City of Worcester Human Rights Commission Minutes
VIRTUAL MEETING – Monday, July 11, 2022, 6:00pm

Members Present: Elizabeth O'Callahan, Edward G. Robinson, Charles Hopkins, Guillermo Creamer Jr, Ellen Shemitz, Jamaine Ortiz, Jorge Lopez-Alvarez

Members Absent: Jacqueline Yang, LaToya Lewis

Staff: Jayna Turchek

Guests:
Deputy Chief Paul Saucier
Deputy Chief Ed McGinn
Captain Ken Davenport
Sergeant Derrick Leto

1. Call to order and Introductions

A quorum was established, and Chairperson Creamer called to order. The Chairperson welcomes members of the commission and those present and introductions of those in attendance as well as roll call were taken.

Chairperson began with an acknowledgement of the traditional, ancestral, territory of the Nipmuc, the first people of Massachusetts and those whose land we are convening on tonight. While the Nipmuc history predates written history, records from the 1600s inform us that the original inhabitants of Worcester dwelled principally in three locations: Pakachoag, Tatesset (Tatnuck), and Wigwam Hill (N. Lake Ave). It is important to make this acknowledgment and to honor the ancestors that have come before us. It is all too easy to live in a land without ever hearing the traditional names and the history of the people who first resided and prospered in these lands and continue to reside and prosper.

The Human Rights Commission was established to promote the city's human rights policies. It is the policy of the City to assure equal access, for every individual, to and benefit from all public services, to protect every individual in the enjoyment and exercise of civil rights and to encourage and bring about mutual understanding and respect among all individuals in the city. Our work requires us to address institutional racism so that as a community we can achieve racial equity. Our work also requires us to make visible the unheard, unearned, and unquestioned privilege enjoyed by some members of our community to the detriment of others. We take time to make this acknowledgement, to educate, so a path can be cleared for healing.

The term **"institutional racism"** refers specifically to the ways in which institutional policies create difference outcomes for different racial groups. The institutional polices may never mention any racial group, but their effect is to create advantages for whites and the oppression and disadvantage for people from groups classified as people of color.

The term **"racial equity"** is the active state in which race does not determine one's livelihood or success. It is achieved through proactive work to address root causes of inequalities to improve outcomes for all individuals. That is, through the elimination or shifting of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race or fail to eliminate them.

The term **"privilege"** describes the unearned social power and informal institutions of society to all members of a dominant group. For example: "white privilege" and "male privilege." Privilege is usually invisible to those who have it because we are trained to not see it but nevertheless it puts them at an advantage against those who do not have it.

2. Annual Meeting with the Worcester Police Department - Requested information to be reviewed and discussed (please note this is the second part of a conversation that started on June 13, 2022 video available https://play.champds.com/worcesterma/event/1343)

Deputy Chief Ed McGinn: We will be discussing the questions regarding motor vehicle stops in Worcester stemming from T&G article dated February 10, 2022. Most of this has to do with presumptive motor vehicle stops. We are looking through the stats on this and quiet literally there are hundreds of pages of these motor vehicle statistics that we have here of Worcester and all the cars that have been stopped whether they be given citations, given warnings, complaint applications or the individual was arrested. There are probably just as many more that have never been reported where for example an officer stopped a motor vehicle to give directions to guide them or to just have a discussion with them. The statistics are not particularly telling. I know looking back on this article from February 10, 2022 it evaluates all the statistics of all the police departments from across the Commonwealth. This goes to all the vehicles that were stopped according to a citation record and this information was garnered by the commonwealth of Massachusetts and that is from what the article is based. Again, there are far more stops out there.

During a period of 10 months in 2022, there were 2416 vehicles stopped. Of that, just under 59% were in-town motorists and about 42% were passing motorists. A lot of the people who were stopped don't even live in Worcester and this is based on their residential zip codes. When you compare the number or vehicle stopped versus the Worcester demographics quite frankly it is a comparison of apples and oranges. It is a little bit difficult to truly analyze the stops versus the Worcester population. Many of the people of Worcester are younger in age and do not drive and when you take into consideration the number of people who come into the city to work and school, it skews some of the numbers even more. I will say anecdotally that our offices, generally speaking, do not have a huge emphasis on motor vehicle stops as a way of conducting themselves. We have a traffic division that handles complaints whether it from citizens themselves or city councilors with reports of people constantly speeding on roads we're going through stop signs or constantly running red lights. Based on those reports we have a traffic enforcement officer set-up and assess that situation. All of those to sign munts are assigned by a superior officer and the officer must account for all of his observations generally it is supposed to be 1-2 hours to see if the complaint is as accurate as the caller indicated. Quite often people who live on small residential streets will complain that cars are traveling too fast on

that road. I get that, people have kids, and they worry about that. The problem is that when you are standing on your front lawn in a car goes by it appears to be a lot faster than it typically is going. The simple truth for some intersections where you see a stop sign literally out in the middle of nowhere, we watched those, but you must operate with a grain of salt. It almost seems, to the motorist, that it this is a sort of fund raising and that is the last thing we want to project.

The absolute mission of the motor vehicle officer is to educate the operator so that they do not do that anymore. We do receive a number of grants that have a special stipulation to them it be a click it or ticket grant campaign where we send officers out there to educate folks who are not using seatbelts, people who are using cell phones, or other electronic devices where they should not be. Same for OUI grants. And that kind of skews the numbers a little bit. In your inquiry you inquired as to presumptive motor vehicle stops. That is kind of a difficult concept for many people to grasp. Pay presumptive motor vehicle stop is, in my view anyway, in instance weren't officer would stop a motorist for a vehicle violation say for instance the officer feels that the person is sick, having some type of medical condition where they cannot drive properly, or whether their car is not functioning properly, perhaps they are just hopelessly lost in an area where they probably should not be, a hazardous area or a truck area. For example, that could be a 30 mile an hour car traveling on 290. The officer feels as though the person has, is about to, or is currently committing a crime.

Honestly, our officers are very familiar with the routes they work. They know the people on their routes, and they should. Every one of our officers looks at the bookings and they look at the journals every day before they come out the street and they know that certain people have had their driver licenses suspended. They know people who do not belong in a certain car. They know our kids who have no gang orders. And kids who probably should not be hanging around and are perhaps up to no good in an area where they probably shouldn't be. A presumptive stop maybe for any number of things. But just because an officer suspect something, which is very subjective, does not mean that the person will be getting a ticket. It just means that an inquiry will be made with the motorist and for every single case it is for a good reason.

I would, respectfully, present to you that it is not on the basis of race or color or any other characteristic of the motorist and quite honestly when you look at a car going by you with the way the windows are tinted and the way the glare is during the daylight you cannot tell what the operator looks like. This is especially true when you are behind them, or they are heading in the same direction as you. One slim difference is that with our detectives and our gang unit officers, it is a habit to drive three or four individuals to one car. The reason for that is that they can lookout every window of the car. They hang around in the more violent areas of the city where it is more prone to gang violence and look at every occupant of the car. If there is a person in that car with an arrest warrant or someone who is wanted for reason X, that vehicle can lawfully be pulled over. Without going too far into the numbers it isn't impossible feat to try to get to the subjective views of the officer as to why a car was pulled over. Now, not every person is given a citation, that person is given a written citation or report that indicates that person is gender race or whether the vehicle was searched as well as a number of other factors and that is where all the numbers art gleamed from for the state for the purposes of the article that was written. It was done by every Police Department. Worcester submitted back in 2020.

Commissioner Shemitz: Can you summarize the findings of the article you are responding to?

Deputy Chief Ed McGinn: Essentially, the Telegram and Gazette article was based on the crunching of numbers of all motor vehicle citations issued by the state receives a copy of every citation that we issue. Listed on the citation is the time of day, what the offense was, what type of car the motorist was in, the murderer stoned the vehicle or not, whether the search was made of a vehicle, the sex in the race and other critical data. So essentially it is the bio information of the motorists and the vehicle. These numbers were taken and submitted to the state, and they were studied by Salem State University along with Worcester State University. They made a number of conclusions based on that data which is hundreds and hundreds of pages long. It breaks down the information who was stopped, male versus female, 6 do something percent males 30 something percent female. Then it breaks down by race for black/African American 13.5%, Hispanic 22.9%, white 60.1%, other 3.6%. They really crunch the numbers to get down to the nitty-gritty. I tried to read it and it'll be the first one to admit to you that I am no mathematician but any stretch of the imagination, but it breaks down any disparities as to what type of vehicle tends to get pulled over more, in the daytime versus the nighttime. They evaluated a term stops where you could presumably see the motor vehicle operator this is nighttime where you would be less likely to see.

What it breaks down to is that it is a statewide study of traffic stops by police and the racial disparities in the decision to pull cars over. It gets contentious when it says, “however Hispanic and black drivers are more likely than white drivers to see if a citation well why drivers are more likely to receive a warning.” but in the end it says researchers caution that the disparity in those cases could be the result of several factors but could include whether their stop was discretionary or due to a radio call, motorist behavior, or a triggering offense” and again coupling that with all of the grants that we have received starting seatbelts and electronic device usage I don't think that it is overly conclusive. And also, from the outset, my biggest concern is that those numbers were compared against the city of Worcester's population. I think that the better basis on which to evaluate that would be with the motoring public at any given time in the city. Just because we have X% of a certain race does not mean that that X% is driving at the various times of day. The city gets a lot more traffic coming into it than it does going out during business hours.

