

Response to Behavioral Health Incidents



1/1/2025 - 12/31/2025

Crisis Intervention Section
Albuquerque Police Department





Types of Behavioral Health Response

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 March 10, 2026, 48%* 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

Number of Positions <i>the number of positions is unchanged since 2024</i>	Calls Staffed			Home Visits			Other Activities <i>Other activities include provider and consumer contacts, community meetings, after hours contacts and callouts, and certificates for evaluation written.</i>		
	2024	2025	Percent Change	2024	2025	Percent Change	2024	2025	Percent Change
Home Visit Detectives 8				5632	8719	55%			
MCT Unit 4	1481	1884	27%						
Clinicians 2	768	1417	85%	1315	796	-39%	321	559	74%



Documenting Behavioral Health Contacts

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 December 31, 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 December 31, 2025.

Force:

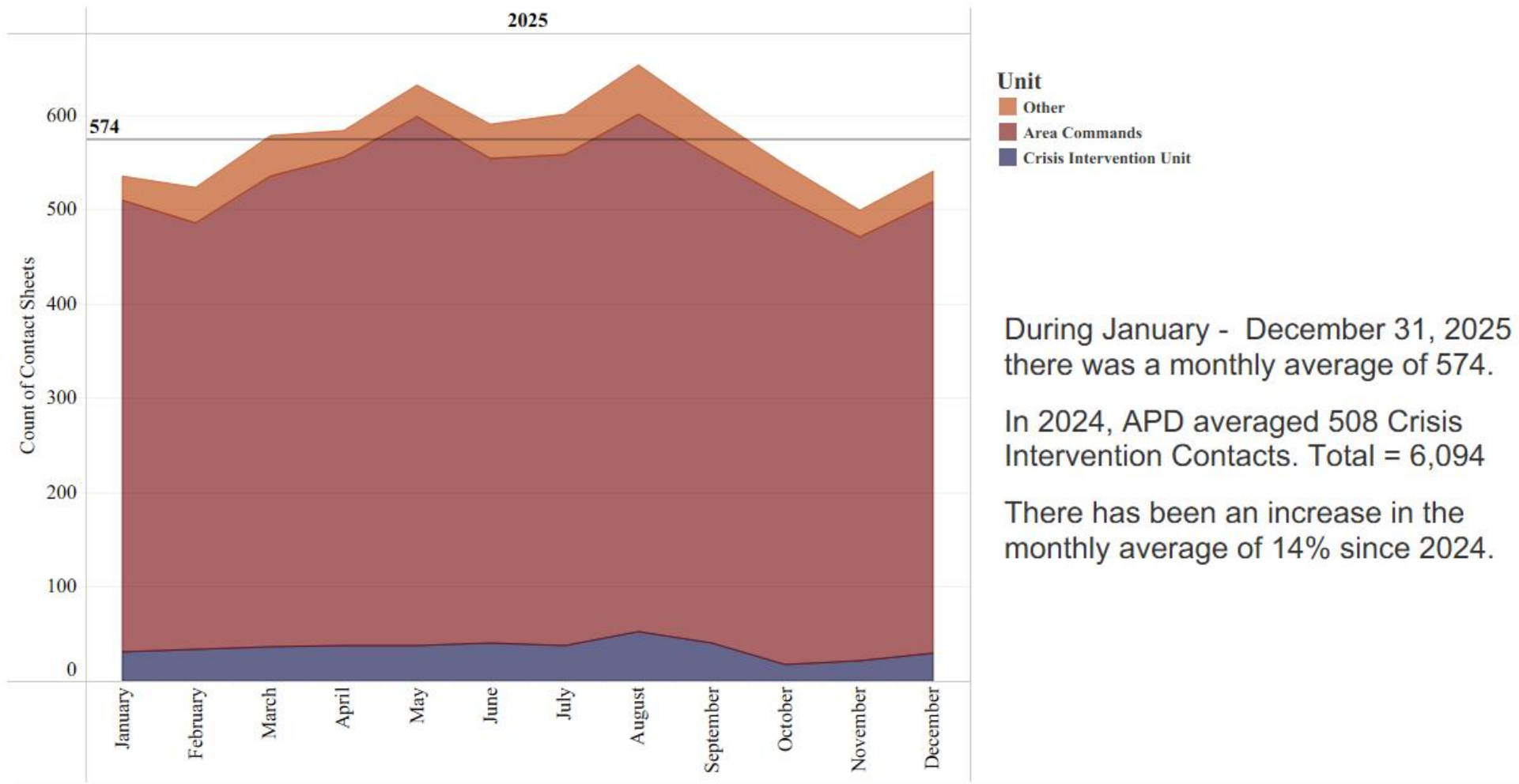
APD investigates all use of force incidents according to policy, interviewing officers and witnesses involved. Information related to the use of force is recorded in the department's use of force database. Over the course of the investigation, the involved individual may report mental illness or the 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 December 31, 2025.



CIT Contact Sheets

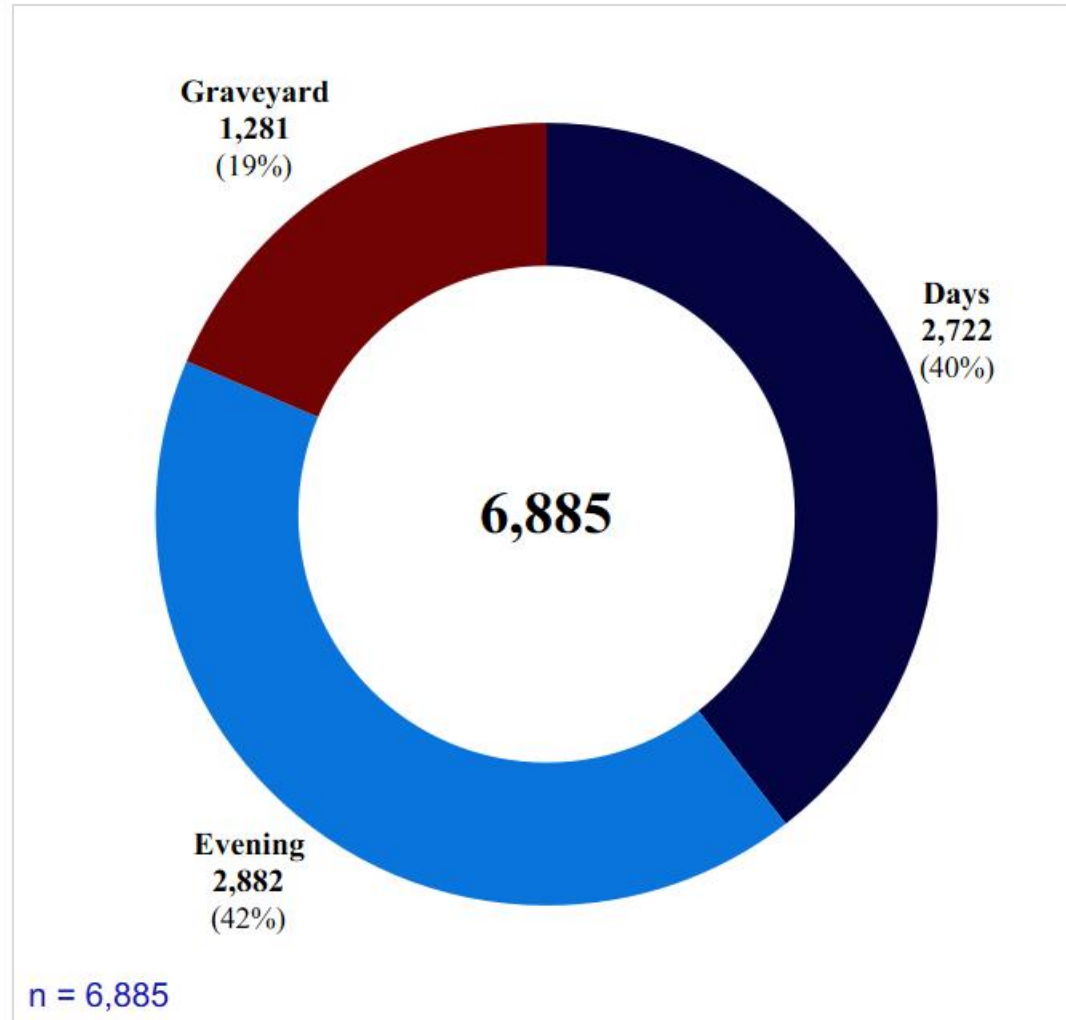


Encounter Data - CIT Contact Sheets by Month - APD Total





Encounter Data - CIT Contact Sheets by Shift - APD Total



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

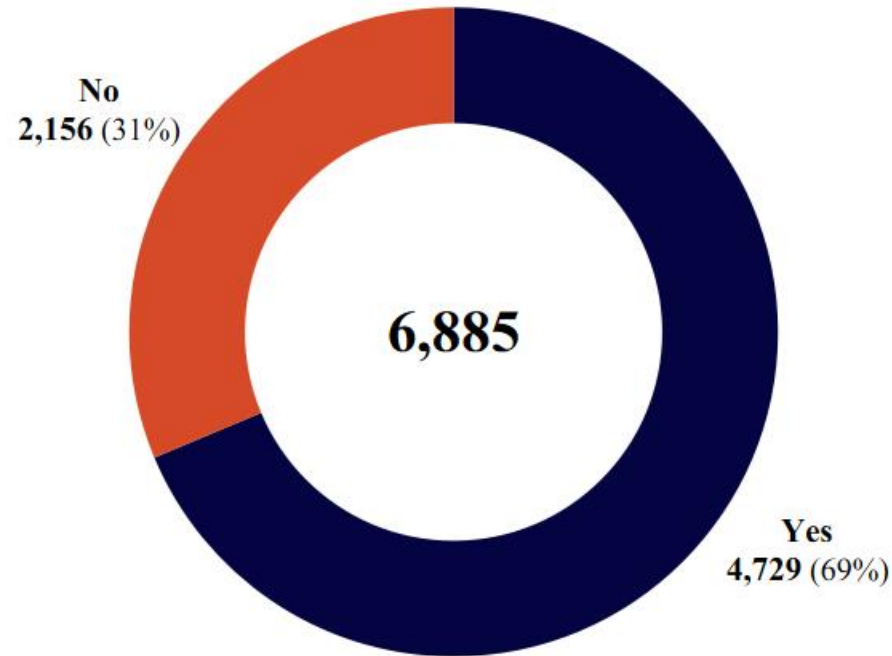
Grave shift accounts for 19%.

The shift distribution is similar to 2024, when grave shift accounted for 18% of CIT contact sheets.

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



ECIT Response Rate for Contact Sheets



n = 6,885

Did an ECIT certified officer arrive on scene?

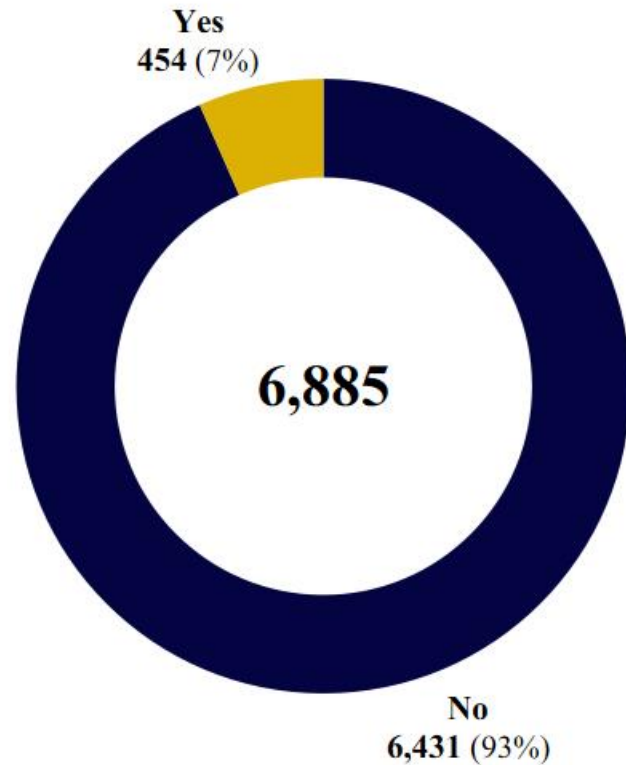
- Yes
- No

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.
- 4,729 (69%) 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?

