Response to Behavioral Health Incidents



January 1, 2025 – June 30, 2025







- 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 September 18, 2025, 54%* 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 severe behavioral health issues and may pose a safety risk to themselves and others. They often conduct follow up with community members who are 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 investigations.

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 (January-June)

- Home visits were lower in January-June 2025 than January-June 2024 due detectives being on leave during the period and changes in counting encampment outreach as home visits.
- Clinician activity is being counted more frequently in "Other Activities" than in "Home Visit" or "Calls Staffed" based on record keeping changes.

	Number of Positions		Home Visits		Calls Staffed			Other Activities**			
	2024	2025	2024	2025	Percent Change	2024	2025	Percent Change	2024	2025	Percent Change
Home Visit Detectives	8	8	2,398	1,588	-34%		-	-	-	-	-
MCT Unit	4	4	-	-	-	874	624	-29%	-	-	-
Clinicians	2	2	732	402	-45%	559	125	-78%	243	1022	321%

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



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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 01, 2025 through June 30, 2025.

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 01, 2025 through June 30, 2025.

Force:

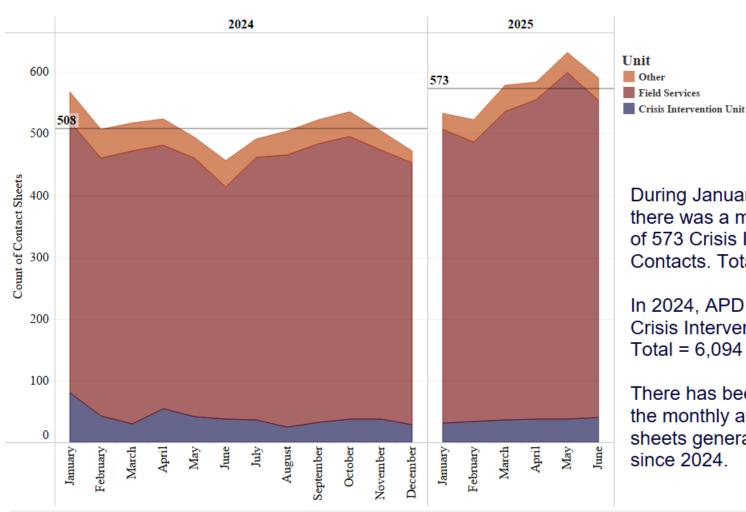
APD investigates all use of force incidents according to policy, interviewing officers and witnesses involved. Information related to the use of force is recorded in the department's use of force database. Over the course of the investigation, the involved individual may report mental illness or the 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 01, 2025 through June 30, 2025.



CIT Contact Sheets



Encounter Data - CIT Contact Sheets by Month - APD Total



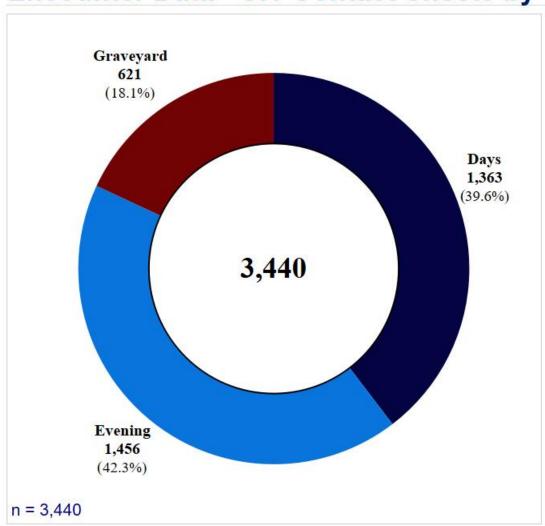
During January - June 2025 there was a monthly average of 573 Crisis Intervention Contacts. Total = 3,440

In 2024, APD averaged 508 Crisis Intervention Contacts. Total = 6,094

There has been an increase in the monthly average of contact sheets generated of +11.3% since 2024.



Encounter Data - CIT Contact Sheets by Shift - APD Total



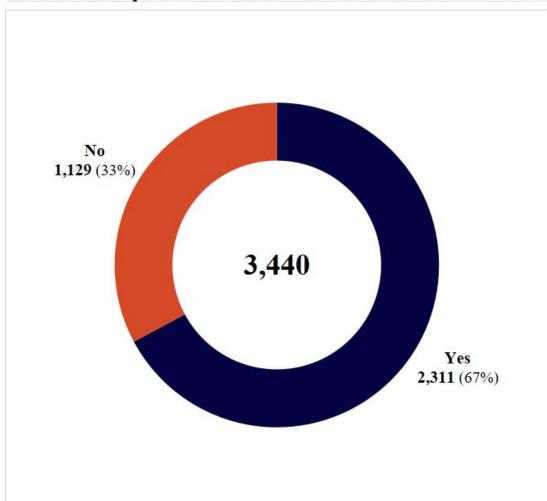
The day and evening shifts account for 82% of all crisis intervention contacts.

Grave shift accounts for 18%.

Distribution is similar to 2024.

