

# Monthly Progress Report

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Of the Office of Inspector General



**Office of the Inspector General**  
**Oakland Police Department**

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# CONTENTS

## Table of Contents

CONTENTS.....	2
INTRODUCTION .....	3
AUDITS, REVIEWS, and/or INSPECTIONS .....	4
Review of Timeliness of IAD Investigations.....	4
Review of IAD Investigations Closed On/After the 180 <sup>th</sup> Day .....	5
Review of Stop Data Quality Assurance .....	6
Review of Internal Affairs Division Integrity Tests .....	10
MONTHLY UPDATES.....	14
Command Reviews .....	14
Risk Management Meeting .....	16
NEXT MONTH’S PLANNED REVIEWS .....	16

## INTRODUCTION

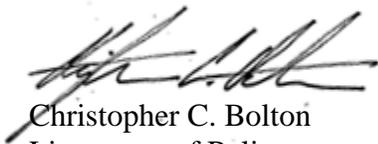
In May of this year, the Office of Inspector General (OIG) was asked to institutionalize a new system of internal monitoring. Following technical assistance and approval by Chief Sean Whent, the Monitor and his team, the OIG crafted a revised method and manner of review and reporting with the necessary mechanisms for corrective action when needed. This *OIG Monthly Progress Report* is the first product of such revision.

The process of constructing this monthly schedule of review caused us to work more closely with other units within the Department. Through our review of the Department's Internal Affairs Division (IAD) and one of its units, the Integrity Testing Unit (ITU), we collaboratively explored new ways in which OIG and IAD can and will increase our effectiveness through strengthened cooperation. As a result, OIG will be meeting with the ITU on a quarterly basis to assist them in evaluating trends within complaint data, and, when appropriate, devising methodologies to be used in their future tests. Similarly, our work with the IAD commander resulted in a scope of auditing work assigned to an IAD manager with previous auditing experience. The first product of that work is included in this report and entitled *Review of IAD Investigations Closed On/After the 180<sup>th</sup> Day*. It is encouraging and exemplary that the resulting recommendations were not a result of OIG findings, but were determined, initiated and championed by officers and employees within the IAD itself.

The *OIG Monthly Progress Report* will occasionally identify deficiencies requiring corrective action. We believe it is not an audit or report that makes a review of practices valuable, but the accompanying assessment and follow-through an audit or report requires. Where recommendations are made, future reports will track their status and progress as they are assessed or implemented.

As we initially envisioned, the *OIG Monthly Progress Report* establishes an efficient and measurable method of assessing compliance with best practices and standing policy. The Office of Inspector General is excited to play such a critical role in our Department's success. My staff serves in a conscientious manner today not because the NSA demands it of them, but because the professions of policing and public service demand it from within all of us.

Respectfully submitted,



Christopher C. Bolton  
Lieutenant of Police  
Office of Inspector General

## AUDITS, REVIEWS, and/or INSPECTIONS

### **Review of Timeliness of IAD Investigations**

**Lead Auditor:** Kristin Burgess-Medeiros, Office of Inspector General (OIG)

**Objective:** Is OPD completing investigations of misconduct within 180 days?

**Policy Referenced:** DGO M-3

**Significant Finding(s):** The Department is completing investigations in a timely manner.

**Recommendation(s):** None required

### **Overview**

Completing internal investigations of misconduct allegations in a timely manner is critical to both those who are making the allegations and those who are the subjects of the allegations. The Internal Affairs Division's (IAD) tracking of these investigations and its routine inspections of timeliness are important to ensuring compliance is maintained. Department General Order M-03 requires that internal investigations conducted by IAD or at the division-level be completed, including approval by the IAD Commander, within 180 days<sup>1</sup>. It also states that for cases with a sustained finding, the discipline process shall be completed within 30 calendar days of the sustained finding. A review of the timeliness of internal investigations was conducted by OIG.