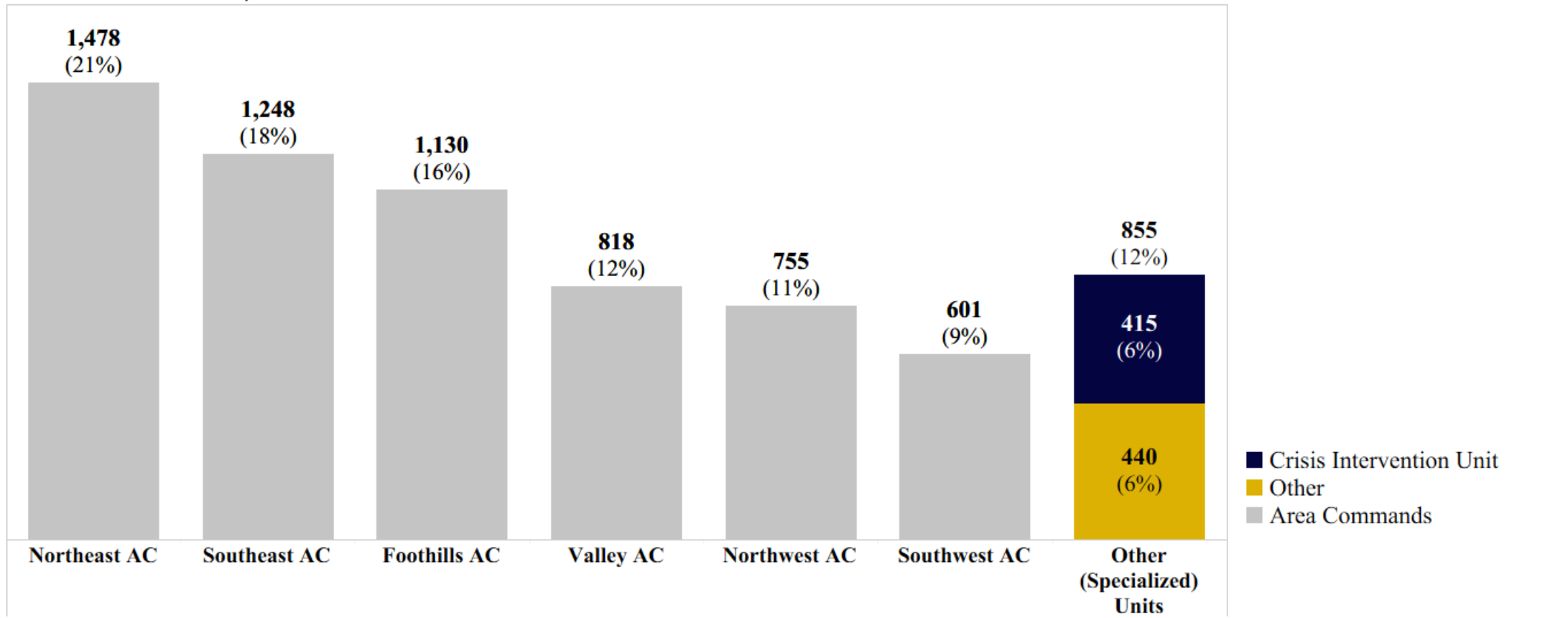
- No
- Yes

- 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.



Assignment of Officers Completing CIT Contact Sheets

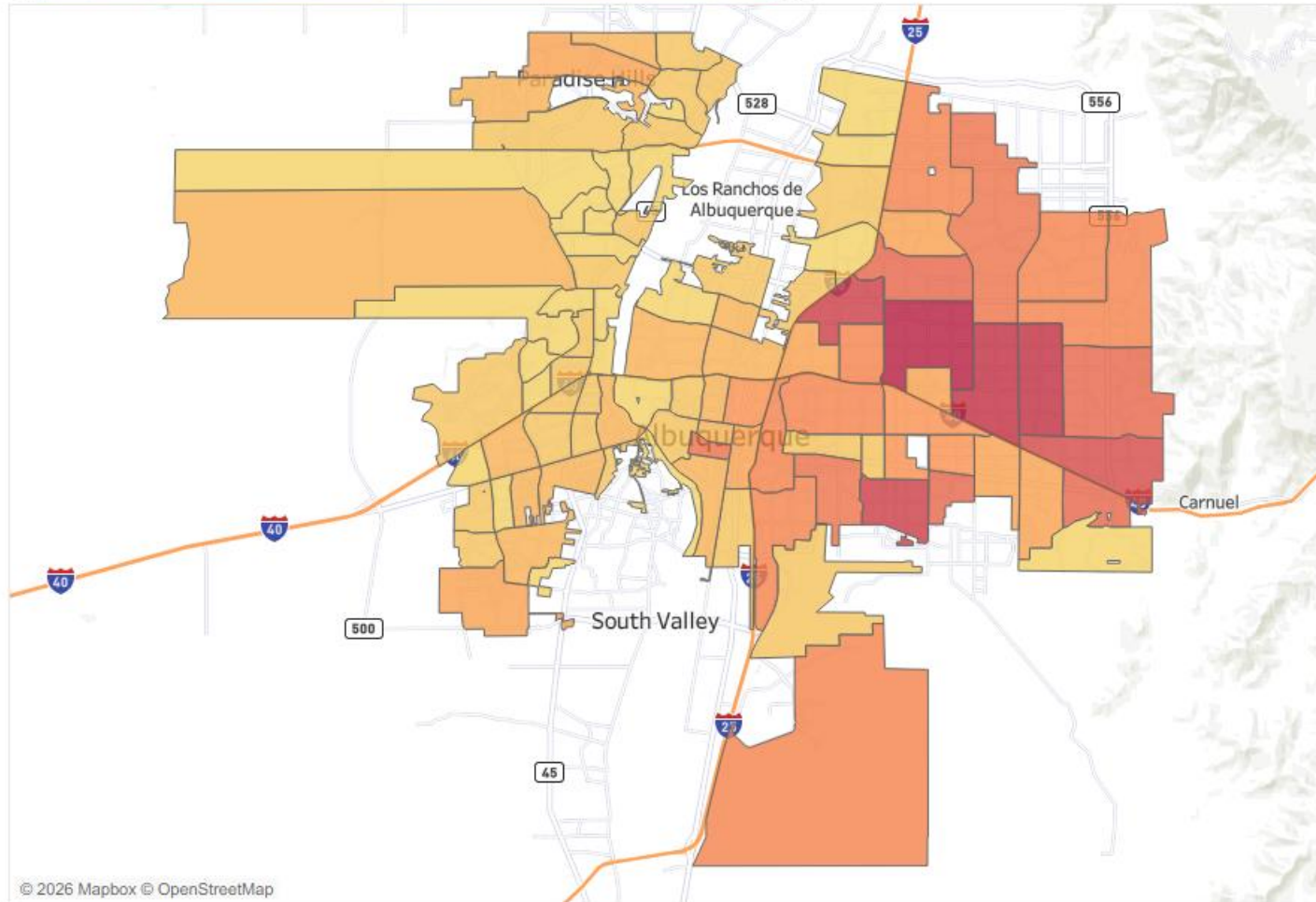
- This chart represents the assignment of the Field Services and other officers completing contact sheets.
- CIU and other specialized units are in the bar on the far right.
 - As of 2026, CIU is part of the Field Services Bureau.





Location of CIT Contact Sheets (n=6,806 mapped)

Total CIT Contact Sheets



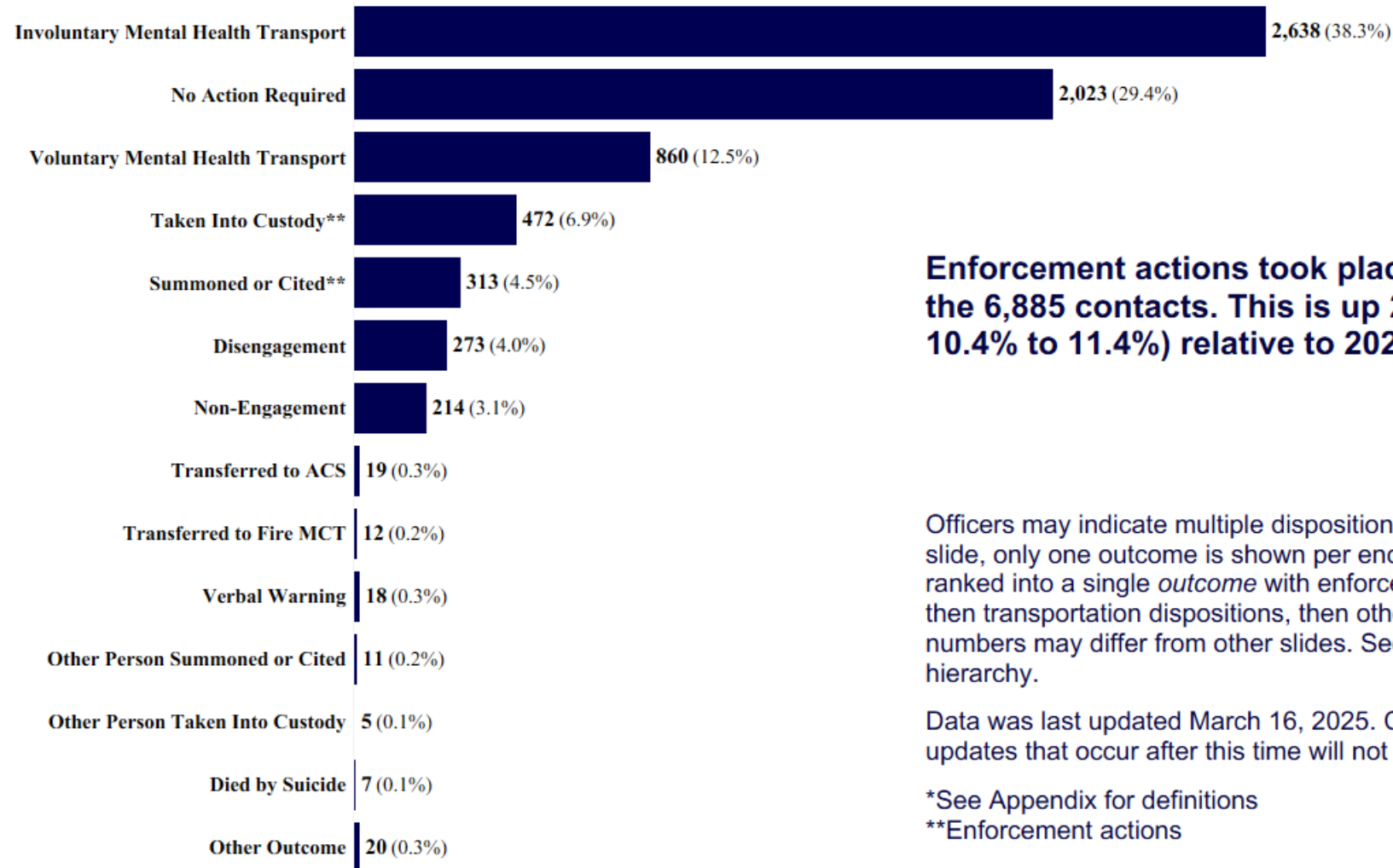
79 (1.14%) contact sheets were not mapped.

- 33 (0.48%) occurred at the Metropolitan Detention Center.
- 18 (0.26%) were missing location data.
- 28 (0.41%) occurred outside city bounds.

© 2026 Mapbox © OpenStreetMap



Outcomes & Dispositions for CIT Encounters (n=6,885)*



Enforcement actions took place in 785 of the 6,885 contacts. This is up 24% (from 10.4% to 11.4%) relative to 2024.

