# Just Implementing a Co-Response Program in Indianapolis

**Intro** [00:00:01] RTI International's Justice Practice Area presents Just Science. Welcome to Just Science, a podcast for justice professionals and anyone interested in learning more about forensic science, innovative technology, current research, and actionable strategies to improve the criminal justice system. In this special release episode, Just Science sat down with Deputy Chief recently promoted to Assistant Chief Catherine Cummings of the Indianapolis Metropolitan Police Department and Jennifer Cianelli, a licensed mental health counselor at the Sandra Eskenazi Mental Health Center, to discuss the implementation of the Indianapolis, Co-Response Team program, which provides an alternative to traditional police responses. When a community member requires emergency services during a mental health or substance use crisis, they may benefit from a range of additional or alternative services in conjunction with a traditional law enforcement response. To understand the impact of these alternative responses, public safety and treatment practitioners in Indianapolis collaborated with researchers to pilot a co-response mobile Crisis Assistance Team program, where a mental health clinician is partnered with a police officer for response to any behavioral health related emergency calls. Listen along as Assistant Chief Cummings and Ms. Cianelli describe how providing immediate mental health services and follow up care can benefit community members, while also providing support to police on scene. Helpful advice for practitioners who may want to implement co-response teams, and the importance of partnering with researchers to effectively evaluate these types of programs. This episode is funded in part by RTI International's Justice Practice Area and the Mobile Crisis Assistance Team program, supported by Arnold Ventures. Some content in this podcast may be considered sensitive and may evoke emotional responses or may not be appropriate for younger audiences. Here's your host, Katie Bailey.

**Katie Bailey** [00:01:47] Hello and welcome to Just Science. I'm your host, Katie Bailey, a researcher on the Indianapolis co-response Evaluation Project, a study funded by Arnold Ventures. On today's episode, we will discuss the evaluation of an alternative policing co-response team in Indianapolis, Indiana. This program partners a police officer with a mental health clinician to respond jointly to behavioral health 911 calls for service. Our discussion today will cover a recently completed randomized controlled trial, or RCT, for short of this co-response program, and discuss how these multidisciplinary programs can be complex and challenging to evaluate. Although I was very involved in the study as a project manager, today I'm taking on the role of podcast host and letting the co-response program leadership and study co-investigators describe their experiences. To guide us in this discussion, we have a panel of research and practitioner experts. To get us started we have Deputy Chief Catherine Cummings of the Indianapolis Metropolitan Police Department or IMPD for short, and Jennifer Cianelli from the Sandra Eskenazi Mental Health Center, which we also refer to as Eskenazi for short, to describe the origins and implementation of the Co-Response Team in Indianapolis, formerly named the Mobile Crisis Assistance Team, or MCAT for short. Deputy Chief Cummings, could you tell us a little bit about the background of the co-response team in Indianapolis and your role?

**Catherine Cummings** [00:03:07] I'm Deputy Chief Catherine Cummings with the Indianapolis Metropolitan Police Department. And really the origins and the idea of the project came from the mayor's office and our current mayor, Mayor Joe Hogsett. There was a task force that had looked at a lot of issues concerning public safety here in Indianapolis. And one of the overriding issues that kept coming up had to do with the number of people who were incarcerated, who were arrested, who were engaging with law enforcement, who had either diagnosed or undiagnosed mental illness. And what could we

do to better connect them to services and divert them away from the criminal justice system, divert them away from jail, where we knew that that was not going to be the best supportive environment for them. So, what could we do to intervene on the front end before they're arrested, and make sure that they're connected to the services that they need? So back in 2016, I was a sergeant, and I was handed an assignment with a number of officers and told that we were going to partner with some mental health clinicians from Eskenazi and, IEMS, which is the Indianapolis Emergency Medical Services, and we were going to work together to develop a team. But before we even put a team on the street, we had to figure out how to merge three unique entities and their employees. So, then we started working together and deciding what our training program needed to be. And so, we spent a lot of time in 2016 into 2017 just standing up the team, developing the team, choosing the teams, and then training them. And then ultimately, we started that in 2017. We started a pilot project. At that point it was called Behavioral Health Unit, and we assign them to our busiest district for the pilot project, which is East District here in Indianapolis, Indiana. They originally were working 24 hour shifts seven days a week. So, we had that additional challenge of ensuring that with the number of employees that we had, how we were going to cover that, how are we going to meet all of the employment requirements that went along with each of the three different entities? We were able to develop a rotation, able to develop a shift and ultimately put them out on the street.

