

Crisis Intervention Team 2022 Annual Report

[Consent Decree ¶113]

f) NOPD shall track CIT use through data provided by the CIT officer or MCTU after each response. NOPD shall gather and track the following data at a minimum:

- (1) Data, time, and location of the incident;
- (2) Subject's name, age, gender, and address;
- (3) Whether the subject was armed, and type of weapon;
- (4) Whether the subject is a U.S. military veteran;
- (5) Complainant's name and address;
- (6) Name and badge number of CIT officer on the scene;
- (7) Whether a supervisor responded to the scene;
- (8) Techniques or equipment used;
- (9) Any injuries to officers, subject, or others;
- (10) Disposition; and
- (11) Brief narrative of the event (if not included in any other document).

g) NOPD shall publicly report this data, aggregated as necessary to protect privacy.

The NOPD's Crisis Intervention Team (CIT) model is a nationally recognized "best practices" approach in recognizing and managing behavior that may be attributable to a mental health disorder or substance abuse. Under this program, chosen officers receive 40 hours of intense training from mental health experts focused on techniques and best practices for minimizing the use of force against individuals in crisis due to mental illness or a behavioral disorder. CIT officers are assigned to each police district and are trained to respond to and de-escalate mental health crises.

The Crisis Intervention Team offers yearly courses to train and to certify officers in Crisis Intervention. NOPD is required to ensure 20% of its patrol division are CIT certified and can provide a CIT-trained officer on each shift in each district. In 2022, the Crisis Intervention Team certified 12 additional officers, increasing the total number of CIT officers across the department to 338. Currently 41% of NOPD Patrol Officers have been certified by the Crisis Intervention Team. NOPD dispatches these specially trained CIT Officers to crisis calls when available to utilize their certified crisis intervention skills to de-escalate crisis situations. All officers, CIT-certified and non-certified, receive a yearly refresher course on Crisis Intervention and De-escalation during Core In-Service training. The NOPD policy on Crisis Intervention (Chapter 41.25) went into effect in March 2016. The Department then began gathering the data enumerated in Consent Decree ¶ 113. In 2022, officers submitted 5,229 incidents via the Crisis Intervention Form. Aggregated data from the Crisis Intervention Forms is included in this report.

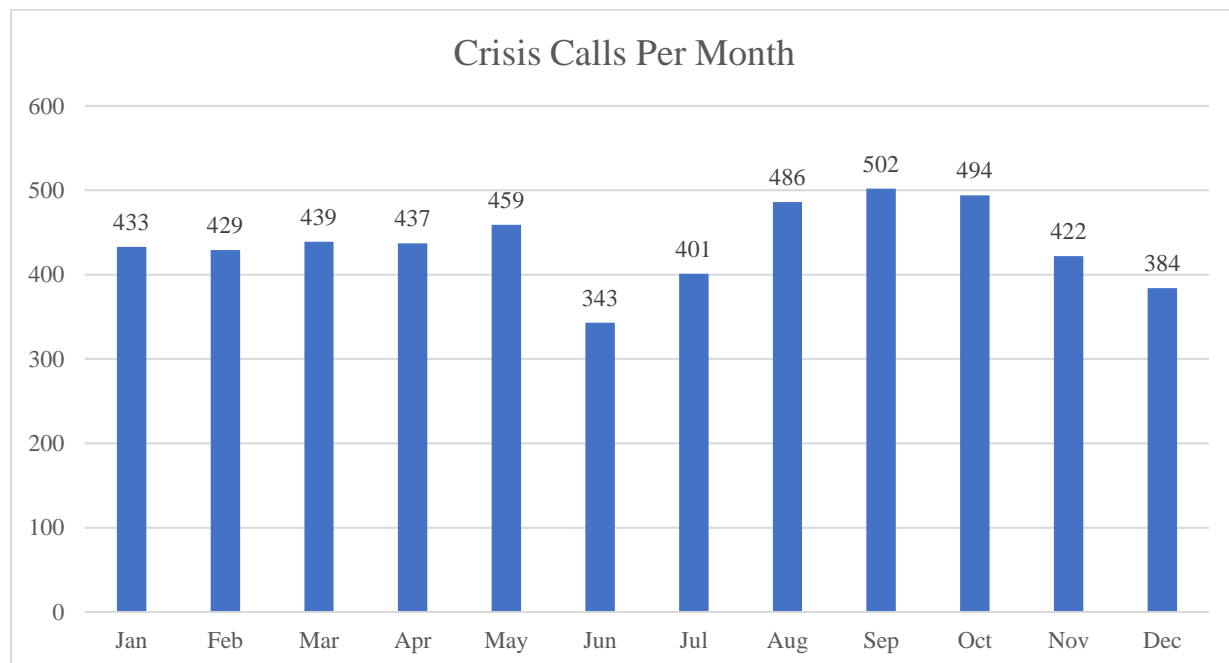
Computer Aided Dispatch (CAD) Aggregate Data

NOPD utilizes a Computer Automated Dispatch (CAD) system to track calls for service. The calls are documented with an initial signal code and a final signal code (incident type) categorizing the incident. The initial signal code (incident type) is entered by the dispatcher based on the caller's description of the situation. When an officer responds to the call for service, he/she may update the signal code (incident type) based on his/her observation or information available at the scene; this is the final signal code.

Current data is based on CIT forms completed and not signal codes since the implementation of plain talk language. These are more comprehensive and include a wider variety of calls such as Simple Domestic Battery or Disturbance where a CIT form was completed but the initial incident remained categorized in a separate category. The new signal codes (incident types) used by OPCD do not correlate with the CIT form database, resulting in a margin of error in reporting. The traditional signal codes tracked were 103M (Mental Disturbance), 29ST (Suicide Threats), 29SA (Suicide Attempts). Conversely, the new "signal" codes (plain talk) are CIT (MENTAL PERSON: NON VIOLENT), MENTAL (EMOTIONALLY DISTURBED PERSON), MENTP (MENTAL PATIENT TRANSPORT), SUIAP (SUICIDE ATTEMPT (PD)), SUIT (SUICIDE THREAT (FD NOT ENR)).

