





# Welcome

## CIT TRAINING

JUNE 6<sup>TH</sup> – 10<sup>th</sup>, 2022



# Opening Remarks

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- Welcome
- Ground Rules
- Introductions – Person- Role-System Introductions
- Groups/Networking
- Presentations
- Evaluations

# Crisis Intervention Team (CIT) Overview

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Hallie-Beth Hollister, M.Ed., Program Manager, BHN Crisis Services & Carl Girouard, BHN Police Consultant, CIT-TTAC.

June 6, 2022 - 8:30am-9:30am

# What is CIT?

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- The Crisis Intervention Team (CIT) is an innovative first-responder model of police-based crisis intervention with community, health care, and advocacy partnerships. CIT is a program that provides the foundation necessary to promote community and statewide solutions to assist individuals with a mental illness. CIT provides a forum for effective problem solving regarding the interaction between the criminal justice and mental health care system and creates the context for sustainable change.
- **Crisis Intervention Teams:** Local initiatives designed to improve the way law enforcement and the community respond to people experiencing mental health crises

# History of CIT

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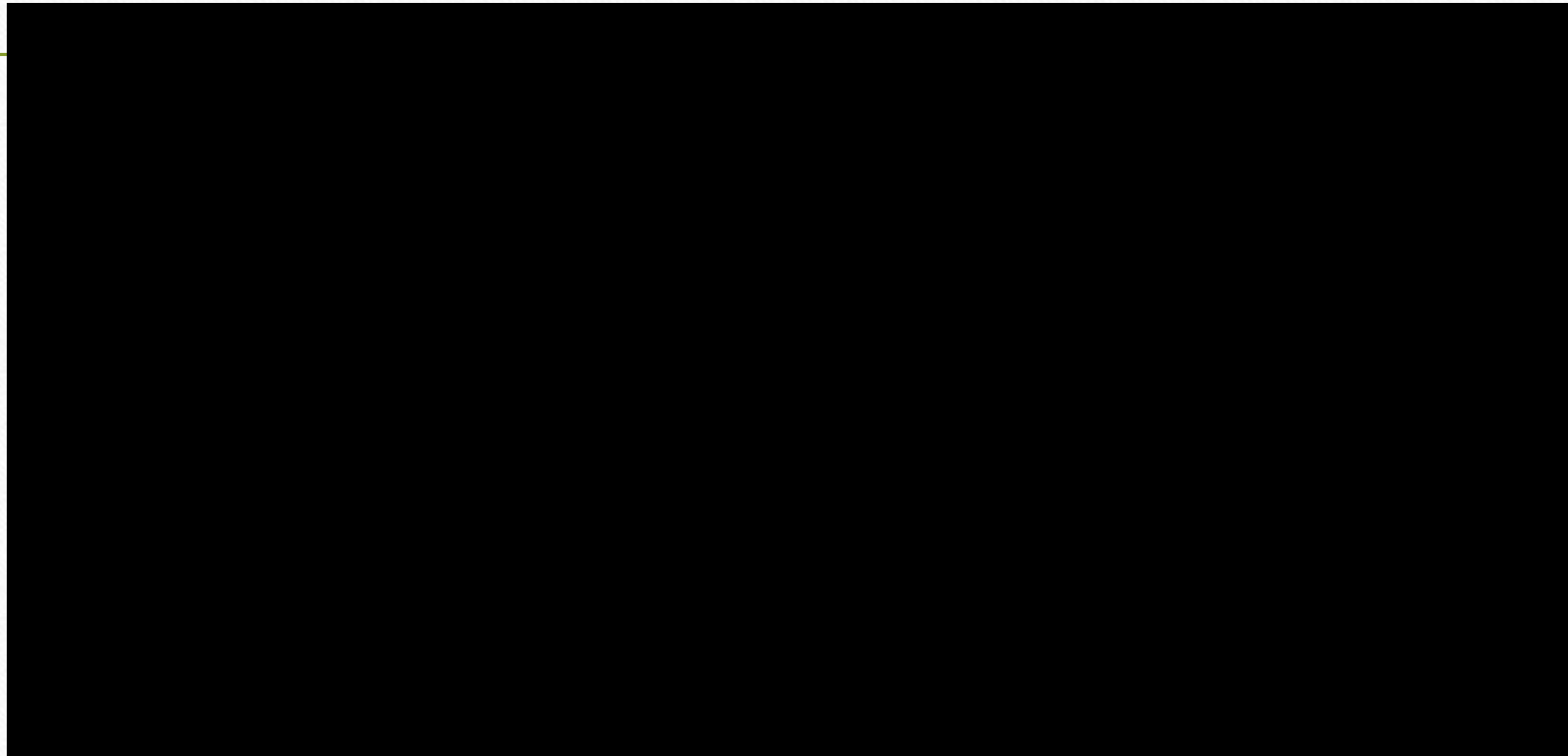
- First CIT program was established in Memphis in 1988.
- Established after the aftermath and public outcry of a 1987 incident when Memphis PD shot and killed a 27 year old man with a mental illness.
- Memphis Police Department teamed up with NAMI, the city, MH consumers, MH Professionals, University of Memphis, and the University of Tennessee to develop.
- Often referred to as “The Memphis Model”
- Now utilized throughout the U.S. and internationally

# Why collaborate?

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- “Many communities continue to face pervasive gaps in mental health services, especially crisis services, placing a heavy burden on law enforcement agencies and, in particular, officers. Without access to appropriate alternatives, officers are often left with a set of poor choices: leave people in potentially harmful situations, bring them to hospital emergency departments, or arrest them.” – *Police-Mental Health Collaborations : A Framework*. Bureau of Justice Assistance & Council of State Governments Justice Center

# The Origins of CIT



- <https://www.youtube.com/watch?v=y99kODtyVhk&t=11s> 10:10

## BHN Western Massachusetts CIT – Training & Technical Assistance Center (CIT-TTAC)

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- Started in 2013 and funded through DMH Jail/Arrest Diversion grant.
- BHN provides 6 full 40 CIT hour trainings per year.
- Also provided are 8 hour CIT Dispatcher Training, 8 hour Youth Focused CIT, roll call trainings & Mental Health First Aid.
- Technical assistance to involved PD's which includes: hot case reviews, consultation, collaborative programs and assistance in starting and maintaining CIT Programs in their cities/towns.
- BHN CIT-TTAC team includes Assistant Program Director, Program Clinician, Police Consultants, Certified Peer Specialist and Administrative Staff.
- 865 officers trained in CIT, 80 in Youth-Focused CIT & 189 in CIT Dispatcher to date (05/09/22mber

# What are the “Core Elements” of CIT?

- Partnerships:

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  - Advocacy Community
  - Mental Health Community
    - NAMI
    - Stakeholders Meetings
    - Statewide conference
  - Law Enforcement Community

# CIT Implementation

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- Training and CIT Policy are first steps
- Training of Dispatch
- Having a skilled, trained first responder available to respond immediately
- Having a mentality of helping, with an awareness for safety.
- More than a training!
- A police department needs a CIT Coordinator, Mental Health Coordinator and team of officers.
- Working with community stakeholders and MH partners
- Stakeholder meetings and evaluation
- Continued collaboration

## Why is CIT training necessary?

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- Law enforcement, especially the dispatchers, are often the **first responders** for persons in mental health crises
- Available 24/7
- High response to an “Emotionally Disturbed Persons” call or “mental disturbance” call
- Decrease officer injury, increase safety
- Reduces stigma
- Redirect Individuals with Mental Illness from the Judicial System to the Behavioral Health Care System

# BHN CIT-TTAC involved Law Enforcement Agencies

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- Amherst\*, Belchertown, Chicopee, East Longmeadow, Easthampton, Fitchburg\*, Granby, Great Barrington, Greenfield\*, Hampshire County Corrections, Hampden, Hatfield, Holyoke\*, Longmeadow, Ludlow, Northampton, South Hadley, Southbridge, Springfield\*, Springfield College, UMass Amherst, Ware\*, West Springfield, Westfield, Wilbraham

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- [https://www.youtube.com/watch?v=U6Pw\\_dC05D8](https://www.youtube.com/watch?v=U6Pw_dC05D8)

- 2:38-14:30

- [https://www.youtube.com/results?search\\_query=what%27s+our+problem](https://www.youtube.com/results?search_query=what%27s+our+problem)

- 13:13

# Thank You

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- Please complete evaluation.

# Presentation # 2

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**9:30-11:00am**    **Department of Mental Health (DMH) Forensic Services**  
**Overview** – John Barber, LICSW, Western MA Area Director of DMH  
Forensic Services

# **DMH FORENSIC SERVICES OVERVIEW**

**PRESENTED BY:**

**JOHN C. BARBER, LICSW,**

**WESTERN MA AREA FORENSIC DIRECTOR, STATEWIDE  
COORDINATOR OF CIT-TTACS**

**EOHHS**

**DEPARTMENT OF MENTAL HEALTH**

**JUNE 6, 2022**

# **DMH FORENSIC SERVICES**

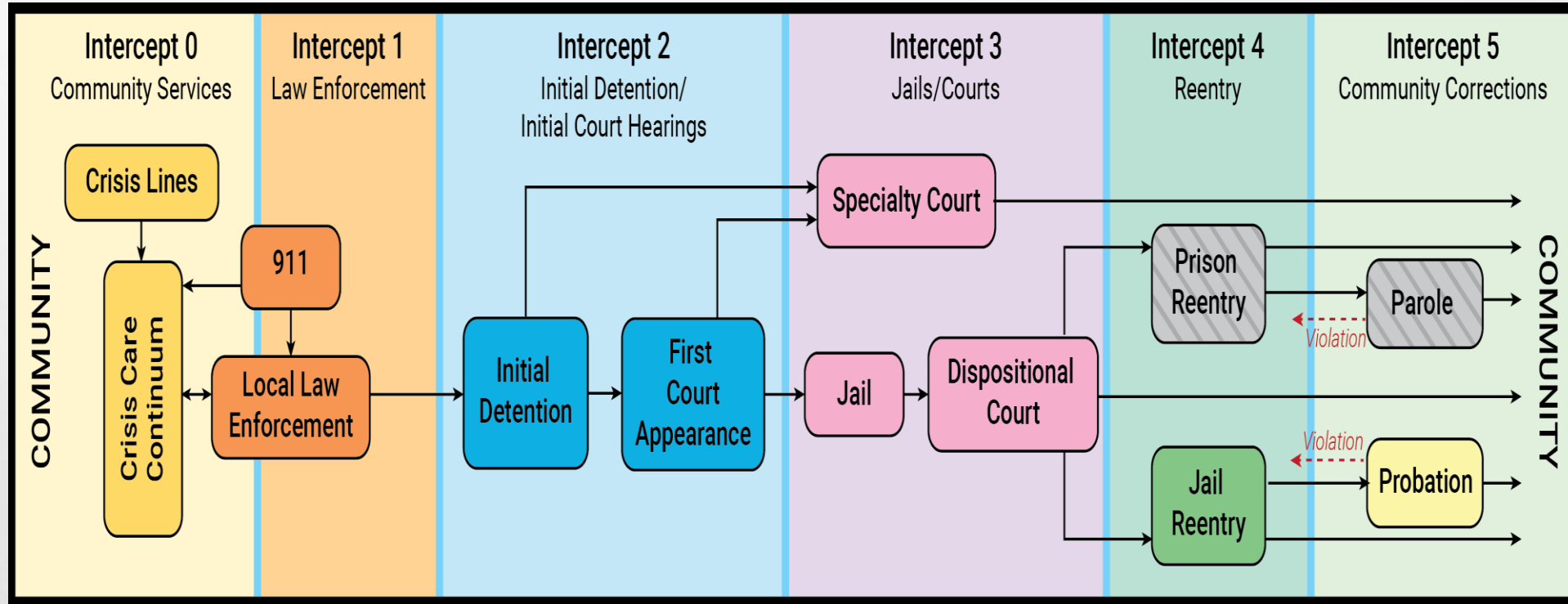
**DMH FORENSIC MENTAL HEALTH SERVICES  
(FORENSIC SERVICES)**

**IS INVOLVED AT THE INTERSECTION BETWEEN  
BEHAVIORAL HEALTH AND ACROSS  
MULTIPLE POINTS IN THE JUSTICE SYSTEM**

# DMH FORENSIC SERVICES OVERVIEW

- **JAIL/ARREST DIVERSION PROGRAMS (CIT/CO-RESPONDER)**
- **COURT CLINICS - BHN CONTRACTED ACC AND JCC IN WM**
- **INPATIENT FORENSIC EVALUATIONS\***
- **MI/PSB EVALUATIONS (MENTALLY ILL/PROBLEMATIC SEXUAL BEHAVIOR)\***
- **SPECIALTY COURT SERVICES**
- **FORENSIC TRANSITION TEAM (FTT)**
- **DFP CERTIFICATION AND TRAINING\***
- **INSPECTION OF CORRECTIONAL HEALTH SERVICES IN SEGREGATION UNITS\***

