CIT Training

Day 2

Human & Civil Rights

8am – 9am

Nicola Howe, MSW

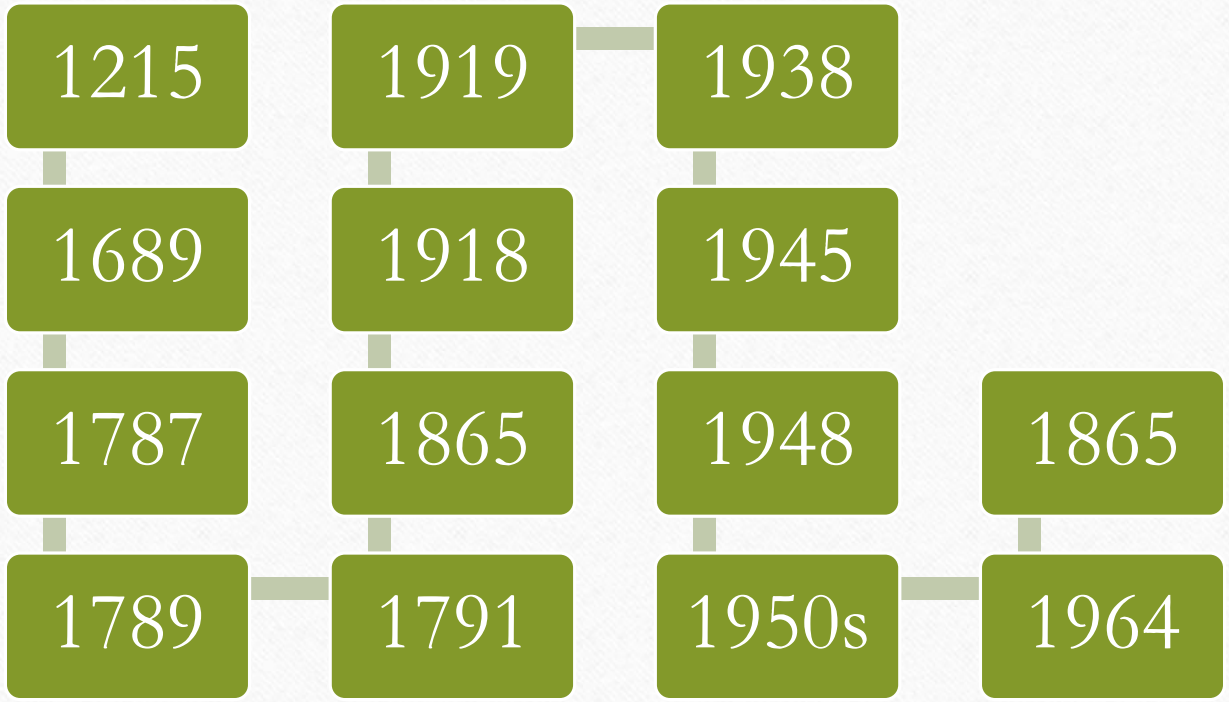
CIT-TTAC Coordinator

Objectives

By the end of this presentations, participants will be able to:

- Explain human rights, civil rights and civil liberties.
- Know the terms “universal and inalienable”
- Have some knowledge of rights of the mentally challenged, disabled communities and addiction population.
- Identify Laws regarding the mentally challenged, disabled communities and addiction population.

Timeline – Human Rights



What are Human Rights?

- Human rights are rights we have simply because we exist as human beings - they are not granted by any state.
- These universal rights are **inherent** to us all, regardless of nationality, sex, national or ethnic origin, color, religion, language, or any other status.
- They range from the most fundamental - the right to life - to those that make life worth living, such as the rights to food, education, work, health, and liberty.

What are Human Rights?

- The **Universal Declaration of Human Rights (UDHR),** adopted by the UN General Assembly in 1948, was the first legal document to set out the fundamental human rights to be universally protected.
- The UNDR 30 articles provide the principles and building blocks of current and future human rights conventions, treaties and other legal instruments.

What are Human Rights

- Human rights include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination.

