SALEM, OREGON POLICE DEPARTMENT

Operational Assessment

Responses to Suicide Calls (2015 – 2019)

CSM
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Conducted by:
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CSM is committed to providing training and consulting services to law enforcement and Department of Defense agencies throughout the world in the fields of crisis/hostage negotiation, law enforcement resiliency, and peer support.

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EXECUTIVE SUMMARY

In 2016, the Salem Police Department entered into a settlement agreement to resolve claims stemming from an officer-involved shooting incident. Although the settlement agreement contained multiple requirements, this assessment addresses only Section 3 of the agreement as listed below:

"Salem shall conduct a review and assessment of its police response to suicide calls over the past five years. This assessment shall be made utilizing specialists in mental health and suicide response who are not employees of the Police Department to make recommendations. This assessment and report shall be made public and presented to the Salem City Council during a public meeting."

To meet the requirements of the agreement, the Crisis Systems Management (CSM) Assessment Team reviewed Salem Police Department responses to suicide calls for the five-year period from 2015 to 2019.

The assessment commenced on October 10, 2020, with the receipt of raw data in the form of digital reports. Throughout the assessment period, Lieutenant Benjamin Bales availed himself to answer questions, provide additional data, and arrange interviews.

Without exception, the assessment team found the Salem Police Department to be forthcoming in both word and deed. Each person encountered expressed a genuine interest in the assessment findings as an opportunity to improve crisis intervention within the City of Salem.

The findings presented in this report should in no way be taken as indicative of a wide-spread issue with the Salem Police Department's response to suicidal individuals. As with any issue subjected to intense scrutiny, areas of improvement will always be found. During the review, Assessors found most responses to suicidal individuals were consistent with best practices throughout the United States.

The assessment included every aspect of the response to suicidal crises from the initial complaint through the incident resolution. While detailed findings reflect areas of improvement, there are trends which exist across all years and phases of the response as noted below:

- Communications personnel[1] are uniquely positioned to set the tone for the response and begin the intervention process. Although there are areas for improvement, communications personnel recognize their role in crisis intervention.

- Communications personnel and patrol officers do an exceptional job of looking beyond the crime and seeing the crisis that serves as the basis for the assault, the domestic disturbance, the intentional vehicle collision, or the trespass. Recognition of the underlying issues serves as an important first step in a risk-effective resolution.

- The Behavioral Health Unit (BHU)[2] demonstrates great agility when interacting with special populations. There were several noteworthy instances wherein BHU members recognized that the elderly person, the juvenile, the combat veteran, the transgender person, or the mentally ill person requires a unique and skilled response.

- Assessors noted several instances of patrol officers exposing themselves to risk by making face-to-face contact with armed persons without cover. When responding to a suicidal crisis, patrol officers experienced a 'rescue dynamic' wherein their instincts for rescue were stronger than their instincts for survival.

Assessors also noted great improvement over the five-year period from 2015 to 2019, which correlated with policy changes and enhanced training received by officers in more recent years.

[1] *In lieu of distinguishing between terms such as call taker, dispatcher, or dispatcher supervisor, a single term of communications personnel will be used to encompass all three.*

[2] *The Behavioral Health Unit (BHU) was formerly known as the Mobile Crisis Response Team (MCRT). BHU will refer to actions by the current BHU or the former MCRT.*

OPERATIONAL ASSESSMENT

ASSESSMENT TEAM

CSM personnel represent a full spectrum of law enforcement experience from local, state, federal, and military agencies across the United States. For nearly two decades, CSM has conducted a myriad of responsible and legally defendable investigations, evaluations, and statistical analyses for a variety of crisis related law enforcement and military activities. Past projects include:

- Consulting and developing crisis intervention policies for hundreds of law enforcement agencies
- Developing crisis response models, including the "Scaled Crisis Response Model"
- Developing and publishing a comprehensive Crisis Negotiation Field Manual for Crisis Negotiators
- Publishing articles on crisis communication, crisis intervention and crisis negotiation in recognized professional journals
- Developing, facilitating, and evaluating full-scale training exercises for local, state, and federal agencies
- Conducting post-incident investigations
- Completing annual statistical analyses of national trends in crisis negotiation
- Training more than 27,000 emergency dispatchers, police officers and military personnel in crisis intervention, crisis negotiation, and crisis incident management.

SPECIAL AGENT KARIN HOUSTON

Federal Bureau of Investigation, Retired, Project Lead, Assessor

Special Agent Houston retired after 23 years with the FBI. She served as a Crisis/Hostage Negotiator for more than 18 years, responding to persons in crisis, barricaded subjects, and hostage/kidnapping incidents with the FBI and multiple state and local agencies. As an FBI Adjunct Faculty member, Special Agent Houston taught Crisis/Hostage Negotiations in the United States and overseas. She spent the last seven years of her career as the Crisis Negotiation Coordinator for the Kansas City FBI Division.

SPECIAL AGENT DEB MCMAHON

United States Army, Criminal Investigative Division, Retired, Business Coordinator, Assessor

Ms. McMahon retired as a Special Agent of the United States Army, Criminal Investigation Division. She has served as a member of a crisis response team, and has negotiated numerous hostage, barricaded subjects and potential suicide incidents. In addition to her practical experience, Ms. McMahon has authored Crisis Response Plans; planned, executed, and evaluated major crisis response training events; assessed policy, training, and crisis response as a subject matter expert; and has published numerous professional articles on crisis negotiation and crisis negotiation training. Ms. McMahon holds Bachelor of Science degrees in Criminal Justice and Psychology.

