

**LMPD STANDARD OPERATING PROCEDURES:
SELECTED SECTIONS RE. CIT/DE-ESCALATION TACTICS**
(highlights added)

SOP Number: 12.11

Effective Date: 10/17/05

Prv. Rev. Date: 01/11/15

Revised Date: 04/10/16

Accreditation Standards:

CALEA: 70.3.1

KACP: 30.8

Chapter: Special Response

Subject: Crisis Intervention Team (CIT)

12.11 CRISIS INTERVENTION TEAM (CIT) (KACP 30.8)

12.11.1 PURPOSE

The purpose of the Crisis Intervention Team (CIT) is to **provide a proactive approach**, by using trained officers in the uniformed divisions, to respond to runs and initiate contact with citizens who are dealing with mental illness. By working actively with the mental health community and frequently with the criminal justice system, **the program can promote favorable long-range alternatives when dealing with citizens with mental health problems**. Citizens with ongoing mental health problems can be identified and measures can be taken to reduce the frequency of police contacts.

12.11.2 DEFINITIONS

- **Alcohol and/or Drug Abuse:** The use of any alcoholic beverage, or drug, which results in intoxication, or dependency, from continued use. The dependency induces a mental, emotional or physical impairment which causes socially dysfunctional behavior.
- **Likelihood of Serious Physical Harm:**
 - Risk that serious physical harm will be inflicted by a person, upon their person, as evidenced by recent threats, verbal or otherwise, or attempts to inflict physical harm.
 - Risk that serious physical harm will result due to the impairment of their capacity to make decisions, as evidenced by the inability to provide for their basic needs (e.g. food, clothing, shelter), including the ability to seek hospitalization or treatment or purposely disregarding treatment through non-compliance and failure or their refusal to take prescribed medications.
 - Risk that serious physical harm will be inflicted upon another, as evidenced by recent overt acts, behavior or threats, including acts or threats having caused harm or which would place a reasonable person in fear of sustaining such harm.
- **Mental Health Liaison:** A qualified mental health professional who acts as a liaison between mental health groups and the LMPD's CIT Coordinator.
- **Mental Illness:** A medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others and daily functioning. Mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.
- **Reasonable Grounds:** A set of facts or circumstances which would satisfy an ordinary cautious and prudent person that there is reason to believe and which goes beyond mere suspicion.
- **CIT Program Coordinator:** Appointed by the Chief of Police and reports to the Training Division Commander. The CIT Program Coordinator is responsible for projects and oversees the Assistant CIT Coordinator and the advisory board. The CIT Program Coordinator acts as the liaison between mental health professionals, community partners and the Louisville Metro Police Department (LMPD).
- **Assistant CIT Coordinator:** Prepares monthly reports and facilitates coordinated training blocks.
- **Advisory Board:** A group of stakeholder agencies in the community, including the LMPD, who meet quarterly to discuss issues that arise in the response to the needs of the mentally ill and possible improvements to the CIT program.
- **CIT Officer:** A uniformed patrol officer who has successfully completed required training in crisis intervention techniques.

12.11.3 PROCEDURES FOR CIT

CIT officers are assigned to the Patrol Bureau and respond to routine calls for service when not acting in a CIT capacity. CIT officers report directly to their shift supervisors. CIT officers will respond to calls that meet specific criteria.

CIT notification criteria include, but are not limited to:

- Any incident where a mental illness requires officers to be dispatched or to respond (e.g. disorderly person talking to themselves).
- Any run involving a Mental Inquest Warrant (MIW).
- Any incident where there is reasonable grounds to believe that the subject is mentally ill and may harm themselves or others. The officer will take the subject under involuntary hospitalization pursuant to KRS 202A.041 (CALEA 70.3.1).
- Any request by a qualified mental health professional to transport for involuntary hospitalization.
- Any incident where the subject voluntarily accompanies an officer and there is reason to believe that the safety of the public, and the subject, are best served by the officer transporting the subject to a facility for voluntary commitment (CALEA 70.3.1).
- MetroSafe will dispatch available CIT officers on runs that meet CIT criteria. If CIT officers are not available in the division, then MetroSafe will dispatch CIT officers from the nearest division. If CIT officers are not available in the other divisions, MetroSafe will dispatch non-CIT officers from the original division. MetroSafe will make the responding officers and a commanding officer from the affected division aware of the status of CIT officer availability.

CIT officers will be in charge of any scene to which they respond, unless otherwise directed by a commanding officer. The CIT officer, on the scene, has the authority to request any additional support and to direct the actions of other officers on the scene. A CIT officer has the authority to direct officers to stop actions, as he/she deems necessary. CIT officers utilize crisis intervention training and experience to provide an appropriate response during, and following, a crisis situation.

As required by KRS 210.365(9), an E-Crisis Wizard Report, available on the Kentucky Open Portal System (KYOPS), will be completed on every CIT run. The only exception is if a CIT officer determines that the run is not a CIT run upon reaching the scene and re-classifies the run prior to clearing. A paper copy of the E-Crisis Wizard Report will be printed, via the MDT printer, and left at the receiving facility (e.g. University of Louisville Hospital Emergency Psychiatry Services). A paper copy will be sent, via interdepartmental mail, to the Assistant CIT Coordinator. A paper copy may be printed for the officer's case file, if necessary.

- If an officer has not been issued a Mobile Data Terminal (MDT), the officer will complete a hardcopy CIT Incident Report form (LMPD #03-08-0186). The officer will leave a copy of the form with the receiving facility. To comply with KRS 210.365(9), the officer will scan and email a copy of the form to the LMPD Service Center, located within the department's email distribution list, by the end of his/her next tour of duty. The form will be entered into the KYOPS E-Crisis system by the LMPD Service Center. The original CIT forms will be forwarded, via interdepartmental mail, to the Assistant CIT Coordinator. This procedure will only be used by officers who have not been issued a MDT.

SOP Number: 12.20

Effective Date: 10/08/12

Prv. Rev. Date: 04/25/14

Revised Date: 04/10/16

Accreditation Standards:

CALEA: 70.2.1, 70.3.1

KACP: 1.7, 21.4, 30.8

Chapter: Special Response

Subject: Persons of Diminished Capacity

12.20 PERSONS OF DIMINISHED CAPACITY 12.20.1 PURPOSE

The purpose of this policy is to provide members with the essential guidelines to effectively deal with persons of diminished capacity in a manner that provides the required professional assistance these persons may need along with protecting the community and safeguarding the members involved in the encounter.

12.20.2 POLICY

Within the community, some individuals may present members with different, and often complex, issues. These types of persons, whether from intoxication, suicidal tendencies, medical complications or mental illness, present members with

a wide range of behaviors usually different than those exhibited by other persons in the community or persons involved in criminal activity. Persons of diminished capacity may display conduct that is bizarre, irrational, unpredictable and/or threatening. They may not receive or comprehend commands or other forms of communication in the manner that the member would expect. These persons often do not respond to authoritative persons or the display of force. It is the primary task of the members of the Louisville Metro Police Department (LMPD) who confront these special needs persons to resolve the encounter in the safest manner possible. LMPD members will refer these types of persons to professional resources, when necessary. It is not the mission of the members to diagnose the root cause for the person's behavior. Every member can expect to encounter these types of special needs persons while performing his/her official duties. Members are expected to control the incident. Proper tactical and intervention techniques can assist in resolving the immediate field implications of the encounter and hasten the intervention by professional resource persons.

12.20.3 DEFINITIONS

Persons of Diminished Capacity: Encompasses all persons encountered in the field who exhibit unusual behaviors commonly referred to as irrational, bizarre or unpredictable. These outward observable symptoms could be the result of intoxication, drug use, suicidal indication, mental illness/disability or medical complications.

