are subject to what witnesses or people involved relay to a dispatcher who then relays it to the officers, which may or may not accurately reflect the situation. It is the officer who, after responding, ultimately determines if the call is mental health related and makes the appropriate requests for assistance. The CAD data do not reflect the type of information that is captured in an official report once an officer has responded to the incident. It is for this reason that data sources based on officer reports provide the majority of the information reviewed for this report.

V. 2018 UCPD Mental Health Response: Contact Card Stops

In 2018, UCPD officers completed 69 contact cards that involved a stop that was related to mental health, that is, where the officer selected “mental health” as the reason for the stop and/or 72-hour evaluation as the action taken. Specifically, 44.9% had mental health as reason for stop, 15.9% had 72-hour evaluation as the action taken, and 39.1% had both. As shown in Figure 3, for the overwhelming majority of mental health related contacts (84%) officers indicated that mental health was the reason for the stop, with the next most frequent reason being to assist another agency (7%).

Figure 3. Contact Cards: Mental Health Related Contacts by Stop Reason



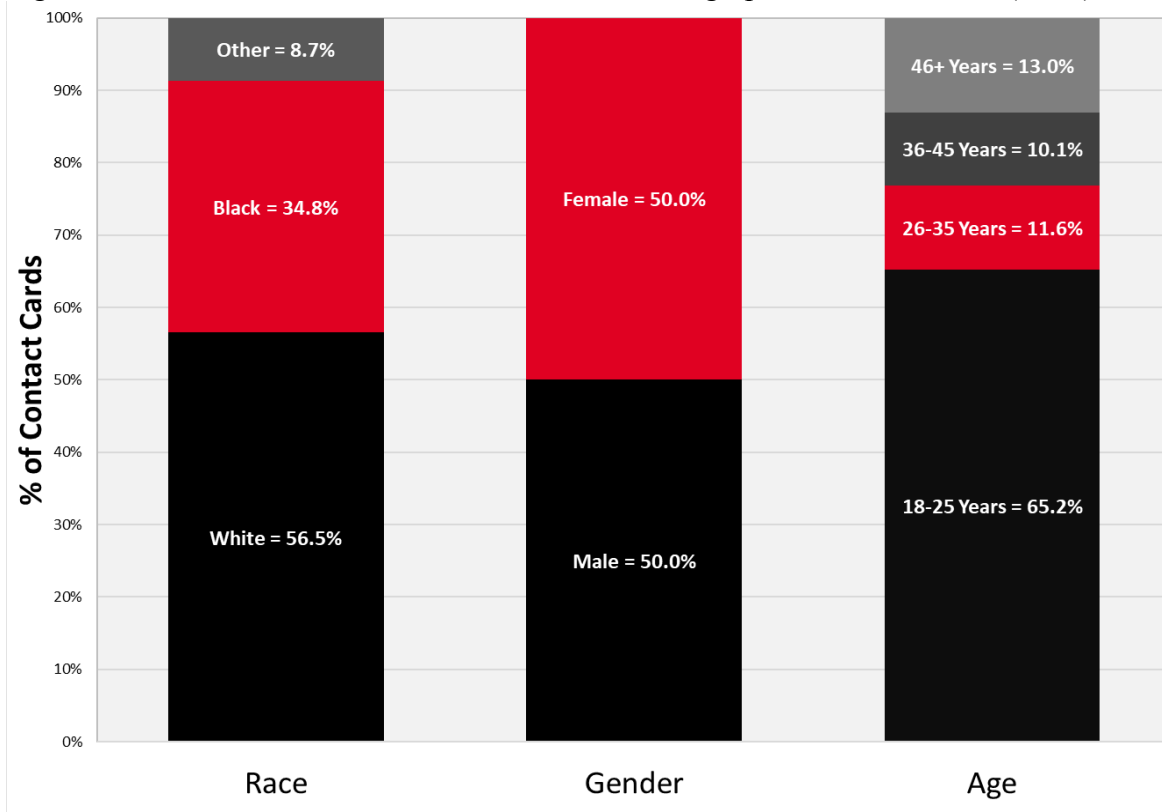
A small percentage of the mental health related contact card stops were officer-initiated (6%), but the overwhelming majority were dispatched either by UCPD Communication Center (87%) or dispatched by another agency (7%). It is important to note that while there is overlap with the calls for service data described above, not all mental health related calls, whether initiated or dispatched, would require a contact card to be completed.² Therefore, this population of mental health response stops does not mirror the calls for service data described in Section IV. Unlike the CAD data, however, the contact card database does include demographic characteristics of the involved individuals.

