

Response to Behavioral Health Incidents



January 1, 2022 – December 31, 2022

Crisis Intervention Section
Albuquerque Police Department





Documenting Behavioral Health Contacts

APD officers are directed by SOP 2-19, Response to Behavioral Health Issues, to complete a CIT contact sheet for any interaction with any individual who is experiencing a Behavioral Health Issue or a Behavioral Health Crisis. CIT contact sheets are recorded in APD's records management system and documents' the interaction with the individual, circumstances of the encounter, and the outcomes of the contact. These data are use for management purposes to ensure that APD has appropriate services for people in crisis. This report covers the period of January 1, 2022 through December, 2022.

APD is also able to identify calls for service that are most likely behavioral health related using the Computer-Aided Dispatch (CAD) system. Calls for service classified as behavioral health or suicide are used to ensure that behavioral health contacts are identified. The CAD system also tracks all officers who responded to a call for service. Some calls originally classified as behavioral health or suicide may be found to not be crisis-related during the response.

If a use of force occurred during the interactions, APD investigates the incident according to the use of force policy. Information related to the use of force is recorded in the department's use of force database. Data related to use of force in this report is retrieved from the use of force database.

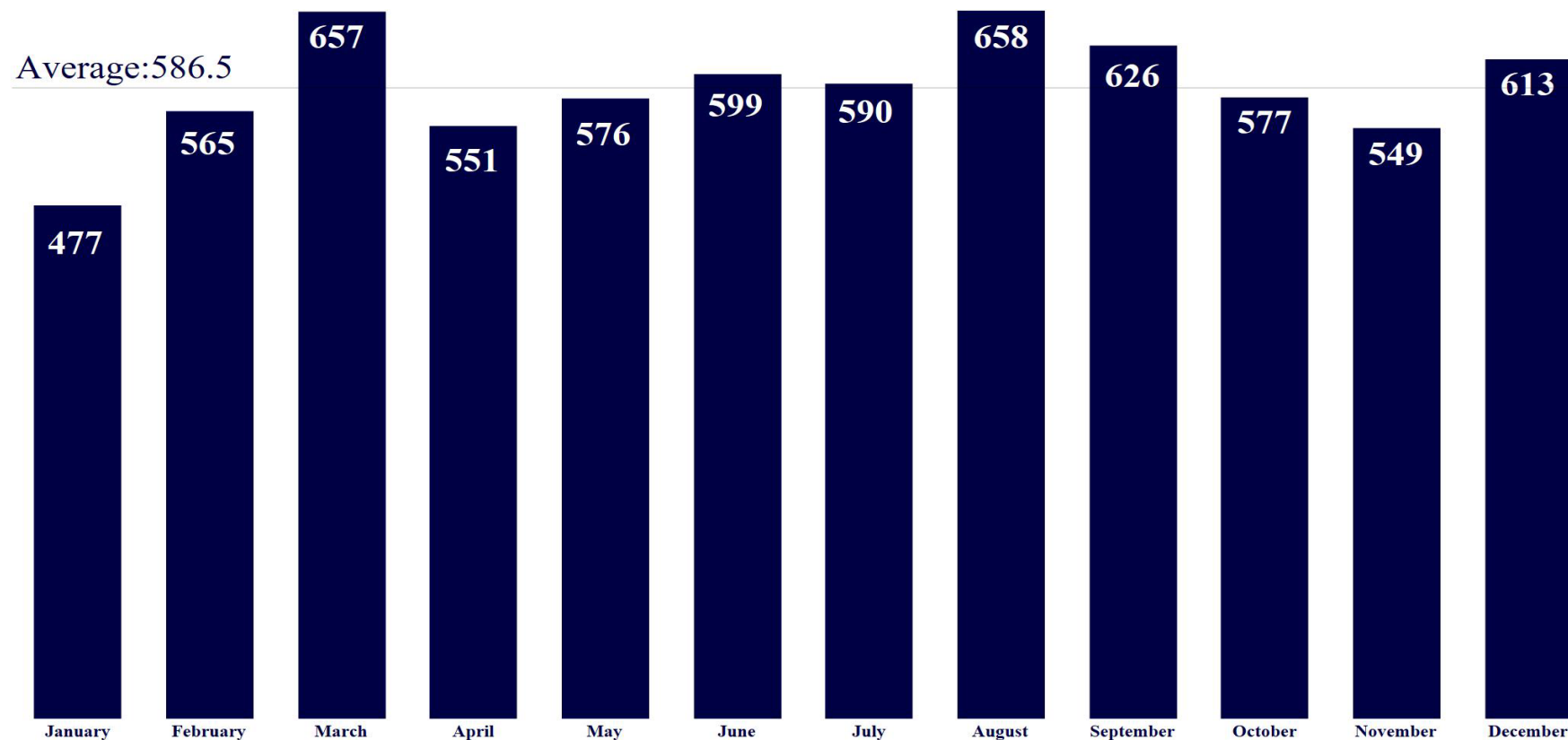


Types of Behavioral Health Response

1. Field Services officers assigned to Area Commands respond to calls for service that may have a behavioral health component. All officers receive training on responding to behavioral health crises; additionally, over 50% of Field Services officers have received Enhanced Crisis Intervention Team (ECIT) training. In behavioral health crisis situations, when feasible, officers are instructed to request backup from ECIT trained officer if they are not ECIT certified.
2. Crisis Intervention Unit (CIU): Detectives specialized in crisis intervention are assigned cases with individuals who are suffering from more severe behavioral health issues and may pose a safety risk to others.
3. Mobile Crisis Team (MCT): MCT is a two-person unit comprised of one independently licensed mental health clinician paired with an ECIT trained officer. MCTs can provide assessments of people with behavioral health concerns and consultation to other officers.
4. Crisis Outreach And Support Team (COAST): Civilian staff meet with individuals with less severe behavioral health issues and/or homeless individuals and provide crisis intervention, access to mental health services, and education in response to police referrals.



Encounter data - CIT Contacts by Month – APD total

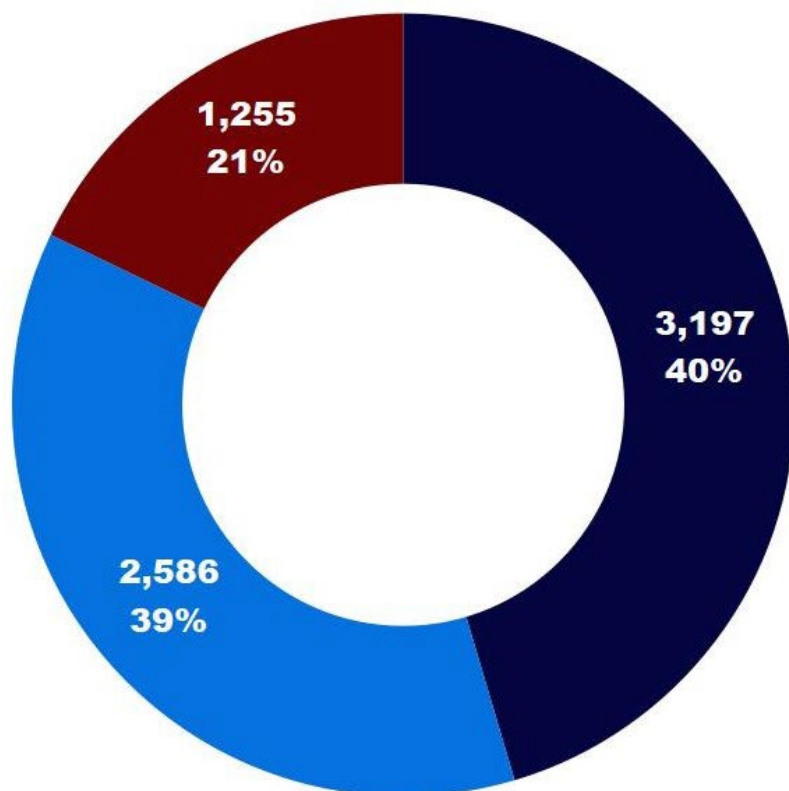


During January 2022- December 2022 there was a monthly average of 586.5 Crisis Intervention Contacts.

