DAY 5 CIT Training

8:00-9:00am	**Cultural Awareness** – Brian Mitchell & Natasha Mitchell
9:00-10:00am	**Homelessness –** CSO
10:00- 11:00am	**All-Inclusive Support Service**
11:00am-12:00pm	**Opiate Crisis Response**

Cultural Awareness

Brian Mitchell &

Natasha Mitchell

Potter's Wheel Community Services

Group Norms :

Respect each individual’s social location

Freedom to go deep

Reach out for help and someone reach back

Description

COURSE DESCRIPTION:

- This workshop introduces the oppressive language and actions of power and privilege in the workplace and the larger community.
- We explore various assumptions and aggressions displayed in various organizations and ways to combat them while attempting to shift attitudes toward equitable distribution of power.
- Breaking down oppressive power dynamics impacts all organizational practices.
- Addressing the need for a deeper understanding of bias, privilege, and the many aggressions influenced by such abuses of power is imperative
- Therefore, a defined understanding of how these elements of the social structure show up internally and externally is necessary for individual and community-based change.

Description

- ⟐ OUTCOMES: Participants will…
- Understand Diversity within the context of Cultural Awareness
- Understanding of Perception and how it plays a role in the impact of Power Dynamics
- Skills to shift power to minimize assumptions that lead to microaggressions.
- Attitude and understanding of equitable & inclusive power distribution and its impact on the served community.

- ⟐ Objectives
- To examine and discuss racial inequality's impacts on our business/organization, our families, and our communities.

Opening Circle

"The Power of Your Voice"

Terminology

- Microaggression
- Anti-racism
- Implicit/Explicit Bias
- Intersectionality
- Institutional Racism
- White Privilege
- Internalized Racism

Large Group Discussion

Identify the term(s) that stands out to you the most?

Small Group Discussion

Topics: Power, Bias, Privilege, Oppression

When working with your served community, what does this look like for those individuals?

5 Minutes – Self Care!

Large Group Discussion

Healthy Dialogue

Review

Closing : Questions and Comments

Presentation # 2

9:00-10:00am

Homelessness

Bill Miller/ Anna Smith - CSO

A Snapshot of Homelessness in Western MA

Keith Rhone, Operations Director, FOH
Dennis Sheehan, Shelter & Housing Triage Specialist
Sara Lopes, Clinical Supervisor
Anna Mitkevicius Smith, Housing Developer

Number of Homeless People by State

- California: 161,548
- New York: 91,271
- Florida: 27,487
- Texas: 27,229
- Washington: 22,923
- Massachusetts: 17,975
- Oregon: 14,655
- Pennsylvania: 13,375

CSO
CLINICAL & SUPPORT OPTIONS

Shelters in the 91 Corridor and Westfield/Pittsfield

Friends of the Homeless (FOH) Springfield. 175 beds.

Grove Street Inn, FOH Northampton 20 beds.

Cot Shelter, FOH Northampton. 20 beds.

60 Wells Street, FOH Greenfield. 30 beds.

Craig's Doors, Amherst/Hadley, uncertain bed number.

CHD Shelter Hotel, at least 40 beds.

Samaritan Inn, Westfield. 30 beds.

ServiceNet, Pittsfield. 20-40 beds.

CSO
CLINICAL & SUPPORT OPTIONS

Friends of the Homeless Springfield Campus

Shelter: Over 1,000 people per year

Housing: We operate 110 units of single room housing

Meal program: We served more than 155,000 meals this past year

Resource Center: We have case workers and a clinic and are open 24/7/365

CSO
CLINICAL & SUPPORT OPTIONS

What Are Some of the Resources?

- Never seems to be enough
- Shelter
- Street Outreach
- Primary care, nursing services, and clinical services on site
- Trauma informed care approach
- Shelter hotline coming in Spring 2023

CLINICAL & SUPPORT OPTIONS

Trauma Informed Care

- Should be implemented in housing and homelessness programs to provide an environment that supports stability and healing.
- Is an overarching structure and treatment attitude that emphasizes understanding, compassion, and responding to the effects of all types of trauma.
- Becoming "trauma-informed" means recognizing that people have many different traumatic experiences which often intersect in their lives.

