

# **The 2021 Annual Report On Behavioral Health Related Incidents In Albuquerque**

**Prepared For:**

**The Albuquerque Police Department**

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# **The Albuquerque Police Department And Behavioral Health In 2021**

**APD has had a Crisis Intervention Team (CIT) since 1997. Over the last 25 years, APD's capacity to meet the diverse needs of individuals in crisis has continually evolved. The challenges are daunting: increasing numbers of individuals in crisis; the lack of an effective behavioral health system; too few police officers; too much crime; and the worst pandemic in our lifetime.**

**In 2021, APD's Crisis Intervention Section provides training and specialized services which include:**

- APD cadets receive 60 hours of BH-training; officers receive an additional 40 hours of CIT training; and approximately 50% of field officers have received an additional 8 hours of training to become Enhanced CIT (ECIT) officers. Please note that ECIT officers volunteer to take advanced and ongoing training in behavioral health issues so they are better able to provide more expertise when needed.**
- 911 Operators receive 20 hours of BH-related training and Police Service Aides receive 16 hours of BH-related training.**
- Dedicated CIU detectives, clinicians and a Medical Director who focus on long-term BH-related case loads.**
- Crisis Outreach And Support Team (COAST) works with vulnerable individuals to increase access to mental health services, social services and other community-based needs.**
- Mobile Crisis Teams that pair clinicians and law enforcement officers who provide immediate behavioral services once a 911 scene is secure.**

**In 2021, the City created a new Albuquerque Community Safety Department (ACS) to provide non-law enforcement responses to non-violent and non-medical calls for service. The ACS is designed to operate independently from and in collaboration with APD and Albuquerque Fire and Rescue (AFR) and strengthen the City's first responder system.**

# Understanding APD's Behavioral Health Incident Data

The data in this report are based on two sources: 1) The CIT Contact Sheets; and 2) The Use Of Force Reports. In addition, the level of analysis (the N's) vary depending on the question under consideration.

## The CIT Contact Sheets

- The first source are the CIT Contact Sheets that officers complete when they respond to any computer-aided dispatch (CAD) calls involving individuals in crisis. These calls can be classified as suicide or behavioral health, or they can be other kinds of calls where officers recognize that behavioral health issues are present.
- It is important to note that CIT Contact Sheets are completed by CIU officers and detectives, CIU clinicians, CIU psychiatrist, the Crisis Outreach and Support Team (COAST), the Mobile Crisis Teams (MCT), and Field Service Bureau (FSB) officers. The data in this report come from the CIT Contact Sheets completed by the MCT and FSB officers because those the incidents in which APD is responding to a 911 call.
- The CIU officers, detectives, clinicians and psychiatrist are often working with the same individuals over time and carrying case loads. COAST provides resources to individuals who are homeless or facing other critical needs. The work of the CIU and COAST is essential but including their data would skew the results that are the focus of this report.
- The date range for the CIT Contact Sheets is January 1, 2021 to November 31, 2021. The CIT Contact Sheets for December 2021 have been compiled in the new Mark 43 data system. The Mark 43 data system is currently being implemented and the CIT Contact Sheet data will be available in early 2022.

# Understanding APD's Behavioral Health Incident Data

## The Use Of Force Reports

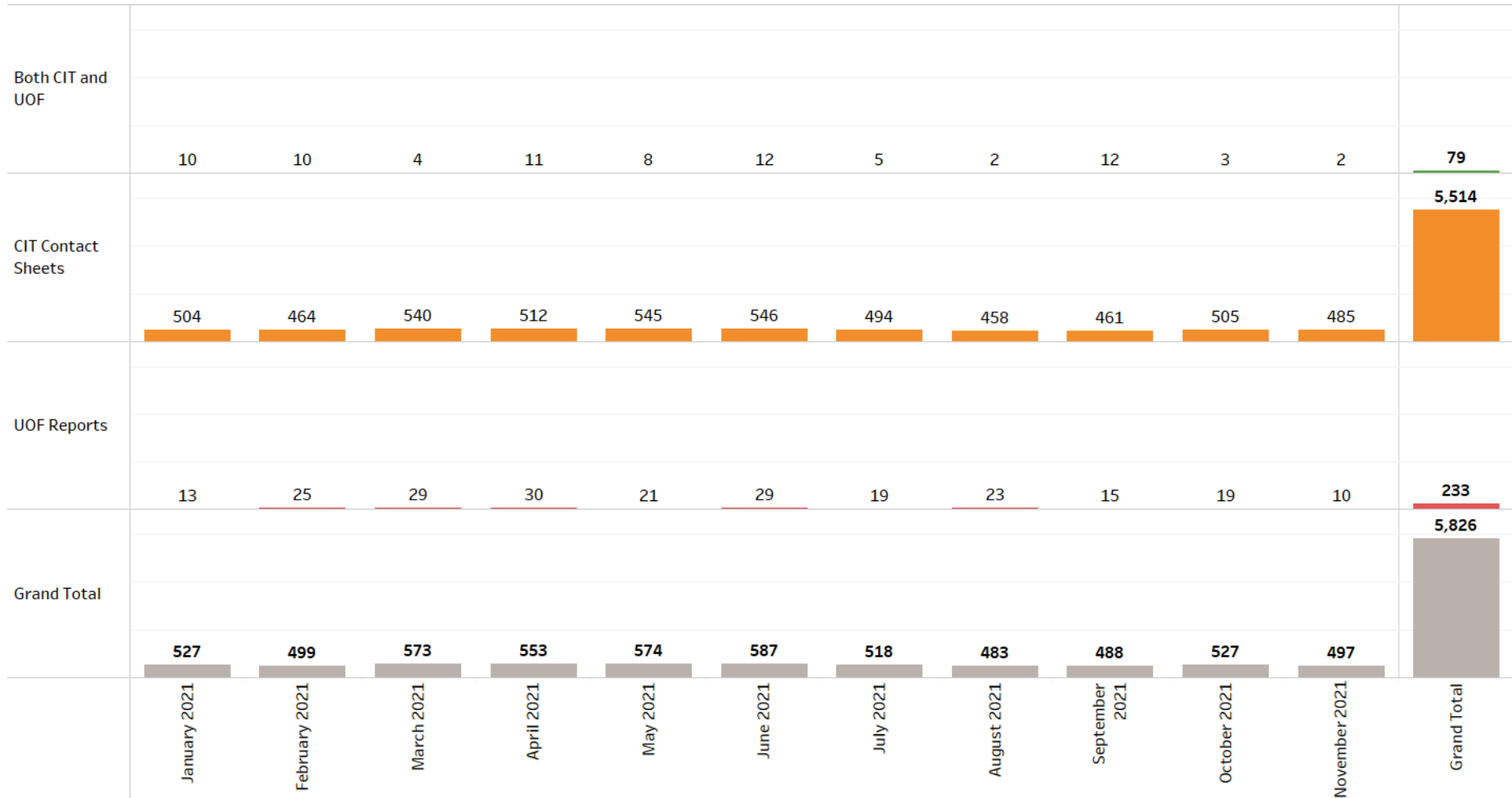
- The second source of data used in this report comes from the Use of Force (UOF) reports completed by officers and supervisors after any incident that includes any level of force from resisted handcuffing to an officer-involved shooting.
- The UOF cases included in this report were selected in three ways:
  - 1). Cases were included that had both a UOF report and a CIT Contact Sheet.
  - 2). Cases were included if the officers and supervisors answered yes to either "UOF: Employee assessment of CIT condition (y/n)" or "IndSnp: Mental Issue Self Report (y/n)".
  - 3). Cases were included if APD's UOF reviews revealed a behavioral health component.
- The date range for the UOF data reports is January 1, 2021 to November 31, 2021, so they could be matched to CIT Contact Sheets for that same time period.

