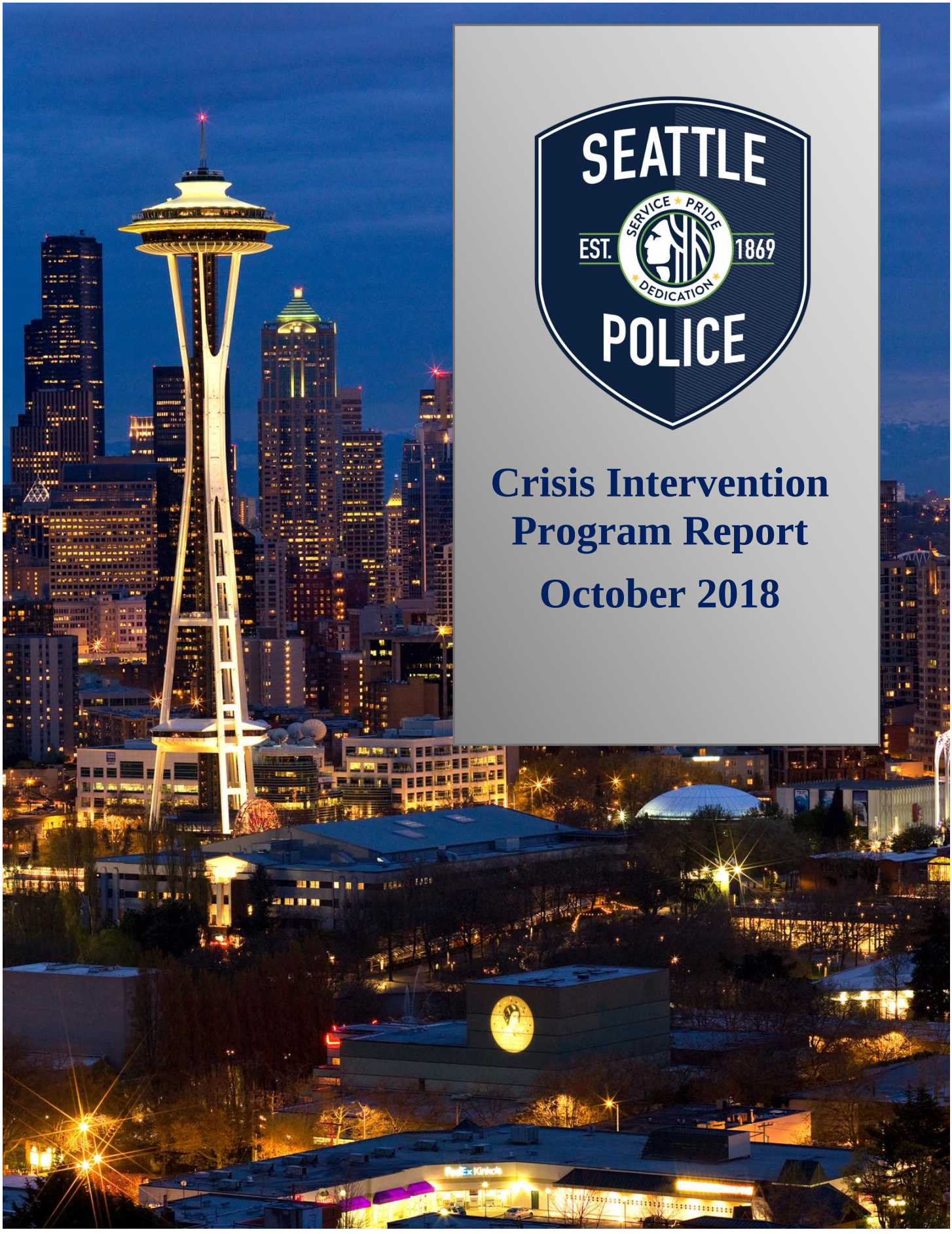


Crisis Intervention Program Report

October 2018

Introduction

Since 2014, in collaboration with the Department of Justice and community partners, the Seattle Police Department has become widely recognized as a model for delivering meaningful and compassionate police services to individuals in behavioral health crises, helping to drive best practices around the nation.[1]

In keeping with its commitment to transparency, accountability, and data-driven practice, over the past three years SPD has published annual reports detailing its work around crisis intervention, both in response to increasing numbers of crisis calls for service and proactively by SPD's Crisis Response Unit, which seeks to keep individuals in frequent or chronic crisis connected with appropriate service providers. This reports builds on prior years' reports and presents updated data around crisis incidents, deployment and distribution of officers with advanced Crisis Intervention Training, Use of Force in crisis incidents, and disposition of crisis incidents.

In addition, this report fulfills a key requirement under the court-ordered plan (Sustainment Plan) that sets forth the schedule by which SPD, now in full and effective compliance with all of its commitments under the Consent Decree, is to demonstrate during this next phase that it is sustaining performance across all topical areas of the Consent Decree. With respect to Crisis Intervention, the Sustainment Plan requires three separate reports over 2018-2019: an annual Outcome Report of crisis contacts, to be filed in October of both 2018 and 2019, and a comprehensive evaluation of use of force in crisis incidents, to be filed in December 2018. Pursuant to the methodology attached as Exhibit A, this report meets the 2018 deadline of the former.

With respect to data concerning crisis calls, officer deployment, and disposition, the time period studied for this report extends from January 1, 2017 to June 30, 2018. For discussions concerning training, this report covers a study period of January 1, 2017 to December 31, 2017, to account for the annual training cycle.

Data used in this report is sourced to the extent possible from the Data Analytics Platform, a comprehensive enterprise-wide platform that consolidates data from multiple unique source systems and allows for ad hoc reporting and analysis. In support of the ongoing mission of the Crisis Response Unit to manage its nearly 10,000 annual contacts with

[1] See, e.g., Critical Issues in Policing: Guiding Principles on Use of Force (Police Executive Research Forum, 2016) (highlighting the Seattle Police Department's crisis intervention training).

persons in crisis, the Department has customized in DAP a suite of specialized reports specific to this Unit:

- The Crisis Events data set allows the user to view information regarding crisis events by officer, squad, unit, precinct/section, and bureau of the officer, as well as the location of the event. Information as to whether or not the responding officer is CIT certified is also available.

- The CAD (Computer Aided Dispatch) Events to Crisis Events data set combines the functionality of both the CAD Events data set and the Crisis Events data set to allow the user to view all CAD Events with an associated Crisis Template (a screenshot of this dashboard, provided for illustrative purposes, is presented below in Figure 1).

- The Crisis Events to Use of Force data set combines the functionality of both the Crisis Events data set and the Use of Force data set to allow the user to view all Crisis Events with an associated Use of Force incident.

- The Crisis Response Team data set combines selected functionality of Crisis Event and CAD information along with General Offense and Street Check information to allow the user to review information regarding events that are routed, notified, or assigned to the Crisis Response Team for follow up investigation.

Additionally, in last year's report, the Department previewed the release of a public-facing dashboard that will allow the public to explore for itself this subset of SPD responses. This dashboard is now online, providing aggregated information of the nearly 35,000 crisis calls to which SPD officers responded over the last three years.

The Consent Decree contains eight paragraphs setting forth SPD's obligations with respect to Crisis Intervention; all are addressed in this report.

I. Training

SPD will continue its work in providing training in verbal tactics with the goal of reducing the use of force against individuals in behavioral or mental health crisis, or who are under the influence of drugs or alcohol, and to direct or refer such individuals to the appropriate services where possible. … SPD will continue to provide Crisis Intervention training as needed to ensure that CI trained officers are available on all shifts to respond to incidents or calls involving individuals known or suspected to have a mental illness, substance abuse, or a behavioral crisis ("individuals in crisis").

Consent Decree, ¶ 130.

SPD officers who do not receive the [40 hour CIT Certification Training) will receive basic training on crisis intervention. This training should include a subset of topics and training methods included in the CI training, and will also explain the circumstances in which a CI trained officer should be dispatched or consulted, and how situations involving impaired subjects should be addressed when a CI trained officer cannot respond.

Consent Decree, ¶ 134.

In 2017, the Education and Training Section (ETS) and the Crisis Response Unit (CRU) began delivering 'e-module' CIT training to be able to deliver classroom-based training more efficiently, in both time and cost. E-module' training can be viewed from any networked SPD computer and allows officers to revisit the curriculum as they wish to access resources provided. In addition, consistent with the ICAT (Integrating Communications, Assessment, and Tactics) model for learning, SPD is increasingly delivering CIT/de-escalation training in different formats and decentralized under different "core" blocks of training, reinforcing skills learned across different situations.

Table 1 shows a breakdown of training blocks during 2017 that included a CIT component, the number of eligible[2] employees who completed the training, and number of employees referred to the Office of Police Accountability for failure to complete training.

[2] "Eligible" employees exclude employees who are on extended leave or otherwise unavailable for training, per Human Resources determination. Where no HR reason is apparent, the issue is referred to OPA, which conducts the investigation into whether there is a breach of policy.

Table 1: Training Delivery and Attendance

Course	Required Attendees	Completed Course	Referred to OPA
RideAlong Application (e-learning)	All Sworn	1,346	0
Alzheimer's and Dementia Awareness (e-learning)	All Sworn	1,290	2
Family Intervention and Referral Services (e-learning)	All Sworn	1,381	0
Small Team Tactics	Sworn Employees Below Rank of Lt.	1,141	7
Care Under Fire	Operations Officers/Sergeants	818	0

> ***To be considered "CI trained," SPD officers will be required to undergo a 40-hour initial comprehensive CI training, and eight hours of in-service CI training annually thereafter. SPD's CI training will continue to address field evaluation, suicide intervention, community mental health resources, crisis de-escalation, and scenario exercises. The training may include on-site visitation to mental health facilities and interaction with individuals with a mental illness. Additionally, the CI training will provide clear guidance as to when an officer may detain an individual solely because of his/her crisis.***

Consent Decree, ¶ 133.

SPD continues to send officers to the 40-hour CIT Certification course, administered by the Washington State Criminal Justice Training Commission (WSCJTC). Although seats are limited (in order to accommodate all agencies in King County), in 2017, 118 SPD officers attended this program.

Officers who attend the 40-hour class are still required to complete the current SPD training cycle CIT training.

> ***SPD will ensure that all dispatchers are appropriately trained to identify calls for service involving individuals in crisis and dispatch CI trained officers to the crisis event.***

Consent Decree, ¶ 135.

The Communications Section delivers a three-hour Crisis Intervention Identification Course to all new personnel hired into the Section, and roll-call training throughout the year. In 2017, topics of roll-call training included:

- Community Resources – Crisis Clinic (now Crisis Connections)
- American Medical Response (AMR) for Crisis calls
- Individuals in Behavioral Crisis – A review for call processing and dispatching.

II. Overview and Distribution of Crisis Incidents, City-Wide

Between January 1, 2017 and June 30, 2018, officers reported **15,995** contacts with people believed to be in behavioral crisis. Year over year, these numbers reflect a 9% (n=842) increase from 2016 to 2017 and a 20% (n=949) during the first six months of 2018 relative to the same six-month period in 2017. See Table 2.

Table 2: Total Crisis Template Entered, 2017 and Jan 1 – June 30, 2018.

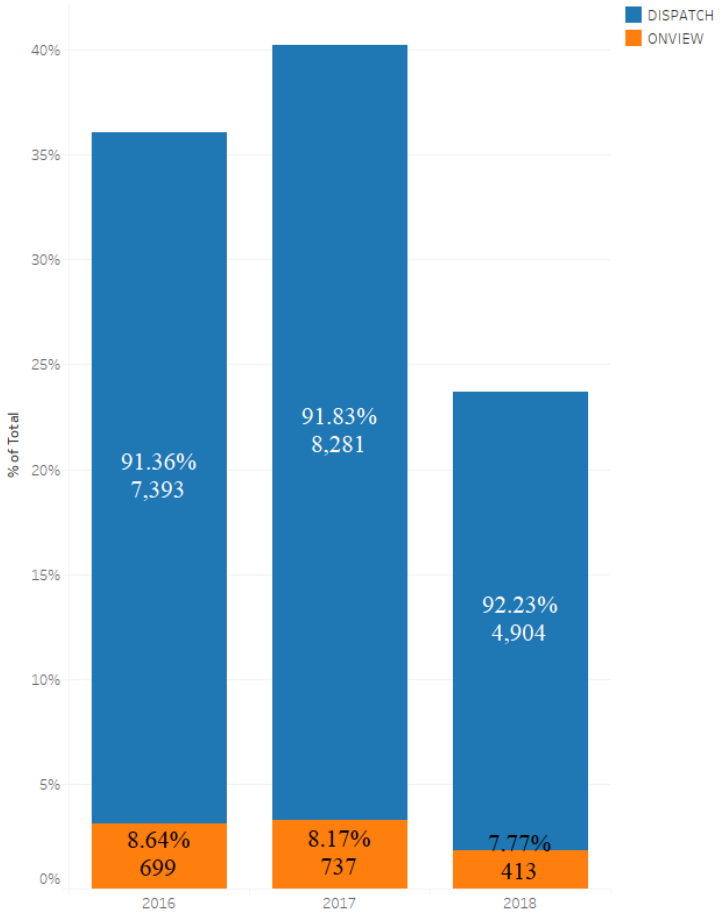
2017	2018	Grand Total
10,234	5,759	15,993

Across the study period, 91.98% (13,185) of all reported crisis contacts originated from a call for service to which an officer was dispatched; officers self-initiated ("on-viewed") the contact in 8.02% (1,150) [3] of crisis reports.[4]

[3] Call time is used, derived from the "Original Time Queued" (OTQ) of the underlying call, in place of Reported Date / Time. Reported Date / Time is often reflective of when the officer wrote the crisis template and is believed to be temporally distinct from the time when the contact occurred. OTQ is logged by the 911 Communications Center, at the time the call is queued in the CAD system and is believed to be a reliable date / time stamp, suitable for temporal analysis.