Commissioner Shemitz: You indicated early on that the data that you have allows you to separate out based on residency so have you done an analysis as to whether there is or is not racial disparity if you break out and just look at the demographics the city and those who are stopped who are indeed residents?

Deputy Chief Ed McGinn: I personally have not. I also have not studied this enough to really get into that nitty gritty just yet. Again, I don't believe that this breaks down those motorists that are so passing through versus those that live here.

Commissioner Shemitz: I wonder, if other commissioners are interested, if indeed the concern is that there is a racial disparity in vehicle stops and if the data is skewed because comparing it to residency is not accurate, if we simply ask the department to go through the data and parse it so

you are only looking at stops of residents and compared back to the demographics. Would that be something other commissioners think would be important to do?

Commissioner O'Callahan: One of the takeaways from this article was quote at the end that says that this research should serve as a starting point for a deeper understanding further discussions and further reflections. They caution that the findings do not confirm racial profiling in any incidents that could have a variety of reasons other than police bias. There are existing question marks regarding what this data means. We look at statistical significance in the data and there were some significant statistical outcomes here that we don't really understand. I would be really interested to see what this data means because we do not have those answers yet and i would be very interested if the Worcester PD would be interested in partnering with us on that for further analysis breaking it down by residency. I believe it could yield some interesting further results.

Deputy Chief Ed McGinn: We would be happy to do that. I think it is time now, this is 2020 information which was of the throngs of COVID which probably gives a bit of a grain of salt. I think now that we are back to life, so to speak, I believe that the numbers would be more respective of the true picture.

> *Discussion regarding logistics of taking on such an endeavor and formal request for WPD to share data with the commission with regard to motor vehicle stops of city residents with a focus on the breakdown of stops and citations by race, by department, by location (zip code or specific intersections), and the highest number of stops and citations by a particular officer verses the average and to further request that the data be shared with the commission on a semi-annual basis with assistance from the Worcester Research Bureau if needed.*

Deputy Chief Paul Saucier: the next question involves how many officers are trained in crisis intervention. Our officers partake in a 40-hour CIT course which requires the ongoing coordination between multiple organizations throughout the city. They are required to present on various mental health problems in our curriculum and the participating officers receive information on the causes of mental illness, de-escalation training, and knowledge of the resources available in the community. the ultimate goal is to reduce the number of violent encounters between the police and those suffering from a mental health crisis. We have had our own CIT division since 2017 and we have what I believe to be five officers, including one Sergeant, or assigned to that division full time. As you can see that is a priority of ours. Right now, we have currently 80 who are certified in the 40-hour CIT course. As far as operations, one thing we do is, daily when a roster is put out we have a notation next to whomever is certified as the CIT officer period this way all of sergeants and they're accompanying officers receive a radio call for something that may involve a mental health crisis these officers are then called upon to assist. We have the officers out there who trained the other officers who are also involved. Depending upon their availability we will have somebody, in most places, who is trained to respond to any of those corresponding calls.

Chairperson Creamer: how often does the 40-hour training occur? Is it a onetime training, or a yearly training?

Deputy Chief Paul Saucier: The training is quarterly. What we try to do is have is Citac come in every year. I believe that it is 6 trainings a year where they try to certify many officers in the Commonwealth this 40-hour course. Throughout these trainings we send a few of our people every training to try to get more certified in that course.

Chairperson Creamer: when an officer receives their certification when then the next time they will need to go back to redo that training?

Deputy Chief Paul Saucier: There is no requirement that they have to go back. Once they get certified that is it.

Commissioner O'Callahan: What approaches does WPD take to ensure fidelity with CIT intervention to ensure there is not procedural drift over time?

Deputy Chief Paul Saucier: As I said, we have five people that are actually committed to that specific division. That is all they do. They are CIT qualified as trainers. They often go on calls with their respective colleagues, who then learn on the job again by being with these advanced officers. In addition to the CIT calls, those five CIT police officers do a tremendous job of outreach to the homeless, they do everything with overdoses, so they have a lot going on. I can tell you from experience, anytime we have a hostage barricade situation for example, CRT is notified, and they actually call upon a professional counselor who arrives on scene. I have been to at least two separate instances where we had that type of situation and in the command post are the civilians along with our CIT officers to assist our regular police officers.

Chairperson Creamer: is this something that could be brought into continuing education as a part of the ongoing training? I hear that it is a state level training, but I find it difficult that we do not have a refresher in place, at least every so often. Is that something that could be integrated into the ongoing training?

Deputy Chief Paul Saucier: That is a great idea and we have in-service training every year where all of the training is mandated by the MPTC. But this may be something that can be incorporated into that. As I've said, the regular course is 40 hours. As retirements continue, we have a reduced population of officers, making losing so many officers for 40 hours, not including the other time that they have to speak on for regular training, is huge for the Police Department. We do try to reaffirm whatever we can, when we can. But that is something, even for an hour, as oftentimes the CIT trainers will come into our in-service training and give updates. It may only be 1/2 an hour but it is still something where again, their job is to identify those within the community that may be in a challenging position where, should that name be called through the radio, all officers know that this individual will need to be treated in a manner which helps them through their condition. That is a situation where you need this psychological training for. To

answer your question, yes, we could possibly do that, but I would have to defer to the Chief to see how he would like to handle that.

Commissioner O'Callahan: Back when we had this conversation in 2020, there was a coverage gap, where there were still only 5 dedicated to CIT, is there a plan expand this or to have the gaps within the shifts able to be filled? Is there a CIT trained officer available on every shift, or available on every route if needed?

Deputy Chief Paul Saucier: Yes. We have people on every shift, we also people in specialized units, such as the Detective's Bureau, SWAT services, the crime scene unit, grace period every division has somebody. As I have said, as part of the operational plan for every day, we have it delineated on our roster that our dispatch has, and supervisors have so that they know who has that specialized training.

Commissioner O'Callahan: for the five officers whose role it is, these are the more veteran officers, and this is what they do. My understanding is that their shifts are only from Monday to Friday with daytime hours. Are there plans to expand this team beyond the five?

Deputy Chief Paul Saucier: Right now, I really cannot answer that. I do not believe so. I would need to defer to the Chief. Right now, we are down many officers so to remove an officer from the street to put them in a unit is very difficult at this time. Once we get up and going with the next Academy class, that may change.

Commissioner O'Callahan: I have a couple of questions about CIT. I have looked through the curriculum, and I know that WPD has gone above and beyond with some of these trainings. There are a number of optional trainings in the curriculum, and I'm interested to know which of these trainings WPD taken on for its officers to be trained in.

Deputy Chief Ed McGinn: CIT trainings originated in Memphis TN in 1988, in the aftermath of a terrible police killing of a man who was trying to kill himself. When you think of Memphis TN you do not think of progressive or cutting-edge police tactics but that is where this emanated from. Since that time, it has been a nationwide effort. We first got involved with this type of training probably, 15 years ago. Well working with John Barber we received a grant, a jail diversion grant, for people who were clearly going through a mental health crisis or other problem that gave rise to some type of crime. Rather than bringing them to jail we had an alternative setup with healthlink, a partner in this grant, where we could do a warm hand-off by bringing them to healthlink where they would be evaluated in short order. They would then be set-up with some form of counseling, or whatever they needed to get them right, get them back on their meds, or to get them properly diagnosed, or otherwise help them so that we do not have any more issues. There is an organization now called Open Sky in Worcester, run by Ken Bates, which recently comma with our assistance comma picked up a grant for training and tactical assistance (tTac) for CIT training. With that he brought our in-house CIT training to a new level period he has a legion of professionals and clinicians in his organization who do nothing but

training. They train all over the Commonwealth. We have been able to benefit from them. Before that, we would work with DMH and whoever else could get into work with us.

There are some add on trainings that we have done, specifically with autism in children. Often, our officers get called for a young person who may be out of control and may be harming family members. Typically when you think of something like that you would think of domestic violence but that is certainly not the approach that you should be taking with someone who is autistic or in some sort of psychiatric crisis. We have been blessed to have a lot of CIT officers. Again, we are a hybrid approach where we have five or six people out there who do this nothing but full time, day in and day out, and they work with our neediest populations such as the homeless, people suffering from addiction, people out in encampments, and people who call our Police Department 10 or 15 times a day wanting to speak with specific officers who are CIT officers because of the relationship. These officers go out and do a lot of work that one would not typically think of as being police work. They rarely make arrests, unless they truly have to, because it would be an icy effect on the trust that they have garnered with these folks. Also, we have officers sprinkled throughout the department who have also undergone this training. This Memphis model, as the CIT training is called, has been achieved by 25% of the department and we are looking to go further to get as many officers as we can fully trained in the 40-hour CIT training. Not only is this a large time commitment, but it also needs to be the right officer. Some people aren't just not cut out for that kind of work. They need to be able to slow things down and have an abundance of compassion and an interest in people to be able to go out and work with people who are undergoing a crisis or who are severely mentally ill. I just said that 10% of our calls involve somebody who is mentally ill, I would disagree with that, I would say that it is more likely to be upwards of 25% calls on a daily basis are people who are experiencing some sort of mental health crisis. We are the epicenter of all things social service here in Worcester. I think that we have a good reputation. People tend to gravitate here for some of the services that we are able to offer and that is why we have more than our share, but we are willing to help these folks and I personally, and my true believer in the CIT program. We could probably triple the amount of officers, that would be the gold standard, but in reality getting as many officers who deal with this throughout the course of their daily duties is what we are really after now.