What are Human Rights

- Universality
- Inalienable
- Indivisible
- Interdependent

Equal and non-discriminatory

- Article 1 of the UDHR states: "All human beings are born free and equal in dignity and rights." Freedom from discrimination, set out in Article 2, is what ensures this equality.
- Non-discrimination cuts across all international human rights law. This principle is present in all major human rights treaties. It also provides the central theme of 2 core instruments: the International Convention on the Elimination of All Forms of Racial Discrimination, and the Convention on the Elimination of All Forms of Discrimination against Women.

States Obligations regarding "Rights"

- The obligation to **respect** means that States must refrain from interfering with or curtailing the enjoyment of human rights.
- The obligation to **protect** requires States to protect individuals and groups against human rights abuses.
- The obligation to **fulfill** means that States must take positive action to facilitate the enjoyment of basic human rights.

UNHCR Declaration on the Rights of Mentally Ill Persons

- Proclaimed by General Assembly resolution 2856 (XXVI) of 20 December 1971
- Calls for national and international action to ensure that it will be used as a common basis and frame of reference for the protection of these rights:

- OHCHR – Office of the High Commission on Human Rights

UNHCR Declaration on the Rights of Mentally Ill Persons

- 1. The mentally retarded person has, to the maximum degree of feasibility, the same rights as other human beings.
- 2. The mentally retarded person has a right to proper medical care and physical therapy and to such education, training, rehabilitation and guidance as will enable him to develop his ability and maximum potential.
- 3. The mentally retarded person has a right to economic security and to a decent standard of living. He has a right to perform productive work or to engage in any other meaningful occupation to the fullest possible extent of his capabilities.
- 4. Whenever possible, the mentally retarded person should live with his own family or with foster parents and participate in different forms of community life. The family with which he lives should receive assistance. If care in an institution becomes necessary, it should be provided in surroundings and other circumstances as close as possible to those of normal life.

UNHCR Declaration on the Rights of Mentally Ill Persons

- 5. The mentally retarded person has a right to a qualified guardian when this is required to protect his personal well-being and interests.
- 6. The mentally retarded person has a right to protection from exploitation, abuse and degrading treatment. If prosecuted for any offence, he shall have a right to due process of law with full recognition being given to his degree of mental responsibility.
- 7. Whenever mentally retarded persons are unable, because of the severity of their handicap, to exercise all their rights in a meaningful way or it should become necessary to restrict or deny some or all of these rights, the procedure used for that restriction or denial of rights must contain proper legal safeguards against every form of abuse. This procedure must be based on an evaluation of the social capability of the mentally retarded person by qualified experts and must be subject to periodic review and to the right of appeal to higher authorities.

What is a Civil Right?

The Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, religion, sex or national origin. Provisions of this civil rights act forbade discrimination on the basis of sex, as well as, race in hiring, promoting, and firing. The Act prohibited discrimination in public accommodations and federally funded programs. It also strengthened the enforcement of voting rights and the desegregation of schools.

What is a Civil Right?

- **Civil rights**, guarantees of equal social opportunities and equal protection under the law, regardless of race, religion, or other personal characteristics.
- Eg. of civil rights include the right to vote, the right to a fair trial, the right to government services, the right to a public education, and the right to use public facilities. Civil rights are an essential component of democracy; when individuals are being denied opportunities to participate in political society, they are being denied their civil rights.

What are civil liberties?

Civil liberties are basic freedoms and rights that are guaranteed either by the Bill of Rights in the Constitution or by interpretations of those rights by the legislature or courts. **Civil liberties in the U.S. include all of the following rights:**

- Free speech
- Privacy
- Right to remain silent
- Right to be free from unreasonable searches
- Right to a fair trial
- Right to marry
- Right to vote

Rights for People With Mental Illness & DD/ID

People with mental illness are entitled to fair treatment, and they should:

- Be treated with respect and dignity
- Have their privacy protected
- Receive services appropriate for their age and culture
- Understand treatment options and alternatives
- Get care that doesn't discriminate on the basis of age, gender, race, or type of illness

Rights for People With Mental Illness & DD/ID

- Liberty and autonomy
- Protection from seclusion and restraint
- Community inclusion
- Access to Services and Privacy

Rights for People With Mental Illness

- Liberty and autonomy
- **People living with mental health conditions have the right to make decisions about their lives, including their treatment.**
- **They** should be assumed competent to make their own decisions, and a refusal of any type of treatment should not be considered evidence that a person is incompetent.
- Preferences should be observed. In rare cases where an individual is considered an imminent danger to self or others, he or she has the right to due process, adequate representation, and appeals should there be civil commitment or involuntary treatment procedures.

