DAY 5 CIT Training

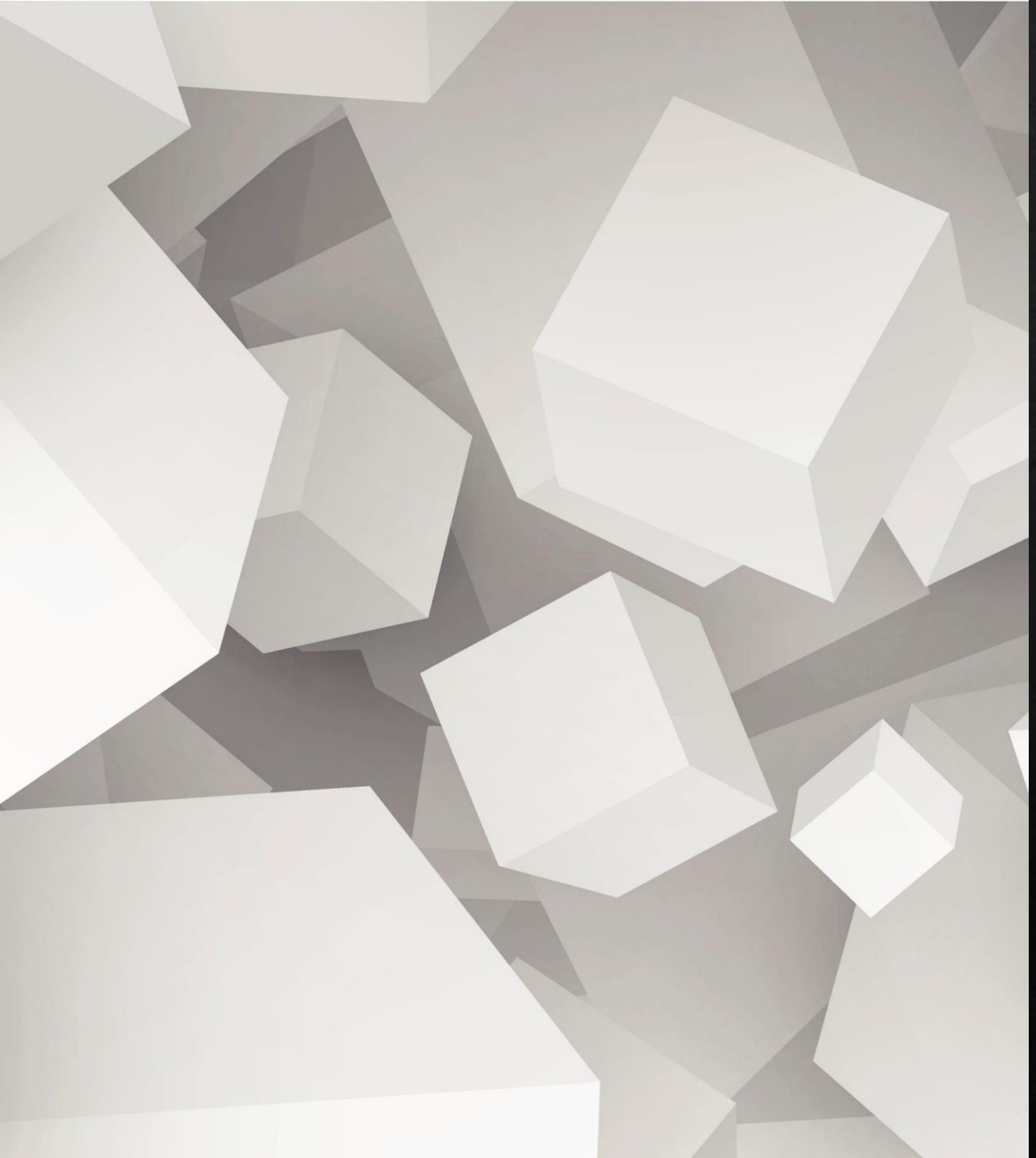
8:00-9:30am	**Cultural Awareness** – Brian Mitchell & Natasha Mitchell
9:30-10:30am	**Homelessness – Craigs Door**, Timothy McCarthy, Director CSO & CRESS – Earl Miller Director
10:30- 12:00pm	**Opiate Crisis Response-** Opioid Task Force

Cultural Awareness

Brian Mitchell &

Natasha Mitchell

Potter's Wheel Community Services



Welcome and Overview

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 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 social structure show up internally and externally is necessary for individual and community-based change.

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 for equitable & inclusive power distribution and its impact in the served community.