Commissioner O'Callahan: Are there any of the optional trainings that Worcester Police Department includes in their CIT training?

Deputy Chief Ed McGinn: We do the stuff that we see. If you've ever worked with an organization like open sky, they are very helpful in training us and we will have them in throughout the course of the in-service trainings when we feel it necessary to get people updated. With CIT training, you learn the basics within that 40-hour training, and then you continue to learn alongside someone who does this sort of work day today. We work alongside with clinicians day to day and with the program from doctor Casteel we are going to be doing that more and more. We are all too happy to hand off someone who truly needs treatment to a clinician right there in the field.

Commissioner O'Callahan: You said that you believe that approximately 25% of all calls are runs involving a mental health crisis. I know that this also came up with the work involving the

Mayor's mental health task force where we had received some about the number of times mobile crisis has been called, the number of times a CIT officer is called to the scene, and the number of times an officer is to bring an individual directly to the emergency room. I know that we are adopting a Co response model in the city, but this information is something that I would be curious about.

Deputy Chief Ed McGinn: I believe that there are good things to come with this program. There is not a day that goes by where we do not receive a call from the school where there is a 5- or 6-, or 7- or 8-year-old child out of control. Honestly, what is a police officer to do about that? I believe that that is a situation which calls for a clinician and we do not want anyone harmed, and we are all about scene safety. That is an issue that transcends any type of law enforcement role and I believe the appropriate response for that is to stabilize the scene ensure that nobody is harmed or at risk of getting harmed and then have mental health clinicians come in.

Commissioner Hopkins: I came across something about a Miami program called PTSG. it is a program that has been used by a number of cities throughout the country which recognizes the stresses that police officers are under. While the city is doing great work for the community I am also concerned are we doing enough for the police officers as well? I would be happy to share what I found on that; it is really impressive. PTSG means post-traumatic stress growth and is focused on how we grow from the stresses that are encountered by first responders.

Discussion on how to get Deputy Chief Ed McGinn information on PTSG.

Deputy Chief Ed McGinn: I am looking at Sergeant Leto's notes, but it says with regard to how many police officers live in the city of Worcester, the answer is 45%. I do not have a breakdown further than that. Police officers, under state statute, are allowed to live within 10 miles from the border of their municipality or state. That is also contractually backed up.

Deputy Chief Paul Saucier: Trauma informed policing is on our agenda as far as MPTC training for 2023. The state mandate certain trainings and this is one of them.

Discussion regarding Deputy Chief Paul Saucier coming back to talk to us about the training as they go through it.

Deputy Chief Paul Saucier: we did have a training online this year called handle with care. The subject matter was within the ballpark of trauma informed policing. It informed officers that what they see and how they react to something, especially with a victim of a crime, is instrumental in how they recover from that. Again, we do have continuous training, they just tend to call it different things. In regard to the recommendation for the creation of a WPD limited English language policy procedure, we will have to defer to the chief who is not available tonight.

Deputy Chief Ed McGinn: Every one of our officers has access to the language lines. This is whether they are in house or out in the field. Some of our officers have been incredibly well

versed and using the languages line with people using their cell phones. Essentially if they reach someone who has a language barrier, we first make the attempt to have a live translator there. Often, we have somebody available on staff to help translate for us. When a person's native tongue is of a language that we do not have on staff, that is when we make use of the language line. When we are fresh out of resources and we cannot figure out what the languages, as part of the language line services there is an individual who will parse out and identify the language to find a translator. There are instruction cards on virtually every phone in the building to allow us to contact them. It can be cumbersome at times, but it does work.

Chairperson Creamer: Do you have the data on how many officers speak more than one language?

Deputy Chief Ed McGinn: I do not. Sergeant Derek Leto would be the one who would have that information. We do have six or seven languages spoken, Spanish, Polish, Albanian, Farsi, as well as a couple others. We also have some friendly resources out there who are willing to come in and speak with us. It is endearing that once in a great while we will get a call from someone who is calling to offer to come in and give us translation services. Years ago, before we had the official ASL translator, other people would come in and do that for us on involuntary basis. We have reached a point and we now have a professional certified individual doing that for us. so far as other languages go, I cannot speak to that.

Chairperson O'Callahan: Last year when we spoke the WPD was holding off on developing a policy around trauma informed policing, while waiting for guidance from the state, how is this changed?

Deputy Chief Ed McGinn: Not so much a policy but a practice. We do involve Worcester public schools in our handle with care protocol. When there is a child of school age who has aces, acute childhood experiences, which can be traumatic for that child and shown to be disruptive over time, we contact the school without violating any confidentiality that child is then looked after, especially in the classroom. There is a grant that we are working on, I believe that Captain Mckiernan is still part of that board, for school aged children who have experienced adverse childhood experiences to be looked after or a more prolonged and sustainable way. Obviously, trauma informed policing involves more than just children, and we are very sensitive to the needs of people who are victims of any crime, but notably more some of the more sensitive crimes such as sexual assault. A large part of the training around sexual assault is compassion for the victim while still due process and fairness. Some people do need a shoulder to cry on in a hand to hold. We are all too happy to do that when needed. It can be so sad. Some of the victims that we run into whether it be domestic violence, assault, and why not, we can hand them off whether it be to WIN, the domestic violence program, or the YWCA, or other organizations that that could help them with victim counseling. We also work closely with the DA's office victims resources. The beauty of being the epicenter of all things social in Worcester is that we have so many resources. It's just about getting the right ones to the right people.

In so far as promotions, officers that are trying to become a Sergeant, a Lieutenant, or beyond, the policy mandates that they take a civil service exam put forth by the state based upon

all legal decisions, case law, statutory law, as well as a number of different management strategies. There is a number of things that people need to know as a police supervisor. This test is very difficult. It is a big commitment and people will study basically constantly. The test is put on every two years. The results of which take into account, 80% of the exam grade and an additional 20% a factor of one's training and experience. Officers who have been on the forest longer have more police experience tend to do a little bit better. When it comes time, and we have an opening for Sergeant, or Lieutenant, or captain, we access the list and take the top three individuals and ask them to come in to see if they would be willing to accept the promotion. Generally speaking, they all do. We picked them in numerical order. For captain or deputy chief, that is a little bit different. And outside consulted is called in to do a verbal and written analysis of each of the candidates for the post. It is on a number of different functional areas of the job and it is based off of the function in roles of that position. It is fairly new to us, but it is also a very expensive and time-consuming process. By then though, you are dealing with less candidates. If we were to try to do an assessment Center for in lower position, we would have literally the possibility of hundreds of applicants.

Deputy Chief Paul Saucier: Regarding the passage rate for the last two years of the civil service exam, I am sorry, Sergeant Leto would have had that, but he has been having technical difficulties. For any of the questions that we cannot answer, due to the expert not being in the room, if we could put that on the next agenda, it would be great.

> *Discussion to request those answers by written response for unavailable information and information regarding drones.*

Deputy Chief Paul Saucier: Regarding drones, we did an initial policy on June 9th, and before that in April of 2022. After meeting with the ACLU. They had some questions about our policy. We met with them through a call with the city manager. At that point we made some changes which are reflected into the new one dated June 9th. We do not have a UAS at this time. There's a process, you have to put bids out, then we will see what we actually end up getting with the funds we have. Once that is finalized, we will again revise the policy dated June 9th, based on the abilities of the drones. We would like to have a training drone. That is not currently in the policy as we do know, and the money will be reflected and what that purchase will be. We do not want to train with a $25,000 drone when they have a $1000 drone that you can train with. So far as the meat of the policy, everything was based on the International Association of Chiefs of Police, the Massachusetts State Police, in the Central Mass Law Enforcement Council. All of their policies combined created the draft that we currently have.

Deputy Chief Ed McGinn: In response to the question "are there other policies that we're created or amended in response to the mass police response bill?" Captain Davenport runs the Bureau of Professional Standards, in a large portion of this involved the duty to report and intervene.

Captain Davenport: There was one policy that we did have to create and a couple others that needed amending. Policy 440 was the one we had to create, and it can be found on our city website. On the city website you go to the government tab and then click on transparency. It

regards the 1st amendment activity and crowd management. This policy was drafted by Captain Matthew D'Andrea and Deputy Chief Paul Saucier and we did vet it through both our law department and the DA's office. One of the major questions that people have regarding crowd management is about Mass General Law chapter 6E section 14 which involves using munitions in chemical weapons. It is included in our policy and it is pretty straightforward so if you have any questions about that we just attend directly to the law. We did amend policy number 211 which was the racial profiling policy. This was mainly focused on racial profiling regarding motor vehicle stops. Now we have what is called Bias Free Policing and Profiling. This is the overall umbrella of profiling and being biased free. That can also be accessed on the city website. The other policy that we did amend to come in line with what POST and police reform demanded was our use of force policy. There are a couple of things that we added to it, the prohibition of any choke holds, one of which was a borderline brachial stun which we are no longer doing. That maneuver involves a straight to the neck which temporarily prohibits blood flow to the brain. That is now prohibited in our policy, and we also added a duty to intervene portion into the policy. If an officer does view another officer crossing that line, there's a policy there on how he is to proceed with his intervention and reporting it. These were the only ones that we had to amend or come up with in regard to police reform. Everything else we already had in our policies.