# MENTAL HEALTH AND SUBSTANCE ABUSE INTERCEPTS IN THE CRIMINAL JUSTICE PROCESS: A BROAD OVERVIEW



# POLICE-BASED JAIL DIVERSION

- **EARLY INTERCEPT FOCUS**
- **DMH FUNDING FOR POLICE-BASED DIVERSION BEGAN IN 2007**
- **DMH CURRENTLY FUNDS AROUND 70 JDP'S (JAIL DIVERSION PROGRAMS) IN MA, IMPACTING OVER 155 CITIES AND TOWNS**
- **EMERGENCY SERVICE PROGRAMS ARE KEY PARTNERS – \$12 MERRY-GO-ROUND VS. WARM HANDOFF?**
- **EXAMPLES**

# JAIL DIVERSION PROGRAM TYPES

- **POLICE DROP OFF CENTERS**
- **CRISIS INTERVENTION TEAM: COMMUNITY INITIATIVES THAT ARE LAW ENFORCEMENT LED**
- **POLICE-BASED CLINICIAN**
  - **CO-RESPONSES**
  - **FOLLOW UP RESPONSES**
- **TTACS: TRAINING AND TECHNICAL ASSISTANCE CENTERS**
  - **CRISIS INTERVENTION TEAM**
  - **CO-RESPONSE**

# WHY JAIL DIVERSION MATTERS

- **DISPROPORTIONATE PERCENTAGE OF PEOPLE WITH SMI (SERIOUS MENTAL ILLNESS) IN JAIL: ABOUT 14.5% OF MALES, 31% OF FEMALES**
- **1 IN 16 PEOPLE HAVE A SMI, BUT PEOPLE WITH SMI ARE 3-4X AS LIKELY TO BE IN JAIL**
- **OPPORTUNITY TO ENGAGE WITH TREATMENT THROUGH PROBATION AND SPECIALTY COURT SERVICES**
- **CASE EXAMPLE**

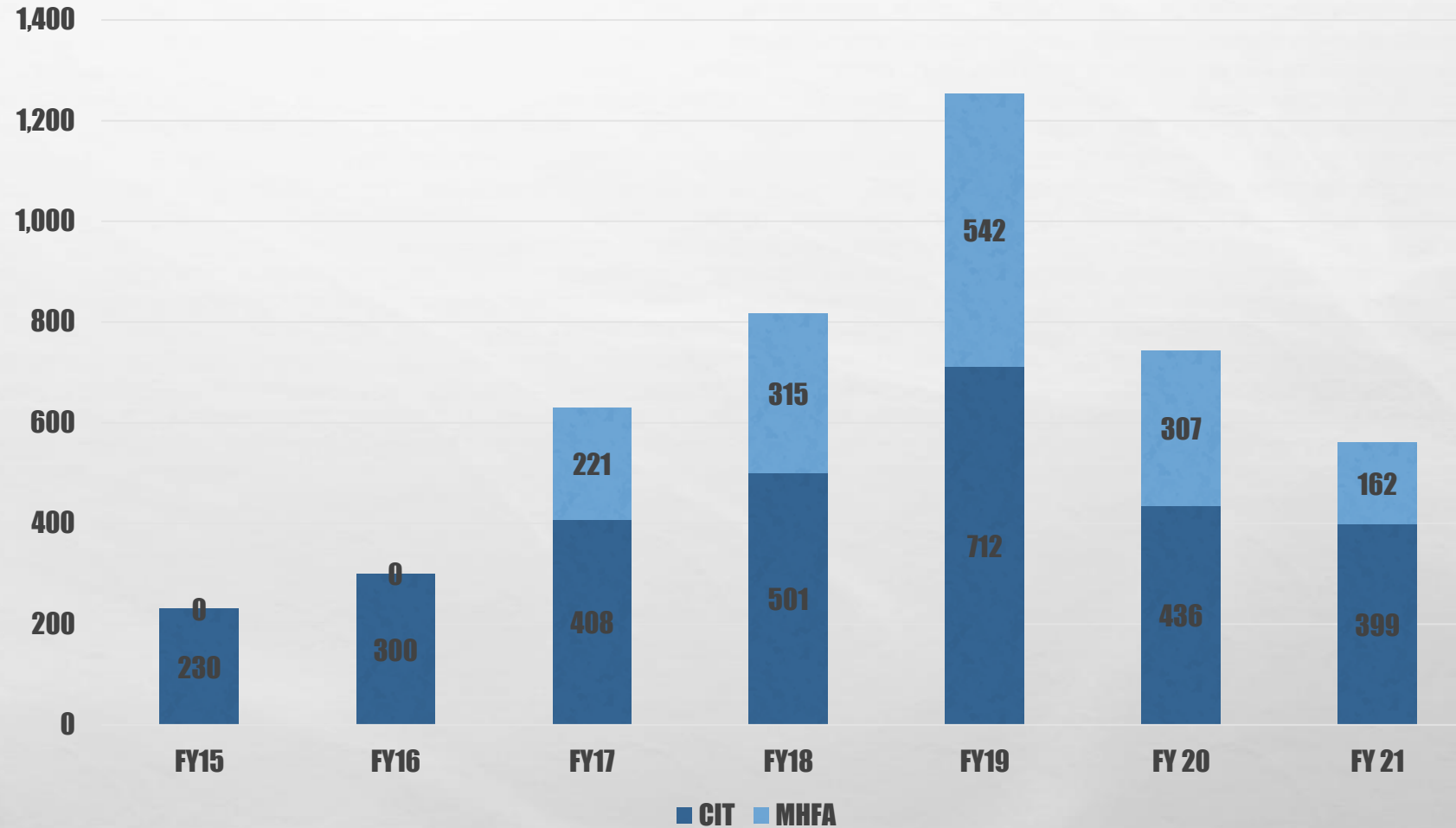
# CO-RESPONSE IMPACTS

- **USE OF POLICE-BASED CO-RESPONSE CLINICIANS RESULT IN:**
- **1) LESS USE OF ER'S**
- **2) PSYCHIATRIC SITUATIONS BEING RESOLVED AT THE SCENE**
- **3) LESS ARRESTS, MORE DIVERSIONS INTO TREATMENT APPROPRIATE SERVICES**
- **4) LESS TIME THAT OFFICERS NEED TO WAIT FOR CLINICIANS/MENTAL HEALTH RESPONSE.**

# PUBLIC SAFETY

- **PEOPLE WITH MI MUCH MORE LIKELY TO BE VICTIMS THAN PERPETRATORS OF VIOLENCE**
- **SKILLFUL INTERVENTION AND FINDING APPROPRIATE OPTIONS FOR TREATMENT MAY BE MORE EFFECTIVE AND REQUIRE LESS TIME**
- **LESS USE OF FORCE AND MORE FOCUS ON EFFECTIVE DE-ESCALATION TECHNIQUES AND APPROACHES THAT MANAGE, NOT INFLAME THE CRISIS**
- **PEOPLE WITH UNTREATED MENTAL ILLNESS ARE 16X MORE LIKELY TO BE FATALLY SHOT BY LAW ENFORCEMENT DURING AN ENCOUNTER**

# DMH GRANT SUPPORTED POLICE OFFICER TRAINING FY 16-22



# CIT TRAINING RESULTS

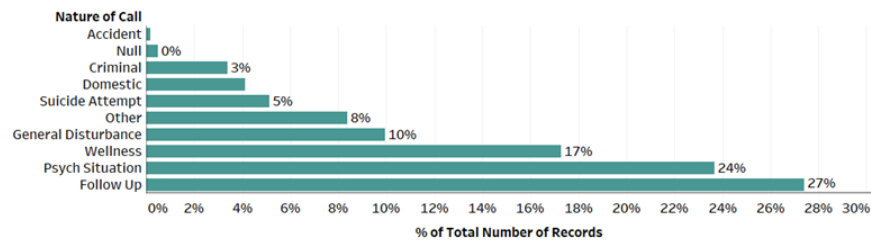
- **STUDIES INDICATE THAT CIT TRAINING DEVELOPS POSITIVE PERCEPTIONS AND INCREASED CONFIDENCE AMONG POLICE OFFICERS<sup>1,2</sup>**
- **ADDITIONALLY, CIT OFFICERS HAVE VERY EFFICIENT CRISIS RESPONSE TIMES**
- **INCREASED DIVERSIONS FROM ARREST AND INCARCERATION AMONG THOSE WITH MENTAL ILLNESS**
- **IMPROVES THE LIKELIHOOD OF TREATMENT CONTINUITY WHILE SIGNIFICANTLY DECREASING POLICE OFFICER INJURY RATES**

1.COMPTON ET AL "A COMPREHENSIVE REVIEW OF EXTANT RESEARCH ON CRISIS INTERVENTION TEAM (CIT) PROGRAMS" J AM ACADEMY PSYCHIATRY LAW 36:1:47-55 (MARCH 2008)

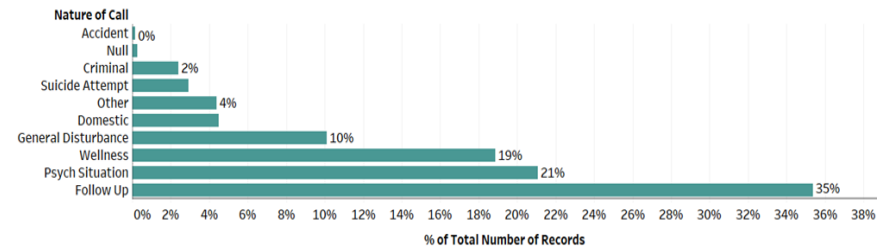
2. [HTTP://WWW.CITINTERNATIONAL.ORG/TRAINING-OVERVIEW/163-MEMPHIS-MODEL.HTML](http://www.citinternational.org/training-overview/163-memphis-model.html)

# JDP Call Types

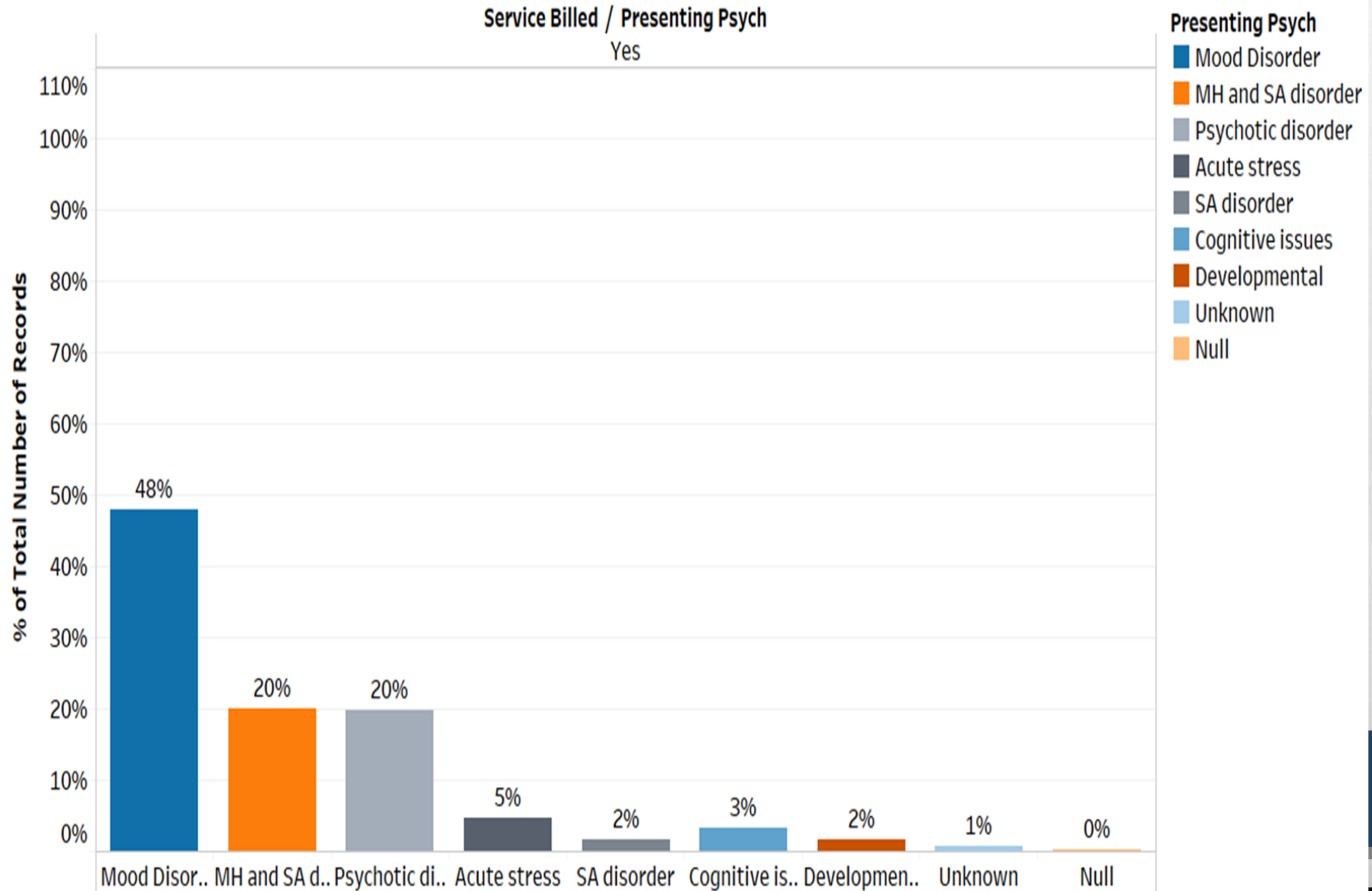
JDP Call Types, statewide (FY14 to FY21)



