University of Cincinnati Police: Summary of Mental Health Response

May 1, 2025 – April 30, 2026

University of Cincinnati Police Division

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I. Introduction

Annually the University of Cincinnati Police Division (UCPD) completes a statistical summary of mental health related incidents, as required by the UCPD Mental Health Response Policy. The purpose of this summary is to review any patterns, trends, and other helpful information for the preparation of training, policy review, and patrol deployment. This report is the fourth l report for this purpose and includes data about incidents that occurred between May 1, 2020, and April 30, 2021.

UCPD revises and continually evaluates its Mental Health Response Policy to ensure consistency with best practices and establish guidelines for handling calls involving persons engaged in behavior or exhibiting signs indicative of mental illness. The current policy calls for a focus on the de-escalation of situations whenever possible. The UCPD personnel participates in 16 hours of de-escalation training for critical incidents (Integrating Communications, Assessment, and Tactics--ICAT). This training follows 40 hours of Crisis Intervention Team training, provided by Mental Health America of Northern Kentucky and Southern Ohio to ensure UCPD employees are equipped to respond to mental health related incidents with the care and expertise they require. The policy further requires that two officers be dispatched and/or respond to all mental health response calls. A supervisor will respond to all calls for service involving violent or potentially violent persons with mental health issues. In addition to the initial training, all patrol personnel attend a mental health related refresher training biannually. This ensures an ongoing mental health specific focus in regular training. Further, current mental health related incidents are forwarded to the training division to be used in scenarios for other training.

II. Review of Past Years Reports

In 2022, 2023, and 2024, UCPD published reports about officer contact with subjects where there was a mental health component. Several different strategies were used in an attempt to get a clearer picture of these encounters. The goal of the reports was to better inform the department about the volume of these types of incidents, the individuals involved, and the implications for officer training.

To that end, UCPD used several different data sources to build a picture of mental health-related responses. This proved to be very difficult because, as will be mentioned throughout this report, any encounter between a citizen and a police officer has the potential to be related to mental health. Even a simple request for a door unlock or jump start can result in contact with an individual that may require treatment or are in some form of mental distress.

This report builds on the initial work of the past years. It reframes some of the practices used to get a clearer picture of these events. This document contains data from UCPD's records management system (ARMS). A mental health indicator was added to the system in late 2018, allowing officers to indicate if a report of any kind is related to mental health. As mentioned above, the goal in providing the indicator for mental health-related issues allows for tracking incidents that in the past may have gone unnoticed in traditional means of reporting.

As a result of the changes implemented from suggestions in past years, this year's report can draw on the existing data sources and the enhanced ARMS data. Limitations still exist; however, the spirit of this report is one of improvement and expanding capabilities in collecting data related to these incidents and growth in the training officers receive related to mental health.

III. The Data

There are multiple sources of information on mental health related activity for UCPD. The CAD (Computer Aided Dispatch) data provides information regarding the overall percentage of calls to the UCPD Emergency Communication Center that are initially reported as related to mental health. However, these data do not provide detailed information regarding what officers encounter and how they respond. Call for service data from CAD helps examine repeated incidents at a particular location and can be used to augment other data sources.

Contact Cards completed by UCPD officers are also a valuable source of data on mental health related incidents. These data include detailed information about both the individual encountered and the disposition of the stop, but officers are only required to complete contact cards for non-consensual stops. Therefore, these data do not capture consensual encounters that may be related to mental health issues.

The UCPD Mental Health Response policy also requires that officers complete an ARMS (Automated Records Management System) report for all mental health related incidents, including consensual and non-consensual encounters. ARMS includes a "behavioral health related" code to indicate that a report of any kind (criminal offense, information, traffic collision) is in some way related to mental health. In 2019, UCPD pushed to ensure that officers were indicating mental health related incidents.