SERGEANT TROY KING

Portland Police Bureau, Retired, Subject Matter Expert, Assessor

Sergeant King retired after 30 years in law enforcement, during which time he served for 20 years on the Crisis Negotiation Team for the Portland Police Bureau. Sergeant King is a national trainer and consultant in crisis/hostage negotiation, de-escalation, and communication, having personally trained more than 5,000 police officers, dispatchers, and public service personnel.

LIEUTENANT DAVID MEYER

Portland Police Bureau, Retired, Subject Matter Expert, Assessor

Lieutenant Meyer retired after 26 years in the Portland Police Bureau. He served ten years in the Tactical Operations Division. Lieutenant Meyer spent six years specifically responding to crisis incidents, first as the Crisis Negotiation Team Leader and then as the Tactical Operations Lieutenant over the SWAT Team.

ASSESSMENT GOAL AND SCOPE

The *goal* of the assessment was to examine the response to crisis incidents and to identify findings which the Salem Police Department could use to improve policy, training, procedures, personnel selection to specialized assignments, and report writing.

The *scope* of the assessment involved the Salem Police Department response to persons experiencing a mental health crisis involving the suspected risk of suicide, suicide attempts and mental health crises with the potential result of self-harm or injury.

ASSESSMENT PROTOCOL

A customized assessment protocol and tool was developed to:

1. Serve as a reference for all members of the assessment team to ensure they followed the same procedures and evaluation criteria.
2. Facilitate discussions about the assessment within the assessment team and with relevant stakeholders.
3. Enable peer scrutiny of the assessment both during and after the project.

ASSESSMENT LIMITATIONS

A review of source documents and a meeting with the Salem Police Department aided in identifying limitations of the assessment and to highlight in advance that relevant limitations were considered when interpreting and using the results of the assessment. Limitations include such issues as:

1. Whether a person in crisis, after police contact, experienced suicidal risk or engaged in self-harm or life-threatening behavior.
2. Whether a person in crisis considered their experience with the police contact to be positive or negative.
3. Whether a complainant considered the police response to be sufficient.
4. The efficacy of mental health services and support for persons in crisis after a peace officer custody hold[3].

SOURCE DOCUMENTS

Primary source documents utilized for the assessment included the settlement agreement; Salem Police Department policy documents related to contact with emotionally disturbed persons; Salem Police Department Crime/Incident Reports; and Salem Police Department Response Reports, more commonly known as CAD reports.

[3] *A peace officer may take into custody a person who the officer has probable cause to believe is dangerous to self (or to any other person) and is in need of immediate care, custody or treatment for mental illness. If the officer chooses to take into custody a person for a peace officer custody, then the officer shall be required to transport to the nearest appropriate screening facility and then to an appropriate facility.*
(Oregon Revised Statute 426.228; Salem Police Department Directive 7.15)

OPERATIONAL ASSESSMENT

ASSESSMENT FOCUS

Police Crime/Incident Reports and CAD reports served as the initial review of the response with a focus on six major areas of the response:

1. **Information received by the police**
   - The receipt of timely and accurate information often serves as a foundation for an effective police response.
   - What was the quality and accuracy of information received?

2. **Dispatch**
   - Dispatching patrols with sufficient information, known risk factors, complainant information, and appropriate levels of supervision is the next step in effective mitigation.
   - What was the quality and accuracy of dispatch?

3. **Patrol**
   - Containing the incident, controlling the environment (people, perimeters, etc.), communication with the person in crisis, and sufficient patrol supervision contribute to a well-managed scene.
   - What was the effectiveness of the initial police response?

4. **De-escalation/Intervention**
   - Specialized skills for de-escalation and/or intervention are integral to mitigating a crisis involving an emotional or psychological crisis or those engaged in self-harm or life-threatening behavior.
   - Skills include recognizing the nature of the crisis, assessing risk, taking steps to reduce risk to the person in crisis, bystanders and responding officers, communicating accurately with other responders, and applying communication skills which reduce psychological arousal and improve rational decision-making.
   - What was the effectiveness of de-escalation/intervention techniques?

5. **Supervision**
   - Supervision of crisis incidents may have a direct impact on mitigation and sometimes outcome.
   - Supervisors must have basic knowledge of crisis communication, scene management, and available resources and apply those skills and experience in a timely and deliberate manner.
   - What was the effectiveness of the incident supervision?

6. **Alternative resources**
   - Often, the nature of an emotional or psychological crisis exceeds what police can readily address on scene.
   - In those cases, the incident may benefit from more skilled intervention such as CIT, ECIT, crisis negotiator, mental health professional direct intervention or mental health referral.
   - Were alternative resources explored? Requested? Available?

7. **Outcomes**
   - The assessment also took into account the outcome of an incident.
   - Outcomes cannot be predicted and often there are many reasons why an incident resolves the way it does.
   - Outcomes may be a direct result of the actions of the person in crisis; may be influenced by a lack of communication, training, or experience by law enforcement; or may be impacted by the lack of available and appropriate alternative resources.
   - All contributing factors may appear positive, yet there is an injurious or fatal outcome and in other cases there are many negative factors present, including risk, yet results in a safe resolution.
   - There are also times when in the absence of any other option, law enforcement chooses to disengage with the subject.

