



## Public Safety, Courts and Civil Service Committee

July 14, 2022

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

Others Present      A. Botham, D. Oates, J. Schneebeck, J. Batchelor, R. Pena, J. Smith,  
                                 M. Platt, T. Buneta, M. Chapman, S. Newman, T. Brown, P. Schulte,  
                                 A. Robnett, S. Risner, A. McIntyre, M. Wasserburger, R. Weber, A.  
                                 Garcia, M. Cain, B. Joyce, J. Lanigan, J. Moon, J. Heckman, E.  
                                 Wittman, M. Longshore, M. Crawford, W. Lippman, J. Bajorek, M.  
                                 Smith, J. Twombly, C. Amparan, K. Leyba, S. Manheimer, J. Prosser,  
                                 C. Bennett, A. Bunch, R. Moody, C. Atkinson, E. Pilnyak, J.  
                                 Schlanger, K. Barns, S. Stowell, B. Van Sickle, J. Marcano, F.  
                                 Goodrich, C. Tassin, R. Goggins, I. Evans, M. Hays, B. Wesner, C.  
                                 Carlson, E. Knight, R. Eisner, R. Pena, M. Nelson, K. Adalgais, D.  
                                 Lewis, D. Brotzman, R. Jackson, S. Aurakzai-Foster

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### 1.      **Call to Order**

Meeting called to order at 8:30.

### 2.      **Approval of Minutes**

June 16, 2022 Minutes approved.

### 3.      **Consent Items**

#### 3.a      **July 2022 Police Attrition Update**

#### 3.b      **Aurora Fire Rescue Attrition Data for June 2022**

#### 3.c      **Aurora911 Update**

All three items to move forward.

### 4.      **General Business**

#### 4.a      **Consent Decree Monitor First Quarter 2022 Update**

Jeff Schlanger presented the Consent Decree Monitor First Quarter Update. The Consent Decree Monitor oversees the implementation of reforms set in the Consent Decree. It is done through methodologies to aid in the determination of compliance. The monitor has met with parties and agreed on setting goal posts for

the 70 mandates. IntegrAssure also provides technical assistance to the city and communication with the public. One town hall has been held, and another is scheduled for August 9<sup>th</sup>. The website put up is available in more than 80 languages. The monitor formed the Community Advisory Council with three co-chairs. IntegrAssure filed the first report that covered February 14<sup>th</sup> through May 15<sup>th</sup> of 2022 to the court. They met with stakeholders such as the APD, Attorney General's Office, AFR, City Attorney's Office, City Manager's Office, Civil Service Commission, the Public Defenders' Office, the sheriffs, the Public Safety Committee, and city council members. Unions, namely IAFF and the FOP, were also included in the process. Once a month, an all-stakeholders meeting is held. The monitor also conducted a community survey, and the results are included in the report. In the first reporting period, 36 out of 70 mandates were examined. Nine were in substantial compliance with eight in reference to AFR's compliance in terms of not using ketamine as a chemical sedative. Of the remaining 29, nine are on the cautionary track with a major concern in policy creation. The remaining 20 are in various stages of moving toward compliance. There were three focus issues identified. One is the termination of Chief Wilson. The second is significant efforts to improve community relations through the New Way, Community Relations Section, Community Police Task Force, the Chief's Youth Advisory, and Aurora Youth Night. The last issue is on systems to ensure best policing practices. The monitor will leave once there is substantial compliance with the mandates and that systems are working at peak efficiency. There was one case investigated that dealt with a specific officer. This has already been remediated. Departments implicated in assessments with also be asked to provide self-assessments.

CM Zvonek: Okay. Jeff, I think I saw the initial report you emailed to us, and I assume will be made public. Is that correct?

J. Schlanger: Yes. So, we will be putting it on our website, and I understand that the city will be putting it on its website as well.

CM Zvonek: And just to make sure I heard this correctly. There are areas that are already in substantial compliance or very near substantial compliance, and I assume that that's a result of APD and AFR taking action even prior to the patterns and practice report coming out to start the reforms necessary in both departments. Is that correct?

J. Schlanger: Absolutely correct. And the ones that are in substantial compliance deal mostly with AFR relative to ketamine and chemical sedatives, but absolutely those steps were taken beforehand.

CM Zvonek: Right. Okay. Well, thanks, Jeff, for the presentation. If there are no further questions, we'll go on to item 4.b., the Update on the Aurora Action Plan.

J. Schlanger: Thanks so much.

CM Zvonek: Yes. Thanks, Jeff.

Outcome:

Information Only.

Follow-up Action:

None.

#### **4.b Public Safety Action Plan Update - Various**

Jason Batchelor presented an update on the Public Safety Action Plan with highlights on fully staffing the APD, improving overall data collection and using hotspot analysis, and updates on the AGRIP and YVPP Programs, the Crisis Response Team, and homeless encampment abatements.

CM Zvonek: I have one question, Jason. I've been having conversations both with Chief Oates and then recently actually with Jeff in meeting with the Consent Decree Monitor. I understand, recognizing that we need to have a fully staffed department and that while it seems like our retention issue overall has slowed and that we're losing fewer officers, great progress, it's still the recruitment part of rebuilding our department is taking time. And one of the challenges that seem to stand out to me is the ability to get laterals from across the country.

J. Batchelor: Sure.

CM Zvonek: And what I'd like to understand better is this challenge a Civil Service challenge, or is it an HR challenge? Because I've heard conflicting comments on where the challenge of it being more timely in our ability to go to another state and recruit officers and bring them to Aurora.