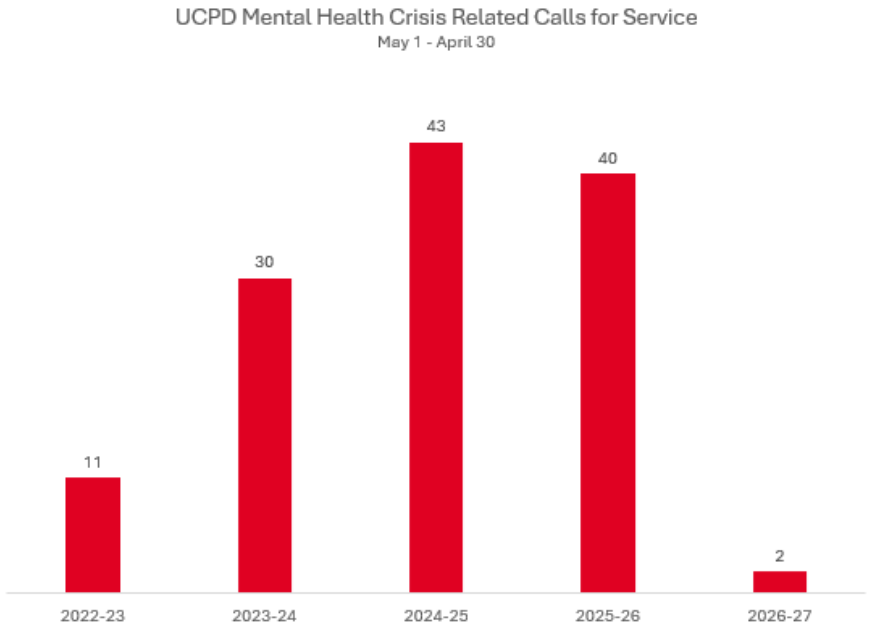
An issue with the ARMS data is that the quantitative data collected is not particularly informative to the context of the interaction between officers and individuals encountered. The more descriptive information regarding officer and subject actions are contained in the qualitative report narratives. In light of this, all ARMS report narratives related to mental health issues are regularly forwarded to the UCPD Training Section to determine whether any officer-reported information can inform future mental health refresher training curricula. Further, once weekly, an automated report aggregates these data and forwards them to other university stakeholders.

The data sources discussed above ove provide an excellent platform for examining mental health related issues encountered by the UC community. The UCPD is committed to ensuring that these issues are consistently evaluated to ensure equitable and compassionate handling of incidents where a subject is experiencing mental health related issues.

IV. Mental Health Specific Calls for Service

Call for service data is collected when a citizen calls to report an issue or an officer communicates their activity over the radio. An electronic document is created by a dispatcher that indicates details about the type of call for service and what the officers will encounter when they arrive on the scene. The computer-aided dispatch (CAD) system houses these records. It is important to note that these initial details can be inaccurate or, at the very least, not represent the situation as it is occurring. For this reason, the data collected from the CAD system should be considered to be supplemental. Even with the fluid nature of these situations, these data can be valuable in gaining insight into what the officer knows before the encounter with the subject.

Figure 1: UCPD Mental Health Related Call for Service Data



Every call for service or officer-initiated action could be related to mental health. While the initial call may not be for a mental health related incident, officers sometimes find a mental health component to an otherwise innocuous call for service. Sometimes, however, officers are dispatched for a mental health crisis-specific call for service. These calls are captured under the "Mentally Impaired Nonviolent", "Mentally Impaired Violent", and "Suicide/Attempt Suicide" call types.

Table 1: UCPD Mental Health Related Call for Service Data: 2022 -2025 by Type

Call Types	2022-23	2023-24	2024-25	2025-26	Total
Mentally Impaired Non-Violent	73%	50%	56%	48%	67%
Mentally Impaired Violent	9%	10%	12%	10%	0%
Suicide/ Attempt Suicide	18%	40%	33%	43%	33%
Total	100%	100%	100%	100%	100%

In 2020, the global COVID-19 pandemic changed many aspects of life around campus. Courses were shifted to a virtual format while the university maintained only a small on-campus presence to ensure that teaching, business, and support continued with as little interruption to function as possible. Because of this, the nature of mental health related incidents changed. With fewer students living and attending classes on campus, UCPD responded to fewer calls for services and incidents involving UC students dealing with mental health issues. However, calls to make contact and check on students attending courses online increased significantly.

Figure 1 demonstrates the calls for service for mental health related call types over the past several report periods. These calls have remained relatively stable from the 2019-20 period to the 2020-21 period. Table 1 demonstrates the shift in call types during the pandemic. Many of the calls for service

relating to mental health involved non-UC-affiliated persons on or in the area of a UC property. UC is a public space and is used by individuals not attending classes or working at the university.

