



City of Seattle

Seattle Police Department

September 12, 2017

Ms. Amy Tsai
600 Fourth Ave
Seattle, WA 98104

Dear Ms. Tsai:

I write in response to your letter, which we received by email on August 15, 2017, regarding additional inquiries submitted by Councilmember Herbold concerning the officer-involved shooting incident on June 18, 2017. As I understand it, these inquiries are intended to be in follow-up to a memorandum the Seattle Police Department submitted on July 14th, responsive to 34 initial questions.

Applying to these answers the same caveats as we stated in our earlier response, we respond to these latest inquiries as follows. With respect to your requests to clarify or confirm your understanding from our prior responses, we interlineate our responses therein.

Council Clarification Points:

I have another Councilmember follow-up question to the responses that were provided in regards to the Charleena Lyles shooting. This is a question about SPD's approach to how officers respond to scenes with a person who has a known mental health history.

By way of background, here's my understanding of SPD's answers to Council on this topic:

- *Use of a CRT crisis response team (Q23), CIT-trained officers (Q24), or calls to the crisis clinic (Q25), are not triggered by a dispatch that is not dispatched as a crisis call. One of the responding officers in the Lyles case happened to be CIT-certified (Q24).*

SPD Response: That is correct; SPD dispatches officers to calls based on the information that is provided and available to the dispatcher at the time the call is received. That said, as the Department reported in its third Annual Crisis Intervention Program Report, released on August 15, 2017, regardless of whether a call is dispatched as a crisis event, SPD's high saturation of CIT-certified officers within Patrol allows for CIT-certified coverage on most calls to which Patrol responds. I am attaching a copy of that report here. Please note in particular the section on Deployment, beginning on page 8; as reported, while all officers receive at least 8 hours of Crisis Intervention training annually, approximately 44% of officers overall – and 64% of officers assigned to Patrol – are CIT-certified (percentages that place SPD well above most similarly situated departments nationwide with respect to the extent of CIT-certified saturation). This high level of coverage allows for a CIT-certified officer to be

on-scene in the vast majority – 75% over the last 12-month report period – of all incidents to which patrol officers are dispatched, regardless of whether events are dispatched or subsequently identified as a crisis event.

- *“Upon Encountering a Subject in Any Type of Behavioral Crisis During Any Type of Incident (On-View or Dispatched), Officers Shall Make Every Reasonable Effort to Request the Assistance of CIT-Certified Officers” (Q24) but this requirement does not exist for a subject with a history of mental or behavioral crisis who at the time of dispatch is not exhibiting signs of being in crisis.*

SPD Response: That is correct. In addition, where at least one responding officer is CIT-certified, there would be no requirement/expectation to call for additional CIT-certified officers.

- *A residential burglary call (or any other call for that matter) is not treated as a crisis call based on prior history, although perhaps if other indicators are present, or become present during the call, then activities such as attempting to request the assistance of CIT-trained officers may occur at the time those behaviors manifest themselves (Q7, Q23, Q24, Q25).*

SPD Response: Correct. Again, in this instance, there was a CIT-certified officer on-scene, so there would be no expectation that an additional CIT-certified officer would be called, if time and circumstances allowed.

- *There are technological limitations to the ability of officers to review an individual’s history in advance of a call (Q21, Q22).*

SPD Response: That is correct. Also, information that is viewed is limited to what was previously reported in incident reports; officers on scene do not have access to medical/mental health/substance use disorder treatment information or diagnoses. Officers are given training on how to interface with the crisis clinic, where time and circumstances allow, where an individual is showing symptomatic signs of a behavioral crisis. However, please see the discussion of the RideAlong Response application, discussed later in this document, and particularly the importance of providing officers with the mobile devices necessary to access information contained in that application in the field.

