ESSAY 2

MICHAEL J. BENDER, Police Captain

Cops Doing Mental Health

Photo by Charles T. Goodsell

The scene of this public safety essay is Richmond, Virginia, the capital of the state. It is a city of 220,000 within a metro area of 1.3 million. In American history, this place was where the revolutionary Patrick Henry shouted, "Give me liberty or give me death." Seventy years later, it was the center of another revolution, the secessionist Confederacy presided over by Jefferson Davis. The historic capitol building still in use but much since expanded was designed by Thomas Jefferson.

Richmond's original police department was established in 1807, making it one of the earliest formally organized municipal law enforcement agencies in the country. During the Civil War, its officers were absorbed into the Virginia state militia. At the war's end, the function of policing was taken over by the Union's military government. In 1870, President Grant readmitted Virginia into the United States, at which time the current police department was founded.

At present, the Richmond Police Department consists of approximately 700 sworn officers and 125 civilian employees. It operates on a budget in the neighborhood of $86 million. Of the officers, 62 percent are white, 25 percent black, and 16 percent female. Despite these proportions, many top leadership posts are filled by African Americans and women. A goal of the department is that each group of new recruits consists of at least 20 percent women and 40 percent persons of color.

Organizationally, the department's law enforcement activities are divided among four precincts. Each is under the command of a captain, with an executive officer in charge of daily management. First Precinct covers the less affluent east side. Second Precinct serves the population south of the James River that courses through the city. Third Precinct extends out to the west, and Fourth Precinct includes downtown plus upscale neighborhoods to the north. All four precincts are divided into three patrol sectors, each led by a lieutenant.

The department's headquarters is located centrally in a large modern building at 200 West Grace Street. From it, an officer at the rank of major oversees Area One, consisting of the first and second precincts, with a second overseer at this rank doing so for Area Two, embracing the third and fourth precincts. Commanding the department as a whole is Chief of Police Alfred Durham, appointed in 2015 following 17 years of leadership in the District of Columbia Police Department.[1]

Michael J. Bender Jr., although not a native of Richmond proper, has lived most of his life in suburbs nearby. His father was a career officer in the U.S. Army. Upon retirement from the military, Michael Sr. became a Virginia state employee and eventually headed operations of a Commonwealth central warehouse. Mike's mother, Nita Williams Bender, is a retired civil servant at the federal level in Washington. Within the Department of Defense, she rose to become chief of the Education Supplies Procurement Office that supplies DoD schools around the world. Inevitably, young Michael as he was growing up heard numerous stories about the tribulations and satisfactions of life within state, federal, and military bureaucracies.

The underlying theme the young man drew from the experiences of his parents was the importance of choosing a career field dedicated to service. In selecting a direction, Mike felt attracted to two possibilities: the military and law enforcement. At the time, however, the military was undergoing funding cutbacks and the chances of being commissioned without attending a military academy seemed slim. Moreover, the relative peacetime then prevailing did not provide the action and adventure for which the young man thirsted. So, by default, he chose law enforcement—an occupation he perceived as filled with unending danger and excitement. When Mike enrolled at Virginia Commonwealth University he selected criminal justice as his major. In 1993, he graduated with a Bachelor of Science degree in administration of justice.

Bender joined the Richmond Police Department in January 1995. His first six months on the job were spent as a member of the 72nd class of recruits at the Richmond Police Academy. This is an in-house, nonresidential police training school on the campus of Virginia Union University. It operates in its own modern building packed with relevant equipment including a state-of-the-art firing range equipped with a 360-degree "Shoot, Don't Shoot" Force Simulator. This apparatus introduced Mike to the dilemma that all police face when, within an instant, they must decide whether to kill or risk being killed. The solemnity of this moment is recognized by recruits when, at the beginning of each training day, they stand silently at attention to salute portraits of the department's fallen officers.

The day after graduation, newly minted Police Officer Michael J. Bender was assigned to nighttime patrol duty in Second Precinct, whose three sectors lie in an industrial and low-income area south of the river. The size of the force then available for this shift consisted of five officers: three veterans and two rookies, one of whom was Michael.

Richmond's south side had long been affected by unemployment and drug gangs. In the mid-1990s, the city generally was one of the most crime-ridden cities in the country with an annual homicide rate around 160, one of the worst in the country for a municipality of this size (the figure is now approximately 40). This meant that Officer Bender was confronted with danger and chaos on a scale he did not anticipate. As he headed alone through the dark streets in his cruiser, Michael frequently came across crimes in progress, such as armed robberies and gang fights. At the same time, his police radio would crackle with dispatcher calls about other assaults, burglaries, domestic violence, and murder. To make matters worse, the calls multiplied on each other; before one could be fully handled another would come through. Soon a third or even fourth would pile on, all before any could be fully resolved. The uppermost imperative amid this turmoil was to be ready to rush elsewhere whenever a fellow officer called for backup.

