

## **GRENON GROUP**

### **Introduction by Jim Leddy**

The genesis of our group is tied to the shooting death of 'Phil' Grenon by Burlington Police in his apartment last March. Phil, a 76 year old man with mental illness was being evicted for disturbances at his senior housing project. I had known and been friends with Phil and his brothers for 60 years.

After a public meeting convened by the Burlington Police Commission, and a private meeting I had with Chief Del Pozo and Sarah Kenney, Chair of the Commission, I organized a meeting of a few people to discuss what might/should be done to prevent a reoccurrence not just in Burlington, but anywhere in Vermont.

The core group included retired Judge Michael Kupersmith, Rep. Anne Donahue, a legislator and advocate who self-identifies as a person who has lived with mental illness, Shay Totten, a former journalist and parent, Laurie Emerson, director of the Vermont chapter of the National Alliance of the Mentally Ill, Robert Appel, former Defender General and former Director of the Vermont Human Rights Commission, and Cindy Taylor-Patch, Director of Training at the Vermont Police Academy.

Others who have joined us include Dr. Richard Bernstein, retired psychiatrist and former Director of in-Patient Services at the UVM Medical Center (and now active member of the Richmond Rescue Squad), Peter Mallery, former legislator and now Associate Director of the Vermont Association of Mental Health and Addiction Services, Julie Tessler, Director of the Association of Community Mental Health Providers, Wilda White, President of Vermont Psychiatric Survivors, and Jan Wright, Deputy Chief of Police in Burlington.

The Grenon Group will provide greater detail about our goals later in the week. More generally, we are focusing on exploring three areas for legislative and community action.

1. There is a substantial amount of police training in interacting with mentally distressed persons now going on, but some police agencies are completely lacking in training, while agencies that are obtaining training for their officers have not invested in common programs.<sup>1</sup> We see the need for examining which agencies are obtaining training and which kind. Where is there overlap? Where are there gaps? What kind of training program would be most effective? Can we use an existing program? Can or should that program be enhanced?
2. There appears to be a group consensus that the crisis response capacity of the designated agencies is inadequate to meet the need for assisting or responding when police are addressing a person in crisis. The structure and funding of crisis response teams should be explored and addressed.
3. In a series of recent incidents in which a fatality has occurred as a result of a confrontation between police and a mentally distressed person, a State's Attorney (or

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<sup>1</sup> Some programs in use by some police agencies are Team Two, Crisis Intervention Training, and Mental Health First Aid.

the Attorney General) has conducted a review to determine whether use of force by the police officer was justified. The Grenon Group suggests that it would be most useful to establish a critical review commission—similar in function to the present Domestic Violence Fatality Review Commission—to review the circumstances of serious incidents, and to evaluate whether improved protocols, training, or resources for law enforcement or mental health agencies might have resulted in a better outcome, and to make recommendations for follow-up.

It is the hope of the Grenon Group that you will be able to attend our initial legislative meeting from 9:00 to 10:00 a.m. on January 17 in the Ethan Allen Room to further explore these issues.

## **Morning Paper**

*"POLICE SHOOT MENTALLY ILL MAN AFTER STAND-OFF"*

He was not by nature a violent man  
she was quoted by the reporter on page one  
trying to make him understand

her father had never laid a hand  
on anyone. How he was like the sun  
to her and he was not by nature a violent man

except when the voices commanded  
him to arm himself against the guns  
the police would try to get him to understand

meant business, were not for grandstanding.  
They said they had time to wait for him to be done  
ranting as he was not by nature a violent man

until they shot him. Then began  
their recriminations and explanations  
that although he was not by nature a violent man

and that when summoned they had only planned  
as a last resort to use a taser to stun  
him since he was not by nature a violent man  
and they were only trying to get him to understand.

RB 4/12/16

**[The following is a brief description of the Team Two program which is being utilized by some police agencies in Vermont]**

## Team Two

### A Training for Law Enforcement and Mental Health Crisis Workers

When a mental health crisis arises, whether it is within a family home, at a high school or in a public place, it is critical that the first responders are trained in mental health issues, in mental health law and in working together to resolve the crisis. Team Two seeks to both educate the first responder and to build the relationships necessary to working together in crisis. The training provides an overview of relevant mental health statutes and a refresher on mandatory law enforcement mental health training (ACT 80). Three different scenarios are role played in breakout sessions with local teams of police, dispatchers and mobile crisis workers where specifics of response to the scenarios are discussed in detail. Small groups report back to the entire group to hear feedback and discuss strategies. A short video on law enforcement response to situations involving persons on the autism spectrum is shown and discussed. Participants learn from a panel presentation which includes a person with mental illness or a family member, a crisis clinician and a law enforcement officer who all share personal stories. Additionally, the audience hears about resources in their particular regions.