### **METHODOLOGY**

The OIG received a list of all allegations of misconduct cases that were approved between January 1, 2015 and August 8, 2015 (year to date at the time of request). Only allegations with a formal finding (Sustained, Not Sustained, Unfounded and Exonerated) were included in the review<sup>2</sup>. There were a total of 250 cases resulting in a formal finding. The 250 cases were separated by class (*Class I* – serious allegations of misconduct, *Class II* – minor misconduct offenses). For cases involving multiple allegations with different classes, they were categorized as Class I if at least one allegation was a Class I offense. There were 100 Class I cases and 150 Class II cases. Timelines were calculated by comparing the complaint date to the approval date.

### **FINDINGS**

For Class I cases, 92% were completed within 180 days. Forty of the 100 cases (40%) were completed between day 170 and 180. The eight cases completed in more than 180 days exceeded the timeline by 7 to 180 days. The median time for completing Class I cases was 169 days.

For Class II cases, 97% were completed within 180 days. Sixty of the 150 cases (40%) were completed between day 170 and 180. The four cases completed in more than 180 days exceeded the timeline by 2 to 130 days. The median time for completing Class II cases was 168 days.

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<sup>1</sup> The 180 day investigative due date is required by OPD policy and is a higher standard than relevant state law; Cal. Gov Code 3304 requires agencies to conclude investigations and provide notice of intent to discipline within one year.

<sup>2</sup> Cases that were administratively closed, had no alleged rule violations, or were informally resolved were excluded. Also, service complaints and on-duty vehicle accidents categorized as Class II were excluded.

Thirty-four of the 250 cases included at least one sustained finding. One of these cases had no identified subject, so there was no employee to discipline. Of the remaining 33 cases, 32 (97%) met the discipline timeline requirements. One case involved a Class I vehicle collision and exceeded the discipline timeline by five days. Discipline was delayed because the Chief of Police determined the incident needed to go through the Accident Hearing Board.

## **CONCLUSION**

Overall, the Department is complying with its policy by completing investigations within 180 days and completing the discipline process within 30 days.

### **Review of IAD Investigations Closed On/After the 180<sup>th</sup> Day**

**Lead Auditor:** Sylvia DeWitt, Internal Affairs Division

**Objective:** Determine why some IAD investigations are closed on or after the 180<sup>th</sup> day and assess for trends and patterns in delays.

**Policy Referenced:** DGO M-3

**Significant Finding(s):** Addressing delays at various stages in the investigative process will increase timeliness and efficiency.

#### **Recommendation(s):**

1. Cases should be assigned to an investigator as soon as possible after receipt of the complaint and systematically monitored and reviewed to ensure timely approval.
2. Chronological Activity Log entries should be required on a routine and frequent basis, providing a clear trail as to the status of the case from date received to date closed.
3. For cases nearing the 180 day timeline and requiring a significant amount of follow-up, the IAD should consider assigning a second investigator to assist.
4. For cases involving a large number of subjects and witnesses, a review of the assigned investigator's schedule and workload should be conducted and a second investigator or administrative staff member assigned to assist should be considered.
5. Division Level Investigations sent by IAD to other divisions need to be promptly reviewed and assessed to detect any potential delays caused by the assigned division level investigator's transfer to another unit, illness, etc.

## **Overview**

The Department's adherence to its procedures for investigating complaints and allegations of member/employee misconduct is crucial to demonstrate and protect the agency's integrity. Because the auditor noted in the *Review of Timeliness of IAD Investigations* that some investigations were completed on or after the 180<sup>th</sup> day, IAD, using a different sample, conducted an in-depth review of 26 cases that were completed on or after the 180<sup>th</sup> day to identify trends or causes for such lengthy investigations. The 26 cases used in the sample were composed of eight cases closed on the 180<sup>th</sup> day and 18 cases that were closed on or after the 181<sup>st</sup> day.

By policy, cases completed on the 180<sup>th</sup> day of investigation are technically in compliance; however, IAD assessed these cases along with out of compliance cases since cases closed on the

last possible day may exhibit similar timeliness trends or patterns as those cases completed on or after the 181<sup>st</sup> day.