[4] Approximately 10% (1658) of crisis templates could not be associated to an underlying CAD event. In order to associate a crisis template to a CAD call, the officer must first locate and relate the underlying call. It is common for officers to wait until the end of their shift, after they have returned to the precinct, to "write up" low-level contacts, making it difficult to search for a specific event. MK43 will make relating a crisis contact to a CAD event more intuitive and confident by aggregating the calls an officer has logged to, in the User Interface (UI), allowing the officer to locate and associate an event.

Figure 1: Crisis Contacts by On-View vs. Dispatch



Overall, dispatched crisis contacts in 2017 were up **12%** over the preceding year. **Over the first six months of 2018, dispatched crisis contacts were up 26% in 2018 (n=4904) over the first six months of 2017 (n=3884).**

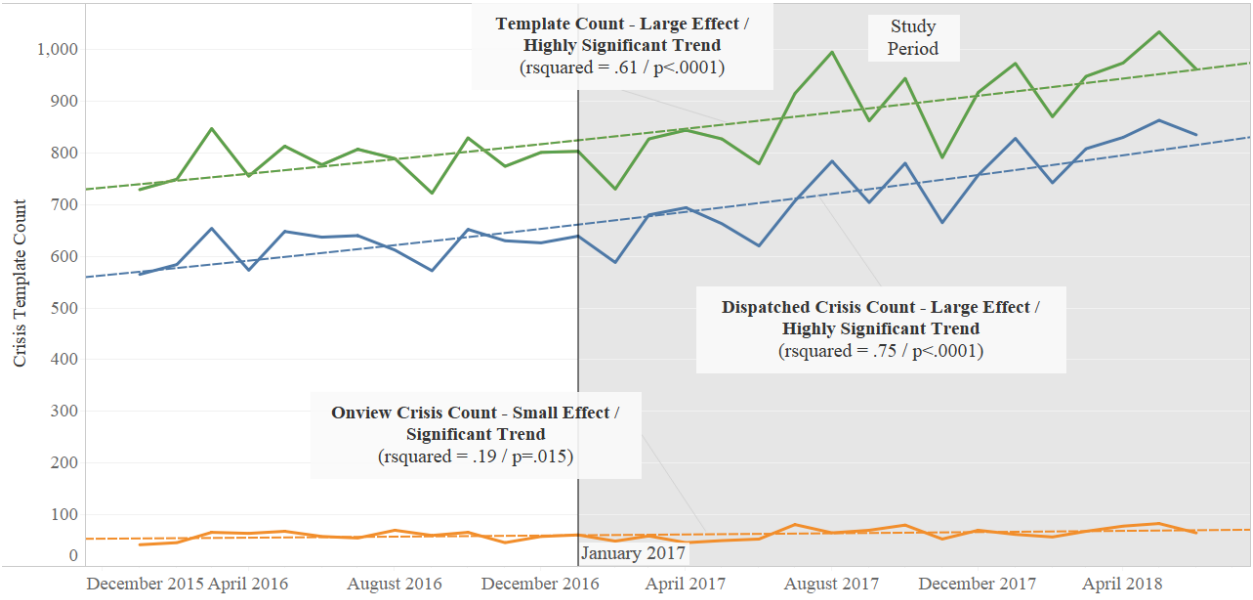
On-viewed crisis contacts were up 5.4% in 2017 compared to 2016 and were up by nearly 30% over the first six months of 2018 relative to the same time period in 2017. *See Figure 1.*

While the continuing increase in the number of crisis incidents is concerning, and certainly reflects the urgency of expanding supportive services for this vulnerable population, there is no indication that the increase in crisis contacts is straining SPD's resources or leading to worsened outcomes (due, in part, to greater number of officers with CIT training).

Regression of the time series indicates a strong[5] and highly significant (r^2=.61, p<.0001) curvilinear (exponential) effect or trend in reports over time, suggesting a continuous effect (rather than an unexpected, one-time event) is responsible for the observed increase in reports. *See* Figure 2.

[5] Cohen, J. (1992). A power primer. Psychological bulletin, 112(1), 155.

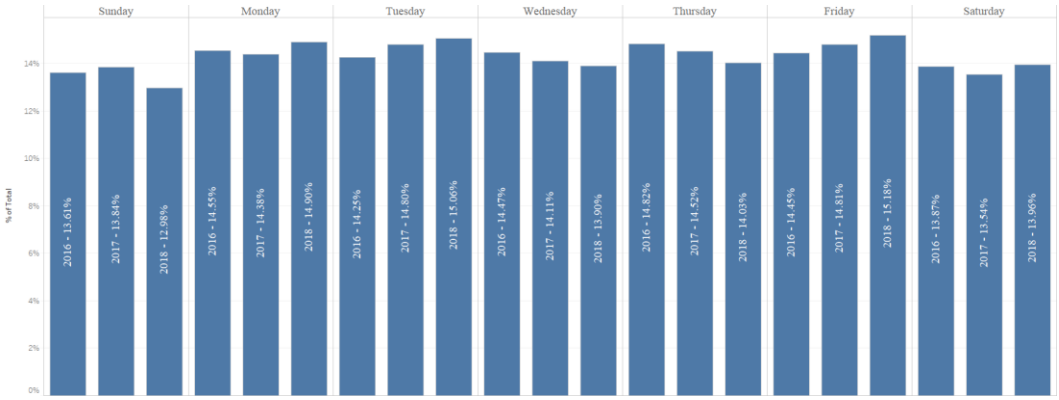
Figure 2: Regression Analysis of Reports over Time



Crisis contacts result from a request from the community (dispatched) or officer-initiated behavior (on-view). The green line, above, represents the cumulative increase observed in reports of contact with people in behavioral crisis; the blue and orange lines represent crisis contacts dispatched, and on-viewed, respectively. Month-by-month, the increase in reports is attributable to dispatched calls for service; note that the orange line remains relatively flat across the time series, while the blue line is trending up. This apparent visual trend is confirmed empirically by the fit of a strong, highly significant trend model.[6]

Crisis contact reports remain fairly evenly distributed across the days of the week, between 13% and 15%. *See* Figure 3.

Figure 3: Distribution of Crisis Contacts By Day of Week

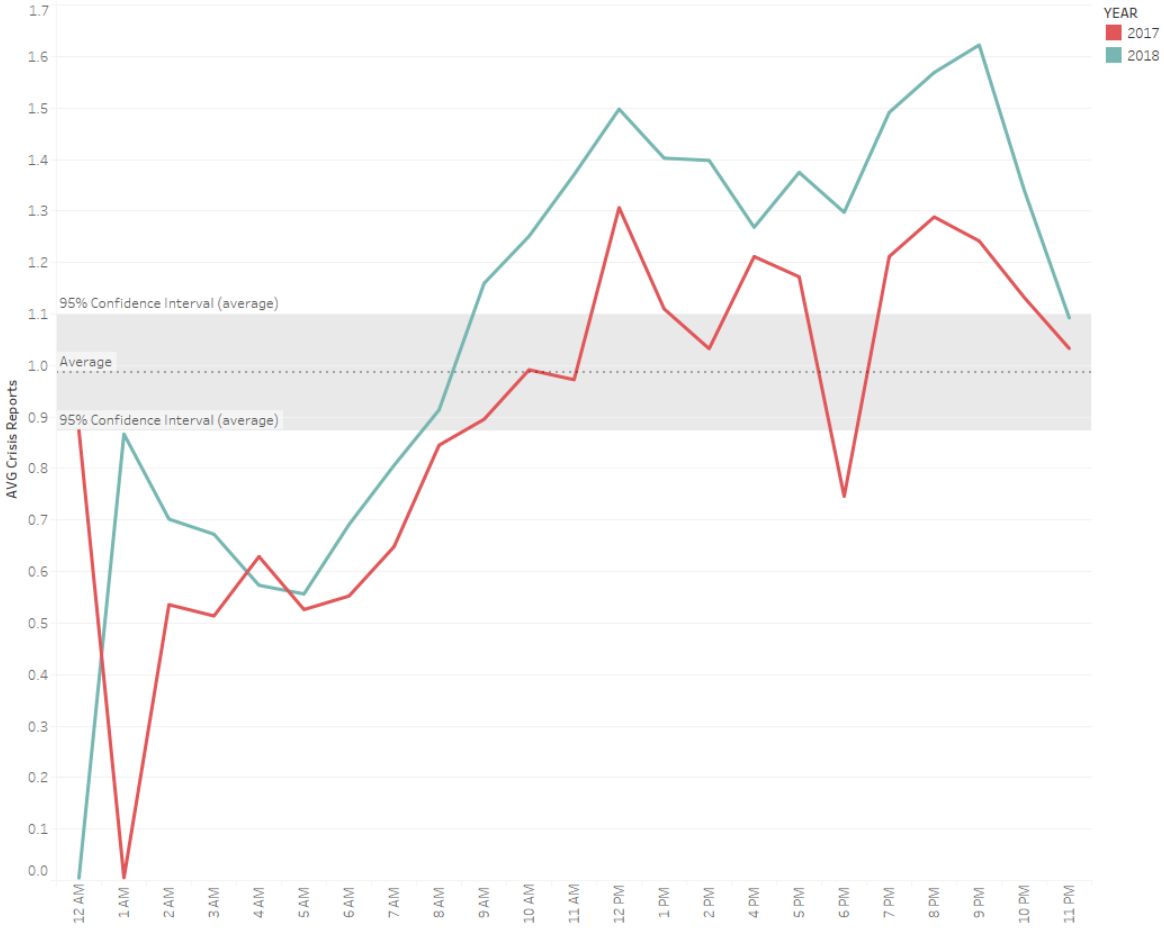


[6] Regression of the time series indicates a strong and highly significant (r^2=.75, p<.0001) curvilinear (exponential) effect or trend in reports over time.

No meaningful patterns were observed over the days of the week or year over year. Trend analysis (linear and curvilinear regression) failed to identify any specific form over the week and descriptive statistics suggest, dispatched crisis contacts by day of week have not changed in any consistent way, year over year.

As shown in Figure 4, over the 18-month study period the average number of dispatched crisis contacts per hour rose from a substantially negatively skewed (-1.4) .8 to a comparatively symmetrical (normally distributed) 1[7].

Figure 4: Distribution of Crisis Contacts by Hourly Average

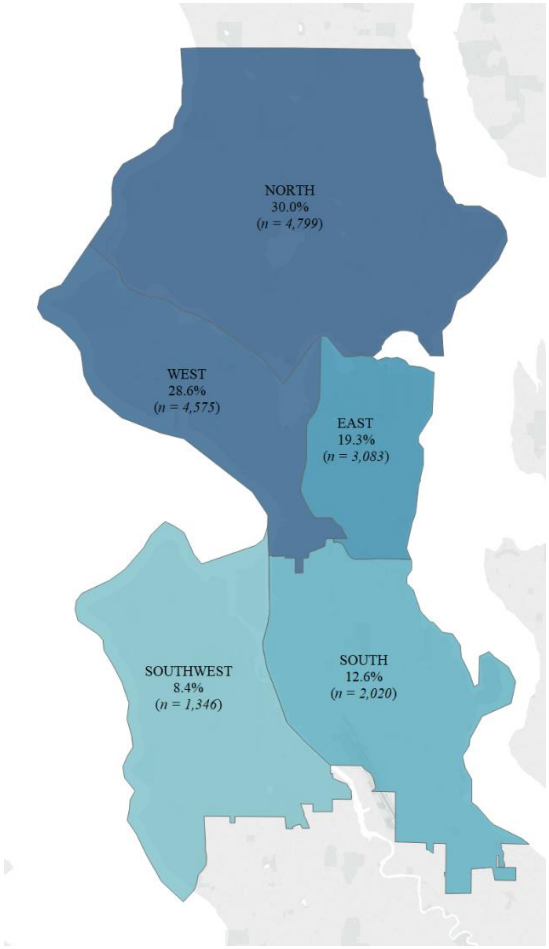


Observations ranged between .9 and 1.1 crisis contacts per hour over 95% of the distribution. Between 2017 and the first half of 2018, the average was observed to increase, consistent with other observations of trend, from .9 to 1.1, with both years,

[7] SD = .4, skewness = .6, kurtosis = .02

taken independently, beginning to demonstrate some skewness (-.86 and -.83 respectively). Across all three years, the form of the line remained consistent, with a highly significant, two period polynomial pattern (curvilinear regression) and strong effect (.68 to .88) suggesting a predictable low between 2 AM and 6 AM, a spike toward the noon hour and a period maximum around 8 PM or 9 PM.

