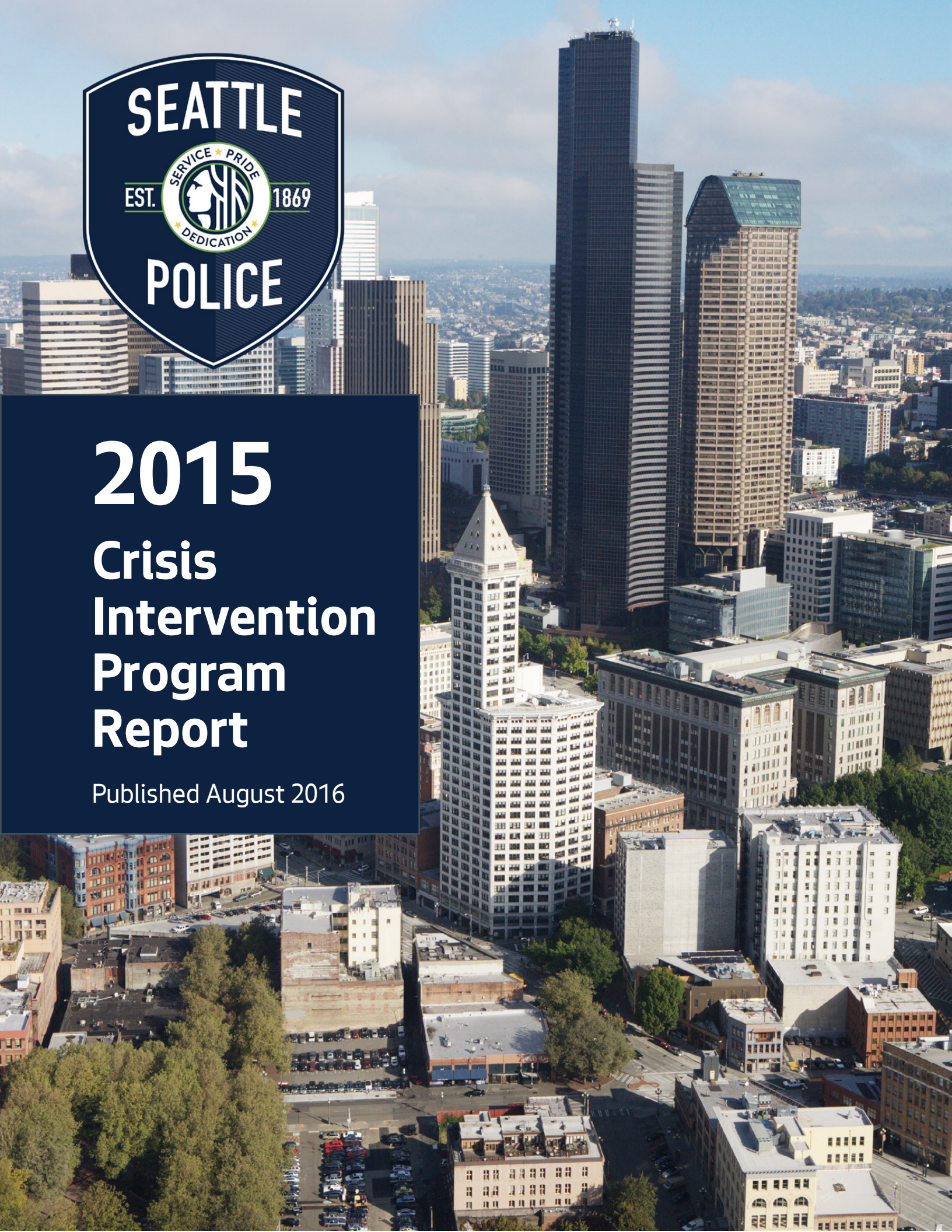

2015 Crisis Intervention Program Report

Published August 2016

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Executive Summary

Since 2014, in collaboration with the Department of Justice and community partners, the Seattle Police Department has established itself as a national model for delivering meaningful and compassionate police services to individuals in behavioral health crises. The Department was pleased by the Monitor's finding earlier this year that SPD is in initial compliance with all paragraphs of the Consent Decree relating to crisis intervention – including its policies, training, deployment, and responses. The Department is particularly proud, however, of its accomplishments since that assessment and its recognized and growing leadership in this field.

In last year's inaugural Crisis Intervention Report, the Department pledged continued innovation in training, technology, and outreach to further enhance and inform both contacts between officers and subjects in crisis, while also improving upon diversion and disposition strategies for crisis incidents. The Department's work over the past year reflects these goals in action. Specifically, SPD has:

- Implemented a new data collection template, allowing for more accurate, robust, and consistent reporting of crisis contacts, and partnered with Code for America, a technology non-profit, to develop a tool that allows for greater individualized responses to subjects in crisis.
- Delivered advanced training to both CIT-certified and non-certified officers in a wide range of topic areas related to crisis events, including specialized training in advanced topics and integrated, scenario-based training that provides officers the opportunity to reinforce these skills in practice.
- Added, by way of officers voluntarily seeking certification, to the already high number of CIT-certified officers available to respond to crisis incidents across all precincts and watches. More than 58% of patrol officers are now CIT-certified, allowing a CIT-certified officer to be on-scene at nearly 75% of the approximately 9,300 unique crisis incidents documented over the year covered in this report.
- Enhanced the frontline response of Crisis Response Teams, providing more patrol support, field outreach, and coordination with service providers, shelters and day services.

The impact of this enhanced training and tracking is evident in the outcomes of these incidents. Officers were able to divert more than one-third of subjects into medical care, either through emergent or voluntary detention; fewer than 8% were arrested. Of the approximately 9,300 crisis responses during the year reported here, only 149 (1.6%) involved any use of reportable force, and of these, only 36 (0.4% of crisis responses overall) involved greater than a low-level, Type I use of force. Given the estimation cited in the Department of Justice's 2011 Findings Letter that more than 70% of force incidents involved persons in crisis, these numbers show that officers have embraced, and are applying in practice, the de-escalation and CIT skills that are now emphasized in training.

Law enforcement alone cannot resolve the underlying drivers of the behavioral health crises that so often intersect with the justice system, but officers can play a vital role in responding to these incidents with awareness and compassion, thus helping to drive systemic change. The Seattle Police Department is proud of its accomplishments to date and reaffirms its commitment to continuing its model training program, developing stronger analytic abilities to evaluate performance, and working with external partners to improve and expand service models.

Introduction

The Seattle Police Department is pleased to present its second annual report on its Crisis Response Team and Crisis Intervention Program. This report provides a broad overview of the Department's accomplishments in the area of Crisis Intervention from **May 15, 2015 to May 14, 2016**, and discusses four major areas of the Department's Crisis Intervention program:

- Crisis Intervention Training
- Deployment of CIT Certified Officers
- Crisis Response Team workload and responses
- Uses of Force involving persons in crisis

This report also previews the Department's goals with respect to its crisis intervention program over the following 12 months.

