

Oakland Police Department Office of the Inspector General



Quarterly Progress Report July – September, 2017

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Mills College Graduate Research: Policy Analysis and Recommendations

Alternative standard for probation and parole searches, officer stress and disparate stop outcomes

In late 2016, the Department’s Office of Inspector General partnered with three graduate researchers from the [Mills College Graduate Program in Public Policy](#) to review, assess and provide policy recommendations on topics of interest to both the researchers and OIG. These topics are:

- Officer fatigue and its possible impact on stop outcomes
- Officer stress management during the field training experience and efforts to mitigate
- Review of policy alternatives for probation and parole searches

While each researcher embarked upon their own unique and ambitious project, they all shared the same fervor and curiosity to pioneer deeper into their respective topics, the results of which are showcased in their final reports. And while OIG worked to recruit, facilitate and guide the work performed, these reports represent original analysis and independent writing with full credit given to this incredible group of public policy students.

OIG thanks the graduate researchers for their commitment and passion to assist the Department. OIG intends to review and consider all findings and recommendations, which ultimately serve to expand the Department’s understanding of police administration. It was our honor to partner with the community, share police department data and experience, and collaboratively review results with the best of public safety and community intentions. Each of their reports may be viewed and downloaded at <https://app.box.com/v/MillsMPP2017>.

About the Authors

[Meghan Hunt, MPP](#)



Report Title

Working to Close the Gap: How Stress and Fatigue Impact Racial Disparities in Traffic Stops by Oakland Police

Meghan is a social researcher focused on providing community members with rigorous yet user-friendly data to make informed decisions. Her research spans several fields, from education to health care and criminal justice, and has influenced the work of local governments, non-profits, and foundations. She translates complex findings into accessible reports with stunning data visualizations and clear language. She has conducted focus groups, surveys, and research with Spanish speaking communities throughout the US. After graduation, Meghan hopes to work in Oakland as a researcher on issues of local and national importance.

About the Authors

[Rodalyn Guinto, MPP](#)



[Rebecca Wegley, MPP](#)



Report Title

Stress in Law Enforcement Identifying and Mitigating the Impact of Stress in the OPD's Trainee Officers

Rodalyn is a public policy analyst and generalist. Her interest spans many fields from public health to housing policy, but all share the common value of serving and lifting communities of low-income backgrounds. She has the ability to take deeper dives into public problems and formulate innovative and equitable policy solutions. Post-graduation, Rodalyn hopes to work as an analyst and project manager – in her opinion, formulating policy solutions and seeing them to fruition sounds like the most rewarding career in the world.

Reasonable Suspicion + Honing Officer Discretion to Improve Community Relations and Reduce the Opportunity for Bias

Rebecca has extensive experience working in community mental health and legal advocacy programs, as well as with justice-involved populations. While in the MPP program, Rebecca interned at the Center on Juvenile and Criminal Justice, where she engaged in legislative research and data collection, cleansing, and analysis; edited, blogged, curated social media content, and contributed to strategic communications planning.

Mental Health Encounters: Crisis Intervention Training and Response Data

By Rose Sutton, MPP, CGAP, Police Performance Auditor

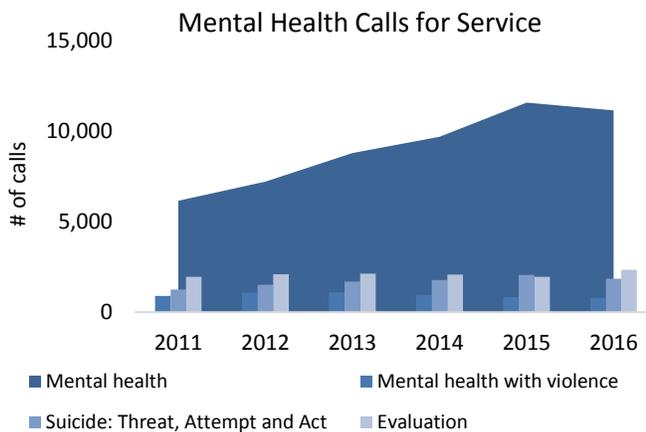
Objective

Review the Department's ability to address mental health calls for service by:

- Benchmarking its incident response against industry guidance
- Reviewing incident video and documentation for completeness
- Analyzing data patterns from incidents that may inform the Department's understanding and strategic response

Background

The Department faces a growing number of mental health calls for service, requiring 911 dispatchers and responding officers to adequately assess the signs and symptoms of mental distress, and respond accordingly with patience and understanding.



Key Strengths

- ✓ The Department is on track to meet legal compliance with state-mandated training deadlines.

- ✓ The Department administers POST certified crisis intervention training to both 911 dispatchers and officers.
- ✓ Oakland community members exhibiting mental distress do not appear to be treated criminally solely for their mental health emergency.

Key Weaknesses

- ✗ The Department does not routinely collect, document or use information from all mental health encounters that would otherwise promote officer safety and lawful self-reliance strategies for those experiencing chronic mental health crises.
- ✗ Lack of codified role specifications for mental health assignments and a recent reorganization may increase miscommunication and duplicative tasks.
- ✗ The legally required oral detainment advisement is not always captured on video.

Key Recommendations

- Explore the feasible adoption of a data collection mechanism that would allow for the efficient and effective dissemination of mental health information, thus allowing officers to be better prepared for mental health encounters.
- Make mental health program assignments, roles and responsibilities clear.
- Request crisis intervention instructors to cover the legal obligation of providing an oral advisement. Additionally, remind all sworn personnel that by law and policy, an oral detainment advisement is required to be said and captured on video.

Objective and Scope

911 dispatchers and responding officers must adequately assess the signs and symptoms of mental health crises and respond accordingly with patience and understanding. To that end, the objective of this performance review is to assess the Oakland Police Department's (Department) ability to address calls for service involving those experiencing mental illness or severe emotional distress. By assessing the Department's present response strategy against industry guidance, this report sought to answer whether the Department:

- Provides dispatchers with the tools to determine whether a mental ailment may be a factor in a call for service and whether that information is used to dispatch the call to the appropriate responder
- Has developed procedures that require officers to determine whether a mental ailment is a factor in the incident and whether a serious crime has been committed—while ensuring the safety of all involved parties
- Has established written protocols that enable officers to implement an appropriate response based on the nature of the incident, the behavior of the person with a mental ailment, and available resources
- Documents accurately police contacts with people whose mental illness was a factor in an incident to promote accountability and to enhance service delivery
- Collaborates with mental health partners to reduce the need for subsequent contacts between people with mental illness and law enforcement

Secondly, a review of response data related to mental health calls for service may help inform the Department's understanding and strategic response. Unfortunately, in lieu of the limitations in querying information, this report was only able to answer the following:

- What is the volume of mental health incidents?
- What percent of service calls that the Department responds to have a documented mental health component?
- What is the patrol area distribution of mental health incidents?
- What is the work shift distribution of mental health incidents (peak call times)?
- How many incidents involve repeat encounters with the same Oakland community member?
- How many mental health encounters resulted in use of force?

Mental Illness:

An impairment of the mental or emotional processes that exercise control of one's actions or the ability to perceive or understand reality, which substantially interferes with a person's ability to meet ordinary demands of living.

The scope of this review covers incident data ranging from 2011 to 2016.

Performance Review Methodology

To conduct this review, OIG:

- Reviewed applicable laws pertaining to mental health encounters, and when needed, consulted with the Department’s legal counsel for clarity and guidance
- Reviewed state training requirements for law enforcement personnel, including sworn officers and 911 dispatchers
- Reviewed industry best practices for benchmarking purposes
- Attended a 40-hour training course on Crisis Intervention Training
- Reviewed Department policies and procedures
- Interviewed the previous and presently assigned Department CIT Coordinator
- Performed data analysis of high-level trends and patterns regarding 5150 calls for service (call related to a mental health crisis)
- Reviewed video footage of mental health calls for service and associated detainment documentation

To determine the Department’s on-scene assessment performance, OIG randomly selected and reviewed video footage from 15 mental health service calls occurring in June 2017 that were coded 5150, 5150b (mental health crisis involving a violent or potentially violent person) or mental health evaluation. OIG staff observed officer demeanor towards the Oakland community member and whether CIT techniques were employed to effectively handle the mental health call for service. OIG specifically sought evidence of whether officers could:

- Stabilize the scene using de-escalation techniques appropriate for people with mental illness
- Recognize the signs or symptoms that may indicate that mental illness was a factor in the incident
- Determine whether a serious crime was committed
- Consult personnel with expertise in mental illness to enhance successful incident management
- Determine, when warranted, whether the person met the state criteria for emergency evaluation
- Provide an oral detainment advisement as required by law

Background

Crisis Intervention Training (CIT)

In 2010, the Alameda County CIT Committee was formed to promote a greater coordinated response across various agencies in handling mental health crises. Shortly thereafter in 2011 the Department established the Mental Health Liaison/CIT Coordinator position to better address the Department’s mental health response strategy. Through collaboration with Alameda County Behavioral Health Care

Services, the Department began offering CIT instruction to its officers, which is known as a widely adopted ‘best practice’ model among law enforcement.^{1, 2}

The mission and goals of the Department’s CIT course are:

CIT MISSION ³	CIT GOALS
CIT personnel are trained to respond to incidents and attempt to provide evaluation, de-escalation and referral services in dealing with incidents involving individuals who are either known or suspected to be in acute mental health or emotional crisis and who may pose a risk to themselves or others or are determined to be gravely disabled. ⁴	<ol style="list-style-type: none"> 1. De-escalate crisis situations 2. Reduce the need for use of force 3. Decrease recidivism among jail inmates who experience mental health challenges 4. Create a working collaboration with community agencies 5. Increase lawful self-reliance [strategies] and health enhancing behaviors [among those who experience an adverse mental health condition]

The Department’s CIT instruction is Commission on Police Officer Standards and Training (POST) certified, and is described as a, “1-week, 40-hour training course which provides participants with an overview of mental illness, developmental disabilities, crisis intervention techniques, communication skills, and other tools, tactics and strategies that law enforcement officers can employ to safely and effectively deescalate individuals who have a mental illness and are in crisis. In addition, information on local community-based mental health facilities and jail diversion programs are also provided.”⁵

Unlike other agencies, the Department’s CIT program is not a self-contained and autonomous unit, but rather is couched organizationally under the Training Section (and taught alongside defensive tactics and electronic control weapons instruction) within the Training Division. Also unlike other agencies, CIT

¹ [This video](#) showcases the collaboration between Alameda County and the Department’s CIT Program.

² The Department’s CIT program largely mirrors the City of Memphis’ police first responder model (better known as the ‘Memphis Model’) that emerged in 1988, which called for a “more intelligent, understandable, and safe approach to mental crisis events” (City of Memphis, Crisis Intervention Training. Retrieved June 30, 2017, from The City of Memphis - Police Services: [website](#)). Since then it has grown to become the leading organizational strategy for law enforcement personnel. To date, there are approximately 2,633 local and 347 regional CIT programs. The University of Memphis’s School of Urban Affairs and Public Policy, Department of Criminology and Criminal Justice hosts the CIT Center as a resource for CIT programs across the country (The University of Memphis, 2017).

³ Office of the Chief of Police. (2014). New DGO O-1.1 Crisis Intervention Program. Memorandum, City of Oakland, Oakland Police Department. Retrieved June 2014

⁴ Welfare and Institutions Code Section 5008(h)(1) defines the term *gravely disabled* as, “a condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter,” and further includes, persons with chronic alcoholism who experience the same effect. It’s important to distinguish that the law does not consider someone with intellectual disabilities, and because of that disability alone, as gravely disabled.

⁵ State of California. (2017, June). California POST Course Catalog. Retrieved June 2017, from Commission on Peace Officer Standards and Training: [website](#).

instruction is voluntary (for non- Field Training Officers). Lastly, trained CIT officers receive no premium pay for what is deemed an ancillary assignment, but are distinguished by a pin worn on their uniform.⁶

To better assess the training content and delivery of CIT instruction, OIG staff attended and observed the administration of the CIT course. Notable course observations include the diversity of involvement by local subject matter experts and experienced “consumers of mental health services”; role playing calls for service; the availability of print and media resources for those attendees interested in advancing their understanding beyond the course objectives; field visits to juvenile and adult mental health facilities; and engaging classroom exercises that require critical thinking and active involvement. Small tactile objects were provided for kinesthetic learners and posters were displayed for visual reinforcement. And for continuous improvement and quality control efforts, anonymous course evaluations were solicited at the end of the course.

Each training day was divided into topics presented by a subject matter expert, when possible. Topics included:

- An overview of mental illness presented by the Kathleen Brown, licensed MFT
- Writing effective 5150's presented by Alameda County Behavioral Health Care Services
- Cultural responsiveness presented by the Department's CIT Coordinator (but typically presented by Stephanie Lewis, ACBHCS Clinical Supervisor and Mobile Team Leader
- Patients' Rights and LPS Investigations provided by Patient's Rights Advocates
- Psych medications and weapons presented by the Department's CIT Coordinator
- Police wellness presented by Karen Zeltser, LCSW or Jeff Shannon, Berkeley Police Department and licensed MFT
- Developmental disabilities presented by Regional Center of the East Bay
- Suicide assessment presented by Crisis Support Services of Alameda County
- Youth and mental health presented by Alameda County Behavioral Health Care Services
- Combat to community presented by Swords to Plowshares, additionally by Dr. Joseph or Stacy Dulan of the Veterans' Affairs Hospital
- Consumer and family perspectives presented by the Family Education and Resource Center

Crisis:

An unstable or uncertain time or state of affairs, the outcome of which will or may have a major impact on the person with a mental illness and/or the community.