Deputy Chief Ed McGinn: The next item on the agenda is for a request for vital longs for Commission members.

Deputy Chief Paul Saucier: I believe that this was done two years back. I can do this at any time you would like. We would handle it the same way. If you want to give us some times, that are best for you, just send some dates and I will set it up. This way you can go out there for an hour or so and see what we really do. As far as the report on number of requests for civilian participants, we do not really keep a record. We do have a policy that on our ride along basically anybody can do that, all they have to do is contact us. We can set that up all we have to do is play background check, and the usual, which is just for security reasons. You also have to be 18 years of age. When COVID came we were shut down, but right now we have the Cadets and they are doing the ridealongs. We are starting that program up again.

Deputy Chief Ed McGinn: The next item on the agenda is regarding next year's citizens Academy, advertising, and outreach. Captain McKiernan is planning to put on a hybrid clergy partnership and citizens Academy. We're going to kind of keep them together. It is essentially the same training regimen oriented towards the audience and it always is well received. It is a time commitment. People always want to hear how often they have to come, and it is about six weeks for two to three hours one night a week. It is coupled with firearms, and you get a ride along. It does take time and commitment on the part of the participant. It is, however, well worth it. Now that we are out of the woods, with respect to Covid, or we can get this back up and going again. I believe it is important for people of communities of influence out in the community to see what we are doing in to encourage other people to do the same. That is absolutely going to happen later on in the year. We do have a recruit Academy class starting in September, this will likely take place in the winter months.

The next two questions deal with core policing. When you think about the core police, those are the officers responding to 911 calls out in the community as opposed to our officers in the gang unit, vice, detectives. Core policing is just a snowball of everything we do. I would say that 20%, if that, or our role is arresting people, or charging someone. Our role is a lot more Human Services, whether it be checking on people who are laid out or people who are wandering the street, people without places to go, people who are hungry, people who are addicted. Just talking to people, residents, community outreach. When I think of core policing I think more or less just about law enforcement and really that's just a small percentage of our role.

Deputy Chief Paul Saucier: We do a lot of programs that have nothing to do with poor policing. We have a Gang Unit program CARE where in the first three weeks of July we serviced 100 children each week. These children's age ranges between 8 to 14. We end up having a gang camp where 300 inner city kids come to this camp. We try to have different agendas so that the kids can actually do things that they would never have the chance to do otherwise. I remember going to Southwick Zoo with 100 inner city kids in the middle of July. That was an experience. It was fun. We do things like that, we have a music program. The gang unit has been doing this for at least 20 years. It's always different things with the community, whether it's boxing, basketball, there are basically too many things to name. We have the clergy where the officers go out inches are different church organizations and with the kids in that setting. There's just a lot that we do besides policing. We try to get the word out there but often it doesn't work. Often people just want to know bad things that have happened, but there are also a lot of good things happening in the WPD. We try to get that information out there through Facebook, Instagram and all that, and hopefully that is helping. A lot of kids come back in later years and approach officers to thank them for what they did as role models and mentors.

Deputy Chief Ed McGinn: The next question is “does the Worcester Police Department have a position on the decriminalization of Entheogenic plants and fungi?” today, I called some folks over in the vice squad to ask them when the last time they saw this was. They responded that they haven't. They say there is no issue with it. I asked regarding its status as a Class C substance which does make it illegal to possess, transport, to grow and so forth. I would, respectfully, suggest to the Commission that this is not really a priority of ours. Personally, I have not seen that in years. That aside, I do work often on some college campuses and there was one episode where a young man got into a little bit of trouble with it. It was some homegrown stuff he was doing, and it was recreational. That was dealt with by the college. I have been around for 37 years, and the last time I've really seen this, in earnest, is thinking back to when the Grateful Dead in the band Phish play down at the center. Those were some of my favorite concerts not only for the music, but for some of the people. But there were people who were enthusiasts of the various products, the colloquial term being acid. But that is about all I have experienced. I haven't seen it here in years. Frankly, we have enough of a problem with the cocaine, and opioids, so that is where our vice squad is really putting their emphasis, to get people to stop dying from substances, fentanyl and heroin, and so forth. With all the opiates out there and we include cocaine because it is all laced with fentanyl. We are losing about 70 people a year here in Worcester through overdose. That is just who we know of. Those are just the calls we respond to. There are far more. That is absolutely tragic. Yeah my affair of decriminalizing this? Probably

not so fast. But if it is for therapeutic reasons, and of course I'm stepping on some of the chiefs purview on policy directives here, but if it is done for therapeutic reasons, with a medical person involved and some type of control, that does not bother us. It doesn't bother the police. Unfortunately, we are in a position where we cannot really look the other way for some things, when it is blatant. Do we go looking for it? No, but if it is waved in our face, we're going to have to do something because we are sworn to uphold the law. If legislature addresses and it becomes decriminalized, that is up to the legislature, and the voters. We just enforce the law as it is written. But I will tell you that it's not a huge priority for us.

Discussion regarding information the Commission has received regarding the decriminalization of entheogenic plants and fungi.

Deputy Chief Ed McGinn: The next item is about the mental health dispatch response system and an updated corresponding policy. I would submit that that is probably in the works now, so I would stay tuned. Some grant awards have been made. We are in the planning stages of putting it all together.

Commissioner O'Callahan: I do have a couple of questions; I know that there is a lot that is still fluid. This model involves a mental health professional and a police officer responding together. Generally speaking, how are the police fitting into this?

Deputy Chief Ed McGinn: My understanding is that with a Co responsive model, first the police would respond to the call, and unless it is something so benign that does not come with any risk for the clinicians, then they could also go there. Again, we have people who are frequent Flyers Andrew call over and over again. In these circumstances they just need to speak with their favorite clinician or police officer. If there is a scene where a crime has been committed or there is a disturbance that needs to be rectified, or if there is a potential risk for the clinician, the officers would first go and stabilize the incident and do a warm handoff provided everything is cooling down a little bit. With the clinician there oftentimes, it soothes things down, especially if they are known to the individual. I am optimistic about this program.

Commissioner O'Callahan: if somebody calls 311 and says but there's a mental health crisis happening at their residence, our officers and our mental health professionals traveling together? Are they arriving separately, but at the same time? Do you have any idea how that is going to work?

Deputy Chief Paul Saucier: From my understanding, at the outset, we would need to have it properly trained dispatcher can discern whether or not any mental health crisis is occurring, and whether or not there is a threat. As far as driving together, I do not believe that would work. It is just a safety application. To have a clinician in the cruiser with us I believe would be a waste of time, because 75% of what we do is mental health or community outreach based and only 25% approximately is core policing. The best outcome would be for dispatch to have the decision made by somebody who takes that call, for the police to go there for us and make sure that the scene is secure and then allow the clinician to take over. When it comes to freeing up time for

officers to be able to do other things outside of core policing, being able to hand secured scene off to a clinician would be huge. That is what I envision happening. We have more meetings to come and hopefully we can pin it down and have a policy created. It would help out the community immensely.

Discussion regarding open invitation for officers to return when policy updates are made and a request for the person managing, Charles Goodwin, the process to come speak with the commission.

Commissioner Robinson: how often do police officers get to work with communities that are not in crisis?

Deputy Chief Paul Saucier: We have 52 crime watch groups in the city which is broken down into five precincts. Within those precincts meetings occur and we have officers from both the impact division and regular patrol officers go to those meetings. That is huge because no you were having a human-to-human contact at a time when there is not a crisis and you can actually engage in conversation and just talk with each other versus when you have to have your guard up and not know what is happening. During the summer we have our summer impact program. This summer we were all did out a little differently where officers we're doing foot patrol in the areas of the beaches and pools. Back in the day the goal was to go out and get a rest but that is not the case anymore. We go out and engage in the community by just going out on foot and talking to business owners and seeing if they have any problems. We really engage in problem solving oriented policing and not just community policing. We want to solve the problem so that whomever that victim is will not have to call the police anymore.

We do have a stress officer. That officer's job, it is actually a civilian now, to be contacted when one officer sees another officer perhaps having a problem and they then reach out to the officer themselves. We have a lot of programs within the police, such as peer counseling, to actually help officers because comma as you have said, we see a lot of things that human should ever have to see. All of the things you see you go home with every night. After being on this job for a long period of time there is a definite likelihood of post-traumatic stress. There isn't an officer that can tell you there isn't a scene in their mind that they go back to. There is a huge concern, and as the violence is getting worse and worse it is definitely a problem. The new program that we have been doing is the police counseling program where it is peer counseling. We have a certain number of officers who have been certified in peer counseling and they also do it within other groups in the city, the fire department EMTs and so on. They all joined together. We lost a man, that was a huge thing. That pure counseling came out along with our regular stress officer. As we move forward this is a huge thing whereas in the past, years ago, we wouldn't say anything about it. Now more and more officers do come to say they are having a problem and need some help.