CSO
CLINICAL & SUPPORT OPTIONS

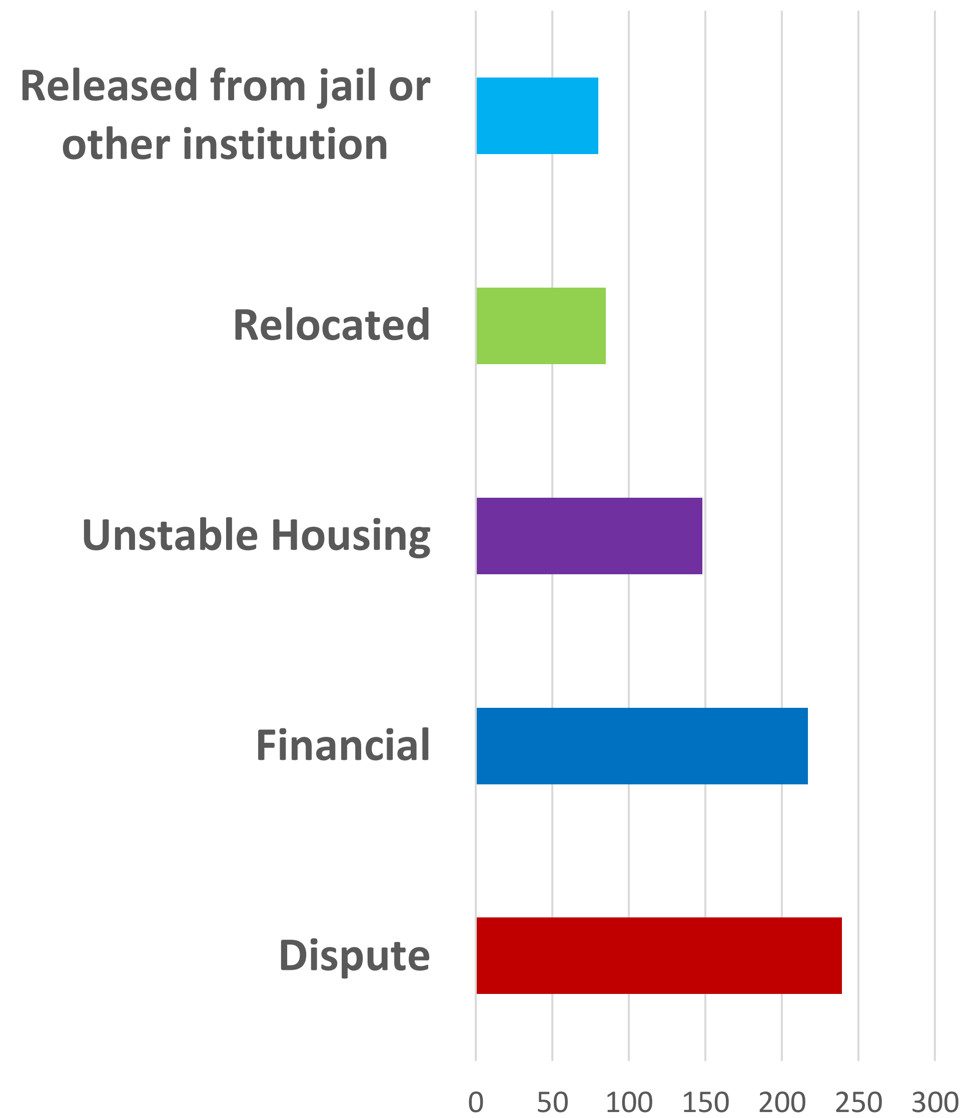
Housing First

- Is a strategy designed for people who are chronically homeless
- Is the idea that people that people should be housed first
- Supports that idea that services should be voluntary and used to sustain housing
- Is essentially a harm reduction model of housing

CLINICAL & SUPPORT OPTIONS

Homelessness can look like
any one of us.

Top 5 Reported Reasons for Homelessness



EXISTING VIEW OF NORTH FACADE LOOKING SOUTHEAST

60 WELLS STREET
GREENFIELD, MA

RENOVATED BUILDING WITH NEW ADDITION - VIEW OF NORTH FACADE LOOKING SOUTHEAST

60 WELLS STREET
GREENFIELD, MA

VIEW FROM THE SOUTH SHOWING THE NEW THREE-STORY BUILDING AND ENTRANCE COURTYARD ACCESSED FROM 46 WELLS STREET

60 WELLS STREET
GREENFIELD, MA

JWA JONES WHITSETT ARCHITECTS

CSO
CLINICAL & SUPPORT OPTIONS

CIT Participants

What have you seen as key variables in contributing to homelessness in your community?

What are some of the resources you would like to see more of to help you in your interactions with the homeless population?

What are some of the barriers you encounter when trying to help people experiencing homelessness?

What potential partnerships do you see within your community in addressing homelessness?

CSO
CLINICAL & SUPPORT OPTIONS

Friends of the Homeless Resource Center

Lighting the way for men and women in our community

CSO
CLINICAL & SUPPORT OPTIONS

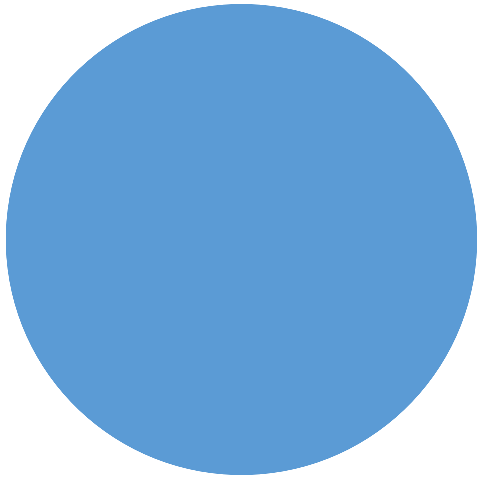
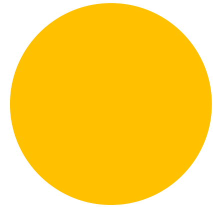
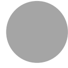
Thank You!

Keith Rhone, Operations Director, FOH
Dennis Sheehan, Shelter & Housing Triage Specialist
Sara Lopes, Clinical Supervisor
Anna Mitkevicius Smith, Housing Developer

Presentation # 3

10:00- 11:00am

All-Inclusive Support Systems (AISS)