J. Batchelor: So, I'd say it's a little bit of all the above. This week, we went to the Civil Service by charter. The charter says that if we're going to recruit a lateral, they have to have three years of related experience being a police officer. By state statute, they have to have sort of one year of police work in order to be post certified and come in. You have one year as a police officer, two additional years as related experience, and then within the Civil Service rules, there was a while back where APD went to Civil Service, and the Civil Service rules currently say that that is three years of work in full service. We can have Police look at that and perhaps add some additional flexibility so we could, within beyond that minimum one year of police work within those two years, could we look at other experience of related experience? And so Chief Oates has said things like corrections officers or perhaps military police officer experience. We had a very good, productive meeting with the Civil Service Commission, kind of made them aware of the issues. They're looking at it and they're actually calling a special call meeting next week where we hope to have a revision of that rule. I'd say that's where kind of the Civil Service piece of it comes in, and then I'd say the department and the city own the other portion of that, which is we need to do a better job of outreach. And to that end, I think the Chief and his team have some plans about how to do much more timely and much more directed recruitment efforts. I don't want to speak for the Chief. Chief Oates, if you want to talk a little about some of those plans, I think that would be a good update for the committee.

D. Oates: Yes, and I'd like to comment also on the proposed rule change with the Civil Service Commission. The language of the Civil Service Commission rule for laterals is pretty rigid in saying that it has to be three years of police experience. That's not required by the charter. We have found, and I have found in my career and all the places that I've worked that some of my best police officers, their background before they became cops, was in corrections and military policing, those kinds of things. We're basically asking for flexibility with regard to hiring laterals to consider other kinds of related law enforcement work in meeting that three-year requirement. We're hopeful we'll get that rule change in as a follow-up discussion next week with the Commission. Now, with regard to recruiting, we're about to embark on an exciting new initiative. In this case, this is an idea that came forward by our own members. There are areas of the country that don't pay anywhere near as well as we are paying, and especially with our new salary, what we could offer in terms of salary, relocation, benefits, etc. Folks in the department came to us and said, "The place where I used to work, cops are underpaid," compared to us and they might be a good target area to recruit. We're taking our first foray later this month at the end of the month to New York City, where cops are tremendously underpaid. And we're going to try a week of recruiting in New York City and on Long Island where we would be on the ground, we're going to advertise aggressively in social media. The idea came to us in part from our conversation with another Florida law enforcement agency that did a similar effort in the New York area and got 150 applicants. The goal is to try New York at the end of the month. Other areas we're considering targeting for recruitment on the road is the Atlanta area, where cops are significantly underpaid compared to us, and we're also talking about other areas in the south, Memphis is another target area we're considering. It's a bit of a leap of faith that this new way of doing business and recruiting for laterals might work. But, again, we were advised by a large agency in Florida that had done this, and they provided us a lot of advice on how to do it and do it well. We're going to make an effort, and we'll see if this new way of recruiting for laterals has any impact or success. So, we're trying to be creative and outside the box thinking.

CM Zvonek: Yes. And thanks, Chief Oates. I have just two follow-ups, and they could be for you, sir, or for Jason. On the Civil Service Commission rule, the three-year requirement, is that consistent with AFR?

J. Batchelor: The three-year requirement is, I think, consistent for both AFR and APD, in the charter. The Civil Service Commission is not consistent. I think, as Chief Oates said, APD has interpreted that very directly, that that has to be police experience and we've put a finer point on related experience. So, there is a bit of a difference there. And, again, it was part of the discussion. Again, I think it was a productive discussion with Civil Service. We're hopeful that they're going to consider that rule change, and we also had very good discussions around nobody is looking to lower the standards in terms of, we're still going to do full backgrounds, we are going to do psychological testing. We're going to do everything that we do normally. We just want to have, as the Chief said, a little more flexibility when it comes to that experience component. But there is a difference right now in terms of AFR and APD. There certainly are. We're much

narrower in terms of what we're considering for experience on APD, and that's part of the basis for the request as it relates to the rule change.

CM Zvonek: Final question on this is, then this one came up in a conversation I had with Jeff in talking about the Consent Decree. Is there some sort of limit on the number of laterals we can take?

J. Batchelor: Essentially, it's 50% in terms of when we're bringing in within a year. And so, typically, the way we've interpreted that in the past is that if we're running 80 folks through basic academy, that means we could bring up to 80 in as laterals. And so given the size and volume of folks we've run through our academy classes, I think we would probably be eligible to bring in, and the academy classes planned, I think we'd be eligible for at least 50 to 60 laterals. And so, I think given the vacancies we've had, if we were extremely successful and got to that number, that would probably get us near full staffing. So not an issue I think in the near term, just given the size and volume of basic academies that we've been running. And like I said, if we were to butt up against that, that's a problem I would love to have, and we will bring that back to Council in the Civil Service Commission. But at this point, it would have to be a significant departure in terms of our past experience. So, we've been having in the single digits or very low double digits in terms of our laterals, and so we'd have to see three, four, 500% increase in that. And if we do, I still think we have room with under the charter at that sort of 50 to 50 at least this year.

CM Zvonek: Okay. Thank you.

CM Jurinsky: Yes. I would like to know, are we required by the charter to have a Civil Service Commission?

J. Batchelor: We are. Yes, the Civil Service Commission and its duties are laid out in the charter. There are certain aspects that are clearly laid out in the charter. The way they do it and the process or procedures is, I think one of the things we're looking at and, speaking bluntly within the Consent Decree, that was some of the initial concerns we've heard is you can't change anything. And I think both the Attorney General's Office and the Consent Decree Monitor have been very clear, we are going to operate within the charter. At least initially, that will be the recommendations. We think there's enough flexibility administratively to make changes into how we do things without conflicting with the provisions of the charter in terms of the authority and responsibilities of the Civil Service Commission.

CM Jurinsky: I guess that's my question also, when we talk about Civil Service Reform. If they're saying we can't change the rules, Jason, how do you plan to initiate that reform?