n = 7,038



Encounter data - CIT Contacts by Shift – APD Total



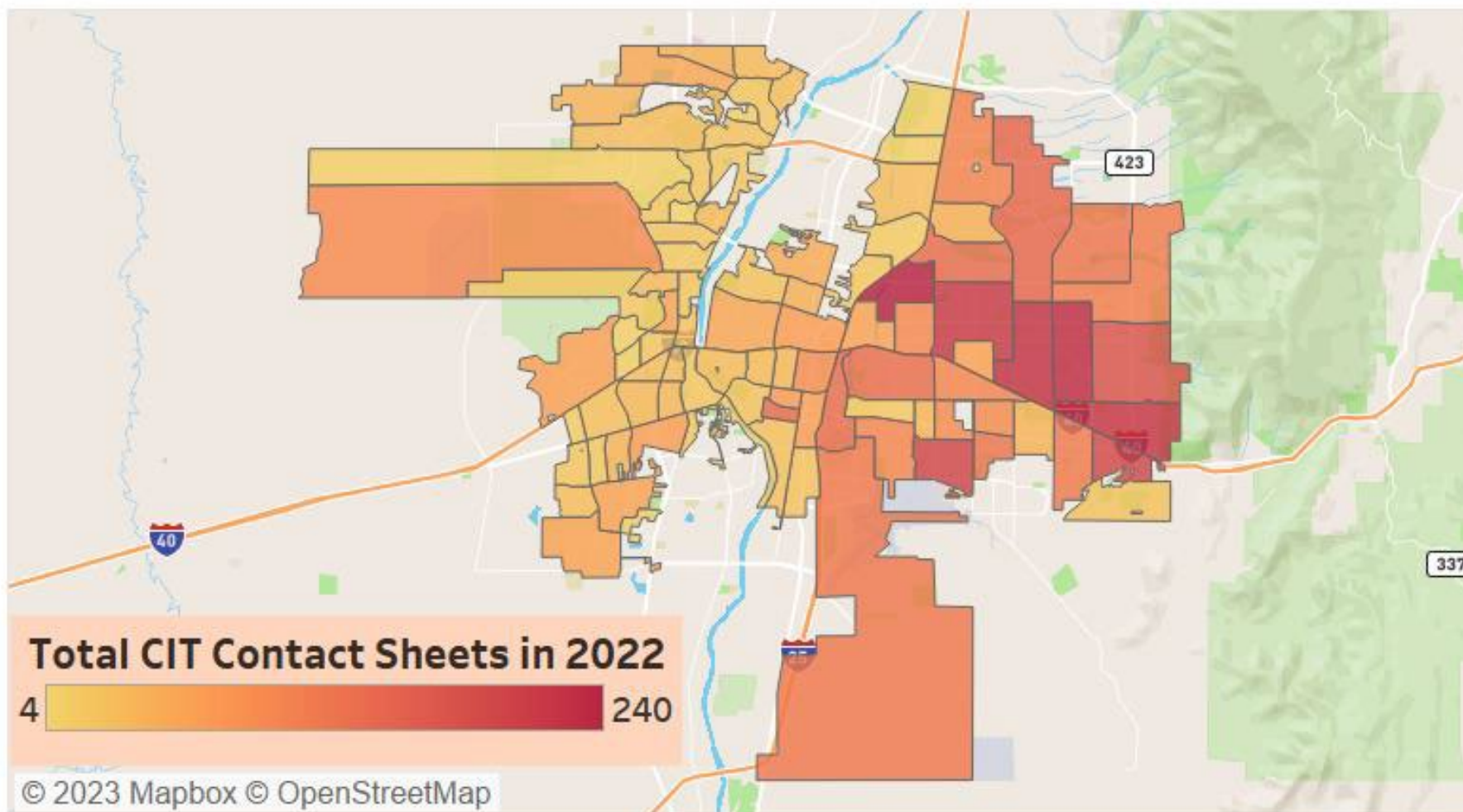
Forty percent (40%) of crisis intervention contacts occurred during the day shift, followed by the evening shift (39%) and grave shift (21%).

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

n = 7,038

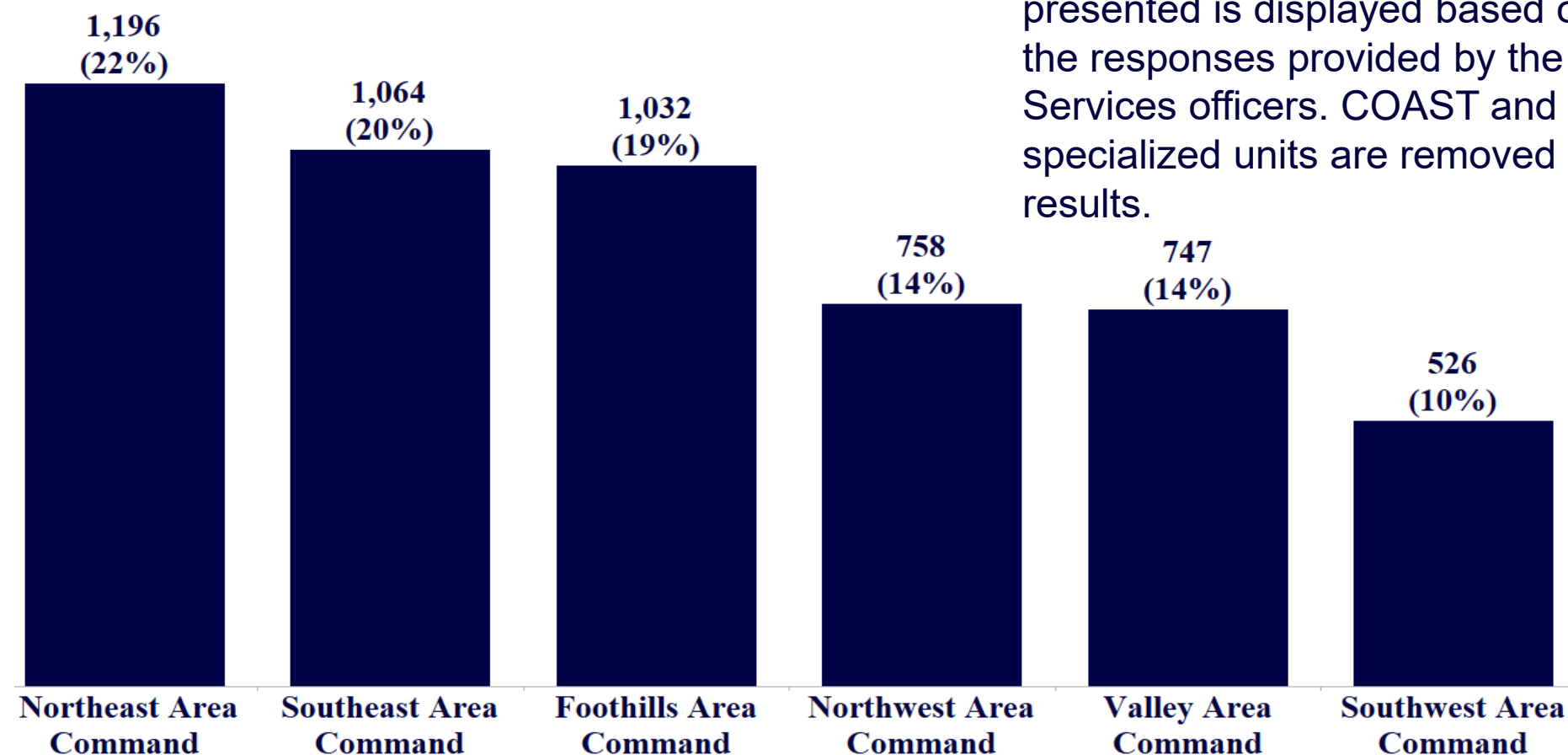


Location of CIT Contacts (n=7,038)





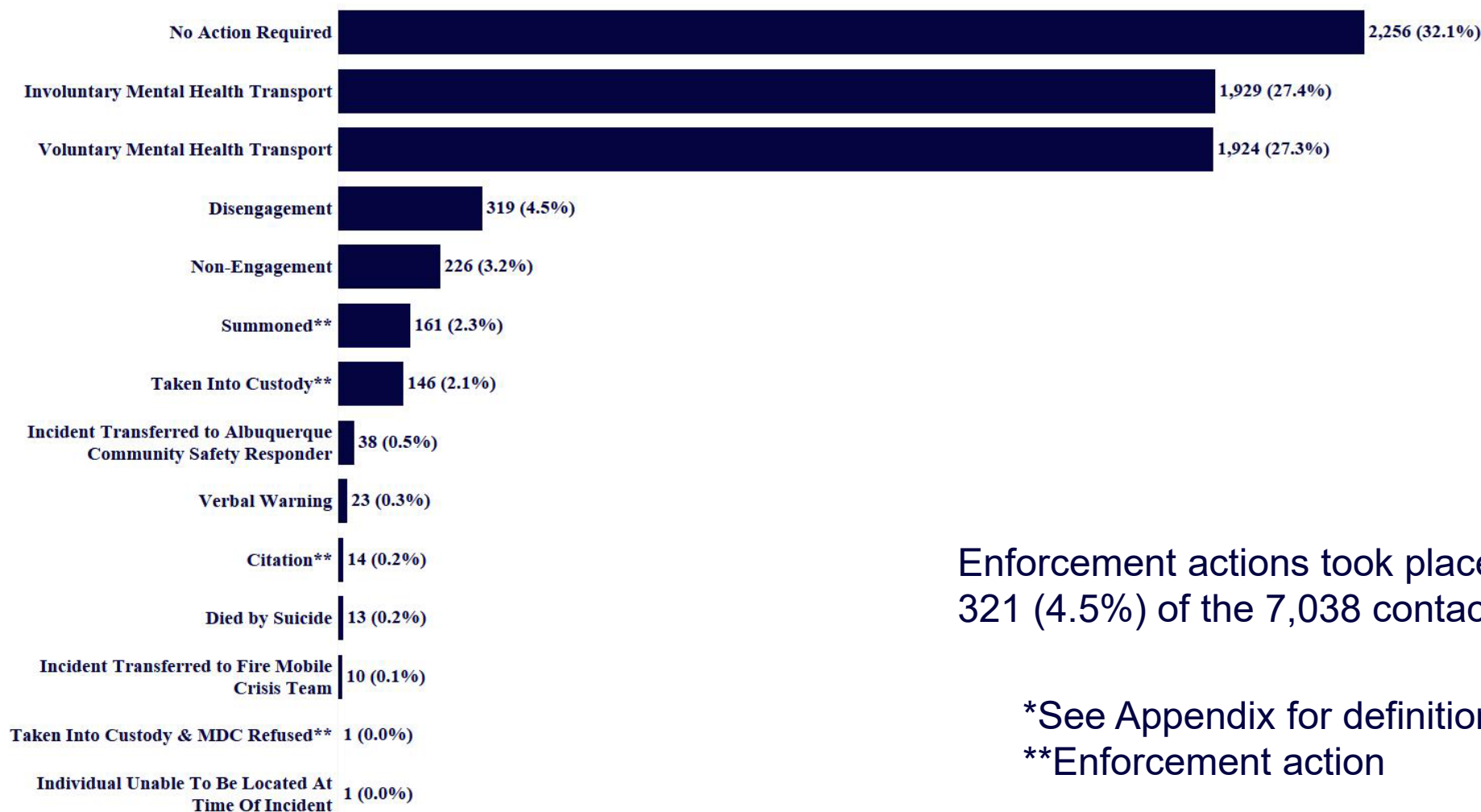
Encounter data - CIT Contacts by Area Command – Field Services Officers Only*



*For this analysis, the information presented is displayed based only in the responses provided by the Field Services officers. COAST and other specialized units are removed from the results.



