

# Response to Behavioral Health Incidents



January 1, 2024 – December 31, 2024

Crisis Intervention Section  
Albuquerque Police Department





## Types of Behavioral Health Response

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1. ECIT Certified Field Services officers: These officers are assigned to Area Commands but have voluntarily received Enhanced Crisis Intervention Team (ECIT) training, which is an 8 hour course that must be refreshed every 2 years. All officers, receive 40 hours of Crisis Intervention Team (CIT) training during their time in the academy and are instructed to request backup from an ECIT certified officer if they determine an encounter has a behavioral health component. As of December 31, 2024, 62%\* of Field Services officers are ECIT certified. *\*excludes Police Officers Second Class (P2C) who are not eligible for ECIT training.*
2. Crisis Intervention Unit (CIU) Detectives: Detectives specialized in crisis intervention who are assigned cases with individuals suffering from more severe behavioral health issues and may pose a safety risk to themselves or others. They often conduct follow up with community members who were determined to have a behavioral health issue during an initial encounter with APD officers. They facilitate individuals receiving mental health intervention.
3. Civilian Clinicians: Licensed mental health professionals who work in conjunction with CIU detectives and the Mobile Crisis Team. They provide evaluations, complete general psychological assessments, assist in crisis intervention, conduct dangerousness assessments, and make referrals for individuals with behavioral health issues who interact with department personnel.
4. Mobile Crisis Team (MCT): MCT is a two-person unit comprised of one licensed mental health clinician paired with an ECIT trained officer. They respond to high-priority calls with a behavioral health component offering on scene evaluation and triage which often results in mental health transport. They do not conduct criminal investigation.

For more information about APD's crisis intervention specialists, please refer to SOP 1-37, available at <https://public.powerdms.com/COA/tree/documents/96>



# Crisis Intervention Section Activities

- MCT “Calls Staffed” and Clinician “Other Activities” declined due to a period of time where there were clinician vacancies.
- Home visits from CIU Detectives and Clinicians increased due to street outreach to unsheltered individuals.

	Number of Positions		Home Visits			Calls Staffed			Other Activities**		
	2023	2024	2023	2024	Percent Change	2023	2024	Percent Change	2023	2024	Percent Change
Home Visit Detectives	8	8	3,775*	5,632	49%	-	-	-	-	-	-
MCT Unit	4	4	-	-	-	2,212	1,481	-33%	-	-	-
Clinicians	2	2	782	1,315	68%	682	768	13%	392	321	-18%

*\*\*Other Activities includes provider and consumer contacts, community meetings, after hours contacts and callouts, and certificates for evaluation written*



# Documenting Behavioral Health Contacts

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## **CIT Contact Sheets:**

APD officers are directed by SOP 2-19, Response to Behavioral Health Issues, to complete a CIT contact sheet for any interaction with any community member who is experiencing a behavioral health crisis. CIT contact sheets are recorded in APD's records management system and documents the interaction between the individual and officers, circumstances of the encounter, and the outcomes of the contact. These data are used for management purposes to ensure that APD renders appropriate service to people in crisis. This report covers the contact sheets completed during the period of January 1, 2024 through December 31, 2024.

## **Behavioral Health Calls:**

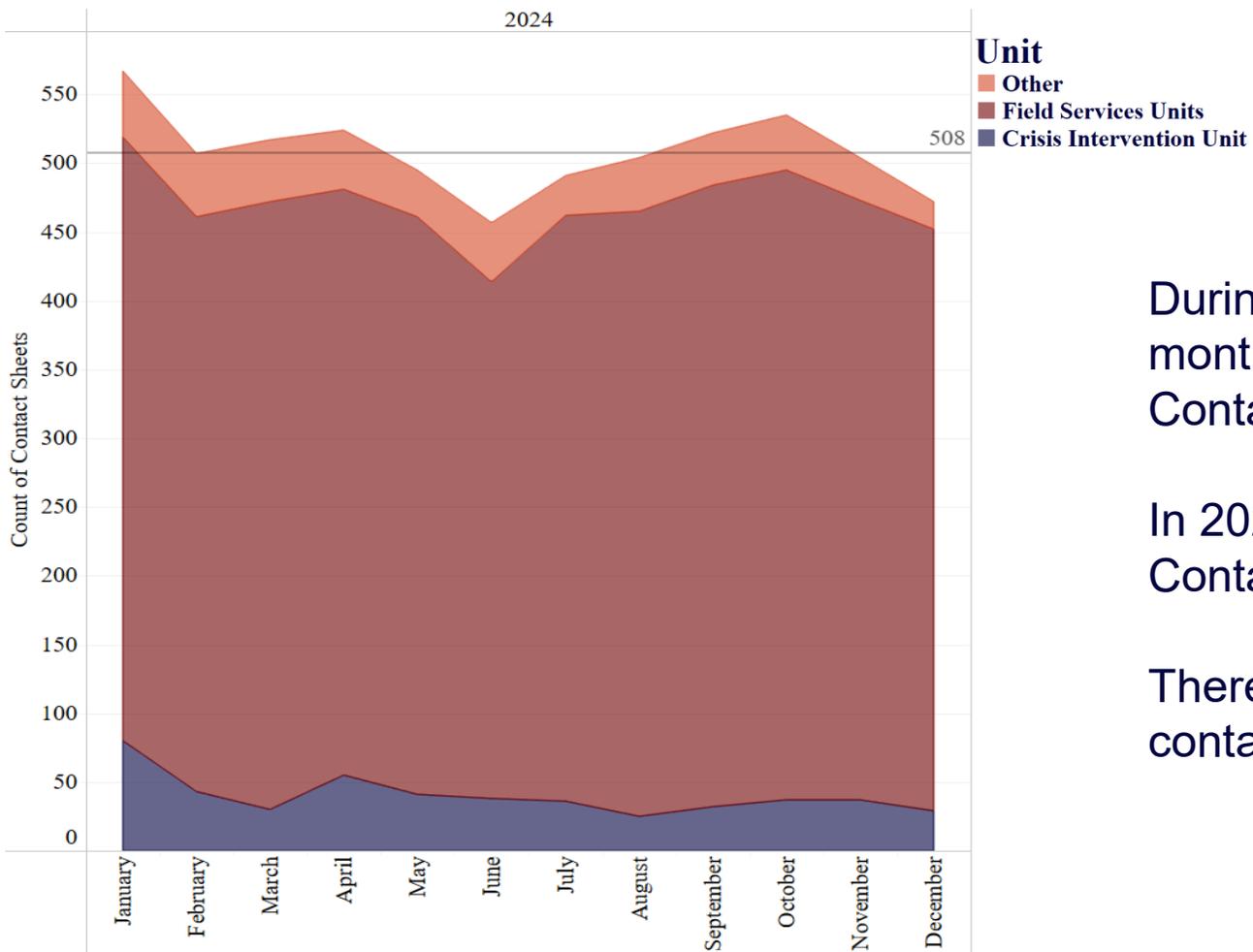
APD is also able to identify calls for service that are most likely behavioral health related using the Computer-Aided Dispatch (CAD) system, which tracks officer activities in the field, whether they are officer-initiated or a response to a call for service. Each call is given a call type, which may change over the course of an encounter, as officers gather more information on the event. We tabulate any call classified either initially or finally as pertaining to either "behavioral health" or "suicide". This report covers calls created during the period of January 1, 2024 through December 31, 2024.

## **Force:**

APD investigates all use of force incidents according to policy, interviewing officers and witnesses involved. Information related to the use of force is recorded in the department's use of force database. Over the course of the investigation, the involved individual may report mental illness or the officers involved may identify a behavioral health crisis. We tabulate all incidents where either indicator is identified. This report covers cases that occurred during the period of January 1, 2024 through December 31, 2024.



# Encounter data - CIT Contact Sheets by Month – APD total



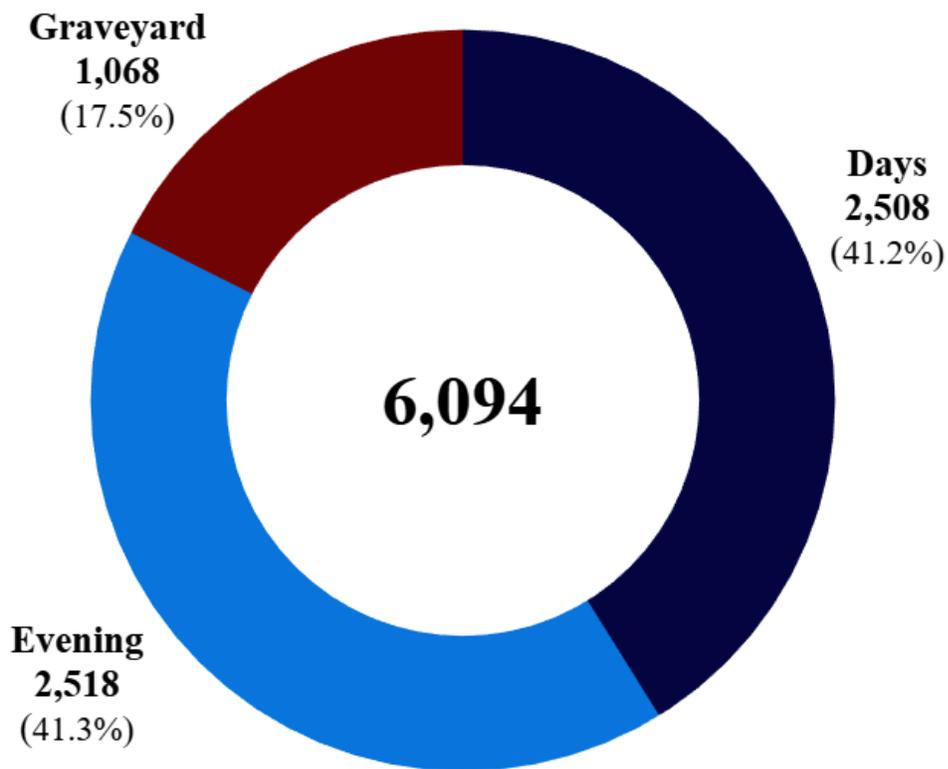
During January - December 2024 there was a monthly average of 508 Crisis Intervention Contacts. Total = 6,094

In 2023, APD averaged 539 Crisis Intervention Contacts. Total = 6,470

There has been a drop in the monthly average of contact sheets generated of -5.8%\*\* since 2023.



## Encounter data - CIT Contact Sheets by Shift – APD Total



The day and evening shifts account for 82% of all crisis intervention contacts.

Grave shift accounts for (17.5%.)

Distribution is similar to 2023.

n = 6,094

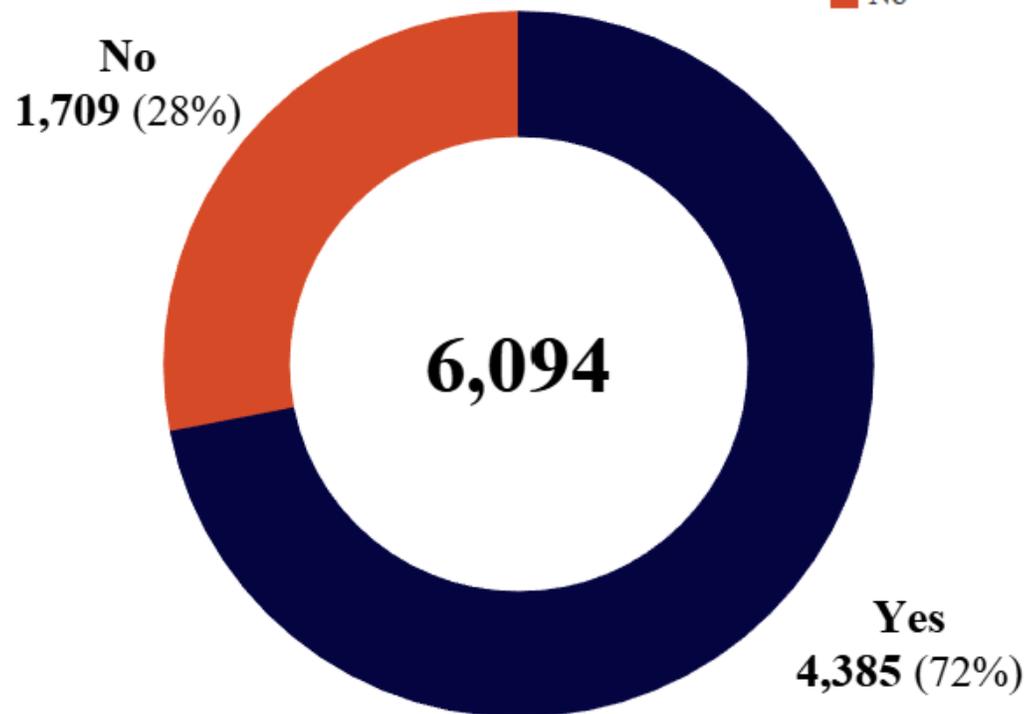
- Days - 7:00 am to 5:00 pm
- Evening- 5:00 pm to 11:00 pm
- Graveyard - 11:00 pm to 7:00 am



## ECIT Response Rate for Contact Sheets

Did an ECIT certified officer arrive on scene?

