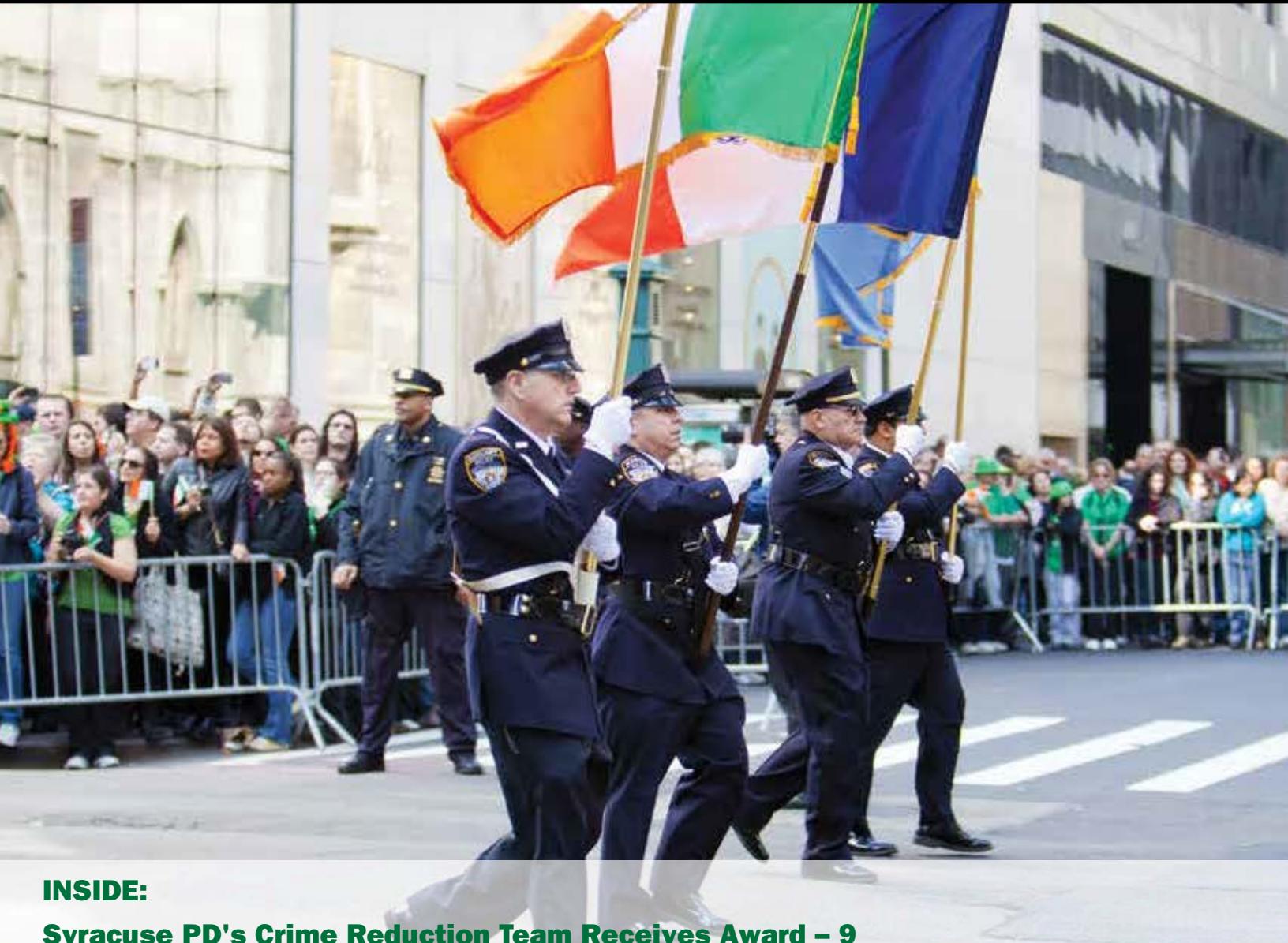


The New York State Chief's Chronicle



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March 2017



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Do you have an interesting law enforcement story or research paper,
photographs of member activities or field scenes?
Contact the editor: Dennis R. Naylor at dnaylor@nycchiefs.org

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On the Cover:

By Stuart Monk/shutterstock image

NEW YORK, NY, USA MAR 17: Auxillary NYPD policemen from the Emerald Society at the St. Patrick's Day Parade on March 17, 2012 in New York City, United States.

Concept selected based upon March Chronicle coinciding with St. Patrick's Day month, New York Law Enforcement agency positively represented, and the vivid depiction of the American Flag to show respect towards National Anthem Day (Friday March 3, 2017)



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LEOSA state by state: *Why are retired police officers having problems?*

The Law Enforcement Officer Safety Act, which is also known as HR 218 (hereinafter "LEOSA") was enacted on July 22, 2004 to extend active law enforcement officers and retired law enforcement officers the opportunity of carrying a concealed firearm in all fifty (50) states, the District of Columbia, and all U.S. territories (hereinafter collectively called "states") as long as they meet certain requirements. Since the law was enacted, it has been amended twice in 2010 and 2013. The intention of the amendments was:

1. To extend the benefits to persons who separated after serving an aggregate of ten (10) years or more as active, reserve, auxiliary or volunteer law enforcement officers.
2. To extend the benefits to all active or retired military personnel, law enforcement officers from the Department of Defense, and all law enforcement officers from the executive branch of the federal government, Amtrak, and the Federal Reserve.
3. To mandate that all active and retired law enforcement officers must carry a photographic ID that identifies the person as authorized to carry a concealed firearm under LEOSA.

In order to qualify to receive this privilege, the active or retired law enforcement officer ("LEOs") must meet LEOSA's requirements and those requirements established by the states.

LEOSA's requirements for active LEOs are the following:

1. Authorized by law to engage in, or supervise the prevention, detection, investigation, or prosecution of, or the incarceration of any person for any violation of law, and has statutory powers of arrest;
2. Authorized by the agency to carry a firearm;
3. Not to be subject of any disciplinary action by the agency which could result in suspension or loss of police powers;
4. Meets the standards established by the employer agency to regularly qualify and train in the use of a firearm;
5. Is not under the influence of alcohol or another intoxicating or hallucinatory drug or substance; and
6. Is not prohibited by State or Federal law from carrying or receiving a firearm.

—LEOSA, continued on page 18

President's Report

NYSACOP: "Crisis Intervention Training Must be Included in the Basic School"



BY CHIEF DAVID ZACK, PRESIDENT

The number of persons living in our communities who suffer from untreated, severe mental illness continues to grow. As this population grows, interactions with police officers have become more frequent. Recent studies estimate that one in four fatal police encounters ends the life of an individual with severe mental illness. The risk of being killed during police interaction is 16 times greater for individuals with untreated mental illness than for other civilians approached or stopped by the police (Fuller, 2015). In correlation, the risk of death or serious physical injury for police officers substantially increases during calls for service involving such persons.

Recent studies estimate that one in four fatal police encounters ends the life of an individual with severe mental illness.

Studies have consistently found that 10-20% of all law enforcement calls for service involves a mental health issue (Chappell, 2013). These calls are the result of behaviors that fall under the all-purpose umbrella of "public nuisance": loitering, urinating in public, trespassing, and from individuals endangering themselves. The symptoms of psychosis, paranoia and/or suicidal thinking make these subjects less rational and predictable, making an accurate threat assessment more difficult as officers intervene and engage. When alcohol intoxication and/or other substance use are involved, often concurrent among people with severe psychiatric

The President's Task Force on 21st Century Policing (2015) recommends making CIT training a part of both the basic school for recruits and in-service officer training. NYSACOP agrees.

disease, things escalate, parties more reactant and volatile.

Crisis Intervention Training (CIT) was developed in Memphis, Tennessee, in 1988 and has been shown to improve police ability to recognize symptoms of a mental health crisis, enhance their confidence in addressing such an emergency, and reduce

misconceptions about mental illness (Canada, Beth Angell, & Amy C. Watson, 2010). In 2013, my Department began training our sworn staff in CIT and the results have exceeded our expectations. We've seen a reduction in use of force, a reduction in 9.41 transports, and increases in referrals to mobile outreach programs. Our officers have seen improved relationships with families of those suffering from mental illness and have developed a very strong partnership with Erie County Crisis Services.

