



## AGENDA

### Public Safety, Courts and Civil Service Policy Committee

July 14, 2022, 8:30 am

Council Member Dustin Zvonek, Chair  
Council Member Danielle Jurinsky, Vice Chair  
Council Member Steve Sundberg, Member

#### Public participant dialing instructions

Dial Access Number 408.418.9388

Event Number 2486 311 8172

Council Goal: Assure a safe community for people

This meeting will be live-streamed on the City's YouTube channel. Watch at  
[YouTube.com/TheAuroraChannel](https://www.youtube.com/TheAuroraChannel).

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4.a. <b>Consent Decree Monitor First Quarter 2022 Update</b> Jason Batchelor, Deputy City Manager / Peter Schulte, Manager of Client Svcs City Attorney Outside Speaker: Jeff Schlanger, Lead Monitor-IntegrAssure / Erin Plinyak, Deputy Monitor-IntegrAssure  20 Minutes.	42

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| <b>4.b.</b> | <b>Public Safety Action Plan Update - Various</b><br>Jason Batchelor, Deputy City Manager / Pete Schulte, City Attorney<br><br>15 Minutes  | 44  |
| <b>4.c.</b> | <b>PediDOSE – Nationwide Pediatric Seizure Study with Childrens Hospital and Aurora Fire Rescue</b><br>Rodney Weber, Deputy Chief Aurora Fire Rescue / Angela Garcia, Senior Assistant City Attorney / Kathleen Adalgais, Doctor, Children's Hospital Colorado<br><br>20 Minutes | 52  |
| <b>4.d.</b> | <b>Police Auditor Q2 2022 Update</b><br>Michelle Crawford, Police Auditor<br><br>15 Minutes.   | 81  |
| <b>4.e.</b> | <b>Directed Action Response Teams Update</b><br>Jad Lanigan, Division Chief APD / Megan Platt, City Attorney<br><br>20 minutes   | 138 |
| <b>5.</b>   | <b>Miscellaneous Matters for Consideration</b>   |     |
| <b>6.</b>   | <b>Confirm Next Meeting</b>  |     |
| <b>7.</b>   | <b>Adjournment</b>   |     |



**Public Safety, Courts and Civil Service Committee**

**June 16, 2022**

Members Present           Dustin Zvonek, Chair  
                                  Danielle Jurinsky, Vice Chair  
                                  Juan Marcano, Council Member

Others Present           A. Botham, A. Robnett, J. Batchelor, R. Pena, M. Platt, M. Chapman,  
                                  T. Brown, M. Hildebrand, C. Juul, F. Gray, P. Schulte, J. Nicholas, S.  
                                  Stowell, S. Risner, A. McIntyre, M. Wasserburger, R. Weber, A.  
                                  Garcia, M. Cain, B. Joyce, S. McGhee, J. Lanigan, M. Hays, J. Moon,  
                                  M. Longshore, M. Crawford, S. Day, W. Lippman, D. Wilson, M.  
                                  Smith Y. Emeson, J. Twombly, C. Amparan, K. Claspell, D. Wilson,  
                                  C. Cerinich, S. Wright, J. Prosser, D. Oates, T. Edwards, J. Bunch, C.  
                                  Tassin, K. Barnes, D. Pendleton, F. Goodrich, D. Lewis, D. Carrel, E.  
                                  King, I. Evans, B. Wesner, M. Hanifin, J. Kovaleski, K. Vaughan, D.  
                                  Brotzman, S. McGhee, M. Smith, B. Van Sickle, M. Nelson, C.  
                                  Atkinson, M. Sears, R. Jackson, D. Marshall, M. Brukbacher, D.  
                                  Roundtree, R. Moody, KMGH Denver7

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**1. Call to Order**

Meeting called to order at 8:30 a.m.

**2. Approval of Minutes**

May 12, 2022 Minutes approved.

**3. Consent Items**

**3.a June 2022 Crime and Police Attrition Update**

**3.b Aurora Fire Rescue Attrition Data for May 2022**

**3.c Aurora911 Staffing Update**

All three items to move forward.

**4. General Business**

**4.a Public Safety Action Plan Update - Various**

Jason Bachelor and Chief Daniel Oates presented an update on the Public Safety Action Plan. Currently, Aurora Police Department’s (APD) Gang, GRIT, SWAT, K-9, CRT, Traffic Detectives, and Emergency Response Teams are fully staffed.

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The Academy has 17 entry-level recruits and two lateral recruits. There are four recruits pending academy start and one loss. Officers are undergoing various training such as CAPSTC, range, ABLE, and Autism Training. APD has provided metrics on violent crimes namely murder, non-fatal shootings, robbery, and motor vehicle theft, and presented a four-week trend. APD is also conducting and redesigning crime-fighting meetings and developing a new Violent Crime Response Team. Once the meetings are operating in an effective manner, the Public Safety Committee will be invited to attend. A one-page cover sheet will also be provided to present a snapshot of the city and violent crimes. APD is working with crime analysts to produce this weekly. In May, APD made two physical arrests, issued 25 tickets, towed three vehicles, and issued two abatement notices regarding street racing operations. CM Jurinsky brought forth locations that the APD will add to the street racing operation watchlist. The Traffic Unit conducted Traffic Port Operations last May and is planning to do these regularly. Heavy trucks are pulled over to ensure that all appropriate requirements are followed. Through this operation in May, 21 rigs are taken out of service and 143 safety violations were found. In April, the gang and GRIT unit conducted an operation in Colfax and Beeler that resulted in eight arrests, gun and drug confiscation, prostitution arrests, and one controlled purchase attempt. An overview was provided of the strategies being done to address youth violence. The Aurora Crisis Response Team (CRT) responded to 131 calls for service. In May, APD received 328 notifications on homelessness and conducted 21 abatements. 13 of the abatements were CDOT-related. The abatements cost roughly \$13,800.

CM Jurinsky: Jason, can I just ask, with the prostitution arrests, were any of those minors?

J. Batchelor: I don't believe so. I don't know if the Chief or someone on your staff could address that specifically. I don't believe so, but I don't know that for sure. And if we don't have anybody on, we'll get back to you, ma'am.

CM Jurinsky: Yes. Anybody can get back to me.

D. Oates: If I could. We don't arrest minors for prostitution. Those folks are victims. So, there are no minors there.

CM Jurinsky: Thank you.

D. Oates: In that data.

J. Batchelor: And Jad, I saw you jump in, anything to add on that one that I missed? I know that was a very successful operation.

J. Lanigan: I was about to say the exact same things that Chief said.

CM Jurinsky: Have we started putting in for the reimbursements from CDOT for the 225 cleanups we've been doing? Have we already started putting in for those?

J. Prosser: Council Member Jurinsky, this is Jessica. We have not yet. We are awaiting an updated IGA with CDOT. I had communication from them on Friday, they were sending it over for signature. Once we have that, then we will be submitting it on a monthly basis. CDOT has actually performed some of those this

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past month, and that's been going on. We're still working with them, but we've had some better coordination there coming to our weekly meetings now, we've got direct access to staffing there, so we are able to coordinate better.

CM Jurinsky: Okay, perfect. Thank you.

CM Zvonek: Thanks, Jessica.

J. Batchelor: So that's all five sections of the resolution. I'd like a quick second to thank Reagan Pena for taking the lead on putting all this information together. She took copious notes last month when the Committee was talking and then worked with all the different groups, police, and Jessica Shop, to pull all this together. Thank you to Reagan for doing that. This is a living document. If you'd like more information, less information, or different information, let us know. We'll continue to update this. I hope we got a good solid 90% on this one. And, obviously, we'll continue to tweak it. If it's not a 90%, tell me that offline, blame me. Reagan did the really good work to get us here. But like I said, this is a living document. If it's not what we need or it needs to adapt, we'll continue to adapt it in the coming months.

CM Zvonek: No, this is great. Thank you. And thank you, Reagan, for helping put this together. As you mentioned, Jason, it is a living document. I'm looking forward to seeing how Chief Oates kind of improves it from his side, as he kind of settles in and takes the reins there. But this is exactly what I was hoping for with this resolution, is just to continue to bring it forward so that our residents and the public can see the things that we're doing to try to improve public safety in our community. It's obviously an important issue to so many, and I know there's a lot of work being done. Sometimes the story isn't always told in a way that gets to them, and so I hope to continue to use this forum as an opportunity to share that information. I appreciate it and appreciate all the work that you all put into it.

### Outcome:

Information Only.

### Follow-up Action:

None.

#### **4.b 2022 Fireworks Update - AFR**

Commander Steven Wright presented the Fireworks Approach for 2022. In February, the Aurora Fire Department (AFR), APD, and Dispatch met to strategize and discuss the independence holiday season. This involves a city-sponsored event and being an asset to the business community regarding selling products and setting up tents. The city operates under the International Fire Code which states that the possession, manufacture, and handling of fireworks are prohibited. However, the ordinance provides exceptions. According to the City Ordinance, from June 15<sup>th</sup> through July 4<sup>th</sup>, permissible fireworks will be allowed to be used and sold depending on the Fire Ban Status. The Fire Ban disallows the use or sale of fireworks depending on the fire ban level. This is dependent on two fuel moisture content metrics and energy release of fuel. If the three metrics reach the threshold, a ban is instituted. As of June 15<sup>th</sup>, only one of the three reached the

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threshold putting the metro area at Stage 1 of a fire ban with which only fireworks are not allowed except per the ordinance. As the fire ban stages go higher, they get more strict. Currently, the Aurora drought monitor is at D0 with D4 being the highest exceptional drought. According to 2020 and 2021 firework data, there has been a decrease of complaints due to community engagement and education of citizens on the Fire Ban. However, there has been an increase in summons also due to the education of citizens on how to file a summons. In 2021, patrols consisting of a member of AFR and APD were increased in each district. Starting June 15<sup>th</sup>, the fire group follows up on the complaints throughout the summer. Citizens can fill in an online form through Access Aurora or call 911 for emergencies. The Dispatch Center enacts a dedicated non-emergent line for fireworks complaints. There is a possible punishment for a fireworks misdemeanor. A specific witness will fill out a witness statement discussing the illegal fireworks behavior. In Denver, fireworks with a fuse or require a flame are illegal. Parker bans fireworks that explode or leave the ground. Arvada made any and all fireworks illegal. Six fire inspectors, three fire investigators, the Deputy Chief, Commander, and Lieutenant, and the APD will do patrols. There will be one per police district with two per district on July 4. Anything illegal will be confiscated and a summons will be issued if necessary. There will also be more brush trucks during red flag days that take wind into account. On the 4<sup>th</sup> of July Spectacular, an engine, rescue, and ambulance will be present at the event. The main priority is educating the community through the Community Engagement Team. There will be messaging through social media, water bill notifications, and public service announcements on Aurora TV. AFR has also presented to Aurora's Key Community Response Team and the Business Advisory Board. There are vendors that have already put in temporary use permits. AFR will inspect the safety of the tents and ensure that the product they sell is permissible in the city.

CM Zvonek: Thanks for the presentation. I just have one quick question for you, and it's, you talked about the three different criteria that's used to determine whether or not you go forward with the full-fledged ban. How often do you measure those criteria and how quickly can it go from good to "uh-oh"?

S. Wright: Yes. Good question. We measure every week, every Friday.

CM Zvonek: Okay.

S. Wright: Part of that measurement is a projection for the next week as the best guess. I would say, specifically to that question, it's probably about a month is how we see it evolve where you can kind of see it trending towards a possible change. Wasn't it maybe a few weeks ago we had that odd snowstorm after Mother's Day? That really impacted it. When something like that happens, that can change everything. But I can tell you, for whatever it's worth, that these same metrics are looking stable for the next three weeks, and even if we continue on this hot kind of weather we've had.

CM Zvonek: Okay. Thank you for the presentation.

Outcome:

Information Only.

Follow-up Action:

None.

**4.c Acoustic Gunshot Detection System**

Captain Chad Cerinich presented this item. Shot Spotter is an acoustic technology that detects, locates, and alerts police of gunfire incidents in real-time. Data is delivered directly to dispatch centers and can be pushed to patrol cars and officers' smartphones. The average return time is less than 60 seconds from the actual gun discharge until the alert including the precise location of the event is received. 15 to 20 wireless sensors per square mile are placed on existing infrastructure and capture loud and impulsive sounds that may be gunfire. Data is digitally filtered and then sent to a review center which will be reviewed by human acoustic experts. They check the soundwave pattern to determine if it is consistent with an impulsive gunshot event and match its consistency. If it is verified as a gunshot, it will be sent directly to the Dispatch Center. If not, then it will not be reported. For an alert to be sent to a review center, three separate sensors must be triggered by the sound and triangulate its location. Each sensor covers a 25-meter radius and provides a recording of the event one second prior and one second after. Studies were done by Edgeworth Analytics and found that it was 97.82 accurate in detecting gunfire events. 2.18% of the time, it missed an event or produced a false report. False readings occur only 0.36% of the time. It also passed the review of the Policing Project of the NYU Law School, Oakland Privacy Advisory Committee, and the San Francisco Privacy Advisory Board and Surveillance Board. There is no ability for the system to listen to or live stream audio from the sensor. If it misses an incident, the police may contact the company to listen to the recording and request a review by employees. There is a 30-hour period that allows data to be reviewed before being deleted from the system. The company requires police to provide evidence that a shooting occurred before the information is released. This technology is used by Denver Police Department since 2015. From 2018 to 2021, Shot Spotter reported 11,234 gunshots in Denver with 85% having no correlating 911 call. Urban Institute study found that Denver PD arrived on the scene 66% faster to Shot Spotter alerts vs. via 911 since the location is immediately pinpointed. They renewed their contract for \$4.7 million with 14 square miles of coverage until 2026. In Aurora, the number of reported gunfire incidents is increasing nearly double compared to 2019 through 2020 numbers. Looking at a three-year period, there are three to four areas where efforts could be focused by installing Shot Spotter. These areas have higher reported shooting incidents.

CM Zvonek: Thanks for that presentation. Council Member Sundberg wasn't able to join today. This is a topic that he's brought up. Just given the growth that you show there and the number of shootings throughout our city, this is a concern. I have a couple of questions. One, and maybe this is for you or Jason or whoever, on the cost, I looked at the Denver, the amount that they're spending in a fairly small geographic area, Aurora is big, and, unfortunately, while the three-year averages and even those dots kind of show you where they have been, the fact of the matter is, we're starting to hear about shootings all over the city. We're a much

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bigger city geographically. So just from a cost perspective, have we dug into this yet?

J. Batchelor: Yes. We've gotten quotes in the past, I think since it is a geographic area, but I think typically what we've seen is there's about \$1,000,000 for three square miles of coverage, which is sort of consistent with the Denver numbers. Since they've expanded, I think they've picked up a little bit of efficiencies against that. But if I remember the numbers correctly, I think typically we see about \$1,000,000 for a three-square-mile area. The other one I'll do is I'll ask Chief Oates, as Captain Cerinich noted, Chief Oates does have some experience with this and so I'll let him kind of talk a little bit about his experience and thoughts.

D. Oates: And, Jason, my understanding is they now sell it as a subscription, right? So, it's a certain cost per year. The bottom line, Council Member, is Shot Spotter is very expensive. Properly used, it's very effective. Now, in my consulting work in the last three years, I was immersed in both Saint Louis City and Baltimore. Baltimore uses it very effectively. They've spent a fortune on it, and they get to scenes of shootings, of which they have a lot in Baltimore, very, very quickly. So, it's a tremendous aid to Baltimore P.D. Saint Louis, by contrast, uses it very poorly, and it's basically ineffective. So, it's really got to be integrated with police operations in a smart way, and there has to be the capacity for a quick response. The challenge for Shot Spotter is it's extremely expensive. There's a lot of value in spending that money as an alternative on cameras and license plate readers. And in a city like ours, I would think that before we took the plunge with Shot Spotter, we would want to look at areas of the city and make a determination as to whether or not we'd rather have more cameras and license plate readers vs. Shot Spotter. We would have to do some sort of analysis. I've seen it work really well, but it's really expensive.

CM Zvonek: Yes. Thanks for that, Chief Oates. That's kind of the research I had done was, it was exactly that, it's an expensive tool. And I think that it would be beneficial for this Committee, before we move anything forward, to do that analysis of the camera license readers, I think that the goal should be, what does effective look like? Are we saving lives or are we preventing more crime from happening, or able to respond quicker, all of the things that we want to be able to do? And then what's the most cost-effective tool to do that? And so, I think that having some sort of a presentation and a deep dive into an alternative option would be worthwhile.

CM Jurinsky: How would like gunshots from controlled environments affect this data? We have Buckley Space Force Base, we have multiple outdoor gun ranges, and indoor gun ranges. Shot Spotter may even pick that up. Can it be explained to me how that could possibly affect our data with Shot Spotter?

C. Cerinich: So, typically, it's not going to pick up interior gunshot. The sensor would have to be very close to the location where that's occurring. We typically wouldn't probably locate it, like for instance, near our police range, for that very reason. But that's why we would use the data on where we are at, getting the actual criminal gunshots and place them there. When you look at the map for the whole city regarding where the gunshots are occurring, the Shot Spotter wouldn't detect that. So as mentioned previously, it has to be focused in a rather small area



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of several square miles, and we would have to determine whether or not there was anything that would interfere with that or cause any false readings and most likely wouldn't locate§ it there.

CM Jurinsky: Okay. Thank you.

CM Zvonek: Okay. I'll just make one last comment before we move on. And that's really for you, Chief Oates, and your team, is that whatever technology is needed to help the department be more effective and efficient in helping to prevent crime in our city. Those are the types of things we want to learn about in this Committee so we can bring them forward. And if you think there's other options out there that are more cost-effective and can be as efficient and effective as Shot Spotter, we'd love to hear about them.

D. Oates: Okay. I guess what we could do is we could look at the most concentrated areas of gunfire recently and evaluate whether or not some quadrant would be suitable for Shot Spotter vs. more of layering of cameras and license plate readers and get back to you. So, we'll have to do some sort of evaluation for you. If we were to go down this route with Shot Spotter, probably the smart way to do it would be to start small and tight. I don't know if that's economically viable for Shot Spotter to only do a limited area of a city. So that's something we would have to discuss with them as well, but we can do some analysis for you and get back on this topic.

CM Zvonek: Great. Thank you.

M. Hildebrand: And Chief, this is Mark Hildebrand, one of the good things about building out a camera system, especially a mesh camera system is that Shot Spotter does have the ability to tie into those cameras and that increases the effectiveness of Shot Spotter. So, I think that's why building out a camera system may be an initial step to make Shot Spotter more effective, because when those shots go off, if you have increased coverage with those cameras, those cameras will actually turn and fixate where those shots came from and have the potential of picking up a vehicle, leaving that area or something along those lines. So Shot Spotter relies on a lot of other things in order to increase its effectiveness.

CM Zvonek: Great. Thanks for that.

### Outcome:

Information Only.

### Follow-up Action:

None.

#### **4.d PediDOSE - Nationwide Pediatric Seizure Study with Children's Hospital and Aurora Fire Rescue**

Item was not discussed due to scheduling issues with the presenter.

#### **4.e Motor Vehicle Theft Ordinance**

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CM Zvonek and Pete Schulte discussed the Motor Vehicle Theft Ordinance in response to residents' growing concerns with motor vehicle theft throughout the city. From 2019 to 2021, there is an 86% increase in motor vehicle theft in Colorado and a 236% increase in Aurora. There has been a systematic effort from state lawmakers to lower penalties for motor vehicle theft resulting in an increase across the state. Through this ordinance, Sections 1 to 13 of the City Code under General Penalty will be amended. Under Subsection J-1 Section 94-75, a mandatory minimum jail sentence of 60 will be imposed with the first three days served at the Aurora Detention Facility and the remaining days at the county jail in the county where the offense occurred. Aurora Detention Facility is currently still only a holding facility and not a jail. When Aurora's judges sentence individuals to jail, they serve their sentence at the county jail. For a repeat offender of other related motor vehicle theft in Colorado or another state, a 120-day minimum jail sentence will be given and may not be set aside or suspended. Without this ordinance, the court may suspend a jail sentence and put the person under probation. Once this probation is completed, they would not have to serve the jail sentence. Under Subsection J-2 Section 50-33, a minimum jail sentence of 10 days will be given to a defendant who failed to appear. Section 2 indicates the general penalties unless otherwise provided in an ordinance or in Subsection J. Section 3 amends Section 94-97, the value was changed to \$1,000 from \$2,000 to conform to the state statute. State Code limited the jurisdiction to less than \$1,000. Language also included stealing major components of a motor vehicle as a petty offense. This includes catalytic converters. The City Code subjects offenders to up to one year in jail and up to a \$2,650 fine. According to Section 4, if the ordinance is determined to be unenforceable, it can then be severed. Section 5 discusses the sunset provision that will constitute a two-year process to review whether the ordinance will be extended or be let to expire.

CM Marcano: I have a question for the Public Defender's Office and also the Presiding Judge, if they're on the call. What do you expect the impact of this ordinance, should it pass, would be on your office?

D. Wilson: This is Doug Wilson. Thank you, Mr. Marcano. Thank you, Mr. Chair, and other members of the Committee. There is going to be an impact on the Public Defender's Office, and I don't want to speak for the City Attorney's Office and Judge Day, but there's going to be an impact on them as well. I'm pretty sure. And let me talk to you a little bit about that fiscal impact that I think is going to occur. First, right now, the City Attorney's Office has the ability to waive jail time. And if they waive jail time, an indigent person doesn't get counsel. So, this will obviously eliminate the ability of the City Attorney to waive that jail time. Second, I think the Aurora Police Department are going to file more charges, obviously, in municipal court and the state court because I was actually at a conference earlier this week from P.D.s across the country, and it looks like we may be the first minimum mandatory municipal ordinance in the country. There are some that have minimum mandatories for repeat offenders. Like Mr. Schulte talked about, you have 120 days, but what's going to happen is because there are no minimum mandatories in county court and there's concurrent jurisdiction, I think that we're going to see more motor vehicle theft. So that's going to increase our workload. I assume the City Attorney's and the courts and

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courts administration as well. And we are certainly going to have more jury trials. But this puts us in a position of not being able to negotiate a plea that would involve a minimum mandatory. Rare exceptions. But most of the time, those cases are going to have to be tried because of the -- it's kind of an ethical issue for us to plead somebody out to a sentence that we know is going to be imposed. Again, there are other extenuating circumstances. Somebody has like five motor vehicle theft cases and the disposition is plead to one and get 60. That's probably going to happen. But first time offenders or other folks, I just think you're going to drive up the number of jury trials that occur over here. And then last, just a quick, two quick things. One, Pete, I think you talked about 365 or a year. The state statute limits the municipal court time to 364, not a year. I know what the ordinance says, and that probably needs to be tweaked because it talks both in the ordinance and the resolution about up to a year or 365. But that can't be imposed and it's only important, I think it's important to have the number accurate in your ordinance because of the immigration consequences. And that's the reason I believe it was changed from a year to 364 by the state. And then the only other thing I would point out, which is not part of your question, Council Member Marcano, but I'm concerned about the FTA and the mandatory time because there's no mens rea attached, and the way it's written right now, it's going to apply to police officers, it's going to apply to victims, it's going to apply to witnesses and defendants. And there may be a reason that somebody didn't get to court, everything from in-custody to in-hospital. So, without any kind of mens rea attached, [inaudible 1:04:38] state and just an automatic 10 days, that's going to drive a workload increase for us because we're obviously going to be representing that person because now it's an automatic jailable offense. So, we're going to see an increase in FTAs. I'm not sure it's constitutional without a mens rea attached and we're going to see an increase as a result of, I think, more filings. So that's my opinion, and as I said, I'm not speaking for anyone else, but I can't imagine this isn't going to impact everyone else over here as well.