Days - 7 AM to 5 PM
Evening - 5 PM to 11 PM
Graveyard - 11 PM to 7 AM





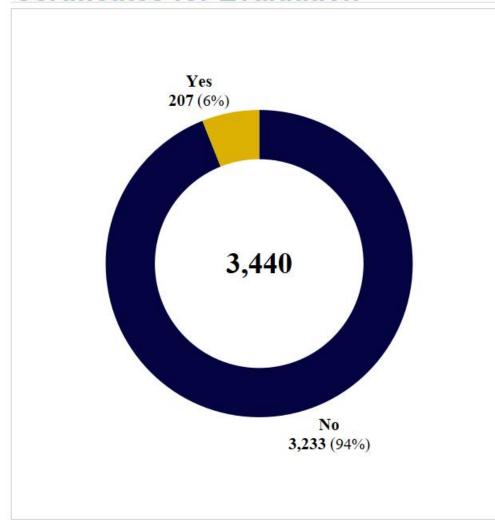
Did an ECIT certified officer arrive on scene?

- 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.
- 2,311 (67%) contact sheets had an ECIT certified officer arrive on scene.





Certificates for Evaluation



Was a Certificate For Evaluation written or the reason for this contact?

■ No

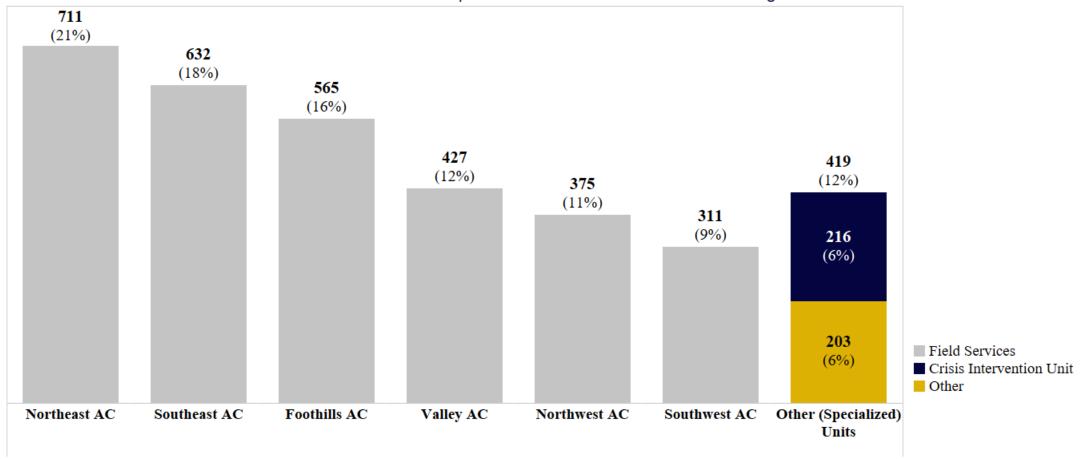
Yes

- 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.



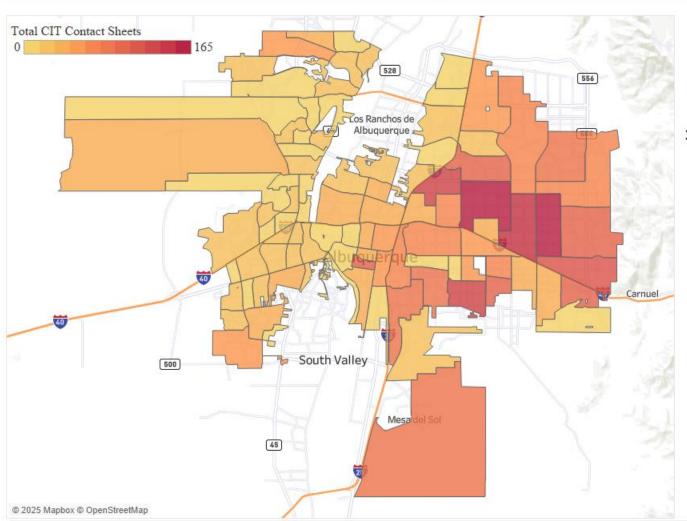


*This chart represents the assignment of the Field Services Officers completing contact sheets. CIU and other specialized units are in the bar on the far right.





Location of CIT Contact Sheets (n= 3,440 with location)

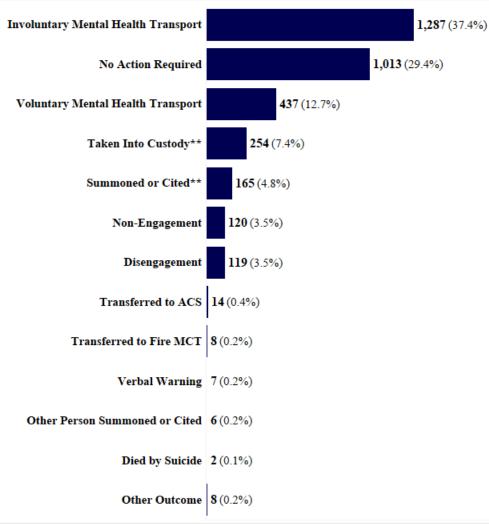


39 (1.1%) contact sheets were not mapped.

14 (0.4%) occurred at the
Metropolitan Detention Center.
10 (0.3%) were missing location data.
15 (0.4%) occurred outside city bounds or could not be geolocated from the address.







Enforcement actions took place in 419 (12.2%) of the 3,440 contacts. This is up 17.3% (from 10.4% to 12.2%) relative to 2024.

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.