Commissioner Robinson: Do we still have to police athletic league that used to go out and play with the kids?

Deputy Chief Paul Saucier: Yes. We have the boys and Girls Club and the police athletic league. We also have a music program. They still assist with the boxing. There are all those programs out there.

Discussion regarding community interactions and reminder regarding changing name of crime watch meetings to neighborhood watch meetings.

Thank you WPD for answering requests and providing great conversation.

6. Adjournment

Our next meeting will be August 1, 2022, at 6pm over WebEx.

City of Worcester Human Rights Commission
Meeting June 13 & July 11, 2022

Questions for WPD Diversity Officer Sgt. Leto:

- Q. #1) Please provide an annual report on WPD Diversity Officers recruitment, outreach, and initiatives; please include feedback on climate survey and next steps.

  A) The Worcester Police Department continues to recruit at all Worcester Public Schools and events. We also have partnered with local military recruiters, Grafton Job Corps., local colleges, non-profit organizations (508 Forever Young, TLK Sports, Unity Radio, Mass Hire, and the Woosox. The Worcester Police Department Recruitment Team attends all school career fairs and community events. We use social media websites (Facebook & Twitter) to also reach out to the Worcester Community.

  B) We have several summer events coming up at the Cage Basketball court partnering with TLK Sports (summer baseball, basketball, field hockey, bike safety, volleyball, and soccer) the YWCA summer fitness program throughout all the parks in the city, Black Families Together, Leon, South East Asian Coalition, church leaders, Main South CDC, crime watch groups, WooSox, Palladium, and Railers.

  C) The climate for recruiting is getting better. The 2021 police civil service exam had 328 Worcester residents and the 2022 exam had 118, totaling 416 Worcester residents that are eligible to become future Worcester Police Officers for the next 2 years. Candidates of color who applied increased by 4% in 2021 and 53% of the applicants in 2022 are applicants of color.

- Q. #2) Please provide an update on the RITE training for the entire department and other proposed or ongoing trainings addressing implicit bias and racial equity.

  Ans.) The RITE training was completed for the entire department as of fall 2021 (4 hours.) Fair and impartial policing on implicit bias training is also taught with the RITE training during in-service training and to all new recruits and cadets.

- Q. #3) What training and professional development programs for WPD employees are in place to address implicit bias?

Ans.) Fair and Impartial Policing on Implicit Bias, RITE Training (4 hours), Trauma Training (6 hours,) WPD Policies & Procedures, Massachusetts Police Training Counsel Cultural Competency Training (Retired Chief Charles Ramsey & Sgt. Fred Jones - Ted Talks, and the new Massachusetts criminal justice reform act on Police Officers Standards and Training are all taught at the Worcester Police Academy and in-services.

- Q. #4) In what areas has WPD strategically placed an objective to address implicit bias in policies, procedures and decision making and how will that be accomplished in FY23?

  Ans.) As of July 9, 2021 our Racial Profiling Policy has been amended to a Bias Free Policing & Profiling Policy, which is on the City of Worcester website.

- Q. #5) In what ways is WPD partnering with community partners to improve police community relations to challenge implicit bias?

  Ans.) In regards to diversity equity and inclusion, I have been partnering with as many organizations as I can to not only recruit more candidates of color but also females into the Worcester Police Department. I also aim to address the issues that the community is concerned about. For example (body cameras, shot spotter-connect, use of force policy, and de-escalation methods. The Worcester Police Department has a mental health and wellness program. We also are partnered with a Critical Incident Stress Management Team. I am also a certified trainer in many topics such as Fair and Impartial Policing on Implicit Bias, the Racial Intelligence Training and Engagement (RITE Program = Emotional Intelligence + Social Intelligence = Racial Intelligence,) and I also have been a Police Clergy Mentoring Officer for the Worcester Police Department working with several church leaders and mentoring the youth in their congregations since 2006. I also have worked with the Big Brothers Big Sisters Program as well.

- On June 6, 2022, the Worcester Police Cadet Program started with 6 Cadets (3 female & 3 male, which we have 1 middle eastern female, 2 Spanish males, 1 Spanish female, 1 white male, and 1 white female.)

- The Worcester Police Department Racial Equity Audit (CNA) has started and data is continuously being sent to them now.

- The Worcester Police Department Explorer Program will be starting in the Fall of 2022 mentoring children grades 7^{th}-12^{th}.

Answers for July 11, 2022:

- Q. #6) How many Worcester Police Officers have been trained in Crisis Intervention?

  Ans.) As of June 27, 2022:
  1 Captain
  3 Lieutenants
  9 Sergeants
  67 Patrolman

- Q. #7) How many Worcester Police Officers live in the City of Worcester?

  Ans.) 45%

- Q. #8) City of Worcester Demographics compared to WPD?

  Ans.)

Ethnicity	Officials	Chief	Deputy	Captain	Lieutenant	Sergeant	Total Sworn
White	84	1	3	7	22	51	370
Black	5	0	0	1	0	4	29
Hispanic	3	0	0	0	2	1	64
Asian or Pacific Islander	0	0	0	0	0	0	5
American Indian/Alaskan	0	0	0	0	0	0	0
Two or More	0	0	0	0	0	0	2
Undisclosed	0	0	0	0	0	0	1

Minorities%	9%						21.6%
Veterans	9%					14%	18%
Female	3%				4%	4%	6%

According to the most recent City of Worcester Census report the Worcester Police Department does not mirror the community we serve. We should have the following demographics in the Worcester Police Department.

White	101,039	48.92%	225 WPD Officers
Black	28,378	13.74%	65 WPD Officers
Hispanic	50,736	24.56%	115 WPD Officers
Asian	14,562	7%	32 WPD Officers
Native American	336	0.16%	
Other	2,690	1.3%	
Two or More	8,777	4.24%	

Massachusetts CIT Standardized Curriculum – rev. 12/19

Title of Training	**Massachusetts CIT**
Mental Health Disorders	2 hrs.
Forensics/Courts	1 hr.
Autism	2 hr.
De-escalation	4 hrs.
DYS/JDAI	.5 hr.
DCF Issues/Presentation	1 hr.
NAMI: Family Perspective	1 hr.
NAMI: Peer/Lived Experience	1 hr.
Crisis Services/ESP	1 hr.
DMH Community Services/System	.5 hr.
Trauma	1 hr.
Veterans	1 hr.
Substance Misuse/Addiction	1 hr.
Opiate Crisis Response	.5 hr.
Visiting Treatment Facilities	3 hrs.
CIT Overview	.5 hr.
CIT Team Development	1 hr.
Elder Issues/Dementia	1 hr.
Officer Self-Care	1 hr.
Other Psychiatric Conditions	1 hr.: Personality Disorders
Intellectual Disabilities	1 hr. (include TBI)
Suicide Prevention	1 hr. to include SBYC

Psychiatric Medication	1 hr.
Use of Force Issues	.5 hr.
Homelessness	.5 hr.
Graduation Ceremony	1 hr.
Cultural Awareness	.5 hr.
Community Partners/Agencies	1 hr. - ACCS/other agencies
Hearing Voices Simulation	1 hr.
HOC/Sheriff Dept MH Services	Opt
Response to Psychiatric Conditions	Opt
Hoarding	Opt
Human and Civil Rights	Opt
ER/Hospital Procedures	Opt
Domestic Violence and MH	Opt
Co-response	Opt
Case Conferences/school	Opt
Drug/Specialty Court	Opt
Probation	Opt
Suicide by Cop	Incl. in Suicide Prev.
Curriculum Subtotal	**32.5 hrs.**
Lunch	5 hrs. for lunch
Optional (Opt) classes =	2.5 hours for local preferences/needs
Total	**40 hrs.**

Purpose: To standardize all CIT trainings in Massachusetts while providing some flexibility to local jurisdictions to customize trainings to address specific, prioritized, and local needs.

In brief, the required curriculum is composed of 29 classes, totaling 32.5 hours. The minimum hours for each class must be met. There are additional optional trainings that may be offered to fill out the 40 hours. Each class will be further described in succeeding pages, but will include learning objectives and recommended minimum subject matter, if not specific bullet points of knowledge. All of the learning objectives must be met, however, the TTAC or other teaching entity may add to the course content. Instructor qualifications and preferences will also be identified.

All CIT trainings must have pre and post-tests for CIT participants to complete, along with a general CIT course evaluation.

Any questions about the MA CIT curriculum should be referred to:

John C. Barber, LICSW, WM Area Forensic Director, Statewide Coordinator of CIT-TTAC's at John.Barber@MassMail.state.ma.us

(413) 587-6244

Tips for Introductions/Ice Breakers and General Information:

Here are some recommended exercises by Tom von Hemert (President of CIT International). It is up to the TTAC to decide to use any of these:

1) Introductory exercise: Name, agency, years of experience and **WHAT DO YOU SEE** exercise. "What do you see?" exercise – small circle in a large circle (record, bagel, barrel of a gun, donut, etc.) The point is: different perspectives and answers for the same thing that is observed.
2) Stigma of MI:
    - Words for Mental Illness
    - Words for those who have cancer…
3) Mental Health Quiz – can make up.
4) Review House rules – Start on time/finish early, NO cell phones, Snacks/food, keep things **informative and interesting**.
5) Class/sessions evaluations, every time.
6) PPT's – Make them fun!
7) For dispensing CIT training information: **IN:** Flash drive/apps/websites **Out:** three ring binders
8) Eating together
9) Exercise: CIT is….(fill in the blank) – for later in the week.
10) Shaking up a soda bottle – who wants to open it? Isn't that like being a first responder on the scene of a crisis call?
11) Mental Health Awareness icebreaker. Write the names of four loved ones on a piece of paper. Shuffle, without looking. Hold one up and crumple it. Illustrates the randomness of mental illness. How would you feel if….