Encounter data – Outcomes for CIT Encounters (n=7,038)*

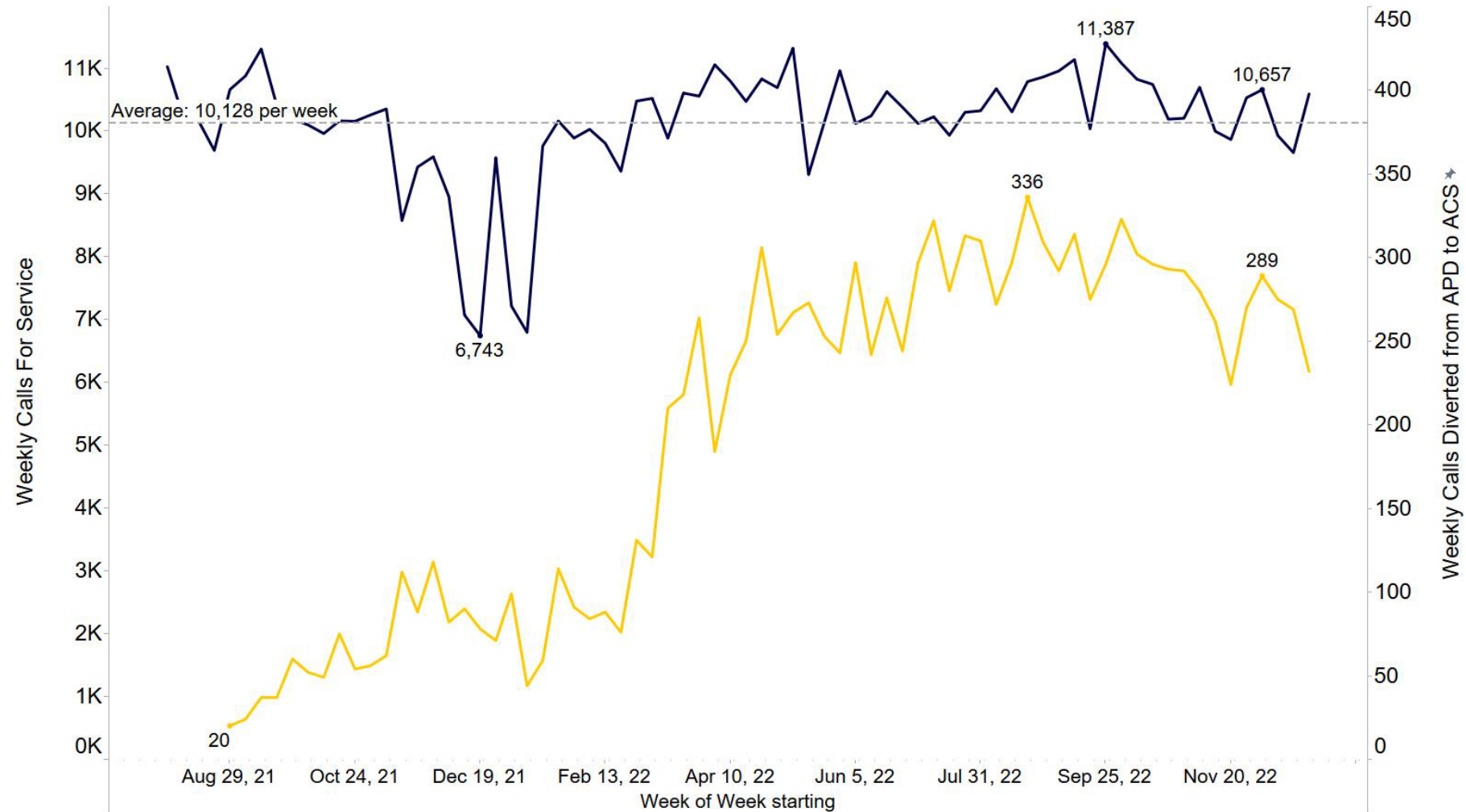


Enforcement actions took place in 321 (4.5%) of the 7,038 contacts.

*See Appendix for definitions

**Enforcement action

Calls Diverted from APD to Albuquerque Community Safety (ACS), lines are on different scales



A total of 12,438 calls that would have been dispatched to APD were diverted to ACS in 2022.

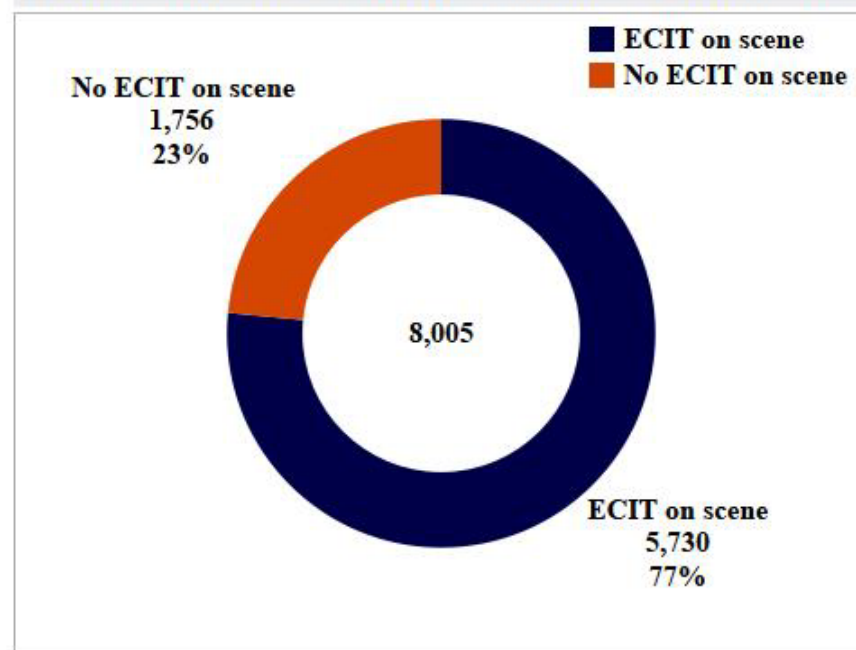
From March to December 2022, an average of 270 calls per week were diverted to ACS.

Data come from Emergency Communications Center count of weekly diverted calls.



Encounter Data – ECIT on Scene

Behavioral Health and Suicide CAD calls where an ECIT officer arrived on scene



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

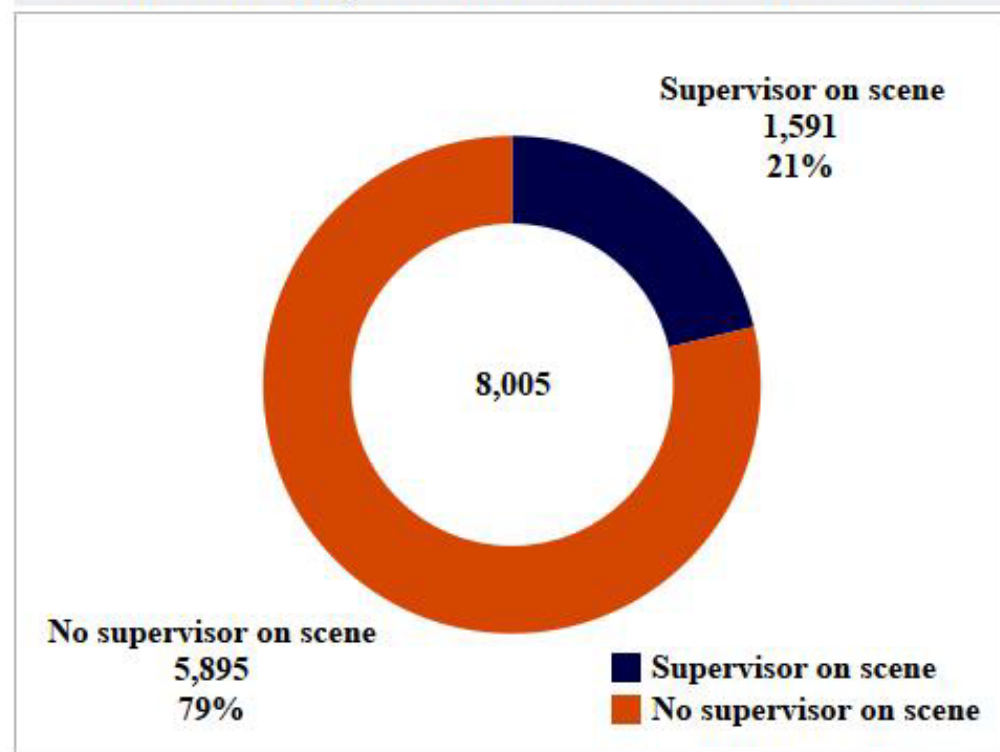
In 2022, 77% of calls for service* beginning or ending as “Behavioral Health” or “Suicide” had an ECIT certified officer arrive on scene.