- Outcomes were classified as:
  Resolved - lethal force.
  Resolved - less than lethal force.
  Resolved - self-inflicted injury or death.
  Resolved - without force or injury.
  Unresolved - disengagement

ASSESSMENT SCORING

Each of the six major response areas received a score ranging from '0' to '3', with zero being the worst possible conditions or actions and three being the best possible conditions or actions. The purpose of the scoring system was to:

1. Create common language and perspective among assessment team members.
2. Facilitate the selection of cases for 'peer review'.
3. Facilitate the selection of cases requiring closer scrutiny.
4. Facilitate the efficient review of hundreds of cases in a manner that focused the most time and attention on those cases likely to produce findings meaningful to the Salem Police Department.

FLAGGING CASES

In addition to the numerical score, each of the six major response areas were subject to being 'flagged' with either a red or green flag. Red flags denoted areas of interest in which there was concern for the conditions or actions and green flags denoted areas of interest in which the conditions or actions were extraordinary in some way.

An example of a red flag might be an incident wherein someone calls 9-1-1 with misinformation to draw a law enforcement response likely to result in the use of force (such as suicide-by-cop). That case would get a red flag for 'information received' but may also get a green flag in 'patrol' for a cautious and risk-aware response where the patrol officer took actions to reduce harm to both responders and the person in crisis. An additional green flag in 'de-escalation/ intervention' may be the result of a patient and thoughtful de-escalation which resulted in voluntary compliance with a peace officer custody hold.

Cases with three or more flags were automatically selected for much closer scrutiny with the intent of identifying both areas to sustain as well as areas to improve.

OPERATIONAL ASSESSMENT

SELECTION OF CASES FOR REVIEW

Original information provided to the Assessment Team indicated the number of police responses to suicide calls was approximately 4,900 reports, selected from 2013 to 2018. The awarding of the contract to complete the assessment did not occur until 2020; therefore, the reference range was updated to responses dating from 2015 to 2019.

It was determined a random sampling of 15% of cases from each year would provide an adequate basis for the assessment. However, a preliminary review of data from 2015 to 2017 revealed multiple cases submitted for the assessment did not meet the criteria for the tasking. For example, many responses involved an individual experiencing a mental health crisis but who was not expressing suicidal ideations. Often, the individuals were requesting transportation to mental health facilities for services not related to suicide. Further investigation indicated the cases selected for 2015-2017 included cases involving any mention of mental health or suicide. To assure the terms of the Settlement Agreement were met, responses not involving suicide were excluded from the assessment.

Upon receipt of the 2018 and 2019 cases from Salem Police Department, two things were noted. First, the number of responses from each year was significantly smaller than the prior years. Secondly, the case report format was different. The new format provided additional information regarding the type of response which allowed the selection of cases to be more aligned with the tasking requirements. A preliminary review of 2018 and 2019 responses determined the vast majority met the tasking criteria for suicide responses.

After discussions with the Assessment Team, it was determined a larger number of cases could be assessed from each year as selecting only 15% of the 2018 and 2019 cases would not provide a picture of the most recent suicide responses. The Assessment Team decided to select 132 random cases from each year in the reference range, resulting in the assessment of 660 responses from 2015 to 2019, as illustrated in the below chart.

YEAR	CASES RECEIVED	CASES MEETING ASSESSMENT CRITERIA	CASES SELECTED	PERCENTAGE OF CASES ASSESSED
2015	880	307	132	43%
2016	838	309	132	43%
2017	863	327	132	40%
2018	182	173	132	76%
2019	277	268	132	49%
Totals	**3,040**	**1,384**	**660**	**48%**

ASSESSMENT FINDINGS

1. REPORT WRITING

1.1 Finding: The narrative portion of some reports lacked detailed descriptions of decisions and actions by responders and incident outcomes. Lack of detail often omits critical factors in decision-making, contributory factors in outcomes, fails to inform future encounters with the person in crisis, leaves room for unfair scrutiny and opens the door for perceived liability.

Discussion: The response to incidents involving persons in crisis is varied, time consuming, resource-intensive, unpredictable, and subject to several potential outcomes. Actions taken by police officers during a crisis response impact many factors including the risk of increased violence and suicidal behavior by the person in crisis, recurring police interactions for an ongoing crisis, future encounters with the same person, and collaborative strategies with medical, mental health and social service partners.
At the center of a police response to a person in crisis is an officer who is making the most reasonable decisions based on his or her training and experience, what is known of the person in crisis at the time, factors such as drugs or alcohol, available resources, medical issues or disabilities of the person in crisis, environmental factors such as incident location or the presence of others at the scene, and the willingness of the person in crisis to accept police intervention.

More than any other type of police response, the response to a person in crisis requires the most of officers in terms of ***both*** objective decision-making (based on policy and procedure) and subjective decision-making (based on interpretation of potential violence, self-harm, or suicidal intent).

Assessors observed that officers were consistent in clearly reporting objective decisions and actions as well as those actions directed by policy (such as handcuffing procedures, force applications or the submission of peace officer custody hold paperwork), whereas the more subjective observations, decisions, or actions (such as a decision to disengage, the observation of an unhealthy dynamic between a person in crisis and their family, or the description of crisis behavior which may inform future encounters) were less detailed.

The exception to this finding was reports written by BHU members, or officers with more Crisis Intervention Team experience. Better descriptions of the behavior of the person in crisis, their reasons for resisting intervention, previous encounters, informal outcomes, and positive support options were more detailed and reflected the considerable efforts put forth during the crisis response. Reports of this quality left few questions.