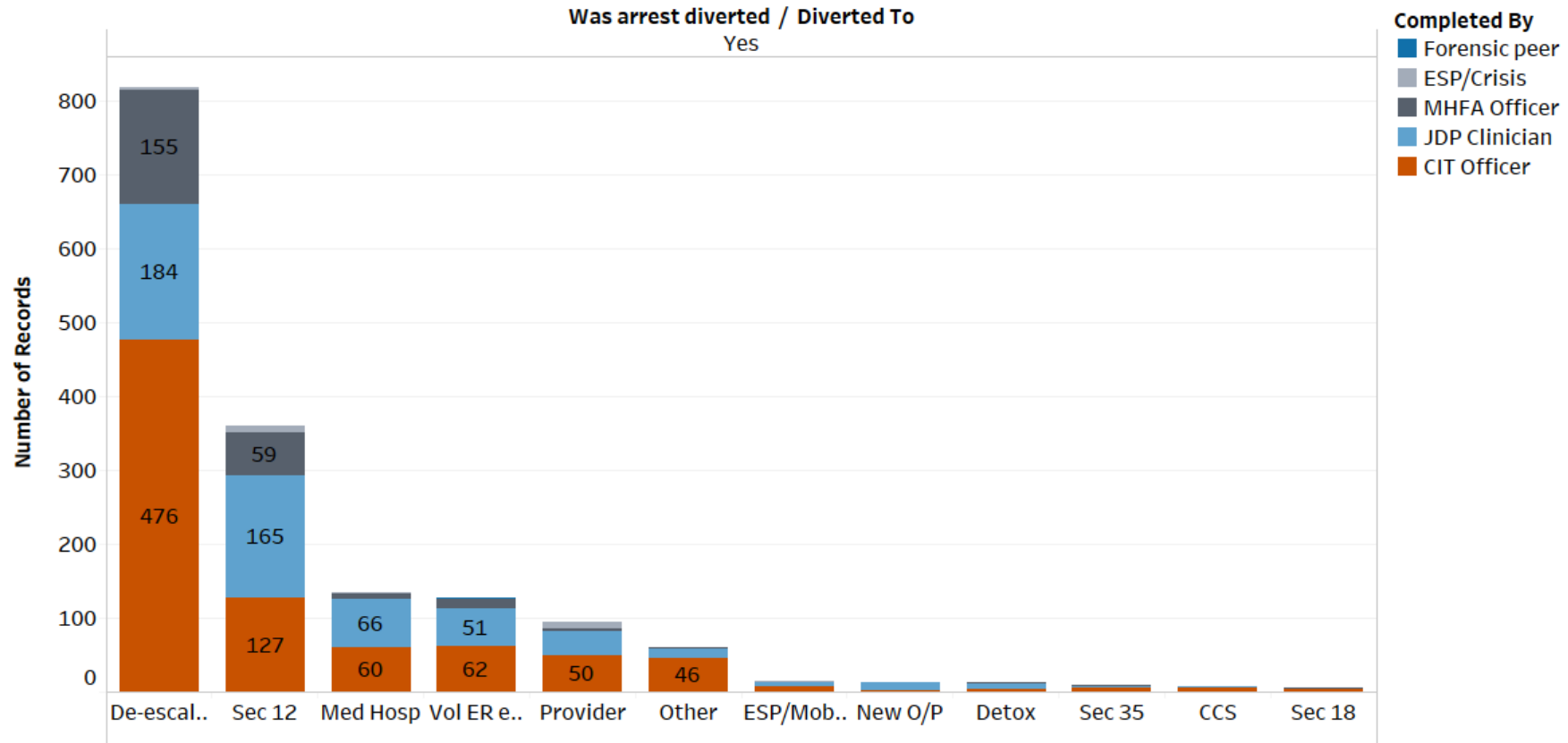
FY21 JDP Call Types, statewide



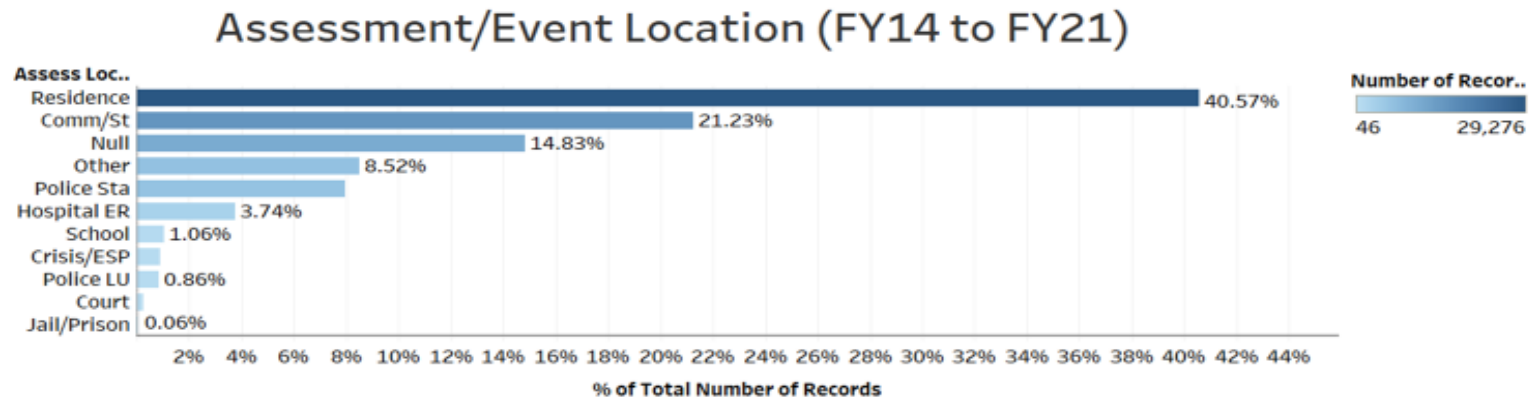
# Primary Behavioral Health Issue



# Diverted to by Model (FY21)



# JDP Assessment/Event Locations

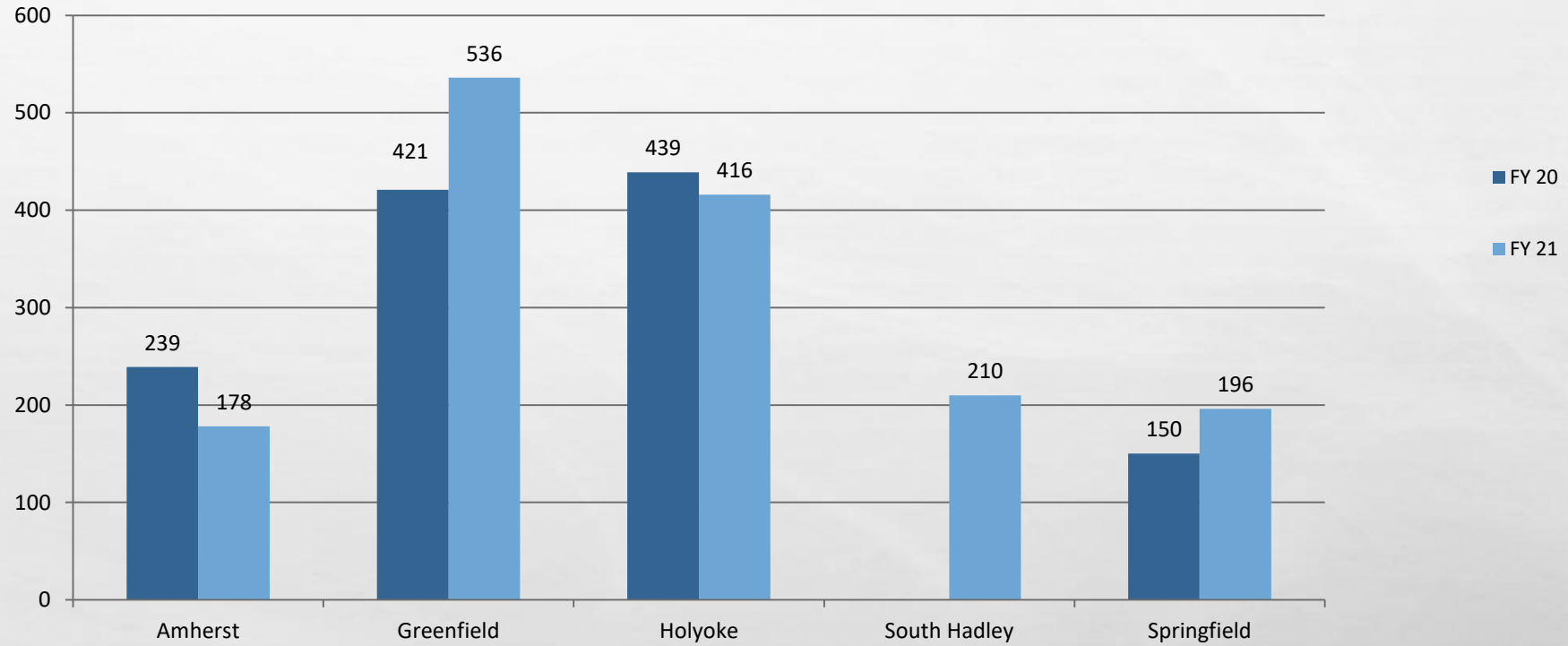


# **WM DMH JDP GRANTEES**

- **BHN CIT-TTAC (CIT TRAINING & TECHNICAL ASSISTANCE CENTER)**
- **BHN: POLICE DROP OFF CENTER (SPRINGFIELD), CSO: FRANKLIN AND HAMPSHIRE COUNTIES**
- **CURRENT POLICE DEPARTMENT AWARDEES: AMHERST, BELCHERTOWN, CHICOPEE, EASTHAMPTON/HADLEY, GRANBY, GREENFIELD REGIONAL, HOLYOKE, LONGMEADOW, NORTHAMPTON, SOUTH HADLEY, SPRINGFIELD, WARE, WILBRAHAM**
- **OTHER WM COMMUNITIES INVOLVED WITH CIT TRAINING: DEERFIELD, EASTHAMPTON, E. LONGMEADOW, GREAT BARRINGTON, HAMPSHIRE COUNTY SHERIFF DEPT, HATFIELD, MONTAGUE, W. SPRINGFIELD, AND...**
- **PAST WM GRANTEES INCLUDE: BELCHERTOWN, EGREMONT, AND WESTFIELD**

# WM JDP DATABASE INPUTS

## WM JDP Programs for FY 20 - FY 21



# **OTHER DMH POLICE TRAINING EFFORTS**

- **ANNUAL MENTAL HEALTH AND LAW ENFORCEMENT CONFERENCE (JUNE)**
- **OTHER SPECIALIZED TRAININGS (EX: MHFA FOR PUBLIC SAFETY, ADVANCED CIT, BLUE COURAGE, DISPATCH, ETC.)**
- **LOCAL MH-LE COLLABORATIVE MEETINGS**
- **WORKING WITH THE MPTC ON MENTAL HEALTH TRAINING**

# COURT CLINIC EVALUATIONS

- **BEHAVIORAL HEALTH NETWORK (BHN, INC.) IS DMH PROVIDER FOR COURT CLINIC EVALUATIONS (ADULT AND JUVENILE) IN WESTERN MA\***
- **REFERRALS AND CONSULTATION SERVICES CAN PROVIDE INFORMAL DIVERSION INTO TREATMENT**
- **§12E'S ROUTINELY TURN INTO §12A'S**



# MGL CHAPTER 123, §15A AND §15B

- **§15A SCREENING– OUTPATIENT COMPETENCY TO STAND TRIAL (CST) OR CRIMINAL RESPONSIBILITY (CR) EVALUATIONS**
- **§15B – INPATIENT COMMITMENT FOR EVALUATION PURPOSES (CST AND/OR CR) – 20 TO 40 DAYS**