Mental Illness/Disability: A state of impaired mental processes, which results in a distortion of a person's capacity to recognize reality due to hallucinations, delusions, faulty perceptions or alteration of mood, and interferes with an individual's ability to reason, understand or exercise conscious control over his/her actions (refer to SOP 8.42).

Mentally Ill Person: Person with a substantially impaired capacity to use self-control, judgment or discretion in the conduct of the person's affairs and social relations. This is associated with maladaptive behavior or recognized emotional symptoms where the impaired capacity, maladaptive behavior or emotional symptom can be related to physiological, psychological or social factors.

Intellectual Disability: A disability characterized by limitations in intellectual functioning and difficulties in a variety of everyday social and practical skills.

Developmental Disability: A disability that is manifested before the person reaches 22 years of age, which constitutes a substantial disability to the affected individual and is attributable to mental retardation or related conditions, which include cerebral palsy, down syndrome, fetal alcohol syndrome, spina bifida, epilepsy, autism or other neurological conditions when such conditions result in an impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.

Intellectual and Developmental Disability (IDD): A combination of an intellectual and developmental disability where a person's intellectual functioning is significantly below average (IQ is 70 or below) and his/her behavior does not meet the level of personal independence and social responsibility expected of the person's age and culture.

Professional Resources: Sources available to the department, such as mental health professionals, emergency medical facilities, social service organizations and detoxification centers.

Voluntary and Involuntary Commitments: Provisions within the state statutes which the department can use for the civil commitment of persons requiring professional psychological intervention.

12.20.4 FIELD CONTROL TACTICS

The ultimate mission of law enforcement when encountering a person of diminished capacity is to control the encounter and then determine the best course of action for the person. Individuals with diminished capacity may have limited reasoning and the inability to effectively communicate their thoughts. If an individual exhibits incoherent or irrational thoughts or actions, a CIT officer will be dispatched. CIT officers have the training to effectively assist individuals with a diminished capacity (refer to SOP 12.11).

This response can be segmented into four (4) distinct tactical responses: containment, coordination, communication and time.

Containment

Before any reasonable control and defusing techniques can be used, the subject must be contained. Two (2) officers will be dispatched to an incident involving a person of diminished capacity. If possible, one (1) of these officers should be a Crisis Intervention Team (CIT) member. Should a member find himself/herself in a situation with such a person, the member should request backup before attempting to intervene.

Responding officers should avoid the use of emergency lights and siren when responding to this type of call for service, as this may agitate the subject.

The officers should devise a plan that separates the subject from other civilians. This containment should respect the comfort zone of the subject in order to reduce any unnecessary agitation. Officers should convince the subject that he/she does not have to move. Officers should continuously evaluate this comfort zone and not compress it, unless absolutely necessary. It is important for officers to verify that onlookers and family members are not in a position to become involved, either verbally or physically.

Effective containment reduces the elements of agitation, such as large groupings of officers/persons, emergency vehicle equipment, loud police radio transmissions and multiple persons directing communication to the subject. Containment is meant to reduce outside influences and sources of agitation. Officers should also move slowly when dealing with persons of diminished capacity.

Officers should utilize all available tactics to de-escalate the situation, whenever possible. However, if an officer is faced with a dynamic and violent situation which poses a threat to the officer or other persons, then officers should utilize their law enforcement control tactics (refer to SOP 9.1) to gain control.

Coordination

Coordination is essential for control of the encounter and is the foundation for the development of an effective plan and the use of personnel and resources. One (1) officer at the scene should be designated or assume the position of being the Incident Commander (IC). Depending on the circumstances, this may or may not be the most senior officer. If possible, it should be a CIT officer. Officers should limit observable indications of force. If firearms are drawn, they should be maintained in the low ready position and not displayed by officers who are attempting to communicate with the subject.

The IC should designate an officer to gather intelligence regarding the subject being encountered. This type of information may come from persons at the scene, neighbors or family. This information may become important in determining the further tactical approaches to the subject and the most appropriate form of referral. The lead officer is responsible for determining what resources should be requested, including additional police personnel, supervisory personnel, specialized equipment, professional resources and staged medical personnel. When warranted, the IC will designate the location for a command post and staging area. This should be out of sight of the location of the subject.

Communication

Communication with the person of diminished capacity should be planned and controlled. Prior to engaging the subject in communication, the initial responding officer should await the arrival of a secondary officer. When dealing with edged weapons, officers should, where possible, maintain a zone of safety which allows for reaction should the subject decide to attack.

One (1) officer should be designated as the command voice and the other officer(s) should refrain from becoming involved in the communications. If possible, a CIT officer should be the command voice.

Verbal communication should be non-threatening. Whenever possible, use open-ended questions designed to engage the subject. If the subject does not respond, officers should use other communication techniques. It may be necessary to change the person designated as the command voice. Sharp, authoritative commands should be avoided. Officers should use calming communicative attempts.

Evidence has shown that threats of arrest and/or use of force are not productive when dealing with persons of diminished capacity. Reassure the subject that the police are there to help them. Be truthful at all times.

Officers must constantly analyze what effect, if any, their efforts are having on the subject. This is essential to identify areas that appear to agitate the subject that should then be avoided.

Normally, family members should not be used in an attempt to establish communications. This frequently escalates the situation.

Time

Time is the concept of lengthening the encounter, rather than hastening it. History has shown that the longer the encounter is allowed to occur, the better the chance for a successful and safe resolution. Patience is important in these situations. Increasing the time of the encounter and using defusing techniques allows the subject to reflect upon his/her predicament.

Creating time also allows for the field units to be supported by the deployment of additional police personnel, specialized equipment and medical support personnel. Time promotes the ability to communicate and create a relationship between the subject and the command voice.

12.20.5 COMMITMENT PROCEDURES

The primary purpose for police response to an incident involving a person of diminished capacity is to control the situation and verify that the person receives the most appropriate form of assistance through professional resources. In determining the most appropriate form of professional resource and referral, officers should consider the information provided by the professional resource personnel and family members.

It is important for the officers on the scene to determine what, if any, ongoing threat potential the subject poses to himself/herself, family, the community and the officers. This threat potential may necessitate an involuntary commitment procedure rather than simply leaving the subject to the family for a voluntary commitment. Officers should consider the use of local crisis intervention personnel, if available, when making this commitment decision.

Any officer, who has reasonable grounds to believe that the individual is mentally ill and presents a danger, or threat of danger, to himself/herself, family or others, if not restrained, will take the individual into custody. The officer will transport

the subject, without unnecessary delay, to a hospital or designated psychiatric facility and provide written documentation to the facility as to the behavior that led the officer to take the subject into custody. Officers will not use Metro Corrections as a holding facility for meeting the criteria of this policy unless the person also has criminal charges pending. No officer will place criminal charges against a person who is mentally ill and in need of hospitalization for the purpose of avoiding transporting the person to an appropriate medical or psychiatric facility.

12.20.6 USE OF RESTRAINTS

The ultimate mission is to safeguard the interests of the subject and transporting officers. Persons of diminished capacity present officers with conflicting considerations in determining the best means for restraint and transportation. The nature of the diminished capacity will be considered before restraint and/or transport. If the measure of restraint may cause undue harm to the individual, alternative measures should be considered/employed (KACP 30.8). If the nature of the diminished capacity prevents the use of seatbelts or a vehicle with a safety barrier for transportation, the officer will request his/her supervisor's assistance with arranging alternative transportation (CALEA 70.2.1, 70.3.1, KACP 1.7f, 21.4). In some cases, an ambulance may be required. Officers will only use those restraints for which they have received training (refer to SOP 10.5).

12.20.7 REPORTING REQUIREMENTS

Officers will prepare all required reports whether the subject of the call is arrested, committed or released (refer to SOP 12.11). This can provide valuable information for future contacts.

