

THE ALTERNATIVE MEDIA FOR NEWS, CULTURE AND IDEAS JUNE 29-JULY 12, 2000

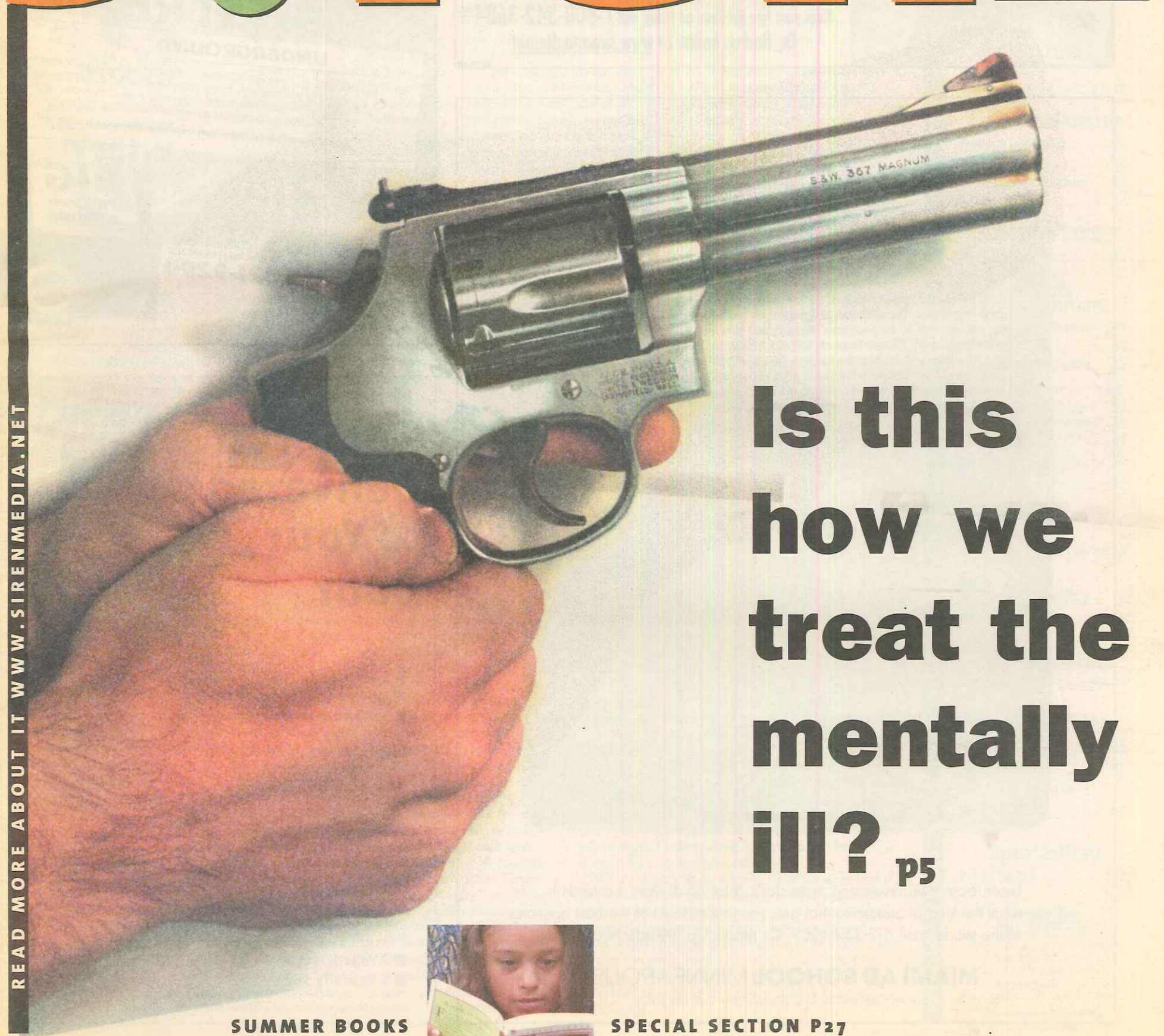
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Blondes
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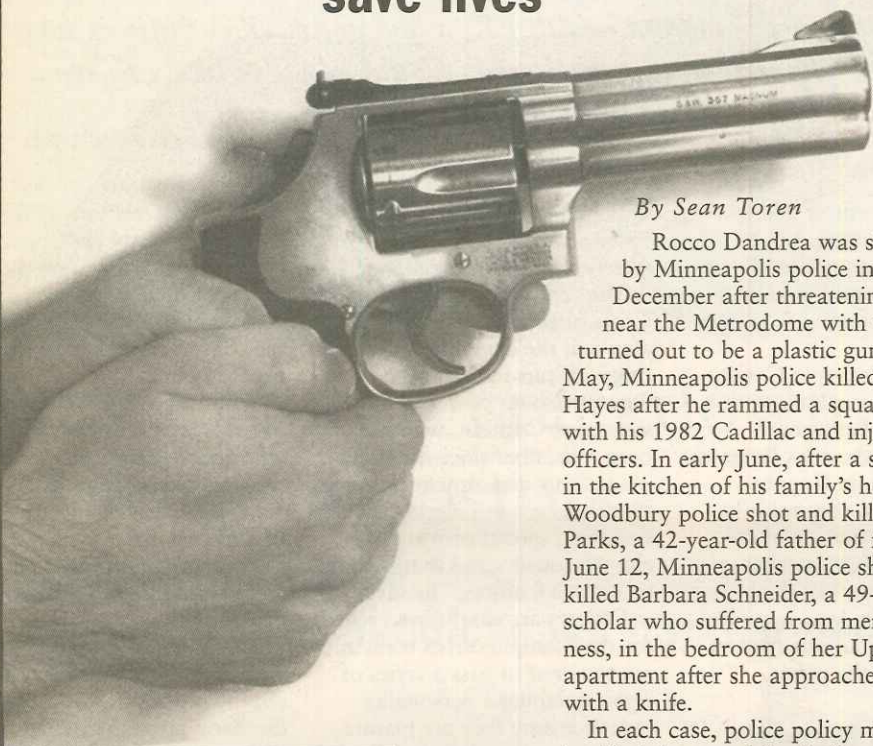
SUMMER BOOKS