Background + Accomplishments

The Crisis Intervention Unit consists of the Crisis Intervention Training (CIT) Commander (Operations Lieutenant), the CIT Coordinator (Sergeant), and the Crisis Response Team (CRT). The CIT Coordinator is responsible for overseeing the day-to-day operations of the crisis intervention program, assists in developing the Department's crisis intervention training, and coordinates with the Crisis Intervention Committee (CIC), a voluntary interagency advisory committee that includes the region's leading mental and behavioral health experts, social service providers, clinicians, community advocates, academics, other law enforcement agencies, the judiciary and representatives of SPD. The CRT is composed of four CIT-certified officers and a civilian mental health professional and serves as a mobile response team, available to respond city-wide to provide onsite consultation. The CRT also provides on-going follow-up for certain individuals who are flagged as frequent contacts in crisis incidents, which includes coordination with case managers to establish response plans tailored to their particular needs. The Unit also includes a team of three Seattle Housing Authority liaison officers. The Unit reports directly to the Assistant Chief of Patrol Operations.

In its first annual report, the Department cited four high-level goals for this year:

1. To enhance its ability to better understand and contextualize the universe of contacts between SPD officers and persons in crisis through implementation of a new, customized data collection template (the Mental Health Contact Form).
2. To develop more robust systems for delivering consistently high quality crisis intervention training that is applicable and timely.
3. To continue to work in close collaboration with the CIC to develop procedures that will address the five program components that make up the analytical strategy laid out in the Department's crisis intervention policy.
4. To continue to work with the CIC and service providers in the community to identify ways to integrate lessons learned and feedback received, address breakdowns in communication, and enhance and streamline the process from initial contact through disposition, including, to the extent practicable, outcomes from referrals to providers and other services.

Background + Accomplishments

The Department's work towards meeting these goals, including the implementation of the Mental Health Contact Form (MHCF), was praised earlier this year in the Federal Monitor's systemic assessment of SPD's crisis intervention policies, training, and operations, which was filed with the Federal Court in February 2016. Supported in large part by data collected through the MHCF, the Monitor found the program to be in initial compliance with all related provisions of the Consent Decree.

Specific findings included:

- SPD is dispatching its now large and trained cadre of crisis intervention-certified officers to crisis events in the great majority of instances.
- Initial data shows that force was used in less than 2% of crisis response incidents, and that of those relatively few instances, the vast majority involved no greater than a Type I level of force.
- All officers have received some level (at least 8 hours) of Court-approved crisis intervention training, developed in collaboration with the CIC.
- Sufficient numbers of CIT officers are deployed throughout the City, across watches, to provide coverage for crisis incidents.
- SPD has institutionalized attention to crisis intervention by establishing and funding the CIT Program and continuing to maintain and lead the CIC.
- SPD is continuing to make strong efforts to divert people in crisis into the social service system.

The Department is continuing to build on these core successes and is proud to be among the nation's leaders in driving innovative approaches to providing meaningful intervention in the lives of thousands of our community's most vulnerable citizens.

Training

In 2014, the Department rolled out the first of its enhanced training modules on Crisis Intervention, offering Advanced Crisis Intervention to all CIT-certified officers. Additionally, it required that officers who did not take the Advanced CIT complete an eight-hour course through the Criminal Justice Training Commission. In 2015, the Department mandated Crisis Intervention Training for all officers. Those who were CIT-certified received specialized training relating to traumatic brain injury and veterans' concerns. Officers who were not CIT-certified received a modified version of the Advanced Crisis Intervention training that had been provided to CIT-certified officers the previous year. In addition, CIT skills were integrated into the tactical de-escalation training and were woven into scenario trainings to create a seamless and more practical approach in responding to individuals exhibiting escalating behavior.

Crisis Intervention training in 2016 builds upon both prior years' trainings. In partnership with the CIC, officers, supervisors, and social service providers and clinicians, the Department identified several distinct topics for advanced training, including:

- **Documentation of Crisis Events:** In conjunction with the implementation of the Mental Health Contact Form in May 2015, baseline training was provided by way of an e-learning module that explained when, and how, to complete and submit the form. Based on their review of the forms over the first months of use, the CIT Commander and the CIT Coordinator identified certain issues to be addressed through subsequent training to ensure data quality and consistency; these issues are now being addressed through existing classroom training.

- **Joel's Law referrals:** On July 25, 2015, the Washington State Legislature adopted a new law under RCW 71.05 (Emergency Detentions of Persons in Crisis). This new section allows a family member of a person who has been emergently detained and released from custody to petition the court requesting that person be detained for further evaluation. The training provided on Joel's Law allows officers to educate family members about the new law and how to go about petitioning the court, providing an additional tool to family members who feel helpless in the face of the current system. The intent in adding this block of training in 2016 is to provide officers information to disseminate to family members to potentially capture individuals in need of care who would have previously fallen through the system.

- **Legal Overview:** In January 2016, the 4th Circuit Court of Appeals issued a decision regarding the use of an Electronic Control Device (Taser) on a mentally ill individual who was resisting arrest. The Court found, under the facts presented in that case, that the use of this device violated the subject's Fourth Amendment rights insofar as the subject presented no "immediate danger" to the officers, himself, or others. This case is being presented in this year's training to emphasize the importance of de-escalation in crisis events.

- **Post-Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI):** This training block builds upon the PTSD (Veterans' Concerns) and TBI training that was presented to CIT-certified officers in 2015. This training focuses on the concern that traditional de-escalation techniques (time and distance) are frequently ineffective with persons suffering from such conditions and provides officers with information to help them better recognize the symptoms of PTSD and TBI and when alternative tactics may be appropriate. Because both PTSD and TBI have been highlighted by mental health/drug dependency service providers in our community as issues increasingly confronted by first responders, all officers – not just those who are CIT-certified – are now receiving this training.

Training

- **Emergent Detentions with the Possibility of Charge-By-Officer:** A review of the 5,894 Mental Health Contact Forms that were completed between May 15, 2015 and December 29, 2015 revealed that 295, or roughly 5%, of these incidents involved emergent detentions in circumstances where a crime had been committed, but officers did not pursue charges for the offense. While there are varying reasons for not doing so, and indeed at first blush a decision not to charge may appear to be the more compassionate approach, the CRT has emphasized that pursuing charges for immediate referral to Mental Health Courts in these incidents may in fact serve as a secondary mechanism, following an emergent detention, to provide a layer of support in an overall strategy to connect these subjects with the mental health services they need.

This year's training also includes segments on exigent emergent detentions, vehicle-based crisis responses, suicide-by-cop, barricaded subjects, and crisis responses involving edged or blunt weapons. The training is mandated for all sworn SPD personnel, whether CIT-certified or not, and is intended to build upon previous de-escalation training, expand officer skill sets, and provide clear guidance on when officers are expected to de-escalate and when de-escalation is not appropriate based on subject, officer, and public safety considerations. By the end of 2016, all officers of all ranks will have completed in excess of 27 hours of crisis-related training since 2014.

SPD's crisis-related training has garnered national attention, with dozens of law enforcement agencies from around the country reaching out for assistance in developing their own crisis response structures and programs. In addition, based upon broad interest in the Department's training, SPD made a limited number of seats available to other local law enforcement agencies for its 2016 trainings, and this fall will be conducting a week-long "train the trainer" course for outside agencies. This course will focus on the principles of Crisis Intervention, Tactical De-Escalation, and their intersection with the application of force, and will provide guidance on creating and implementing reality-based training scenarios for law enforcement. Finally, in a related venture, SPD Crisis Intervention trainers have been sought out by the DOJ Bureau of Justice Assistance to provide, through a grant-funded initiative, Crisis and De-Escalation training to over 20+ agencies nationally.