J. Batchelor: So, we can change the rules. So, again, the rules, so that there are the charter is very specific in terms of certain components of the disciplined process, of the promotional process that the charter is very specific. There are other areas, I would say, particularly on the entry-level hiring, where it actually does not provide a lot of detail. What the charter says is that the Civil Service Commission

is responsible for certifying the list of qualified applicants, and that's about all it says. My interpretation of that is that we have some flexibility working within that charter requirement. I think the Civil Service Commission needs to be involved in entry-level hiring, but I don't think we have to continue to do the process that we've done exactly as we've done it. I think that we have flexibility within the charter that the Civil Service Commission can operate in certifying a list of qualified applicants. But doing the process exactly as we've done it for the last several years, I think is absolutely open for discussion. I'm not a lawyer. The Civil Service Commission may take exception to that, but I think those are the discussions we're having right now. And I think something that I know the Monitor Team has looked at and part of their recommendations are going to come down as to how to change this. And they're very familiar with the charter provisions and their recommendation, I am certain, will comply with the charter requirements.

CM Jurinsky: And do we have any ability to remove Civil Service Commission members and/or add additional more than the five?

J. Batchelor: I don't know on the numbers. I'd have to ask one of the lawyers. I do know that there's the ability for the Council to remove Commission Members. I think it requires a vote of seven or eight. It's more than a simple majority in order to remove a Civil Service Commissioner. But I think there is that ability.

CM Jurinsky: Can I get an exact answer from one of the attorneys, please?

P. Schulte: Council Member Jurinsky, there is a supermajority. Pete Schulte, the City Attorney's Office, the Commissioners serve at the pleasure of the Council. So, if they are not following Council's direction, then you are able to take steps to remove them and replace them because they are serving at your pleasure, they need to push forward the policy decisions that you are expecting. So, there is an option for that. We did talk about that. That was when we were presenting the Consent Decree back in November that that question did come up as well. But as Jason was talking about, just to go back to the charter language, what we do in Aurora is not repeated anywhere else in the state of Colorado. And the Civil Service language is very similar to every other Civil Service Commission in all the big cities that have Civil Service in Colorado. The Civil Service Commission has taken one position on what they can do. The City Attorney's Office under me and our evaluation of the Attorney General's Office, we think we can go a different way. And as Jason had mentioned, that's kind of the conversation we're having with the Consent Decree Monitor and the expert that they brought in to give those recommendations. But we're hopeful. We're hopeful that when the recommendations do come out from the expert that was hired, the Commission is on board, and we can make the changes that will be good for the city.

CM Jurinsky: Okay. I need seven votes to remove a Civil Service Commissioner. And is there the ability to have more than five Commissioners there, the ability to add additional seats on the Civil Service?

P. Schulte: I don't know that off the top of my head, there might be. I will check and get back with you. I have to make sure there's not a number with that.

Obviously, we need an odd number for voting purposes. So, I will check into that and get back to you.

CM Jurinsky: Thank you.

J. Heckman: Council Member Jurinsky, this is Julie Heckman, Deputy City Attorney. The charter does provide that Civil Service needs three to five Commissioners. Five would be the maximum number.

CM Jurinsky: But when you say three, we could potentially remove two and have a Civil Service Commission of three Commissioners?

J. Heckman: Correct.

CM Jurinsky: And state in the charter?

J. Heckman: Correct.

CM Jurinsky: Thank you.

J. Heckman: Yes.

CM Sundberg: For Chief Oates, with respect to the out-of-state recruiting. The nuts and bolts of that, do we have recruiters on the ground in those states? Do we have a headhunter making phone calls, social media? How does it work exactly to pull those people in?

D. Oates: Again, this is our first foray. And the idea came to us in part from members of the department who came from other agencies and said we should try recruiting elsewhere, and then we had a contact with Lakeland PD, which is a rather sizable Florida Police Department in Central Florida. They had recently made a trip to New York and had come away with 150 applicants, so they hired 12 police officers. So based on their experience, we had detailed conversations with them. In this first experimental trip, we're sending our recruiters, we're sending a couple of officers who came from the NYPD. I don't quite understand how we do advertising on social media, but I'm being told that we're hitting all the right places that young people would hit on social media to do for advertising. And we're following exactly what Lakeland PD did. And they were very successful over a week in getting 150 people in to apply to Lakeland PD as a result. So, we're kind of copying their model. I think we're going to refine this over time. And that's kind of where we are. So, the answer is, yes, we're going on the road. While we're on the road, we will be prepared to give the computer exam, the basic exam that everyone has to take. So, if you come on to visit us, we'll send you to another room in the hotel and you can sit down and literally take the entry exam while you're there. We'll provide all the packets for application, assist people, and provide guidance on filling out the application. And we'll do all the sort of cheerleading about why Colorado is such a wonderful place to live. And thanks to the support of the Council and with the pay raise, we're not only offering Colorado and Aurora, we're also offering a very, very, very competitive pay increase over what basic law officers make in the New York City area. And we're offering the substantial relocation benefits that we have on the books right now. I fully expect, Council Member, that we're going to refine this process over

time. But this is kind of a leap of faith that we need to do something radically different. We've never done this before. And, again, there are other areas of the country that don't offer the lifestyle that we have here in Colorado, nor do they offer the salary and benefits that we offer. We're hopeful that this is going to work. We'll know a lot more. We can give you a whole update at the next Public Safety Committee meeting on how this went. But we're hopeful, and I think we'll get better at the process over time.

CM Jurinsky: Julie Heckman, since the charter states that we only have to have three to five Civil Service Commissioners total, would that also take a supermajority then to say, "We just want to have three commissioners and we're going to remove two?"

J. Heckman: The removal is what takes the supermajority, and it is for cause or not cause that you can remove. And the charter is what says no less than three, no more than five Commissioners. There is a City Code Ordinance 102-67 that does say that there are five Commissioners, but again, ordinances can be changed by Council. Many of those ordinances are simply mirroring the information that's in the charter. So, the charter is what controls. It is what says no less than three, no more than five.