## **METHODOLOGY**

The IAD reviewed 26 cases during Fiscal Year 2014-2015 that were completed on the 180<sup>th</sup> day or exceeded the 180 day timeline. The Chronological Activity Logs for each case were reviewed to identify any patterns or trends resulting in cases being closed on the 180<sup>th</sup> day or exceeding the timeline requirements.

## **FINDINGS**

A review of the 26 cases identified various reasons for delays and some of these delays could be avoided by changing or improving processes. The auditor found the completion of investigations was delayed for one or more of the following reasons:

1. Although in compliance, eight cases were approved by the Chief on the 180<sup>th</sup> day, and in seven of these cases the investigation was completed and approved on the same day, indicating a rush to complete the case on the last day.
2. In four cases, the investigation was not assigned to the investigator for up to two months.
3. In seven cases, there were large gaps in the Chronological Activity Log entries, sometimes up to two months between entries.
4. Five cases stayed in intake for over 40 days.
5. In three cases, there were a large number of subject and witness interviews necessary.
6. In three cases, the investigation was originally assigned to a Division Level investigator, and then later transferred to the IAD Investigations Section for completion following delay.

In addition to preventable delays in completing an investigation, the review found that there are times when delays are inevitable because of an open criminal investigation or because of having to wait for the submission of reports from outside agencies (i.e. coroner).

## **CONCLUSION**

Most of the causes for delays in completing an investigation on or after the 180<sup>th</sup> day can be avoided. The recommendations above should be considered to increase the efficiency in the investigation and review process.

## **Review of Stop Data Quality Assurance**

**Lead Auditor:** Officer Ann Pierce

**Objective:** Are officers justifiably *not* completing stop data forms according to policy?

**Policy Referenced:** RWM R-1 and Special Order 9101

**Significant Finding(s):** The temporary suspension of stop data forms during special operations and events, allowed by policy, is often not documented.

**Recommendation(s):**

1. The Department should ensure all operations plans specifically state whether stop data forms are required. When stop data forms are temporarily suspended, operations commanders should document the name of the Deputy Chief approving the suspension.

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*Monthly Report of the Office of Inspector General*

September 2015

6 | Page

Although not specifically authorized by policy, the OIG recommends that impromptu events for which no formal plan is written but exception to stop data requirements is approved, the incident commander should note approved exception in the related CAD detail.

It should be noted that the OIG recently spurred unrelated efforts to improve the Department's Operation Plan Report Writing Manual. OIG authored a revision to the Manual that improved documentation, process and retention. Department members were trained on this policy in June and July, which improves the method of tracking operations plans in our Field-Based Reporting system and assigns record retention to the Records Section.

2. Commanders and/or future training modules on this subject should remind members during line up that the "reason for no stop data" field must be documented on all field interview forms when no stop data form is required.
3. The OIG requested the Department to explore the cost and benefit of revising the Stop Data Report to include pull-down options for exceptions rather than the current requirement of documenting exceptions via free-form text.

## **Overview**

The Oakland Police Department's ability to continually assess and analyze stop data information requires its officers to accurately and consistently collect and enter stop data information as required. Prior quarterly reviews and audits have assessed compliance through the review of random samples of stops from three primary sources: Computer Aided Dispatch (CAD) records, Field Interview (FI) Reports and traffic citations. These past reviews have also included an assessment of whether forms are accurately and fully completed and whether sufficient legal justification exists for the contact. Numerous recent reviews have determined that the OPD is following policy in this regard and that legal justification and documentation are sufficient.

In the past several years, there has been no comprehensive review of stops in which officers do *not* complete stop data forms. Exceptions to stop data form completion requirements exist for dispatched calls and other defined situations, but no review has evaluated whether these exceptions fall within policy. An analysis of these instances helps to ensure that the stop data collected by the Department is accurate, consistent and appropriately documented.