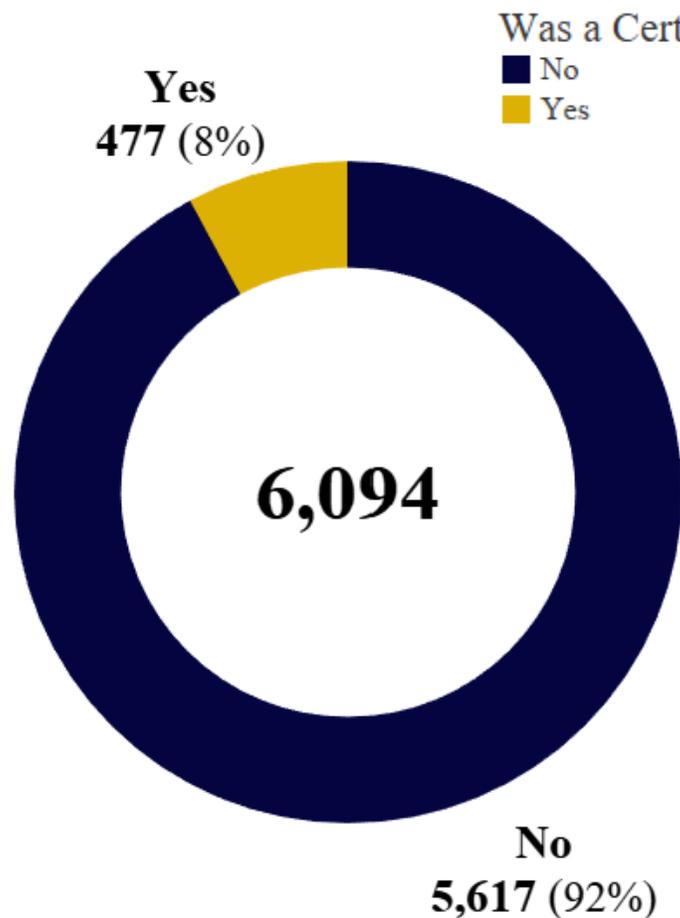
- Yes
- No



- SOP directs that behavioral health incidents should be responded to, when possible, by ECIT certified officers.
- When an ECIT certified officer arrives on scene, the officer who completes the contact sheet shall mark on the sheet that they did so.
- 4,385 (72%) contact sheets had an ECIT certified officer arrive on scene



# Certificates for Evaluation



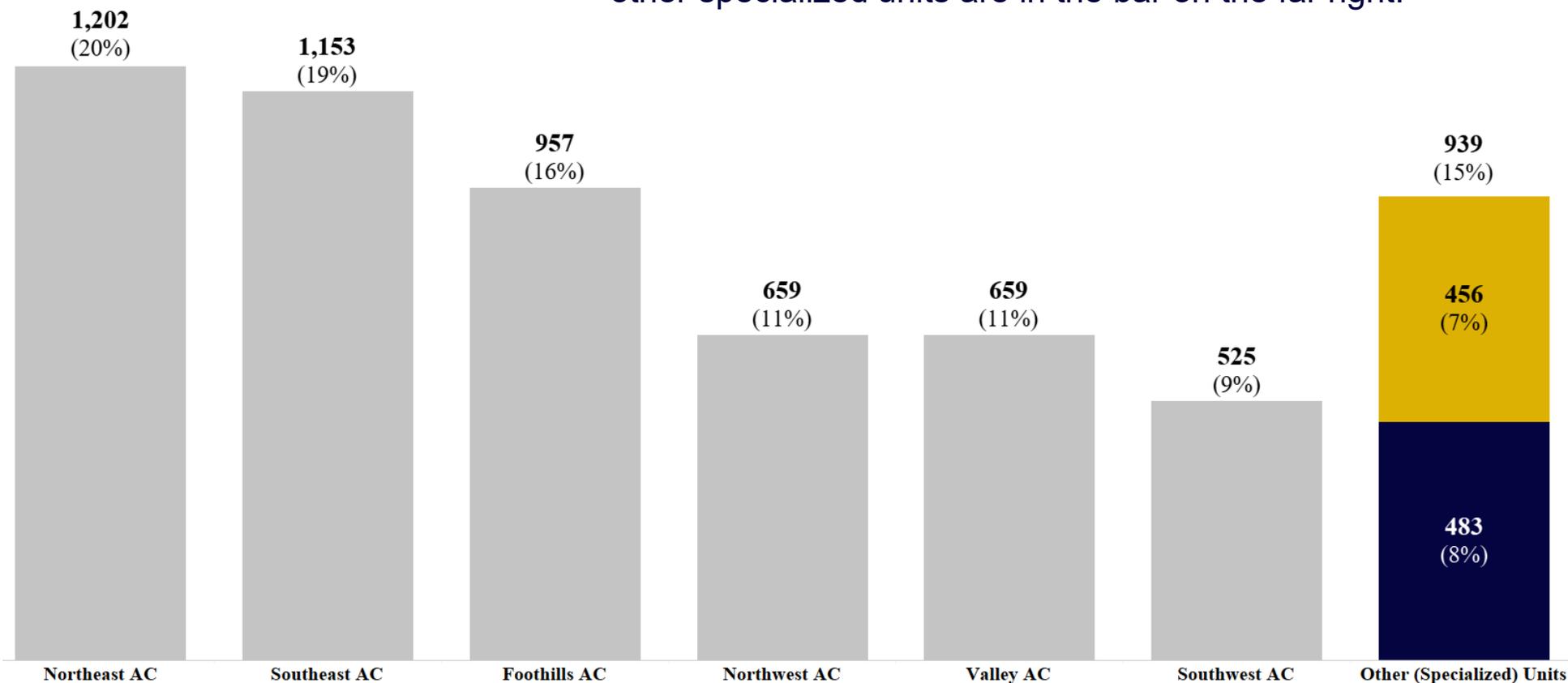
- A *certificate for evaluation* can be issued by a licensed mental health professional if they believe an individual presents a likelihood of serious harm to themselves or others as a result of a mental disorder and requires immediate detention to prevent such harm.
- A *certificate for evaluation* gives officers the authority to detain the individual for involuntary transport to a mental health facility for evaluation.



# CIT Contact Sheets Completed by Field Services Officers and Assigned Area Command

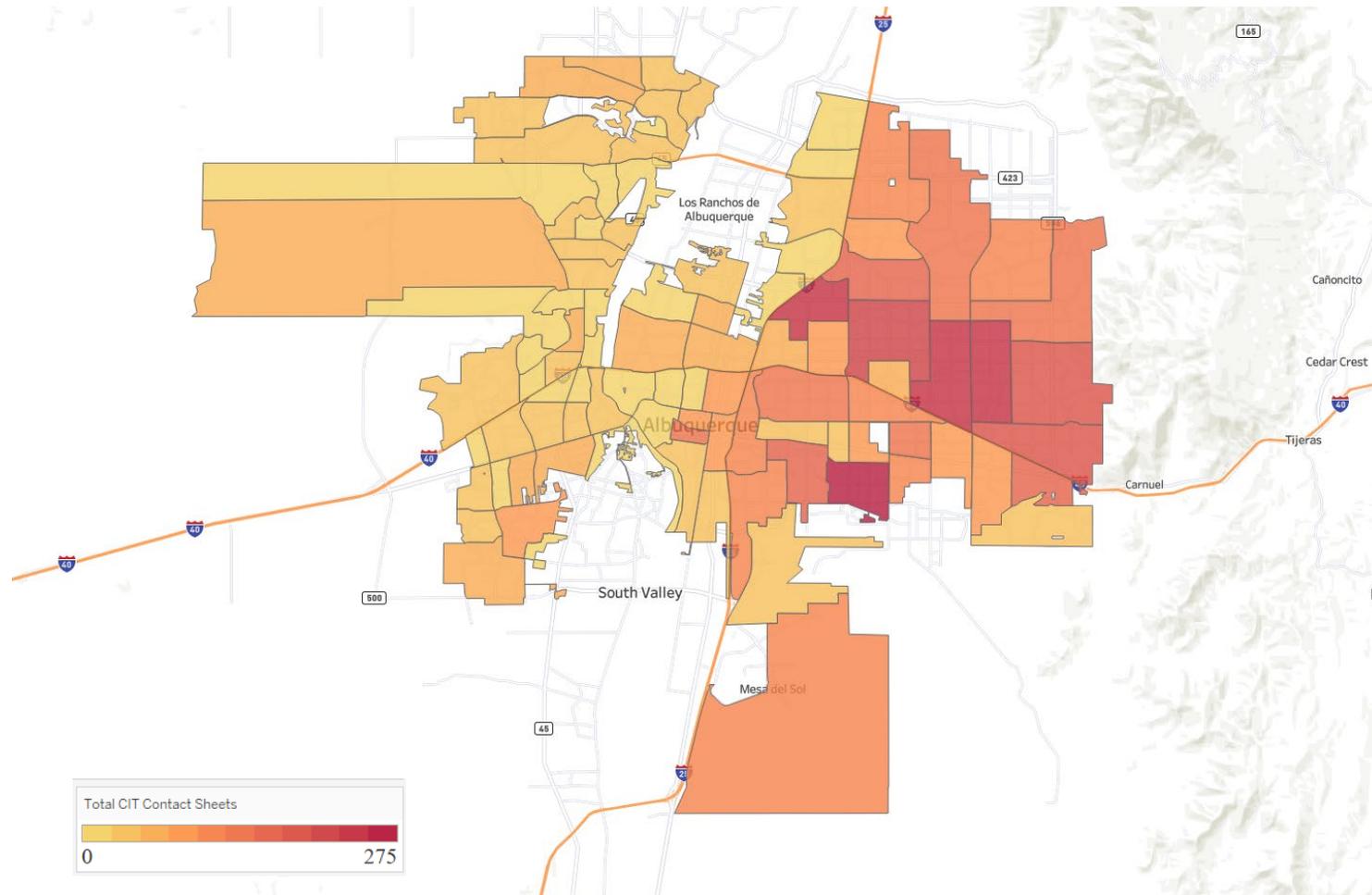
- Field Services
- Crisis Intervention Unit
- Other

\*This chart represents the assignment of the Field Services officers completing contact sheets. CIU and other specialized units are in the bar on the far right.





## Location of CIT Contact Sheets (n=6,003 with location)

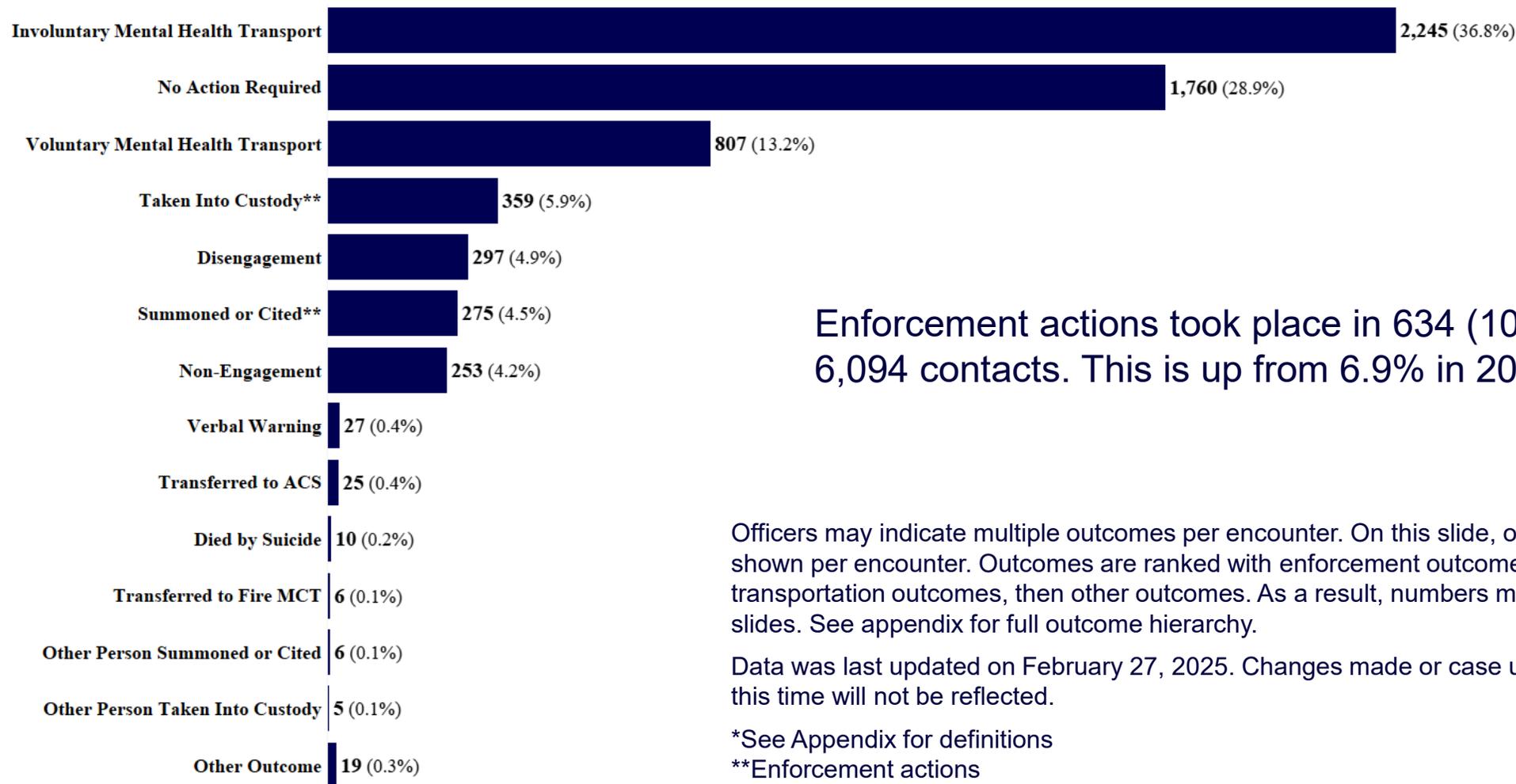


91 (1.5%) contact sheets were not mapped.

- 46 (0.8%) occurred at the Metropolitan Detention Center.
- 28 (0.5%) were missing location data.
- 17 (0.3%) occurred outside city bounds or could not be geolocated from the address.



# Outcomes for CIT Encounters (n= 6,094)\*



Enforcement actions took place in 634 (10.4%) of the 6,094 contacts. This is up from 6.9% in 2023.

Officers may indicate multiple outcomes per encounter. On this slide, only one outcome is shown per encounter. Outcomes are ranked with enforcement outcomes highest, then transportation outcomes, then other outcomes. As a result, numbers may differ from other slides. See appendix for full outcome hierarchy.

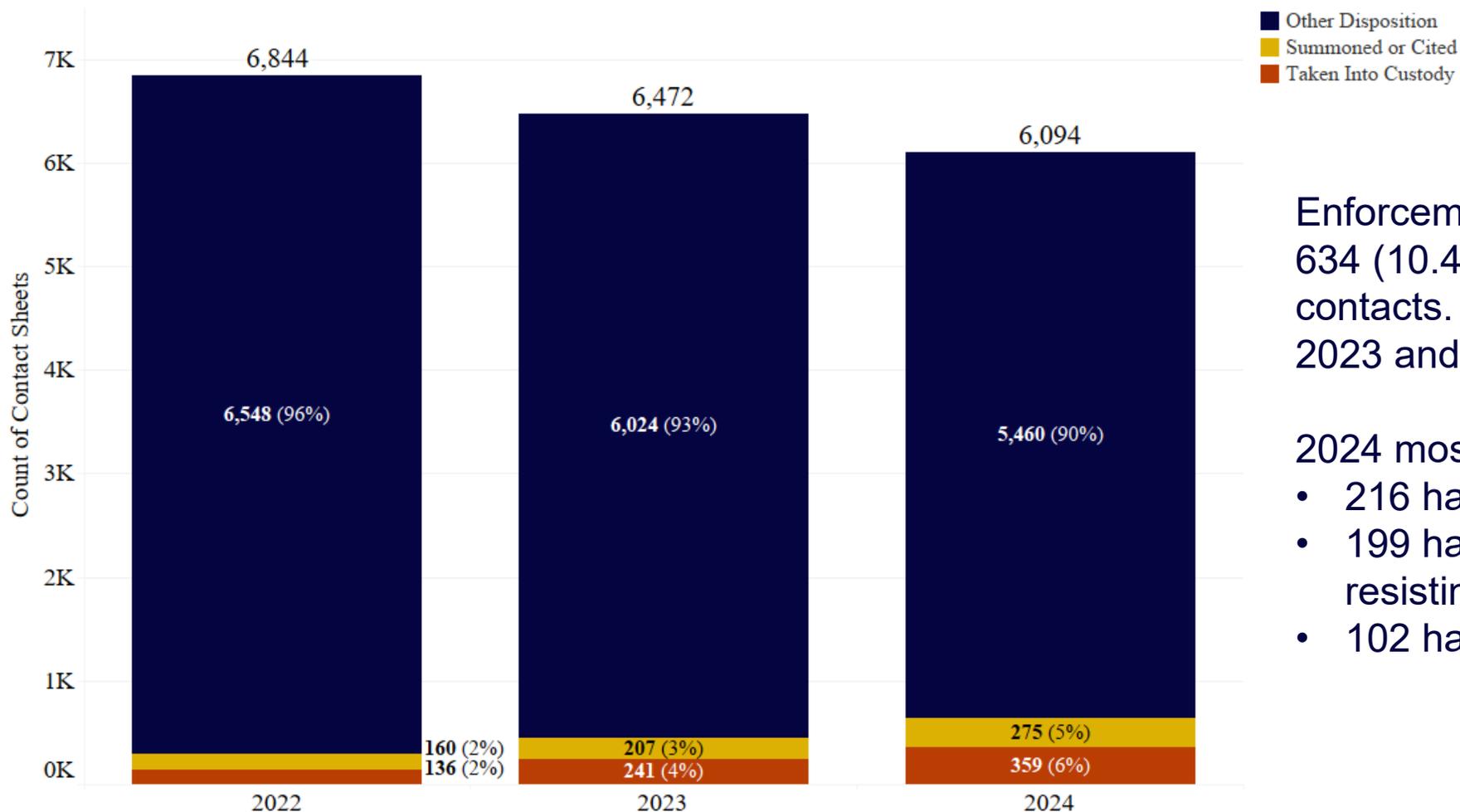
Data was last updated on February 27, 2025. Changes made or case updates that occur after this time will not be reflected.