All Inclusive Support Services

Hampden County Sheriff's Department

Program Manager
Madeline LaSanta

Program Supervisor
Irving Lewis

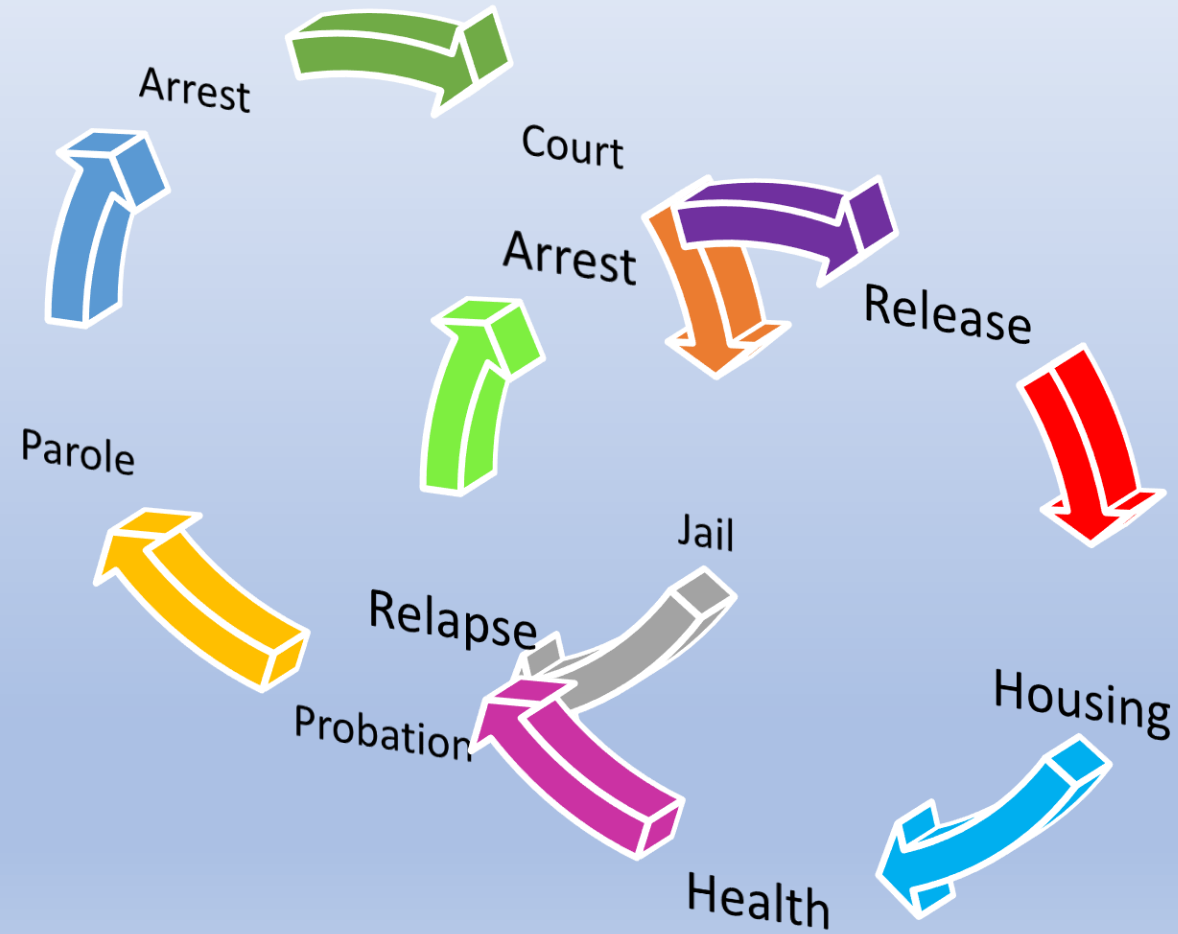
Our Learning Objectives

To increase awareness of the services offered through HCSD

To increase collaboration between law enforcement and human services entities

What you already may know…

The “Institutional Circuit”



Gabriel:
Recovering Addict

At the HCSD Reentry starts on day ONE

Making The Transition

"We here at the Hampden County Sheriff's Department believe successful reentry begins on 'day one of incarceration,' where we assess the needs of the inmate and map out a comprehensive plan by which we direct strategic services. Housing, employment, and support services, the 'three legged stool' if you will, are the key areas where we focus our efforts around successful reintegration of these individuals back into the community. All other efforts fail if one of the three legs of the stool is missing." Sheriff Michael J. Ashe, Jr.

Programs

Programs target criminogenic or crime-producing risk factors that research indicates are most important to reduce recidivism and criminal behavior.

Focus on: Substance abuse, education, employment, anger management, victim impact and cognitive thinking skills.

- ***School: ESOL, ABE, HiSet, SPED, Title I***
- ***Violence Prevention***
- ***28 Day Program Substance Abuse & Basic Life Skills***
- ***Pre-employment Training Programs***
- ***Religious Services***
- ***Vocational Training***
- ***Some programming also target: Personal, Emotional and Attitudes***

After the structure of jail

there are many forms of Community Supervision…

Types of Community Supervision

- Day Reporting Program
- Parole
- Probation
- Specialty Courts

The effects on family members

The effects on families

Stonybrook Stabilization & Treatment Center

Addiction can happen in any family

Stonybrook Stabilization Unit

(15 days)

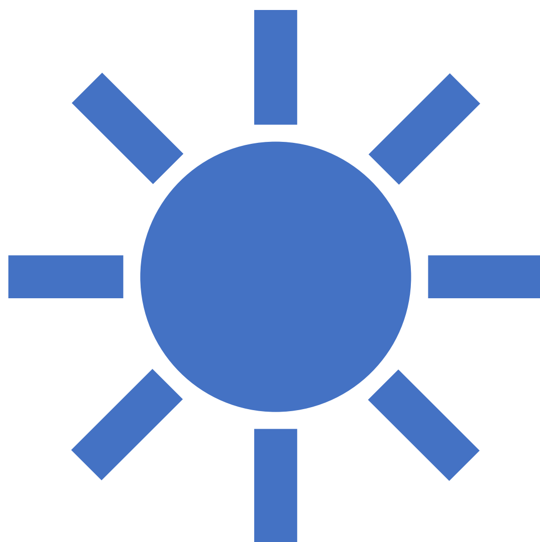
Springfield Stabilization Unit

(45 days)

Home Plan

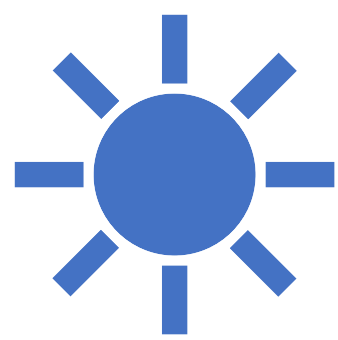
Civil Commitments (section 35)

MAGIC POD



Meaningful Accomplishments Gain Increased Character (MAGIC)

"To promote and encourage youth towards their next steps in personal development through a supportive, relational program that helps interrupt beliefs, attitudes, habits, and behaviors supportive of a criminal lifestyle in favor of productive and positive futures."



Meaningful Accomplishments Gain Increased Character (MAGIC)

Program Objectives

SELF-MASTERY: enhancing self-control and reducing stress and reactivity through increased focus and attention-regulation exercises.

MATURITY: promoting ethical and engaged citizenship through education, multi-media instruction, role-modeling, behavioral incentives, and discussion.

POSITIVITY: challenging participants to explore and embrace pro-social change.

Criteria:

Sentenced men 18-24

Not un-safe to house together

Motivated or willing to give it a try

Starting with one tier of one housing unit to promote positive atmosphere (approx.. 35)

Inspiration for the model from Suffolk County Sheriff’s Department

The mission of Public Safety is up to all of us!

POLICE
SPRINGFIELD – MASSACHUSETTS

Gándara Center
Culturally Sensitive Care
Since
1977
Dedicados a mejorar su salud

Baystate
Medical Center

SPRINGFIELD
MASSACHUSETTS
EST
17 JAN 1794
FIRE
DEPARTMENT

AMBULANCE
AMR
American Medical Response

It Takes
a
Village

Providence
MAIN ENTRANCE
PATIENT
REGISTRATION
Brightside

Welcome to
Mercy

bhn

CHD
positively life changing

SHERIFF'S DEPT
COMM. OF
MASSACHUSETTS
HAMPDEN CO.

Daisey:
Recovering Addict

So what is AISS?

