



OMBUDSMAN'S SPECIAL REPORT

Review of the Boise Police Department's Response to Persons in Crisis

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by

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BACKGROUND

Boise Police Department (BPD) officers respond many times a day to calls for service that put them into direct contact with people in crisis. The crisis might be related to drugs or alcohol; it might be the manifestation of undiagnosed or untreated mental illness, it might be a temporary crisis or just another in a lifetime of crises. The responding officers may be speeding towards a person who is armed and intent on harming self or others, or they may encounter a person who is no threat to others but clearly needs help. The police just don't know what they will encounter when they arrive at the scene.

In 2012, BPD officers handled 75,434 calls for service, of which nearly 8% were related to a person in crisis. This means that over 6,000 times each year BPD officers are dispatched to calls that put them in direct contact with people who have the potential to be distraught, irrational, agitated or emotionally unstable. Dealing effectively and safely with people in such a state requires specialized knowledge and skills, especially in how to de-escalate and communicate with someone in crisis.

In 1999, I recommended that BPD consider procedures and training to assist its officers in safely handling calls involving persons suffering from the effects of mental illness or emotional instability. The purpose of this recommendation was to reduce the necessity for officers to use force and expose themselves and subjects to injury. While BPD agreed to consider this recommendation, no significant change took place.

In 2006, I made a similar, but more prescriptive recommendation. Based on extensive research I had been conducting over the previous two to three years, I recommended that BPD immediately begin the process of developing and implementing a Crisis Intervention Team (CIT) program. Effective CIT implementations have been shown to reduce the frequency of assaults on officers and the correlated use of force by officers. After studying the recommendation for several months and with encouragement from the Boise City Council, BPD commissioned a "Blue-ribbon Panel" to conduct extensive research into best practices and make recommendations for implementation.

In April of 2007, BPD updated the Mayor and City Council on the recommendations made by the "Blue Ribbon Panel" studying the issue. The panel made the following five recommendations:

1. Develop and conduct four hours of CIT training for all BPD employees during the FY 2008 "Block" training cycle. The training was to be tailored towards providing all employees with an introduction on reconciliation and dealing with individuals with mental illnesses. The training would also provide an overview of how to start the de-escalation process until a more qualified team member can arrive.
2. In addition to the four-hour training, a 40-hour block of CIT instruction was planned for members of the Crisis Intervention Team. Team members were to be Patrol Division officers with an expressed willingness to become members of the team. It was anticipated that about 20% of Patrol Division officers would want to become members of the team. In addition to Patrol, all of the Special Operations Group (SWAT, EOD, Crisis Negotiators, etc.) were slated to attend the 40-hour block of training.
3. Create a new full-time CIT Program Coordinator position in BPD, along with two collateral positions (added duties for existing positions) within Patrol, one Bench and one Valley, responsible for being team leaders and working with the CIT Program Coordinator. All three positions would require additional training, the ability to attend CIT conferences, time to work with the Idaho Department of Health and Welfare's Mobile Crisis Unit. The two collateral

positions would need to have the flexibility to work on CIT issues approximately five hours a week.

4. Establish a standing committee that would meet on a quarterly basis to review the success of the program. The committee was to include community partners.
5. Increase the deployment of less-than-lethal weapons:
 - a. Canine Units
 - b. Tasers
 - c. 40mm
 - d. Etc.

In December of 2007, an internal BPD document gave an update on the progress of the CIT implementation. It was reported that the project was on track to deliver the basic 4-hour CIT training to all BPD officers during their annual "Block" training in the summer of 2008, and a full 40-hour CIT training to "20 to 25 percent of patrol officers" and "approximately 50 percent of the School Resource Officers" in the fall of that year.

In January 2009, BPD staff updated the Boise City Council during their work session on the progress of the CIT implementation. They reported the following:

1. Training had been completed for the two BPD supervisors who had volunteered to be co-coordinators of the CIT implementation. The coordinator role was in addition to their regular duties as BPD supervisors.
2. All sworn BPD officers had received 4 hours of CIT overview training.
3. Development of the full 40-hour CIT training course was about 75% complete.
4. BPD was working with the Courts on development of a "Mental Health Court".

5. Development of partnerships with stakeholders in the community was “in process”.
6. A proposed “Accommodation Registry” form had been drafted.
7. Plans for future growth and maintenance of CIT were underway.
8. The creation of a new, full-time, civilian “Program Coordinator” position was proposed.

In December of 2012, I released my findings concerning a fatal officer-involved shooting that took place in May of that year. That shooting involved a person in crisis who called Dispatch indicating he was holding himself “hostage”. Shortly after releasing my findings in that case, I made the following announcement:

“I have decided to conduct a review of the Boise Police Department’s Crisis Intervention Team program and related tactics and tools. In addition to gaining a complete understanding of how the program operates today, I will be looking at model programs and best practices in other jurisdictions to understand what more can be done in Boise to improve police response to persons in crisis. It is my intention to undertake this study in collaboration with the Boise Police Department and its own Crisis Intervention Team experts. The goal will be to make this highly effective model work even better for our community. In particular, I would like to see what can be done to increase the number of fully trained Crisis Intervention Team officers so that at least one will be on duty and available to respond to a crisis call 24 hours a day, 365 days a year.”

Due to my appointment to a police oversight position in Seattle beginning in July 2013, this project has been limited to a review of the current state of BPD’s CIT implementation and general recommendations for improvement. A review of national best practices and other models was not conducted.