Cheektowaga Police were the first department in Erie County to embrace CIT. Today, most every agency within the County has trained personnel and is experiencing similar levels of success. Personally, I feel CIT has been a game changer in how police officers view their role in the community and how the community views their performance. Barely a week goes by when I don't receive positive feedback on the performance of one of our CIT trained officers.

The President's Task Force on 21st Century Policing (2015) recommends making CIT training a part of both the basic school for recruits and in-service officer training. NYSACOP agrees. At our October 7, 2016 Board of Governor's meeting a motion was made to request the Municipal Police Training Council include CIT training in the basic school. The motion passed unanimously. Our position was quickly endorsed by the National Alliance on Mental Illness (NAMI) chapter in Buffalo & Erie County. NYSACOP strongly believes that CIT in the basic school will have several benefits:

- A positive change in law enforcement culture and a more confident police officer.
- Police officers will be viewed more positively in the communities they serve.
- The de-escalation techniques learned will have applications across all police calls for service.
- A decrease in the frequency of violence that currently exists when police officers respond to calls for service involving our mentally ill population, thereby saving the lives of our mentally ill population and police officers as well.
- Elimination of the very costly overtime and backfill requirements that now occur when sending officers to de-escalation training when random grants for such training become available.

Village of Ilion Chief of Police Tim Parisi (Zone 6) and I have recently been appointed as the NYSACOP members of the Municipal Police Training Council. The proposal to have crisis intervention training added to the basic school will be addressed at the next MPTC meeting in March. Please contact Chief Parisi or myself with questions or concerns.

*Former NYSACOP President and retired New Windsor Police Chief Michael Biasotti contributed heavily to this article.

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The “21st Century Cures Act” will be an asset for Law Enforcement

BY CHIEF/RET. MIKE BIASOTTI

It is an honor to again be addressing the membership via our Chronicle. As Chairman of our Committee on Untreated Severe Mental Illness there is much to report. Over the past several years our association has worked closely with Congressman Tim Murphy (R-PA) by providing input for the crafting of a bill that in part would lessen the number of interactions between police officers and calls for service involving those within our communities with untreated severe mental illness. Our aim was to ensure that the sickest within our communities get the treatment they need, before they become law enforcement issues. Sounds simple, trust me, it is anything but simple. Our Executive Director, Chief Ryan, traveled to D.C. to sit on a panel outlining the issue, while I had the honor of providing the national law enforcement perspective by testifying at a Congressional Hearing on the topic. This was almost three years ago. While the legislative process crawled forward, the bill that we championed was absorbed into another bill known as the “21st Century Cures Act” which was signed into law on December 13, 2016. Not everything we wanted was in this new law, but everything in the new law, relating to our issues, was what we needed!

Here is a summary of the sections that will directly affect the police officer on the street:

Reforming SAMHSA

Creates a new Assistant Secretary for Mental Health and Substance Use Disorders to be presidentially appointed with Senate confirmation, who will oversee SAMHSA and coordinate related programs and research across the federal government, with emphasis on science and evidence-based programs, and with the aid of a newly established Chief Medical Officer. (Interesting note that SAMHSA, the agency responsible for our nation's mentally ill, employs no psychiatrists)

The law establishes a new federal policy laboratory for mental health and substance abuse, to elevate and disseminate policy changes and service models that work based on evidence, research, and science.

Funding and Strengthening Evidence-Based Treatment Programs for Severe Mental Illness (SMI)

Strengthens and expands critical Assisted Outpatient Treatment (AOT) programs to help break the revolving-door cycle



“21st Century Cures Act” which was signed into law on December 13, 2016. Not everything we wanted was in this new law, but everything in the new law, relating to our issues, was what we needed!

through a grant reauthorization and funding increase for states to implement AOT and permits states to use Department of Justice grant funding for AOT in civil courts as an alternative to incarceration.

Establishes, hand in hand with AOT, a grant program for Assertive Community Treatment (ACT) teams to provide critical wrap-around services in the community to people with SMI.

Requires states to expend not less than 10 percent of their community mental health services block grant funding each fiscal year to support evidence-based programs that address the needs of individuals with early serious mental illness, including psychotic disorders, regardless of the age of the individual at onset.

Strengthens community response systems with a grant program to create databases on psychiatric beds, crisis stabilization units, and residential treatment facilities.

Decriminalizing mental illness

Allows DOJ funding to be used for civil AOT programs to provide treatment opportunities before incarceration.

Allows DOJ funding to be used for Forensic Assertive Community Treatment Programs (FACT) for individuals with severe psychiatric disorders in the criminal justice system.

Directs the Attorney General to establish a pilot federal mental health court, and provides avenues for better screening and assessment of people with mental illness in the criminal justice system.

Allows DOJ funding to be used to provide assistance to individuals with Severe Mental Illness (SMI) transitioning out of jails and prisons, including housing assistance and mental health treatment.

—“21st CENTURY CURESACT”, continued on page 16

Executive Director's Report

NYSACOP has a Long History in its Efforts to Combat the Heroin Epidemic



BY CHIEF/RET. MARGARET E. RYAN

April 13, 1981, Joseph A. Califano, Jr., Special Counsellor to the Governor on Alcoholism and Drug Abuse wrote to New York State Association of Chiefs of Police President Paul J. Oliva, Chief of Police in Mount Pleasant. "I know that you share my deep concern about the enormous impact which heroin addiction

Addiction to morphine, which was used as an anesthesia and painkiller for wounded soldiers, moved quickly from a battlefield problem to a society problem.

and alcohol abuse has on our citizens....I have become convinced that we as a society can much more effectively address these very difficult problems," wrote Califano. As a top priority, Governor Hugh Carey directed Califano to undertake a comprehensive review of the problems, programs and policies in New York State. Chief Olivia, "I am writing to you as we begin the study because I need your assistance. Your thoughts and suggestions regarding heroin addiction, alcoholism and alcohol abuse would assist me tremendously in learning quickly what areas I should focus on." Chief Olivia replied, "I feel without reservation we can address the problems and concerns of Prevention/Enforcement, and offer specific recommendations to increase effectiveness. I suspect we may also be able to contribute relevant data for your review in the non-police areas of the treatment and educational aspects."¹

America's long running drug war has roots in the Civil War. Addiction to morphine, which was used as an anesthesia and painkiller for wounded soldiers, moved quickly from a battlefield problem to a society problem. "New York City alone has records of some 40,000 heroin addicts and the number rises between 7,000 and 9,000 a year," wrote President Nixon in his July 14, 1969, message to Congress.

In a report to Governor Carey, Califano said the number of heroin addicts in New York City alone had increased 50 percent and estimated one addict in every 43 residents. "So many people are involved in the drug business that law enforcement is overwhelmingly challenged today," said Raymond Dearie², the U.S. Attorney for the Eastern District of New York from 1982-1986 and now a senior status judge in the United States District Court Judge

for the Eastern District of New York. Fast forward to late 2013 and early 2014, when roughly 35 percent of the heroin seized by the Drug Enforcement Administration nationwide was confiscated by agents in New York State. In 2014, The New York State Department of Health recorded 2,028 deaths from drug overdose. In 2016, heroin is listed as the leading cause for accidental death in New York State.³ Today, many would agree that heroin and opioid addiction is a major public health crisis in the state.

Heroin is in the news all too often. July 2016 the Drug Enforcement Administration seized more than 140 pounds of packaged heroin in New York City. In September 2016, New York State Attorney General Eric Schneiderman announced 33 kilos,

No one starts using heroin without warning signs. It may start with alcohol, tobacco, recreational drugs, and most commonly prescription painkillers. Anyone can use drugs, anyone can become addicted, and anyone can overdose."

the largest seizure today in the history of New York's Organized Crime Task Force, were seized. "These folks know they're dealing death," Schneiderman said. "They're proud of the fact." Also in September 2016, U.S. Attorney William Hochul, Jr., of the Western District of New York, joined federal, state and local law enforcement officials stating, "Heroin and opioid overdoses are already growing in epidemic proportions." In fact, according to the New York State Office of Alcoholism and Substance Abuses Services, the number of people served in OASAS-Certified Chemical Treatment Programs for Opioids from 2010-2015 grew from 75,051 to 87,883.⁴ Opioids include heroin, buprenorphine, OxyContin, methadone, fentanyl, and other synthetic opioids. Just this January, Attorney General Schneiderman announced an 89-count indictment charging individuals with involvement in a heroin trafficking ring. "Dangerous drug trafficking rings like what we have allegedly uncovered... threaten the safety and stability of our communities. We won't hesitate to crackdown and prosecute drug kingpins to the fullest extent of the law when they fuel the vicious cycle of addiction across New York State," said Attorney

General Schneiderman.