Hampden County Step Down

All Inclusive Support Services

736 State Street, Springfield, MA 01109

413-781-2050

- 1st in the U.S. comprehensive correctional reentry center
- Established in 1996
- Model for reentry best practice
- Lifetime membership + opportunities to give back
- Intakes daily

(every morning)

Who can be referred to AISS?

- Hampden County residents
- History of incarceration (any where)
- Most recent change….**available to all (2019)**

Community Provider Offerings On-site

Asurion Wireless by / *VIRGIN MOBILE*

Free Lifeline Phone. Tue/Thurs 9am–12.Proofs needed:

1) ***Eligibility***, ex., SNAP, Medicaid, SSI, or SSDI;

2) ***Identity***, ex. state-issued ID or DL or SSC or Birth Certificate or Medicaid ID, and

3) ***Proof of Address***, ex., DL, state ID, Mail, or Utility bill showing current address.

Clinical Support / *BEHAVIORAL HEALTH NETWORK*

The clinician sees clients by appointment Mon.-Fri. and can bridge periods of insurance coverage gaps. Crisis assessment, medication continuity, ongoing therapy, evaluations, and linkages to other agencies per client request. Trauma-informed, relational care with sensitivity to co-occurring disorders and histories of justice involvement. EMDR and trauma group available.

Healthcare for the Homeless / *MERCY HOSPITAL*

Nurses provide triage through Friends of the Homeless Clinic for health and mental health. Assists with insurance access and coverage issues. Includes ***Mass Health Enrollment at AISS:*** assistance *Thursdays from 9–11am.*

Parenting Group—Men / *CHILDREN'S STUDY HOME*

The "Fathers in Trust" Parenting program specifically for men is facilitated by staff certified in a holistic curriculum emphasizing communication skills and family empowerment. Entry points every other week. *Wednesday evenings at 6pm (pre-screening required).*

Parenting Group—Women / *SQUARE ONE*

Activities, education, and discussion exploring the mother-child bond and effective parenting while balancing multiple roles and priorities in life. Childcare with developmentally appropriate activities provided. *Wednesday evenings at 6pm (pre-screening required).*

***SNAP* / Food Bank of Western Mass**

Weekly 1:1 sessions help clients to complete application and gain access to food for individual and family needs. *Wednesdays 9am–12pm.*

True Refuge: *BEHAVIORAL HEALTH NETWORK*

Co-ed group on Mindfulness based Relapse Prevention. Helps clients learn what's meant by the phrase, *"Serenity isn't freedom from the storm, but calm within the storm,"* and how this relates to recovery efforts. *Check current meeting time (pre-screening required).*

Women's Writing Group: *VOICES FROM INSIDE*

Empowering workshops are based on the Amherst Writers and Artists Institute. As women find their voice, they find their way. *Tuesdays at 4pm.*

HCSD Offerings On-site

Anger & Beyond: Specific groups for women (Mon.) & men (Wed.) at 3pm offer open-enrollment CBT group assists members to apply what they have learned about anger to their community stabilization efforts. Led by staff or MSW / MHC graduate student(s).

Case Management: Intensive support assists clients to anticipate challenges and navigate their unique re-entry pathway, as supported by reentry staff and guided by individual Service Plans. Assistance with ID's, housing, clothing, family matters, relapse prevention, lifestyle change, navigating DCF, and other activities.

CHESS: *Community Housing that is Earned, Safe, and Supportive*: This highly structured long-term program offers a real pathway to residential stability through clearly identified benchmarks, support, and individual accountability.

Education: Full range of classes, well-equipped "smart classroom," educators specializing in teaching justice-involved students: *ABE, ESOL, HiSET, Pre-HiSET, Academic Advising, Computer Skills, and support for transition into college.*

Employment Support:

Employment Readiness participants strengthen interviewing skills, resumes, applications, attitude. *Weekday mornings.*

Job Search participants receive vetted job leads from among 500 participating employers. Continued coaching and consultation on comportment, presentation, and strategy, from Employment staff. *Weekday mornings.*

Employment Retention members receive support, information, and consultation help adjust and succeed in maintaining employment and rebuilding their lives, including credit repair, Department of Revenue coordination / arrangements, and work-life balance. *By appointment.*

Grief & Loss Group: Facilitated by a skilled licensed group facilitator, this program can help you through the toughest of times, when you are ready. *Request a screening interview.*

Men Stepping Up for Change: This weekly support group offers healthy perspectives and skills towards building violence-free relationships. Members discuss breaking their past domestic abuse patterns. The program invites appropriate minimum security residents prior to release and is voluntary for community clients. *Wednesdays 6pm.*

Mentorship: The program offers weekly community support in the form of 1:1 and small group mentorship (50+volunteer mentors). First three *Mondays 6pm.*

Resource & Support Group: This program provides a forum for support and information exchange around unique re-entry barriers. *Thurs. 8:30am*.

Women's Support Group: Weekly meeting cultivates networking, fellowship, guidance, and a community of recovery. *Tuesdays 6pm*.

Does it work?

Data on Recidivism

Nationally

- Within three years of release, about two-thirds (**64 percent**) of released prisoners were rearrested