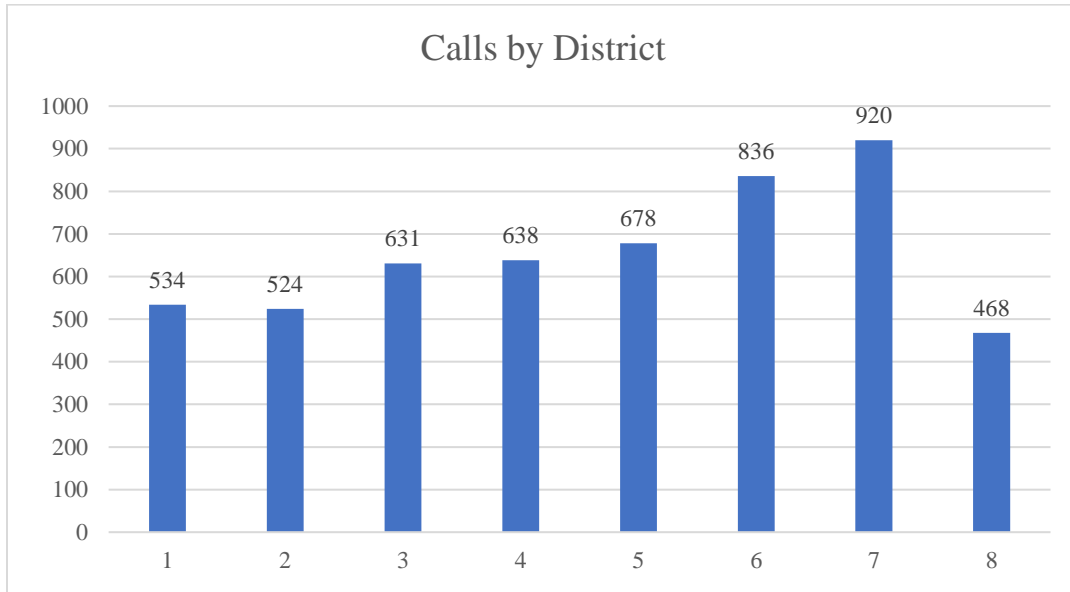
Crisis Calls by Month (Figure 1) - NOPD received a total of 5,229 crisis calls for service in 2022 for which a CIT form was completed by the responding officer regardless of final signal code (incident type). Crisis Calls per month ranged from a low of 343 in June to a high of 502 in September.

Figure 1



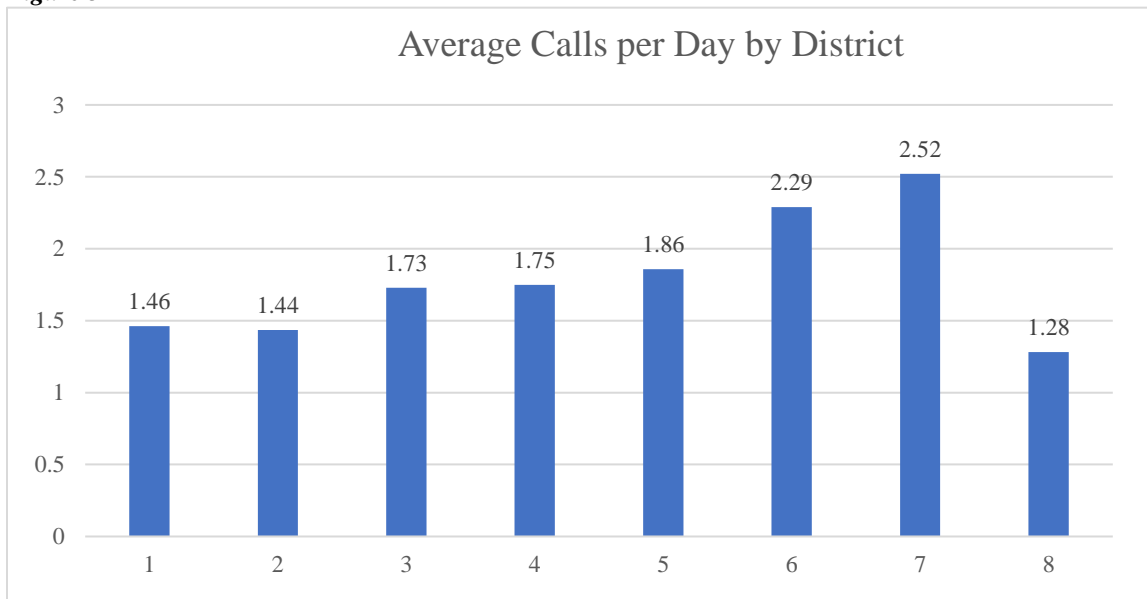
Crisis Calls by District (Figure 2) - The greatest number of crisis calls was in the 7th District totaling 920 calls, which is geographically the largest district in New Orleans. The smallest number of crisis calls was in the 8th District totaling 468, which is geographically the smallest district in New Orleans.

Figure 2



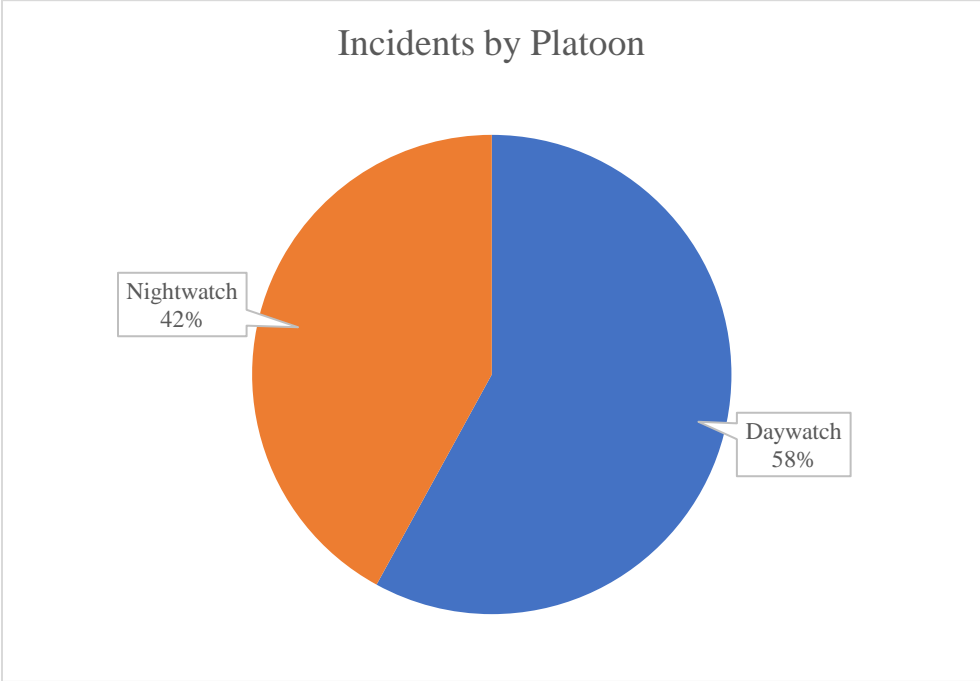
Average Crisis Calls per Day by District (Figure 3) - On average, in 2022 NOPD received 14 crisis calls for service per day.

Figure 3



Crisis Incidents by Platoon (Figure 4) - Most incidents took place during Day Watch (7:00am – 6:59pm) with the remainder occurring during Night Watch (7:00pm – 7:59am).