Crisis Intervention:

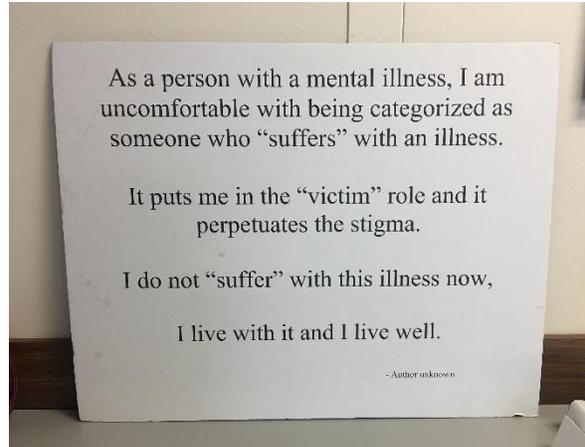
The attempts of CIT trained personnel or county clinician to de-escalate a mental health crisis and return the Oakland community member to a pre-crisis level.

⁶ Office of the Chief of Police. (2014). New DGO O-1.1 Crisis Intervention Program. Memorandum, City of Oakland, Oakland Police Department. Retrieved June 2014.

- Older adults presented by the Department’s CIT Coordinator
- De-escalation techniques (which also covered major relevant case law) presented by Karen Zeltzer, LCSW, RAS from Alameda County CIT’s program
- Excited delirium presented by Officer J. Cairo
- Role play scenarios administered by Point Across
- Site visits to John George Pavilion, Cherry Hill and Willow Rock located in San Leandro, CA.

By offering CIT instruction, the Department attempts to fulfill its stated goal to, “effectively address crime and public safety issues by increasing police personnel's capacity to provide a higher quality of service to the community through basic and in-service training to improve skills and abilities.”⁷

By offering CIT instruction, the Department also limits its risk of liability, considering that a city can be held liable for the inadequate training of its police, when the failure to train amounts to a deliberate indifference by officers resulting in a causally related injury.⁸



Training poster from CIT course

In sum, the quality of instruction conveyed valuable information that was morally authoritative, compelling and relevant, while the administration of the course was thoughtful and well delivered.

“I would like to think, as a direct result of the training, officer responses are providing **better** outcomes. For example, officers are understanding what is and what is not criteria for placing a person on a mental health hold. I would also like to think that the outcomes are **safer** for both the officers involved as well as the consumer needing the services.”

- Officer J. Garcia, CIT Coordinator

⁷ City of Oakland. (2017). *City of Oakland, California Fiscal Year 2017-19 Proposed Policy Budget*.

⁸ *City of Canton v. Harris* 489 U.S. 378 (1989)

Mobile Evaluation Team (MET)

In 2014, the Department partnered with the Alameda County Behavioral Health Care Services (County) to implement a six-month pilot program that paired one CIT officer with a licensed behavioral health clinician (county clinician), who jointly respond to mental health calls for service.⁹ This Mobile Evaluation Team (MET), is managed by the Mental Health Liaison and provides on-scene crisis intervention and referral. MET's goal is to avoid the use of involuntary psychiatric hospitalization by offering alternative treatment options.¹⁰

Today, the MET program remains in effect with coverage offered in East Oakland, currently Monday through Thursday, for four ten-hour shifts. In 2017, the MET program received additional funding to increase county clinician staffing to four, allowing for four MET pairs to respond to mental health calls. The additional teams will offer weekend and evening coverage once the County reaches labor union agreement.

While selection and coordination for the MET teams is performed by the Special Operations Section (SOS) within the Bureau of Field Operations II, MET teams are assigned and report to their respective patrol squad(s). MET teams are functionally assigned to Patrol Area 4, but will respond citywide, if needed. At the start of this report, the Department was recruiting to fill sworn vacancies for the MET Coordinator and MET Officer roles. However, the Department has since eliminated the MET Coordinator position. The associated duties will now be performed by an Administrative Sergeant supervising the CIT Coordinator and the Homeless Outreach officers within SOS. The one MET Officer has been filled.

Mental Health Liaison Duties

The Mental Health Liaison once served as the Department's connection with the greater mental health community through direct participation on joint city and county initiatives. To the credit of the Department's founding Mental Health Liaison/CIT Coordinator (previously one role) who, through demonstrated commitment towards the development and sustainability of the Department's mental health strategies, sought out opportunities to unite and collaborate with city and county stakeholders in providing a more holistic and coordinated response. Examples of participation by the Mental Health Liaison with community projects include, but is not limited to:

- Restructuring of medical transports in Alameda County for the mentally ill
- Roll out of Alameda County Behavioral Health Care Services crisis stabilization units
- Whole Person Care Pilot Program
- In-Home Outpatient Treatment Program

⁹ The pilot MET program was funded by Measure A, the Essential Health Care Services Initiative, which was adopted by Alameda County voters in March 2004. The Measure authorized the County of Alameda to raise its sales tax by one-half cent to provide for additional financial support for emergency medical, hospital inpatient, outpatient, public health, mental health and substance abuse services to indigent, low-income, and uninsured adults, children, families, seniors and other residents of Alameda County.

¹⁰ Alameda County Behavioral Health Care Services and the Oakland Police Department. (2016, September 26). Mobile Evaluation Team M.E.T. Project Update. Oakland, California, Alameda.

- Assisted Outpatient Treatment Program
- City of Oakland’s ReCaST Project
- Bid to review Alameda County’s mental health system

Through sustained participation, the Mental Health Liaison worked to achieve CIT’s goal of creating working collaborations with community agencies. And while it is unclear the extent of future participation given a recent reorganization of duties, OIG encourages the continuation of this practice and participation.

Observation 1: Better defined and coordinated responsibilities for mental health program assignments may improve communication and efficiency.

Throughout the course of this performance review, the Department’s organizational structure and functional governance relating to mental health roles and responsibilities changed significantly. These changes included the transfer of duties, the rearrangement of chains of command and the creation, recruitment and elimination of certain positions.

For example, in addition to now supervising the CIT Coordinator (whose role is being transferred from the Training Section), the Administrative Sergeant assigned to SOS will now also be responsible for coordinating a variety of distinct initiatives including (possibly the Alcohol and Beverage Action Team and a marijuana officer), MET Coordinator and MET Officer, and given the Department’s emerging focus on addressing homelessness as a quality of life concern, the newly created Homeless Outreach Officers.¹¹ At the start of this report, the Department was recruiting to fill the Administrative Sergeant position and that of the Homeless Outreach Officers, MET Coordinator and MET Officer. The MET Coordinator position has since been eliminated and some positions have since been filled.

Given these various changes, OIG is concerned that no *formalized* specification exists that details each position’s operational responsibilities and the lack of an established structure and role assignments can lead to miscommunication and cause greater potential for duplicative responsibilities or efforts.

¹¹ The nexus between mental health conditions and homelessness are well documented. Having a mental health condition can be the cause of, or contribute to, a person’s inability to maintain stable housing, which then may lead to homelessness. The most recent homelessness count in Alameda County, conducted in June 2017, reported 859 sheltered and 1,902 unsheltered persons living in Oakland, CA. This amount accounts for 49% (or 859 of 1,766) of all sheltered and 49% (or 1,902 of 3,863) of all unsheltered documented homeless persons in Alameda County, CA. Moreover, based on a subsequent survey administered to 1,228 homeless persons in Alameda County, its reported that;

- 41% reported having a psychiatric or emotional condition
- 14% reported having spent one or more nights in jail/prison/juvenile hall in the past year
- 6% reported that mental health issues are their primary cause for homelessness
- 22% reported that mental health services might have prevented their homelessness

Source: Applied Survey Research. (2017). Retrieved May 1, 2017, from Alameda County Homeless Census & Survey: [website](#)

OIG urges the Department be thoughtful in its planning during this organizational restructure. This includes making clear the responsibilities related to all functional roles pertaining to mental health encounters by codifying and disseminating role descriptions.

Process for Responding to a Mental Health Call for Service

The process for responding to a mental health crisis typically begins with a 911 call involving an Oakland community member that (given the information received by the dispatcher) demonstrates behavior of potential harm or is unable to care for themselves (i.e., gravely disabled). In these instances, the law allows police officers, with probable cause, to involuntarily detain the Oakland community member and have them transported to a facility for psychological evaluation and assessment for a period not to exceed 72 hours.¹²

The dispatcher codes the call using a special designation developed to indicate relevant mental health information. Dispatch codes used by Department dispatchers include “5150,” “5150b” and “evaluation.” Related codes that may indicate the possibility of a mental health component, include, “wellness check,” “security check,” “913” (i.e., suicide), “913a” (i.e., attempted suicide). Preferably, the dispatcher directs a CIT officer or MET unit to the scene, however, the dispatcher can also dispatch a non-CIT trained officer or a medical unit (i.e., certified Emergency Medical Technicians working for the Oakland Fire Department or private ambulance services).

Once at the scene, the responding police officer(s) evaluates whether the Oakland community member truly presents a danger or is gravely disabled, which serves as the legal criteria for detainment. If the Oakland community member meets the criteria, the officer completes an application for emergency psychiatric detention form (hereafter referred to as a detention form) in addition to administering an oral detainment advisement. By law, the oral detainment advisement is required.

Then, depending on whether medical treatment is needed (which is determined by the summoned medical professionals) an ambulance transports the Oakland community member to a medical facility or otherwise they are typically taken to John George Psychiatric Hospital (JGPH) in San Leandro, CA, which provides psychiatric emergency services for Alameda County. Other methods of responding to a mental health crisis can be initiated by an ‘on viewed’ incident made directly by a police officer during her/his patrol assignment.

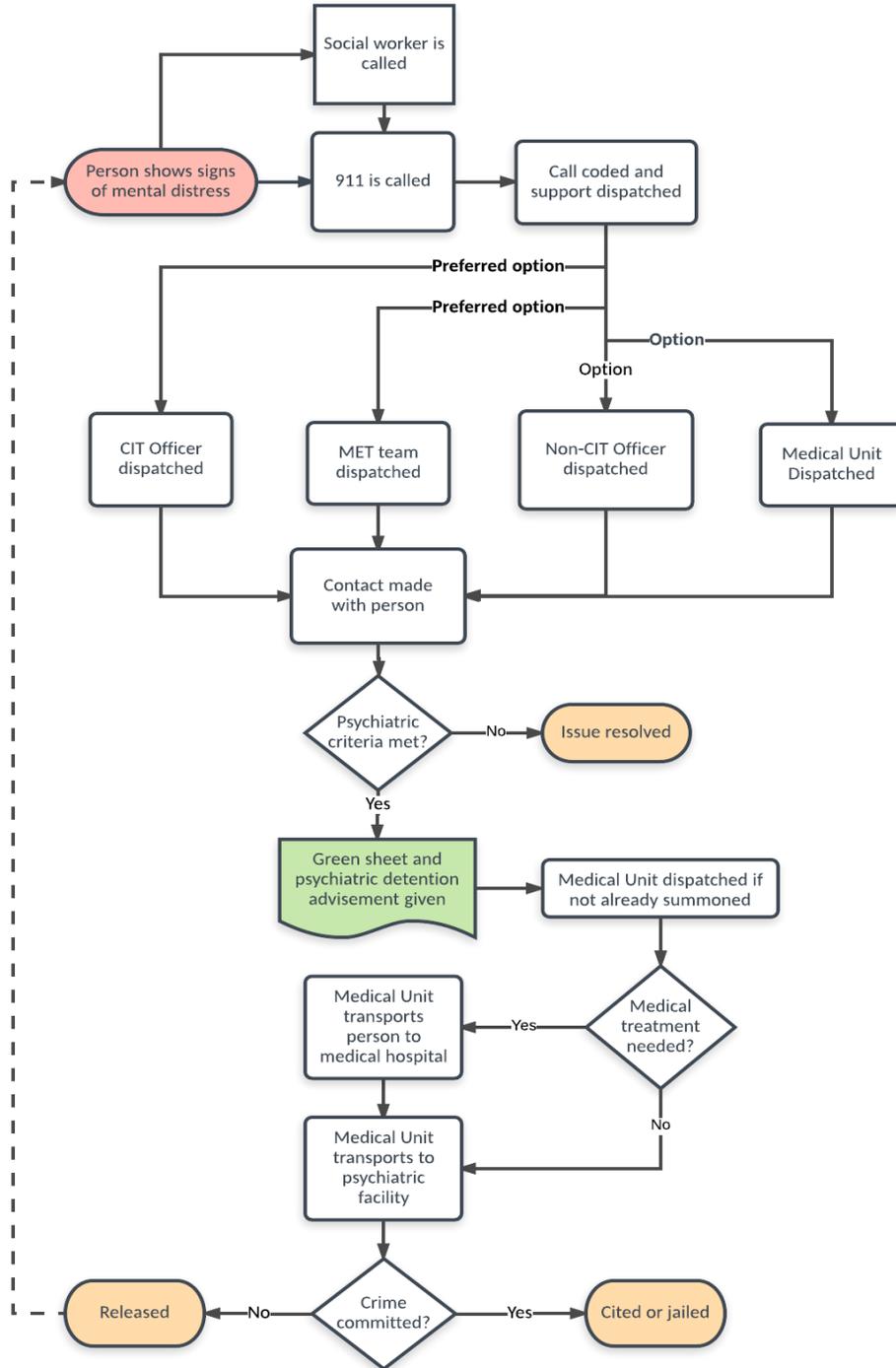
Oral Detainment Advisement

“My name is (officer name). I am a police officer with the Oakland Police Department. You are/are not under criminal arrest. I’m sending you to (name the facility) for an examination by mental health professionals. You will be told your rights by the mental health staff.”