Report Writing Manual (RWM) R-1 and its supporting Special Order 9101 detail requirements for completing stop data forms and outline exceptions for the collection of stop data:

### The Policy (RWM R-1)

*A separate Field Interview/Stop Data Report (FI/SDR) is required for all self-initiated encounters involving person(s) subject to a(n): detention, arrest or encounter resulting in a search or request to search. Self-initiated encounters are encounters that are not related to any radio dispatch call for service, citizen flag-down, or encounters conducted pursuant to the service of a search warrant.*

*A Stop Data Form is not required for citizen flag-downs, a stop related to the service of a search warrant and community caretaking related incidents... For radio dispatched encounters, officers may complete a single FI or Crime Report documenting all persons subject to these encounters. When the FI field-based reporting (FBR) form is opened, officers shall select “No” under the “Stop Data Required” field and then enter “Dispatched” under the “Reason for No Stop Data” field.*

Special Order 9101

*For planned operations, the operations commander, with the approval of his or her Deputy Chief of Police, may temporarily suspend FI/SDR requirements. The operations commander shall document the temporary suspension in the operations plan.*

**METHODOLOGY**

All FI reports without corresponding stop data forms for the period of January-April 2015 were requested by the OIG. The population consisted of a total of 1,881<sup>3</sup> incidents. The population was stratified into four groups based on the reason no stop data form was completed. Using a one-tail test with a 95% confidence level and an error rating of +/-4%, a random sample of each group was selected. The four stratified groups were (1) *dispatched calls*; (2) *other calls*; (3) *flag downs*; and (4) *blank*. The definition for each category is as follows:

- *Dispatched calls*—calls where a dispatcher directs, via radio, the officer to an incident.
- *Other calls*—incidents involving search warrants, planned operations, and special assignments.
- *Flag downs*—incidents where a citizen contacted the officer directly requesting assistance.
- *Blanks*—incidents where the officer responded but did not fill in the “Reason No Stop Data” field in Field Base Reporting (FBR).

Below is a table showing each category’s population and its corresponding sample size:

<b>Group</b>	<b>Population</b>	<b>Sample</b>
Dispatched Calls	1596	91
Other Calls	97	49
Flag downs	66	40
Blank	122	54
<b>TOTAL</b>	<b>1881</b>	<b>234</b>

The auditor reviewed the FI reports for each stop in the sample as well as special operations plans when the FI report indicated the stop was related to some type of operation.

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<sup>3</sup> Some incidents have multiple FI reports. There were 2868 entries on the original list. Duplicate entries for the same incident were removed, leaving a total of 1881 incidents.

## **FINDINGS**

### *Dispatched Calls*

All but one (1%) incident within the category of “Dispatched Calls” were in compliance with RWM R-1. The one incident not in compliance was a self-initiated stop and should have had a stop data form completed. The other 90 incidents were confirmed to be dispatched calls, therefore, not requiring a stop data form.

### *Other Calls*

There were 49 incidents reviewed in the “Other Calls” group and 32 (65%) of them were in compliance with RWM R-1. There were 17 (35%) incidents that may have required a stop data form, but the auditor was unable to locate them. All of these 17 incidents were related to special operations, special assignments or planned operations (i.e., undercover officer directed). Such circumstances may allow, by policy, for the absence of a stop data form when specifically authorized. Department policy states that for “planned operations, the operations commander, with the approval of his or her Deputy Chief of Police, may temporarily suspend FI/SDR requirements. The operations commander shall document the temporary suspension in the operations plan.”

In these 17 incidents, in addition to not locating corresponding stop data forms, the auditor was unable to locate documentation temporarily suspending the stop data reports. The auditor was unable to determine whether the commanders simply did not document the temporary suspension of Stop Data Reports or whether officers failed to complete the Stop Data Reports.