Yet, with time, Mike learned how to keep cool and cope, allowing his trained skills and seemingly natural aptitude for the job to carry him through. After a few months, the young officer drew notice from his superiors. They began assigning him specialized duties beyond doing routine street patrol. For example, he was

given an opportunity to take the policing-by-bicycle course at the academy and then be assigned to patrol downtown sidewalks. This allowed Mike to develop a facility for engaging citizens in casual conversation, an ability that would come in very handy later in his career.

Over the next years, Bender periodically sat for promotion exams with considerable success. In 2001, he advanced to the rank of detective and joined the Robbery Task Force. Two years later, he was promoted to sergeant and transferred to Third Precinct as platoon leader. Another special assignment became available, that of participating in a citywide campaign to attack gang distribution of crack cocaine. With his leadership skills becoming increasingly evident to superiors, Mike was soon instructing newly promoted sergeants at the academy. Then in 2006, greater leadership responsibility came when he was advanced from platoon leader to sector head and sent back to his old Second Precinct.

A major next jump up the ladder occurred in 2010, when Sergeant Bender successfully sat for promotion to lieutenant, the equivalent of moving from enlisted man to officer in the military. He advanced to the position of sector officer in charge, first of Sector 211 and then 212 of Second Precinct.

With increasing administrative responsibilities now coming his way, Mike refined his management skills by earning a Local Government Management certificate at Virginia Tech, Richmond branch. This experience encouraged him to apply for formal graduate work at Virginia Tech, and in 2015, he was awarded a Master of Public Administration degree at Virginia Tech's Center for Public Administration and Policy.

In that same year, Lieutenant Bender ascended to a yet higher position in his organization, that of executive officer of First Precinct, the post he occupied when first interviewed for this book. The scope of this job included management of the daily operations of an entire precinct, in effect making him second in command to its captain. If one counts his bicycle patrol assignment in downtown, Bender had by now rotated through all four precincts of the department.

In November 2017 yet another promotion came along for which he was being considered when interviewed. This was to captain. His assignment at that rank became that of Watch Commander, a key position with respect to the department as a whole. The Office of the Watch Commander sees to it that the department functions well 24 hours a day. The commander on duty during off hours becomes a de facto chief of police at night. During each 12-hour shift, Captain Bender alone makes on-the-spot decisions with respect to all reported crimes or emergencies that occur over the entire city. This is, obviously, a major load to bear; now the rookie who once handled the chaos of Second Precinct at night is amplifying that many times over.

As we wish Captain Bender the very best in his new assignment, it is important to explain why I labeled this essay "Cops Doing Mental Health." It is because, while occupying the field officer positions mentioned above, Michael took it upon himself to undertake the added task of leading the way in reforming how the Richmond Police Department confronts mental health.

For some years, a movement has been afoot in progressive police departments around the country known as Crisis Intervention. It calls for a combination of police and medical actions at the level of the individual citizen. The notion of "crisis" as conceived in the mental health field has been defined as "a brief episode of intense emotional distress in which the person's usual coping efforts are insufficient to handle the challenges confronting the individual."[2] Anyone can experience such episodes, but in those afflicted by personality disorders or outright psychoses such events occur more often and in more serious form.

Mental meltdown episodes that occur privately are normally handled, if at all, by private doctors or clinics. However, those that trigger in public a pattern of bizarre, illegal, and violent acts are likely to be brought to the attention of the police. Hence, the reasoning goes, just as private-practice therapists should know what to do for their patients, first-responder police should act knowledgably with their suspects. If they do not, actions taken in such cases can land the victim in jail when diversion to treatment can in the long term do more to achieve a peaceable society. Justice is served both in the moral sense of avoiding future repetitions of similar behavior and in the practical sense of relieving the overloaded legal system. Furthermore, at this time when minority groups accuse urban police of unnecessarily shooting suspects, sensitive treatment by officers to mentally ill offenders can become one more step in rebuilding community trust.