Figure 4

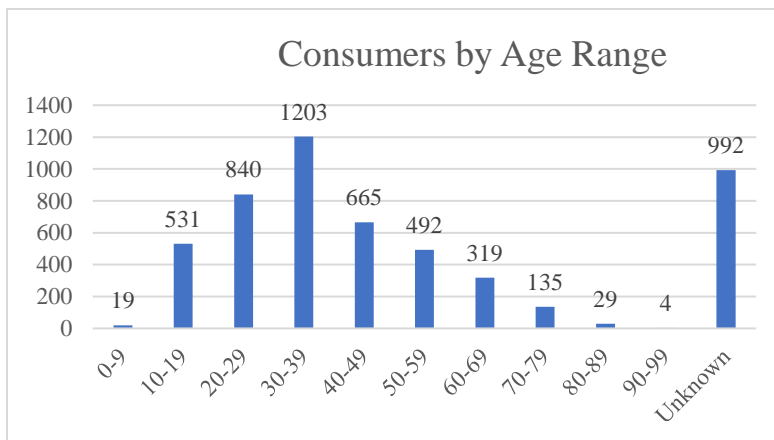


Crisis Intervention Form Aggregate Data

Crisis intervention forms are completed at the conclusion of any call for service involving a citizen in crisis. Per Chapter 41.25 – Crisis Intervention, officers complete crisis intervention forms on all calls with a final classification of 103M (Disturbance, Mental) but also submit a crisis intervention form on calls that may involve a crisis but are not classified as a 103M (Disturbance, Mental). For example, if an officer arrests an individual in crisis for a battery, the officer may complete a crisis intervention form, so the data for that incident may not be captured in this information. In 2022, officers submitted 5,229 incidents via the crisis intervention form. Figures 06 – 17 reflect data collected from the completed CIT forms.

Consumers by Age Range (Figure 5) - Most persons in crisis were adults between the ages of 30 and 39. Our youngest consumer in 2022 was age 4. Our oldest consumer in 2022 was age 95. We had 992 individuals who were unable or unwilling to give us dates of birth.

Figure 5



Consumers by Gender (Figure 6) - The NOPD utilizes a Bias Free Policing model, recognizing gender identity as a formal classification of gender. 2% of the crisis calls for service received were from consumers who identified themselves as transgender.

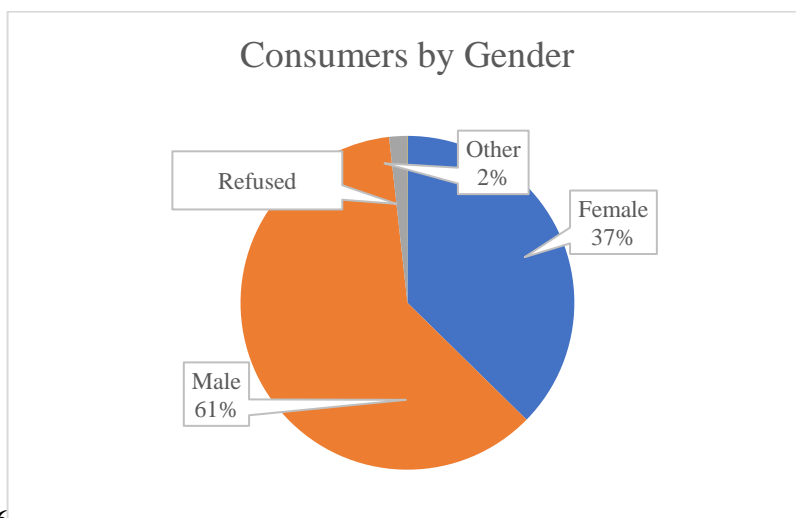
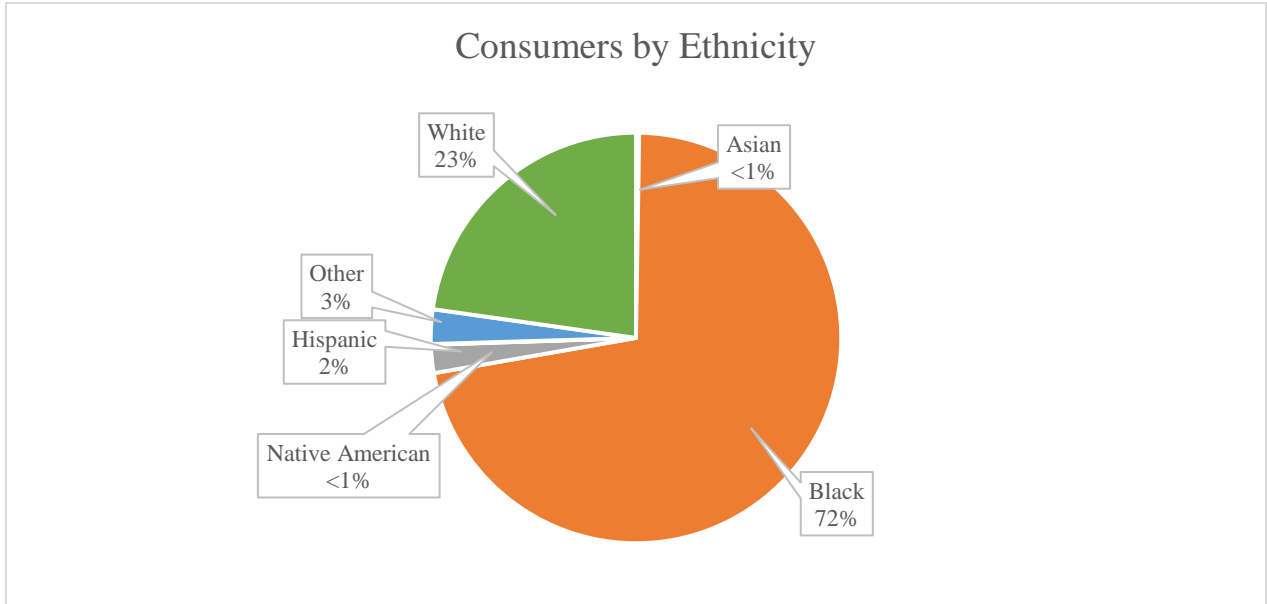