Rights for People With Mental Illness

Protection from seclusion and restraint

- **People living with mental health conditions have the right to be free from all abuses, including the practices of seclusion and restraint.**
- Shackling, physical restraints, chemical restraints, and seclusion are among the practices used in schools and treatment facilities and throughout the criminal justice system. These practices represent failures in treatment, have no therapeutic value, and expose individuals to added trauma.
- Seclusion and restraint also play a role in many interactions with law enforcement, where some estimate about half of those killed by police officers has a mental illness.

Rights for People With Mental Illness

- **Community inclusion**
- **People living with mental health conditions have the right to live and fully participate in their communities of choice.**
- From denying someone an apartment to kicking kids out of schools, discrimination against people living with mental health conditions often occurs in areas like housing, employment, and education.
- Community inclusion means not only addressing discriminatory practices that exist but also providing necessary supports that allow people to live and find meaningful roles in their communities.

Rights for People With Mental Illness

Access to Services and Privacy

- **People living with mental health conditions have the right to receive the services they want, how and where they want them, with full explanation of insurance benefits, treatment options, and side effects.**
- Insurance plans should provide a full explanation of services covered and implement mental health parity, which means providing coverage for mental health related services comparable to those offered for physical health services. This includes making sure people have choices in both services and providers with access to necessary and effective treatment options.
- Informed consent and culturally and linguistically competent services empower people to make the best decisions for their health and well-being

Rights for People With Mental Illness

Privacy

- **People living with mental health conditions have the right to privacy and to manage who can see their healthcare information.** This includes controlling who sees their health information and the ability to access and supplement their mental health records.
- Health plans and providers should provide information about privacy and confidentiality protocols. Information about privacy and information sharing should be given when a person joins a health plan or begins treatment with a new clinician and should be available on an ongoing basis, with the ability to withdraw, narrow, or otherwise modify terms of consent for what is to be shared.

Laws to be considered

- **Americans with Disabilities Act.** This law protects people who have physical and mental disabilities from discrimination in employment, government services and activities, public accommodations, public transportation, and commercial businesses.
- **Fair Housing Amendments Act.** This act outlaws housing discrimination on the basis of certain conditions, including disability. Landlords and owners of rental housing must make reasonable attempts to meet the needs of people with disabilities.

Laws to be considered

- **Civil Rights of Institutionalized Persons Act.** Under this law, the U.S. government can investigate government facilities (such as institutions) for people with mental and physical disabilities in order to make sure that they are safe and get appropriate care.
- **Individuals with Disabilities Education Act.** This law is designed to help children with disabilities get a quality education. Under the law, public school systems must create an education plan for each child with a disability, based on their needs.

Laws to be considered

- Important laws that involve community inclusion include the Americans with Disabilities Act (ADA), Rehabilitation Act, Individuals with Disabilities in Education Act (IDEA), the Affordable Care Act (ACA), the Mental Health Parity and Addition Equity Act (MHPAEA) the Health Insurance Portability and Accountability Act (HIPAA) and state duty-to-warn laws.

End of Presentation

- Recap
- Evaluation
- Thank You

Presentation #2

9am -10am

The CIT Experience

Detective Brian Summers, Holyoke Police Department

Presentation #3

10:00- 11:00am Youth in Crisis

Ziana Dillon, MCI Coordinator

Olivia King, MCI Supervisor

Danielle McBain, Senior Family Partner

Behavioral Health Network, Inc

What is MCI?