Figure 4 displays the demographic characteristics of the individuals (e.g., race/ethnicity, gender, age) with whom UCPD officers came into contact during mental health related contact card stops. Over half of the individuals represented in the mental health related contact card data were White (56.5%), while 34.8% were Black and less than 9% involved those of other races/ethnicities (i.e., Hispanics, Asians, Middle Easterners, Native Americans, and those identified as “other race/ethnicity” by the officers). Males and females were equally involved in these stops. Approximately 65% of the mental health related contact card stops were of individuals aged 18 to 25 years. This is to be expected, given the general age range of UC students and the fact that approximately 62% of mental health related contacts in 2018 involved UCPD students.³ Each of the remaining age groups made up 10-13% of UCPD contacts for mental health response.

² The Bias Free Policing Policy says contact cards shall be completed: "When an officer conducts a *nonconsensual* contact with a person on any traffic stop, suspicious persons contact, field interview or arrest."

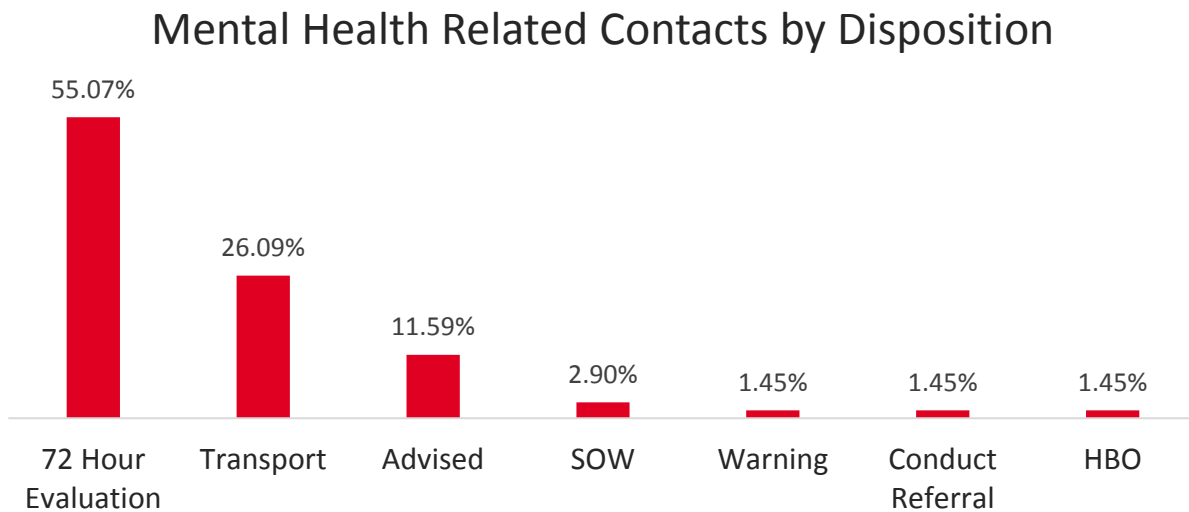
³ Thirty six percent of individuals encountered during mental health related contacts had no affiliation to the university and only one of the 69 contacts involved a UC staff member.

Figure 4. Contact Cards: Mental Health Related Demographic Characteristics (n=69)



When responding to a call for service, an officer has a series of possible actions they may take based on the initial call for service as well as what the officer observes during the stop. As shown in Figure 5, the most common disposition for mental health related calls for service was the 72-hour evaluation (55%), where the subject was taken into custody for the purpose of emergency mental health examination in accordance with ORC 5122.10.

Figure 5. Contact Cards: Mental Health Related - Action Taken (n=69)



Approximately 26% of stops involved individuals who were transported to another location by the officer. Almost 12% of stops resulted in the subject being advised, where the officer provided the subject with information of a university policy or statute. Each of the remaining stop dispositions accounted for less than 3% of contact card stops. Only one of the contact card stops involving mental health response as the primary reason for stop involved arrest in 2018.