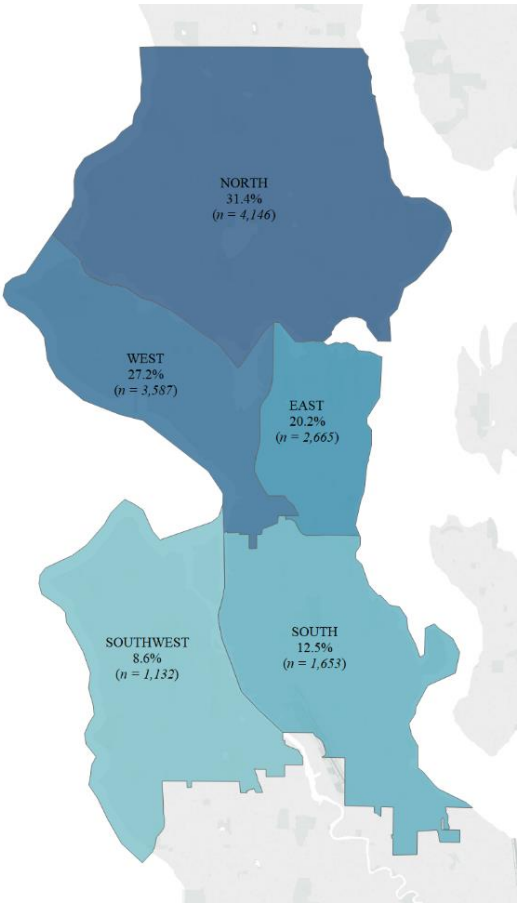
Figure 5: Distribution of Total Crisis Contacts by Precinct



Ninety-nine percent of all crisis contacts could be mapped to a location in the City of Seattle. As shown in Figure 5, the largest concentration of contacts occurred in the North Precinct (30%); fewer than 9% of all crisis contacts were reported in the Southwest Precinct.

These proportions remain fairly stable when considering only dispatched crisis events.

Figure 6: Dispatched Crisis Contacts by Precinct

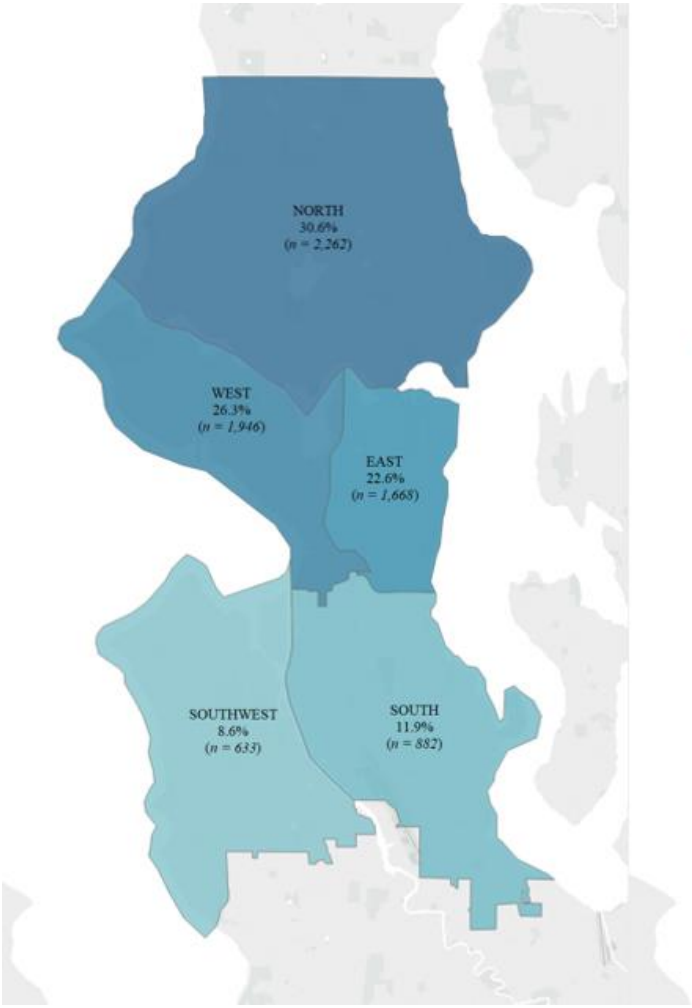


Comparing complete years, 2016 over 2017 (the only full year of the study period), dispatched crisis events were seen to increase in every precinct except East, which showed a decrease of 1.74%.

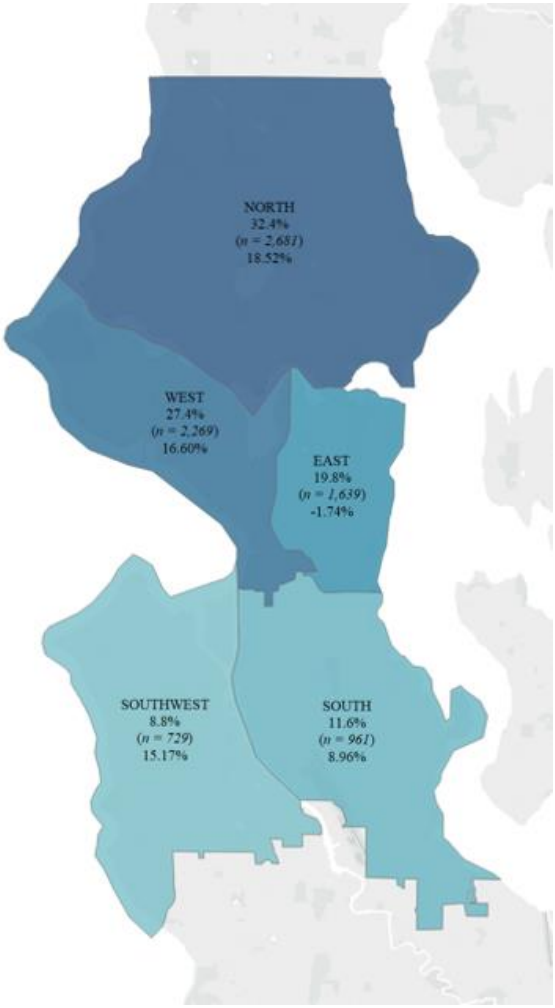
With that exception, the distribution of crisis remained relatively stable, suggesting that crisis events have increased in every area of the city. The North Precinct reported a nearly 20% increase in requests for response, resulting in the documentation of a person believed to be experiencing behavioral crisis. West Precinct reported the second highest increase (16.6%), followed by Southwest (15.17%) and South (8.9%).[8]

Figure 7: Percentage Change in Dispatched Crisis Calls by Precinct, 2016-17

Total Distribution 2016



Total Distribution 2017 (with Percentage Difference)



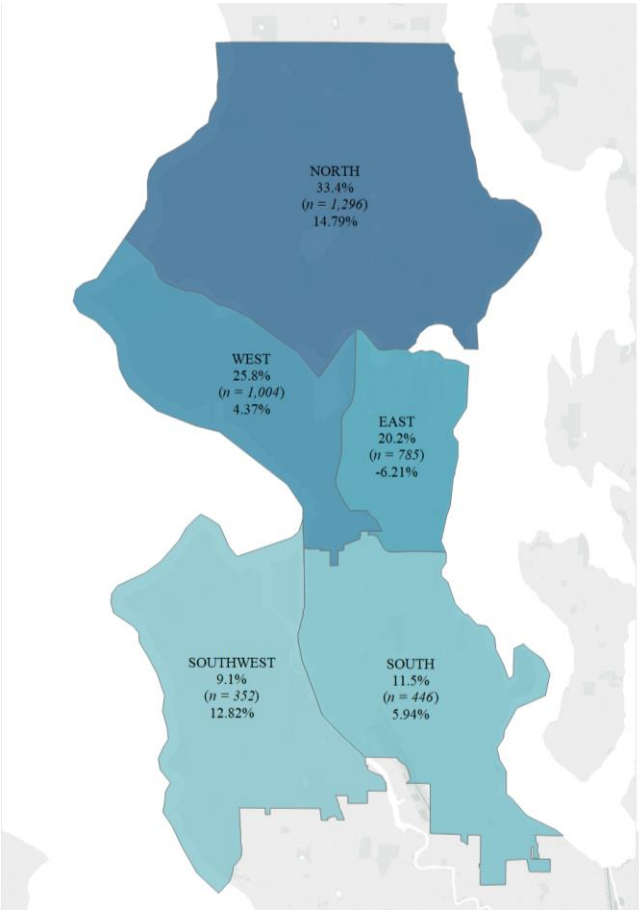
[8] When reporting on population data (not a sample), any observed difference is believed to be a real and true difference. Statistical significance testing is not required or appropriate. The meaning of the difference may be interpreted within the context of a properly formulated research question, however. *See* Carver, R. (1978). The case against statistical significance testing. *Harvard Educational Review*, *48*(3), 378-399; Johnson, D. H. (1999). The insignificance of statistical significance testing. *The journal of wildlife management*, 763-772.

To the extent that any trend over time can be derived from the relatively short time period of this, and the prior year's, study, some interesting observations emerge. While a comparison of the full years' data period of 2016 to 2017 shows increases in all precincts except East, with a relatively stable distribution year over year (*see* Figure 7), a comparison of the first six months of each of 2016, 2017, and 2018 show a very different pattern.

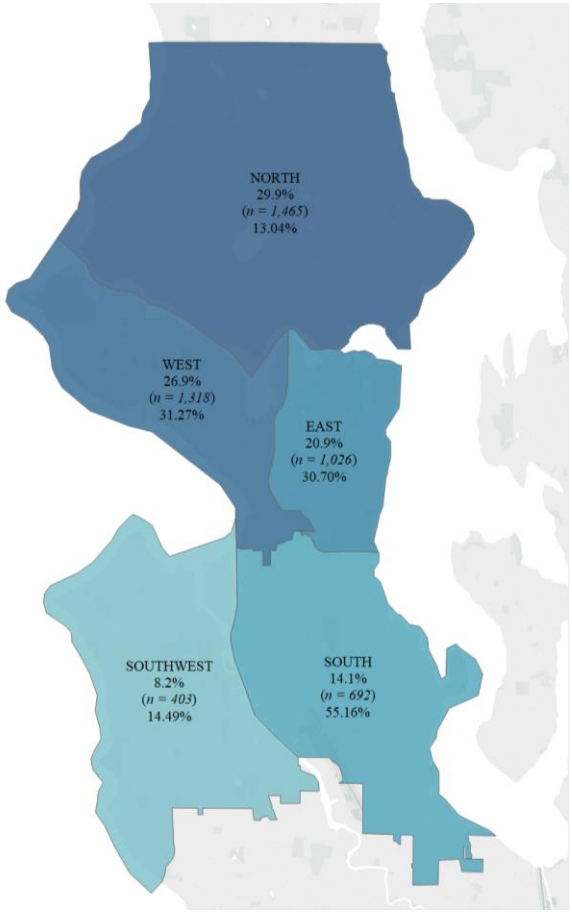
Figure 8 presents a comparison of percentage change in dispatched crisis calls between January-June 2017 relative to the same time period of 2016 (left) and the percentage change between January-June 2018 relative to the same time period of 2017 (right).

Figure 8: Percentage Change in Dispatched Crisis Calls by Precinct (Jan-June 2016-2018)

Distribution and Percent Change Jan-June 2016-2017



Distribution and Percent Change Jan-June 2017-2018

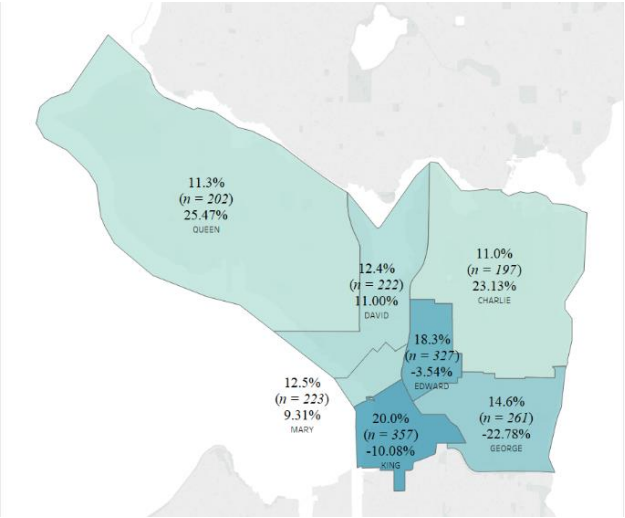


While the relative distribution, again, remained fairly unchanged, both West and East Precincts reported a substantial increase in dispatched calls to crisis events over the first six months of 2018 (31.27% and 30.7% respectively), as compared to a relatively small (4.37%) increase in West and a *decline* (6.21%) over the first six months of 2017. The most notable effect was observed in the South Precinct, which reported a 55% increase in dispatched crisis contacts in the first half of 2018 relative to a 5.94% increase over the first six months of 2017.

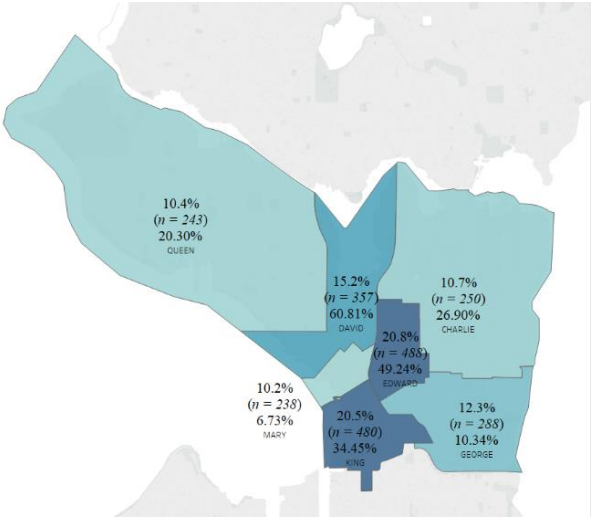
At the Sector level, while three Sectors in each of East and West Precincts reported declines in dispatched crisis calls during the first half of 2017, all saw increases over the same period in 2018. Most notably, Edward Sector (East Precinct) and David Sector (West Precinct) reported 50% and 60% increases, respectively. *See* Figure 9.