Figure 6

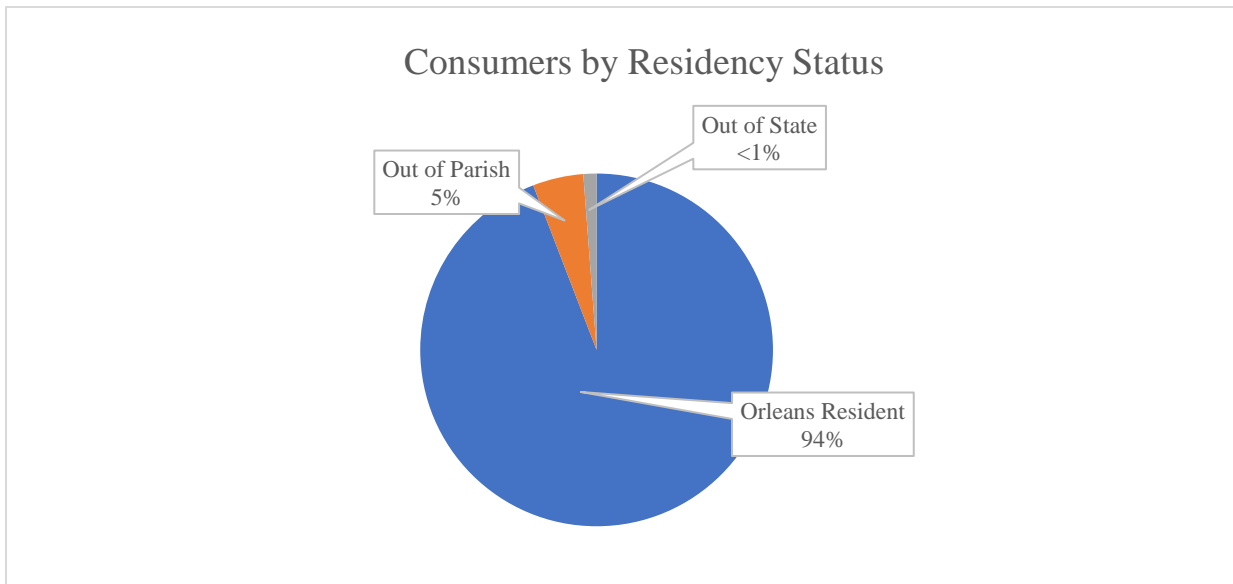
Consumers by Ethnicity (Figure 7) Nearly three-quarters of crisis incidents involved persons in crisis who were African American, while one quarter were white and the remaining percentages identified as Asian, Hispanic, or another race.

Figure 7



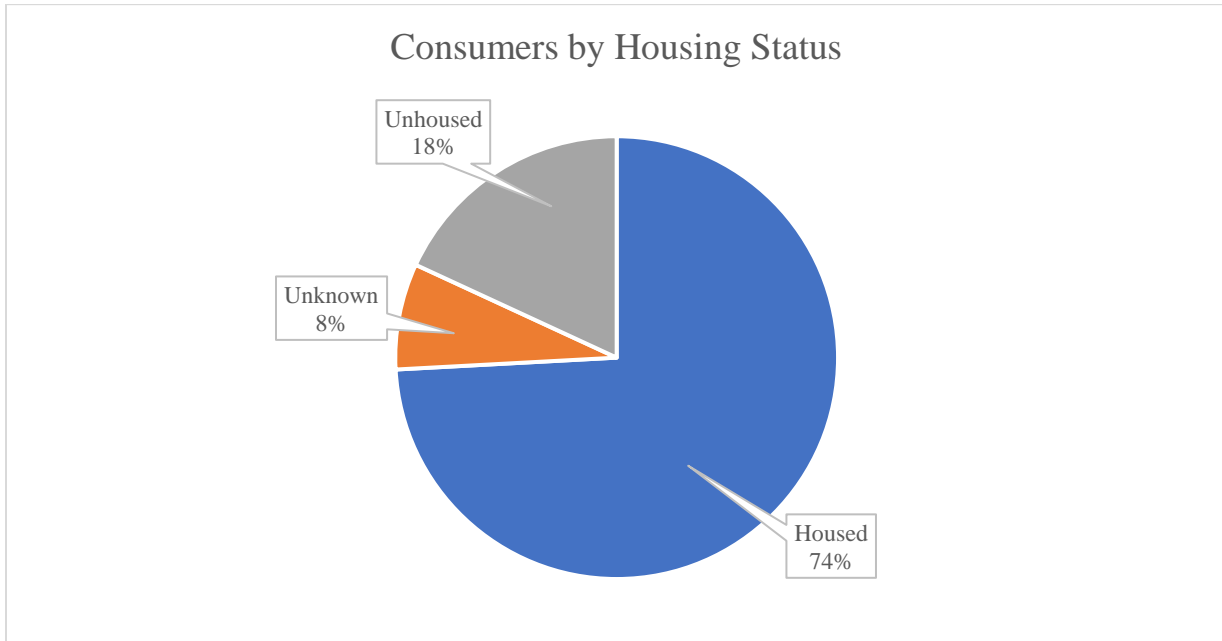
Consumers by Residency Status (Figure 8) – Most persons in crisis were residents of Orleans Parish, while 5% resided in other Louisiana parishes, and <1% resided in another state other than Louisiana.

Figure 8



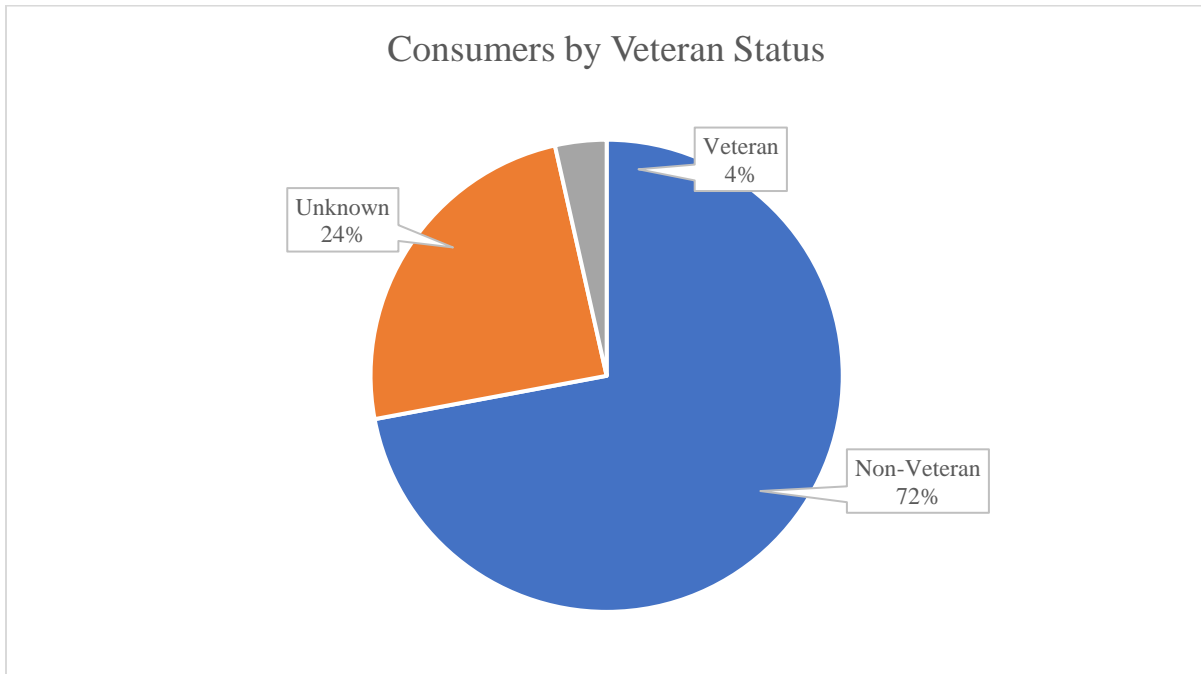
Consumers by Housing Status (Figure 9) – Roughly 18% of the crisis calls received involved a person who identified themselves to be unhoused or not have a fixed address.