The narrative of a police report provides critical information to future responders involving the same subject or location. The smallest detail influ-

ences de-escalation, consideration of alternative resources or the application of force.

Recommendation: Provide policy direction for effective report writing as well as training on report writing for crisis intervention.

1.2 Finding: Report writing occasionally reflects inconsistent and sometimes inappropriate terms when describing aspects of a crisis response to those suffering a mental health crisis.

Discussion: As an example, describing the behavior of a person in crisis as "throwing a tantrum" rather than "threw himself to the floor where he shouted and kicked his feet for several minutes" forces the reader to apply his or her own interpretation as to what constitutes a tantrum.

A review of cases from 2015, 2016, 2017 revealed the use of the term 'mental' as a descriptor for someone who was experiencing a mental health crisis. Many reports of this type began with "...I responded to a mental..." or "responded to cover on a reported mental person..." or "welfare check of a mental person". While the informal slang or the classification for the call type as 'mental' likely meant no ill-intent, best practices of crisis intervention avoid labels of this type which perpetuate negative stereotypes of persons in crisis and are a contributory element of implicit bias.

The discontinuance of the term 'mental' was mandated in the settlement agreement which was signed in September 2016. Salem Police Department was given twelve months to implement the change and train officers according to best practices. Reviews of cases from 2018 and 2019 reflected more appropriate terminology of 'Emotionally Distressed Person' in both the classification of call type as well as references to persons in crisis within the narrative portion of the report. However, the term 'Emotionally Distressed Person' is not consistent with the terms outlined in Salem Police Department's Directive 7.15, "Contact with Emotionally Disturbed Persons".

Report narratives occasionally reflected terms generally reserved as a clinical judgement or diagnosis. As an example, "He was obviously delusional and paranoid..." implies a definitive conclusion about what a person is experiencing. A report narrative may better describe what the officer observed such as, "He accused me of stealing his 20 pairs of socks and a bag of cat food while he was napping in his car. When I explained I was there to offer him assistance for his distress, he persisted in telling me he doesn't trust anyone who wears blue and claims they want to help."

A similar description of a person who was "acting bipolar" may be better described as, "he displayed behavior which oscillated between rapid, joyous and incoherent speech and fits of inconsolable crying over the course of several minutes." Bipolar, as with all mental illnesses, requires the diagnosis of a qualified mental health professional. Behavioral descriptions of persons experiencing a mental health crisis are similar to descriptions used for suspected driving under the influence (DUI) wherein behavior and not conclusions are the focus in report writing.

Recommendations: Provide policy direction for the use of acceptable terminology. Ensure terminology is consistent across all sources of documentation.

2. COMMUNICATIONS CENTER

2.1 Finding: Dispatch information occasionally lacked critical details. Lack of detail or information can lead to increased risk for responding officers who are not apprised of factors which may influence their approach to the scene or decision-making during the incident.

Discussion: Communications personnel are charged with obtaining information from callers who may not provide the most timely or accurate information in a rapidly changing and unstable environment. Most shortcomings related to poor information are not related to the skill or experience of communications personnel but are a direct result of the caller's inability to articulate necessary details which contribute to a well-informed crisis response.

Factors such as previous encounters with the person in crisis, telephone number and location of the incident, threats, occurrence of violence, weapons, drugs or alcohol use, medical issues, disabilities of the person in crisis, the presence of family or others at the scene, must all be relayed to the patrol officer to ensure his or her ability to make the safest and most reasonable decisions possible.

Assessors observed that CAD reports from 2015, 2016 and 2017 reflected less previous encounter information and less documentation of potential threat and risk factors. Some reports provided more detailed intelligence, but the intelligence appeared to be based on a specific communication person's familiarity with a repeat caller rather than information extrapolated from existing Salem Police Department databases. Beginning in 2018, with the transition to a new report format, Assessors observed the historical information was more routinely included in the CAD notes. However, the report system alone did not appear to account for continued disparities in the amount and quality of intelligence provided by communications personnel.

Assessors requested information from the Salem Police Department regarding the size of the Communications Center, number of call takers and dispatchers working each shift, and the number of agencies covered by the Communications Center. The Willamette Valley Communications Center (WVCC) provides services for the Salem Police Department and twenty-eight (28) other agencies (29 agencies total), including fire and medical calls. Call takers answer calls for all 29 agencies. Dispatchers assigned to the Salem Police Department only cover calls related to the Salem Police Department. Since 2017, approximately three to five call takers are assigned to the day shift, five to six call takers are assigned to the swing shift and two to three call takers are assigned to the midnight shift. Until January 2021, Salem Police Department had one dispatcher per shift assigned to handle all police communications during the week, and a second dispatcher assigned to assist on weekends when call volumes typically increased. Depending on the day and time, a single dispatcher could be covering up to 40 on-duty Salem police officers. As of January 2021, an additional dispatcher is being phased in during peak times over the next six months.