SPECIAL SECTION P27

A less deadly force

Mental health crisis teams save lives



By Sean Toren

Rocco Dandrea was shot dead by Minneapolis police in December after threatening people near the Metrodome with what turned out to be a plastic gun. In May, Minneapolis police killed Sean Hayes after he rammed a squad car with his 1982 Cadillac and injured two officers. In early June, after a struggle in the kitchen of his family's home, Woodbury police shot and killed Perry Parks, a 42-year-old father of four. On June 12, Minneapolis police shot and killed Barbara Schneider, a 49-year-old scholar who suffered from mental illness, in the bedroom of her Uptown apartment after she approached them with a knife.

In each case, police policy may have justified the use of deadly force. But the spate of killings by police—four in the Metro area in just over six months—is raising questions both inside and outside the law enforcement community.

Did all of these people have to die? Could better training given police alternatives to deadly force? Would that have changed the outcomes? We may never know. But in several cities nationwide, police are finding that a new, proactive training program is drastically reducing the number of police shootings by giving officers other tools to end confrontations, particularly confrontations with people suffering from mental illness. The program, which began in Memphis, has spread to other metropolitan areas, including Seattle, San Jose, San Diego, and Albuquerque.

In two of the four recent shootings, mental health may have played a part. Schneider was diagnosed with a bipolar disorder, also known as manic depression. Little is known about Dandrea, except that he failed to respond to police commands to put down the toy gun he was aiming at passersby. However, police suspect he, too, suffered from mental illness. While there is no indication Parks suffered from any chronic mental illness, police say he was intoxicated and upset.

In Minnesota, a state known for mental health care, none of the major police departments has a specific training program to assist officers responding to calls involving mental health emergencies.

It was clear that Harvey Baughman, the apartment manager who called 911, wanted someone other than police to respond to his call about Schneider's erratic behavior. Before explaining that Schneider was disturbing people—or giving her name and address—he asked the 911 operator for a mental health crisis team.

A call for help

Caller: Could you tell me, do you guys have a... I'm a _____ of a building on Thirty-first and Hennepin South. Do you guys have a group that deals with, ah, mentally ill?

Operator: Ah, crisis does.

Caller: Pardon me?

Operator: The crisis department does.

Caller: No. I don't mean the crisis center downtown. I mean the police was going to get a squad when some guy that pulled a knife got shot in the bushes a couple, three years ago. And they were going to get a special squad of police that just dealt with the mentally ill. We've got a lady here who's a Jewish historian and a social worker. She's got three master degrees, super universities. From Boston, Massachusetts, ah, Institute of Technology and...

Operator: What's your question?

Caller: And she's mentally ill every once in a while. Well about three years ago, about four or five times the police came out until a certain couple that had balls and took the chain off and took her downtown and she got well. But I'm just wondering if you guys ever got together a group of mentally...

Operator: Not that I know of.

Caller: Is there a...is there any way I could check or you probably would have known if they would have done it. Cause when the kid got shot in the bushes, I remember they were gonna

do one. They didn't think it was right the way that it happened. They were gonna do this. It was in the paper that ah...you know I have a feeling...