News of large seizures are one thing, but the heroin epidemic hits close to home in any community of any size in the state, including the law enforcement community.

In 2014, a statewide initiative began to equip law enforcement with Naloxone. The Attorney General office program called Community Overdose Prevention (COP) was announced to enable

One thing is clear, law enforcement and their communities must work together for enforcement of drug abuse and for delivering the care and treatment needed to solve this problem.

every state and local law enforcement officer to carry naloxone, the extremely effective heroin antidote that can assist in reversing the effects of an opioid overdose. The COP program provided funding and training for officers to properly administer the life-saving drug naloxone, known by the brand name Narcan. The success of the program has been overwhelming, largely in part due to the commitment of law enforcement. Today, based on anecdotal evidence and feedback from law enforcement on the thousands of naloxone usage reports, the New York State Department of Health is evaluating the process. New York State even has its own website

dedicated to combatting heroin and prescription drug abuse. "Substance use disorder is a progressive disease. No one starts using heroin without warning signs. It may start with alcohol, tobacco, recreational drugs, and most commonly prescription painkillers. Anyone can use drugs, anyone can become addicted, and anyone can overdose."⁵

In Central New York, the shooting of an undercover deputy sheds new light on a heroin problem. In this early 2017 case, teenagers are suspects of this completely unprovoked incident where a deputy was sitting in a car conducting surveillance during a drug investigation. Law enforcement is dangerous itself, drugs, including heroin, have added an increase in violence and deaths. One thing is clear, law enforcement and their communities must work together for enforcement of drug abuse and for delivering the care and treatment needed to solve this problem. A problem the New York State Association of Chiefs of Police began discussing with the Governor thirty-six years ago that continues today.

¹ New York State Association of Chiefs of Police newsletter number 7, May 1981.

² New York magazine December 13, 1982

³ New York State Office of Alcoholism and Substance Abuse Services (OASAS) (2016)

⁴ New York State Office of Alcoholism and Substance Abuse Services from <https://www.oasas.ny.gov/ODR/CD/PplAdmOpioids.cfm>.

⁵ New York State Office of Alcoholism and Substance Abuse Services (OASAS) from <https://combatheroin.ny.gov/warning-signs>



MS-ISAC Security Primer ***Emergency Preparedness for Cyber Infrastructure 2017***

Disaster preparation should include protecting cyber assets. The Center for Internet Security (CIS) is providing the following recommendations to aid entities in protecting their cyber assets from physical harm during a natural disaster. Entities should give special attention to ensuring these special precautions are in place in advance of a predicted natural disaster such as a hurricane or blizzard.

TECHNICAL RECOMMENDATIONS:

- Run a full back-up on all servers and test installing back-ups on a clean machine to ensure that reinstallation can occur. Store copies of all items necessary to perform fresh installations, such as back-ups, configuration files, cabling, media, serial numbers, and license keys at a secure, off-site location. If possible, store spare equipment at an off-site location.
- Test all emergency operations plans, especially plans that include equipment failure and relocation. Ensure that information technology staff are included in emergency preparations and are available for immediate response; do not assume that staff will have remote access capabilities. Ensure that all remote staff are informed of network changes during preparation.
- Know what cyber infrastructure is required for key tasks and where it is physically located. Cyber infrastructure may include communications infrastructure provided by a third party, and key databases and software for first responders, incident coordinators, and emergency managers.
- Consider the possible results of damage to structures, such as flooding and broken windows. If equipment can be moved

permanently or in advance of a predicted event, do so; ideally sensitive equipment should be in an interior room, above ground level, away from windows, and off the floor.

- Ensure redundant infrastructure, including alternative power sources, is tested and operational. When possible, have surplus and back-up equipment, including power cords, cables, and fans for cooling a server room, stored in locations where they are easily accessible. If it is common to lose power, consider supplementing battery power with extended-life chargers and/or solar chargers.
- If there are single points-of-failure, such as communication towers/antennas or fiber paths along bridges/tunnels, consider response plans for repairing those crucial protection/recovery points.
- Review access control measures and restrictions to ensure that essential employees can still gain access to critical locations in the event of a power failure or if computer networks are offline.
- Have contingency plans in place in case of infrastructure failures and train users in how to complete essential tasks without telephones, Internet connectivity, and computers.
- Where possible, ensure all battery operated electronic devices are charged and unplugged.
- Encrypt or password protect all electronic devices in case of evacuation.
- If appropriate, have pre-established agreements with vendors to ensure replacement equipment and software is available on a priority basis, and through a line of credit, if needed.

—MS-ISAC, continued on page 20

Counsel's Corner



Police Use of Force: The need for the Objective Reasonableness Standard



BY CHIEF/RET. MICHAEL RANALLI, ESQ.

The public debate over police use of force continues, with some advocating legal changes. Agencies are revisiting their policies, and some are asking for public comment. This is what the Chicago Police Department did in November 2016 after posting their draft-revised use of force policies. Comments posted by two law professors, Sheila Bedi and Craig Futterman, during this period will serve as the focal point for this article.¹

Bedi and Futterman state:

The policy should delete terms such as “reasonably believes” or “reasonably necessary” because they are confusing and fail to provide clear guidance to officers. The policy should instead read: “The use of deadly force is a measure of last resort that is permissible **only when necessary to protect against an imminent threat to life or great bodily injury**. As such, an officer may use deadly force **only when such force is necessary** to prevent: (a) death or great bodily harm from an immediate threat posed to the sworn member or another person, or (b) an arrest from being defeated by resistance or escape, and the person poses an immediate threat of death or great bodily harm to a sworn member or another person unless arrested without delay.” [emphasis added]

To the average reader, this suggested policy language may appear reasonable. But it is contrary to the law and completely ignores the fact that things are not always as they appear. This language assumes that human beings – police officers – will (1) immediately have all the information necessary to them to make a decision and (2) have the mental capacity under stress to make the correct decision.

The language “reasonably believes” or “reasonably necessary” flows from the Supreme Court of the United States and the seminal decision of *Graham v. Connor*.² The court recognized that officers need to make split-second, life-or-death decisions that are not capable of precise definition or mechanical application. Such decisions are to be judged from the perspective of a reasonable officer on the scene and not with the benefit of hindsight. The objective reasonableness standard accepts the reality that officers must make the best call they can with whatever information is available to them, and sometimes that call will turn out to be wrong. The language proposed by the professors would reject this reality and make officers strictly liable should they reasonably, but mistakenly perceive a threat.

Human Limitations and Inadequate Training

In so many areas of our society, we tacitly take for granted that humans are prone to mistakes when faced with rapidly evolving situations. So why do so many people fail to consider human error when evaluating police use of force?

Think about it: The existence of instant replay in professional football, baseball and basketball is an outright acknowledgment that humans are fallible. Even without instant replay, professional referees and umpires already have an advantage that police officers do not – the ability to confer and consult with each other after a call is made, and reverse the call if appropriate.

There are some who will bristle at this comparison: “*The police can take a life; how can you compare that situation with a game?*” But the fact that a use of force decision can have life-or-death consequences does not change the reality of human fallibility, especially when under stress. The question really should be, how can we place police officers in such critical situations and hold them strictly accountable for reasonable perceptions when we are surrounded in everyday life by the reality of human shortcomings?

“*But the police are trained to make such decisions!*” Oh, really – are they? Most high school athletes will receive more skills training in their sport than most police officers will receive in their entire career. In New York, we give officers about six months of basic training, which includes 40 to 48 hours of defensive tactics training, 48 hours of firearms training, and, depending upon the size of the agency and/or the academy, limited scenario-based role playing and decision making. To be generous, call it about 140 hours of skills training. Then, officers graduate and face the realities of police work in which those skills are infrequently used. As they are perishable skills, officers may not have sufficient mastery to efficiently and effectively apply a necessary skill. If we are going to start holding our officers strictly accountable, then perhaps we need to follow the Special Forces model and require officers to attend an additional 18 months of specialized training. This would not be a popular option in an environment where there are multiple demands upon tax dollars.