12.20.8 INTERVIEW AND INTERROGATION

Refer to SOP 8.25 for procedures related to interviews and interrogations of persons of diminished capacity.

SOP Number: 12.21

Effective Date: 10/08/12

Prv. Rev. Date: 12/08/14

Revised Date: 01/09/16

Accreditation Standards:

CALEA: 1.3.1, 1.3.4, 1.3.5

KACP: 1.3

Chapter: Special Response

Subject: Excited Delirium

12.21.3 SYMPTOMS OF EXCITED DELIRIUM

Excited delirium is the result of a serious and potentially life-threatening medical condition. The person can appear normal until he/she is questioned, challenged or confronted. Further confrontation, threats and use of force will almost certainly result in further aggression and even violence. Attempting to restrain and control these individuals can be difficult because they frequently possess unusual strength, pain insensitivity and instinctive resistance to any use of force.

Factors that may contribute to excited delirium include:

Intoxication (alcohol or other)

Drug use (especially cocaine)

Obesity

Delirium (mental illness including psychosis and schizophrenia and/or drugs)

Because at-risk individuals could potentially die without proper medical attention, it is important for officers to recognize subjects who may be in extreme distress. The following signs may be exhibited:

Physical

- Profuse sweating
- Hyperthermia or high body temperature
- Skin discoloration
- Foaming at the mouth
- Drooling
- Dilated pupils
- Uncontrollable shaking
- Respiratory distress (indications of breathing difficulties before, during or after being restrained, says "I can't breathe")
- Evidence of self-inflicted injuries

Behavioral

- Intense paranoia
- Demonstrates extreme agitation or excitement
- Violent or bizarre behavior
- Running wildly (e.g. into traffic)
- Pressured, loud, incoherent speech (irrational speech)
- Psychotic in appearance
- Rapid changes in emotions (e.g. cry, laugh)
- Disoriented about time, place or his/her identity (confusion)
- Superhuman strength
- Muscle rigidity (may not be resisting)
- Hallucinating
- Delusional screaming for no apparent reason
- Aggression toward inanimate objects, such as glass
- Naked or partially disrobed
- Resists violently during capture, control and restraint
- Diminished sense of pain (e.g. Oleoresin Capsicum (OC) spray or baton strikes are ineffective) Lack of focus; easily distracted (unable to follow simple directions or orders)
- Gravitation toward “shiny” objects Delusions of grandeur (e.g. “I am God”) Frightened/panicky

12.21.4 PROCEDURES

Once in addition to whatever law enforcement response may be required under the circumstances, including the use of reasonable force (CALEA 1.3.1, KACP 1.3a). MetroSafe will be contacted to let them know that Louisville Metro Emergency Medical Services (LMEMS) Advanced Life Support (ALS) personnel are needed at the scene.

Officers will utilize the following response(s) when dealing with an excited delirium subject:

- Request additional officers for containment. If the subject appears unarmed and does not appear to pose an immediate threat to the physical safety of officers, other persons or himself/herself or pose an immediate threat to escape, officers will contain the subject while maintaining a safe distance. The objective is to gain the person’s voluntary cooperation.
- Utilize contact/cover tactics – only one (1) officer should engage the person in conversation. The officer should project calmness and confidence and speak in a conversational, non-confrontational manner. Whenever possible, determine if the person can answer simple questions, which will give the officer an idea of the level of coherence of the person. Officers should turn down their radios.
- Avoid prolong struggle/fight – If non-compliant with verbal directions, utilize the appropriate level of force to quickly control suspect and transfer to LMEMS.
- Consider all use of force options. If the subject is armed, combative or otherwise poses an immediate threat to the physical safety of officers, other persons or himself/herself, officers will employ the amount of force that is reasonable and necessary to protect themselves and others at the scene and to take the person into custody (CALEA 1.3.1, KACP 1.3a). To practical extents, efforts should be made to minimize the intensity and duration of the subject’s resistance and to avoid engaging in a potentially prolonged struggle.
- Multi-officer take down (e.g. one (1) officer per extremity and one (1) controlling the head/neck) may be the best empty-hand control technique. Officers assigned for each limb has been found to be effective for the purpose of control during the restraint process. The officer assigned to protect the head, during the restraint process, should speak calmly to the subject in an effort to reduce agitation.
- Persons suffering from excited delirium may be unaffected by pain compliance techniques (e.g. less-lethal rounds, batons, OC, drive-stun) since the subject is often impervious to pain. Officers should tell LMEMS what force, if any, was applied and the level/intensity of resistance by the subject (CALEA 1.3.5).
- Conducted Electrical Weapon (CEW) deployment (neuro-muscular incapacitation) may be the best intermediary force option. When using a CEW in the probe mode to accomplish restraint, if possible, use a single deployment coupled with immediate restraint to decrease the likelihood of a drawn out confrontation, which may further diminish the subject’s respiration levels. Drive-stun mode should not be used as it only causes pain and will not incapacitate the subject (CALEA 1.3.4).
- Once in custody, roll the person on his/her side or back to facilitate breathing and allow LMEMS personnel to provide medical attention. Do not leave the subject in control restraints, lying on his/her back or stomach. Also, do not position the subject leaning forward in a sitting position with hands and legs restrained together. Either of these positions can contribute to obstruction of the airway, resulting in positional asphyxia. Do not put weight on a subject’s back, such as with your knee for a prolonged period of time, as this adds stress to the respiratory muscles and inhibits movement of the diaphragm and rib cage.

- Continue verbal de-escalation/calming techniques.
The subject should be monitored while awaiting transportation. Monitor the subject by watching the three (3) ABCs: airway, breathing and circulation:
 - Airway – path is free of obstruction and allows the flow of air to the lungs
 - Breathing – air flows to and from the lungs
 - Circulation – heartbeat and pulse are present
- If an arrest is appropriate, the arrest process will be completed upon the prisoner's release from the medical facility. If LMEMS is to transport the subject to a medical facility, officers will maintain custody of the prisoner. If the prisoner is to be admitted to a healthcare facility, the officer will notify his/her commanding officer to see if a rotation of officers is needed to guard the prisoner.

12.21.5 REPORTING REQUIREMENTS

Officers will prepare all required reports whether the subject of the call is arrested, committed or released.



JERE DOWNS/COURIER-JOURNAL

CLOUT, a coalition of religious organizations that stands for Citizens of Louisville Organized and United Together, demands reform of school discipline practices, drug abuse treatment and affordable housing at the annual summit Tuesday.

GROUP SEEKS BIG REFORMS

'Safe City' agenda targets affordable housing, substance abuse and mental health treatment

JERE DOWNS
@JEREDOWNS

The "Safe City" platform of Citizens of Louisville Organized and United Together, or "CLOUT" was on the table Tuesday in a gathering of hundreds of residents, elected officials, civic leaders and activists at the Memorial Auditorium in Old Louisville.

Representatives from 22 churches and religious organizations led a conversation with officials about the agenda of affordable housing, education re-

form, substance abuse and mental health treatment.

An estimated 1,200 people gathered to participate in a conversation with officials like Jefferson County Attorney Mike O'Connell, Steve Durham, Assistant Director of the Louisville Metro Department of Corrections and Judge Stephanie Burke of Jefferson District Court.

Officials in turn were challenged to address issues in meetings in coming

See REFORMS, Page 4A



SAM UPSHAW JR./COURIER-JOURNAL

Danielle Fife tells a story during Tuesday's event about her brother who died as a result of the lack of services for the mentally ill.



SAM UPSHAW JR./COURIER-JOURNAL

Participants addressed issues of mental illness and addiction during the annual event sponsored by CLOUT at the Memorial Auditorium on Tuesday. An estimated 1,200 people attended.