# LEGAL BASIS FOR COMPETENCY TO STAND TRIAL

- **IN MASSACHUSETTS A DEFENDANT IS FOUND COMPETENT TO STAND TRIAL IF HE HAS "SUFFICIENT PRESENT ABILITY TO CONSULT WITH HIS LAWYER WITH A REASONABLE DEGREE OF RATIONAL UNDERSTANDING, AND IF HE HAS A RATIONAL AS WELL AS FACTUAL UNDERSTANDING OF THE PROCEEDINGS AGAINST HIM"**

***(COMMONWEALTH V. VAILES, 1971)***

# WHY DOES COMPETENCY MATTER?

- **CASE EXAMPLES**
- **WHAT HAPPENS IF SOMEONE IS FOUND INCOMPETENT?**
- **WHAT IF THE DEFENDANT REMAINS INCOMPETENT?**

# CST AND CR TIMELINES

- **COMPETENCY REPORTS LOOK AT WHETHER THE ACCUSED INDIVIDUAL IS COMPETENT *NOW* (ONE CAN BE FOUND INCOMPETENT TO STAND TRIAL AND THEN LATER FOUND CST)**
- **CRIMINAL RESPONSIBILITY LOOKS AT THE MENTAL STATUS AT THE TIME OF THE CRIME**
- **EXAMPLE OF CR CASE**

# NGI: NOT GUILTY BY REASON OF INSANITY

- **WHAT PERCENTAGE OF CASES USE NGI DEFENSE?**
- ***LESS THAN 0.1% AND ONLY 25% SUCCEED***
- **WHAT HAPPENS WHEN SOMEONE IS FOUND NGI?  
WHERE DO THEY GO?**
- **WHY ARE THERE SO FEW NGI'S?**
- **PUBLIC PERCEPTION VS. REALITY**

# NGI CRITERIA

## **MASSACHUSETTS LEGAL CRITERIA FOR BEING FOUND NOT CRIMINALLY RESPONSIBLE:**

- **INABILITY TO APPRECIATE WRONGFULNESS DUE TO MENTAL ILLNESS OR MENTAL DEFECT AT THE TIME OF THE CRIME**
- **INABILITY TO CONFORM CONDUCT DUE TO MENTAL ILLNESS OR MENTAL DEFECT AT THE TIME OF THE CRIME**

# FORENSIC HOSPITALIZATION

- **WHERE DO PEOPLE GO WHEN THEY ARE FORENSICALLY HOSPITALIZED?**
- **HOW LONG ARE THEY HOSPITALIZED FOR?**
- **WHERE DO THEY GO WHEN THEY COMPLETE A FORENSIC HOSPITALIZATION?**
- **WHY ARE SOME MI PEOPLE HOSPITALIZED AFTER A CRIME, AND SOME ARE NOT? DOES THAT OCCUR BEFORE OR AFTER SENTENCING?**

# DMH INPATIENT UNITS

- **SOLOMON CARTER FULLER (SCF), BOSTON**
- **WORCESTER RECOVERY CENTER AND HOSPITAL (WRCH)**
- **HAWTHORNE MENTAL HEALTH UNITS, TEWKSBURY STATE HOSPITAL**
- **METRO BOSTON MENTAL HEALTH UNITS AT LEMUEL SHATTUCK HOSPITAL (LSH)**
- **VIBRA WM UNIT (SPRINGFIELD)\***
- **TAUNTON STATE HOSPITAL\*\***

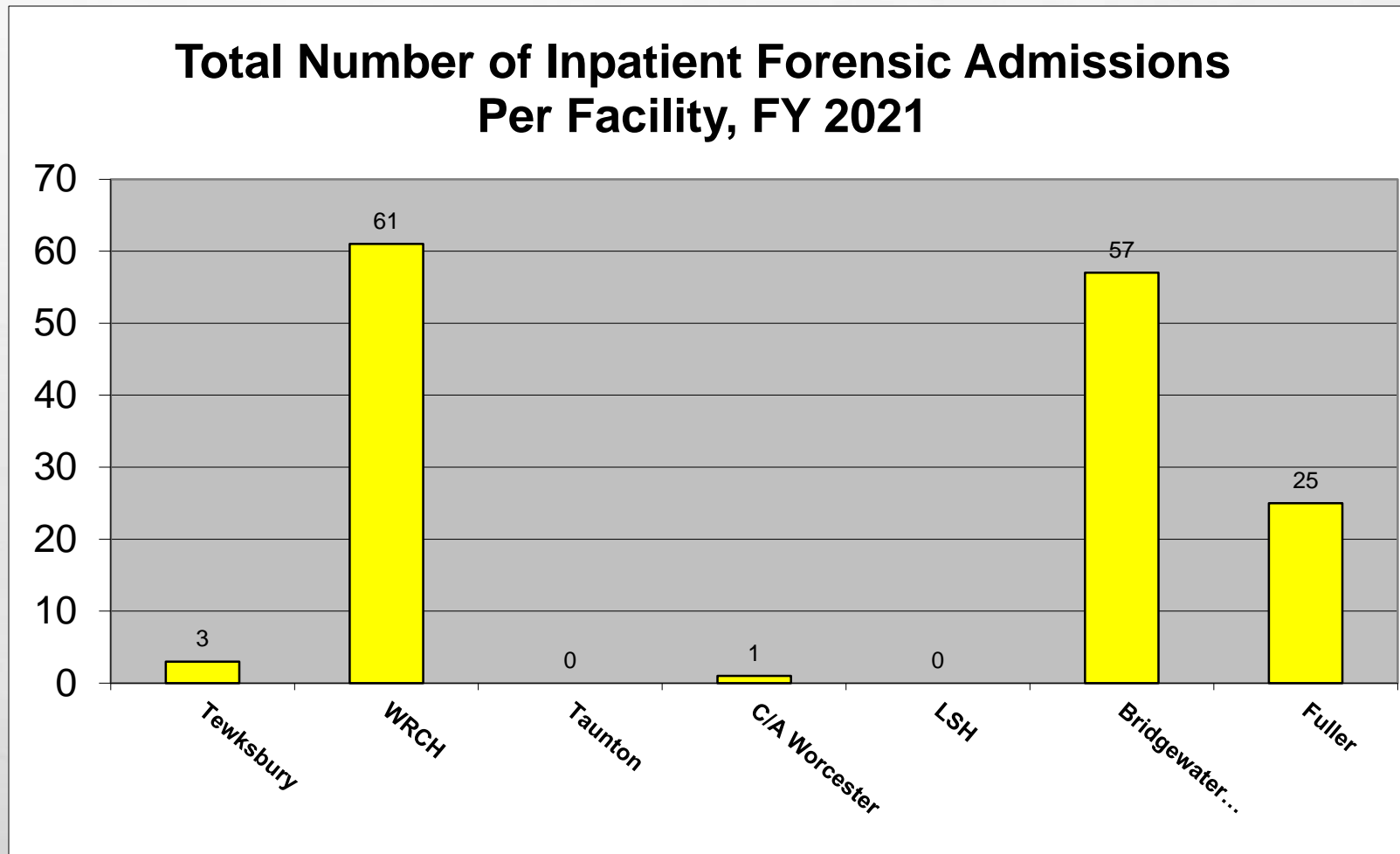
# **DMH ADULT INPATIENT**

- **AGE 19 AND OVER**
- **EVALUATION AND COMMITMENT FOR TREATMENT**
- **FORENSIC CASES COMPRISE OVER 50% OF ALL ADMISSIONS**
- **CIVIL AND VOLUNTARY PATIENTS**
- **PRE-ARRAIGNED PRISONERS IN POLICE CUSTODY VIA SEC.18(A)**

# DMH ADOLESCENT INPATIENT

- **UNDER AGE 19, OCCURS AT WRCH'S ADOLESCENT UNIT**
- **EVALUATION AND COMMITMENT FOR TREATMENT**
- **FORENSIC CASES COMPRISE ONLY A SMALL FRACTION OF ADMISSIONS, BUT LENGTH OF STAY MAY BE LONGER**
- **CASES COME FROM ADULT AND JUVENILE COURT SETTINGS**

# WM FORENSIC HOSPITALIZATIONS AND PLACEMENTS, FY 21



# **§15E: “AID IN SENTENCING”**

- **EVALUATION CONDUCTED AFTER FINDING OF GUILT**
- **EXAMINES NEED FOR HOSPITALIZATION AND OTHER TREATMENT NEEDS**
- **EXAMINES MENTAL HEALTH FACTORS RELATED TO CRIMINAL CONDUCT**
- **WHY ARE 15E’S ORDERED?**

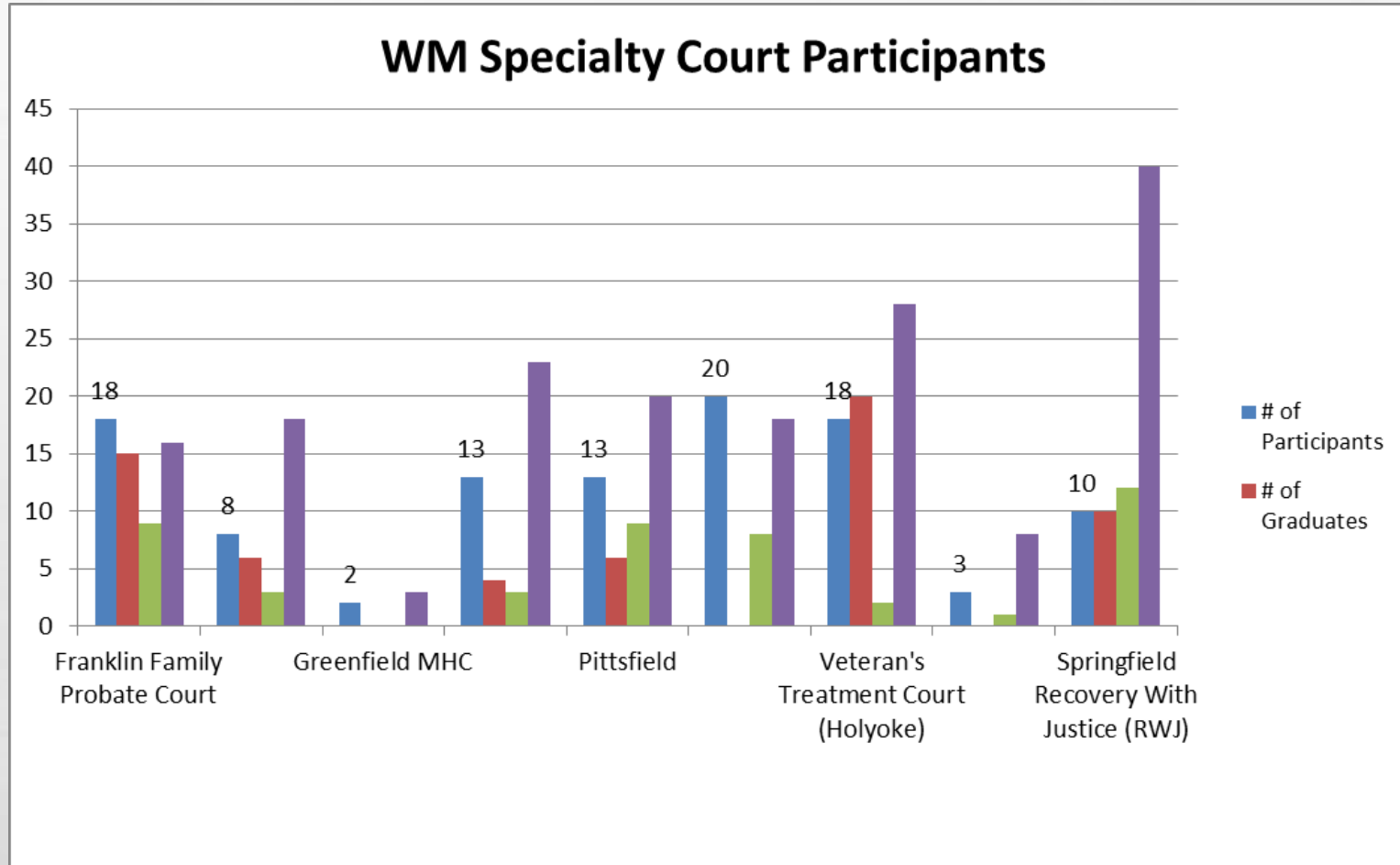
# SECTION 16'S

- **§16 (A): COURT ORDERED INPATIENT EVALUATION OF A CRIMINAL DEFENDANT AFTER A FINDING OF INCOMPETENCE TO STAND TRIAL (IST) OR NOT GUILTY BY REASON OF INSANITY**
- **§16(B) AND §16(C): COURT ORDERED COMMITMENT FOR CONTINUED TREATMENT OF A PERSON WHO HAS PREVIOUSLY BEEN FOUND EITHER IST OR NGI. NEED TO BE DEEMED A RISK TO SELF OR OTHERS**
- **§16(B) COMMITMENT – UP TO 6 MONTHS; §16(C) COMMITMENT– UP TO 1 YEAR**
- **PERIODIC COMPETENCY RE-EVALUATIONS (§17A)**

