



City of Salisbury
CRIMINAL JUSTICE REFORM TASK FORCE
MEETING MINUTES
October 14, 2020
6:00pm - 8:00pm



In Attendance

Members, Facilitators, and Advisors:

Travon Miles, Kala Farrare, Heather Collins, Ciara Cooks, Eileen Johnson, William Harden, Danielle Thomas, Kendra Hayward, James Holbrook, Wesley Moore, Keith Myer, Joseph Pryor, Heather Johnson, Eddie Harmon, Christopher Carter, Julie English, Andy Kitzrow, Chief Duncan, Cpt. Drewer, Sgt. Crockett, Isiah Barkley, Nathan Schrlau, Erica Brightbill, Michelle Ennis

Guests:

Patrick Gilbert, States Attorney's Office
Kendra Hayward, States Attorney's Office
Delaney Dunnavant, Member of the Public
Gloria Atameklo, Mayor's Office Intern

Members Absent:

Tammy Carey, Schellee Gonzalez, Kevin Whittington, Kevaudria Armstead, Anthony Darby, Randall Cone

Introductions and Recap

Moderator, Michele Ennis, welcomed the Task Force members and facilitated introductions of all members in attendance as well as guests and members of the public. Members then volunteered to provide highlights from the September meeting for those who were joining for the first time.

Committee Discussion

Ms. Ennis explained that the task force will be separated into five committees. Mr. Kitzrow added that the smaller groups will allow for more intimate discussions and provide the opportunity for members to dive further into the topics.

Ms. Ennis announced that each committee will have one of the following topics: Mental Health calls related for service, Officer Wellness, Use of Force, Recruitment and Retention, and Implicit Bias. These topics were chosen from the information received on the second part of the application from task force members. The committees are expected to meet within the next two weeks. A point person and back-up will be chosen for each committee during the first meeting.

Task force members were asked to share, via the Zoom chat, their top two choices for a committee and the time of day that best fits into their schedules. Ms. English took note of all responses and will assign each member accordingly.

During the Task Force meeting, the point person for each committee will report back where they are as a committee. That will give others, outside of the committee, a chance to weigh in on the other topics.

Mental Health Calls Related for Service Discussion

Ms. Ennis lead a discussion with the group on the topic of Mental Health Calls Related for Service. She also clarified that the expectation of the committee's is not to meet and quickly come up with solutions. She referenced the SPD website and the documents available on the City website to obtain detailed information to assist with the topics of discussion.

Q: [With regard to the topic] What is important?

A: The dispatcher knowing the severity of the call when relaying it to the Officer so they are better prepared for what he/she is walking into. Possibly having a checklist for the dispatcher to help assess the level of coherence, already established diagnosis, level of cooperation, and qualified contacts to reach out to that may assist the officer.

Q: How does the dispatcher determine the mental health status of the caller?

A: The dispatchers and officers are specifically trained through 40 hours of CIT (Crisis Intervention Team) training to identify things and learn what questions to ask the caller and family members. Behavioral health, de-escalation, community resources, developing empathy, and practical application are parts of the training. (Chief Duncan and Captain Drewer provided this information.)

Q: What are the challenges right now when it comes to mental health calls for service?

A: They're unpredictable. More times than not they're peaceful. Some calls may not provide enough time for the dispatcher to relay all of the information prior to the officer arriving, if they are close to the location.

Q: In the training, do officers learn the difference between a person who is manic versus someone who is anxious?

A: Yes. In the CIT training itself, we have the benefit of having individuals struggling with mental health illnesses come in make presentations and talk to the officers. They learn what some of their triggers are. This doesn't make the officers professionals but helps them to identify the difference between a criminal event and a mental health individual.

Q: What does transport for mental health individuals look like right now?

A: If someone is going to be transported in one of our emergency transport vehicles, they are treated about the same as a person who committed a crime. Officers control their hands and movements, check their pockets to be sure they don't have any weapons, and make sure they have their seat belt

on. The main difference will be the destination; they are taken to the hospital. If an individual is not suicidal or homicidal, we cannot take them into custody and drive them anywhere.

Chief Duncan added that having to transport an individual who's in crisis in the back of a patrol car with handcuffs and restraints is not sending the message to that individual that their issue is not crime related. It creates a cycle that prevents good working relationships between the individuals and our officers. That is the mechanism we have in place right now and has been for a long time. She feels it does need to change and the transport should happen in the back of an ambulance.

There was a discussion on the lack of facilities available to help those struggling with mental illness in our area. Task force members who currently work in the mental health field were surprised to hear about the training the officers go through, as well as Mobile Crisis not being available to officers 24 hours. Officers do their best to get the individuals the care they need but with the limited facilities and resources, particularly overnight, the patients are released back into the city within an hour.

Ms. Ennis shared an example of how the brainstorming for each group should work. Questions and information to focus on include: What is important? What are the goals? Ideas/Potential solutions. Next Steps. Status. She added that the committees are not limited to just the members of their group. Committees are allowed to bring other people in to answer questions and provide additional information. For example, if you need further information on hospital policies with regard to mental health patients, a hospital representative can be invited to attend the meeting.

Officer Wellness Discussion

Q: What are the challenges and what is important?

A: At the onset of being hired as a police officer, there should be a psychological requirement. Officers should be periodically reviewed. The SPD has implemented Peer to Peer Support last year. If an officer needs to talk to someone about something going on in their lives, they can go to one of their peers. The officers available to talk to undergo monthly training just for this program. In addition, all supervisors are required to go through training to learn the thirteen identifiers and anytime they see three of them in a certain time frame, they are required to report it above them. SPD has a psychologist on staff as well. It is not always a mental health problem. Officers do deal with things in their personal lives that can affect them on the job. We also have Duty to Intervene. If an officer notices that their partner is not meshing right with an individual, the officer will "tap them out" and take over. There are so many other things that being an officer brings on that needs to be addressed.

Q: How do you communicate to the officers that there are resources available that are confidential and covered through insurance?

A: The department policy addresses in detail what is available to them. Also, at the end of each shift the supervisors conduct a 'roll call' and have conversations. The officers also talk to one another about the programs that are available and encourage one another to seek help if needed.

Captain Drewer shared, in response to an earlier question, that 'off the cuff' somewhere around 49,829 calls for service were taken in 2019 and approximately 1,106 of those calls were mental health related.

Closing

Ms. Ennis reviewed the subcommittee groups and gave some direction as to what they should be focusing on. The expectation is that each subcommittee will meet prior to the next task force meeting and be prepared to share what was discussed with the larger group.

Next Meeting – Wednesday, November 11th at 6pm