Inattention Blindness

During a recent NFL playoff game between the Seattle Seahawks and the Detroit Lions, Seattle had driven up the field and was on the one-yard line. Russell Wilson floated a pass toward the back

—COUNSEL'S CORNER, continued on page 15

Some of the Foundations For Agency Success

BY CHIEF (RET.) DENNIS R. NAYOR
DIRECTOR OF RESEARCH, DEVELOPMENT, AND TRAINING AT NYSACOP

In an era in which much of what we do in law enforcement is scrutinized, questioned, and frequently litigated, the absolute best thing that we can do as police administrators is to put the odds in our favor for a positive outcome. Our success rate always increases when we ensure that frequent and relevant trainings occur, that sound policies are in place, that appropriate equipment is utilized, and that strong leadership exists. As the second quarter of 2017 has now arrived, I can think of no better time to conduct a brief self-assessment to verify that all of this is happening in your respective agencies.

In regards to training, now is the time to see whether officers are up to date on all mandatory trainings and recertification requirements. It is also an excellent time to confer with the training unit or training supervisor as to the progress and outline of the year's training calendar. Since some trainings obviously require much more planning and monetary expenditure than others, it becomes an important administrative function to prioritize based upon the department's needs. I have found that this is best done by first ensuring that the focus remains in the areas of high liability

When we look at all the ways that an agency can flourish, we will most often see a direct nexus to training, policy, equipment, and leadership.

and perishable skills such as use of force and subject management, vehicular operation, and legal issues. Since budgets and staffing issues always play a role in the facilitation of training, making it happen can easily become a challenge, but ultimately an agency that doesn't train appropriately will always pay the most, both figuratively and literally.

The reviewing of policies on an annual basis is another excellent way to stay ahead of the litigation curve. Just because policies are sound when they are implemented, it does not guarantee that over time circumstances or needs won't change. Those changes can easily require the same policies to be updated, rescinded, or rewritten to reflect current practices. It is always good to catch these types of errors before a situation arises in which a conflict would otherwise occur. Roll-call briefings provide a great means for the first line supervisor to quiz their officers on the policies, standards, and rules and regulations which guide their actions. As we all know, agencies are not successful simply because they have

sound policies, but rather they are successful because their officers understand and follow those sound policies.

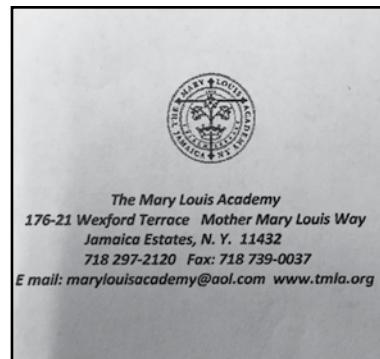
Since we in the law enforcement profession deal in life and death multiple times per day, there can be no substitute for quality equipment which works well and which is appropriately maintained. Whether it's a charged flashlight, a maintained set of handcuffs, or a properly equipped cruiser, each is indispensable. Making sure that officers take care of their equipment not only makes it last longer, but it makes it that the essential tools of the trade are readily usable when needed. Pre-and post-shift vehicle inspections, turn-out inspections, and random equipment inspections are all terrific ways to make this happen without much effort.

Last but certainly not least during this self-assessment is verification that positive leadership is taking place. The culture of the agency often depends upon the type of leadership that is provided. Maintaining a positive leadership approach starts at the top and trickles down through all ranks. As we know, the success of the department often rests more with the sergeants than anyone else. The first line supervisors bridge patrol with administration and as such, are the ones who verify that the policies are followed for the agency's mission to be achieved. Even though the tone for leadership always begins at the top, we must be ever mindful that leadership should occur at all levels since every member of law

Our success rate always increases when we ensure that frequent and relevant trainings occur, that sound policies are in place, that appropriate equipment is utilized, and that strong leadership exists.

enforcement is a leader by virtue of their profession.

In my capacity as the Director of Research, Development, and Training, this column represents a broad overview of some of the areas that I look forward to further discussing and expanding upon in future columns, posts, podcasts, etc. When we look at all the ways that an agency can flourish, we will most often see a direct nexus to training, policy, equipment, and leadership. Properly developing our agencies and individual officers is the only way to do business in 21st century policing. The time, money, and energy invested in this endeavor are resources well spent.



Syracuse Police Department's Crime Reduction Team Receives Aggressive Criminal Enforcement Award

BY LIEUTENANT GENO TURO, SYRACUSE PD

At the January 11, 2017 recognition ceremony of the Onondaga County Traffic Safety Advisory Board, the Syracuse Police Department was presented with the Aggressive Criminal Enforcement Award. The Aggressive Criminal Enforcement Award from Onondaga County is designed to recognize law enforcement officers whose traffic stops led to the arrest of a suspect or the solution of a crime. The purpose of the award is to validate the

What starts out as a "routine" traffic stop escalates to the apprehension of a criminal by officers "looking beyond the ticket."

importance of traffic enforcement as an effective crime-fighting tool. The award seeks to promote and publicize the dedication and initiative of officers whose daily efforts ensure the effectiveness of our county's law enforcement system. An estimated 70% of all serious crimes involve a motor vehicle. Many criminals are caught by diligent police officers paying attention to the little things such as traffic offenses.

What starts out as a "routine" traffic stop escalates to the apprehension of a criminal by officers "looking beyond the ticket." It's the officer's expertise and willingness to take the extra step that ensures public and highway safety. The SPD Crime Reduction Team epitomizes the qualifications for this award. Members include: Lt. Geno Turo, Sgt. Robert Ocker, and Police Officers: Sean Carleo, Brendan Cope, David Craw, Jeremy Decker, Joel Dorchester, Matthew Erwin, Darrin Ettinger, William Lashomb, Brent Potts, Robert Ripley, Vallon Smith and Sean Thomas. Their work and subsequent results validate the importance of traffic enforcement as the critical means to combat the most Violent Crime in the County. CRT members patrol in all the most violent gang and crime ridden areas and utilize



traffic enforcement to initiate stops of the most violent criminal offenders. The "routine" traffic stops by the CRT are the gateway to the apprehension of the most dangerous criminals in Onondaga County as the officers of the CRT are experts in starting with the NYS V&T infraction and using this to literally take the guns out of the hands of the most violent murderers in this County. In 2016 the CRT had taken 108 dangerous illegal firearms out of the hands of the criminals in Onondaga County. The CRT also used the "routine" traffic stop to remove 417 grams of cocaine, 9,930 grams of marijuana, 3,731 grams of heroin and seized over \$97,000.00 of drug money from the streets in the county. The CRT used traffic stops to effect the arrest of numerous suspects and to solve a multitude of crimes. The CRT made 378 felony arrests, 2,213 misdemeanor arrests, 2,180 violation arrests, 507 warrant arrests in addition to issuing 7,532 uniform traffic tickets.

De-escalation and Crisis Intervention Training are the Way to Go in 21st Century Policing

BY: CHIEF (RET.) DENNIS R. NAYOR, DIRECTOR OF RESEARCH, TRAINING AND DEVELOPMENT, NYSACOP



With much of today's law enforcement's responses having a direct connection to calls regarding mental illness, violence, and drug involvement, there could be no better time for police trainers and police administrators to look for training which focuses on de-escalation and crisis intervention techniques. The tactical and technical-based trainings are all still highly essential, but the fact of the matter is that the de-escalation and crisis

intervention component serves as a compliment to all other training, and becomes the perfect mechanism to help minimize injury rates while reducing agency liability. Remember that a key question which will likely be asked in a use-of-force lawsuit is whether the officers involved have received prior training in de-escalation, crisis intervention, or basic conflict resolution. If the answer is "no," then there will likely be a problem and an associated cost.

This training concept can take on many forms. It can be via classes in interpersonal communication, hostage negotiation, conflict resolution, specific mental health crisis intervention training (CIT), or any training module that works towards facilitating compliance while minimizing the amount of force required to control a situation. As a cost savings measure, this type of training can occur in-house via role-play and scenario-based training methodology. With officers in assigned acting roles, scenarios can be created in which the subject in question needs to be calmed to successfully resolve the situation. Responding officers can utilize specific de-escalation techniques as they maintain proper positioning while following appropriate engagement and use-of-force protocols based upon the level of resistance offered. A key strength about role-play trainings is that they create an ability to address a multitude of situations to which officers respond while being both fun and highly educational.