The OIG discussed these preliminary findings with members of the Department’s command and executive command staff and learned that stop data requirements are often suspended – with Deputy Chief acknowledgement and approval – for unplanned events even though operation plans are not formally created due to exigency. The auditor confirmed, by reading the narrative of the FI, that many of these incidents were related to a special event or special operation (e.g., “sideshow” activity).

### *Flag downs*

There were 40 incidents reviewed in the “flag downs” group. The inspection found all (100%) of them in compliance with RWM R-1.

### *Blanks*

The inspection found all but three of fifty-four incidents in compliance (94%). The three incidents not in compliance were self-initiated stops and required a Stop Data Form. The other 51 incidents were confirmed to be “dispatched calls,” “flag downs,” or “Other” incidents not requiring a stop data form.

Although a review of the FI reports confirmed that no stop data form was required in 94% of the incidents, officers should have documented the reason a stop data form was not required. Policy requires officers to select “No” under the “Stop Data Required” stop data field and then enter the reason under the “Reason for No Stop Data” field.

For the entire sample of 234 incidents, 91% were confirmed via documentation in the FI report that no stop data form was required.

<b>Group</b>	<b>Sample</b>	<b>Number In Compliance</b>	<b>Percentage In Compliance</b>
Dispatched Calls	91	90	99%
Other Calls	49	32	65%
Flag downs	40	40	100%
Blank	54	51	94%
<b>TOTAL</b>	<b>234</b>	<b>213</b>	<b>91%</b>

**CONCLUSION**

The Department’s officers are justifiably *not* completing stop data forms according to policy. However, the temporary suspension of stop data forms is not being documented as required by policy.

**Review of Internal Affairs Division Integrity Tests**

**Lead Auditor:** Sergeant John Haney

**Objective:** Are integrity tests meeting or exceeding policy requirements and stated intent?

**Policy Referenced:** Policy and Procedure 07-01, *Integrity Testing*

**Significant Finding(s):** The Department’s integrity tests are meeting policy requirement and stated intent.

**Recommendation(s):** None required

**Overview**

The Oakland Police Department realizes that community trust is largely dependent on its ability to confidently and assuredly address allegations of misconduct when they occur. The overall mission of the Internal Affairs Division (IAD) is undertaken with this knowledge that inadequately addressed allegations may rapidly lead to erosions of community trust and Departmental morale as well.

Integrity testing, administered by the IAD, is a specialized investigative tool designed to accomplish three significant tasks on behalf of the Department: (1) integrity tests evaluate general compliance with Departmental policy; (2) integrity tests may provide the preponderance of evidence needed to reach an investigative conclusion in circumstances when normal IAD investigative techniques are insufficient; and (3) integrity tests provide a tool to adequately address a repeated allegation or a singularly severe allegation against a member or employee of the Department.

**METHODOLOGY**

The OIG conducted a review of the IAD Integrity Testing Unit’s (IADITU) adherence to the IAD’s Policy and Procedure 07-01, *Integrity Testing*, which, paraphrasing, reads, in part:

There are two types of integrity tests, *planned* and *selective*. Planned integrity tests are minimally required bi-annually and are to be based on current concerns or issues *not* related to any particular member, employee, or unit. In contrast, selective integrity tests are used to address specific issues identified with a specific member, employee, or unit. In addition, selective integrity tests require a level of specificity that would allow an investigator to narrow the scope of the test to ensure a reasonable likelihood of success.

Whether planned or selective, a particular procedure must be followed to conduct the integrity test. Each test must be formally approved through the assigned investigator's chain of command. The assigned investigator must complete a recusal memorandum, ensuring impartiality. In cases where the test will be field-based, an operations plan shall be completed, which aids in ensuring a safe and efficient testing process. All investigations must be chronologically logged. At the conclusion of each investigation, an *After Action Report* shall be completed to document the results of the test and any other pertinent findings.

The OIG staff met with IADITU personnel and obtained relevant documentation pertaining to planned and selective integrity tests conducted during the 2<sup>nd</sup> quarter of 2015. The IADITU completed 11 integrity tests during the described time period. There were six planned integrity tests and five selective integrity tests. The auditor reviewed all relevant documentation to determine whether the investigator who conducted each test complied with IAD's Policy and Procedure 07-01, *Integrity Testing* as stated above.