Deployment

Although an optimal saturation level for CI certified staffing has never been empirically tested,[1] levels accepted in law enforcement practice and in the academic literature vary from 10% of a department overall [2] to 25% of patrol.[3] As of May 1, 2015, SPD's Department-wide certified CI coverage was substantially higher than these percentages, with approximately 35% of officers (and 40% of patrol) certified. As of May 14, 2016, the percentage of CI certified officers within patrol had increased to 58.2%, with a saturation level across most watches in most precincts well over 50%.

This year-over-year net increase is shown in **Figure 1**; **Figure 2** shows the current distribution of CI certified personnel across precincts and watches.

Fig. 1: Percent of Officers CIT Certified By Precinct

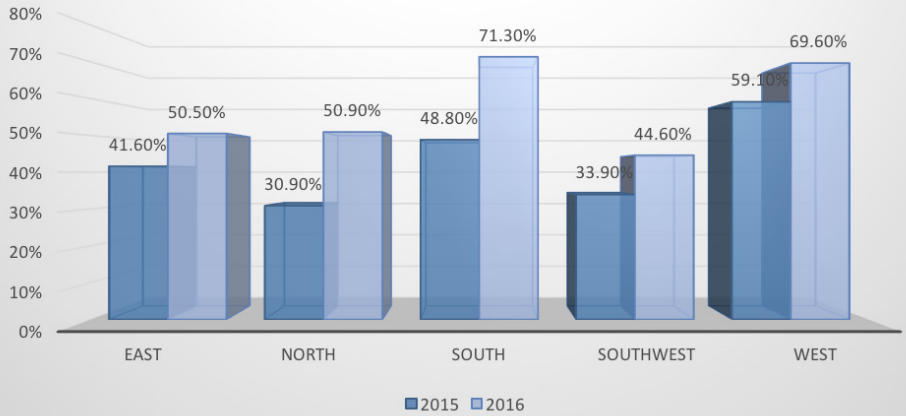
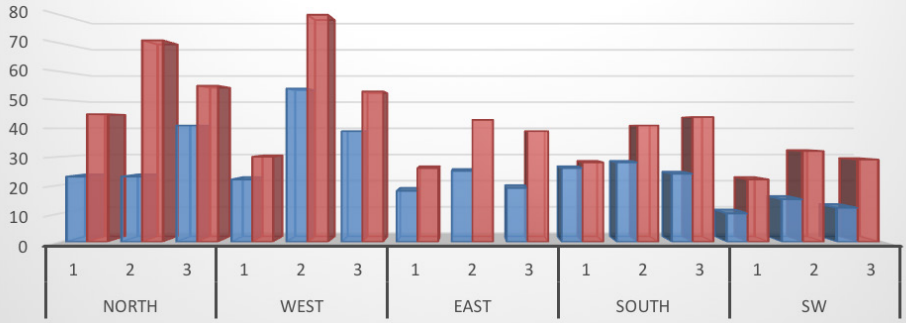


Fig. 2: CIT Certified Distribution Across Watch



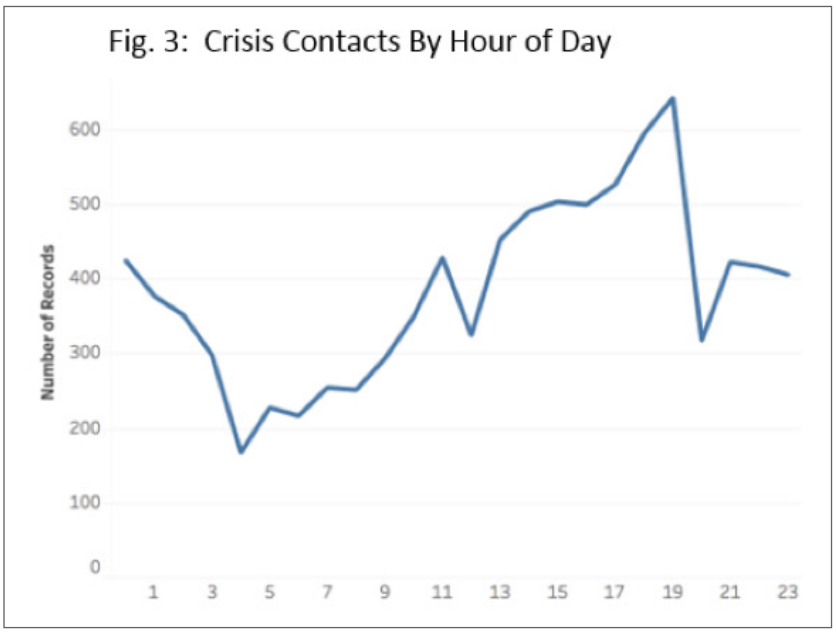
	North			West			East			South			SW		
	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
CI-Certified	23	23	41	22	54	39	18	25	19	26	28	24	10	15	12
Assigned	45	71	55	30	80	53	26	43	39	28	41	44	22	32	29

[1]Watson, A.C., M.S. Morabito, J. Draine, and V. Ottati. (2008). "Improving Police Response to Persons with Mental Illness: A Multi-Level Conceptualization of CIT." International Journal of Law and Psychiatry. 31(4): 359-368

[2]Morabito, M.S., M. Watson, J. Draine. (2013). "Police Officer Acceptance of New Innovation: The Case of Crisis Intervention Teams", Policing: An International Journal of Police Strategies and Management, 36:2; 421-436.

[3]Watson, A.C., M.S. Morabito, J. Draine, and V. Ottati. (2008). "Improving Police Response to Persons with Mental Illness: A Multi-Level Conceptualization of CIT." International Journal of Law and Psychiatry. 31(4): 359-368.

Deployment

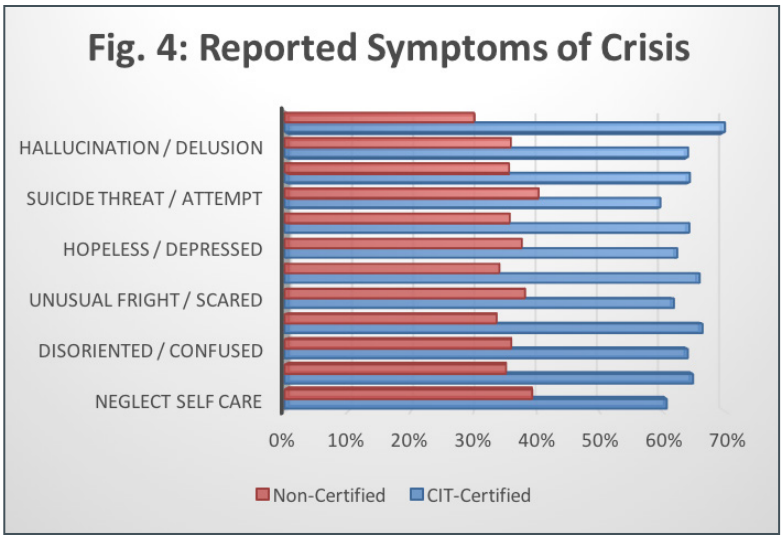


This distribution of CI certified officers across shifts corresponds well with the distribution of crisis calls throughout the day. As shown in Figure 3, crisis calls steadily rise throughout the day, peaking around 1900 hours (7:00 PM) before dropping off substantially in the later evening hours. Whether this increase is an artifact of more officers on shift to on-view and recognize crisis behavior or simply reflective of more people on the streets to engage in or call in crisis behavior is beyond the scope of this report; that said, of the 9,271 unique incidents reported by way of the Mental Health Contact Form, a CI certified officer was on-scene for 6,874 (74%), indicating a good staffing level to meet the demand throughout the day.