Figure 2: UCPD Mental Health Related Call for Service Data: By Month

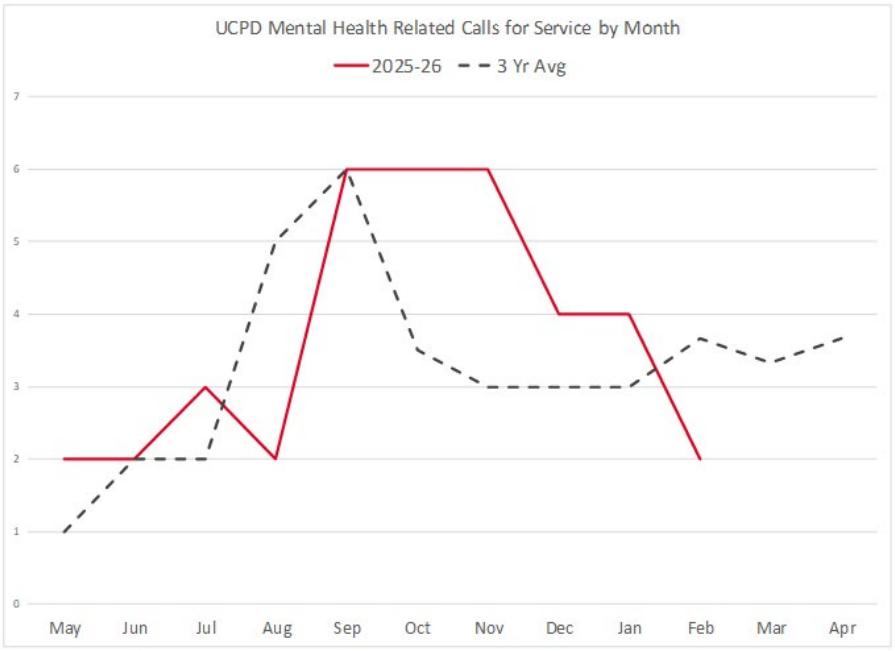


Figure 2 highlights the seasonal pattern that we typically see in calls for service for mental health issues. Fall and spring semesters represent usual spikes in these calls, while the summer and breaks are often much lower as the number of students on campus decreases. It should be noted that September and October are typically the highest months for these calls for service. Students adjusting to the college environment and new students and faculty being introduced to the population seem to impact these requests for assistance.

V. Mental Health Related Contact Cards

In the 2025-2026 report period, there were 126 contact cards related to Mental Health. An officer completes a contact card after they engage in an incident where an individual is not immediately free to leave. Completing a contact card does not mean that a subject was arrested due to the incident. This is indicated by the card being marked explicitly as such for the reason of stop, or the card indicates an involuntary 72-hour commitment to a mental health facility.

Figures 3 and 4 demonstrate the breakdown of individuals involved in these stops. The gender of individuals stopped were females representing 24% and males 76% . White individuals accounted for 48% of mental health related contact cards, while black individuals accounted for 37% of individuals in the contact card data. This is consistent with previous report periods with the gender and race of individuals stopped fluctuating by about 10% period over period.

Figure 3: UCPD Mental Health Related Contact Cards: May 2025 -April 2026 by Stopped Race