Concerted thinking on how exactly to do this began following a police shooting scandal that occurred in Memphis in 1988. City officers shot and killed a man who turned out to have a long history of mental illness and substance abuse. Following an eruption of community outrage, a task force was formed of police officers, mental health professionals, and community advocacy groups. The report issued from their deliberations eventually became known as the Memphis Model of CIT (Crisis Intervention Team)—an acronym now standard for appropriate police-based action when mental health is involved.[3]

The core idea of CIT is to utilize ongoing systems of community collaboration to make quick diversion from arrest possible when crisis offenses are minor, followed by appropriate in-depth mental health clinical treatment. When the crime committed is serious and/or violent, arrest and prosecution proceed as usual but with the possibility of mandatory hospital treatment following incarceration or in conjunction with it. Both of these options involve applying the coercive power of the law. The idea of "forgiving" an offender for a violation of law and coercing medical compliance upon a private citizen is defended by the argument that such actions contribute to the long-term safety and well-being of all concerned, including not just the public at large but perpetrators and police as well.

From 2007 to 2009, Michael Bender, then a sergeant in Second Precinct, became interested in the Memphis model. In his capacity of platoon leader, he was aware of calls his officers answered where something more than malicious intent was involved. At the same time, he was a member of the department's Trauma Informed Care Committee, an assignment that brought him into contact with local hospitals.

To bring something like the Memphis model to Richmond obviously required wide collaboration both within and outside the RPD. To move ahead, Bender sought and found two other persons to join him in a small planning group. One of these was Shane Waite, then a patrol officer assigned to the department's homeless task force, also known as HOPE (Homeless Outreach Prevention and Education). This assignment convinced Waite that most homeless men suffer from some form of mental illness or addiction. The second person was Kelly Furgurson, a long-time mental health professional and administrator at the Richmond Behavioral Health Authority (RBHA). This entity serves as Richmond's community service mental health board, one of forty created in Virginia in the wake of mental health care deinstitutionalization several years ago. Like Bender himself, both Waite and Furgurson became deeply involved in the development and operations of Richmond's CIT program. Shane, now a sergeant, serves as its internal CIT coordinator and teaches CIT classes at the academy. Kelly is director of Access Emergency and Medical Services at RBHA and coordinator of the Crisis Triage Center (to be discussed).

This trio of informal founders of Richmond's CIT program fully understood that its success depended upon moving past a mere conceptual model to the point of putting in practice several organizational elements that operate as a single system. The most fundamental of these are (1) a flexible legal framework; (2) a solid police training program; (3) quick ways to detect the presence of mental illness; (4) available clinical capacity for treatment; and (5) arrangements for transporting and holding subjects under continuous control and guard. I comment on each of these components in the remaining pages, in the order they are listed.[4]

With respect to a legal framework, jail diversion efforts in Virginia were first made possible in 2007, when the General Assembly began to approve funding for this purpose.[5] For its part, the Richmond Circuit Court cooperated by creating a special mental health docket for judicial hearings on individual diversion cases. The commonwealth's attorney set into place procedures for review of cases placed on this docket. The local Probation and Parole District of the Virginia Department of Corrections laid the basis for post-treatment monitoring of persons released from custody. Two kinds of statute-based custody orders were made available to authorize mandatory action when subjects refused to cooperate voluntarily: the Emergency Custody Order (ECO), which enables prior psychiatric evaluation, and the Temporary Detention Order (TDO), which authorizes obligatory hospitalization. ECOs are normally issued by the Richmond Behavioral Health Authority and TDOs by city circuit court judges.

The training of officers is done at the Police Academy. The CIT course is 40 hours in length, in accord with accepted standards in the field. Whereas the international minimum standard for training coverage is 25 percent of officers, in Richmond all sworn officers are required to take the course, and if they have not done so, they are not issued Tasers. The training week is also open to outside law enforcement officers, and its reputation has now spread to the point that non-RPD enrollees chronically outnumber those from home.

Officer Bender teaches in the program and is himself an alumnus. Sergeant Waite is on the continuing academy staff and one of its main instructors. Various methodologies of instruction are used. Formal classroom instruction covers mental health issues generally and their tie-in with law enforcement. Individual topics include personality disorders, alcohol and drug abuse, post-traumatic stress, developmental disabilities, common mental health medications, and suicide prevention. Role-plays are used to teach the basic verbal skills required to deescalate crises. Field visits are made to hospitals and other mental health facilities around the city in order to grant familiarity and make contacts.

