





Welcome

CIT TRAINING

OCTOBER 17TH – 21ST, 2022



Opening Remarks

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

Crisis Intervention Team (CIT) Overview

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

October 17, 2022 - 8:30am-9:30am

What is CIT?

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

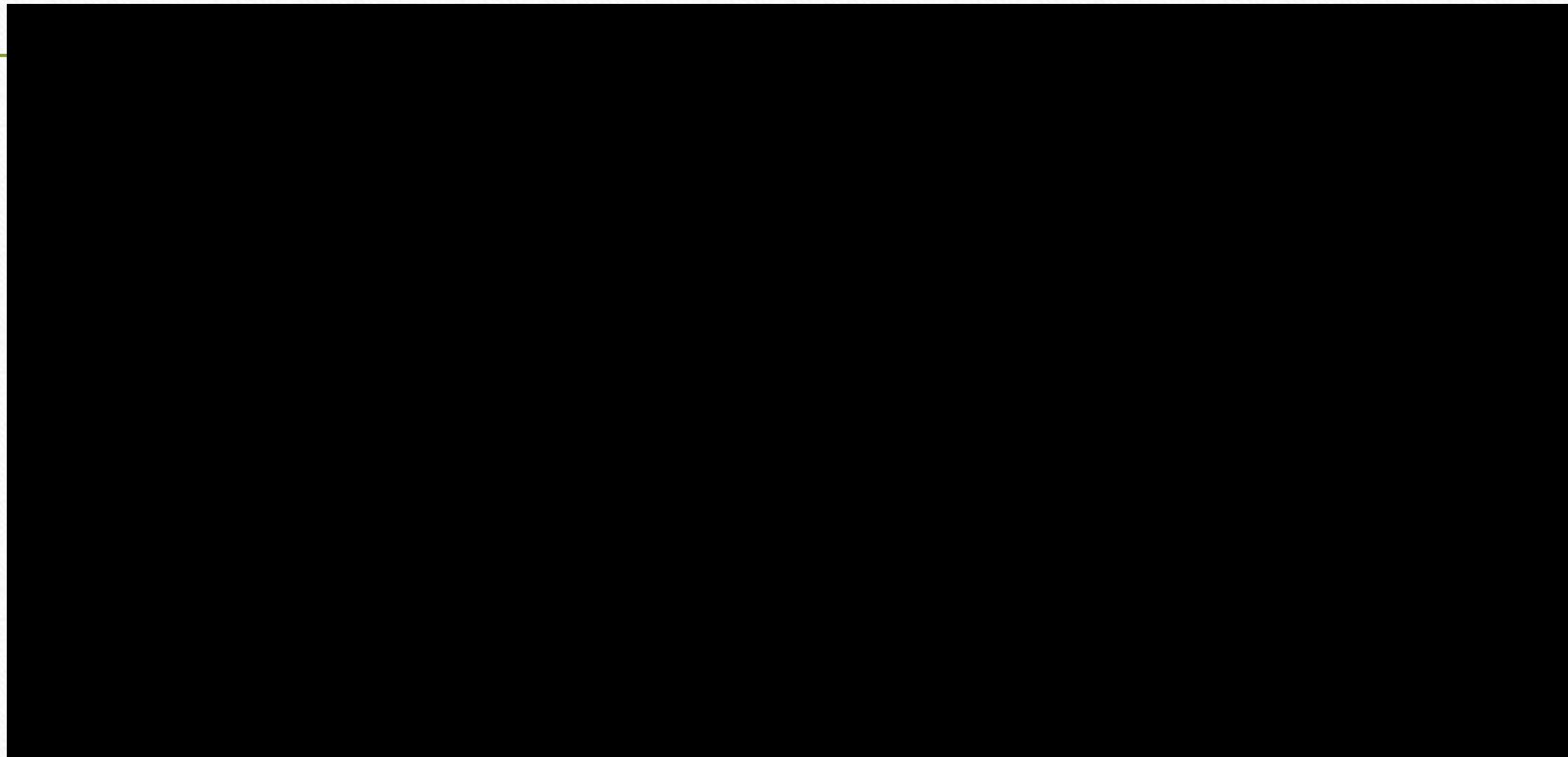
History of CIT

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

Why collaborate?