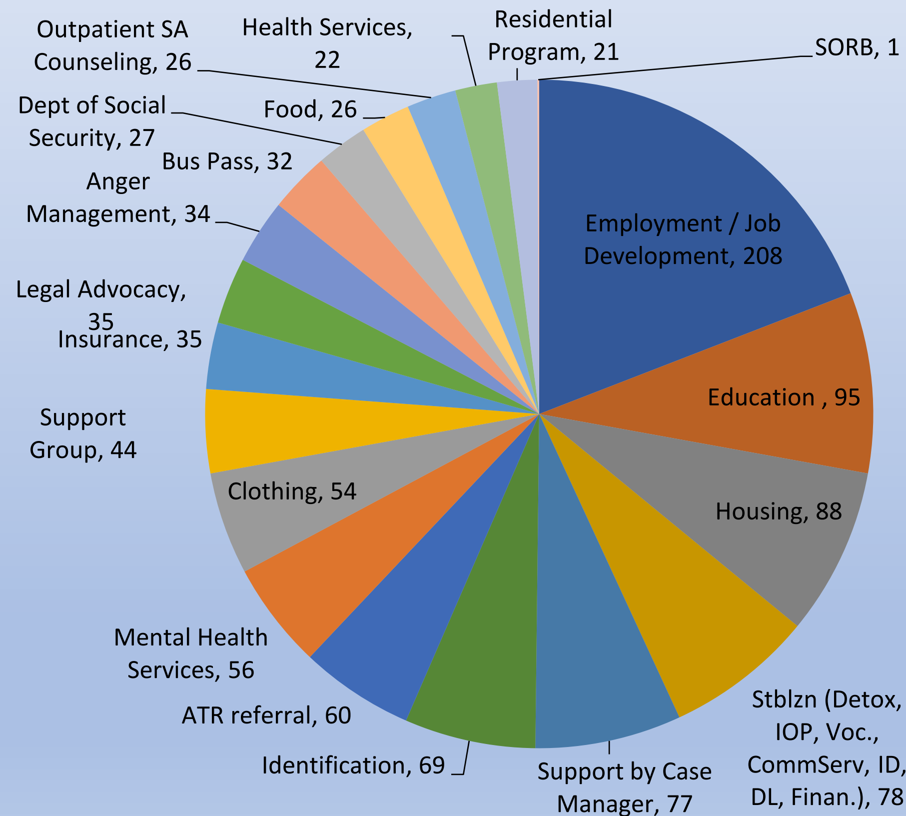
HCSD 3- Year Recidivism

(2019-2021)

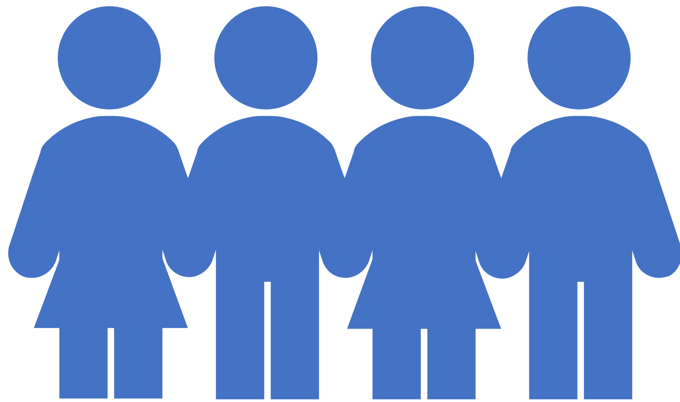
- 3-Year Reincarceration rates are **34.7%, 32.2%,** and **26.6%** (oldest to newest data).
- Outcomes in recent years were affected by systemic effects of the COVID pandemic.

HCSD Data: Dr. Sally Johnson VanWright, HCSD Director of Research
National data from BJS: Durose, Cooper, & Snyder, 2014

What AISS clients Ask For At Registration



Overall
Employment
Education
Housing/Emergency Shelter
Stabilization Needs
Case Management Support



Review:
6 Important Things About Reentry

1. **They’re (almost) all coming back out**
2. **Reentry is part of public safety**
3. **After jail, levels of supervision vary greatly**
4. **Incarceration & release affect family members**
5. **Jails set high standards for inmates**
6. **Intervention works**

Thank You!