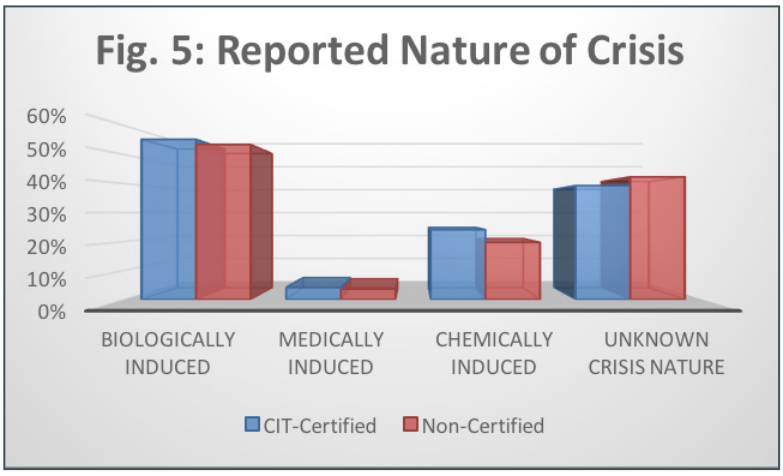
Notwithstanding these high numbers, the Department continues to encourage CI certification across the Department while continuing to provide all officers with a high level of crisis intervention and de-escalation training.

Crisis Responses

The fielded data from the Mental Health Contact Form allows the Department to now analyze its crisis contacts with a greater level of granularity and reliability than in prior years, both in terms of the nature and number of incidents and with respect to the Department's response to and disposition of these incidents. Collectively, this information not only provides critical insight into the individualized needs of the subjects involved (which can inform the work of the Crisis Intervention Committee and identify new areas for training), but also enables the Department to capture the effects of its training in how officers, whether CIT-certified or not, are responding to crisis incidents. In addition, the data collected by way of the MHCF as to incident disposition provides opportunity for evaluation, over time, of diversion strategies and impacts on long-term mental health stability.



In total, between May 15, 2015 and May 14, 2016, SPD officers completed 9,271 Mental Health Contact Forms, each representing a unique incident.[4] Of these, 893 (9.6%) involved individuals identified as "chronic" 911 callers.



Figures 4 and 5 display the most frequently observed behavioral symptoms of crisis incident and the underlying nature of the behavior, as attributed by both CIT-certified and non-certified reporting officers.[5] While the numbers reported here are not particularly surprising in and of themselves, an important insight that can be gleaned from the breakdown in terms of officer certification level is the extent to which the continuing yearly training for all non-certified officers is facilitating non-certified officers' ability to "keep pace" with CIT-certified officers in terms of their ability to recognize behavioral symptoms of a person in crisis and identify whether those symptoms are biologically, medically, or chemically induced. The fact that there are

[4]An important caveat regarding the MHCF data bears mention upfront. Department policy (Manual Section 16.110) recognizes that officers are not mental health professionals, and are not expected to diagnose a subject with a mental illness. Accordingly, the data that is captured on the MHCF with respect to the nature of the incident or behaviors of the individual involved are understood to be the subjective perceptions and belief of the officer at the time of the encounter; in its current implementation, the MHCF is not intended to capture information that may later be learned and documented as part of a General Offense report. In that respect, the MHCF is likely an undercount of the full universe of SPD interactions with persons who may be in crisis or impaired.

[5]Because officers are encouraged to report all behavior symptoms observed, there may be more than one category reported; hence, the percentages frequently overlap.

Crisis Reponses

US Surgeon General Vivek Murthy visited the Seattle Police Department to learn more about how Naloxone-equipped bike officers have helped prevent opioid overdoses.

not substantial differences between certified and non-certified officers in this regard suggests that the crisis intervention training that all officers receive is allowing non-certified officers to appropriately identify, at least to the extent of their more highly-trained colleagues, crisis situations and the underlying nature of those situations at the outset.

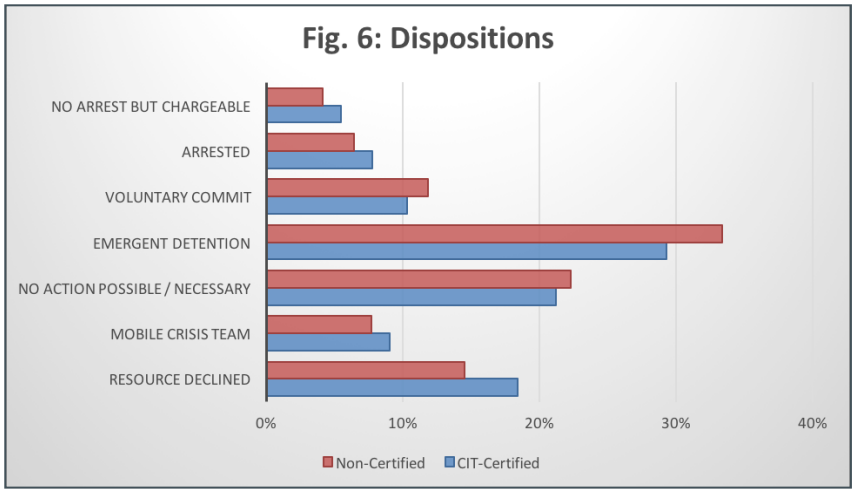
The ability to use MHCF data to break down crisis calls by the perceived nature of the crisis has already enabled the Crisis Intervention Unit, through Crisis Intervention Coordinator Sgt. Dan Nelson, to provide meaningful input to processes that reach far beyond the Seattle Police Department. It has long been recognized in law enforcement and academic circles that the overlap between addiction disorders, mental health disorders, and homelessness are substantial. As the opioid abuse epidemic has exploded in Seattle and King County, as it has across the nation, police officers are frequently called upon as first responders to address these broader societal problems but frequently do not have sufficient legal recourse or community resources to adequately meet the needs of subjects in crisis. As a member of the King County Behavioral Health Advisory Board, Sgt. Nelson is able to bring to this Board, and to members of the Opioid Task Force spearheaded by the King County Behavioral Health and Recovery Division, the more granular information contained in the MHCFs relating to both crisis calls and outcomes. In addition, during this last legislative session, Sgt. Nelson attended a State House Budget Committee meeting and testified in support of House Bill 1713 (“Ricky’s Law”), which now allows for substance use disorders to

Crisis Responses

be recognized as “mental disorders” subject to emergency detention laws. With the passage of this law, the State of Washington began a ten-year implementation period to build secure detox facilities and to establish programs that would integrate state mental health and chemical dependency systems, thus bridging a critical gap in services and affording the same level of services to those suffering from substance use disorders, mental health disease, and co-occurring disorders.

The Seattle Police Department is in a particularly unique position to contribute to the ongoing dialogue and research around crisis events and opioid use. In March 2016, with funding provided through the Marah Project and in partnership with the University of Washington, SPD began equipping bike officers with Naloxone, an intranasal spray medication that blocks opioid receptors and can reverse, almost instantaneously, opioid overdoses. Recently recognized and praised by United States Surgeon General Vivek Murthy, Naloxone-equipped Seattle bike officers have, as of the date of this report, reversed what likely would have been fatal overdoses in nearly a dozen subjects. The Department anticipates that data from this project, which is gathered and analyzed by University of Washington researchers to evaluate the impact of equipping first responders with Naloxone on the long-term health of overdose subjects, will also prove important in assessing and guiding diversion strategies for persons exhibiting crises due to opiate addiction or co-occurring disorders.