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

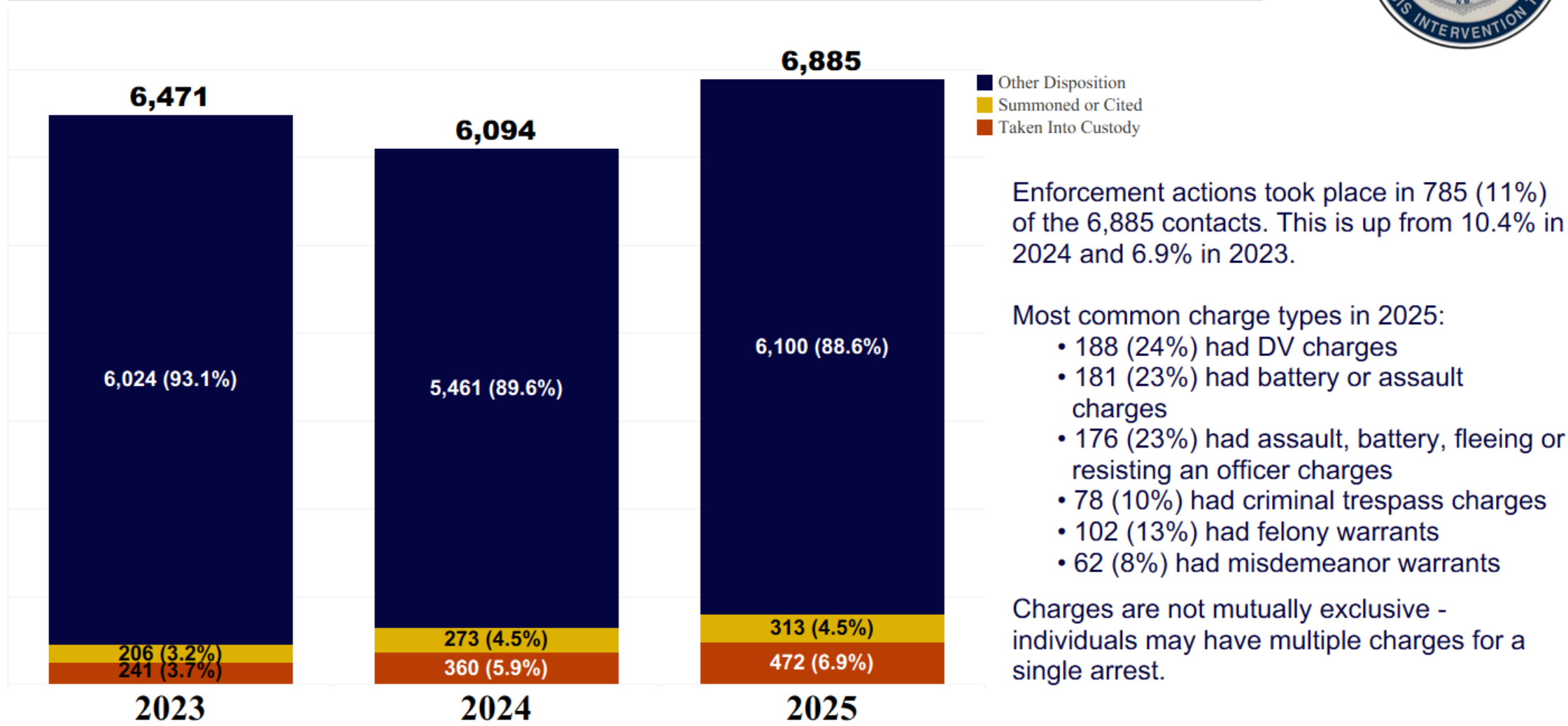
Data was last updated March 16, 2025. Changes made or case updates that occur after this time will not be reflected.

*See Appendix for definitions

**Enforcement actions



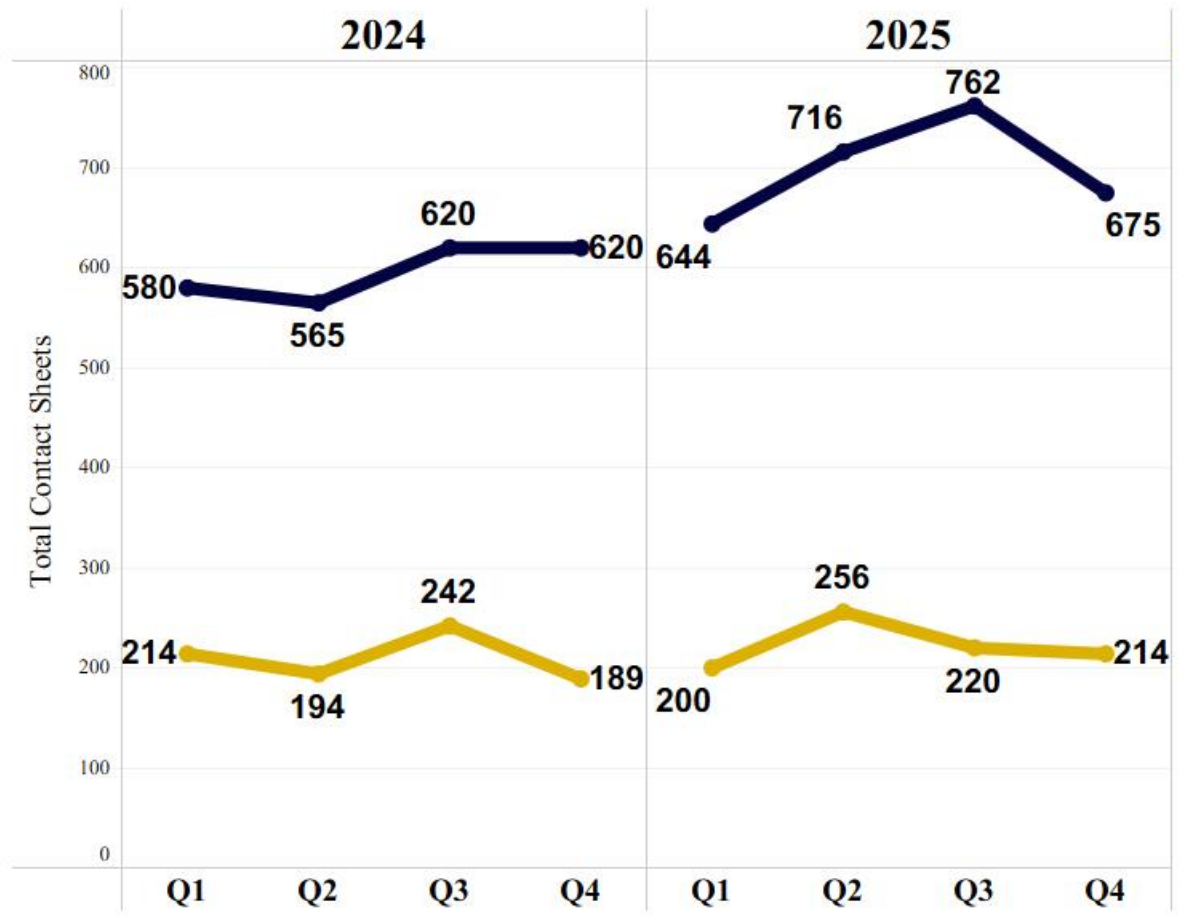
Enforcement Over Time





Mental Health Transport

The number of APD contacts resulting in transport to a hospital for mental health evaluation has increased since 2024. Involuntary Mental Health Transports have increased the most 17.3%.



YOY Changes	2024			2025		
	Count of Contacts	Percent of Contacts	Percent Change from 2023	Count of Contacts	Percent of Contacts	Percent Change from 2024
Involuntary Mental Health Transport	2,385	39%	-9%	2,797	41%	17%
Voluntary Mental Health Transport	839	14%	-27%	890	13%	6%
Other	2,885	47%	6%	3,213	47%	11%
Total	6,094	100%	-6%	6,885	100%	13%



Mental Health Transport Destinations

1,737
(47.1%)



For 2025, a total of 2,708 individuals were transported in 3,687 encounters. This is an increase of 14.4% from 2024.

2,014 (73%) individuals were transported to either University of New Mexico Hospital or Kaseman in 2,702 (74%) encounters.

965
(26.2%)



435
(11.8%)



222
(6.0%)



132
(3.6%)



97
(2.6%)



8
(0.2%)



2
(0.1%)



5
(0.1%)



43
(1.2%)



41
(1.1%)

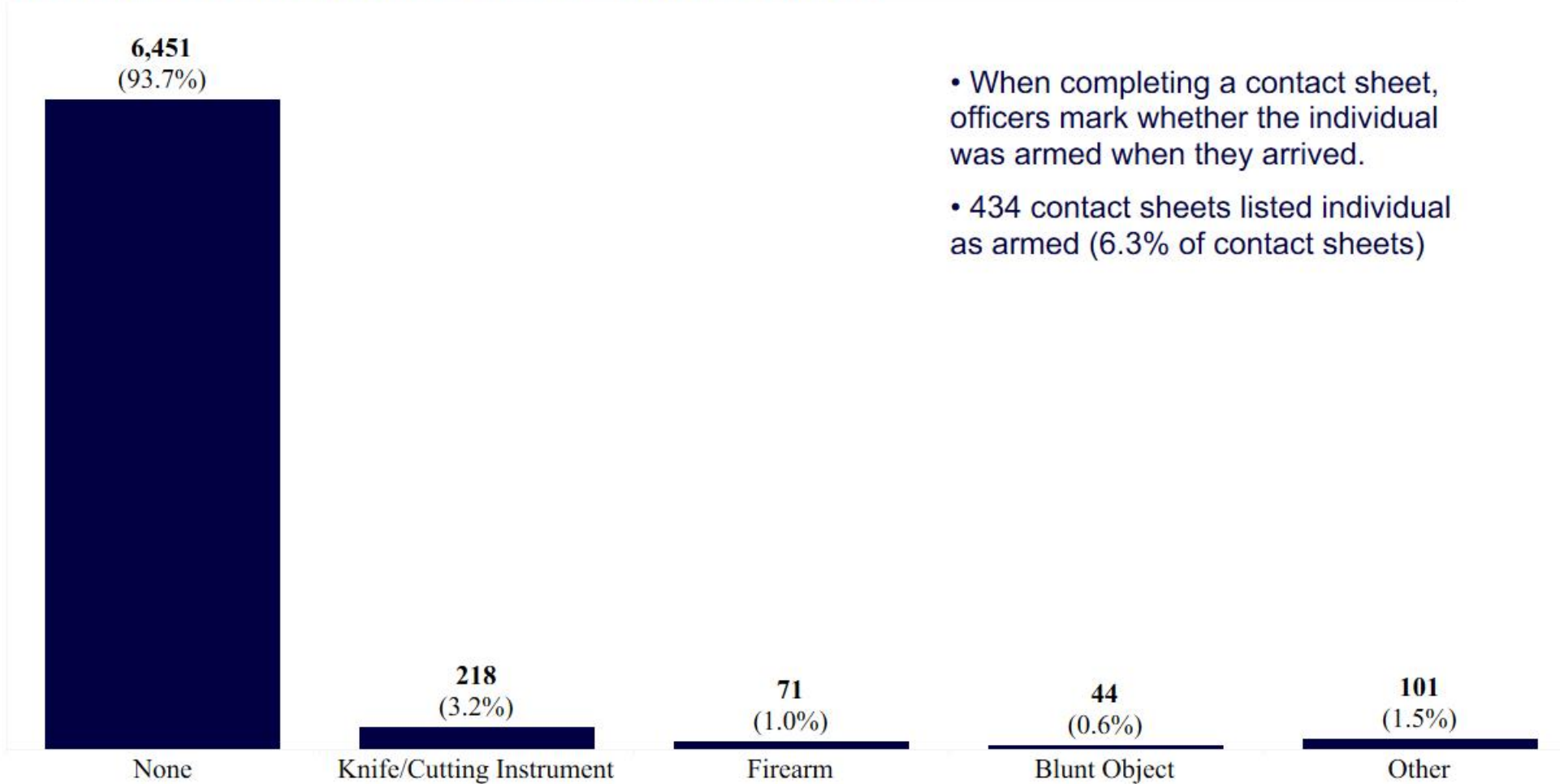


	2024		2025		
	Count	Percent Change	Count	Percent Change	
UNMH	1,449	0%	1,737	20%	
Kaseman	900	-14%	965	7%	
Presbyterian Downtown	362	-25%	435	20%	
Lovelace Hospital	222	-43%	222	0%	
VA Hospital	115	-22%	97	-16%	
Rust Medical Center	99	-20%	132	33%	
Ambulance	25	-49%	41	64%	
PTC/MDC*	7	75%	8	14%	
Other: Urgent Care/ER	2		2	0%	
Infrequent Medical Destinations	CARE Rehab Clinic	1	-50%	1	0%
	Carrie Tingley Hospital	4	0%	1	-75%
	Central Desert Behavioral Health	0	-100%	1	
	Haven Behavioral Hospital	0	-100%	0	
	UNM Sandoval Regional	1	0%	2	100%
Transport Destination Not Identified	37	-46%	43	16%	
Grand Total	3,224	-14%	3,687	14%	

*All individuals (8) transported to PTC or MDC were arrested and taken into custody.