CM Marcano: Okay. And this is for the Public Defenders, for Chief Oates, for Pete, whoever wants to try to answer this. Every single thing that I have read about mandatory minimums shows that they do not work. They end up spending a tremendous amount of public resources to incarcerate and prosecute these folks, and you still have crime. And when these folks get out, a lot of them recidivate. Even though they face another mandatory minimum or an even steeper sentence after the fact. So, is there something we're missing here?

D. Wilson: Well, I'm always willing to jump into the pool, so.

CM Marcano: Go for it.

D. Wilson: No, I don't think there's anything you're missing. Having come from the state and I know Council Member Zvonek's not happy with the state and I'm not happy with the state right now either, now that I'm in the city. So now I'm on a different team. Going all the way back to when minimum mandatory started, what we actually saw was a significant increase in people losing their right to trial, which is kind of a fundamental criminal justice system or issue going back to the start of the US Constitution. And it did not deter. I know that in the fourth whereas where we're talking about deterrence, having fought the death penalty for

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a long, long time, and that argument was made up that the ultimate type of offense that it would deter. In fact, the evidence did not support general deterrence. There are two types of deterrence. You have specific deterrence. Yes, the guy's locked up. He's not going to steal another car. And then there's general deterrence that if you lock someone up, the next guy is not going to steal a car, and that's the theory behind minimum mandatories or part of the theory. And there really isn't any data to support the general deterrence theory as it relates to minimum mandatories, from what I've read.

P. Schulte: Council Member Marcano, I'll jump in too. I do know, before my time, we did have sentences that the court would impose on motor vehicle thefts that included jail time. And my understanding was it was effective when jail time was part of the sentence to drive down motor vehicle theft inside the city of Aurora. I won't speak for Chair Zvonek, but I do know that that is part of the goal of this, and I don't disagree with what a lot of Doug just said, but something's got to give, whether it's with the judges, whether it's with the jails, whatever it is. I think that the purpose of the legislation is to make it known, don't be stealing cars in the city of Aurora and whatever we can do to do that. And, again, that was one of the things that we did talk about with Chair Zvonek and that was one of the reasons why we did put the sunset provision in it, is to evaluate how is it working and whether that could be a year or two years, and we had we had talked about two years to really find the impact. But I agree that the data would be helpful if it's dropping the amount of theft of cars in the city of Aurora, but that's kind of the idea we've got to try something. That's the gist of it, if that's correct, Chair Zvonek.

CM Zvonek: Yes, that's right. The other thing is that what we've seen, very clearly, is that the state legislature has made so many more permissible laws around all sorts of criminal offences. And in every instance, we've seen more crime. Colorado is now leading the nation in motor vehicle theft. We're leading the nation in robbery. We're number two in fentanyl deaths. Our legislature has continually decriminalized everything to the point to where they're decriminalizing crime and we've seen more crime. And the result of this is it's just not statistics. These are our residents who are becoming victims. And so, we owe it as a local elected leaders, we should do everything in our power to keep our residents safe. And I believe that having the toughest laws on motor vehicle theft will be a deterrence. Now, if the data doesn't bear that out, that's why exactly, to Pete's point, we're going to have the sunset date in there, but we'll be able to see, time will tell if us, being the first, I don't mind leading the pack when it comes to keeping our community safe, I'm happy to know that we're the first because we'll become a model. Because I guarantee you that when people stop stealing cars in Aurora, they're going to go elsewhere and other cities are going to follow suit.

D. Oates: Mr. Chair, to the extent it's helpful, my recollection is that when I arrived here in late '05, beginning in '06, we had an understanding with the judges in the court, not mandatory sentences, but we had an understanding that there would be sentences of jail time for first, second and third, progressively more serious sentences for first, second and third offenses. So, this, in fact, was something that we did in my earlier tenure here and it was effective. We had a very significant reduction in auto theft between '06, and when I left in '14. I think

## DRAFT – SUBJECT TO APPROVAL

the issue of the impact on the courts of mandatory sentences is a real one. And I think Mr. Wilson and Ms. Heckman and the Judge are much better capable of explaining that to you and your policy decision you have to make. But in fact, there was a period in time when we were sentencing folks progressively to more serious sentences. I can't recall, maybe Julie can, I seem to recall it was something like 30 days for the first offense and 90 days for the second, and it had an impact when I was here, that my earlier stint from '06 to '14.

CM Marcano: I guess this is probably more for Doug and Pete. How does this impact minors? Because I know that a lot of, if not most, of the MVTs involve minors. So how would that impact them?

P. Schulte: I mean, I'll jump into that. It won't be handled. It won't be dealing with minors. We don't have a juvenile court. Everything goes to the county on those. And they will not be subject to minimum mandatory sentences. So, it will not be affected.

CM Marcano: Okay. I guess the last one is really more of a comment in response to what Council Member Zvonek said. Motor vehicle thefts and catalytic converter thefts are national problems. And, yes, we are leading the pack, if not just up at the top of the pack, unfortunately, in Colorado, and I believe New Mexico. But I just caution making broad generalizations, because we don't control national legislation, and this is happening in other states that have, may or may not have done things like we've done in Colorado. But what I can tell you is that we're one of the more expensive states in the nation to live in anymore. The Denver metro, I think, led the nation in gentrification and in cost of living increases for the last couple of years, or at least was in the top of the pack there. So, I understand some folks' reaction is just to like to look more into the punitive sense and react harder than actually being proactive. I still maintain that I think we might be better suited trying to address some of the root causes of this antisocial behavior in our community while also holding folks accountable. I'm not against doing that either. But my concern is that we're going to be burning a lot of public resources with this ordinance as it stands, with mandatory minimums, with increased trials, etc., where we could actually just be spending those limited resources that we have and investing in our community in proactive ways to make this kind of behavior unnecessary to begin with, again, while also holding folks accountable who continue to violate. So just some food for thought there.

CM Zvonek: I appreciate your comments, Council Member Marcano. And the difference, I think, with motor vehicle theft is that I do believe some people are stealing them out of necessity. But what I've heard consistently from law enforcement, including the two sheriffs, is that motor vehicle theft is often being done and it's leading to additional crimes. We are allowing additional crimes, whether it's shootings, burglary, or robbery, to happen in our community. And I understand that the long term needs to address some of the root causes that are increasing crime, but some of those young people who are not stealing cars and that we need to help so that they don't steal cars in the future, are still not the ones who are victimizing our community. We've heard from Chief Oates that in the past, they might not have called them minimum mandatory, but there were

## DRAFT – SUBJECT TO APPROVAL

essentially minimum mandatories into what was being sentenced based on first, second, and third offenses, and we saw a decrease. And the focus of both this ordinance and the resolution is to address the motor vehicle theft that's exploding in Aurora now. I understand that crime is up everywhere across the country, but Colorado has gone from the bottom end to the very first, and Aurora's number one among number one. That is not a place we want to be. And so, look, my hope is that I believe this initially there will be an increased cost, there will be an increased workload. But as APD continues to make this a focus, as the word gets out that we are going to be tougher than any other city in the state of Colorado on car theft, we're not going to be dealing with as much car theft in the city of Aurora as a result of it. Now, if I'm wrong, we're going to continue to monitor this, and I'm happy to make this a part of the monthly updates in our Aurora action plan because I believe in being data-driven. I want to see and I'm happy that Chief Oates brought up that point of looking at those four-week trends, because we'll be able to monitor it along the way. And if along the way, we're finding that we're spending a lot of resources and not seeing a difference, I would be the first to say, "Let's do something different." But I think as of right now, what we owe to our residents is to do something to lower motor vehicle theft in our city, because it's not just that their cars are being stolen, it's additional crimes being committed, and I think that we can have a big impact on the safety of our community by passing both this ordinance and resolution.

CM Marcano: I appreciate the explanation of your thoughts behind this effort. I guess the disagreement that I have is that I feel like we already have data points on the efficacy or rather lack thereof of mandatory minimums. But I do appreciate the sunset clause and that you'd be willing to rescind this if it doesn't have any effect. I do appreciate that. I completely agree that we need to actually elevate the voices of folks who are victims of motor vehicle theft. And I do like the resolution part of it, including a fund, basically, to help folks recover from being victimized. I think that that might actually be a really, really good way to, frankly, just make the primary focus of a lot of this, while, again, holding folks accountable under existing law. Sorry, that was actually another question I wanted to ask. What on earth is keeping us from charging people under existing law? It's a crime already to steal a vehicle. It's a crime already to steal a catalytic converter. And what I'm hearing is that people are being basically bonded out immediately and stuff like that, repeat offenders even, which seems completely preposterous to me. Why is that happening?

CM Zvonek: That's for an attorney.

CM Marcano: Yes. That's for an attorney to answer.

P. Schulte: What I will say is that is a topic of a broader discussion about bonding. I think that was an overflow from what was going on with COVID. We couldn't keep people in jail. I will never try to attempt to speak for Judge Day and the Judges, but I think now that the jails and the detention facilities are open fully now, that I think that will change where they start setting the bonds. But a lot of that is being driven, again, as Council Member Zvonek stated, by state statute on bond reform. Right? Why are we keeping people in jail? It's a monetary issue. They can't bond out. The poor people stay in jail where all of the people that have

## DRAFT – SUBJECT TO APPROVAL

the assets can get out. So that's the balance. And I don't think we're going to solve that. I don't think we can solve it as much at the city level.

D. Oates: Council Member Marcano, if it helps, when we did this the last time, it was because we weren't getting satisfaction at state court. We had repeat offenders and repeat offenders and repeat offenders. And I think the parallel to today is there.

CM Zvonek: And I'll say this to you, Council Member Marcano, we don't have a Study Session until the middle of July, so I plan to bring this directly to Council on the 27th, where I would be open to discussion on this. I do believe we have to have a minimum mandatory for those repeat offenders. What I've heard today is on that first offense, the 60 days, I would be open to having a maybe a sooner sunset date or just happy to have some conversations about things that we can change. I don't think we're ever going to agree 100% on this. But I'm willing to work in good faith on something that we maybe get you a little bit closer and satisfied. My desire with this is to really just demonstrate to our residents that we are taking the safety of our city very seriously, recognizing that there's only so much we can do given our limitation as a municipal government. Even though we're a home-rule city, we still have limitations with state laws that, in my view, have become overly permissive to the point where we're having more victims in all sorts of different crimes, including motor vehicle theft.

CM Marcano: I appreciate that. I'm really concerned specifically about the first-time offenders having a mandatory minimum. I think that might be an area where we could maybe come to some kind of compromise. This is more of a general comment, but I do think that we can actually impact this at the local level, is that part of the issue that we're facing is while our laws may be becoming more permissive, as you put it, we're not addressing any of the root causes at the state level and certainly not at the local level. We can't even raise the minimum wage here, even though people ran on that and then subsequently did not do that. We need to address these underlying economic factors. That's what I mean by proactive economic investment in our local community, help people actually thrive in our city, let alone be able to afford it anymore. And I think that's part of the reason why Colorado continues to lead the pack and why we're seeing this as a nationwide trend, because the cost of living everywhere, specifically housing, is completely out of control. And when you have people getting desperate, they do desperate things. But in terms of this ordinance specifically, I do wish we had a Study Session because I'd like to have a longer discussion on it, but just for what it's worth, the first-time offenders having a mandatory minimum really doesn't sit well with me. So, thank you.

CM Zvonek: Yes. Thank you. Any objection to moving it forward? Seeing none, so this will go to the June 27th Council meeting.

### Outcome:

The Committee moved this item forward.

### Follow-up Action:

This item will move forward to the June 27<sup>th</sup> Council Meeting.

**4.f Motor Vehicle Theft Resolution**

CM Zvonek and Pete Schulte presented the Motor Vehicle Theft Resolution. Through this resolution, there will be enhanced prosecution and sentencing for repeat offenders and those that fail to appear in court. This resolution directs the reduction of victim and witness attendance during the trial. One can only be charged with failure to appear (FTA) if issued with a summons to court under the ordinance. The resolution will also provide more resources and flexibility to APD to apprehend those committing crimes. Motor vehicle theft causes an enormous cost to victims. Stolen cars are taken to impound lots in which the owners must pay a fee to get them out. Theft of major parts of the vehicle results in total loss. Due to this, research must be done to develop a plan for the implementation of a city Crime Victim Fund to offset costs and expenses for victims of property crimes. Section 2 discusses reviewing and amending the current Aurora Municipal Code according to the proposed Motor Vehicle Theft Ordinance. Once Aurora is successful in its crackdown on mobile vehicle theft, there will be a need for a statewide solution. The city manager is to coordinate with city staff and create a proactive strategy for the 2023 legislative session. This will put forward options to strengthen penalties at the state level. The primary focus of the resolution is to improve community safety and lower motor vehicle theft. Once it moves forward, data will be tracked to identify trends and the additional costs for the courts and the city.

CM Marcano: So, there is a team that you're going to basically form as part of this, right, to have staff formulate the Victims Fund, is that correct?

CM Zvonek: Yes. It directs the city manager and the requisite city staff, our appointees, whom we can, to do this. We'll really take their lead and ask them to come forward to the Public Safety Committee and make recommendations.

CM Marcano: Yes. All right. Is that going to include the Public Defender's Office then?

CM Zvonek: Certainly could.

CM Marcano: Okay. I would prefer that we include them, so we have the full continuum about the prosecution and the defense involved in that, I think we'll probably get better results that way.

CM Zvonek: Yes. That would be fine. As long as Doug's up to it. Added work to him.

CM Marcano: Yes. We're doing a lot of work these days. Do we have evidence? Because the only thing that really concerns me here is the mandatory 10 for failure to appear. I understand that it's extremely aggravating having to reset trial dates, to everybody's point, I think this impacts people economically, emotionally, etc., having to do that. But is that mandatory 10 really the best way to ensure compliance? Is there evidence that that actually works?

CM Zvonek: This goes back to stricter penalties. I mean, somebody compared this to speeding, and so they don't know what the speeding ticket is. I said, "I guarantee if you made speeding a \$10,000 ticket, you'll probably see less



## DRAFT – SUBJECT TO APPROVAL

speeding.” Eventually, people, they take note of stiffer penalties. And that's my hope. In this case, it can be the victims, but it can also be the witnesses who are involved, who show up and are taking time away from work, their family, their lives, in order to do this, and so we'll track it. We'll find it. We have the data that shows what the current number of people where the failure to appear is currently, and we'll be able to watch that, just as any other crime trend that we evaluate going forward. Is it working or not?

CM Marcano: Yes. I would just suggest if we're going to have any kind of penalty for failure to appear, that it'd be financial rather than involve jail, just because of the inherent cost of that. I mean, I completely agree and empathize with folks who take time off of work, have to get childcare, etc., to appear, and it's exceptionally frustrating when people don't appear, but my concern is that we're just going to make this overall situation worse by including a mandatory 10 days. And I also want to, I think, bring something back up to the Public Defender mentioned earlier with, as written, would this actually apply to officers and city staff as well?

CM Zvonek: Pete?

P. Schulte: No. The way the ordinance is written is that it's people who are out on bond. Right?

CM Marcano: Right.

P. Schulte: People that they made a promise to appear, they're out on bond, they don't show up, that meets the statute for the failure to appear.

CM Marcano: Okay.

P. Schulte: So, police officers and witnesses are not on bond.

CM Marcano: Okay. I thought that's what I had heard earlier. So, I apologize. Doug, did I misinterpret what you said?

D. Wilson: No, you didn't misinterpret it. And while I appreciate what Pete's saying, my concern is the way it's written right now. If you look at Subsection B at 50-33, there is an FTA on a subpoena. And I think it's at a minimum, pretty confusing, Pete, as to whether or not that's going to apply to the subpoenas of witnesses, victims, police officers. I mean, we have a significant number of cases dismissed on the day of trial because people aren't showing up. Our clients are showing up, but the witnesses aren't showing up. I'm not criticizing Julie, it's just they don't come, they don't obey the subpoena, and there's not much ramification.

P. Schulte: Do you want us to start charging victims of witnesses, so your cases don't get dismissed against your clients?

D. Wilson: No, I'm just saying that the way I'm reading this is this is a separate charge, right?

P. Schulte: It could. Yes.

D. Wilson: Yes.

P. Schulte: Yes.

## DRAFT – SUBJECT TO APPROVAL

D. Wilson: Because it says, “Regardless of the outcome,” in 50-33, it says, “Regardless of the outcome of the underlying case.” So, I assume it's a separate case. So that means they're going to have the right to counsel. And I would just point out, and Council Member Zvonek, this isn't a sentence because I'm being convicted, unless we're going to have a trial on the FTA. That's my concern. It's basically a no bond hold on somebody on a case that hasn't been resolved unless you're charging it as a separate offense. That no bond hold isn't going to be constitutional under the Colorado or the Supreme Court. And that's why I think it's a tad bit confusing about who it applies to and if you're giving them a jail sentence, they're entitled to counsel, and that means they're most likely going to get a trial.

CM Zvonek: Okay.

CM Marcano: Okay. I mean, Council Member Zvonek, hearing what the Public Defender just said there, would you be open to revising some of this then?

CM Zvonek: Yes. I will talk to the City Attorney's Office about that. I made some notes on some of the points made here and we'll make any necessary changes before we put it on the floor for our initial discussion.

CM Marcano: All right. Thank you.

CM Zvonek: Yes. Anything else? Any objections to move it forward? Okay.

### Outcome:

The Committee moved this item forward.

### Follow-up Action:

This item will move forward to the June 27<sup>th</sup> Council Meeting.

## **5. Miscellaneous Matters for Consideration**

The Public Safety Committee and CM Jurinsky organized a First Responders Celebration. It will be held on July 16<sup>th</sup> from 12:00 noon to 4:00 PM at the Aurora Municipal Center.

## **6. Confirm Next Meeting**

Next meeting confirmed is July 14, 2022, 8:30 a.m. via WebEx.

## **7. Adjournment**

Meeting adjourned at 10:04 a.m.

APPROVED: \_\_\_\_\_

Dustin Zvonek, Chair



# CITY OF AURORA

## Council Agenda Commentary

<b>Item Title:</b> July 2022 Police Attrition Update
<b>Item Initiator:</b> Chris Juul, Acting Deputy Chief of Police
<b>Staff Source/Legal Source:</b> John Schneebeck, Business Services Manager / Megan Platt, Assistant City Attorney
<b>Outside Speaker:</b> N/A
<b>Council Goal:</b> 2012: 1.0--Assure a safe community for people

### COUNCIL MEETING DATES:

**Study Session:** N/A

**Regular Meeting:** N/A

### ITEM DETAILS:

- Agenda long title
- Waiver of reconsideration requested, and if so, why
- Sponsor name
- Staff source name and title / Legal source name and title
- Outside speaker name and organization
- Estimated Presentation/discussion time

Acting Deputy Chief Chris Juul / Business Services Manager John Schneebeck

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### ACTIONS(S) PROPOSED *(Check all appropriate actions)*

- |   |  |
|---|--|
| <input type="checkbox"/> Approve Item and Move Forward to Study Session   | <input type="checkbox"/> Approve Item as proposed at Study Session   |
| <input type="checkbox"/> Approve Item and Move Forward to Regular Meeting   | <input type="checkbox"/> Approve Item as proposed at Regular Meeting |
| <input checked="" type="checkbox"/> Information Only  |  |
| <input type="checkbox"/> Approve Item with Waiver of Reconsideration<br>Reason for waiver is described in the Item Details field. |  |

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### PREVIOUS ACTIONS OR REVIEWS:

**Policy Committee Name:** N/A

**Policy Committee Date:** N/A

**Action Taken/Follow-up:** *(Check all that apply)*

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Recommends Approval

Does Not Recommend Approval

Forwarded Without Recommendation

Recommendation Report Attached

Minutes Attached

Minutes Not Available

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**HISTORY** *(Dates reviewed by City council, Policy Committees, Boards and Commissions, or Staff. Summarize pertinent comments. ATTACH MINUTES OF COUNCIL MEETINGS, POLICY COMMITTEES AND BOARDS AND COMMISSIONS.)*

N/A

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**ITEM SUMMARY** *(Brief description of item, discussion, key points, recommendations, etc.)*

Monthly Update on police attrition

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**QUESTIONS FOR COUNCIL**

Information only

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**LEGAL COMMENTS**

The City Manager shall be responsible to the council for the proper administration of all affairs of the City placed in his charge and, to that end, he shall have the power and duty to make written or verbal reports to the Council concerning the affairs of the city under his supervision: City Charter §7-4(e). (Platt)

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**PUBLIC FINANCIAL IMPACT**

YES       NO

**If yes, explain:** N/A

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**PRIVATE FISCAL IMPACT**

Not Applicable       Significant       Nominal

**If Significant or Nominal, explain:** N/A



# Aurora Police Department



Mission: Partnering with our community  
to make Aurora safer every day

Vision: APD will continually evolve as an innovative agency

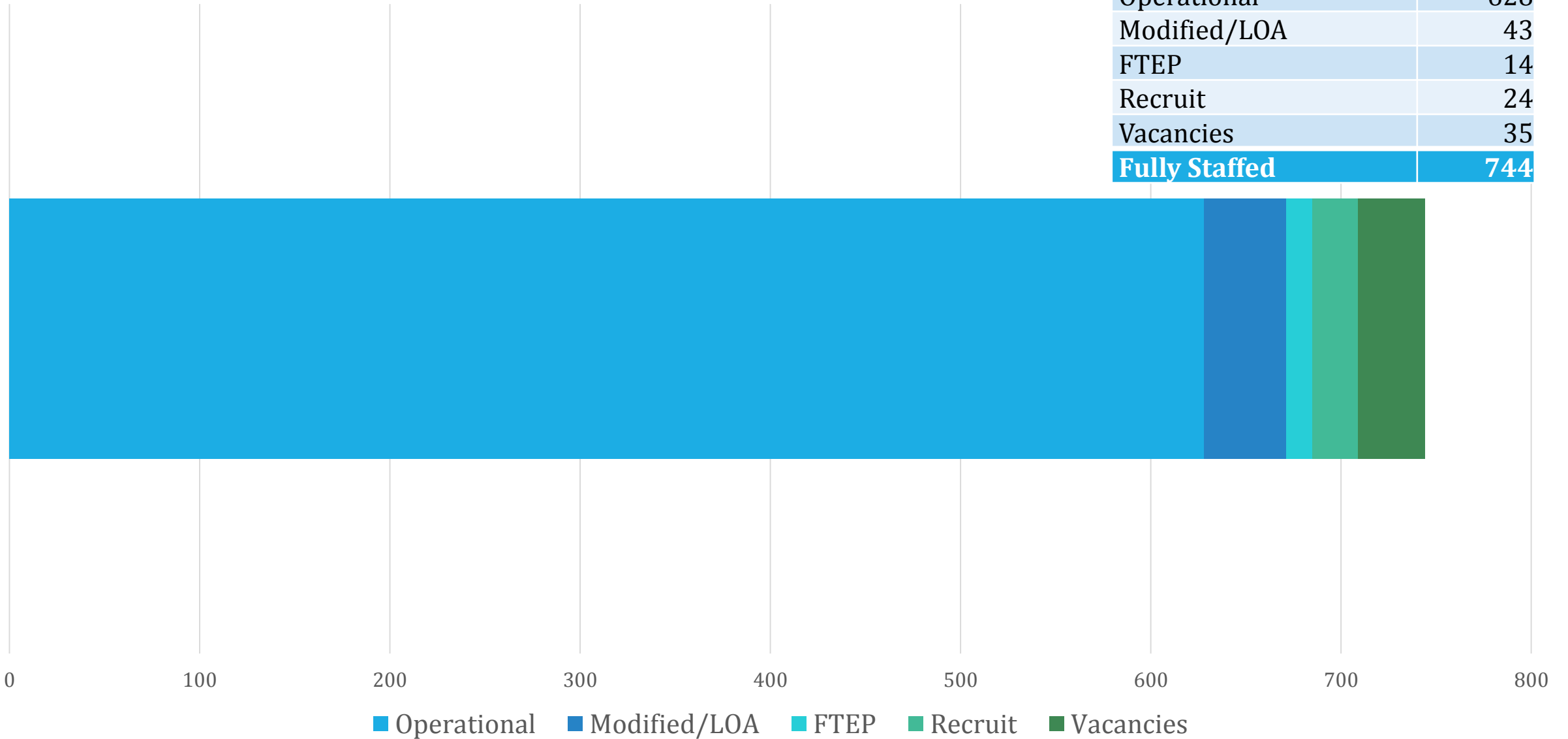
## Business Services Division

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### MONTHLY ATTRITION REVIEW