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Team Two is just beginning its third year in existence, thanks to a collaboration between the Department of Mental Health (DMH) and the Department of Public Safety to provide funding. Team Two, which finds its origins at the initiative of then DMH Deputy Commissioner Mary Moulton, initially got off the ground in May, 2013. Currently, 38 law enforcement and mental health crisis workers train their peers in the Team Two curriculum in five regions around the state. The Northwest Region captures Chittenden, Grand Isle and Franklin Counties, the Central Region is comprised of Washington and Orange Counties, Southeast is Windham and Windsor Counties, Southwest is Addison, Rutland and Bennington Counties and the Northeast Region is Caledonia, Essex, Lamoille and Orleans County. Team Two coordinator Kristin Chandler organizes the teams and the trainings and acts as a facilitator at each of the trainings. The grant is overseen by Vermont Care Partners and is evaluated by Vermont Cooperative for Practice Improvement and Innovation.

Participants have expressed gratitude for this type of training which brings first responders together in one room – sometimes for the first time – to learn about how each other responds to a mental health crisis. These first responders learn how to better work together to not only help one another, but to provide the best possible response to a person in crisis. Highlights and lowlights are discussed – situations where something worked well or could have been better. Changes in mental health statutes and forms are covered. New ideas for better collaboration emerge from these trainings. Previous unknown mental health resources are discovered. Everyone comes away learning something new about mental health crisis response.

Trainings for the remainder of the 2016-2017 grant cycle are scheduled for Springfield, Manchester, Newport and South Burlington. For more information about the training, contact Coordinator Kristin Chandler at [teamtwovermont@gmail.com](mailto:teamtwovermont@gmail.com) or (802)236-5065

**Select excerpts:**  
**Final Report of The President's Task Force on 21<sup>st</sup> Century Policing**

**2.3 recommendation:** Law enforcement agencies are encouraged to implement nonpunitive peer review of critical incidents separate from criminal and administrative investigations. These reviews, sometimes known as “near miss” or “sentinel event” reviews, focus on the improvement of practices and policy. Such reviews already exist in medicine, aviation, and other industries. According to the National Institute of Justice (NIJ), a sentinel event in criminal justice would include wrongful convictions but also “near miss” acquittals and dismissals of cases that at earlier points seemed solid; cold cases that stayed cold too long; wrongful releases of dangerous or factually guilty criminals or of vulnerable arrestees with mental disabilities; and failures to prevent domestic violence within at-risk families. Sentinel events can include episodes that are within policy but disastrous in terms of community relations, whether or not everyone agrees that the event should be classified as an error. In fact, anything that stakeholders agree can cause widespread or viral attention could be considered a sentinel event. What distinguishes sentinel event reviews from other kinds of internal investigations of apparent errors is that they are nonadversarial. As task force member Sean Smoot has written, For sentinel event reviews to be effective and practical, they must be cooperative efforts that afford the types of protections provided in the medical context, where state and federal laws protect the privacy of participants and prevent the disclosure of information to anyone outside of the sentinel event review . . . . Unless the sentinel event process is honest and trustworthy, with adequate legal protections—including use immunity, privacy, confidentiality, and nondisclosure, for example—police officers, who have the very best information about how things really work and what really happened, will not be motivated to fully participate. The sentinel event review approach will have a better chance of success if departments can abandon the process of adversarial/punitive-based discipline, adopting instead “education-based” disciplinary procedures and policies.

**5.6 recommendation:** POSTs should make **Crisis Intervention Training (CIT)** a part of both basic recruit and in-service officer training. 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 inaccurate beliefs about mental illness. It has been found that after completing CIT orientation, officers felt encouraged to interact with people suffering a mental health crisis and to delay their “rush to resolution.” Dr. Randolph Dupont, Chair of the Department of Criminology and Criminal Justice at the University of Memphis, spoke to the task force about the effectiveness of the Memphis Crisis Intervention Team (CIT), which stresses verbal intervention and other de-escalation techniques. Noting that empathy training is an important component, Dr. Dupont said the Memphis CIT includes personal interaction between officers and individuals with mental health problems. Officers who had contact with these individuals felt more comfortable with them, and hospital mental health staff who participated with the officers had more positive views of law enforcement. CIT also provides a unique opportunity to develop cross-disciplinary training and partnership