Councilmember Herbold’s Follow-Up Questions:

1. *Has SPD considered requiring dispatch of a CIT-certified officer to non-crisis calls where the person has a history of crisis calls?*

SPD Response: No, nor do staffing resources presently allow for that. SPD’s current CIT program, which was developed in collaboration with the Department of Justice, the federal Monitoring Team, subject matter experts in the community who sit on the Crisis Intervention

Committee, and subject matter experts with whom the Department separately consulted, is modeled loosely after the “Memphis Model” which requires that participation in the program be voluntary. At the same time, as we have repeatedly emphasized, SPD believes that all officers should have a “base-level understanding” of mental illness and how to interact with an individual in behavioral crisis, and accordingly has been delivering 8-hours of crisis intervention to all sworn members of the Department since 2014.

Again, however, the high level of CIT-certified saturation in the Department allows for a CIT-certified presence on most calls to which Patrol responds, as was the case here, regardless of whether it is dispatched as or evolves into a crisis event.

- *What level/amount of crisis history might suggest the need for a different approach to responding to a call?*

SPD Response: Dispatch of CIT-certified officers to an incident is dependent on the behaviors that are being exhibited at the time. *Simply put, just because a community member is living with mental illness does not make them more dangerous than anyone else.* Commensurate with best practices, this is taught in our CIT training by way of ‘stigma breaking’ and to break down bias surrounding mental illness.

2. *Does CIT training address and provide guidance for the specific scenario of responding to a non-crisis call for an individual with a history of crisis calls, or are any modifications to the CIT curriculum being considered in that regard?*

SPD Response: In our third Annual Crisis Intervention Program Report, we discuss the roll-out of the RideAlong Response, a web application developed in partnership with Code for America. This app, which can be displayed either on officers’ in-car computer terminals or on a mobile device, displays key information about the individual, if available, in a way that is easier for officers to scan while in route to a crisis event, including background information, a summary of their previous interactions with police, tips to help officers approach and talk to the person based on prior responses, and contact information for any current caseworkers or identified safety network. In responding to crisis incidents involving persons with a known history of crisis calls, where time and circumstances allow, officers are able to review prior incidents to garner the background information described above.

At the same time, with over 9,000 crisis contacts a year, SPD has neither the staffing/administrative report to create RideAlong Response profiles for every person they may encounter in crisis, nor does one prior incident indicate a history of crisis calls.

3. *Does SPD have any policies that address how to respond to individuals with a history of crisis or mental impairment on a non-crisis call, to help officers be prepared for the potential of someone to evolve into a crisis situation (as opposed to training that addresses what to do once someone is in a crisis situation)?*

SPD Response: Officers are trained on a response curve that focuses on non-verbal communication, language, actions that indicate that a person is escalating their behavior, and how to respond accordingly with an emphasis on de-escalation tactics when time and circumstances allow. Again, however, the potential that a subject may escalate their behavior during a police encounter is not limited to those living with mental illness or in behavioral crisis; the potential for suddenly escalated behavior can be present in any incident or call that SPD responds to. It is for this reason that CIT / de-escalation training has been de-centralized and is now integrated into all other areas of training, requiring officers to consistently evaluate situations for escalating behavior and the feasibility of de-escalation.

4. *Given that Ms. Lyles had a Caution from a previous non-crisis call, that evolved into a crisis, did the Crisis Follow-Up Team (CFT) fulfill follow-up responsibilities in accordance with policy 16.110-POL-4 after the incident in which the Caution occurred?*

SPD Response: In our response to Council's original set of inquiries, we reminded Council of the Force Review processes by which all tactics, decision-making, and protocols surrounding a use of force and the investigation thereof are scrutinized against the backdrop of SPD policy and training. For that reason, it would be inappropriate to pre-judge here, in the absence of a full review based on a complete investigation, the applicability of 16.110-POL-4. As a factual matter, however, we offer the following:

The June 5th incident was screened by the CFT, which determined no further follow-up by SPD was necessary or appropriate because:

- The information in the report was complete (including the completion of a crisis template);
- As the officers, had completed a custodial booking, Ms. Lyles was no longer in the community; and
- The officers had requested the incident be screened through the Seattle Municipal Court Mental Health Court.¹