# Sworn Staffing Status

Status	Total
Operational	628
Modified/LOA	43
FTEP	14
Recruit	24
Vacancies	35
<b>Fully Staffed</b>	<b>744</b>



# 2022 Sworn Staffing

## Additions:

25 Basics (2022-1B 12, 2022-2B 6, 2022-3B 7)

2 Laterals (2022-1L 2)

8 Reinstatements

**35 Total Adds**

## Losses as of 6/30/22:

22 Resignations (14 commissioned, 6 FTEP, 2 recruits)

12 Retirements

4 Med. Retirements

2 Transfer to Career Service (2 FTEP)

2 Termination (2 commissioned)

1 Death (1 commissioned)

**43 Total Losses**

**8 Net Losses**



# APD Resource Deployment



APD has an authorized strength of 744 sworn  
Chief and Executive Staff design the placement of positions to  
achieve the Mission & Vision of the organization

**Mission: Partnering with our community  
to make Aurora safer every day**

**Vision: APD will continually evolve as an innovative  
agency**

The position placement is called 'Billet' by rank and assignment  
Continuous evaluation is done to align and adjust to changes throughout the year  
Chief may temporarily move staff to accomplish initiatives or fill vacancies as needed  
In the following slide, we have summarized the organization reflecting the distribution of Billets by  
functional categories



# June Sworn Staffing Functional Detail

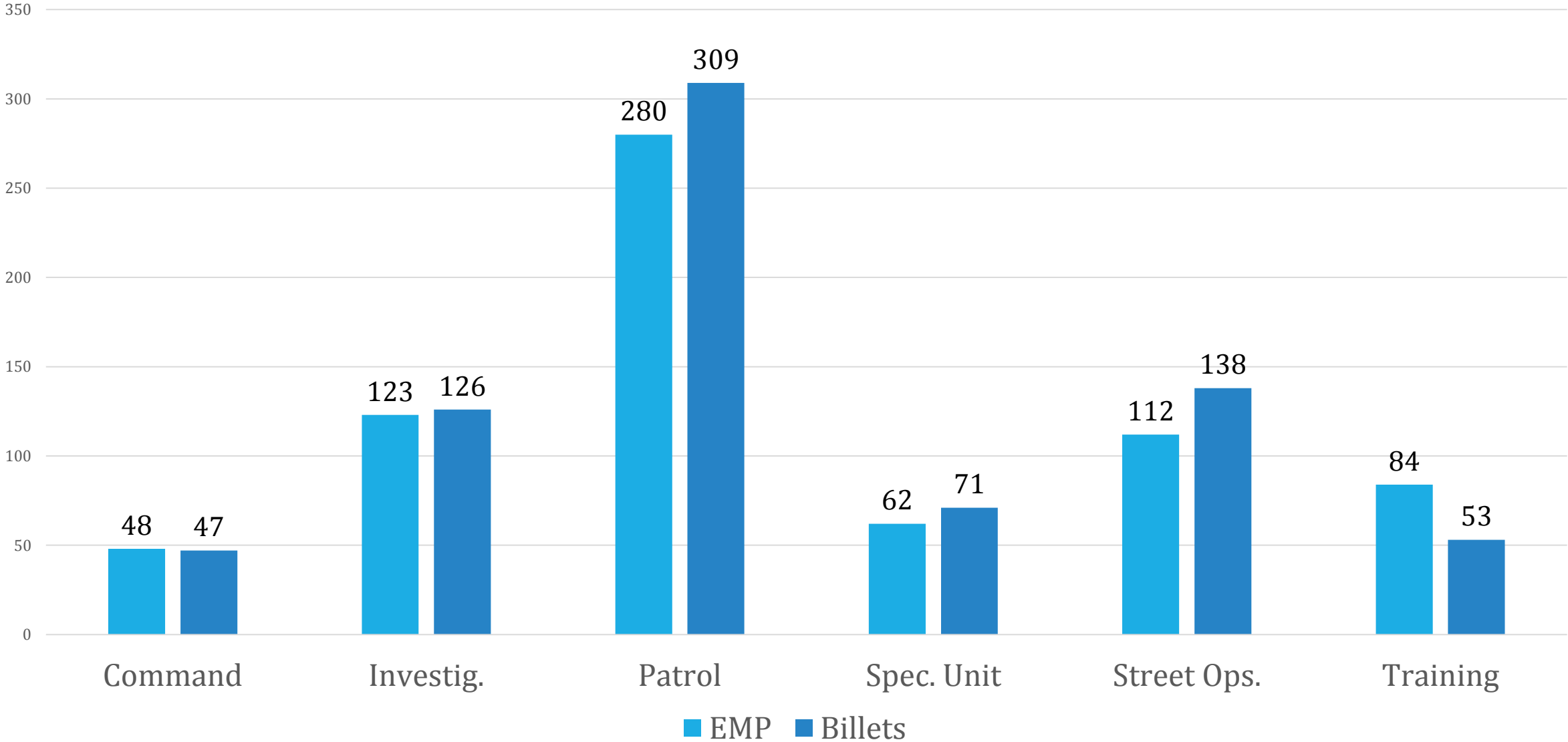
Function	EMP	Billets	Variance	Actual	Design
Command	48	47	1	7%	6%
Investigations	123	126	(3)	17%	17%
Patrol	280	309	(29)	39%	42%
Special Unit	62	71	(9)	9%	10%
Street Ops.	112	138	(26)	16%	19%
Training	84	53	31	12%	7%
<b>Grand Total</b>	<b>709</b>	<b>744</b>	<b>(35)</b>		

\*Includes Field Training Officers (FTOs) training 14 FTEP recruits

\*Includes 14 recruits in FTEP

Class	Count	FTEP Completion
2021-3B (6/21/21) FTEP	1	7/15/22
2021-4B (8/30/21) FTEP	2	7/22/22
2021-5B (10/25/21) FTEP	7	8/12/22
2022-1L (4/25/22) FTEP	2	8/5/22
2022 Reinstatements FTEP	2	2-8 weeks
2022-1B (2/28/21)	12	12/16/22
2022-2B (4/25/22)	5	2/10/23
2022-3B (6/20/22)	7	4/7/23
<b>Total</b>	<b>38</b>	

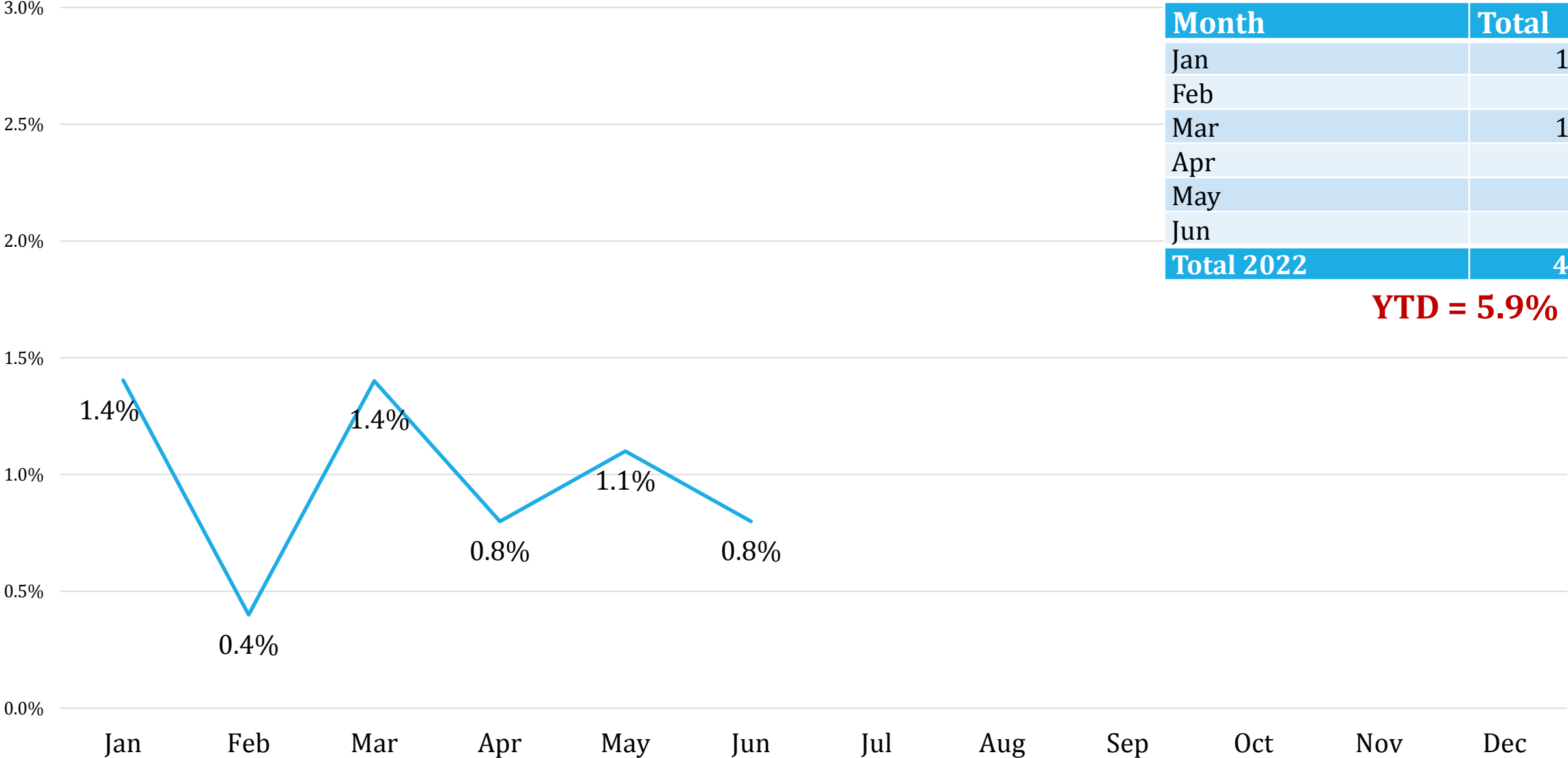
# Functional Resource Deployment



# Functional Category Breakdown

<u>Command</u>	<u>Investigations</u>	<u>Training</u>	<u>Special Unit</u>	<u>Patrol</u>	<u>Street Ops.</u>
Lieutenants and Above	District Detective Units	Academy	Employee Support	District Patrol Units	District PAR Units
	Crimes Against Children	Range	Media Relations	Field Training Officers	SROs
	Domestic Violence Unit	Recruit Classroom	Recruiting		Crisis Response Team
	Economic Crimes	Recruit FTPEP	Aurora for Youth		Gang Intervention
	Forensic Services	Military Leave	Equipment & Facilities		K9
	Intelligence	Not Available for Duty	Property & Evidence		SWAT
	Internet Crimes Against Children		Vehicle Impound		Traffic
	Gang & Robbery Invest. Team		Community Relations		
	Major Crime/Homicide		Front Desk		
	Sex Crimes		Dispatch		
	Special Victims		Electronic Support		
	Joint Terrorism TF		Internal Affairs		
	Safe Streets TF		CMATT		
			FAST		
			Narcotics		
			RAVEN		
			Backgrounds		
			Force Investigations		
			Professional Standards		
			Emergency Mgmt.		
			ATF TF		
			Front Range TF		
			Fugitive TF		

# Police Turnover Percent

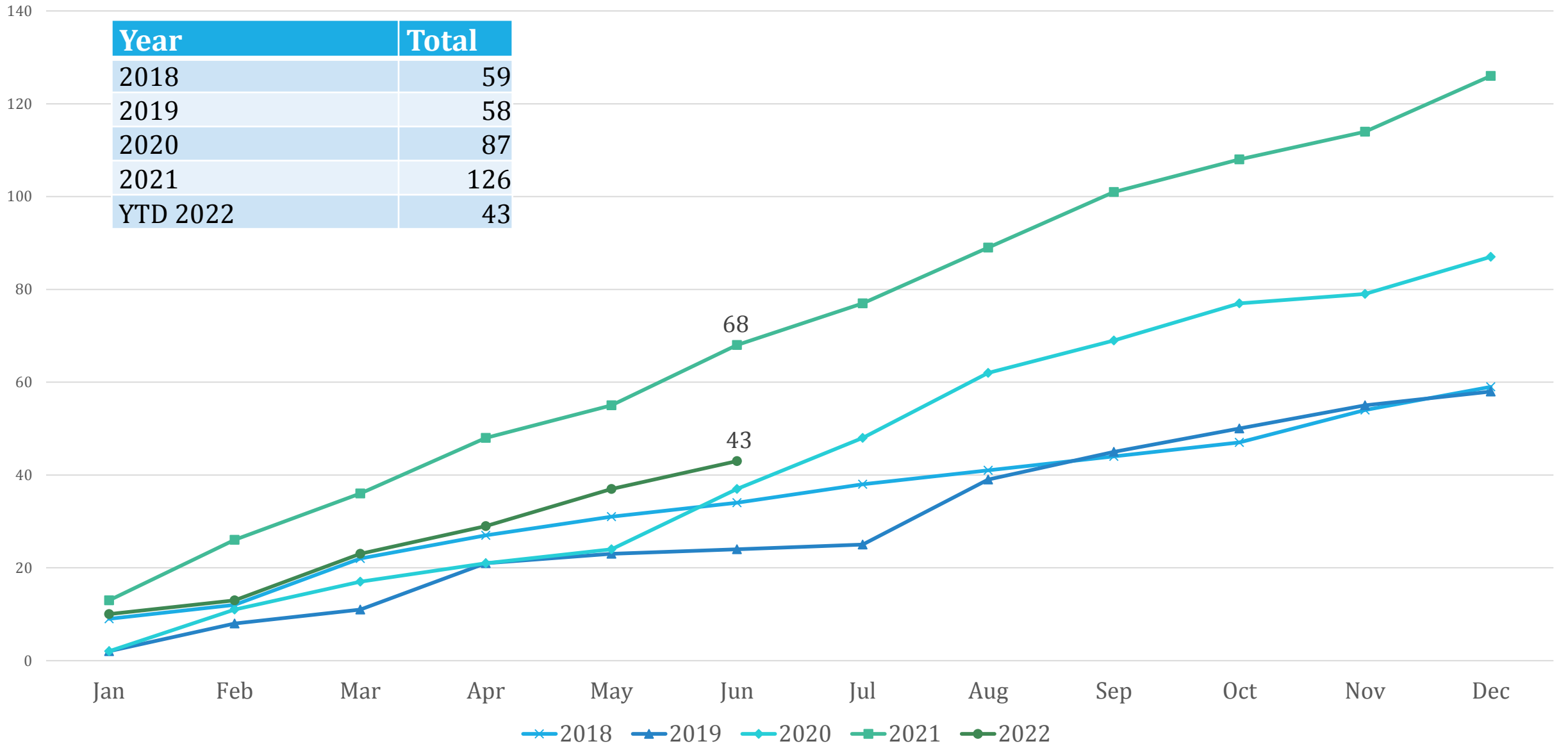


Month	Total
Jan	10
Feb	3
Mar	10
Apr	6
May	8
Jun	6
<b>Total 2022</b>	<b>43</b>

**YTD = 5.9%**

# Attrition Review

Year	Total
2018	59
2019	58
2020	87
2021	126
YTD 2022	43



# June Sworn Separations Detail

5 Resignations (3 commissioned, 2 FTEP)

1 Retirements

6 Total Losses

Category	Count
Retired	1
Another Job	2
Another LE Job	2
Moved from Area	1
<b>Total</b>	<b>6</b>

Assignment	Count
Patrol	3
CRT	1
FTEP	2
<b>Total</b>	<b>6</b>



# CITY OF AURORA

## Council Agenda Commentary

<b>Item Title:</b> Aurora Fire Rescue Attrition Data for June 2022
<b>Item Initiator:</b> Fernando Gray, Fire Chief, Aurora Fire Rescue
<b>Staff Source/Legal Source:</b> Mathew Wasserburger, Assistant Director Fire Management Services / Angela Garcia, Senior Assistant City Attorney
<b>Outside Speaker:</b> N/A
<b>Council Goal:</b> 2012: 1.0--Assure a safe community for people

### COUNCIL MEETING DATES:

**Study Session:** N/A

**Regular Meeting:** N/A

### ITEM DETAILS:

Aurora Fire Rescue Attrition Data for June 2022

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### ACTIONS(S) PROPOSED *(Check all appropriate actions)*

- Approve Item as proposed at Study Session
- Information Only
- Approve Item and Move Forward to Regular Meeting
- Approve Item as proposed at Regular Meeting
- Approve Item with Waiver of Reconsideration  
Why is a waiver needed?

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### PREVIOUS ACTIONS OR REVIEWS:

**Policy Committee Name:** N/A

**Policy Committee Date:** N/A

### Action Taken/Follow-up: *(Check all that apply)*

- Recommends Approval
- Does Not Recommend Approval
- Forwarded Without Recommendation
- Recommendation Report Attached
- Minutes Attached
- Minutes Not Available

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**HISTORY** *(Dates reviewed by City council, Policy Committees, Boards and Commissions, or Staff. Summarize pertinent comments. ATTACH MINUTES OF COUNCIL MEETINGS, POLICY COMMITTEES AND BOARDS AND COMMISSIONS.)*

N/A

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**ITEM SUMMARY** *(Brief description of item, discussion, key points, recommendations, etc.)*

Aurora Fire Rescue monthly turnover and attrition rate for sworn personnel.

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**QUESTIONS FOR COUNCIL**

N/A

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**LEGAL COMMENTS**

This item is informational only. There is no formal council action necessary. The City Manager shall be responsible to the Council for the proper administration of all affairs of the city placed in his charge and, to that end, shall have the power and duty to make written or verbal reports at any time concerning the affairs of the City. (City Charter, Art. 7-4(e)). (Garcia)

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**PUBLIC FINANCIAL IMPACT**

YES       NO

**If yes, explain:** N/A

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**PRIVATE FISCAL IMPACT**

Not Applicable       Significant       Nominal

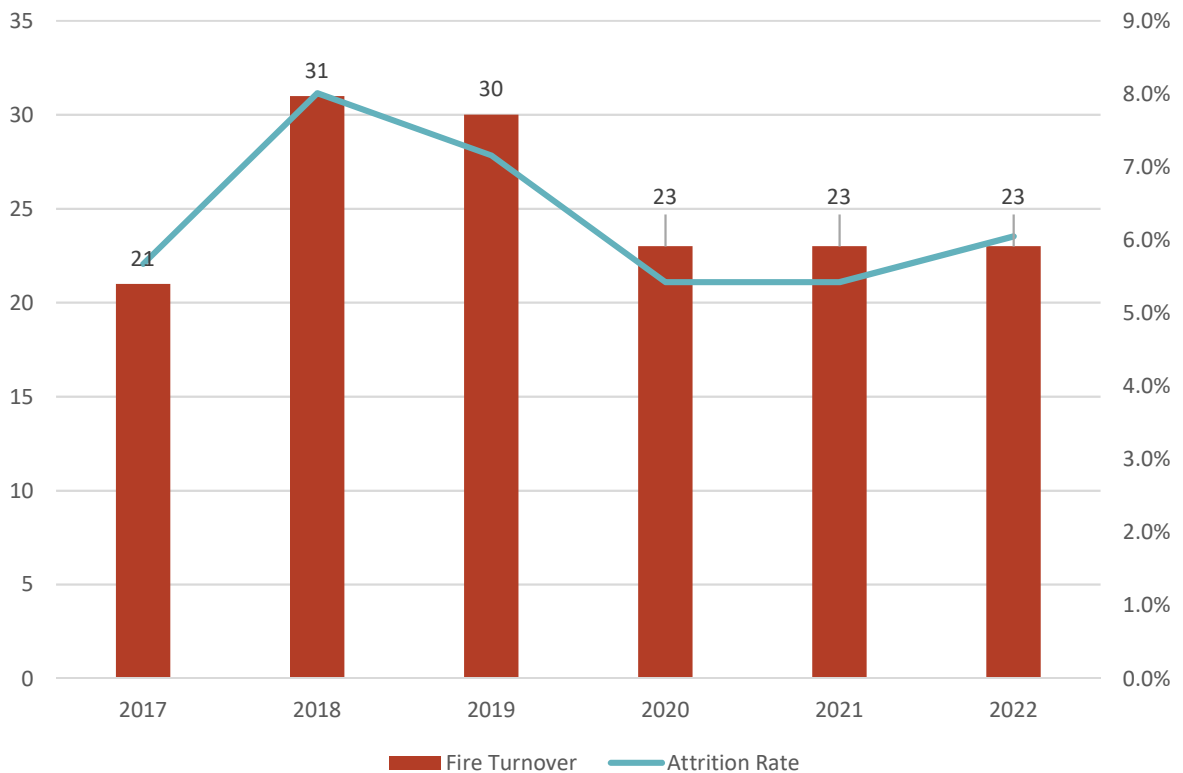
**If Significant or Nominal, explain:** N/A



# Aurora Fire Rescue Civil FTE Attrition – June 2022



Fire Civil FTE Turnover and Attrition Rates

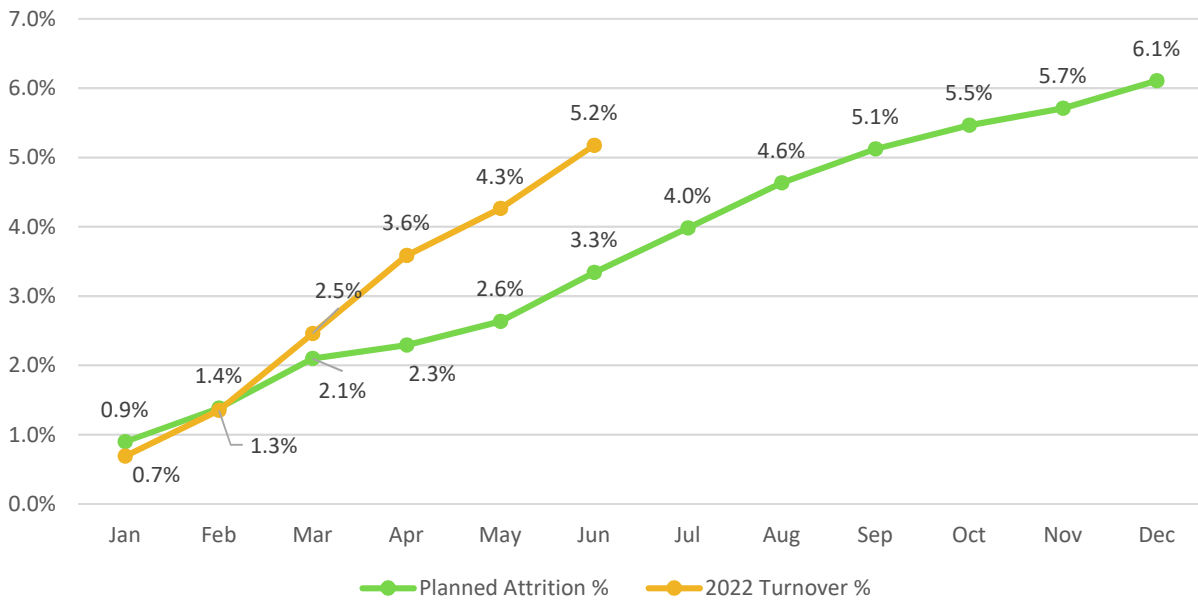


- 2022 YTD Attrition = 23 FTE
- 5-Year Average Attrition = 27 FTE

# Aurora Fire Rescue Civil FTE Attrition – June 2022



AFR Turnover % By Month



- 2022 YTD Attrition Rate = 5.2%
- 2021 Attrition Rate = 5.4%
- 5-Year Average Attrition Rate = 6.1%



# CITY OF AURORA

## Council Agenda Commentary

<b>Item Title:</b> Aurora911 Update
<b>Item Initiator:</b> Director Tina Buneta
<b>Staff Source/Legal Source:</b> Professional Development Manager Bess Joyce
<b>Outside Speaker:</b> N/A
<b>Council Goal:</b> 2012: 1.3--Provide a state-of-the-art Public Safety Comm Center and quality 911 services

### COUNCIL MEETING DATES:

**Study Session:** N/A

**Regular Meeting:** N/A

### ITEM DETAILS:

- Agenda long title
- Waiver of reconsideration requested, and if so, why
- Sponsor name
- Staff source name and title / Legal source name and title
- Outside speaker name and organization
- Estimated Presentation/discussion time

Aurora911 Staffing and Department Update

---

### ACTIONS(S) PROPOSED *(Check all appropriate actions)*

- |   |  |
|---|--|
| <input type="checkbox"/> Approve Item and Move Forward to Study Session   | <input type="checkbox"/> Approve Item as proposed at Study Session   |
| <input type="checkbox"/> Approve Item and Move Forward to Regular Meeting   | <input type="checkbox"/> Approve Item as proposed at Regular Meeting |
| <input checked="" type="checkbox"/> Information Only  |  |
| <input type="checkbox"/> Approve Item with Waiver of Reconsideration<br>Reason for waiver is described in the Item Details field. |  |

---

### PREVIOUS ACTIONS OR REVIEWS:

**Policy Committee Name:** N/A

**Policy Committee Date:** N/A

---

**Action Taken/Follow-up: (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Recommends Approval              | <input type="checkbox"/> Does Not Recommend Approval    |
| <input type="checkbox"/> Forwarded Without Recommendation | <input type="checkbox"/> Recommendation Report Attached |
| <input type="checkbox"/> Minutes Attached                 | <input type="checkbox"/> Minutes Not Available          |

---

**HISTORY** (Dates reviewed by City council, Policy Committees, Boards and Commissions, or Staff. Summarize pertinent comments. ATTACH MINUTES OF COUNCIL MEETINGS, POLICY COMMITTEES AND BOARDS AND COMMISSIONS.)

