

To: Jennifer Morrison

From: Crime Research Group

Re: Law Enforcement and Mental Health Supplemental Notes

Finding actual CIT-related policies online has proven to be difficult both from a law enforcement and behavioral health agency perspective. Rural policies have been particularly challenging to obtain. Some agencies have not responded to my requests. As follows is some information that might be helpful.

A. CIT Center, University of Memphis, Department of Criminology and Criminal Justice Dept., Memphis, TN 38152-3330

I contacted both Major Sam Cochran (ret.) and Randolph T. Dupont, Ph.D., Professor and Clinical Psychologist, with the University of Memphis CIT Center, to request information for CIT-related policies, including policies for rural departments/behavioral agencies. I asked about the implications for rural areas, such as Vermont, that lack statewide technology coverage (cell, internet, etc.). Dr. Dupont subsequently provided the following documents and commentary:

- Baltimore PD Policy 712 Crisis Intervention Team FINAL DRAFT
- Baltimore PD Policy 713 Responding to Mental Health Emergencies and Petitions for Emergency Evaluations 2018 11 05
- Baltimore PD Policy 715 Behavioral Health Crisis Dispatch 2019 02 01
- Cleveland PD Final Draft CIT Program Policy MHRAC
- Cleveland Final Draft Crisis Intervention Response Policy MHRAC
- Memphis PD Policy and Procedures
- Seminole County Florida Sheriff's Office Policy

➤ Dr. Randolph Dupont, University of Memphis CIT Center, Comments (unedited) 3/9/21:

Here are four sets of CIT and Behavioral Health related policies. Baltimore PD (Policies 712, 713, 715) and Cleveland PD (titled MHRAC for the name of their Advisory Committee – CIT Program and Crisis Intervention Response) are recent and therefore likely the best examples. The Memphis (MPD) and Seminole County Florida (SCSO) policies are a bit older. I will check with one of the programs in a more rural area as well. However, I feel these cover a number of areas that are important. You may have to develop an additional section as I find that rural programs have many more cooperative agreements in order to provides support and backup for patrol officers and deputies. Also, we are working in Baltimore to increase diversion efforts at the 911 level. The Baltimore dispatch policy hints at this, but will become more explicit in this area as the pilot project is completed. Additionally, some rural program, such as those in Maine tend to include other first responders in their program, such as EMS.

Let's talk as well. What would be a good time for you? Thursday afternoon looks good on my end.

Randy

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B. Behavioral Health Response Team, Providence, RI

I again reviewed the webinar, "Operationalizing SPI principles into Agency Practice." (2021 SPI National Meeting Plenary Session, January 27, 2021). The webinar, in part, related to collaboration among Providence Rhode Island PD, Roger Williams University, and The Providence Center, resulting in the development of the Behavioral Health Response Team. I contacted webinar presenter, Stephanie Manzi, Professor of Criminal Justice at Roger Williams University to ask for the best police department contact for purposes of obtaining the underlying policy for the team. She responded via email and copied Captain Henry Remolina of the Providence Police Dept. and Jackie Mancini-Geer of The Providence Center on the message. I received responses from both Captain Remolina and Jackie Mancini-Geer.

➤ Jackie Mancini-Geer, The Providence Center, Comments (unedited) 3/9/21:

Hi Monica,

I'm afraid there is no official policy outlining the partnership that would be informative to you programmatically. However, The Providence Center and Providence Police have worked together for over a decade and we have learned a great deal along the way. I would be happy to meet with you to discuss further and answer any questions you might have. Although I'd prefer a trip to the Green Mountains, a phone call or Zoom meeting might be more practical. I could be available 3/11 9a-1pm, 3/12 9a-2pm, 3/16 1pm-5pm, or 3/19 9am-1pm. Please let me know if any of those times would work for you.

Jackie

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- Captain Henry Remolina, Providence RI Police Department, Comments (unedited) 3/10/21:

The Providence police department and The Providence Center have a Memorandum Of Agreement (MOA), this document talks about liability, scope of work, periods of performance, and payment. The MOA was drafted on 05/02/18 and it is a 10 page document. I apologize for the delay the officer in charge of that office is out on vacation.

Note: I have asked Capt. Remolina for a copy of the MOA.

C. Lutheran Family Services, Targeted Adult Service Coordination (TASC), Lincoln, NE, Director Arnold A. Remington, MA, LIMHP, CPC

I contacted Arnold Remington, with whom I had previously spoken (see TASC Remington Discussion Notes, 3-5-21). I asked if he could direct me to the rural police departments with which he works so that I could inquire about policies. He indicated that since he already knew the personnel, he would make the contact for me.

- Arnold A. Remington, MA, LIMHP, CPC, Director TASC, Comments (unedited) 3/10/21

Monica,

Well I reached out to 3 of my larger departments and it was as expected. I was told by all 3 that it is part of training of officers but not a written policy. Officers are trained on resources and then it is their discretion on what to use. As I mentioned that is how we set the TASC program up. Some departments do have the practice that all mental health calls go to TASC first but again it's a practice, not a written policy. Some departments the officers initiate the call while others have dispatchers do it.

As for as what you are working on, I think you have to ask, Are you looking to do something similar or Are you looking to make a standard practice that officers must use the resource. If that is the case, I would use their language for Standard Operating Procedures (SOP) to craft a policy. The challenge will be the size of the department will impact the policy i.e. if you are the only officer on duty and the crisis team is 2 hours out, it may not be a good policy that encourages officers to use the resource. As the officer will view it as extra work but if the officer has a choice to call and knows they are the only one on, they may more likely use it to reduce their time being out of service.

Let me know if you have more questions. I would even be happy to set on a call with other stakeholders and answer questions about our experience.

Arnold

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