

## Answers to questions and requests from the TF from the Monday, February 28 meeting:

- **911**
  - **Elora Indicated she would get numbers of call types and what percentage of calls that represents for Task Force members**

Elora Forshee wrote:

I have attached a spreadsheet that has 2021 call counts so that the task force can get an idea of what percentage of calls are mental health related. I highlighted the call types we discussed (the suicidal subjects, which is coded as SIG4, the psychiatric transports, and the suicidal callers). I was remiss not to mention the JUMPER call type, which covers people on elevated structures that are believed to be suicidal. Lastly, I highlighted the overdose call type. That, in my opinion, could also be coded as a mental health call.

This list includes priority E, 1, and 2 calls – so mostly active calls, not reports. I've attached a call type definition page to help decipher the coding on those calls. Please let me know if questions come up, I'm happy to either answer through email or come back for another meeting to speak to this or anything else.

There were other questions that were sent over prior to the meeting that we did not get a chance to cover in Monday's meeting so I wanted to make sure I provided an answer to those.

**How is caller information communicated to first responders LE/EMS/FD?** Caller information is communicated verbally, over the radio during the dispatch and as the call is updated. It is also available for them to read on their computers. All comments placed in the call by 911 staff is able to be reviewed by responding personnel in their vehicles.

**Are first responders informed of the type of crisis, if related to mental health or other concerns?** Yes, 911 staff provides as much information as they are able to in order to prepare first responders for what they will encounter once on scene. The goal is to provide a safe outcome for all involved so we try to paint a clear picture of what is occurring, whether it is a mental health crisis or otherwise.

**If you could change a policy, what would that be and why?** I spoke to this at Monday's meeting but want to reiterate that the policy I would like to see changed is for 911 staff to have more resources, beyond police, fire and EMS, to help people and families in crisis, especially in instances that are not criminal in nature.

- **WPD**
  - **Lem indicated he could get the Axon policy about when body cameras are turned off/on and when names/information are redacted**

Lem Moore wrote:

The attached Mandatory Redaction document should explain a lot of what the TF may want to know.

Policy 706 Section II (C)(5)(d) – discusses when officers names are not released.

5. *“Information that will NOT be released to the media unless approved by the Chief of Police includes:*

*d. names of Department members involved in critical incidents”*

We also follow guidelines set forth in the Kansas Open Records Act as to the release of names and other reported information.

- **DCCCA – It was brought up a couple of times from DCCCA that the District Attorney’s office did not interview them for the final report. Could someone from the DA’s office explain why DCCCA would not have been interviewed? If it’s not possible for the DA’s office to respond, please explain why.**

DA Marc Bennett wrote:

On November 2, 2021, KBI agents interviewed the “Licensed Permanency Specialist” (case worker) assigned to Cedric Lofton.

I reviewed that interview as well as interviews with dozens of other civilians, law enforcement officers and county employees when drafting my report.

Marc