## The Level Of Analysis

The graphs and charts presented in this report use total numbers (N) depending on the question under consideration. The total number of behavioral health related incidents is 5,826. An incident is one case number and one individual. Please note that one case number may involve multiple individuals and thus have multiple incidents. The total number of unique individuals is estimated to be 4,093. This number is an estimate because it is difficult to match exact names and dates of birth across multiple reports. The total numbers of type of force used and injuries have a different N because one incident may involve several uses of different kinds of force or result in several types of injury.

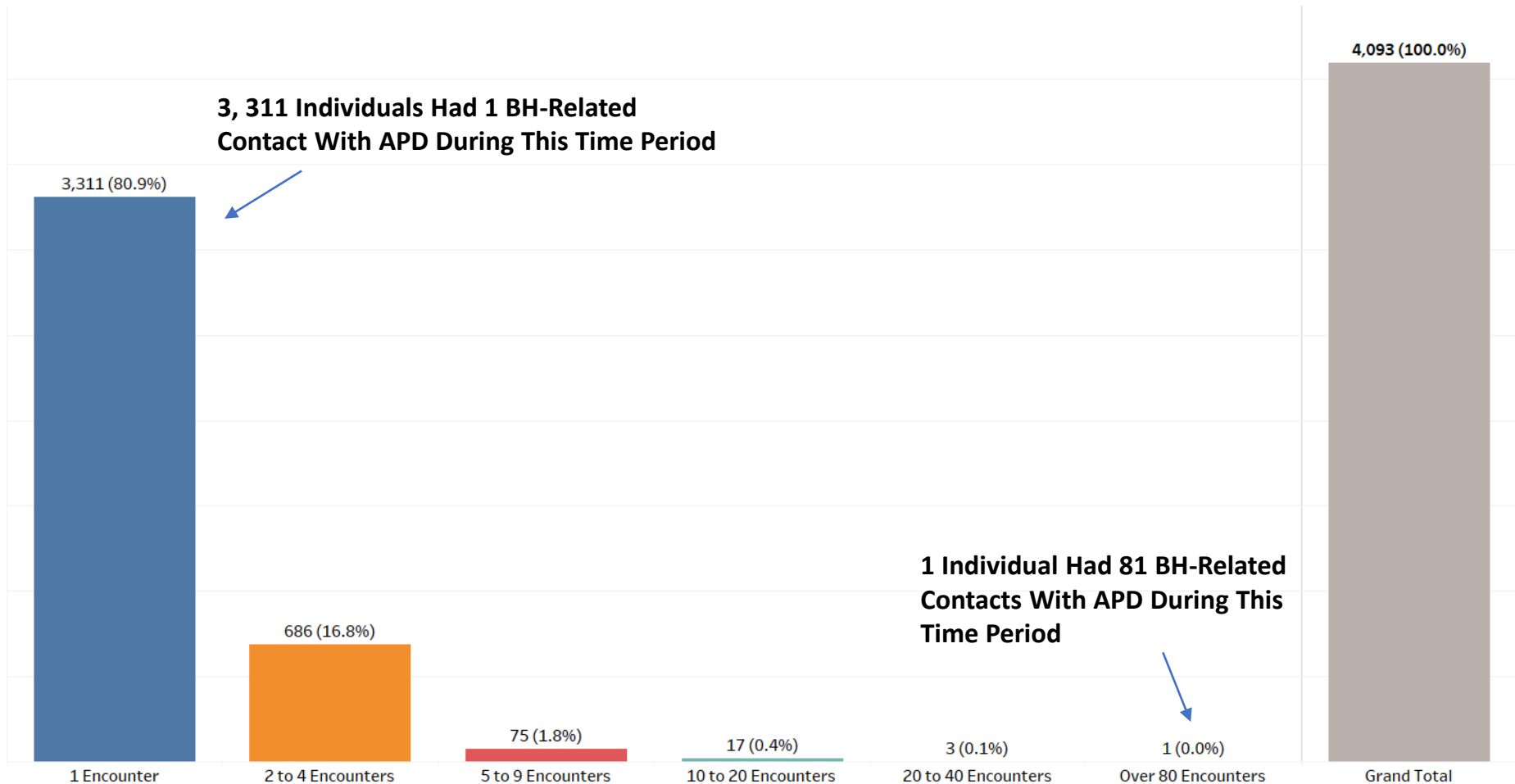
Each chart and graph will include information on the sources of the data and the size of the N for that particular analysis.

# The Total Number Of BH-Related Incidents By Source And By Month January 2021 To November 2021



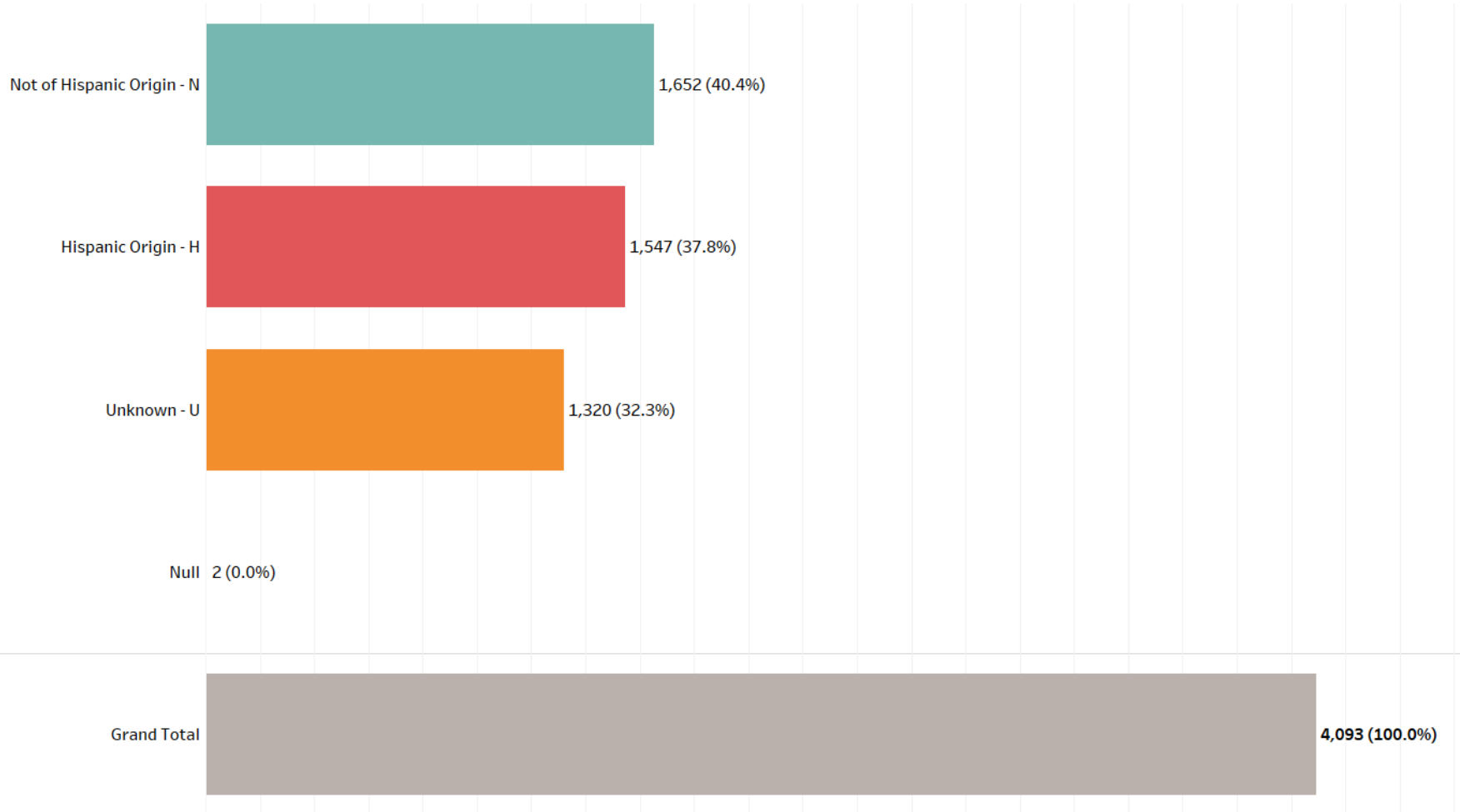
Notes: These data are from the CIT Contact Sheets and the Use Of Force Reports.