Figure 9: Percentage Change in Dispatched Crisis Calls by Sector (East/West Precincts) (Jan-June 2016-2018)

Distribution and Percent Change Jan-June 2016-2017



Distribution and Percent Change Jan-June 2017-2018

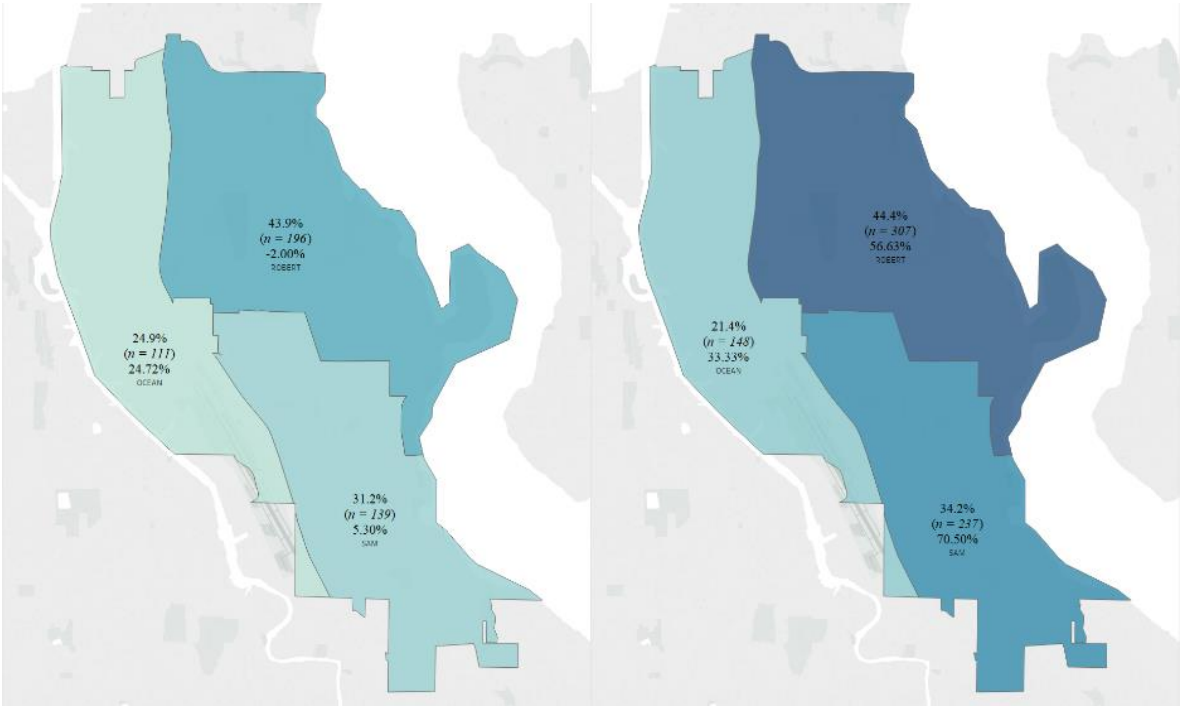


In the South Precinct, which observed a 55% increase in dispatched crisis contacts in the first half of 2018, Sam Sector in particular saw a more than two-thirds increase (70.5%), over the same period in 2018. *See* Figure 10.

Figure 10: Percentage Change in Dispatched Crisis Calls by Sector (South Precinct) (Jan-June 2016-2018)

Distribution and Percent Change Jan-June 2016-2017

Distribution and Percent Change Jan-June 2017-2018



This increase in Sam Sector likely reflects an increase in services associated with a supportive housing facility that opened in February 2018. It should be noted that a full 80% percent of patrol officers in Sam Sector are CI certified, and presently there is no indication that any staffing adjustment is needed to absorb the rise in crisis contacts.

III. Staffing and Deployment of CIT Officers

A. Staffing

Staffing of CIT certified[9] personnel in the Operations Bureau[10] increased by 8.2% between January 2017 and June 2018. This significant, medium effect trend[11] is shown in Figure 11. On average, 60% of personnel assigned to and responsible for 911 response were CIT certified, during the study period.[12]

Figure 11: CIT Certified Staffing Over Time – Operations Bureau

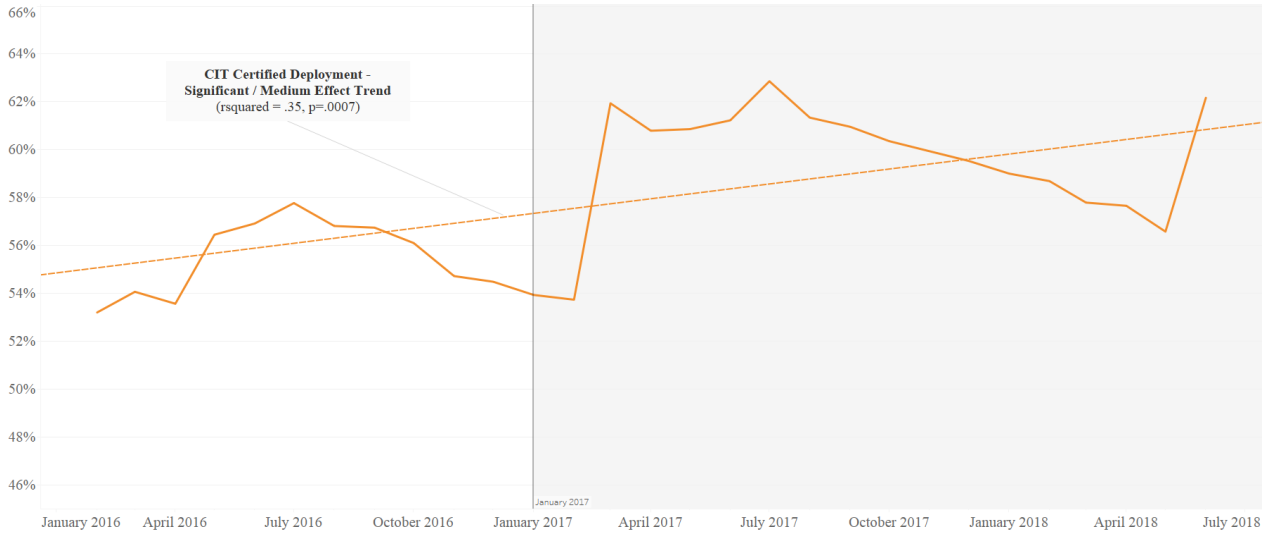


Figure 12 shows the average daily deployment of CIT certified officers. On average, 58.96% of deployed resources were CIT certified.[13] First Watch 911 response units reported the highest average daily deployment of CIT certified officers, a normal[14]

[9] CIT Certification is a voluntary certification maintained under the "Memphis Model." Officers must receive a 40-hour training and elect to be part of the certification group.

[10] Because the Operations Bureau (which includes Patrol (911 response units), the Anti-Crime Team, and the Crisis Response Unit) is the response bureau to dispatched crisis calls, this analysis focuses exclusively on this Bureau.

[11] $r^2 = .35$, $p<.0007$

[12] SD = 2.6%, Skewness = -.9, Kurtosis = .01

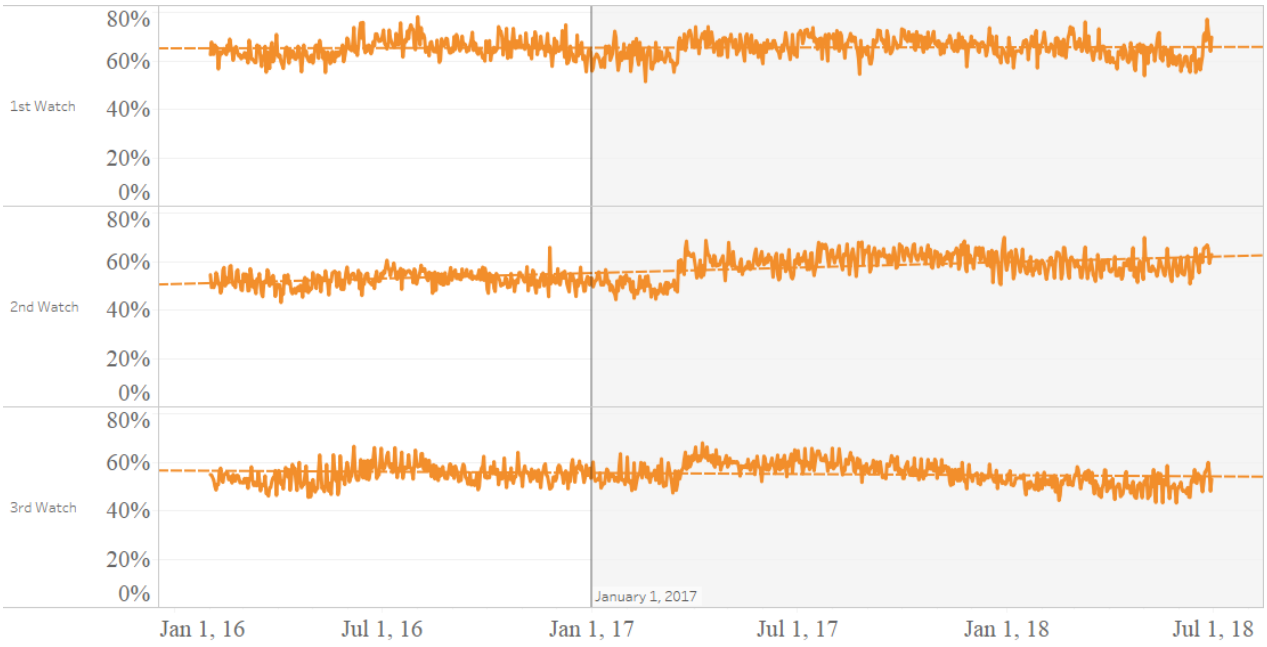
[13] SD = 6.53%, Skewness = .1, Kurtosis = -.7

[14] SD = 4.26, Skewness = -.2, Kurtosis = -.3

65.37%. Third Watch 911 response units were observed to deploy the smallest proportion of CIT certified personnel, with a daily average rate of 55.29% of the watch.[15]

These numbers exceed those saturation levels for CI certified staffing generally accepted in law enforcement practice and in the academic literature (which vary between 10% of a department overall[16] to 25% of patrol.[17])

Figure 12: Average Daily Deployment – 911 Response Units



Cumulatively, across all personnel, the South Precinct reported the highest number of deployed CI certified personnel (70.17%), followed by the Southwest Precinct (62.88%). The East Precinct deployed the fewest CIT certified personnel, 55.56%. Across rank in the Operations Bureau, cumulatively, Acting Police Sergeants were found with the highest rate of certification (78.4%), followed by Police Officers (67.9%), Acting Detectives (62.5%)

---

[15] SD = 4.69, Skewness = -.02, Kurtosis = -.46

[16] 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.

[17] 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.

and Police Sergeants (61.26%). Detectives and Lieutenants (acting and permanent), ranged between 40% and 45%. 36% of Operations Bureau Captains were CIT certified. These data are presented in Tables 3 and 4, respectively.

Table 3: CIT Staffing By Precinct

	CIT Certified
SOUTH PCT	70.17%
SOUTHWEST PCT	62.88%
WEST PCT	62.55%
NORTH PCT	57.42%
EAST PCT	55.56%
Grand Total	61.70%

Table 4: CIT Staffing By Rank

	CIT Certified
POLICE OFFICER PROBATION	5.38%
POLICE OFFICER	67.91%
ACTING POLICE OFFICER DETECTIVE	62.50%
POLICE OFFICER DETECTIVE	40.00%
ACTING POLICE SERGEANT	78.43%
POLICE SERGEANT DETECTIVE	50.00%
POLICE SERGEANT	61.26%
ACTING POLICE LIEUTENANT	40.00%
POLICE LIEUTENANT	45.45%
POLICE CAPTAIN	36.36%
Grand Total	61.70%

B. Deployment

SPD will maintain its program of dispatching CI trained officers to incidents or calls involving individuals in crisis.

