

# CIT Training

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Day 2

January 24, 2023

# Presentation #1

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**8am – 10:00am**

**Hearing Voices**

**Western MA CIT De-Escalation Training Team**

# Hearing Voices – Dr. P. Deegan



# Hearing Voices – Dr. P. Deegan

# A Tale of Mental Illness



# Hearing Voices

## SIMULATION EXERCISE



# Presentation #2

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**10:00- 11:00am** Youth in Crisis

Ziana Dillon, MCI Coordinator

Danielle McBain, Senior Family Partner

Behavioral Health Network, Inc

# YMCI & CIT

Youth Mobile Crisis Intervention

# AGENDA

Overview

Staff at YMCI

Approaches

Spectrum of Youth Levels of Care

Contact Information

# OVERVIEW

Community Behavioral Health Center (CBHC) is the umbrella over urgent access and crisis teams in Massachusetts; 25 launched as of 2023

Crisis is now referred to as MCI (Mobile Crisis Intervention) that is broken into 2 teams - Youth MCI (YMCI) and Adult MCI (AMCI)

YMCI works with individuals 20 and under; no matter the insurance (or lack thereof). AMCI can work with 18-20 as well due to them being in a transitional age group

Mobile team- go to homes, provider offices, schools, etc.

At BHN, can be seen at 417 Liberty St. Springfield, MA and 77 Mill St. Westfield, MA. as well

## STAFF AT YMCI

YMCI Clinician	Family Partner	YMCI Mentor	Youth Services Coordinator
<ul style="list-style-type: none"> <li>-Dispatches to assessments in a team</li> <li>-Determines disposition and next steps for the youth/caregiver and family</li> <li>-Up-to-date on services available for youth to offer</li> </ul>	<ul style="list-style-type: none"> <li>-Dispatches to assessments with YMCI Clinicians and supports caregiver</li> <li>-Follow-ups with caregiver, supporting, empowering, and connecting caregiver with their own providers</li> <li>-Can dispatch to assist caregivers in crisis situations with youth in place of assessments (when appropriate)</li> </ul>	<ul style="list-style-type: none"> <li>-Dispatches to assessments with YMCI Clinicians and supports youth</li> <li>-Can dispatch to crisis situations for youth in place of assessments (as appropriate)</li> <li>-Follow-ups with youth to assist with skills and techniques</li> </ul>	<ul style="list-style-type: none"> <li>-Completes referrals</li> <li>-Connects with providers, including schools</li> <li>-Assisting in connecting providers with providers, creating communication and meetings</li> <li>-Up-to-date on providers and waitlists</li> </ul>



Assessments

Team approach that responds to a crisis situation, discusses presenting and precipitating events, and determines disposition through risk and protective factors.

Some risk and protective factors looked at include:

Risk	Protective
Suicidal Ideation (SI)	Family/Natural Supports
Self-Injurious Behaviors (Bx)	Providers
History of SI/attempts	Positive Coping Skills
Homicidal Ideation (HI)	Future Oriented/Goals
Aggressive/assaultive Bx	Core values/beliefs
History of HI/Assaults	Ambivalence towards dying
Hallucinations	Help-seeking
Other	Other

Support

- Following assessment, team can conduct follow-ups for 7 days; can be done in-person, telehealth, or via phone
- Family Partners and YMCI Mentors support and connect in the community with youth/caregiver
- Youth Services Coordinator can connect with school/providers and put in referrals for providers



## COMMUNITY APPROACH

Goal of crisis is to ensure safety and assist in keeping youth in the community

- Recidivism rate higher after being placed at a higher level of care
- Possible trauma from going to a higher level of care
- Long-term benefit of working with youth in their natural setting with community supports

