

Massachusetts Mental Health Diversion & Integration Program

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Law & Psychiatry Program

Our Mission and Purpose

Helping law enforcement, health care, and social service communities work together to develop a seamless continuum of care for persons with serious mental illness who are charged with non-serious crimes.

Advocate For Diversion The Massachusetts Mental Health Diversion & Integration Program (MMHDIP) advocates for the diversion of mentally ill persons who are charged with non-serious crimes away from the criminal justice system and into more appropriate treatment alternatives, by helping to create a supportive network of health care around the individual needs of this fragile population.

Identify Resources The MMHDIP is a service of the Law and Psychiatry Program at the University of Massachusetts Medical School. The purpose of the MMHDIP is to work with local law enforcement, the courts, and health care and social service providers who are interested in creating a diversion program in their community. The MMHDIP will work with these groups to establish a partnership to help identify resources available in their community as well as service "gaps", which may present barriers to true services integration.

Find Funding The MMHDIP will also work with community consortiums to help identify and apply for local area funding to help develop and sustain services to fill the service gaps and overcome such barriers to creating and maintaining a diversion program.

Program Funders

Sidney R. Baer, Jr. Foundation

The Boston Foundation

Clipper Ship Foundation

Jessie B. Cox Charitable Trust

Eastern Charitable Foundation

Greater Boston Council on Alcoholism

George Harrington Trust

Mr. Ernest Monrad

Gardiner Howland Shaw Foundation

Eli Lilly

George H. & Jane A. Mifflin Memorial Fund

National Alliance for the Mentally Ill of MA

Tomfohrde Foundation

Arthur Ashley Williams Foundation

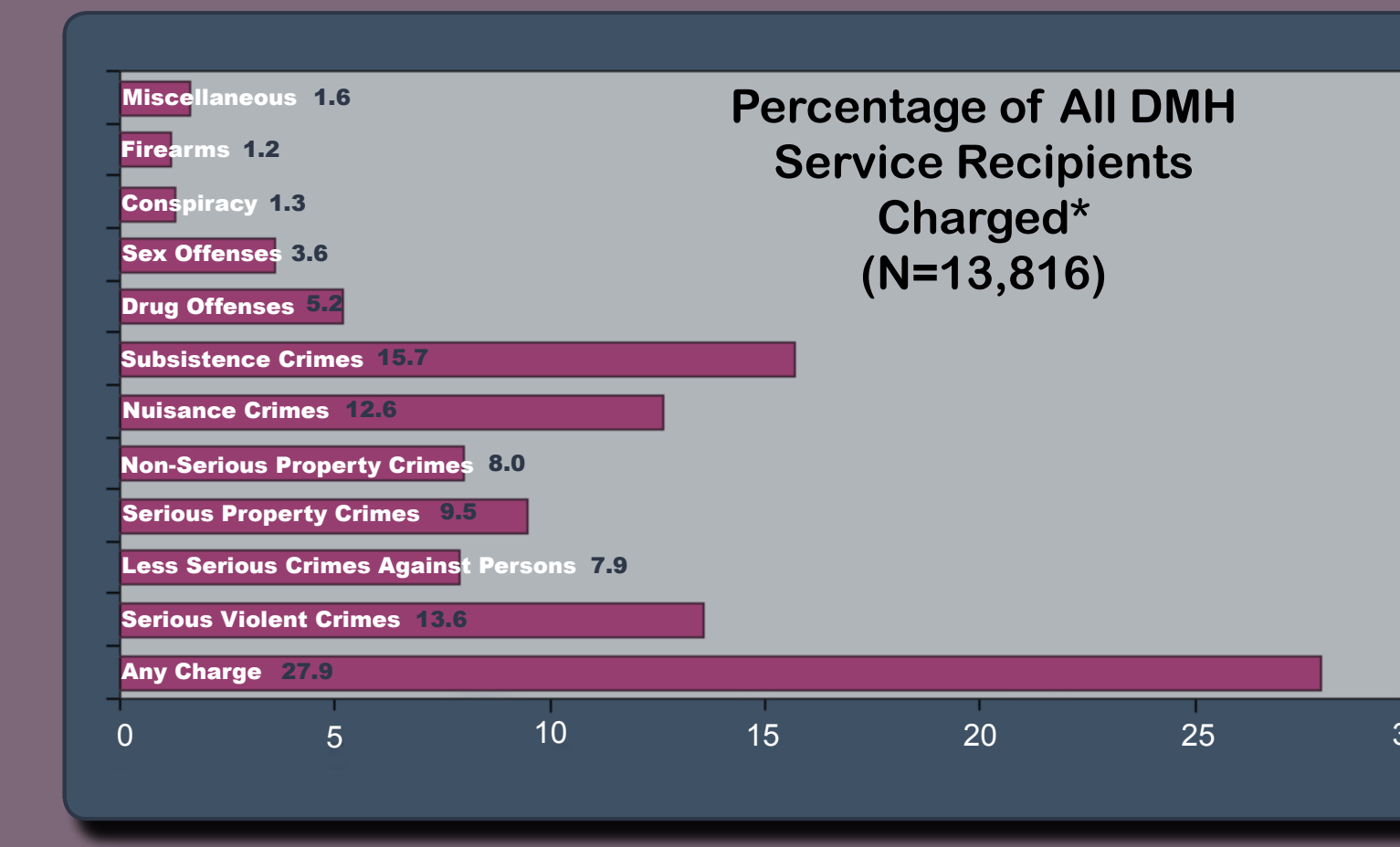
Contact Us:

Phone: 508-856-8721

E-mail: diversion@umassmed.edu/massdiversion

Criminalization of the Mentally Ill

| Criminalization of the Mentally Ill | | |
|--|---|--|
| Worcester Police Department M.G.L. Chapter 123, Section 12a & Arrest Data | | |
| Year | M.G.L. c.123, Section 12a's Emergency Commitments | Arrests of persons also committed during the same year |
| 2001 | 419 | 67 |
| 2002 | 499 | 82 |
| 2003 | 512 | *Data Being Analyzed |



Developing Community Partnerships

The Worcester Initiative

- To develop a post-judicative mental health court session for the Worcester District Court.
- To continue to develop the criminal justice and provider partnership.

The Boston Initiative

Memorandum of Understanding (MOU)

- To assist in the expansion of police training curriculum for the Boston and MBTA Police Departments.
- To develop a pilot Crisis Triage Unit (CTU) in the proximity of the Boston Medical Center.
- To pilot with the Boston Municipal Court Department a pre-judicative mental health court session linked to the CTU.

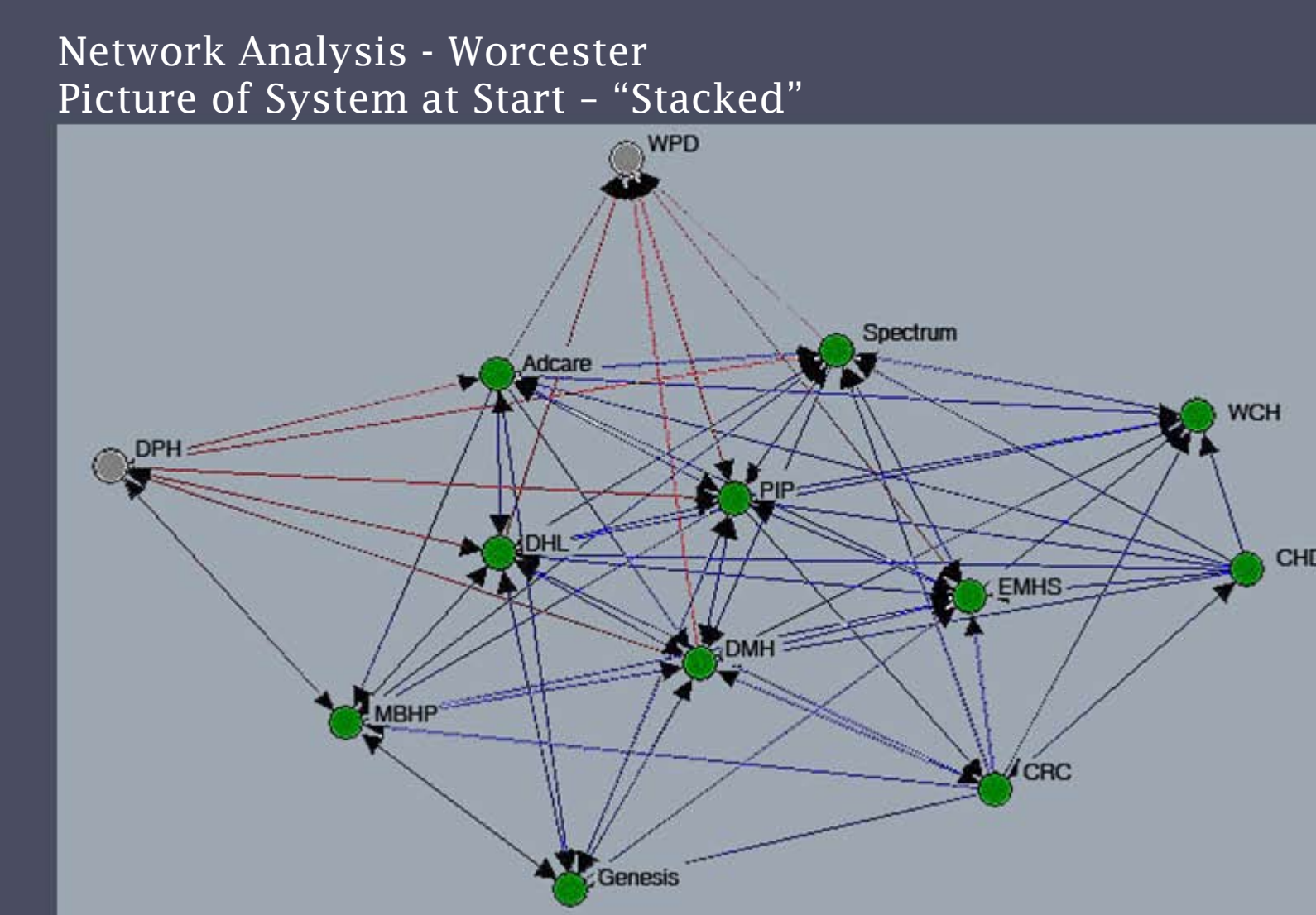
Consortium Building

The Boston Initiative
Membership of the MOU

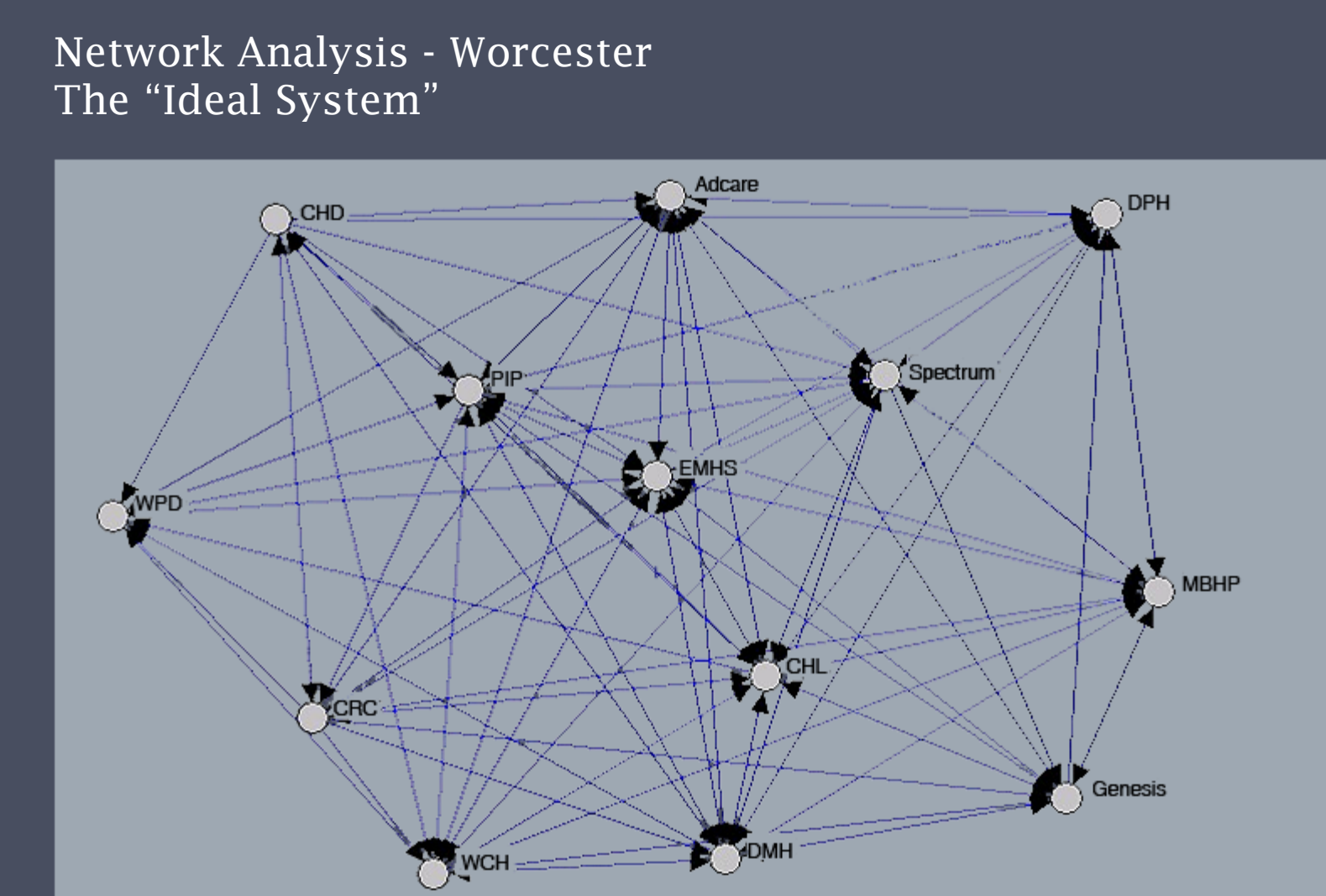
Boston Alcohol and Substance Abuse Program
Boston Emergency Medical Services
Boston Emergency Services Team
Boston Emergency Shelter Commission
Boston Health Care for the Homeless Program
Boston Medical Center
Boston Medical Center HealthNet Plan
Boston Municipal Court Department
Boston Police Department
Boston Public Health Commission
Consumer Quality Initiatives, Inc.
Massachusetts Bay Transportation Authority (MBTA) Police
Massachusetts Behavioral Health Partnership
Massachusetts Department of Mental Health
Massachusetts Department of Mental Retardation
Massachusetts Department of Public Health
Massachusetts Mental Health Diversion & Integration Program
National Alliance for the Mentally Ill - Mass. Chapter
Office of the Commissioner of Probation
Pine Street Inn
St. Francis House
STEP, Inc.
TriCity Mental Health - Homeless Outreach Program
UMass. Medical School Law & Psychiatry Program