**[Note: The following is a summary of the CIT program provided by *CIT International* out of the University of Memphis. For a more complete description of CIT, follow this link: <http://www.citinternational.org/>**

## **CRISIS INTERVENTION TEAM PROGRAM(CIT) GENERAL OVERVIEW**

### **ABOUT CIT**

The Crisis Intervention Team (CIT) Program provides training and education to law enforcement officers to assist them in more effectively managing crisis events in the community when they, as first responders, encounter individuals who are experiencing behavioral health crises due to mental illness and/or co-occurring substance use disorders, along with the information necessary to guide officers in re-directing these individuals away from the criminal justice system and into emergency behavioral health facilities.

The Crisis Intervention Team Program is a community based partnership includes behavioral health and human service providers, consumers and their families, together with law enforcement, all volunteering toward common goals of providing safer interventions for officers and community members while showing concern for citizen's well-being. CIT relies on a crisis system that is vibrant, easily accessible and responsive to the needs of law enforcement.

Officers who choose to attend CIT, receive 40 hours of specialized instruction from behavioral health experts from their community, previously trained CIT officers and actual consumers and family members. This intensive advanced-officer training, is designed to help Officers gain understanding about mental health disorders, substance use disorders and developmental disorders, developing a basic foundation from which officers build their skills.

Upon completion of the course, officers are better prepared to:

- Understand signs and symptoms of mental illnesses and co-occurring disorders
- Recognize when those signs and symptoms represent a crisis situation
- Safely de-escalate individuals experiencing behavioral health crises
- Utilize community resources and diversion strategies that are available to provide emergency assistance

### **CIT Core Elements.**

The core elements of the CIT program are the foundation for this effective response model. The core elements are grouped as follows:

#### **Ongoing Elements**

1. Partnerships: Law Enforcement, Advocacy, Mental Health
2. Community Ownership: Planning, Implementation & Networking
3. Policies and Procedures

#### **Operational Elements**

4. CIT: Officer, Dispatcher, Coordinator

5. Curriculum: CIT Training
6. Mental Health Receiving Facility: Emergency Services Sustaining Elements
7. Evaluation and Research
8. In-Service Training
9. Recognition and Honors
10. Outreach: Developing CIT in Other Communities

#### Benefits of CIT

CIT is a cost effective way to create, promote and sustain safety in communities. CIT offers many benefits to law enforcement agencies, providers and consumers and their families. These benefits include:

- } Immediacy of response
- } Increased officer safety
- } Reduced officer/citizen injuries
- } Increased jail diversion
- } Increased chance for consumer to connect to mental health system
- } Increased officer confidence in skills
- } Reduced liability } Reduced unnecessary arrests or use of force
- } Avoidance of costs to criminal justice system, This is hard to prove
- } Positive perception of program
- } Linkages to long-term services promoting recovery for the consumer and service in the behavioral health system.

## **Proposal for a Community Based Approach to Reviewing Critical Incidents Involving Citizens and Public Agencies**

### **Rationale:**

Incidents resulting in injury or death to citizens with psychiatric disorders when their behaviors have engendered an emergency response require impartial and objective review by a committee not directly involved in the incident. Such a review will serve to educate all parties, prevent the repetition of unhelpful or damaging actions by the agencies involved and inform the public.

### **Goal:**

The goal of this initiative is to develop a model that will enable communities to conduct their own reviews of critical incidents as described above.

### **Objectives:**

- To establish criteria for the convening of a review panel
- To provide direction on the governance of a review panel
- To write operational policy that will guide the function of a review panel
- To advise conveners of a review panel on the use and dissemination of the panel's findings.

### **Methods**

- An assemblage of interested parties as presently convened by Jim Leddy plus additional members as invited will form a task force to draft a document defining the guidelines for a review panel.
  
- Using these guidelines the task force will conduct one or several Mock Reviews of real or created incidents to test the utility of the guidelines.
  
- The Mock Reviews will be conducted using a methodology known as Root Cause Analysis, an accepted technique for guiding continuing quality improvement in complex organizations.

### **Outcome**

The task force will make available to the public a report on its experience in developing a Community Based Approach to Reviewing Critical Incidents Involving Citizens and Public Agencies.

### **Sources:**

Information on the hows and whys of conducting a Root Cause Analysis are readily available on the WEB. Just type in Root Cause Analysis on your search engine and you will be rewarded.

R. A. Bernstein, M.D.