Reforms

Continued from Page 3A

months. Innovative programs being studied included the "LEAD Program" in Seattle begun with a \$4 million grant, O'Connell said. In contrast, he added, there is no funding for that kind of intervention in Louisville in which police take drug offenders to treatment centers in lieu of jail.

"We feel urgency in this room tonight," said the Rev. Reginald Barnes of Brown Memorial CME Church, adding he missed the presence of Louisville Metro Police Chief Steve Conrad and Mayor Greg Fischer. "We know that the work that we do together will truly move us closer... so that the healing of our city will indeed spring up quickly."

Metro Louisville Council representatives present included Brandon Coan, Barbara Sexton Smith, Bill Hollander, and Brent Ackerson. Experts in public health, mental health and addiction were present, including Jennifer Hancock, CEO of Volunteers of America, Craig Blakely, dean of the University of Louisville's School of Public Health, and Tony Zipple, CEO of Cornerstone, the agency formally known as Seven Counties.

Full funding of the Affordable

Housing Trust Fund, or a commitment of \$10 million annually by the city, is on the agenda, Catholic Charities representative David Dutschke said. Other measures to constructively combat drug abuse include reform which would allow police to lead drug users to treatment in lieu of booking them into the overcrowded jail, according to the evening's program.

"My greatest fear is that my daughter will have another relapse soon and her life will be in danger, maybe at the hands of police," said a letter read aloud by a CLOUT member for Dawana Wilson, a Louisville mother of a mentally ill child who has experienced little help from law enforcement.

Louisville Metro police too often take a punitive approach and have little training in dealing with mentally ill persons, said Danielle Fife, who spoke of her brother's battle with mental illness that ended in suicide after repeated incarcerations for disorderly conduct. "It may be too late for my brother," Fife said. "I am here tonight so that other people like him will not have to suffer."

The public health, corrections and housing systems are broken, said Chris Finzer, a representative of St. John Paul II Catholic Church.

"Last year, 324 Louisvillians overdosed, almost one per day. So far in 2017, the homicide rate is already 27 percent higher than last

year," Finzer said.

Some 60,000 Louisville residents lack affordable housing with more than 7,000 vacant or abandoned properties being neglected while the Affordable Housing Trust Fund remains chronically underfunded, said Lucille Moore of Greater Good Hope Baptist Church.

Last year's \$2 million in funding for the housing trust stood at 20 percent of the recommended level and half being spent on an animal shelter upgrade and renovations to city hall, Moore said.

Unable to sell her house in West Louisville, Lucille Moore said she was a "granny in the hood," enduring rising property taxes while crime rose. "The realtor told me I can't get nothing for my house," Moore said.

Metro Councilman Brent Ackerson answered "maybe" when asked if he would support asking the budget committee to commit \$10 million to the housing trust fund, if Mayor Greg Fischer does not commit that amount. Councilpersons Brandon Coan, Bill Hollander and Barbara Sexton Smith answered aye to that question. "We are a city full of needs," Ackerson said. "It might make people mad but all I can do is be honest with you."

Jere Downs can be reached at JDowns@Courier-Journal.com, (502) 582-4669 and Jere Downs on Facebook.

(from the PSU investigation of the Darnell Wicker shooting, Chief Conrad's final findings letter to one of the three officers involved, which exonerated all three officers on the basis of the general use of force policy (9.1.13), and did not consider the SOP elated to "excited delirium"—from which the Commonwealth's Attorney determined that Mr. Wicker was suffering at the time—nor any of the other relevant SOPs re. de-escalation)



LOUISVILLE METRO POLICE DEPARTMENT
OFFICE OF THE CHIEF
LOUISVILLE, KENTUCKY

GREG FISCHER
MAYOR

STEVE CONRAD
CHIEF OF POLICE

August 9, 2017

Officer Taylor Banks #7293
First Division

Professional Standards Case: 17-004

Dear Officer Banks:

On January 11, 2016, an investigation was initiated pursuant to KRS 67C.326 concerning any violation of the Louisville Metro Police Department's rules, standards, policies and procedures in regard to your involvement in the officer involved shooting of Darnell Wicker on August 8, 2016 at the Broadleaf Apartments. The investigation was thorough. The following is the result and my final action in regard to my subsequent investigation concerning your involvement.

Violation of:

Standard Operating Procedure 9.1.13 Use of Deadly Force	-Exonerated
Standard Operating Procedure 10.3.1 Arrests of Injured/Sick-Treatment	-Exonerated

In regard to Standard Operating Procedure 9.1.13 Use of Deadly Force, I find your use of force reasonable considering the circumstances you were addressing. In my investigation, I found it reasonable for you to believe you were confronted with a threat of serious bodily harm or death.

In regard to Standard Operating Procedure 10.3.1 Arrests of Injured/Sick-Treatment, I have concluded you acted in conformity with the Louisville Metro Police Department's training and policy.

Due to the above finding, there will be no disciplinary action taken and the complaint will be dismissed.

Sincerely,

Steve Conrad
Chief of Police

WWW.LOUISVILLEKY.GOV

633 WEST JEFFERSON STREET LOUISVILLE, KENTUCKY 40202 502.574.7660 FAX 502.574.2450

(letters from Safe City Roundtable to Mayor Fischer in July & October 2017, asking for update on his March 2017 directive to Chief Conrad to conduct a "rigorous evaluation" of LMPD's use of de-escalation; no reply to either letter received from Mayor)

October 6, 2017

Mr. Greg Fischer, Mayor
Louisville-Jefferson County Metro Government
527 West Jefferson Street, Suite 400
Louisville, KY 40202-2814

Dear Mayor Fischer:

We are writing to follow up on our letter of July 28, 2017 (copy enclosed) requesting an update on the status of the investigation and evaluation that you directed LMPD Chief Conrad to conduct in March of this year, following the Commonwealth's Attorney's ruling in the police shooting death of Darnell Wicker.

Our Safe City Roundtable is studying the process for LMPD's accountability for the appropriate use of CIT techniques in cases involving individuals displaying mental illness or drug-related symptoms, or who are known to have those conditions. We are especially interested in the case of Mr. Wicker as an example of this. We understand how complex such situations can be and the challenges that officers face as they make critical and rapid decisions in the field. This is why we are seeking to understand all aspects of this case.

We appreciate your leadership on this important issue by directing Chief Conrad to conduct this investigation and evaluation. We also appreciate Chief Conrad's commitment to CIT and are interested in supporting his efforts by helping to make the use of CIT as effective as possible.

We have not yet received your reply to this request. If you are not willing to provide the information we have requested, please offer an explanation and an acknowledgment that you have received both of our letters.

Thank you.

Sincerely,

Robert Wm. Prasaad Steiner, MD PhD
Co-Chair, Safe City Roundtable
Professor, UofL School of Public Health
485 E. Gray Street, Louisville, KY 40202
Office: (502) 852-3006
Cell: (502) 458-6911
E-mail: r.steiner@louisville.edu

Chris Finzer, Co-Chairperson
Co-Chair, Safe City Roundtable
CLOUT Mental Illness & Addiction Issue Committee
1113 S. Fourth Street, Louisville, KY 40203
Office: (502) 583-1267
Cell: (502) 648-4870
E-Mail: clout@bellsouth.net

cc: LMPD Chief Steve Conrad
Members of Safe City Roundtable
The Courier-Journal

Enclosure: copy of July 28, 2017 letter

July 28, 2017

Mr. Greg Fischer, Mayor
Louisville-Jefferson County Metro Government
527 West Jefferson Street, Suite 400
Louisville, KY 40202-2814

Dear Mayor Fischer:

We are writing on behalf of CLOUT's Mental Illness & Addiction Issue Committee and the newly forming Safe City Roundtable, which, as you may know, are working in support of our city developing ways to decriminalize mental illness & drug addiction. The purposes of this work are to more effectively and compassionately serve some of our most vulnerable citizens, as well as to save our city significant costs in the areas of law enforcement, corrections, and the courts.