**Katie Bailey** [00:05:19] Thank you. That was a very helpful overview. Also with us is clinical supervisor of the Indianapolis co-response team Jennifer Cianelli. Jennifer, is there anything else that you might add about the Indianapolis co-response team from the clinical perspective?

**Jennifer Cianelli** [00:05:33] Oh absolutely. Thank you so much for having me on today. At that time, I had just become a new supervisor over the mobile Crisis team or the impact team for Eskenazi. And in just thinking about things, it really was helping the clinicians understand a different perspective of doing assessments. Typically, our clinicians were in an office. People were coming to them. So, we were thinking outside the box and going, hey, let's go to them. Let's go to them in a crisis versus having them get to us. MCAT was unique in that it really focused on treatment in the community rather than an office or hospital. And MCAT serves the community just by providing that immediate response. And when we first started, we were really careful to make sure that we were a secondary responding team because the clinicians are civilians even though they are partnered with a CIT or crisis intervention team trained officer. We always wanted to make sure that everybody's safety was taken into consideration, but just responding to those mental health and substance use crisis as emergencies happening in the community, being able to provide those onsite assessments, being able to link them directly from that moment to what they needed, and then providing some type of follow up the next day. The team was out here last night. I know that they talked with you. They got you an appointment or they're helping to get you an appointment to whatever that resource was. And so, it was just a whole different way of thinking, a whole cultural shift from the police, mental health and from IEMS. I'm looking at mental health and substance use crisis.

**Katie Bailey** [00:07:15] Deputy Chief Cummings, you talked about the beginning of the call response team, and I know that it has changed a bit since the pilot. Could you tell us how the Co-Response team has changed over time and what it looks like today?

**Catherine Cummings** [00:07:29] As I mentioned earlier, when we first started this pilot project, it consisted of three individuals each team. So, we had a law enforcement officer, a clinician and a paramedic partner. As we work through the pilot project, the teams were

working 24 hours a day. We had three people. They were responding to calls. It started out, were we going to self-dispatch to these calls. And what that means is when we heard a call come over the police radio, was dispatch going to assign the team, or was the team going to hear the type of call and then self-dispatch make the decision themselves? So, we had to figure out how to work all of this. It was very out of the norm and very nontraditional. And as Jennifer mentioned, it was a cultural shift. So, in the beginning, not only did we have this new team that consisted of multiple people and not just somebody from the IMPD or a law enforcement officer, so we had to really explain that to the officers on the districts and have them understand that this is a benefit for them. This is a tool that they can use. And so Jennifer mentioned that cultural shift, and that was one of the parts that we really worked hard on in the beginning when we were running the pilot project, and then in the beginning of the program itself was ensuring that the officers and the other law enforcement officers, whether it was the IMPD or another agency, actually understood what the role of the team was and understood what it meant to call them to one of the scenes. So over time, we started to develop a rhythm of what types of runs would be best suited for the team. And so the teams merged and melded together and became teams, but also amongst themselves, figured out how best they could respond, what types of runs they should respond to, where they would be of most benefit, and again, also talking to officers on the streets so that they also could help educate the officers. At the end of the pilot project, it was determined that we probably didn't need the paramedic assigned. Because we are in Indianapolis, we are fortunate to have the resources that we have, and so having the paramedic assigned to the team was really an extra resource that we could operate without, because our fire department and our IEMS personnel are spread throughout the city, and they were available quite quickly on the runs that we determined they needed to be on. So, at the end of the pilot project, IEMS did end up leaving. It did stay with IMPD and Eskenazi. In addition to that, we reduced the hours. We are no longer 24 hours a day, seven days a week. And that came out through the research that basically while the need was there, and the runs were there. When we were responding, the specialty team was not really able to divert people away from the resources that our standard officers are using, which would be an emergency department. We learned through this trial period that we really needed to do a lot of work with our community and identify additional resources and make sure that those additional services were standing up around us so that if we were working on an overnight shift or were working on traditionally off duty off hours for a clinical environment, that we still had places that our teams could refer the people who needed the services and didn't have to resort to doing an immediate detention or an emergency detention and taking them to the emergency department. Those are some of the big changes that we've seen. Additionally, over time and over the years, we've had certain iterations of the teams, and now those teams have been merged together. And we have one role for the teams, and that they are taking emergency runs and doing both work on the front end and taking the runs in real time as they happen, but also doing additional follow up.