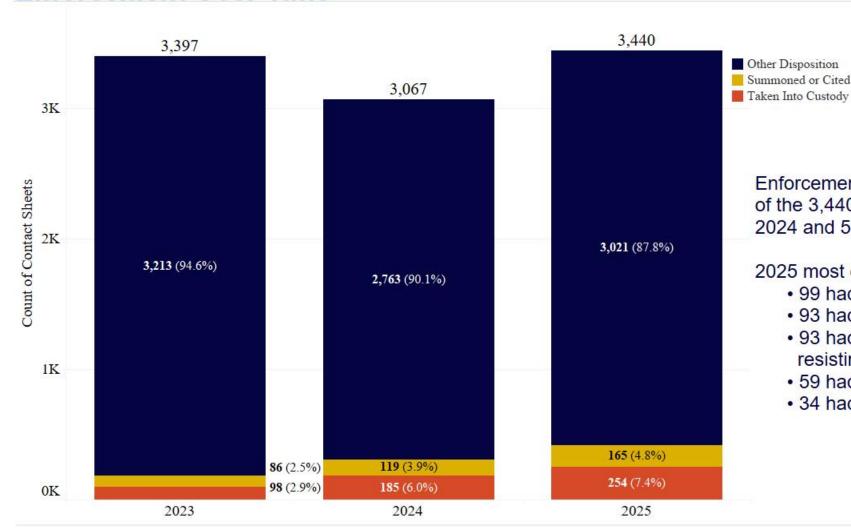
Data was last updated September 18, 2025. Changes made or case updates that occur after this time will not be reflected.

^{*}See Appendix for definitions

^{**}Enforcement actions



Enforcement Over Time



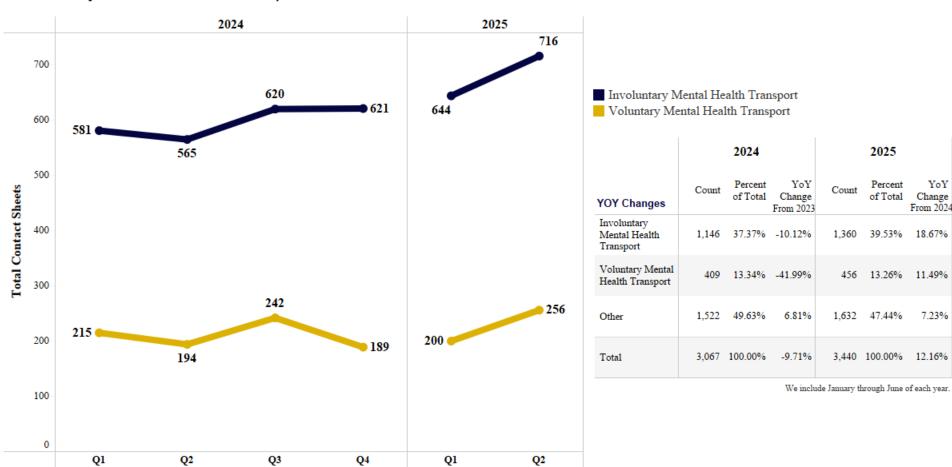
Enforcement actions took place in 419 (12.2%) of the 3,440 contacts. This is up from 10.4% in 2024 and 5.4% in 2023.

2025 most common charge types:

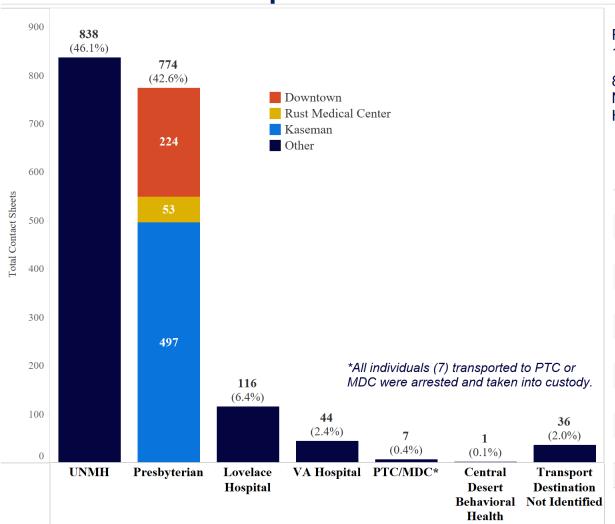
- 99 had DV charges
- 93 had felony battery or assault charges
- 93 had assault, battery, fleeing or resisting an officer charges
- 59 had felony warrants
- · 34 had misdemeanor warrants

Mental Health Transport

The number of police contacts resulting in transport to a mental health facility has increased since 2024. Involuntary Mental Health Transports have increased the most 18.6%.