Disposition



The fielded data from the MHCF also allows the Crisis Intervention Unit to track with greater accuracy the disposition of crisis incidents – information that is critical not only for purposes of guiding crisis intervention policy and training but can serve to better inform how the CIC and partner agencies coordinate and align resources to meet the needs of these subjects. Figure 6 shows the most frequently reported dispositions of crisis calls, by both CIT-certified and non-certified officers. Nearly one-third of contacts (2,854) resulted in emergency detentions; in another 11% (1008), the subject agreed to be transported for voluntary treatment. Of particular note, only 1.63% (149) of the 9,271 crisis contacts during the one-year period reported here involved reportable force of any kind – a point discussed in more detail below.

In addition to providing fielded data, the narrative component of the MHCF provides additional context and insight into how officers are applying their training, de-escalation tactics, and judgment in terms of resolving the incident. The following narratives are illustrative of this point:

2015-4439XX

The victim called 911 to advise that he was on a ledge under the 12 Av S bridge and make suicidal threats. Officers arrived and found the victim perched on the trellis below the bridge at a dangerous height. Ofc. [name redacted] started a dialogue with the victim who stated that he wanted to die. He was extremely intoxicated. He pulled out a butane canister and a torch lighter then threatened to light himself on fire. Ofc. [name redacted] was able to talk the victim into climbing down. Once the victim was safely off the trellis and detained he expressed his gratitude to the officers with a song. He was transported to Swedish Medical Center for mental health treatment.

Disposition

2015-3119XX
An officer on routine patrol observed a subject walking in the roadway near North Seattle College. The subject was acting strangely and yelling unintelligibly. Rather than contact the subject by himself, the officer (an HNT/CIT officer) continued to watch the subject as he meandered east then north toward the Northgate Mall. Once additional units arrived, 2 officers and the sergeant tried to contact the male. He ran away from officers and eventually made his way up onto the N/B lanes of I-5. WSP was advised, and more SPD units responded to various locations near the incident to both block traffic and be prepared in case the subject jumped off the freeway. The subject walked in the lanes and center median of I-5 for approximately ¼ mile as the HNT officer attempted to engage him from his vehicle via PA. Eventually, the subject stopped in the roadway. In order to create a safe space to deal with the subject, WSP units completely closed N/B I-5 and SPD units briefly closed S/B I-5. NB remained closed for approximately 20 minutes. The HNT officer and a backup officer verbally engaged and contacted the subject, who was showing obvious signs of significant narcotics use. SFD was requested and they subsequently transported the subject to HMC for evaluation.

2015-3163XX
A 911 call was received reporting a male with a shotgun pacing around his back yard. The caller reported that the male's behavior had been becoming more and more erratic. As officers were responding to the scene, the male left the alley and started walking towards Chief Sealth High School, where a football practice was going on across the street. Officers arrived and quickly addressed the male, gaining compliant through verbal commands. The male was detained. One of the officers recognized the male as having sustained a serious injury to his jaw about 18 months ago in an assault. A check of the male's house showed recent marijuana use. Interviews with the male showed that he had been growing increasingly paranoid about thefts on his property and had grabbed his rifle to "find the people that took [his] stuff." Officers believe that the male's behavior may be due to a mental health status change, possibly brought about by a traumatic brain injury. The male was sent to HMC for a mental health/medical evaluation. The male told officers that he agrees that he hasn't been right since the assault.

Disposition

2015-3409XX
Officers responded to multiple calls of a female brandishing a knife, running west on E John St from 12 AV. Witnesses did report that she would display the knife in a threatening manner to passerby, however none of them came forward. Officers [names redacted] encountered the subject on E Olive Way between Broadway and Harvard AV. She was still holding the knife and running into traffic. Officer [name redacted] told the subject to drop the knife, and she did, and backed off. The subject then moved forward and reached for the knife again, however she was persuaded to back off, and went to the ground. Officers were able to take the subject into custody without further incident, and she was secured in a patrol vehicle. AMR responded to the scene, and she was transferred to their care for transport to HMC to be medically and mentally evaluated. Officers [names redacted] showed great restraint in handling this subject.

2015-3559XX
Officers responded to a family disturbance in which the caller stated his (adult) son was in the basement, armed, and wanting to kill himself. The call was disconnected. Officers contacted the mother and 16 yo daughter at the house, and were verbally challenged by the male suspect from downstairs, who specifically threatened to shoot/kill the officers. The officers exited the house with the family members. The sibling saw the suspect [name redacted] holding a pistol prior to the officers' arrival, but [name redacted] referenced other weapons as well. We established inner containment and an exterior traffic perimeter, and requested SWAT and HNT. [Name redacted] came to the front door holding a bag, threatened to kill officers again, then retreated. He then went to the third floor of the house and could be seen with the pistol, while verbally challenging containment officers. He came to the front door two more times, and was ultimately persuaded to surrender by members of the contact/arrest team, after he threatened to kill them all yet again. He was detained without incident prior to the arrival of support units. The pistol was later recovered from the house. When the situation was stabilized, [name redacted]'s mother stated that she did not call, but that [name redacted] himself had called and summoned the police, under the guise of being the "father", in an obvious effort to create an armed confrontation with police. Further, he told his mother that he was going to die today, and also that it was his birthday, which was a good day to die. She explained to us that he has a recent history of crisis activity, which is exacerbated by substance abuse, and that it is clearly escalating. She is afraid and does not want him to return to the residence unless or until treatment is obtained. Due to the serious escalation of behavior, [name redacted] was booked for felony harassment in order to insure public safety.

These examples are just some of the thousands of outstanding responses of Seattle police officers to subjects in crisis, representing the very real impact of continued crisis intervention training and de-escalation training in practice.

Crisis Response Unit

The Crisis Response Unit (CRU) comprises two teams: the Crisis Response Team (CRT), which responds to incidents in the field that involve subjects in extreme states of behavioral crisis, and the Crisis Follow-Up Team (CFT) that follows up on cases involving serious behavioral crisis through intervention at the lowest-level, least-intrusive interception point and works to prevent and reduce harm by helping a subject gain behavioral self-control through engagement with treatment.

Table 1: Crisis Response Team Activities Counts

Jan - June 2016 (As of July 1)	Total
Patrol Support	**829**
Field Outreach and Assessments	**388**
Mental Health Court Support	**79**
Service Partners	**334**
Citizen Ride Along	**15**
Shelters and Day Services	**130**
Mental Health Facilities	**88**
Roll Call Attendance	**40**
Follow-Ups/Office Base	**211**

The CRU receives cases from many sources, including regular contacts between patrol and individuals who are frequent utilizers of patrol resources or contacts with individuals in crisis whom officers feel could benefit from more intense intervention and individualized follow-up. In 2015, CFT officers followed up with 376 of the most acute cases – contacting the person's caseworker, speaking to their family, and connecting the individual with local services.

For purposes of this report, and because of the manner in which CRT data is currently maintained, only CRT data between January 1, 2016 and July 1, 2016 is presented. In this six-month period, CRT received 135 cases, placing the unit on pace to manage 270 cases this year – a reduction in intake of nearly 40% since last year. This decrease should not, however, be mistaken for a decrease in the need for CRT services. Over this same period, CRT officers are reporting a significant increase in activity on the front-end of crisis incidents, including patrol support and field outreach, working with service providers, and responding to shelters and day services. Table 1 provides a more complete breakdown of CRT activity log counts over the first six months of this year.