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

The Origins of CIT



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

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

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

What are the “Core Elements” of CIT?

- Partnerships:

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

CIT Implementation

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

Why is CIT training necessary?

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

BHN CIT-TTAC involved Law Enforcement Agencies

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

Thank You

- Please complete evaluation.

-
- https://www.youtube.com/watch?v=anxhlthj_ZQ

Presentation # 2

Mental Health Disorders – Nicola Howe, MSW

Presentation #3

NAMI Overview – Tim Burton, Director of NAMI, MA

NAMI Massachusetts

an overview



National Alliance on Mental Illness

Massachusetts

Tim Burton

Criminal Justice Diversion Project
Coordinator

About NAMI Massachusetts

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

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

NAMI Massachusetts is part of a 3-tiered network

**NAMI
national**

**NAMI
state orgs**

**NAMI
affiliates**

There are
17 local
affiliates in
our state

What We Do



advocacy

We advocate at the state level and bolster local advocacy efforts



education

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



support

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

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

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

NAMI
&
CIT

Criminal Justice Diversion Project at NAMI Massachusetts



National Alliance on Mental Illness

Massachusetts

**Criminal
Justice
Diversion
Project**

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

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

About the Criminal Justice Diversion Project (CJDP)

What Do We Mean By “**Diversion**”?

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

Criminal justice diversion...



recognizes the needs of the person and the community



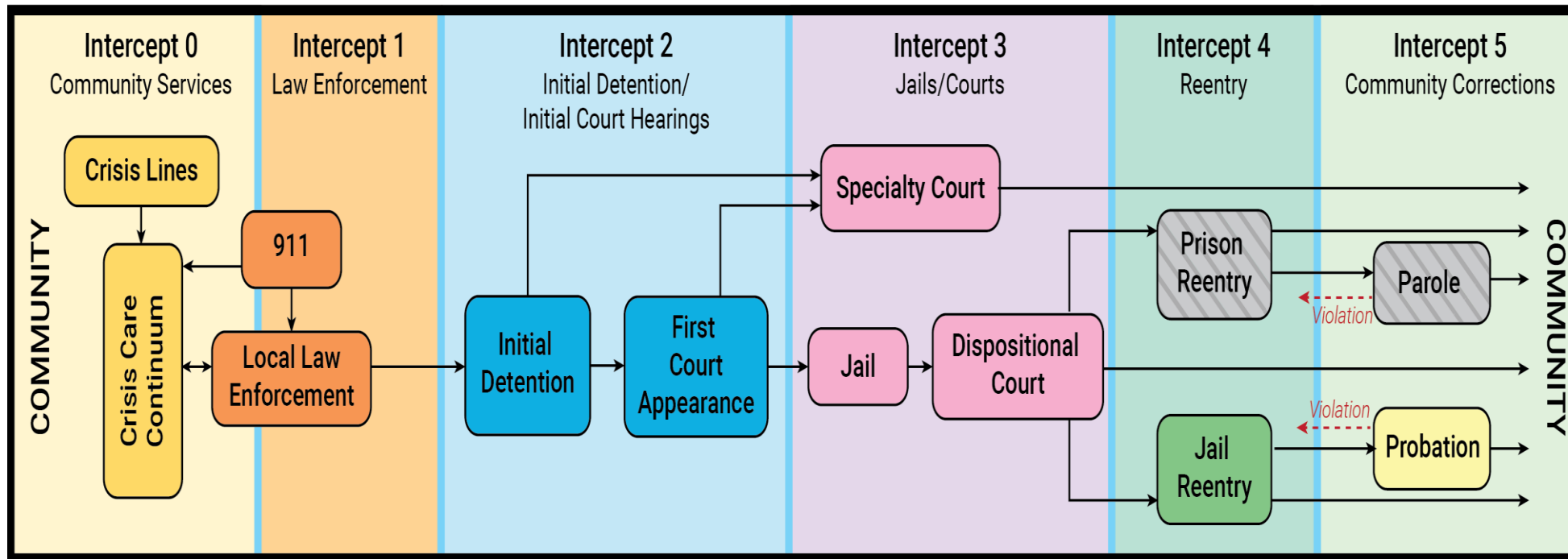
emphasizes the effectiveness of treatment and support