CM Jurinsky: So, if I were to remove that Ordinance, I would only need a simple majority, then it would go back to three, and two would automatically have to be removed?

J. Heckman: You could go to three and you wouldn't have to remove the Ordinance, you could modify it if you'd like to have it mirror the exact language in the charter to say the Commission has no less than three, no more than five. Historically, if there's a vacancy, it's difficult to go forward with the disciplinary hearings. So having some leeway to be able to, while you're recruiting, still go ahead and have the disciplinary hearings, and the other duties that the Commissioners do is why having more than three has been helpful at times, but again, certainly up to Council.

CM Jurinsky: Got it. Thank you.

J. Heckman: Sure.

CM Marcano: Julie, are the votes for the Commission recorded anywhere? I don't think I've ever noticed them in the ruling packets that we get, or summaries, rather that we get.

J. Heckman: You mean for the disciplinary hearings?

CM Marcano: Yes, ma'am.

J. Heckman: The findings usually say the number of votes, whether it's unanimous or not. They do not normally include who voted which way.

CM Marcano: Okay. And is there any way for us to get that information? Because I suspect I know why these questions are being asked.



J. Heckman: I don't know that that information is kept by the Civil Service Commission. I don't know the answer to that. We could check into that.

CM Marcano: I appreciate that. Thank you.

CM Zvonek: I guess the only question I have, and Jessica or anybody can answer this. With any of the organizations that we gave grants to, I know it's very early since we just recently did this, but what are the reporting period or reporting requirements for them? Is it quarterly? How often will we get back some sort of information from the various nonprofits that we funded through this program?

C. Amparan: Good morning, Council Members, this is Christina Amparan, for the intervention side of the funding, we'll get quarterly reports from them, although some of them are already sending me some data. For the prevention side of things, it will be on a monthly basis.

CM Zvonek: Thank you.

CM Jurinsky: Christina, have checks gone out to these organizations?

C. Amparan: Has what gone out, I'm sorry?

CM Jurinsky: The funding. Have they received their checks, these organizations?

C. Amparan: No. So, the first step is that we have to get an updated scope of work if there was a change in funding that they received. They also received their award letter. I'm waiting to get a signed agreement from all of the organizations. Once that's received, then we will go ahead and move forward. Funding is a reimbursement agreement. And then the other thing to consider is that for those organizations that have not received any prior funding from the city, we did have to set them up to ensure that they have the necessary accounts and work numbers so they can receive funding.

CM Jurinsky: Okay.

CM Zvonek: One question I have is, are any of the abatements being held up for lack of beds?

J. Prosser: Council Member Zvonek, this is Jessica Prosser. Not at this point. We continue to have the 10 beds available at Comitis. During the summer months, the shelter is also not quite as full. So, we have been able to offer shelter. It's a matter of folks taking us up on it. We have had a few over the past month or so.

CM Zvonek: Great. Thanks. Okay. Is that right, Jason? Were you finished with 4.b?

J. Batchelor: Yes, sir. Yes, sir. That takes care 4.b and we're ready to go on to the next side.

CM Zvonek: Great.

Outcome:

Information Only.

Follow-up Action:

None.

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

Dr. Kathleen Adalgais presented the nationwide pediatric seizure study with the Children's Hospital Colorado and AFR entitled PediDOSE. PECARN, a research network focusing on investigating best practices for children, is in partnership with AFR and Falck Ambulance. Their study on the Pediatric Dose Optimization for Seizures and EMS (PediDOSE) investigates how paramedics manage seizures in children. They will determine if age-based dosing calculations can improve seizure care compared to traditional weight-based dosing calculations. 10% of all EMS activations are for children experiencing seizures. Seizures affect certain life-sustaining functions and voluntary body control. Patients can become unresponsive, can stiffen or shake, and may have difficulty breathing. Seizures that are not controlled or stopped within a few minutes can cause brain injury. PediDOSE's goal is to decrease the number of children that arrive in the hospital still seizing. This is currently 30% of children. Most ambulances use Midazolam and Benzodiazepines that act as a general sedative and may affect breathing. Currently, the best method for selecting the right dose is still unknown. Medication doses for children are weight-based. However, in the pre-hospital environment, other measures are used such as a length-based tape that can estimate things. The right dose is still a question for researchers and does impact the issue of safety in the out-of-hospital environment. PediDOSE study will compare the standard of administering medication which is the weight-based method versus standard dosing. The weight-based method requires medical practitioners to know the weight of the child, determine a dose in the milligram amount, then convert it to volume to administer. Standard dosing uses a wide therapeutic index wherein the dose given is within a dose range that is effective and safe. Through standard dosing, the medication Midazolam will be administered through a spray in the nose or intramuscular injection based on age. The study was made due to the 30% of children still seizing on arrival and error in medication administration. The problem with dose accuracy has led to overdose and underdosing. There is also the issue with the time delay brought about by the EMS getting to the house after the call and taking time to determine the dose given. This is estimated to be 30 minutes in total which delays seizure care and makes it more difficult to stop. The length-based tape previously used measures a child from head to toe and provides the milligram amount of the medicine to be administered. This milligram amount must still be converted to volume and may have a different formula based on different drugs. Standardized dosing provides the milligram amount and volume of medicine to be provided to a child within a specified age range. Children aged 5 months and below will not be enrolled in the study since the cause of their seizures can be unique and nonrepresentative of typical seizures. Patients aged 12 to 13 will be administered 10 milligrams which is two milliliters through a spray. 10 milligrams are the maximum dose since more than one milliliter cannot be aerosolized per side of the nose. It is also the same as the adult dose. The study will reduce issues around cognitive load for

EMS providers, the need for IV access, and delays in medication administration. It is important to note that when a patient is still seizing on arrival, there are risks for neurologic morbidity and respiratory failure which have higher consequences including death. The study is NIAH-funded and has two aims. It aims to compare the change in dosing based on the two methods and see if children are no longer seizing on arrival. Study investigators hypothesized that age-based dosing, rapid administration, and the effectiveness of no underdosing, will reduce the number of children still seizing on arrival. The second aim is to compare the frequency of respiratory failure after a change in dosing and determine if there is no higher risk of respiratory failure due to standardized dosing.