N/A

---

**ITEM SUMMARY** (Brief description of item, discussion, key points, recommendations, etc.)

Staffing and Department update

---

**QUESTIONS FOR COUNCIL**

N/A

---

**LEGAL COMMENTS**

The City Manager shall be responsible to the council for the proper administration of all affairs of the City placed in his charge and, to that end, he shall have the power and duty to make written or verbal reports to the Council concerning the affairs of the city under his supervision: City Charter §7-4(e). (Platt)

---

**PUBLIC FINANCIAL IMPACT**

- YES       NO

**If yes, explain:** N/A

---

**PRIVATE FISCAL IMPACT**

- Not Applicable       Significant       Nominal

**If Significant or Nominal, explain:** N/A



**AUROA911**

**PSCSS Staffing Update**  
June 2022

# Recruiting and Retention

Authorized FTE: 91

Current FTE: 72  
(19 Vacancies)

Staffing Percentage:  
79.1% Staffed

**Academy 22-2  
graduated June 30<sup>th</sup>  
Academy 22-3 starts  
Sept 27th**

# Recruitment Stats

June 30th,  
2022

22-2 Academy Recruits: 9

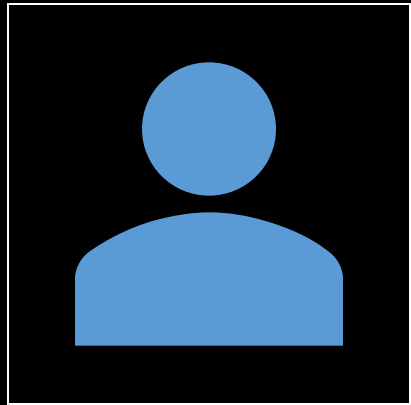
Recruit posting re-opened May 27

Next Round of Applications May 27 – July 15

22-3 Academy begins September 27

# Vacancy Detail

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**Entry Level Positions: 17**

Next academy starting in September



**Operations Supervisor: 1**

Recruitment posted – closed  
on June 17th



# Attrition and Addition Data (2022)

- Jan 2022
  - No one
- Feb 2022
  - One resignation (leaving the state)
- March 2022
  - One resignation (leaving the state)
  - One termination
- April 2022
  - One supervisor resignation
  - One recruit resignation (leaving the state)
- May 2022
  - Two resignations (personal)
- June 2022
  - Two resignations (medical, personal)
- Jan 2022
  - Three new recruits in Academy 22-1
- April 2022
  - One full time reinstatement
- May 2022
  - Nine new recruits in Academy 22-2
  - One Records Supervisor
  - One Records Specialist
- June 2022
  - One Professional Development Specialist
- July 2022
  - *One full time reinstatement in process!*

# Summer for Aurora911

- Internal/External Professional Development for all members
- New CAD training for launch in September
- Recruit Training through July
- 4<sup>th</sup> of July hotline
- Introduction of Nurse Triage program
- Public Education events
- Onboarding Records and Professional Development teammates
- Environmental Improvements (New workstations, carpeting, paint)



**AUROA911**

**THANK YOU!**

Questions?  
Clarifications?



# CITY OF AURORA

## Council Agenda Commentary

<b>Item Title:</b> Consent Decree Monitor First Quarter 2022 Update
<b>Item Initiator:</b> Jason Batchelor, Deputy City Manager
<b>Staff Source/Legal Source:</b> Jason Batchelor, Deputy City Manager / Peter Schulte, Manager of Client Svcs City Attorney
<b>Outside Speaker:</b> Jeff Schlanger, Lead Monitor / Erin Plinyak, Deputy Monitor
<b>Council Goal:</b> 2012: 1.0--Assure a safe community for people

### COUNCIL MEETING DATES:

**Study Session:** N/A

**Regular Meeting:** N/A

### ITEM DETAILS:

- Agenda long title
- Waiver of reconsideration requested, and if so, why
- Sponsor name
- Staff source name and title / Legal source name and title
- Outside speaker name and organization
- Estimated Presentation/discussion time

Staff Source/Legal Source: Jason Batchelor, Deputy City Manager / Peter Schulte, Manager of Client Svcs City Attorney

Outside Speaker: Jeff Schlanger, Lead Monitor-IntegrAssure / Erin Plinyak, Deputy Monitor-IntefrAssure  
5/15 mins.

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### ACTIONS(S) PROPOSED *(Check all appropriate actions)*

- |   |  |
|---|--|
| <input type="checkbox"/> Approve Item and Move Forward to Study Session   | <input type="checkbox"/> Approve Item as proposed at Study Session   |
| <input type="checkbox"/> Approve Item and Move Forward to Regular Meeting   | <input type="checkbox"/> Approve Item as proposed at Regular Meeting |
| <input checked="" type="checkbox"/> Information Only  |  |
| <input type="checkbox"/> Approve Item with Waiver of Reconsideration<br>Reason for waiver is described in the Item Details field. |  |

---

### PREVIOUS ACTIONS OR REVIEWS:

---

**Policy Committee Name:** Public Safety, Courts & Civil Service

**Policy Committee Date:** 3/10/2022

**Action Taken/Follow-up: (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Recommends Approval              | <input type="checkbox"/> Does Not Recommend Approval    |
| <input type="checkbox"/> Forwarded Without Recommendation | <input type="checkbox"/> Recommendation Report Attached |
| <input type="checkbox"/> Minutes Attached                 | <input type="checkbox"/> Minutes Not Available          |

---

**HISTORY (Dates reviewed by City council, Policy Committees, Boards and Commissions, or Staff. Summarize pertinent comments. ATTACH MINUTES OF COUNCIL MEETINGS, POLICY COMMITTEES AND BOARDS AND COMMISSIONS.)**

March 10, 2022, Public Safety, Courts and Civils Service, Consent Decree Monitor/s Introduction and Brief Overview

---

**ITEM SUMMARY (Brief description of item, discussion, key points, recommendations, etc.)**

Consent Decree Monitor First Quarter 2022 Report and Update

---

**QUESTIONS FOR COUNCIL**

N/A

---

**LEGAL COMMENTS**

The City Manager shall be responsible to the council for the proper administration of all affairs of the City placed in his charge and, to that end, he shall have the power and duty to make written or verbal reports to the Council concerning the affairs of the city under his supervision: City Charter §7-4(e). (Platt)

---

**PUBLIC FINANCIAL IMPACT**

- YES       NO

**If yes, explain:** N/A

---

**PRIVATE FISCAL IMPACT**

- Not Applicable       Significant       Nominal

**If Significant or Nominal, explain:** N/A



# CITY OF AURORA

## Council Agenda Commentary

<b>Item Title:</b> Public Safety Action Plan Update - Various
<b>Item Initiator:</b> Jason Batchelor, Deputy City Manager
<b>Staff Source/Legal Source:</b> Jason Batchelor / Pete Schulte
<b>Outside Speaker:</b> n/a
<b>Council Goal:</b> 2012: 1.1--Reduce crime rates

### COUNCIL MEETING DATES:

**Study Session:** 3/21/2022

**Regular Meeting:** 3/28/2022

### ITEM DETAILS:

- Agenda long title
- Waiver of reconsideration requested, and if so, why
- Sponsor name
- Staff source name and title / Legal source name and title
- Outside speaker name and organization
- Estimated Presentation/discussion time

Staff Source: Jason Batchelor, Deputy City Manager / Pete Schulte, City Attorney  
15 Minutes

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### ACTIONS(S) PROPOSED *(Check all appropriate actions)*

- |   |  |
|---|--|
| <input type="checkbox"/> Approve Item and Move Forward to Study Session   | <input type="checkbox"/> Approve Item as proposed at Study Session   |
| <input type="checkbox"/> Approve Item and Move Forward to Regular Meeting   | <input type="checkbox"/> Approve Item as proposed at Regular Meeting |
| <input checked="" type="checkbox"/> Information Only  |  |
| <input type="checkbox"/> Approve Item with Waiver of Reconsideration<br>Reason for waiver is described in the Item Details field. |  |

---

### PREVIOUS ACTIONS OR REVIEWS:

**Policy Committee Name:** Public Safety, Courts & Civil Service

**Action Taken/Follow-up: (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Recommends Approval              | <input type="checkbox"/> Does Not Recommend Approval    |
| <input type="checkbox"/> Forwarded Without Recommendation | <input type="checkbox"/> Recommendation Report Attached |
| <input type="checkbox"/> Minutes Attached                 | <input type="checkbox"/> Minutes Not Available          |

---

**HISTORY (Dates reviewed by City council, Policy Committees, Boards and Commissions, or Staff. Summarize pertinent comments. ATTACH MINUTES OF COUNCIL MEETINGS, POLICY COMMITTEES AND BOARDS AND COMMISSIONS.)**

Council approved a Resolution authorizing the City of Aurora to tackle the increase of violent crime in the City by developing and implementing a comprehensive crime reduction plan. The plan included 5 core strategies.

1. Fully staffing the Aurora Police Department and providing ongoing and industry leading training
2. Improve data collection, utilize hot spot analysis, and improve efficiency through data analytics
3. Restore and expand the Aurora Gang Reduction Impact Program to address youth violence
4. Increase number of clinicians on Crisis Response Team to increase response to mental health calls
5. Address public health and safety challenges from encampments along highways, businesses, and in neighborhoods

The resolution required monthly updates on progress made toward each core strategy to the Public Safety Committee and quarterly updates at Study Session.

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**ITEM SUMMARY (Brief description of item, discussion, key points, recommendations, etc.)**

This item is to provide a discussion and direction from the Public Safety Committee on the format of the required updates and to identify the specific information the Committee would like to see covered in the updates.

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**QUESTIONS FOR COUNCIL**

What direction does the Committee have regarding the required updates for each of the core strategies?

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**LEGAL COMMENTS**

A Resolution may be used for a statement of policy or other matters which are not required to be adopted by Ordinance. (Section F, Paragraph 2, Rules of Order and Procedure for the Aurora City Council) (P. Schulte)

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**PUBLIC FINANCIAL IMPACT**

- YES       NO

**If yes, explain:** N/A

---

**PRIVATE FISCAL IMPACT**

- Not Applicable       Significant       Nominal

**If Significant or Nominal, explain:** N/A

**Crime Reduction Plan Updates: JUNE report**

**Section 1.** The City of Aurora shall provide the needed resources and other support to ensure the Aurora Police Department is fully staffed, including all specialty units critical to building and maintaining community relationships, and all officers have access to ongoing and industry leading training.

**METRICS:**

Special Operations Staffing (Commander Jad Lanigan):

<b>UNIT</b>	<b>Fully Staffed</b>	<b>Total Vacancies</b>	<b>Patrol Detail from Unit</b>
Intel	6	2	1 (Backgrounds)
Narcotics	8	3	2
Raven	7	1	0
Fugitive team	6	1	0
Traffic Crash Team-Days	7	2	1
Traffic Crash Team-Nights	7	2	1
Traffic Motorcycles	13	4	2
Gang	6	0	0
GRIT	15	0	0
SWAT	24	0	0
K-9	6	0	0
CRT	5	1	0
Traffic Detectives	7	0	0
DART	14	14	Staffed on July 27th
Emergency Response Team	2	0	0
Community Service Representatives (Civilian)	6	6	Fully staffed in July**

Academy: (Division Chief Chris Juul and Lt. Justin Shipley):

Current classes:

- 2022- 1B Graduation August 25, 2022
- 2022- 2B Graduation October 20, 2022
- 2022- 3B Graduation December 16, 2022

Entry-level Recruits	24
Lateral Recruits	0
Recruits Pending Academy Start	
Losses	0



Training (Division Chief Chris Juul):

- Second-quarter In-Service – May 2 through June 9
  
- Districts – overlap days
  
- [ABLE](#)
  
- CIT Trained Officers
  - Approximately 230 trained officers. Looking at scheduling another class around October and working on refresher training at the districts in the future.
  
- Total Training Hours for June
  - Internal = 5,338.5
  - External = 2,600

**ADDITIONAL UPDATES:**

\*\* We have made job offers to 6 full-time CSRs. They will be in training with the academy from July 11 – 25<sup>th</sup>. It is anticipated on July 25 they will start field training which should last approximately two weeks (maybe longer, depending on the CSR's needs).

**Section 2.** The City of Aurora police department shall improve overall data collection, utilize hot spot analysis to put more officers on patrol in key neighborhoods, and improve efficiency through data analytics.

**METRICS:**

<b>CRIME</b>	<b>4-Weeks Prior</b>	<b>4-Weeks Current</b>	<b>4-Week % Change</b>	<b>YTD Prior Year</b>	<b>YTD Current Year</b>	<b>YTD % Change</b>
Murder	3	4	33.3%	17	21	23.5%
NF Shootings	15	9	-40.0%	57	80	40.4%
Robbery	52	83	59.6%	381	467	22.6%
Motor Vehicle Theft	556	392	-29.5%	2,750	3,616	31.5%

**Street Racing Operation, June:**

- Specific Operations: **4**
- Physical Arrests: **6**
- Tickets: **52**
- Vehicles towed: **7**
- Abatement notices issued: **10**

**Heavy Vehicle Inspections (Motor Carrier Safety Unit):**

- Inspections resulting in Out-of-Service: **17**
- Total Tickets: **33**
- Total Fine Amount: **9,005.00**
- Drivers placed out of service: **7**
- Trailers placed out of service: **16**
- Trucks placed out of service: **8**
- Total out of service violations: **63**
- Total safety violations: **146**
- Trucks taken out of service for severe brake failure violations: **9**
- Drivers taken out of service for not having a driver’s license while operating a CMV: **7**

**ADDITIONAL UPDATES:**

**Section 3.** The City of Aurora shall restore and expand the Aurora Gang Reduction Impact Program (“AGRIP”) to address youth violence through immediate intervention and long-term prevention strategies. **(Youth Violence Prevention Program | Christina Amparan)**

**METRICS:**

<b>Training Series</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>YTD</b>
# Trainings	1	2	1	4
# Participants	13	29	20	62

<b>Intervention / Prevention Services</b>	
(OUTREACH SPECIALISTS) Case Management, System Navigation & Mentorship Supports	19-Youth
Referrals to Services/Resources	28-Youth
Student Staffing's: Pilot MDT Aurora Central High	7-Youth
Youth Advisory Council Members	24-Youth / 274.0 Hours
Community Activations to Implement Interventions	5-Locations
Community Mobilization Activities	2-Facilitated Events / Participation at 19-Events

**ADDITIONAL UPDATES:**

- A total of \$259,600 has been awarded to 12-organizations to provide intervention and prevention services within the city of Aurora to help address programming gaps within the city that are needed to serve at-risk and high-risk youth.
- YVPP staff are completing a street level analysis of current gang and hybrid crews that have a presence within the city of Aurora in collaboration with other Outreach Workers and Violence Interrupters.

**Section 4.** The City of Aurora shall increase the number of clinicians and other personnel on the “Aurora Crisis Response Team (CRT)” to increase response ability to mental health calls.

**METRICS:**

Crisis Response Team – CRT Calls for Service (Commander Jad Lanigan and Courtney Tassin)

Calls for Service	128
-------------------	-----

Call Dispositions

Resolved on scene	65
M1	18
Jail	1
Walk in Crisis Center	0
Unable to Locate (UTL)	31
Targeted Violence Prevention	7 Referrals

**ADDITIONAL UPDATES:**

- Correction and clarification regarding prior update regarding CRT responsivity to calls which stated that CRT is only able to respond to about 20% of calls:
  - ❖ *The Internal Auditor randomly selected one week of calls for service to understand what data existed for persons in crisis calls. The random selection was not a statistical sample, and the information cannot be extrapolated across all calls for service. We used our professional judgment to remove specific call categories to narrow the population of calls for our review. For the remaining population, approximately 1,800 calls for service, we reviewed call remarks and identified 117 calls with a person in crisis to which CRT could have responded.*
- At the recommendation of the findings of the internal audit, the City of Aurora will be initiating an RFP process to secure a Clinical Services Provider for the CRT/ AMRT Clinical staff.

**Section 5.** The City of Aurora shall address the public health and safety challenges created by the current encampments along our highways, in neighborhoods, and next to our businesses.

**METRICS:**

Notifications Received June 2022	230
Abatements conducted	23
CDOT - related	12

**ADDITIONAL UPDATES:**



# CITY OF AURORA

## Council Agenda Commentary

<b>Item Title:</b> PediDOSE – Nationwide Pediatric Seizure Study with Childrens Hospital and Aurora Fire Rescue
<b>Item Initiator:</b> Rodney Weber, Deputy Chief of Operations, Aurora Fire Rescue
<b>Staff Source/Legal Source:</b> Rodney Weber, Deputy Chief / Angela Garcia, Senior Assistant City Attorney
<b>Outside Speaker:</b> Dr. Kathleen Adelgeis, Childrens Hospital
<b>Council Goal:</b> 2012: 1.0--Assure a safe community for people

### COUNCIL MEETING DATES:

**Study Session:** N/A

**Regular Meeting:** N/A

### ITEM DETAILS:

PediDOSE – Nationwide Pediatric Seizure Study with Childrens Hospital and Aurora Fire Rescue  
Estimated time: 20 Minutes

### ACTIONS(S) PROPOSED *(Check all appropriate actions)*

- Approve Item and Move Forward to Study Session
- Approve Item as proposed at Study Session
- Approve Item and Move Forward to Regular Meeting
- Approve Item as proposed at Regular Meeting
- Information Only
- Approve Item with Waiver of Reconsideration  
Reason for waiver is described in the Item Details field.

### PREVIOUS ACTIONS OR REVIEWS:

**Policy Committee Name:** N/A

**Policy Committee Date:** N/A

### Action Taken/Follow-up: *(Check all that apply)*

- Recommends Approval
- Does Not Recommend Approval
- Forwarded Without Recommendation
- Recommendation Report Attached
- Minutes Attached
- Minutes Not Available

---

**HISTORY** (Dates reviewed by City council, Policy Committees, Boards and Commissions, or Staff. Summarize pertinent comments. ATTACH MINUTES OF COUNCIL MEETINGS, POLICY COMMITTEES AND BOARDS AND COMMISSIONS.)

N/A

---

**ITEM SUMMARY** (Brief description of item, discussion, key points, recommendations, etc.)

Nationwide pediatric seizure study concerning dosing of midazolam on emergency scenes.

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**QUESTIONS FOR COUNCIL**

N/A

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**LEGAL COMMENTS**

This item is informational only. There is no formal council action necessary. The City Manager shall be responsible to the Council for the proper administration of all affairs of the city placed in his charge and, to that end, shall have the power and duty to make written or verbal reports at any time concerning the affairs of the City. (City Charter, Art. 7-4(e)). (Garcia)

---

**PUBLIC FINANCIAL IMPACT**

YES       NO

**If yes, explain:** N/A

---

**PRIVATE FISCAL IMPACT**

Not Applicable       Significant       Nominal

**If Significant or Nominal, explain:** N/A

# Pediatric Dose Optimization for Seizures in EMS

Kathleen Adelgais, MD  
MPH  
University of Colorado School of  
Medicine  
Children's Hospital Colorado  
Emergency Department





Thank you

for taking time  
out of your day to  
discuss your ideas

OUR GOAL

Is to hear your thoughts  
about research taking  
place in your community  
and research involving  
emergencies



We are asking you for your thoughts  
because you are a member of the  
community where PediDOSE will take  
place



Any child is at risk for seizure



# The Purpose of the Presentation

- The PediDOSE study looks at how paramedics respond to seizures for children
- We will determine if age-based dosing calculations can improve seizure care
- You will learn more about the study and emergency research
- You are being asked for feedback on the study as an important stakeholder in the community of Aurora, CO



# Ground Rules

- You are the expert, and we are here to learn from you
- There are no right or wrong answers



# Seizures in Children

- The brain normally sends electrical signals to other parts of the body to control movements and life-sustaining functions such as breathing
- During a seizure, the brain sends abnormal electrical signals that can make a person
  - Become unresponsive
  - Cause their body to shake or stiffen up
  - Make their eyes move abnormally
  - Even result in difficulty breathing



# Seizure Treatment in Ambulances

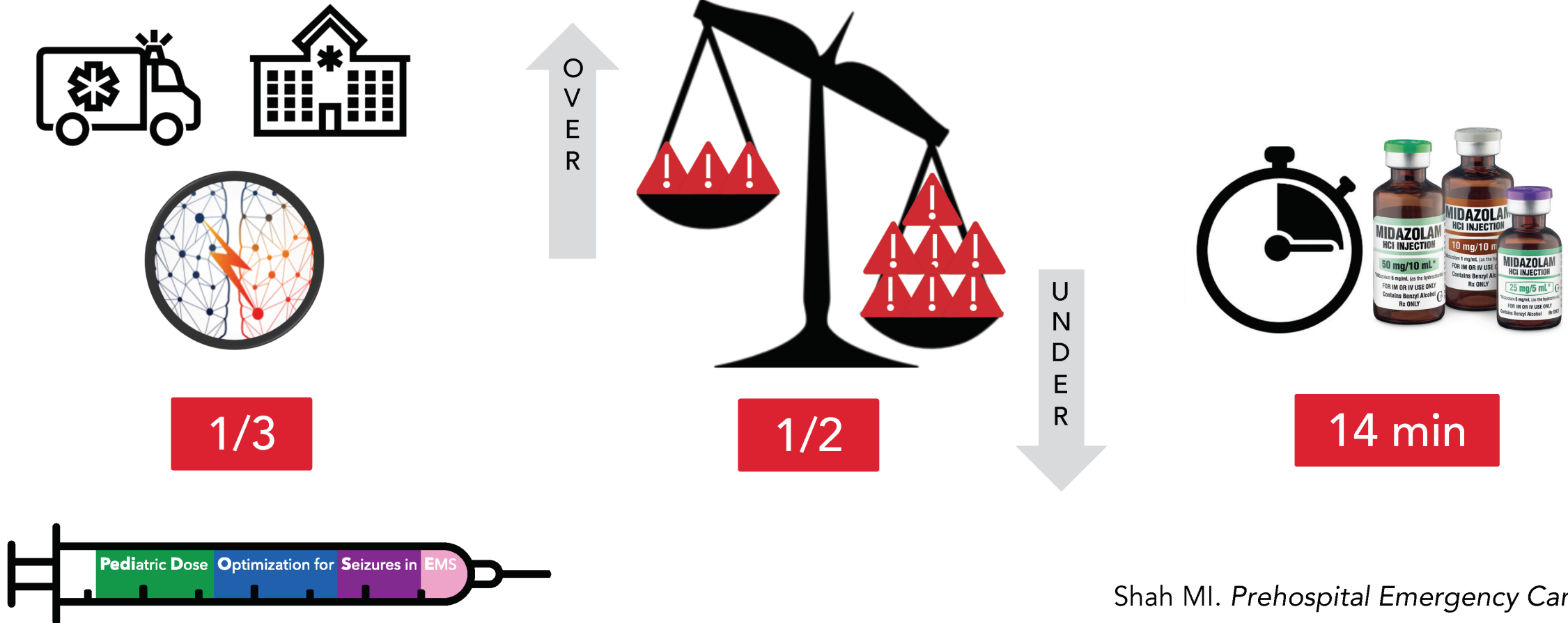
The PediDOSE study goal is to decrease the number of children arriving at hospitals having a seizure

- Most ambulances use midazolam
- Benzodiazepines can affect breathing
- The best method for selecting the right dose is unknown
- The study compares two methods
  1. The current method that uses calculations
  2. A standardized method based on age
- Medication will be given with a nasal spray or a shot (not an IV)



# Multi-Site Need for Improvement

## Opportunities to Optimize Pediatric Seizure Management



Shah MI. *Prehospital Emergency Care*. 2020

# Dosing Problem



**STEP 1**

EMS arrives on scene



**STEP 2**

Determine patient's weight



**STEP 3**

Calculate the dose of medication to deliver to the patient

SLOW



Length-based tape to eliminate weight



**STEP 1**

What is the route?