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

Sequential Intercept Model

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



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

Obstacles to Diversion



Lack of integrated data and communication structure



Legal impediments to information sharing between agencies



Insurance rules and other regulatory burdens on systems of care



Bureaucratic delays, resource limitations, redundancies and system inefficiencies



Political, public, systematic and organizational stigma misunderstandings and indifference

Crisis Resolution Checklist



Know community resources and programs beforehand



Know the criteria for utilization of the resources



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



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



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



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

Offer information about criminal justice system diversion and crisis response

Facilitate and provide training, guidance and technical support



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




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

How
Can
CJDP
Help
You

Contact the Criminal Justice Diversion Project

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

 617-286-7613

 TBurton@namimass.org

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

www.namimass.org/nami-mass-criminal-justice-diversion-project/

Compass Helpline at NAMI Massachusetts



About the Compass Helpline

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

Anyone can reach out to Compass

We welcome inquiries by phone, email, and postal mail

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

About the Compass Helpline

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

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

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

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

What We Can Help With



finding peer or family support



accessing mental health treatment or providers



answers to basic questions about systems and rights



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



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



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



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

How
Compass
Can
Help
You

Contact Compass

contact Compass

Monday - Friday, 9 am - 5 pm

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

 compass@namimass.org

Questions?

Presentation # 4

1:00-2:00pm

The Family Perspective

Amanda Pappas, Care Coordinator, BHN Intensive Care Coordination
Program

Presentation # 5

2:00-3:00pm

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

Kate Nye, LICSW
Suicide Prevention Coordinator

&

Melissa Barillaro, LICSW
Social Worker
Veterans Justice Outreach



UNITED STATES
DEPARTMENT OF VETERANS AFFAIRS

Special Considerations for Veteran Population

Central Western Massachusetts
VA Healthcare System

Kate Nye, LICSW
Suicide Prevention Coordinator

Melissa Barillaro, LICSW
Social Worker
Veterans Justice Outreach

First Responders Training

Why We are Here



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

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

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



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



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



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



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



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



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



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



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



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



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



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



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



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



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



Who is a
Veteran?

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

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

HISTORY OF RECENT CONFLICTS

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

How to spot a veteran



OEF/OIF Facts

- 2.7 million military personnel have been deployed since the War in Afghanistan began in late 2001.
- 89 % are men, 11% are women
- 43% screened positive for PTSD, MDD, or Alcohol Use Disorder
- 2000 - 2017: > 379,000 suffer from some form of closed-head injury

Justice Involved Veterans

- In 2018 – 180,000 incarcerated Veterans in MA
 - SUD was #1 factor for arrest
 - Symptoms of PTSD was #2 factor for arrest (anger/irritability)
- Veterans are more likely to be sentenced for violent offences

Combat Exposure and Substance Use

- Alcohol abuse doubles following combat deployment (Jacobson et al 2008)
- Greater combat exposure is associated with greater substance abuse
- Reserve & Guard personnel had higher rate of new onset alcohol abuse post deployment than active-duty personnel

Readjustment

Combat Zone



Home



Military vs. Civilian life

- Predictability vs. variation
- Following orders vs. making decisions
- Expectations of unit vs. expectations of family
- Mission orientation vs. every person for themselves
- Shared experience/camaraderie vs. no one understands

Adjustment

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

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

PTSD-Clinical Criteria

*Trauma-experiencing or witnessing life threatening event

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

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

Symptoms of PTSD

- **Re-experiencing the event**

- **nightmares**

- flashbacks

- **Avoidance**

- **Crowds**

- people, places, things that remind you of the event
- thinking about or talking about event