¹² [CA Welfare and Institutions Code Sect. 5150](#)

Figure 1 provides a visual reference to the typical call for service resulting in coordinated responses by OPD officers and medical or psychiatric professionals.

Figure 1 OIG flowchart of mental health call for service.



Benchmarking Industry Guidance

OIG benchmarked the Department’s current administrative practices against recommended industry guidance, produced by the Council of State Governments, which launched the Criminal Justice/Mental Health Consensus Project (Project).¹³ The Project reviewed the continuum of criminal justice encounters, from initial contact with law enforcement to upstream criminal justice systems (i.e., the courts and incarceration). However, only recommended guidance specifically related to law enforcement encounters are summarized in this report.

Each service area was reviewed in relation to the Department’s present practices. Service areas with an ‘acceptable’ rating may have received recommendations for further improvement. An ‘acceptable’ rating should not be taken to mean that the service area is without flaw.

SUMMARY OF BENCHMARKING GUIDANCE

Service Area	Industry Guidance	Observation #		Overall Assessment
		✓	✗	
<i>Request for Service</i>	Provide dispatchers with tools to determine whether mental illness may be a factor in a call for service and to use that information to dispatch the call to the appropriate responder.		2, 3	Needs Improvement
<i>On-Scene Assessment</i>	Develop procedures that require officers to determine whether mental illness is a factor in the incident and whether a serious crime has been committed—while ensuring the safety of all involved parties.	4		Acceptable
<i>On-Scene Response</i>	Establish written protocols that enable officers to implement an appropriate response based on the nature of the incident, the behavior of the person with mental illness, and available resources.	5	6	Acceptable
<i>Incident Documentation</i>	Document accurately police contacts with people whose mental illness was a factor in an incident to promote accountability and to enhance service delivery.		7, 8	Needs Improvement
<i>Police Response Evaluation</i>	Collaborates with mental health partners to reduce the need for subsequent contacts between people with mental illness and law enforcement.	9		Acceptable

¹³ Council of State Governments. (2002). The Criminal Justice/Mental Health Consensus Project. Report, Council of State Governments.

Observation 2: The Department administers POST certified dispatcher training to Communication Division staff to better assess the signs of a mental health crisis during emergency calls; however, training does not appear to be mandatory.

As of June 2017, the Department has trained 63 emergency dispatchers and 10 Communications Division supervisors to better understand the signs and symptoms of mental disorders. An additional 245 other law enforcement personnel from over forty other agencies also received the same training offered by the Department, thereby bolstering regional preparedness. There is neither a statewide nor other legal mandate to provide this training to dispatchers and the Department is currently exceeding standards.

It is largely through course training that dispatchers develop the uniform and specific skillset needed to detect an emerging or fully developed mental health crisis from over the phone. Per the course description, the 16-hour Dispatcher/Crisis Intervention training course is designed to, “provide Public Safety Dispatchers with an overview of mental illness, tools to assess suicidal callers, and crisis intervention techniques. Mental health issues unique to the youth, veterans, and senior citizens are discussed. Excited delirium and agitated chaotic events are explained.”¹⁴

The training course is a POST certified mental health curriculum designed specifically for 911 dispatchers and was created through collaboration with the Alameda Police Department. Per Department staff, it was one of the first crisis intervention curricula tailored specifically for emergency dispatchers. And while selected candidates hired to become Department dispatchers must successfully complete the Public Safety Dispatchers' Basic Course, the course does not include a mental health training component. Per Communications Division supervisory staff, all dispatchers are CIT Trained, however, it is unclear whether training is mandatory or just common practice. There is no reference of the mental health training in Department policies, let alone whether it is considered mandatory.

To ensure the continuation of this positive practice, the Department should codify in policy that dispatchers receive POST certified training in assessing and handling mental health calls for service.

Observation 3: The Department’s dispatching procedure conflicts with CIT’s dispatching policy provision.

There is no assurance that dispatchers are attempting to assign mental health calls to CIT or MET units before other patrol units when dispatchers operate in accordance with the Department’s geographic policing plan, which directs top priority calls to be immediately dispatched to any available unit within the originating patrol area.

Additionally, the dispatching procedures include a dispatch prioritization list that, although includes specialized units, excludes any mention of CIT or MET units. This is likely because the dispatching policy has not been revised since prior to the creation of CIT and MET, which was last updated in 2008.

¹⁴ State of California. (2017, June). California POST Course Catalog. Retrieved June 2017, from Commission on Peace Officer Standards and Training: [website](#)

COMMUNICATIONS DIVISION PERSONNEL SHALL BE GUIDED BY THE ASSIGNMENT SEQUENCE SET FORTH WHEN DISPATCHING UNITS TO CALLS FOR SERVICE (THAT ARE NON-TRAFFIC RELATED)

1. Assigned beat officer
2. Supplement beat officer
3. Adjacent field unit within patrol area
4. Specialized field and staff within patrol area
Priority of assignment shall be given to specialized units assigned to the patrol area such as foot patrol officers, problem solving officers and crime reduction team officers. Other specialized units include but are not limited to crime reduction teams, problem solving officers, foot patrol units, traffic enforcement units, the gang unit, pact team, youth & family services division, criminal investigation division, and support operations division.
5. Patrol wagon within patrol area
6. Police evidence technician within patrol area
7. Tactical unit from adjacent patrol area
8. Supplemental beat officer from adjacent patrol area

The dispatching policy further instructs dispatchers to dispatch calls, “as expediently as possible with the objective being to dispatch the longest standing highest priority call to the closest appropriate unit in the same patrol area.”¹⁵

These directives contradict the CIT policy, which states, “The Communications Section shall attempt to dispatch an available CIT unit to any call coded 5150, 5150b or evaluation, or any calls suspected of involving a mental health crisis utilizing the following procedures:

1. Dispatch the closest available CIT officer to the call (CIT trained personnel are flagged in the CAD system)
2. Advise responding units if no CIT officer is available to respond.”

During a mental health crisis, the nearest available unit may not be CIT trained or be a MET unit, which may increase the risk of incident escalation and decrease thoughtful officer strategies to promote health enhancing behaviors in lieu of detention or arrest. This is supported by at least one research study that observed that, “compared to non-CIT officers, CIT officers directed a greater proportion of persons with mental illnesses to services and resolved a smaller proportion of encounters without taking action...”¹⁶

OIG does not dispute the geographic policing plan or potential need to dispatch based on competing priorities and the severity of exigencies, but recommends the Department remain uniform in its written dispatching policies and make clear its procedures. For clarity, the Department should update and restructure its Communications Division and CIT Program policies so as not to create contradiction.

¹⁵ OIG assumes the word “appropriate” refers to the prioritization list, which places specialized units in fourth place.

¹⁶ Morabito, M. S., Kerr, A. N., Watson, A., Draine, J., Ottati, V., & Angell, B. (2012). *Crisis Intervention Teams and People with Mental Illness: Exploring the Factors that Influence the Use of Force*. *Crime and Delinquency*, 57-77. Retrieved 2013, from [website](#)

Lastly, while there is no assurance that CIT units are dispatched before other patrol units, the risk of incident escalation may be mitigated by increasing the saturation level of CIT trained officers working in patrol. This can be achieved by training *all* sworn personnel. An approach taken in the past was to train all academy students, however, deploying certified CIT officers without law enforcement experience was found to be less effective than providing CIT training to officers who have passed all phases of training including the Field Training Program. At present, the Department does not require forthcoming academy recruits to receive CIT training certification.¹⁷

Observation 4: Ninety-nine percent (59 of 60) of randomly selected mental health detentions did not include citation or arrest. Additionally, probable cause was documented on detention forms.

The law recognizes *special needs* or *community caretaking* detentions as serving the general interest through preserving the public’s safety. This includes incidents of mental distress where the Oakland community member poses harm to themselves or others and therefore an emergency response must react to lessening potential or existing harm. This differs from *investigative* detentions or arrest where crime reduction and law enforcement are the principal objectives in determining criminal intent.¹⁸ Therefore, Oakland community members should not be treated criminally for being mentally or emotionally unstable.

TYPE OF DETENTION	PURPOSE	POSSIBLE OUTCOMES
Special Needs/ Community Caretaking	Ensuring public safety	<ul style="list-style-type: none"> • Psychiatric detention • Mental health assessment • Referral to community services • Citation (if crime was committed) • Arrest (if crime was committed)
Investigative	Reducing crime and enforcing laws	<ul style="list-style-type: none"> • Detention • Citation • Arrest

This special needs/community caretaking approach echoes the CIT goal of decreasing recidivism among jail inmates who experience mental health challenges. However, citation and arrest may be warranted in certain instances, given the totality of circumstances, but should not be treated as the *primary* outcome for a mental health type call for service.¹⁹

Of the 60 randomly selected mental detention forms reviewed, only one Oakland community member was arrested (a mandatory arrest for domestic violence which also resulted in an emergency protective order for the victim). The remaining incidents were treated without citation or arrest.

¹⁷ The 174th and 175th academy classes received CIT training and will become certified upon completion of the Field Training Program.

¹⁸ USSC: *Ashcroft v. al-Kidd* (2011); *Illinois v. Lidster* (2004); *Indianapolis v. Edmond* (2000); *Illinois v. McArthur* (2001); CAL: *In re Randy G.* (2001).

¹⁹ If a criminal complaint is sought, action is taken in accordance with CA Welfare and Institutions Code Sect. 5152.1 and 5152.2

Lastly, sufficient probable cause was articulated within the sample reviewed that were based on factual circumstances that reasonably indicate that the Oakland community member posed a threat to themselves, others and/or were gravely disabled.

Observation 5: De-escalation techniques were employed in a sample of 15 reviewed videos.

In the 15 reviewed videos, officers demonstrated common de-escalation techniques described in the Project’s benchmarking report.²⁰ For example, officers remained calm and avoided overacting, showed a willingness to understand what the Oakland community member was saying, yet also appeared to know that a rational conversation may not be possible.

In addition to common de-escalation techniques, officers often explained the circumstances of the encounter to the Oakland community member (i.e., why police were summoned, what services may be provided). These de-escalation techniques, and additional actions displayed by the officers, closely mirror the four principles of procedural justice (i.e., voice, neutrality, respectful treatment and trustworthiness).²¹

Furthermore, deliberation over whether an involuntary psychiatric hold was warranted and in the best interest of the Oakland community member and the public is evident. With consistency, officers first listened to the Oakland community member, allowing her/him to explain the circumstances of the encounter prior to officers initiating a series of questions when mental illness was suspected. After listening to the Oakland Community member, officers asked questions to assess the person’s condition.

Additionally, in assessing the possibility that the Oakland community member could be gravely disabled, questions about the last time she/he bathed, ate, drank or slept were asked. Officers often asked whether the Oakland community member felt like hurting themselves or others, whether they were taking medications and inquired about past hospitalization. Officers were seen talking to family members and witnesses when available, in attempt to assess the situation and render an informed judgement.

Instances of rude or derogatory language were not detected during review. During one encounter police requested and received a translator to communicate with an Oakland community member suspected of being mentally ill, but did not speak English. Overall, video footage supports that officer demeanor encouraged de-escalation and officer actions were prudent. OIG encourages the continuation of this principled approach.

²⁰ Council of State Governments. (2002). The Criminal Justice/Mental Health Consensus Project. Report, Council of State Governments.

²¹ The term *procedural justice* is defined by the Department as “procedures used by Police Department personnel where community members are treated fairly and with proper respect as human beings.”

Observation 6: During one mental service call, a significant ambulance service delay allowed for incident escalation.

The longer an Oakland community member is left detained and waiting for medical transport, the greater the likelihood that the incident will destabilize into crisis. This occurred in one of the fifteen reviewed videos where, after two hours of waiting with officers and a county clinician, the Oakland community member grew increasingly agitated and was ultimately placed in handcuffs while being physically restrained by officers. Given that the Oakland community member remained calm for the first two hours, it is assumed that the escalation would have not occurred had medical transport arrived sooner.

Because of the delay, officers and the county clinician remained at the scene for the duration of the incident, making them unavailable for redeployment. This situation is echoed in a summary of nationwide policies and practices produced by the Council for State Governments Justice Center, “Although the amount of time varies by disposition, officers can spend a significant time trying to resolve situations involving people with mental illnesses, during which they cannot respond to other calls for service.”²²

OIG understands improving medical response times is outside the Department’s administrative control, nonetheless it is worth noting its impact on the community. The Department should consider creating contingency protocols in the event medical response is significantly delayed. Such consideration should be documented.

Observation 7: The legally required oral detainment advisement is not always captured on video.

Officers indicated, by checking a box on the detention form, that an oral advisement was given in three separate encounters where an Oakland community member was placed on a mental health hold, however, based on the video reviewed, no oral advisement was captured.