Individuals Armed in CIT Contact Sheets



- When completing a contact sheet, officers mark whether the individual was armed when they arrived.
- 434 contact sheets listed individual as armed (6.3% of contact sheets)

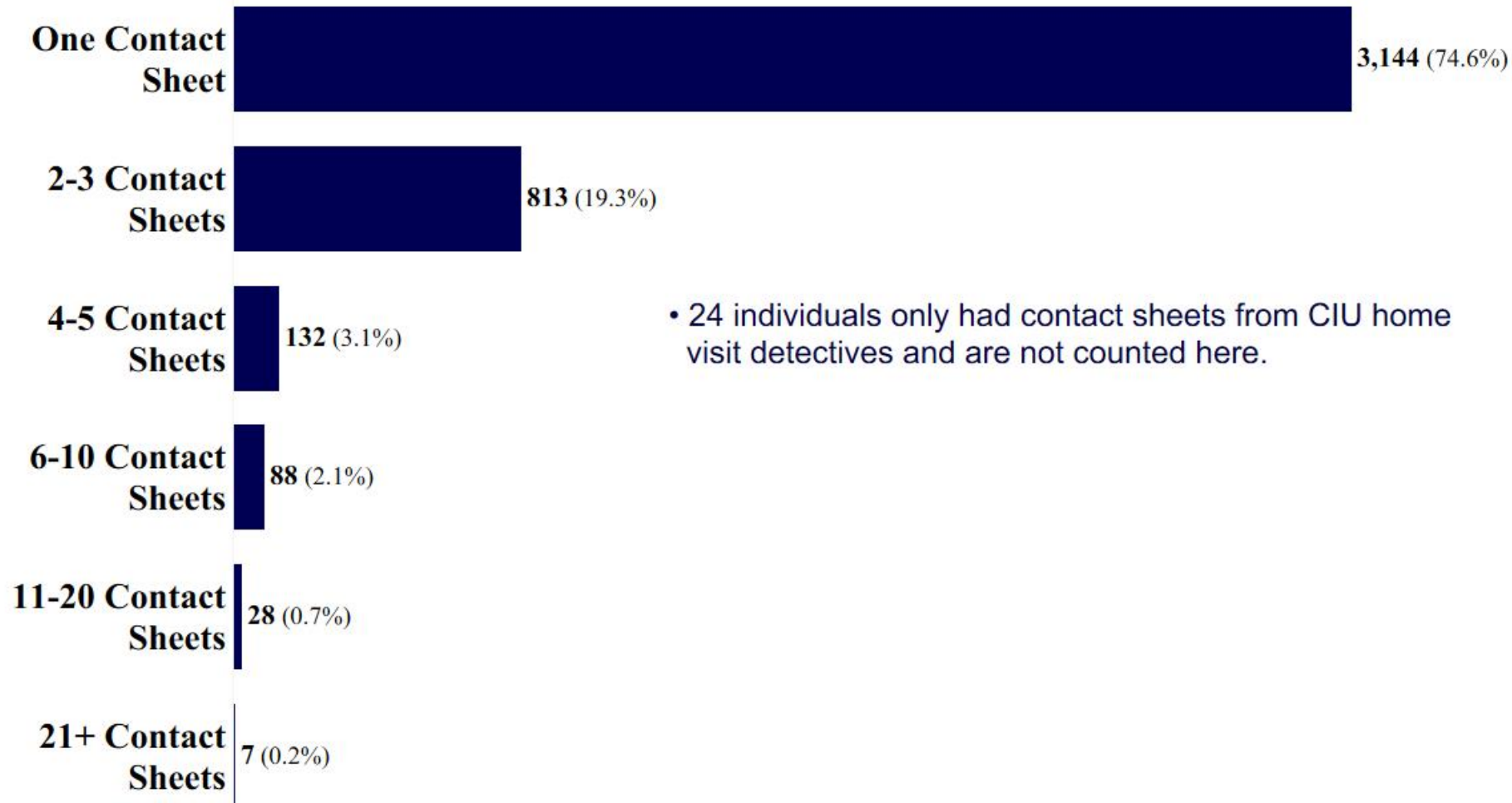


Demographics of People in 2025 CIT Contact Sheets

- 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 a unique identifier based on name and birth date.
- A total of 4,236 unique individuals were identified across the 6,885 CIT Contact Sheets.
- 24 individuals only had contact sheets from home visits and are excluded in the following slides.



Number of Contacts (n=4,212)





CIT Percentage of Individuals by Race and Ethnicity

White	Contact Sheets	1,871 (44.4%)
	City Population per US Census	38.1%
Hispanic or Latino	Contact Sheets	1,251 (29.7%)
	City Population per US Census	47.7%
Black	Contact Sheets	297 (7.1%)
	City Population per US Census	5.1%
American Indian or Alaska Native	Contact Sheets	318 (7.5%)
	City Population per US Census	7.1%
Asian	Contact Sheets	42 (1.0%)
	City Population per US Census	4.7%
Native Hawaiian or Other Pacific Islander	Contact Sheets	14 (0.3%)
	City Population per US Census	0.4%
Unknown	Contact Sheets	419 (9.9%)
	City Population per US Census	

- 24 individuals only had contact sheets from CIU home visit detectives and are not counted here.

U.S. Census data comes 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%.



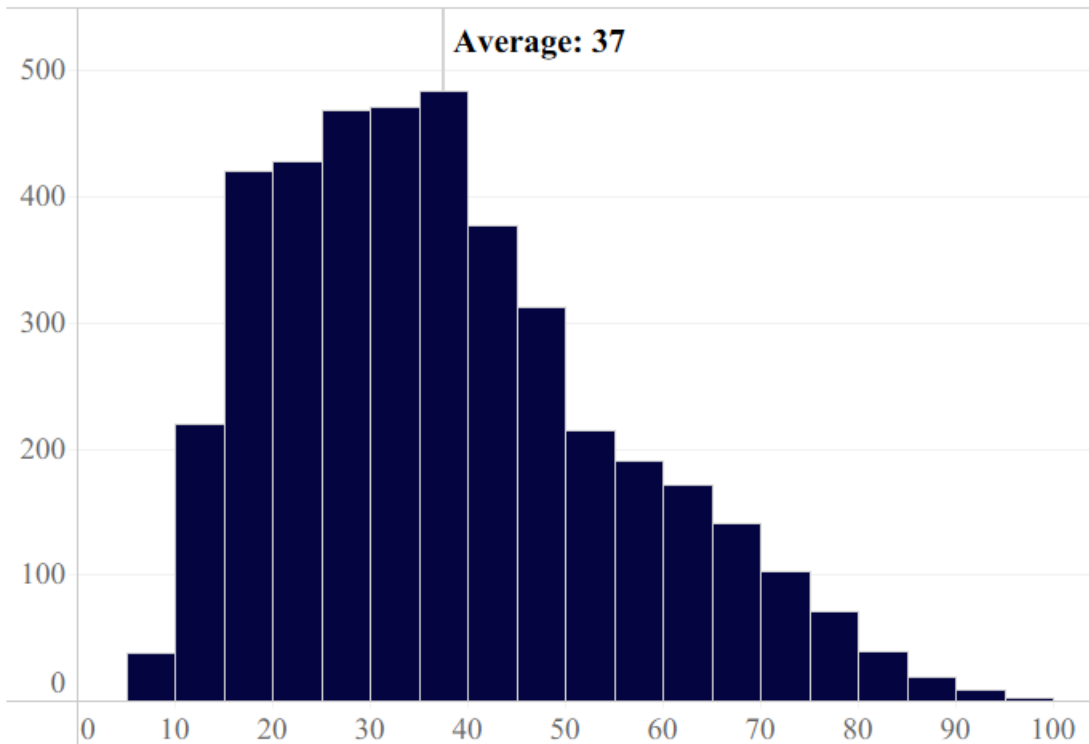
Age & Gender of Individuals at the Time of Contact

Age is calculated in the records management system relative to the contact date. For individuals with more than one contact who had a birthday or provided different years of birth, we show their age at the average of the ages provided.

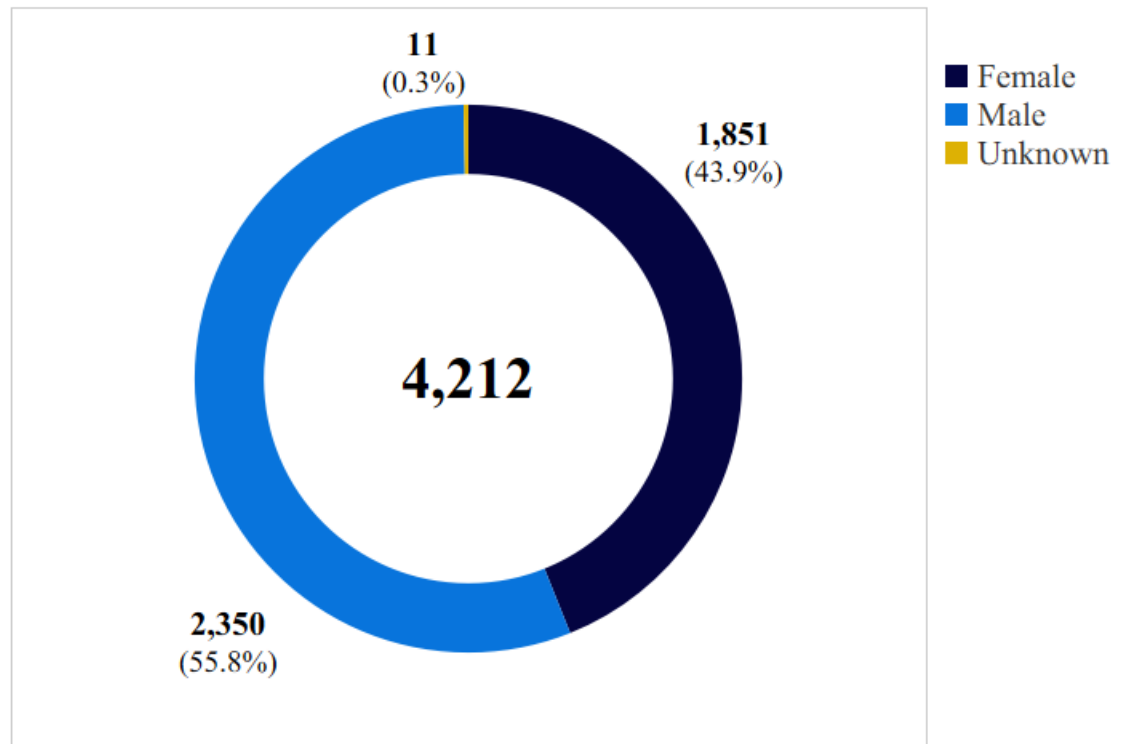
24 individuals only had contact sheets from CIU home visit detectives and are not included here.

31 individuals were missing an age across any contact.