Operator: Sir, do you need a squad to respond right now?

Caller: Yeah, I do and...

Operator: To what address?

Caller: If there's somebody I could...

Operator: To what address?

Caller: Ah, thirty-one twenty

Hennepin.

Operator: What apartment?

Caller: It's three-o-four but I'm in, they can ring—and I'll explain it to 'em.

Operator: OK and your name?

Caller: It's happened before and if they wanted to call down to crisis they would know.

Operator: Can I get your name, sir?

Caller: Yeah, it's _____

Operator: What's her name?

Caller: Her name is Barb Schneider. S-C-H-N-E-I-D-E-R. She has a long history of ah, mental illness. Real respectable nice lady when she does her (inaudible)

Operator: OK, what's wrong with her tonight?

Caller: Well, she's really disturbing people. She's drawn on her door. She's got her radio full blast in the back window. She's ah, littered the hall in front of (inaudible). And she's been knocking on doors and causing a little bit of disturbance that way. But the main thing is I don't like to see her have to go through these problems.

Operator: OK, thank you.

Caller: (inaudible)

Operator: Bye

Communication breakdown?

Despite all the technology, databases, and well-trained operators at the 911 center, the information that Schneider was mentally ill wasn't passed on to the police officers who responded. When officers arrived, they found a woman behind her apartment door holding a knife, yelling at them.

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Help

Non-emergency mental health crises

For general resource and referral, United Way's "First Call for Help" can put callers in touch with thousands of state agencies.

Metro: 651/291-0211

Outstate: 800/543-7709

For immediate, non-emergency mental illness crises

Hennepin County Medical Center's Crisis Intervention Hotline
612/347-3161
Mental Health Association of Minnesota support groups
612/331-6840.

County non-emergency crisis referral programs

Ramsey 651/523-7900
Anoka 763/442/4614
Dakota 952/891-7171
Carver 612/442-4437

City council set to can DFL Caucus

Clubby atmosphere of meetings stifles public participation, say critics

By Eric Jansen

Minneapolis city council members have voted to do away with a decades-old quasi-official meeting that critics say shields council decisions from public view. If approved by the full council July 14, the DFL Caucus, held every other Thursday around a table in a small, windowless city hall conference room, will be a thing of the past.

Council member Doré Mead, who pushed for the change, says she's "pleased as punch" at a step that will open up council proceedings. In recent years, since the 13-member council has been dominated by 12 DFL members, the nature of the caucus has changed from a political-party strategy session to an unofficial meeting of the full council, where lobbyists, city staff, and—rarely—constituents speak and decisions are made.

By the official council meeting the next morning, "everybody's made up their minds," says Mead, leaving Friday's council meetings with the formal votes, but limited debate. Unlike council meetings, which are televised on city cable, the caucus room has no sound system—limiting news media access—and cable crews do not videotape the proceedings.

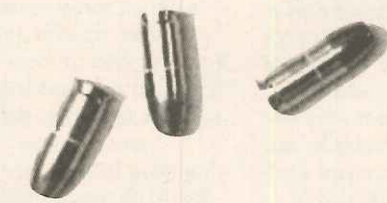


Minneapolis City Council Member Doré Mead

Although his predecessor, Reform Party council member Steve Minn, usually participated fully in the DFL Caucuses, 13th ward councilmember Barret Lane stopped attending shortly after replacing Minn last year. "I objected to the caucus acting as an unofficial, or shadow, committee of the city council," says Lane, the council's sole independent. "Nobody but insiders even knows where they're held," he adds, even though the caucuses are officially open to the public.

Mead proposed scrapping the caucus, moving the council meetings from Fridays to Thursdays, and creating a new policy development committee to meet Fridays. Councilmembers nixed that plan in a Rules Committee meeting June 22. However, they approved Lane's proposal, which would keep full council meetings in their traditional every-other-Friday spot and replace Thursday's DFL Caucus with a Committee of the Whole meeting that all councilmembers attend. That meeting would be televised and held in council chambers, with the public able to comment before final council votes the next day.

HOW MEMPHIS POLICE DO THINGS: WWW.MEMPHISPOLICE.ORG



A less deadly force ...

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They sprayed Schneider with a chemical spray, then forced their way into the apartment, where Schneider called them the "Satan squad." Cornered in the bedroom, holding a knife, Schneider approached within

Without the mental health ER, a law enforcement officer who sees someone in a mental crisis would be more likely to see a disorderly conduct instead of a mental illness issue

—Memphis Police Lt. Sam Cochran

Help

If you call 911

Be clear with the operator and be patient. They're asking all those questions to determine what services they need to send and they're trying to inform those services as well as possible.