- A mobile intervention for youth experiencing a behavioral health crisis, with a focus on strengths, needs, and natural supports of the youth and family
- Thorough assessment of risk, completion of strengths-based Safety Plan and brief intervention and stabilization
- Follow up period of up to 7-days, which includes collaboration with current supports/providers, further stabilization and connection to appropriate community wraparound services if not already in place.
- People 20 and under with MassHealth and some fully funded private insurances
- If they are not MCI, then they are under ES – though they are not under MCI, the MCI team works with youth that are ES as well, but there are some differences in ability to work with them.

Who works in MCI at Crisis?

- **MCI Clinicians:**
  - Clinicians who specialize in working with youth in crisis

- **Youth Services Coordinators:** M-F 9a-5p
  - Completing all referrals for MCI as well as following up on them
  - Assisting with connecting collaterals with the team

- **Therapeutic Mentors:** Sun-Sat, 12p-8p
  - Assist youth in the community
  - Work with youth on communication skills, coping skills, transitional skills, etc.

- **Family Partners:** Sun-Sat, 8a-10p
  - Assist caregiver in the community
  - Work with caregiver, providing support, advocating with the caregiver, etc.

How do they connect?

- Utilizing the therapeutic mentor and family partner when appropriate during an assessment to support the youth or caregiver when police are there
- Utilizing the therapeutic mentor and family partner when appropriate to follow up with the youth or the caregiver following police departure
- Utilizing a therapeutic mentor while the youth is in school to assist in a crisis situation during or following police presence
- Utilizing a therapeutic mentor while a youth is at a group home to assist in the crisis situation during or following police presence
- Utilizing a family partner when a caregiver is in need as well as following the crisis to assist in processing the events and the next steps
- If we do not have a clinician available to come out, we can utilize these staff to assist

Law enforcement working with Youth

- Approaching the situation in an empathetic way, both the youth and the caregiver are currently in crisis
  - The majority of parents do not want police involvement and are uncertain of what to do
- When School Resource Officer's call for assistance from crisis or police, we can have a therapeutic mentor assist with the clinician or in replacement of, if a risk assessment is not needed at that time
- Working as a unified unit when law enforcement and crisis are working together- coming together to work on the common goal of helping the youth/caregiver
- Identifying and implementing any safety plans that are in place, for youth in crisis as well as the other peers (i.e. siblings, peers) that may be present
- Working with an alternative to arrests or hospitals

Additional Services of MCI

Phone support, referral and information

- Regular callers who need daily/regular support.
- People having their first mental health experience/navigating system.
- People not feeling like anything has worked

Crisis Planning

- Work with providers/individuals/families to be proactive and come up with plans on best responses for the person when in Crisis.

MCI Process

- Thorough level of risk assessment, including behavioral health and medical history
- Assessment of family strengths and resources
- Assessment of youth's behavior and families response
- Completion of (or review if they already have one) strengths based Risk Management and Safety Plan, identifying pre-crisis/crisis behaviors and precipitants
- Brief intervention addressing behavior, symptoms and safety
- Identification and inclusion of natural and professional supports, who can aid the family in stabilization and provide ongoing support
  - Goal is to incorporate community supports in addition to or in place of categorical mental health services (i.e. inpatient hospitalization, CBAT)

MCI Process including 7 Day follow-up

- Stabilization of youth and family
- Care Coordination of youth, family, natural and social supports
- Up to 7-day follow up based on the needs of the youth/family
- Next steps could require
  - Plan for follow up with providers
  - Follow up with schools (possibly IEP meetings, CPT meetings, supporting the parent/guardian in advocating needs of the youth in the school, etc.)
  - Making referrals to levels of care
  - Checking in with the family
- MCI may not find the need for a higher level of care (i.e. inpatient hospitalization/CBAT) and want to utilize other strategies first
- Does not mean that over the course of the 7-days the result may not be hospitalization

Levels of Care & Recommendations

- Outpatient therapist (OPT)/ psychiatrist/ MCPAP through PCP
  - Autism specific- ABA and MCPAP ASD-ID
- Therapeutic Mentor (TM)/ Family Support & Training (FS&T)
  - (through OPT/IHT as a hub)
- In-Home Therapy (IHT)/ In-Home Behavioral Therapy (IHBT)
- Intensive Care Coordination (ICC)/ Continuum, now known as FS&S (through DCF)/ Intensive Home Based Therapeutic Care (IHBTC –through DMH)
- Partial Hospitalization Program (PHP)
- Community Based Acute Treatment (CBAT)
- Intensive Community Based Acute Treatment (ICBAT)
- Inpatient Hospitalization (specializations: EATS, EDU, & DDU)

Other:

- Grant funded programs

Presentation # 4

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….