By law, oral advisements must be provided and advisements must be recorded by Department policy.²³ Specifically, Department policy require the entirety of police encounters to be recorded during an assessment or evaluation for a psychiatric detention. In addition, Department policy also states video footage is not to be de-activated until “involvement in the citizen contact, arrest or detention has concluded...”²⁴

Ultimately, OIG was unable to *definitively* conclude that oral advisements were not given in these three instances; advisements could have been provided by other officers on-scene (OIG only reviewed the primary reporting officer’s video), or advisements could have been provided off-camera (although OIG

²² Council for State Governments Justice Center. (2009). *Law Enforcement Responses to People with Mental Illnesses: A Guide to Research-Informed Policy and Practice*. New York.

²³ [CA Welfare and Institutions Code Sect. 5150](#)

²⁴ Oakland Police Department. (2015, July 16). Department General Order i-15.1; Portable Video Management System. Oakland, California.

did not note any instances where it was apparent that video recording stopped prematurely during a police encounter).

Legal and policy mandates should be strictly followed during every encounter where an oral advisement and video recording is required. The Department should request subject matter experts providing CIT instruction on emergency psychiatric detention and/or patients' rights to cover the legal obligation of providing an oral advisement. Additionally, the Department should remind all sworn personnel that by law and policy, an oral detainment advisement is required to be said and captured on video when body camera video recording equipment is issued to the officer.

Observation 8: The Department does not routinely document, collect or analyze information for all mental health encounters that would otherwise promote officer safety and lawful self-reliance strategies for those with chronic mental health illness.

The Department does not routinely document, collect or analyze relevant contextual information for mental health calls for service and outcomes that could otherwise be used to inform present and future encounters. Such information (e.g., military veteran status, name and contact of assigned case worker, frequency of repeat contact, past observed behavior like irregular speech or violent tendencies, etc.) could influence an officer's understanding and decision-making process during an encounter or in preparation to respond to an encounter. Gathered information would also promote officer safety while perhaps lessening the chances of use of force.

Presently, responding officers complete a centrally stored and searchable crime report *only* when a mental health incident involves criminality, which appears uncommon (as evidenced by Observation 4) because most incidents do not involve reported criminal offenses.

Similarly, responding officers complete a brief narrative citing probable cause *only* when an Oakland community member meets certain detainment criteria, which again, does not reflect the entirety of all mental health calls for service. And even for those incidents in which a crime report or detention form are completed, the Department does little to compile, assess and develop strategies with the gathered information. Instead paper detention forms are filed with the Records Division, outside of the normal manner of storing searchable and accessible data. Ultimately, useful details from most mental health encounters are not documented in a manner that would facilitate an effective use of data and information.

Additionally, querying for use of force incidents with a mental health component proves challenging as the Department's electronic databases currently do not allow for efficient and complete reporting incidents involving the mentally ill. Per the Force Review Board Coordinator/ Use of Force Administrator, "I believe this stat was never tracked and cannot be queried."

By contrast, the City of Seattle Police Department collected and disseminated department-wide and via email, "response plans" (BOLO bulletins) with the intent of redirecting subjects away from the criminal justice system and toward the most appropriate referral service, based on their specific needs (e.g.,

developmental disabilities support, food pantry/hot meal, mobile psychiatric crisis services, shelter, etc.).

The Seattle Police Department has since adopted a mobile application with the capability of collecting, documenting and analyzing mental health encounters quickly and remotely. The creators of the application describe it as, “a software tool that gives patrol officers key information about people with mental illness at the scene—everything from tailored de-escalation techniques to personalized service referral options.”²⁵

Per the Seattle Police Department, “The Department believes that by providing officers with critical information before they contact an individual in the field, helping them discover and access plans more easily, and connecting them with caseworkers and service providers, this app will help officers to be even more effective working with vulnerable populations in the field and produce better long-term outcomes for persons with mental illnesses and chemical dependencies.”²⁶

And while OPD appears to divert non-criminal Oakland community members away from the criminal justice system, there is no centralized or coordinated mechanism in place (neither e-mail response plans or electronic application) that would further promote positive outcomes for Oakland community members through the documentation and analysis of common mental health encounters.

The Department should explore the feasible adoption of a data collection mechanism that would allow for the efficient and effective dissemination of mental health information that would allow officers to be better prepared for mental health encounters. Also, when considering the collection and storage of individual-specific information, all relevant privacy laws should be reviewed and considered. Such consideration should be documented.

Observation 9: CIT officers were on scene 47% of the time, while collaboration with county clinicians allowed for 68% coverage, based on a sample of 60 mental health holds.

OIG reviewed 60 randomly selected detention forms completed in 2016 and 2017 to determine the proportion of mental health trained personnel responding to calls for service. In all, Department personnel with CIT training responded to 28 of 60 (or 47%) incidents resulting in a mental health hold, while county clinicians were present for 13 of the 60 (or 22%) incidents. In all, CIT officers or county clinicians were present at 41 of 60 (or 68%) sampled incidents. Most of the calls were coded as 5150 or 5150b.²⁷

Department detention forms were located for all 47 of 60 (or 78%) sampled incidents were the Department placed an individual on an involuntary and temporary hold. The remaining 13 encounters involved a county clinician who led the assessment for temporary hold and completed their own separate psychiatric detention paperwork. County clinician paperwork is considered confidential health

²⁵ (2017). Retrieved August 9, 2017, from <http://www.getridealong.com/>

²⁶ City of Seattle Police Department. (2016). *2015 Crisis Intervention Program Report*. Seattle, WA.

²⁷ Other coded calls for service types in the sample reviewed included 3 evaluations; 1 missing juvenile; 1 overdose; 1 attempt suicide; 1 subject armed with a weapon; and 1 battery.

information and is protected under the Health Insurance Portability and Accountability Act and therefore was not included in this review.

Lastly, it is unknown whether a 47% CIT officer response rate is considered sufficient coverage because the Department has not developed any performance metrics tied to its CIT program goals. However, researchers suggest an agency have 15-25% of all patrol personnel be CIT trained.²⁸

ON SCENE PERSONNEL RESPONDING TO 2016-17 SAMPLE CALLS FOR SERVICE	#	%
Mental health trained personnel	41	68%
County clinician	13	22%
Department CIT officer	28	47%
Department non-CIT officer	19	32%
<i>Total</i>	60	100%

The Department should consider adopting a performance target to measure progress towards effectively addressing mental health calls for service. For example, the Department could implement a goal of having 70% of all mental health calls for service be responded to by a CIT officer or MET unit by 2020. Such consideration should be documented.

Response Data

Influencing, yet uncontrollable and largely unmeasured factors like the volume of calls for service make it difficult to definitively assess the effectiveness of Department led strategies related to mental health encounters and their outcomes. An additional barrier in assessing the Department’s effectiveness includes attempts to query for mental health data, which proves exceedingly challenging, as the Department’s electronic databases currently do not allow for efficient and comprehensive reporting as it specifically relates to mental health encounters. For instance, calls for service regarding mental health are relatively easy to gather and evaluate, but such a query would not include instances where mental health issues were discovered under seemingly unrelated reasons, offenses, or requests.

Indeed, the collecting and reporting of mental health encounters appears to reflect a larger issue seen across the country as, “National or state-level data that quantify the role and cost of individuals with serious mental illness on law enforcement, corrections, emergency medical or homelessness services do not exist. Even less information is available about the impacts of the super utilizers within this population.”²⁹

²⁸ Reuland, M. (2004). *A guide for implementing police-based diversion programs for people with mental illness*. Delmer, NY: Technical Assistance and Police Analysis Center for Jail Diversion.

²⁹ Fuller, D., Sinclair, E., & Snook, J. (2017). *A Crisis in Search of Data: The Revolving Door of Serious Mental Illness in Super Utilization*. Treatment Advocacy Center. Retrieved September 6, 2017.

Nonetheless, data analysis can shed light on high level descriptive trends. To that end, a review of response data related to mental health calls for service may help inform the Department’s understanding and strategic response. To the extent possible, this report answers:

- What is the volume of mental health incidents?
- What percent of service calls that the Department responds to have a mental health component?
- What is the patrol area distribution of mental health incidents?
- What is the work shift distribution of mental health incidents (peak call times)?
- Who many incidents involve repeat encounters with the same Oakland community member?
- How many mental health encounters resulted in use of force?

The scope of this review covers incident data ranging from 2011 to 2016.

Observation 10: While peak incident times and the distribution of calls by patrol area have remained roughly consistent over the years, the overall volume has increased by almost 30% since 2012.

Like all types of calls for service, the hours between 12AM and 6AM historically receive the least amount of request for Department emergency services. But as morning approaches and human activity increases, so too do emergency calls. This general trend is consistent with peak incident times for mental health calls for service. Since 2012, annual trends have not varied drastically, with the third watch patrol shift receiving about less than 100 incidents per hour, but surge near 6AM and continue an overall upward trend throughout the day. Unlike third watch, first and second watch patrol shifts easily receive more than 100 incidents per hour. In 2016, peak call times occurred during the hours of 3PM, 5PM and 6PM. Another consistent trend is the distribution of mental health calls by patrol area. Since 2012, there has not been a change greater than three percent in any of the five patrol areas covering Oakland. Additionally, patrol areas one, two and five each handled about a quarter of all mental health calls for service in 2016. Area three and four responded to fourteen and eighteen percent of calls, respectively.

The below tables present this data:

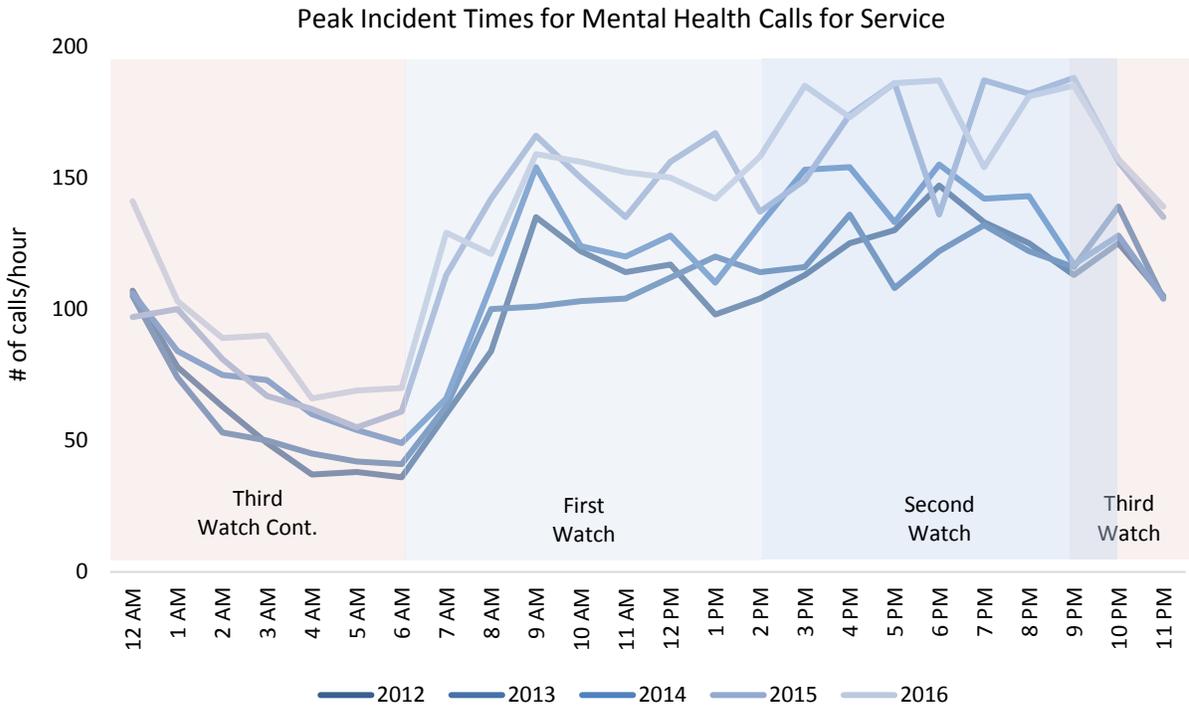
DISTRIBUTION OF MENTAL HEALTH CALLS BY PATROL AREA					
Year	Area 1	Area 2	Area 3	Area 4	Area 5
2016	20%	25%	14%	18%	23%
2015	20%	24%	16%	16%	24%
2014	17%	24%	16%	19%	25%
2013	19%	23%	16%	16%	25%
2012	20%	25%	16%	16%	22%

The most significant change is the overall growth in mental health incidents, which rose by about 30 percent since 2012. The greatest variance occurred at 7AM that went from receiving 60 incidents in 2012 to 129 incidents in 2016, which is a 115% increase.