Figure 9



Consumers by Veteran Status (Figure 10) – Roughly 4% of persons in crisis identified as veterans; the status of 24% of persons in crisis was unknown, while the remainder 72% were non-veterans.

Figure 10



Was consumer armed (Figure 11), Type of Weapon Possessed (Figure 12) – More than 93% of persons in crisis were unarmed. Of the 4% who were armed, the vast majority, 65%, were armed with a knife or other cutting instrument. 14% were armed with firearms, while 9% possessed blunt objects.

Figure 11

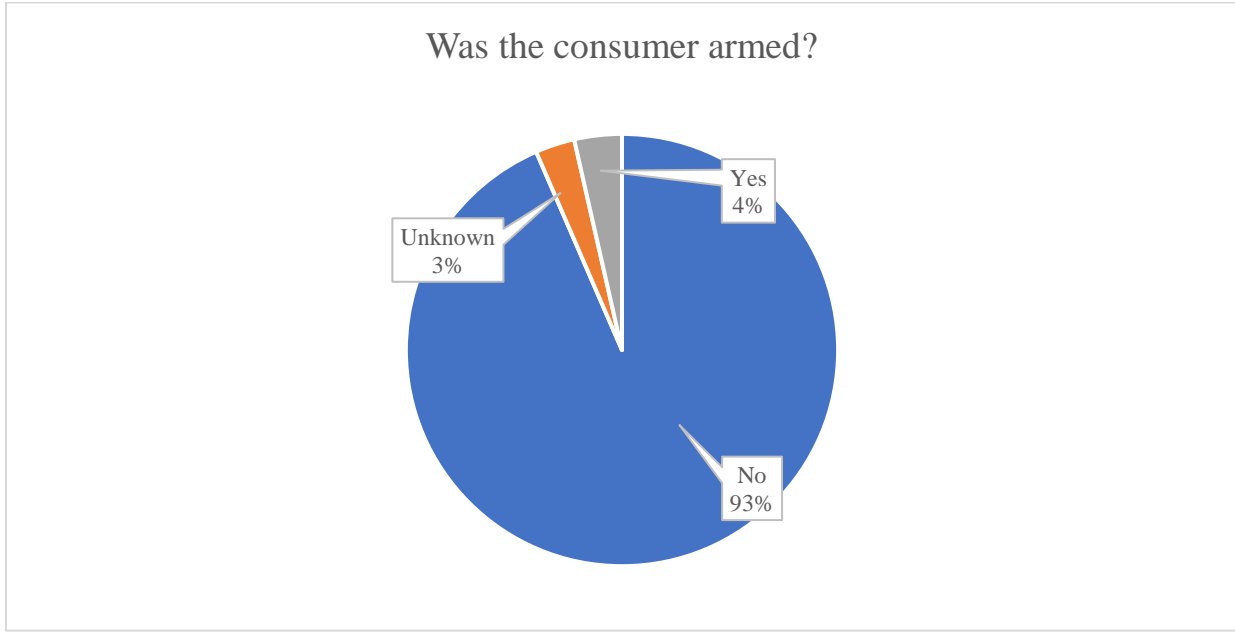
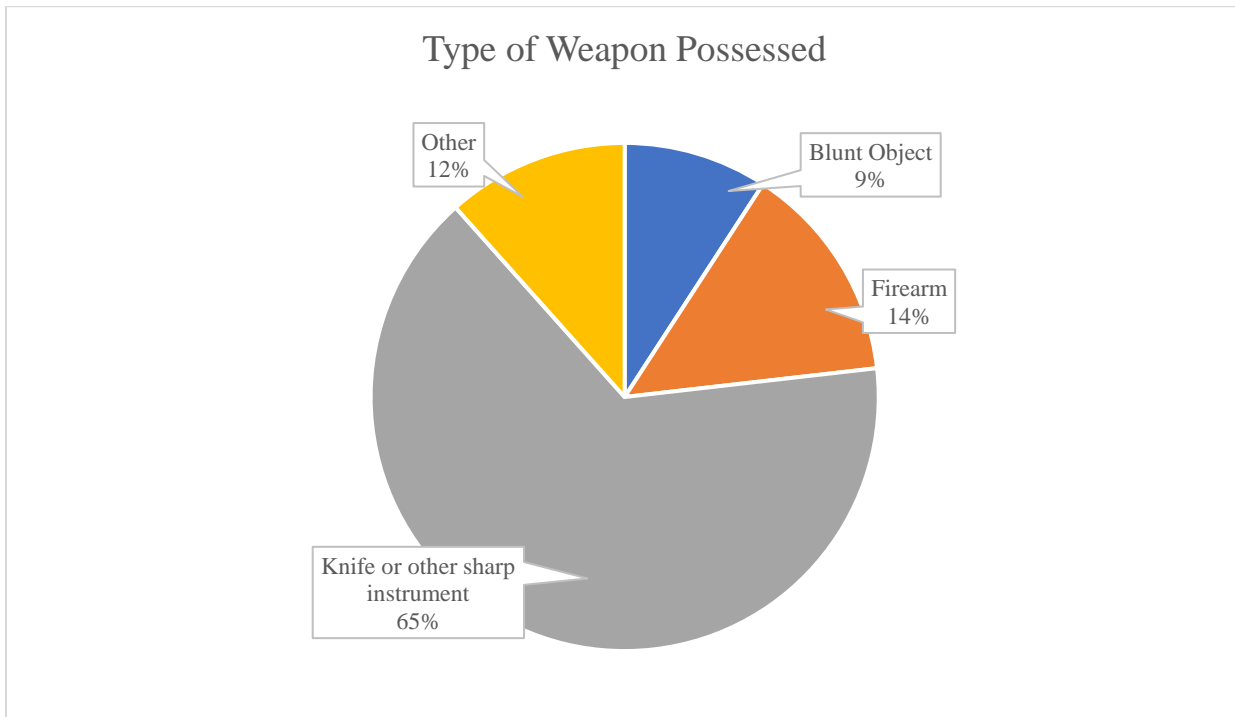
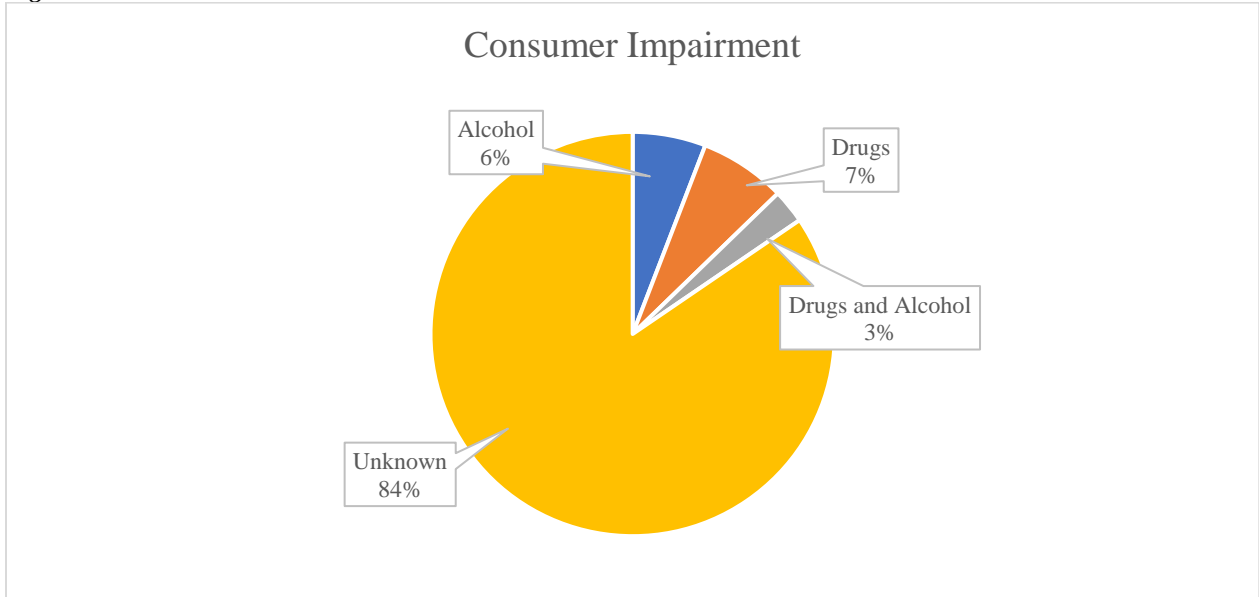