Taken together, the reduction in overall case load coupled with the increased emphasis on front end support provides promising evidence that proactive outreach on the front end, through field support to patrol officers on the scene and ongoing collaboration with mental health providers and caseworkers, can truly help lead to stabilization for a significant number of Seattle's most vulnerable residents.

An exciting partnership between SPD and the civic technology non-profit Code for America is creating opportunity to still further increase the effectiveness of CRT in first-line response. As part of CRT's follow-up, CRT officers prepare individualized response plans that are tailored to the particular behavioral challenges and needs of the person. In addition to offering patrol officers or others responding guidance on how to best approach the person, these plans also contain information on how to mobilize an individual's support network of service providers and family members. A recent review of resource allocation across twelve individuals with specially tailored response plans highlights the critical value of this resource,

Crisis Reponse Unit

Sgt. Dan Nelson presents an update to the Crisis Intervention Committee.

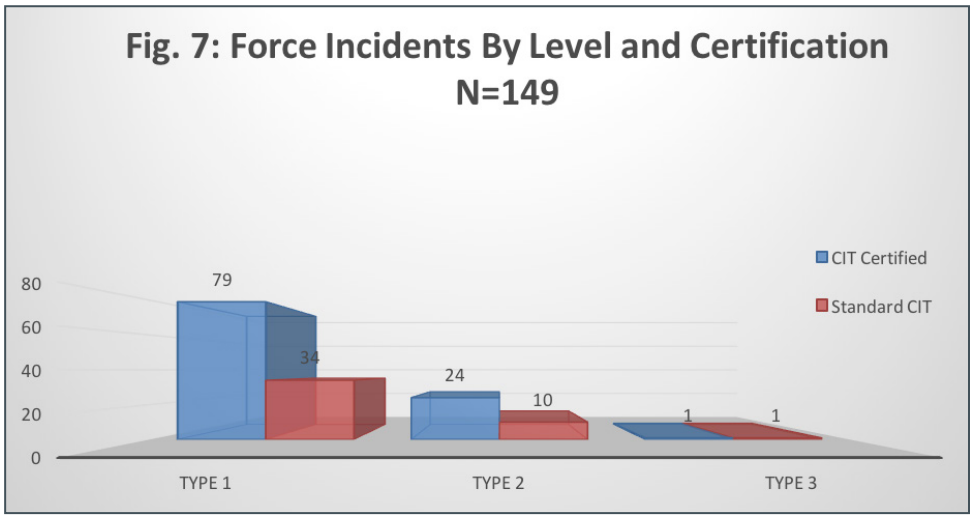
showing a staggering 72.6% reduction in the amount of police hours dedicated to these individuals after implementation of a plan (comparing three-month periods before and after a plan was in place). Across the board, these individuals had fewer arrests, hospitalizations, and generated fewer 911 calls after their plans were implemented.

These improved outcomes have resulted even with severe limitations as to how response plans are currently distributed. Response plans are stored on a bulletin system alongside "wanted" or "missing person" bulletins, and are shared with officers via email. Before arriving at a scene, officers must proactively search for a response plan, either in the bulletin system or in their email inbox – a process that can make plans difficult to access. Further, response plans are currently shared in .pdf format, which is difficult to read on in-car computers and nearly impossible to read quickly on a smartphone. Working with the Crisis Intervention Unit, a Code for America fellowship team is spending 2016 developing a web-based application that can be viewed on officers' in-car computer and mobile phones, displaying key information from response plans in a way that is easier for officers to scan while in route to a scene. Such information includes information such as who to call (family members, caseworker, etc.) and specific action steps to help the person. This app will also help increase collaboration between officers and service providers by allowing the officers to call or notify identified caseworkers with a single tap to alert them to the fact of an interaction between their client and the police. The app will also include a filterable list of resources and service providers, categorizing the types of resources so that officers can quickly assess which ones are relevant.

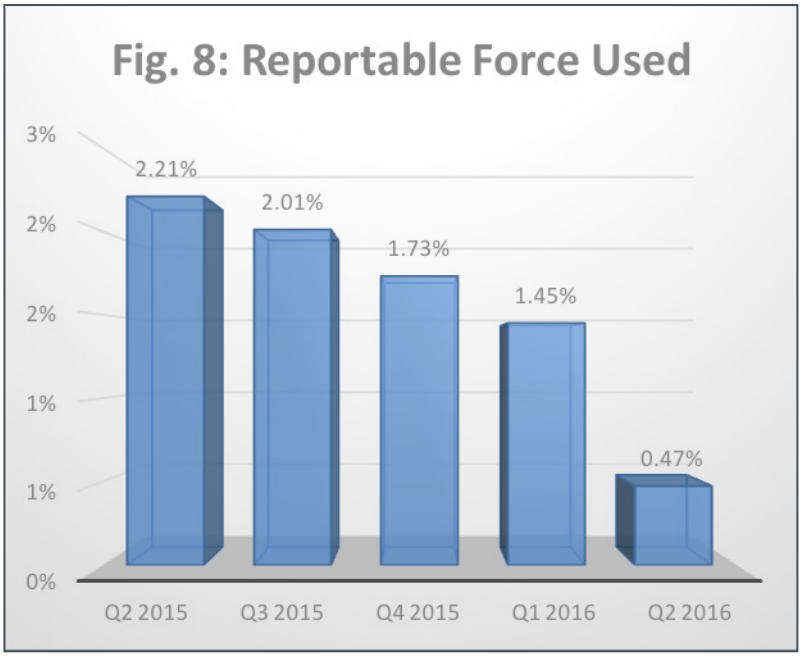
The Department believes that by providing officers with critical information before they contact an individual in the field, helping them discover and access plans more easily, and connecting them with caseworkers and service providers, this app will help officers to be even more effective working with vulnerable populations in the field and produce better long-term outcomes for persons with mental illnesses and chemical dependencies.

Use of Force

Of the 9,271 crisis incidents captured by way of the Mental Health Contact Form over the first twelve months of implementation, only 149 (1.6%) involved a reportable use of force. A breakdown of these 149 force incidents by highest level of force used is shown in Figure 7. Of these 149, the vast majority (113, or 76%) involved low-level, Type I force; 32 (22.8%) involved a Type II use of force, and only 2 incidents reported via the MHCF (1.3%) involved a Type III use of force. During this same time period, a total of 1,065 incidents were reported overall that involved a use of force, meaning that, across all uses of force reported during the one year period reported here, less than 15% involved persons in crisis, with only three percent of these incidents involving greater than low-level, Type I force.[6]



Given the estimation cited in the Department of Justice's 2011 Findings Letter that nearly 70% of uses of force by Seattle Police Officers involved persons in crisis, these low numbers are solid evidence that Seattle police officers are embracing and putting in practice their expanded de-escalation and crisis intervention training.



[6]Both of the Type III force incidents involved body force only; of the 32 Type II force incidents, the majority (20) involved body force (one body force incident also involved OC), 11 involved a Taser application, and one incident involved a K9 application.

Use of Force

As shown in Figure 9, this training correlates with a steady increase, by quarter, in the frequency with which CIT officers were dispatched and arrived on scene. (Note that officers monitoring radio may self-dispatch, hence the differences in the columns that show the percentages off officers dispatched and arrived.)