* For this analysis, a call for service 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 8,005 calls for service met these criteria.



Encounter Data – Supervisor Responded

Behavioral Health and Suicide CAD calls where a Supervisor arrived on scene



Supervisors responded to 21% of all “Behavioral Health” and “Suicide” calls for service* in 2022.

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 for service 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 8,005 calls for service met these criteria.



Crisis Intervention Section Activities

CIU Home Visit Detective	Number of Detectives	Count of In Person contacts
	7	3304
MCT Unit	Number of Officers	Count of contacts
	4	2322
COAST Unit	Number of non sworn employees	Count of contacts**
	3	1018
Total		6,644

**Includes phone contacts and services provided.

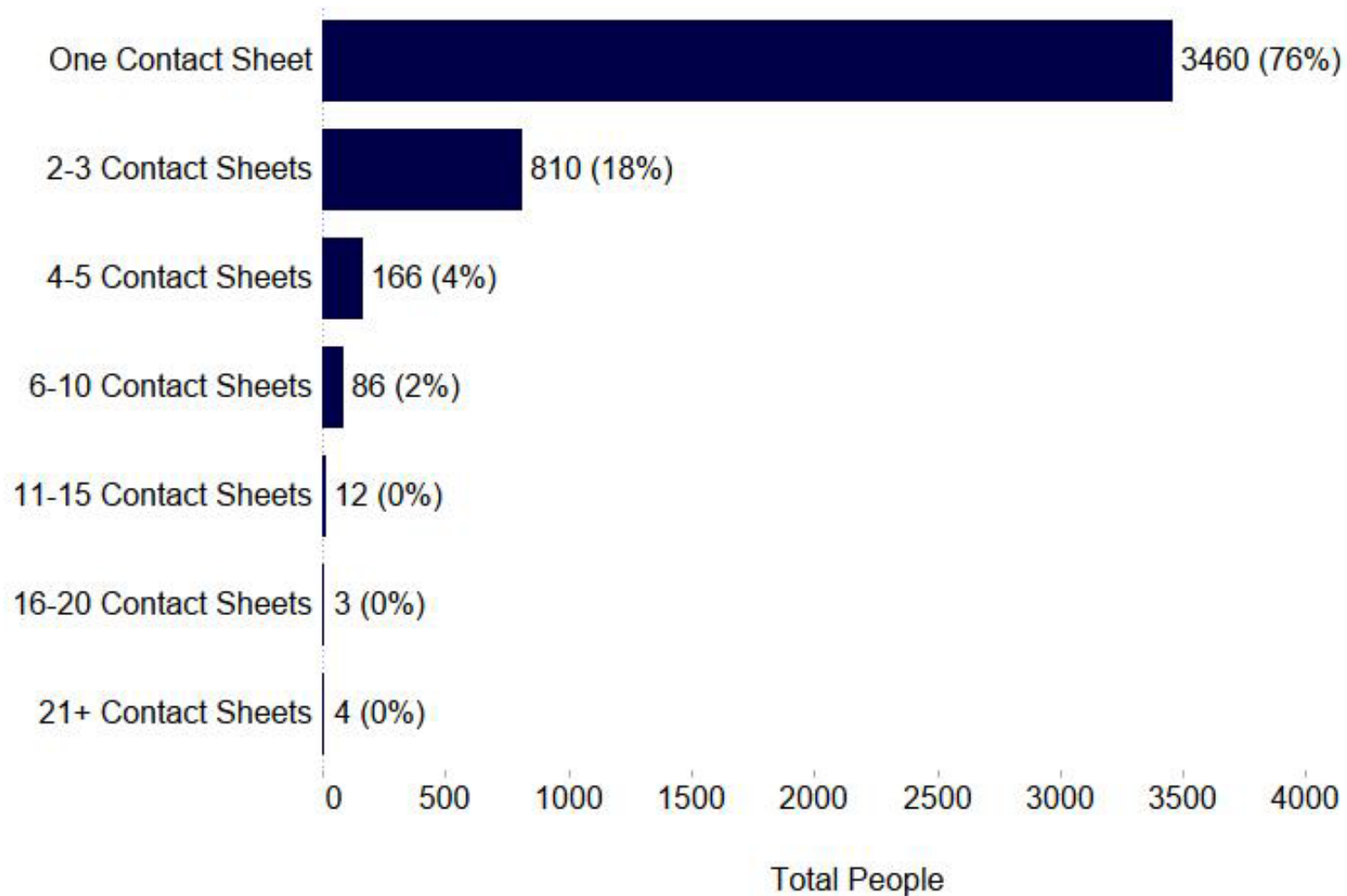


2022- 2023 CIT Contact Sheets Demographics

- Individuals often appear multiple times in CIT Contact Sheets and often do not have a unique ID in the records management system. To report on the demographics of individuals involved, data analysts in the Data Analysis Division created an unique identified based on name and birthdate. The identifiers were then grouped based on similar spelling and birthdates. Finally, analysts manually reviewed all groupings to ensure the grouped records were likely the same person based on name, birthdate, demographics, and addresses.
- A total of 4,206 unique individuals were identified across the 7,038 CIT Contact Sheets.