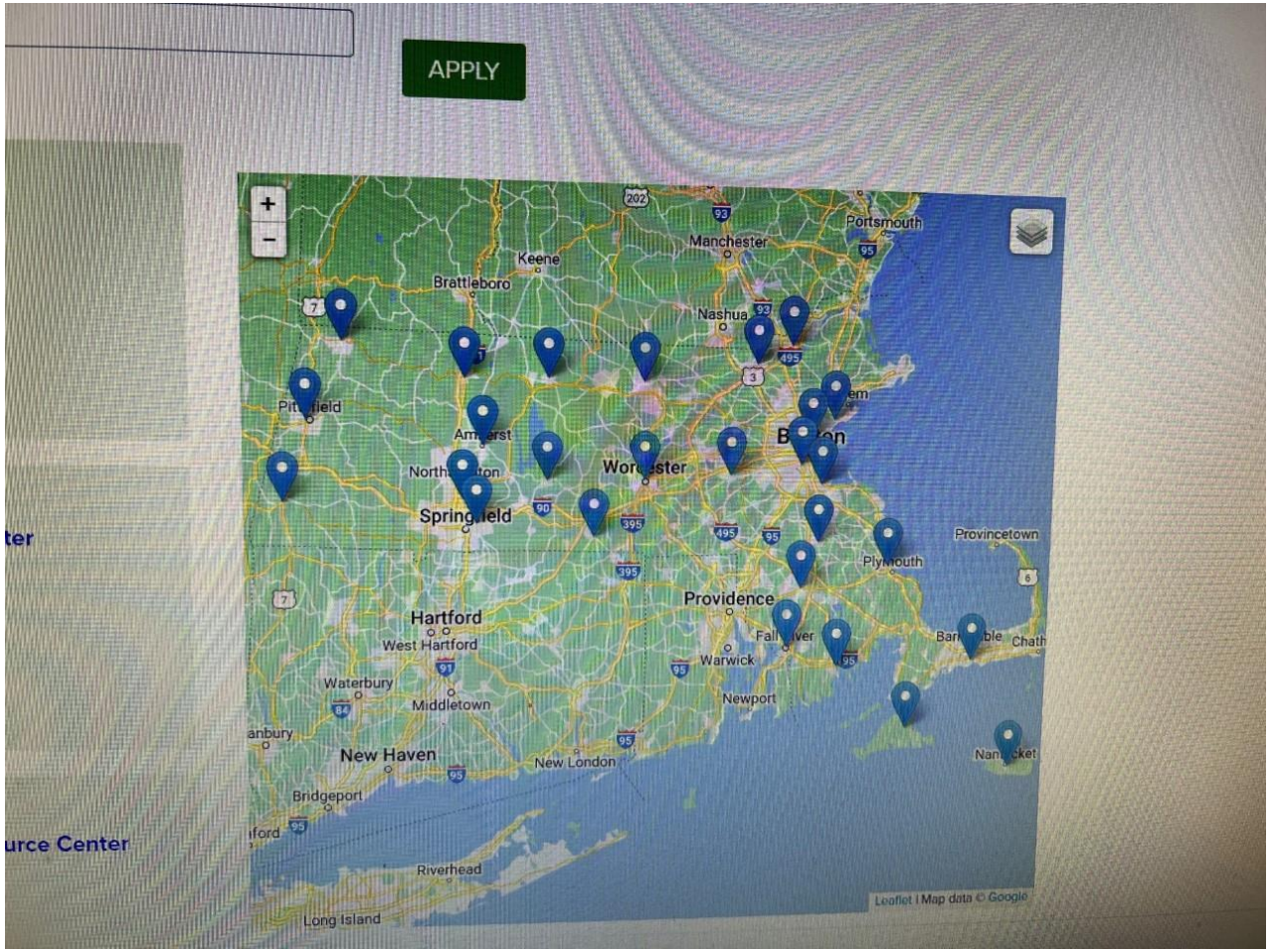
You can still offer help:

- 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


APPLY
Keene
Brattleboro
Manchester
Portsmouth
Nashua
Springfield
Worcester
Hartford
West Hartford
Waterbury
Middletown
New Haven
New London
Bridgeport
Riverhead
Long Island
Providence
Warwick
Newport
Provincetown
Leaflet | Map data © Google

- 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 wont 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 # 5

1:00-2:00pm

All Inclusive Support Systems (AISS)

Irving Lewis, Supervisor, AISS.

All Inclusive Support Services

Hampden County Sheriff's Department

Program Manager
Madeline LaSanta

Program Supervisor
Irving Lewis

Our Learning Objectives

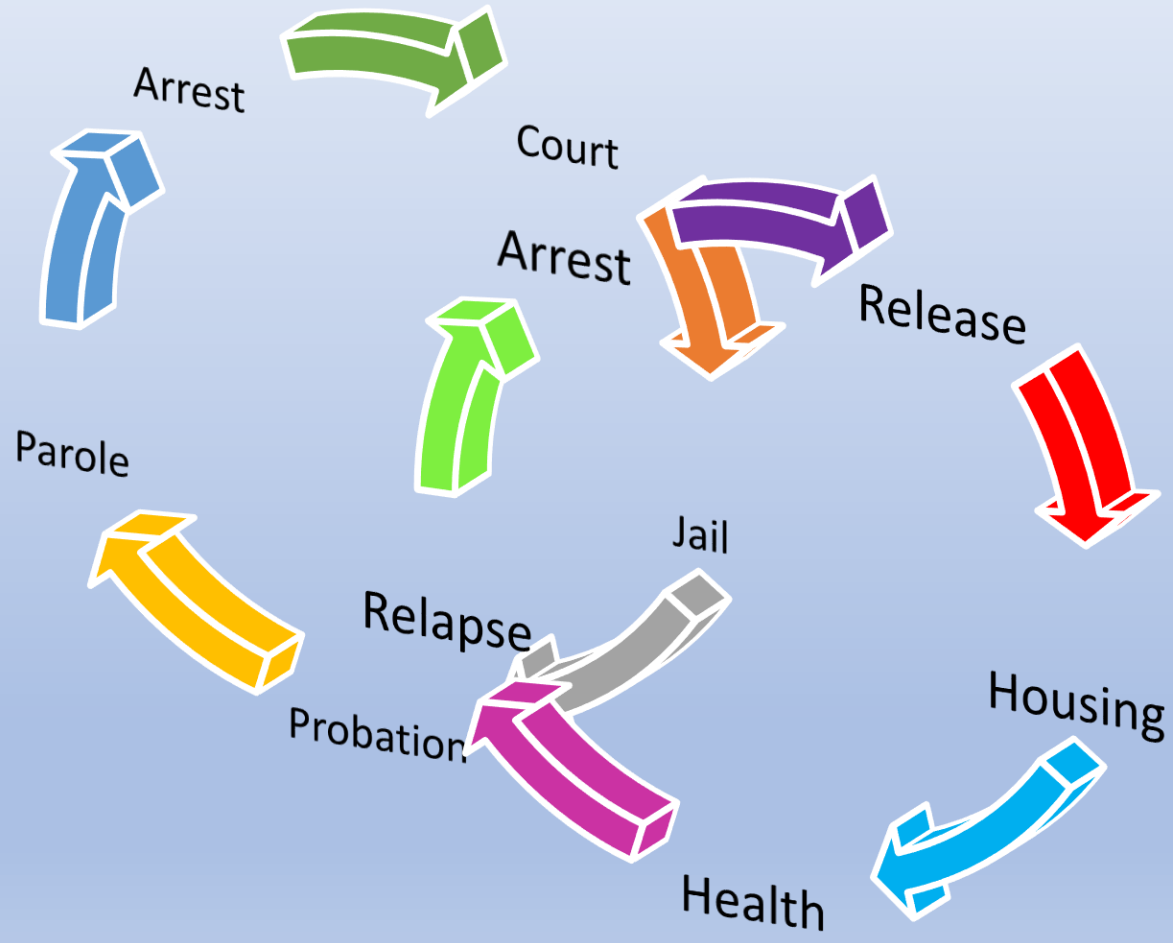
To increase awareness of the services offered through HCSD