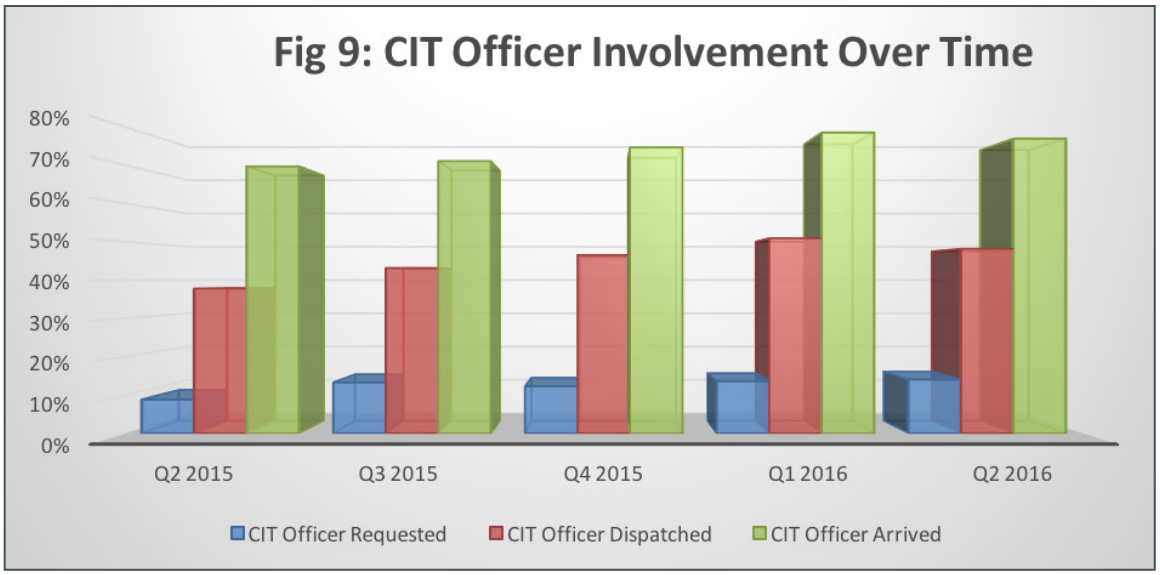
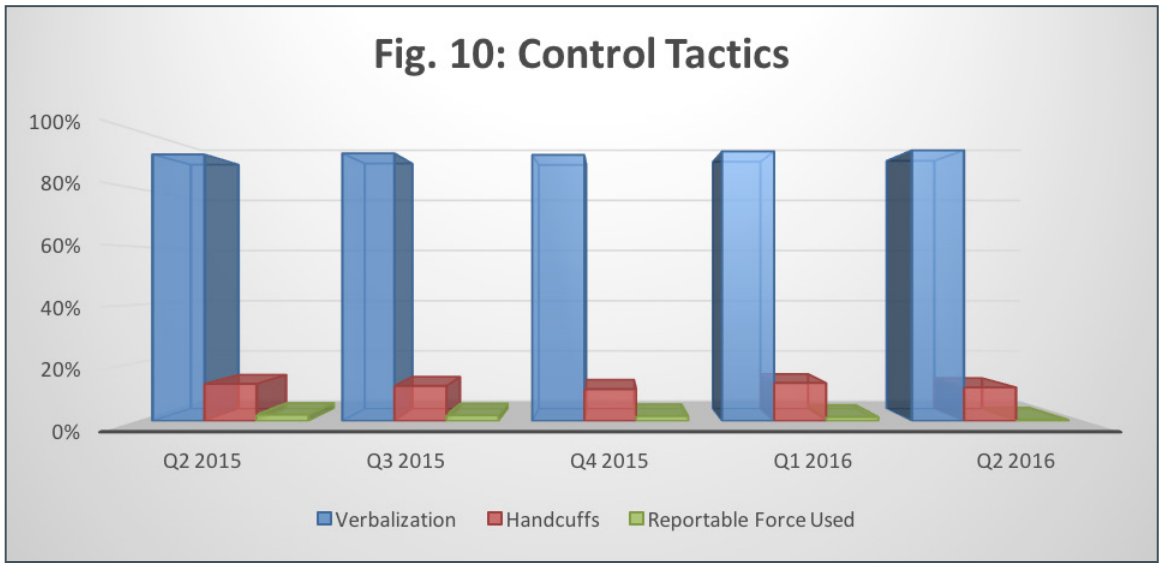


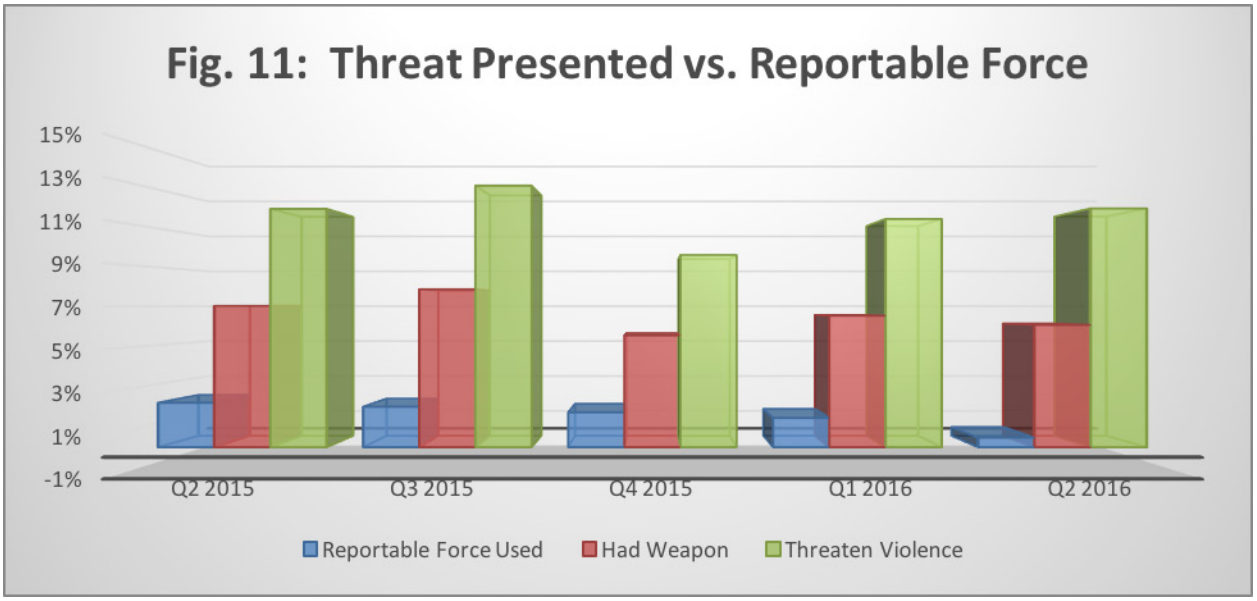
Figure 10 further illustrates the impact of de-escalation and crisis intervention training in the types of tactics officers have available to bring incidents under control without a use of force.



Consistently over quarters, officers reported using verbalization tactics to control situations in greater than 90% of contacts; also consistently, officers required handcuffs to restrain a subject in fewer than 15% of incidents. This very high rate of verbalization tactics, coupled with a consistently low rate of handcuffing and markedly low, and decreasing, numbers of incidents in which force was necessary, strongly suggests that officers, both CIT-certified and non-certified, are becoming increasingly skilled in applying their training to de-escalate and resolve crisis incidents.