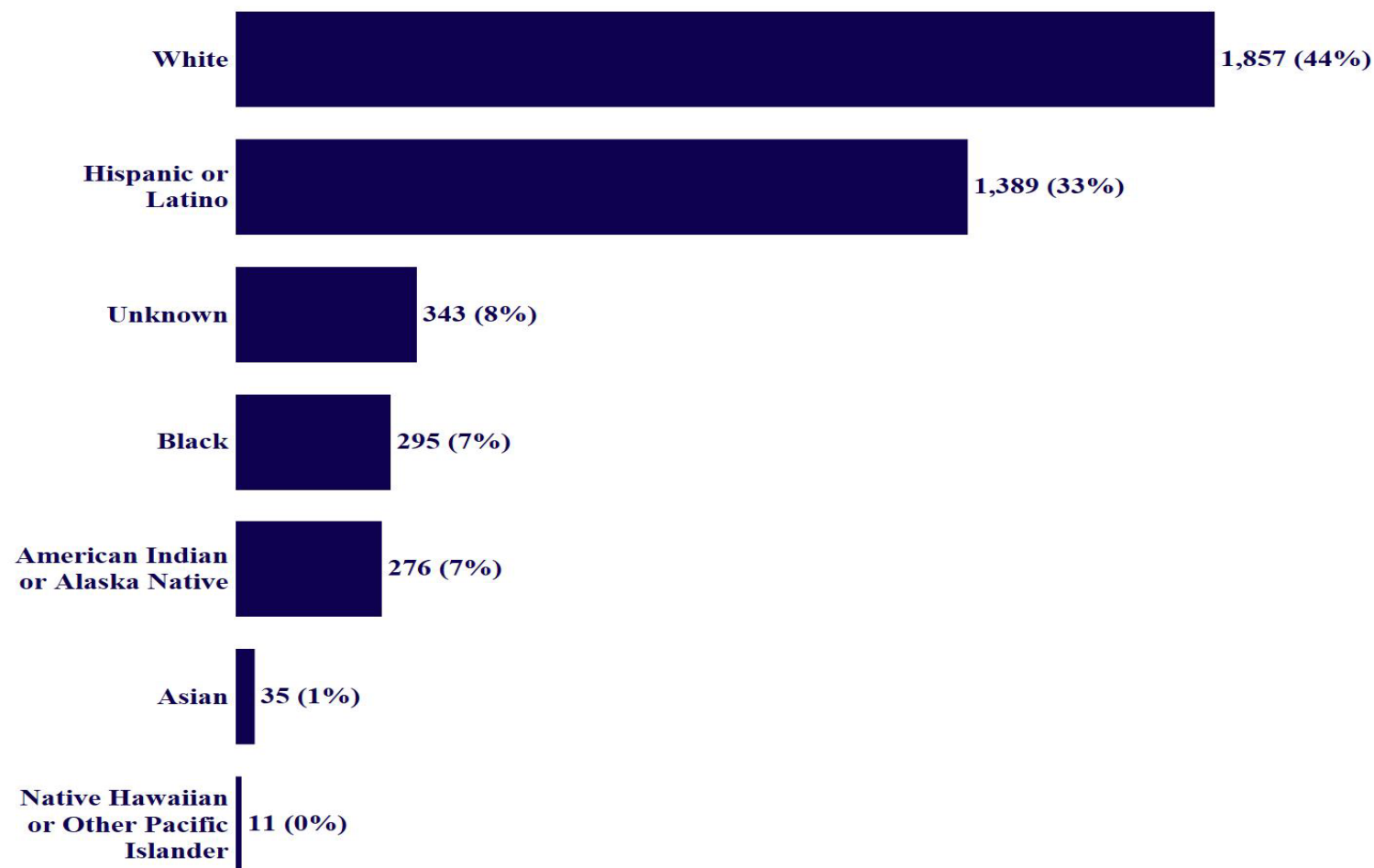


Number of Contacts



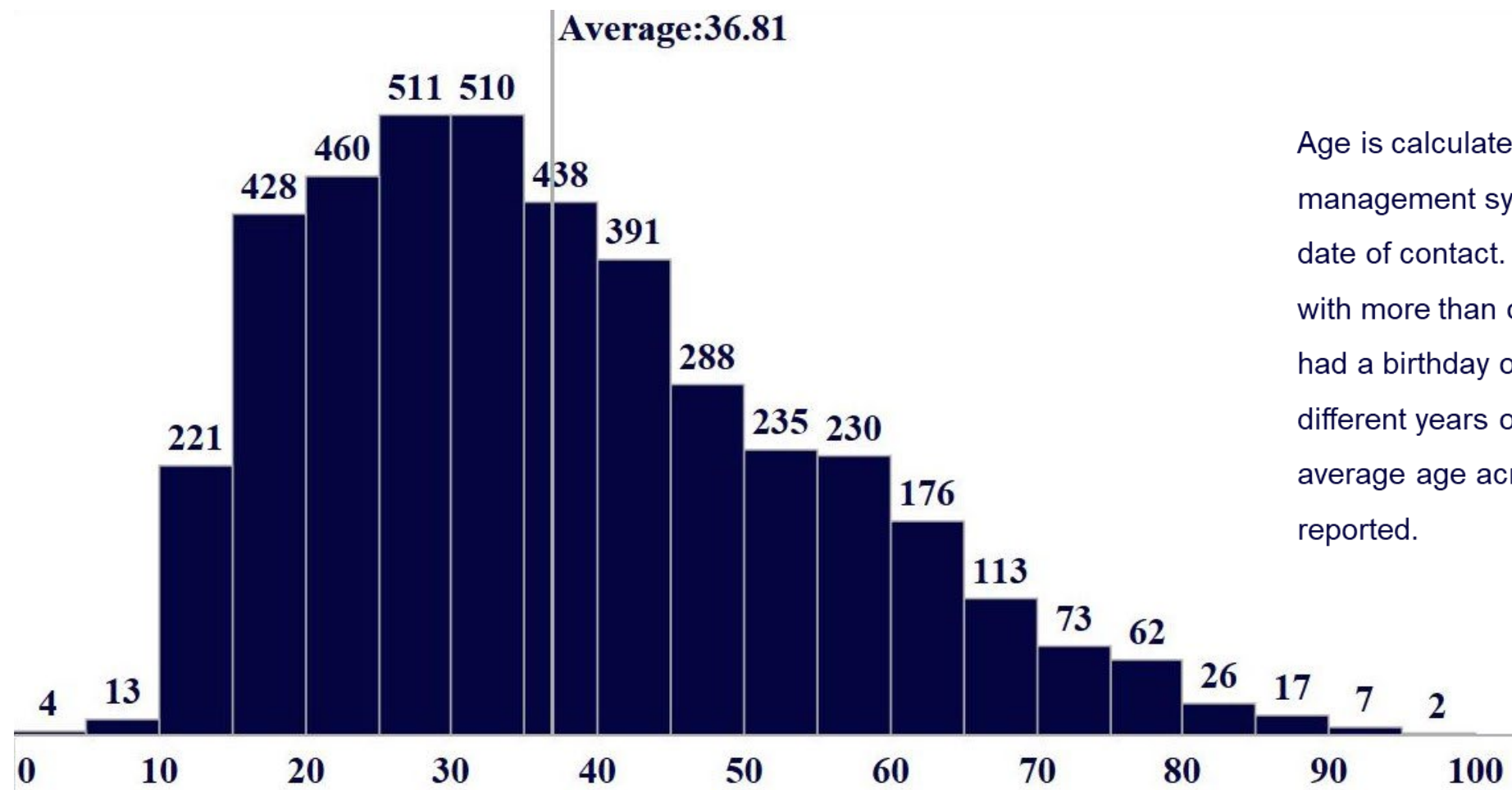


CIT percentage of Individuals by Race and Ethnicity





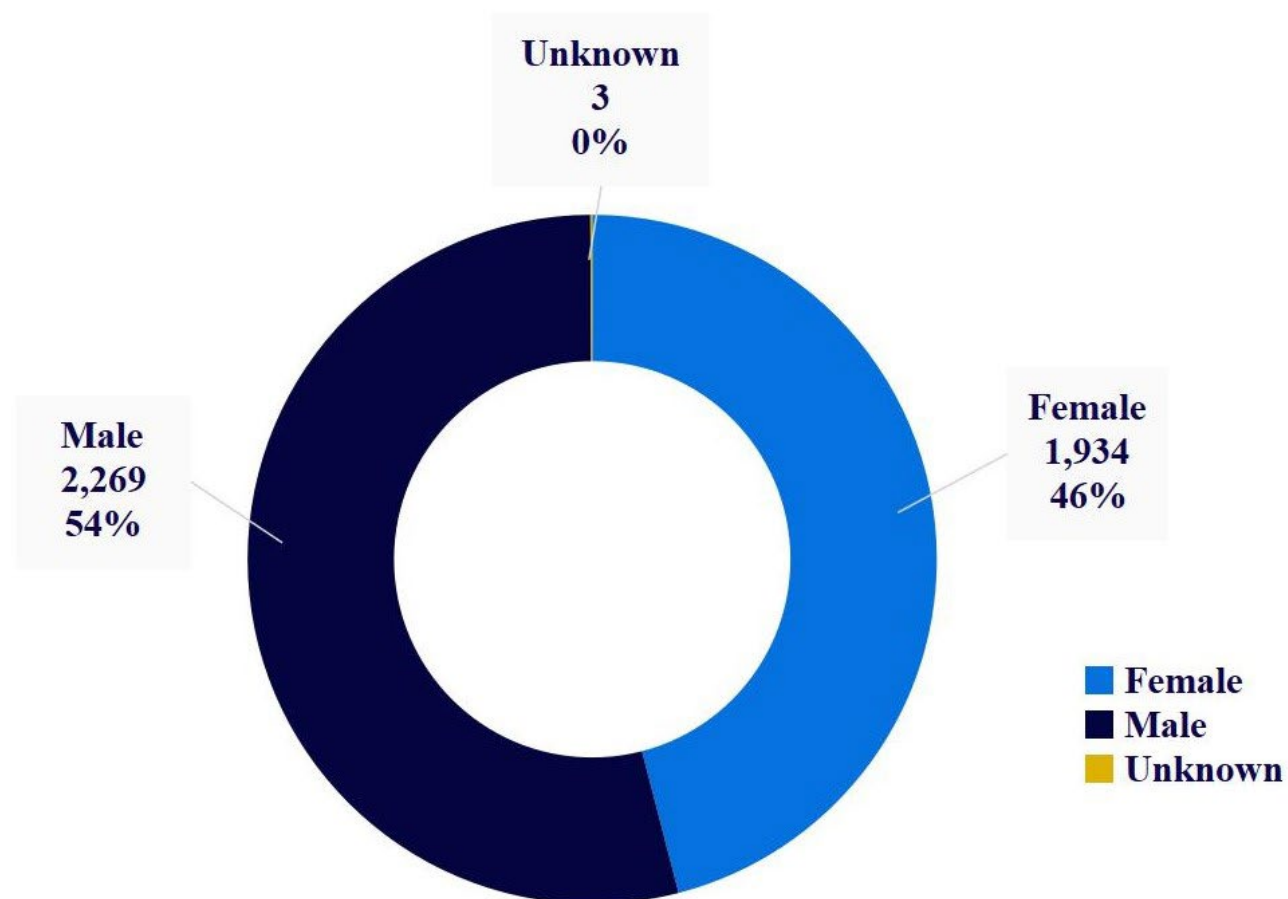
Age of Individuals at the Time of Contact



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.