#### **FINDING #1**

There were six planned integrity tests conducted on six randomly selected members. All of the six planned integrity tests were based on a current issue not related to any particular member, employee, or unit. The six tests were aimed at ensuring personnel were adhering to Departmental General Order E-3.1, Section I, which reads, in part:

“MOR Section 314.28 – Notification

Department Manual of Rules Section 314.28 states:

Notification – Any member/employee who is a part to any of the following incidents shall prepare and forward a memorandum, via email or hand-delivery, directly to the IAD Commander within 72 hours:

- Lawsuit (the member/employee is not required to report under this section when the City is also named as a part in the lawsuit);
- Arrest;
- CDL suspension or revocation or notification of CDL suspension or revocation;
- Cited, in lieu of arrest (except Vehicle Code infractions)

- Served with a civil or administrative process related to his/her employment or which contain allegations which rise to the level of a Manual of Rules violation; or
- Becomes aware that he/she is under investigation for any misdemeanor or felony in this or another jurisdiction.

If circumstances prevent compliance with the timeline (e.g. incarcerated, hospitalized, out of the country), the member/employee shall make such notification as soon as practical or notify his/her unit commander who shall prepare and forward the memorandum.”

None of the above triggering events were met by the six, randomly selected members, and, therefore, no one was required to submit a memorandum to IAD within 72 hours. All tests received a finding of “Pass.”

In addition, the proper protocol was followed to conduct the six planned integrity tests. Each test was approved through the assigned investigator’s chain of command. The assigned investigator for each test completed a recusal memorandum, ensuring impartiality. All investigations were chronologically logged. At the conclusion of each investigation, an *After Action Report* was completed to document the results of the test and any other pertinent findings. Since none of these tests were field-based, an operations plan was not completed.

## **FINDING #2**

There were five selective integrity tests conducted, and all of the five selective integrity tests were used to address specific issues identified with a specific member, employee, or unit. The five selective integrity tests that were conducted had various outcomes and were rated accordingly. The auditor reviewed each of these tests with a focus on whether thoughtful and sufficient consideration and planning were applied to tests; whether patterns or trends related to misconduct allegations were considered; and whether subjects of tests were being considered due to repeated allegations of misconduct.

The first of the selective integrity tests was field-based and received a rating of “Pass.” This test was conducted for three reasons. First, to determine whether a specific employee properly handled, documented and turned in found property. Secondly, the employee was selected because of repeated allegations regarding the performance of their duties. Thirdly, IAD had recently determined an emerging trend or pattern of complaints involving the alleged mishandling of found property. The test was performed and the finding revealed that the individual properly documented and cared for found property as required.

The second selective integrity test was field-based and received a rating of “Pass.” This test was conducted to ensure that a specific member was interacting appropriately with the public and abiding with Departmental Manual of Rules. An OPD sergeant confidentially contacted the IADITU and requested assistance when he noted a pattern of complaints and feedback regarding the test subject’s demeanor. The test was performed and it was determined that the selected subject acted both professionally and respectfully.

The third selective integrity test was *not* field-based but rather administrative and received a rating of “Inconclusive.” This test was conducted to determine whether members/employees assigned to the Department’s Medical Unit are engaged in outside employment. No specific complaints had been received in this area. The IADITU selected this test after a risk assessment exercise pointed to the possibility that personnel assigned to the Medical Unit may be engaged in outside employment. Nothing in the course of the test was found that would suggest personnel assigned to the Medical Unit have outside employment. However, due to the nature of this test the investigator was unable to definitively show that the alleged policy violations were not occurring, which resulted in a finding of “Inconclusive.”