An essential key to success in CIT is having patrol officers able to detect likely mental problems. This must be done quickly, on the spot. A first recommended step is to see if the suspect can provide a name, address, and identification. A second is to engage the person in casual, open-ended conversation, something like what Michael did from his police bicycle in downtown Richmond. It is important to allow the subject to speak freely as long as needed. The interviewing officer interrupts only to repeat answers to show they are being heard. If appropriate, the officer can ask whether the individual is *having a bad day*, and if so, why. Information is requested on whether he or she is currently under care, and if so, from whom are they receiving care and with what medications. Throughout, officers are told to look for behavioral cues such as crying, stuttering, sweating, and maintaining little eye contact. Incomplete sentences and frequent changes of subject are indicative of unstable thought. A posture of leaning backward or protectively folding arms across the chest may indicate anxiety.[6]

Once a diversion determination is made by the responding officer (with sheer instinct often helping), the relevant officer telephones the crisis dispatcher at the Richmond Behavioral Health Authority (RBHA). Typically, the officer is told to bring the subject to the RBHA building downtown for evaluation under ECO authority, or if mental symptoms are major and dangerous, he or she is taken directly to a hospital. The RBHA maintains a continuously available psychiatric staff to interview subjects, conduct an evaluation, and provide short-term therapy if that is all that is needed. If not, it arranges for a TDO to enable treatment at a cooperating hospital.

Three Richmond area hospitals with psychiatric wards are available, but the one most commonly used for CIT treatment is Chippenham Hospital, located in a western section of the city bearing that name. The two others are Community Hospital and the Medical Center of Virginia Commonwealth University. Chippenham has the largest Psychiatric Department with some 140 beds, and for this reason, Lieutenant Bender and his fellow CIT founders decided from the beginning to make it the medical headquarters for treating most jail-diverted patients.

This hospital is the locale of what is known as the Crisis Triage Center, another name common to CIT programs generally. The word *triage* in this instance does not mean sorting victims by extent of injury, but instead, it refers to the Triage Assessment Model discussed in the mental health literature. This three-dimensional construct posits a trio of separate domains of human mental health to be evaluated: behavioral, cognitive, and affective.[7]

At Chippenham the Triage Center occupies two rooms just inside the locked door to its hospital's Psychiatric wing, just off the front lobby. One space is a small office used by a nurse-receptionist, the other the patient interview room. The latter is furnished with rounded plastic benches bolted to the floor. An observational one-way mirror is on the internal hall side of the interview room and an openable call window in the office connects externally to the lobby. It is in these small chambers that psychiatrists and other mental health professionals interview patients and make weighty decisions on whether hospitalization and temporary detention are necessary. The center is open each day of the week between 2 p.m. and midnight. In addition to Richmond police, officers from several nearby jurisdictions are entitled to use it.

The officers who have taken subjects into custody are responsible—unless otherwise directed—for transporting them securely to the Triage Center and guarding them on its premises until handover. They submit paperwork on their charges through the hallway window. Forms are signed to transfer legal responsibility for retaining custody to police stationed at the hospital itself. Under an arrangement agreed to by all affected parties, the officers that take over are donated by the Richmond Police Department.

The roster for this duty was maintained by Lieutenant Bender in his capacity of police coordinator for the center. When serving on Chippenham duty, RPD officers receive compensation from the department in addition to their normal salary. The department has agreed to accept this personnel cost so its first-responder patrol officers can immediately return to normal duty after handover.

Michael himself voluntarily put in up to 20 hours/ a week on this extra hospital duty, on top of his 40-plus extremely full workweek as executive officer of Second Precinct. This meant that many of his evenings were spent at Chippenham rather than at home. I asked him why he schedules himself such a heavy load in view of the consequences for his personal life. He simply responded that doing service is his life's purpose. That reasoning is now being applied to the extreme as he regularly stays on duty all night as Watch Commander.

NOTES

1. Richmond Police Department, links to Organization, FAQ, Annual Reports, and Chief of Police, retrieved online August 12, 2016, http://www.richmondgov.com/Police/.
2. Kenneth France, *Crisis Intervention: A Handbook of Immediate Person-to-Person Help*, 4th ed. (Springfield, IL: Charles C Thomas, 2002), 4.
3. Amy C. Watson and Anjali J. Fulambarker, "The Crisis Intervention Team Model of Police Response to Mental Health Crises: A Primer for Mental Health Practitioners," *Best Practices in Mental Health* 8, no. 2 (December 2012): 71–80.

4. Note in this regard, the prime elements mentioned by Randolph Dupont, Sam Cochran, and Sarah Pillsbury, "Crisis Intervention Team Core Elements," University of Memphis Department of Criminal and Criminal Justice, CIT Center, 2007.
5. Office of Forensic Services, Virginia Department of Behavioral Health & Development Services, *Jail Diversion Initiatives: Program Review 2007–2015* (Richmond: Author, 2015), 1.
6. France, *Crisis Intervention*, 32–33.
7. Rick A. Myer, *Assessment for Crisis Intervention: A Triage Assessment Model* (Stamford, CT: Brooks/Cole, 2000), 29–32.