\*See Appendix for definitions

\*\*Enforcement actions



# Enforcement Over Time



Enforcement actions took place in 634 (10.4%) of the 6,094 contacts. This is up from 6.9% in 2023 and 4.3% in 2022.

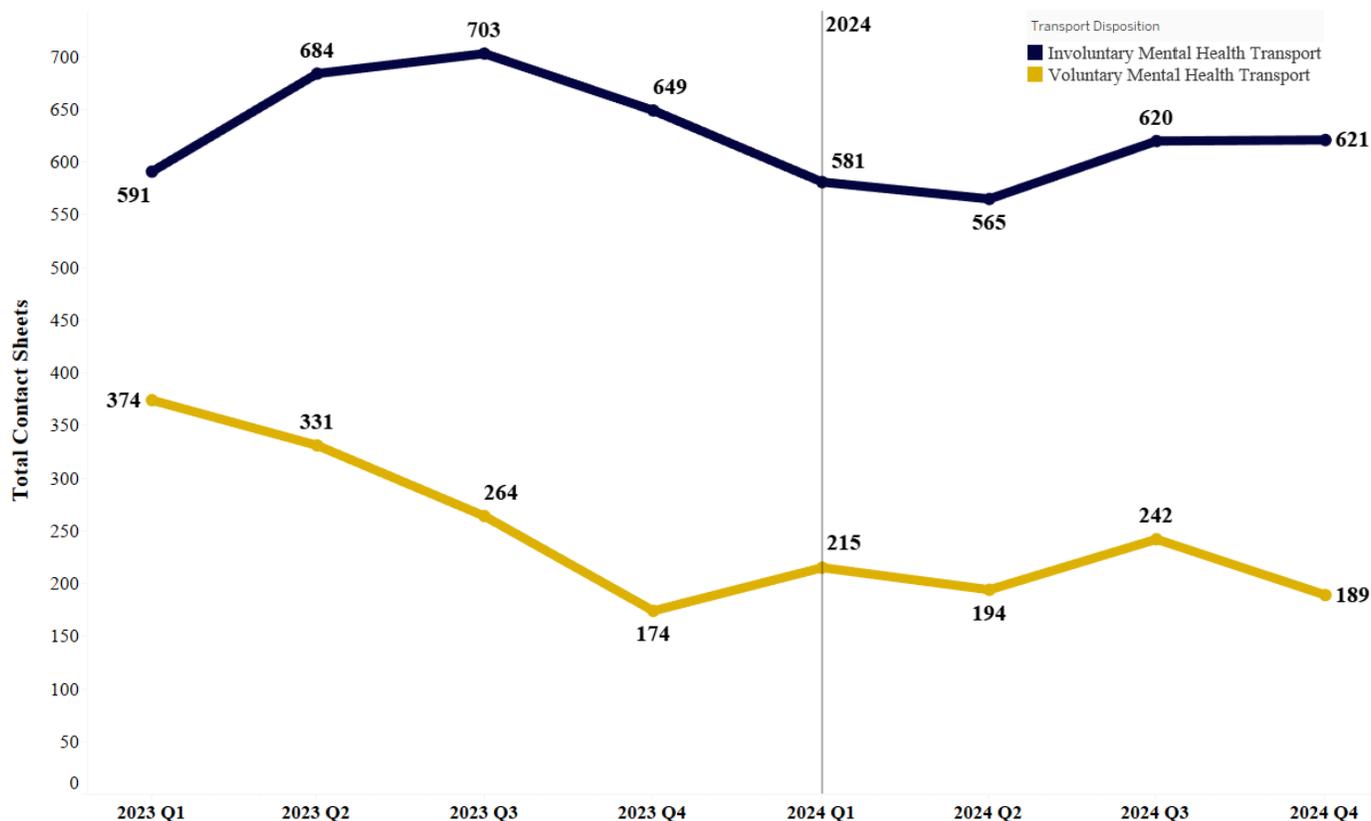
2024 most common charge types:

- 216 had DV/Battery charges
- 199 had Assault, Battery, or resisting an officer charges
- 102 had Felony Warrants



# Mental Health Transport

The number of police contacts resulting in transport to a mental health facility has decreased since 2023. Voluntary Mental Health Transports have decreased the most (26.5%).

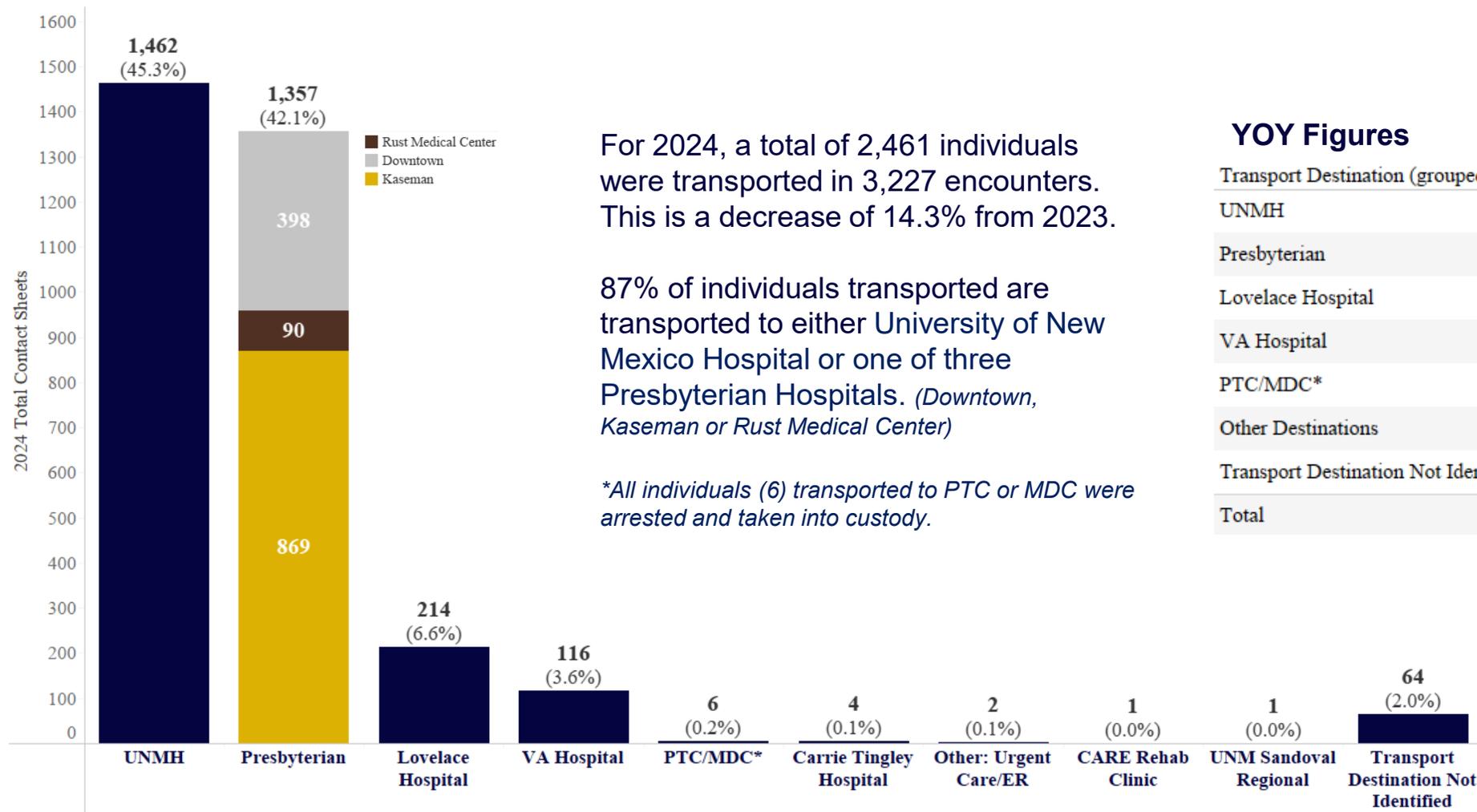


## YOY Figures

	2023	% of Total (2023)	2024	% of Total (2024)	% Δ
Involuntary Mental Health Transport	2,627	40.6%	2,387	39.2%	-9.1%
Voluntary Mental Health Transport	1,143	17.7%	840	13.8%	-26.5%
Total	6,472	100.0%	6,094	100.0%	-5.8%



# Mental Health Transport Destinations



For 2024, a total of 2,461 individuals were transported in 3,227 encounters. This is a decrease of 14.3% from 2023.

87% of individuals transported are transported to either University of New Mexico Hospital or one of three Presbyterian Hospitals. (*Downtown, Kaseman or Rust Medical Center*)

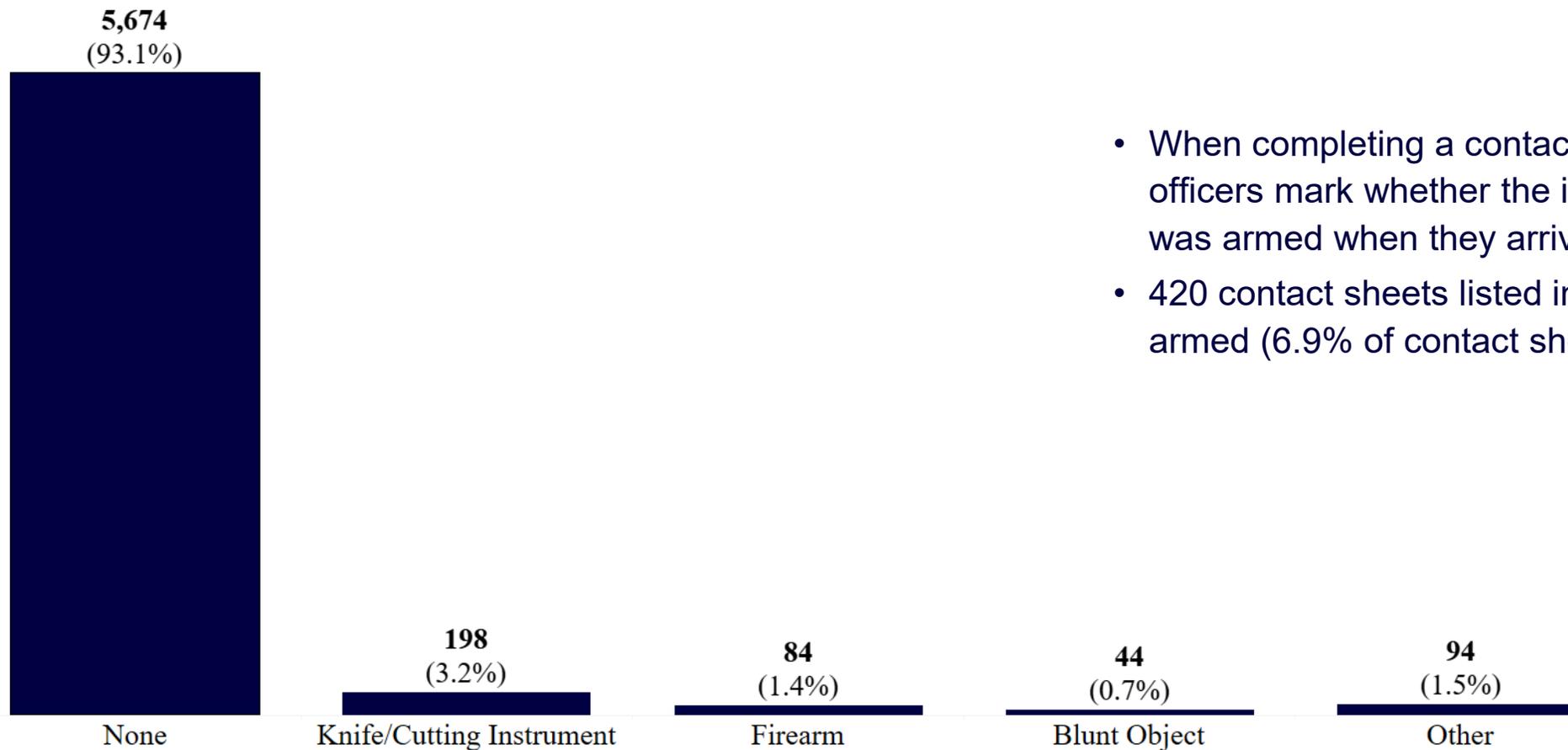
*\*All individuals (6) transported to PTC or MDC were arrested and taken into custody.*

## YOY Figures

Transport Destination (grouped)	2023	2024	% Δ
UNMH	1,491	1,462	-1.9%
Presbyterian	1,644	1,357	-17.5%
Lovelace Hospital	373	214	-42.6%
VA Hospital	151	116	-23.2%
PTC/MDC*	4	6	50.0%
Other Destinations	11	8	-27.3%
Transport Destination Not Identified	93	64	-31.2%
<b>Total</b>	<b>3,767</b>	<b>3,227</b>	<b>-14.3%</b>



# Individuals Armed in CIT Contact Sheets



- When completing a contact sheet, officers mark whether the individual was armed when they arrived.
- 420 contact sheets listed individuals as armed (6.9% of contact sheets)