Objectives
To examine and discuss the impacts that racial inequality has 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

9:00-10:00 am

Homelessness - Craig's Door/ CRESS

Presentation # 3

10:30am-12:00pm

Opiate Crisis Response

Presentation #4

12:30pm-1:30 pm

What is an ESP?

Crisis Services Overview

Hallie-Beth Hollister
Program Manager
BHN Emergency Services

Emma Reilly, LCSW
Clinical & Support Options
Acute & Day Programs

Emergency Services Provider (BHN)

- Southern Pioneer Valley Catchment Area
  - Agawam
  - Belchertown
  - Blandford
  - Bondsville
  - Chester
  - Chicopee
  - E. Longmeadow
  - Granby
  - Granville
  - Hampden
  - Holyoke
  - Huntington
  - Longmeadow
  - Ludlow
  - Monson
  - Montgomery
  - Palmer/Thorndike/Three Rivers
  - Russell
  - Southampton
  - South Hadley
  - Southwick
  - Springfield
  - Tolland
  - Ware
  - West Springfield
  - Westfield
  - Wilbraham

Community Based Locations

- Southern Pioneer Valley – BHN Crisis
  - 417 Liberty Street, 413-733-6661
    - Available 24 hours a day, 7 days a week
    - RAP Drop off
    - Police Drop Off with CCRT Office (Dedicated Police Line)
    - On site assessments/walk ins accepted (call ahead preferred)
    - Phone consultation, phone support
    - Telephonic Triage including de-escalation, brief risk assessment
    - Mobile Response
    - CIRT/ Project HOPE
    - Shift supervisors in house and on call
    - On campus access to The Living Room and Psych Urgent Care

Emergency Service Provider (CSO)

- Clinical & Support Options (CSO) Crisis is the ESP for much of Hampshire County, Franklin County & Athol/North Quabbin areas

- CSO Crisis is available 24 hours a day, 7 days a week, 365 days a year.

Emergency Services Provider (CSO)

- 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
- Whately
- Amherst
- Chesterfield
- Cummington
- Easthampton
- Florence
- Goshen
- Hadley
- Hatfield
- Middlefield
- Northampton
- Pelham
- Plainfield
- Westhampton
- Williamsburg
- Worthington

Community Based Locations

- Hampshire County -

29 North Main Street in Florence or
Cooley Dickinson Hospital in Northampton
413-586-5555

- Franklin County

296 Federal St in Greenfield or
104 High St. in Greenfield
413-774-5411

- Orange/Athol

491 Main Street in Athol
978-249-3141

Mobile Response

- Provides Emergency Services as a mobile response
  - Homes, providers offices, schools, residential programs, other treatment programs, doctors offices, police stations, places of employment, etc.
    - Higher comfort level in familiar environment, person more likely to open up, more opportunity for family interaction and safety planning, less stigmatizing
  - Safety of our staff
  - Diversion from ED when possible
  - Mobile Response times

Emergency Department (ED)

- Crisis staffing in ED's
- Process of referral to crisis in ED
- Diversion
  - Helps lower hospitalization rates
  - ED often has crisis patients waiting hours before even being referred and sometimes hours after being referred
- Best Practices
  - Call Crisis if making decision to send to ED
    - May help avoid discharge by doctor without referring to crisis
    - Will help with gathering of information around reason for visit to ED, reason for crisis assessment, clarification of information or help answer questions related to scene
    - Information sharing ensures more informed disposition

Crisis and Police intersection/collaboration

- Crisis might request police presence to help determine if a section 12 is warranted for transport to the ED for assessment to take place in contained environment
- Crisis might request police guidance if being asked to respond in a mobile capacity to a neighborhood where there has been recent violent activity
- Crisis might request police presence to the community based locations for 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
- Crisis may request police assistance in the execution of a section 12 for containment while awaiting psychiatric placement of a person who is not voluntary but found to meet criteria for an involuntary committal
- Duty to Warn/Tarasoff

Crisis and Police intersection/collaboration

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

Section 12

- Section 12

A). <u>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:</u>

_____
_____
_____

B). <u>Likelihood of Serious Harm (check all categories that apply):</u>

_____ (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). <u>Applicant Certification (check all applicable boxes)</u>

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.

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

Helpful Information

- Call Crisis if you are unsure what someone needs
- Call Crisis for resources and information
- Call if you feel as though an assessment is needed
- Call the crisis workroom number if you have sent someone to the ED (also can connect in person with Crisis staff stationed in the ED if available)
- Bring someone into the Community Based Crisis office, Crisis can interact with them in the community based location right away

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

DISCUSSIONS

COLLECTION OF EVALUATIONS

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