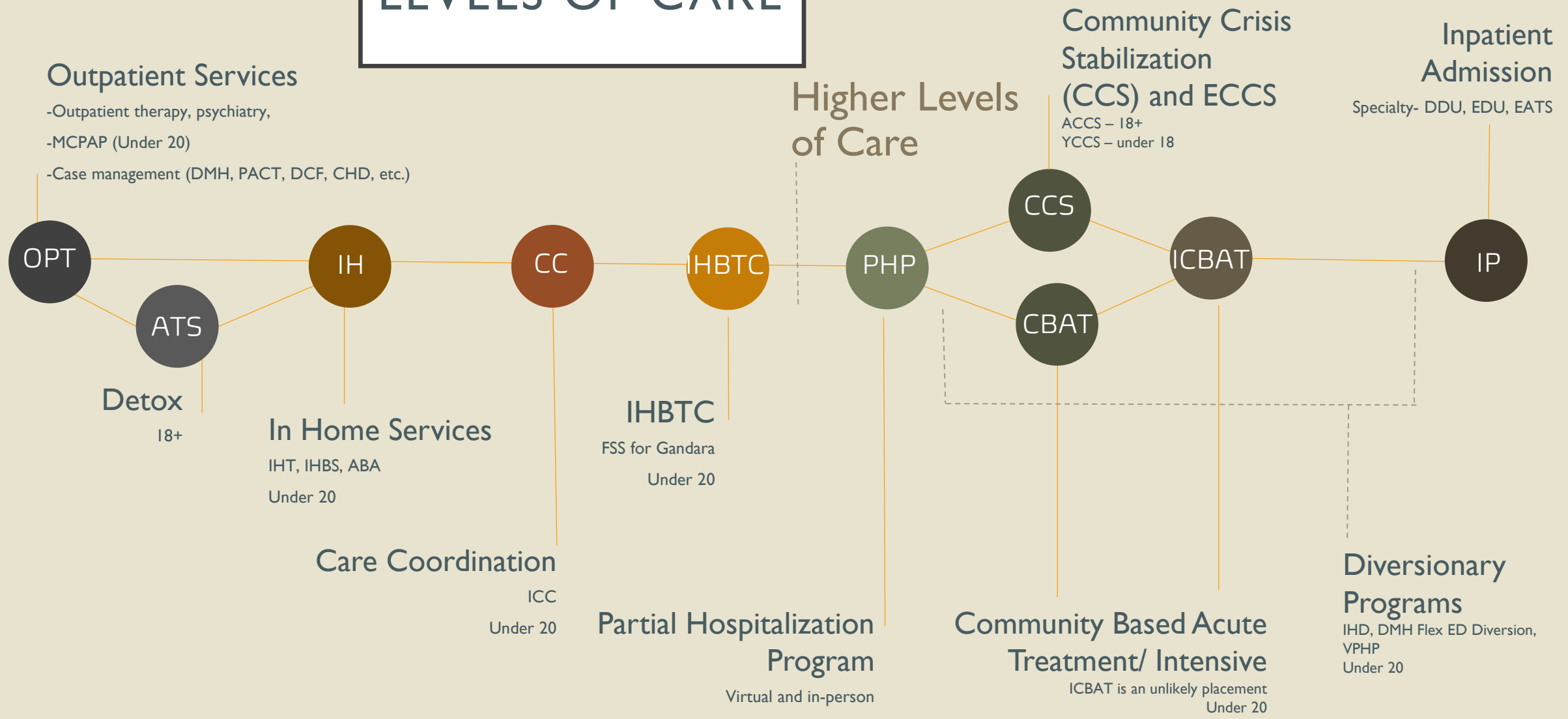
Push for an overall community approach and avoid Emergency Departments (ED)

- Possible trauma from being in the ED
- Separate ED crisis team – possibility of discharge with no follow-ups and no community supports
  - If it is safe to do so, do **not** send youth to the ED and instead have crisis respond to enable continued work with the family in the community during their crisis

What can we do?

- Work with diversion programs
- Continue to increase follow-ups from our crisis team
- Police drop-off at crisis cite
- Utilize crisis mobile response rather than ambulance to the ED
  - Coming onsite or having us come to the location (home, provider office, etc.)

# LEVELS OF CARE



# THANK YOU

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Danielle McBain, YMCI Senior Family Partner – [Danielle.McBain@bhninc.org](mailto:Danielle.McBain@bhninc.org); 413-657-0534

# Presentation # 3

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11:00am-12:00pm

**Runaway Assistance Program, Children & Families**

Fran Cameron

&

Jean Rogers

Center for Human Development

# Families & Crises



# What you hear from parents--- This Kid--

“Won’t take their meds!”