Perhaps you saw CLOUT's op-ed that was published on the front page of the Sunday Forum section of *The Courier-Journal* on Mar. 12, 2017, which laid out some of CLOUT's process over the past year to conduct a citywide listening process (involving over 500 citizens in small house meetings) and a research process that involved meeting individually with over 40 local officials & professionals in related fields. As you may know, at CLOUT's annual Nehemiah Action Assembly, on Mar. 28, ten top local officials committed to come together at a new table which we are calling the Safe City Roundtable.

The Roundtable consists of top local officials in the fields of law enforcement, corrections, the courts, drug/mental health treatment, local government, public health, higher education, and our public school system, along with community leadership from CLOUT.

As you may have seen in recent news coverage, at the Roundtable's first meeting, on July 10, the group laid out its purpose and began plans for the implementation of four initiatives called upon by CLOUT at their annual Nehemiah Action Assembly last March. Those initiatives are: 1) to establish in Louisville the "Living Room" model of crisis stabilization for persons in mental health/addiction crisis, as an alternative to jail or the hospital emergency room; 2) better utilization of the existing Drug Court program (which is currently only half-full); 3) establishing a LEAD (or Law Enforcement Assisted Diversion) initiative within LMPD, for diverting low-level drug offenders into treatment, as an alternative to jail; and 4) the enhancement of LMPD's use of CIT (or Crisis Intervention Team) training, for more effectively dealing with suspects who are mentally ill or addicted (which is related to controversial cases of police shooting).

At this particular time in our work, we are interested to learn more from you about the status of the investigation & evaluation that you directed LMPD Chief Conrad to conduct in March of this year. In your statement following the Commonwealth's Attorney's ruling in the police shooting death of Darnell Wicker, exonerating the officers involved, you stated, "As we move into the next phase of this process, LMPD will now conduct a thorough investigation to determine if the officers involved followed all department policies and procedures. I have asked Chief Conrad to take a close look at the

Mr. Greg Fischer, Mayor
July 28, 2017
Page 2

steps that the officers took and did not take in this shooting. He must also rigorously evaluate our police training, policies and procedures, including those related to de-escalation and individuals with mental illness or drug abuse problems."

We are asking you to please provide us with an update on the status of that investigation & evaluation before the next meeting of the Safe City Roundtable, on August 28, at which we hope to discuss their results. Specifically, have the investigation & evaluation been completed? If not, when did they begin? What steps have been taken so far to conduct them? When will they be completed?

Thank you for your attention to this request. We look forward to your reply, and to your support of these initiatives which will make Louisville's response to mental illness and drug addiction more compassionate, more fiscally responsible, and more effective.

Sincerely,

Robert Wm. Prasaad Steiner, MD PhD
Professor, UofL School of Public Health
485 E. Gray Street, Louisville, KY 40202
Office: (502) 852-3006
Cell: (502) 458-6911
E-mail: r.steiner@louisville.edu

Chris Finzer, Co-Chairperson
CLOUT Mental Illness & Addiction Issue Committee
1113 S. Fourth Street, Louisville, KY 40203
Office: (502) 583-1267
Cell: (502) 648-4870
E-Mail: clout@bellsouth.net

cc: LMPD Chief Steve Conrad; members of Safe City Roundtable

Community forum

LMPD needs to improve de-escalation procedures

Your Turn
Citizens of Louisville Organized and United Together
Guest columnists

Whenever there is a police shooting in our community there is much back-and-forth commentary and disagreement about whether the shooting could have been avoided.

When the health problems of mental illness or addiction are involved, additional questions about avoidability arise. As a community that identifies itself as one of compassion, this topic is one that we must discuss and work on together for improvement, for the sake of our citizens and police officers alike.

In 2016, a police shooting occurred which resulted in the death of a man with a history of mental health and addiction issues who held up a saw when confronted by three Louisville Metro Police officers. When the officers were cleared by the Commonwealth's Attorney of any criminal wrongdoing, in March 2017, Mayor Greg Fischer made this public statement: "As we move into the next phase of this process, LMPD will now conduct a thorough investigation to determine if the officers involved followed all department policies and procedures. I have asked Chief [Steve] Conrad to take a close look at the steps that the officers took and did not take in this shooting. He must also rigorously evaluate our police training, policies and procedures, including those related to de-escalation and individuals with mental illness or drug abuse problems."

We strongly agreed with his decision to make that directive at the time. As members of the clergy, in our ministry we sometimes refer to "sins of commission" and "sins of omission" — that is, doing what's wrong on the one hand, and not doing what's right on the other hand. That seems to be what Fischer was asking for in his directive to Conrad.

What concerns us one year later is the fact that it seems to have had no effect to determine whether the officers involved had to act in the way that they did, or if less deadly tactics could have been used in this case, or should be used in similar cases in the future.

The LMPD has state-of-the-art training and best-practice policies and procedures on the books, including ones related to how officers should deal with persons suffering from mental illness, addiction, and other conditions that classify them as persons of "diminished capacity" and persons with "excited delirium," etc. Upon studying the 2016 case and other cases since, we found that these policies and procedures are omitted from LMPD's internal investigations in cases where they may apply.

Our organization, Citizens of Louisville Organized and United Together (CLOUT), submitted an Open Records Request to the LMPD in February, asking for copies of the final findings of all internal investigations of use-of-force by LMPD since 2012. We reviewed all 68 cases that involved use-of-force over that time period, and were surprised and concerned to learn that in none of these cases did the investigation examine whether or not the officers followed the department's excellent policies and procedures related to dealing with mentally ill or addicted people.

Another problem our research uncovered is related to the second part of Fischer's directive to Conrad. He said the department would now "rigorously evaluate" the department's actions in this area in general. CLOUT, along with members of the Safe City Roundtable — a gathering of top local officials and service providers — sent two letters to Fischer last year asking him for the status of this evaluation.

CLOUT is calling upon Fischer to work with CLOUT and other interested parties in the community to improve LMPD's use of de-escalation tactics.

This is not just a public safety issue, but an officer safety issue. It would also further enhance the public image and credibility of the department, and potentially save the city from expensive legal liability.

On Tuesday, CLOUT will convene the largest public gathering this year to address this issue and other important public safety issues. We call upon our public officials to join us in committing to proactive solutions. For more information, CLOUT can be reached at (502) 583-1267 or clout@bellsouth.net.

Rev. Reginald Barnes, Brown Memorial C.M.E. Church & CLOUT Co-President; Rev. Wilbur Brown, Centennial Olive Baptist Church; Rev. Bill Burks, St. John Paul II Catholic Church; Rev. June Dorney, Ralph Avenue A.M.E. Church; Rev. Joe Crafts, Senior Priest, Archdiocese of Louisville; Rev. Kathy Iwrt, First Unitarian Church; Rev. Angela Johnson, Grace-Hope Presbyterian Church; Rev. Robert Lyons, Langston Baptist Church; Rev. Troy Oerter, St. Edward Catholic Church; Rev. Tina Patterson, Mosaic United Methodist Church; Rev. Joan Pritchard, Christ Church Cathedral; Rev. Steven Renner, Third Lutheran Church; Rev. John Schwartzlose, St. Gabriel Catholic Church; Rev. Craig Tuck, 4th Ave. United Methodist Church; Rev. Cindy Weber, Jeff St. Baptist Community



ANDI MARLETTE/USA TODAY NETWORK

READERS' FORUM

Mexico and Canada embrace DACA Dreamers

On March 5, the status of the nearly 800,000 DACA recipients was placed in limbo. DACA recipients, which comprise engineers, lawyers, doctors, among others, are required to maintain a clean criminal record. Ninety percent of dreamers are employed or in school. Why then does President Donald Trump refuse to support these individuals, who substantially contribute to both American communities and the US economy?