MENTAL HEALTH INCIDENTS BY YEAR AND HOUR³⁰

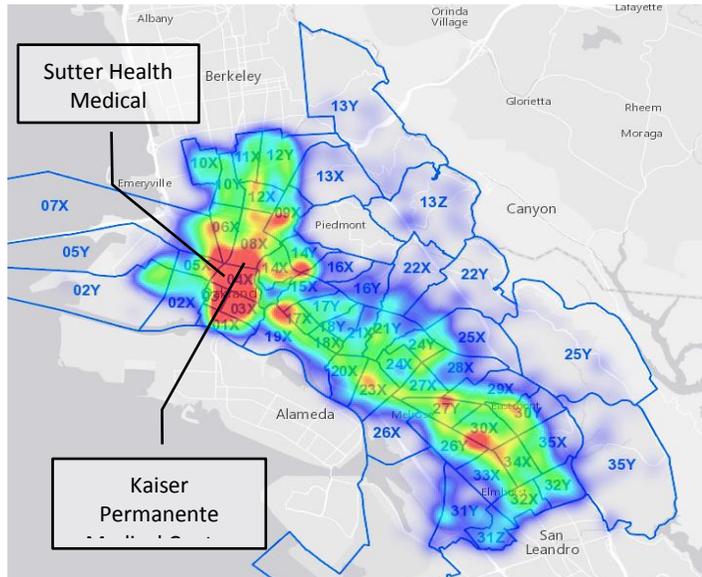
Hour	2012	2013	2014	2015	2016
12 AM	107	105	106	97	141
1 AM	78	74	84	100	103
2 AM	63	53	75	81	89
3 AM	49	50	73	67	90
4 AM	37	45	60	62	66
5 AM	38	42	54	55	69
6 AM	36	41	49	61	70
7 AM	60	63	66	113	129
8 AM	84	100	109	142	121
9 AM	135	101	154	166	159
10 AM	122	103	124	150	156
11 AM	114	104	120	135	152
12 PM	117	112	128	156	150
1 PM	98	120	110	167	142
2 PM	104	114	132	137	158
3 PM	113	116	153	149	185
4 PM	125	136	154	174	173
5 PM	130	108	133	186	186
6 PM	147	122	155	136	187
7 PM	133	132	142	187	154
8 PM	125	122	143	182	181
9 PM	113	116	117	188	185
10 PM	125	139	128	156	157
11 PM	105	104	104	135	139
Total	2,358	2,322	2,673	3,182	3,342

³⁰ Excludes incidents in which the Department’s Law Records Management System defaulted the incident time to 12:00AM.



Observation 11: In 2016, the most repeat encounters originated from hospitals, shelters and other public health centers.

Most repeat mental health encounters resulted from calls for service, perhaps unsurprisingly, originating from Oakland’s public health centers. In 2016, 275 calls were made from Sutter Health - Alta Bates Summit Medical Center’s Emergency Department. An additional 100 calls were made from Alta Bates - Summit Medical Center’s Merritt Pavilion, which is directly adjacent to their emergency department. Not far from Sutter Health is Kaiser Permanente Oakland Medical Center, which placed 57 calls, while smaller clinics, rehab facilities and group homes spread across Oakland collectively made about 242 calls to the Department. And generally, downtown and uptown Oakland



Heat map of 2016 mental health encounters (on-viewed and calls for service incidents)

neighborhoods experience the most mental health calls for service than another other areas within the City of Oakland. A closer look at hospital trends revealed a sporadic pattern of incidents by month.

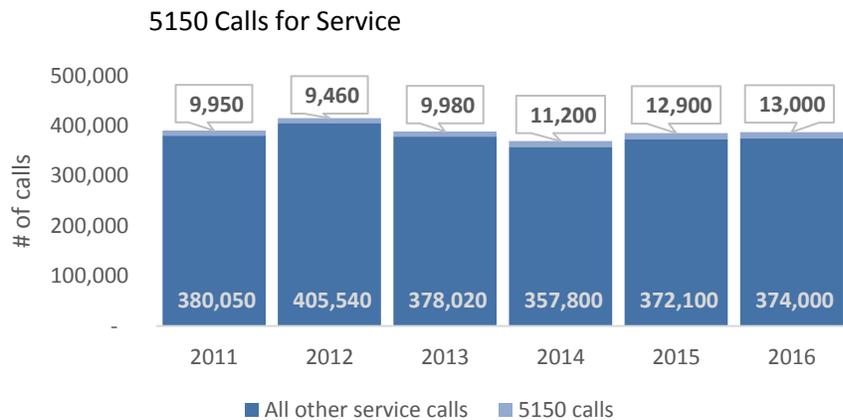
Observation 12: In 2016, about 174 of 3,237 (or 5.3%) mental health encounters resulted in arrest

In California, the likelihood of facing incarceration versus hospitalization for someone with severe mental illness is 3.8 to one.^{31, 32} These odds are likely heavily influenced by the under-resourced public health system that has been inadequate in meeting demand for psychiatric beds.³³

In 2016, OPD arrests resulting from a mental health call for service amounted to approximately 174 of all 3,237 (or 5.3%) 5150 or 5150b mental health dispatched calls for service. A cursory review of these arrests revealed a variety of serious offenses including sexual battery, harm/death to an elder/dependent adult, cruelty to a child with possible injury or death, and kidnapping, among other major crimes. Additionally, some arrests are mandated by law such as for outstanding warrants.

Observation 13: While 5150 calls for service have increased annually, they represent a small portion of all types of calls for service.

The Department faces a growing number of mental health calls for service each year, however these calls amount to about 2-3% of all emergency calls. However, this should not be taken to mean that the need for a tailored and disciplined response is unnecessary.



³¹ JGPH has limited capacity to effectively address those in need of mental health treatment. Per [JGPH’s website](#), as of June 2015, it had 80 licensed beds, but experienced 14,861 emergency room visits, 21,410 total outpatient visits and 3,077 inpatient admissions. According to Norm Ornstein, a contributing writer for *The Atlantic* and a resident scholar at the American Enterprise Institute for Public Policy Research and Steve Leifman, an associate administrative judge for the Eleventh Judicial Circuit Court of Florida and the chair of the state supreme court’s Task Force on Substance Abuse and Mental Health Issues in the Courts, “Most states and counties have failed to invest in expanding the number of beds available to residents overall, much less invest in quality treatment facilities. And, of course, there is a battle in Congress over whether to drastically alter Medicaid, which would have disastrous effects on people with mental illnesses, jail populations, and the criminal-justice system as a whole.” Orsntein, N., & Leifman, S. (2017, August 11). [How Mental-Health Training for Police Can Save Lives—and Taxpayer Dollars](#). *The Atlantic*. Retrieved September 5, 2017.

³² Fuller, E., Kannard, A., Eslinger, D., et al. (2010). [More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States](#). Treatment Advocacy Center. Retrieved September 6, 2017

³³ Fuller, D., Sinclair, E., Geller, J., Quanbeck, C., & Snook, J. (2016). [Going, Going, Gone Trends and Consequences of Eliminating State Psychiatric Beds](#). Treatment Advocacy Center. Retrieved September 6, 2017.

Observation 14: Use of force incidents involving an involuntary psychiatric detention are exceedingly rare, occurring 6 of approximately 5,240 times (0.001%) in 2016.

OIG reviewed all 2016 and 2017 incidents in which an investigated use of force (levels 1-3) was applied immediately prior to placing an Oakland community member on an involuntary hold for psychiatric evaluation. Specific information sought regarding these incidents included;

- Whether the Oakland community member posed a clear and present threat to the public or themselves.
- The type of force used
- The degree of injury sustained to the Oakland community member
- Whether mental illness was suspected by the dispatcher and communicated prior to officers making contact
- Whether involved officers were CIT trained at the time of the incident

There were six incidents, all occurring in 2016, involving fourteen officers in which an Oakland community member was placed on a mental health hold and force was used. Among the fourteen involved officers, ten (or 71%) were not CIT certified at the time of the incident. All incidents were initiated by an emergency call for service.

- Each incident presented a clear safety threat, with four occurrences involving a weapon; fire extinguisher (later used to attack and cause damage to a vehicle), knife or gun. The remaining two incidents did not involve a weapon, but nonetheless posed circumstances which justified uses of force.
- The majority type of force used included, predominately, the deployment of an electronic control weapon (i.e., Taser) in four of the six incidents, followed by impact strikes and pointing of a firearm in two incidents. In the two instances where officers pointed their firearms, the threat to loss of life posed by the Oakland community member was immediate and warranted (the Oakland community member had a firearm themselves and in the other instance the Oakland community member sequestered a vehicle that held a firearm). In all incidents, officers deescalated the encounters back to a stabilized state.
- The extent of sustained injuries, per medical reports provided after the use of force incidents, include, laceration to a thumb, a 1" inch incision, a bruise, a foot contusion and back pain possibly because of the use of force.
- Dispatchers suspected mental illness in three of the six (or 50%) of the emergency calls received and communicated it as such to responding officers prior to them making contact.

While outside the scope of what OIG specifically set out to review, it should be noted that in one of the force instances, an officer engaged an Oakland community member suspected of mental illness (by the dispatcher), while other responding officers thought otherwise to meet first and strategize a coordinated response. This is reflected in a CIT officer's narrative of the event in which they wrote, "Since Radio advised me that it was a person armed with a knife and possibly with mental illness, I advised Officer X and Officer Y to meet up prior to contacting the suspect. While en route to the location of meet up, Officer A and Officer B located the suspect..." Officer A and Officer B subsequently proceeded to make contact and force was ultimately used.

In summation, given the high volume of incidents in which mental health holds are administered, it is exceedingly rare for force to be applied towards those who later are deemed eligible for an involuntary psychiatric evaluation. However, in the occurrences in which it has happened, as evidenced above, the degree of force used appeared objectively reasonable given the information held at the time prior to and during each encounter.

Other Reportable Matters

Legal Compliance with New POST Training Curriculum for Field Training Officers

The Department is on track to meet compliance with state training deadlines, apart from one FTO who is presently on medical leave. As of May 2017, the Department had 54 of 61 (or 88%) of its active FTOs certified. The remaining 6 (or 11%) are scheduled to attend CIT training by June 30, 2017. One FTO officer is currently on medical leave and will be trained as soon as possible upon their expected return.

In 2015, California expanded the POST training requirements so that active Field Training Officers (FTOs) must receive at least 4 hours of crisis intervention behavioral health training (unless such training was previously received in the last two years or the FTO already holds 40 hours of cumulative training, regardless of timing).³⁴

The law specifically requires, new FTOs assigned or appointed before January 1, 2017, to complete training by June 30, 2017. FTOs assigned or appointed on or after January 1, 2017, must receive training within 180 days of their assignment.

In a related matter, another law enacted in 2015 requires POST to review the basic officer training module relating to persons with a mental illness, intellectual disability, or substance abuse disorder, and develop additional training to better prepare law enforcement officers to recognize, deescalate, and appropriately respond to persons with mental illness, intellectual disability, or substance use disorders.³⁵

SUBJECT MATTER MUST ADDRESS ISSUES RELATING TO STIGMA, SHALL BE CULTURALLY RELEVANT AND APPROPRIATE, AND SHALL COVER THE FOLLOWING:

- The cause and nature of mental illnesses and intellectual disabilities
- How to identify indicators of mental illness, intellectual disability, and substance use disorders
- How to distinguish between mental illness, intellectual disability, and substance use disorders
- How to respond appropriately in a variety of situations involving persons with mental illness, intellectual disability, and substance use disorders
- Conflict resolution and de-escalation techniques for potentially dangerous situations
- Appropriate language usage when interacting with potentially emotionally distressed persons
- Community and state resources available to serve persons with mental illness or intellectual disability, and how these resources can be best utilized by law enforcement
- The perspective of individuals or families who have experiences with persons with mental illness, intellectual disability, and substance use disorders

³⁴ [CA Penal Code Sect. 13515.28](#)

³⁵ [CA Penal Code Sect. 13515.26](#)

Conclusion

By reviewing and identifying areas of operational strengths and weaknesses as they relate to mental health encounters, the Department should be better able to focus on what it can improve. The recommendations presented herein serve as a path toward those improvements. In all, there are seven carefully crafted recommendations that require Department review and response. It goes without saying that a documented response is entirely expected by the Department to the Office of Inspector General.

Lastly, the data analysis provided on high level descriptive trends of mental health calls for service may help inform the Department’s understanding and strategic response. It is hoped the Department thinks of ways to better utilize such data going forward.

Observations and Recommendations

	OIG Observation	OIG Recommendation
1	Better defined and coordinated responsibilities for mental health program assignments may improve communication and efficiency.	Make clear the responsibilities related to all functional roles pertaining to mental health encounters by finalizing role descriptions.
2	The Department administers POST certified dispatcher training to Communication Division staff to better assess the signs of a mental health crisis during emergency calls, however training is not mandatory.	Codify in policy that dispatchers receive POST certified training in assessing and handling mental health calls for service.
3	The Department’s dispatching procedure conflicts with CIT’s dispatching policy provision.	For clarity, update and restructure Communications Division and CIT Program policies so as not to contradict one another.
4	Ninety-nine percent (59 of 60) of randomly selected mental health detentions did not include citation or arrest. Additionally, probable cause was documented on detention forms.	None; No deficiency detected.
5	Officer deliberation over whether to place an Oakland community member on an involuntary psychiatric hold were thoughtful and deliberate.	None; No deficiency detected.
6	During one mental service call, a significant delay by ambulance services allowed for incident escalation.	Consider creating contingency protocols in the event medical response is significantly delayed. Such consideration should be documented.
7	The legally required oral detainment advisement is not always captured on video.	Request subject matter experts providing POST CIT training instruction on emergency psychiatric detention and/or patients’ rights

	OIG Observation	OIG Recommendation
		to cover the legal obligation of providing an <i>oral</i> advisement. Additionally, remind all sworn personnel that by law and policy, an oral detainment advisement is required to be said and captured on video.
8	The Department does not routinely document, collect or analyze information for all mental health encounters that would otherwise promote officer safety and lawful self-reliance strategies for those with chronic mental health illness.	Explore the feasible adoption of a data collection mechanism that would allow for the efficient and effective dissemination of mental health information that would allow officers to be better prepared for mental health encounters. Also, when considering the collection and storage of individual-specific information, all relevant privacy laws should be reviewed and considered. Such consideration should be documented.
9	CIT officers were on scene 47% of the time, while collaboration with county clinicians allowed for 68% coverage; based on a sample of 60 mental health holds.	Consider adopting a performance target to measure progress towards effectively addressing mental health calls for service. For example, the Department could implement a goal of having 70% of all mental health calls for service be responded to by a CIT officer or MET unit by 2019. Such consideration should be documented.
10	While peak incident times and the distribution of calls by patrol area have remained roughly consistent over the years, the overall volume has increased by almost 30% since 2012.	None; No deficiency detected.
11	In 2016, the most frequent encounters originated from hospitals, shelters and other public health centers.	None; No deficiency detected.
12	In 2016, about 174 of 3,237 (or 5.3%) mental health encounters resulted in arrest.	None; No deficiency detected.
13	While 5150 calls for service have increased annually, they represent a small portion of all types of calls for service.	None; No deficiency detected.
14	Use of force incidents involving an involuntary psychiatric detention are exceedingly rare, occurring 6 of approximately 5,240 times in 2016.	None; No deficiency detected.