“Always threatens to run away”

“Won’t listen, Rude, Swears at me!”

“Won’t stop fighting with little sister”

“Stays out till all hours with who  
knows who”



# What you hear from youth

“They hate all my friends and never let me do anything with anyone”

“my mom treats me like I’m 5”

“All the other kids get treated better, why should I be locked in 24/7?”

# Can you arrest? NO!



- Youth in the home or just back from being gone are NOT on the run, officers can NOT remove from home.
- Youth can not be removed for being “defiant or difficult”.
- Not taking meds, acting like a teen or breaking curfew are not criminal offenses.
- CRA warrant is a call to court, NOT arrest

**HOWEVER....**

## You can still offer help:

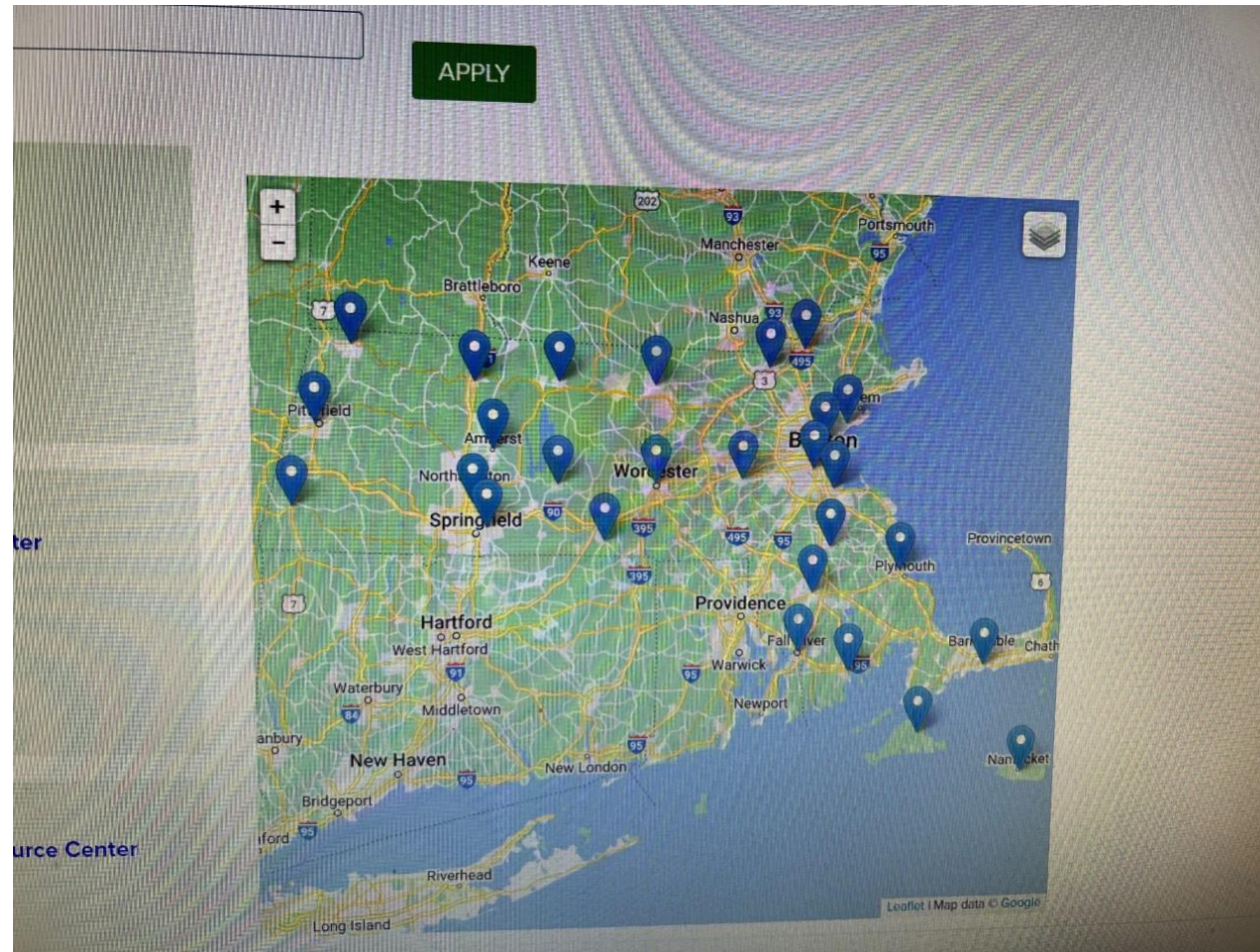
- If a parent is concerned about mental health, the crisis team (EMH) is more appropriate than police response. Mobile crisis will go to family, ER or site open 24/7.
- Anyone can call 211 at any time in 140 languages for referrals to counseling, detox, and other family issues.
- Parent/guardian can go to Juvenile court when open to consult on a CRA petition.
- Parent/youth can contact Safety Zone for community based support services.
- Parent/guardian can call DCF and sign up for services. 1-800-792-5200.