X kg

**STEP 2**

What is the dose in mg for that route?

X mg  
mg/kg

**STEP 3**

What is the quantity in mL to administer?

X ml  
mg/ml conversion





# Standardized Dosing

Save time by using the chart below. Paramedics should not calculate the dosage.



## STEP 1

EMS arrives  
on scene



## STEP 2

Determine patient's  
age

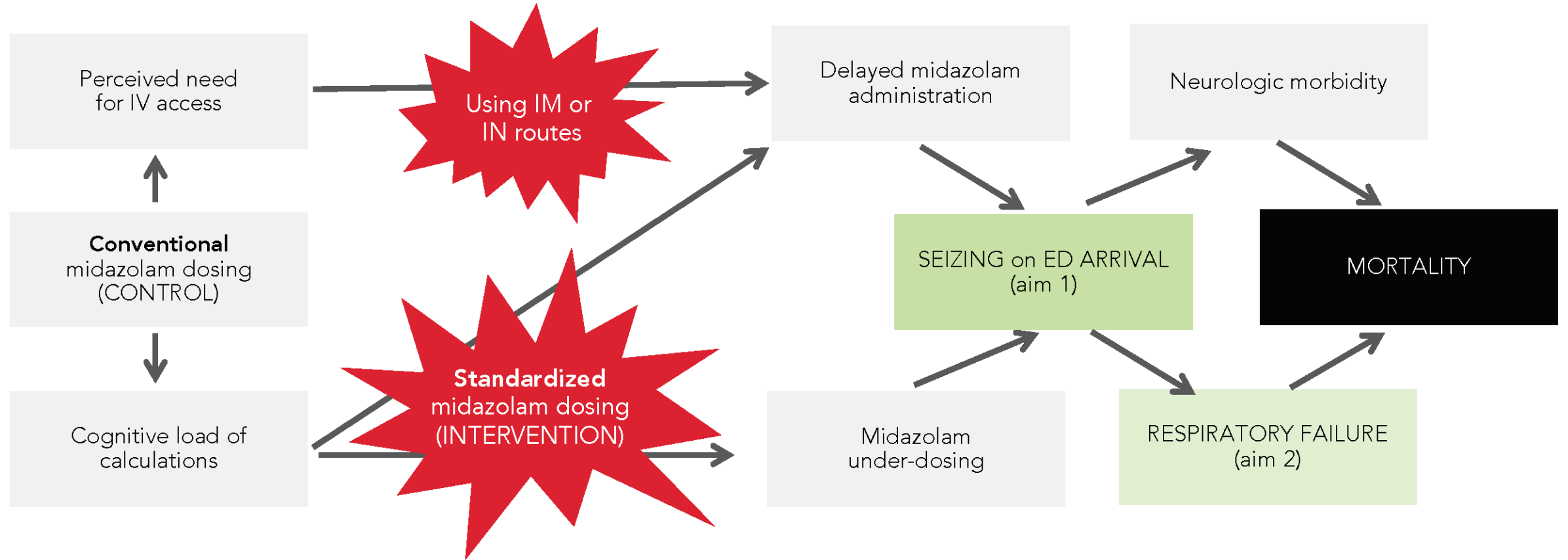


## STEP 3

Administer the dose to give  
in mL via the IN or IM route

<b>AGE</b>	0–5 mo	6–16 mo	17 mo–5 yrs			6–11 yrs		12–13 yrs
<b>QUANTITY</b>	Exclude	0.25 mL	0.5 mL			1 mL		2 mL
<b>DOSE</b>	Exclude	1.25 mg	2.5 mg			5 mg		10 mg

# PediDOSE Conceptual Model



# Aim 1 (Effectiveness)

## Aim

To compare the impact of standardized EMS midazolam dosing relative to conventional dosing on pediatric **seizure cessation** upon ED arrival

## Hypothesis

Standardized EMS midazolam dosing (of approximately 0.2 mg/kg IN/IM, based on age and/or length-based estimates for weight) is associated with lower frequency of active **seizures upon ED arrival** relative to conventional dosing with calculations from estimated weights



## Aim 2 (Safety)

### Aim

To compare the frequency of **respiratory failure** after implementation of standardized EMS midazolam dosing for pediatric seizures

### Hypothesis

Standardized EMS midazolam dosing does **not increase respiratory failure rates** when compared to conventional dosing with current practice



# Study Procedures

- AFR/Falck notifies CHCO\* of “PediDOSE” patient
- On arrival if patient still appears alerted, fast EEG (Ceribell) will be applied
- ED routine care of patient
- EMS provider asked to link to a survey to provide self-report data



# Exclusion Criteria

## Excluded from the study

- Benzodiazepine allergy
- Pregnancy (known/presumed)
- Severe growth restriction (paramedic-determined)

## Excluded from analysis

- Traumatic head injury in past 24 hours
- History of psychogenic, non-epileptic seizures
- Ventilator dependence
- Ingestion of a toxic substance in past 24 hours with potential to cause seizures
- Absence seizures during EMS/ED care



# Inclusion Criteria + Age De-Escalation

- 6 month - 13 year old patients who are actively seizing while in the care of a paramedic (regardless of seizure type/duration)
- Transported by a participating EMS agency to participating EDs

Age	De-Escalation	When Added
2-13 years	No	All Years
17-23 months	Yes	In Year 2
12-16 months	Yes	In Year 3
6-11 months	Yes	In Year 4



# Data Safety Monitoring

## DSMB role

- Approve protocol
- Review interim data
- Advise investigators regarding safety, validity, and scientific merit of the study
- Monitor subject accrual, study protocol adherence, data quality, and adverse events

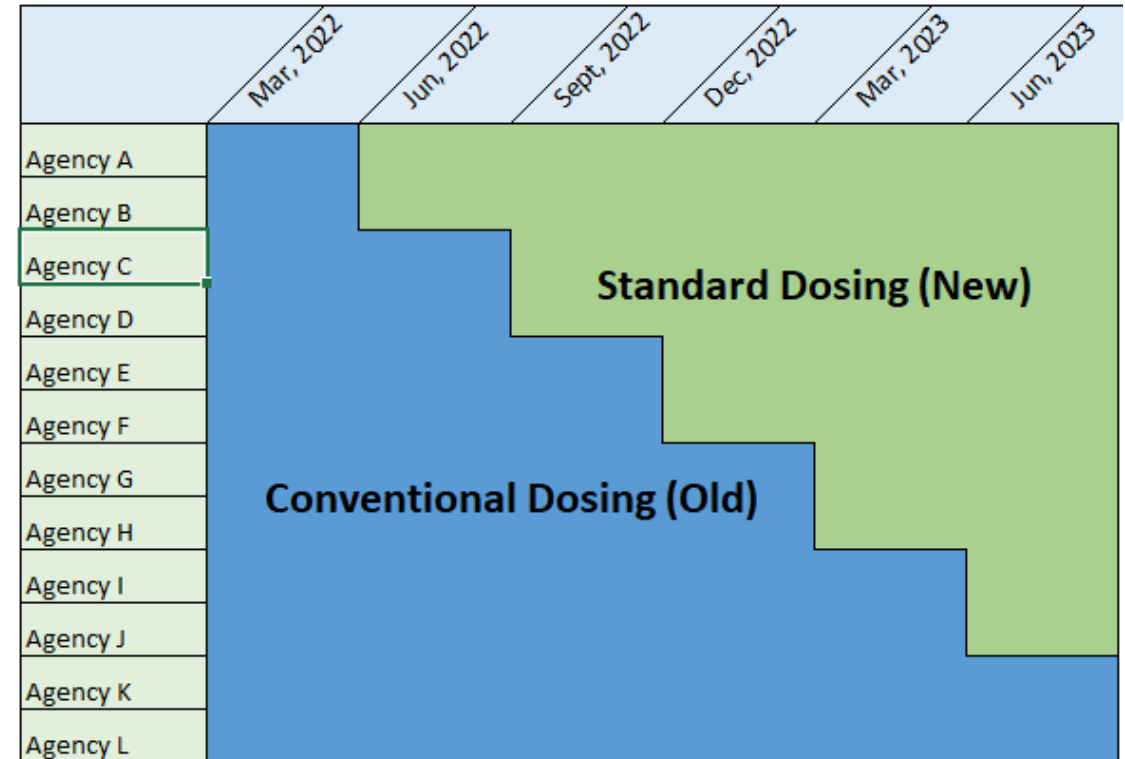
**A data safety monitoring board (DSMB) of relevant subject matter experts will periodically meet**





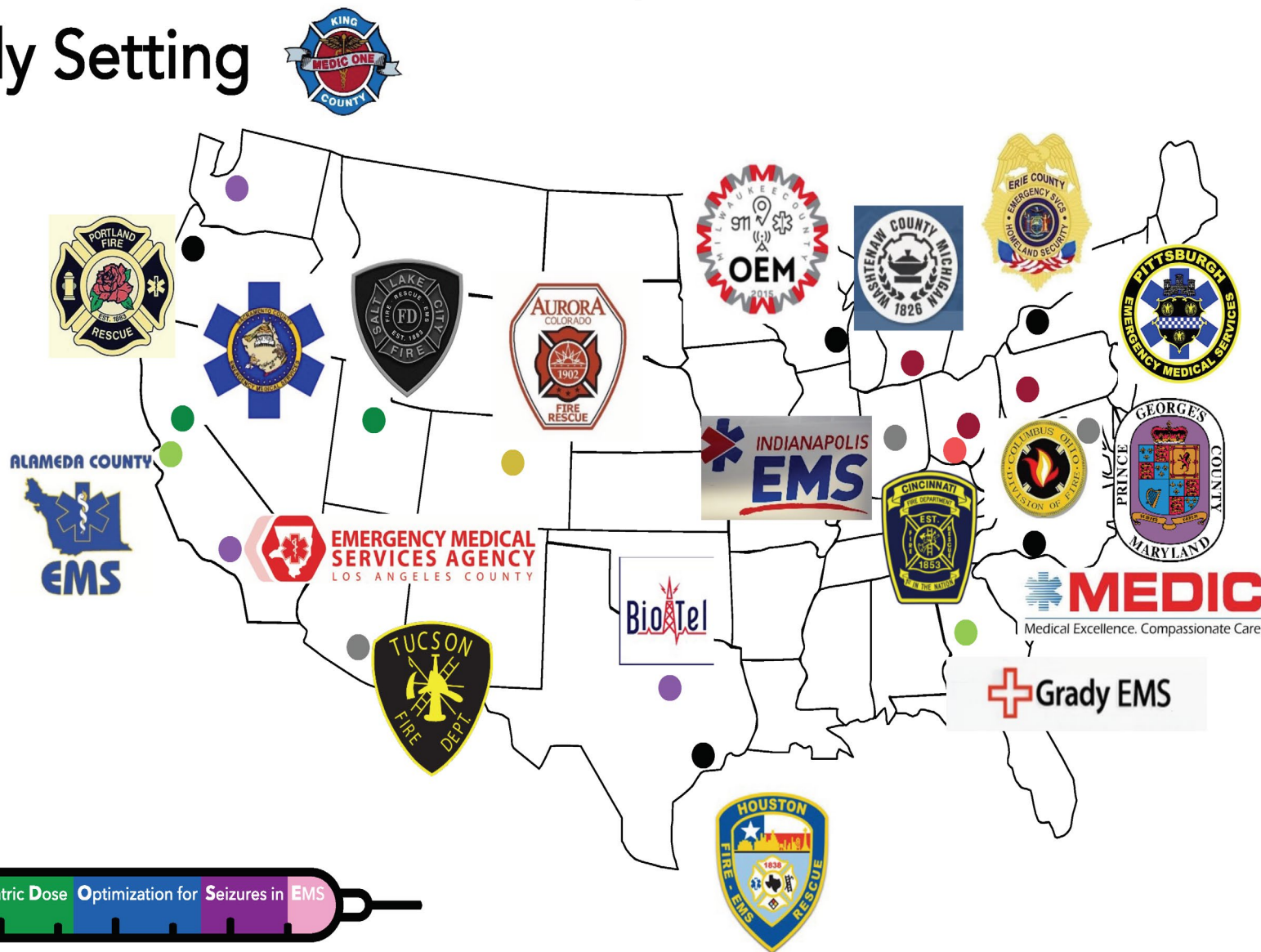
# How PediDOSE will be conducted

- EMS protocol change randomly selected
- Paramedics will be trained in new protocol
- Information collected from medical records over 4 years
- Researchers will compare data for conventional vs standard methods



# Who Will Participate?

## Study Setting



- Age: 6 month-13 years
- Actively seizing during paramedic care
- Transported by a participating EMS agency

Pediatric Dose Optimization for Seizures in EMS

# What is Informed Consent?

- Usually, research involves getting permission from a person or a family member
- The researcher confirms the person can understand the information before they participate
  - Like when we asked your permission to interview you.
- If the study involves people who are unconscious or children in a critical condition, there may not be time to ask for permission
- This is because the person is so sick that emergency healthcare professionals want to make sure this person receives treatment right away



# Exception from Informed Consent (EFIC)

The U.S. Food and Drug Administration (FDA) has outlined governmental regulations for emergency research

- These regulations apply ONLY when:
  - Patients have a life-threatening situation **AND**
  - There is no proven treatment or available treatment is unsatisfactory **AND**
  - It is not possible to obtain informed consent from the patient or patient's family, and/or the doctor is not able to get informed consent because there is a very short amount of time possible for consent to occur.



# What happens after enrollment?

- Parents will be notified of their child's enrollment as soon as possible
- Parents will be able to choose if they want their child to continue to participate in the study or not
- Children age 7-13 will also choose if they want to continue to participate
- Those who continue will have data collected until they are discharged



# Community Consultation

- You are hearing this presentation today as part of the Community Consultation process that occurs before the study is presented to the board that can approve the study for implementation.



# Contact Information:

If you have any questions, comments or concerns

- Local Principal Investigator:
  - Kathleen Adelgais, MD, MPH
    - [Kathleen.Adelgais@childrenscolorado.org](mailto:Kathleen.Adelgais@childrenscolorado.org)
    - (303) 724-2578
  - Research Participant Advocate:
    - Phone: (801) 581-3803
    - Email: [participant.advocate@hsc.utah.edu](mailto:participant.advocate@hsc.utah.edu)

*Contact the University of Utah Institutional Review Board (IRB) if you have questions, complaints or concerns which you do not feel you can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655 or by e-mail at [irb@hsc.utah.edu](mailto:irb@hsc.utah.edu)*



# The PediDOSE Study

- <https://www.youtube.com/watch?v=Zqc5WJGtv6Y>





# What questions do you have about the study?



# Thank you!

Kathleen.Adelgais@childrenscolorado.org





# CITY OF AURORA

## Council Agenda Commentary

<b>Item Title:</b> Police Auditor Q2 2022 Update
<b>Item Initiator:</b> Michelle Crawford, Police Auditor
<b>Staff Source/Legal Source:</b> Michelle Crawford, Police Auditor; Megan Platt, Assistant City Attorney
<b>Outside Speaker:</b> N/A
<b>Council Goal:</b> 2012: 1.0--Assure a safe community for people

### COUNCIL MEETING DATES:

**Study Session:** N/A

**Regular Meeting:** N/A

### ITEM DETAILS:

- Agenda long title
- Waiver of reconsideration requested, and if so, why
- Sponsor name
- Staff source name and title / Legal source name and title
- Outside speaker name and organization
- Estimated Presentation/discussion time

Presentation of the results from the Crisis Response Team audit.

Michelle Crawford, Police Auditor

Estimated time is 15 minutes for presentation and questions.

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### ACTIONS(S) PROPOSED *(Check all appropriate actions)*

- |   |  |
|---|--|
| <input type="checkbox"/> Approve Item and Move Forward to Study Session   | <input type="checkbox"/> Approve Item as proposed at Study Session   |
| <input type="checkbox"/> Approve Item and Move Forward to Regular Meeting   | <input type="checkbox"/> Approve Item as proposed at Regular Meeting |
| <input checked="" type="checkbox"/> Information Only  |  |
| <input type="checkbox"/> Approve Item with Waiver of Reconsideration<br>Reason for waiver is described in the Item Details field. |  |

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### PREVIOUS ACTIONS OR REVIEWS:

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**Policy Committee Name:** N/A

**Policy Committee Date:** N/A

**Action Taken/Follow-up:** *(Check all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Recommends Approval              | <input type="checkbox"/> Does Not Recommend Approval    |
| <input type="checkbox"/> Forwarded Without Recommendation | <input type="checkbox"/> Recommendation Report Attached |
| <input type="checkbox"/> Minutes Attached                 | <input type="checkbox"/> Minutes Not Available          |

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**HISTORY** *(Dates reviewed by City council, Policy Committees, Boards and Commissions, or Staff. Summarize pertinent comments. ATTACH MINUTES OF COUNCIL MEETINGS, POLICY COMMITTEES AND BOARDS AND COMMISSIONS.)*

N/A

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**ITEM SUMMARY** *(Brief description of item, discussion, key points, recommendations, etc.)*

Review of the Crisis Response Team Audit, including findings and recommendations.

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**QUESTIONS FOR COUNCIL**

N/A

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**LEGAL COMMENTS**

The City Manager shall be responsible to the council for the proper administration of all affairs of the City placed in his charge and, to that end, he shall have the power and duty to make written or verbal reports to the Council concerning the affairs of the city under his supervision: City Charter §7-4(e). (Platt)

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**PUBLIC FINANCIAL IMPACT**

YES       NO

**If yes, explain:**

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**PRIVATE FISCAL IMPACT**

Not Applicable       Significant       Nominal

**If Significant or Nominal, explain:**

# Police Internal Audit Report



## Crisis Response Team Audit



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## Auditor's Conclusion

June 30, 2022

Internal Audit has completed the Crisis Response Team Program Review. We conducted this engagement as part of our 2021 Annual Police Audit Plan.

The audit objectives were to:

- Determine if the Crisis Response Team (CRT) is effectively receiving and responding to incidents involving people with mental health or other specialized needs.
- Evaluate if resources staffing CRT are adequate to respond to mental health calls.

To these ends, Internal Audit:

- Interviewed police personnel,
- Reviewed APD policies and standards,
- Reviewed leading practices,
- Reviewed CRT processes, and
- Applied other methods as needed.

Based on the results of our engagement procedures, additional data is needed to determine the effectiveness of receiving and responding to incidents and the adequacy of CRT staffing resources. We have identified issues and made recommendations in the Issue Details section of this report. We want to acknowledge the cooperation and assistance of the Crisis Response Team Sgt., Program Manager, and CRT team members during this engagement.

*Wayne Sommer*

Wayne C. Sommer, CPA, CGMA  
Internal Audit Manager

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## Audit Profile

### *Audit Team*

Wayne Sommer, CPA, CGMA – Internal Audit Manager

Michelle Crawford, M.Acct, CIA, CFE, CRMA – Police Auditor

### *Background*

The Crisis Response Team (CRT) is a collaborative effort between Aurora Police Department and the Aurora Mental Health Center (AuMHC) with a mission to provide trauma-informed, compassionate care to individuals experiencing a mental health crisis. This co-responder model helps to prevent unnecessary incarceration/hospitalization and helps to reduce the amount of Patrol officer resources spent on mental health situations.

When calls for service involve a person experiencing a mental health crisis, it is critical that the police interaction remain positive and follow department policies and procedures.

The Aurora Police Department has additional resources for crisis response, including patrol officers trained in Crisis Intervention (CIT) and the Aurora Mobile Response Team (AMRT.) The AMRT is composed of one paramedic and one clinician who respond to low-level calls pertaining to someone in crisis. We documented an example of how these three approaches work in the Appendix.

### *Scope*

Our scope of work covered Crisis Response Team policies in place as of October 2021 and practices in place through January 2022. <sup>1</sup>

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<sup>1</sup> The original audit scope was January 1, 2020 through the end of test work. Due to data limitations, we revised the scope to focus on current practices.



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## City Manager Response

During the preparation of the 2021 Budget a pilot program to create a non-police based behavioral health response program was proposed. There were several reasons for the proposal and ultimate Council approval of the program. One reason was the challenges faced by the partially grant funded Crisis Response Team (CRT) program already operating in the Police Department. As we launched what became known as the Aurora Mobile Response Team (AMRT) with a paramedic and clinician in September of 2021, we were also in discussion about the 2022 audit plan for the Police Auditor.

Some of the concerns about the CRT program that led to requesting the audit have been confirmed. The informal arrangement between Police and Aurora Mental Health Center, provider of clinicians for the program, doesn't provide for accountability by either party or reliability of the service. Failure by both parties to identify any metrics contribute to the lack of accountability and hampers any measure of effectiveness and future planning for program improvements. We have also not made progress among Aurora Mental Health Center, Police and our 911 operation in better defining, tracking, and analyzing calls for service, again losing the opportunity to make improvements to the program.

I am encouraged by recent efforts made as the Program Manager of AMRT has been acting as manager of both that program and CRT. CRT has been operating without a program manager for some time which has contributed to some of the issues identified. In addition, a new Sergeant was assigned to CRT and he and the AMRT program manager have worked well together to make improvements. They have already taken advantage of recommendations made by the Police Auditor.

The CRT Audit as presented by the Police Auditor provides substantive and significant recommendations that when implemented will help the CRT program better serve Aurorans who experience, or show signs of, behavioral distress. Improvements to the CRT program will have the added benefit of better working with AMRT, police officers on the street and Aurora Fire Rescue. We must commit to these improvements in order to best serve some of our most vulnerable population.