**Katie Bailey** [00:11:11] And if I remember correctly, the MCAT teams have expanded since the beginning to all of the IMPD districts in the city. Is that right?

**Catherine Cummings** [00:11:20] That is an excellent point. Thank you for bringing that up. Yes. When we did the original pilot project, we were only on one district, East District, and we have now expanded to all of the districts. We have six service districts within the IMPD jurisdiction.

**Katie Bailey** [00:11:34] Jennifer, I was wondering if you had anything else to say about the role of the clinicians on the co-response team, maybe what it looks like when they are on a run and if anything about their role has changed over time.

**Jennifer Cianelli** [00:11:47] I think one thing has changed about our role in the co-response team is that the clinicians are more comfortable with it. They're leading the way in helping others learn how to do the community work as well, as they're really good at what they do. Right. So, the, role of the clinician on this team, and I should say that all the clinicians are fully licensed through the state of Indiana in their profession. Their main role is to do the assessment and build that rapport with the individual there at the scene and help get them to the right resource. So, they come on the scene, they look at everything, they talk with family members, they collaborate with everybody there and really build that plan with the individual who's in crisis. What is that next step? And that is huge, because I think it takes the pressure off of everybody, right, of where individuals have to go. Not everybody has to go to the hospital. Not everybody has to go to these, you know, one place and you have all of those resources right there with the clinician. So, I would say that our MCAT clinicians now are in a really great place to help individuals when we're called out to a scene. We were really good when we started. Now we're really great.

**Katie Bailey** [00:12:59] This seems like a really unique role for police officers and so I just wanted to get some more insights about how police officers are chosen for the co-response team in Indianapolis.

**Catherine Cummings** [00:13:09] Obviously this is a little bit different of a type of work than what we would generally expect someone to do in a police officer's role. And so, I think what we looked for originally, we looked for officers who, had an interest in working with those who are experiencing crisis or have mental health concerns. How did we determine those people? I talked to a lot of officers at that time and ask, who on your shift is the go-to for these types of runs? Who writes the reports really well? And so, through those types of questions, in those conversations, we were able to identify people in the police department who had a real passion for working with individuals in crisis, who they really, could use their help. And so, we started out some I'm proud to say that some of the officers who are still on the team were part of the original program, which I think is a true testament to the work that they do and the way that they were chosen in the beginning. Something else, as we've gone through the process and as we've gone through the years and as quite frankly, we've gone through the research, we've learned other things that can help us to choose who best will be suited for these teams. And I think that as we've gone along, we've realized it's not just those who are interested in the type of work. All of our officers are compassionate and have empathy, but these are, people who really communicate well. They really are patient. They are good active listeners, and they're willing to work with other partners. In this case, it's working with directly with Eskenazi. And so, it's a different type of work when you have that partnership that you're with that person every day, day in and day out, you share office space with them, you share a car with them. And so that is a lot different than what a lot of our officers are used to, which is a lot of autonomy and independence. And so, it's all of these factors and these personality characteristics that go into helping us decide who makes the best person to to join the team. I do think i n the years that we've been doing this, we've had relatively little turnover. So, I think it's a testament to the supervisors who are involved and have been involved, and their ability to really identify employees who will excel at this work.

**Katie Bailey** [00:15:21] Same question for you, Jennifer. Is there anything specific that you're looking for from the mental health clinicians?

**Jennifer Cianelli** [00:15:28] Sure. So, one thing that I do look for when hiring a mental health clinician to be part of the team, which we have had very little turnover. One of the things look for is their experience with crisis. How flexible can they be? Because every day is different as well as what is their experience working with individuals who have a mental health and a substance use disorder and their overall knowledge of resources in the community? What are their connections that we can also learn about as a team and continue to grow our resource library?