Age (n = 4,181)

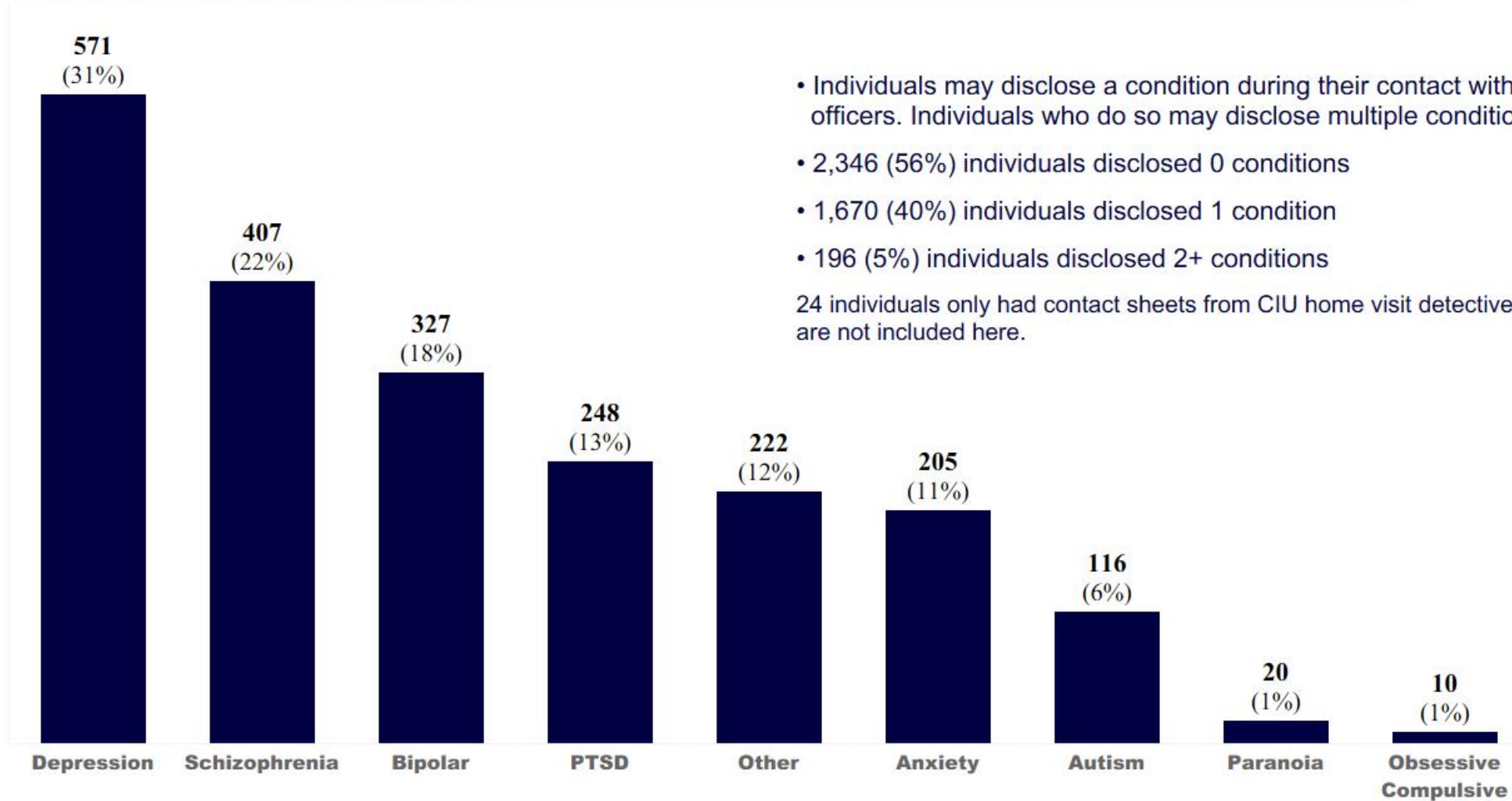


Gender





Conditions Disclosed



- Individuals may disclose a condition during their contact with officers. Individuals who do so may disclose multiple conditions.
- 2,346 (56%) individuals disclosed 0 conditions
- 1,670 (40%) individuals disclosed 1 condition
- 196 (5%) individuals disclosed 2+ conditions

24 individuals only had contact sheets from CIU home visit detectives and are not included here.

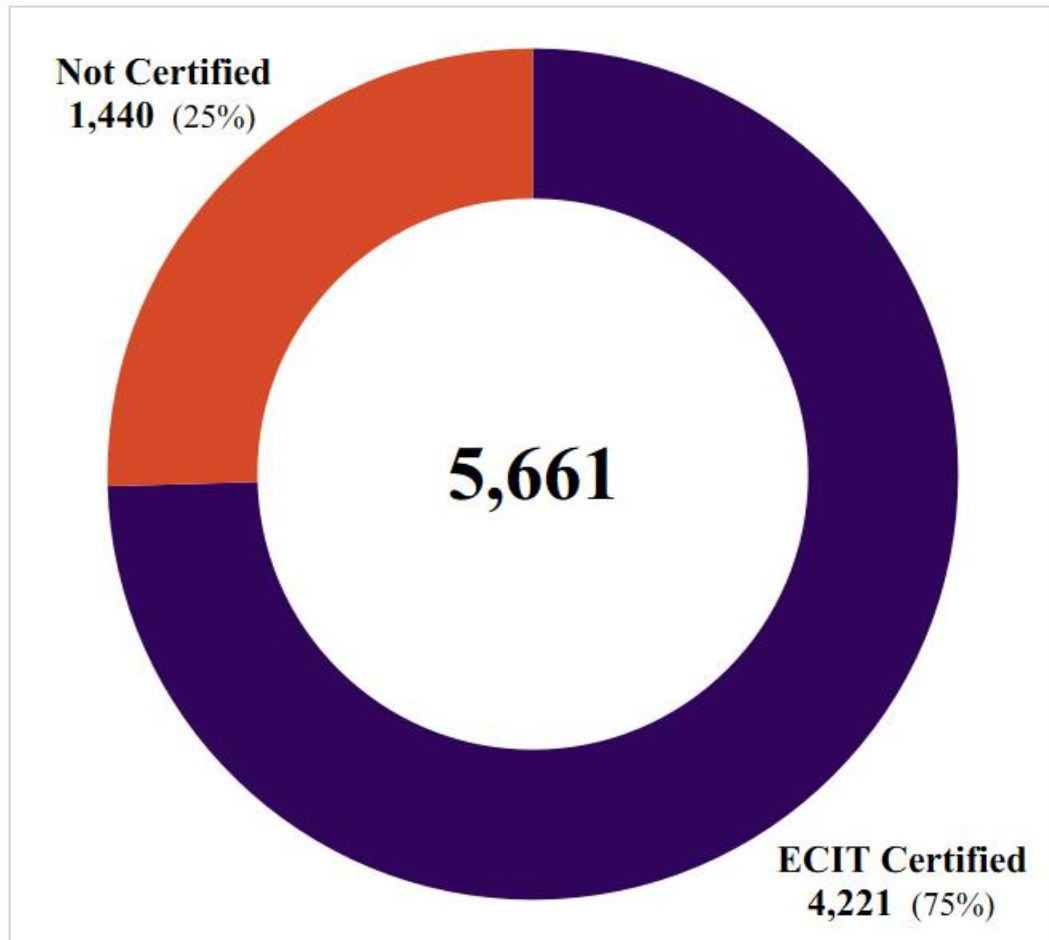


Calls For Service

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



Encounter Data - ECIT on Scene



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

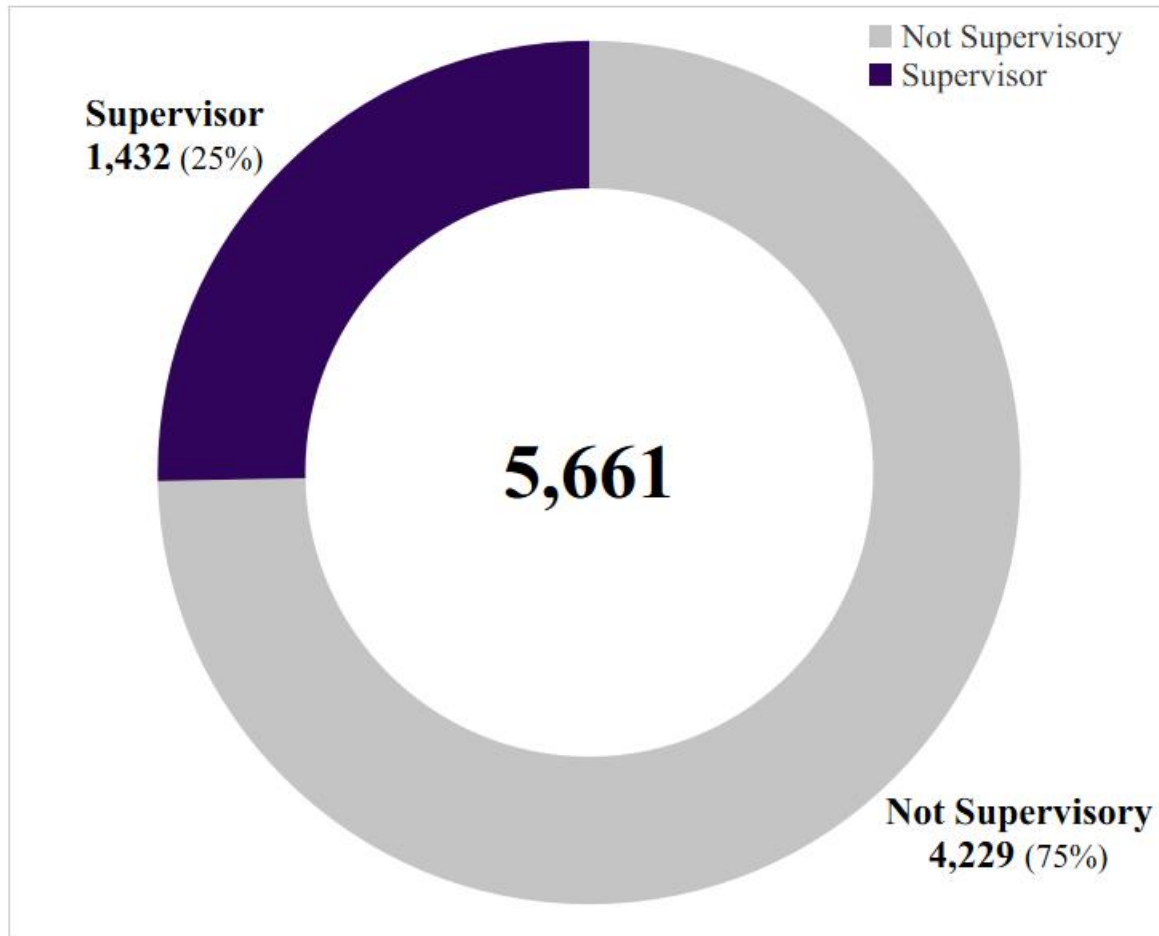
In January - December 2025, 75% of calls with an original or final call type of "Behavioral Health" or "Suicide" had an ECIT certified officer arrive on scene.

■ 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.



Encounter Data - Supervisor Responded



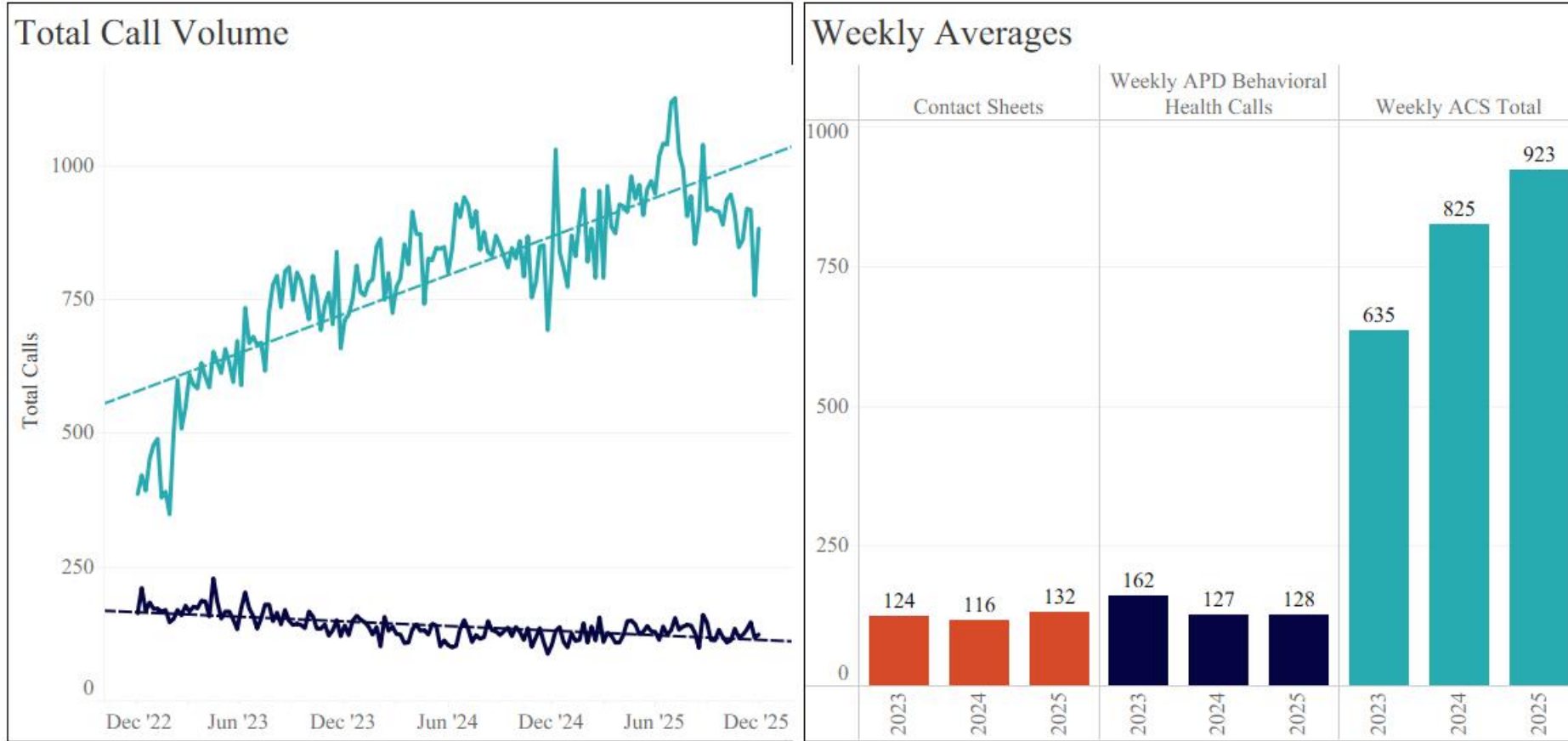
Supervisors responded to 25% of all "Behavioral Health" and "Suicide" calls* from January - December 2025.