Internal Affairs: Process for Handling Citizens’ Complaints Alleging Racial and/or Identity Profiling

By Rebecca Johnson, Police Performance Auditor and Lt. Chris Bolton

Objective

1. Determine the Internal Affairs Division’s practice of receiving and investigating citizens’ complaints alleging racial and/or identity profiling to evaluate whether it coincides with the Department’s policy, best practices, and requirements.
 2. Evaluate the Internal Affairs Division’s annual report of racial or identity profiling allegations against California Department of Justice requirements and recommendations.
- Update the citizen complaint forms to reflect the changes specified in the DOJ’s Information Bulletin DLE-2015-06, Citizen’s Complaints against Peace Officers, dated December 31, 2015.

Key Weaknesses

- ✘ IAD accepts and documents all complaints received alleging racial and/or Identity profiling but not all allegations are formally documented and/or closed with formal investigative findings against involved officer(s)
- ✘ The OPD annual report to the DOJ does not include all allegations of profiling
- ✘ OPD has not revised its citizen complaint forms to reflect best practices for capturing all allegations of racial or identity profiling.

Key Recommendations

- All allegations of racial and/or identity profiling - as alleged - must be reported, documented, and investigated as required by law and policy.
- Update the language in DGO M-19, Prohibitions Regarding Racial Profiling and Other Biased-Based Policing, to reflect a contemporary definition of racial and identity profiling.
- Consider revising the Manual of Rules, Chapter III, Section 314 Professional Conduct and Responsibilities, Subsection 314.04, to reflect the

same 10 subcategories of violations used in the revised law and the PRIME system.

- Update the citizen complaint forms to reflect the changes specified in the DOJ’s Information Bulletin DLE-2015-06, Citizen’s Complaints against Peace Officers, dated December 31, 2015.

AB 953 requires that, with respect to citizen complaints that allege racial or identity profiling, “law enforcement agencies collect and report the specific type(s) of profiling alleged, in other words, whether the alleged profiling is based on, to any degree, actual or perceived race (including color), ethnicity, nation origin, religion, gender identity or expression, sexual orientation, or mental or physical disability.” (Penal Code, § 13012, subd. (5)(A).)

Overview

Assembly Bill 953, The Racial and Identity Profiling Act of 2015, became law on October 3, 2015. Subsequently, the California Department of Justice (DOJ) issued Information Bulletin DLE-2015-06, Citizen's Complaints against Peace Officers, dated December 31, 2015, advising law enforcement agencies (LEAs) that effective January 1, 2016, the Act amended Penal Code section 13012 pertaining to the collection and reporting of citizens' complaints against peace officers. LEAs are now required to collect and report to the DOJ specific types of profiling alleged and the disposition (i.e., sustained, exonerated, not sustained, unfounded or pending) of each allegation. To accurately report the data, the DOJ suggests that LEAs should explicitly inquire on their citizen complaint forms whether the complainant alleges racial or identity profiling and, if so, the specific type(s) of racial or identity profiling alleged.

The Penal Code of California, Part 4, Prevention of Crimes and Apprehension of Criminals, Section 13519.4(e) defines racial or identity profiling as the consideration of, or reliance on, to any degree, actual or perceived race, color, ethnicity, national origin, age, religion, gender identity or expression, sexual orientation, or mental or physical disability in deciding which persons to subject to a stop or in deciding upon the scope or substance of law enforcement activities following a stop, except that an officer may consider or rely on characteristics listed in a specific suspect description. The activities include, but are not limited to, traffic or pedestrian stops, or actions during a stop, such as asking questions, frisks, consensual and nonconsensual searches of a person or any property, seizing any property, removing vehicle occupants during a traffic stop, issuing a citation, and making an arrest.

Because LEAs are directed to comply with the stipulations of AB 953, on July 21, 2017, the Office of Inspector General began a review to determine the Oakland Police Department Internal Affairs Division's process of handling citizens' complaints alleging racial and/or identity profiling perpetrated by department personnel. The goal of the review was to ensure compliance and/or identify deficiencies in policy, procedure, and/or practice and make recommendations for improvement, if necessary. Ultimately, policies and practices to secure accurate and consistent racial profiling complaints and relevant data are essential elements to an accountable, transparent, and professional police department.

Background

The Oakland Police Department (OPD) maintains a centralized complaint handling system in its Internal Affairs Division (IAD). As the nucleus for handling all complaints, IAD's primary function is to receive, process, and investigate complaints alleging misconduct by Departmental personnel. As a subdivision of IAD, the Intake Unit has the responsibility of receiving oral or written allegations/complaints from individuals who walk, call, or mail in complaints³⁶, which includes allegations of racial and/or identity profiling. An Intake Technician is the first point of contact for a complainant who walks, calls, or mails in a complaint to IAD alleging racial and/or identity profiling.

³⁶ Intake Technician, City of Oakland, Class Specification Bulletin (<http://agency.governmentjobs.com/oaklandca>)

According to Departmental General Order M-19, Prohibitions Regarding Racial Profiling and Other Biased-Based Policing, the OPD is committed to providing service and enforcing laws in a fair and equitable manner and to establish a relationship with the community based on trust and respect. The policy explicitly prohibits racial profiling and other bias-based policing, and, in Section II, it defines racial profiling as follows:

“The use of race, ethnicity, or national origin in determining reasonable suspicion, probable cause or the focus or scope of any police action that directly or indirectly imposes on the freedoms or free movement of any person, unless the use of race, ethnicity, or national origin is used as part of a specific suspect description.”

Moreover, the policy (Section VIII) states that members shall: (a) not engage in, ignore, or condone racial profiling or other bias-based policing; (b) be responsible for knowing and complying with this policy; (c) report incidents of racial profiling as defined in this policy; and (d) be subject to disciplinary action if deemed not in compliance with this order. Subsequently, in Section IX, the policy states that a complaint of racial profiling and/or other bias-based policing against a member shall be considered a complaint of discrimination...and, as such, the complaint is immediately forwarded to the Internal Affairs Department (IAD) and the respective officer’s supervisor or Watch Commander in the absence of the supervisor.

In Departmental General Order M-3, Complaints against Departmental Personnel or Procedures, the OPD classifies complaints and provides procedures for receiving and processing them. Section II.E states that complaints against departmental personnel shall be categorized as Class I or Class II offenses. Class I offenses are the most serious allegations of misconduct and, if sustained, shall result in disciplinary action up to and including dismissal and may serve as the basis for criminal prosecution. Bias is classified as a Class I offense. In addition to a complaint of bias being a Class I offense, it is also classified as a misconduct complaint, defined in Section II.F as a complaint from any source alleging a specific act or omission by a member or employee which, if substantiated, would constitute a violation of a *Manual of Rules*³⁷ section. Section III.A states that the Department shall investigate all misconduct complaints from any source (including anonymous) against a member or employee. Section IV implies that the investigation shall, at minimum, consist of a preliminary inquiry upon receipt of a complaint by a supervisor or IAD Intake personnel.

Also, per General Order M-3, complaints may be accepted and administratively closed “when it has been determined that the investigation or inquiry cannot proceed to a normal investigative conclusion or

³⁷ *Manual of Rules*, Chapter III, Section 314 Professional Conduct and Responsibilities, Subsection 314.04, states, in part, “...Members and employees shall treat all persons with courtesy and respect. The Department has a zero tolerance policy for...discrimination against members, employees and persons on the basis of race, religion, national origin, marital status, age, sex, sexual orientation, ancestry, physical or mental disability, or medical condition...Any member or employee who...discriminates against another member, employee, or any person...shall be subject to severe disciplinary action, including discharge from the City service.

when...(a) complaint lacks specificity and the complainant... is unable to provide further clarification necessary to investigate the complaint.”

Observations

Observation 1: IAD accepts, documents, and preliminarily investigates all racial and/or identity profiling allegations, but not all allegations result in formal findings.

Upon interviewing IAD personnel, it was determined that IAD accepts all citizens’ complaints alleging racial and/or identity profiling and documents receipt of each allegation, at minimum, in a case Chronological Activity Log (CAL)³⁸. Subsequently, an investigation is conducted in all cases. However, some allegations may be investigated and concluded by investigating ancillary Manual of Rules violations.

If, for instance, a complainant is unable to specify or provide substantive reason to believe that racial or identity profiling occurred, the alleged incident is investigated to determine whether the stop, search, or alleged activity was supported objectively by law and/or policy. In such a case, the initial allegation of racial profiling is addressed by examining the fundamental lawfulness or appropriateness of the conduct under more specifically related complaint classifications such as search and seizure or care of property. The resulting investigation documents the initial receipt of a profiling complaint along with the investigative steps taken to address the allegation, but the allegation of racial or identity profiling would not necessarily receive a formal finding (i.e., sustained, not sustained, unfounded, exonerated, or administratively closed) nor would the profiling allegation necessarily be formally tied to the Department or a specific officer.

Racial or identity profiling is an act which may be experienced - and committed - without objective indications, and a subjective belief that profiling occurred may not necessarily be accompanied with an ability to precisely articulate why the offense was perceived. It is OIG’s belief that all allegations alleging racial/identity profiling against OPD officers must be accepted and immutably recorded as allegations despite a lack of specificity or presence of substantive reason for the allegation.

Observation 2: IAD updated the Department’s manual of rules violation choices in the PRIME system to coincide with the Department of Justice’s reporting requirements.

In speaking with the IAD’s Police Records Supervisor and a Sergeant of Police who is responsible for updating the PRIME³⁹ system, the auditor was advised that the PRIME system has been updated to reflect the DOJ’s racial and identity profiling categorical reporting recommendations. Now, instead of the Department categorizing all types of racial and identity profiling allegations as a violation of the Manual of Rules, Section 314.04, Conduct toward Others—Harassment and Discrimination, there are 10

³⁸ Training Bulletin V-T.1, Section D (d), defines a CAL as a log that is used to document all investigative steps and events that have been completed. The Chron Log is retained within each opened, closed, and filed case as an investigative document.

³⁹ PRIME is an acronym for Performance, Reporting, Information, and Metrics Environment. It is a business workflow management system used department-wide.

subcategories of violations: (1) Harassment and Discrimination; (2) Race or Ethnicity; (3) Nationality; (4) Gender; (5) Age; (6) Religion; (7) Gender Identity or Expression; (8) Sexual Orientation; (9) Mental Disability; and (10) Physical Disability. Although these complaint options comport to legal requirements, the Department's policy on racial and identity profiling has not been updated to reflect the current legal definition of racial and identity profiling. Again, it is OIG's belief that all allegations alleging misconduct against OPD officers must be accepted and immutably recorded as allegations despite a lack of specificity or clarification and regardless of an appropriate administrative closure disposition. Electronically capturing all racial/identity profiling allegations in the front end of a complaint may aid the documentation and retention of this data.

Observation 3: The Department's annual report to the DOJ does not include all allegations of profiling.

Because of Observation 1, the Department's annual report to the DOJ does not include all allegations of profiling. Subsequently, the OIG attempted to determine how many allegations were not included in the 2016 complaint data.

All 2016 complaint data was queried to identify the phrases "racial profiling" and/or "racially profiled" appearing within an IAD chronological activity log regardless of the allegation, investigation, or finding. The resulting list of cases was then compared to the list of cases used to complete the DOJ's *2016 Annual Report of Citizens' Complaints against Police Officers*.⁴⁰ OIG located 18 allegations which appear to have been lodged as racial profiling complaints but were investigated under related manual of rules violations and therefore were not reported on the Department's Annual Report. Although the number of found instances appears to be small, OIG notes that only a detailed examination of all chronological activity logs for differently worded allegations that describe alleged profiling would be needed to calculate a precise number of unreported occurrences.

Observation 4: The Department has not revised its Citizen Complaint Forms to better document the receipt of a racial or identity profiling complaint

The DOJ's Information Bulletin states "to accurately report racial and identity profiling data to the DOJ," two requirements should be met. First, LEAs should explicitly inquire on their citizen complaint forms whether the complainant alleges racial or identity profiling and, if so, the specific type(s) of racial or identity profiling alleged. Secondly, LEAs should not restrict complainants from being able to select more than one option to account for instances where a complainant alleges more than one type of racial or identity profiling.

Although these allegation selections are now available within the PRIME system, they are not made available on the OPD complaint form. The auditor reviewed OPD's current complaint form, form

⁴⁰ OPD reported a total of 1,197 citizen complaints received in 2016 and 41 (3%) of them were attributed to racial and/or identity profiling.

number TF-3208, dated February 2017, entitled Your Guide to Filing a Complaint Against the Police and noted it has not been revised to reflect the recommended changes.