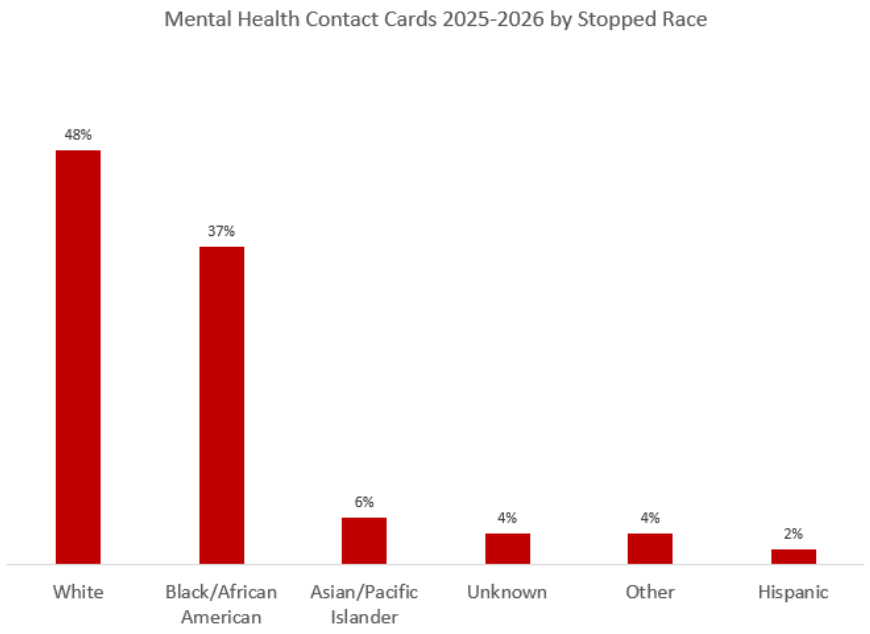
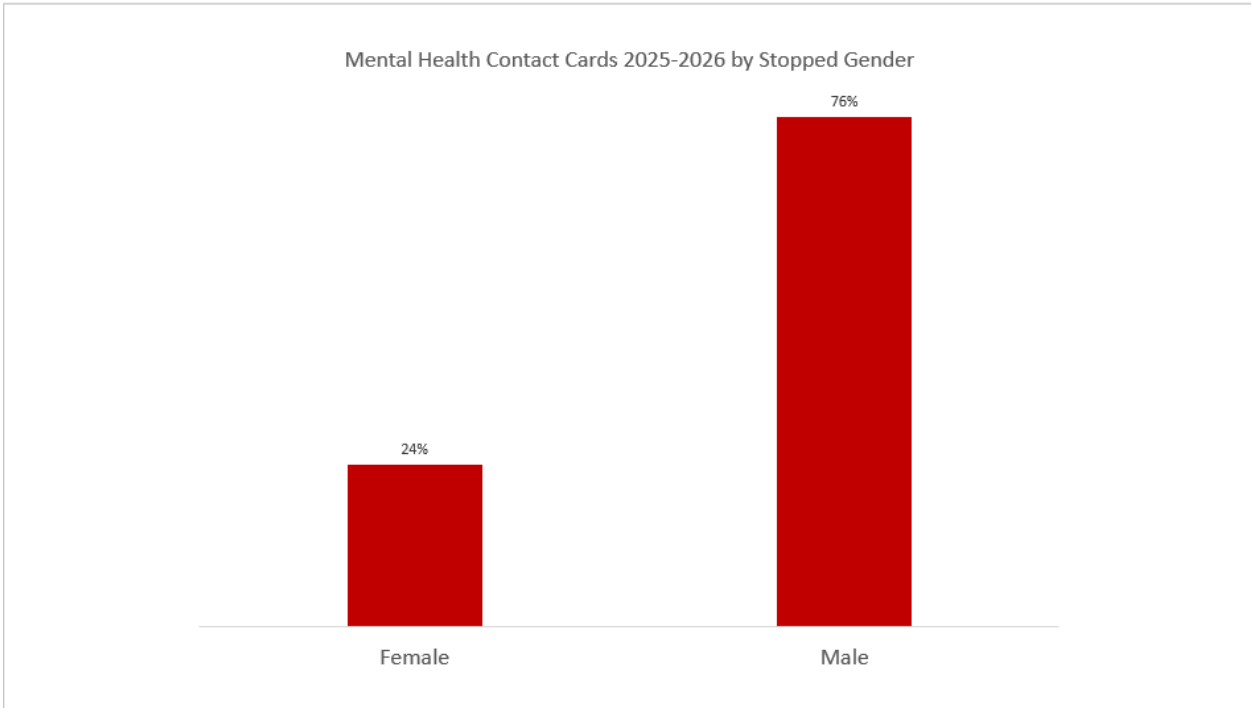


Figure 4: UCPD Mental Health Related Contact Cards: May 2025 -April 2026 by Stopped Gender