# The Number Of Individuals With Repeated BH-Related Incidents January 2021 To November 2021



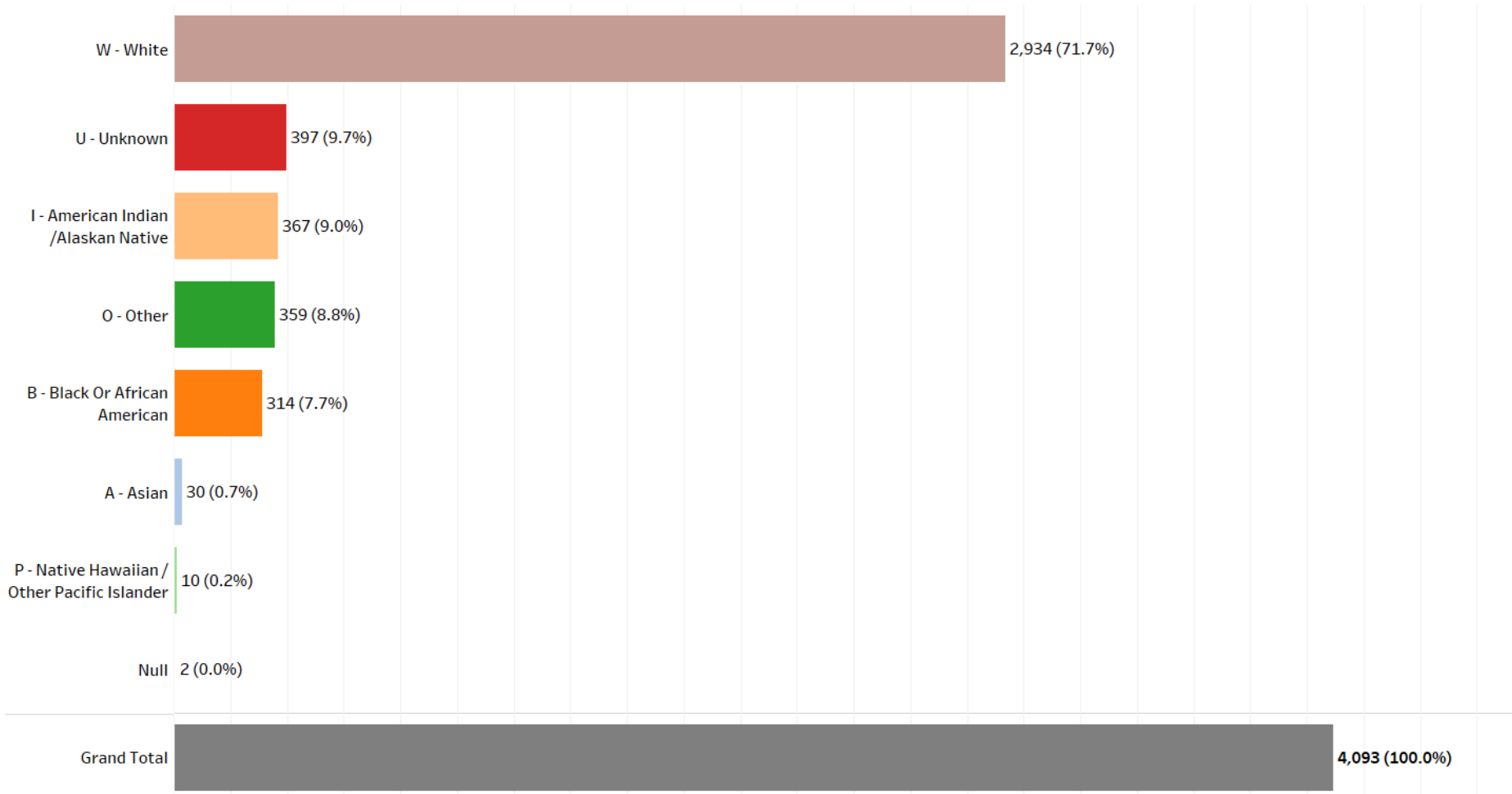
**Notes:** These data are from the CIT Contact Sheets and Use Of Force Reports. These data are also an estimate given the difficulty of matching exact names and dates of birth in multiple reports.

# The Ethnicity Of Individuals Involved in BH-Related Incidents January 2021 to November 2021



Notes: These data are from the CIT Contact Sheets and the Use Of Force Reports.