- **Negative changes in beliefs and feelings**

- **difficulty connecting with others**

- loss of interest in enjoyable activities
- difficulty recalling important parts of the traumatic event
- impending doom

- **Hyperarousal**

- **sleep challenges**

- trouble concentrating
- easily startled
- Hypervigilance/over interpret things as threats

PTSD Veteran Stats

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

TBI in Veterans

- TBI represents ~ 22% of confirmed injuries in Iraq/Afghanistan War veterans.
- Many veterans have experienced multiple TBI's due to chronic exposure to blasts
- As many as 50% to 60% of veterans with chronic blast exposure have significant hearing loss or tinnitus ("ringing" in the ears) (Lew, et al. 2007)

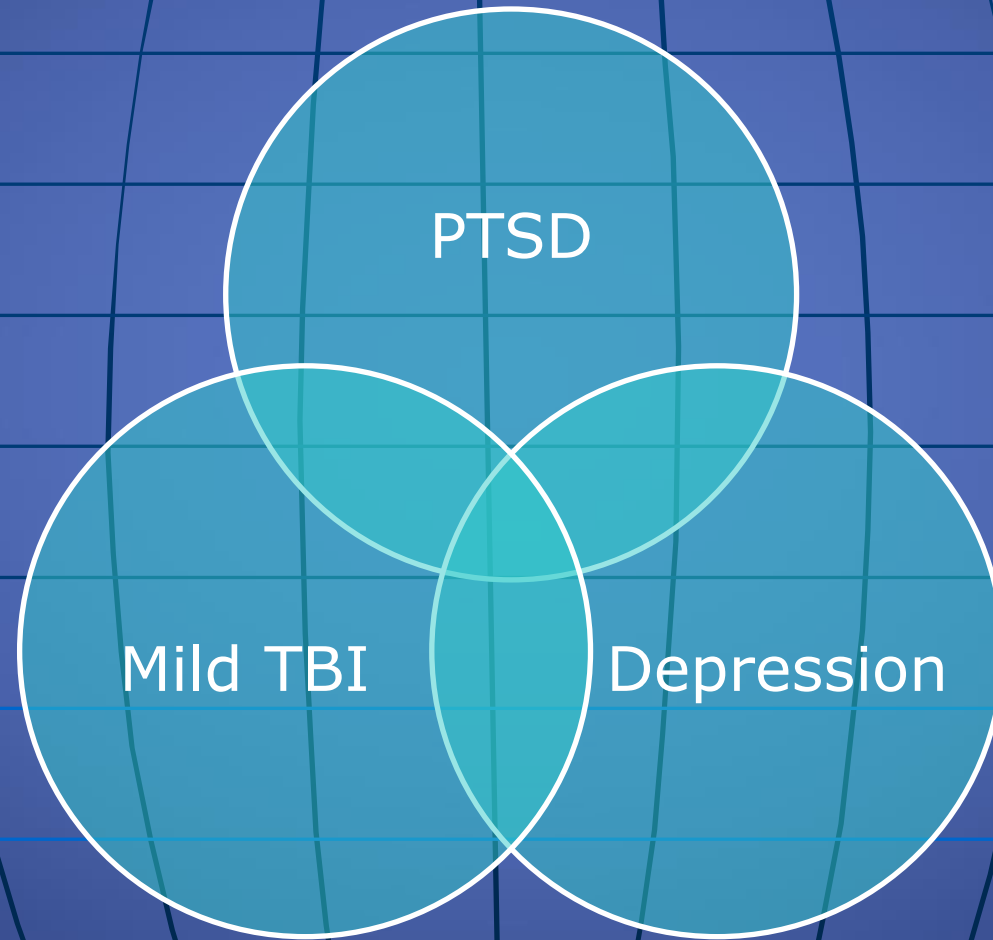
Behaviors We May See

- Risky behaviors to get the adrenaline rush
- Speeding/Erratic driving/road rage/avoidance driving/non-defensive driving
- Panic while in traffic
- Violent Behavior (**Rage**)/Domestic Violence/Child abuse
- Addictions (work, drugs, alcohol, food, adrenaline, sexual behavior)
 - Combat exposure increases the likelihood of substance use
- Withdrawal, isolation, intolerance of others
- Complain of headaches, chronic pain, forgetfulness
- Emotional dysregulation/Impulsive