Presentation # 4

11:00am-12:00pm

Opiate Crisis Response – Alison TellierFox

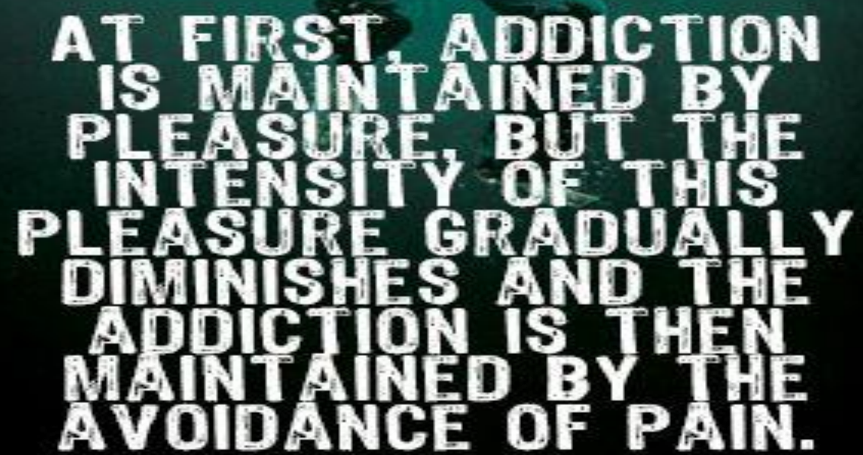
Medicated Assisted Treatment

Addiction and the medication used to treat addiction

Alison TellierFox, RN, BSN, MBA, CARN

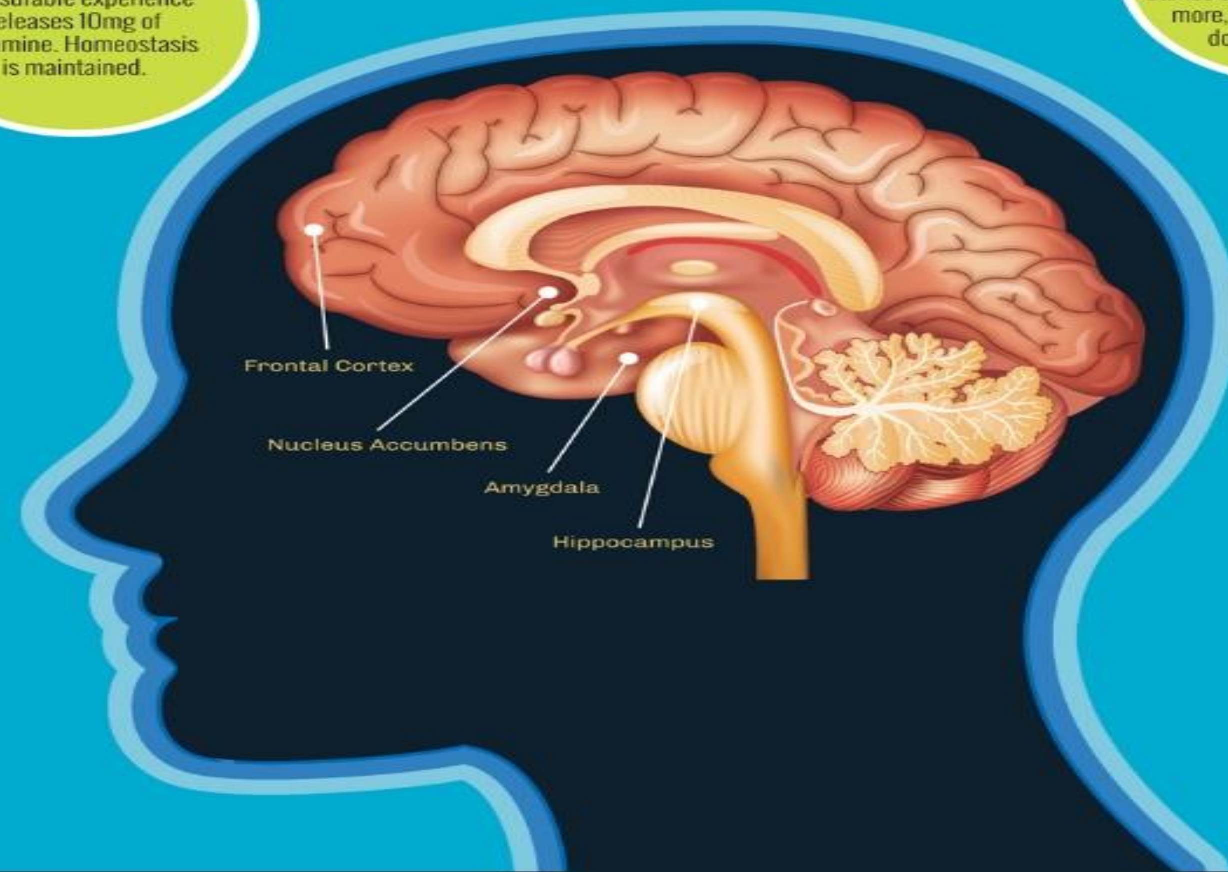
Addiction

- Addiction is a chronic disease characterized by drug seeking and use that is compulsive, or difficult to control, despite harmful consequences.
- The initial decision to take drugs is voluntary for most people, but repeated drug use can lead to brain changes that challenge an addicted person's self-control and interfere with their ability to resist intense urges to take drugs.
- These brain changes can be persistent, which is why drug addiction is considered a "relapsing" disease—people in recovery from drug use disorders are at increased risk for returning to drug use even after years of not taking the drug.
- It's common for a person to relapse, but relapse doesn't mean that treatment doesn't work.
- As with other chronic health conditions, treatment should be ongoing and should be adjusted based on how the patient responds.
- Treatment plans need to be reviewed often and modified to fit the patient's changing needs.


HEALTHYPLACE.COM
AT FIRST, ADDICTION IS MAINTAINED BY PLEASURE, BUT THE INTENSITY OF THIS PLEASURE GRADUALLY DIMINISHES AND THE ADDICTION IS THEN MAINTAINED BY THE AVOIDANCE OF PAIN.
-FRANK TALLIS

The Brain

- Most drugs affect the brain's "reward circuit," causing euphoria as well as flooding it with the chemical messenger dopamine.
- A properly functioning reward system motivates a person to repeat behaviors needed to thrive, such as eating and spending time with loved ones.
- Surges of dopamine in the reward circuit cause the reinforcement of pleasurable but unhealthy behaviors like taking drugs, leading people to repeat the behavior again and again.
- As a person continues to use drugs, the brain adapts by reducing the ability of cells in the reward circuit to respond to it.
- This reduces the high that the person feels compared to the high they felt when first taking the drug—an effect known as tolerance.
- They might take more of the drug to try and achieve the same high.
- These brain adaptations often lead to the person becoming less and less able to derive pleasure from other things they once enjoyed, like food, or social activities.
- Despite being aware of these harmful outcomes, many people who use drugs continue to take them, which is the nature of addiction.


A normal pleasurable experience releases 10mg of dopamine. Homeostasis is maintained.
An addictive substance or behavior releases 20mg of dopamine ceasing homeostasis. The brain compensates by stoppering the amount of dopamine produced.
The addictive substance again releases 20mg of dopamine but production is cut in half, meaning only 10mg is truly produced. Homeostasis is maintained.
Tolerance begins. In order to feel the initial high of 20mg of dopamine, the addict engages in the sub-stance or experience more and more, resulting in a 40mg dose of dopamine.
The brain continues to stopper the amount of dopamine produced to main-tain homeostasis. The addict continues to fall deeper into their addiction. →
Frontal Cortex
Nucleus Accumbens
Amygdala
Hippocampus

Common Medications Use To Treat Addiction

- Methadone
- Buprenorphine
  - Sublocade
  - Subutex
  - Suboxone
- Vivitrol

Methadone

- Is a full mu opioid agonist, continues to produce effects on the receptors until either all receptors are fully activated, or the maximum effect is reached.
- Daily dosing
- Can be used in pregnancy
- Half-life is anywhere from 8 to 59 hours for methadone.

Buprenorphine

- Is a partial agonist, does not activate mu receptors to the same extent as methadone. Its effects increase until they reach a plateau.
- Buprenorphine reaches its ceiling effect at a moderate dose, which means that its effects do not increase after that point, even with increases in dosage.
- Requires a prescription
- Half-life can vary from 24 to 60 hours for buprenorphine
- Not safe in pregnancy
- Pushes other opioids off the receptor due to strong bond

Buprenorphine Products

- Suboxone
  - Film or tablet
  - Dissolves under the tongue or in cheek
  - Taken daily
  - Contains Naloxone
- Subutex
  - Only comes in tablet form
  - Dissolves under the tongue or in cheek
  - Taken daily
  - Does not contain Naloxone
- Sublocade
  - Injection in the abdomen
  - Taken every 28 days

Buprenorphine	Methadone	Heroin
Partial agonist	Full agonist	Full agonist
Long half-life (24 to 60 hours)	Long half-life (8 to 59 hours)	Short half-life
Ceiling effect; good safety profile	No ceiling effect (useful in patients dependent on high doses of opioids)	No ceiling effect

Methadone
Full agonist:
generates effect

Buprenorphine
Partial agonist:
generates limited effect

Naltrexone
Antagonist:
blocks effect

Vivitrol

- Is a large dose of naltrexone
- Is an opioid antagonist
- Must be opioid free for 7-10 days prior to taking it
  - If taken sooner the person can go into acute withdrawal immediately
- Injection every 28 days
- Blocks the effects of opioids
  - Effects dissipate over time
  - However if taken enough opioid one can override the naltrexone on the receptor

Questions???