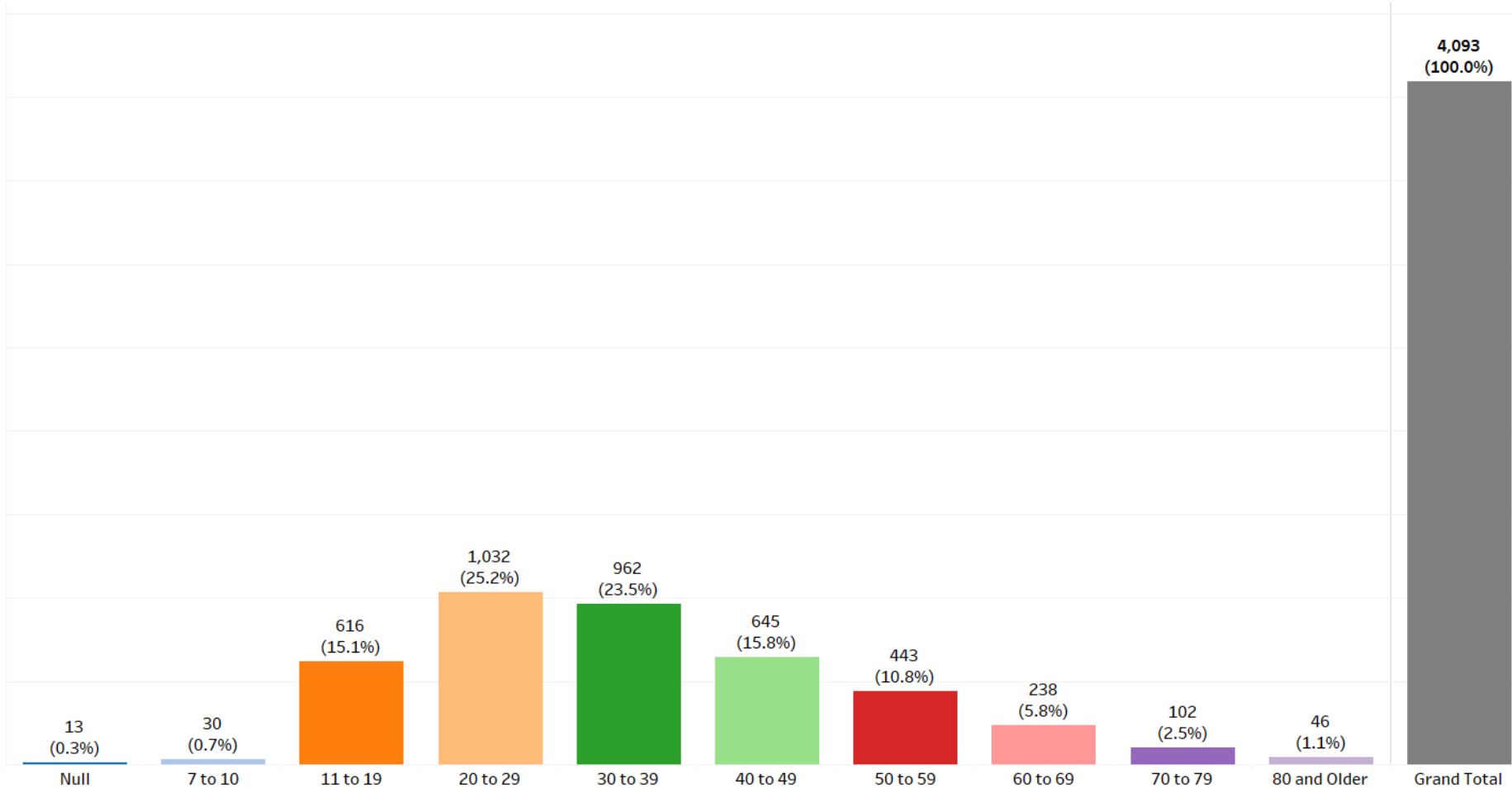
# The Race Of Individuals Involved in BH-Related Incidents January 2021 to November 2021



Notes: These data are from the CIT Contact Sheets and the Use Of Force Reports.