1. Overview of Mental Health Disorders

Minimum Hour(s): 2

Instructor Qualifications: Mental health professional(s) with considerable knowledge/experience in clinical aspects of serious mental illness. May be co-taught by knowledgeable officer.

Synopsis: See bulleted point by point on this course (q.v.). The mental health disorders training must cover the signs and symptoms of the six major diagnostic mental health disorders. Co-occurring disorders should be included in this section. Mental health crisis should be defined.

Learning Objectives:

1) **Participants will understand the signs and symptoms of serious mental health disorders.**
2) **Participants will appreciate the role that stigma plays in preventing treatment, and that people do recover from mental illness.**
3) **Participants will understand how different types of disorders (i.e., mental health, substance misuse, intellectual disability, ASD, physiological or neurological conditions) affect behavior.**
4) **Participants will understand what the CIT police officer's role is in encounters with people who have mental illnesses or are in crisis.**
5) **Participants will dissect the myths that people with mental illnesses are responsible for most of today's violence and are more violent than the general population.**
6) **Participants will become sensitized to concerns and types of victimization that individuals who have mental health and other conditions face.**

Recommended Minimum Subject Content:

- **Keep interactive**, personalize mental illness and recovery. Discuss how MI touches *all* our lives, family, friends and colleagues.

- Review stigma of mental illness and violence myths vs. reality; need for sensitivity. **Do CIT specific stigma exercise.** MH is not caused by personal weakness.
- Common Disorders That Affect Behavior: Mental Illness, Intellectual Disability, Trauma, Neurological/Medical Conditions, and Substance Misuse
- Mental Illness definition and causes: biological: genetic, neurotransmitter, brain structural differences, etc.
- Societal prevalence: 1 in 5 annually; 1 in 16 have Serious Mental Illness
- General Facts: Stigma attached to having a mental illness is a major problem and can prevent persons from seeking treatment
- Level of disability can range from mild impairment of normal functioning to complete dysfunction.
- Active involvement in treatment (medication, counseling, rehabilitation) makes a big difference in presentation
- A basic understanding of mental illness can enhance an officer's response:
- Medical problems, signs of substance use, and mental illness can look the same
- Persons with mental illness may be responding out of fear, desperation, or distorted thinking
- With treatment, most mental illnesses will improve, others may continue in a lesser form or with periods of remission
- Mental Illness and violence: Most violence is caused by persons without mental illness; A small percentage of persons with mental illness may be at increased risk for violence, especially when there is also substance use
- Mental health professionals assess violence risk, but cannot reliably offer predictions of violence.
- **People with mental health disorders are much more likely to be victims of crime than perpetrators of violence. Police see a different cohort of those with mental health problems, often mixed with substance misuse.**
- The police officer is not expected to be a clinician; they should be observing behavior. What is obviously different about the person's behavior? How are they dressed? What are the content of their thoughts? Are they talking

about things that the officer cannot perceive or are nonsensical? What is their mood like? Concern about suicide or violence? Substance use present? Are there cultural considerations?

Major Diagnostic Categories: ***For each of these, officers should be asked about what mental illnesses are associated with the general category. The facilitator should aid in identifying them***

- Mood disorders
- Psychotic disorders
- Anxiety disorders
- Trauma Related Disorders
- Personality disorders
- Substance Use Disorders

Discuss symptoms of each and effective interactive approaches to those who have these symptoms.

- Co-occurring disorders

Define, describe, and note most individuals who have mental illness that law enforcement ends up arresting have both mental health and substance use disorder.

Why clinicians have difficulty evaluating dual disordered individuals

Treatment system quagmires, including medication

“Self-medication”

“Voluntary homeless” population

Substance misuse’s disinhibiting effects.

2. Forensics/Courts

Minimum Hour(s): 1

Instructor Qualifications: Forensic mental health professional or administrator or equally legally credentialed professional that understands MGL 123, §§12, 15, 16, 18, and 35.

Synopsis: See bulleted point by point on this course (q.v.)

Learning Objectives:

1) **Participants will understand the court clinic's role in the criminal justice system, as objective evaluators for the court.**
2) **Participants will exhibit a basic understanding of the forensic sections of MGL, including s.35 civil commitments. Specifically, police will understand that they can petition under s.35.**
3) **Participants will be introduced to which specialty courts exist in their area and the general process for referral, acceptance, participatory requirements and graduation.**
4) **Participants will become knowledgeable about Bridgewater, DMH State Hospitals, and forensic hospitalization.**
5) **Participants will gain knowledge about local and statewide CIT and Police-Based Jail Diversion Programs. Care will be undertaken to differentiate between Crisis Intervention Team training and Crisis Intervention Team development by police departments.**

Recommended Minimum Subject Content:

- CIT and other police-based JDP (Jail Diversion Program) grant programs (Area/Statewide).
- Slide of Massachusetts JDP's
- Presenter should describe the impacts of Co-Response and CIT programs, and how many police departments are using training and collaborative approaches that integrate CIT and Co-Response.
- Outcomes of JDP's (PPT slides available)

- Court clinic services and evaluations (MGL 123, §§12, 15, 16, 18, and 35.) DFP's and QSW's.
- Relevant issues in Competence and Criminal Responsibility evaluations
- Forensic process: court orders, evaluations, hearings, hospitalization and outcomes
- Bridgewater overview
- Specialty courts in area
- Forensic Transition Team (FTT)

3. Autism

Minimum Hour(s): 2

Instructor Qualifications: ALEC (**Autism** and **Law Enforcement** Education **Coalition**) educator preferred. Mental health professional(s) with knowledge/experience in clinical aspects of autism; could be co-taught by knowledgeable police officer, if it is not taught by ALEC educator.

Synopsis: The autism training should review the various presentations of ASD, paying attention to the differences between Asperger's syndrome, PDD, and low functioning Autism. Behavioral characteristics of each ASD should be identified. Police officers and other first responders through ALEC frequently discuss their children who have been diagnosed. This should prompt a vigorous discussion about ways to be sensitive in law enforcement's approach to those with Autism. **Note:** ALEC educators have been doing this training for many years, following a well-established curriculum. While MA CIT requires only 2 hrs. training, ALEC presentations tend to go longer. TTACs will have to manage the length of the ALEC presentation if they choose to use ALEC.

Learning Objectives:

1) **Participants will recognize a variety of autism symptoms and disorders.**
2) **Participants will have a heightened sensitivity towards law enforcement response to those who have an ASD.**

3) **Participants will understand the best approaches to take with someone who has an ASD, and "the do's and don'ts."**

Minimum Subject Content:

1) Describe autism and autism spectrum disorders; 1 in 59 children have ASD. Autism appears to be on the rise: number is increasing.
2) Explain how someone with ASD communicates and relates differently (social communication challenges) than those without ASD. Officers familiar with someone with ASD can discuss in detail how this appears.
3) Those with autism frequently engage in restricted, repetitive behaviors.
4) Being especially aware and responsive to those who have sensory overload on a "typical" police response – flashing lights, loud noises, disrupted communication.
5) A person with autism might:

- Have an impaired sense of danger.
- Wander to bodies of water, traffic or other dangers.
- Be overwhelmed by police presence.
- Fear a person in uniform (ex. fire turnout gear) or exhibit curiosity and reach for objects/equipment (ex. shiny badge or handcuffs).
- React with "fight" or "flight".
- Not respond to "stop" or other commands.
- Have delayed speech and language skills.
- Not respond to his/her name or verbal commands.
- Avoid eye contact.
- Engage in repetitive behavior (ex. rocking, "stimming", hand flapping, spinning).
- Have sensory perception issues.
- Have epilepsy or seizure disorder.

If a first responder is able to identify that a child or adult may have autism, he or she can then respond in a way that best supports the individual.

6) When interacting with a person with autism:

- Be patient and give the person space.
- Use simple and concrete sentences.

- Give plenty of time for person to process and respond.
- Be alert to signs of increased frustration and try to eliminate the source if possible as behavior may escalate.
- Avoid quick movements and loud noises.
- Do not touch the person unless absolutely necessary.
- Use information from caregiver, if available, on how to best respond.
- https://www.autismspeaks.org/information-law-enforcement

7) Distinguish between lower and higher functioning forms of Autism Spectrum Disorders.
8) People with autism are more likely to be CJ involved than the general population.
9) Those with autism sometimes have other difficulties, example: mental illness or developmental disabilities, and a higher rate of physical/medical conditions.
10) Best approaches for an officer to take.
11) Consider adding information from ALEC, "Autism and Police Officers" handout, and FBI Law Enforcement Bulletin (Debbaudt and Rothman, April 2001).