# WESTERN MA SPECIALTY COURTS

- **SPRINGFIELD MENTAL HEALTH COURT – RECOVERY WITH JUSTICE; GREENFIELD HAS A SMALL MENTAL HEALTH COURT**
- **GREENFIELD, FRANKLIN FAMILY PROBATE, ORANGE, NORTHAMPTON, HAMPSHIRE PROBATE AND FAMILY, PITTSFIELD, AND SPRINGFIELD DRUG COURTS (BHN VENDOR)**
- **VETERANS SPECIALTY COURT (SERVING HAMPDEN, HAMPSHIRE, AND FRANKLIN COUNTIES) AT HOLYOKE DISTRICT COURT**
- **VETERANS TREATMENT COURT: SOLDIER ON IS DMH-CONTRACTED PROVIDER**
- **HOW DO SPECIALTY COURTS WORK?**

# WM SPECIALTY COURT DATA – FY 21



# §18A TRANSFER

## **§18: TRANSFER OF PRISONERS IN NEED OF HOSPITALIZATION BY REASON OF MENTAL ILLNESS:**

- **COURT-ORDERED INPATIENT EVALUATION OR COMMITMENT OF A PRISONER IN NEED OF TREATMENT**
- **MOST GO TO BSH AND REQUIRE STRICT SECURITY AS THEY ARE INCARCERATED**
- ***WOMEN PRISONERS COME TO DMH FACILITIES***

# CIVIL COMMITMENT §35'S

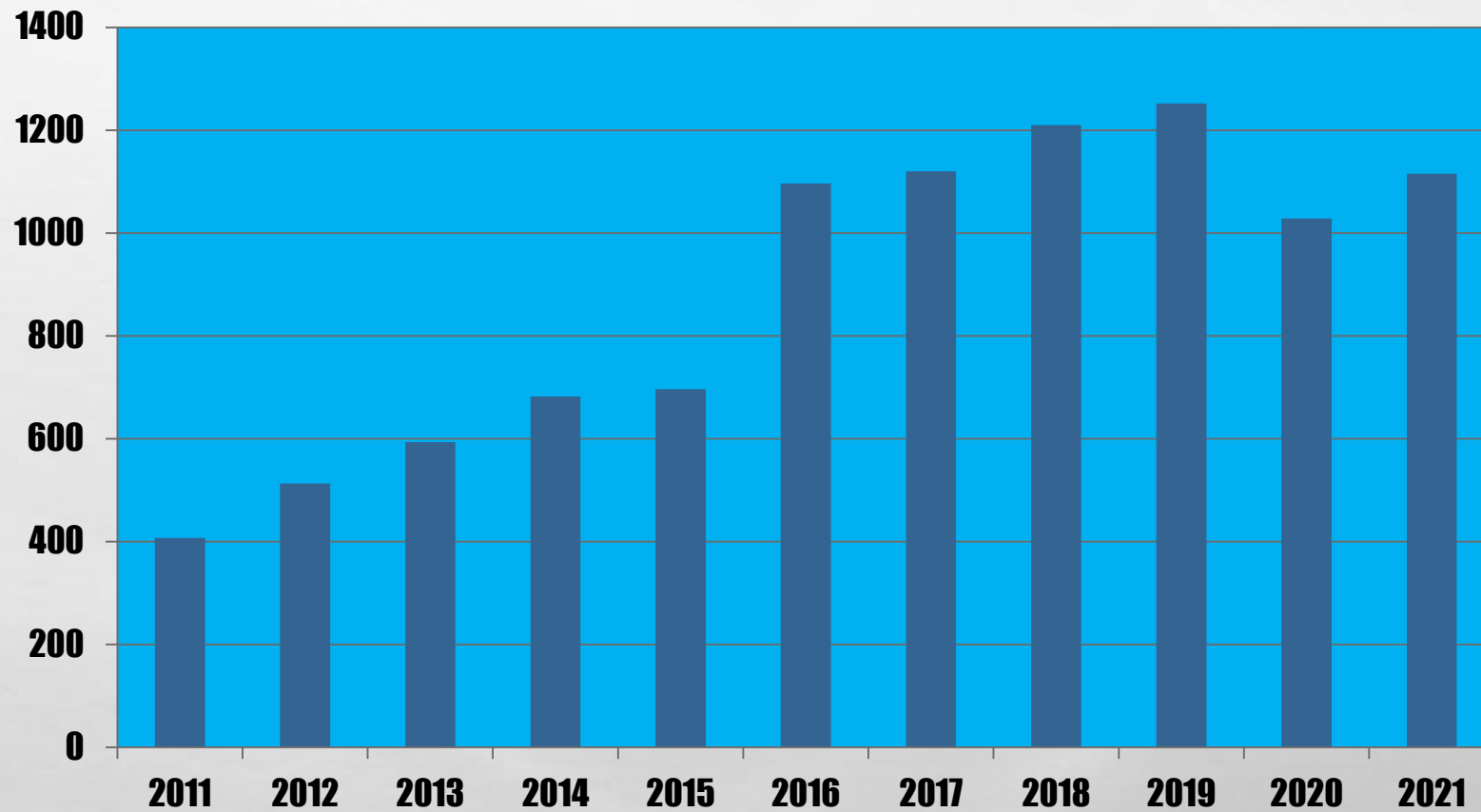
- **CIVIL COMMITMENT OF SUBSTANCE ABUSER FOR UP TO 90 DAYS, BECAUSE OF IMMINENT SERIOUS RISK TO SELF OR TO OTHERS BECAUSE OF ALCOHOL OR DRUG USE.**
- **WHO CAN PETITION? SPOUSE, BLOOD RELATIVE, GUARDIAN, POLICE OFFICER, PHYSICIAN OR COURT OFFICIAL**
- **CAN BE EITHER AN ADVERSARIAL PROCESS OR “UNCONTESTED”**
- **AVERAGE LOS VARIES**
- **CASE EXAMPLE**

## **§ 35 TREATMENT FACILITIES**

- **WOMEN ON CIVIL §35'S GO TO WATC (WOMEN'S ADDICTION TREATMENT CENTER) IN NEW BEDFORD OR OR TO DMH'S RAP (RECOVERY FROM ADDICTION PROGRAM) IN TAUNTON**
- **BHN OPENING A PROGRAM TBD**
- **WOMEN ON "DUAL STATUS" MAY BE SENT TO MCI-FRAMINGHAM**
- **MEN ON CIVIL §35'S CAN GO TO MATC (MEN'S ADDICTION TREATMENT CENTER) IN BROCKTON OR DMH RAP PROGRAM**
- **MEN COMMITTED UNDER S.35 CAN ALSO BE SENT TO STONYBROOK STABILIZATION AND TREATMENT CENTER AT HAMPDEN COUNTY SHERIFF OR TO MASAC/PLYMOUTH**

# WM §35 TRENDS

**WM Court Ordered s.35 evals**



# SPOTLIGHT ON S. 35'S AND OPIATE EPIDEMIC

- **OPIOID EPIDEMIC IS PERSISTENT**
- **NEW §35 FACILITIES OPENING**
- **LOCAL OPIOID TASK FORCES ASSIST WITH IDENTIFYING SUPPORT FOR RECOVERY, TREATMENT OPTIONS, AND COMMUNITY COALITIONS**
- **POLICE WORKING MORE AND MORE WITH TREATMENT PROVIDERS AND RECOVERY COACHES TO RESPOND AND OFFER LINKAGE TO TREATMENT TO PREVENT FUTURE OVERDOSE**
- **FOCUS IS ON EDUCATION, DE-STIGMATIZATION, TREATMENT, MAT AND NARCAN AVAILABILITY**

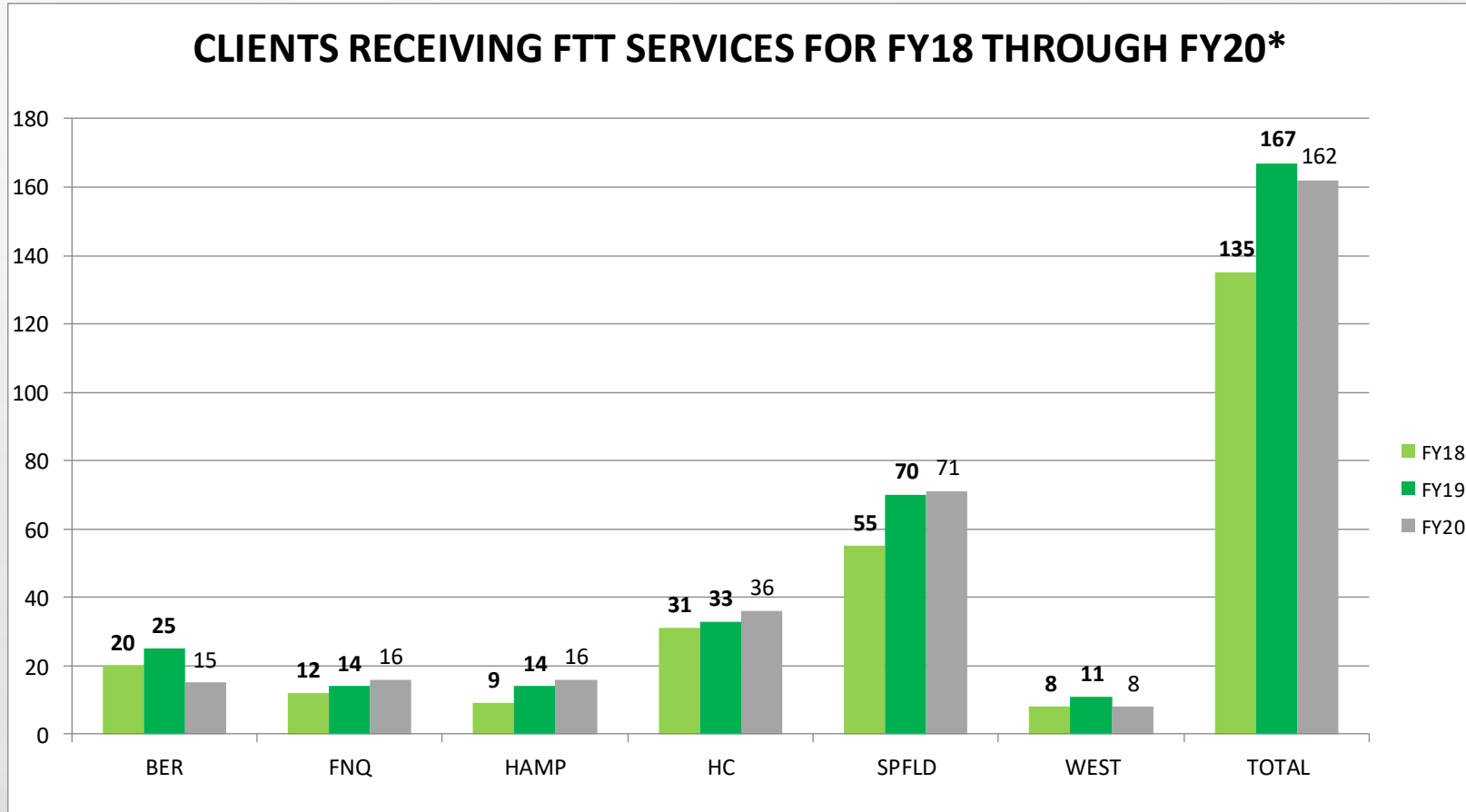
# BRIDGEWATER STATE HOSPITAL

- **SOME STATUTORY OBLIGATIONS ARE SHARED WITH BRIDGEWATER (§15B'S, §16'S, AND §18'S THAT REQUIRE STRICT SECURITY).**
- **CONCEPT OF “STRICT SECURITY” – LEGAL TERMINOLOGY, NOT DEFINED –HOW DO OUR ACC STAFF VIEW IT?**
- **BSH, A DOC STATE HOSPITAL: MINIMUM, MAXIMUM, ITU, MED WEST/INFIRMARY**
- **BSH CHANGES UNDER NEW VENDOR: WELLPATH 60 – 80 ADMISSIONS A MONTH AT BSH, MOSTLY 18A'S (60%)**

# **FORENSIC TRANSITION TEAM (FTT)**

- **DMH ESTABLISHED THE FTT IN 1998**
- **FTT IS A BOUNDARY SPANNING, STATEWIDE SERVICE OF DMH FORENSIC SERVICES THAT ENSURES AN EFFECTIVE REENTRY PLAN FOR DMH-SERVICE AUTHORIZED INDIVIDUALS FROM STATE PRISONS AND COUNTY HOUSES OF CORRECTION**
- **ALL HOC'S/DOC FACILITIES HAVE AN ASSIGNED FTT STAFF**

# FTT IMPACT IN WESTERN MASS



# QUESTIONS AND EVALUATIONS

## CONTACT INFORMATION:

**JOHN BARBER**

**(413) 587-6244**

**[JOHN.BARBER@MASS.GOV](mailto:JOHN.BARBER@MASS.GOV)**

# Presentation # 3

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**11:00am – 12:00pm**

**NAMI 101 – National Alliance on Mental Health  
Overview – Tim Burton, Criminal Justice Diversion  
Project Coordinator**

# NAMI Massachusetts

## an overview



National Alliance on Mental Illness

Massachusetts

Tim Burton

Criminal Justice Diversion Project  
Coordinator

# About NAMI Massachusetts

National Alliance on Mental Illness (NAMI) of Massachusetts is a nonprofit grassroots organization that was founded in 1982

We work to improve the quality of life for people dealing with mental health symptoms and their families through advocacy, education, and support

# NAMI Massachusetts is part of a 3-tiered network

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graph LR; A[NAMI national] --> B[NAMI state orgs]; B --> C[NAMI affiliates];
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NAMI  
national

NAMI  
state orgs

NAMI  
affiliates

There are  
17 local  
affiliates in  
our state

# What We Do



## advocacy

We advocate at the state level and bolster local advocacy efforts



## education

We provide educational programs for people dealing with mental health symptoms and their supporters, as well as community members



## support

We offer support groups for people dealing with mental health symptoms and their supporters

CIT has expanded to over 2,700 communities -- supported by NAMI affiliates and NAMI state organizations across the country .