James Twombly  
Aurora City Manager

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## Issue Details

### Receipt of Incidents

To determine if the Crisis Response Team (CRT) effectively received incidents of persons in crisis, we worked with the CRT and Aurora911 to review the current processes. Unfortunately, the City lacks formal procedures for handling calls for persons in crisis and dispatching CRT and CIT (Crisis Intervention Team) trained officers. As a result, we could not determine the effectiveness of the receipt of incidents. Our recommendation to address this is below in ISS.1.

#### ISS.1 - Aurora911

Aurora911 does not follow all leading practices for handling calls for people in crisis.

If Aurora911 receives a call requesting a CIT officer or the Crisis Response Team, they will air that request over the radio while dispatching a patrol unit. Aurora911 does not dispatch CIT officers or the CRT to calls.

#### Training

Per CIT International, "A core element of CIT is training emergency communications to ensure that call-taking and dispatch are aligned with the goals of CIT. All emergency communicators have several responsibilities in an agency with a CIT program."<sup>2</sup> The Justice Center and the Bureau of Justice Assistance created a checklist for agencies to determine how their policies and practices align with the elements of a successful Police-Mental Health Collaboration Program (PMHC).

The following training areas are leading practices for call-taking and dispatch:

- Training on the structure and goals of the PMHC program,
- Procedures for receiving and dispatching calls involving people with a mental health crisis,
- Gathering information from a caller, determining whether a mental health crisis might be occurring, and appropriate questions to ask callers,
- Beginning to de-escalate callers and situations,
- If applicable, transferring a call to a crisis line or warm line,
- Identifying and dispatching appropriately trained CIT officers, and
- Communicating with mental health services or the CIT officer all the available information about the mental health crisis.

Aurora911 does not have protocols to determine whether a mental health crisis is occurring or how to handle those calls. Currently, a crisis line is not in use. There is a need for formal training for Aurora911 to align procedures with crisis response leading practices.

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<sup>2</sup> Crisis Intervention Team (CIT) International: *Crisis Intervention Team Programs: A best practice guide for transforming community responses to Mental Health Crises*

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## Receiving calls

CIT International identified common issues to address within CIT Programs:

*Call-taking and dispatch.* The policy should describe the call-taker's role in gathering mental health information from callers and transferring calls to crisis lines, if appropriate.

*Procedures in case a CIT officer is not available for a crisis event.* The policy should guide dispatchers in case all CIT officers are responding to calls. Many agencies choose to dispatch a supervisor or cast a wider call for CIT officers outside the district where the call for service originated.<sup>3</sup>

## Recommendation

We recommend Aurora911 follow leading practices including,

- Developing training for employees handling mental health crisis calls,
- Developing procedures for identifying and handling mental health crisis calls,
- Working with the Crisis Response Team to develop procedures for dispatching CRT and CIT officers as appropriate, and
- Evaluating the use of a crisis line.

## Management Response

### Aurora911 response:

**Training:** Aurora911 fully supports the continued and specialized development of our professionals' abilities to understand and navigate mental health related calls and additionally, emergency calls requiring varying degrees of de-escalation techniques. We are committed to ensuring all team members are equipped with the ability to do so. De-escalation does much more than increase a caller's cooperation and state of calm; the ability to de-escalate significantly benefits the overall mental and emotional resiliency of the 911 Professional. In 2021, we initiated a plan to introduce CIT certification training for all members. When we became aware of the work of Human Resources to provide the NERPSC resource to Aurora public safety agencies, we made the decision to pend training until the resource was formalized in Aurora (CIT training is included through NERPSC at no additional charge). Our intent is to include this training into our basic training process and promote career enrichment through continuing education beyond the initial certification. As we continue to grow our Professional Development Team, our capacity for enhancing continuing education will continue to expand and include more specialized areas of skill development for all members of our team.

Once the NERPSC is available to Aurora911 in 2022, we will begin the process of training all personnel at the baseline and explore enhancement training on an ongoing basis.

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<sup>3</sup> Ibid.

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**Crisis Line:** Aurora911 is in the initial phase of introducing a Nurse Triage Line for low acuity medical calls through a grant provided by DHSEM. However, this resource is for medical calls and is not a crisis line. We currently offer crisis line contact information for any caller who requests it, but do not warm transfer the caller. It is reasonable to introduce the use of a mental health crisis line into call triage, but before this can occur, the issue of inadequate protocol for event categorization must first be addressed for police (see next response). In the interim, Aurora911 will explore the introduction of crisis line protocol for first party callers who are solely calling to report their own mental health crisis when no other crime, threat to self or others, or medical emergency is being reported.

**Protocol for call triage and resource deployment:** The ability of Aurora911 to triage and properly respond to mental health related calls rests largely on the ability to create standardized, consistent call intake protocols. Currently, Aurora911 Professionals utilize Emergency Medical Dispatch (EMD) and Emergency Fire Dispatch (EFD) protocols through ProQA, under the International Academies of Emergency Dispatch (IAED). The department previously utilized Emergency Police Dispatch (EPD) protocols, but discontinued the program in 2019, due to pushback from police responders.

Since my arrival as Director in 2020, I have actively sought to understand what occurred with EPD, and why it was discontinued. Through my assessment, I have concluded that the APD's resistance to EPD was not related to a flawed protocol system, but to an ineffective implementation and change management process. The protocol system by itself is not arbitrary or limiting. To the contrary, it provides the police organization the authority and latitude to identify response plans, thresholds, priorities; all of which are identified in this audit as missing or inadequate, but greatly needed. It also provides the call taker with a consistent and standardized framework for assessing calls and identifying a determinant code which prescribes a response plan. This process is crucial when there are a variety of responses available. Unfortunately, the time and energy investment needed to properly set up, test and deploy EPD in Aurora did not occur. On November 16, 2016, all three protocols were launched in Aurora simultaneously, which is not a best practice. The result was frustration and resistance, which went largely unaddressed through reassessment, revision, and retesting. In the absence of effective change management processes, officer resistance increased in volume and became the justification to eliminate the EPD program.

By discontinuing EPD protocol, and by reducing the number of event types and priority levels available to a call taker, calls for service have been generalized and lumped into broad categories which afford no specific framework to launch alternative resources, beyond guidance toward AMRT referral. Aurora911 is tasked with the responsibility of building and maintaining a homegrown police protocol, which operates separately from ProQA. Not only does this practice create inconsistency and segregation of process for call takers, but it also greatly increases exposure to liability for Aurora911, APD and the City of Aurora. Consistency and standardization serve as a foundation for success in a 911 center fielding well over a half-million calls annually.

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The current system for assessing police calls is not adequate to incorporate alternative responses in the long term, nor does it provide the granularity required for capturing meaningful data for how various resources are utilized in Aurora.

Aurora911 recommends reintroduction and implementation of EPD protocol and is invested in the necessary work to reintroduce the formalized protocol system which will adequately address the complexities of police calls and provides the framework necessary for call takers to consistently identify the correct resource for every call (crisis line, CIT, CRT, AMRT, or APD). As the continuum of response continues to expand, so too can the protocol system through thresholds and recommendations identified by key stakeholders. In addition to the reimplementing of EPD protocol, steps must be taken to increase the number of identified event types, CAD status and activity codes, response plans and priority levels to more readily identify, track and report responses beyond an officer. This must be done through a collective effort of all involved stakeholders and have endorsement and active participation by department leadership to ensure an effective change management process.

Because the city is in the process of transitioning to a new CAD system in September 2022, we recommend this change process occur after the conclusion of this transition, so as not to overwhelm staff. In the interim, stakeholders can work collaboratively to prepare for another round of change management.

APD Crisis Response Team response: CRT agrees to work in collaboration with dispatch to:

- Assist with the development of protocols as needed for dispatching, and
- Assist with developing protocols for warm transfers to the Colorado Crisis Line.

*Targeted Implementation Dates:*

Training: July 2023

Procedures and protocols: December 31, 2023

Crisis Line: December 31, 2023

*Issue Owner:* Aurora911 Director

*Issue Final Approver:* Jason Batchelor, Deputy City Manager

## **Response to Incidents**

We evaluated available data to determine if CRT effectively responded to incidents involving persons in crisis. The City does not have the necessary data points to establish a population for only calls involving persons in crisis or responses to calls that involve a mental health crisis. As a result, we cannot determine if the response to incidents of persons in crisis is adequate. We identified areas of improvement related to data collection and its use below in ISS.2 and ISS.3.

### **ISS.2 - Mental health calls for service**

There is no citywide data available that shows how many mental health calls for service were received or responded to. The current Computer-Aided Dispatch (CAD) system does not have a category code for mental health calls.

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As a result, mental health related calls for service include multiple categories. While officers can use a mental health crisis category as a final category, they do not consistently use it. Also, there is no department guidance or training on the use of the mental health category.

CIT International and the Bureau of Justice Assistance (BJA) recommend using a dispatch code to designate mental health calls for service. The policy should describe the requirement to code calls appropriately as mental health crisis calls and dispatch a CIT or CRT officer when indicated. Coding the calls in the dispatch system as a mental health call allows reporting data about mental health-related calls.

Without a verifiably complete population of calls for service involving persons in crisis, it is not possible to test for the effectiveness of the response to persons in crisis incidents.

We randomly selected one week of calls for service to understand what data existed for *persons in crisis* calls. The random selection was not a statistical sample, and the information cannot be extrapolated across all calls for service. We used our professional judgment to remove specific call categories to narrow the population of calls for our review. For the remaining population, approximately 1,800 calls for service, we reviewed call remarks and identified 117 calls with a *person in crisis* to which CRT could have responded.

The categorization for call types we reviewed varied across multiple categories. While some officers used the mental health crisis final category, others did not. There is no formal guidance or training on documenting crisis calls, including documentation when other factors, such as criminal activity occurred. We created a pivot table showing the various CAD and final case type categorizations used in the appendix.

The new CAD system may have additional capabilities, including creating a mental health crisis clearance code that officers could use. Officers would use the clearance code as a subcategory indicating the call included someone in crisis while allowing officers to document the primary reason for the call as the final category.

Improved tracking of mental health related calls will help improve the deployment of crisis response resources, including the Aurora Mobile Response Team.

The Justice Center and the BJA also recommend that the CAD system be capable of flagging:

- Repeat addresses associated with mental health calls for service,
- People with mental illnesses who are repeatedly in contact with law enforcement, and
- People who pose a verifiable threat to officers.

The CAD system includes these features, and they are currently in use.

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## Recommendation

We recommend Aurora Police Department work with Information Technology and Aurora911 to identify and implement the most efficient and effective methods to track mental health calls for service. We also recommend that APD use the mental health calls for service data to ensure the appropriate deployment of resources to *persons in crisis*.

## Management Response

APD Crisis Response Team response: CRT agrees to work in collaboration with Aurora911 to assist with appropriately coding calls for service.

Aurora911 response: **Categorization and data tracking of mental health related calls** – As mentioned in Aurora911’s response to ISS.2, APD’s 2019 discontinuation of EPD protocol and subsequent reduction of event types into fewer, generalized event categories has resulted in a significantly ineffective method of identifying, capturing, and reporting public safety activity involving mental health related calls. We fully support the migration to more robust event types, and the addition of additional CAD codes to further identify action taken in the course of a call. Most mental health calls are not initially reported to 911 as mental health related. Instead, they are often reported by a second party witness as suspicious activity, a disturbance, or another potential crime based on the behavior of the subject. Additional event types should be created when enough information is available to more appropriately categorize a call as mental health. However, a single category is insufficient to use for all mental health calls. While some calls may be exclusively a mental health call, there are also events where a crime or medical emergency has occurred with a mental health element. As programs such as AMRT and CRT become more complex, it will be necessary for us to adequately capture calls which are referred to and from these resources, so that we better understand the full extent of how they are utilized. We must also capture data which encapsulates the referral path and final disposition of the call. This can be achieved through appropriate CAD status and disposition codes, which document action taken versus a NIBRS crime code, which only identifies a crime category. Combining a formal EPD protocol system with a robust, adaptable method of documenting events in CAD will not only more accurately deploy the most appropriate resource for every situation but will also provide more accurate and comprehensive data that will allow us to properly meet the needs of the community with the correct resources.

*Targeted Implementation Date:* June 30, 2023

*Issue Owner:* Crisis Response Team Sgt.

*Issue Final Approver:* Division Chief of Metro Operations

## ISS.3 - Data collection and analysis

APD should expand its collection of data points.

The Crisis Response Team collects data related to contacts using a monthly tracking spreadsheet.

We randomly selected one month of the tracking spreadsheet and compared it to calls for service information and body-worn camera footage, the tracking spreadsheet documented all associated contacts involving persons in crisis.

CIT International, the Justice Center and the Bureau of Justice Assistance have identified data points for workload, performance, and outcome measures. Below are the leading practice data points and whether they are collected.

<b>Data Point</b>	<b>Currently collected</b>	<b>Comments</b>
Number of mental health calls for service	No	See ISS. 2.
Repeat mental health calls for service to the same address	Partially	CRT tracks contacts but did not identify repeat individuals at the beginning of our audit. However, they have begun to develop methods to track repeat individuals.
Number of 911 calls transferred to a crisis line	No	See ISS. 1.
Number of mental health calls to which a CIT officer is available to respond	No	Not tracked.
Injuries during mental health calls (to the officer, person in crisis, or bystanders)	Partially	Use of force injuries documented, no other injury categories listed on the spreadsheet.
Disposition of calls	Yes	Tracked in the CRT spreadsheet.
Use of Force	Yes	Tracked in the CRT spreadsheet.
Arrests of people with mental illnesses	Partially	Tracked for CRT calls within the spreadsheet.
Time officers wait in emergency rooms before transferring custody	Partially	Officer length of contact tracked in the CRT spreadsheet.

The spreadsheet collects multiple other data sets, including demographic information, if CRT facilitated the return of law enforcement to service, and if formal action was diverted due to CRT. The spreadsheet does not identify whether the contact involved an individual officer or the co-responder team. In addition, due to clinician staffing, not all contacts will involve a co-responder team.

Expanding the data points collected can help to provide a more comprehensive picture of the crisis response system and can assist in directing deployment of resources.



## Recommendation

We recommend CRT track the additional data points identified.

## Management Response

CRT agrees and is currently in the process of updating contact spreadsheet to reflect recommendations listed for data collection and analysis in accordance with best practices.

*Targeted Implementation Date:* June 30, 2023

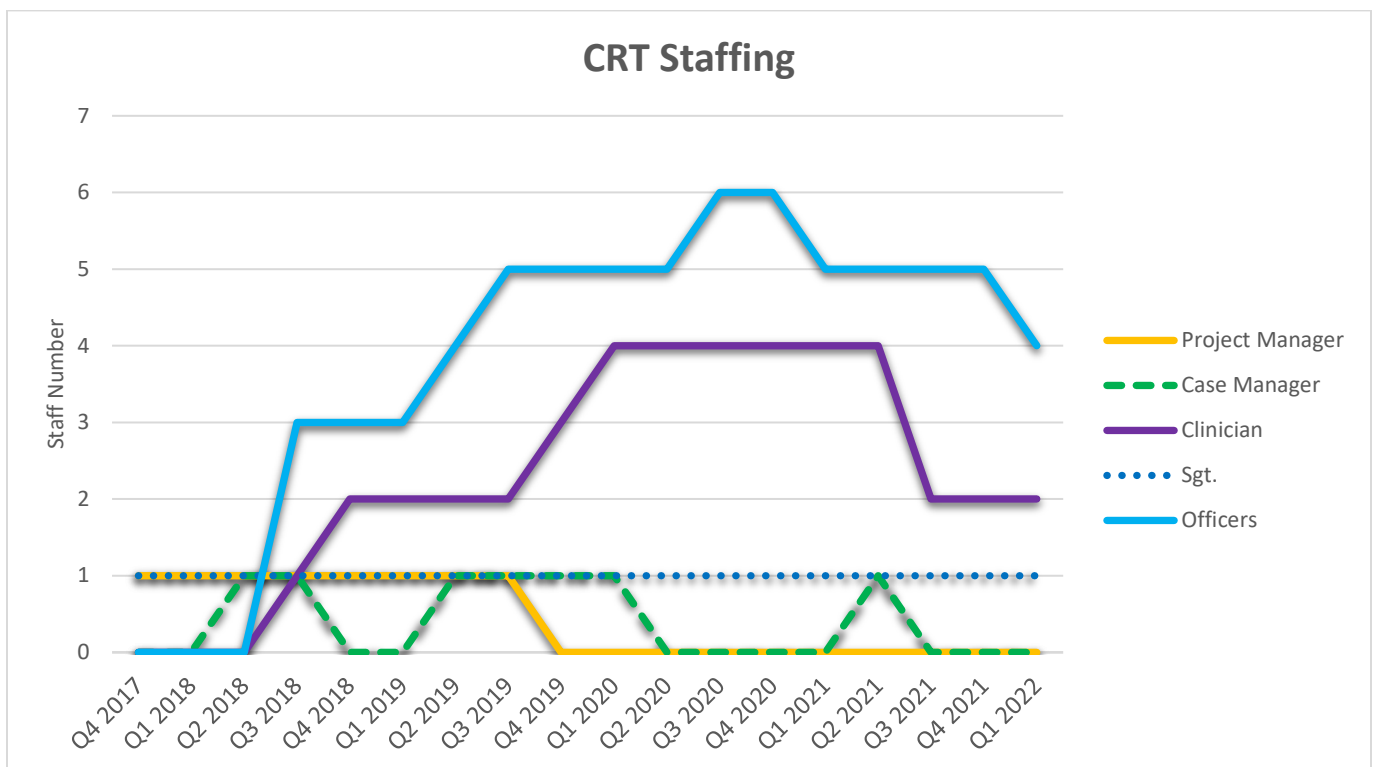
*Issue Owner:* Crisis Response Team Sgt. and CRT Program Manager

*Issue Final Approver:* Division Chief of Metro Operations

## ISS.4 – Staffing

The Crisis Response Team program manager, case manager, and clinician positions have not been consistently staffed throughout the program. Aurora Mental Health Center (AuMHC) is responsible for providing staffing for the clinicians and case manager. We could not locate any written requirements for the AuMHC staffing levels. The grant agreement only included a dollar amount for personnel; it did not specify the number or type of personnel. We could not determine the baseline staffing level of clinicians.

City personnel provided us with the quarterly staffing levels for the case manager, clinicians, program manager, Sgt., and officers. Below is a chart showing the information provided.



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Clinician positions are in high demand across the state, and difficulties in hiring and retention are impacting co-responder teams across the state. We spoke with different co-responder programs in Colorado that have taken different approaches to staff their clinician positions.

➤ *Partner with a Mental or Behavioral Health Agency*

**Salary:** The partner agency controls pay and benefits; depending on the agency, there may be less flexibility to adjust salaries to increase hiring and retention.

**Personnel management:** The partner agency is responsible for managing the employees, including providing clinical oversight, supervision, support, and maintaining the mental health records. The City would not have any authority regarding the performance or supervision of the partner agency employees.

**Agency records:** Allows clinicians to access partner agency records when available and allows a more straightforward referral process for services at the partner agency.

Aurora currently uses this model and partners Aurora Mental Health Center. The ability to adjust salaries for co-responder clinicians varies by agency. AuMHC personnel stated while they do not have flexibility to adjust salaries, they have recently implemented shift differential pay and hazard pay.

➤ *Hire as City employees*

**Salary:** The City would control pay and benefits and have authority to adjust salary rates to increase hiring and retention.

**Personnel Management:** The City would provide direct supervision and oversight of employees. Considerations for this option include staffing to provide clinical oversight and supervision, having the proper insurance coverage for any licensing requirements, legal expertise needed, an electronic health record system, and the creation of policies.

**Agency Records:** Clinicians would likely lose access to AuMHC agency records.

➤ *Contract for Services*

Issue a request for proposal for providers to provide the clinicians.

**Salary:** This option may allow more flexibility to adjust pay and benefits, resulting in better hiring and retention rates.

**Personnel Management:** The provider is responsible for managing the employees, including providing clinical oversight, supervision, support, and maintaining the mental health records. The City would not have any authority regarding the performance or supervision of the partner agency employees.

**Agency Records:** Clinicians would likely lose access to AuMHC agency records.

---

According to the Center for Police Research and Policy Best Practice Guide, Assessing the Impact of Co-responder Team Programs, “The use of this response model across communities and across time has resulted in substantial variation in the implementation of co-responder team programs (see Krider et al., 2020). For example, a recent systematic review of co-responder teams identified 19 unique programs described across 26 research articles (Puntis et al., 2018). In many cases, variation in program implementation is a direct product of efforts to tailor the co-responder team to the specific needs of individual communities. However, resource constraints – including access to funding, staff, equipment, and behavioral health services – also play a role in the operationalization and implementation of the co-responder team approach (Dyer et al., 2015).”

As the grant funding ends for this program, the City needs to evaluate how it will staff the clinical positions moving forward to ensure the staffing level meets the program’s needs. Without adequate clinician and case manager staffing, the program becomes a Crisis Intervention Team program instead of a co-responder program.

## Recommendation

We recommend that the City issues a Request for Information or a Request for Proposals to evaluate staffing options for clinicians and a case manager and then determine which option and partner best serves the City’s and community’s needs.

## Management Response

CRT leadership recognizes the difficulties regarding the recruitment and retention of qualified clinical staff. CRT leadership is dedicated to working with the City leadership and Housing and Community Services leadership (AMRT) to evaluate available staffing options, potentially through a Request for Interest or Request for Proposals, within the Denver Metro that would be able to meet the expectations of the Crisis Response Team and any other necessary clinical staffing.

*Targeted Implementation Date:* December 31, 2022

*Issue Owner:* Crisis Response Team Sgt. and CRT Program Manager

*Issue Final Approver:* Division Chief of Metro Operations

## **ISS.5 – Memorandum of Understanding**

The Aurora Police Department and Aurora Mental Health Center (AuMHC) do not have a memorandum of understanding (MOU) for the Crisis Response Program. While there is an intergovernmental agreement, the agreement is for the use of grant funds for the Crisis Response Program and does not address operational areas of the program.

The City provided a copy of an undated MOU that was never signed by Aurora Mental Health Center but was signed by the City of Aurora in January 2019. The MOU included areas that future agreements should also include:

- 
- Aurora Mental Health personnel should be jointly selected for the Crisis Response Team by both APD and Aurora Mental Health Center.
  - Candidates will be screened by agencies and must pass an APD background check.
  - APD shall issue AuMHC personnel facilities access badges to enable access to APD district offices, headquarters, the Public Safety Training Center, and all associated gates.
  - AuMHC shall issue APD CRT personnel building access badges to the AuMHC walk-in clinic.
  - APD CRT personnel will sign and date the confidentiality agreement regarding the use of AuMHC building access.

CIT International and the Justice Center and the Bureau of Justice Assistance have identified areas that should be included in a Memorandum of Understanding (MOU), such as:

- Resources each organization commits,
- How law enforcement and Clinicians interact on scene,
- Coordination of follow-up for individuals,
- Roles of each organization regarding training, program monitoring, and community outreach,
- Policies and procedures governing access, exchange, release, and storage of information between the agencies, and
- Roles and responsibilities for data collection and analysis.

None of the identified areas above are addressed. CIT International's best practices include an example of an MOU. The example states that "An MOU should be developed by both parties coming together and agreeing to general protocols. A common protocol serves the community well both in terms of community safety and accessing appropriate individual services."

Without a documented MOU outlining the expectations and responsibilities of each agency, including resources and protocols, there is the potential for misunderstanding and unmet needs or services.

## Recommendation

We recommend that Aurora Police Department work with the Aurora Mental Health Center to develop an MOU incorporating the areas identified as leading practices.

## Management Response

CRT agrees and is currently in the process of creating an updated Memorandum of Understanding with our partner agency, AuMHC, to outline personnel obligations, facilities access, confidentiality, and other relevant scope of work in accordance with leading practices.