Gender of individuals at the time of contact

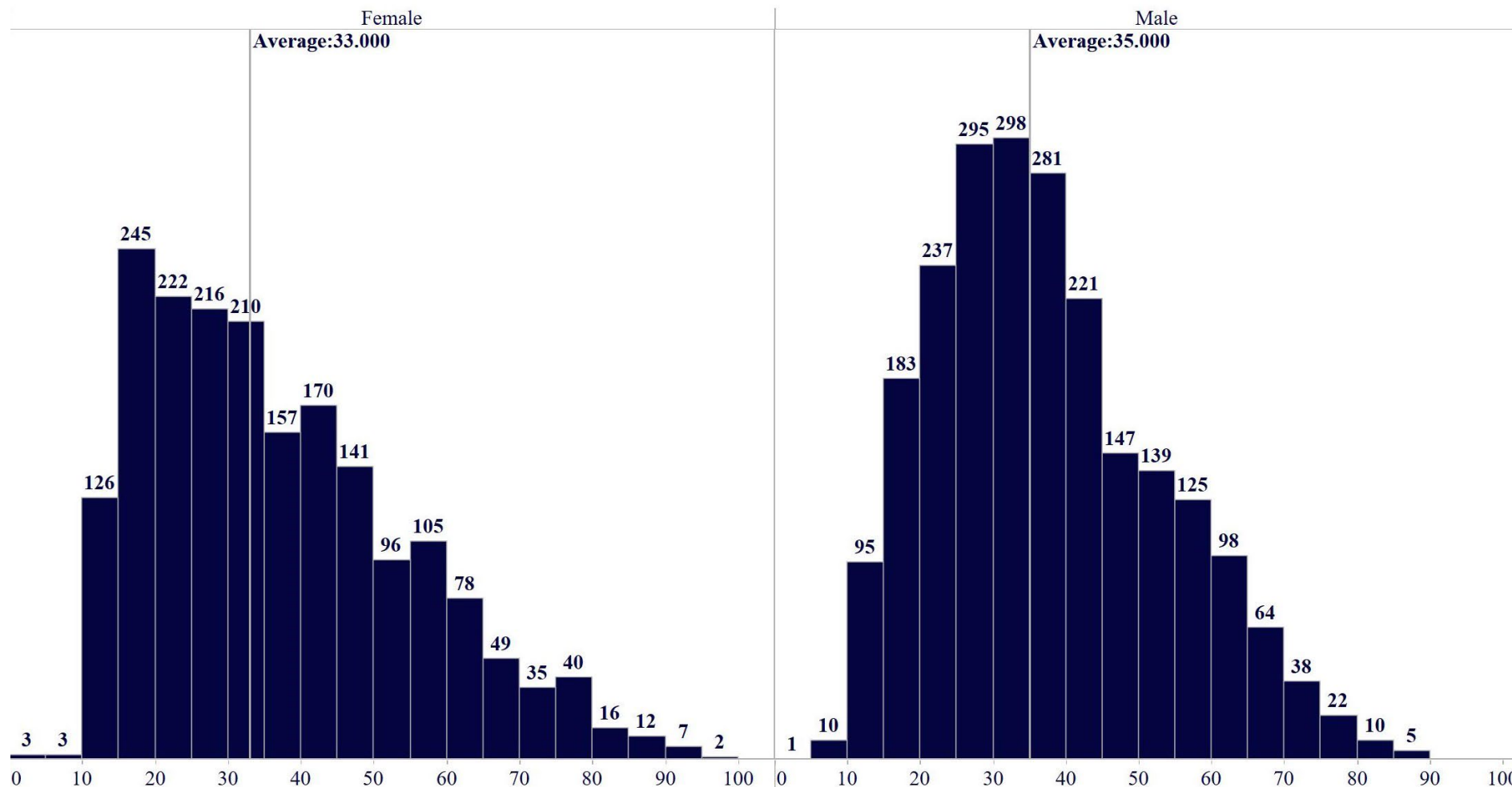


54% of individuals during crisis intervention contacts were Male.

n = 4,206

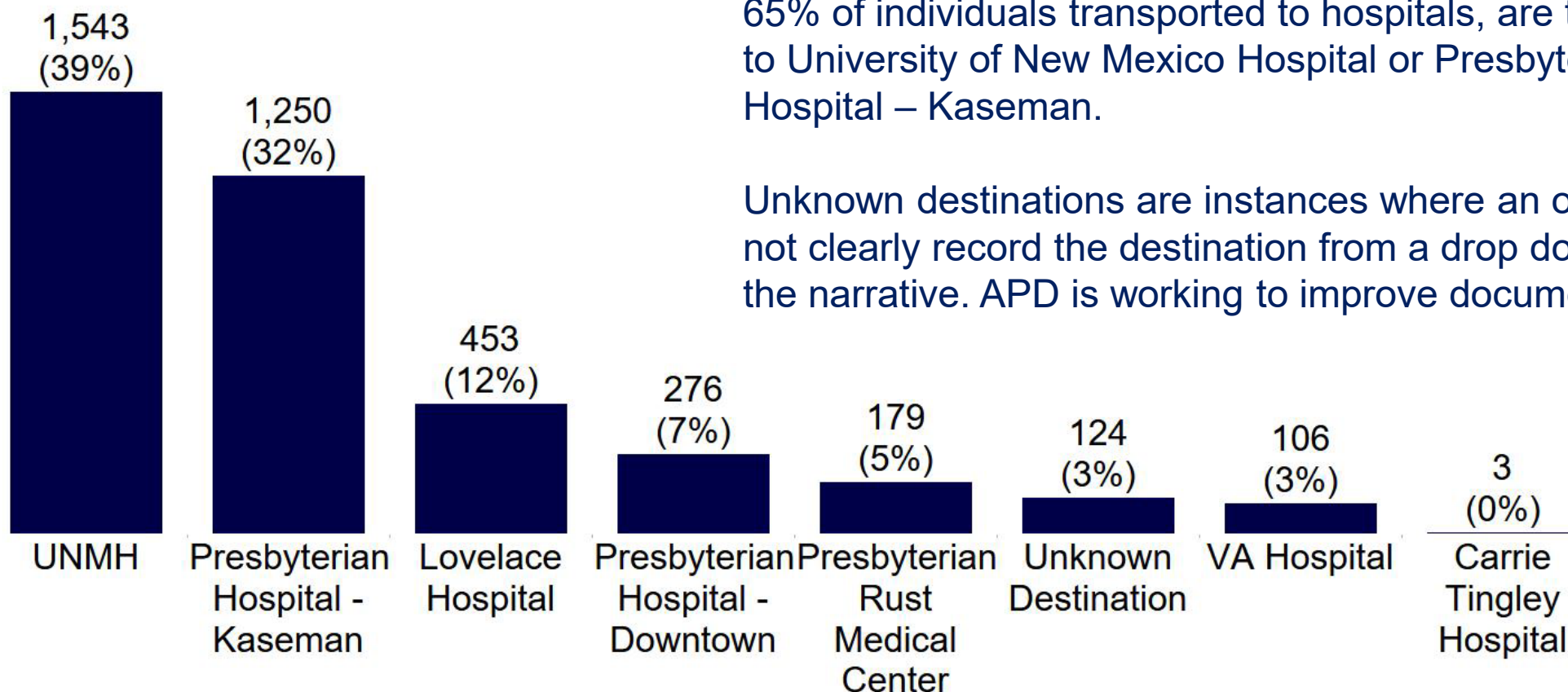


Age & Gender of Individuals at the Time of Contact





Mental Health Transport Destinations



65% of individuals transported to hospitals, are transported to University of New Mexico Hospital or Presbyterian Hospital – Kaseman.

Unknown destinations are instances where an officer did not clearly record the destination from a drop down list or in the narrative. APD is working to improve documentation.



Force and Behavioral Health

APD matches records of behavioral health calls to the use of force records system to identify when force was used. APD uses three different methods to identify the possible behavioral health incidents where force may have occurred.

APD identified 195 total cases using the three methods detailed on the next slide. These cases include levels 1, 2, and 3 force.



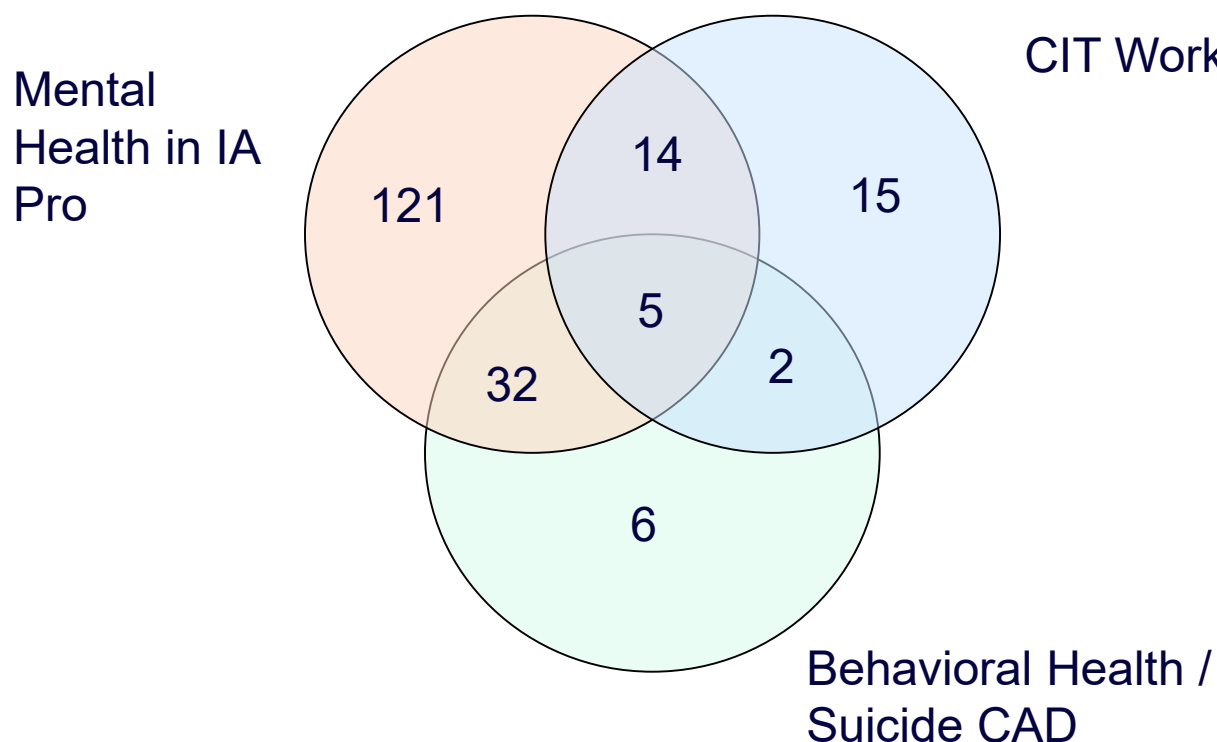
Methods for Identifying Force

1. Behavioral health calls for service where force occurred (source: CAD)
For this analysis, a call for service 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 8,005 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: "Experiencing Mental Crisis (Self Reported)"
 - Cases are included when meeting either or both criteria.