Government officials in both Mexico and Canada are ready to embrace DACA recipients. The Mexican Foreign Ministry has pledged assistance in housing, job placement, Spanish language lessons, university scholarships, and small business loans to help dreamers return to Mexico. Former Mexican President Vicente Fox stated that "dreamers would be a prize for any nation," while Mexican Foreign Secretary, Luis Videgaray, expressed that "[this is] a win situation for Mexico and a loss situation for the United States." These sentiments have been echoed by several in Canada. Ontario Senator Ratna Omidvar expressed that DACA recipients are ideal for Canada's economic migrant program.

Those in Mexico and Canada realize that dreamers

are economically and socially important. Why do everyday Americans refuse to value these individuals? Most importantly, why have US political leaders failed to act?

Andi Dahmer
Fishersville 40023

Alley clean-ups just a start against dumping

Did you see LMPD Chief Steve Conrad and Mayor Greg Fischer beaming as a new alley clean-up policy was announced? You would think they had invented the light bulb! Public Works and LMPD will join forces to accomplish this. Seems the alleys are so clogged with mattresses, old tires, and other junk that the cops can't catch the criminals.

Why doesn't someone ask our brilliant leaders how we've gotten in this fine mess? Why only the alleys, since this town is trashed north, south, east, and west? Maybe it's about allowing people to toss garbage where they please. We elect leaders to prevent such urban decline. How about a major metro campaign to address illegal dumping backed by serious enforcement?

Thomas Zoeller
Louisville 40272

Small businesses to get more health insurance choices

Your Turn
Alfredo Ortiz and Thomas Price
Guest columnists

The Labor Department is set to issue a new rule that will lower health care costs and increase choices for millions of American small businesses, which have been among the hardest hit by rising health care costs including those caused by Obamacare.

Following an executive order last fall from President Trump, the department will expand what are known as association health plans (AHPs) in the coming weeks. These plans allow small businesses to band together to purchase health insurance in bulk, lowering prices and mitigating risk.

AHPs have long been an escape hatch from rising health care costs for small businesses. However, state regulations have made them much harder to operate. Now only a handful remain in most states, and they don't have the cost and choice advantages of large corporate health plans.

Small businesses have been susceptible to the health care cost increases of recent years. They have neither the negotiating power nor the profit margins of their big-business competitors. In fact, the number of small businesses with fewer than 25 employees offering health insurance for their employees dropped by roughly one-third between 2008 and 2015.

Rising health care costs are contributing to the decline of new businesses and preventing existing enterprises from achieving their full potential. This has a significant impact in slowing the growth of the economy, since small businesses create two-thirds of all new jobs and are responsible for most of the major innovations that improve our quality of life. Minorities, who disproportionately fuel small business growth, are especially disadvantaged.

So how will the new rule help? It should make at

least two reforms that would have an immediate benefit on small businesses and AHPs. First, it would move oversight of AHPs to the federal level under the Labor Department. This change is important because it would preempt the myriad state regulations that make it extremely difficult for AHPs to set plans across state lines. The increased competition and choice from being able to shop for AHPs across the country would significantly bring down prices.

For AHPs to be successful, the Labor Department needs to develop a "safe harbor" as to the appropriate level of funding reserves that an AHP must maintain. The reserves will ensure that American families enjoy quality health care at reduced costs.

Second, the new federal rule should relax regulations on who can form an AHP. A sufficient commonality of interest should exist where any group of employers participates in a bona fide association, including one formed solely for the purpose of purchasing health care coverage. No limitation should be placed on the size of the employer, including sole proprietorships. Democrats, who claim to worry about the lack of benefits of those in the gig economy, should welcome this change because it would create health care options for millions of freelancers around the country.

In this fractious political environment, it's clear that comprehensive health care reform to truly lower health care costs across the board won't come any time soon. But targeted rule changes in the executive branch, such as the forthcoming AHP expansion, will offer real relief to up to 11 million small business owners and employees who have suffered most under Obamacare. That's still something to celebrate.

Alfredo Ortiz is the president and CEO of the Job Creators Network. Tom Price, a former Health and Human Services secretary and former member of Congress, is a senior health care policy fellow at the Job Creators Network.



June 25, 2018

Mayor Greg Fischer
Metro Hall
527 West Jefferson Street, 4th Floor
Louisville, KY 40202-2814

Dear Mayor Fischer:

We are writing to follow up on our meeting with you last week (June 22, 2018). We were glad to have the opportunity to share with you the concerns that have emerged from our congregations all across the city, and the research and proposals that have been developed by our organization over the past year related to LMPD's use of de-escalation skills and tactics.

Because there seemed to be some misunderstanding about the primary topic of our meeting, please allow us to clarify. Our purpose in meeting with you, and the initiative on which we are seeking to continue to work with you in the future, is not primarily related to police training. Rather, it is focused on the need for better adherence and accountability to the training *and* the policies & procedures that already exist in LMPD that relate to de-escalation, especially when dealing with persons who are acting out their health problems of mental illness/addiction. As we stated, we have reviewed the department's training courses and the policies & procedures related to this topic in detail, and we have found them to be of high quality. Certainly, more training, retraining, certification, rewards & incentives, assigning certain officers in each district as CIT specialists, and other measures would strengthen the CIT program of LMPD.

That being stated, our purpose in meeting with you was to ask you to follow-through on the leadership you began with your directive to Chief Conrad in March of last year to "rigorously evaluate" the department's "police training, policies and procedures, including those related to de-escalation and individuals with mental illness or drug abuse problems." We also noted that in that same public statement you directed Chief Conrad to "take a close look at the steps that the officers took and did not take" in the particular police shooting case to which you were responding. We believe that your directive to "rigorously evaluate" the overall program, and in this particular case to look at not only what steps the officers "did not take," are key to our concerns.

As a next step in our process to work with you on this issue, we would like to request another meeting with you, with a smaller delegation of CLOUT's key leaders on this issue, to review some of our research with you personally, in more detail. Specifically, we would like to review with you some specific cases of police shooting (including viewing the body cam video), and review with you our understanding of how LMPD's existing Standard Operating Procedures (SOPs) would apply.

Mayor Greg Fischer
June 25, 2018
Page 2

In our meeting with you last week, you committed to respond to us within the next six weeks (by August 3, 2018). Therefore, we would ask that we schedule another meeting with you personally for some date in August. Please let us know what dates in August might work for such a meeting.

The following will provide more detail on our research (as requested), and our reasons for requesting another meeting with you.

As we shared with you, we were disappointed that the review of LMPD's CIT program, released last October, did not in any way "evaluate" the training or the policies and procedures as you had requested, and it is mostly focused just on the topic of training (as indicated by the document's title—"A Review of Our Crisis Intervention Team and De-escalation Training").

Due to that, our organization conducted its own rigorous evaluation. And we believe that what we discovered goes further to respond to your directive than LMPD's review. We have researched what is missing from that review—i.e., what, in many cases, officers do not do that is in their training and in the department's written policies & procedures.

To summarize that research, we began by meeting several times with Chief Conrad and members of his command staff, the leadership of the LMPD Training Academy, the leadership of the FOP, and other LMPD officers, to learn about LMPD's program. We also studied the department's Standard Operating Procedures (SOP) Manual and reviewed in detail the particular SOPs related to how officers are to deal with persons with mental illness/addiction (esp. SOPs 12.11–CIT, 12.20–Persons of Diminished Capacity, 12.21–Excited Delirium; see enclosed copy). We then submitted an Open Records Request to review all PSU investigations related to shootings or other use-of-force since those SOPs had been added to the manual (2012 or before), and we reviewed LMPD body cam video from numerous cases of police shootings over that same time period.