A review of the WVCC website indicates WVCC serves a population of approximately 372,000 and covers an area of nearly 2,000 square miles. WVCC handles both emergency and non-emergency calls. In 2019, WVCC took 406,157 calls, an average of over 1,112 calls per day. WVCC assisted agencies with 341,057 police incidents in 2019; the Salem Police Department accounted for 118,344 of those calls. While a statistical analysis of the call volume is beyond the scope of this assessment, a quick calculation indicates WVCC averages a call every 75-80 seconds, 24 hours a day, 365 days a year. Assessors

believe the sheer volume of calls and limited personnel contribute to the lack of information which is sometimes obtained from callers and subsequently reflected in CAD reports. The CAD reports reviewed seem to indicate communications personnel are adept at their job when not overcome by multiple calls at the same time.

Recommendations: Complete a review of staffing levels for communications personnel handling calls for Salem Police Department and determine if additional staffing is warranted.

Continue to provide training to communications personnel on gathering and documenting information on crisis calls with special emphasis on information oriented to safety.

2.2 Finding: De-escalation and suicide intervention techniques applied by communication personnel are inconsistent.

Discussion: The role of communications personnel is one of collaboration and support when a person in crisis is involved. The very nature of crisis communication involves gathering and managing information in a very unstable information environment but may also extend directly into the role of one who intervenes with an actively suicidal person or someone who is engaged in violent or dangerous behavior.

For a person in crisis, a call taker remaining on the line can assist in calming that person, by providing direction to help reduce risk to everyone involved, as well as preparing the person in crisis or the complainant for the arrival of patrol officers.

Additionally, remaining on the line with a person in crisis provides 'verbal containment' of the situation. One of the basic tenets of incident response is containment of the crisis site. The first steps in containment begin with the caller remaining engaged with communications personnel. This allows for the collection of the most up-to-date information regarding the person's location (if known), initiating a ping of the active cell phone if warranted to locate the caller, providing information overheard in the background regarding other individuals present, and other indicators of risk (i.e.: dogs barking, the sound of a gun being racked, etc.).

For example, in one incident a mother called regarding her emotionally disturbed son tearing up her house. In addition to communications personnel relaying information from the mother, the following information was also noted, "CT [Call Taker] can hear son screaming", "Son just said he won't be taken alive and will charge them [responding officers] with a knife." Providing intelligence to responding officers regarding possible suicide-by-cop intent on the son's part is critical to the officers' safety and decision-making in their approach to the person in crisis.

Communications personnel are often encouraged to 'take information from a caller' and 'move on to the next call'. Some of this practice is based upon limited resources and the never-ending number of calls coming into the Communications Center. Other reasons include the belief that communications personnel are not trained to deal with persons in crisis, even though the very definition of their job involves emergencies, crises, and elevated emotions from callers.

A review of cases from 2015, 2016, and 2017 revealed a limited number of incidents where communications personnel remained on the line with the caller until officers arrived on scene. In 2018 and 2019, Assessors observed more communications personnel remaining on the line until the arrival of officers and/or attempting to call back when the caller disconnected from the call, sometimes resulting in multiple callbacks to keep the caller engaged and to gather more information.

Best practices support training communications personnel in basic crisis negotiation, suicide intervention and de-escalation techniques. Additionally, when speaking with a person in crisis, often communications personnel develop rapport with the individual. By disconnecting from the conversation with the person in crisis, rapport is lost, and the responding officer must start at the beginning. While not appropriate for every response, the practice of transitioning calls to arriving officers, especially in incidents where the person in crisis is barricaded or in possession of weapon, is considered a best practice. In a transition, communications personnel conference the responding officer into the existing call, provide an introduction of the caller to the officer along with pertinent information about the caller's 'story'. Communications personnel remain on the line until the caller has engaged with the officer and the hand-off has been successful. The transition allows the officer to build upon the rapport developed by communications personnel and continues with the de-escalation of the caller prior to contact.

Recommendation: Provide crisis negotiation, suicide intervention and de-escalation training to all communications personnel. Consider integrated scenario training between communications personnel and responding officers for emotionally disturbed persons, including the transitioning of calls from persons in crisis.

3. BEHAVIORAL HEALTH UNIT

3.1 Finding: The use of the Behavioral Health Unit (BHU) in response to persons in crisis represents the best possible effort toward successful outcomes and the reduction of frequency of contact between persons in crisis and law enforcement. The BHU consistently evoked a confident and competent approach to resolving a myriad of complex mental health crises.

Discussion: The successful resolution of a mental health crisis requires responders have a thorough knowledge of available community resources, working relationships with key stakeholders within the medical/mental health community, a practical working knowledge of the spectrum of mental health disorders and the skill to connect with persons whose coping skills are diminished.

Incidents involving persons in crisis are time consuming, resource intensive and frequently involve persons who inherently mistrust the police. Patrol officers often have neither the time, nor the specialized skill, to consistently oversee positive outcomes with persons in crisis and connect them to appropriate community resources.

The BHU improves public safety overall, reduces agency liability, reinforces community livability, and increases quality of life by coordinating law enforcement, criminal justice, and resources for individuals who chronically require a police response.

Assessors observed that incidents involving a BHU response reflected a knowledgeable and patient approach and almost never required an application of force. Report writing by BHU members was thorough and constructive and provided future responders with a detailed account of the incident and an indication of what remedies might be appropriate.

Recommendation: Maintain the BHU as a critical aspect of Salem's response to persons in crisis. Continue to select the correct people for the position; those who are motivated, possess important communication skills and who have the willingness to patiently intervene with persons in crisis.

3.2 Finding: The community, especially group homes, have become dependent on a police response for many types of crises not normally considered within the purview of law enforcement.