Force – Reported During Force Investigation

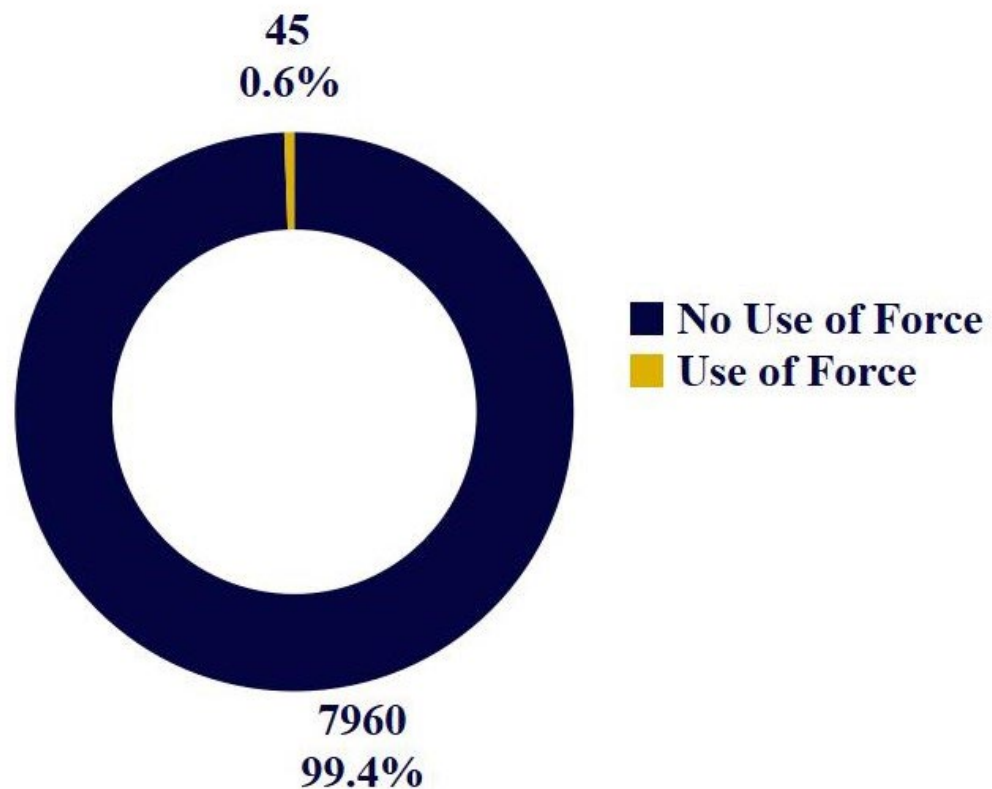
Sources of 195 Force Cases Identified



- Of the 195 force cases, 172 were identified as mental health related in the use of force database, IA Pro.
- 23 force cases (11.8%) were not identified in IA Pro as related to a behavioral health crisis but had a CIT worksheet or behavioral health/suicide CAD.
- 159 force cases (81.5%) did not have a CIT contact sheet completed.
 - APD worked at the end of 2022 to include whether a CIT contact sheet was created and aims to improve this figure in 2023.



Force- Behavioral Health and Suicide Calls for Service

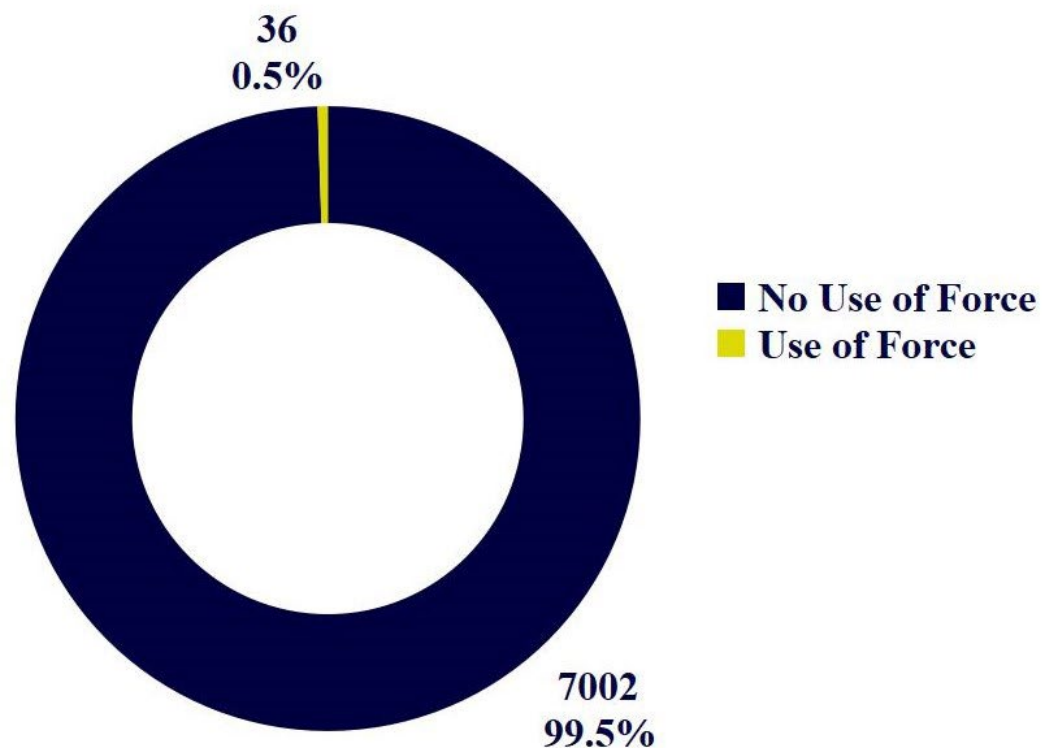


Calls categorized as 43-1 or 10-40 January 1, 2022 to December 31, 2022



Force – CIT Contact Sheets

.5% of CIT contact sheets also had a use of force incident



CIT contacts documented from January 1, 2022 to December 31, 2022



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.

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

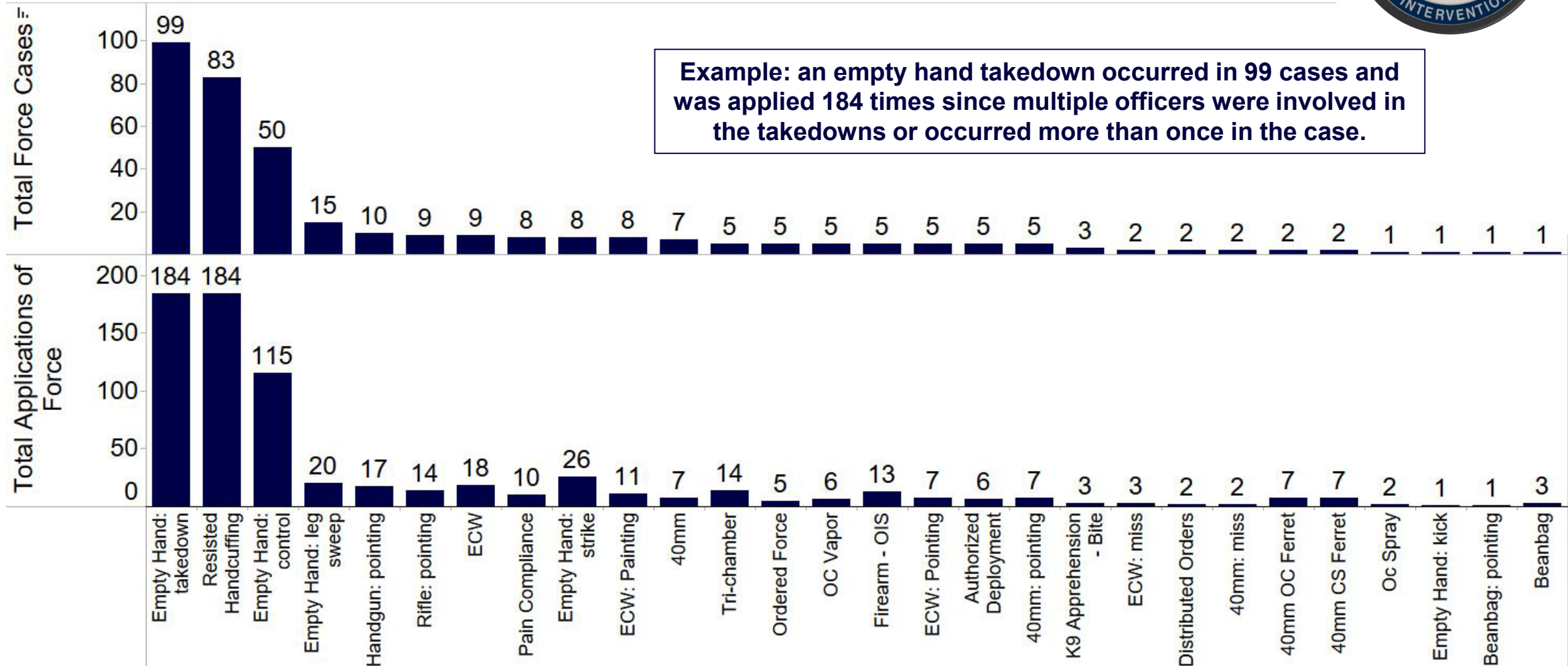


Force Cases by Level of Force

Force Levels	Force Cases
Level 1	53 (27%)
Level 2	114 (58%)
Level 3	28 (14%)
Total	195