Use of Force

Second, the systemic decrease in force incidents cannot be dismissed as somehow indicative of a lesser complexity, or diminished threats, in the incidents to which officers are responding. In a full 8% of force incidents reported during this 12-month period, the subject was reported to be armed, whether with a gun (in 58 incidents), a knife (in 349 incidents), or some other weapon (in 339 incidents). As shown in Figure 11, the rate at which reportable force was required declined over the quarters even as the number of incidents involved armed or otherwise threatening subjects remained relatively high.



Community Response

The Department is unaware of any other law enforcement agency in this country that has as expansive a crisis intervention unit, both with respect to training and deployment, as Seattle – a point that is underscored by the demand around the country for Seattle's trainers and curricula. While each crisis incident – as with any incident – is unique, and any encounter has the potential to involve a threat that may eventually require a use of force to contain, the remarkably low rate at which officers are using force in what are inherently unpredictable circumstances provides solid evidence that Seattle officers are consistently and conscientiously putting in practice the de-escalation and crisis intervention skills that are now a regular part of annual training. This fact is reflected as well in the many commendations the Department receives monthly, from community members. A very few of the many examples include:

"We are writing to express the appreciation of the Virginia Mason team for the exemplary work of the Seattle Police Department in de-escalating a potentially life-threatening situation for one of our patients. At approximately 11 p.m. on April 10, a confused patient used an oxygen tank to break through an 18th floor window at which point he stepped out onto the window ledge. This patient requested the presence of the Seattle Police. Five officers quickly responded and were able to reassure the patient and convince him to step safely back into the building where much-needed treatment could occur. Specifically, we wish to thank the officers of the East Precinct who provided appropriate, professional and timely assistance: Officer Daniel Auderer, Officer Karla Cockbain, Officer David Allen, Officer Joshua Ziemer, Officer Lydia Penate. Thank you both for your leadership and for everything you do to ensure the safety of our community."

"I arrived at my office building today to several officers surrounding a man who was extremely agitated and clearly very messed up. I waited a moment before going in to the building and asking an officer if it was okay to go in, and while I was there I observed one of the officers, speak to the man in a very soothing and anti-confrontational tone, and introduce himself to the gentleman after getting his first name. I was so impressed with the way the situation was being handled. I don't know what happened next as I went in to work, but I wanted to give a shout-out to those wonderful officers doing such a great job. Thank you!!"

Community Response

"I would like to call out what I witnessed on 4 April, approximately 3 PM, at a residence in North Seattle for exemplary policing. An elderly citizen had befriended a homeless person and allowed that man to stay in her garage for a period of several days. When asked to leave, he fought back with belligerence. Unbeknownst to my neighbor, age 70, he had already begun to alter the interior of her garage and fully intended an indefinite stay. Things came to an abrupt ending when after numerous calls to the SPD to remove this person from the property, a final group of three officers showed up at the residence to clear up the situation. Although the man was belligerent and made threatening gestures, at no time did the officers respond with physical force. They walked that man off the property after spending 2 hours taking him down into submission. No one went to jail that day, or the hospital. No ensuing lawsuits and I'm sure after witnessing that man's increasing hostile behavior towards the neighbor, the officers prevented a tragedy from happening to this overly kind woman. I can't think how this nasty situation could have turned out better for the complainant or the City."

"I observed from my condo an obviously disturbed woman yelling and threatening people walking by the bus stop. SPD arrived on the scene around 2:00pm. A officer driving patrol car 32684 took charge of talking to the woman and effectively calmed her after 20 minutes of conversation. Though I couldn't hear what he said, his body language and gestures indicated he was trying to gain her trust. After 20 minutes, the officer shook her hand, got her on to a stretcher and into an ambulance without incident - other than her screaming. Great job SPD for managing a situation that had a peaceful resolution and got much needed help to the lady in distress."

"I would like to sincerely thank the four SPD officers who responded to a disturbance in Ballard Commons Park earlier tonight. They exhibited an exemplary level of professionalism and restraint in the way they handled the situation. While dealing with an agitated, verbally aggressive, and seemingly mentally ill man, who seemed to be looking for a fight, all four officers maintained a calm, even relaxed, demeanor and appeared to be intentionally avoiding behavior that could appear confrontational. Because of their choices and actions, the situation de-escalated and everyone was able to continue using the park in peace while only causing the man who was upset some aggravation and inconvenience. All in all, I think this was quite literally the best possible outcome of a situation that appeared as though it easily could have quickly become very volatile."

Community Response

"I would like to thank Officer Richards for saving my life. He was the arresting officer last time I was taken into the hospital and jail on warrants. He sat at the hospital with me and listened to me until I was cleared from NW to leave. He even let me make arrangements for my mom to pick up my dog whom I had left alone on Aurora. This officer is the reason I'm still sober today and I would like him to know he played a huge role in getting me into treatment and off drugs and alcohol which I've been off now for over a month. Its great police like Officer Richards which make a police force what it should be. He deserves a raise and a pat on the back. Thank you so very much."

Next Steps

Over the next year, several in-progress or potential projects are anticipated to provide the Department with the ability to expand its Crisis Response Team, provide greater technological interface between officers in the field and community resources, and further improve the Department's ability to parse and analyze its crisis intervention data.

First, the Crisis Intervention Unit, in partnership with the YMCA's Children's Crisis Outreach Response System, recently applied for a grant from the Bureau of Justice Assistance to expand its Crisis Response Unit to include an additional Crisis Response Team, comprising a CIT-certified officer and a mental health professional specializing in child crisis response. In addition to providing a more specialized team to follow up, with cases involving a juvenile, this team would also provide additional coverage in the field during hours of lower CRT coverage (1600-0200 hours [4:00-10:00 PM]).

Second, the web application under development by Code for America, discussed earlier in this report, is expected to go live in Q4. This app, which can be displayed either on officers' in-car computer terminals or on their mobile devices, will display key information in a way that is easier for officers to scan while in route to a scene, including background information about the person in crisis, a summary of their previous interactions with police, tips to help officers approach and talk to the person, and contact information for any current caseworkers or identified safety network. The Department anticipates that this app, which was developed in coordination with SPD, the Seattle Fire Department, staff from King County, Harborview Medical Center, the 211/Crisis Clinic and other social service providers will enable more effective and efficient responses and more targeted diversion strategies.

Finally, the end of 2016 will see the much-anticipated implementation of the Department's Data Analytics Platform – an integrated database solution that will provide the Department with enhanced reporting and analytical capabilities related to a spectrum of categories, including uses of force, Terry stops, complaints, and crisis events. Once online, this system will allow the Crisis Intervention Unit to break down and analyze its data at an even more granular level, to include the ability to run relational analyses by subject demographic, officer demographic, officer history and assignment, type of call, location, disposition, and any combinations thereof.

This information, collectively, will continue to inform the work of the unit in terms of policy development, training, deployment, and the coordinated efforts of the CIC.

Conclusion

The data presented in this report highlights the Seattle Police Department's continuing commitment to dedicating trained and compassionate resources towards those members of the community who, often through no fault of their own, find themselves in crisis situations. While the City cannot legislate the many systemic and societal changes that are needed to treat, or prevent, the underlying causes of crisis, the Department hopes that through its Crisis Intervention Program it may continue to provide a data-driven groundwork for broader discussions. The Department is proud to be on the leading edge of crisis intervention training, research, and innovation and looks forward to continuing and building upon the relationships forged through the Department of Justice and the CIC to sustain and build upon what has become a national model in this arena.

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