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.



Behavioral Health Call Volumes & Averages (ACS & APD)



- Contact Sheets
- Weekly APD Behavioral Health Calls
- Weekly ACS Total

Timeframe: January 1, 2023 through December 31, 2025.



Use of Force



Methods for Identifying Mental Health Related Force

APD does not have an internally consistent definition of “mental health” or “behavioral health crisis” that it applies in all situations. Different internal divisions and different data sources have different definitions that they apply circumstantially in the course of their process. For the most part, this is so that APD can over-identify cases that involve behavioral health, rather than fail to identify them.

For this report, we identify a force case as “mental health related” if at least one of three internal definitions applies:

1. **The CAD call** connected to the case is a behavioral health or suicide call. That is to say, the original or final call type associated with the Use of Force was 10-40 or 10-43-1. We exclude calls where an officer is unlikely to encounter a community member; that is, calls that were cancelled, BOLOs (be on the lookout), and calls where no officer arrived on scene. A total of **27** force cases had such call types associated. These cases are a subset of the 5,661 behavioral health CAD calls included in this report.

2. An officer on scene wrote a **CIT Contact Sheet** for one of the community members on scene during the use of force, implying that they determined said community member was experiencing acute mental distress or crisis. A total of **173** force cases had CIT Contact Sheets associated with them. These cases are a subset of the 6,885 CIT Contact Sheets included in this report.

3. The **force investigation** answered one of two indicator questions about the involved individual with “yes”:

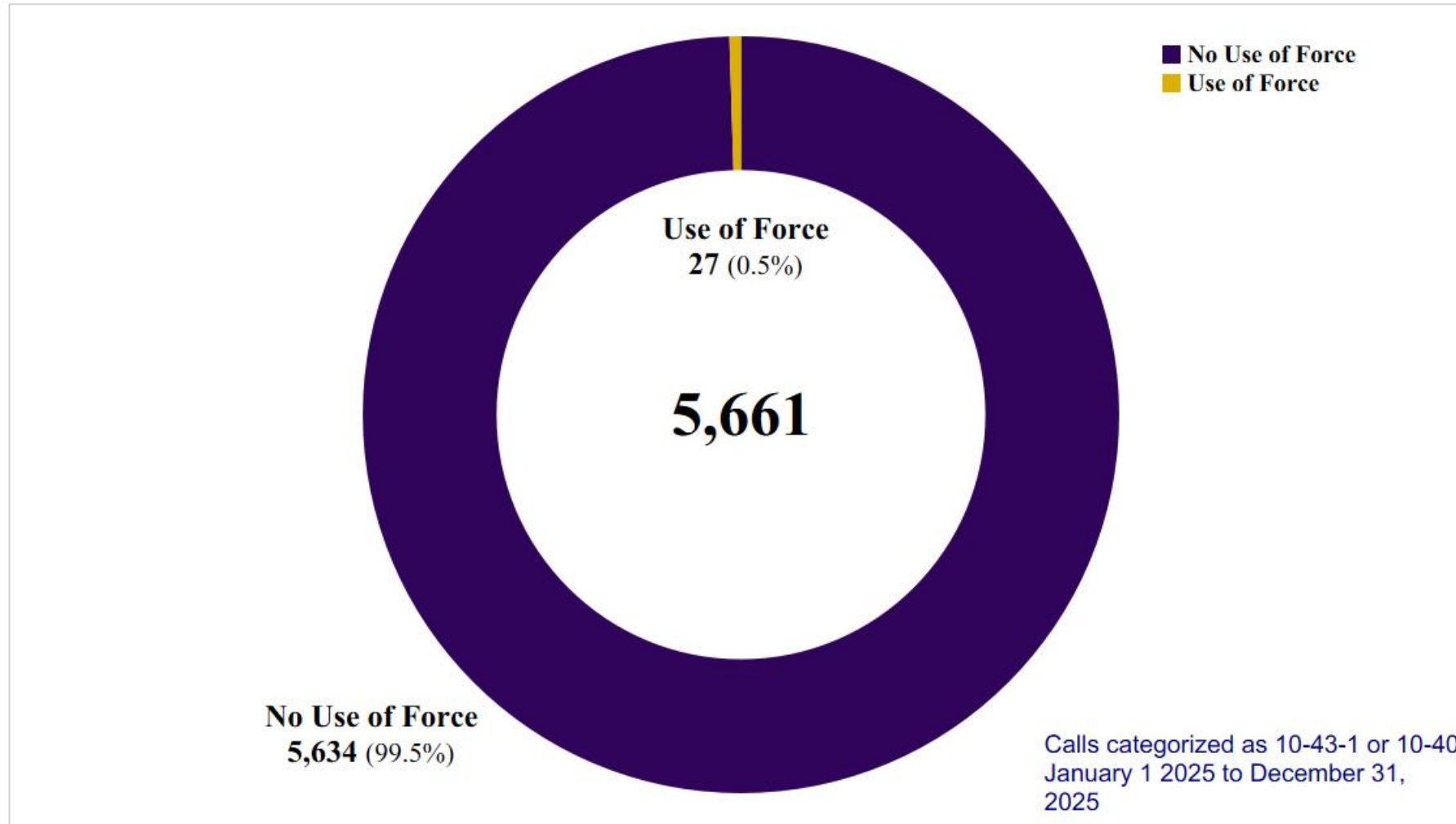
- (i) “Did the individual report mental illness?”
- (ii) “Was the individual experiencing mental crisis?” (this is generally the officers’ assessment)

A total of **148** force cases had a “yes” for at least one of these two questions.

Since multiple of these definitions may apply simultaneously, and often do (for reference, no behavioral health CAD calls were associated with uses of force in 2025 where there was not either a CIT contact sheet written or an IAPro indicator question answered with “yes”), **in total there were 206** behavioral health uses of force in 2025.

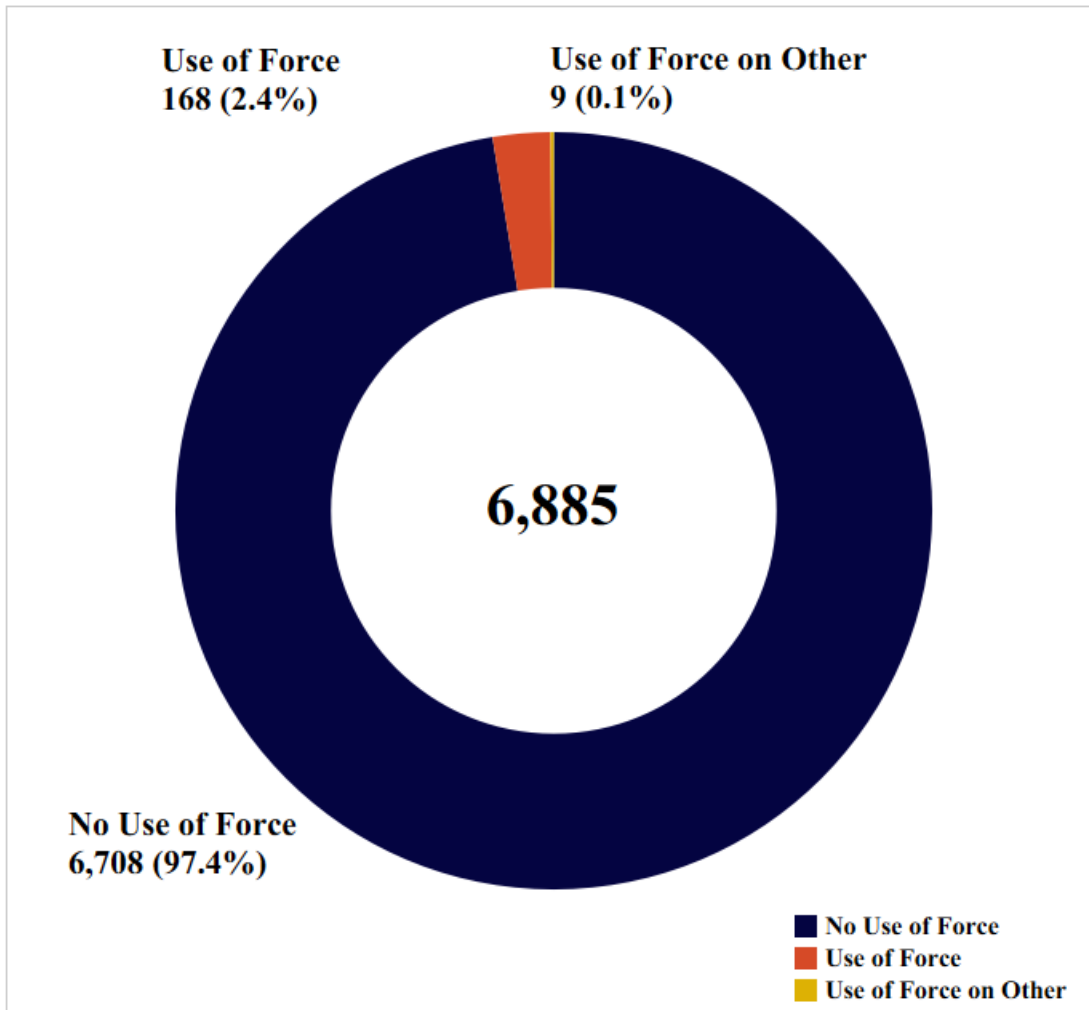


Calls for Service with Use of Force (Behavioral Health and Suicide Calls)