To increase collaboration between law enforcement and human services entities

1

What you already may know…

The “Institutional Circuit”



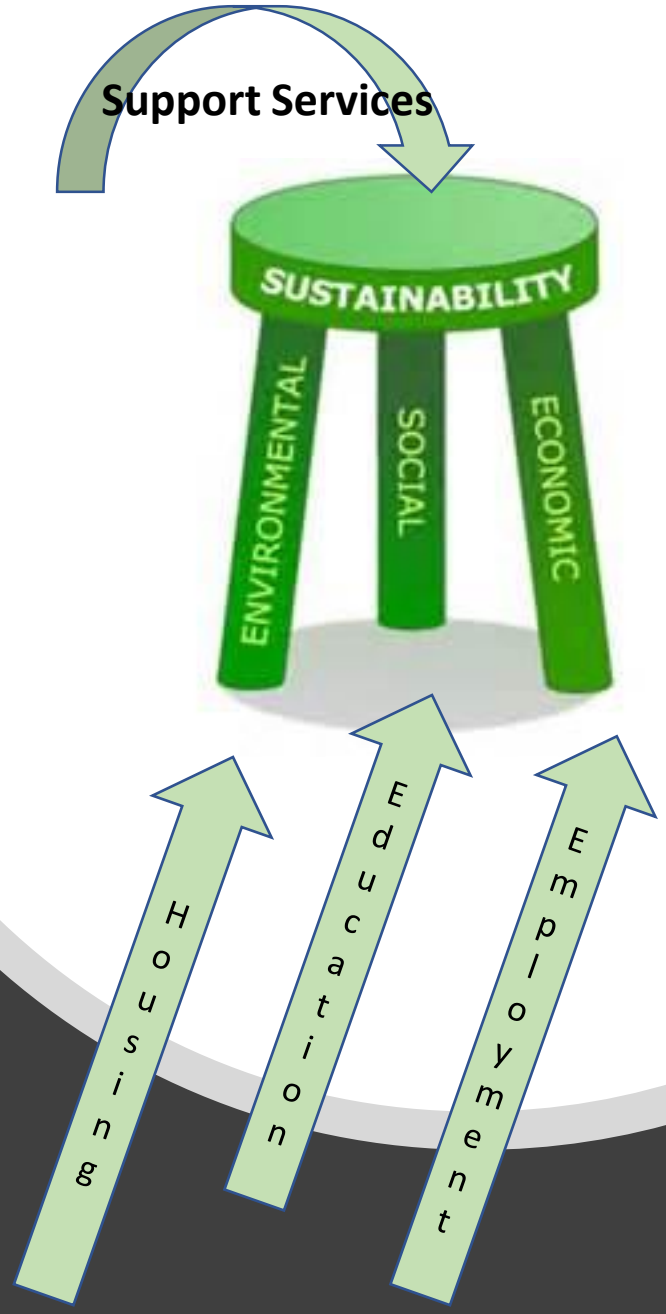

Gabriel:
Recovering Addict

2

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***

3

After the structure of jail

there are many forms of Community Supervision…

Types of Community Supervision

- Day Reporting Program
- Parole
- Probation
- Specialty Courts

4

The effects on family members

The effects on families

5

Stonybrook Stabilization & Treatment Center

Addiction can happen in any family

Stonybrook Stabilization Unit (15 days)