**Katie Bailey** [00:16:02] And I'm just going to describe a little bit for listeners the role of research with the MCAT Co-Response team in Indianapolis. The research team was kind of involved from the beginning with the pilot study in East district. And then to make a long story short, eventually we ended up doing a randomized controlled trial in a one of the districts in Indianapolis where the MCAT team had not yet begun practicing but were about to. And so, my question is, what role did research play in the MCAT program and if there were any related challenges from a police department perspective?

**Catherine Cummings** [00:16:38] So that's also something that I reflect on often. And it's something that, as I have moved away from direct supervisory involvement of the teams and onto other parts of my role as the deputy chief with the police department, I look back on a lot of the lessons that I've learned through partnering. In the very beginning, we partnered with Doctor Brad Ray and his research team, and just started looking at how the team responded. All the different components that we've already talked about. He produced a report, we reviewed that report, and quite honestly, we have relied upon, even still that original report, not to mention any subsequent reports that have come along. But we have relied on those findings and those reports to make policy decisions, to make staffing decisions, to craft and hone the teams to the betterment of the teams and their efficiency and their response, and to the benefit of the Indianapolis residents. So, partnering with researchers on this program and on others has taught me valuable lessons about what is possible when academics and public safety work together and look at these very complex problems that we face, not just here in Indianapolis, but across our country. It's not without challenges and issues, just like anything else. There's that period of growth and understanding where we're taking the theoretical and applying it very directly with the practical, and that can create issues and problems. I think it's also helped us learn to be better problem solvers, because all together we've had to figure out how we want to measure something. What do we want to measure, what are we looking for, and what tells us what those responses actually mean. So, it's been extremely beneficial. It's been extremely important. And it's been very, very helpful for the IMPD, when we're looking at limited resources to be able to refer back to the research or our partners who are in research and ask those questions of what is working, what is not working, and what changes do we need to make so that we are being most efficient with the resources that we have? I would recommend highly recommend to anyone who is in public safety or in my position like an administrative position, who is operating a police department partner with your local researchers. It is invaluable to them and you as well, and you're only going to get a better product for your community.

**Katie Bailey** [00:19:01] I think it's really cool how the city and IMPD and partners in Indianapolis work with researchers and vice versa. Jennifer, I'm wondering specifically for the randomized controlled trial where the MCAT was randomized to either respond to a run or not respond to a run for over a year. I'm wondering if there was any particular challenges for the team or the clinicians, specifically when they were randomized to either

respond to a run randomized to not respond to a run and wait for the next call to come through.

**Jennifer Cianelli** [00:19:33] We prepped the clinicians really heavily for this study. So, every single clinician was trained to come in on sick days or vacation days to fill in that clinician's spot. But we could keep the research moving forward because that was a long time not to expect anybody to take a vacation day and life happens, right? There was some frustration internally and externally with the clinicians, right? Clinicians are clinicians. And so, their natural thing that they want to do is help individuals and help solve and go to the crisis. So, when it was randomized that they were not to respond. That was hard for them, and I think because we worked so hard as MCAT to have officers call us to say we are the team to go. It was also hard for the officers to go, what? What do you mean you're not coming out? This is a mental health call. I mean, just working so hard to, you know, combat that stigma and teaching them that there's another response. And then it was like, oh, wait a second, we can't go.

**Katie Bailey** [00:20:34] Right. That makes sense. The randomization, the study took place over 18 months. So that's a long time for everybody to maintain consistent staffing and to have to go through this process of being randomized and waiting around for the next call when they're randomized, to not go on a run. I'd like to ask both of you, from the viewpoint of the police department and the mental health care system, what is the significance of conducting a rigorous evaluation of the Indianapolis Co-Response Team?