Discussion: With the high visibility of the BHU within the community, there appears to be an over reliance on the Salem Police Department to provide a variety of services not normally considered within the purview of law enforcement. The good news is that BHU takes the burden off patrol officers and offers a more skilled response, especially for high-risk mental health crises and those persons in crisis who chronically require intervention. The bad news is that BHU is not always available to take calls for service and patrol officers are left to respond to incidents otherwise handled by BHU. As a result, the patrol officer response is less skilled and experienced as reflected in narrative descriptions by responding officers. Whereas the community has come to expect such a high-level response, the non-availability or delay of a BHU response has a deeper impact.

Recommendation: Expand the staffing of the BHU or expand the function of the BHU to include patrol consults for low-risk incidents. Continue to train CIT officers to close the gap between what patrol officers need to accomplish and what BHU ***can*** accomplish.

4. RISK-EFFECTIVE RESPONSES

4.1 Finding: Officers responded to high-risk encounters without cover officer(s). Lack of cover officer(s) in a high-risk encounter limits options for the sole responding officer by increasing the risk of injury or lethal force to persons in crisis or the officer. Cover officers provide additional manpower and response options for containing and controlling the crisis.

Discussion: Responding to emotionally disturbed persons is unpredictable and subject to a number of potential outcomes. While most individuals experiencing suicidal ideations are not dangerous to others, there is no way for responding officers to determine in advance who may or may not present a threat to others. Assessors noted many cases where the person experiencing suicidal ideations also articulated their desire for an officer to "shoot them" or "kill them" as a means of resolving their crisis. In multiple incidents, the person in crisis threatened the officer with a weapon and/or fought the officer and/or tried to grab the officer's weapon in an attempt to cause a lethal confrontation or suicide-by-cop.

For example, officers responded to a welfare check on a person in crisis who was reported to be intoxicated and suicidal by unknown means. Two officers were dispatched, but only one contacted the person in crisis by entering his trailer and encountering the person in crisis who was holding a kitchen knife and threatening suicide. According to the incident report, the officer "instructed him to set the knife down and he ***eventually*** complied". The person in crisis was taken into custody and transported to the hospital. Given the confined space within a trailer, the intoxicated and suicidal intent of the person in crisis, the presence of a weapon, and the lack of another officer inside the trailer, the outcome may have been much different. A cell phone number for the person in

crisis was provided in the CAD report. Contact via cell phone and calling the person in crisis out of the trailer for face-to-face contact from a covered position may have been a safer option for all involved.

In another instance, an officer responded to a call where the person in crisis had been physically violent with her parents who were in their 80s. The officer entered the home without cover. The person in crisis was calm when the officer entered the home and exited the home voluntarily with the officer to see medics. However, once outside, the person in crisis lunged aggressively at the officer and attempted to grab her with both arms. The officer used force to control the person in crisis and subsequently placed her in handcuffs. The person in crisis continued to physically resist until the officer's cover arrived. The presence of an additional officer(s) is often a deterrent to an individual who might otherwise become physically aggressive with a single officer.

Assessors noted in other instances, officers responded to calls with individuals who were reported to be suicidal and armed with a firearm or other lethal weapon. In these calls, no other persons were being threatened and there was no imminence noted for the person's intent. The officers contacted the individual prior to cover officers arriving. Although no negative outcomes were noted in these cases, responding to armed individuals without a cover officer limits options and may result in less than desirable outcomes.

The goal of police officers is to preserve life and officers will often do that at great risk to themselves, even when they do not have adequate backup. In many of the cases reviewed, responding officers appeared to experience a 'rescue dynamic' where their instincts for rescue were stronger than their instincts for survival. This places the officer and the department at great risk. When responding to a suicidal person, where emotions are driving the event and the response of the person in crisis is unpredictable, the lack of adequate backup for an officer increases the likelihood of serious injury or death to the person in crisis, innocent family, friends or bystanders, or the officer.

Recommendation: Enhanced policy directives and training which reinforces the use of cover officers when responding to an incident involving a mental health crisis or suicide attempt wherein the presence of a weapon is likely or suspected. The requirement for a cover officer should be extended to other high-risk incidents such as jumpers or those who intend self-harm or suicide by running into traffic.

4.2 Finding: In crisis incidents which escalated to a 'stand-off' and the need for a crisis negotiator was identified, there were a few instances where a sole crisis negotiator was dispatched to the incident.

Discussion: While requesting an on-duty negotiator as an additional resource is encouraged, officers are cautioned to recognize when a full crisis negotiation team is a more appropriate response. One negotiator is not a replacement for a crisis negotiation team. Most calls involving suicidal individuals can be handled by responding officers, which includes CIT Officers, BHU Officers, or Crisis Negotiators, all who have specialized training in de-escalation and suicide intervention. However, if an incident rises to the level of needing specialized units such as the tactical team and crisis negotiation team due to an armed and barricaded individual, the crisis negotiation team should be sent, not 'a' negotiator.

OPERATIONAL ASSESSMENT

In one instance, the Salem Police Department received a request for assistance from a neighboring agency. An armed man was involved in a standoff in a Walmart parking lot. One Salem Police Department crisis negotiator was deployed. While the negotiator was successful and a peaceful surrender was obtained, the negotiator was working at an enormous disadvantage with no support or intelligence from a crisis negotiation team.

The National Council of Negotiation Associations (NCNA), which publishes recommended negotiation guidelines and policies, states, ***"As with tactical teams, negotiations are best undertaken in a team context."*** Crisis negotiators are trained to work as a team in developing intelligence and strategies for communication and intervention.