Role playing should always be made as realistic as possible. The sounds, the language, and the scenes should all be acted out as close to how they normally would occur. As a caveat, the scenarios should always be designed with a winnable outcome based upon proper response and techniques used by the responding officers. One thing that a trainer must be mindful of is that he or she does not create situations in which no successful conclusion can occur. Doing this would nullify the educational and training benefits of the exercise and subsequently cause officers to lose confidence. Although the scenarios can be made ever-more complex and

challenging based upon the experience level of the responding officers, there should always be a way that the officers can succeed in neutralizing the situation when proper de-escalation or crisis

Crisis intervention and de-escalation-based trainings provide that necessary relevance and are essential to every department's training curriculum.

intervention techniques are utilized with sound tactics.

Safety is a paramount for this type of training. A safety officer must be assigned to verify first and foremost that there are no live weapons involved. All live weapons must be properly stowed ahead of time and for training purposes, inert canisters of pepper spray, simmunition guns, Tasers with non-conductive cartridge probes, and foam batons should all be substituted. These items will allow the responding officers to utilize the tools of their trade while maintaining safety. The role player who is representing the person in crisis or acting out violently, should have proper protection to include (but not limited to) eye, head, and face protection, padding to sensitive areas, and elbow and knee pads. If blank Taser cartridges are deployed, an appropriate protective outfit must be utilized.

When the scenario-based training is over, a formal critique and debriefing must occur. This allows officers to know what they did right and what they did wrong. Was proper cover utilized? Were voice commands clear and well-articulated? Did officers work well as a team? Was the level of force appropriate to the threat/resistance? And last but certainly not least, did the officers use good de-escalation and crisis intervention techniques to help bring the situation to a successful resolution. Utilizing a video recording device is a great way to further evaluate and provide documentation of the training. Be mindful of the fact that mistakes will occur and that's okay; we all learn from them and it's much better for mistakes to occur in training versus reality.

The axiom, "we always respond as we train" is as true today as it was when I first heard it many years ago. In an era in which policing is under intense scrutiny and the stability of society is less certain, the best thing that administrators and trainers can do is to make sure that officers are provided with the best and most relevant training. Crisis intervention and de-escalation-based trainings provide that necessary relevance and are essential to every department's training curriculum.

The Mohawk Valley Crime Analysis Center is a Tremendous Asset to Law Enforcement

BY MICHAEL GREEN, EXECUTIVE DEPUTY COMMISSIONER OF NYS DCJS



Michael Green

Law enforcement agencies in Oneida County have a powerful new ally: the Mohawk Valley Crime Analysis Center.

Located at the Utica Police Department, the state-supported center came online last month and is now facilitating data sharing among 15 law enforcement agencies across the county. Like the other seven centers in the state-supported network, the Mohawk Valley center is helping law enforcement share information so they can work quicker and more efficiently to resolve cases.

The Mohawk Valley center is the latest expansion of the network, which has grown to cover 16 counties. Last year, new centers were established in Niagara County and Franklin County, while the center in Albany was expanded to cover an additional county in the Capital Region. The state-supported network is also connected to locally-supported crime analysis centers operating in Westchester, Nassau and Suffolk counties. Today, the centers collectively can access about 70 percent of reported crime data outside of New York City, which is an incredible tactical and strategic advantage law enforcement can use during investigations.

The network has revolutionized the way police conduct investigations.

Given the wide breadth of data now available to law enforcement, it's sometimes hard to recall how labor-intensive investigations were in the not-too-distant past, at the dawn of the Information Age. Back then, an investigator hoping to get information from another police agency would need to first identify the right officer and then hope that individual was on-duty.

The network has revolutionized the way police conduct investigations. The data that sometimes took days and even weeks for investigators to access is now quite literally at their fingertips. And with centers like the one serving Oneida County operating in real time, analysts can begin working to support an investigation even before investigators arrive at the crime scene.

Center analysts can mine data to help police develop leads or show geographical areas that are prone to specific crime. These individuals are also adept at using social media to help identify suspects and their affiliations, whether with other individuals or organizations.

The success stories blossoming from the state-supported centers are too numerous to list, but here are a few: A pair of college students kidnapped and tortured in Monroe County were rescued

and their attackers arrested as a result of leads generated by a crime analyst; the Albany center helped police track down a suspect wanted for a homicide who had evaded authorities for more than

Today, the centers collectively can access about 70 percent of reported crime data outside of New York City, which is an incredible tactical and strategic advantage law enforcement can use during investigations.

five months; information generated by the Niagara center helped identify, arrest, and convict a man that robbed and sexually assaulted a Japanese tourist.

Simply put, these centers are a major asset for law enforcement. Certainly, the network will never replace the hard work and dedication of officers that are on the front line. But crime analysis centers can greatly support them behind the scenes. This latest expansion will be a powerful tool for Oneida County law enforcement to solve crime and improve public safety.

In other business, DCJS is now providing specific instructions for reporting and testing sexual offense evidence kits in accordance with legislation that was signed into law late last year. By Feb. 17, law enforcement agencies must report the number of sexual assault evidence kits in their possession that have been collected but not yet submitted for testing. To comply with the statute, we have created a simple online reporting mechanism that can be accessed at the following link: <http://www.surveygizmo.com/s3/3225911/Untested-Sexual-Assault-Kits>. For more information on these changes, please contact Michael-Sean Spence at (518) 457-7625 or by email at michael-sean.spence@dcjs.ny.gov.

Please complete all portions of the form and then follow the instructions to submit it to DCJS online. Also, we would appreciate a timely response so that we can compile this information and then report it to the state Legislature in accordance with statutory deadlines.

Also be advised that beginning on Feb. 26, law enforcement agencies must submit any sexual offense evidence kit that it receives or collects to an appropriate forensic laboratory within ten days of receipt. Forensic laboratories that receive a kit from a law enforcement agency are required, within 90 days of receipt, to develop a Combined DNA Index System eligible profile from the kit tested and report the results to both the submitting law enforcement agency and the appropriate prosecuting agency.

Thank you and please have a safe winter.



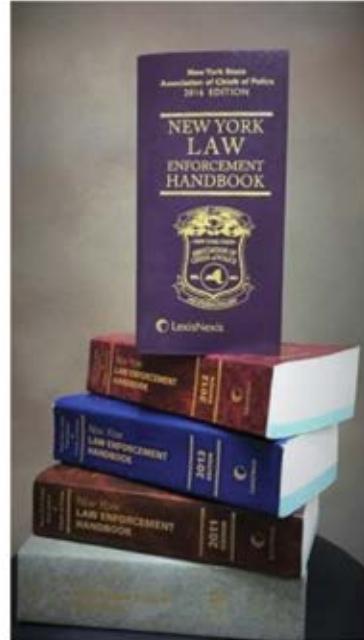
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Laura is a Dryden High School senior and daughter of a NYSP member. Her "State of the Mind" art show is one step in the journey towards the Girl Scout Gold Award, the highest achievement in girl scouts. Through her project, Laura is raising awareness about mental health issues in teens and working to address the stigma of mental illness.

Mental Illness Can Not Be Ignored

BY LAURA SOROKA

To make any change there needs to be reform. We can look first in our very own schools. There is a lack of proper education. Schools like many others do not have the proper materials to teach their students. The base root of mental health is science, and we know that science is always changing. In the last twenty years alone the world has made giant advancements in technology. Just like technology, we have advanced considerably in the field of mental health. As a constantly changing field our schools need to stay updated with their teaching materials. Health classes still teach with statistics and videos that were created in the 80s and 90s. Statistics have changed since then. The DSM (the Diagnostic and Statistical Manual of Mental Disorders) has redefined how you classify certain mental illnesses, and yet, we are still teaching our children with old material. This raises the question: is it even worth learning if what is being taught is incorrect? The answer is yes, it is extremely important to learn about something that could affect you each and every day.

What needs to be changed is how we are learning this material and what we are being taught. There is a lot of misinformation out there and this is in part caused by the shallow conversations that we have when speaking about mental illness. Think back to your health class, did you learn about the side symptoms, side effects, and risk factors of depression, or did you learn that depression is when you are sad? Many people will say that what they learn was the bottom of the barrel minimum basic definition of each major illness. Most people do not know that if they are feeling sad for more than two weeks that they should begin to seek out help from a trained professional.