Our research shows that the current PSU investigations of shooting incidents are not holding officers accountable to following these key related SOPs. Specifically, there have been a total of sixty-eight PSU investigations for some type of use-of-force over that time period, and in *not one* of the sixty-eight cases were these SOPs included in the investigation. We are not including all of our research documents in this letter, because, of course, LMPD is the original owner of them, so we assume that they, along with your staff, can conduct the same research if you wish.

It is due to the findings of our own research, and the limited nature of LMPD's CIT Review last year, that we are asking you to follow through on the leadership on this issue that you began last year, by ensuring that an actual official "rigorous evaluation" is conducted. However, we believe that it is important that an independent outside party conduct the evaluation and develop recommendations, in order to ensure a more extensive consideration of all the SOPs/policies applicable, and for the public to have confidence that the evaluation is objective and that the city has been and is being adequately

Mayor Greg Fischer
June 25, 2018
Page 3

transparent with the community on how LMPD uses, evaluates, and improves its practices on the use of deadly force.*

One other point of concern that we shared with you in our meeting last week is LMPD's stated position that, in cases of police use-of-force resulting in injury or death, "the department's internal capacity to adequately handle investigations is greater than any external capacity." This is a direct quote from the department's "21st Century Policing Workbook." It is curious and notable to us that, out of several hundred recommendations in the 21st Century Policing Workbook, the vast majority of which LMPD reports the department is already implementing or has plans to implement, this item relating to external evaluation (Rec. 2.2.2) is the only item we were able to identify that LMPD indicates that they are not as keen to endorse or implement. Of course, they do cite the existence of the Citizens Commission on Police Accountability (CCPA), but, as stated below, we have found their role not to be substantive.

Finally, there are additional items of concern about our process to work with LMPD that we would like to share with you that we were reluctant to do in our meeting last week due to LMPD leadership being present. When we were first working with your staff to set up our meeting, nearly two months ago, upon learning that it was your thought to have LMPD present, we specifically stated that we wished to meet with you without them present. We explained that we had already scheduled a meeting with Chief Conrad that we had later cancelled in favor of meeting with you instead, without him or his staff present. It was our understanding that this request was understood and would be respected. Having them present not only took some of our very limited time in the meeting, which Chief Conrad used to explain things that we already understood, but more importantly, it made it difficult for us to share with you some of our additional concerns about statements that have been made by LMPD on this issue, which we believe have been misleading and unhelpful, and have raised additional concerns, that we had hoped to share with you. Therefore, we look forward to meeting again with you soon.

We look forward to continue to work with you to improve the health and safety of our citizens and our police officers alike.

Sincerely,



Rev. Reginald Barnes, CLOUT Co-President
Pastor, Brown Memorial C.M.E. Church

Enclosure: LMPD Standard Operating Procedures: Selected Sections re. CIT/De-escalation Tactics

It has been suggested that the existing Citizens Commission on Police Accountability (CCPA) could conduct such an evaluation, since their stated purpose is to "review closed police investigations in all police shooting cases and incidents involving loss of life due to police action...(and to)*...advise the Chief and the Mayor on the adequacy and quality of the investigation and may recommend changes in police policy, training and procedures." However, we would advise that it be a different outside party. Our hesitation to recommend the CCPA is due to the fact that in its fifteen-year history the CCPA has not proven to be able or willing to make substantive recommendations in this area.



OFFICE OF THE MAYOR
LOUISVILLE, KENTUCKY

GREG FISCHER
MAYOR

July 26, 2018

Rev. Reginald Barnes, CLOUT Co-President
1113 S. 4th Street
Louisville, KY 40203

Dear Rev. Barnes:

This letter serves as a follow up to our meeting on June 22 and your subsequent letter from June 25. During that meeting, your group raised several issues regarding how the Louisville Metro Police Department (LMPD) handles those in our community who suffer from mental illness and/or addiction. You clarified those concerns in your most recent letter.

First, let me stress that the Mayor has full confidence in the men and women of LMPD. Last year, the department handled 2,274 calls identified as Critical Incident Training (CIT). Out of those, 2,176 resulted in no force being used. Our department has long been recognized as a national leader in CIT practices, requiring all officers to receive 40 hours of training as a recruit.

While some departments have been satisfied, LMPD is always looking for ways to improve our training, policies and procedures. That is why they are instituting some additional training (known as ICAT) this fall, to give officers another tool in how to handle situations in which people are threatening them with knives and other non-firearm weapons.

The rigorous review the Mayor called for of LMPD's training and policy and procedures has been satisfactorily completed. Additionally, the department's Public Integrity and Professional Standards units have reviewed each individual case thoroughly.

We also understand that you disagree with our assessment. However, it would not be proper for the Mayor to sit down with you to review individual cases, including viewing the body camera video. I am confident the investigators at LMPD who reviewed each of these cases did so applying the appropriate Standard Operating Procedures.

While we appreciate your interest in this topic and the research you conducted, it appears some of the conclusions you have made are based on inaccurate assumptions. You have assumed the CIT policies you cited would be the appropriate charging policies in reviews done of particular incidents.

WWW.LOUISVILLEKY.GOV

LOUISVILLE METRO HALL 527 WEST JEFFERSON STREET LOUISVILLE, KENTUCKY 40202 502.574.2003

It is my understanding several members of LMPD have explained to you how the process of reviewing critical incidents for policy violations occurs. As you have been told, LMPD has a vast number of policies and procedures. It is also my understanding that those you have cited qualify more as procedural, rather than policy, setting out expectations of how officers should conduct themselves while interacting with people dealing with particular mental health issues.

However, when an incident occurs the department reviews those cases in terms of policies that deal with direct actions of officers – such as those that govern use of force or appropriate action. Embedded within those policies – use of force for example – are the elements of de-escalation and tactics that have been trained through our CIT procedures.

Simply because your review of our cases revealed no violations of CIT-specific procedures falsely draws the conclusion those CIT tactics were not reviewed.

You have also called for an “independent outside party” to conduct an evaluation, yet you reject the work of the Citizens Commission on Police Accountability. That group was established to provide just such an outside look at these critical incident cases. Over the years, the Commission has made several substantive suggestions to improve accountability, and changes by LMPD have been made as a result.

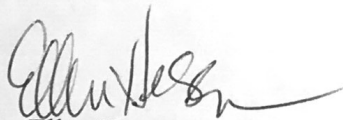
Additionally, your letter clearly explains your group has conducted its own independent review and found LMPD’s training courses and policies and procedures on this topic “to be of high quality.” Because of that, it is unclear what another evaluation would reveal.

Regarding other concerns related to LMPD, I know that Steve Conrad and his staff have always been willing to meet with members of CLOUT to address various topics. And there had been a meeting scheduled to discuss this topic of CIT training and review that you cancelled.

The most appropriate way for you to address your concerns is with Chief Conrad, as he had previously been willing to accommodate. At this point, I do not believe there is a need for a meeting with the Mayor or me on these issues.

We appreciate your interest in the safety of our community. You have been very helpful in getting the Living Room and LEAD programs off the ground. We are committed to the continuous improvement of LMPD’s training efforts, including de-escalation, and mental illness and substance abuse issues, and appreciate CLOUT’s advocacy efforts on these and other important issues.

Sincerely,



Ellen Heslen
Deputy Mayor

WWW.LOUISVILLEKY.GOV

LOUISVILLE METRO HALL 527 WEST JEFFERSON STREET LOUISVILLE, KENTUCKY 40202 502.574.2003



August 10, 2018

Mayor Greg Fischer
Metro Hall
527 West Jefferson Street, 4th Floor
Louisville, KY 40202-2814

Dear Mayor Fischer:

We received the July 26 letter from Deputy Mayor Ellen Heslen as a follow-up to our meeting with you on June 22 and our letter to you dated June 25.