NAMI's role is to share the real experiences of people who have interacted with police -- to underscore how impactful a CIT-trained officer can be.

NAMI  
&  
CIT

# Criminal Justice Diversion Project at NAMI Massachusetts



**nami**

National Alliance on Mental Illness

Massachusetts

**Criminal  
Justice  
Diversion  
Project**

The Criminal Justice Diversion Project (CJDP) at NAMI Massachusetts aims to prevent the unnecessary arrest and detention of people dealing with mental health symptoms.

The CJDP has been facilitating training, technical assistance, and collaboration across the mental health and criminal justice systems since 2012.

# About the Criminal Justice Diversion Project (CJDP)

# What Do We Mean By “**Diversion**”?

Diversion is an alternative to and enhancement of the criminal justice system's response to behavioral health issues.

Criminal justice diversion...



**recognizes the needs of the person and the community**



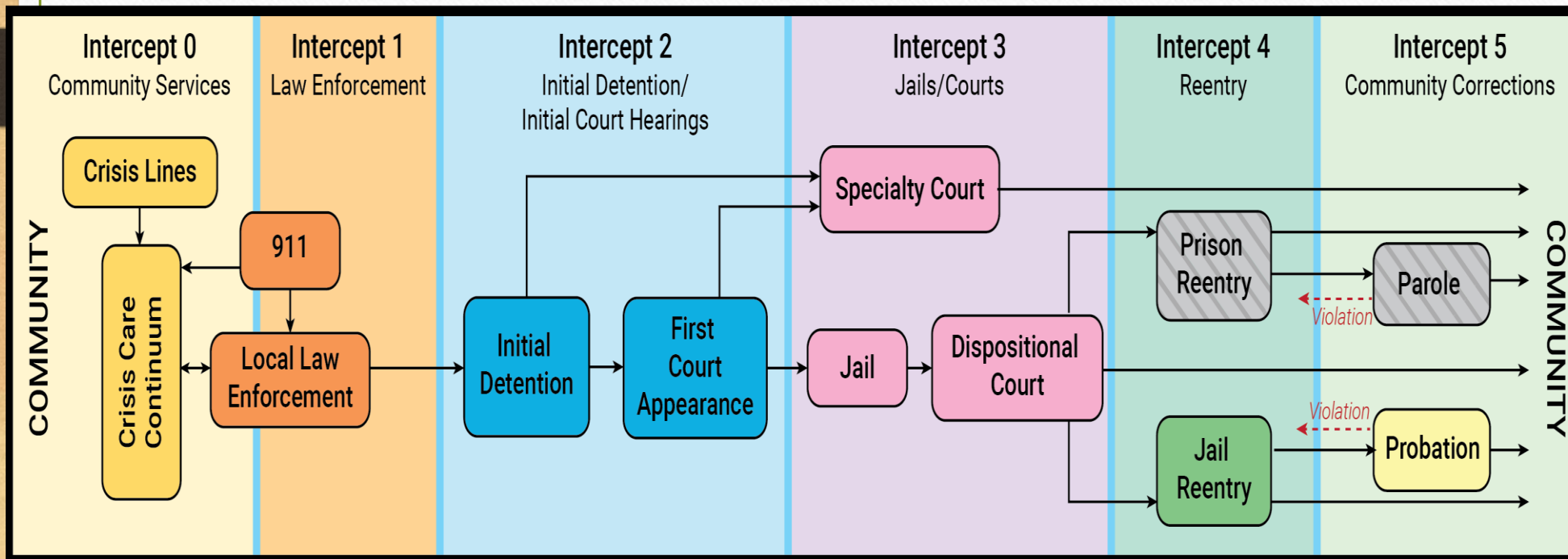
**emphasizes the effectiveness of treatment and support**



**provides better outcomes at lower cost - for the person, their family, the individual officer, and for the community**

# Sequential Intercept Model

The Sequential Intercept Model identifies how people dealing with mental health symptoms enter and progress through the criminal justice system.



Each point - or intercept - in the model represents an **opportunity to divert someone from the criminal justice system and instead into treatment.**

# Obstacles to Diversion



**Lack of integrated data and communication structure**



**Legal impediments to information sharing between agencies**



**Insurance rules and other regulatory burdens on systems of care**



**Bureaucratic delays, resource limitations, redundancies and system inefficiencies**



**Political, public, systematic and organizational stigma misunderstandings and indifference**

# Crisis Resolution Checklist



**Know community resources and programs beforehand**



**Know the criteria for utilization of the resources**



**Know the resource's availability (time, place, capability, etc.)**



**Know the best "fit" for addressing the person's needs**



**Know the next step for care after the crisis - for the person you're interacting with, their family, and you**



For local police departments and other public safety entities, we can...

**Offer information about criminal justice system diversion and crisis response**

**Facilitate and provide training, guidance and technical support**



For people experiencing mental health symptoms who are interacting with the criminal justice system and their families, we can provide information, referral, and support




For individual officers and other first responders, we can offer confidential support and assistance

How  
Can  
CJDP  
Help  
You

# Contact the Criminal Justice Diversion Project

**Tim Burton, Coordinator  
Criminal Justice Diversion Project**

 617-286-7613

 [TBurton@namimass.org](mailto:TBurton@namimass.org)

**To learn more about the work of the CJDP  
and criminal justice system diversion:**

[www.namimass.org/nami-mass-criminal-justice-diversion-project/](http://www.namimass.org/nami-mass-criminal-justice-diversion-project/)

# Compass Helpline at NAMI Massachusetts



# About the Compass Helpline

We are available Monday through Friday, 9 am to 5 pm

Anyone can reach out to Compass

We welcome inquiries by phone, email, and postal mail

Our goal is to help get people to the next best step

# About the Compass Helpline

Compass is staffed by people who have first-hand experience navigating the mental health system

We provide information, ideas, and resources to help people navigate the mental health system and related systems of care

Some people contact us just once, while others reach out again when their situation changes or new challenges arise

We are not a support line, but we do try to provide warmth, validation, and compassion to all users

# What We Can Help With



finding peer or family support



accessing mental health treatment or providers



answers to basic questions about systems and rights



resources for housing, work, transportation, insurance, the legal system, education, benefits, etc.



**Share our contact info with someone you've interacted with.** Compass can offer them resources and support.



**Reach out on behalf of someone you've interacted with.** Compass can help you identify resources and support for them.



**Reach out for yourself, your family, or your friends.** Compass is a confidential source of information and resources.

How  
Compass  
Can  
Help  
You

# Contact Compass

## **contact Compass**

Monday - Friday, 9 am - 5 pm

 617-704-6264 or 1-800-370-9085

 [compass@namimass.org](mailto:compass@namimass.org)

**Questions?**

# Presentation # 4

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1:00-2:00pm

## **The Family Perspective**

Amanda Pappas, Care Coordinator, BHN Intensive Care Coordination  
Program

# Presentation # 5

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2:00-3:00pm

## **Special Consideration with a Veteran Population, Department of Veterans Affairs (VA Services)**

Dr. Jeffery McCarthy, Psy.D, Program Manager OPT Mental Health Services

&

Marie DeMarey, LICSW, Veterans Justice Outreach



UNITED STATES  
DEPARTMENT OF VETERANS AFFAIRS

# Veterans Justice Outreach

Central Western Massachusetts  
VA Healthcare System

# Veterans Justice Outreach Initiative

- “The purpose of the VJO Initiative is to avoid unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible Veterans in contact with the criminal justice system have access to:
- VHA mental health and substance abuse services when clinically indicated , and other VA services and benefits as appropriate.”
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# A Justice-Involved Veteran is:

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- In contact with local law enforcement
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- Involved in adjudication or monitoring by a court

# The VJO Provides:

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- Direct outreach, assessment, and case management
- Assistance with eligibility determination, enrollment
- Referral to both VA and non-VA services upon release
- Connection to services for homeless vets

# The VJO Also provides:

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- Information and education to courts, attorneys and law enforcement about veterans' issues and services



# Expected VJO Outcomes

- Reduce recidivism
- Stabilize behavior
- Reduce court/jail costs
- Save a life



# VA Eligibility

- *Eligibility determination is based on each individual's service. We encourage all Veterans to apply for VA services.*
- 



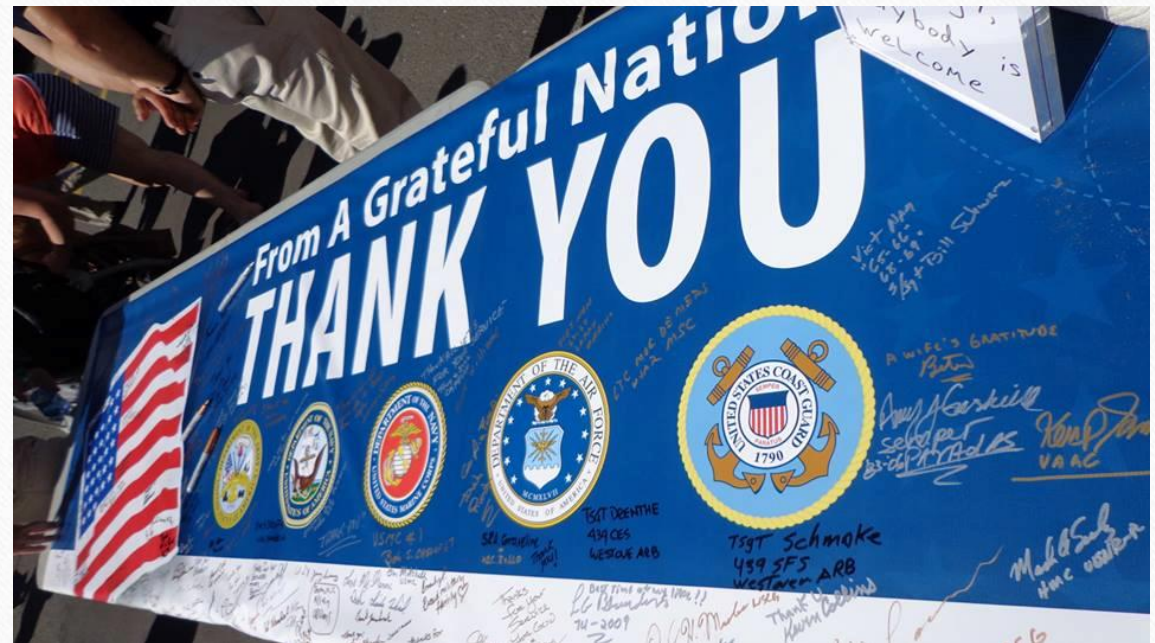
# Also important to know about:

- Western Mass Veterans Treatment Court (for Vets with or without records who need intensive, long term probation. We are looking for high risk, high needs clients)





The Valor/Brave Act  
(for Vets with no record  
who are getting pretrial  
probation)



# Questions

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UNITED STATES  
DEPARTMENT OF VETERANS AFFAIRS

# Special Considerations for Veteran Population

Central Western Massachusetts  
VA Healthcare System

Jeffrey McCarthy, Psy.D.  
Program Manager for CBOC  
Mental Health Services

Marie Demarey, LICSW  
Social Worker  
Veterans Justice Outreach

Thomas Maccini  
Deputy Chief VA Police

# Department of Veterans Affairs

## First Responders Training

*"We serve our communities. We choose to serve. We gear up every day, putting ourselves out there every day for the world to see. We do this because we believe in something greater than ourselves. We believe this freely, we believe in the ideas and concept of freedom. Our families, friends and neighborhoods sleep soundly because we chase the shadows. We serve for we are the peacekeepers."*

*-Lt. Dan Willis*



# First Responders Training

## Why We are Here



War may be hell...but home ain't exactly heaven, either. When a Soldier comes home from war, he finds it hard...

adapted from "A gentle reminder to keep your life in perspective."  
CPT Alison L. Crane, RN, MS  
Mental Health Nurse Observer-Trainer  
7302<sup>nd</sup> Medical Training Support Battalion

...to listen to his son whine about being bored.