Measuring Services Integration

Network Analysis (Level of Systems Integration)



Network Analysis (Level of Systems Integration)



Training

Crisis Intervention & Risk Management Trainings

Boston Police Academy
Boston Police Department
Boston Municipal Court Department
Brookline Police Department
Fitchburg Police Department
Worcester Police Academy
Blackstone Valley Police & First Responders
DMH Sponsored Police & Provider Trainings (Central Mass. Area, Metro Suburban Area, Northeast Area)
Massachusetts Probation Officer Academy
Marlborough First Responders
Committee for Public Counsel Services
UMass Medical School Police Department



Consumer Staff

James McDonald provides a unique training experience for police officers, fire fighters, and other first responders by sharing his personal experiences dealing with a mental illness and how it altered a promising professional baseball career. Jim's presentations have consistently been rated as the best part of the MMHDIP's Crisis Intervention & Risk Management trainings.



Jim Pitching at St. John's



Jim Presenting

Mental Health Training Approaches

Many law enforcement officials across the country have recognized the need for special training to deal more effectively with emotionally disturbed persons (EDPs). One of the more well-known training approaches is the Memphis Crisis Intervention Team (CIT) Training Model. This approach helps police departments develop a specialized unit consisting of a cadre of officers who receive forty (40) hours of crisis intervention training. While these CIT units have helped many departments deal more effectively with EDP calls and reduced injuries to offenders and officers, this model does not seem feasible for police departments of large urban areas, such as New York City, which averages an EDP call every 7.3 minutes. In addition, many police unions require departments to pay officers who have received specialized training more money, an unrealistic option for departments faced with reduced budgets, scarce resources, and personnel layoffs.

In response to these concerns, the Massachusetts Mental Health Diversion & Integration Program (MMHDIP) of the University of Massachusetts Medical School has developed a sixteen (16) hour Crisis Intervention and Risk Management (CIRM) training curriculum. This training has been delivered successfully to the Worcester and Boston Police Academies over the past several years. The CIRM training focuses on recognizing the signs and symptoms of mental illness, learning how to de-escalate crisis situations, and understanding what community resource options exist for police officers who wish to seek treatment for an EDP in lieu of arrest. A pilot version of this curriculum was recently delivered as part of the Worcester Police Department in-service training in 2002, where the entire police department from the Police Chief to the civilian dispatchers (over 440 personnel) was trained. The CIRM curriculum focuses on public safety first, emphasizing to the officers that if they get injured or incapacitated, everyone else at the scene, including the individual in crisis, is at increased risk of harm. Some of the key features of this training curriculum include:

- Emphasis on importance of the officers' public safety role
- Prevalence data/statistics on mental illness
- Differences between mental illness and mental retardation
- Relevant aspects of Massachusetts General Law, Chapter 123 (commitment law)
- Recognizing the signs & symptoms of mental illness (NOT diagnosis)
- The do's and don'ts when interacting with individuals in crisis (de-escalation techniques)
- Community-based treatment resources that officers can access in lieu of arrest
- Consumer perspectives on living with a mental illness

Mental Health Consumer Involvement

Both the CIT and MMHDIP trainings rely heavily on consumer involvement from the planning stages to the delivery of the training curriculum. From feedback the MMHDIP has received from the Boston and Worcester Police Academy recruits, the "consumer perspectives" piece of the CIRM training has had the biggest impact. In particular, officers noted that having consumers share their experiences of having a mental illness was helpful in dispelling myths and stigma about persons with mental illness, and in providing a context for the information presented during the training.

Dissemination

Invited Presentations

Clayfield, J.C., Fletcher, K.E., & Fisher, W.H. Measuring Police Attitudes toward Persons with Mental Illness to Inform First Responder Training. NASMHPD Research Institute's 17th Annual Conference on State Mental Health Agency Services Research, Program Evaluation and Policy, Hilton Washington, Washington, DC, February 12-14, 2007.

Grudzinkas, Jr., A., Clayfield, J., Fletcher, K., Aaker, E., McDonald, Jr., J., Fisher, W., Roy-Bujnowski, K., Richardson, M., & Phillips, S. The Boston Police Study. Paper presented at the 2006 National GAINS Center Conference, Boston, MA, April 6, 2006.

Grudzinkas, Jr., A., Fisher, W., Roy-Bujnowski, K., & Clayfield, J. Arrest in a Mental Health Service Use Cohort: Implications for Diversion and Other Services for Offenders with Mental Illness. Paper presented at the 2006 National GAINS Center Conference, Boston, MA, April 6, 2006.

Clayfield, J., McDonald, J., & Grudzinkas, Jr., A. Not About Me Without Me: Consumer Involvement in the Development, Delivery and Evaluation of Police Mental Health Training Curricula. Paper presented at the 2006 American Psychology - Law Society Conference, St. Petersburg, FL, March 4, 2006.

Grudzinkas, Jr., A.J., Fisher, W.H., Roy-Bujnowski, K., & Clayfield, J. Research Supporting Police Diversion of Persons with Mental Illness. Sixteenth Annual Conference on State Mental Health Agency Service Research, Program Evaluation and Policy, Baltimore, MD, February 13, 2006.

Selected Publications

Fisher, W.H., Grudzinkas, Jr., J.A., Roy-Bujnowski, K., Banks, S., & Clayfield, J. (2007). Drug-Related Arrests in a Cohort of Mental Health Service Recipients. *Psychiatric Services*, in press.

Geller, J., Fisher, W., Grudzinkas, Jr., A., Clayfield, J., & Lawlor, T. (2006). Involuntary Outpatient Treatment as "Deinstitutionalized Coercion": The Net-Widening Concerns. *International Journal of Law & Psychiatry*, 29(6), 551-62.

Fisher, W.H., Roy-Bujnowski, K., Grudzinkas, Jr., A.J., Clayfield, J.C., Banks, S.M., & Wolff, N. (2006). Patterns and Prevalence of Arrest in a Statewide Cohort of Mental Health Care Consumers. *Psychiatric Services*, 57(11), 1623-28.

Grudzinkas, A., Clayfield, J., Roy-Bujnowski, K., Fisher, W., & Richardson, M. (2005). Integrating the criminal justice system into mental health service delivery: The Worcester diversion experience. *Behavioral Sciences and the Law*, 23, 1-17.

Clayfield, J., Grudzinkas, A., Fisher, W., & Roy-Bujnowski, K. (2005). *E Pluribus Unum: Creating a Multi-Organizational Structure for Serving Arrestees with Serious Mental Illness* in Hartwell, S. (ed.) *Research in Social Problems and Public Policy*, Volume 13, The Organizational Response to Persons with Mental Illness Involved with the Criminal Justice System. Oxford, UK: Elsevier.