At the beginning of the study, the EMS responding to 911 calls for child seizures will give them the dosage in the traditional weight-based method. At a randomized time in the four years of the study, there will be a switch to the standardized age-based dosing method. Regardless of how the medication is administered, EMS will still give a dose of Midazolam. EMS will notify Children's Hospital, Colorado, that they are transporting a PediDOSE patient. Upon arrival, if the patient is still confused, a rapid EEG device will be applied to determine if they are still seizing. Following this, seizure care in the emergency department will be routine. EMS providers will give information about the transport. Children with benzodiazepine allergies, children that are pregnant, children with severe growth restriction, and children that have head injuries or ventilator dependence will not be included in the study. These children will be treated the way EMS treats seizure patients. The study will start with children aged two to 13 years old. Over the course of the study, researchers will lower the age range. The study will also be under a Data Safety Monitoring Board (DSMB) that approves the protocol, reviews interim data, and advises investigators on the safety, validity, and scientific merit of the study. Should investigators find that there is harm in the study, it will be stopped completely. The study will also be stopped once it is determined that there is a clear difference between the two methods of medication administration. If there is no clear method yet, the study will continue. The DSMB will ensure close monitoring of patient enrollment and the stoppage of the study due to any safety concerns. Twenty EMS agencies participating across the country will enroll patients. Six months into the study, randomization will begin to switch to standardized dosing. The randomization is due to the training of agencies and to create a spread across sample sizes. This study will last for four years and has an exemption from informed consent. Informed consent drives the ethics of research to ensure that medical research is done ethically and fairly. However, there are cases where informed consent cannot be taken. Consent must be obtained from the person being enrolled in the study such as children aged 7 or older. For younger children, the parents must provide informed consent. However, since the patients are experiencing seizures, they would be altered or confused, and medication should not be delayed in order to get informed consent. Researchers are conducting community consultations to ensure that community members are aware that the study is being done and that it is exempt from informed consent. People do not need to consent to get treatment, but they may consent to whether or not they want their data collected. The FDA regulates exceptions from informed consent research. Regulations apply when

patients have life-threatening conditions such as ongoing seizures, there is no proven treatment or the available treatment is unsatisfactory, and it is not possible to obtain informed consent from the patient or their family due to a short available time to consent. The study meets all three criteria for exception. Parents may choose whether they want their children to continue to participate. Children aged 7 to 13 may choose to continue or discontinue participation. Those who continue will have their data collected until their discharge from the hospital. The community consultation process will be presented to review boards to ensure that due diligence is done in informing people, receiving feedback, compiling feedback, and addressing concerns. The investigators must demonstrate to the board that the study will be conducted in a manner in which all concerns and issues identified are mitigated. The Aurora Fire Rescue (AFR) applied for a certificate of federal-wide assurance which is given by the Department of Health and Human Services to allow them to conduct research, enroll patients, and safely apply processes and protocols. AFR, Falck, and the investigators have been meeting for over a year for this study and have actively participated in training and monthly group meetings. Deputy Chief Weber has undergone the Collaborative Institutional Training Initiative to train in ethics, consent, research, and compliance as the site contact and site investigator for the AFR. Aurora and Falck have a representative on the Committee that's developed the training for the EMS providers across all 20 sites. The training for providers has been disseminated to all EMS providers in the agency. The study's initial application to NAH was in June 2019 and was resubmitted in October 2020. It received a notice of funding in February 2021 and the monthly meetings started shortly thereafter. It took a year to coordinate sites, submit a community consultation plan, and get the plan approved by IRBs. Community consultation has been ongoing for several months and the study will begin in early August. EMS information goes directly into the Children's Hospital Colorado Electronic Health Record to ensure that data collection and safety issues are streamlined.

CM Jurinsky: Basically, what I want to know is you said that in the study, if you find harm, then you will adjust some things. I want to know that there is absolute protection for Aurora firefighters should there be harm, should anything go wrong with one of these doses. I'm not sure that's a question for you necessarily, maybe it is for one of the City Attorneys. I want to know that without a doubt there is protection for Aurora firefighters administering this dose.

K. Adalgais: So, again, the thing I will say overall is that in just to kind of explain to you and the group as a whole. Our study, as it's being conducted, is being done across 20 sites across the country. We have interviewed 10 families to receive their feedback locally. We have done surveys with 100 families locally. There are a total of 2,000 interviews across the country among family members to express their concerns. We brought this to the Human Relations Board and explained kind of the rationale around that and address their concerns and questions. We brought it to the Immigrant and Refugee Committee also to address their concerns and questions. What will be difficult to determine, and then the protection issue for Aurora Fire Rescue, which I completely understand the concern about, is that

failing to treat a seizure can result in respiratory depression, and that risk is much higher than treating a seizure even in this range of dosing.

CM Jurinsky: My question, is there protection for Aurora firefighters? I understand 20 different agencies. I care about Aurora firefighters, the most.

K. Adalgais: Sure.

CM Jurinsky: So, is there protection should something go wrong? If an Aurora firefighter administers this dose and there is harm, there was harm to be found, something like that, in this study, are those Aurora firefighters protected? I really need a direct answer here. And like I said, that may not be one for you. That may be one for our City Attorney's Office.

K. Adalgais: I'll ask Angela to speak to that because Angela was involved in the Federalwide Assurance application and the other things. But in my understanding and belief is that, yes, they're protected. But Angela, I don't know if you have anything to add in that regard.