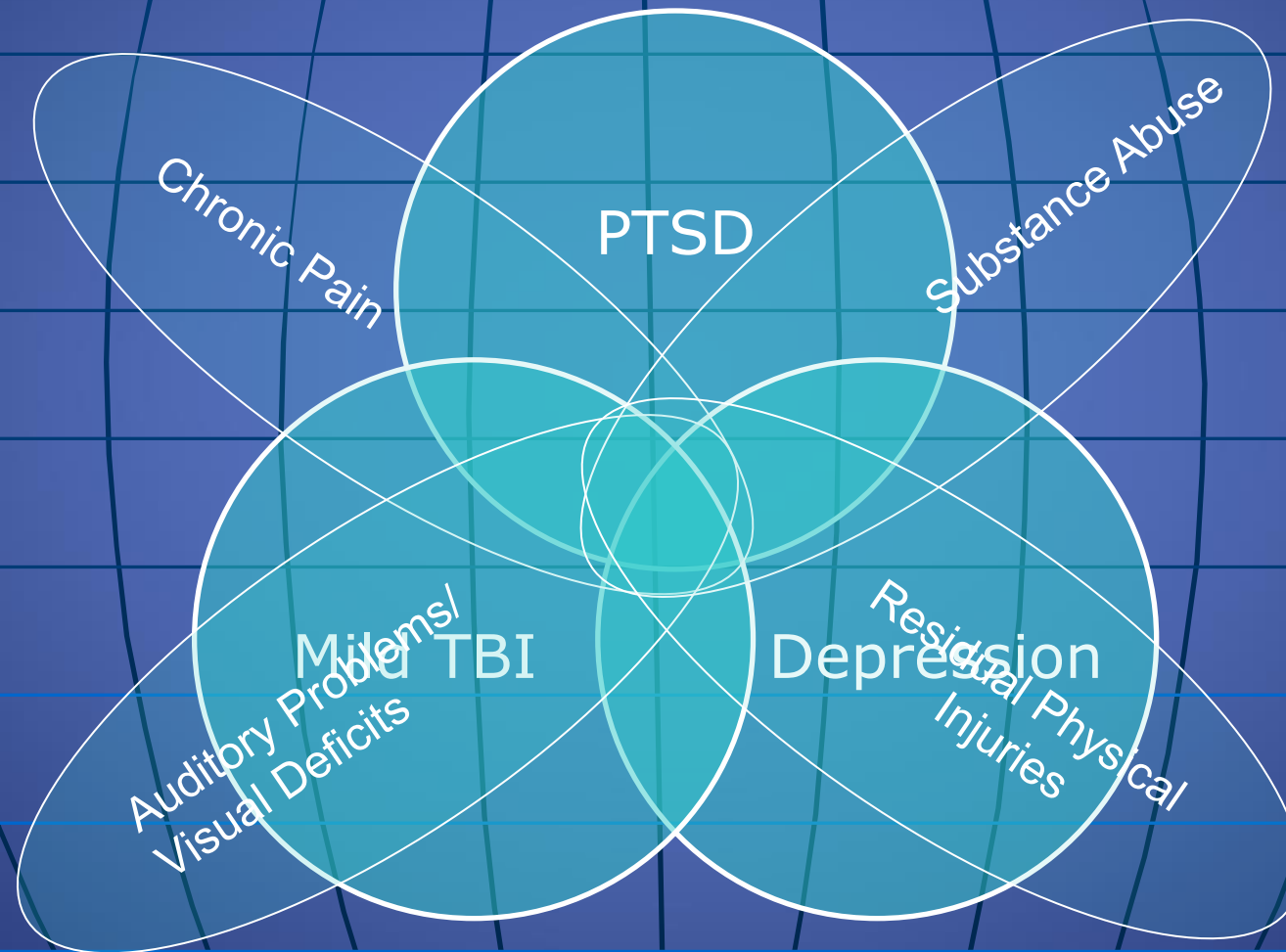
Domestic Violence

- Higher rate of domestic violence in military compared to civilian counterpart
- DV increases with subsequent deployments and with longer deployments