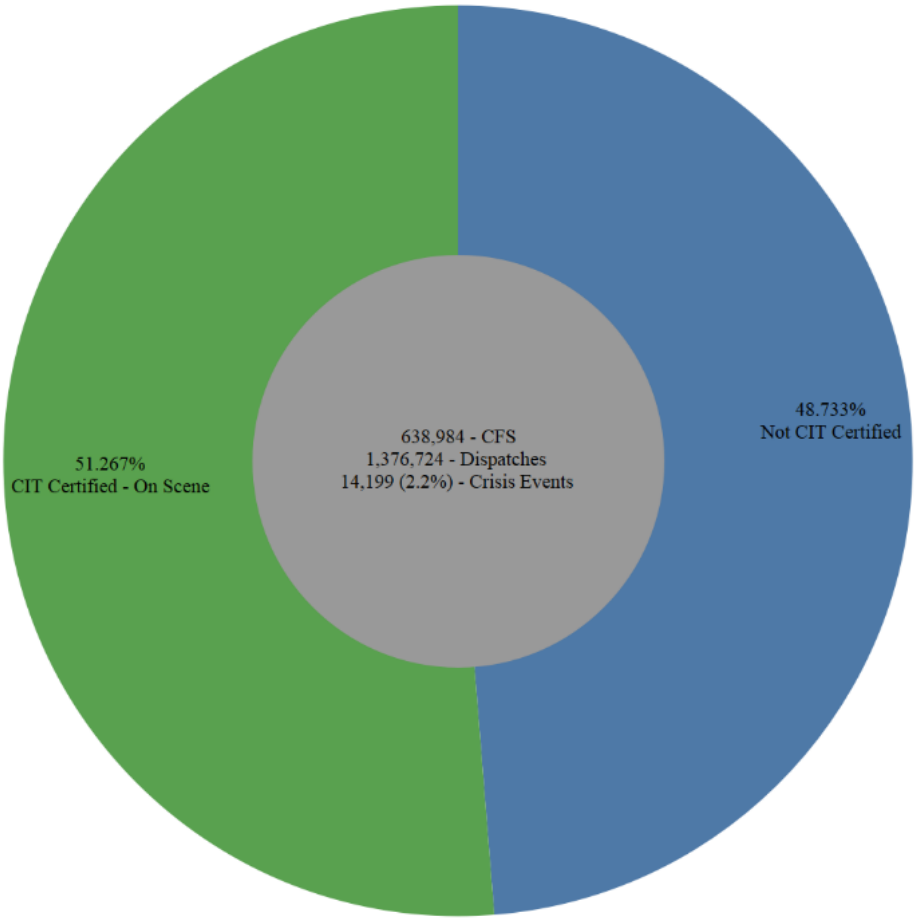
Consent Decree, ¶ 131.

CI trained officers will take the lead, when appropriate, in interacting with individuals in crisis. If a supervisor has assumed responsibility for the scene, the supervisor will seek the input of CI trained officers on strategies for resolving the crisis event where it is reasonable and practical to do so.

Consent Decree, ¶ 132.

Between January 2017 and June 30, 2018, the Department dispatched **1,376,724** officers to **638,984** total Calls for Service (CFS). Across these 638,984 CFS, at least one CIT certified officer was on scene a little more than half the time (51.26%). *See* Figure 13.

Figure 13: Breakdown of Total Responses By Officer Certification



Of the 638,984 total calls for service during this study period, **14,199** (2.2%) resulted in the documentation of at least one crisis contact.[18] A CIT-certified officer was on-scene in nearly **80%** (79.3%) of these events; approximately **48.75%** of these events were reported by a CIT certified officer, indicating they were primary on the contact.

A breakdown of responses by certification status, across watch, is shown in Figure 14. Following the pattern observed in earlier sections, 40.65% of all calls involving a crisis contact occur during the Second Watch operational period;[19] a CIT-certified officers was

[18] With record growth, CFS have been trending up for several years. Observations of the crisis rate, controlling for inflation in call volume, suggest the observed effect in crisis contacts is not related to an overall increase in call volume.

[19] The SPD operates a 24-hour schedule, with 6 overlapping (early and late) 9.5 hour shifts, organized into 3 "Watches." This is done to accommodate shift change and briefings. At any given time, at least one full watch (half of the previous and half of the next) are "in service" and available for calls.

on-scene in 82.9%. Just under 25% of all crisis calls occurred on First Watch; of those, a CIT-certified officer was on-scene in 79%.

Figure 14: Breakdown of Crisis Responses by Officer Status/Watch

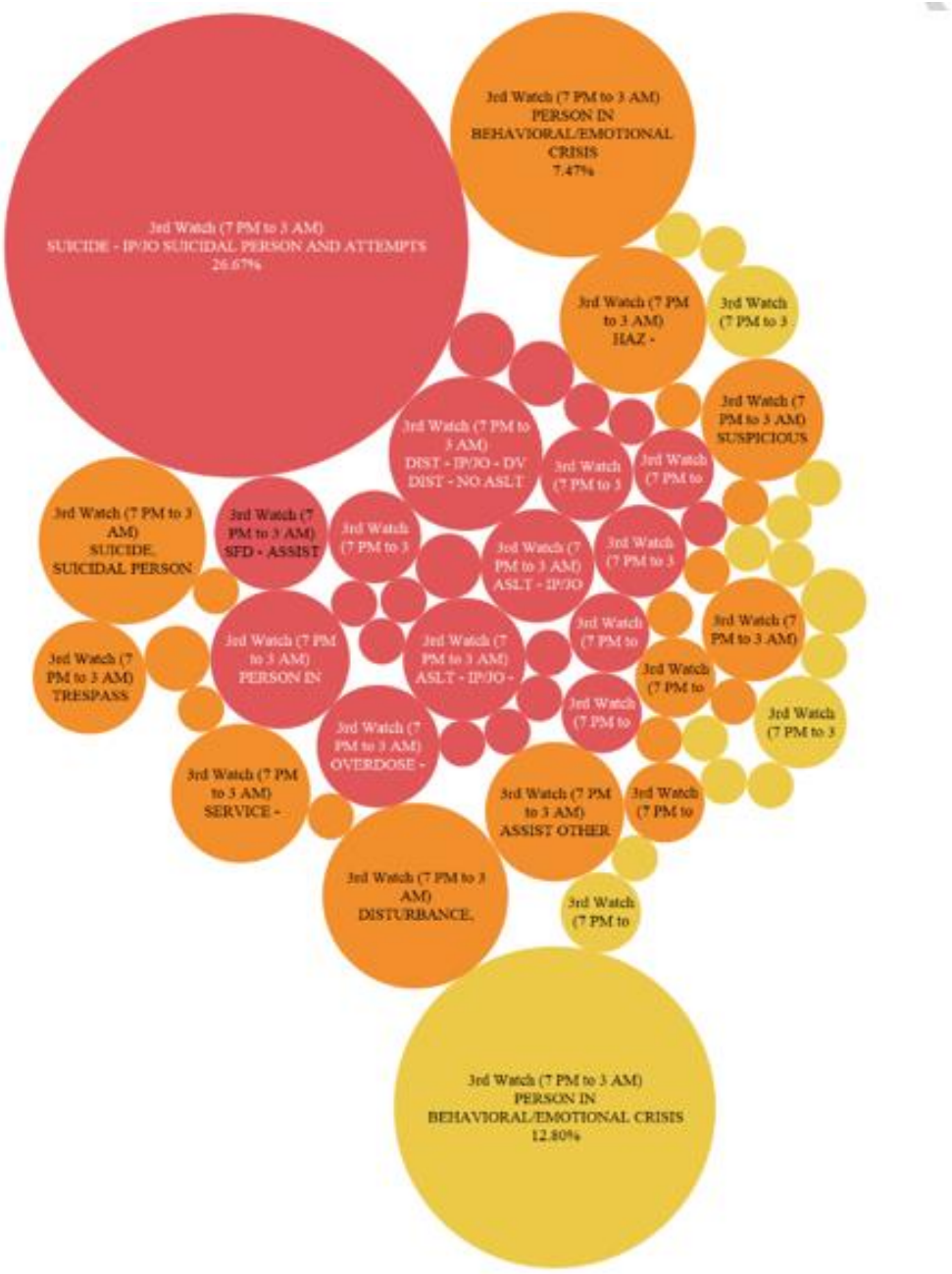
Across Third Watch calls, approximately 25% were reported as showing no CIT-certified officer on-scene, despite a CI-certified officer being logged to calls nearly 50% of the time.

Although there is, facially,[20] no indication that the presence or absence of a CI certified officer has a meaningful difference in the ultimate disposition of crisis incidents (as discussed later in this report and likely reflective of the robust continuing training in crisis

[20] The Department is presently partnered with the John Jay College of Criminal Justice to explore the effects, with respect to outcomes, of the 40-hour CI training relative to the 8-hour trainings.

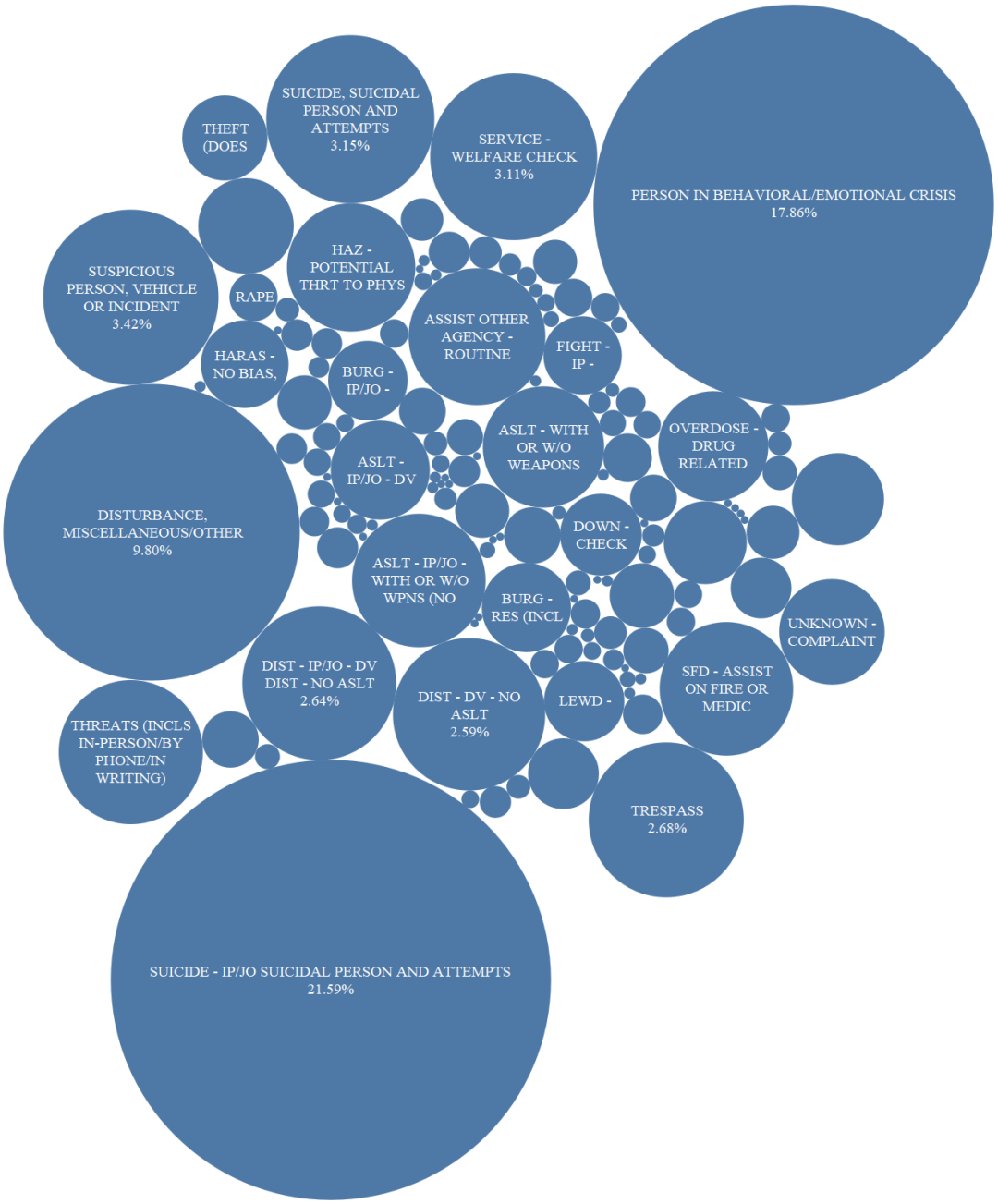
intervention that all officers receive, annually) a closer review of Third Watch calls, by initial call type, may offer some insight into this gap. *See* Figure 15. A breakdown of crisis call by initial dispatch indicates that the majority of events to which a CI certified officer was dispatched, but did not arrive, were associated with Priority 1 calls that were classified initially by the Communication Center as "SUICIDE…" In Progress (IP) or Just Occurred (JO). In such cases, is it likely that the immediacy of the need to transport for medical care negated the necessity of a CI certified officer response.