Recommendation: Enhanced policy directives and training which reinforces current best practices of deploying crisis negotiation teams, avoiding reliance on a single negotiator to fill the role of a crisis negotiation team.

EXTRA MILE

During the review, Assessors found most responses to suicidal individuals were consistent with best practices throughout the United States. Assessors noted great improvement over the five-year period from 2015 to 2019, which correlated with policy changes and enhanced training received by officers in more recent years. Assessors also noted several responses which could only be characterized as Salem Police Department personnel 'going the extra mile'. Any assessment would be incomplete without highlighting some of these extraordinary actions by Salem Police Department personnel.

TEAMWORK TO ENSURE WELL-BEING

A caller contacted 911 requesting a welfare check on her sister who had called and indicated she was going to hurt herself. The caller then heard a noise and the line disconnected; the caller had been unable to reach her sister again. Communications personnel obtained pertinent intelligence regarding the sister's name, presence of firearms in the house, use of marijuana, alcohol and Adderall, history of suicide attempts by overdosing, possible presence of the father at the residence and a history of family violence. All intelligence was relayed to the responding patrol officers.

Patrol officers contacted the father at the residence who had just returned home. After checking the residence and a shed in the backyard, the sister (his daughter) was not found. Officers asked the father about firearms and explained their concern that his daughter might have taken one. Upon checking, the father determined a firearm was missing. Communications personnel initiated a ping on the daughter's cell phone but could not determine a location. Additional investigation by communications personnel with the telephone company determined the original caller had mistakenly provided a wrong cell phone number. Communications personnel began working with the telephone company to determine the correct number and initiate a ping.

In the interim, responding officers determined the daughter had departed in her vehicle and initiated a be on the lookout (BOLO) for the daughter and the vehicle. They also determined places the daughter might frequent, including a cemetery where her friend was buried. Patrol officers were unable to locate the daughter. The father's ex-wife called to say she had located their daughter at her high school. Patrol officers immediately broadcasted this information in the event the daughter had the gun in her possession and multiple units responded to the school to locate the daughter and ensure the safety of other individuals at the school. Upon locating the daughter, she advised she hid the firearm in the shed.

The patrol officer at the house was able to locate the firearm which the father identified as his. The father advised he did not keep a round in the chamber, but examination of the firearm revealed a round in the chamber. Patrol officers with the daughter advised they were placing her on a peace officer custody hold and transporting her to the hospital. In speaking with the daughter, patrol officers also discovered the father had

made threats with a firearm in the past. One of the patrol officers returned to the residence to discuss this issue with the father; the father indicated he did not see a problem with his behavior. Based on the father and daughter's behavior with firearms and apparent instability in the family, the patrol officers decided to take the firearms for safekeeping or until the family could seek mental health counseling.

The above incident lasted more than an hour and demonstrates the intense manpower required to respond to a person in crisis. Nine different communications personnel and six patrol officers were involved in trying to locate the daughter and ensure the safety of the daughter and other individuals at the school. The teamwork, dedication and persistence of all personnel involved was evident through the CAD reports and the patrol officers' reports. The forward-thinking of patrol officers to follow-up with the father over the firearms and the decision to take the firearms for safe keeping ensured the safety of the daughter, family, and other individuals.

EMPATHY AND PERSISTENCE

BHU members responded to a reported intentional overdose involving a juvenile. The juvenile was barely conscious but made statements to the BHU officer that "life was not worth it". The BHU officer was provided with the empty prescription bottle and in turn, provided that information to the medics who took over care of the juvenile. The BHU officer continued to follow up with the juvenile's aunt who had called 911 and found out the juvenile had experienced the recent loss of her grandmother who had raised her. The juvenile's mother was out of the picture due to drug use. The juvenile was reportedly raped a month after her grandmother's death and her father went to prison shortly after that. The juvenile was in therapy, but her therapist had been on vacation and cancelled the appointment the juvenile was to have attended that day. The BHU officer went to the emergency room an hour later to check on the juvenile and provided the aunt with information on the Psychiatric Crisis Center and the BHU program. While the BHU officer was present, the nurse came in and attempted to get the juvenile to drink the charcoal which she resisted. After the BHU officer talked with the juvenile for a few minutes, she agreed to drink the charcoal. The BHU officer demonstrated patience, empathy, and persistence in making sure the juvenile and her aunt received the help they needed.

BUILDING TRUST FOR SAFETY

A patrol officer responded to the Veteran's Administration Center where an employee had disclosed to his boss, he was having suicidal ideations. The employee volunteered to go to the hospital. The patrol officer was able to determine the employee had a firearm in his backpack along with a loaded magazine. The employee agreed to the patrol officer taking the firearm, magazine, and a set of brass knuckles for safe keeping at the police department. The patrol officer then followed up to see if the employee had additional firearms at home. The employee did and the patrol officer worked with the employee to obtain the name of a trusted friend who could take the weapons for safekeeping. The patrol officer stayed with the employee at the hospital while a room was being prepared. During his discussions, the patrol officer learned the employee had recently lost two military friends to suicide, another friend was killed in a car crash, and he and his girlfriend had recently lost a child through a miscarriage. After hearing the above information, the patrol officer made the decision to place the employee on a peace officer custody hold and discussed this with the employee who indicated he understood.