Language is another barrier to understanding mental illness. We use the phrase "taking a mental health day" as shorthand way to say that we are skipping work or school that day for no reason. If you think about the language, then you'll start to see that phrases like that invalidate those suffering with mental illness. It creates a sense that mental health isn't as important as physical health. Calling in for

a "mental health day" invalidates those who cannot go to work or school because they need to take care of their mental health. It adds to the stigma by implanting into

We need to raise our voices about mental illness or nothing will change.

our thoughts that dropping everything to nurture our mental health is lazy. This in turn creates this barrier that makes those who are suffering not want to get help. The way we talk about mental illness often makes some individuals feel as though there is something wrong with them. They do not want to be labeled as lazy, insane, or psychotic so they do not reach out for help.

We need to raise our voices about mental illness or nothing will change. Over the last two years, I've been doing just that. One of my first actions in speaking out about mental illness was through art. It was, for me, a transitional step towards being able to freely talk. This holds true for many people. Art has the ability to speak as loud as a thousand words; it can be the connecting piece that gives people the medium to express how they are feeling. Above all, artwork can be perceived in so many different ways which is why it always opens a discussion. I exhibited my art as a way to get people to talk about mental illness. Each one of my pieces told a different aspect of living with mental illness. Seeing it drawn out gave many an imaginable idea what it felt like. Seeing it drawn out, more people were willing to talk about the mental illness behind the piece.

In addition to my artwork, I also traveled around giving speeches to a variety of groups. I talked to my local Rotary about the issues in our community. I wanted them to know how our schools were ranked extremely high for depressed students. I wanted to share with them resources like the Mental Health First Aid training that I had attended myself. The local fire departments and first responders invited me to a meeting in which I spoke about what it is like to live with mental illness. If

—MENTAL ILLNESS, *continued on page 20*

of the end zone and receiver Paul Richardson made an incredible one-handed catch for a touchdown.

But several things happened very quickly on this play and not everything was caught by the officials. First, the defender interfered with Richardson, for which an official threw a penalty flag. After calling the penalty, the officials then focused on what they are supposed to primarily focus on – did Richardson catch and control the ball and did he land in-bounds? The answer to these questions was yes, and the play was ruled a touchdown. What the officials did *not* see, however, since their attention was focused on the catch, was very clear in the subsequent instant replays: While Richardson was reaching out with his left hand for the ball, his right hand was locked onto the defender's facemask, pulling the defender's

Proposals to restrict use of force policies by eliminating any reference to the objective reasonableness legal standard are misguided and pose a significant legal threat to officers and departments.

head toward the back of the end zone. This should have resulted in a facemask penalty that would have offset the defender's penalty, thus negating the touchdown and resulting in a replay of the down. The NFL rules, however, do not allow for review of missed penalty calls in such a situation. So, the play stood as called.

How can a highly-trained NFL official miss such an obvious penalty at such a critical moment? This is likely an example of a phenomenon called "inattention blindness," which was originally discovered in 1975 and subsequently made famous by the "invisible gorilla" video.³ In the video, six persons in two teams of three were passing a basketball back and forth. Team members were dressed in either a black or white t-shirt and the subjects watching the video were instructed to count the number of passes made by the team in white. During the video, a person dressed in a gorilla suit passed through the players and pounded his chest. The typical result of this experiment is that half of the study participants do not see the gorilla at all.

How can that be? The subjects were engaged in a specific search task. Our attentional load is limited, and when faced with complex tasks or situations we must decide what to attend to and when.⁴ It is not only entirely conceivable, but it is also predictable that NFL officials facing a complex play, with so many different things to try to pay attention to, will miss something. Police officers, when faced with potentially dangerous situations, have the same attentional load limitations. There is only so much that they can "see," and, as frequently happens in real-life examples, officers can miss things that are obvious with hindsight. To hold them strictly accountable by policy language will not change the reality that their attentional load is limited. And this does not even take into consideration other environmental factors an officer may face that can impact decision making, such as inadequate lighting, inclement weather and the presence of factors known to the officer entering the situation (e.g., encountering a person near the scene of a "shots fired" call).

Environmental Stress

To add to the problems of limited attentional load, there is also the impact of stress on human physiology. Professional umpires and referees work under periodic mild to moderate stress, but

police officers involved in deadly force incidents are subject to extreme stress.

When we perceive a threat, a complex process immediately commences in the brain, resulting in, among other things, the release of adrenaline and cortisol. This is what prepares the body for fight or flight, a response that has allowed our species to survive predatory attacks.⁵ But side effects of this process can impede an officer's ability to properly perceive all available stimulus. Side effects of the fight or flight response include:

- Selective attention, also known as tunnel vision. There will be an immediate tendency to focus on the perceived threat, to the exclusion of all other stimuli. As a result, the officer may fail to perceive peripheral activities.
- Auditory exclusion. This is the hearing equivalent of tunnel vision. People operating in high-stress situations may hear sounds and voices as muffled or distant—or may lose hearing entirely.
- Loss of motor skills. As a person's heart rate reaches the 175 beats-per-minute mark, they begin to lose their gross motor skills, which can compromise an officer's ability to effectively use their firearm or apply some type of defensive tactic technique.

Some proponents of restricting police use of force advocate that use of force policies should list situations where use of force would be strictly prohibited. Again, this may sound reasonable, but once you consider the phenomenon of inattention blindness and the human body's reaction to stress, it is not realistic to expect that any officer would be able to safely call up for mental review the list of prohibited situations and apply that to what he or she is facing. We simply do not have sufficient attentional resources to handle such demands.

Misguided Changes

Reviewing our use of force policies is a good exercise, especially following incidents that draw public scrutiny. But proposals to restrict use of force policies by eliminating any reference to the objective reasonableness legal standard are misguided and pose a significant legal threat to officers and departments. The objective reasonableness standard exists as an acceptance of the realities officers face when involved in high-stress, use of force encounters. Removing it will not have the desired effect on officer's behavior. Instead, agencies should focus their time and efforts on providing the needed training to help officers make sound tactical decisions when engaging in certain incidents.

(Endnotes)

¹ Bedi, Sheila A & Futterman, Craig. Comments on the Chicago Police Department's Proposed Use of Force Guidelines.:<http://www.law.northwestern.edu/legalclinic/macarthur/projects/police/documents/Bedi%20and%20Futterman%20Comments%20on%20CPD%20Use%20of%20Force%20Policy%20final.pdf> (last accessed on January 11, 2017)

² Graham v. Connor, 490 U.S. 386 (1989)

³ Chabris, C. & Simons, D. (2010) *The Invisible Gorilla: How Our Intuitions Deceive Us*. New York, Crown Publishing Group.

⁴ For a discussion of attention, generally: Schmidt, Richard A. and Lee, Timothy D. (2014) *Motor Performance and Learning*, 5th Edition. Champaign, IL: Human Kinetics, Chapter 3.

⁵ This article is only intended to be an overview of the relevant issues pertaining to the response to stress. For a general overview, see chapters 1 and 2 of: Sharps, M.(2010) *Processing Under Pressure: Stress, Memory and Decision-Making in Law Enforcement*. Flushing, NY: Looseleaf Law Publications, Inc. There are also numerous other sources on the topic and some can be found through the Force Science Institute website at www.forcescience.org.

Provides additional grant opportunities to provide law enforcement and the court system with Crisis Intervention Team (CIT) training and programs to divert people with SMI from the criminal justice system.

Reauthorizes the Comprehensive Justice and Mental Health Act, which provides a host of beneficial programs, including grants to continued support for mental health courts and crisis intervention teams, training for law enforcement on mental illness, and teams to address frequent users of crisis services.

Mandating data collection on the role of SMI in public issues

Requires the SAMHSA Assistant Secretary to award competitive grants to develop databases on psychiatric beds, crisis stabilization units, and residential treatment facilities.

Requires federal government reporting on federal, state, and local costs of imprisonment for individuals with serious mental illness, including the number and types of crimes committed by mentally ill individuals.

Requires Attorney General data collection and dissemination regarding the involvement of mental illness in all homicides, as well as deaths or serious bodily injuries involving law enforcement officers.

Requires the Secretary of Health and Human Services to conduct a study on the impact of recent federal regulations providing coverage of treatment in IMD facilities in Medicaid managed care plans.

Clarifying the HIPAA quagmire

Requires the Secretary of Health and Human Services to issue guidance clarifying the circumstances under which healthcare providers and families can share and provide protected information about a loved one with SMI.