...to keep a straight face when people complain about potholes.



...to be tolerant of people who  
complain about the hassle of getting  
ready for work.



...to be understanding when a co-worker complains about a bad night's sleep.



...to control his panic when his wife tells him he needs to drive slower.



...to be silent when people pray to God  
for a new car.



...to be compassionate when a businessman expresses a fear of flying.



...to not laugh when anxious parents  
say they're afraid to send their kids off  
to summer camp.



...to not ridicule someone who complains about hot weather.



...to control his rage when a colleague gripes about his coffee being cold.



...to remain calm when his daughter complains about having to walk the dog.



...to be civil to people who complain  
about their jobs.



...to just walk away when someone says they only get two weeks of vacation a year.



...to be happy for a friend's new hot tub.



...to be forgiving when someone says  
how hard it is to have a new baby in the  
house.



What is a  
Veteran?

A Veteran is someone who, at one point in their life wrote a blank check made payable to the United States of America for an amount of up to and including their life.

<b>American Veteran Your Neighbor Across The USA</b>	<u>July 4</u>	<u>1776</u>
Pay to the Order of	<b>United States Of America</b>	<b>\$ ANY PRICE</b>
<u>Up To And Including, "MY LIFE" .....</u>		Dollars
For <b>To keep America Free</b>	<u>American Veteran</u>	
⑆0 1 2 3 4 5 6 7 8 ⑆	⑆9 8 7 6 5 4 3 2 ⑆	

# RANK INSIGNIA OF THE U.S. ARMED FORCES

## ENLISTED

E-1    E-2    E-3    E-4    E-5    E-6    E-7    E-8    E-9    SENIOR ENLISTED ADVISORS

### ARMY

no insignia											
Private E-1 (PV1)	Private E-2 (PV2)	Private First Class (PFC)	Corporal (CPL) Specialist (SPC)	Sergeant (SGT)	Staff Sergeant (SSG)	Sergeant First Class (SFC)	Master Sergeant (MSG)	First Sergeant (1SG)	Sergeant Major (SGM)	Command Sergeant Major (CSM)	Sergeant Major of the Army (SMA)

### MARINES

no insignia											
Private (Pvt)	Private First (PFC)	Lance Corporal (LCpl)	Corporal (Cpl)	Sergeant (Sgt)	Staff Sergeant (SSgt)	Gunnery Sergeant (GySgt)	Master Sergeant (MSgt)	First Sergeant (1stSgt)	Master Gunnery Sergeant (MGySgt)	Sergeant Major (SgtMaj)	Sergeant Major of the Marine Corps (SgtMajMC)

### AIR FORCE

no insignia													
Airman Basic (AB)	Airman (Amn)	Airman First Class (A1C)	Senior Airman (SrA)	Staff Sergeant (SSgt)	Technical Sergeant (TSgt)	Master Sergeant (MSgt)	First Sergeant (E-7)	Senior Master Sergeant (SMSgt)	First Sergeant (E-8)	Chief Master Sergeant (CMSgt)	First Sergeant (E-9)	Command Chief Master Sergeant (CCM)	Chief Master Sergeant of the Air Force (CMSAF)

### NAVY

no insignia										
Seaman Recruit (SR)	Seaman Apprentice (SA)	Seaman (SN)	Petty Officer Third Class (PO3)	Petty Officer Second Class (PO2)	Petty Officer First Class (PO1)	Chief Petty Officer (CPO)	Senior Chief Petty Officer (SCPO)	Master Chief Petty Officer (MCPO)	Force or Fleet Command Master Chief Petty Officer (FORMC) (FLTMC)	Master Chief Petty Officer of the Navy (MCPON)

### COAST GUARD

										
Seaman Recruit (SR)	Seaman Apprentice (SA)	Seaman (SN)	Petty Officer Third Class (PO3)	Petty Officer Second Class (PO2)	Petty Officer First Class (PO1)	Chief Petty Officer (CPO)	Senior Chief Petty Officer (SCPO)	Master Chief Petty Officer (MCPO)	Command Master Chief (CMC)	Master Chief Petty Officer of the Coast Guard (MCPO-CG)

# RANK INSIGNIA OF THE U.S. ARMED FORCES

## OFFICERS

0-1      0-2      0-3      0-4      0-5      0-6      0-7      0-8      0-9      0-10      SPECIAL

### ARMY - AIR FORCE - MARINES

										
Second Lieutenant (2LT)	First Lieutenant (1LT)	Captain (CPT)	Major (MAJ)	Lieutenant Colonel (LTC)	Colonel (COL)	Brigadier General (BG)	Major General (MG)	Lieutenant General (LTG)	General (GEN)	General of the Army (GA)

### NAVY - COAST GUARD

										
Ensign (ENS)	Lieutenant Junior Grade (LTJG)	Lieutenant (LT)	Lieutenant Commander (LCDR)	Commander (CDR)	Captain (CAPT)	Rear Admiral Lower Half (RADM)(L)	Rear Admiral Upper Half (RADM)(U)	Vice Admiral (VADM)	Admiral (ADM)	Fleet Admiral (FADM)

W-1

W-2

W-3

W-4

W-5

### ARMY

				
Warrant Officer (WO1)	Chief Warrant Officer (CW2)	Chief Warrant Officer (CW3)	Chief Warrant Officer (CW4)	Chief Warrant Officer (CW5)

### NAVY - COAST GUARD

<p>Warrant Officer 1 W-1 * The grade of Warrant Officer W-1 is no longer in use.</p>				<p>NO Chief Warrant Officer (CW05)</p>
	Chief Warrant Officer (CW02)	Chief Warrant Officer (CW03)	Chief Warrant Officer (CW04)	

### MARINES

				
Warrant Officer (WO)	Chief Warrant Officer (CW02)	Chief Warrant Officer (CW03)	Chief Warrant Officer (CW04)	Chief Warrant Officer (CW05)

### AIR FORCE

NO WARRANT	NO WARRANT	NO WARRANT	NO WARRANT	NO WARRANT
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# HISTORY OF RECENT CONFLICTS

- World War II (1941-1945)
- Korean War (1950-1953)
- Vietnam (1961-1975)
- Grenada (1983)
- Panama (1989)
- First Gulf War/Desert Storm (1990-91)
- Somalia (1993)
- Bosnia(1993-1995)
- Kosovo (1998-1999)
- Operation Enduring Freedom/OEF (2001-present)
- Operation Iraqi Freedom (2003-2011)

# War Environment

- **Climate, Gear, Technology, Accessibility to treatment, Type of Warfare, Environmental Exposure ...**



# How to spot a veteran



# Adjustment

The stresses and effects of combat on behavioral health are fairly well documented. PTSD, Traumatic Brain Injury, and general readjustment issues sometimes manifest themselves in Veterans as crisis encounters with law enforcement or first responders.

The community's response to this crisis can have a major impact on the Veteran, the Veteran's family, and the community itself.

# PTSD-Clinical Criteria

\*Trauma-experiencing or witnessing life threatening event

\*Symptoms lasting more than a few months and interfering in life:

- A) Re-experiencing
- B) Avoidance
- C) Hypervigilance
- D) Disconnection

# PTSD...

- **Stats:** 60% of men and or 50% of women experience at least one trauma in their lives
- 7-8% of the population develop PTSD.
- “Nostalgia, Soldier's Heart, and Railway Spine” 1761
- “Shell Shock” WWI
- Battle Fatigue/Combat stress reaction WWII
- Post Traumatic Stress Disorder official diagnosis: 1982
- **\*[www.ncptsd.va.gov](http://www.ncptsd.va.gov)**

# PTSD Veteran Stats

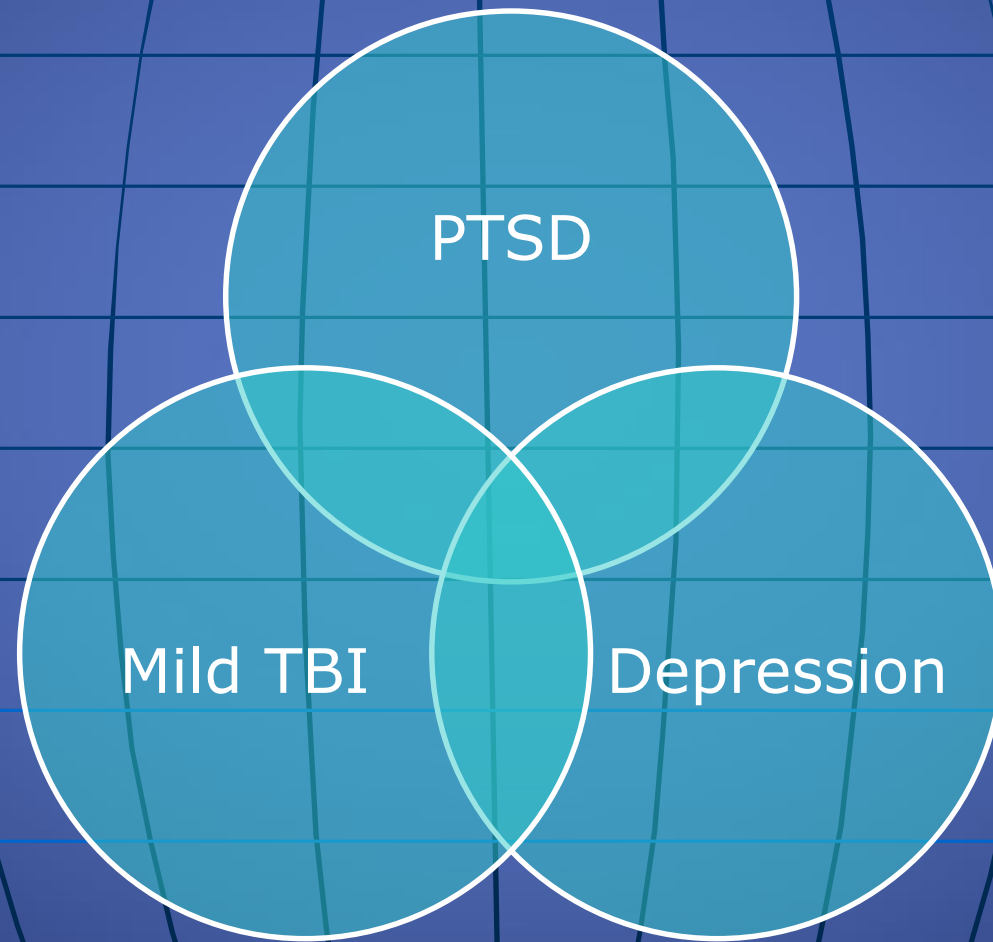
- **Operations Iraqi Freedom (OIF) and Enduring Freedom (OEF):** 11-20% who served in OIF or OEF have PTSD in a given year.
- **Gulf War (Desert Storm):** 12% have PTSD in a given year.
- **Vietnam War:** 15% (late 1980s study, estimated more likely to be 30%)