After departing the hospital, the patrol officer contacted the employee's boss and updated him on the situation. He confirmed the trusted friend who was to take the weapons had no criminal history. The patrol officer then contacted the trusted friend and the employee's roommate to update them on all that had occurred and

ensure the weapons would be removed from the residence. The patrol officer's ability to listen, empathize and build rapport with the employee led to the employee trusting him and disclosing personal information and details regarding weapons. The patrol officer took the extra steps to initiate a peace officer custody hold and then follow up with the employee's boss and friends to ensure the employee would be as safe as possible when he was released from the hospital.

PATIENCE FOR TEENS

BHU members responded to the report of two teenagers who sent texts to friends regarding hurting themselves or committing suicide over their breakup. Another agency responded to the female teenager who was in their jurisdiction. BHU members attempted to locate the male teenager.

Communications personnel continued working with the caller to obtain cell phone numbers, names, and possible locations of the teenagers. Eventually, BHU members located the teenager in a nearby park. After engaging the teenager in conversation, the BHU officer learned the teenager had obtained a box cutter which he was thinking about using to cut himself. The teenager surrendered the box cutter to the BHU officer. The BHU officer and the teenager discussed different options, including stabilizing in place, transport to the Psychiatric Crisis Center, or transport to the hospital. The teenager stated this was the first time he had experienced these types of feelings and wanted to talk with a mental health specialist. As they continued to talk, the teenager indicated his feelings of wanting to hurt himself had diminished and he wanted to return home to his parents.

The teenager agreed to a safety plan to stay home with his parents, refrain from social media, and not hurt himself. If his feelings of harm returned, he would call one of the crisis hotlines or 911. The BHU officer provided the teenager and his father with local mental health resources and crisis hotline information. The BHU officer also scheduled a follow up visit with the family the next day. During the follow up visit, the BHU officer learned there were firearms in the house, but they were secured in the safe and the teenager did not have access to the safe. The BHU officer spoke with the father about safety prepping the residence for sharps and spoke with the teenager to see how he was doing. The BHU officer encouraged the teenager to pursue counseling. Additional resources were provided to the teenager and his father.

For individuals and their families who encounter suicidal ideations for the first time, it is a frightening experience. The patience and effectiveness of the BHU officer in listening to the teenager was instrumental in gaining his trust. The BHU officer was able to provide the teenager and his father with resources to help them navigate this new area while ensuring the safety of the teenager through the process. The follow up visit the next day provided additional reassurance to the teenager and his father that they were not alone in their crisis and resources were available to them.

SUPPORTING A VETERAN

A patrol officer responded to the Veteran's Administration outpatient clinic for a female veteran who was having suicidal thoughts and wanted to go to the hospital. The patrol officer also noted the veteran was homeless. Prior to transporting the veteran to the hospital, the patrol officer stopped by the Veterans Assistance Shelter and arranged lodging for the veteran once she was released from the hospital. The patrol officer noted the veteran was "polite, self-reflective, and wanting assistance." The compassion displayed by the patrol officer and his decision to look beyond the veteran's immediate needs helped address the veteran's underlying needs which were most likely contributing to her mental health crisis.

OPERATIONAL ASSESSMENT

PROVIDING HOPE

Patrol officers responded to a suicidal female who planned to overdose on her medication. The female had dropped her son off with his father the night before and quit her job that day in preparation for taking her life. The patrol officer spoke to the female about the impact of her suicide on her son. The female began to cry and engage with the patrol officer. When asked how long she had been feeling suicidal, the female stated since the week before when the doctor switched her medications. The patrol officer explained how medication changes can trigger suicidal thoughts. Upon hearing that information, the female seemed to have hope and voluntarily agreed to go to the hospital. On the way to the hospital, the female was "mortified" she had quit her job. The patrol officer offered to speak with her boss and help him understand. The patrol officer also reminded the female of the positive things in her life and support systems available to her. After releasing the female at the hospital, the patrol officer contacted the original caller to update him on the female's status. The original caller was able to provide a telephone number for the female's boss. The patrol officer then called the boss and spoke with him. The boss indicated "he felt better about retaining [the female] and would work with her to maintain her position." The compassion displayed by the patrol officer and her decision to look beyond the female's immediate mental health needs helped address what would have become an issue of support for the female upon her release from the hospital.

The above incidents represent only a few examples noted by Assessors of Salem Police Department personnel going 'the extra mile' for persons in crisis. The teamwork displayed in these calls from communications personnel to responding officers is evidence of Salem Police Department personnel being committed to preserving life and assisting persons in crisis with long-term resources and support.

CONCLUSION

Although this assessment was mandated by a settlement agreement, without exception, Assessors found the Salem Police Department to be completely responsive to all questions, requests for documents, data, recordings, meetings, and interviews. The review, which encompassed nearly 50% of all responses to suicidal persons from 2015 to 2019, reflected the commitment of Salem Police Department personnel to implementing new training and best practices into their responses. It also demonstrated their commitment to listening, de-escalation, patience, adapting, and utilizing all available resources to assist persons in crisis whether it was their first encounter with Salem Police Department personnel, or one of multiple encounters.

The CSM Assessment Team sincerely hopes the findings learned from this assessment will continue to drive the Salem Police Department's commitment to training and incorporating best practices in their responses to persons in crisis.

> “Without continual growth and progress, such words as improvement, achievement, and success have no meaning.”
>
> Benjamin Franklin

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