- DV increased by 33% from 2006-2011 in Army families
- June 2018: VA commits \$17 million to expand IPV assistance program

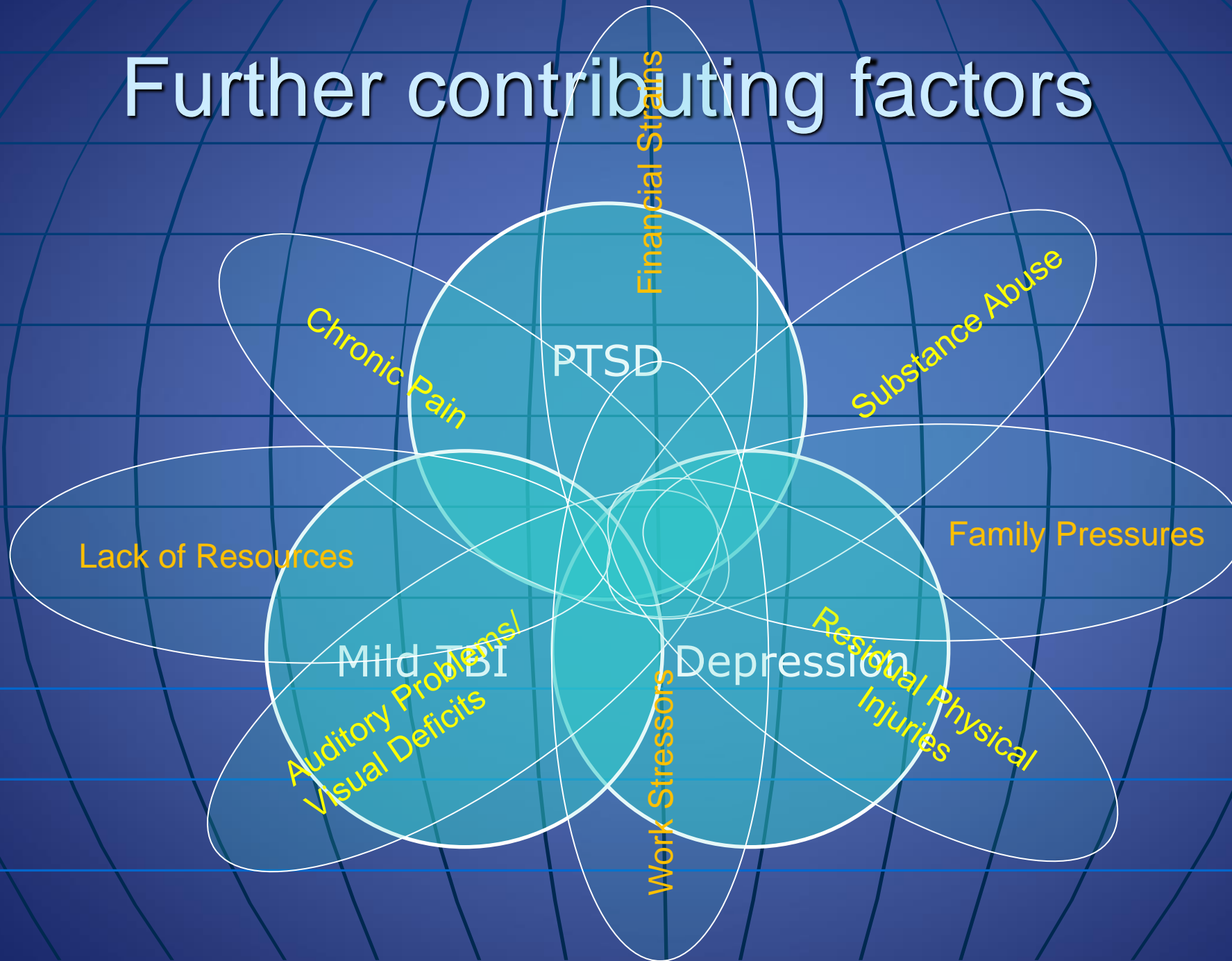
Difficulties with diagnoses and/or treatment