Mental Health Transport Destinations



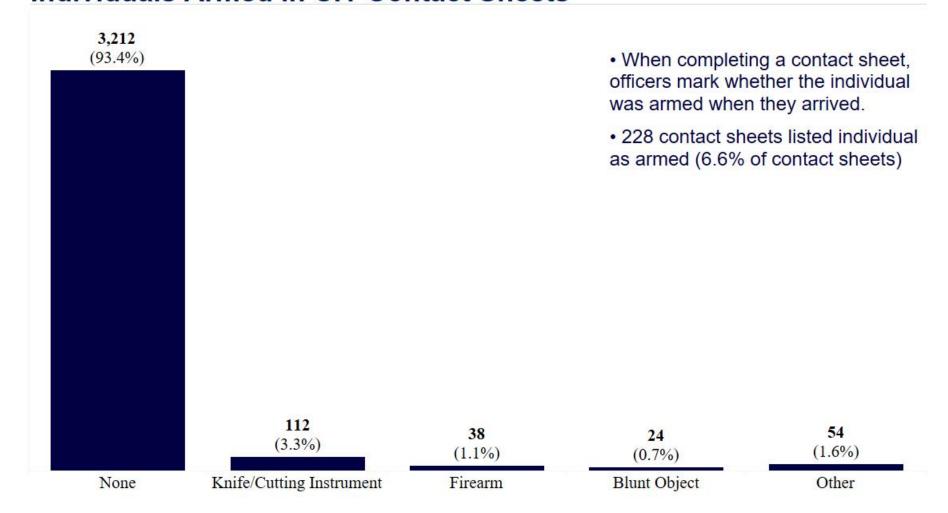
For 2025, a total of 1,418 individuals were transported in 1,816 encounters. This is an increase of 16.8% from 2024.

88.7% of individuals are transported to either University of New Mexico Hospital or one of three Presbyterian Hospitals. (*Downtown, Kaseman or Rust Medical Center*)

	202	4	202	25
Transport Destination	Count	YoY Change	Count	YoY Change
UNMH	672	-10.9%	838	24.7%
Presbyterian	664	-24.5%	774	16.6%
Lovelace Hospital	120	-44.2%	116	-3.3%
VA Hospital	73	-5.2%	44	-39.7%
PTC/MDC*	3	50.0%	7	133.3%
Carrie Tingley Hospital	3	50.0%	0	-100.0%
Other: Urgent Care/ER	1		0	-100.0%
CARE Rehab Clinic	0	-100.0%	0	
Central Desert Behavioral Health	0	-100.0%	1	
Haven Behavioral Hospital	0	-100.0%	0	
Transport Destination Not Identified	19	-54.8%	36	89.5%
Total	1,555	-21.4%	1,816	16.8%



Individuals Armed in CIT Contact Sheets





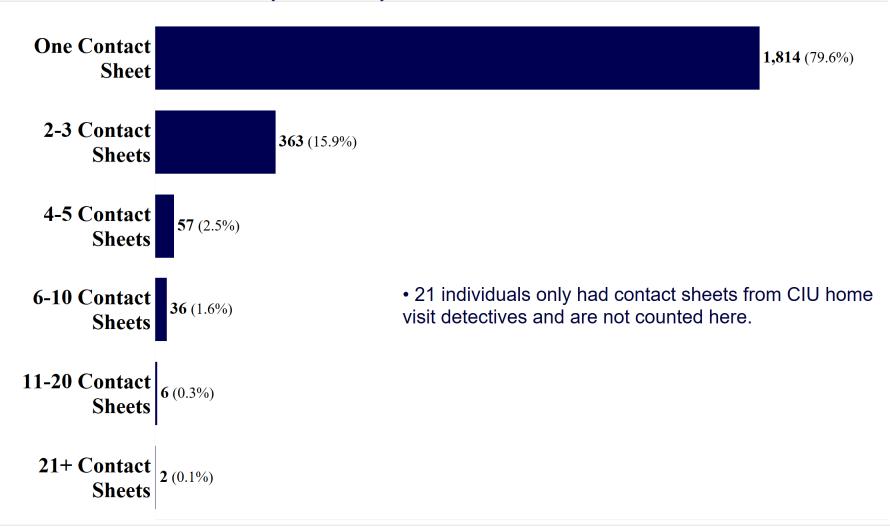


Demographics of People in 2025 CIT Contact Sheets

- 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 an unique identifier based on name and birth
 date.
- A total of 2,278 unique individuals were identified across the 3,440 CIT Contact Sheets.
 - 21 individuals only had contact sheets from home visits.

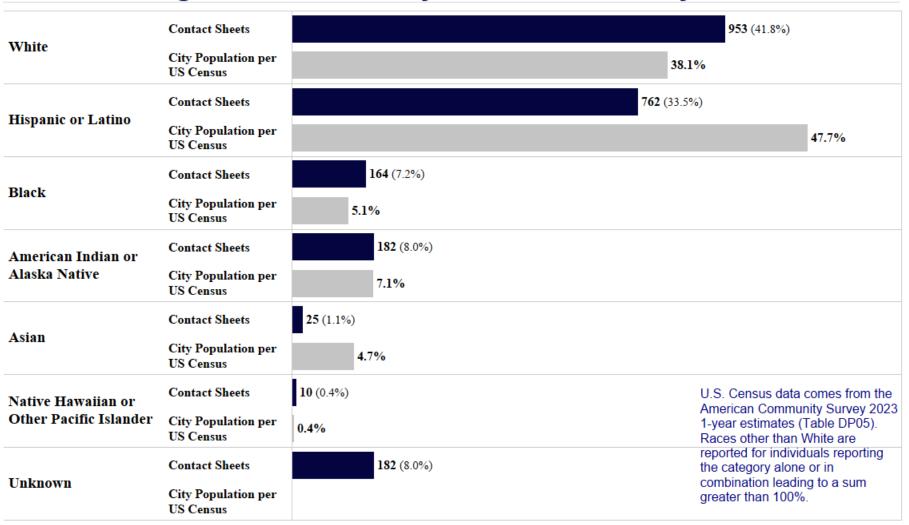


Number of Contacts (n=2,278)