Figure 12



Consumer Impairment (Figure 13) – Overall, 7% of crisis calls received involved a person under the influence of drugs, while 6% involved a person who consumed alcohol and 3% involved a person under the influence of a combination of both drugs and alcohol. Officers must select one of the four choices. The “Unknown” category indicates that the officer is not knowledgeable if the consumer is impaired by any substance.

Figure 13



Techniques Used (Figure 14) - In 60% of crisis instances, officers were effective in only using verbalization to de-escalate the incident before utilizing handcuffs or other restraints. In only 38% of interactions, officers applied handcuffs or other restraints due to safety or flight risk or to facilitate safe transportation of the person in crisis. Techniques involving less-lethal force were utilized in 2% of cases.

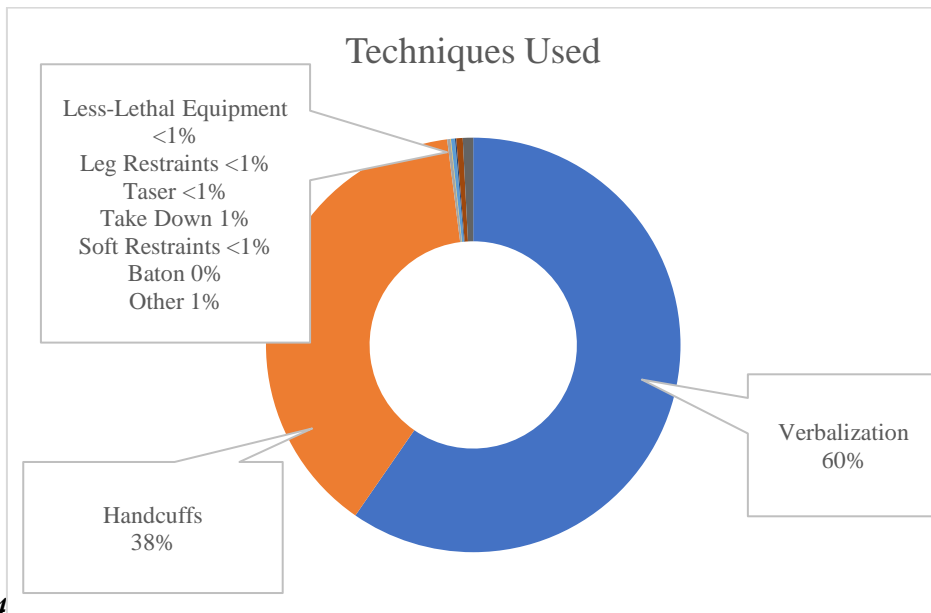
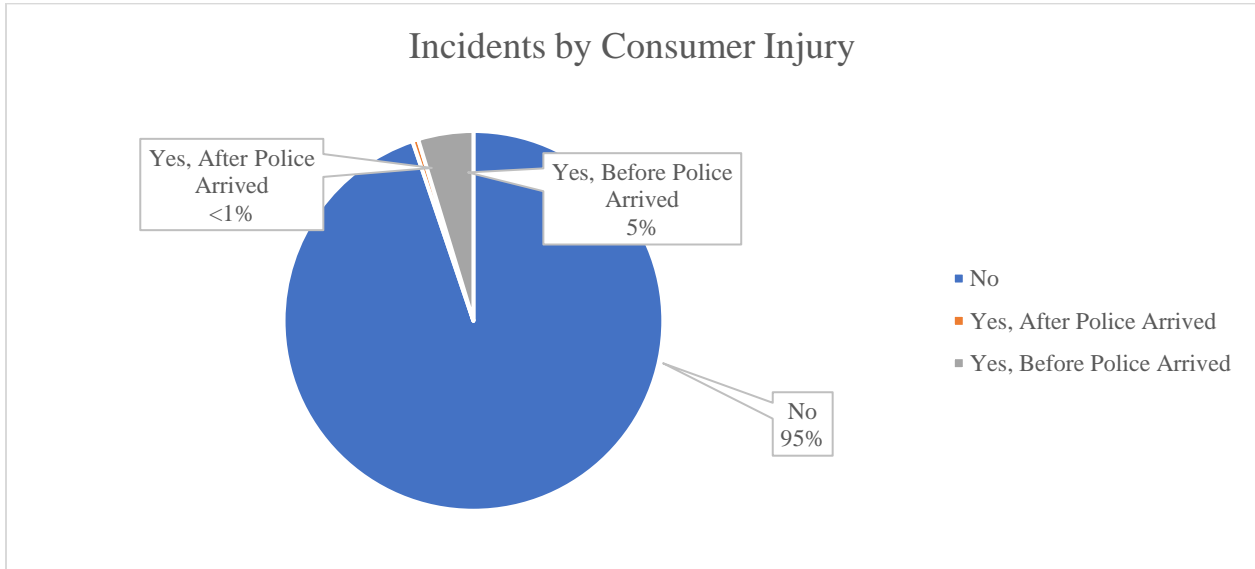