Further contributing factors



Further contributing factors



Veterans Crisis Line: Call, Chat, or Text

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



1 PERSON
can save a LIFE

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

Facts about Veterans and Suicide

- **13.9%** of all deaths by suicide among U.S. adults were Veterans (2019)
- Veterans are more likely than the general population to use **firearms** as a means for suicide
- On average, **17.2** Veterans die by suicide every day in the US. **6.8** of these Veterans are engaged in VHA care, **10.4** are not.
- **25%** of Veteran suicides have a history of previous suicide attempts

Warning Signs of Suicide

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

Tips for Working with Veterans: “The best negotiator is a good listener”

- *Ask if Veteran (“Have you served in the US Military?”)*
- *Be RESPECTFUL*
- *Establish rapport/TRUST*
- *Express appreciation for their service*
- *Active listening skills*
- *Softer/slower voice/be careful of tone/avoid sarcasm*
- *Stay calm*
- *Ask open-ended questions (“what, how, when – avoid why”)*
- *Effective Pauses*
- *Re-state/recap what they have said (“tell me if I’m understanding you correctly”)*
- *Validate their feelings*
- *Watch physical demeanor/body language (sit if they are sitting, don’t intimidate)*
- *Be sincere – they will recognize BS/insincerity*

De-escalation Techniques to employ

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

Techniques to employ (cont.)

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

Communication Cautions

- Overreacting
- Power Struggles
- False promises
- Threats

Veterans Justice Outreach Initiative

“The purpose of the VJO Initiative is to avoid unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible Veterans in contact with the criminal justice system have access to:

VHA mental health and substance abuse services when clinically indicated, and other VA services and benefits as appropriate.”

Department of Veteran Affairs, April 30, 2009, Under Secretary for Health's Information Letter

A Justice-Involved Veteran is:

- In contact with local law enforcement
- In custody at a local jail, either pretrial or serving a sentence
- Involved in adjudication or monitoring by a court



The VJO Provides:

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

The VJO Also provides:

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



Expected VJO Outcomes

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



VA Eligibility

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



Also important to know about:

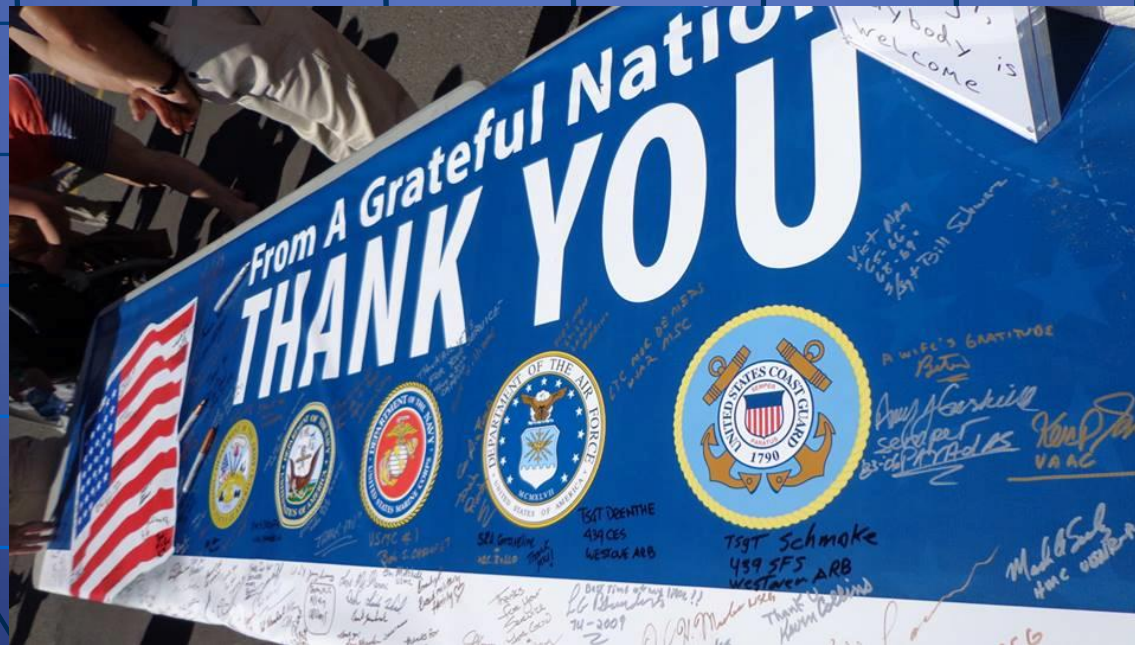
- Western Mass Veterans Treatment Court (for Vets with or without records who need intensive, long term probation. We are looking for high risk, high needs clients)