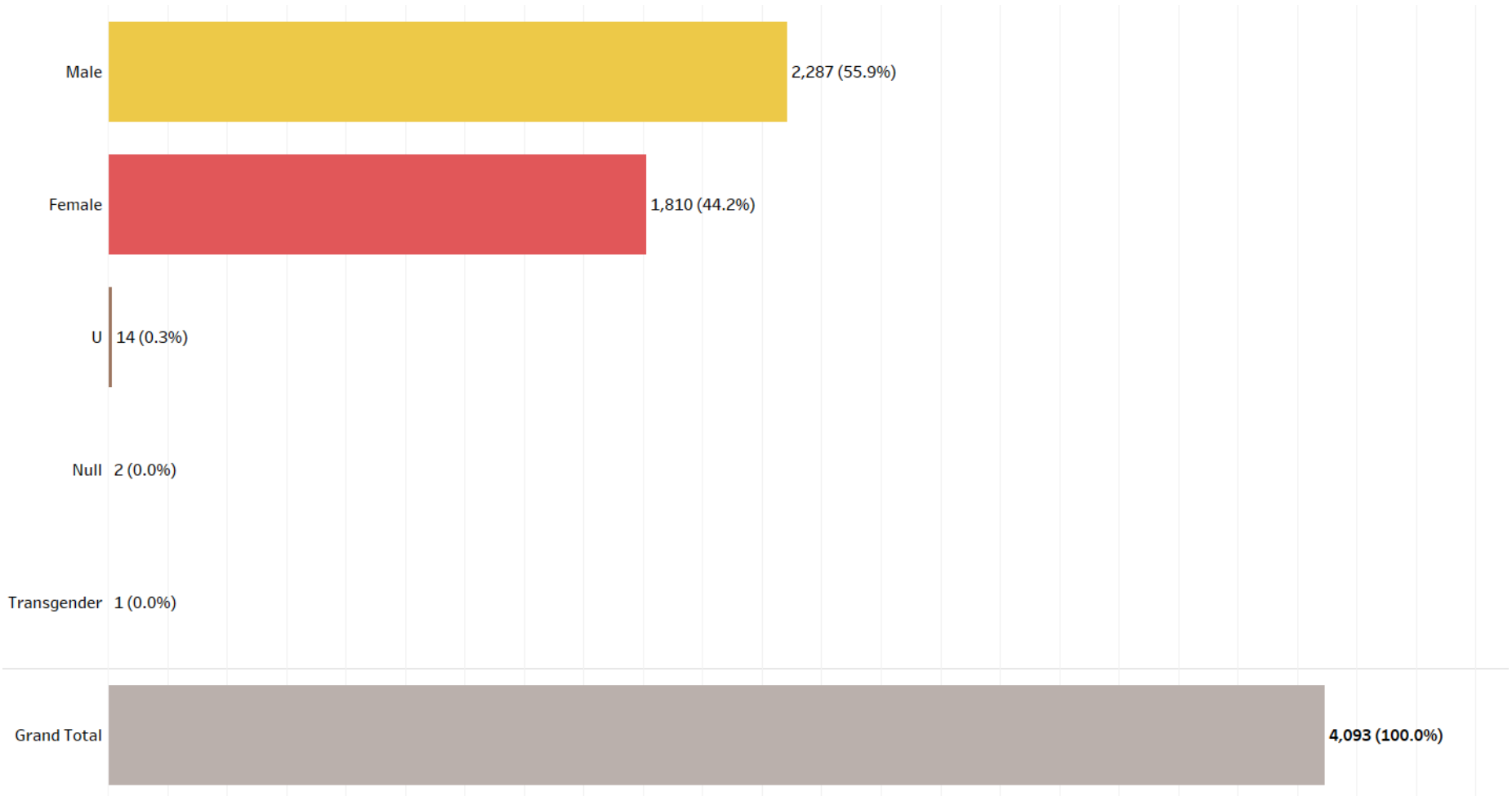


# The Age Of Individuals Involved In BH-Related Incidents January 2021 To November 2021



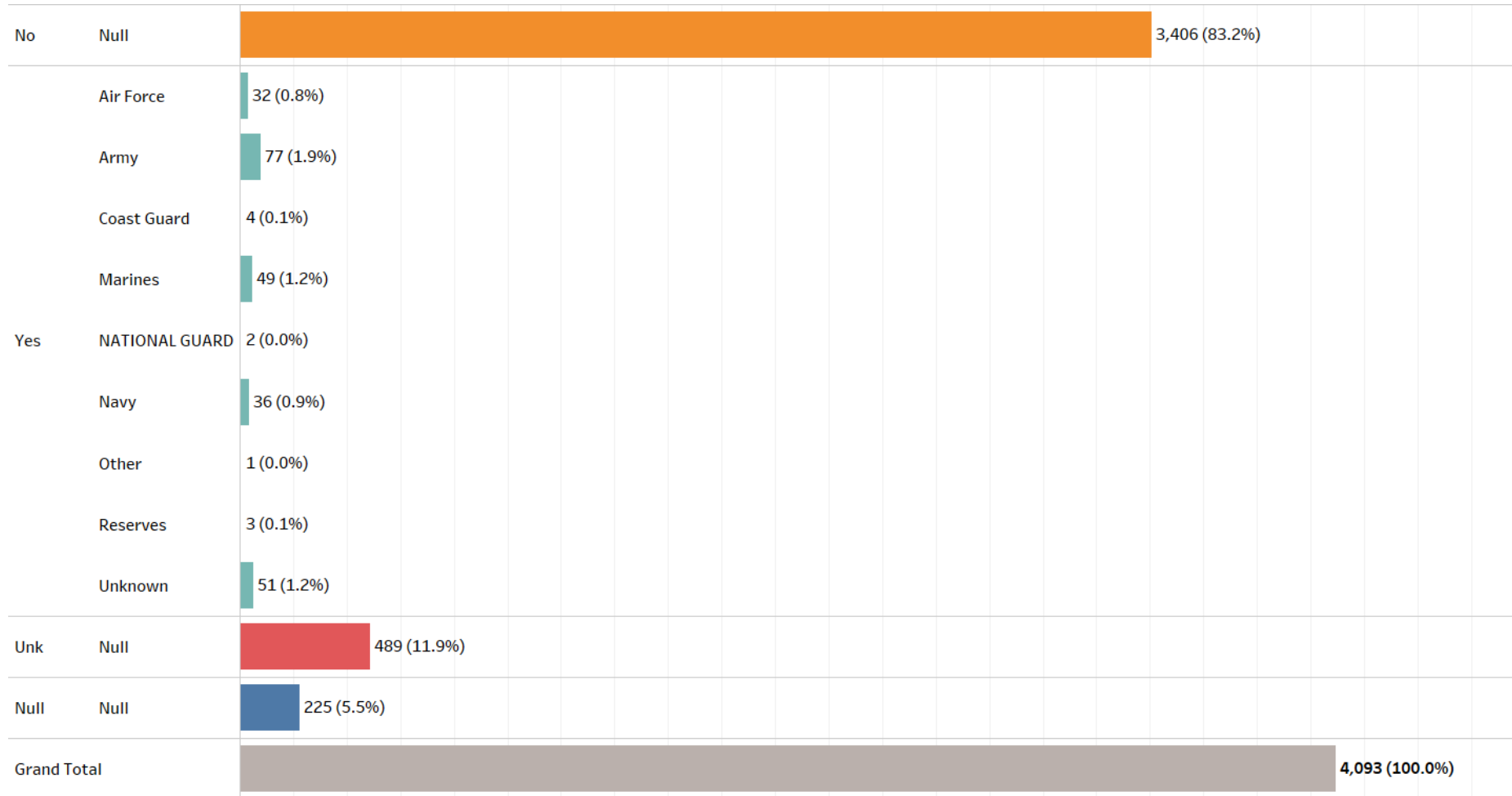
**Notes: These data are from the CIT Contact Sheets and the Use Of Force Reports.**

# The Gender Of Individuals Involved in BH-Related Incidents January 2021 to November 2021



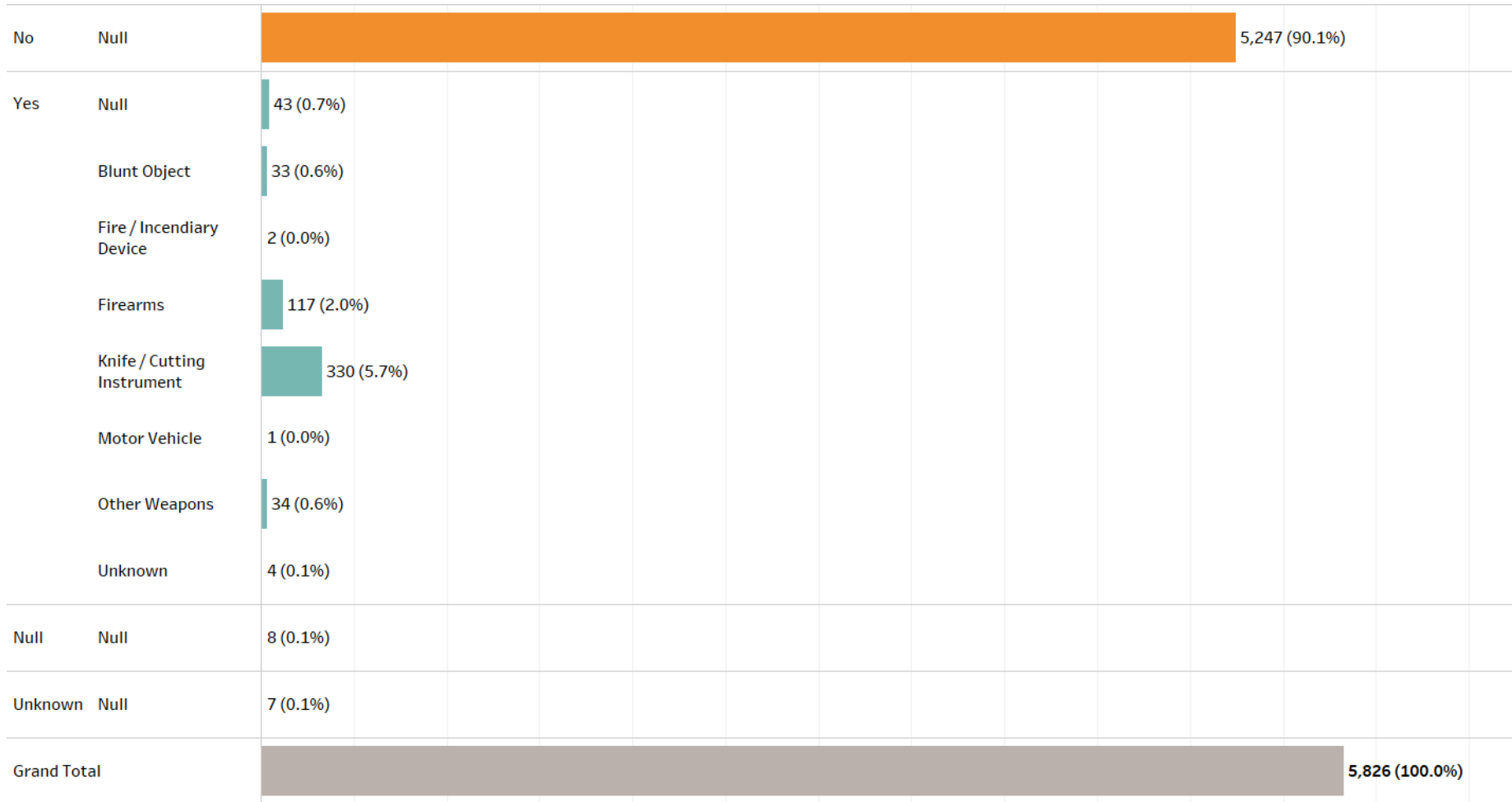
Notes: These data are from the CIT Contact Sheets and the Use Of Force Reports.