Figure 15: Distribution of Crisis Responses by Initial Dispatch, Third Watch



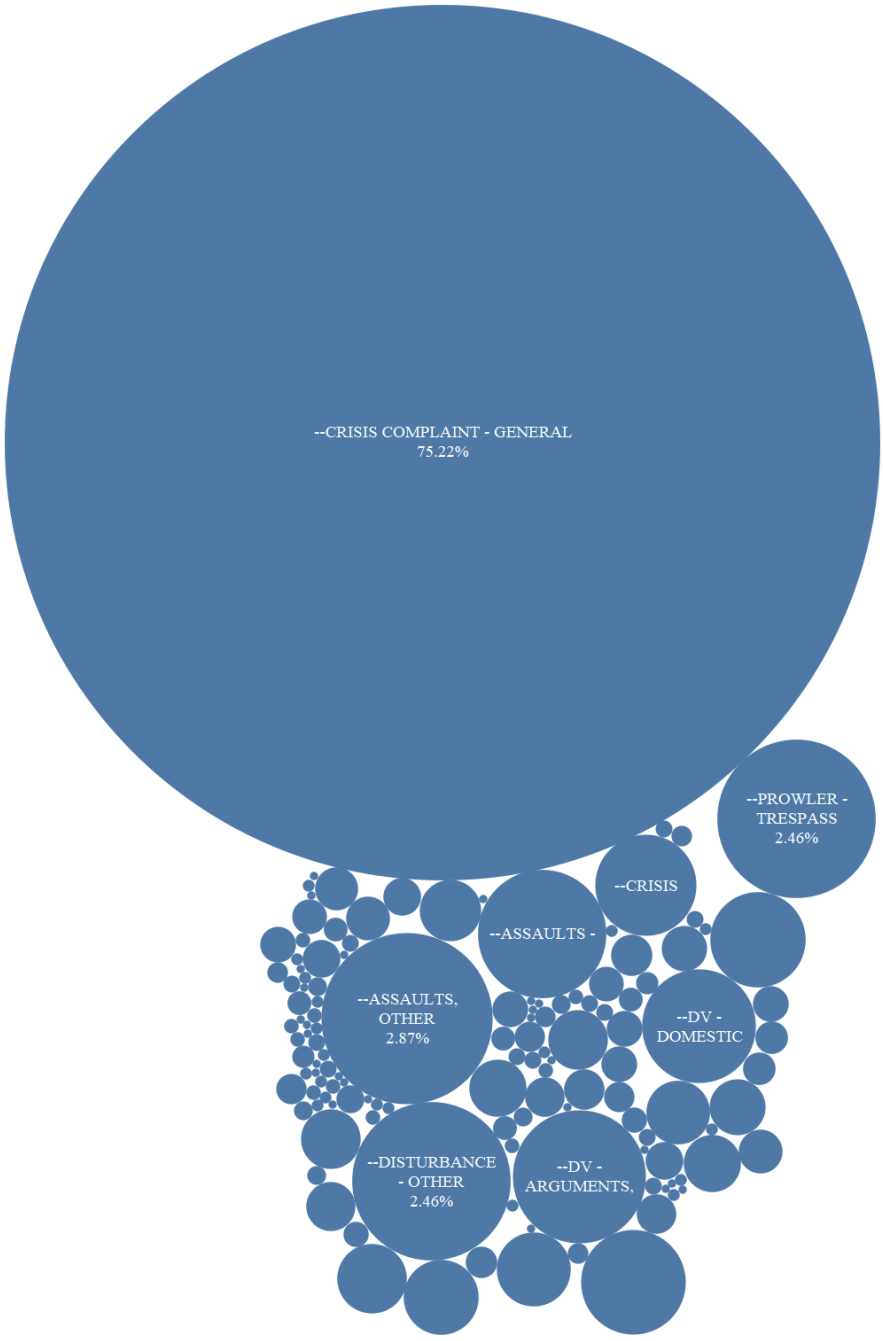
A distribution of all initial call types across all dispatched crisis events is shown in Figure 16. Cumulatively, 40% of all CFS are identified by Communication Center personnel, at the time the calls are queued for dispatch, as one of two call types likely involving someone in crisis. The largest single proportion (21.59%) of crisis related CFS are classified, initially, by the Communication Center as "SUICIDE – IP/JO…" In Progress (IP) or Just Occurred (JO). 17.86% of incoming CFS are classified as "PERSON IN BEHAVIORAL / EMOTIONAL CRISIS."

Figure 16: Distribution of Crisis Responses by Initial Call Type



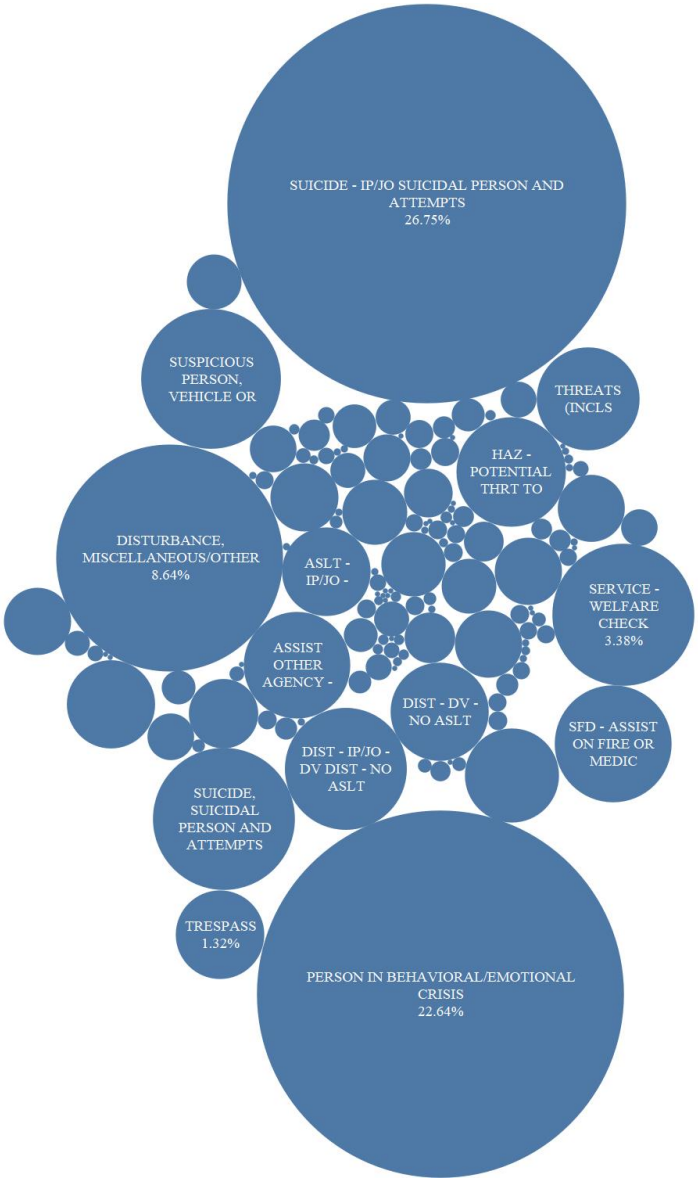
A distribution of final call types across all dispatched crisis events is shown in Figure 17. Three-quarters (75.22%) of all calls for service involving a crisis contact are classified by the primary officer as a crisis event, specifically ("CRISIS COMPLAINT – GENERAL") at the time the call is closed. The remaining quarter of calls are classified at the next highest or urgent classification type; of these, the next largest single clearance type represented during the study period accounts for just 2.87% of all CFS, "ASSAULTS OTHER."

Figure 17: Distribution of Crisis Responses by Final Call Type



Conservatively,[21] approximately 50% (49.4%) of all calls eventually closed as "CRISIS COMPLAINT…" are identified as crisis events and handled by the Communication Center as potentially crisis-involved. Another 8.64% are classified as "DISTURBANCE…OTHER" and no other proportion of initial call types is represented above 3.38% ("SERVICE – WELFARE CHECK"). Approximately 94% of all calls originally classified as either suicide or crisis, were closed as crisis complaints (e.g. domestic violence related criminal offenses, including assault). *See* Figure 18.

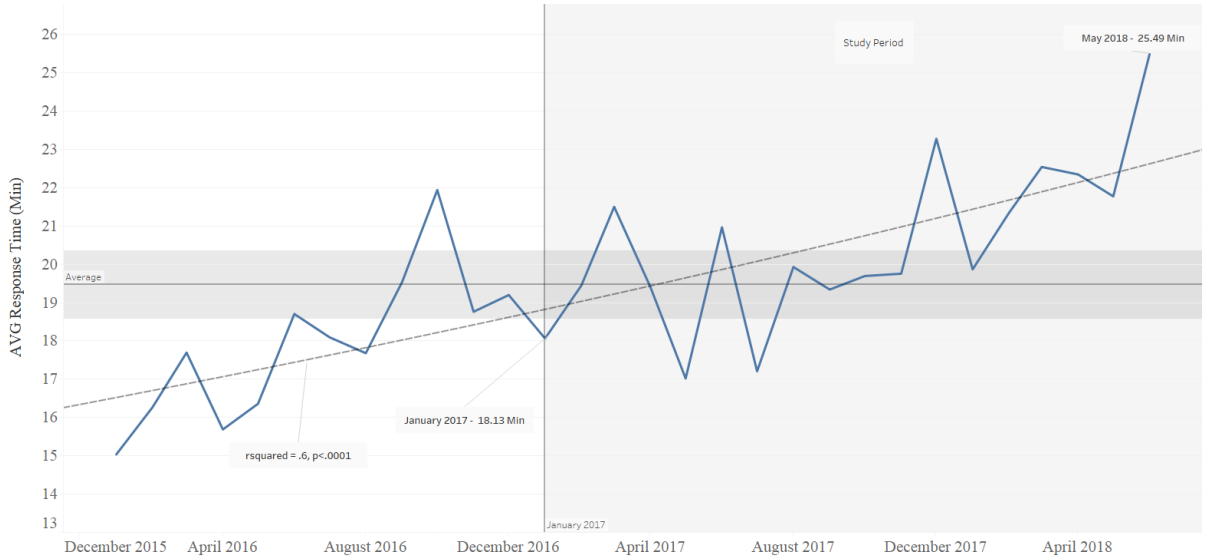
Figure 18: Distribution of Initial Call Type Across Incidents Closed as Crisis Complaints



[21] This is a conservative estimate because "crisis" is likely an attribute of a proportion of calls closed by a higher call type, often one involving a criminal offense, where the crisis contact is a secondary attribute of the event.

On average, response time[22] to calls resulting in the documentation of a person believed to be in behavioral crisis was 20.5 min[23] over the study period, a 14% increase over the previous year (2016), 17.91 min.[24] *See* Figure 19.[25]

Figure 19: Average Response Time Over Time



This increase was observed to be a continuous, exponential[26] trend with highly significant, large effect on the model.[27] There is not enough data to conduct a meaningful analysis across precinct

[22] Response time, in this case, is calculated as the difference between the time the call was dispatched and when the first officer arrived. It does not include "dispatch lag" or the time between when the call is queued and when it is dispatched to the officers. Given the myriad factors that contribute to dispatch lag, the response time calculation was constrained to reflect officer behavior. Future evaluations should focus on dispatch lag and its impact on the overall time to respond.

[23] The distribution was relatively normal. SD = 2.1, Skewness = .4, Kurtosis = -.01 suggesting symmetry.

[24] SD = 1.94, Skewness = .4, Kurtosis = -.2 suggesting symmetry.

[25] Different models were used to estimate would could happen if the trend continues. An optimized forecasting model utilizing the Akaike Information Criteria (AIC) statistic identified the presence of an additive trend and rendered a slightly more sophisticated projection a 3.13 min increase in the response time, July 2019, slightly higher than the curvilinear projection (2.87 min).

[26] Both linear and curvilinear models were fit, with the best fit found in an exponential form, suggesting a steepening trend or additive effect over time. This form is confirmed by the forecast model.

[27] r^2=.6, p<.0001

and watch.[28] If this trend continues, SPD will consider whether adjustments to its staffing model are warranted.

IV. Dispositions/Outcomes of Crisis Events

SPD will continue and expand its tracking of information regarding SPD's interactions with individuals in crisis and provide this data to SPD's current CI Team. SPD will consult with the CIC to determine what interactions result in data collection, and the types of information to be collected based on the level of interaction. Subject to the CIC's review and recommendations, and applicable law, SPD should gather and track the following data:

a) Date, time and location of the incident;
b) Subject's name, age, gender and address;
c) Whether the subject was armed, and the type of weapon;
d) Whether the subject is a U.S. military veteran[29];
e) Complainant's name and address;
f) Name and badge number of the officer on scene;
g) Whether a supervisor responded to the scene;
h) Techniques or equipment used;
i) Any injuries to officers, subject, or others;
j) Disposition; and
k) Brief narrative of the event (if not included in any other document).

Consent Decree, ¶ 137

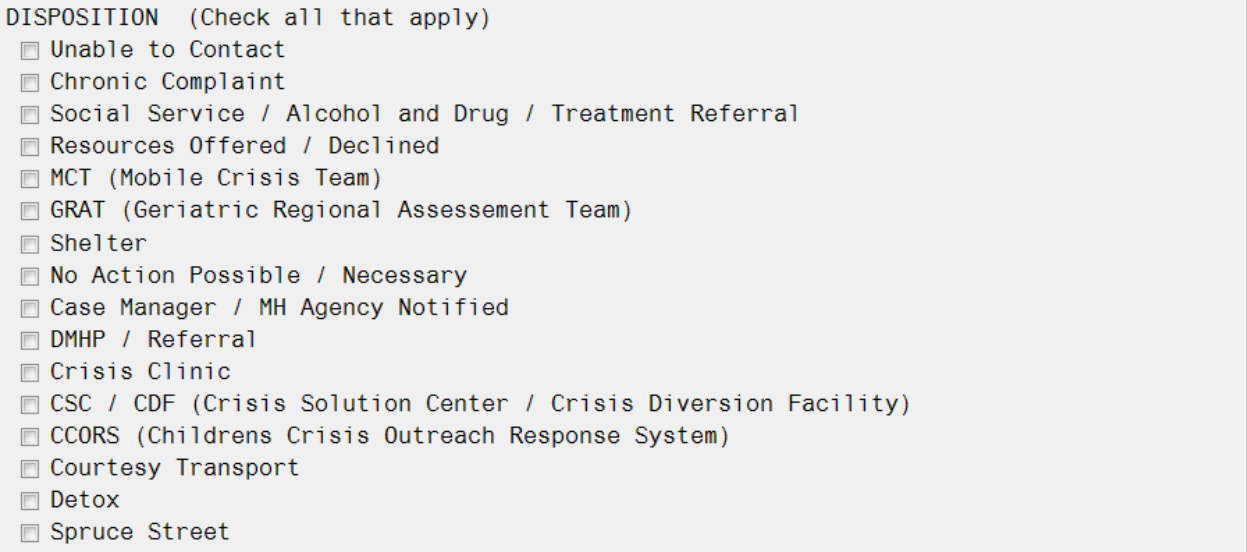
The data collected for this report show that SPD continues to comply with Paragraph 137. First, SPD Manual Section 16.110 requires that officers document all contacts with

[28] When across precinct and watch, in monthly and weekly averages, the distribution becomes distinctly asymmetrical, counter indicative of the use of an average and suggestive of a high degree of situational variability in the data. When disarticulated, and viewed at the watch level alone, medium effect but still highly significant trends (r^2=.39 & .43 (respectively), p<.0001) were observed in both 1st and 2nd Watches, with the steepest tend in 2nd Watch response times, 58% (2016 over June 2018). A 4.07 min increase (17%) during the study period, 23.55 to 27.62.