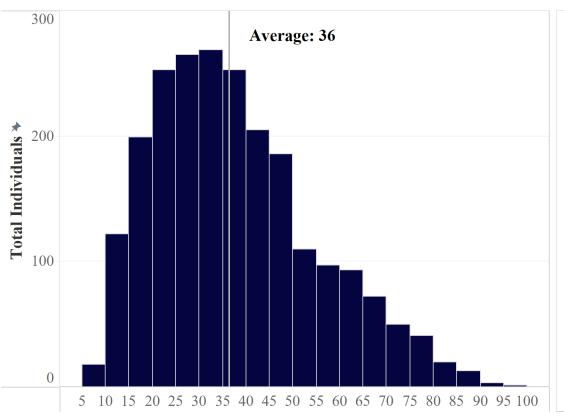
CIT Percentage of Individuals by Race and Ethnicity

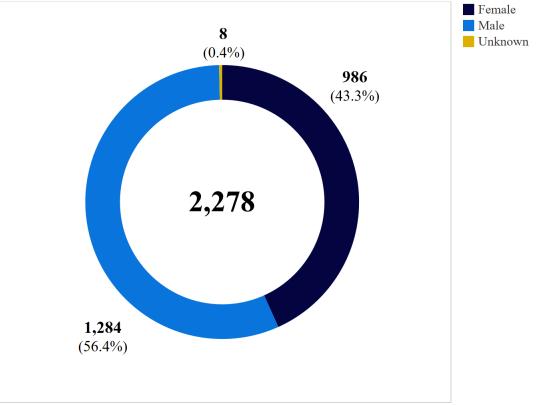




Age & Gender of Individuals at the Time of Contact

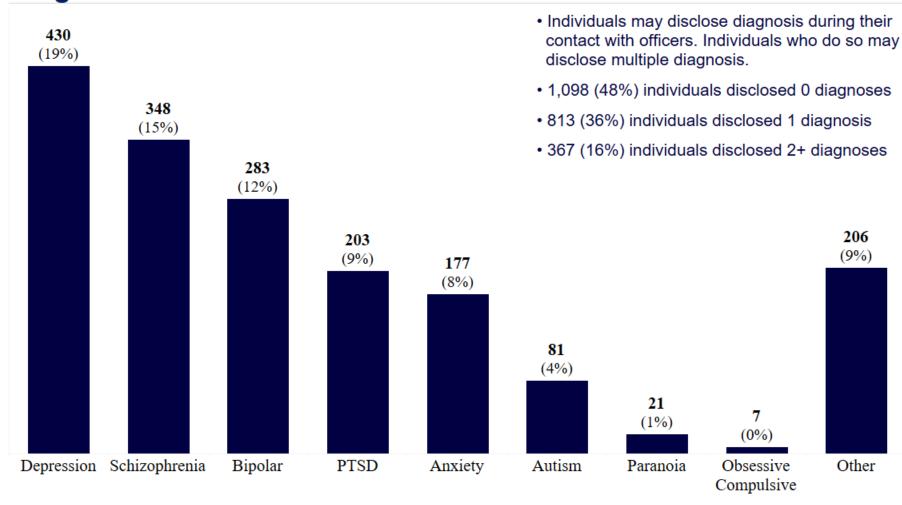
Age is calculated in the records management system relative to the contact date. For individuals with more than one contact who had a birthday or provided different years of birth, the average age across encounters is 36, range 6 to 96. Eight (8) individuals did not have a gender reported; their ages ranged from 15 to 41. The average age of any individual was 36. 56% of individuals during crisis intervention contacts were male.







Diagnosis



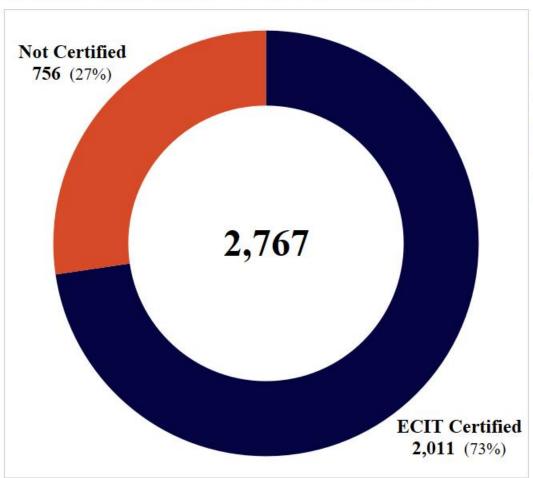


Calls For Service

Behavioral health calls for service have a call type of 10-40 (Behavioral Health) or 10-43-1 (Suicide).







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

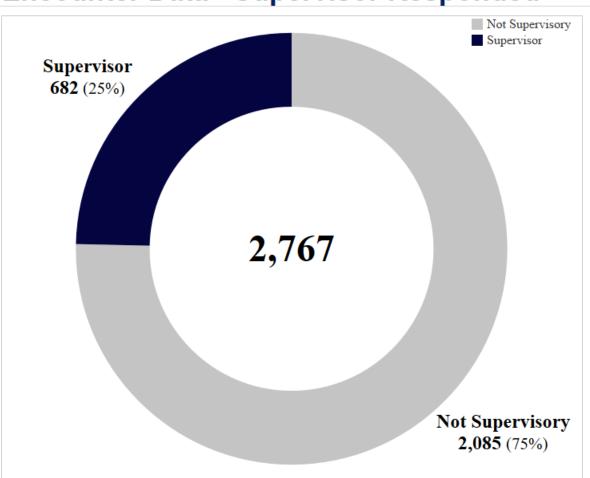
In January - June 2025, 73% of calls beginning or ending as "Behavioral Health" or "Suicide" had an ECIT certified officer arrive on scene.