Presentation # 5

1:00pm-2:00 pm

Mobile Crisis Intervention & Community Behavioral Health Centers

BHN & CSO

Mobile Crisis Intervention & Community Behavioral Health Centers

Hallie-Beth Hollister
Clinical Program Director
BHN YMCI & LE Programs

Travis Maider,
Co-Response Clinician
Clinical & Support Options

Mobile Crisis Intervention

- Preferred service delivery method
  - Homes, residential programs, schools, treatment programs, providers offices, doctors offices, police stations, places of employment, etc.
    - Higher comfort level in familiar environment, opportunity for family interaction and safety planning, less stigmatizing, opportunity for clinical observation
  - Stabilization in place whenever possible
  - Mobile Response times
  - Staff Safety Considerations

- Collaboration with Co-Response

Mobile Crisis Intervention

- Designated Youth & Adult Mobile Crisis Intervention teams
  - Masters level Telephonic Triage Clinicians
  - Multidisciplinary teams deploying partnered response
  - Adult teams are comprised of Masters & Bachelor Level Clinicians and Certified Peer Specialists
  - Youth teams are comprised of Masters & Bachelor Level Clinicians and Family Partners

Hospital Based Crisis Teams

- Decoupling of Hospital and Community Teams
- Hospitals diverting to CBHC/MCI
- Importance of ED Diversion
  - Helps ED's focus on medical needs of community
  - Helps lower hospitalization rates
  - Exposure considerations
  - Time & resource of transport and ED visit with lack of benefit
  - Process of referral to crisis in ED
  - Repeated account of crisis
- Notification to ED
  - May help avoid discharge by doctor without referring to crisis
  - Information sharing ensures more informed disposition
  - Helps ED personnel best treat the patient

MCI & Police intersection/collaboration

- MCI may call police for:
  - Assistance with executing Section 12 for transport to ED for containment while awaiting psychiatric placement
  - Assistance with executing Section 12 for transport to ED for safety while awaiting crisis assessment
  - Assistance with a person who cannot be de-escalated by crisis staff or a person who has a history of violence , destroying property, engaging in criminal activity
  - Enforcement of Rogers Order
  - Duty to Warn/Tarasoff
  - Guidance around responding to neighborhoods with recent violent activity

MCI & Police intersection/collaboration

- Police may call the 24/7 MCI # to:
  - request Crisis Assessment due to risk issues
    - Significant self harm, suicidal thoughts, active suicide attempt, interrupted suicide preparation, homicidal/violent threats seeming to be related to psychiatric condition, person cannot care for self related to psychiatric condition
  - request resource information for Substance Use treatment, Mental Health treatment, social services
  - request assistance for someone they are encountering
  - request telephonic assistance with filling out a section 12 or request in person consult for section 12 if unclear

Section 12

- Section 12

A). **Mental Illness: For purposes of admission to an inpatient facility under Section 12, "Mental Illness" means a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life. Symptoms caused solely by alcohol or drug intake, organic brain damage or intellectual disability do not constitute a serious mental illness. Specify evidence including behavior and symptoms:**

____

B). Likelihood of Serious Harm (check all categories that apply):

_____ **(1) Substantial risk of physical harm to the person himself/herself as manifested by evidence of threats of, or attempts at suicide or serious bodily harm; and/or**

_____ **(2) Substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; and/or**

_____ **(3) Very substantial risk of physical impairment or injury to the person himself/herself as manifested by evidence that such person's judgment is so affected that he/she is unable to protect himself/herself in the community and the reasonable provision of his/her protection is not available in the community.**

Specify evidence including behavior and symptoms:

____

Section 12 cont.

- Section 12 cont'd

3). **Applicant Certification (check all applicable boxes)**

a. I am a: Licensed Physician or Nurse Practitioner (GL. Ch 112 §80i) Qualified (i.e. Licensed) Psychologist Qualified (i.e. Licensed and Certified) Psychiatric Nurse Mental Health Clinical Specialist Police Officer Licensed Independent Clinical Social Worker (LICSW)

b. I have OR I have not personally examined this person. If not, why?

____

c. I have consulted with either the receiving facility or emergency screening program.

d. I have not so consulted because____

____

Applicant's name (not patient):
(print)_____________________________________Phone:___________________________

Address:________________________________City/Town_____________________State____

Applicant's signature:_________________________ Date: _______________ Time:________

NOTE: Parts 1) through 3), above, must be completed to apply for involuntary hospitalization.

	Clinical Support Options	Ashburnham, Gardner, Hubbardston, Templeton, Westminster, and Winchendon
Western	**Clinical Support Options**	Amherst, Chesterfield, Cummington, Easthampton, Florence, Goshen, Hadley, Hatfield, Middlefield, Northampton, Pelham, Plainfield, Westhampton, Williamsburg, and Worthington Ashfield, Athol, Bernardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Millers Falls, Montague, New Salem, Northfield, Orange, Petersham, Phillipston, Rowe, Royalston, Shelburne, Shutesbury, Sunderland, Turners Falls, Warwick, Wendell, and Whately
	Behavioral Health Network	Agawam, Blandford, Chester, East Longmeadow, Granville, Hampden, Huntington, Indian Orchard, Longmeadow, Montgomery, Russell, Southwick, Springfield, Tolland, Westfield, West Springfield, and Wilbraham
	Center for Human Development	Belchertown, Bondsville, Chicopee, Granby, Holyoke, Ludlow, Monson, Palmer, South Hadley, Southampton, Thorndike, Three Rivers, and Ware
	The Brien Center	Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egrement, Florida, Great Barrington, Hancock, Hinsdale, Lanesboro, Lee, Lenox, Monroe, Monterey, Mount Washington, New Ashford, New Marlboro, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, and Windsor

Crisis Programs

Individuals may request crisis services on their own or they can be referred by family members, medical providers, schools, state agencies, law enforcement, etc. **Crisis services are available to all individuals regardless of insurance or ability to pay.**

- Crisis assessment and support by a clinician on location (home, school, clinical office, ED, etc.).
- Development of a Crisis Management Plan.
- Psychiatric consultation and urgent psychopharmacology intervention as needed.
- Referrals and linkages to all medically necessary behavioral health services and supports, including access to appropriate services along the behavioral health continuum of care.

