

An Inside Look into IMPD Initiatives Aimed at Intervention for those Living with Mental Illness:

An Interview with Sergeant Lance Dardeen

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In the last few years, IMPD has made big changes in its department in order to better serve our community, specifically those with mental illness. Initiatives such as the Mobile Crisis Assistance Team, the Behavioral Health Unit, Crisis Intervention Team training, and mandatory Mental Health First Aid training are allowing officers to prioritize de-escalation techniques and connection with resources over arrest. Lance Dardeen has devoted his career to serving community members in crisis. I had the privilege of sitting down with him to discuss these programs.

Who is Sergeant Lance Dardeen?

Lance Dardeen is a sergeant on the IMPD and is the day to day supervisor for the Behavioral Health Services units. He has a master's degree in Justice Administration from Faulkner University and is 9-year IMPD Veteran who wears many hats, including: CIT Coordinator for the IMPD, Mental Health First Aid National Instructor, Fair and

Impartial Policing Instructor, Field Training Officer, Leadership Academy (LA) Faculty and LA Alumni Association President, ILEA State Instructor, CIT Instructor, Policing the Teen Brain Instructor, Emergency Medical Technician, Bicycle Response Group, and IMPD Mentor.

Why are interventions for people with mental illness so important to you?

"Mental health policing and training is important to me for numerous reasons. First, police interactions with individuals with mental illnesses are on the rise, de-escalation helps everyone and decreases injuries, it's the right thing to do, and I have seen first-hand how proper training can increase officer effectiveness when dealing with those who have a mental illness. Second, our holistic approach is truly a community effort, linking to the most appropriate services. Third, my passion is getting the right help to the people who need it."

"Living with a mental illness can be scary, frustrating, financially intrusive, and very disabling, leading to major disruptions in a person's ability to carry out daily activities and engage in satisfying relationships. If, as law enforcement, we can help alleviate some, if not all, of that burden, then we have done our job."

Explain the BHU and MCAT teams. How are they similar and different?

MCAT stands for “Mobile Crisis Assistance Team.” It began in August of 2017. Originally, an officer, a paramedic, and a licensed clinician teamed up to go on active runs. At first, this team was available 24/7. After 6 months of operation, EMS no longer participated because it was realized they weren’t needed as much as originally thought. The times of operation also changed. Now, MCAT teams are made up of a clinician from Eskenazi and an officer. Teams operate Monday through Friday from 10am to 6pm. The MCAT team is designed to respond immediately to a person in crisis. There are currently three teams that serve East and Southeast districts, one for North and Downtown, and one team for Northwest district. We would

like to expand to our Southwest District as manpower and resources increase.

BHU stands for the “Behavioral Health Unit.” It is more reactive, where MCAT is more proactive. BHU follows up on all Immediate Detentions (IDs)¹ as well as all referrals from other officers or community members. BHU is focused on connecting someone to services after their immediate crisis is over. There are 5 detectives on the BHU team. Each team is comprised of an IMPD officer and Eskenazi clinician and they cover every district except Downtown. The IMPD’s Homeless Outreach Unit serves downtown well. The BHU followed up on more than 3,000 IDs in 2018 and made over 6,000 contacts.

What do encounters between MCAT and community members typically look like?

The main reasons MCAT responds are: suicide or self-harm attempt or threat (535, 28.0%), other mental health issues (959, 50.2%), overdose or other substance abuse problem (484, 25.3%), domestic violence (51, 2.7%), physical health issue (94, 4.9%), gravely disabled (106, 5.5%), other (225, 11.8%).

“I am most proud of this stat: Out of 1,860 runs when a MCAT officer arrived, there is a non-arrest rate of 95.8%. That’s 1,842 persons in crisis who were not sent to jail. We are learning that we cannot arrest our way out of this problem.”

What options does an officer have when they come into contact with a person experiencing a mental health crisis?

An officer that responds to a crisis has a few different options. Aside from an arrest,

which is not preferred, an officer can do an ID, take the person to the Reuben

¹ IC § 12-26-4-1 Authority of law enforcement officer to apprehend and charge individual

Engagement Center², or de-escalate the situation and connect them to appropriate resources. One of the goals of both the BHU and MCAT teams is to develop relationships with community partners. As a result, clinicians have the ability to call and make an appointment for someone to see a doctor within certain clinics. They can set

them up with a case manager. These kinds of things can be huge barriers for people to do on their own, and we try to bridge that gap.

“We like to say that we tear down walls and build bridges.”

What is CIT training?

CIT stands for the “Crisis Intervention Team.” It is a community-based training hosted by the Marion County Sheriff’s Office and the IMPD that teaches signs and symptoms about mental illness and mental illness related topics. It is a 40-hour course that includes stories from people

experiencing mental illness and role playing. Knowledge about numerous mental illness and de-escalation is a huge part of the training. At the end of the 40-hour course, in order to become certified, a participant has to shadow at a crisis unit of a local hospital.

Who can attend this training?

CIT training is encouraged among IMPD officers. After participating, they can wear a CIT pin on their uniform. Invitations are also sent to other organizations such as the Prosecutors office, Public Defender Agency, probation officers, community corrections,

Public Safety Communication, the Reuben Engagement Center, IEMS, school resource officers, and so on. Each training has about 100 participants and is offered twice per year.

Do you feel that IMPD officers are interested in CIT training?

There has been more buy-in over the last couple of years. With everything in the media, the ability to de-escalate situations has become very important and the younger generations seem very open to

knowing how to do that. Officers see the benefit of de-escalation and not having to go hands on, but to deal with the crisis in a different way.

Can someone ask specifically for a CIT-trained officer in a crisis? If so, how do they do that?

² An officer who is not with the BHU or MCAT teams cannot take a person to the Reuben Engagement Center at this time, but can refer to BHU or MCAT.

Yes, any caller can ask for a CIT-trained officer, a member of the BHU team, or an MCAT team (or all three). New dispatchers go through a 3-4 hour training on this topic and will know how to respond. As long as someone is available, a member of one of

those teams will be sent out. Community members are becoming more aware of us as well. After an initial encounter with a family, we encourage them to ask for us in the future if they were to call 911 in the future.

Are there any other trainings around mental illness offered to IMPD?

Yes, it is called “Mental Health First Aid” and is mandatory for all IMPD officers. Mental Health First Aid started in Australia as a training for civilians to be able to respond to their neighbors in crisis.

“We all know how to do CPR, so why aren’t we all learning mental health first aid?”

It is an 8-hour course that focuses on signs and symptoms of mental illness including depression, anxiety, psychosis, suicide, substance abuse and de-escalation techniques. Our entire department was trained in a year and a half, and it is mandatory for every officer who comes out of the Academy.

Is there anything you want attorneys in Indianapolis to know about IMPD’s efforts to respond to mental illness in our community?

If anyone has any questions, comments, or concerns, I welcome them to reach out to

me to have a conversation. My email is Lance.Dardeen@indy.gov.