■ ECIT Certified
■ Not Certified

^{*}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 are excluded. A total of 2,767 calls for service met these criteria.







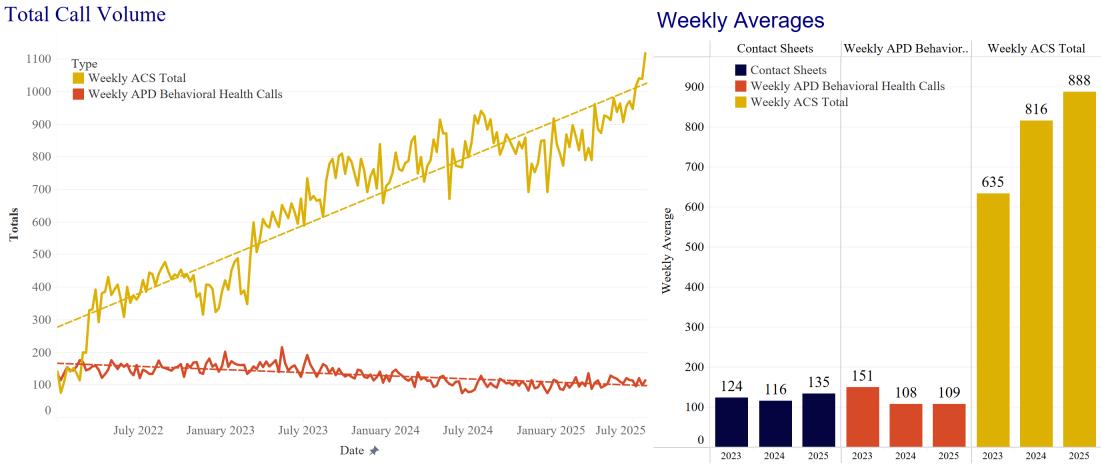
Supervisors responded to 25% of all "Behavioral Health" and "Suicide" calls* from January - June 2025.

Not all behavioral health and suicide calls require a supervisor. APD dispatch policy requires a 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 circumstances 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 are excluded. A total of 2,767 calls for service met these criteria.



Behavioral Health Call Volumes & Averages (ACS & APD)



Timeframe: January 1, 2023 thru June 30, 2025. For the weekly averages, we include only January through June of each year.



Use of Force



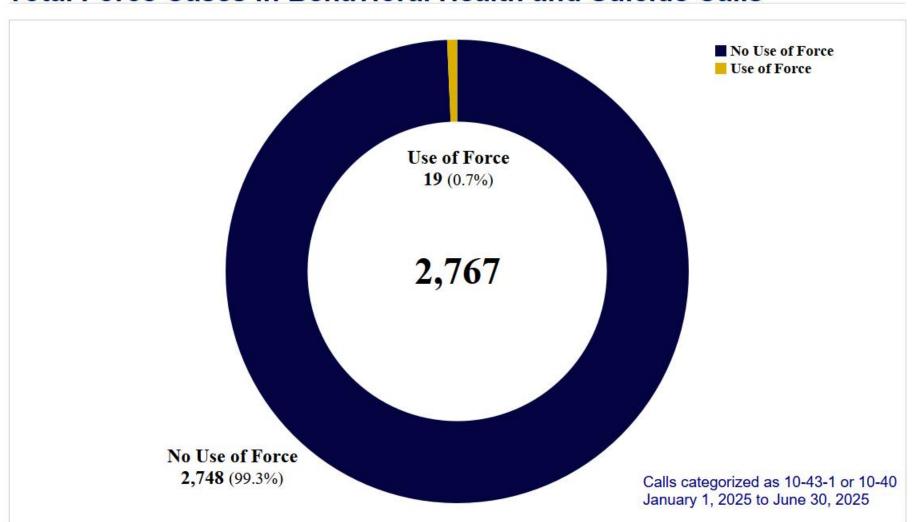
- Behavioral health calls where force occurred (source: CAD)
 For this analysis, a call is counted as one distinct CAD number where the original or final call types were Behavioral Health or Suicide. Calls that were cancelled, BOLOs (be on the lookout), and calls where no officer arrived on scene are excluded. A total of 2,767 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.