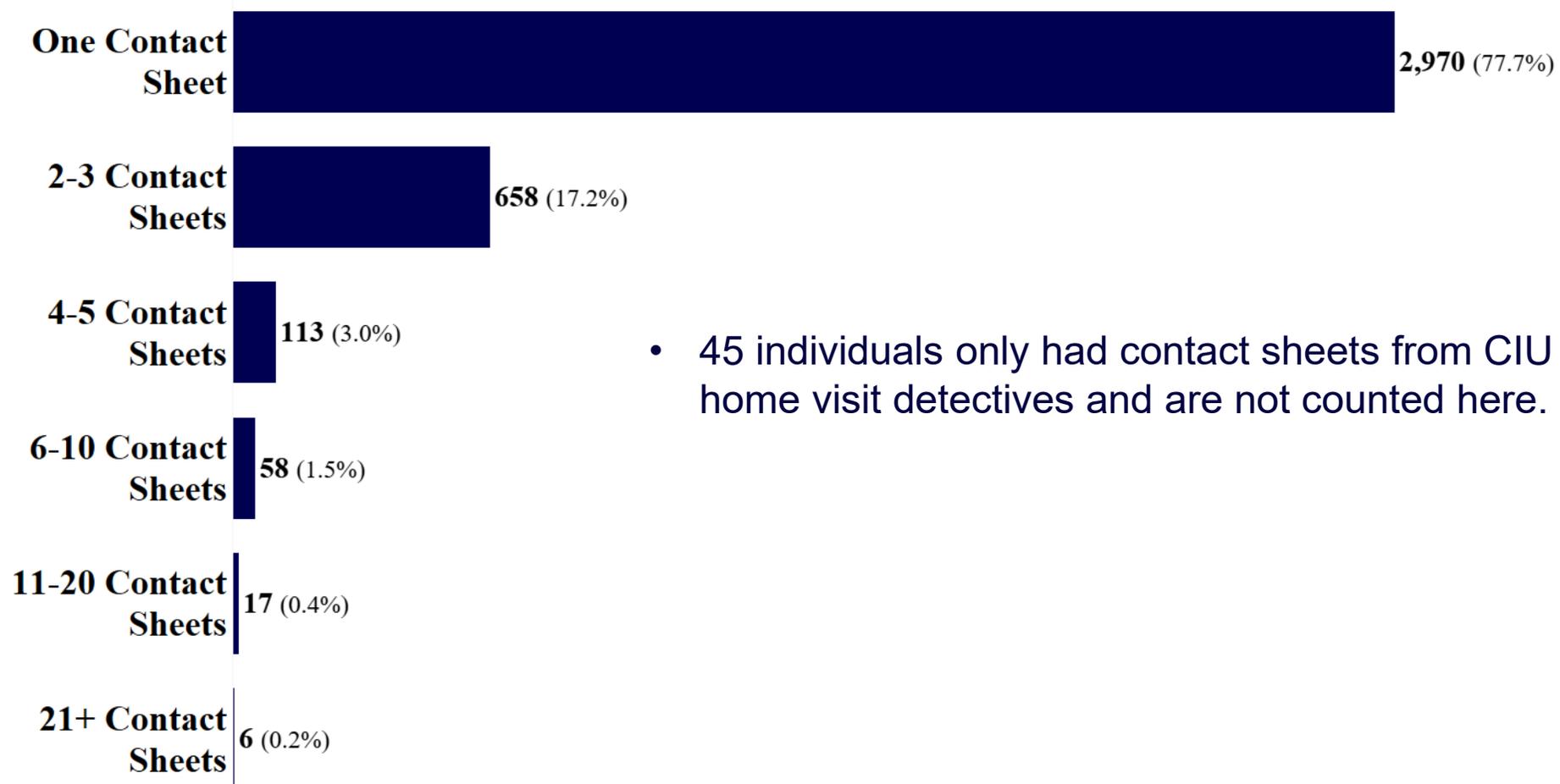
## Demographics of people in 2024 CIT Contact Sheets

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- Individuals often appear multiple times in CIT Contact Sheets and sometimes do not have a unique ID in the records management system. To report on the demographics of individuals involved, the Data Analysis Division creates a unique identifier based on name and birthdate.
- A total of 3,822 unique individuals were identified across the 6,094 CIT Contact Sheets.
  - 45 individuals only had contact sheets from home visits

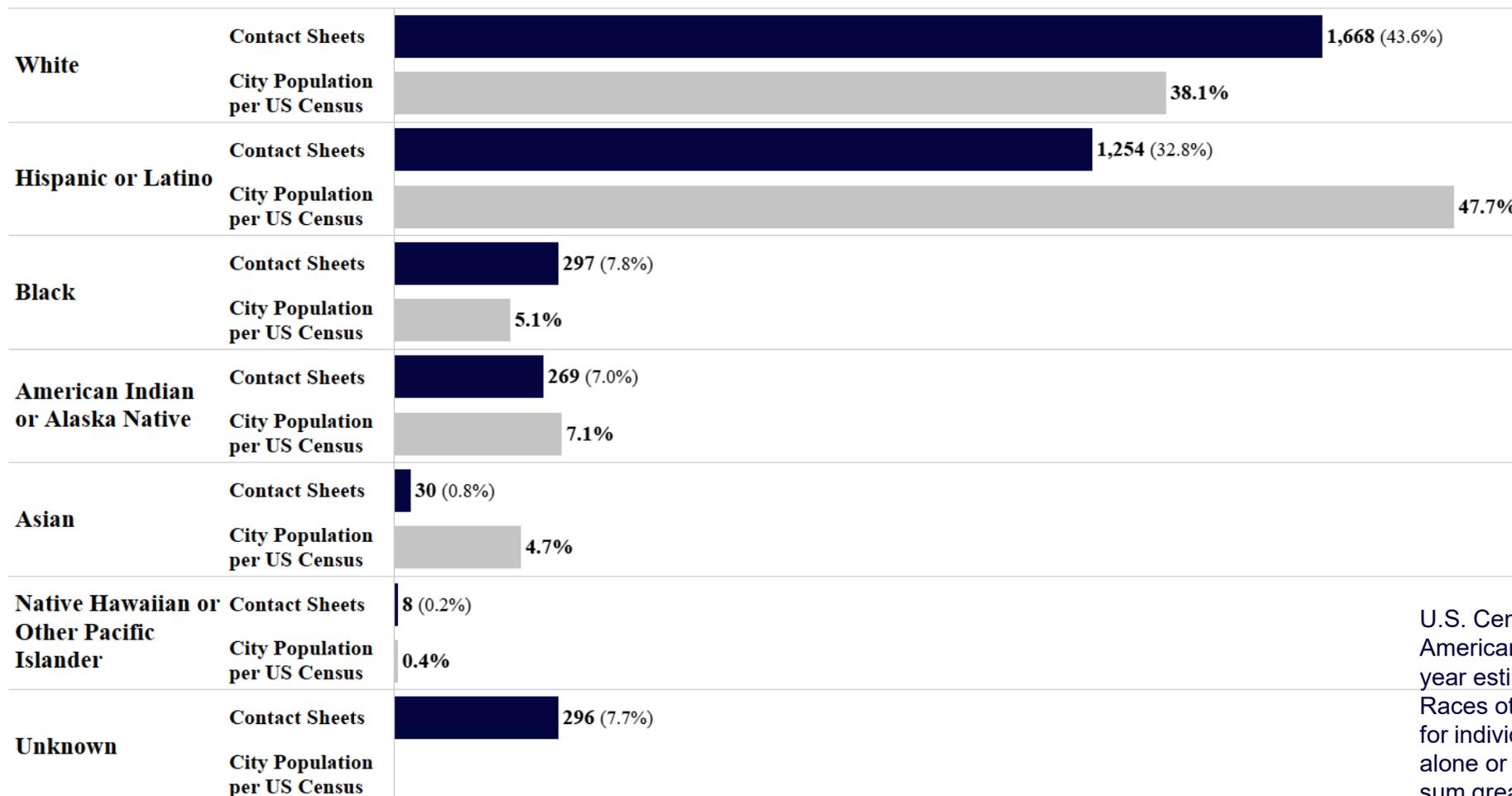


## Number of Contacts (n = 3,822)





# CIT percentage of Individuals by Race and Ethnicity

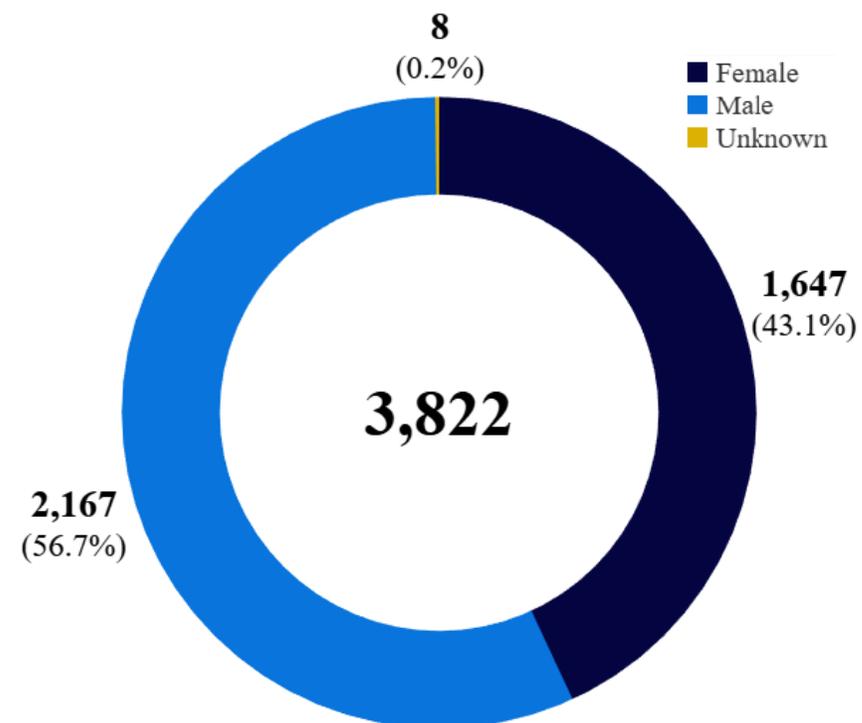
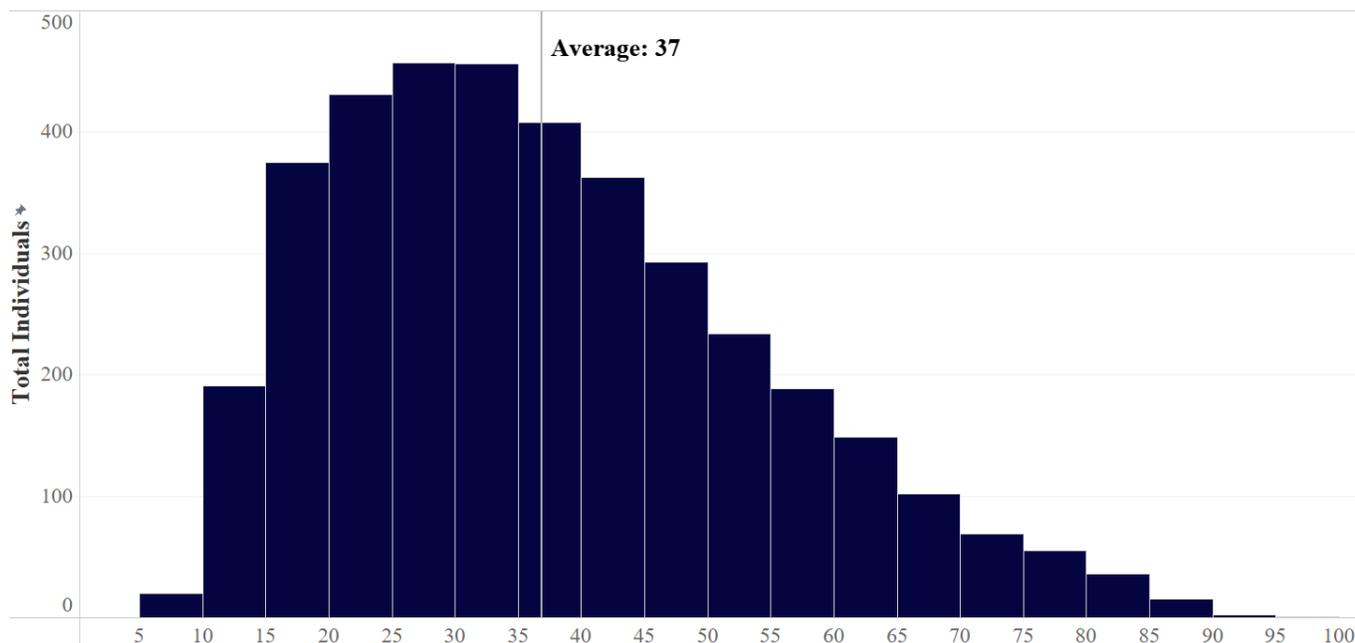


U.S. Census data come from the American Community Survey 2023 1-year estimates (Table DP05). Races other than White are reported for individuals reporting the category alone or in combination leading to a sum greater than 100%.