If you use a cell phone: Many cell phones are set up to dial 911 if either one or nine is hit. This means that about 40 percent of all cell phone calls are spurious—about 20 percent of all the calls operators answer. Tracking accidental calls takes operators' time away from real emergencies.

Don't hang up. The Metro 911 board upgraded to a digital network two years ago which is completely quiet. If you hear silence on the line, count up to 10 before you redial.

five feet of an officer and refused to put down her weapon. Veteran police officers Sarah Sareela and Bill Palmer opened fire, shooting Schneider six times.

Although Hennepin County does have a Crisis Intervention Hotline and a Behavioral Emergency Operations Program, both at Hennepin County Medical Center, they must be called directly, outside of the 911 system. BEOP isn't set up to handle a crisis like the one at 3120 Hennepin Ave., however, so Baughman had nowhere to turn except to the police.

A Crisis in Memphis

The situation was similar in Memphis in 1987, when police responded to a call about a man, reported to be mentally ill, who was cutting himself with a knife. The event ended in tragedy when officers shot him.

The shooting, complicated and politicized by matters of race, resulted in huge public outcry, recalls Memphis Police Lt. Sam Cochran. In response, the police department reached out to local hospitals, Memphis University, the University of Tennessee Medical School, and the National Alliance for the Mentally Ill in Arlington, Va., to look at the state of mental health crisis intervention. Their conclusion: there were too few resources to help police, and the resources that were available couldn't react quickly enough. Their solution: train specially selected police officers through the psychiatric departments of local medical centers. With help from local groups, the program was implemented at no cost to the police department.

The Memphis Police

Department now has a core of about 165 officers who are specially trained to respond to incidents involving "consumers of mental health services," a phrase used to reduce the stigma attached to mental illness.

Memphis police have only shot two people since the crisis team began operating in 1988, Cochran says, and injuries to officers have also gone down.

trained to look for warning signs concerning the mentally ill, and immediately dispatch the nearest crisis team officer for any mental illness call.

The mental health ER aids officers and their consumers by offering a quick turnaround—usually less than 10 minutes. Before the mental health ER was available, officers often had to wait for hours in general ERs

Other cities using programs based on the Memphis plan are experiencing similar success.

The creation of the Memphis Crisis Intervention Team has also sent the community—and other officers in the police department—a powerful message, says Cochran, who has been a member since the beginning. "Our department is saying that there is a population that is deserving special care and special treatment...and that's going to be a CIT officer," he says.

Officers are carefully screened for the Memphis crisis team and are required to pass a series of tests, including a personality test, to ensure they are mature and caring enough to handle the task. Not everyone is, Cochran says. Those selected receive 40 hours of training before they are certified. In contrast, Minneapolis and St. Paul officers receive only 12 to 15 hours of training at the police academy focusing on handling mental health crises.

Memphis crisis team members also operate under a system of what Cochran calls "responsibility and accountability." In any incident involving mental health patients, crisis team officers are put in charge and are held accountable for handling the incident.

This accountability encourages team members to keep tabs on "their consumers," Cochran explains. "They're so committed, many of them go by and visit consumers on their off-hours," he adds.

Two other elements that make the Memphis system work well are added training for 911 operators and the addition of mental health emergency rooms. 911 operators are

to have a patient taken off their hands. The delay prevented officers from getting out on the street for other problems, and it also had a more serious effect—the consumers didn't get the necessary help.

Without the mental health ER, a law enforcement officer who sees someone in a mental crisis would be more likely to see a disorderly conduct instead of a mental illness issue, Cochran says. And that person would more likely be taken to county jail.

The Memphis program has yielded another unexpected benefit, by functioning as a pre-jail diversion program, deflating situations with the mentally ill before they turned ugly.

Although statistics on the number of mentally ill people living in Minnesota aren't available, Adult Mental Health Initiatives, in the state Department of Health, help about 3,300 mentally ill adults in the community. One-third of all homeless people are estimated to be mentally ill. With the number of homeless in Minnesota up from about 8,000 in 1992 to 15,000 in 1997, more interactions between law enforcement officers and the mentally ill can be expected.

In the wake of the Schneider shooting, Minneapolis Police Chief Robert Olson has said the city will look into creating a crisis intervention team.

Ron Honberg, NAMI's director of legal affairs, says he

hopes Schneider's death won't be in vain. "We hope that tragedies like [Schneider's] can be used constructively to change the ways things are done."



Should police have additional training to help them cope with mental health emergencies? Go to www.sirenmedia.net, hit forums and log on to the Police forum.