CURRENT STATE OF BPD's CRISIS INTERVENTION TEAM IMPLEMENTATION

CIT Training

An extensive 40-hour crisis intervention training is offered to officers who volunteer to be identified as a CIT resource, as well as being required for all newly hired officers before they enter the field-training program. Unfortunately, the number of officers who volunteer for this training has been extremely low. Until very recently, this has prevented BPD from achieving its goal of having 20 to 30 percent of its Patrol Division officers fully CIT trained (40 hours of initial training with annual refresher training). The longer CIT training, while including valuable information on a wide variety of mental health and crisis-related issues along with important information about resources available in the community, provides very little in the way of concrete tactical training for police professionals. During the 40-hour course, only 4.5 hours are devoted to classroom scenario-based training.

As of the end of June 2013, 22% of BPD's Patrol Division officers have received the full 40-hour CIT training. A significant portion of these officers were newly hired officers who went through the training as a required part of their new officer orientation.

This is an important milestone for BPD and I applaud the Department's commitment to get its officers trained.

CIT Coordination

As of the time of this report, BPD still has no full-time CIT Coordinator. Development of training curriculum, collection and sharing of information on crisis calls, and all other CIT related duties have been carried by a sergeant who already has another full-time police supervision assignment. An additional sergeant provides some support in managing the CIT program.

OBSERVATIONS

Critical Mass

For a variety of reasons, BPD has only very recently reached the point where, at any hour of the day, seven days a week, it is more likely than not that at least one fully trained CIT officer will be on duty in the Patrol Division. Such a “critical mass” is the bedrock of any effective CIT implementation. In this way, no matter the day or the hour, when officers are dispatched to deal with a person in crisis, an expert is on duty to coach the responding officers in slowing things down and considering a variety of tactical solutions to achieve the safest and most favorable outcome.

Now that BPD has achieved the 20% threshold, it must focus its efforts on ensuring that those officers who have received the 40-hour training are truly committed to the principles and tactics of the CIT program. Learning a new skill is one thing, using it effectively requires continuous reinforcement and on-going refresher training.

Tactical Training

Priority should be given to expanding and strengthening hands-on, de-escalation training being given to all BPD officers, especially to supervisors and those officers who act as CIT members and coaches to other officers. Some excellent training has already been provided. It should be expanded, strengthened and reinforced on a regular basis.

CIT Coordinator

This issue is important enough and the risk of death or injury to persons in crisis and to officers substantial enough that BPD should have a full-time CIT coordinator. This position does not need to be filled by a police officer. In fact, the skill set needed is more consistent with ones found in social workers and program managers in social service agencies. I am aware of an effort by BPD to

obtain Federal grant funding for a part-time position that would be shared with the Meridian Police Department. This would be an excellent start.

Inter-agency Cooperation

When it comes to safely and proactively managing crisis situations and those who may soon precipitate one, the importance of cooperation between public safety and social service agencies cannot be overstated. Some progress has been made on this front and I applaud those elected officials and agency heads who have acted forcefully in this regard. Yet, there is much more to be done. A prime example of this is the need for what some have called an “accommodation registry”. Such a registry would be a way for persons with mental health and/or behavioral health issues and their caregivers to voluntarily share information with the CIT program. In this way, when and if the person is in crisis and the police are called, responding officers will have access to information that might help them better de-escalate the situation and bring about a safe and positive outcome. This idea has been talked about since at least 2008, but is still not a reality. While acknowledging the existence of privacy concerns, possible legal barriers, and logistical challenges, officers responding to a potential crisis situation need to know as much as they can about the people involved and the particular challenges they face.

CONCLUSION

BPD Chief Michael Masterson has demonstrated his commitment to the goal of giving his officers the training, tactics and tools they need to safely and humanely de-escalate and resolve incidents involving persons who are in crisis. Since 2006 when I first began to discuss CIT with him, Chief Masterson has embraced the concept and provided the necessary leadership to keep it moving forward. Organizational change is difficult; behavioral change is even more so. Despite the many obstacles and in the face of shrinking budgets and competing demands for attention and resources, Chief Masterson has forged ahead with implementing CIT at the Boise Police Department. I applaud his commitment and I urge him to keep the momentum going.

Beginning an entirely new program and way of approaching familiar problems is never easy. It is a particularly difficult task in organizations that are conservative by nature and place high value on tradition. Special recognition must be given to one particular person in BPD who, above everyone else, has been the heart and soul of the CIT implantation at BPD. Sgt. David Cavanaugh has devoted countless hours, untold thought and energy, and many sleepless nights to making certain that this CIT program continued moving forward. He has had many collaborators, to be sure, and each of them deserves recognition as well. However, Sgt. Cavanaugh has been the energy, drive, and moving force behind this program for over seven years. His dedication to the safety of his fellow officers and the well-being of the community members he serves has made CIT what it is today.

BPD has made substantial progress, especially in the last year, in creating an environment in which its officers are properly equipped and enabled to successfully and safely handle situations involving persons in crisis. I commend them for this. Yet, there is still much left to be done. In fact, a successful CIT implementation is never finished.

In particular, I urge BPD to continue to:

- deliver effective tactical training for officers and reinforce these tactics on a frequent basis,
- work on creating an internal culture in BPD that views CIT involvement as desirable and worthwhile,
- build on already existing partnerships with other public safety agencies, social services, and behavioral health providers.



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