The Seattle Police Department plays an important role in the overall system of care for those living with mental illness, but there are practical, jurisdictional, and systemic limits to what officers or the Department can control. At an incident level, officers can employ tactics and decision-making that may lead to the de-escalation of an incident – and as the statistics bear out, are effective in the overwhelmingly vast majority of the 9,000+ incidents to which officers respond annually – but have no actual control over how any given individual, in fact, responds. At a systemic level, SPD's role in these difficult situations is to make the scene safe, make

¹ The Department is aware that some – including Ms. Lyles' public defender following the June 5th incident – have questioned the officers' decision to place her under arrest. To be clear, CIT training encourages officers to consider arrest when probable cause to do so exists, and to refer to Mental Health Court, as often the best means to connect a person with support and services that may not otherwise be available or to which a person may not otherwise be amenable to receiving.

appropriate referral decisions (in this case, to Mental Health Court), and to document the facts of the incident. The work of providing support, case management, treatment, etc., falls to different systems of care.

Council Note: *Please note that these questions are not about requiring officers to assume a person with mental health history to be in crisis for each subsequent call. It is also not a suggestion that officers stigmatize or otherwise discriminate against individuals with a known mental health history. CM Herbold recognizes that there are resource limitations. She also recognizes the slippery slope of treating individuals differently based on past history. However, just like a mental health caution provides the officer with additional information about the subject, what specific instructions and tools are the officers given (beyond CIT training) for what to do with that kind of information, so that they can resolve non-crisis calls for assistance to SPD with the best odds of success?*

SPD Comment: Again, this is an area where the Ride Along application may be of tremendous value, as more information allows for greater ability to make different decisions in the field. In this respect, SPD is on the leading edge of this nationally. ***That said, while SPD has systems in place to make information more available, we are limited by tools and resources.*** Of particular note, SPD has consistently been denied funding to provide mobile phones to all officers in the field – SPD is, in fact, one of the very few agencies that still does not have this mobile capability rolled out to field officers. Absent a device on which to read reports, in the field, officers have little option but to return to their vehicles to access reports on their in-car computer – often not a tactically sound option when a scene is not secure. In addition, SPD has limited staffing resources – both officers and mental health professionals – to effectively collect, organize and distribute this information.

Council Note: *While Councilmember Herbold would like a response to her questions, she also welcomes engaging with you in further conversation on this topic if SPD agrees that there may be an opportunity to improve SPD policies to address the likelihood of a non-crisis call escalating to a crisis call, in a manner that does not stigmatize individuals based on past behaviors.*

SPD Comment: As the Department has previously offered, we are always willing to engage in conversations regarding our CIT program. We encourage any interested councilmember to accept our open invitation to be provided the training we are providing, to our own members and to others around the country, with respect to Crisis Intervention, De-Escalation and the Critical Analysis of Force. We invite Council to participate in the Crisis Intervention Committee and to engage with subject matter experts within our own community and around the country, as we do, to ensure that our policies and training – all of which have been developed in collaboration with the Department of Justice, the federal monitoring team, and are court-approved – remain at the forefront of best practices in the field.

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Supplementation of Earlier Responses: Since submitting our responses to Council's first set of inquiries regarding this incident, SPD has completed two additional reports that were underway at the time. First, as earlier noted, on August 15th the Department released its third Annual Crisis Intervention Program Report, which contains aggregated information concerning SPD's response to 9,000+ crisis contacts between May 15, 2016 and May 14, 2017. Second, pursuant to specific requirements of the Consent Decree, the Force Review Unit completed its review of all Taser deployments in 2016; to the extent Council may find this report responsive to Questions 2, 3, 6, and 12 of Council's original set of inquiries, we provide this report as well to supplement our earlier responses.

Sincerely,



Rebecca Boatright
Chief Legal Officer

Cc: Kathleen O'Toole – Chief of Police
Brian Maxey – Chief Operating Officer