We were disappointed to read in the Deputy Mayor's letter several comments that indicate a misunderstanding remains between us on the issues of concern to CLOUT's membership, as well as other items of unfinished business. The letter also raises additional questions of transparency and accuracy that reinforce the need for us to meet again. Therefore, we are asking once again that you meet with a smaller group of CLOUT clergy to continue our conversation. If you have concerns about the content or format of the meeting, we are certainly willing to discuss that with you and to reach agreement on those elements before we meet.

Let us say again that our main goal in working with you on this issue is the safety of our police officers and our most vulnerable citizens—those who are acting out their health condition of mental illness/addiction when they are encountered by our police. Placing a priority on de-escalation in general, and on the use of all of the special tactics related to de-escalation when dealing with someone with a mental illness/addiction, is the mark of a truly compassionate city. Indeed, compassionate policing requires de-escalation first. Too often we see officers lead instead with escalation. Once again, our concern is that this endangers both police officer and citizen alike, as shown in numerous studies and papers on the subject.

Per the Deputy Mayor's letter, it seems we need to clarify certain points for the record:

- Our concern is not about the quality or extent of LMPD's CIT training, or the thoroughness of the CIT-related policies & procedures that are on the books. Rather, it is about the extent to which that training and those policies & procedures are being implemented in the field, and in cases where there is a question, the extent to which all of the training and policies & procedures are considered when examining actions that were taken or not taken by officers.
- While we recognize that LMPD has a track record of handling most CIT calls without the use of force, we are not primarily concerned about CIT calls. Indeed, none of the cases of concern over the past several years that CLOUT has examined in detail were CIT calls. It is

Mayor Greg Fischer
August 10, 2018
Page 2

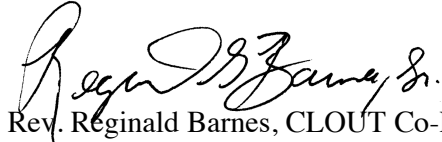
our goal to work with you to keep both police officers and the public safer by ensuring that de-escalation is the first tactic used in most calls (whether officially designated as CIT calls or not), rather than the escalation that we often see at the beginning of encounters.

- The Deputy Mayor's letter explains that when a PSU investigation of a case involving use-of-force is conducted, the use-of-force policy (SOP 9.1) that is used includes the CIT-related elements & tactics of de-escalation (SOP 9.1.3). However, the additional SOPs (SOP 12.11, 12.20, and 12.21) that we shared with you in our letter were added to the SOP manual after the original use-of-force policy and spell out much more specific tactics for use with persons who are acting out their mental illness/addiction. These are the tactics that we believe would go far to protect our officers and our citizens alike if they were followed consistently.
- We have other matters related to our efforts to work with LMPD that we would like to share with you, which we were unable to do on June 22 with Chief Conrad and his command staff present. Respectfully, the Deputy Mayor's assumption that the most appropriate way to address our additional concerns is directly with Chief Conrad himself is an inaccurate assumption on her part, not having a full understanding of what they are.

Therefore, once again, we do ask for the opportunity to meet with you in your office with a small group of our leaders to explore these matters further.

We will be in touch with your office to discuss possible dates for a follow-up meeting.

Sincerely,



Rev. Reginald Barnes, CLOUT Co-President
Pastor, Brown Memorial C.M.E. Church

cc: Ellen Hesen, Deputy Mayor

(letter from CLOUT to Deputy Mayor Hesen, following up on meeting with her in November 2018 re. LMPD's use of de-escalation, requesting her to reply re. next meeting, etc.; no reply by Ms. Hesen to the letter or to numerous phone messages over four month period)



November 13, 2018

Deputy Mayor Ellen Hesen
Metro Hall
527 West Jefferson Street, 4th Floor
Louisville, KY 40202-2814

Dear Deputy Mayor Hesen:

We were pleased to meet with you again last week to continue our discussion about how our organization can work together with Mayor Fischer and LMPD to bring about improvement in LMPD's use of and accountability to de-escalation tactics, especially when encountering persons acting out their health conditions of mental illness/addiction.

Thank you for providing us with the example of an LMPD officer who was recently disciplined in part for not following the department's policies re. de-escalation, and for the update on LMPD's work toward implementing the ICAT training.

As we shared with you, CLOUT's primarily interest in this issue continues to be how LMPD conducts PSU investigations of officers' use-of-force (including shootings), in particular in cases in which citizens are acting out their health conditions of mental illness/addiction. In our meeting we requested that Mayor Fischer support CLOUT meeting with LMPD to explore ideas for how to bring about improvement in this area, including looking at national best practices. To that end, we requested that our next meeting involve Mayor Fischer (or yourself) with Chief Conrad.

We ended our meeting with your commitment to meet again, and as a next step you stated that you would discuss this matter with the Major within LMPD who is in charge of PSU investigations. To clarify further, the next step that we are requesting is that you discuss with Mayor Fischer our request for his support of this process, and his participation (or yours) in our next meeting with Chief Conrad.

We look forward to hearing back from you the results of your conversations, and to scheduling our next meeting. CLOUT's next committee meeting will be on Nov. 26. We would request that you be back in touch with us before that date re. the above, so we will be able to report and discuss it as a committee.

In closing, we are sorry that Mayor Fischer (or you) were unable to attend CLOUT's Community Problems Assembly earlier this week. At the meeting of over 250 CLOUT leaders, from all across the Louisville Metro area, the organization recommitted itself to the above issue, as well as to our ongoing work toward the decriminalization of mental illness & addiction in our community, to expand the use of restorative practices in JCPS, and to secure an ongoing, dedicated source of public revenue for the Louisville Affordable Housing Trust Fund. As the culmination of our fall Listening Process, involving approximately 500 citizens across the city meeting in small house meetings over the past two months, we also voted as an organization to initiate a new campaign to address the problem area of "senior concerns" in the coming year. We look forward to perhaps working with your administration on issues related to that area in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Reginald Barnes, Sr.".

Rev. Reginald Barnes, CLOUT Co-President
Pastor, Brown Memorial C.M.E. Church



LOUISVILLE METRO POLICE DEPARTMENT
OFFICE OF THE CHIEF

LOUISVILLE, KENTUCKY

GREG FISCHER
MAYOR

STEVE CONRAD
CHIEF OF POLICE

August 9, 2017

Officer Taylor Banks #7293
First Division

Professional Standards Case: 17-004

Dear Officer Banks:

On January 11, 2016, an investigation was initiated pursuant to KRS 67C.326 concerning any violation of the Louisville Metro Police Department's rules, standards, policies and procedures in regard to your involvement in the officer involved shooting of Darnell Wicker on August 8, 2016 at the Broadleaf Apartments. The investigation was thorough. The following is the result and my final action in regard to my subsequent investigation concerning your involvement.

Violation of:

Standard Operating Procedure 9.1.13 Use of Deadly Force	-Exonerated
Standard Operating Procedure 10.3.1 Arrests of Injured/Sick-Treatment	-Exonerated

In regard to Standard Operating Procedure 9.1.13 Use of Deadly Force, I find your use of force reasonable considering the circumstances you were addressing. In my investigation, I found it reasonable for you to believe you were confronted with a threat of serious bodily harm or death.

In regard to Standard Operating Procedure 10.3.1 Arrests of Injured/Sick-Treatment, I have concluded you acted in conformity with the Louisville Metro Police Department's training and policy.

Due to the above finding, there will be no disciplinary action taken and the complaint will be dismissed.

Sincerely,

Steve Conrad
Chief of Police