Sounds of Trauma by David Lynch Foundation

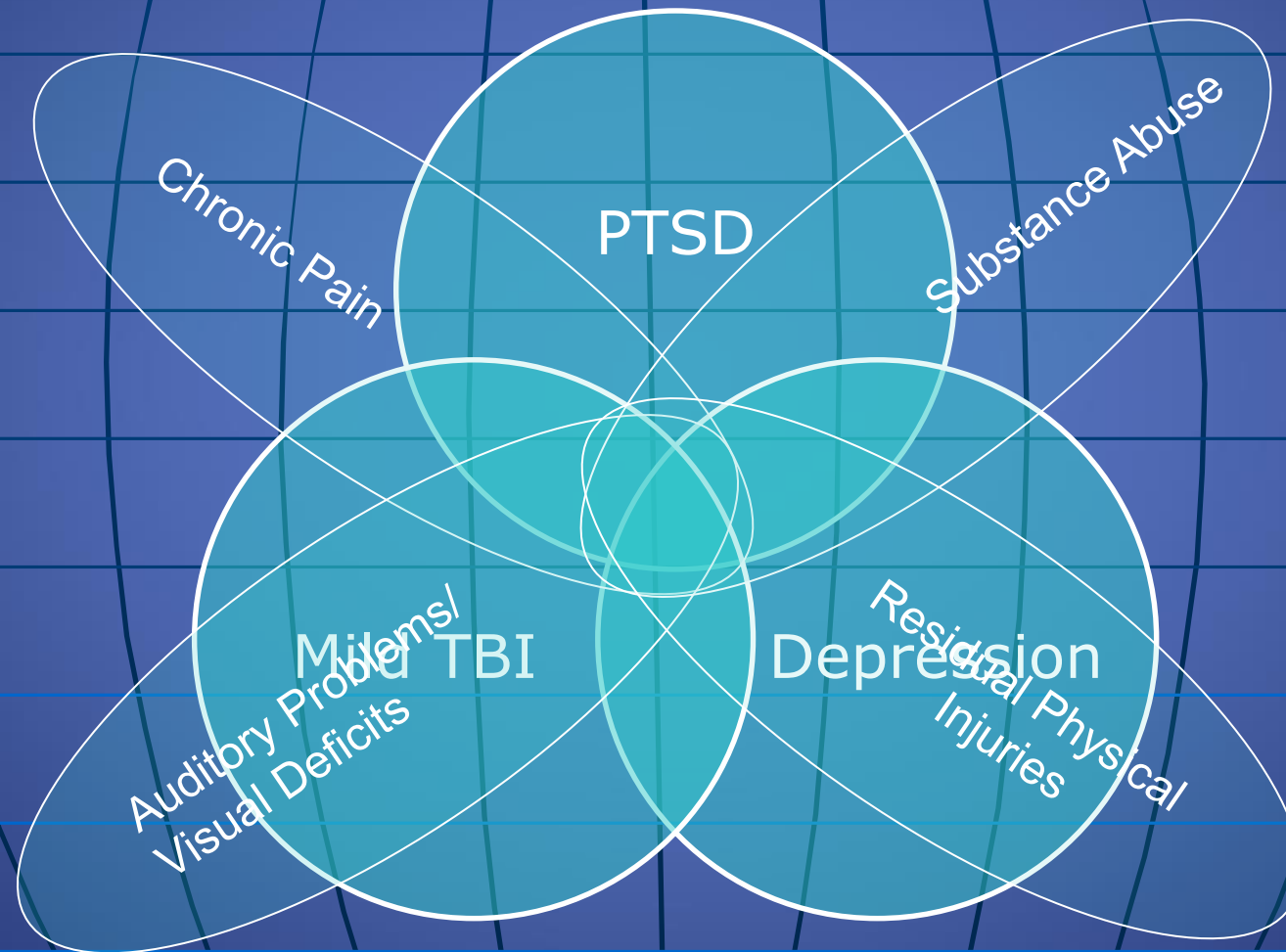
<https://www.youtube.com/watch?v=bgpRw92d1MA>



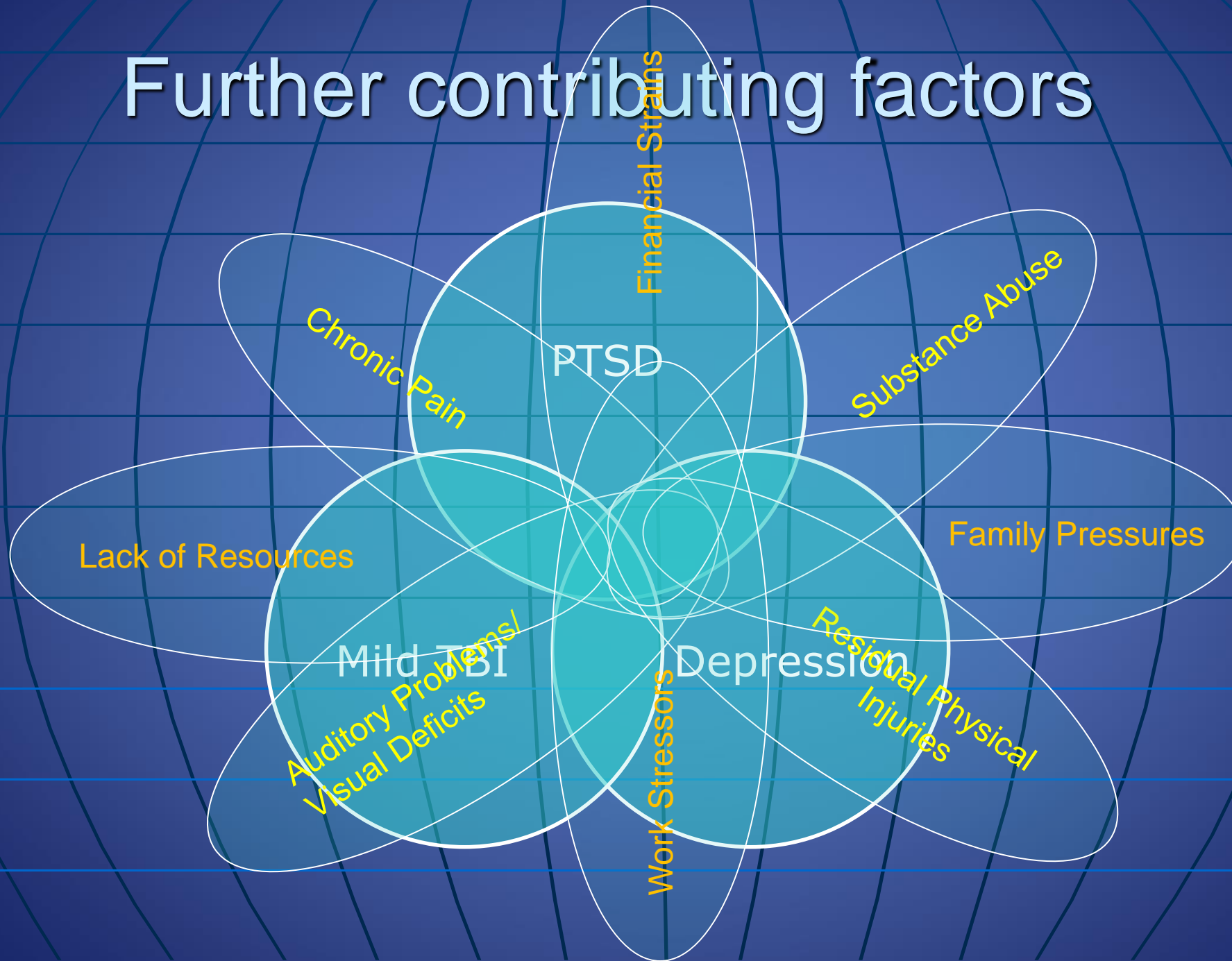
# Difficulties with diagnoses and/or treatment



# Further contributing factors



# Further contributing factors



# Veterans Crisis Line: Call, Chat, or Text

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Confidential chat at  
**VeteransCrisisLine.net**  
or text to **838255**

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**1 PERSON**  
*can save a LIFE*

 **Veterans  
Crisis Line**  
1-800-273-8255 PRESS **1**

# Facts about Veterans and Suicide

- **18%** of all deaths by suicide among U.S. adults were Veterans (2014)
- Veterans are more likely than the general population to use **firearms** as a means for suicide
- On average, **764 suicide attempts** per month among Veterans receiving recent VA health care services
- **25%** of Veteran suicides have a history of previous suicide attempts

# Warning Signs of Suicide

- Hopelessness
- Rage, anger, seeking revenge
- Acting recklessly or engaging in risky activities, seemingly without thinking
- Feeling trapped—like there's no way out
- Increasing alcohol or drug abuse
- Withdrawing from friends, family, and society
- Anxiety, agitation, inability to sleep, or sleeping all the time
- Dramatic changes in mood
- Perceiving no reason for living, no sense of purpose in life

# Coming Up Next...

- De-escalation
- Veterans Justice Outreach
- Resources

# Techniques to employ

- When interacting with those who may be experiencing psychiatric symptoms and/or are conditioned to be impulsive, reactive, ready to defend, consider:
  - Non verbal awareness (eg. body posture)
  - Verbal cues (eg. tone of voice)
  - Personal Space
  - Environment (lower lights, radio)

# Techniques to employ (cont.)

- Other considerations:
  - Clarification (“good dentist technique”)
  - Simple 1-step instructions
  - Stay calm/supportive
  - Grounding ...*Get them in the here and now...(Where were you heading? Do you know what street you are on now?)*
  - Breathing
  - Walk together/Get to sit down
  - Avoid threats, intimidation, judgement
  - Active listening / Open-ended questioning
  - Verbal Judo

# Actions to consider when responding to Veteran crisis

- Look for clues that your subject is a veteran
- Ask “Have you served in the US military?”
  - Respect veteran status
  - Express appreciation for their service
  - *Ask about military (“I see you have a veteran plate...thanks for your service! what branch were you in?”; IF you are a veteran and feel comfortable—disclose branch, etc).*

# Actions to consider when responding to Veteran crisis

- Take extra safety precautions
- Establish a distance between the veteran and everyone around him/her
- Thank for service, try to be as respectful as possible. Do what you can to help him save face
- Minimize surprises

# Actions to consider when responding to Veteran crisis

- Do things that will calm him
- If you have ties to military service mention it
- Let the veteran talk as long as it is helping him/her wind down
- Think of the veteran's behaviors as symptoms of an injury, not a mental illness

# Veterans Justice Outreach Initiative

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# The VJO Also provides:

- Information and education to courts, attorneys and law enforcement about veterans' issues and services



# Expected VJO Outcomes

- Reduce recidivism
- Stabilize behavior
- Reduce court/jail costs
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- *Eligibility determination is based on each individual's service. We encourage all Veterans to apply for VA services.*



# Also important to know about:

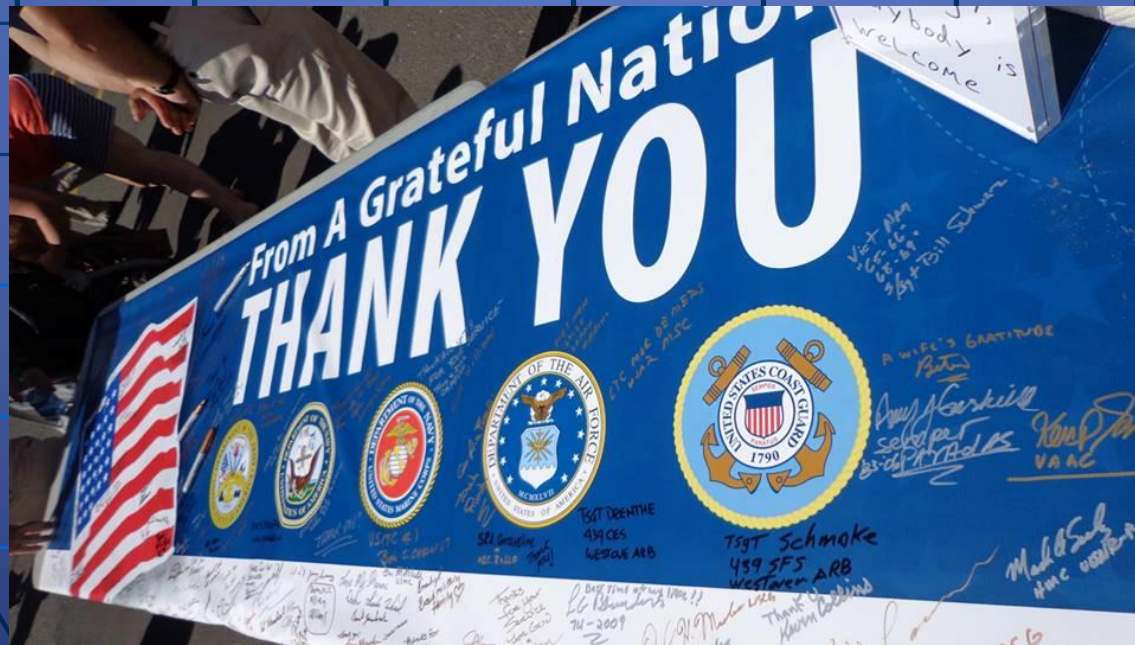
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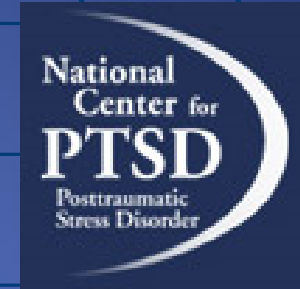
# UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

The Valor/Brave Act (for Vets with no record who are getting pretrial probation)



# On-Line Resources

- National Center for Posttraumatic Stress Disorder ([www.ncptsd.va.gov](http://www.ncptsd.va.gov))
- Veterans Justice Outreach ([www.va.gov/HOMELESS/VJO.asp](http://www.va.gov/HOMELESS/VJO.asp))
- NcPTSD Police Officer Toolkit (<https://www.ptsd.va.gov/professional/toolkits/police/index.asp>)



# Questions

# Presentation # 6

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3:00-4:00pm

## **Department of Children & Families (DCF) Intersections with Law Enforcement**

Michael Collins, MS, Criminal Justice, Area Clinical Manager, DCF Springfield  
Area Office