Requires the Secretary to develop model programs and trainings for health care providers to clarify when information can be shared and trainings for patients and their families to understand their rights to protect and obtain treatment information.

Ensuring accountability for Protection and Advocacy organizations

Requires a detailed accounting of Protection and Advocacy funding sources and how such funds are spent.

Commissions a GAO study of Protection and Advocacy programs to ensure compliance with statutory and regulatory responsibilities, including such responsibilities related to family engagement and investigations of alleged abuse, neglect and availability of adequate treatment of persons with mental illness.

Establishing a federal adult suicide prevention program

Requires the assistant secretary to award grants to implement suicide prevention and intervention programs for individuals who are 25 years of age or older, to include screening for suicide risk, suicide intervention services and treatment referrals.

Law Enforcement Training – Authorizes resources for police responses to individuals with mental illness and de-escalation training.

National Criminal Justice and Mental Health Training Center – Creates a new center to coordinate best practices on responding to individuals with mental illness in the criminal justice system and provide technical assistance to governmental agencies.

Crisis Intervention Teams – Expands resources available to state and local governments to develop and operate school-based mental health crisis intervention teams that include coordination with law enforcement agencies.

Focus on Evidence-Based Research – Requires the Department of Justice to prioritize grant applications to those who use evidence-based interventions and risk assessment tools to reduce recidivism.

Active-Shooter Training – Permanently authorizes the VALOR Initiative to provide crisis training and active-shooter training for federal, state and local law enforcement officials.

This is the first Mental Health/Criminal Justice bill to pass in over 50 years!

Now more than ever, if your county is not utilizing Assisted Outpatient Treatment (AOT) Kendra's Law, and you have a person within your community who meets the criteria, as a chief of police, you should be encouraging your county Mental Health Director to file an A.O.T. petition. This could very well prevent a tragedy before it happens. This is the statutory criterion for the issuance of an A.O.T. order:

A person may have an Assisted Outpatient Treatment (AOT) order granted on his/her behalf if the court finds that (s)he:

- is 18 years of age or older; and
- is suffering from a mental illness; and
- is unlikely to survive safely in the community without supervision, based on a clinical determination; and
- has a history of lack of compliance with treatment for mental illness which has led to either:

2 hospitalizations for mental illness in the preceding 36 months, or

1 or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others within the last 48 months; and

- is unlikely to voluntarily participate in outpatient treatment that would enable him or her to live safely in the community; and
- is in need of AOT in order to avoid a relapse or deterioration which would be likely to result in serious harm to self or others; and
- is likely to benefit from AOT.

This link: <http://bi.omh.ny.gov/aot/statistics?p=petitions-filed> will take you to the NYS Office of Mental Health (OMH) page which shows how many A.O.T. petitions have been filed by area of state and further by county since Kendra's Laws inception in 1999. I think you will be surprised how few petitions have been filed in most counties. In the past the web page indicated exact numbers no matter how low they were, in some cases "0" in 18 years. Now the web page reflects an asterisk as an indication of less than 5. New York State counties are mandated by law to have an Assisted Outpatient Treatment Program, but not all use it. It mandates that the sickest within our communities remain in care and as such their interactions with law enforcement are greatly reduced. Safer for the public, safer for the severely mentally ill and safer for police officers. It's a win all the way around, we just need to get our counties to use the law to its potential whenever appropriate.

I am also happy to report that on December 24, 2016, I received an invitation from the Administrator Of The Department of Health and Human Services (HHS) to sit on The Substance Abuse and Mental Health Services (CMHS) National Advisory Council, which meets twice a year in Washington D.C. and advises SAMHSA with respect to its activities relating to its almost 4 Billion dollar budget. I believe I will be the first Law Enforcement representative to ever sit on an HHS Advisory Board. To me this shows a realization on the part of HHS that law enforcement is a crucial stakeholder in the success of their mission, with the New York State Association of Chiefs of Police leading the way. I look forward to bringing our association's voice to the table.

Thank you

Mike Biasotti

Chief of Police (Ret.)

Chairman

NYS Assoc. Chiefs of Police

Committee on Untreated Severe Mental illness

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1. Separated from service in good standing from a government agency as a law enforcement officer for reasons other than mental instability;
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3. Had statutory powers of arrest or apprehension immediately before retirement;
4. Was separated from service in good standing with a government agency as a LEO for an aggregate of ten (10) years or more, or separated from such an agency due to a service-connected disability after completing any applicable probationary period of such service;
5. During the past twelve (12) months has met, at his/her own expense, the standards for qualification for active law enforcement officers to carry firearms of his/her former employer agency or of those established by the state;
6. Cannot be under the influence of alcohol or another intoxicating or hallucinatory drug or substance; and
7. Is not prohibited by State or Federal law from carrying or receiving a firearm.

So, what's the problem?

LEOSA requirements may seem pretty straightforward. However the amendments and the language of the law have caused many problems to LEOs, some of which have been arrested and indicted. In addition to the ambiguity of LEOSA's language, the implementation of the law by the states has been inconsistent at least.

This article intends to provide some guidance and caution to LEOs, so that when they decide to exercise this privilege, they do so without violating any state or federal law. Despite the information contained in this article, it's impossible to include all situations that are occurring in the states. We strongly advise to consult with an attorney for further clarification.

1. First Problem: Definition of firearm in LEOSA

LEOSA's legislative history, as well as some cases addressing the intention of the law as to the definition of firearm, may demonstrate that LEOSA applies to all firearms except those specifically exempted in the law. However, LEOs must be aware of the current laws of their state on which firearms are permitted to be carried concealed. Although LEOSA is a federal law and as such preempts any state law, LEOs should avoid getting themselves in a criminal prosecution that may or may not end up being dismissed.

Solution: Be familiar with your state requirements to carry a concealed firearm.

2. Second Problem: Gun Free Zones

LEOSA and state laws have some exceptions where carrying a concealed firearm is prohibited.

LEOSA states that carrying a concealed firearm into private property, where the possession of a firearm is not permitted is a violation of the law. LEOSA also prohibits the possession of any firearm in property owned or leased by state or federal governments. LEOs also need to be aware of additional locations, if any, where their state does not allow firearm possession.

It seems clear and logical enough. But it is not. There are exceptions in which individuals are permitted to carry concealed firearms in federal park lands with a state issued permit. At the same time, there are areas marked as Gun Free School Zones in which, if an individual is caught with a concealed weapon and possess a permit not issued by the state, he/she can get in trouble in that state. Gun Free School Zones could be big and you might pass by it inadvertently. It is important for LEOs to get familiar with the firearms laws of the state they are in and if they don't have a state issued permit to carry a concealed firearm, they should be familiar with the Gun Free School Zones to avoid them.

3. Third Problem: Some states or agencies are not issuing LEOSA identifications to qualified LEOs.

When LEOSA was amended to require an identification card, the Department of Defense did not amend their policy. Qualified LEOs who worked with the Department of Defense do not have a LEOSA identification, which could get them in trouble in their own states or if they travel to a state that requires it.

Additionally, there are some states that allow LEOs to carry concealed firearms without an identification. There are other states who have made different interpretation of LEOSA and are refusing to grant the privilege to qualified individuals. Others are refusing to issue identifications or lack of funds or are issuing identifications to local LEOs and not to those LEOs from out of state. All those states that have these problems are listed below.

4. Fourth Problem: Issues with the annual Firearm certification required by LEOSA.

Qualification training as required by LEOSA is definitely not consistent within the states. There are states that does not require qualification training at all after you retire. On those states that the qualification training is not regulated by the state, some individuals calling themselves certified instructors, are providing "qualification training" that does not necessarily meet the standards of the state or of the local law enforcement agencies. A qualified LEO might take that training and have a certification issued on that training that might not be recognized by the state, causing the LEO to get in trouble for carrying a concealed firearm without a permit. LEOs need to be extra cautious when enrolling in a qualification training in a state that does not have a list of certified instructors. Those states that do have a list have made it available online in their official webpage or in the webpage of the local law enforcement agencies.

Some states have both state qualification training and the training that each law enforcement agency provides to their own LEOs. Those states that have both, allow out of state LEOs to take the state qualification training if they need their LEOSA identification. Information about which states have problems with the qualification training is provided below.

Finally, if a LEO wants to have more than one concealed firearm, not all states require qualification training on each firearm he/she intends to carry. LEOSA is not clear

on this regard and defers the decision to the states causing more inconsistency. A LEO trained to carry one concealed firearm and is caught in another state that is more restrictive with a different one could get prosecuted.