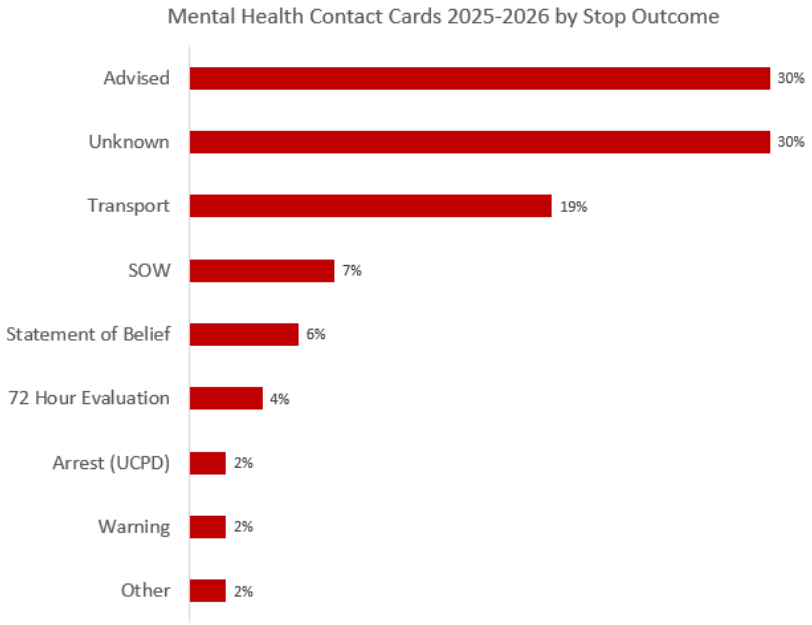


The disposition data collected indicates that the most common outcome of these stops was a 72-hour mental health evaluation. 10% of individuals who were stopped in these cases were sent to a mental

health care provider for a 72-hour evaluation. This is slightly higher than what has been observed in previous report periods. 72-hour evaluation outcomes range from 39% to 58% over the past several report periods. 2% of the mental health related contact cards resulted in an arrest of the subject over the 2025-26 report period.

UCPD strives to handle these types of incidents in a way that consists of our core values and the safety of all parties involved. To that end, none of the stops during the 2025-26 report period resulted in an officer using force to control the subject. Use of force in the contact card data is very rare, with only one case in the last several years resulting in a use of force to contain a combative subject experiencing a mental health crisis.

Figure 5: UCPD Mental Health Related Contact Cards: May 2025 -April 2026 by Stop Outcome



VI. UCPD Mental Health Related Incidents by Stopped Age Group

As Figure 6 demonstrates, 72% percent of the age 18 -25 were stopped.