CIT Contact Sheets with Use of Force

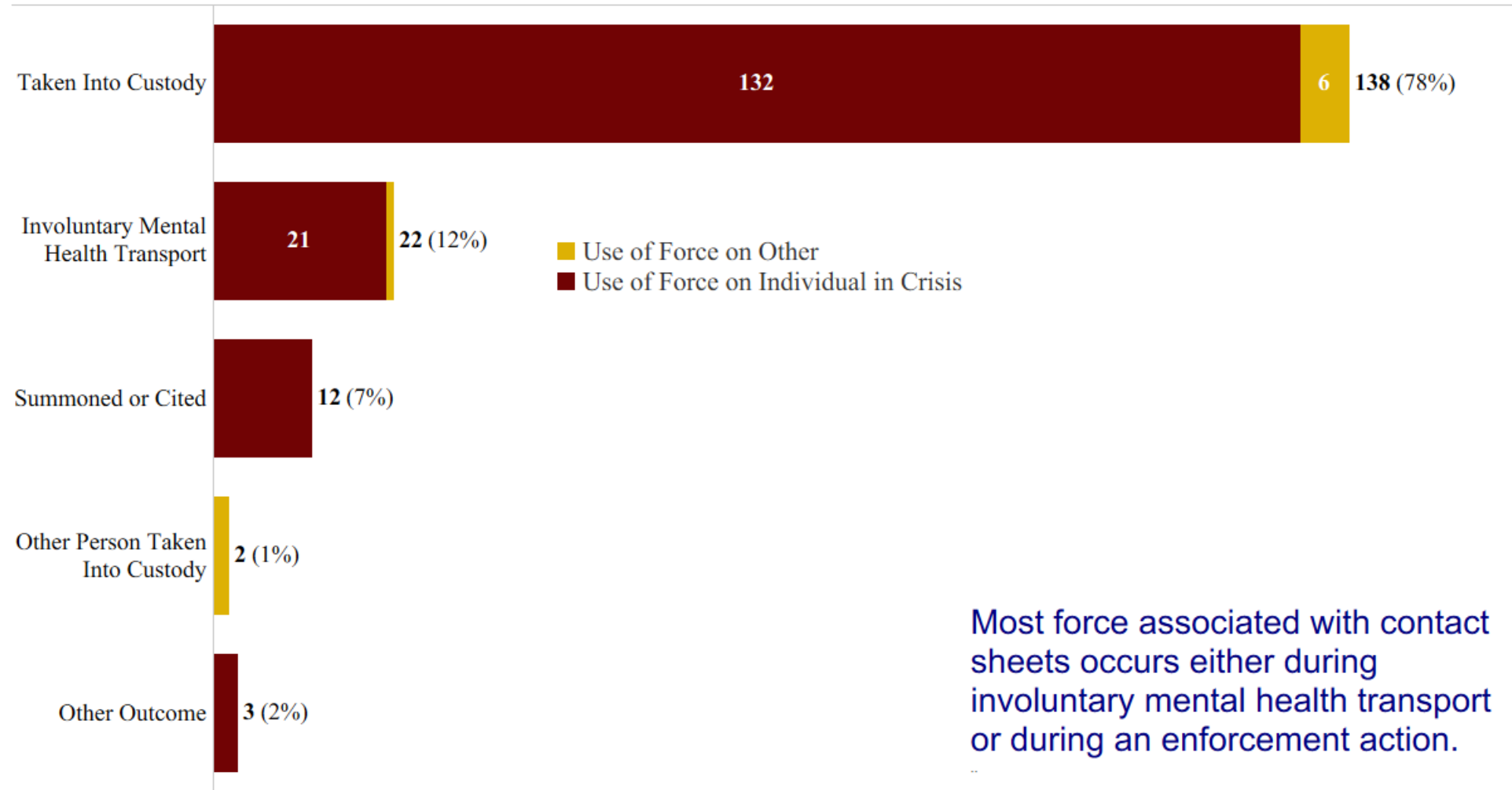


- 2.6% of CIT contact sheets also had a use of force incident.
- 173 force cases with contact sheets resulted in 177 contact sheets - contact sheets might be generated for multiple individuals on the scene during a force incident.
- 9 contact sheets were written for people who were uninvolved in the use of force.
- 8 contact sheet force cases did not involve a use a force on any individual for whom a contact sheet was written.

CIT contact documented from January 1 2025 to December 31, 2025



CIT Contact Sheets Outcomes Related to Force





Level of Force*

- **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.

APD is making substantial changes to its Use of Force policy suite.

1. As of September 2025 Shows of Force no longer count as Use of Force and are reported differently being reviewed solely by the officer's supervisor.
2. As of April 2026 levels of force will be going away. Instead we will have Use of Force and Serious Use of Force incidents. Most use of Empty Hand Technique will be Low Level Control and reviewed by the officer's supervisor and sampled at some proportion by IAFD.

*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	59 (29%)
Level 2	111 (54%)
Level 3	36 (17%)
Total	206

Force cases can take up to 90 days to complete, per policy.

Data was last updated on March 16, 2026.

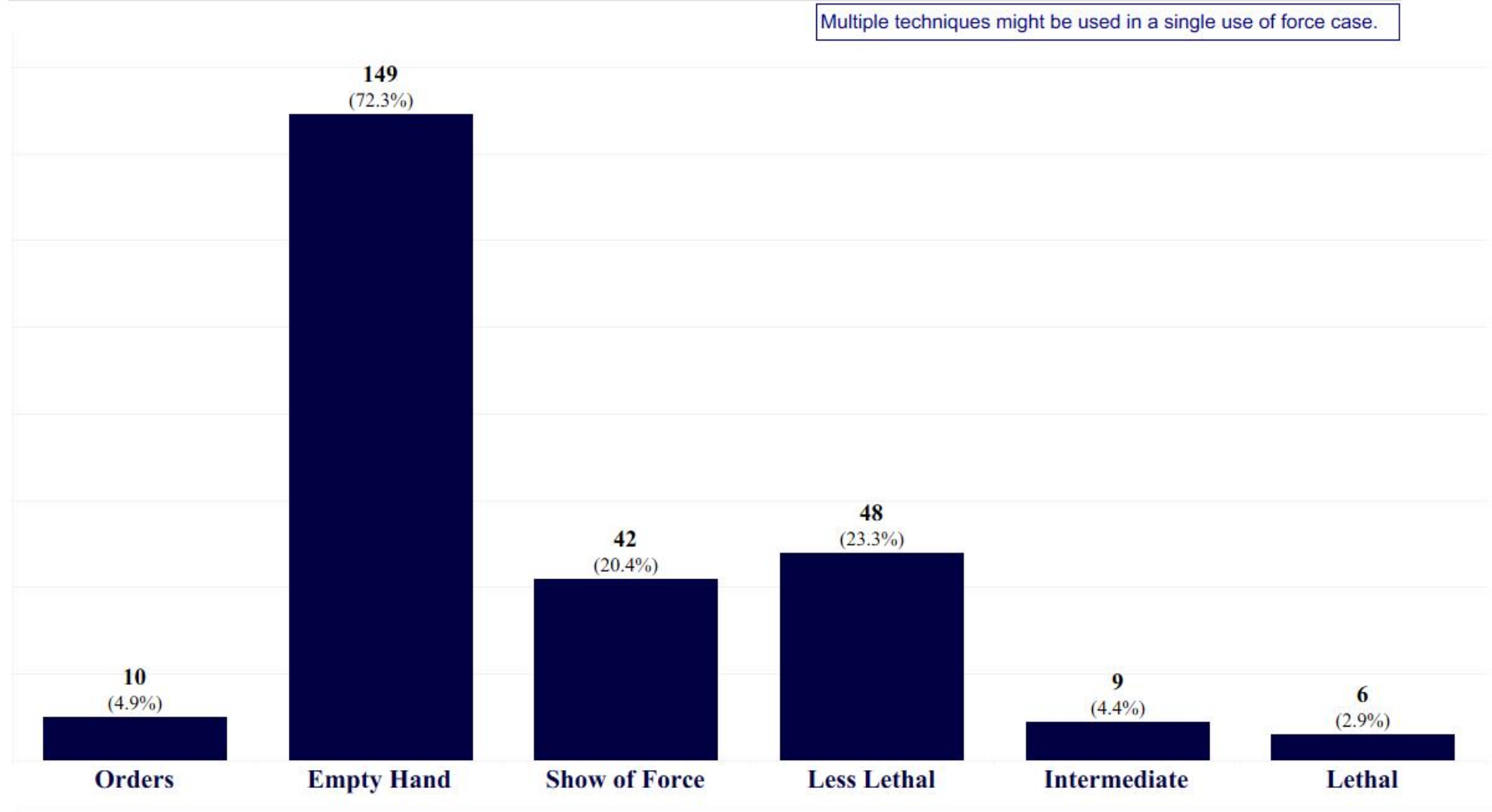
Changes made after this time will not be reflected.

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



Force Types (Grouped) Used in Behavioral Health Force Encounters, Total Cases (n=206)

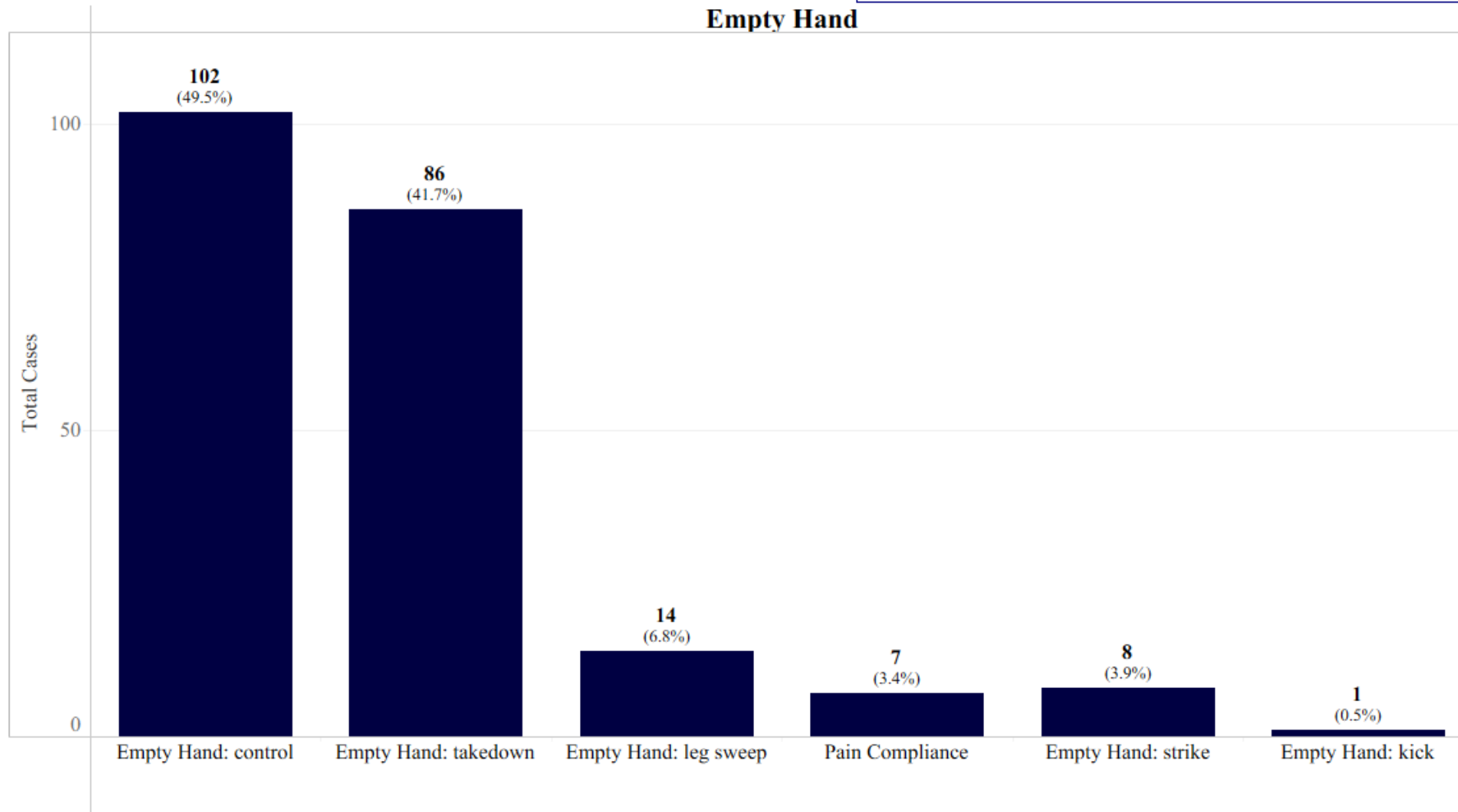
Multiple techniques might be used in a single use of force case.