A. Garcia: Good morning, Council Members. Council Member Jurinsky, I don't have that answer off the top of my head. I will certainly get an answer for you and get that back to you.

CM Jurinsky: I need that before I can wholeheartedly get behind something like this and have Aurora firefighters out there. I understand that this is something that could save children's lives. And I want to be all in, I want to be very supportive. But if there is the chance that even one Aurora firefighter may lose their career or worse, over administering one of these doses and harm comes from it, I stand with the firefighters.

R. Weber: Council Member Jurinsky, this is Deputy Chief Weber. What I'd like to tell you is that this will be a change to our protocol. Our members will be following a protocol. So currently right now, they follow a protocol for seizure studies for children. If they follow that protocol and something bad happens, they have that defense that "Hey, I followed the protocol. I did what I was supposed to do." So that's the same way with this protocol is going to be changed, it's going to be in writing. We're just changing our protocol and we change our protocol, the EMS protocols get changed quite often. So, I mean, our defense is, we followed the protocol, so.

K. Adalgais: And also trained on the protocol too.

R. Weber: Yes.

K. Adalgais: I mean, I think, to be clear, all processes from top to bottom are the standard practice of the EMS agency and the providers that work there.

CM Jurinsky: So, Chief Weber, you are in support of this?

R. Weber: Most definitely.

CM Jurinsky: Okay. Thank you. That's really what I needed.

R. Weber: Okay.

CM Zvonek: Okay. Thank you, Kathleen.

Outcome:

Information Only.

Follow-up Action:

None.

**4.d Police Auditor Q2 2022 Update**

Michelle Crawford presented the Police Auditor's second quarter update. The body-worn camera compliance audit is underway while the Crisis Response Team Audit was completed in June. The Crisis Response Team (CRT) follows the co-responder model that pairs a clinician with an officer. This aims to prevent unnecessary incarceration and hospitalizations and helps reduce patrol officer resources spent on mental health situations. The audit aims to determine if the CRT is effectively receiving and responding to specified incidents and evaluate if resources and staffing are adequate to respond to mental health calls. Based on engagement procedures, additional data is needed to determine the effectiveness of receiving and responding to incidents and the adequacy of CRT staffing resources. It was found that the city lacks formal procedures for handling calls for persons in crisis and dispatching CRT and Crisis Intervention Trained (CIT) officers. Once response requests are received by Aurora 911, the requests are aired over the radio then a patrol officer is dispatched. CRT is also monitoring these to determine if they may respond. Several leading practices are not followed regarding incident receipts including procedures for calls, a policy describing the call taker's role, and procedures for transferring to a crisis line if CRT or CIT officers are unavailable. Aurora911 is recommended to follow leading practices, develop training to handle mental health crisis calls, develop procedures for identifying these calls, develop procedures for dispatching CRT and CIT officers, and evaluate the use of a crisis line. It was found that there are no mental health calls for service data across the city. The current dispatch (CAD) system does not have a category code for mental health-related calls. A mental health crisis can be used as a final category but is not consistently used. The department also lacks training in this. The final call category only allows one category. If there are other factors such as criminal intent, the mental health crisis category may not be appropriate. Throughout on randomly selected week, we narrowed down and reviewed 1,800 calls for service. Out of these, there were 117 calls wherein the CRT could respond. APD is recommended to work with IT and Aurora911 to identify and implement efficient and effective methods to collect mental health calls for service data. This is to ensure the appropriate deployment of resources. There were additional opportunities to gather data in accordance with leading practices. However, some data sets were missing including the number of mental health calls for service, repeat mental health calls, calls transferred to a crisis line, and the number of mental health calls responded to by a CIT officer. CRT is now tracking repeat calls for service. APD is recommended to track additional data

points. There is no memorandum of understanding in place with the partner agency. The IGA in place for grant funds only included a dollar amount for personnel but not the number of clinicians. Due to this, baseline clinician staffing levels cannot be determined. The CRT positions include a project manager, case manager, clinicians, CRT Sergeant, and CRT officers. The project manager, case manager, and clinician positions have not been consistently staffed from 2018 through Q1 of 2022. There has never been a 1:1 ratio of clinicians to officers. Three different staffing models were identified based on co-responder teams across Colorado. The first is to partner with a mental or behavioral health agency wherein the partner agency controls pay and benefits. They are also responsible for the management, clinical oversight, supervision, maintaining health records, and allowing clinicians to access records. The second is to hire city employees wherein the city controls pay and benefits. In addition to the above-stated responsibilities, the city is responsible for insurance, legal expertise in an electronic health system, and clinical oversight. The third model is to partner with a different provider in which the provider is responsible for the same areas and controls pay and benefits. In models two and three, the clinicians lose access to partner agency records.

The grant funding for the CRT program ends this year. Without adequate staffing, the program becomes a CIT program. The city is recommended to issue a request for information or a request for proposals to evaluate staffing options for clinicians and a case manager. The city is to determine which staffing model works best. APD lacks strong policies around persons in crisis and procedures for the CRT and CIT officers. Currently, there are no standard operating procedures for the CRT. Directives and SOPs were reviewed and areas not meeting leading practices were identified. APD is recommended to develop SOPs that include leading practices for the CRT in cooperation with clinicians and to update its directives to reflect leading practices. A CIT Steering Committee is also recommended. APD is also recommended to work with internal and external partners to identify methods for collecting feedback and raising program awareness.