Figure 6: UCPD Mental Health Related Incidents by Stopped Age Group

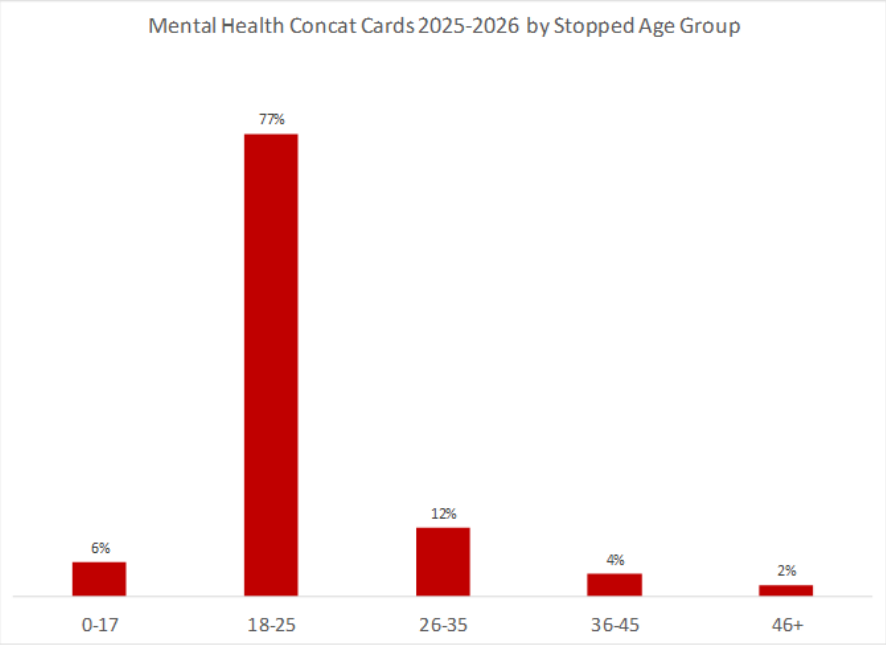
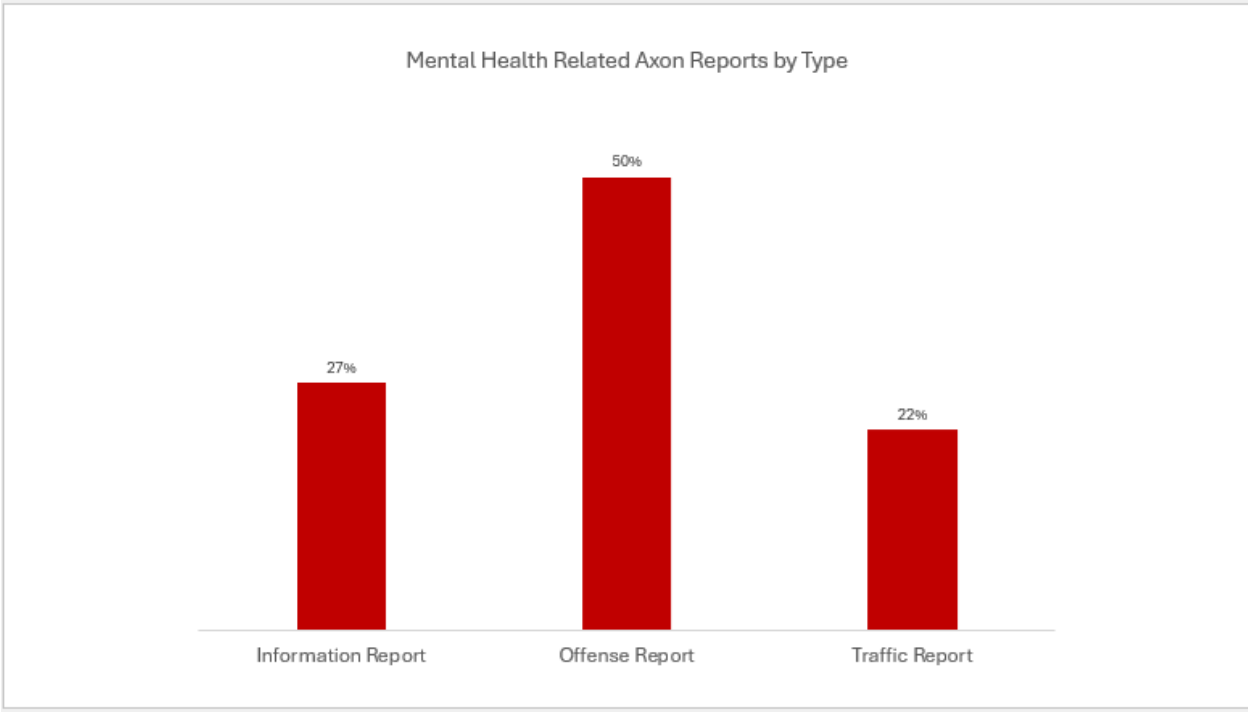


Figure 7: May 2025 – April 2026 UCPD Mental Health Related Incidents Report Type



Of the reports marked as being related to mental health, 50% were classified as offense reports. There were no felony reports marked as being related to mental health.

The information from all offense and information reports relating to mental health is passed along to the UCPD Training Section for incorporation in training. These data are sent every week in an automated email.

VII. Implications

The University of Cincinnati Police Division is committed to process improvement. Issues surrounding mental health are consistently an issue of policing agencies across the United States, and we strive to approach these situations with the most informed response possible. To that end, we will continue to develop new strategies and training based on the data we collect about these incidents.

In an attempt to inform operations in a manner closer to real-time, UCPD collects and automatically sends details about mental health related incidents to the training division as well as other university stakeholders. This means that officers can train using situations that they are likely to encounter in their daily activities. Adding details from these incidents to the regular training scenarios allows UCPD officers the ability to adapt and improve responses to ensure favorable outcomes for all parties.

The training section reviewed the mental health related “calls for service” and determined that our current training is sufficient.