CSO is a Certified Community Behavioral Health Clinic and provides a full range of behavioral health and substance abuse services through a network of six licensed outpatient sites. Four of our sites (Northampton, Greenfield, Athol, and Gardner) are state-designated **Community Behavioral Health Centers** (CBHCs), providing open access to outpatient, urgent, and emergency behavioral health care.

NORTHAMPTON / HAMPSHIRE COUNTY
24 Hours/Day, 365 Days/Year
Adult & Youth Crisis Intervention
413.586.5555

GREENFIELD / FRANKLIN COUNTY
24 Hours/Day, 365 Days/Year
Adult & Youth Crisis Intervention
413.774.5411

ATHOL / NORTH QUABBIN
24 Hours/Day, 365 Days/Year
Adult & Youth Crisis Intervention
978.249.3141

GREATER GARDNER / NORTH COUNTY
24 Hours/Day, 365 Days/Year
Adult & Youth Crisis Intervention
978.488.8888

Outpatient Services include:

- Urgent Outpatient assessment and treatment
- Diagnostic evaluations
- Therapy for children, adolescents and adults
- Child and Adult Psychiatry
- Sexual abuse and trauma treatment for survivors and their families
- Treatment for depression, anxiety, PTSD and general adjustment disorders
- Group Therapy
- Structured Outpatient Addiction Programs
- Case Consultation and collaboration
- Medication management
- Intensive Outpatient Programs
- Psychological testing and assessment

417 Liberty Street, Springfield, MA 01104

77 Mill Street, Westfield, MA 01085

- BHN Mobile Crisis Intervention
- 24/7 Crisis Line 413-733-6661
  - RAP Drop off
  - Police Drop Off
  - Dedicated Police Line 413-417-6511
  - Mobile Response Triage & Dispatch
  - MCI Available 24 hours a day, 7 days a week
  - Shift supervisors in house and on call
  - On campus access to The Living Room
  - Telephonic Triage including de-escalation, brief risk assessment
  - Phone consultation, phone support
- Central Intake 413-301-WELL (413-301-9355)
  - Detox Admissions, Urgent Care & Access center
  - On site assessments/walk ins accepted (call ahead preferred)

BHN CBHC Services

Services for Youth and Adults

Crisis Services, Urgent Care Same-day support **& Therapy**

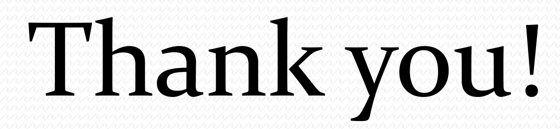
Navigation Support: Help with insurance, housing food, etc.

Access to: Peer Specialists, Care Coordination, Psychiatry Services, Skill-Building Workshops

Monday - Friday, 8 am - 8 pm
Saturday & Sunday, 9 am - 5 pm

Helpful Information

- Section 18a, regarding assessment of persons in police custody
    - Youth
    - Adults
- Roger's Order
    - Order in place by court mandate, medication is administered and managed by others
    - Refusal of 3 consecutive doses of prescribed antipsychotic medication
    - Criteria generally includes history of negative symptoms often to include aggression
    - Enforced by crisis implementing an involuntary admission, held at ED for safety and containment


Thank you!

Critical Incident Stress Management

Presented by Officer Robert “Chip” Thrasher, Deerfield Police Department

Introduction

- Officer Robert Thrasher, Deerfield Police
- Graduate of Northeastern University with 39 years in Massachusetts law enforcement
- Attended the Barnstable County Police Academy working at the Yarmouth Police Department, followed by 34 years at University of Massachusetts @ Amherst retiring in 2017 as a Lieutenant and Commanding Officer of the crowd management team
- Post retirement work as a part time officer with DPD and the MPTC's Instructor Development Team

Introduction

- We will review the following
- What is Critical Incident Stress
- The Western Massachusetts CISM Team and the who, what, where, how and why you should utilize the WMCISM Team
- Available resources to the First Responder in addressing Critical Incident Stress

Critical Incident Stress

- Critical Incident Stress is a normal reaction to an abnormal incident.
- Most Police Officers handle serious incidents daily without issue.
- A Critical Incident can include;
  - Death of a peer
  - Death of a child
  - Mass casualities
  - Prolonged situations
  - Events the bring intense media attention/perceived administration betrayal

The Western MA. CISM Team

- The WMCISM is based out of WMEMS in Northampton.
- The team is available 24 hours a day, 7 days a week made up of Police, Fire and EMS peers, mental health professionals and area clergy.
- Since the founding of the team it has grown providing service to the four western Massachusetts counties police, fire, EMS and dispatchers. We utilize the Mitchell Model

- The team responds to any police, fire or EMS department as well as area SAR Teams, Ski Patrol and similar emergency responders

What does the WMCISM Team provide

- Education on stress in emergency services
- Support Teams at the scene or immediately following the incident
- Defusing, Debriefings and One on One services
- Resource and Referral Networks including area clinicians with a background in helping 1st Responders, in and out patient programs like On Site Academy.

What does the team bring to a response?

- The team are all volunteer, ICISF trained and qualified
- The interactions are all confidential under Massachusetts General Law
- The team is made of up of veteran responders with experience.

How does the WMCISM provide service?

- If an agency has an incident and feels they need a team response the first step is to call 1 413 586 6065. After hours this will page Lisa at WMEMS.
- The second step is to determine what resources are needed. This can include;
  - Defusing
  - Debriefing
  - One on One

Defusing

- This is done in an more informal method following an incident with a couple of keys points
- Ground Rules
- Confidentiality
- Not an operational review
- Share information

Debriefing

- The is a larger, more formal program with a substantial education block focusing what is a “normal” response to a critical incident
- Same ground rules and confidentiality
- 6 stage process

Why does this work?

- Hearing what the other responders heard, saw and did
- Learning that feeling like s#$ after some calls is normal and in fact healthy.
- How to get help within the police or fire “world” before you can’t deal with it.

How does CISM and CIT come together

- Some calls requiring a CIT response may require a CISM response later.
- You may respond to another 1st Responder in crisis and need someone with information on a referral .

Questions

- Officer Robert Thrasher
- Deerfield Police, Conway St. Deerfield, MA. 01373
- Email rathrasher35@gmail.com
- 413 800 4223

END OF CIT TRAINING

KNOWLEDGE CHECK & DISCUSSIONS

COLLECTION OF EVALUATIONS

GRADUATION NEXT !!!!!!!!!!!!!!!!!!!!!