# The Veteran Status Of Individuals Involved in BH-Related Incidents January 2021 To November 2021



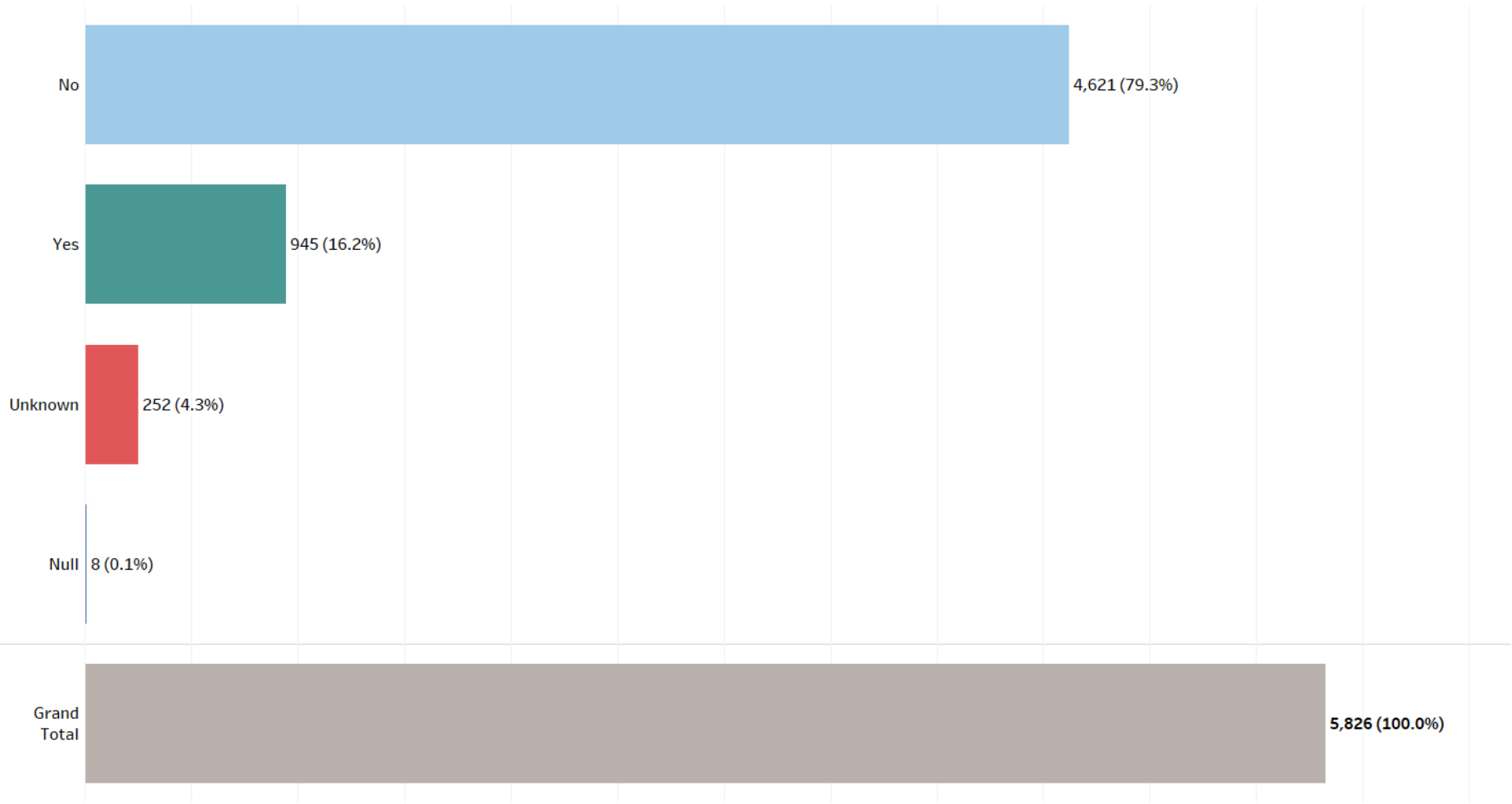
Note: These data are from the CIT Contact Sheets.

# Were Individuals Armed During BH-Related Incidents? January 2021 To November 2021



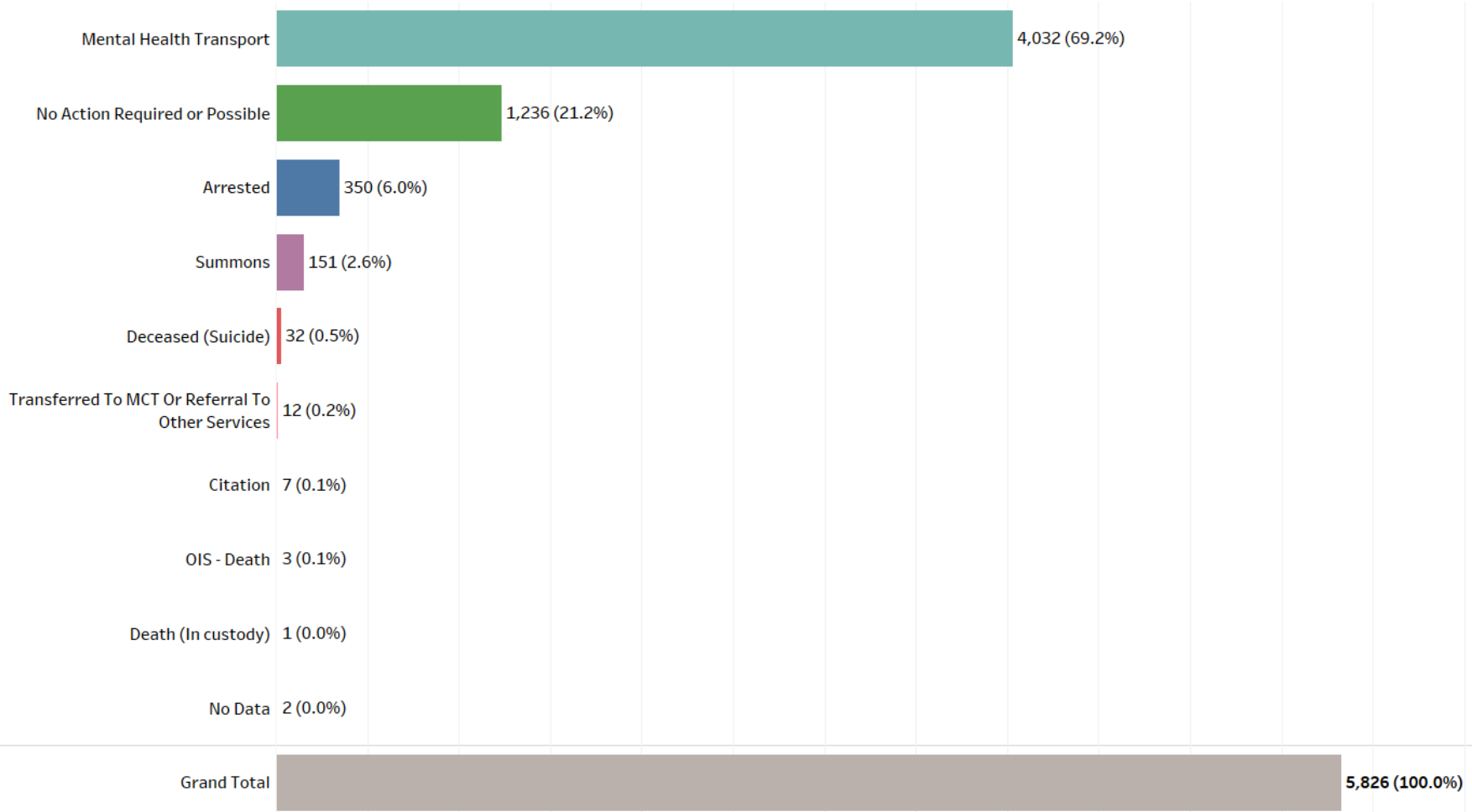
**Notes: These data are from the CIT Contact Sheets and the Use Of Force Reports.**

# Were Individuals Involved In BH Related-Incidents Homeless? January 2021 To November 2021



Notes: These data are from the CIT Contact Sheets and the Use Of Force Reports.