CM Zvonek: Michelle, thank you so much. I really appreciate the work that you and your team do. I have to admit that every time I hear one of your presentations, I feel like I age a little bit. The last two, the one for the first quarter dealing with the records management issue, which ended up being a bigger issue, and now this. I'm a big believer that this program is necessary and has so much potential. And a lot of what you just presented is disheartening. And I want to open it up to some questions. But in August, and this is for Jason and et al when we go through the Aurora Action Plan, that fourth item, which deals with the CRT program. What I'd like to do is make sure that we are addressing what we are doing to remedy the issues that were just pointed out by Michelle. And I know that we've had some conversations about data collection that's also part of the Aurora Action Plan and having a system that's not so antiquated that we can't capture the appropriate data to determine whether or not a program is successful or not. We're talking about funding and making funding decisions, and I'm a big believer we need to have the

data necessary. So that's for Jason. But I'm going to open it up for questions to my colleagues before I ask any of mine.

CM Sundberg: I would just say that this is particularly relevant as it's part of the action plan. And I would ask Michelle if there are any municipalities out there, jurisdictions that have really set a good tone with this and a good model that we could help emulate.

M. Crawford: What I found in my research is kind of every jurisdiction's doing something slightly different. I think there's the ability as CRT, they begin to work with other jurisdictions and have those bigger conversations to kind of leverage what's working well in those other areas and to incorporate that back in. But I don't know that there's one specific model. Everything is kind of tailored to each jurisdiction. It's a little bit unique for each program. But I believe as they started, the State's Office of Behavioral Health, I believe, is starting to do some work in this area as well. So, as they expand, I think there's an opportunity to leverage that information and figure out how to best apply it to Aurora to make our program even better.

CM Sundberg: Thank you.

CM Zvonek: My question, I guess, is really for Jason. Jason, as Michelle went through this and she talked about the practices not followed, some of the challenges with data collection, and again, I know you and I have had some offline conversations about different systems there. Do you believe that there are steps being taken to address these shortcomings? And then the second part of that question is, can we have a presentation by August ready for us to go through that and really focus our update on the Aurora Action Plan on this? And I really think it covers obviously the second item in the Aurora Action Plan the data collection, but also this one.

J. Batchelor: No, absolutely. So, this is why Michelle's work is so important. She said the work that's out there, everybody does a little bit differently, and I think as a reminder, kind of Aurora started this a few years ago, I think her audit does a good kind of overview, historical, of how this was initially stood up. And I think the department had every intention of doing this right. They stood it up. And I think the audit now comes at a very important time because as you noted, the grant funding is ending. And I think there is a large recognition of the importance of these programs, as you all have noted. So, we are using her audit really as our kind of guiding document going forward. We, both Sergeant Bunch and Courtney Tassin, have already taken this and are well into implementing these things. And so, they've started looking at SOPs, they've started looking at data collections, and then we're also using this as we develop the 2023 budget. We're going to be moving off of grant funding to having the program funded in the general fund, and then part of that is also going to be include a position that's specifically focused on data and data collection, data analysis, and again, making sure that we're getting that portion of this right. So those are already underway. We're happy to report on that progress and kind of give you an update on that. And then the other important thing that Michelle touched on is this all starts with a call to



911. I know that Tina and her team, as you saw in their response, fully agree and fully support the recommendations. Again, I think the timing of the report is very fortuitous and it's the right time. We are very close to implementing our new computer aided dispatch system, and so as we get that online, we then need to look at how we're taking those calls, how we're categorizing those calls, how we're dispatching those calls, and so it is absolutely something that 911 has on their list to do. They're excited for that work. And then the other reason that the timing is fortuitous is that we were successful in getting a grant for a nurse navigation line. We all know that a lot of the calls that come into the dispatch center are medical related, particularly when it comes to calls for AFR service. We were able to get a grant. Tina is working with that grant provider to stand up in nurse navigation line so we could possibly divert some calls and not have to dispatch or adjust how we dispatch medical resources, because there are some calls where if the caller could talk to a nurse, talk to a medical professional, we may be able to either not have a response or adjust our response. I say the nurse navigation line, because as Michelle noted in our audit, that crisis intervention line is a very close corollary of that. So again, so when can we divert responses and perhaps get folks in touch with other mental health providers? As we're rolling out our protocols for the nurse navigation line, we are thinking about, "Well, what does a crisis intervention line work with?" I think, again, clearly lots of work to do. But, again, I think the timing on Michelle's audit and just a number of different things, the CAD implementation, the budget are really, just really coming together nicely. And I think we are happy to come back in August. I know, again, Jake and Courtney are already working on an RFI, RFP process and so we're happy to come back next month. And with that, I know probably both Courtney and Tina are all on. So, for the team, anything to add to my ramblings?

T. Buneta: Good morning, everyone. This is Tina Buneta. And thank you, Jason. I think you captured that very well. I would also like to add that in the midst of all of the other changes that are occurring, not only in this city of Aurora, but nationwide, July 16th is the launch date officially for essentially the 911 of mental health, which is the new 988 number implementation. And I think that with that implementation also, we may see a lot of calls that have historically come into 911, potentially, also be diverted to the 988 crisis line. And so, we're just going to wait for that implementation as well to see how that rollout impacts the number of calls and the types of calls that are coming into our center.

C. Tassin: And Jason Batchelor, I'd also like to add thank you for all the sentiment. Sergeant Bunch and I have been working on the SOPs, the RFP process, the scope of work has been completed and now we're about to send out that purchase requisition after some approval all the way up the chain there. There's been a lot of effort. We have begun our CIT Steering Committee with a bunch of different providers across the Aurora area, as well as looking for individuals who've actively engaged, either with our Crisis Teams or with the behavioral health system to help follow best practices, but also stay in line with what the people truly want out of these programs. We're very thankful for the audit. Michelle was wonderful and she actually brought to light a lot of things that we need to implement or that we have been implementing but just never wrote

down. We're very thankful for Michelle and the audit process and just the entire city staff for their support on this.

CM Zvonek: Okay. Thank you all. Appreciate the update.

Outcome:

Information Only.

Follow-up Action:

None.