UNITED STATES DEPARTMENT OF VETERANS AFFAIRS

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





Central Western Massachusetts Department of Veterans Affairs Intimate Partner Violence Assistance Program

Our mission is to implement a comprehensive person-centered, recovery-oriented assistance program for Veterans, their families and Caregivers and VHA employees who use or experience intimate partner violence (IPV).

VA IPV Resources

- IPV Coordinators
- Link to community-based support groups
- Link to community-based advocacy and legal services
- Referral to and coordination with other VA treatment providers
- Connection to domestic violence shelters and services
- Homeless Services
- Interventions and treatment for Veterans who use violence in their intimate relationships

Christine Dunn, LICSW

Intimate Partner Violence Program Coordinator

Phone: 413-557-0627

Email: Christine.Dunn2@va.gov

Domestic Violence National Hotline

Call **800-799-SAFE (7233)**

TTY **800-787-3224**

Jane Doe Inc.

The Massachusetts Coalition Against Domestic Violence:

Website: janedoe.org

Email: info@janedoe.org

Call: **617-248-0922**



What are Vet Centers?

Vet Centers are community-based counseling centers, providing social and psychological services including professional readjustment counseling to eligible Veterans and active-duty service members, to include members of the National Guard and Reserve components and their families.

Services Include

Individual & Group Counseling
 Therapeutic Recreation & Activities
 Family & Couples Counseling
 Evidence-Based Treatment
 Bereavement Counseling

Who is eligible?

Veterans and active-duty service members who:

- Have served on active military duty in any combat theater or area of hostility;
- Experienced a military sexual trauma (MST)
- Provided direct emergent medical care or mortuary services to the casualties of war, while serving on active duty, or
- Served as a member of an unmanned aerial vehicle crew that provided direct support to operations in a combat zone or area of hostility

What makes Vet Centers unique?

Non-traditional hours (including evenings and weekends), services without time limitation and at no charge. Individuals do not need to be enrolled in VA Healthcare Services, do not need a disability rating or service connection and can access Vet Center services regardless of discharge character.

Worcester Vet Center

bruce.ware@va.gov
 508-753-7902

Springfield Vet Center

bryan.doe@va.gov
 413-737-5167



@VAVetCenters

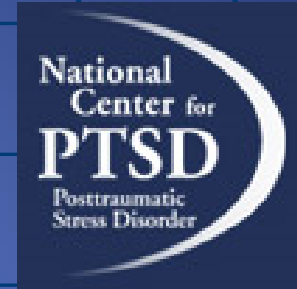
www.vetcenter.va.gov
 877- WAR-VETS (927-8387)

Scan QR Code
 Find your local
Vet Center



On-Line Resources

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



Questions

Presentation # 6

3:00-4:00pm

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

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