# 211 and Family Resource Centers

- Ma211 is the family 911.
- 211 can be called from any phone in Commonwealth, 24/7 and in 140 languages
- Family Resource Centers (FRCs) are locations that provide community connections, support and problem solving to anyone in their area.
- FRCs have access to everything from bus passes to fuel assistance signups to parenting groups to school uniforms and food handouts.

# FRCMA.org





- Talking to distressed families takes time, so encourage all parties to breathe. Remember, this issue has likely been simmering long before the 911 call and won't be rectified in 5 minutes.
- Having handouts for 211, Safety Zone, Crisis team or Family Resource Centers seems small, but has impact
- You may be at a home several times before a family acts on information given.
- In cases of abuse, neglect, exploitation or a refusal to parent, a 51a report IS necessary.

# Tips for Parents/Guardians when filing runaway reports



- Know your child! Who do they hang out with? Where? Which friends drive?
- Have several current photos.
- Keep medication list handy.
- Think in advance if you want the PD to post on social media @ your missing teen.
- Have a plan for youth's return. Alternate family member/friend to use for a respite.
- What are we missing?

# Community Runaway Youth

- Definition: Youth not currently open with DCF or DYS with an active missing person/runaway report

## Steps:

1. Contact guardian and attempt to return to family.
2. If unsuccessful, call 211.
3. 211 will ask a few questions and provide nearest crisis/EMH center.
4. Drive youth to crisis/EMH center, introduce youth to staff.
5. Say goodbye and go. Simple, easy and quick!

# What happens with these youth?

- Youth who are brought to crisis/EMH are seen by a clinician to screen for hospitalization or respite. If not hospital level of care....
- Clinician & youth meets with CHD worker to review situation and brainstorm
- CHD worker identifies foster home/group home and transports youth there and to court in AM.
- Youth meets with court staff and attorney.
- Attempts are made at each step to release to family with community based services. Fail? DCF steps in.

# SAFETY ZONE

## 14 to 17 years old



- Self Referral
- 24/7 Support
- Free
- Confidential
- Stabilize family and Youth
- Prevention Services
- Family Support

413-781-6556

## When you find a runaway teen...from DCF

- Call DCF Hotline 1-800-792-5200 to report a youth was found and is ready to be picked up.
- When speaking with DCF, use firm language – this youth is waiting, how long until arrival?
- DCF MUST come for youth in their legal custody OR from ANY placement.
- Group home or foster parent says youth is no longer a client!?

**DCF must come to pick up.**



# Sexual or Employment Exploitation

- If you have ANY suspicions or evidence that a youth has been exploited sexually or on the job, a 51a is required. Call 1- 800-792-5200.
- Say EXPLOITED youth during report.
- You don't have to be certain, suspicions ok.
- DCF has multidisciplinary teams to investigate
- Sexual Exploitation of youth is real & it's here
- Employment exploitation less with teens, but possible. Same reporting process.

# Under Arrest, under 14

- 14-18 under arrest, contact Overnight Arrest – DYS at 617-474-8179
- Youth under 14 can be charged, but not held in secure facilities.
- Not bail eligible, release to family or designated adult with court appearance in AM preferred.
- These situations are challenging and will require multiple calls to DCF, family, Probation.
- CHD will help navigate the process and seek to release or locate safe placement.
- CHD can place in foster home, if non-violent offense.
- Younger youth with violent charges require mental health assessments.