#### **4.e Directed Action Response Teams Update**

Chief Daniel Oates and Division Chief Jad Lanigan presented the Directed Action Response Teams (DART) Update. DART Teams were reinstated due to the increase in non-fatal shootings, robberies, and motor vehicle theft. The team in training is made up of a lieutenant, two sergeants, 12 police officers, and two detectives. The focus on motor vehicle theft is due to the rise in victims and the rising use of stolen cars in more violent crimes. Other violent crimes such as homicide are dealt with by the Major Crimes Unit. DART aims to impact violent crime through investigative enforcement efforts, targeting established patterns of crime trends, and know hotspots based on intelligence-driven analytical data. Its goal is to locate, identify, and disrupt major criminal activity contributing to violent crime. DART will collaborate with community members and key stakeholders to identify and understand contributing factors. DART also aims to have a lasting impact on violent crime, reverse the increasing number of violent crimes, and reduce the annual number of victims. The team will target known hotspots, established pattern crime trends, and known criminal offenders based on intelligence-driven analytical data. They will focus on individuals engaged in violent crime, habitual offenders, suspected gangs, etc. Priority-based formal and informal joint operations with detectives will be used. The officers that are part of DART will still be providing support in active critical incidents, natural disasters, etc. They will provide immediate aid to patrol on high-priority calls for service and major events. They will also assist in crime scene management, crowd control, suspect apprehension, sequestering, and interviewing of victims and witnesses. Tactical skills will be applied in investigative searches, starchase deployment, and utilization of mesh cameras and license plate readers. Information will also be provided to community members, business owners, and key stakeholders. DART is tasked to do surveillance in unmarked cars and participate in rapid deployment and high visibility enforcement in high-crime areas. They will have directed enforcement operations driven by analytical data, joint operations with inter and intra-agency groups, and basic investigations. Some SWAT officers will also be moved to the DART Team. They will also serve as uniform support on select planned operations. DART will operate the license plate reader enforcement and traffic stops. They will conduct wall stops to confirm criminal activities flagged by undercover officers. They will do pedestrian contracts in high-crime areas, knock and talks, foot patrols, and joint operations. The team will work 10 hours per day from Wednesday through

Saturday. They are currently working from 2 PM to 12 AM and the timing will change on a weekly basis depending on crime trends. Supervisors and officers can respond to high-priority calls for service, make initial assessments, and notify GRIT detectives. DART officers can provide investigatory support in the form of surveillance and enforcement. The approach will be to provide budgetary relief to APD by reducing the number of GRIT callouts, promoting collaborative efforts, and reducing overtime expenditures. For the pilot program, each team will have a sergeant, investigator or detective, and 6 officers. They will wear a BDU-type uniform and there will be two officers per vehicle.

CM Sundberg: This might blend in more towards the miscellaneous matters, but maybe there's some affiliation. Is the ShotSpotter technology viable to the department and in your efforts here? Any more thoughts on that technology?

D. Oates: Council Member, this came up at the last meeting of the Committee, and the challenge with ShotSpotter is it's very expensive and we're in the process of doing an analysis. We think, in terms of bang for the buck, more cameras and license plate readers around the city, and particularly in areas where we're challenged with violent crime, is likely a better expenditure. I've asked our team to come up with a plan and cost out a plan to layer more cameras and license plate readers in key areas around the city, but also to take a look at the equivalent coverage with ShotSpotter. I have a preference for cameras and license plate readers based on my experience in other places in which I've worked and having a feel for the areas of Aurora that we would be most concerned about. I hope to be coming up with a plan soon on that. But ShotSpotter is not off the table, but we all need to understand, ShotSpotter is very, very expensive.

CM Sundberg: Okay. Thank you. And just a tie-in question. A resident recently asked me a question of going after expired license tags registration on vehicles. Any update on that or does this tie into the Direct Action Response Team as well?

D. Oates: I think I'll let Jad speak to that.

J. Lanigan: Yes. I can answer that. The Traffic Bureau also falls under me. And unfortunately, under the pandemic, the Department of Motor Vehicle basically shut down for a period of time and license plates weren't being renewed. We know that that has since changed, and the DMV is back up and running fully. We have just recently sent out direction again to our officers that we need to start enforcing those license plates and giving tickets back out on expired license plates. This will not be a direction for this team. This team is going to be out there to address violent crime. Not to say that if they need to be able to stop a car and use that as a reason to stop the car. They might use that, but this team is not going to be out there, just specifically taking care of expired license plates. Our Traffic Bureau and our patrol officers have been given direction to start enforcing those expired plates, when and if they can.

CM Sundberg: Okay. And just to say, I appreciate the specific targeted approach to what you're doing here. Thank you.

J. Lanigan: You're welcome.

CM Zvonek: Okay. I don't have any questions. Just one comment, Chief Oates and Chief Lanigan. I just want to say thank you for putting this team together. As you've heard me say a number of times, there is no greater concern to our residents than improving public safety, and I recognize the staffing challenges that the department has had and continues to have, hopefully to a lesser and lesser extent as time goes on. But nonetheless, I think this very targeted and intentional focus on the crimes that are impacting our residents the most is exactly what we've needed. And when we talk about the importance of building trust in the community, a lot of that is making sure that the police department is capable of responding to crime. And so that's exactly what I believe that this new unit will do and just want to say thank you for bringing it forward. And please, and I know you both are going to say this, don't hesitate to let us know if there are things that you need from us on Council to help you all be successful because your success is the success of our city and of our residents. So, again, thanks for bringing this forward.

Outcome:

Information Only.

Follow-up Action:

None.

**5. Miscellaneous Matters for Consideration**

None.

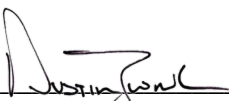
**6. Confirm Next Meeting**

Next meeting confirmed is August 11, 2022, 8:30 a.m. via WebEx.

**7. Adjournment**

Meeting adjourned at 10:16 a.m.

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

  
Dustin Zvonek, Chair