Figure 14

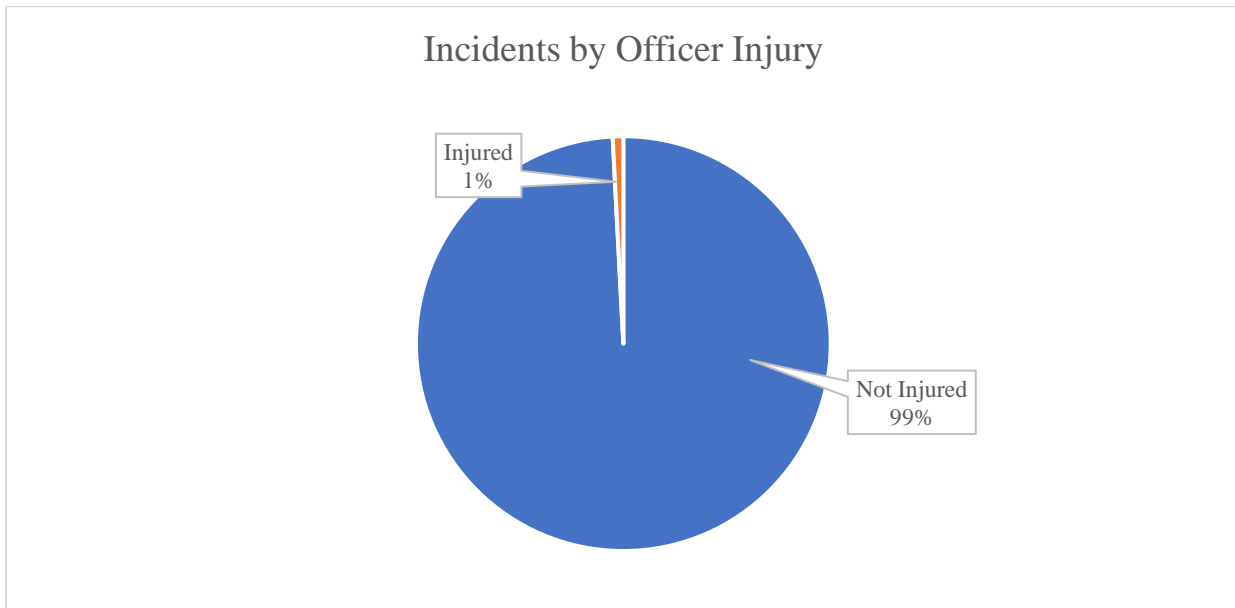
Crisis Incidents by Consumer Injury (Figure 15) - Roughly 95% of persons in crisis did not sustain injuries during the call for service. Approximately 5% of individuals in crisis were injured prior to the arrival of the officers on the scene, and <1% were injured after police arrival account for 26 incidents.

Figure 15



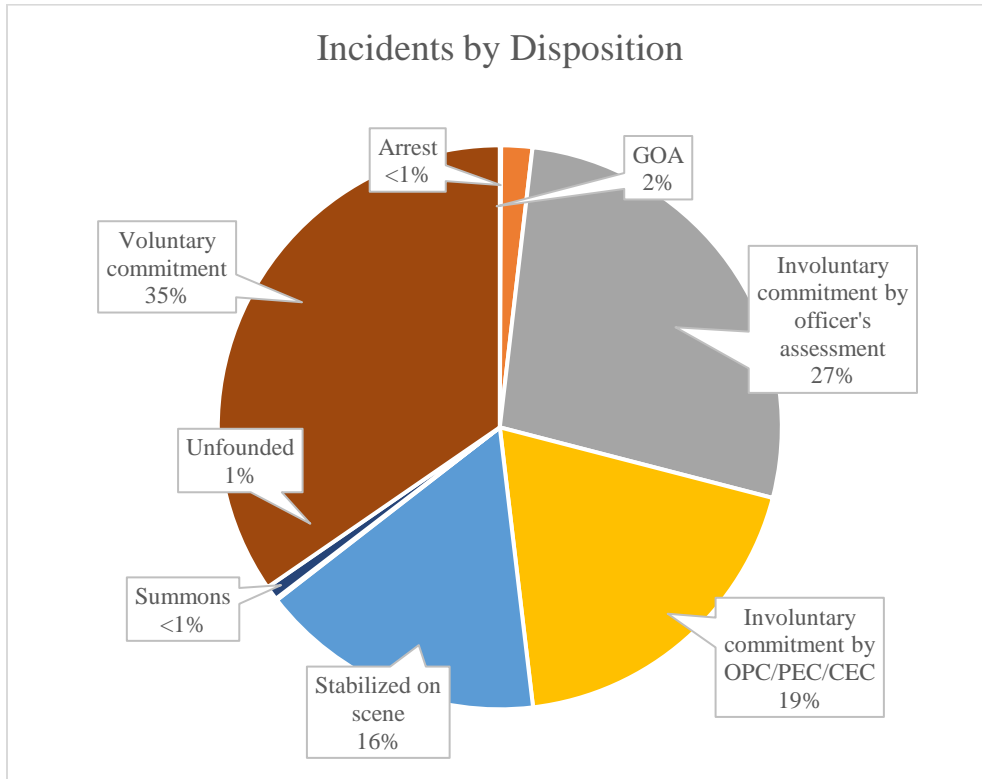
Crisis Incidents by Officer Injury (Figure 16) - Approximately 99% of officers who were present on the scene with a consumer in crisis did not sustain injuries while on that call. 1% of officers (43), who were present on the scene of a crisis call obtained injuries while interacting with the consumer in crisis.

Figure 16



Incidents by Disposition (Figure 17) - 81% of incidents concluded with either voluntary or involuntary commitment to a psychiatric hospital for the person in crisis. 16% of consumers were stabilized on scene and referred to community-based services. Less than 1% of all mental health calls resulted in physical arrest.

Figure 17



Supervisor on scene (Figure 18) and CIT Officer on scene (Figure 19) - In most Crisis Calls a supervisor was not present on the scene of the incident and that may attribute to many factors, including but not limited to, the final disposition of the call, the consumer voluntarily being transported or requesting medical attention, the consumer fully cooperating with the officer(s) for transport, the consumer nor officer sustained any injuries. A supervisor was on the scene of 822 Crisis Calls in 2022.