Observations and Recommendations

	OIG Observation	OIG Recommendation
1	IAD accepts, documents, and preliminarily investigates all racial and/or identity profiling complaints, but not all allegations are recorded as permanent records.	Close all allegations of racial or identity profiling – as received - with formal findings in all cases. The Internal Affairs Division immediately addressed this recommendation and strengthened practices before this OIG review was completed. As of August, all profiling allegations are investigated and addressed with formal findings.
2	Department policy prohibits all forms of racial and identity profiling, but the relevant General Order needs to be updated with language from AB 953 and resulting law.	Update the language in DGO M-19, Prohibitions Regarding Racial Profiling and Other Biased-Based Policing, to reflect a contemporary definition of racial and identity profiling
3	IAD updated the Department’s manual of rules violation choices in the PRIME system to coincide with the Department of Justice’s reporting requirements.	Consider revising the Manual of Rules, Chapter III, Section 314 Professional Conduct and Responsibilities, Subsection 314.04, to reflect the same 10 subcategories of violations used in the PRIME system.
4	The Department has not revised its citizen complaint forms to reflect DOJ recommendations.	Update the citizen complaint forms to reflect the changes specified in the DOJ’s Information Bulletin DLE-2015-06, Citizen’s Complaints against Peace Officers, dated December 31, 2015.

Oversight of Police Department Overtime Expenditures

By Charlotte Hines, Police Performance Auditor

Objective

1. To evaluate the Department's financial reporting system used to assist Bureau, Area, and/or Division commanders/managers manage their respective allocated overtime funds.
2. To determine if the number of paid voluntary overtime hours a lieutenant, sergeant, and/or police officer works is effectively managed.
3. To identify any adverse performance trends or patterns associated with members working voluntary overtime to the point that it negatively impacts personal safety or service to the community.
4. To determine if vacant positions filled with an officer working on paid overtime could have been filled with an officer working on paid regular time.

Background

Police Department overtime is most commonly worked for the purposes of filling vacancies (caused by loans, transfers, training, and leaves) as well as to extend shifts to address operational needs. Many of these leaves are predictable while many are not.

The process of overtime payment begins with an employee receiving permission to work an amount of overtime from any number of supervisors or commanders. A paper overtime form is completed by the employee after an overtime period is worked, and the form is then submitted to and approved by a supervisor and/or commander who may not be the same supervisor or commander who authorized the overtime.

The overtime form identifies overtime codes for the general type of overtime worked (e.g., extension of shift, backfill, etc.) and the overtime account from which to draw (e.g., Area 1 Patrol Division, Criminal

Investigations Division, etc.) along with a brief narrative explaining what necessitated the overtime period. Approved and signed forms are then forwarded to a payroll coordinator.

In most cases, the employee is responsible to electronically record the same overtime codes, hour types, and time worked on a biweekly time sheet which is electronically submitted to his or her regularly assigned supervisor; the employee's regularly assigned supervisor may not be the same supervisor or commander who authorized an overtime shift, nor the person who approved the submitted overtime form. The electronic timesheet only records funding codes and general purpose categories and does not provide the brief narrative pertaining to the purpose or need for overtime.

Key Weaknesses

- **Overtime documentation (overtime forms) are not retained in a retrievable manner**
- **The Department's financial reporting system and processes do not provide necessary auditing and tracking to ensure accountability.**
- **Operational planning to limit or decrease overtime expenditures can be strengthened.**

Key Recommendations

- **The Department's process of requesting, approving and documenting overtime is outdated and inefficient. Electronic time keeping, approval and storage would be optimal.**
- **For greater accountability, overtime worked should require approval and/or tracking by the commander or manager charged with managing the fund from which overtime payment is requested.**

Overview

Currently, the Oakland Police Department relies on overtime to meet patrol staffing and training requirements. In the last two fiscal years, the Department has exceeded its overtime budget by \$15,686,647 and \$12,336,263, respectively. In fiscal year 2014 to 2015, its overtime budget was \$15,571,768, but the actual cost was \$31,258,415. Subsequently, in fiscal year 2015 to 2016, its budget was \$15,442,737, but the actual cost was \$27,779,000.

In Administrative Instruction 524, Overtime Authorization and Reporting, dated December 28, 2006, the City of Oakland's City Administrator has delegated the authority and responsibility to Department Directors and Managers for the approval of overtime. Approved overtime is recorded on a form that is maintained at department level for control and audit purposes prior to payment, and records of actual payment are electronically retained by the City's payroll system.

The office of the Chief of Police requested the Office of Inspector General review OPD overtime expenditures to identify potential weaknesses in overtime process or management. On June 1, 2017, the Office of Inspector General initiated an audit of Oakland Police Departments' oversight of overtime worked. The purpose of the audit is to identify any deficiencies in policies, procedures, and/or practices related to the oversight of overtime worked and make recommendations to enhance controls.

Background

The Oakland Police Department has set forth various policies, procedures, and/or practices to manage paid overtime worked by its employees. The Department has a process for documenting the work performed by authorized overtime.

Overtime Worked Employee

The employee is responsible for completing an Overtime Worked Form (TF-3171). On the form, the employee enters his/her employee number; name, regular duty hours on the date of the overtime; the overtime hours worked; the number of hours he/she is claiming; the date of the overtime; the reason for the overtime (activity/activities performed); coding information in the "Charge To" section; and the date the form is submitted. In addition to recording the reason for the overtime, the employee has to check an additional box, indicating how the overtime came to exist.⁴¹ For example, an employee checks the "Backfill" box if he/she is working overtime to fill a position during the absence of the regularly assigned person. An employee checks the "Callback" box if he/she is called back to duty. An employee checks "Extension of Shift" if he/she is working overtime at the beginning or end of his/her shift. Once the employee has provided the details, circumstances, context of the assignment and purpose of the overtime, he/she signs the form and submits it to the person (supervisor, commander, or manager) approving the overtime.

⁴¹ Special Order No. 6058, Completing new Overtime Worked Form (TF-3171)

Approval

The completed Overtime Worked Form is reviewed and signed by the person who approved the overtime, the employees' supervisor and the Unit Commander. It should be noted that the "Authorizing" person may be different than the "Approving" person.

Managing the Number of Overtime Hours Officers Worked

There are two types of overtime; mandatory and voluntary. Mandatory overtime may be unavoidable and is used for callouts (homicides, sexual assaults, fatal accident collisions, etc.) and large scale emergencies such as civil disturbances, natural disasters, etc.

Voluntary overtime is assigned to those employees who are willing to extend shifts or work extra shifts. To ensure officers are not working voluntary overtime to the degree that it negatively impacts personal safety or service to the community, the Department has established a policy, Special Order No. 6048, Departmental Voluntary Overtime Policy, which states officers shall work no more than 24 hours of voluntary overtime per week. Any member requesting an exception must advise the pertinent commander that either he/she has reached the 24-hour limit or will exceed the limit by working the requested overtime. An officer must be off-duty for 8 hours after working 16 hours or be off-duty for 10 hours after working 20 hours. Lastly, officers must take at least one day off during a workweek.

Monitoring of Adverse Performance Trends or Patterns

To ensure its supervisors, commanders, and managers are able to monitor employee performance, the Oakland Police Department collects employee data related to positive or potentially adverse performance trends or patterns in a computerized system, PRIME (Performance, Reporting, Information, and Metrics Environment). PRIME includes approximately 20 Personnel Assessment System (PAS)⁴² performance dimensions (i.e. uses of force, officer-involved firearm discharges, vehicle pursuits, etc.). The objective of PRIME data and PAS policy and practice is to either recognize exemplary performance or improve performance in any of the measured performance dimensions. The Department has established thresholds that, when met by a member or employee, requires the individual's immediate supervisor to conduct a comprehensive review and analysis of each of the PAS performance dimensions to determine if the individual exceeding the threshold is in need of recognition for exemplary performance, supervisory monitoring, intervention or no action.⁴³

Accounting/Recordkeeping System for Paid Overtime Worked Documentation

The lead auditor and assistant auditor interviewed the Manager and Supervisor of the Personnel Section to determine the Oakland Police Department's accounting/recordkeeping process for maintaining paid overtime worked documentation. During the interview, the auditors were advised that one Payroll Clerk

⁴² Departmental General Order D-17, Personnel Assessment System, Section VII, Subsection B.

⁴³ Report Writing Manual T-21, *Personnel Assessment System Activity Review and Report*, pg. 1

II⁴⁴ is responsible for collecting all overtime-worked documentation. She accomplishes this task by coordinating with all Payroll Coordinators throughout the Department to ensure all overtime-worked documentation is submitted to the Payroll Unit in a timely manner. It is the responsibility of Payroll Coordinators to collect all overtime-worked documentation. At the close of each pay period, the Payroll Coordinator should notify the Payroll Clerk II of any overtime-worked documentation not received.

Population/Sample

There were various populations and samples used to audit the five objectives:

Objective 1 & 2

The population for this audit consisted of all overtime hours worked by employees from July 1, 2016 to December 16, 2016⁴⁵. Ten selected officers who worked an above average number of overtime hours from July 1, 2016 to December 16, 2016 and their respective corresponding overtime-worked documentation received from the Payroll Unit.

Objective 3

A sample of ten officers who worked an above average number of overtime hours from July 1, 2016 to December 16, 2016.

Objective 4

All backfill instances recorded in Telestaff in the month of September 2016.

Performance Review Methodology

The auditor took the following steps to meet the objectives:

1. To evaluate the Department's financial reporting system used to assist Bureau, Area, and/or Division commanders/managers manage their respective allocated overtime funds, the auditor reviewed the manner in which overtime is approved in the system and the subsequent reports that are generated.
2. To determine if the number of paid overtime hours a lieutenant, sergeant, and/or police officer works is effectively managed, the auditor requested information from the Fiscal Services Department and the Payroll Unit. She requested from the Fiscal Services Division a report that included approximately six months of overtime data, July 1, 2016 through December 16, 2016. Using the report, she sorted the data by employee names and hours worked to determine who worked an above average number of overtime hours. She selected ten employees who worked an above average number of overtime hours. Subsequently, using the hours reported on the Fiscal Services Division report, she requested the corresponding approved overtime worked documentation from

⁴⁴ The Personnel Section management has jurisdiction over the Department Payroll Unit, and the Payroll Clerk II works in the Payroll Unit.

⁴⁵ At the time this review was requested, and up until September 2017, OPD was unable to retrieve overtime expenditures by employee or organizational fund for any period within 2017.

the Payroll Unit for the ten selected employees, with the goal of ensuring no officer worked more than 24 hours of voluntary overtime per week.

3. The auditor spoke to the PAS Unit Acting Supervisor and requested PAS/PRIME dimension thresholds for the ten selected officers. The auditor reviewed the respective personnel profiles in the Department's PRIME system for the ten selected officers in order to determine if there was any indication of adverse performance trends or patterns associated with officers working an above average number of overtime hours.
4. To determine if a vacant position filled with an officer working on paid overtime, could have been filled with an officer working regular time, the auditor reviewed the daily details⁴⁶ related to Patrol squad assignments for the month of September 2016 in the Department's Telestaff⁴⁷ system. On a day-by-day basis, the auditor sought to determine if there was a missed opportunity for a Watch Commander to have filled an assignment with available personnel working a regular shift instead of assigning an officer to overtime to cover a vacant position.

Observations

Observation 1: Collectively, the Department's payroll system, process, and available reports do not adequately facilitate an effective management of overtime funds

The audit indicated two main issues with the financial reporting systems that hinder commanders'/managers' abilities to manage the overtime expenditures. First, the Department's electronic timekeeping system is not designed to ensure, in all cases, that the supervisor who authorizes an employee to work overtime is the same person who approves his/her overtime in the timekeeping system. Secondly, the reports generated by the Payroll system do not clearly show the activities (i.e. protests; processing adult and/or juvenile in police custody; reviewing cell phone records; witness interviews; quality control checks; record sealing, etc.) for which overtime funds were spent.

Electronic Timekeeping System Issue

In 2012, the Department began using an electronic timekeeping system, and all its employees now enter their time (regular, overtime, holiday, leave, etc.) in the system. Once an employee completes his/her entries, the time is automatically submitted to his/her regularly assigned supervisor. The regularly assigned supervisor is responsible for authorization. The issue with the process occurs when an employee works overtime neither known to nor authorized by his/her regularly assigned supervisor. The timekeeping system is only designed to submit employees' time to their regularly assigned supervisor, who is not necessarily the supervisor who authorized the overtime. In these instances, a

⁴⁶ Daily details reflect the composition and assignment of the organizational unit workforce, including documenting employees working on overtime, specific leaves of absence, and special assignments.

⁴⁷ Telestaff is the electronic system in which the daily details are stored.

commander/manager/supervisor is not able to ensure the number of hours entered electronically have been previously reviewed, audited, approved and documented on a paper overtime form.

Improvements to the process and system may not only improve overtime management, but may also facilitate easier use and greater assurance to employees that overtime is efficiently processed and paid.

Financial Reports lack clarity of activities on which funds were spent

The audit indicated that overtime report data do not provide overtime costs to commanders and managers in a manner that enables them to know, without extensive research, exactly which police activities are generating overtime spending. For example, the report provides management with overtime costs in categories: Backfill, Callback; Extension of Shift, Special Enforcement; Administrative Investigation, etc. In order to learn of specific causes or uses of overtime, the paper overtime form needs to be retrieved and reviewed by hand.