The fourth selective integrity test was field-based and received a rating of “Fail-Administrative.” By definition, this rating means that the conduct exhibited by the subject violated the *Manual of Rules* and the matter shall be handled in accordance with the provisions of DGO M-3. The test was conducted to determine whether an employee was violating policy by loitering during work hours as alleged. The integrity test corroborated the complaint. The OIG review showed that the test itself was appropriately planned, approved and documented as required; however, the OIG commander has requested an IAD review beyond the scope of this audit in order to ensure the test results were handled in accordance with Department General Order M-3.

The fifth selective integrity test was field-based and received a rating of “Pass.” It was conducted to determine whether a member was performing their duties in accordance with policy and law. A database query had shown this subject to have a high number of repeated allegations. The test was performed and it was determined that the officer performed his duties in accordance with all policies and procedures.

A sixth test was planned but not conducted. An IAD commander requested a test be conducted on a member who was on medical leave to determine whether he was abiding by his medical restrictions while on leave. The selected subject retired from the OPD shortly after the test was approved for implementation. Therefore, the test was not conducted.

The review found that the proper protocol was followed to conduct the five selective integrity tests. Each test was approved through the assigned investigator’s chain of command. The assigned investigator for each test completed a recusal memorandum, ensuring impartiality. All investigations were chronologically logged. At the conclusion of each investigation, an *After Action Report* was completed to document the results of the test and any other pertinent findings. Since four of the five tests were field-based, an operations plan for each of the four field-based tests was completed, aiding in ensuring a safe and efficient testing process.

## **CONCLUSION**

The planned and selective integrity tests implemented by the IADITU appear to be worthwhile as they address issues of actual risks to the Department (potential theft, fraud, citizen relations, etc.). The IADITU has drawn from a wide array of sources in determining its planned and selective integrity tests. These sources included anonymous tips, internal referrals, the direction

of the IAD commander, and PAS queries. Continuing to do this will prevent myopic test selection and preserve legitimacy in the integrity testing process.

## MONTHLY UPDATES

### **Command Reviews**

The Office of Inspector General's *Command Review Program* is designed by OIG to increase the number of reviews conducted in high risk areas by delegating intermittent reviews to Department commanders on issues the Department deems critical to risk management. Methodologies for field-based operational reviews are created and provided to commanders managing those field-based units for completion. The review process reinforces awareness of paramount areas of risk and related policy while at the same time strengthening ownership and accountability.

On July 28, 2015, the OIG requested command reviews from Bureau of Field Operations lieutenants. The intent of the review was to ensure supervisors were reviewing personal digital recording device (PDRD – AKA “Body camera”) recordings as required by Department General Order I-15.1, *Portable Video Management System*. Methodology and result documentation forms were created and distributed to lieutenants for completion.

The Oakland Police Department was an early adopter of PDRD due to the technology's ability to enhance the Department's ability to conduct criminal investigations, administrative investigations, and review police procedures and tactics. The presence or absence of PDRD video during critical incidents has proven to be an important factor of actual and perceived police trust and legitimacy. The Department's success in maintaining and encouraging consistent and habitual use of PDRD in all circumstances is exceedingly important.

### **METHODOLOGY**

Policy requires PDRD equipped officers to utilize PDRD during certain citizen contacts: all detentions and arrests; during vehicle pursuits; when serving search or arrest warrants; and when conducting other searches. In order to provide mechanisms of evaluation and oversight, supervisors are required to conduct random reviews of the PDRD recordings of each of their subordinates on a monthly basis. Policy does not direct if or how these random reviews should be documented.

The OIG requested commanders to determine whether supervisors under their command completed at least one random video review for each of their officers during the months of May and June 2015. Additionally, we requested they note the duration of reviewed videos and any comments made by the supervisor during review. We then requested each commander to select two of the supervisor reviewed videos for his/her own viewing and assessment.

## **FINDINGS**

The OIG received responses in inconsistent formats, and there was inconsistency in the approaches used to collect the data. Therefore a precise population was difficult to determine. The Commanders involved in the review provided some valuable feedback, and the OIG noted that simplified methodology and instructions may have yielded better findings.