4. De-escalation Strategies and Practice:

Minimum Hour(s): 4

Instructor Qualifications: A variety of instructors may be used. A mental health professional is recommended for an overview of the basics: Core Communication Strategies, Verbal and Non-Verbal Communication Techniques, and Active/Reflective Listening techniques. TTAC officers/retired officers should model effective intervention styles. Professional actors or those *fully* capable of playing the part of an individual in crisis, should play the role of people with various problems or conditions having a psychiatric crisis. A hostage or crisis negotiator may be used to discuss scenarios and approaches as ***part*** of the second segment, but other officers should be involved. The focus needs to be on mental health and co-occurring disorder crises, not criminal situations.

Synopsis: This topic may be split up in hour long segments or facilitated all at once. Arguably, this is the most important course in CIT. The training should begin with reviewing what officers know about de-escalation. Instructors should focus on teaching core communication strategies, communication techniques and active/reflective listening techniques. The National Decision Making model should be reviewed along with the principles of Smart Policing, emphasizing the benefit of taking a cautious approach. It's important to link de-escalation to decreased liability and decreasing use of force. Their police department's CIT Policy and Use of Force policy should be referenced. Have officers practice use of basic and more complex de-escalation techniques.

Learning Objectives:

1) **Officers will identify crisis situations that merit a crisis specific intervention or response. Discussion should touch on SBC issues.**
2) **Officers will learn or review Active and Reflective Listening Techniques, Communication Techniques and Core Communication Strategies.**
3) **Officers will appreciate concerns around liability, use of force issues and be cognizant of their department's own policy.**
4) **Officers will become familiar with the National Decision Making model.**
5) **Practice of de-escalation will occur throughout the training. Officers should be tested on de-escalation skills.**

Recommended Minimum Subject Matter:

- What tool do officers use the most? When was your last de-escalation training??
- Review Core Communication Strategies, Verbal/Non-verbal Communication Techniques, Active/Reflective Listening Techniques (q.v.). Have officers practice active/reflective listening techniques (1 hour)
- Review the National Decision-Making Model and "Smart Policing". Review relevant case law as it pertains to being a "bystander" or witness to use of (unnecessary) force.

- Use media/YouTube where it can emphasize and showcase points. Just as importantly, law enforcement should use examples from their own department or around the state.
- Review strategies for interaction when someone is in crisis – multiple scenarios, including: 1) Hearing voices, 2) Delusional, 3) Suicidal and depressed, 4) Manic, 5) Highly Anxious, 6) In flashback, 7) Engaging in self-injurious behavior and 8) Under the influence (1 hour)
- Examine "Suicide by Cop" elements, focus on prevention.
- **Need to ALWAYS abide by academy training: officers cannot assist the situation if they are hurt themselves!**
- Practice de-escalation interventions with feedback from officers and clinicians. While feedback needs to be constructive, it should not be just "handclapping." This practice should occur for no less than two hours. Additionally, this should involve sufficient activity that the entire class of officers shouldn't be just watching two officers interact with the actor(s).
- Best practice sprinkles the scenarios throughout each of the days, but beginning only after officers receive the basic, core de-escalation overview strategies.
- CIT training is not "active shooter" training!
- A to Z exercise – When you're in crisis – validate their feelings – practice naming feelings in A to Z sequence (Angry, Bored, Courageous…)
- Reptilian brain – Fight (I can eat it), flight (it can eat me) and freeze (overwhelmed).
- Listening to understand (not to respond or "fix it")
- Have a verbal crisis "play back": "Hi, my name is----, and I am a CIT officer. What's your name?" Restate/summarize situation. "Now I want to make sure I heard this correctly – do I have this right?"
- Videos on suicide prevention/crisis intervention (or use another):
  https://www.youtube.com/watch?v=TAvZcfYv5J8
  https://www.youtube.com/watch?v=cw7bQGcO-d0

5. Juvenile Justice and Mental Health

Minimum Hour(s): 0.5 hrs.

Instructor Qualifications: Knowledgeable DYS mental health staff, JDAI representative, or CJCC clinician; helpful if co-taught with police officer, probably a SRO.

Synopsis: Children and youth sometimes run afoul of the law. Most of those involved with juvenile justice have mental health and/or substance misuse problems. Nearly all have had significant trauma.

Learning Objectives:

1) **Participants will learn that juveniles are not just "little adults" but young people with growing bodies and developing brains.**
2) **Participants will understand the intersection and overlap of various agencies that serve juvenile justice involved youth, and their different areas of focus.**
3) **Participants will be able to identify the types of cases and jurisdictional coverage of juvenile courts.**
4) **Participants will be able to explain JDAI, and how each judge now has been given diversion options in their delinquency cases.**
5) **ALPs (Alternative Lock-up Programs) and the laws for holding arrested youth will be reviewed.**

Recommended Minimum Subject Matter:

- Juvenile court was in District Courts until the 1990's.
- Review different state agencies and their involvement with juvenile justice: DYS (delinquency only), DCF (CRA and C&P), DPH (Section 35 programs…of which there is only one for youth), DMH (Court Clinic services…what they are and what they do and how they support youth and families; C/A services and Caring Together).
- ALPs and the specific procedures and laws for holding arrested youth. Impacts of new laws.

- What types of cases do the juvenile courts oversee? (Delinquency, CRA, C&P, Section 35's)**.**
- Juvenile Courts jurisdiction cover youth 12-18yo for delinquency cases and from 7-12yo for CRA.
- Police involvement in schools through SRO's.
- What are CRAs, who can file them, time standards, etc…. important to also mention the Sexually Exploited Youth CRA and the connection to local CSEC teams
- Different state agencies and their involvement with juvenile justice: DYS (delinquency only), DCF (CRA and C&P), DPH (the MYR Section 35 program), DMH (Court Clinic services…what they are and what they do and how they support youth and families).
- Statewide initiatives including JDAI, juvenile detention alternative initiative. A little about JDAI, history, association with Annie E Casey Foundation, etc.
- New Juvenile Justice legislation made requirement for Judge's diversion in every jurisdiction. …talking point: the different diversion programs through the DA's offices, but that Judge's diversion is an additional option for delinquency cases
- Trainings statewide around *Racial and Ethnic disparity* amongst juvenile justice involved youth as well as becoming more *Trauma Informed*.

6. DCF Training

Minimum Hour(s): 0.5 - 1 hr.

Instructor Qualifications: Local representatives that work for the Department of Children and Families.

Synopsis: Police have a great deal of contact with DCF, DCF-supported families and their children, along with DCF group homes. This training will enable the police to understand DCF goals, limits, and how to work effectively with the DCF to enhance community public safety.

Learning Objectives:

1) **Participants will understand the interface between the DCF system and the police, and specific situations that result in DCF contacting the police (or vice versa).**
2) **Participants will augment their understanding of the local DCF system.**
3) **Participants and DCF representatives will discuss hotline referrals and roles during crisis situations. Both law enforcement and DCF representatives will discuss their agencies limits and tensions.**

Recommended Minimum Course Content and Objectives:

- Discuss DCF mission and explain the local DCF system
- Discuss local interface between DCF and law enforcement, including the circumstances that involve police
- Discuss Hotline procedures and issues.
- Have a Q and A on law enforcement concerns and issues with DCF.

NAMI Massachusetts: Lived Experience Perspectives (family member and peer) in CIT training:

During the 40 hr CIT training there will be two interactive one-hour presentations from trained NAMI speakers who share their lived experience interacting with law enforcement during a mental health crisis (their own or in support of a family member) and additional ways to address mental health crises in a humane and respectful way.

7. Family Member Perspective:

Minimum Hour: 1 hour

Speaker Qualifications: Trained and certified by NAMI Massachusetts

Synopsis: Two NAMI family member presenters will share their firsthand stories of supporting their loved ones who live with mental health conditions, including encounters with law enforcement.

Learning objectives:

1. **Participants will learn about the impact mental health conditions have on an entire family, and the toll it takes on caregivers.**
2. **Participants will learn about challenges families face in supporting their loved ones, including: accessing treatment, navigating the mental health system, barriers to support and the role of stigma.**
3. **Participants will hear from speakers about what helps/and doesn't help when their loved ones experience a mental health crisis.**
4. **Participants will learn about the hopes and fears of family members when they ask for law enforcement's help in responding to their loved one in crisis.**
5. **Increase participant empathy and understanding.**

Recommended Minimum Subject Matter:

- Increase empathy by helping officers understand that when they respond to a person in crisis, the entire family is affected.
- Presenters will share challenging experiences is a relatable way, including symptoms, stigma, and barriers to support.
- Presenters will share their experiences of "what helps" when their family member is having a mental health crisis.
- Speakers will only share their personal experiences and not discuss police protocol
- Speakers will share their experience and not generalize it to all officers.
- Speakers will not be confrontational or overly critical of officers
- Speakers will create the space to have an open dialogue with officers during the Q&A portion of the presentation.

8. Peer Perspective:

   Minimum Hour: 1 hour

   Speaker Qualifications: Two trained NAMI presenters who live with mental health conditions will each share their recovery journey including: the onset

of symptoms and what happened, what helped, how they maintain wellness and where they are today.

Trained and certified by NAMI Massachusetts.

Synopsis: One or two NAMI peer presenters will share their recovery stories, including: what it is like to experience a mental health crisis, the barriers to support, the impact of stigma, how they got help, what they do to maintain wellness, and where they are today.