*Targeted Implementation Date:* December 31, 2022

*Issue Owner:* Crisis Response Team Sgt. and CRT Program Manager

*Issue Final Approver:* Division Chief of Metro Operations

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## **ISS.6 - Follow leading practices**

Aurora Police Department (APD) lacks strong policies governing interactions with individuals with mental health disorders, procedures for crisis intervention trained (CIT) officers, and procedures for the Crisis Response Team (CRT.)

APD created the CRT in 2018, while APD drafted standard operating procedures (SOPs) in 2021; as of December 2021, no SOPs were in effect. As a result, the only guidance for crisis response is a directive on dealing with persons with mental health disorders, last updated April 2019.

We used the following abbreviations throughout this section:

- Standard Operating Procedure (SOP)
- Crisis Intervention Team (CIT)
- Crisis Response Team (CRT)
- Person in crisis (PIC)
- Police Mental Health Collaboration program (PMHC)
- International Association of Chiefs of Police (IACP)
- Policy Research Inc. (PRI)
- Lieutenant (Lt.)
- Sergeant (Sgt.)

### **Leading practices referenced**

Crisis Intervention Team (CIT) International:<sup>4</sup> *Crisis Intervention Team Programs: A best practice guide for transforming community responses to Mental Health Crises* Published August 2019

International Association of Chiefs of Police<sup>5</sup>: *Responding to Persons Experiencing a Mental Health Crisis* Published August 2018

Policy Research Inc. and National League of Cities<sup>6</sup>: *Responding to individuals in behavioral crisis via co-responder models: Role of cities, counties, law enforcement, and providers.* Published January 2020

Justice Center and Bureau of Justice Assistance<sup>7</sup>: *Police Mental Health Collaboration Programs, a checklist for law enforcement program managers.*

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<sup>4</sup> CIT International leading organization for Crisis Intervention Team training and certification.

<sup>5</sup> IACP is the world's largest professional association for police leaders

<sup>6</sup> Policy Research Inc. is a not-for-profit whose work revolves around behavioral services research and technical assistance. National League of Cities is comprised of city leaders focused on improving the quality of life for their constituents.

<sup>7</sup>The Council of State Governments Justice Center is a national nonprofit organization that uses its members with policy and research expertise to develop strategies that increase public safety and strengthen communities. Bureau of Justice Center is a federal program that provides leadership and services in grant administration and criminal justice policy development to support strategies to achieve safer communities.

We compiled leading practices by area and identified whether APD incorporates those practices into its policies. Below is a summary followed by the detailed practices and policies.

<b>Meets leading practice</b>	<b>Partially meets</b>	<b>Does not meet</b>
CIT Coordinator	Terminology	CRT Policies
Leads on calls	Program goals	Performance measures
Interviews or interrogations	Training	Resources
	Assessing the call	Officer selection
	Emergency hold	Calls for service
	Alternatives	Actions
	Transport	Restraints
	After action documentation	Transfer of Care

### **Crisis Response Team Policies**

The Crisis Response Team lacks policies and procedures for its operations. Leading practices recommend jointly developed written policies and procedures outlining roles, responsibilities of the law enforcement agency and health agency, staffing, training, information sharing, and work standards.

#### *Staffing*

A leading practice is co-response teams have 24/7 availability or at least coverage during peak calls. Policies do not address staffing for the co-responder teams.

#### *Data collection*

The Justice Center recommends identifying which personnel is responsible for collecting and analyzing program data. The draft CRT SOPs reference the CIT data collection sheet. Still, they do not recognize who is responsible for collecting and analyzing programmatic data, specifically for the co-responder program.

#### *Information Sharing*

The Justice Center recommends that protocols govern:

- the exchange of information between law enforcement personnel and mental health program partners,
- information to be shared,
- circumstances for sharing, and
- the process for sharing.

The Justice Center also recommends sharing progress reports regularly with the agency chief executive, other agency designees, and key staff from partner organizations. Sharing information and progress reports should also include other city programs, such as the Aurora Mobile Response Team and the Aurora Fire Rescue Community Health Program.

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There are no CRT SOPs, and the draft SOPs did not address the leading practices identified.

### **Terminology**

The inclusion of a glossary of terms in policy allows crisis response teams to become familiar with common words and standard definitions. Words to define are mental health crisis, mental illness, and terminology that mental health clinicians and officers on crisis response teams frequently use.

APD should work with their mental health partners to ensure they use appropriate language and do not use terms that may be considered offensive, such as *deranged* or *disturbed*. We did not see either of these terms used during our policy review. Still, we believe it is essential to review terminology periodically.

Directive 6.13 defines some words, but not words that would be used frequently by APD or mental health clinicians. This partially addresses leading practices.

### **Program goals**

APD should expand program goals for Crisis Intervention Trained officers and the Crisis Response Team to include leading practices.

The Goals of a CIT Program per CIT International are:

1. To improve safety during law enforcement encounters with people experiencing a mental health crisis for everyone involved.
2. To increase connections to effective and timely mental health services for people in a mental health crisis.
3. To use law enforcement strategically during crisis situations—such as when there is an imminent threat to safety or a criminal concern—and increase the role of mental health professionals, peer support specialists, and other community supports.
4. To reduce the trauma that people experience during a mental health crisis and thus contribute to their long-term recovery.

Directive 8.36 states the purpose of CIT as, “CIT attempts to reduce violence, injuries, and potential litigation through the rendering of appropriate services to subjects in need of counseling or therapy. Training in CIT provides officers understanding of the impact of mental illness on individuals. Trained CIT officers learn skills to help in the verbal de-escalation of a high-risk situation involving the mentally ill. Successful intervention may lead to a reduction in the need to utilize the Criminal Justice System.” The stated purpose aligns with the first program goal from CIT International but does not address the other goals.

Per Policy Research Inc. (PRI), co-responder program goals “Can include providing clinical support on the scene, conducting screening and assessments, reviewing what is known about client history, and navigating and referring to community resources. Many co-responder models involve clinicians who provide proactive follow-up support to encourage client service and treatment engagement.”

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The Justice Center also recommends written policies and procedures describing the program. The Crisis Response Team drafted SOPs; however, they do not include goals and do not adequately describe the program.

### **Performance Measures**

Performance measures are an important tool in monitoring and measuring program success. In addition, these measures should be used to inform resource allocations, including expanding program capacity, adding staff positions, funding, training, and shifting resources.

When determining performance measures, the Justice Center recommends considering qualitative and quantitative data on program operations and goals and perceptions of officers, behavioral health professionals, and community members. The Justice Center also recommends performance management meetings between program staff and patrol supervisors.

Policy and procedures do not address any performance measures. The CRT currently tracks program statistics including the number of diversions.

### **CIT Coordinator**

A leading practice from CIT International is to assign a CIT coordinator who runs the program and serves as a liaison. Directive 8.36.5 defines the CIT coordinator's responsibilities and states that the Technical Services Bureau Captain assigns the duties, adequately incorporating this leading practice.

### **Resources**

Leading practices from CIT International and CALEA recommend the policy describes for officers any available resources and addresses procedures for accessing those resources. The Bureau of Justice Assistance (BJA) and the Justice Center recommend that as part of designing the program, stakeholders' catalog:

- available resources in the community,
- criteria or restrictions in accessing them,
- capacity, and
- availability.

Policies and procedures do not address resources.

### **Training**

Leading practices address aspects of training, including types and frequency. Below is a summary of training-related leading practices.

#### *Crisis Intervention Training*

CIT International recommends recruiting and training officers until there are enough CIT officers to provide coverage for all districts and patrol shifts, 365 days a year. This may come out to 20 or 25 percent of officers in large agencies. IACP One Mind Campaign recommends that at least 20% of the sworn force of the police agency be CIT trained and operational.



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Leading practices for CIT training include significant community involvement, scenarios, and training evaluations. In addition, CIT International identifies specific training topics such as mental health, community support and resources, and de-escalation.

Continuing education is a core element of CIT. It enables officers to keep their skills current, focus on advanced topics, and receive reminders of their role as CIT officers. It also serves as reinforcement for CIT officers regarding their skills and identity as CIT officers.

According to CIT International,

*"Mandatory CIT Training Can Damage Your Program.* Some poorly performing CIT officers might seem like a small price for a better-trained force overall, but a CIT-trained officer who does not believe in the mission of CIT is a liability. Forced to take on the role, reluctant officers might act with indifference or even cruelty towards a person with mental illness. A few officers who create hostility during the training week can sour the experience for other officers, as well as that of the mental health professionals, individuals with mental illness, and family members who help teach the course.

With mandatory training, any officer misconduct towards a person with mental illness undermines your entire CIT program because community members see a CIT-trained officer who is behaving badly and may assume that the program is a failure. Researchers looked at officers' knowledge, skills, attitudes, self-confidence in dealing with crisis situations, use of de-escalation, and use of force—and found that volunteers performed better across the board. Department of Justice investigations of law enforcement agencies in Portland, Oregon, and Cleveland, Ohio specifically cited the shift to a train-all approach as the beginning of the end of CIT programs."

Policy and procedures do not address CIT training. Policies also do not address the additional training for officers assigned to the Crisis Response Team.

#### *All Officers*

CIT International recommends mental health training for all officers to help recognize a mental health crisis, call for a CIT officer, and keep the scene safe. The IACP recommends Mental Health First Aid training department wide. The Justice Center recommends mental health training at the recruit, in-service, and specialized training levels that is responsive to the needs of the community and demands for service. In addition, CALEA standards used for accreditation require training to include access to the court system and applicable case law.

Officers, deputies, and supervisors who respond to calls for service involving people with mental illnesses should receive training to prepare for these encounters, including de-escalation training.

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The IACP recommends providing mental health training in academies and routinely implementing updated training in department roll calls with a focus on responding effectively to persons affected by mental illness as a core responsibility of all police officers.

Directive 6.13.5 states that Department members will receive initial training on dealing with mental health disorders during the basic academy for sworn members. Non-sworn members receive the training as part of orientation/probation. All members who encounter the public receive annual refresher training. This policy addresses leading practices but does not identify the types of training provided.

### *Leadership*

A leading practice is for agency leadership to receive education and training on the police role in responding to people with mental illness, proven approaches, and skills required for an effective program.

### *Co-Responder training*

Leading practices recommend educating behavioral health staff in law enforcement's unique working conditions and demands. Mental health professionals who work within the PMHC program receive training or hands-on experience on topics including:

- Law enforcement policies and procedures,
- Participating in an officer ride-along,
- Observing 911 call-taking and dispatching functions, and
- Observing booking and jail intake procedures.

A leading practice is also to ensure quality staff training for behavioral health personnel and law enforcement, including CIT, mental illness, information sharing, special populations, use of force, naloxone administration, and team building. Policy and procedures do not address the co-responder training.

### *Frequency of training*

Training should be reviewed and or updated annually. Directive 6.13.5 states that all members who encounter the public receive annual refresher training; however, policy and procedures do not address all types of training and how often the training is reviewed or updated.

### **Officer selection**

CIT International recommends that CIT officers be chosen for their suitability to become specialists in responding to mental health crises. Per CIT International, "Training officers who do not have the specific interest, personal motivation, or skills to be CIT officers is not encouraged. It is more important that the officers trained have self-selected and volunteered to be CIT officers."

CIT International recommends a minimum of two years of service as a patrol officer. They recommend using a written application (including describing their interest in CIT), an interview explaining why they want to be a CIT officer,

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and a supervisor recommendation. The selection review should include their service record and a review of their disciplinary record.

Directive 8.36.5 states that the CIT coordinator will select volunteer officers for CIT certification. However, this does not follow the leading practice, and the policies do not address any other elements from leading practices.

Additionally, policies and procedures do not address requirements or the process for selection of officers to serve on the Crisis Response Team.

### **Calls for service**

The Justice Center recommends establishing under which situations or types of calls the CRT will be deployed and determining what assessments, supports, and services the team will provide.

Directive 6.13 states that when possible, one or more members of the Crisis Response Team should be assigned to handle calls involving a person in crisis because of a mental health issue. The draft CRT SOPs address responsibility for case management of persons contacted by law enforcement and steps if a call is inappropriate for the team; however, policy and procedures do not address the situations and types of calls the CRT will be deployed to or detailed assessments, supports, or services the team provides. The current policies and procedures do not adequately address leading practices.

### **Lead on calls**

CIT International recommends policies clarify that a CIT officer is generally the lead officer on a mental health call. Describing the CIT officer's role in the policy clarifies that role for CIT officers, their fellow patrol officers, and their supervisors. The policy should clearly describe the leadership role of a CIT officer. In general, a CIT officer takes control of a mental health event either as the initial responding officer or at the request of the responding officer. In cases where the scene is safe and mental health providers are on-site, the officer can play a supporting role or go back into service to handle other calls.

Directive 8.36.2 states that once engaged; the certified member is in-charge of the intervention portion of the event until relieved by a supervisor or department negotiator. The policy addresses the leading practice; however, APD should expand the policy to clarify the role of a clinician on-site.

### **Assessing the call**

CALEA recommends guidelines for recognizing persons suffering from mental health issues. The IACP recommends officers use indicators to assess whether a person in crisis represents a potential danger to themselves, the officer, or others. They also recommend:

- Continuing to use de-escalation techniques and communication skills to avoid escalating the situation,
- Removing any dangerous weapons from the area, and

- 
- Where applicable, ensuring that the appropriate personnel have initiated the process for the petition for involuntary committal.

The Justice Center recommends these protocols for responding officers:

- Assessing whether a crime has been committed,
- Determining whether the person's behavior indicates that mental illness may be a factor,
- Ascertaining whether the person appears to present a danger to self or others, and
- Using skills to safely de-escalate situations involving someone behaving erratically or in crisis.

The IACP recommends policy address the response for when an officer determines an individual in crisis is a potential threat to themselves, officers, or others, and law enforcement intervention is required. The IACP includes 13 areas for consideration in this situation, including requesting a backup officer and seeking CIT officers or CRT assistance.

Directive 8.36.2 addresses CIT officers using appropriate tactics to protect themselves and those in crisis, including cover officers. Directive 6.13.2 includes steps taken when encountering an individual believed to be mentally ill but does not address assessing the person. Draft CRT SOP 2.3 instructs CRT officers to use active listening and de-escalation techniques to gain voluntary compliance when practical and safe. Policies do not address all components of these leading practices.

### **Emergency holds**

CIT International recommends creating clear guidance for officers on behaviors that qualify an individual for an emergency psychiatric evaluation and guidance to describe the behavior to medical or crisis staff. In addition, the IACP recommends that officers request the assistance of crisis-trained personnel to assist in the custody and admission process and interviews or interrogations when possible.

Directive 6.13.3 details the process for a mental health hold, including a form, but does not include guidance requesting CIT or CRT assistance or guidelines on describing the behavior.

### **Alternatives**

CALEA recommends ensuring the best treatment options are used to keep those with mental health issues out of the criminal justice system by addressing alternatives to arrest within policy. Such options could include citations, summonses, referrals, informal resolutions, and warnings. In addition, the Justice Center recommends that when no formal action is taken, officers can connect the person with a friend or family member, peer support, or treatment crisis center.

The Justice Center recommends protocols including procedures for officers to engage services of the person's current mental health provider,

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a mobile crisis team, or other mental health specialists. They also recommend, when possible, providing the person in crisis and their family members with resource information.

Directive 6.13 states that when possible, one or more members of the Crisis Response Team should be assigned to handle calls involving a person in crisis because of a mental health issue. If the CRT is unavailable, CIT members or any sworn member may respond. Policy partially addresses leading practices.

### **Actions**

The IACP recommends several courses of action for officers when responding to a person in crisis:

- Offer mental health referral information to the individual, family members, or both,
- Assist in accommodating a voluntary admission for the individual,
- Take the individual into custody and provide transportation to a mental health facility for an involuntary psychiatric evaluation, or
- Make an arrest.

While this may be in practice, the policy and procedures do not address this leading practice.

### **Restraints**

A leading practice is for officers to be aware that the application or use of restraints may aggravate any aggression displayed by a person in crisis. Protocols should describe the use of restraints when detaining people for emergency evaluation. Policy and procedures do not address this leading practice.

### **Transport**

A leading practice is to provide guidance on when an officer can use discretion to reduce trauma and humiliation to the transported individual; examples include allowing transport in a family car or ambulance. In addition, officers should receive guidance on the procedures for coordinating with other agencies involved in transport, such as EMS. Directive 6.13.3 states that transportation to the walk-in clinic or the emergency room may be done by the member or other means. The policy partially addresses leading practices, but the policy does not define "other means."

### **Transfer of care**

Leading practices recommend policy describes any procedure that facilitates the transfer of custody with a receiving center (emergency department, clinic, crisis center), a jail, or diversion center. Policies and procedures do not address this leading practice.

### **Interviews or Interrogations**

CALEA recommends specific guidelines for personnel to follow in dealing with persons they suspect suffer from mental health issues during contacts on the street and during interviews and interrogations.

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Directive 6.13.3 gives guidance when interviewing or interrogating an individual experiencing a mental health crisis or who has a mental health disorder. The policy adequately addresses this leading practice.

### **After incident documentation**

The IACP recommends that officers document the incident, regardless of whether the individual is taken into custody. The documentation could include:

- where it occurred,
- an explanation if referred to another agency,
- circumstances of the incident including observed behavior,
- when an individual is transported for psychiatric evaluation, and
- providing documentation to clinicians describing the circumstances and behavior.

Directive 8.36.4 references a data collection sheet and completes a report detailing the actions taken and outside services provided. Draft CRT SOP 2.3 requires CRT officers to document each contact in the records management system. Policy partially addresses this leading practice except for what information is required.

### **Recommendation**

We recommend APD develops SOPs that include leading practices for the Crisis Response Team in cooperation with the clinicians and updates its directives to reflect leading practices.

### **Management Response**

CRT agrees to:

- Update CRT SOPS to include staffing, information sharing, and data collection and policies will also reflect collaboration with AMRT and the AFR Community Health Program.
- Review policies annually to ensure proper terminology and include program goals and a glossary of commonly used terms.
- Updated program goals to reflect CIT International recommendations
- Create performance measures in collaboration with evaluation partners and referenced in the SOPs
- The CRT Sgt. will assume the position of CIT coordinator and the job description of CRT Sgt. will reflect this.
- Update the SOP to include where officers can access resources and outline CIT training for officers in the department as referenced by CIT International recommendations.
- Develop directives to provide guidance to officers in assessing mental health calls for service, requesting CIT/ CRT/ AMRT assistance, and other alternatives to ensure best treatment options.
- Review restraint protocols for persons in mental health crisis and revise as needed.
- Clearly outline transport and transfer of care protocols in policy.
- Update the policy to reflect the information to be collected in reference to documentation for mental health calls for service.

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These updates will be made in cooperation with the CRT chain of command, CRT program manager, and clinicians to reflect leading practices outline above.

*Targeted Implementation Date:* October 31, 2022

*Issue Owner:* Crisis Response Team Sgt. and CRT Program Manager

*Issue Final Approver:* Metro Operations Division Chief

## **ISS.7 - Program governance**

The Crisis Response Team needs to develop a formal and structured approach to program governance.

CIT International recommends a steering committee to work together to improve and guide crisis response. CIT International, IACP, Justice Center and the BJA all include recommendations for parties to be involved, including:

- People living with mental illness and their family members,
- Law enforcement officers,
- Mental health professionals,
- Mental health advocates,
- Community member, and
- Community leaders.

The committee should discuss the committee's purpose, frequency of meetings, shared resources, objectives and goals, programmatic concerns, and how information changes in the programs.

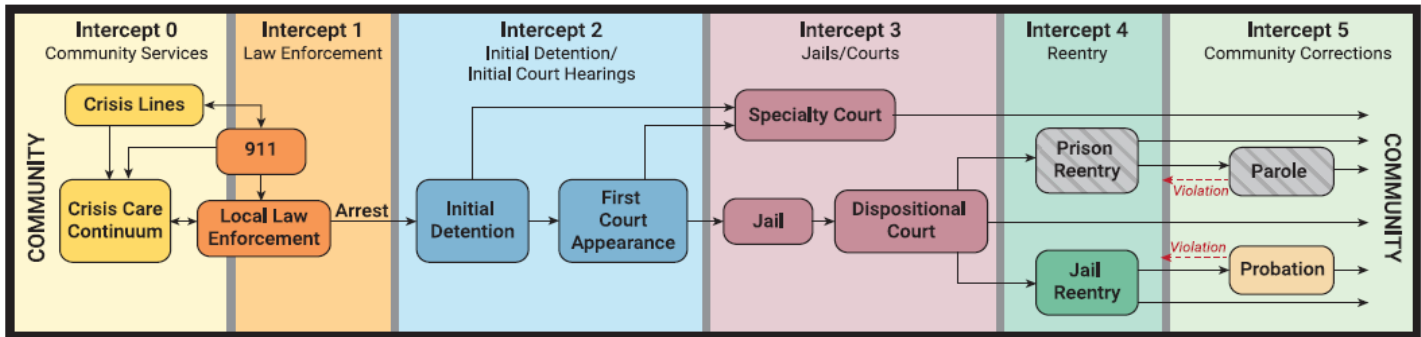
The Justice Center and the Bureau of Justice Assistance recommend that program goals capture the big picture that the program is meant to achieve. In contrast, objectives outline program activities that, if achieved, will meet those goals. The goals should be well-articulated in writing and shared among all partners and the community and reviewed periodically.

### **Sequential Intercept Model**

CIT International's leading practices guide includes using the sequential intercept model. However, Aurora Police does not currently use this model.

"The model illustrates opportunities at every state of the justice system for individuals with mental illness to be diverted away from the justice system. The system is most effective when there are strong crisis services at Intercept 0, allowing access to mental health services without any contact with the justice system. It is also easier and more effective, if justice system involvement does occur, to serve people and get them on the path to recovery if they can be diverted from the justice system early, such as at Intercept 1."

The graphic below is from CIT International leading practices and is an example of the Sequential Intercept Model.



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35(5-6), 380-395. <https://doi.org/10.1002/bsl.2300>  
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CIT International recommends “holding a mapping workshop with stakeholders to identify the current practices of the crisis response system, identify gaps and opportunities, and look for funding opportunities if needed. Sequential Intercept Model is used to understand how people with mental illness interact with the criminal justice system. Stakeholders typically discuss each intercept in turn, trying to gain a clear understanding of their community’s services, strengths, and gaps. Then, they focus on priority issues. The workshop concludes with a strategic action planning process to help communities tackle their top priorities.”<sup>8</sup>

Using a collaborative approach to program governance ensures a comprehensive and effective program.

### Recommendation

We recommend developing a Crisis Intervention Team Steering Committee that incorporates leading practices identified above.

### Management Response

CRT agrees and the CRT Sgt is currently enrolled in the CIT train the trainer program and will create a CIT steering committee; working in concert with APD Community Relations and AuMHC to create a synergistic group.

*Targeted Implementation Date:* September 30, 2022

*Issue Owner:* Crisis Response Team Sgt. and CRT Program Manager

*Issue Final Approver:* Division Chief of Metro Operations

### ISS.8 - Program feedback and awareness

The Crisis Response Team needs to be more proactive in seeking feedback from community members and families impacted by mental illness and promoting awareness for the program.

<sup>8</sup> Ibid.



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CIT International states that feedback can help reinforce the data you collect or put it into the appropriate context. They suggest collecting the following feedback:

- News stories about your program,
- Testimonials from individuals and family members,
- Concerns from individuals and family members,
- Letters of support from individuals and family members, and
- Officer feedback about the training.

CIT International also recommends raising awareness of the program, so individuals know their options during a crisis. The IACP recommends using technology to enhance awareness of mental health services, such as a social media feed.

Program awareness should also be internal within APD to ensure that officers are aware of the role of CIT officers and the Crisis Response Team and available resources for persons in crisis.