[29] The term "veteran" has since been changed in SPD's reporting format to "served in the military" at the request of the CIC, as some veterans do not identify as such. The "served in the military" data does not distinguish between the United States military or the military or that of another country.

subjects who are in any type of behavior crisis with the above data, where available.[30] After an interaction with a community member who is in crisis, an officer must fill out a "crisis template," answering questions about the subject's behavior, the outcome or "disposition" of the interaction, perceived demographic characteristics (where appropriate/possible), and other information. Presently, this documentation is completed through the Versaterm Records Management System (RMS), which is configured with a template designed to capture certain data in structured fields, including disposition of events, as shown in Figure 20.

Figure 20: Disposition Options



Compliance with this requirement is audited, daily, by the Crisis Response Unit Supervisor, who reviews each template submitted for completeness and thoroughness; in addition, the Crisis Intervention Coordinator and Commander review significant incident reports (see SPD Manual Section 15.350) as they are issued to ensure that where there are indications of crisis incidents, a template has been submitted.

Across the 18-month study period, the most frequent disposition noted was "Emergent Detention / ITA" (34.8%) followed by "No Action Possible or Necessary" (18.9%), cumulatively accounting for more than half of all templates. In just 9.7% of cases the officer indicated the subject was arrested.

[30] By law, complainants are not required to give their names, for example, nor are subjects unless arrested. Often, particularly in the case of emergent detentions, officers are not able to obtain subjects' names, age, gender, or address.

Comparisons of dispositions in 2017 relative to 2016, and over the first six months of 2018 relative to the same time period in 2017, are shown in Figure 21 and 22, respectively.

Figure 21: Total Distribution and Percent Change (2016-2017)

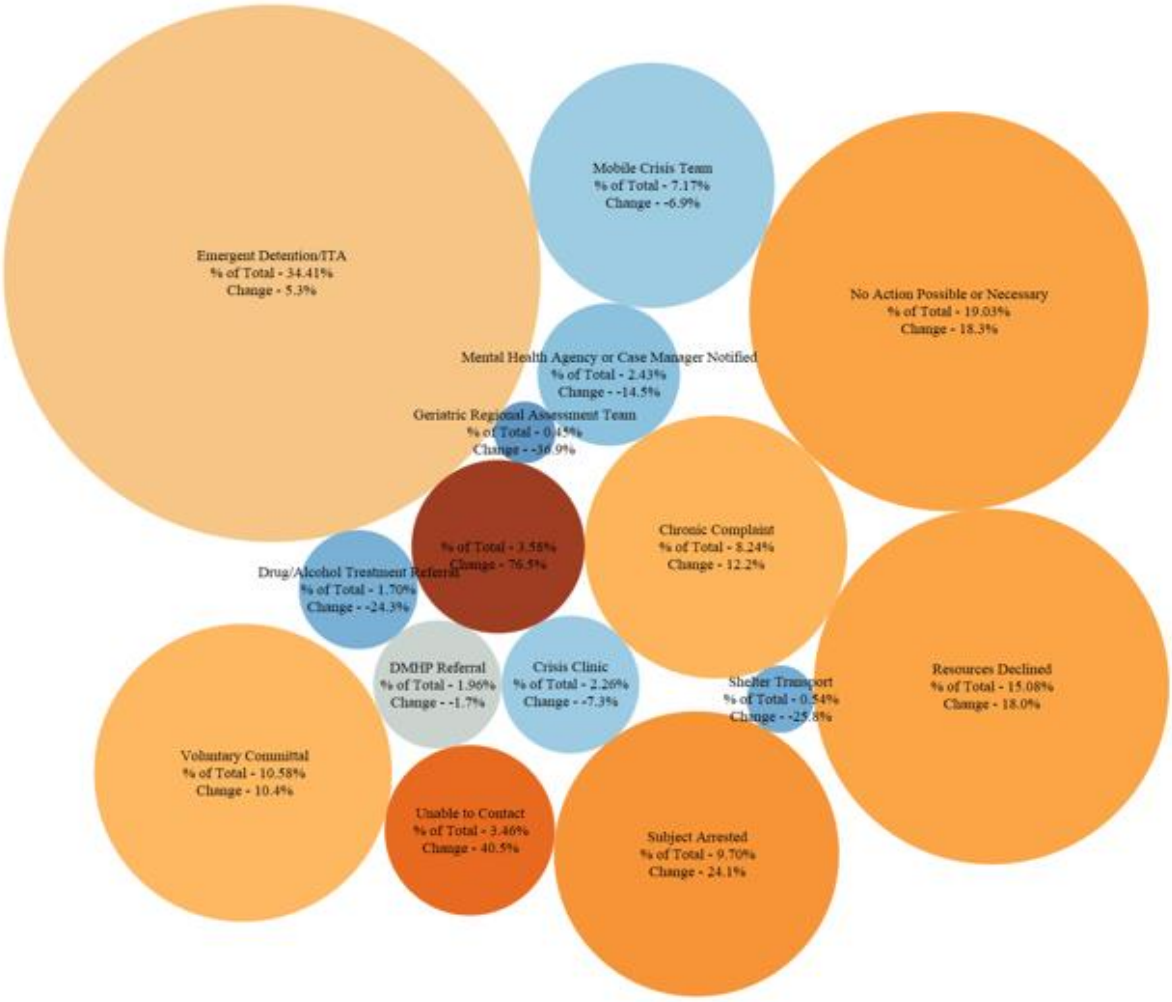
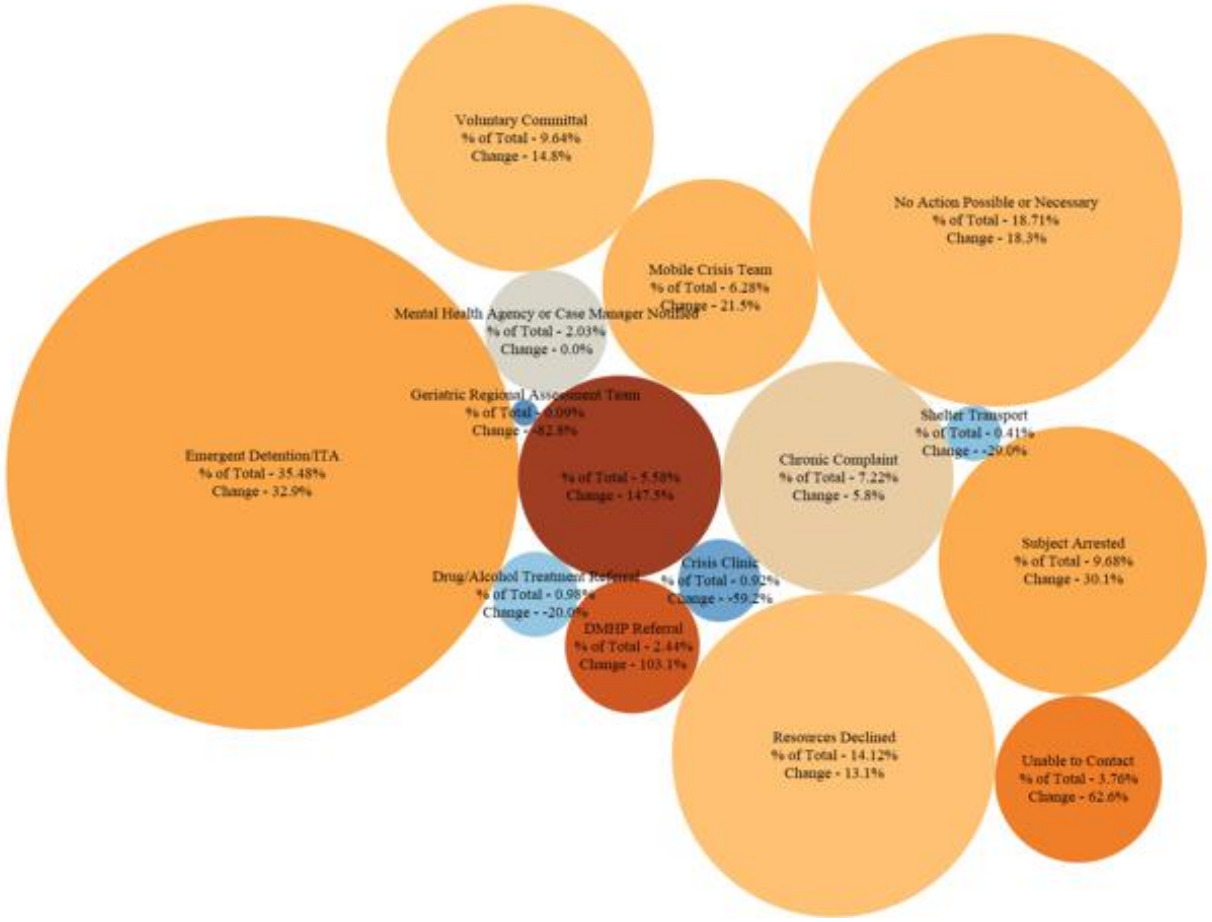


Figure 22: Total Distribution and Percent Change (Jan-June 2017 to Jan-June 2018)



Although the Department has not been tracking this data long enough to draw any strong conclusions, overall the changes in disposition from 2016 to 2017 appear to be expected, random fluctuations. Between 2016 and 2017, dispositions of "Emergent Detentions…" and "No Action…" increased by 5.3% and 18.3% increase, respectively. The disposition "Resources Declined" increased 18% over that same time period, but flattened slightly (13.1%) over the first six months of 2018 relative to the same period in 2018. "Emergent Detention" dispositions steepened (32.9%) in 2018,[31] but remained relatively stable as a proportion of the whole, at 35.48%. The disposition "Subject Arrested" increased 24.1% between 2016 and 2017, steepened slightly to 30.1% over the first six months of 2018

[31] Anecdotally, officers are reporting an increase in the level of 'acute' behavior exhibited by individuals in behavioral crisis, necessitating an ITA (Involuntary Treatment Act / Community care taking) response.

relative to 2017 over the same period in 2018, but overall remained proportionately stable at approximately 9.7%.

Of note, referrals to designated crisis responders (DCR)[32] increased by over 103% over the first six months of 2018 relative to the same time period in 2017. This is likely reflective of additional training with respect to how officers can make DCR community referrals in instances where the individual does not meet the statutory requirements to articulate an Involuntary Treatment Act referral to an Emergency Department.

Some dispositions were seen to decline (cumulatively, 14.5%) over the study period (shown in blue, above), including Mobile Crisis Team responses, notifications to Mental Health Agency or Case Manager, Crisis Clinic, Shelter Transport, Drug / Alcohol Treatment Referral, and Geriatric Regional Assessment Team. Attempts to model trends across dispositions observed with the most movement (up and down), however, failed to find sufficient fit. In other words, no meaningful conclusions could be drawn from this data, because the number of dispositions was too small and the time period too short. SPD will continue to track these dispositions to watch for any trend that may require adjustments in approach.

V. Use of Force

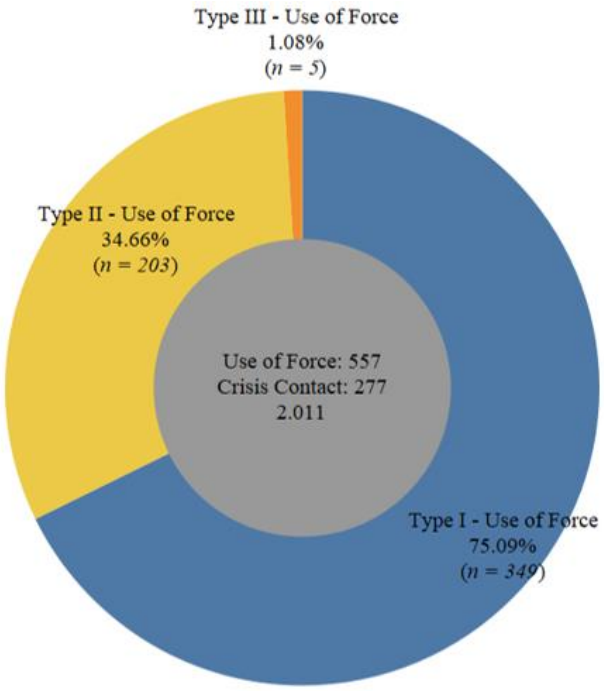
Of the 15,995 crisis contacts reported during the study period, reportable force occurred in just 277 (1.7%) of all crisis contacts, comprising 557 total uses of force. The rate of force over the 18-month period remained relatively stable between 1.3% and 1.8% and did not support trend analysis.[33]

A breakdown of the 557 reported uses of force across these 277 incidents is shown in Figure 23.