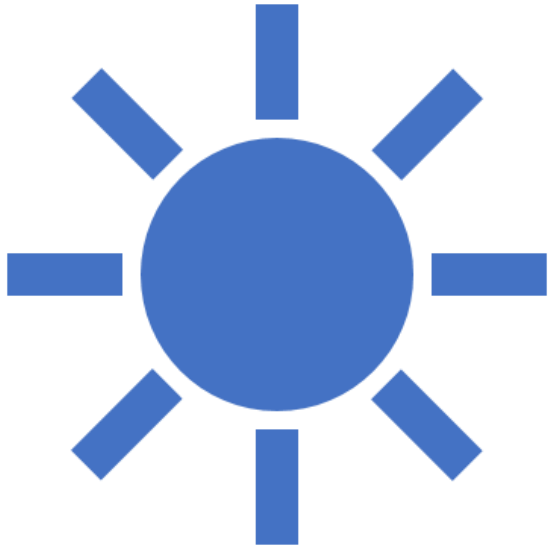
Springfield Stabilization Unit (45 days)

Home Plan

Civil Commitments (section 35)

6

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

7

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

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

bhn

CHD
positively *life* changing


Daisey:
Recovering Addict

8

So what is AISS?

Hampden County Step Down

- 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*.

9

Does it work?

Data on Recidivism

Nationally

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

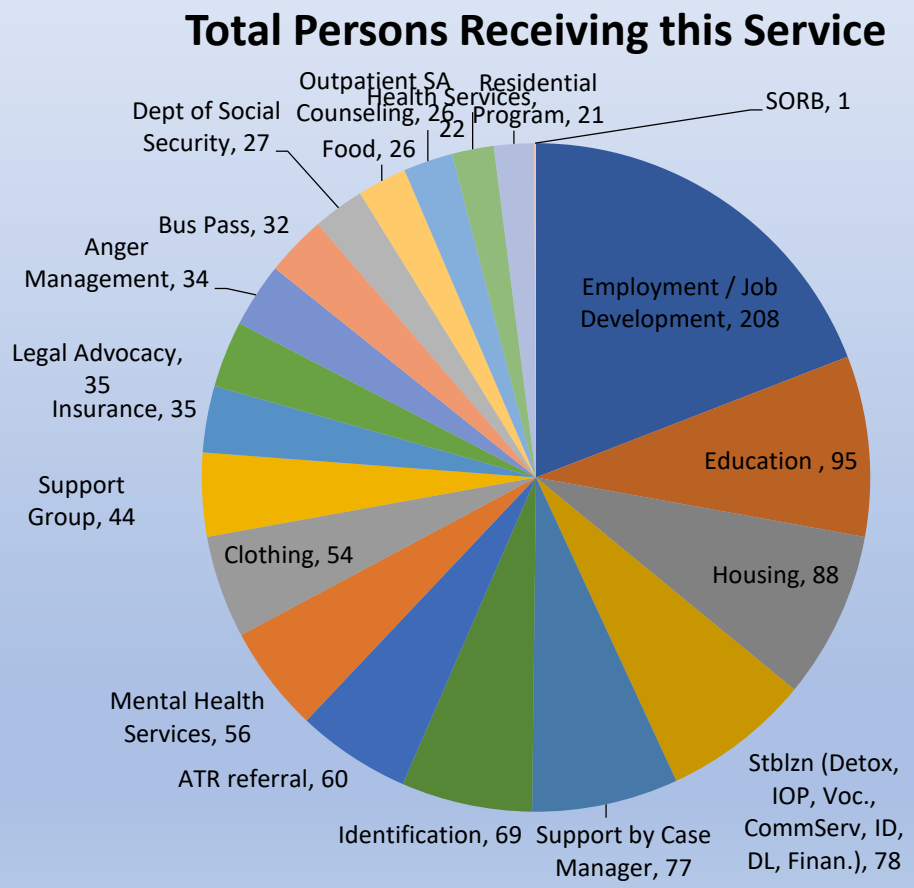
HCSD 3- Year Recidivism

(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 # 6

2:00-3:00pm

DMH Community Services

Wayne Delusso, LICSW

Adult Case Manager, DMH

DMH Community Services

EOHHS

DEPARTMENT OF MENTAL HEALTH

MARCH 2022

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:

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Presentation # 7

3:00-4:00pm

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

Kyrie Mohammed, Coordinator, NAMI

End of Day 2