Figure 19 illustrates the number of times a CIT Certified officer arrived on scene and was able to use his/her training to mitigate the crisis. A CIT Certified Officer was on the scene of 2,890 Crisis Calls in 2022.

Figure 18

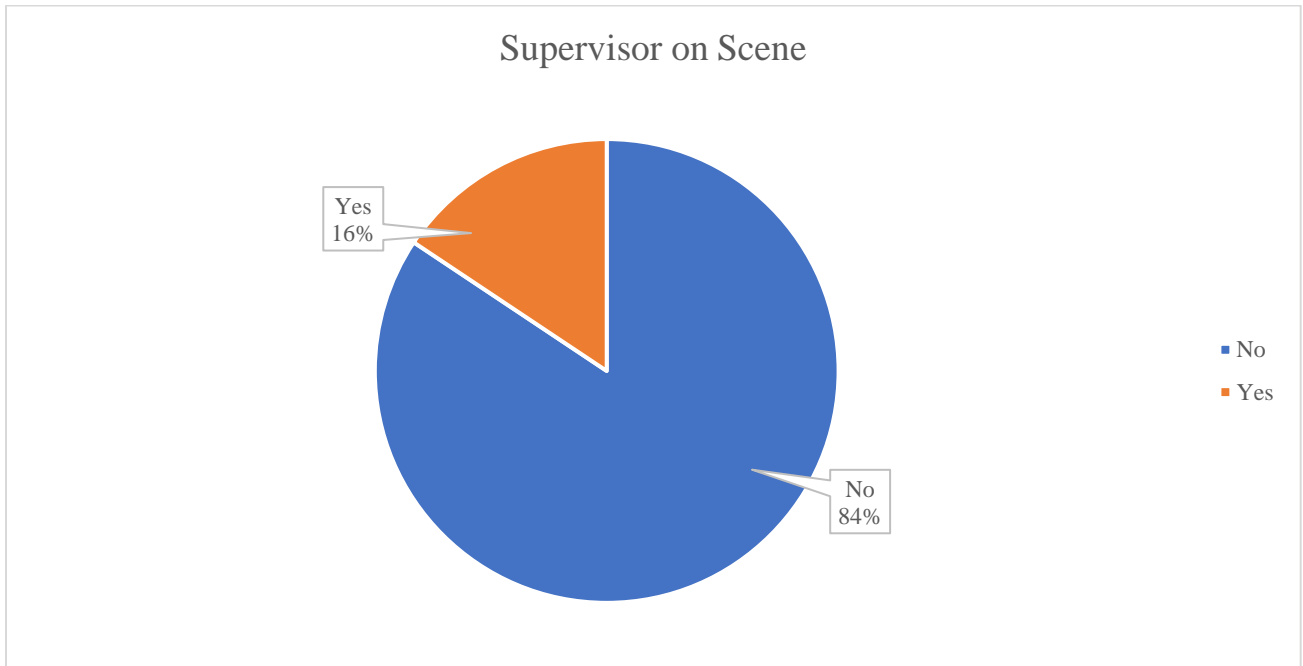
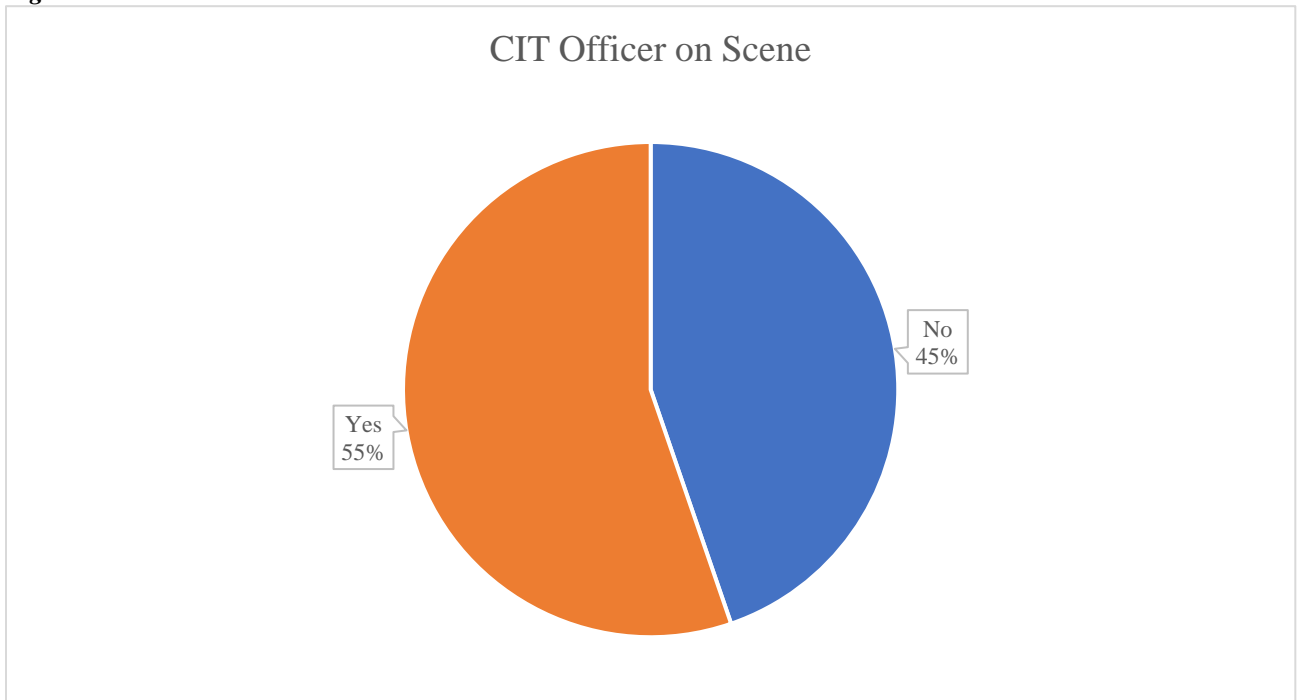


Figure 19



Conclusion

In conclusion, it is noted that the total amount of documented mental health calls decreased from 2021 to 2022. This is due in part to the change in method of marking up calls by OPCD. However, officers are inputting CIT forms as required for CFS in which a consumer was encountered. While NOPD has no control over the reporting system of OPCD, this ratio is mitigated by personnel following standardized policies and procedures. NOPD will continue to work with OPCD to decrease the differences in calls documented by each agency.

NOPD will continue to train its officers according to best practices and consult with mental health professionals and agencies to remain current with the best techniques and methods that should be utilized. The priority is to keep all individuals involved in Crisis Calls safe and that consumers receive proper treatment. NOPD maintains relationships with mental health agencies in the region and work with these entities to remain focused on the best mitigating solutions for all consumers in which NOPD officers encounter.