**Catherine Cummings** [00:21:02] I don't have to tell you or likely your listeners, that a randomized control trial is the gold standard in research. And as I mentioned earlier, partnering with public safety and researchers is desperately needed. We have got to figure out what works for public safety in our country and not just here in Indianapolis, but to be able to share that on a national level with everyone else who's working in public safety and serving their communities. While the 18 months of the randomized control trial was extremely long, and it was challenging and it was arduous. It's the gold standard, and it is the type of research that needs to be done, not just in this area, but in many areas of public safety. And I challenge the researchers out there to find ways to do that and partner with agencies, because I as a police executive, I'm always looking for research articles when I have problems or I have things I'm anticipating, and I'm trying to find solutions to just everyday occurrences within this type of work.

**Jennifer Cianelli** [00:22:03] And if I can continue to kind of piggyback on that, you know, the research is hard work. It's needed and it highlights the gaps within the system. And Deputy Chief Cummings made a comment at the beginning. You know, we moved away from having an MCAT team 24/7, because in the middle of the night, there really wasn't any place to send somebody but the hospital, right, a hospital or jail. And so, since that time, Indianapolis has invested in a facility called the Assessment and Intervention Center, which works with law enforcement, which works with the community. And it is a linkage hub for anybody to come through our door 24/7 and say, I need help. So, I think the research and the partnerships have shown these gaps and have been developed something to start to fill that gap.

**Katie Bailey** [00:22:51] Thank you for those insights. I'm wondering from both of your perspectives if there's any advice you would give to other cities who are interested in implementing a kind of alternative emergency response program? And if there's any advice specific to working with researchers or conducting a study of those programs.

**Catherine Cummings** [00:23:10] From the law enforcement perspective, I encourage anyone, any jurisdiction, who has the ability and the resources to create a team like this, to create a team like this. It's not just about the run load and responding to the people who are in crisis, but it's about the relationships that it builds, not just with your police department, but your police department, your community, your resource and service providers. And I mentioned this earlier that you'll build a relationship with the researchers, and you can go to them with questions, but also you can continue to research the problems and the projects that you have in your area. And I think that just taking that leap and taking that chance and getting involved in this, you know, Jennifer mentioned earlier that it identifies gaps in services. And so, it may take you in a direction that you weren't even considering going prior to digging into one specific issue and working on it in this manner. Again, it's not easy work, and it's extremely challenging, but I do believe that the return on this investment is very worthwhile, and it will be fulfilling for your agency and for the people you serve.

**Jennifer Cianelli** [00:24:17] And from a clinical standpoint, or from the mental health side, I would say be flexible, be open. Think outside the box. Therapy doesn't have to happen in an office from 8 to 5. We're entering a new time. And I think, honestly, the pandemic help us see that therapy does not have to be done in crisis, doesn't have to be resolved within brick and mortar. Right? And so, as the landscape continues to change, it's going to take those, collaborations with your researchers, your local researchers, to help you be part of that change.

**Katie Bailey** [00:24:54] Thank you both for sharing your knowledge and invaluable perspectives with us today. We are really grateful for your participation. Thank you.

**Catherine Cummings** [00:25:02] Well, thank you, Katie, for allowing me to be a part of this. And Jennifer, it's nice to see you and talk about these programs that we've been involved in. And Katie, you and your teams have been so important to the work that we've done here in Indianapolis. And Doctor Ray and Doctor Grommon. I mean, we just couldn't be on the path that we are on without all of you. And so, I am grateful to be a part of today, but I am very honored and grateful to have been a part of all of this work with you over the last several years. So, thank you.

**Jennifer Cianelli** [00:25:32] Well, thank you for that Deputy Chief Cummings, I appreciate those words because it was truly a pioneering thing we were given. Like, here you go. Here's a team. Figure out the training and get them going in the right direction. And I appreciate all your hard work and IMPD's commitment to the project. And Katie, thank you. And the research team and Doctor Ray, for going, I have an idea. Can we make this work? Appreciate, you guys bringing us along on that journey as well. So, deeply appreciate the opportunity and grateful for it. Thank you.

**Katie Bailey** [00:26:04] Thank you both. It's been awesome talking with you again today.

**Outro** [00:26:10] Next week, Just Science sits down with Doctor Brad Ray, Doctor Eric Grommon, and Doctor Evan Lowder to discuss the Indianapolis co-response program from a research and evaluation perspective. Opinions are points of views expressed in this podcast, represent a consensus of the authors, and do not necessarily represent the official position or policies of its funding.