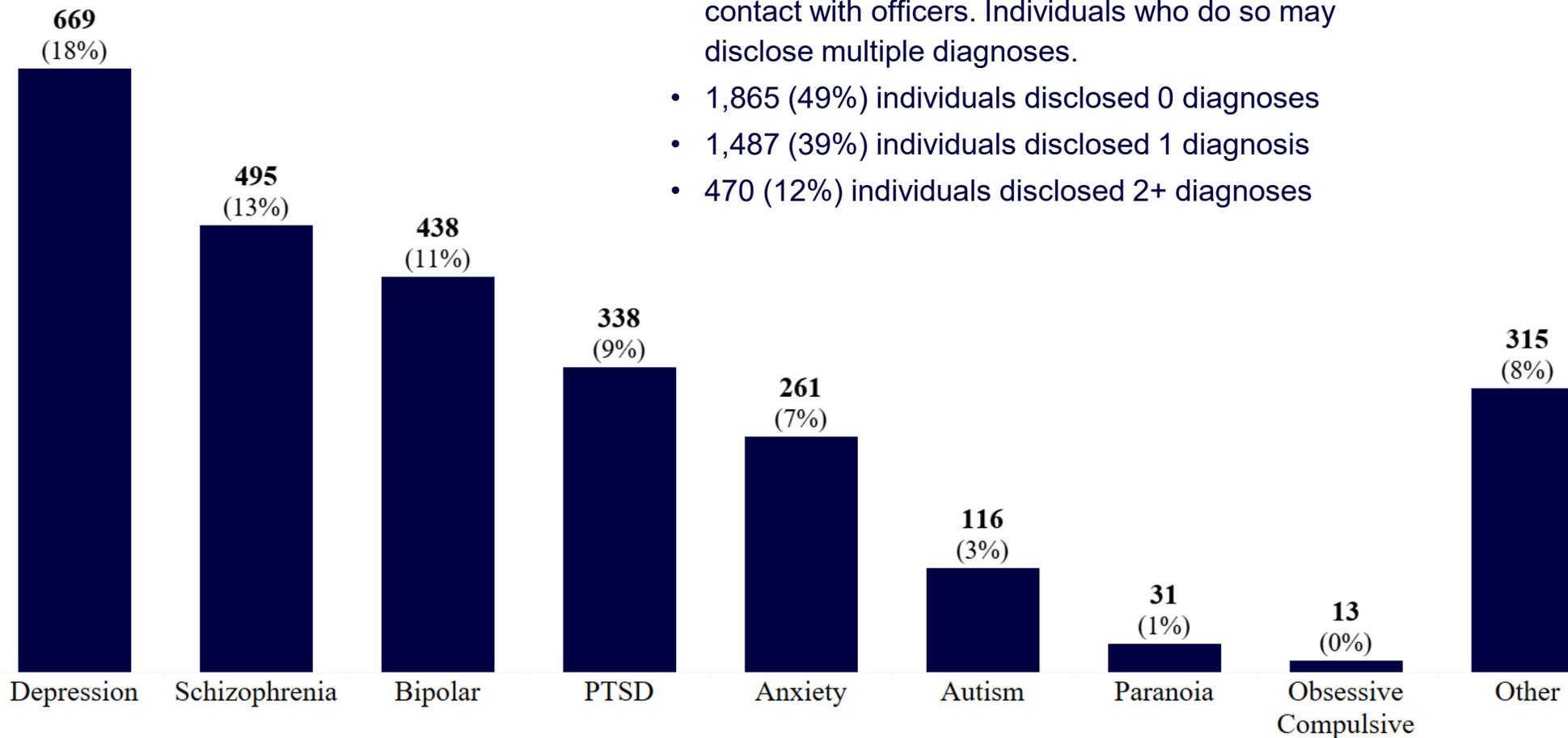
# Age & Gender of Individuals at the Time of Contact

Age is calculated in the records management system relative to date of contact. For individuals with more than one contact who had a birthday or provided different years of birth, the average age across encounters is reported. 31 individuals did not have an age reported. 11 individuals did not have a gender reported; their ages ranged from 13 to 42. The average age of any individual was 37. 57% of individuals during crisis intervention contacts were Male.





# Diagnosis



- Individuals may disclose diagnoses during their contact with officers. Individuals who do so may disclose multiple diagnoses.
- 1,865 (49%) individuals disclosed 0 diagnoses
- 1,487 (39%) individuals disclosed 1 diagnosis
- 470 (12%) individuals disclosed 2+ diagnoses

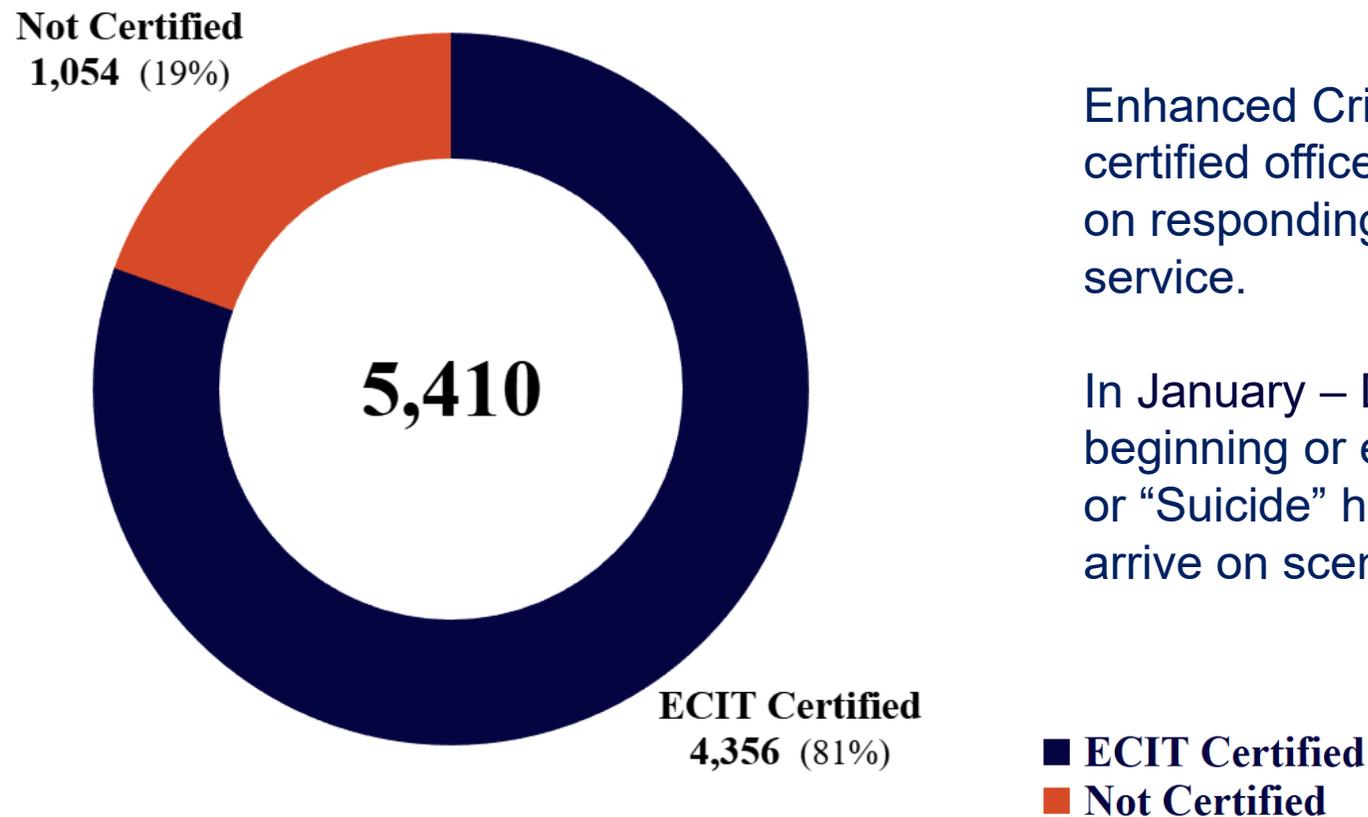
# Behavioral Health Calls for Service

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## Encounter Data – ECIT on Scene



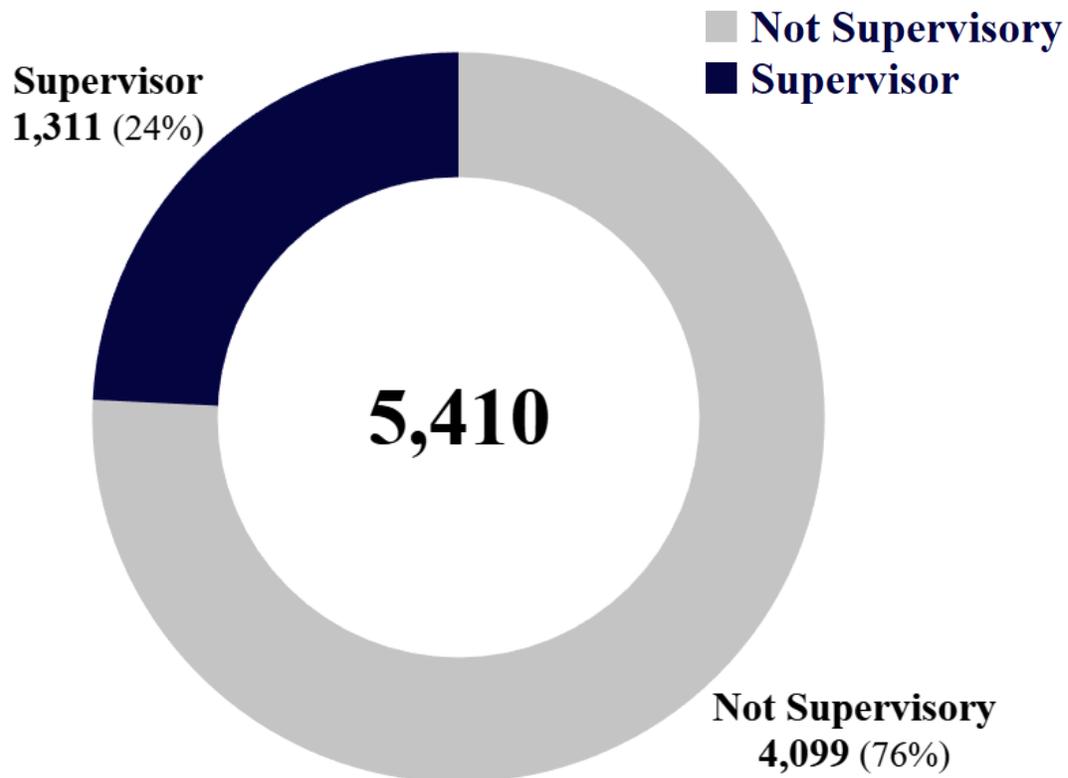
Enhanced Crisis Intervention Team (ECIT) certified officers receive additional training on responding to behavioral health calls for service.

In January – December 2024, 81% of calls\* beginning or ending as “Behavioral Health” or “Suicide” had an ECIT certified officer arrive on scene.

\* For this analysis, a call is counted as one distinct CAD number where the original or final call types were Behavioral Health or Suicide. Calls that were cancelled, BOLOs (be on the lookout), and calls where no officer arrived on scene are excluded. A total of 5,410 calls for service met these criteria.



## Encounter Data – Supervisor Responded



Supervisors responded to 24% of all “Behavioral Health” and “Suicide” calls\* from January – December 2024.

Not all behavioral health and suicide calls require a supervisor. APD dispatch policy requires supervisors respond to calls which are the “most serious in nature,” generally incidents where a person is armed with a deadly weapon or where a circumstance exists where there is a high likelihood of death or great bodily injury.

\*For this analysis, a call is counted as one distinct CAD number where the original or final call types were Behavioral Health or Suicide. Calls that were cancelled, BOLOs (be on the lookout), and calls where no officer arrived on scene are excluded. A total of 5,410 calls for service met these criteria.



# Changes in Calls Diverted from APD to Albuquerque Community Safety (ACS)

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In past versions of this report, we have shown the increasing number of calls diverted from APD to ACS over time, benchmarked against the total dispatched calls for service.

The procedure for ACS dispatch has changed in the first half of 2024:

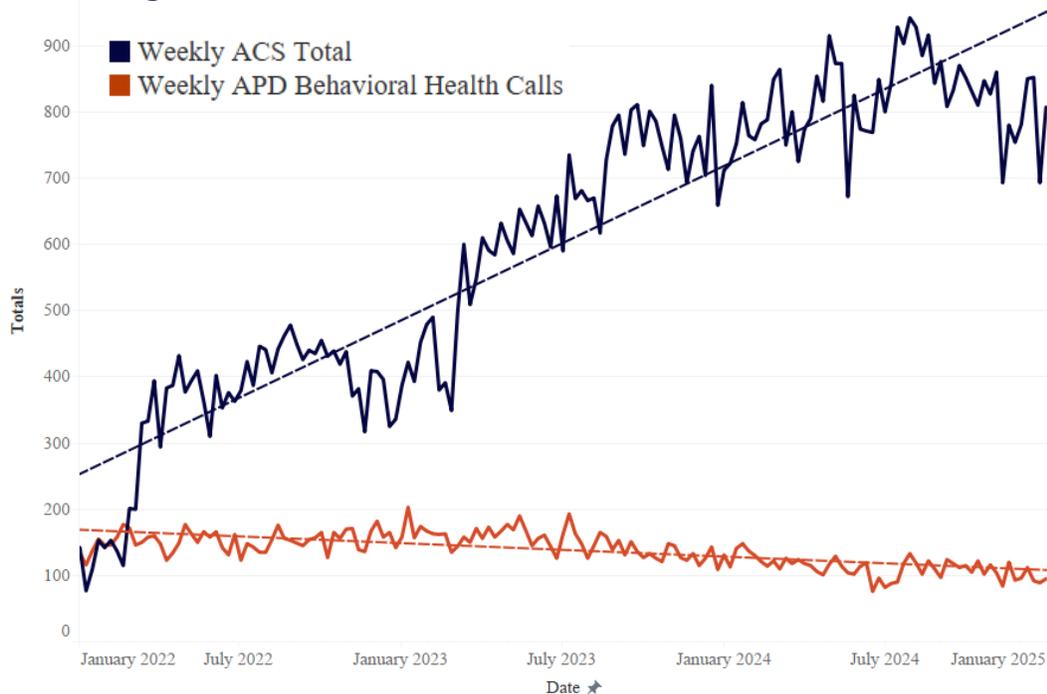
- On 1/31/2024, ACS moved to APD dispatch changing the data for diverted calls
- On 5/14/2024, APD dispatch updated to the Motorola CAD system changing how calls were reported



# Behavioral Health Call Volumes & Averages (ACS & APD)

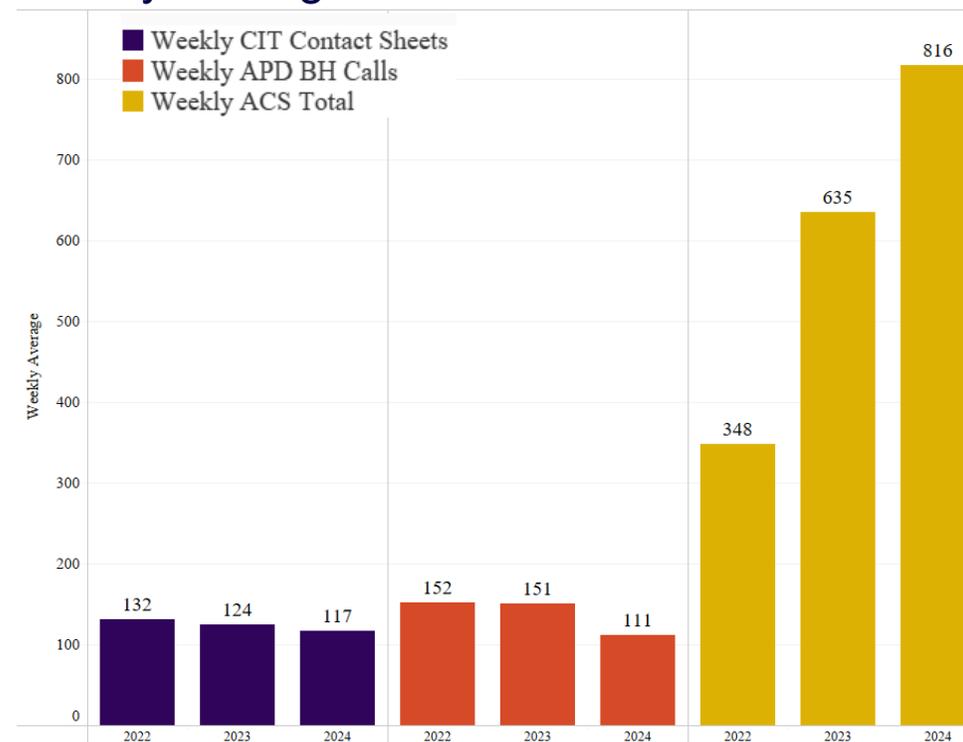
ACS Calls have increased over time, though they have begun to level off, while APD Behavioral Health Calls have slowly declined.