Empty Hand Techniques Used in Behavioral Health Force Encounters (n=149 Empty Hand Cases)

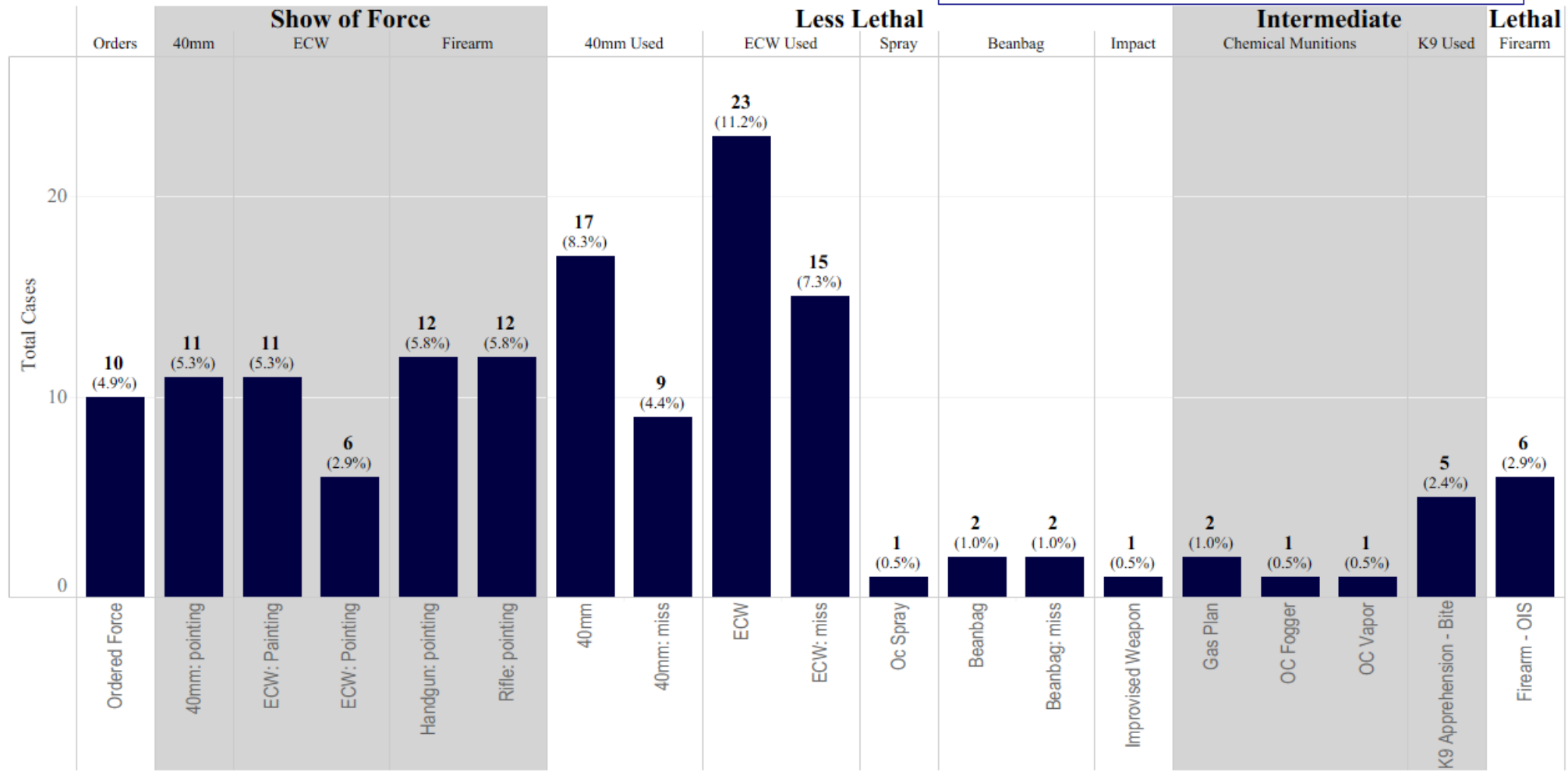
Multiple techniques might be used in a single use of force case.





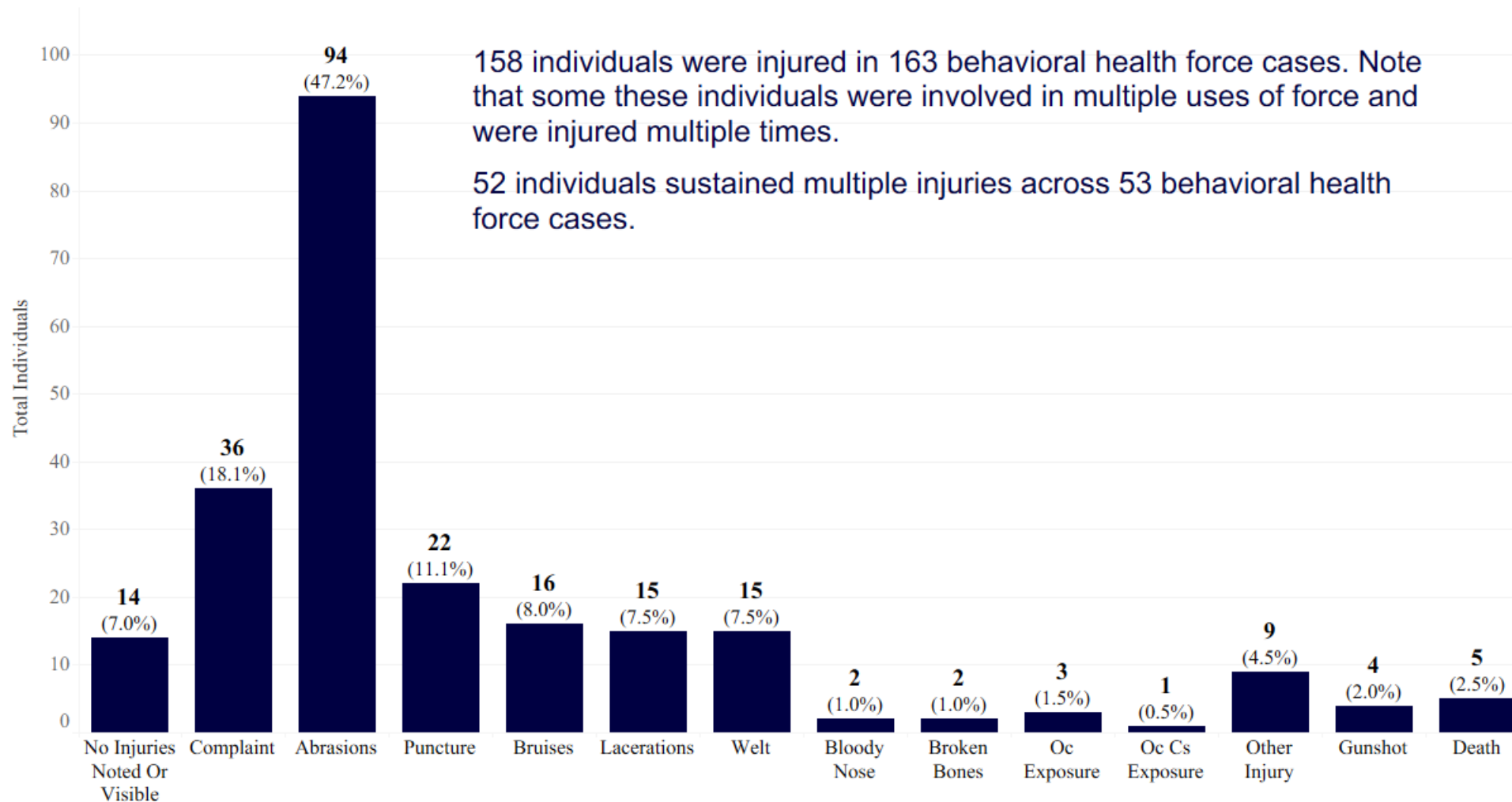
Specific Techniques Used in Behavioral Health Force Encounters (n=79 cases where non-empty hand was used)

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





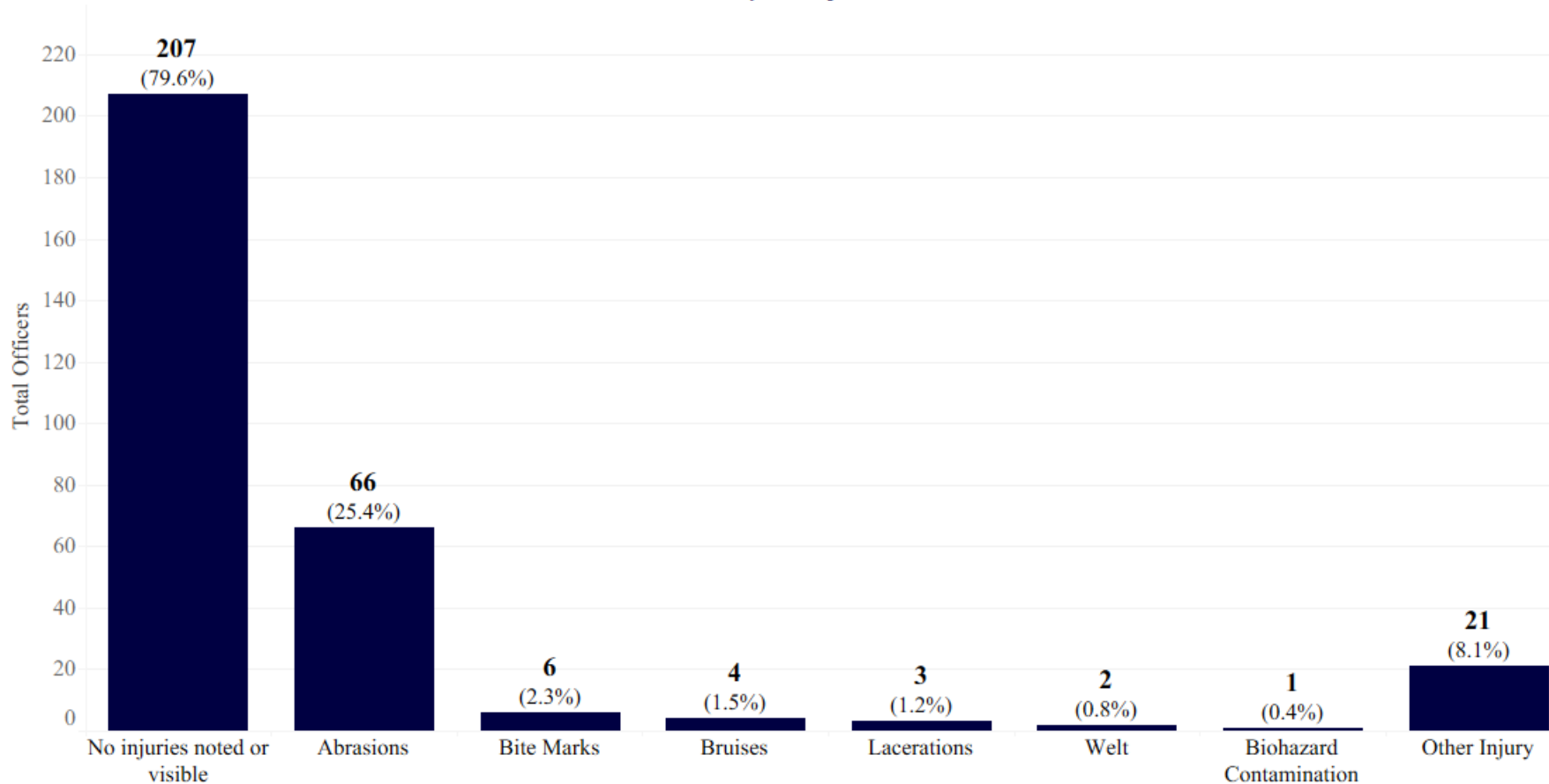
Injuries Sustained in Behavioral Health Force Encounters: Preexisting injuries are excluded





Officer Injuries During Behavioral Health Force Encounters

90 officers were injured in 73 behavioral health force encounters identified
8 officers sustained multiple injuries across 8 use of force events





Individual Armed Status During Behavioral Health Use of Force

Armed	Force Cases
Yes	45 (22%)
No	161 (78%)
Total	206

Force cases can take up to 90 days to complete, per policy.

Data was last updated on March 16, 2026.

Changes made after this time will not be reflected.



Individual Housing Status During Behavioral Health Use of Force

Unhoused	Force Cases
Yes	61 (30%)
No	119 (58%)
Unknown	26 (13%)
Total	206

Force cases can take up to 90 days to complete, per policy.

Data was last updated on March 16, 2026.

Changes made after this time will not be reflected.



Behavioral Health Use of Force Investigation Findings

Finding	Force Cases
In Policy	202 (98%)
Out of Policy	2 (1%)
Open Investigation	2 (1%)
Total	206

Force cases can take up to 90 days to complete, per policy.

Data was last updated on March 16, 2026.

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 at [Public Reports — City of Albuquerque](#)**



Appendix – Acronyms and Definitions

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

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

Each encounter may have multiple outcomes. On slides 12 and 30, an outcome hierarchy is applied such that only the most serious outcome for each encounter is displayed. 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

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.