## Recommendation

We recommend that APD work with APD Media Relations Office, APD Community Relations, City Communications, and Aurora Mental Health Center to identify additional methods for collecting feedback and raising awareness for the program.

## Management Response

CRT agrees and will work with City of Aurora communications and APD Community Relations to spread awareness of CRT to community members. CRT is working with ARI (Aurora Research Institute) to develop a formal process to receive post contact feedback from individuals contacted by the CRT.

*Targeted Implementation Date:* December 31, 2022

*Issue Owner:* Crisis Response Team Sgt. and CRT Program Manager

*Issue Final Approver:* Division Chief of Metro Operations

## Appendix

### Persons in Crisis calls for service categories

The data below is for the period January 16 through 22, 2022 and includes calls for service with someone in crisis where CRT could have responded. The source of the information for this list, the Computer-Aided Dispatch system, was not audited. This is for informational purposes as an example of the various calls for service types involving someone in crisis. The pivot table below shows the case type from the Computer-Aided Dispatch (CAD) system in bold, final case types in italics, and the final case type of mental health crisis is underlined.

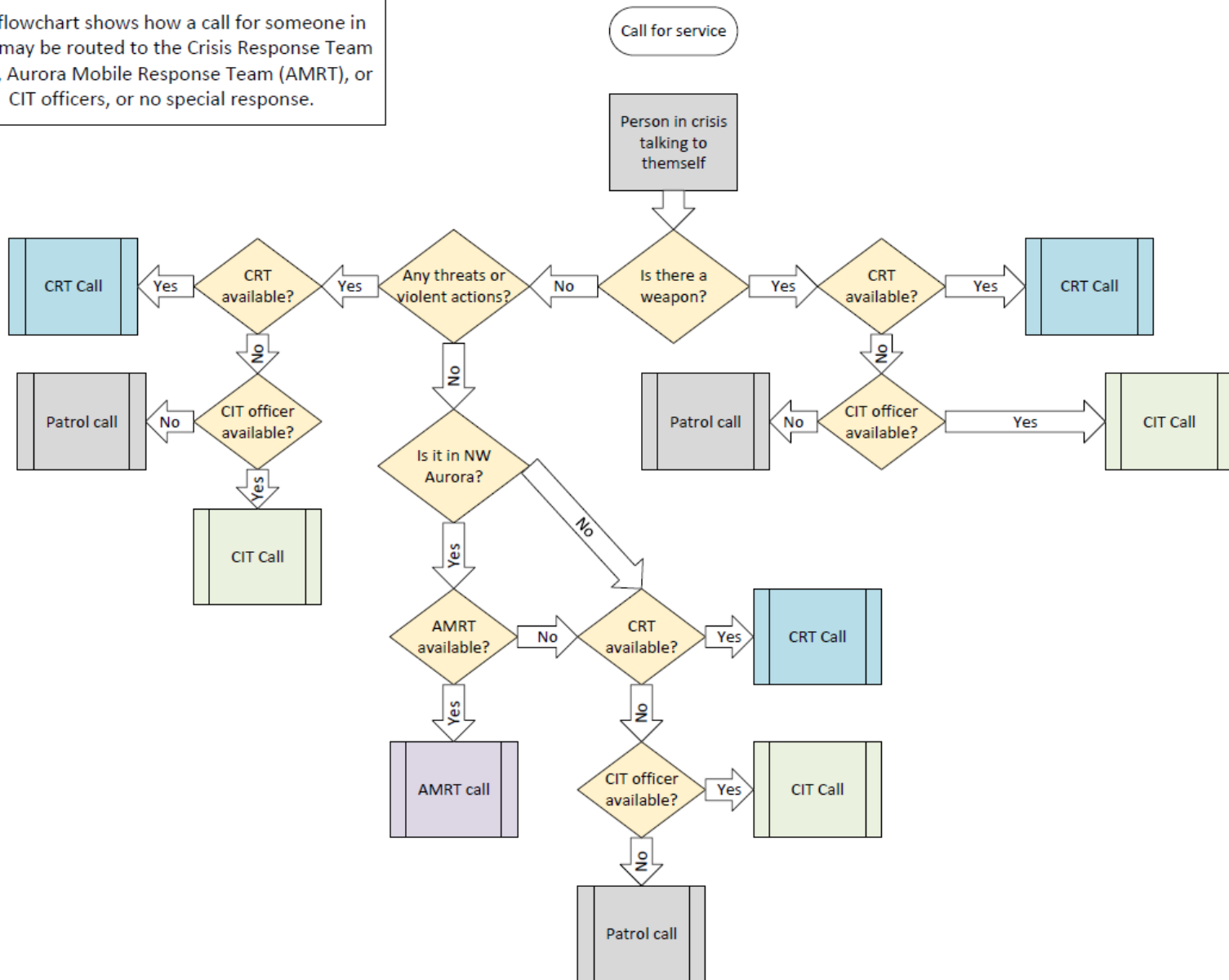
<b>Case Type and Final Case Type</b>	<b>Count of final case type</b>
<b>ADMIN</b>	
<i>FOLLOW-UP/REPORT WRITE</i>	1
<b>AREA WATCH</b>	
<i>CHECKED AREA/AREA WATCH</i>	1
<i>CONTACT MADE</i>	1
<b>ATRISK - MISSING AT RISK PERSONS</b>	
<i>RUNAWAY</i>	1
<b>DEATH</b>	
<i>ASSIST INTRA-AGENCY</i>	1
<b>DOMINJ - DOMESTIC WITH INJURIES</b>	
<i><u>MENTAL HEALTH CRISIS</u></i>	<u>1</u>
<b>FAMILY DISPUTE</b>	
<i><u>MENTAL HEALTH CRISIS</u></i>	<u>3</u>
<b>FIRE ASSIST</b>	
<i>ASSIST FIRE DEPARTMENT</i>	7
<i>CONTACT MADE</i>	1
<i>MISSING PERSON</i>	1
<i>SUICIDE ATTEMPT</i>	1
<b>FOLLOW-UP</b>	
<i>CONTACT MADE</i>	1
<i>FOLLOW-UP/REPORT WRITE</i>	2
<i><u>MENTAL HEALTH CRISIS</u></i>	<u>2</u>
<b>MISSING PERSON</b>	
<i><u>MENTAL HEALTH CRISIS</u></i>	<u>1</u>
<i>MISSING PERSON</i>	1
<b>OSA - OUTSIDE AGENCY ASSIST</b>	
<i>CONTACT MADE</i>	1
<b>RETURN - RETURNED MISSING PERSON</b>	
<i>RUNAWAY</i>	2
<b>SUIA - SUICIDE ATTEMPT</b>	
<i>ASSIST INTRA-AGENCY</i>	1

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CONTACT MADE	1
<u>MENTAL HEALTH CRISIS</u>	<u>4</u>
SUICIDE ATTEMPT	1
<b>SUIT - SUICIDE THREAT</b>	
ADMINISTRATIVE/DETAIL	1
CHECKED WELFARE	3
CONTACT MADE	8
<u>MENTAL HEALTH CRISIS</u>	<u>8</u>
SUICIDE ATTEMPT	1
Blank	1
<b>SUSPICIOUS</b>	
<u>MENTAL HEALTH CRISIS</u>	<u>1</u>
<b>TRESPASS</b>	
Blank	1
<b>UNK - UNKNOWN PROBLEM</b>	
CHECKED AREA/AREA WATCH	1
CHECKED WELFARE	1
<b>WEL - WELFARE CHECK</b>	
ASSIST FIRE DEPARTMENT	1
ASSIST INTRA-AGENCY	2
CHECKED AREA/AREA WATCH	3
CHECKED WELFARE	9
CONTACT MADE	13
FAMILY OFFENSE	1
<u>MENTAL HEALTH CRISIS</u>	<u>9</u>
SUSPICIOUS ACTIVITY	3
Blank	3
<b>WELINJ - WELFARE CHECK WITH INJURIES</b>	
ASSIST FIRE DEPARTMENT	4
CHECKED WELFARE	2
CONTACT MADE	1
FAMILY OFFENSE	1
<u>MENTAL HEALTH CRISIS</u>	<u>1</u>
<b>WFAM - FAMILY DISPUTE WITH A WEAPON</b>	
CONTACT MADE	1
<u>MENTAL HEALTH CRISIS</u>	<u>1</u>
<u>Grand Total</u>	117

## Example of response to crisis call

This flowchart shows how a call for someone in crisis may be routed to the Crisis Response Team (CRT), Aurora Mobile Response Team (AMRT), or CIT officers, or no special response.



# Crisis Response Team Audit Presentation



Michelle Crawford, M.Acct., CIA, CFE, CRMA  
Police Auditor, City of Aurora

# Background information

- Crisis Response Team (CRT) follows co-responder model
- Pairs a clinician with an officer
- Co-responder model helps prevent unnecessary incarceration/hospitalization and helps reduce Patrol officer resources spent on mental health situations



# Audit Objectives

- Determine if the Crisis Response Team (CRT) is effectively receiving and responding to incidents involving people with mental health or other specialized needs.
- Evaluate if resources staffing CRT are adequate to respond to mental health calls.



# Auditor Conclusion

Based on the results of our engagement procedures, additional data is needed to determine the effectiveness of receiving and responding to incidents and the adequacy of CRT staffing resources.





# Receipt of incidents

- City lacks formal procedures for handling calls for persons in crisis and dispatching CRT and CIT trained officers
- If Aurora911 receives a call requesting a CIT officer or CRT, will air the request and dispatch a patrol officer.



# Receipt of incidents

Leading practices not followed:

- Procedures for receiving and dispatching calls involving persons in crisis,
- Policy describing call-taker's role in gathering mental health information from caller,
- Procedures if CRT or a CIT officer is not available for a crisis event, and
- Transferring to a crisis line if appropriate



# Receipt of incidents

## Recommendation

Aurora911 follows leading practices including,

- Developing training for employees handling mental health crisis calls,
- Developing procedures for identifying and handling mental health crisis calls,
- Working with CRT to develop procedures for dispatching CRT and CIT trained officers, and
- Evaluating the use of a crisis line.



# Response to Incidents

## **No mental health calls for service data**

- Current CAD system does not have a category code for mental health related calls
- Officers can use a mental health crisis as a final category, but it is not consistently used, and the department lacks training on its use



# Response to Incidents

Randomly selected one week of calls for service

- Reviewed approximately 1,800 calls for service
- 117 calls with a person in crisis that were appropriate for a CRT response
- This is not a statistical sample and cannot be extrapolated



# Response to Incidents

## Recommendation

We recommend Aurora Police Department work with Information Technology and Aurora911 to identify and implement the most efficient and effective methods to track mental health calls for service. We also recommend that APD use the mental health calls for service data to ensure the appropriate deployment of resources to *persons in crisis*.



# Response to Incidents

## Data Collection and Analysis

Additional opportunities to gather data in accordance with leading practices.

## Recommendation

Track the additional data points identified.



# Staffing

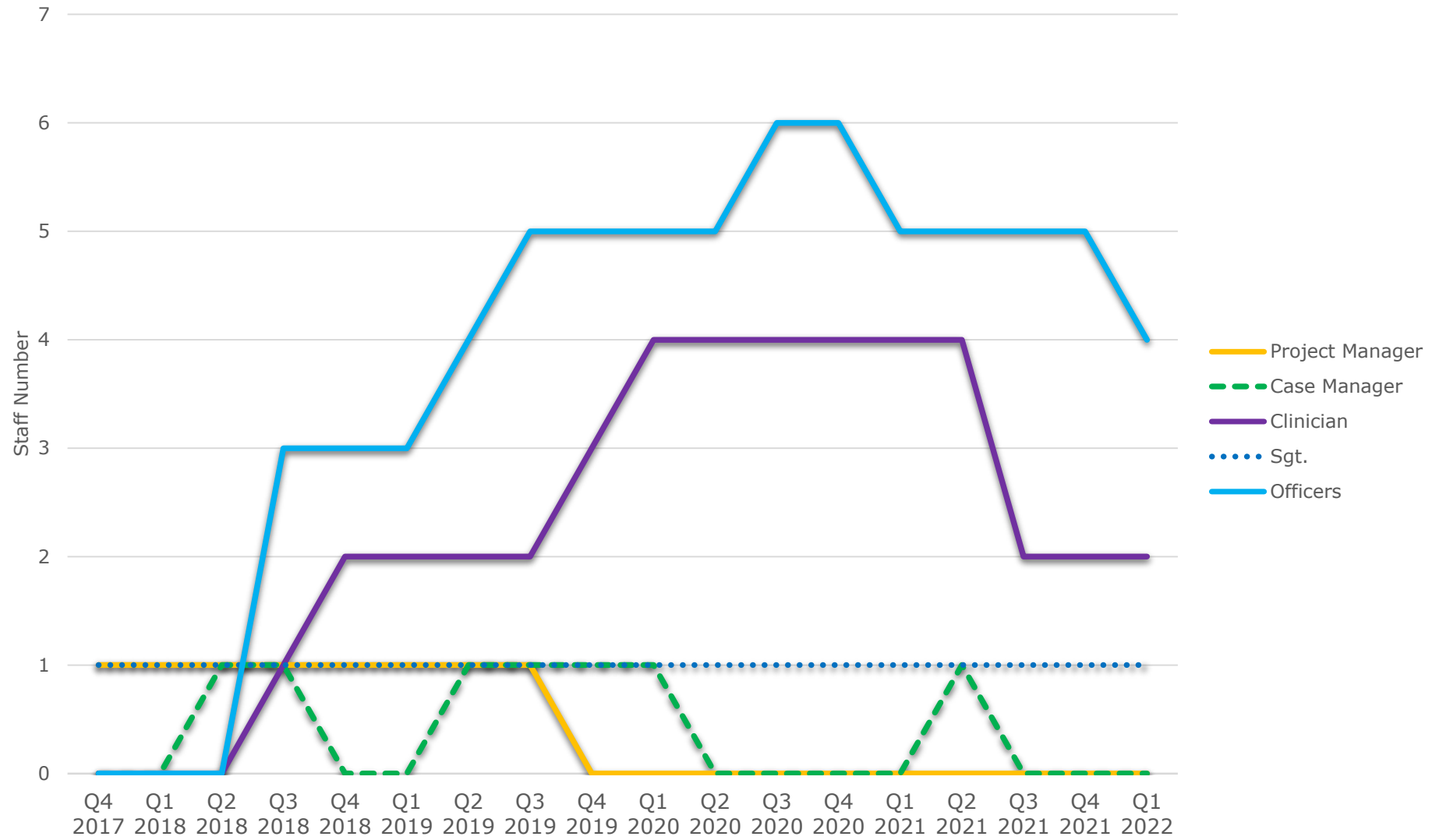
No written requirements with partner agency regarding staffing levels. Crisis Response Team positions include:

- Program Manager (COA)
- Case Manager, Clinicians (AuMHC)
- CRT Sgt., CRT Officers (COA)





# CRT Staffing



# Staffing

## **Partner with a Mental or Behavioral Health Agency**

- Partner agency controls pay and benefits, flexibility to adjust varies by agency
- Partner agency responsible for managing the employees, clinical oversight, supervision, support, maintaining health records
- Allows clinicians access to agency records



# Staffing

## **Hire as City employees**

- City controls pay and benefits
- City responsible for direct supervision, consideration include ability to provide clinical oversight and supervision, having insurance coverage, legal expertise, an electronic health record system, and policies
- Clinicians likely to lose access to partner agency records



# Staffing

## **Partner with a provider**

- Provider controls pay and benefits, may allow more flexibility
- Provider responsible for managing the employees, clinical oversight, supervision, support, and maintaining health records
- Clinicians likely to lose access to partner agency records



# Staffing

- Grant funding ends soon.
- Without adequate clinician and case manager staffing, the program becomes a CIT program instead of a co-responder program.



# Staffing

## Recommendation

We recommend that the City issues a Request for Information or a Request for Proposals to evaluate staffing options for clinicians and a case manager and then determine which option and partner best serves the City's and community's needs.



# Directives and SOPs

APD lacks strong policies around persons in crisis

- Governing interactions with individuals with mental health disorders,
- Procedures for CRT, and
- Procedures for CIT trained officers



# Directives and SOPs

<b>Meets leading practice</b>	<b>Partially meets</b>	<b>Does not meet</b>
CIT Coordinator	Terminology	CRT Policies
Leads on calls	Program goals	Performance measures
Interviews or interrogations	Training	Resources
	Assessing the call	Officer selection
	Emergency hold	Calls for service
	Alternatives	Actions
	Transport	Restraints
	After action documentation	Transfer of Care





# Directives and SOPs

## **Recommendation**

We recommend APD develops SOPs that include leading practices for the Crisis Response Team in cooperation with the clinicians and updates its directives to reflect leading practices.



# Governance and program feedback/awareness

## Recommendations

We recommend developing a Crisis Intervention Team Steering Committee that incorporates leading practices identified.

We recommend that APD work with APD Media Relations Office, APD Community Relations, City Communications, and Aurora Mental Health Center to identify additional methods for collecting feedback and raising awareness for the program.



# Questions





# CITY OF AURORA

## Council Agenda Commentary

<b>Item Title:</b> Directed Action Response Teams Update
<b>Item Initiator:</b> Daniel Oates, Interim Chief of Police APD
<b>Staff Source/Legal Source:</b> Jad Lanigan, Division Chief APD / Megan Platt, City Attorney
<b>Outside Speaker:</b> N/A
<b>Council Goal:</b> 2012: 1.0--Assure a safe community for people

### COUNCIL MEETING DATES:

**Study Session:** N/A

**Regular Meeting:** N/A

### ITEM DETAILS:

- Agenda long title
- Waiver of reconsideration requested, and if so, why
- Sponsor name
- Staff source name and title / Legal source name and title
- Outside speaker name and organization
- Estimated Presentation/discussion time

Jad Lanigan, Division Chief APD / Megan Platt, City Attorney  
20 minutes

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### ACTIONS(S) PROPOSED *(Check all appropriate actions)*

- |   |  |
|---|--|
| <input type="checkbox"/> Approve Item and Move Forward to Study Session   | <input type="checkbox"/> Approve Item as proposed at Study Session   |
| <input type="checkbox"/> Approve Item and Move Forward to Regular Meeting   | <input type="checkbox"/> Approve Item as proposed at Regular Meeting |
| <input checked="" type="checkbox"/> Information Only  |  |
| <input type="checkbox"/> Approve Item with Waiver of Reconsideration<br>Reason for waiver is described in the Item Details field. |  |

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### PREVIOUS ACTIONS OR REVIEWS:

**Policy Committee Name:** N/A

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**Policy Committee Date:** N/A

**Action Taken/Follow-up: (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Recommends Approval              | <input type="checkbox"/> Does Not Recommend Approval    |
| <input type="checkbox"/> Forwarded Without Recommendation | <input type="checkbox"/> Recommendation Report Attached |
| <input type="checkbox"/> Minutes Attached                 | <input type="checkbox"/> Minutes Not Available          |

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**HISTORY (Dates reviewed by City council, Policy Committees, Boards and Commissions, or Staff. Summarize pertinent comments. ATTACH MINUTES OF COUNCIL MEETINGS, POLICY COMMITTEES AND BOARDS AND COMMISSIONS.)**

N/A

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**ITEM SUMMARY (Brief description of item, discussion, key points, recommendations, etc.)**

Directed action of response teams targeting established patterned crime trends.

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**QUESTIONS FOR COUNCIL**

Information Only

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**LEGAL COMMENTS**

The City Manager shall be responsible to the council for the proper administration of all affairs of the City placed in his charge and, to that end, he shall have the power and duty to make written or verbal reports to the Council concerning the affairs of the city under his supervision: City Charter §7-4(e). (Platt)

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**PUBLIC FINANCIAL IMPACT**

- YES       NO

**If yes, explain:** N/A

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**PRIVATE FISCAL IMPACT**

- Not Applicable       Significant       Nominal

**If Significant or Nominal, explain:** N/A



# Direct Action Response Team (DART)



Division Chief Jad Lanigan  
07/14/22

# DIRECT ACTION RESPONSE TEAM (DART)

- Mission
- Goals
- Proactive Functions
- Reactive Functions
- Investigative Capabilities/Tools
- Operations
- Logistics
- Unit Composition



# MISSION

The DART mission is to impact violent crime through investigative enforcement efforts targeting established pattern crime trends and known hotspots based on intelligence-driven analytical data. Through conventional and specialized law enforcement methods, DART members will engage in highly visible proactive investigative/enforcement operations to combat rising violent crime and motor vehicle thefts in the City of Aurora.





# GOALS

The overall goals of DART are:

- To locate, identify, and disrupt major criminal activity contributing to violent crime to include: motor vehicle thefts, illegal firearm possession, drug-related offenses and prostitution.
- To collaborate with community members, business owners, and key stakeholders to identify and understand the contributing factors to violent crime and the central figures responsible.
- To establish an effective working model to have an immediate and lasting impact on violent crime.
- To reverse the increasing trend of reported violent crime.
- To reduce the annual number of victims of violent crime.



# PROACTIVE FUNCTIONS

- Proactive unit functions
  - Target known hotspots, established pattern crime trends and known criminal offenders based on intelligence-driven analytical data:
    - Individuals engaged in violent crime and other high-risk criminal activity
    - Repeat/habitual criminal offenders, suspected gang affiliation, and criminals targeting victims of opportunity
    - Known and prolific criminal offenders engaged in MVT
    - Priority based (formal/informal) joint operations (w/GRIT) to target high level offenders



# REACTIVE FUNCTIONS

- Citywide patrol resource to provide support in multiple areas of need to include:
  - Active critical incidents, natural disasters, civil disorder and severe weather exceeding patrol resources/capabilities
  - Provide immediate aid to patrol on high-priority calls for service and major events:
    - Area saturation, perimeter support, roving support, and authorized pursuits/forcible termination
    - Crime scene management, crowd control, suspect apprehension, and sequestering/interviewing of victims and witnesses
    - Utilization of advance skills in surveillance, enforcement, and tactical support to aid in suspect apprehension
    - Application of technical skills in Starchase deployment, investigative database searches, and mesh camera operation
    - Information management from community members, business owners, and key stakeholders in the resolution of major criminal events



# INVESTIGATION & ENFORCEMENT

- Surveillance (unmarked vehicles) and immediate uniform enforcement operations
- Rapid deployment and high-visibility enforcement
- Directed enforcement operations
- Joint operations with GRIT, RAVEN, and interagency/intra-agency groups
- Basic investigations
- SWAT tactical support element
- Patrol operation resource
- Uniform support on select planned operations



# STRATEGIC OPERATIONS

- License Plate Reader Enforcement (MVTR/arrest warrants)
- Traffic Stops (pre-textual/wall stops)
- Pedestrian Contacts (high crime areas)
- Knock and Talks
- Foot Patrol
- Bar Checks
- Drug/Prostitution Operations (joint with SIRT)



# LOGISTICS

- DART will work a proposed swing shift schedule during Aurora's peak crime hours 1400-0000 hours and will adjust depending on statistical data.
- Work schedule would be concurrent to SIRT (Wed-Sat) for potential 5 days a week coverage
- Maintain ability to flex hours specific to operational needs and crime trends
- Supervisors and officers can respond to high priority calls for service and make initial assessment of crime scene for potential GRIT notifications
- DART supervisors can direct preliminary investigative efforts and forward applicable cases to GRIT
- DART can provide investigatory support on high-priority calls in the form of surveillance/enforcement efforts for outstanding fugitives associated to recent violent criminal episodes
  - Approach will provide budgetary relief to the department by reducing number of GRIT call outs
  - Further promote collaborative efforts between members of the ISS and potentially reduce OT expenditures



# TEAM COMPOSITION

- Pilot Program to consist of (2) identical teams
- Readily identifiable uniform assignment (BDUs)
  - Officers will be allowed to wear plain clothes with the permission of the commander
- (2) Officers per vehicle (depending on assignment and mission)