## Total Call Volume



Timeframe: January 1, 2022 thru December 31, 2024

## Weekly Averages



# Use of Force

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## Force and Behavioral Health

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APD matches records of behavioral health contacts to the use of force records system to identify when force was used.

APD identified 256 total cases using the three methods detailed on the next slide. These cases include levels 1, 2, and 3 force.



## Methods for Identifying Mental Health Related Force

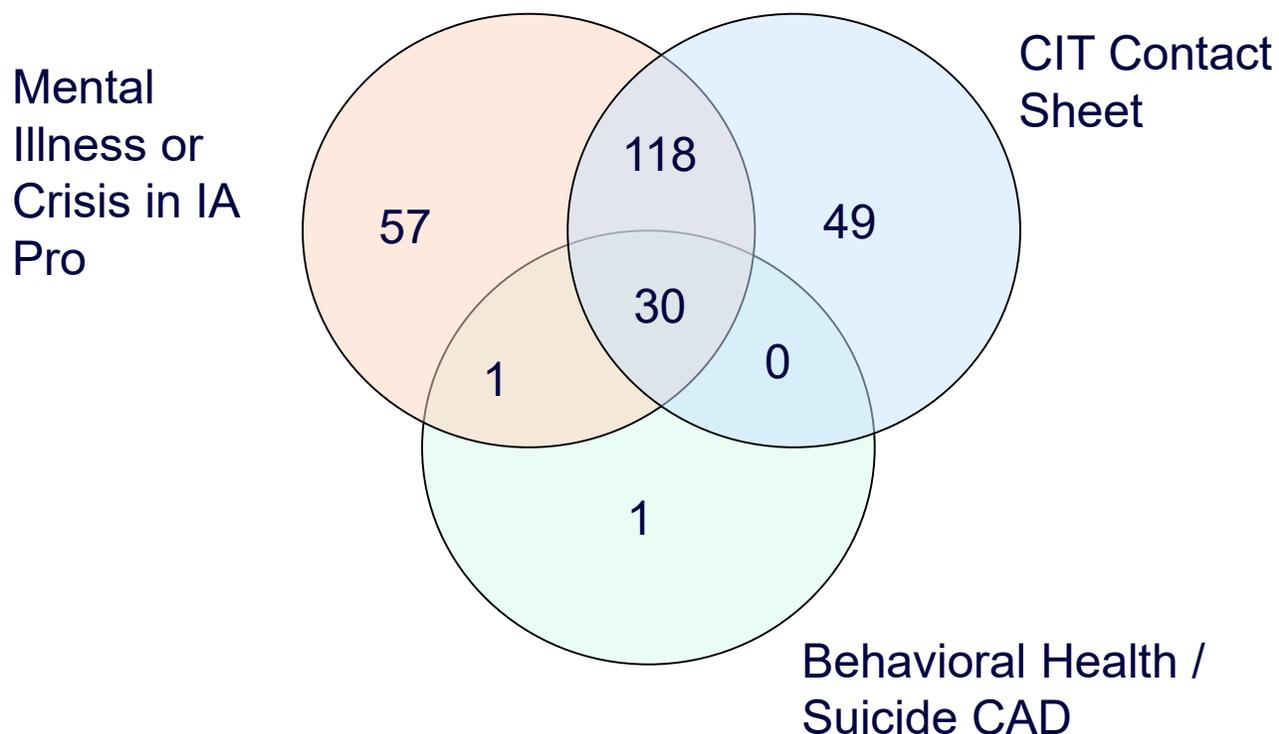
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1. Behavioral health calls where force occurred (source: CAD)  
For this analysis, a call is counted as one distinct CAD number where the original or final call types were Behavioral Health or Suicide. Calls that were cancelled, BOLOs (be on the lookout), and calls where no officer arrived on scene are excluded. A total of 5,410 calls for service met these criteria.
2. CIT contact sheets associated with use of force reports (source: RMS)
3. Force investigations where the investigator reported the individual was in crisis or the involved individual self-reported behavioral health crisis (source: IA Pro)  
Indicator: “Experiencing Mental Crisis (Officer Assessment)”  
Indicator: “Reporting Mental Illness (Self Reported)”
  - Cases are included when meeting either or both criteria.



# Force – Reported During Force Investigation

256 Behavioral Health Force Cases Identified



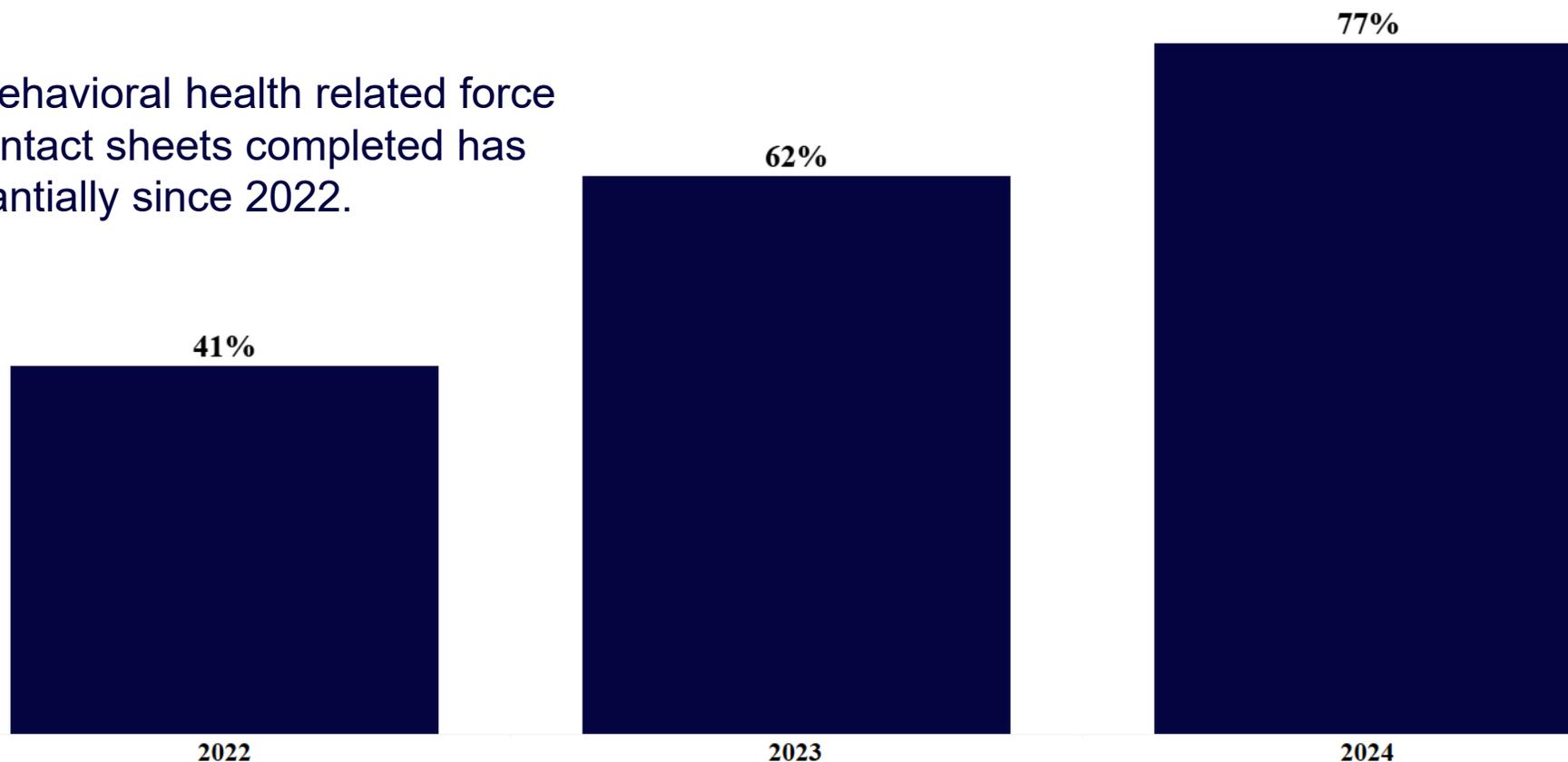
- Of the 256 force cases, 206 (80%) were identified as mental health related in the use of force database, IA Pro.
- 49 force cases (19%) were not identified in IA Pro as related to a behavioral health crisis but had a CIT Contact Sheet.
- 59 force cases (23%) did not have a CIT contact sheet completed. This is down from 38%, 2023's average.



# Contact Sheet Completion for Behavioral Health Force Incidents

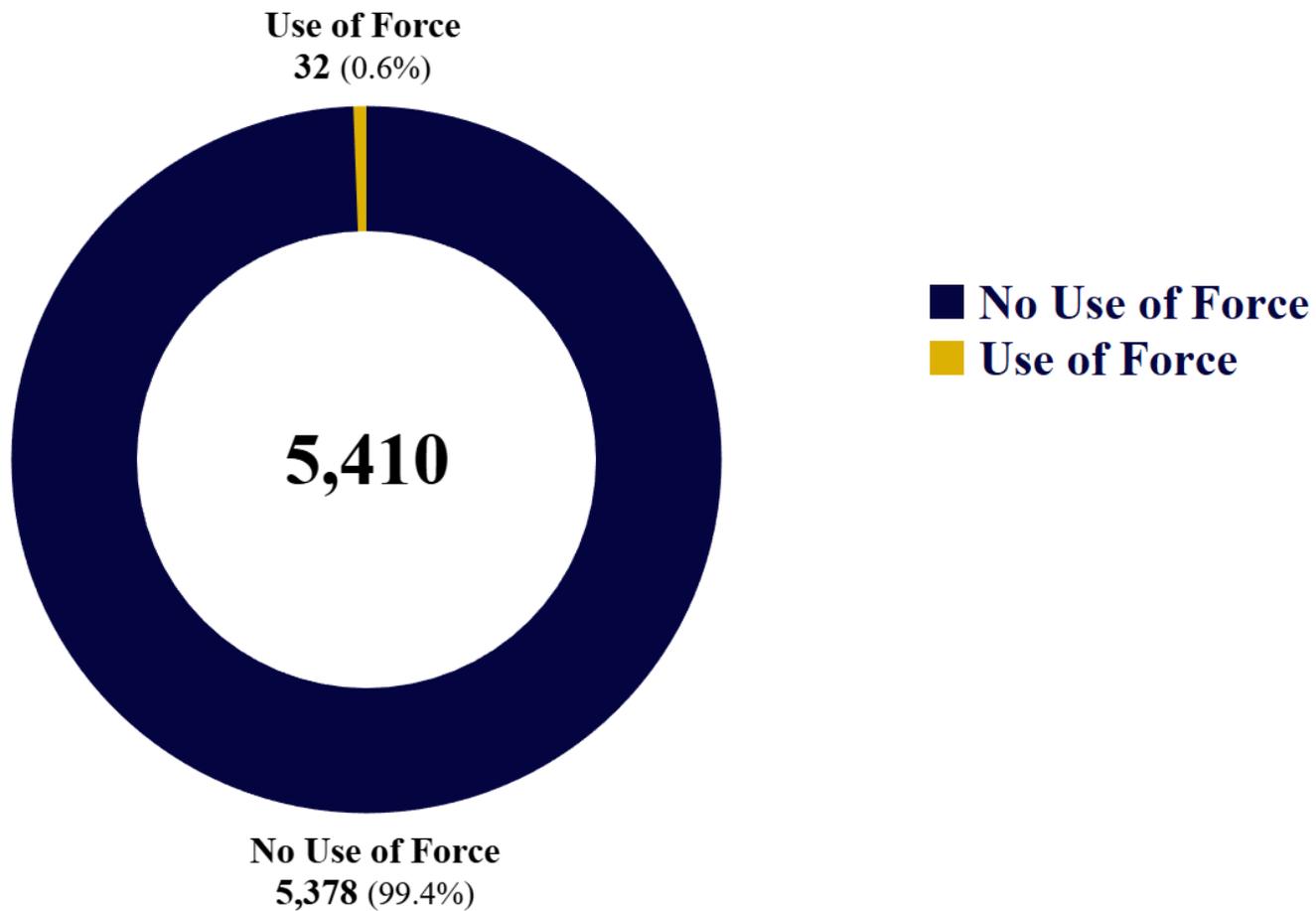
APD has been working to improve completion of contact sheets for behavioral health related force incidents.

The percent of behavioral health related force incidents with contact sheets completed has increased substantially since 2022.





# Total Force Cases in Behavioral Health and Suicide Calls



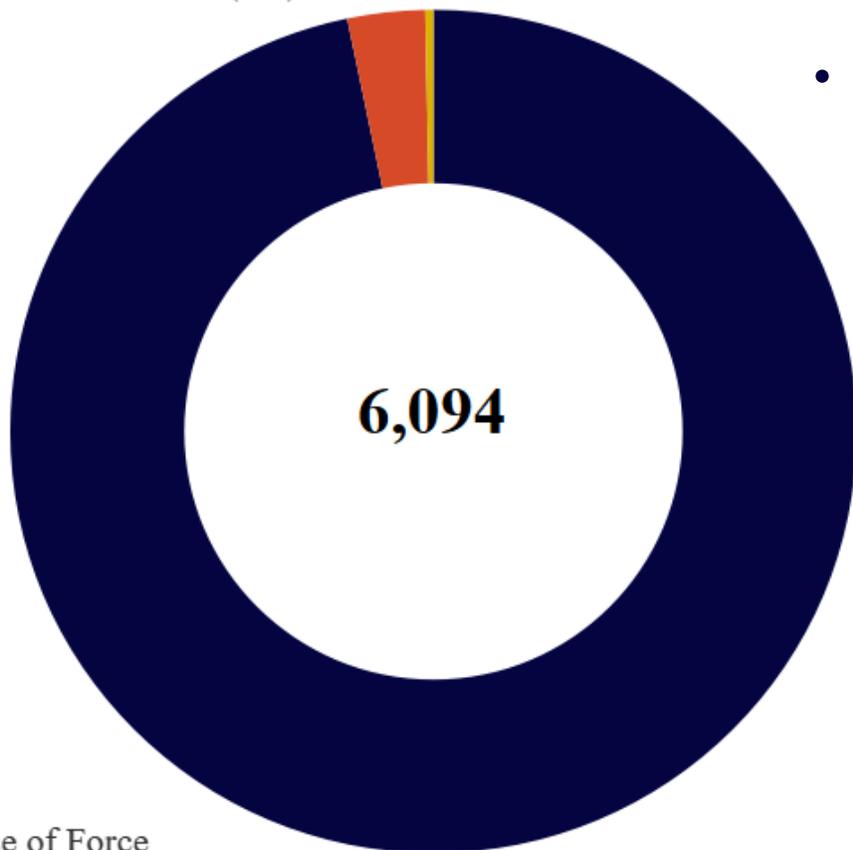
Calls categorized as 10-43-1 or 10-40 January 1, 2024 to December 31, 2024