Two mental health related contact card stops did result in the use of physical force in 2018, one in March and one in June. Both stops involved officers being called to assist social workers and medical professionals in transporting the subjects, who did not want to comply with a 72-hour hold order, to a mental health facility. In both cases the officers made multiple attempts at de-escalation, but ultimately had to resort to physical force because both subjects remained combative and resistant. In the first case, officers grabbed the subject's arms and had to take him to the ground in order to handcuff him as he continued to fight against the officers. In the second case, officers also grabbed the subject's arms in order to safely secure her in handcuffs. After being placed into handcuffs, the subjects in both incidents were transported to a mental health facility. Both uses of force were investigated in accordance with the UCPD Use of Force policy and found to be consistent with training and UCPD policy.

VI. Summary

This report evaluates multiple sources of UCPD data related to the division's response to mental health related calls between January 1, 2018, and December 31, 2018. The 119 calls for service related to mental health response represent less than 1% of the total calls for the year. Based on initial information provided to the dispatcher, approximately 37% of the 2017 mental health calls for service were related to suicide, while 35% were for mentally impaired nonviolent individuals and 28% involved mentally impaired violent individuals.

This report also examined the 69 mental health related contacts in the 2018 Contact Card database, the overwhelming majority of which were dispatched rather than self-initiated. Based on these data, over half of contacts were of Whites (57%) and subjects between the ages of 18 to 25 years (65%), but evenly divided between men and women. The most common disposition for these contact card stops was the 72 Hour evaluation (55%), where the subject was taken into custody for the purpose of emergency mental health examination in accordance with ORC 5122.10. Finally, two of the 69 mental health related contacts involved the use of physical force to safely secure combative subjects in handcuffs for transport to a mental health facility for a 72-hour evaluation. The use of bodily force was only used after multiple attempts to deescalate these situations and continued resistance by the subjects.

It is important to note that the summary information reported here is strictly descriptive in nature and does not include analyses that examine causal influences. Nevertheless, it is expected that the continued annual reports on the patterns associated with UCPD officers' mental health related calls for service and stops will assist UCPD commanders and supervisors in assessing and informing deployment and training. As described, the data analysis involved in the preparation of this report revealed the need for training guidelines regarding the use of the behavioral health check box in ARMS reports.

Moving forward, the UCPD hopes to be able to apply lessons learned from mental health related incidents in a closer to real-time format. To do this, data related to mental health specific incidents will be automatically forwarded to training division personnel to be added to regular training scenarios. Officers will have the opportunity to use real world events from their coworkers' experiences in their development of skills meant to handle these situations. Further, these data will be available at the request of community partners and commanders who desire to gain a better picture of mental health and policing as it relates to UCPD.

In addition to reviewing the statistical information presented here, the UCPD also continues to improve its response to mental health related calls by bringing in relevant and innovative training. In the past year, the UCPD partnered with a third party vendor, The Academy for Direct Support Professionals (hereafter The Academy), to not only conduct the agency's mental health refresher training in 2019, but to specifically tailor the training to UCPD based on information gleaned from several focus groups facilitated by The Academy with UCPD officers, supervisors, and dispatchers. The facilitator asked participants about their experiences in the field, the types of interactions they have with individuals with behavioral health issues and challenges associated with them, as well as types of content that would be helpful to include in the upcoming training and ways that the UCPD can continue to improve its response to mental health related calls. These efforts provided The Academy and UCPD's Training Section with valuable information to specifically customize the development of the training curriculum to the experiences and needs of UCPD personnel. The Academy also reviewed both the UCPD Mental Health Response Policy and the 2017 Summary of Mental Health Response: Calls for Service and Stops in order to inform the training curriculum for UCPD. The training will assist officers in honing the skills needed to quickly differentiate between, and effectively respond to, an individual with a developmental disability or mental illness from someone attempting to deceive an officer or evade questioning. This training is scheduled for the fourth quarter of 2019. Focus group participants also expressed concern over the volume of calls related to suicide and voiced an interest in training related to suicide prevention, which is now the planned focus for mental health related training in 2020.

Copies of this summary report are distributed to the Chief of Police and Training Unit as necessary for training and deployment purposes and are also provided to the Assistant Dean of Students for consideration by the Crisis Assessment Referral and Evaluation (CARE) Team, and the University of Cincinnati Director of the Counseling and Psychological Services (CAPS) Office, both of whom the UCPD regularly collaborates with on issues related to students' mental health well-being.