- Best practice for all youth:
  1. Seeking a MH assessment for youth
  2. Involving DCF for a 51a on any parent that refuses to pick up a youth who should be released.
- Call 24/7 to CHD for help in stuck or confusing situations

413-781-6556



One number reaches ALL CHD  
programs

413-781-6556

Call at any time & Share this  
number with families.

We will figure it out!

# Presentation # 4

1:00-2:00 pm

**TRIAD – Franklin County Sheriffs Department**

# Presentation # 5

2:00-3:00pm

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## **DMH Community Services**

Kristin M. Smith, LMHC  
Hampshire Site Director  
Department of Mental Health



# DMH Community Services

EOHHS

DEPARTMENT OF MENTAL HEALTH

JANUARY 2023

# Fact:

- ▶ There are an estimated 36,000 individuals in Western Mass identified as long term, seriously mentally ill adults. The estimated population of Western Mass is 151,000.

# Mental Health Treatment: Inpatient Setting

Inpatient – Community hospitals, Continuing Care Hospitalization, Civil or Forensic commitments

Does not necessarily need to be a DMH client to receive inpatient care, can be an access point to DMH services

# Mental Health Treatment: Community Settings

- ▶ Crisis stabilization units/Respite
- ▶ Day programs/ partial hospitalization
- ▶ Outpatient clinics for medication and therapy
- ▶ Other select programs and services:
  - ▶ PREP
  - ▶ Star Lite clubhouse
  - ▶ Northampton Recovery Center
  - ▶ Community Support Program (CSP)
  - ▶ Wildflower Alliance/peer support

**Can all be potential access points to DMH services**

# Community DMH Services

- ▶ DMH Case Management: referral, access to programs, care coordination
- ▶ Adult Community Clinical Services (ACCS)
  - ▶ Wrap around services based on individual needs
  - ▶ includes group home (GLEs) and shared living settings
- ▶ Programs of Assertive Community Treatment (mobile interdisciplinary teams): PACT
  - ▶ Wrap around services
  - ▶ Multidisciplinary team for each client

# Other DMH-Funded and affiliated Services

- ▶ Community respite programs
- ▶ Homeless programs – include Eliot Homeless Outreach Services, Shelter Plus Care, and other housing subsidies.
- ▶ Clubhouse employment supports (Lighthouse, Forum, Odyssey, Starlight, Berkshire Pathways, Green River House)
- ▶ Recovery Learning Communities-Peer Supports  
(i.e. Wildflower Alliance)

# WM Adult Community Services: Number of Service Recipients (2018)

In community, set up via “catchment area”:

- ▶ Springfield: 730 (477 ACCS)
- ▶ Holyoke/Chicopee: 462 (300 ACCS)
- ▶ Westfield: 298 (216 ACCS)
- ▶ Hampshire: 287 (200 ACCS)
- ▶ Franklin/N. Quabbin: 270 (187 ACCS)
- ▶ Berkshire: 394 (305 ACCS)

# Eligibility/Service Authorization

- ▶ Service Authorization forms available on DMH website
- ▶ Adult WM receives at least 700 applications a year; about 50% are found eligible (per 2018 data)
- ▶ Serious and persistent mental illness
- ▶ Not head injury, intellectual disability, medical disorder
- ▶ Needs not met elsewhere (ex: VA)

# What happens if a DMH client declines services?

- ▶ Steps taken to engage, if appropriate
- ▶ Close out services, if that is what the client determines or unable to make contact
- ▶ Resume services if the client changes their mind and reapplies. An individual who decides to accept services within a year of the initial application does not need to reapply

# DMH Values

- ▶ Recovery
- ▶ Person Centered Approaches
- ▶ Trauma Informed Care
- ▶ Voluntary Treatment
- ▶ Least Restrictive Environment/Community
- ▶ Wellness and independence

# Questions and Answers

▶ Contact Information:

**Heather Martin (interim)** 413-587-6233 (Hampshire)

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# Presentation # 6

3:00-4:00pm

**National Alliance on Mental Illness (NAMI): In Our own  
Voice - Lived Experience Perspective**

End of Day 2

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THANK YOU