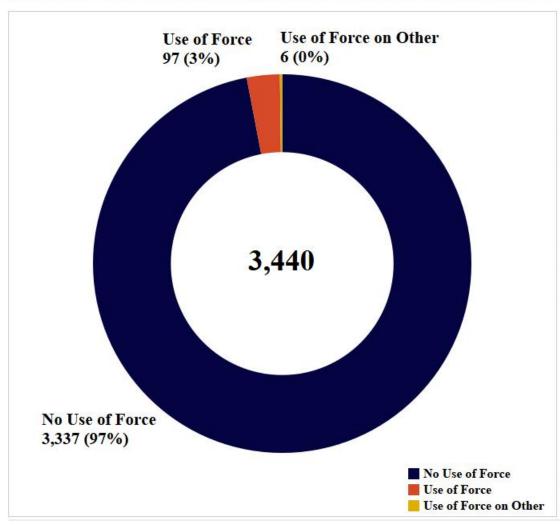


Total Force Cases in Behavioral Health and Suicide Calls





Total Force Cases in CIT Contact Sheets

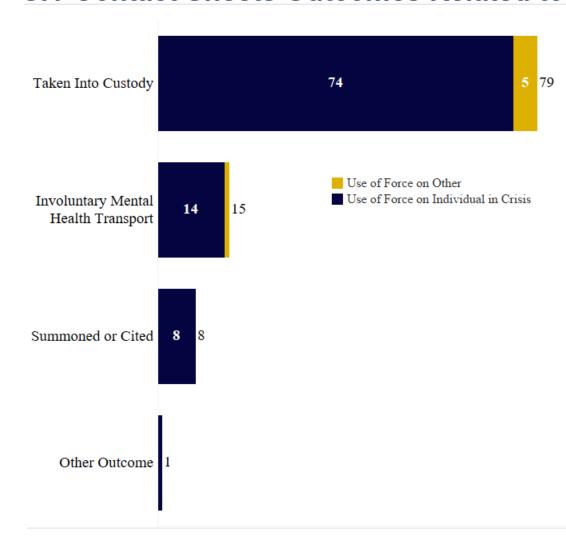


- 3% of CIT contact sheets also had a use of force incident.
- 102 force cases with contact sheets resulted in 103 contact sheets - contact sheets might be generated for multiple individuals on the scene during a force incident.
- 6 contact sheets were written for people who were uninvolved in the use of force.

CIT contact documented from January 1, 2025 to June 30, 2025



CIT Contact Sheets Outcomes Related to Force



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

For the case with "Other Outcome", the subject was custodially arrested for battery on a peace officer, but the report was made under a different case number.





- 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

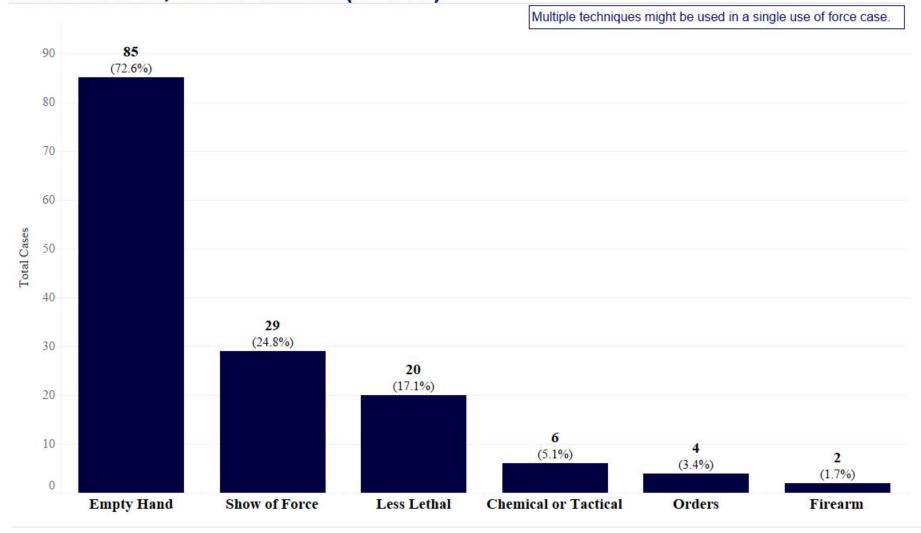


Force Cases by Level of Force

Force Levels	Force Cases
Level 1	39 (33%)
Level 2	63 (54%)
Level 3	15 (13%)
Total	117

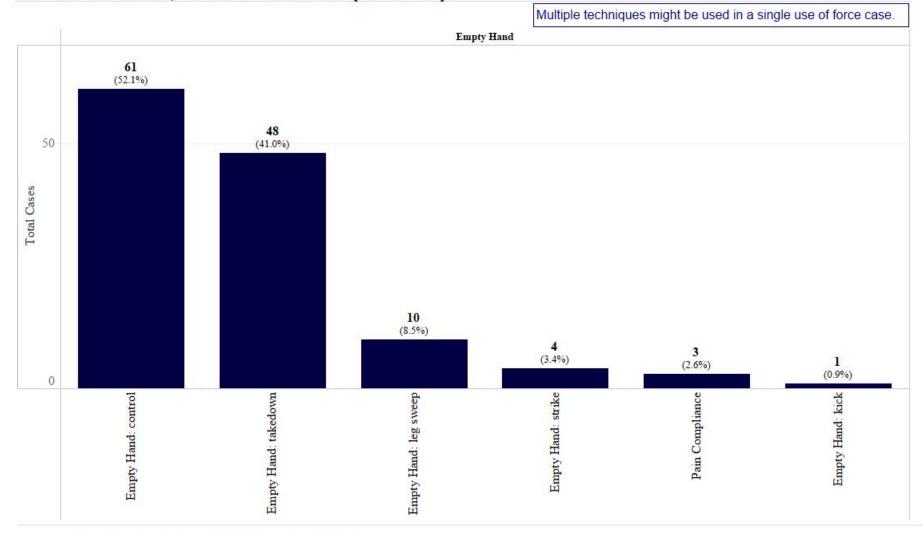
Force Types (Grouped) Used in Behavioral Health Crisis Encounters, Total Cases (n=117)