The auditor chose a single category from the overtime report data, *Extension of Shift*, and sought to determine the causes for shift extensions. One hundred fifty-eight authorized overtime worked timesheets for the pay period ending November 18, 2016, were reviewed and various activities were listed within the overtime form narrative: protests; processing arrest documents; reviewing cell phone records; witness interviews; quality control checks; record sealing, etc. For many units, a pattern or trend in overtime justification was recognized yet these details are not routinely provided to commanders and managers who are tasked with the duty of controlling overtime expenditures. Because the overtime reports provide monies spent by category and not activity, the information provided is not transparent enough to assist commanders/managers in supporting or reducing the number of overtime hours.

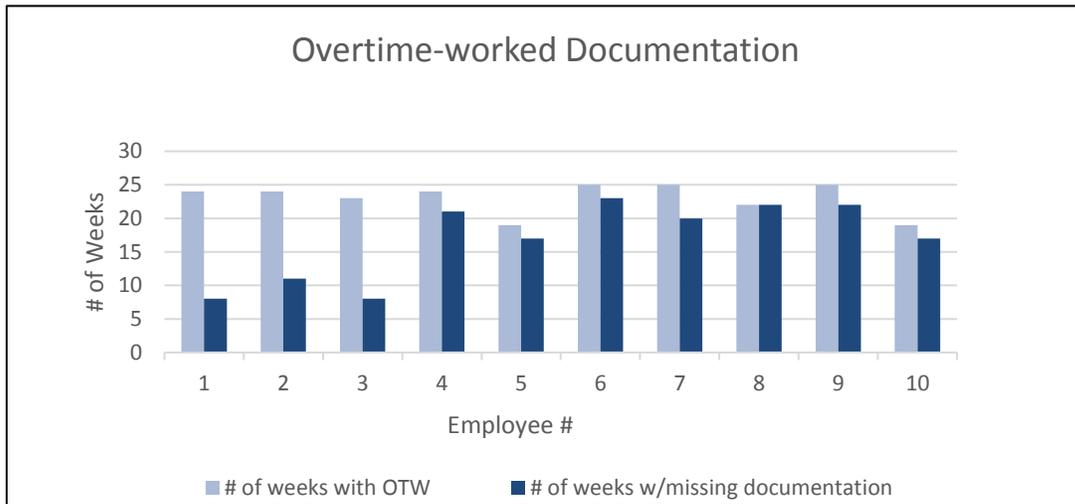
Additionally, commanders/managers have not been receiving their normal monthly overtime reports for overtime expended in 2017. The auditor notes that the City of Oakland transitioned to a new financial reporting system in December 2016, and there have been some issues with the new system's ability to generate overtime data in report form. On September 15, 2017, prior to this audit's publication, the Oakland Police Department received a preliminary report on overtime spent during the period of July 1, 2017 through September 8, 2017. No reports were available from December 17, 2016 through September 14, 2017.

Observation 2: Due to insufficient documentation, the auditor was unable to determine whether the Department monitors the number of voluntary paid overtime hours its officers work.

A sample selected for review revealed that overtime forms could not be located for 83% of paid overtime instances. Procedures to ensure overtime forms are turned in, forwarded, and stored in a manner to allow for retrieval were insufficient.

According to policy, an officer shall work no more than 24 hours of voluntary overtime per week. The auditor sought to review the number of paid voluntary overtime hours 10 officers worked each week from July 1, 2016 to December 2016, by reviewing the paper overtime form which lists the precise hours

worked and precise reasons for overtime worked. The Payroll Unit was only able to provide 27 percent of the requested overtime forms. The auditors were advised that it is and has been the responsibility of the Payroll Clerk II to ensure the documentation for all authorized overtime worked is submitted to the Payroll Unit. However, this practice has been stalled for months. The following table shows data requested from the Payroll Unit and the amount of data received for each officer:



Missing overtime forms also compound the difficulties cited in Observation 1. The paper overtime form is the only document that contains specific authorization, approval, and reasoning for overtime worked. Without an effective retention process for these forms, commanders/managers are unable to self-audit overtime expenditures, and the lack of documentation increases the risk of waste, fraud or abuse.

Observation 3:

The PAS/PRIME records of the ten officers who worked an above average number of overtime hours during the audit period (01Jul16 through 16Dec16) were reviewed. The PAS review did not indicate any adverse performance trends or patterns. Overtime hours worked did not appear to correlate with increases in potentially adverse performance.

Observation 4:

For the period reviewed, primarily backfill overtime shifts were for absences created by use of vacation, sick, comp time and training. The auditor reviewed six hundred and ninety-seven patrol squads, of which one hundred and ninety positions were filled with officers working on paid overtime. The audit indicated that there were only two instances in which vacant positions filled with officers working on paid overtime could have been filled with officers working regular time.

This finding led OIG to the belief that backfill overtime may not be avoided or otherwise controlled by utilizing regularly scheduled and positions to fill vacancies daily, and that overtime vacancies in patrol instead occur when patrol is already at or near a minimum level of safe and effective staffing.

Additional Observations

Storage and safekeeping of the authorized overtime worked documentation

During a visit to the Payroll Unit, the auditors noted that the storage and safekeeping of the Department's authorized overtime worked documentation needs improvement. Currently documents are in storage/banker boxes, which do not protect against loss and/or damaged records. In addition, inside the boxes, the documentation wasn't organized in a manner that facilitates file retrieval. The Department is reminded that under the Fair Labor Standards Act and/or the Code of Federal Regulations (Chapter 29, Part 516);

“Each employer shall keep the [payroll] records safe and accessible at the place or places of employment or at one or more established central recordkeeping offices where such records are customarily maintained...such records shall be made available within 72 hours following notice from the Administrator or a duly authorized and designated representative (i.e. Department of Labor).”

No written standards or procedures

There are currently no written standards or procedures that define the role and responsibilities of the Payroll Unit in accounting for and the recordkeeping of overtime-worked documentation.

Department's Response

During the audit, the Office of Inspector General advised the Chief of Police of the Department's inability to submit the requested overtime-worked documentation. The Chief expressed to the Manager and Supervisor of the Payroll Unit her expectation regarding the collection of authorized paid overtime worked timesheets. Subsequently, in August 2017 the Supervisor and the Payroll Clerk II conducted remedial training for all Department payroll coordinators. The training focused on reemphasizing the importance of submitting to the Payroll Unit, all authorized overtime-worked timesheets and a list of names of any employees who fail to submit their authorized overtime-worked timesheets for the period in which payment of overtime is approved. The Payroll Clerk II is now following-up on any missing authorized paid overtime-worked timesheets submitted to her on the lists provided by the payroll coordinators.

Observations and Recommendations

	OIG Observation	OIG Recommendation
1	<p>Collectively, the Department’s payroll system, overtime payment process, and available reports do not adequately facilitate an effective management of overtime.</p>	<p>Revisit the process of approving and documenting overtime to create better management opportunities, easier use, and defined roles and responsibilities within the entire overtime submission, approval, and payment process.</p> <p>Solutions may be technological and/or procedural: Payroll system enhancements that would allow electronic overtime forms to be completed electronically, uploaded, and tasked for audit and approval; the overtime financial system should include and report descriptions of specific overtime activities in addition to general overtime funding codes and amounts; defined roles and responsibilities in a process that more effectively manages who may authorize overtime, who may approve and audit overtime worked, and who may approve ultimate payment with assurance that the overtime process has been followed; standardized work flows and storage procedures to assure that future audits or reviews of overtime include the ability to easily and accurately retrieve overtime documentation for all hours worked and paid.</p>
2	<p>Overtime forms could not be located for 83% of paid overtime instances. Procedures to ensure overtime forms are turned in, forwarded, and stored in a manner to allow for retrieval were insufficient.</p>	<p>The auditors met with a Patrol Area Captain who has created an overtime cost tracking process for his staff that includes the ability to track, calculate and effectively manage overtime funds daily. In the absence of a more comprehensive solution, the department should consider sharing the program throughout the department to improve accountability for overtime expenditures. Although the system is not capable of creating reports, the real-time information that this program provides can be instrumental in the successful oversight of budgeted overtime funds.</p>

	OIG Observation	OIG Recommendation
3	The PAS/PRIME records of the ten officers who worked an above average number of overtime hours during the audit period (01Jul16 through 16Dec16) were reviewed. The PAS review did not indicate any adverse performance trends or patterns.	No correlation was apparent between overtime worked and increases in performance based risk measures; however, due to the above observations, the auditor was unable to reconstruct allotted time off-duty between overtime shifts. Improved overtime processes as recommended above may also provide greater awareness of overtime shifts and potential negative effects on employee health, wellbeing, officer safety, and public safety.
3	Vacation, training commitments, loans from one critical position to another, and other approved leaves of absences are the primary cause for backfill overtime and may be more effectively controlled by planning and scheduling enhancements.	Planning and scheduling solutions may be technological or procedural, but OIG encourages the Department to review current processes of training assignments and leaves, vacation approval, and other conditions which create vacancies which are necessary to be filled.

Performance, Reporting, Information and Metrics Environment Evaluation

By Aaron Bowie, Police Officer

Objective

Verify that the citizen complaint data within the Department's performance assessment database (Performance, Reporting, Information, and Metrics Environment or PRIME) is accurate.

Background

On Tuesday, May 9th, 2017 the Performance, Reporting, Information, and Metrics Environment (PRIME) database, which is a web-based software application system and database, became operational to the Oakland Police Department (OPD).

The new software application system replaced several outdated data tracking, reporting and performances systems. PRIME provides the ability to have several systems integrated into one highly enhanced system. PRIME was designed to transition paper-based processes into digital workflows creating time efficiency and transparency. PRIME also consolidated numerous sources of data and input into one central system. The information generated will provide the ability to track trends and performance more efficiently and accurately.

The Prime system collects data regarding numerous instances, all of which require accurate and consistent reporting and tracking of data: use of force incidents, citizens' complaints, supervisory notes, criminal case evaluations, inventory systems, police canine records and events, vehicle pursuits, vehicle collisions, and the Internal Personnel Assessment System (iPAS) including the personnel database and records. The data is integrated and digitized, making the information digitally accessible to the user and capable of peer group comparisons and additional supervisory and risk management evaluations.

Key Findings

- The auditor determined that the PRIME data pertaining to citizen complaints was accurate when compared to known instances of complaints logged and documented outside of the PRIME environment.
- Although all complaints were located within PRIME, some complaint incidents were difficult to match when using criteria such as names of complainants, incident numbers, locations, etc. Multiple attempts to locate records were necessary.

Recommendations

- OIG recommends that the Prime team continue to improve the search functionality and capabilities of the PRIME system.

Policies Referenced

- Government Auditing Standards, Supplemental Guidelines, Appendix I, December 2011.
- User Guide – Prime Overview, May 2017

Overview

Citizen complaints are accepted on all days and at all times through nearly every imaginable source. Complaints that are made known to police communications dispatchers, field officers, managers, supervisors and commanders are documented and communicated to the Internal Affairs Division (IAD) on an IAD Incident log which covers a 24-hour period. Field supervisors and commanders who accept logged complaints or who are assigned complaints are required to enter complaint information into the PRIME complaint system so that the complaint can be tracked, managed, and investigated. The Office of the Inspector General initiated an evaluation to verify data within PRIME by searching PRIME complaint reports for evidence that complaints from IAD Daily Complaint Logs were entered into PRIME as required.

OIG reviewed 434 IAD daily complaint incidents which were logged from January 1st, 2017 to August 18th, 2017 to determine whether the complaint, allegations, and subject officers were accurately recorded within PRIME. A review of the 434 complaint incidents found that 14 (3%) of the complaint incidents were very difficult to locate within PRIME when using basic search queries. Typographical errors resulted in 9 of the 14 complaints which were difficult to locate and verify. Although improvements to PRIME search capabilities are desired, OIG determined that the complaint process was accurately and consistently causing all complaints to be logged in the Department's central database system.

Observations

Observation 1: All logged complaints were successfully located within the PRIME system, but a small number of complaints (14/423 or 3%) were extremely difficult to identify due to various data entry errors.

There were 14 instances where queried data was not initially located, most commonly due to data entry errors and typos (e.g., misspelled names of complainants) making corresponding PRIME information difficult to retrieve. Complaint information was eventually located and verified by using additional search techniques and expertise from the PRIME unit. The PRIME unit agreed that additional search functionality and utility is desirable.

Conclusion

The Department's procedure for accepting and logging complaints is sufficient to guarantee that all complaints are documented in the PRIME system. This ensures that all complaints are known, reported as required, and investigated or handled in manners required by policy. The PRIME team has continually developed training, system testing, system updates, system upgrades, and help desk assistance to improve the functionality of the PRIME system; although only a small percentage of complaints were

difficult to search for and successfully locate within PRIME, future improvements to search capabilities are recommended.

Observations and Recommendations

	OIG Observation	OIG Recommendation
1	All citizen complaints received and logged within the evaluated time period were successfully located in the PRIME database.	None
2	Although all complaints were located within PRIME, some complaint incidents were difficult to match when using criteria such as names of complainants, incident numbers, locations, etc. Multiple attempts to locate records were necessary.	OIG recommends that the PRIME team continue to improve the search functionally and capabilities of the PRIME system as PRIME priorities regarding development allow.