Based on the data provided by reviewing commanders, the OIG examined supervisor documentation for a total of 255 individual officers. Each officer required one PDRD review for the months of May and June. In all, 465 reviews were documented out of an estimated 510 reviews that should have taken place.

Overall, the OIG found there to be tremendous value in Lieutenants reviewing PDRD video and ensuring their subordinate sergeants are conducting the monthly random reviews as required by policy. This Command Review found that most supervisors are consistently providing random reviews of PDRD video. While some squads were exemplary in the quality and accuracy of their PDRD review documentation, other commanders reported the absence of supervisorial review for large percentages of individual squads. Absences of either the subordinate officer or the assigned supervisor were the main causes of review lapses. Commanders reported immediate training or counseling of supervisors upon finding a failure to review PDRD as required.

Commanders also reported inconsistent practices related to how supervisors document their monthly reviews. As a result, some shifts and areas developed best practices and shared those practices with their area commanders.

Upon reviewing randomly selected video, some commanders identified positive performance or exemplary conduct exhibited by officers. Many of these observations were documented and communicated to officers and were seen as an added benefit of the use of PDRD.

## **RECOMMENDATION(S)**

The results of this review were shared with the Deputy Chiefs commanding each Bureau of Field Operations with the recommendation that commander review of PDRD become a mandatory component of their lieutenant's Monthly Risk Management Memorandum, until such time it is determined that supervisors and commanders have developed and maintain a consistent practice.

In the future, PDRD video will be uploaded with corresponding incident or offense report numbers. Technological abilities and training for this process began this past month. The OIG will evaluate the PDRD review policy when this practice becomes widespread in order to determine whether random reviews should be geared toward a specific population of incidents or incident types as opposed to the current practice of random selection of all uploaded video regardless of the type of incident.

## **CONCLUSION**

The OIG has scheduled a follow-up review of this policy requirement and practice in November to gauge progress.

## **Risk Management Meeting**

Risk Management Meetings are hosted by the Office of Inspector General and are presided over by the Bureau of Services Deputy Chief. These meetings are held monthly, rotating between each of the Department's five police areas, and are designed to review and evaluate operational results and risk. Within a structured meeting presenting prepared data, the OPD analyzes an amalgam of area, squad and officer level performance including pursuits, arrests, detentions, searches, training, and complaints.

Recently, the OIG spent considerable time and energy to improve and refine the accuracy, format and presentation of the Department's risk management related data. As a result of meetings and direction by and with involved commanders, the OIG has noted the following changes:

- The Risk Management Meeting presentation now includes a discussion about specific squad data in terms of search rate and recovery percentages so that a holistic and comprehensive picture of squad activity can be observed.
- Discussions and collaboration with research partners are taking place to assess and amend the Department's stop data form for better analytical data. The goal is for the data collected about stops to provide an opportunity to look at trends and patterns by a shift supervisor as opposed to the current states of looking at trends and patterns by the regularly assigned supervisor and his/her assigned squad members.
- The OIG participated in Beta testing of two different stop data analysis platforms this month with the goal of demonstrating one or both at the September Risk Management Meeting.

OIG was also encouraged by the preliminary feedback received from the Independent Monitoring Team regarding the August Risk Management Meeting. While we realize the Monitor will include a formal assessment of this latest meeting in their September report, it remains our goal to continually collaborate with the Department, research partners, and the IMT in order to solidify the Risk Management Meeting as an industry model.

## **NEXT MONTH'S PLANNED REVIEWS**

To assist the Department in managing risk in conjunction with our policy and best available practices, there are two reviews scheduled for October 2015. These reviews will be centered on high risk performance areas and include snapshots of recent data, incidents and trends. The two reviews are:

### **October 2015**

1. Citizen Complaint Procedures - Citizen complaints accepted in the field
2. Stop Data Analysis of Detention, Search and Recovery Rates
  - a. Commander Review of Search Recovery Rates and Incidents as identified by OIG.