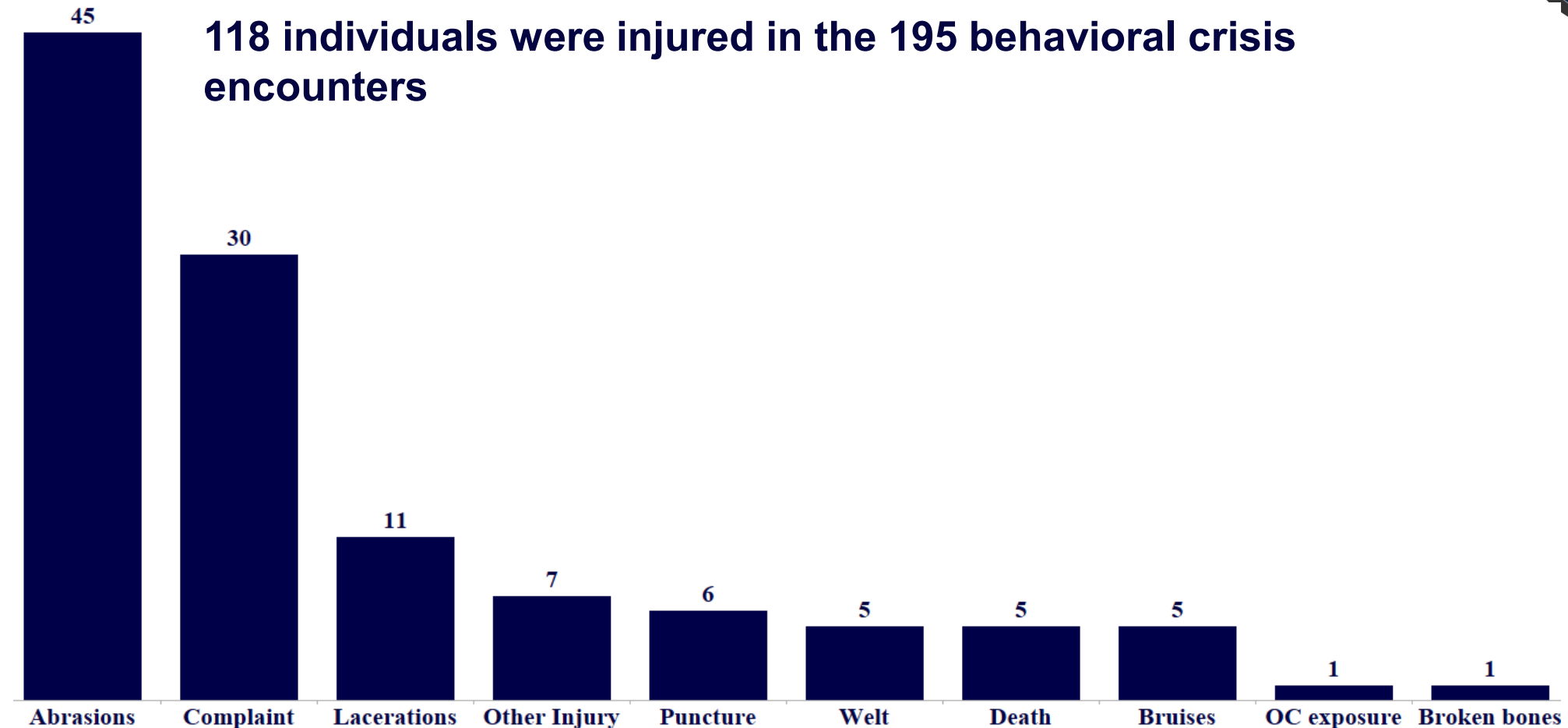


Applications of Force Used in Behavioral Health Crisis Encounters





Injuries Caused by Law Enforcement During Behavioral Health Crisis Encounters

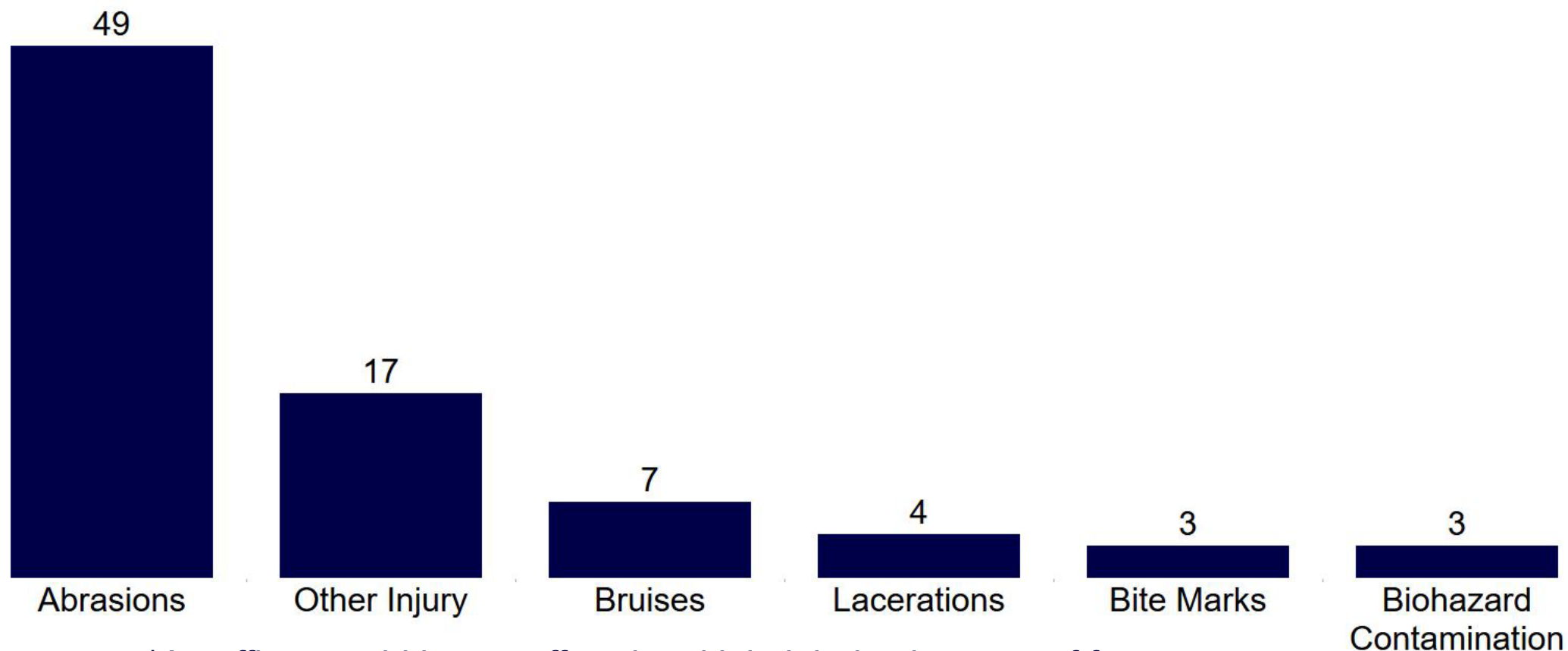


An individual could have sustained multiple injuries in a use of force event



Officer injuries during behavioral health crisis encounters

77 officers were injured in the 195 crisis encounters identified



*An officer could have suffered multiple injuries in a use of force event



Was the Individual Armed During the CIT Contact?

Armed Individuals	Number of CIT Contacts
Yes	40 (20%)
No	140 (71%)
Unknown	17 (9%)
Total	195

For this analysis, the information presented is presented based on the 195 use of force cases identified. From the 195 use of force cases, 140 (71%) of the individuals were unarmed during the CIT encounters, 40 (20%) of the individuals were armed, and 17 (9%) are unknown.



Force Investigation Findings

Finding	Force Cases
In Policy	189 (97%)
Out of Policy	6 (3%)
Total	195



Appendix-Key Definitions for analysis:

- **No action required:** officers arrived on the scene, spoke to the individual, and determined that no actions were necessary in the circumstances.
- **Voluntary mental health transportation:** when an individual experiencing a Behavioral Health Issue or a Behavioral Health Crisis is transported voluntarily to a hospital.
- **Involuntary mental health transportation:** when an individual experiencing a Behavioral Health Issue or a Behavioral Health Crisis is transported involuntarily to a hospital.
- **Disengagement:** situations where an officer ceases contact with an individual. This may occur when an individual refuses to talk with officers. Officers attempt to leave appropriate resources and CIU/MCT will often follow up as necessary.
- **Summoned:** when an individual experiencing a Behavioral Health Issue or a Behavioral Health Crisis is summonsed by an officer without further law enforcement action.
- **Non-engagement:** situations where an officer does not engage with the individual. In these circumstances, officers should notify appropriate resources if necessary.
- **Taking into custody:** when an individual experiencing a Behavioral Health Issue or a Behavioral Health Crisis is arrested by an officer.



Appendix-Key Definitions for analysis:

- **Incident transfer to ACS:** when an individual experiencing a Behavioral Health Issue or a Behavioral Health Crisis is connected with Albuquerque Community Safety.
- **Citation:** when an individual experiencing a Behavioral Health Issue or a Behavioral Health Crisis is cited by an officer without further law enforcement action.
- **Died by suicide:** when an individual experiencing a Behavioral Health Issue or a Behavioral Health Crisis died by his/her own means.
- **Verbal warning:** when an individual experiencing a Behavioral Health Issue or a Behavioral Health Crisis receives a verbal warning by an officer without further law enforcement action.
- **Incident Transfer to Fire MCT:** when an individual experiencing a Behavioral Health Issue or a Behavioral Health Crisis and the individuals is transfer to Bernalillo County Fire Department mobile crisis team.