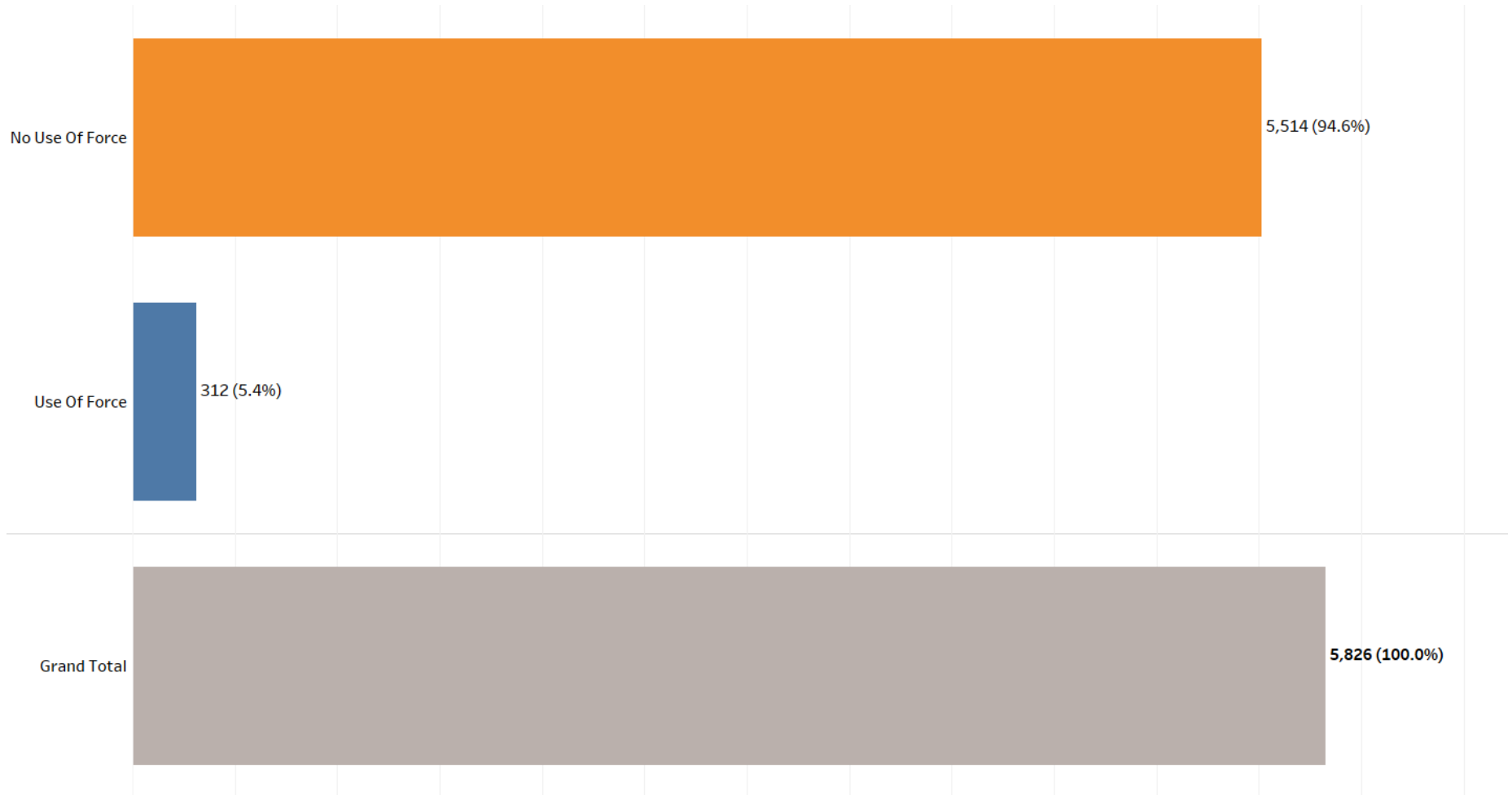
# The Disposition Of BH-Related Incidents January 2021 to November 2021



Notes: These data are from the CIT Contact Sheets and the Use Of Force Reports.



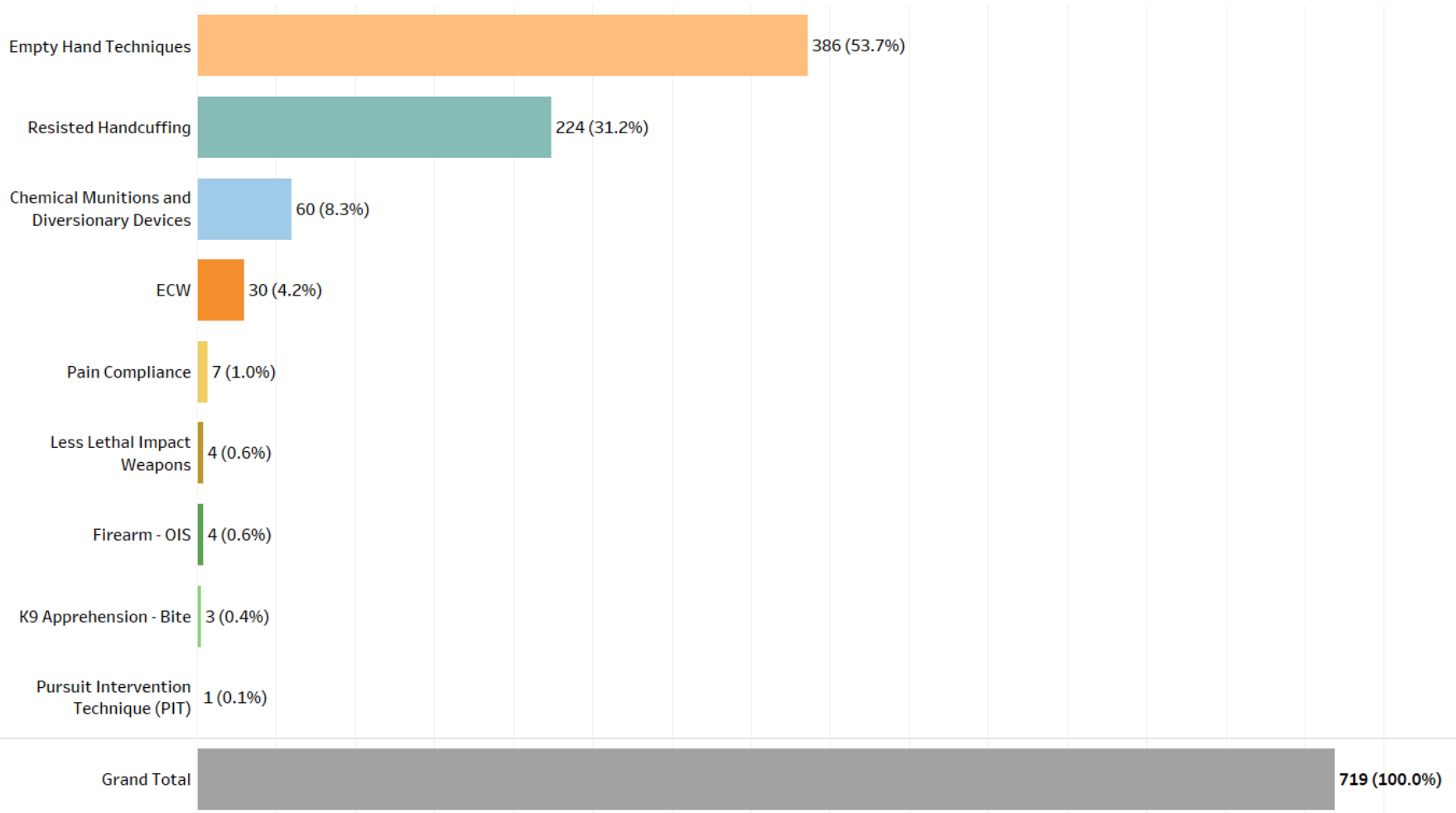
# The Number Of BH-Related Incidents That Included Use Of Force January 2021 to November 2021