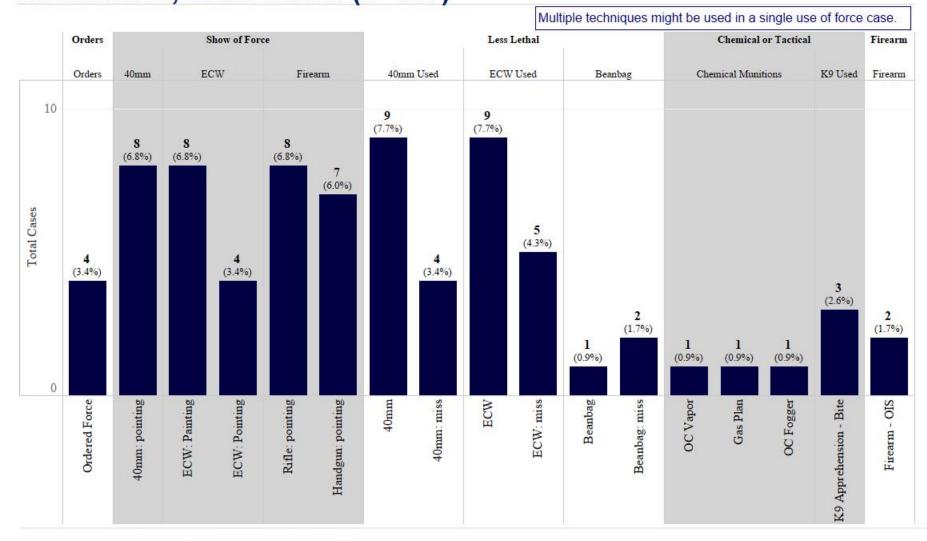
Empty Hand Force Types Used in Behavioral Health Crisis Encounters, Total Cases (n=117)





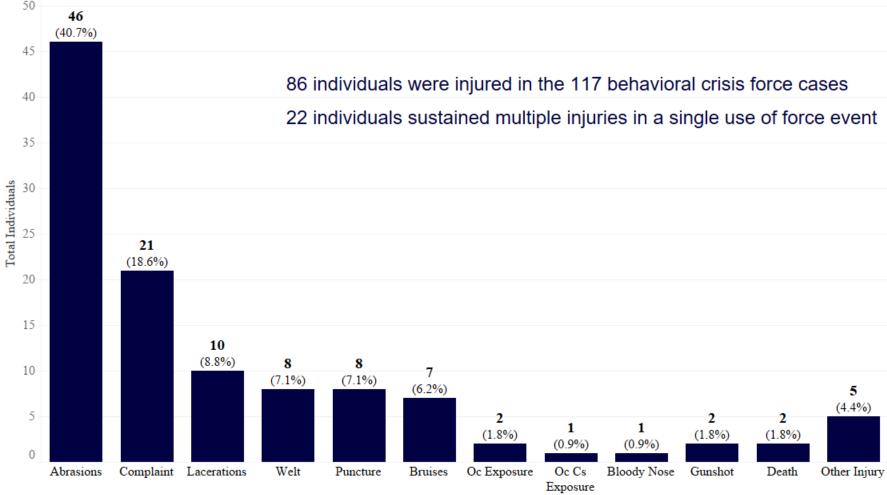
All Other Force Types Used in Behavioral Health Crisis Encounters, Total Cases (n=117)







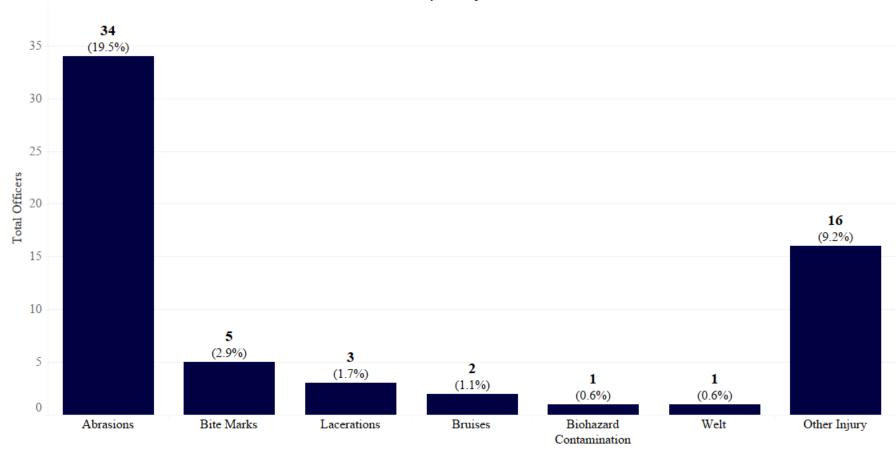






Officer Injuries During Behavioral Health Crisis Encounters

53 officers were injured in the 117 behavioral crisis force encounters identified 5 officers sustained multiple injuries in a use of force event





Was the Individual Armed During Behavioral Health Use of Force

Armed Individuals	Number of Force Cases
Yes	29 (25%)
No	88 (75%)
Total	117



Was the Person Involved in Use of Force Unhoused?

Individual Unhoused	Number of Force Cases
Yes	35 (30%)
No	64 (55%)
Unknown	18 (15%)
Total	117



Force Investigation Findings (as of September 18, 2025)

Finding	Force Cases		
In Policy	115 (98%)		
Out of Policy	1 (1%)		
Open Investigations	1 (1%)		
Total	117		

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



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.





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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.



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.
- 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)





- 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.