## Total Force Cases in CIT Contact Sheets

**Use of Force**  
**179 (3%)**

**Use of Force on Other**  
**19 (0%)**



■ No Use of Force  
■ Use of Force  
■ Use of Force on Other

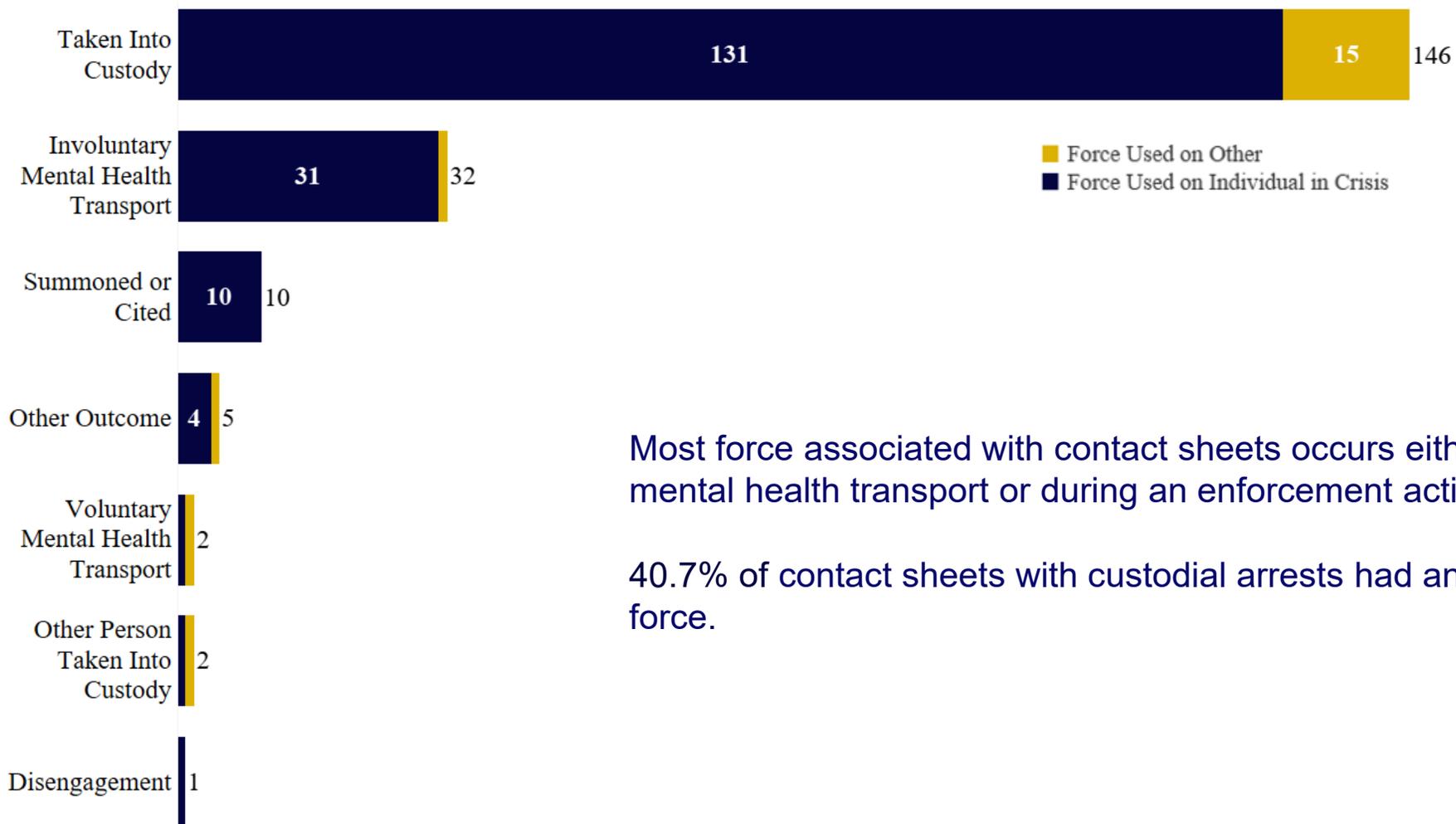
**No Use of Force**  
**5,896 (97%)**

- 3% of CIT contact sheets also had a use of force incident
  - 197 force cases with contact sheets resulted in 198 contact sheets – contact sheets might be generated for multiple individuals on the scene during a force incident.
- 179 contact sheets were written for the person who had force used with them.

CIT contacts documented from January 1, 2024 to December 31, 2024



# CIT Contact Sheet Outcomes Related to Force



Most force associated with contact sheets occurs either during involuntary mental health transport or during an enforcement action.

40.7% of contact sheets with custodial arrests had an associated use of force.



## Level of Force\*

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- **Level 1 Use of Force:** Any use of force that is likely to cause only temporary pain, disorientation, and/or discomfort during its application as a means of gaining compliance; or any show of force
- **Level 2 Use of Force:** Any use of force that causes injury, that could reasonably be expected to cause injury, or that results in a complaint of injury greater than temporary pain, regardless of whether the use of force was unintentional or unavoidable.
- **Level 3 Use of Force:** Any use of force that results in, or could reasonably result in, serious physical injury, hospitalization, or death, regardless of whether the use of force was unintentional or unavoidable.

\* For additional information see SOP 2-53 at <https://www.cabq.gov/police/standard-operating-procedures/standard-operating-procedures-manual>



## Force Cases by Level of Force

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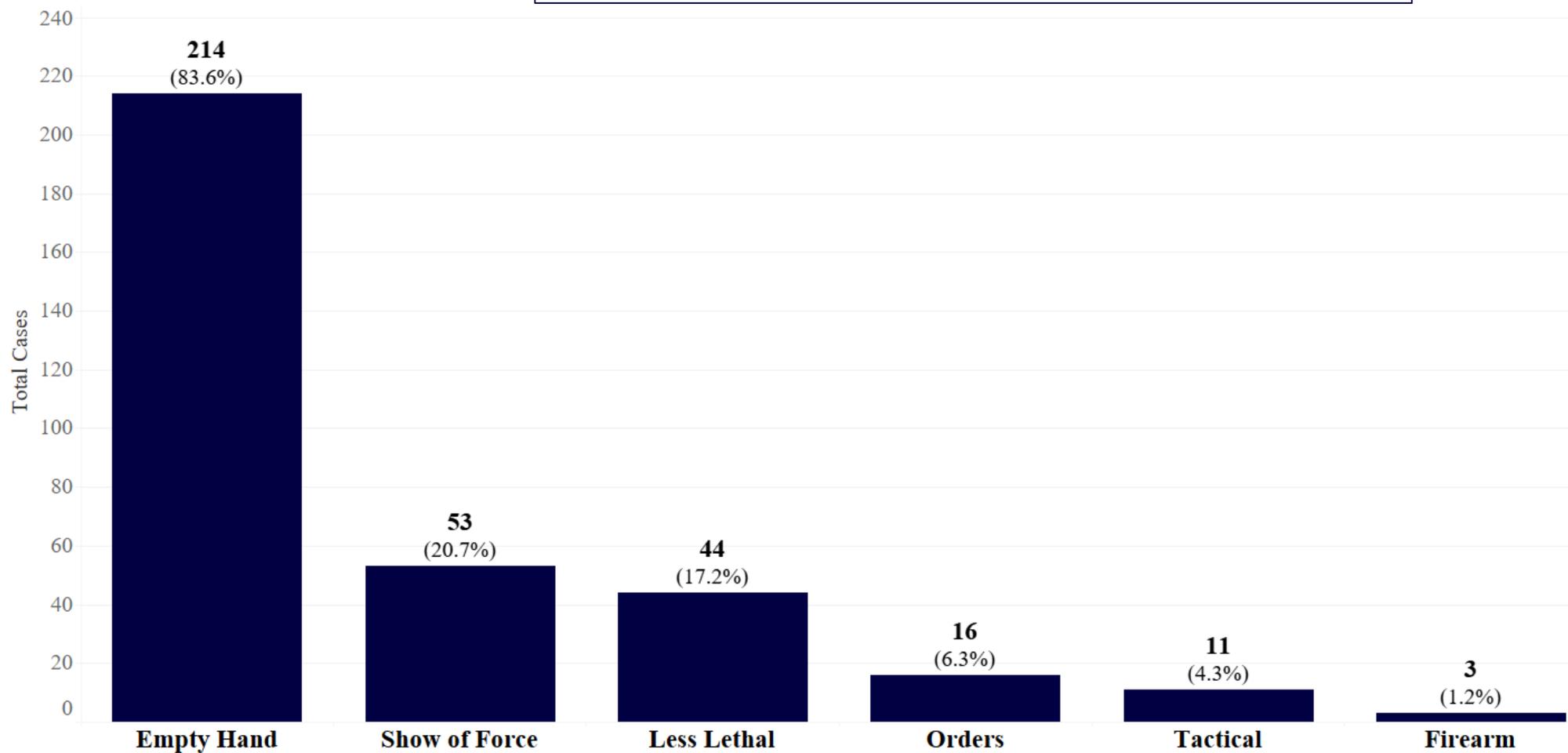
Force Levels	Force Cases
Level 1	65 (25%)
Level 2	138 (54%)
Level 3	53 (21%)
Total	256

Force investigations take up to 90 days to complete.  
Data was last updated on February 27, 2025.  
Changes made after this time will not be reflected.



# Applications of Force Used in Behavioral Health Crisis Encounters (n=256)

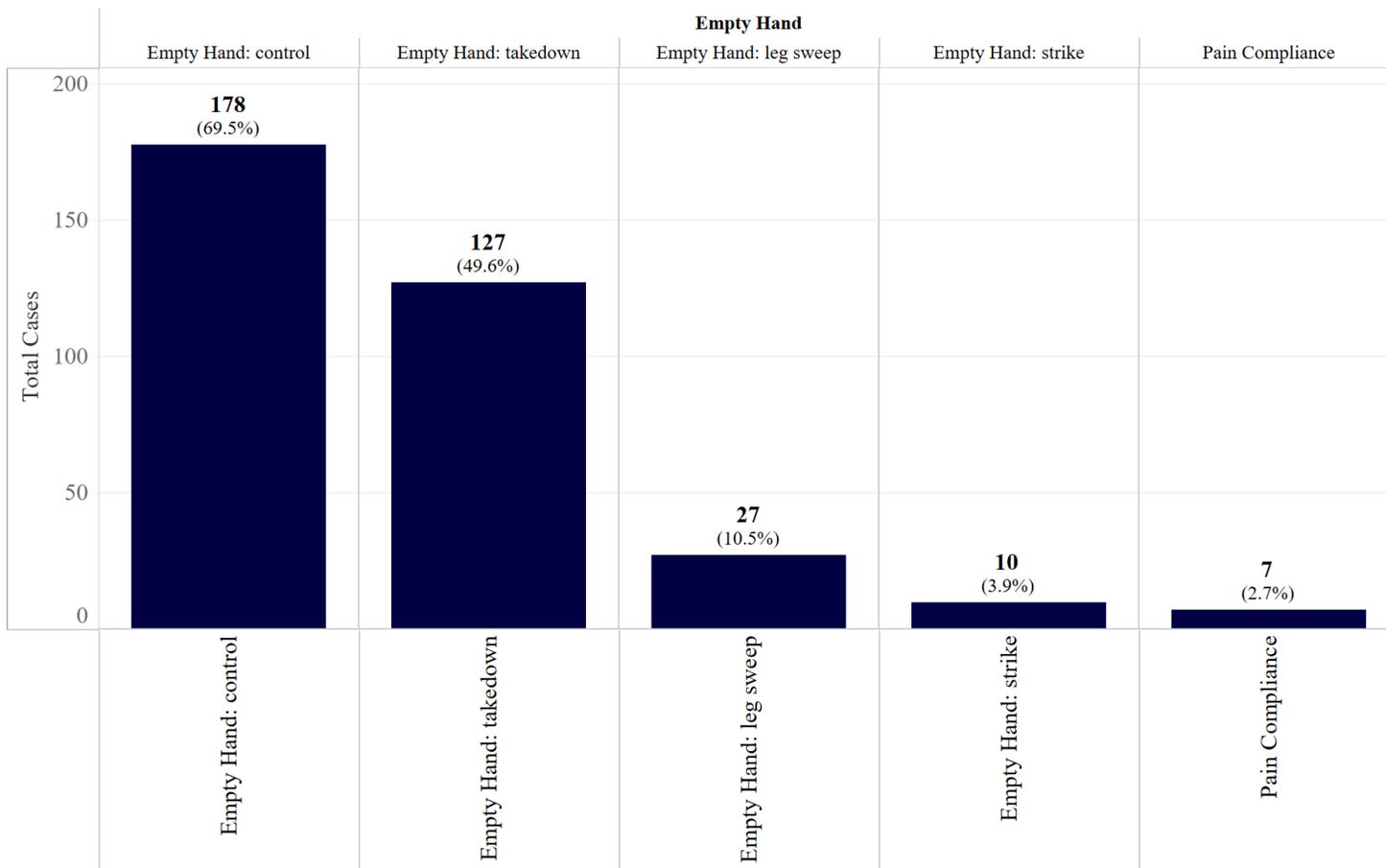
Multiple techniques might be used in a single use of force case.





# Applications of Force Used in Behavioral Health Crisis Encounters (Empty Hand) (n=256)

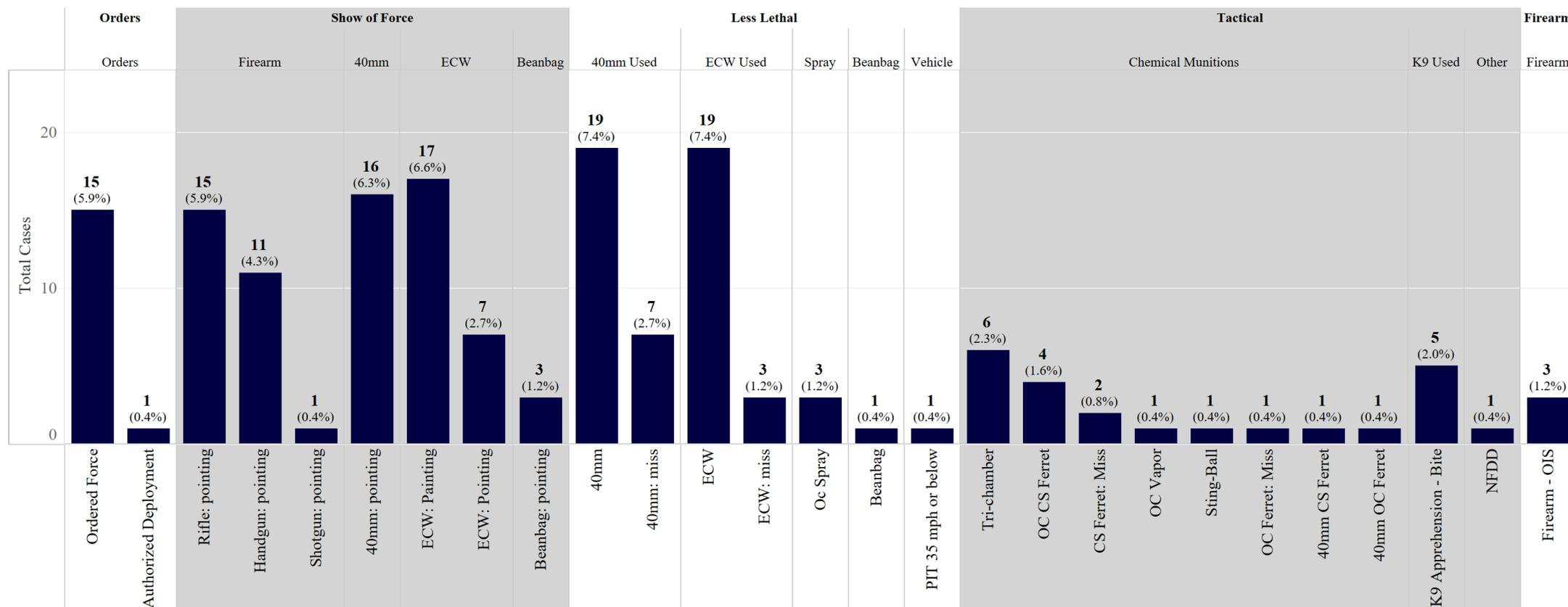
Multiple techniques might be used in a single use of force case.