Notes: These data are from the CIT Contact Sheets and the Use Of Force Reports.

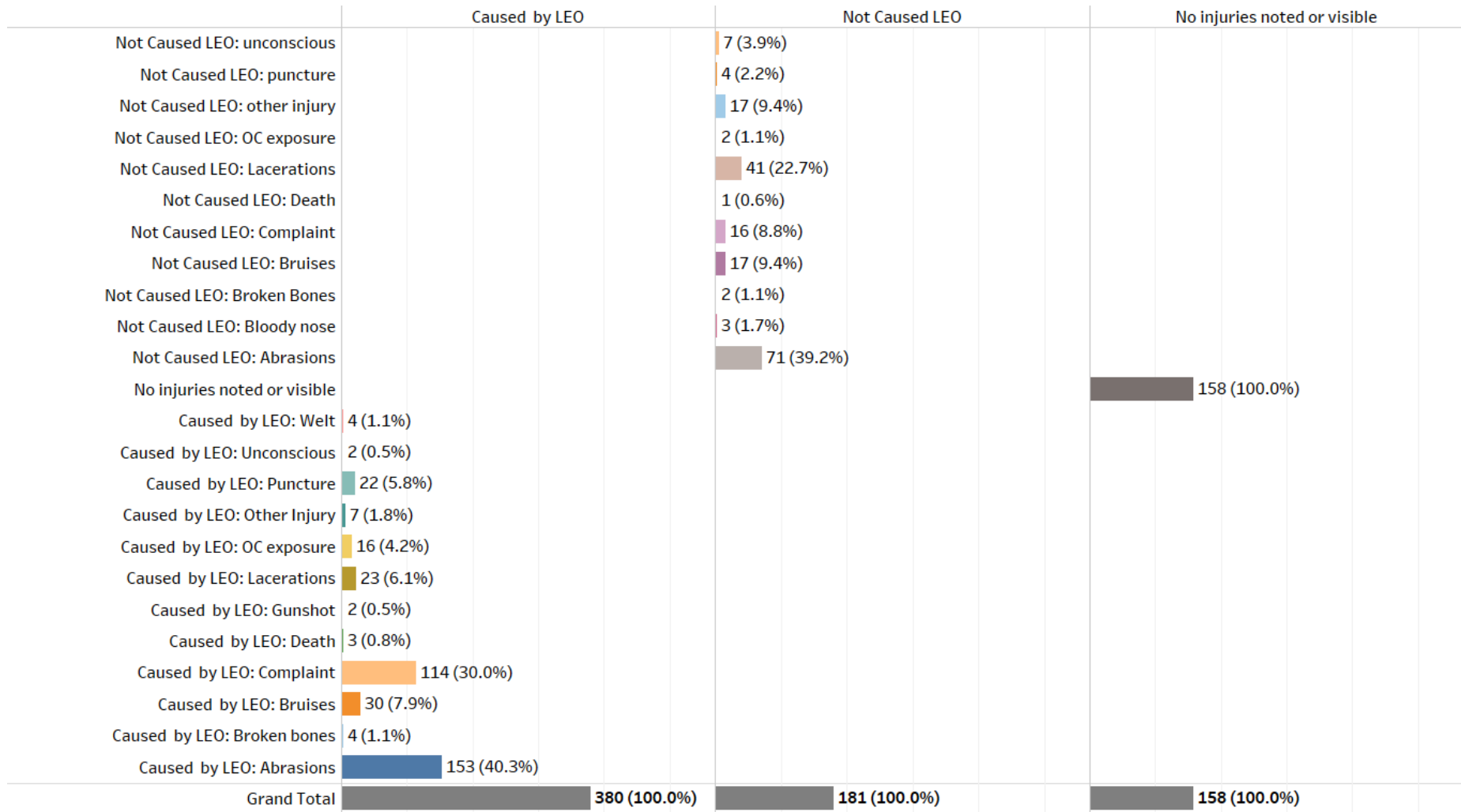


# The Number Of Types Of Force Used in BH-Related Incidents January 2021 to November 2021



**Notes: These data are from the Use Of Force Reports. One incident may involve several uses of different kinds of force.**

# The Number Of Types Injury Resulting From BH-Related Incidents January 2021 to November 2021



**Notes: These data are from the Use Of Force Reports. One incident may result in several types of injury.**

# What Might We Learn From This Report?

- 1. Over 90% of the incidents included in this report ended with transport to emergency services or no action needed. This is important evidence that APD's effort to interact with individuals in crisis in a safer manner is having a positive impact. How can we acknowledge and strengthen this good work?**
- 2. A small percentage of the incidents in this report ended in serious injury or death caused by law enforcement officers. Clearly each of these incidents is critically important and merit close examination by both the Department and the community. If officers acted out of policy, they should be held accountable. If officers acted within policy, they should be recognized for doing a difficult job appropriately. Either outcome should be used to continually inform APD's BH-related policies, practices and training. How do we build a behavioral health system that keeps these incidents from occurring in the first place?**
- 3. The high numbers of individuals with repeated encounters is a serious problem. APD (and ACS and AFR) should be the first responders but they should not be the only responders. The emergency rooms and other transport destinations are facing their own challenges with staffing and resources. How can we build a better system so that first responders have effective transport destinations?**
- 4. Approximately 16% of the individuals in this encounters were under the age of 20. How do we ensure that efforts to build an adequate behavioral health support system include support for our children and young adults?**
- 5. This report only includes BH-related incidents that were captured in APD's CIT contact sheets and UOF reports. The good news is that the City of Albuquerque and Bernalillo County have implemented a variety of ways to respond to individuals in crisis. The challenge, of course, is that there is no easy way to see the overall status of BH-related incidents or to follow longitudinal trends. How can we build a more coordinated system of tracking the impact of our efforts?**