[32] A designated crisis responder, or DCR (formerly titled a Designated Mental Health Professional, or DHMP), is a mental health professional appointed by the county, an entity appointed by the county, or the behavioral health organization to perform duties relating to the detention or treatment of mental health patients. See generally RCW Chapter 71.05.

[33] While reportable force occurred in just 1.7% of crisis contacts, crisis was reported in approximately 25% of all use of force.

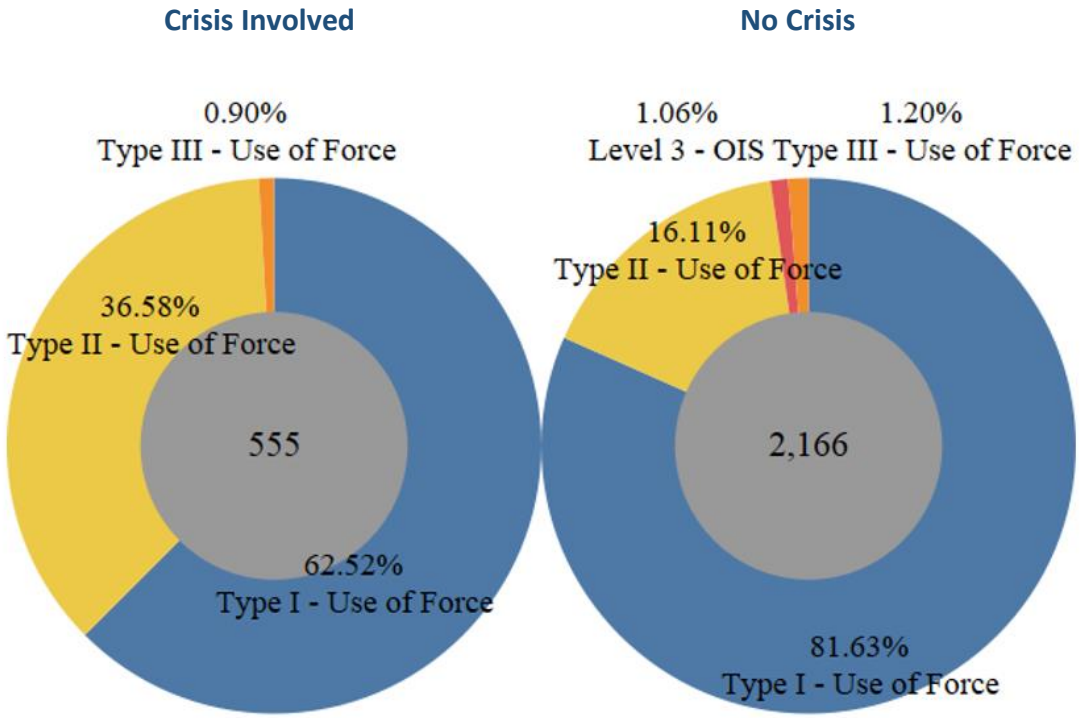
Figure 23: Force By Type Across Crisis Incidents



Similar to City-wide use of force distributions by type, 75% of force reported associated with a crisis contact was classified at the lowest level, Type I. Just five uses of force (.9%) were classified at the highest level, Type III.

The only significant departure from citywide use of force patterns was in reported Type II force, which was observed to be approximately 15% above the distribution of all force (20.27%) for the same period, 34.6%. *See* Figure 24.

Figure 24: Force by Type Across Crisis Incidents



Because the Department began tracking this data only recently, and due to the relatively small number of uses of force associated with a person in behavioral crisis, it is not clear if Figure 24 represents a normal fluctuation or a genuine trend. While hypotheses can be drawn, and explored in upcoming work,[34] it is also likely that use of force in incidents with a behavioral crisis component represents a distinct class of data in which an observed difference in the distribution of force type would be expected. SPD will continue to monitor Type II force in crisis incidents and, if warranted, explore it further in its next report.[35]

As shown in Table 5, little difference was observed between crisis-involved and non-crisis involved use of force and officer certification. In both cases, the observed certification rate for involved officers was approximately 20%.

Table 5: Distribution of CIT-Certified/non-CIT-Certified Officers Using Force in Crisis/No Crisis Events

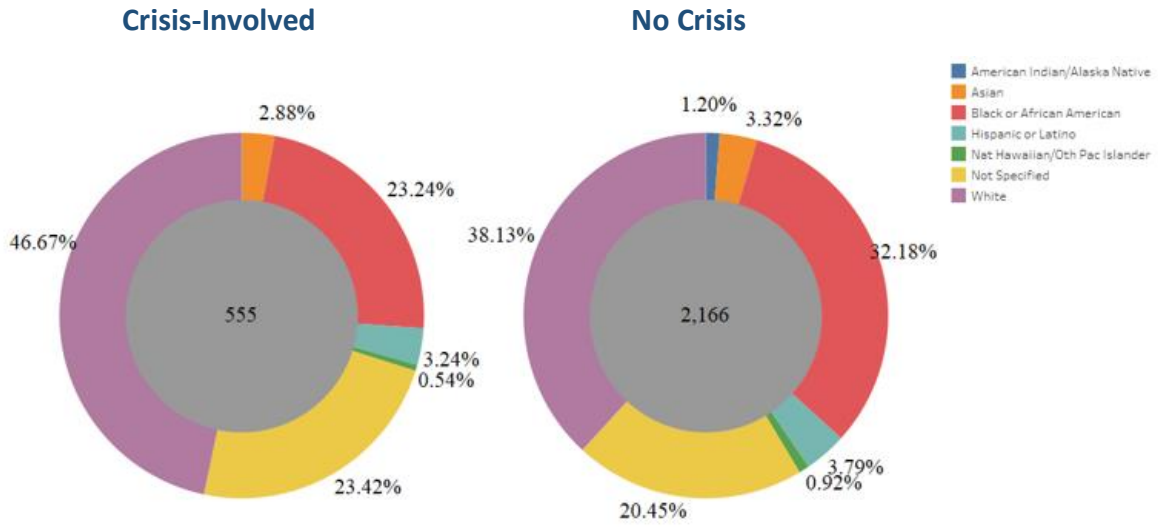
	Crisis Involved	No Crisis	Grand Total
Not Certified	20.42% (260)	79.58% (1,013)	100.00% (1,273)
Certified	20.37% (295)	79.63% (1,153)	100.00% (1,448)
Grand Total	20.40% (555)	79.60% (2,166)	100.00% (2,721)

Figure 25 shows a comparison of the demographics of subjects of use of force subjects[36] in crisis-involved and non-crisis incidents over the 18-month study period.

[34] Data from both the Seattle Fire Department and the King County Medical Examiner, for example, show a rising trend in the number of incidents involving the use of methamphetamine – a category of narcotic known to cause violent and erratic behavior. Other departments around the country are likewise reporting, anecdotally, an increase in the intensity of crisis incidents that they suspect to be linked to the rise in methamphetamine. Over the next year, SPD intends to partner with SFD to explore commonalities or trends with respect to observed behaviors and incident outcome.

[36] Community members are not often required to be identified in a crisis contact. Given the large amount of unrecorded data, demographic details are not presented within the context of all crisis contacts but as a representation of subjects of UoF, instead.

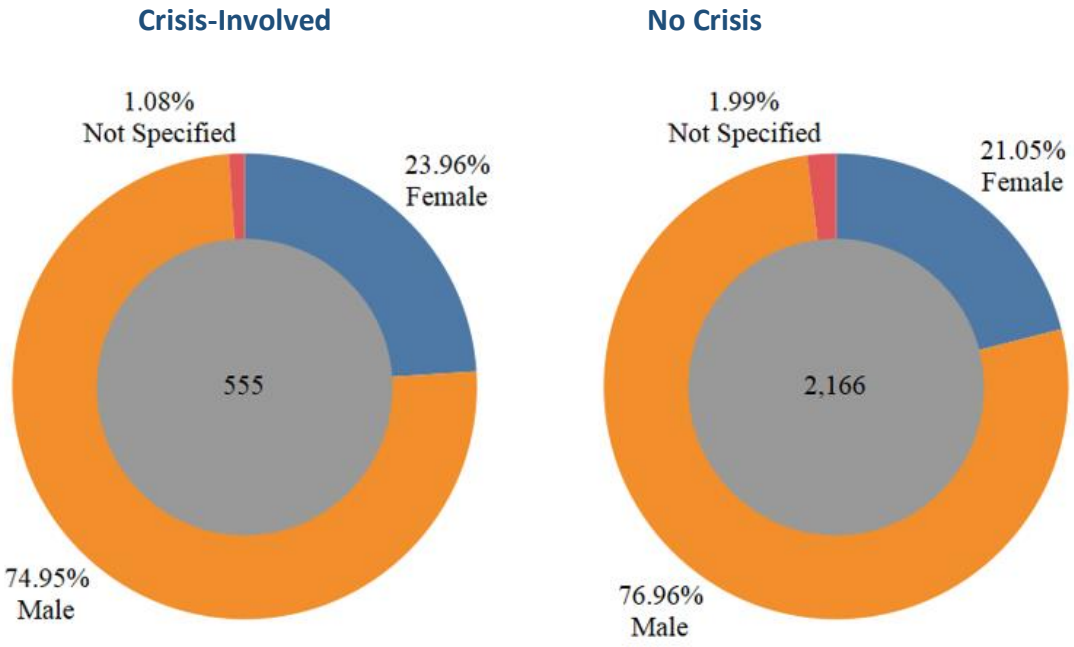
Figure 25: Subject Demographics



In both comparison groups (crisis-involved and non-crisis incidents), subjects identified as "White" make up the largest portion of both distributions (46.67% and 38.13% respectively) but are slightly overrepresented in crisis-involved incidents. Conversely, subjects identifying as "Black or African American" were slightly underrepresented (23.24% and 32.18%). In both groups, between 23.4% and 20.4% were listed as race, "Not Specified." These over- and underrepresentations, although slight, may be a fruitful topic for future study.

The distribution of gender, shown in Figure 26, was relatively equal. In approximately three-quarters of all UoF, regardless of whether the incident involved a crisis complaint, the subject identified as male. Between 21.05% and 23.96% of subjects identified as female.

Figure 26: Subject Gender



VI. Conclusion and Next Steps

SPD will review the outcome data generated through the process described [in paragraph 136], and may use the data for developing case studies for roll call and CI training, recognizing and highlighting successful individual officer performance, developing new response strategies for repeat calls for service, identifying training needs for the annual in-service CI training, making CI training curriculum changes, or identifying systemic issues that impeded SPD's ability to provide an appropriate response to a behavioral crisis event.

Consent Decree, ¶ 137

The data analytics platform (DAP) is utilized by the Crisis Intervention Team Coordinator (CIT coordinator) to implement and sustain the SPD Crisis Intervention Program on a weekly basis. The CIT coordinator utilizes the information to identify trends, volume, emerging high utilizers of police services (often undiagnosed / underserved mental health resource consumers), etc. The CIT Coordinator utilizes this information to inform the community service providers / Behavioral Health Organization (BHO) who are responsible for providing care and funding for this vulnerable population. Through the DAP, the CIT

coordinator can articulate gaps in the emergency mental health care system from anecdotal stories to data-based accounting of what SPD is encountering in the field. This ability has proven invaluable in allowing SPD to drive meaningful discussions with the Crisis Intervention Committee around SPD policies, practices, and strengthening relationships with community care partners.

The DAP also informs the work of the CRU while performing their function of creating response plans for those disproportionate utilizers of SPD services. The DAP allows for almost 'real time' analysis on the effectiveness of the plan which was created and disseminated. Additionally, the high-utilizer dashboard displays information which assists the CRU in identifying cyclical crisis patterns.

This capacity demonstrates that not only is the Department in continuing compliance with paragraph 137 of the Consent Decree, but it is analyzing, and leveraging, its data in increasingly sophisticated and innovative ways.

In addition to exploratory research with the Seattle Fire Department and the King County Medical Examiner regarding trends in behaviors associated with changing patterns of substance use and its partnership around CI training with John Jay College of Criminal Justice (see footnotes 20 and 34), the Department is separately evaluating the feasibility of undertaking studies relating specifically to the nature of crisis incidents that result in a custodial arrest, for purposes of examining the current landscapes of both pre-booking and post-booking diversion opportunities. While present data would allow for a reporting of what an individual was arrested for, a more detailed, qualitative analysis may provide insight into why an individual was arrested, particularly in instances in which the underlying criminal behavior may be that of a low-level, otherwise divertible misdemeanor. A working hypothesis would be that in such instances, an individual's lack of behavioral control and the possible impact on public safety, if left in the community, requires the custodial arrest; such data may, ideally, provide actionable knowledge to drive alternative support options in lieu of arrest.

Finally, in March 2019, the Department will transition from its current records management system to a new model for capturing more complete and consistent data around its community contacts. This system, which will include more granulated fielded data points than the current system, will feed into the DAP, allowing for greater cross-linkage of data across incidents. A preliminary discussion of the impact of this system in analyzing crisis incidents, and SPD's responses, will be presented in next year's report.