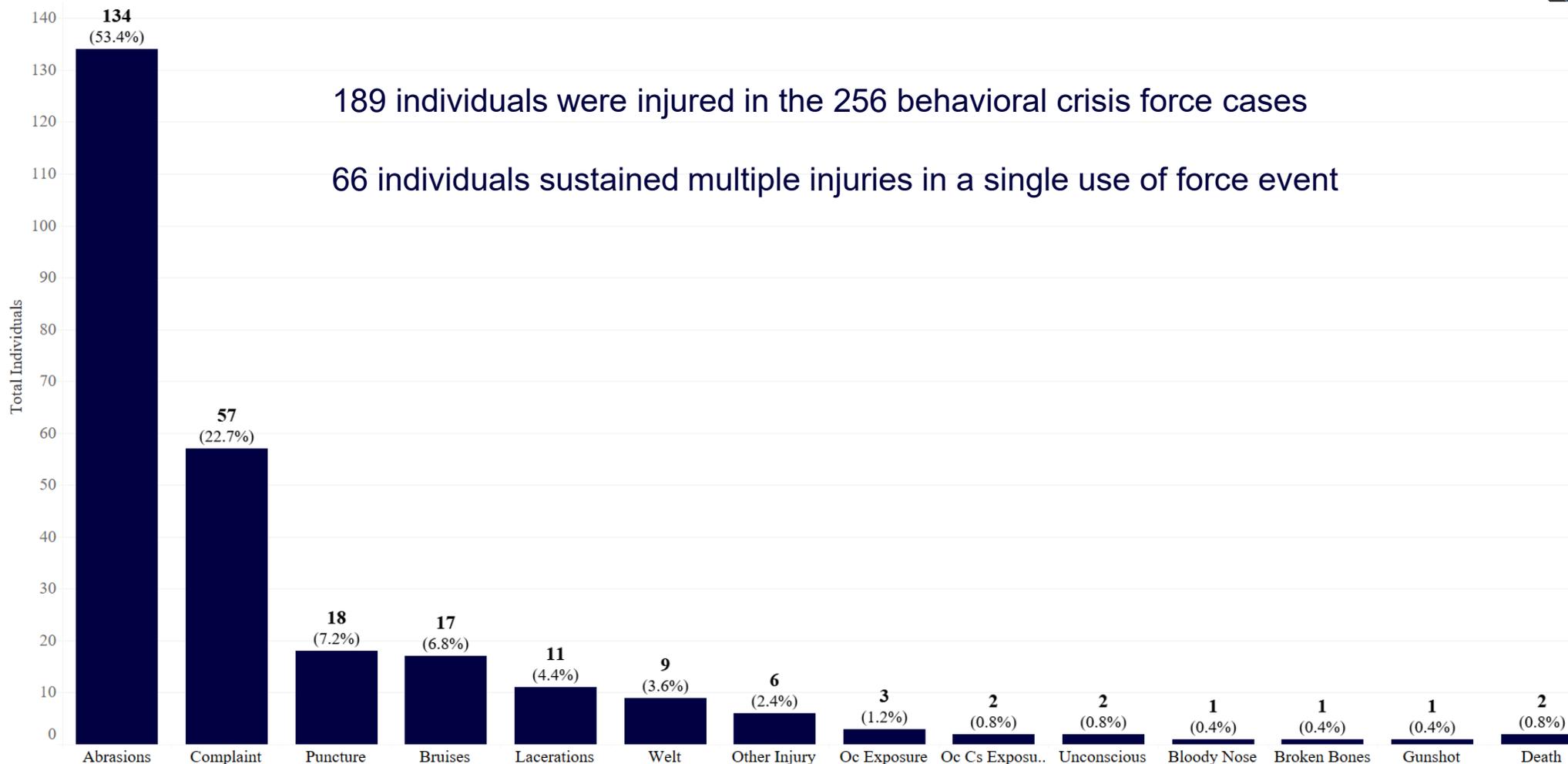
# Applications of Force Used in Behavioral Health Crisis Encounters (not including Empty Hand) (n=256)

Multiple techniques might be used in a single use of force case.



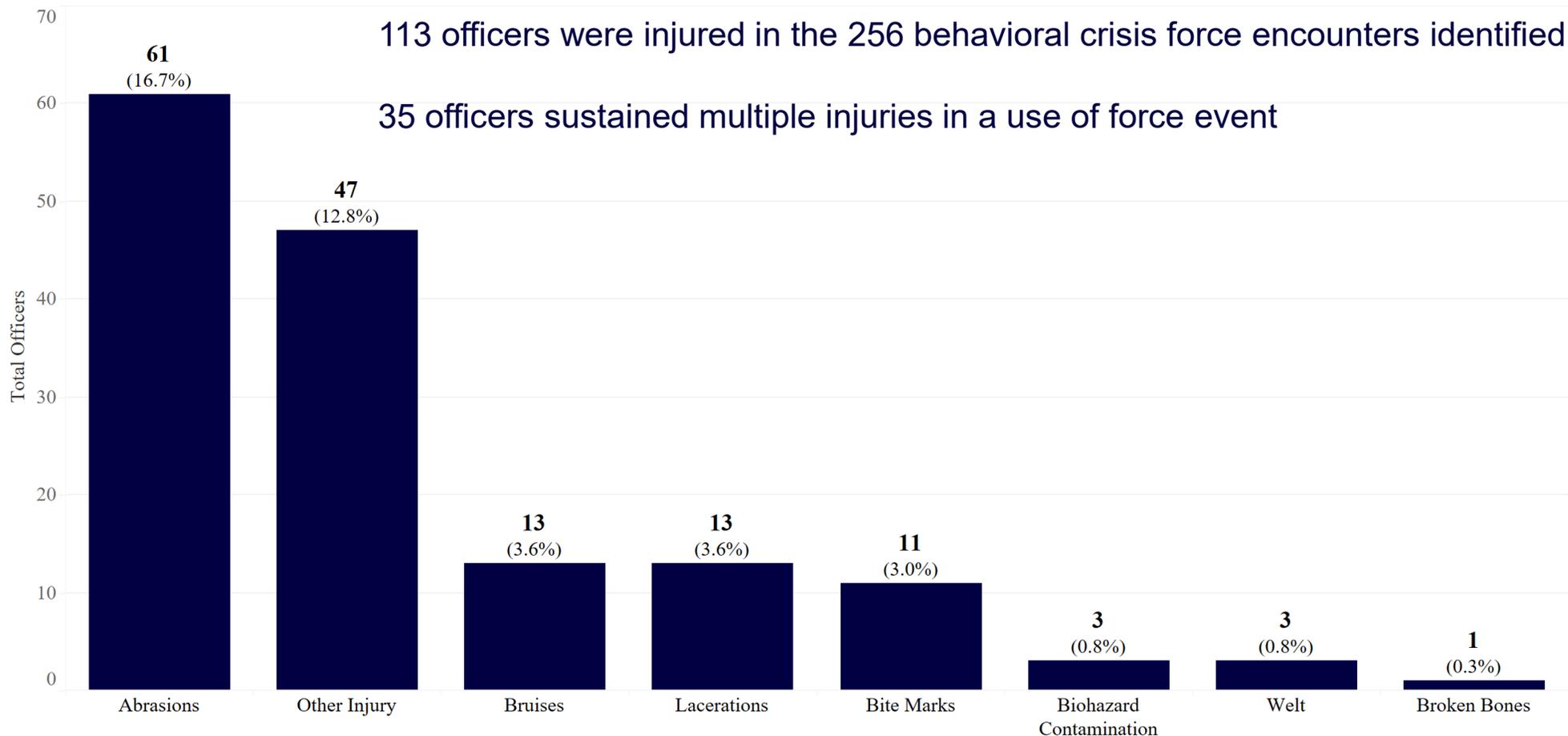


# Individuals Injured in Behavioral Health Crisis Encounters: Injuries sustained outside of the use of force are excluded





# Officer injuries during behavioral health crisis encounters





## Was the Individual Armed During Behavioral Health Use of Force

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Armed Individuals	Number of Force Cases
Yes	69 (27%)
No	187 (73%)
Total	256

Force investigations take up to 90 days to complete.  
Data was last updated on February 27, 2025.  
Changes made after this time will not be reflected.



## Was the Person Involved in Use of Force Unhoused?

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Individual Unhoused	Number of Force Cases
Yes	79 (31%)
No	140 (55%)
Unknown	37 (14%)
Total	256

Force investigations take up to 90 days to complete.  
Data was last updated on February 27, 2025.  
Changes made after this time will not be reflected.



## Force Investigation Findings (as of February 27, 2025)

Finding	Force Cases
In Policy	236 (92%)
Out of Policy	6 (2%)
Open Investigations	14 (6%)
Total	256

Force investigations take up to 90 days to complete.  
Data was last updated on February 27, 2025.  
Changes made after this time will not be reflected.

\*For more information on APD's use of force and policy outcomes, see our monthly use of force report, published online



## Appendix – Acronyms and Definitions

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**CAD:** “Computer Aided Dispatch. This system is the primary system for dispatching and tracking activity of officers’ field activities. A “call” can be a response to a call for service or an officer-initiated activity.

**CIT:** “Crisis Intervention Team”. All APD officers receive a 40 hour course on crisis intervention in the Academy, called “CIT” or “Basic CIT”.

**CIT Worksheet/CIT Contact Sheet:** This is a form completed by officers following any encounter with an individual in behavioral health crisis, documenting the interaction between the individual and officers, circumstances of the encounter, and the outcomes of the contact.

**CIU/CID:** “Crisis Intervention Unit”/”Crisis Intervention Division”. This division comprises the sworn officers and professional staff that specialize in responding to behavioral health crisis.

**ECIT:** “Enhanced Crisis Intervention Team”. The ECIT is comprised of specifically trained, uniformed sworn personnel who function as specialists to respond to calls involving individuals affected by behavioral health disorders or who are experiencing behavioral health crises. APD officers can voluntarily opt to take an additional 8 hour course refreshing CIT concepts and receive “ECIT certification”. To maintain this, certified officers must retake the course every 2 years.

**IA Pro:** The software APD uses to track use of force an internal affairs investigations.



## Appendix – Acronyms and Definitions

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**MCT:** Mobile Crisis Team. The MCT is a two (2) person unit comprised of one (1) licensed mental health professional and one (1) ECIT officer who jointly respond to calls with a behavioral health component. It provides immediate behavioral health services once the scene is secure. MCTs are trained to complement the ECIT and CIU.

**RMS:** Records Management System. Software used by APD for writing reports and documenting incidents.

**Person in crisis:** an individual who is experiencing behavioral health symptoms during an interaction with law enforcement such that a CIT contact sheet is completed after the encounter. The person in crisis is not necessarily the primary person involved in the encounter. Multiple contact sheets may be filled out for one encounter, or a contact sheet may be filled out for a witness or peripherally involved individual during an encounter that is otherwise unrelated to behavioral health.



## Appendix – Outcomes of CIT Encounters

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Each encounter may have multiple outcomes. On slides 11 and 34, an outcome hierarchy is applied such that only the most serious outcome for each encounter. The hierarchy is as follows:

1. **Died by Suicide:** when the individual in crisis died by their own means.
2. **Taken into Custody:** when the person in crisis is taken into custody by an officer and booked into jail.
3. **Summoned or Cited:** when the person in crisis is summoned or cited by an officer without a custodial arrest.
4. **Involuntary Mental Health Transport:** when the individual in crisis is transported to a hospital by officers and meets the policy criteria to be transported without their consent. This is documented as “involuntary” even if the individual willingly goes with officers, as the officers did not require consent.
5. **Voluntary Mental Health Transport:** when the individual in crisis is transported voluntarily to a hospital.
6. **Incident Transferred to ACS:** when Albuquerque Community Safety responders take over as the primary response team during an encounter.
7. **Incident Transferred to Fire MCT:** when Bernalillo County Fire Department Mobile Crisis Team takes over as the primary response team during an encounter.
8. **Verbal Warning:** when the individuals involved during a crisis encounter receive a verbal warning by an officer without being subject to an enforcement action or mental health transport.

(continued on next slide)



## Appendix – Outcomes of CIT Encounters

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9. **Other Person Taken Into Custody:** when an individual who is not the person in crisis but is also on the scene is arrested by an officer and booked into jail.
10. **Other Person Summoned or Cited:** when an individual who is not the person in crisis but is also on the scene is summoned or cited by an officer.
11. **Disengagement:** when the officer ceases contact with an individual during an encounter, usually because the individual is uncooperative and does not wish to continue the encounter. Such incidents are usually flagged for CIU follow-up.
12. **Non-Engagement:** when the officer does not engage with the individual in crisis, potentially for one of several reasons including but not limited to: inability to make contact, no perceived active threat from the individual to themselves or others, or other responders on scene determining that police presence would serve to escalate the situation. In these circumstances, officers document their decision not to engage and notify appropriate resources if necessary.
13. **No Action Required:** when the officers on scene determine that no actions are necessary.
14. **Unknown Outcome:** when the disposition recorded by the officer does not match other records or information in associated narrative reports. Often this occurs when a detention occurs and the officer marks the individual as “arrested” but no arrest record is created.

Outside of this hierarchy, outcomes are occasionally grouped for discussion. The two most common groups are:

**Enforcement Actions:** when an individual is taken into custody, summoned, or cited.

**Transport Outcomes:** when an individual is involuntarily or voluntarily transported to the hospital for mental health evaluation.