5. Fifth Problem: Inconsistencies in the application of LEOSA requirements to apply for the privilege.

The next section will provide an insight on which states are LEOSA friendly and which states have requirements or lack thereof that could cause legal problems to qualified LEOs.

LEOSA in the states

The following states have requirements that are very similar to LEOSA and are issuing the identifications to LEOs to carry concealed firearms in accordance with the law:

1. Arkansas	22. Mississippi
2. California	23. Nebraska
3. Colorado	24. Nevada
4. Connecticut	25. New Hampshire
5. Delaware	26. New Mexico
6. District of Columbia	27. New York
7. Florida	28. North Carolina
8. Georgia	29. North Dakota
9. Hawaii	30. Oklahoma
10. Idaho	31. Oregon
11. Illinois	32. Pennsylvania
12. Indiana	33. South Carolina
13. Iowa	34. South Dakota
14. Kansas	35. Tennessee
15. Kentucky	36. Texas
16. Louisiana	37. Utah
17. Maine	38. Vermont
18. Maryland	39. Virginia
19. Massachusetts	40. Wisconsin
20. Michigan	41. Wyoming
21. Minnesota	

The following states have requirements or lack thereof that are in conflict with LEOSA and could cause serious legal problems to qualified LEOs:

1. Alabama: This state does not require annual re-qualification for the concealed firearms. The identification issued by this state will only be valid in that state and on those states that have reciprocity with Alabama. We strongly recommend that LEOs from this state should familiarize with the states that have reciprocity with Alabama or should not carry their concealed firearm out of state. If a LEO moves out of this state, he/she should qualify for a LEOSA identification in the state he/she is moving to.
2. Alaska: This state is not issuing identifications allowing LEOs to carry concealed firearms because carrying a concealed firearm in this state is allowed. Additionally this state does not require annual firearm re-qualification. LEOs from this state should not carry their concealed firearm out of state. If a LEO moves out of this state, he/she should apply and qualify for a LEOSA identification in the state they are moving to.
3. Arizona: This state has a law that seems to be equivalent to LEOSA. However is it not extending the LEOSA privilege

to campus or university police officers when they retire because the state do not consider them qualified under their law to carry a concealed weapon.

4. Missouri: Only the law enforcement agencies where the LEOs are from, can offer him/her the qualification training and issue a LEOSA identification to their own LEOs. If a law enforcement agency from that state does not have the program available, those LEOs that are or were from that agency would not be able to have a concealed weapon under LEOSA. Out of state LEOs moving to this state must verify if they have reciprocity with their state of residence or corroborate if any of Missouri's law enforcement agencies will qualify them and issue them a LEOSA identification.
5. Montana: Since there was no federal funding to implement LEOSA in the states, there are only a few local agencies that offer the qualification training and the LEOSA identification.
6. New Jersey: This state has its own law equivalent to LEOSA with the same limitations as Arizona.
7. Ohio: The state of Ohio does not issue LEOSA identification cards. This state left the decision of the issuance of LEOSA identification cards to the local police departments and sheriffs' offices. Retired LEOs can qualify and re-qualify with their concealed firearms in the law enforcement agency they retired from but they will have no identification to prove it out of state. It seems that out of state LEOs can request to qualify under Ohio standards for LEOSA to an Ohio Peace Officer Training Commission approved instructor. This represents a risk to LEOs if they decide to carry their concealed firearm out of state.
8. Rhode Island: The only certify their own law enforcement officers and they do not honor any other state permits or identifications under LEOSA. The only solution for out of state LEOs is apply for a concealed firearm permit like any other citizen of Rhode Island in accordance with their requirements.
9. U.S. Virgin Islands: This territory of United States does not recognize or accept any identification issued by another state. LEOs should not bring their concealed firearms with them if they visit this island. They have their own system to issue firearms licenses. They do issue permits to carry firearms to retired or active LEOs but all LEOs must meet their own requirements.
10. Puerto Rico: This territory of United States have confusing requirements. Active LEOs are only allowed to carry their regulation firearm or the firearm issued to them by the Puerto Rico Police Department after being qualified. They are allowed to carry that firearm concealed. LEOs who retired in good standing can apply for a license to carry a firearm and they are allowed to carry it concealed. Out of state LEOs are required to register or notify their firearm to the Puerto Rico Police Department regardless if they are only visiting. LEOSA identification or their active LEO identification is essential for the notification/registration process. It is strongly recommended to learn about their notification/registration process before coming to this territory.

11. Washington: This state does not require a permit, certification, or identification to LEOs to carry a concealed firearm. Retired LEOs are allowed to carry concealed weapons as long as they retired in good standing from their law enforcement agency. We strongly recommend that LEOs from this state should familiarize with the states that have reciprocity with Washington or should not carry their concealed firearm out of state. If a LEO moves out of this state, he/she should qualify for a LEOSA identification in the state he/she is moving to.
12. West Virginia: Although this state is “LEOSA friendly”, effective on May 2016, this state would not require an identification to retired LEOs that qualify under LEOSA. We strongly recommend that LEOs from this state should familiarize with the states that have reciprocity with West Virginia or should not carry their concealed firearm out of state. If a LEO moves out of this state, he/she should qualify for a LEOSA identification in the state he/she is moving to.

Concluding Remarks

LEOs need to be familiar with the firearm laws of their state or of the state they intend to visit. If LEOs need to travel to another state because of an emergency or an unplanned vacation they should consult with an attorney with knowledge of the laws of that state or they should leave their firearms behind in accordance with the laws of their state. When there are work related assignments the attorney of the LEO’s law enforcement agency could find out the necessary requirements and provide the information to the LEO. A LEO should not assume the risk, hoping he/she would not get caught or rely on professional courtesy from another LEO to get out of trouble. Prevention is key.

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—MENTAL ILLNESS, continued from page 14

there was one thing that I needed to get across to them that night it would be that as someone responding to a mental health call, you have to be patient. It’s easy to find yourself annoyed with someone in a mental health crisis but you need to understand that they might not even know what is wrong.

In my work, I’ve also been talking to youth. In the past I have been educating female teens about mental illness and what those illnesses look like. For months, I worked on getting the program “More Than Sad” to come to my school and educate students on how mental illness affects people in different ways. The program touched on how to identify depression in yourself as well as how to seek out help, something health classes skip over. I wanted my fellow peers to feel like they had a way to speak out about their mental health. Since suicidal students often do try to reach out before they attempt to die by suicide, I wanted students to be able to understand what is happening if a friend came to them. Currently, I have been working with my principal to create a “crisis

team” made up of students. Often time’s teens have more trust in their peers and are more willing to confide in them rather than an adult. The students will be trained to talk help guide their peers to seek professional help when they are feeling depressed. I hope that by doing this we will create a community that is not only open to talk about mental illness but more likely to confide in someone else if they are suffering.

Mental illness cannot be helped. We do not have control over the chemicals in our brains nor the ability to control emotions. We cannot magically make mental illness go away but neither can we stay quiet about it. Speaking up and starting a conversation, as simple as it sounds, can save lives. It is our duty to look at what we know about mental health or how we speak about it and stand up to make a change. Society says that it is taboo and that we cannot talk about it. We are society and we have the ability to change that. Educate yourself, speak up, raise your voice, and help make that change.

—MS-ISAC, continued from page 6

- Ensure that up-to-date equipment insurance policies provide sufficient coverage.

Keep a hardcopy list of critical information, including:

- Emergency contacts and information for essential equipment/software/vendors and department employees, including special escalation procedures for natural disasters. Test the list regularly.
- Additional items necessary for a support call, such as contract numbers, support numbers, license keys and serial numbers, and exact configuration settings (hardware requirements, drive letters and sizes, patches, hot fixes, etc.) and restoration instructions.

For more information please contact the Multi-State Information Sharing and Analysis Center (MS-ISAC), 31 Tech Valley Drive, East Greenbush, NY 12064, 866-787-4722, SOC@cisecurity.org, www.cisecurity.org

Multi-State Information Sharing and Analysis Center (MS-ISAC) provides free cybersecurity support to all U.S. state, local, tribal, and territorial governments, including law enforcement and operate under a cooperative agreement with DHS. (Article from the Fall 2016 NYCOM Municipal Bulletin)





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