Learning Objectives:

1. **Participants, in hearing these personal stories, will put a face to what they are learning about, which will increase empathy and understanding.**
2. **Enrich participant understanding about the individual experience of living with a mental health condition, including: what experiencing a mental health crisis feels like and what helps (and harms) in those moments.**
3. **Participants will learn about challenges people living with mental health conditions face, including: accessing treatment, navigating the mental health system, barriers to support and the role of stigma.**
4. **Participants will learn that a person can present differently depending on the circumstances, environment, how their mental health is impacted and the symptoms they are experiencing.**
5. **Participants will learn about recovery as it relates to mental health, including: that it is individual, is an ongoing, non-linear journey --not an end state void of symptoms, it is possible for all people to create lives with hope, meaning and human connections.**

Recommended Minimum Subject Matter:

- Each presenter will share their story and how mental health issues (psychiatric diagnoses, trauma, extreme states, emotional distress, substance misuse) and the impact on their life.
- Increase empathy by helping officers understand that when they respond to a person in crisis, the entire family is affected.

- Each presenter will share challenging experiences is a relatable way, including symptoms, stigma, barriers to support, law enforcement contact, forced treatment, etc.
- Each presenter will share "what helped/helps" them when they are struggling, including: treatment, family support, peer support, 12 step program, etc.
- Each presenter will share about how they maintain their wellness and the tools/supports they use.
- When sharing about law enforcement encounters, each presenter will share only their personal experience—what helped/what did not and not generalize it to all officers. Presenters will not discuss police protocol
- Presenters will not be confrontational or overly critical of officers, if involved in their lived experiences.
- Presenters will create the space to have an open dialogue with officers during the Q&A portion of the presentation.

9. Crisis Services/ESP

Minimum Hour(s): 1

Instructor Qualifications: Designated representative of the most relevant local emergency services program(s).

Synopsis: Emergency services are the most natural, and often the most important, partner law enforcement has in regards to mental health crisis. But police officers frequently express frustration, irritation and misunderstanding about why someone they have just s.12'd to the ER or crisis center is out walking the streets again two hours later, talking to themselves or appearing internally preoccupied.

Learning Objectives:

1) **Participants will learn about the distinction between s.12a and s.12b.**
2) **Participants will learn about specific services of the ESP, including Mobile Community response.**

3) **Participants will discuss the advantages and drawbacks of utilizing community-based locations vs. emergency rooms, along with having respite or similar community-based alternatives to hospitalizations.**
4) **The ESP will present how they collaborate with law enforcement and the specific information they can and cannot release.**
5) **Participants will come to appreciate the different perspectives of those responding to a crisis. (PIC, family member, community services, police, ESP).**

Recommended Minimum Course Content:

- Speaker will explain crisis services and procedures. How to work effectively with them.
- Review s.12
- 12a'ing to an Emergency Room vs. community mobile evaluation.
- Warm handoff concept
- Having police jump to the front of the crisis team's "queue"
- Crisis case conferences

10. DMH Community Services/System

Minimum Hour(s): 0.5

Instructor Qualifications: DMH Site Director or designee

Synopsis: A thorough overview of DMH community services will be presented, including the various sorts of community services that DMH supports, service authorization process, and the spectrum of mental health services – from hospitals to supported housing.

Learning Objectives:

1) **Participants will be able to identify the sorts of issues and symptoms DMH clients frequently have and how to apply for services.**

2) **Participants will know where their local DMH case management site office is located.**
3) **Participants will describe the various components of the community mental health system, and identify who their local community providers are.**
4) **Participants will also be able to identify the more and less intensive types of community residential programs, including supported housing/outreach, GLE's, specialized GLE's, respite programs, etc.**

Recommended Minimum Subject Matter:

- DMH service authorization – how somebody becomes a DMH client
- Voluntary nature of community services
- Various types of DMH services: inpatient continuing care, case management, ACCS, PACT, respite, homeless, clubhouse, and RLC programs.
- Engaging with those who are holding out from treatment
- DMH values: Recovery, person centered approaches, trauma informed care, voluntary treatment and least restrictive environment.
- Local DMH site offices are hubs for DMH activities in communities.

11. Trauma

Minimum Hour(s): 1 hr.

Instructor Qualifications: Licensed social worker, LMHC, psychologist, or similarly credentialed LPHA, with a preference for expertise in trauma

Synopsis: Trauma is overrepresented in those who are justice-system involved. All professionals in the justice system should treat everyone in it as if they have endured trauma in their lives (universal precautions), using a trauma-informed approach.

Learning Objectives:

1) **Participants will be able to identify what ACE stands for, and why those who have more ACE's are at greater risk for justice system involvement and other negative outcomes.**
2) **Participants will identify common types of childhood and adult trauma.**
3) **Participants will describe the symptoms of PTSD.**
4) **Participants will describe how law enforcement can interact with people in a trauma-informed manner.**
5) **Participants will identify methods to reduce the traumatic effects of being arrested and incarcerated.**

Recommended Minimum Subject Matter:

- Facilitator will review trauma prevalence statistics, and PTSD demographics.
- Review ACEs (Adverse Childhood Experiences), its history, and how ACEs impact medical, psychological, and criminal justice involvement trajectories throughout a person's lifespan.
- Childhood trauma: ex's: incarcerated parent, witnessing domestic violence, verbal, physical or sexual abuse, parents that divorced, poverty.
- Adult trauma ex: wartime service, car accidents, weather-related disasters, crime victimization, or verbal, physical or sexual abuse
- Chronic, complex trauma in adult.
- Assuming universal precautions – that the person you are interacting with has had trauma.
- Interactive styles to decrease impact of trauma in particularly stressful situations or when it is clear the individual has been traumatized
- Officer/first responder self-care (vicarious traumatization) – separate training, but touch on here.

12. Veterans

Minimum Hour(s): 1 hr.

Instructor Qualifications: Should be taught by a Veteran/DVS peers. Additionally an overview of Veterans services can be provided by the local VJOC (Veterans Justice Outreach Coordinator). The highest priority though, is for the BATTLEMIND presentation.

Synopsis: The SAVE team has typically taught this curriculum (BATTLEMIND), for the last ten years or so. The curriculum focuses on the difficult adjustments that a soldier must make when they are returning to the homefront after the rigors of war and with little time to adjust. A review of Veterans services may additionally be provided by the VJOC (Veterans Justice Outreach Coordinator).

Learning Objectives:

1) **Participants will learn the meaning behind the BATTLEMIND Acronym:**
   Buddies (cohesion) vs. Withdrawal
   Accountability vs. Controlling
   Targeted Aggression vs. Inappropriate Aggression
   Tactical Awareness vs. Hypervigilance
   Lethally Armed vs. "Locked and Loaded" at Home
   Emotional Control vs. Anger/Detachment
   Mission Operational Security (OPSEC) vs. Secretiveness
   Individual Responsibility vs. Guilt
   Non-Defensive (combat) Driving vs. Aggressive Driving
   Discipline and Ordering vs. Conflict
2) **Participants will be able to identify local and statewide Veterans Services.**
3) **Participants will know emergency/crisis numbers for Veterans.**
4) **Participants will have a specially tailored approach to working with Veterans.**

Recommended Minimum Subject Matter:

- Presenter will discuss the high rate of suicide among returning Veterans (22 per day on average in America).
- BATTLEMIND:

  Buddies (cohesion) vs. Withdrawal

  Accountability vs. Controlling

  Targeted Aggression vs. Inappropriate Aggression
  Tactical Awareness vs. Hypervigilance
  Lethally Armed vs. "Locked and Loaded" at Home
  Emotional Control vs. Anger/Detachment

  Mission Operational Security (OPSEC) vs. Secretiveness

  Individual Responsibility vs. Guilt
  Non-Defensive (combat) Driving vs. Aggressive Driving
  Discipline and Ordering vs. Conflict

- Examples of each of the letters of the BATTLEMIND acronym
- Difficulty on readjustment and what works
- How officers can build rapport (thank for service, respecting the uniform)
- Concern around weaponry knowhow.
- Emergency crisis hotline for Veteran's: 1-800-273-8255 and Press 1 or text to 838255.
- Specific, Veteran aware approaches.

13. Substance Misuse and Opiate Epidemic Response

Minimum Hour(s): 1.5 hours

Instructor Qualifications: DPH/BSAS representative or director of community service, preferably someone licensed as a clinician (CADAC, LADAC or other LPHA). Presenter could co-facilitate with someone in recovery or an advocate for those struggling with substance misuse. This advocate certainly could be an officer participating in opioid intervention or postvention efforts.

Synopsis: This presentation will focus on enhancing the participants understanding of addiction/substance misuse, increasing their knowledge of the DPH levels of care for people in treatment from substance use (i.e., the spectrum of DPH inpatient and community services), the opioid epidemic - demographics of the overdoses, and how to save lives of individuals who are at heightened risk.

Learning Objectives:

1) **Participants will understand substance misuse and addiction from a disease and recovery model.**
2) **Participants will grow in their knowledge of the DPH/BSAS inpatient, outpatient and community system**
3) **Participants will be able to identify and recite symptoms that are emblematic of particular substance use.**
4) **Participants will have an understanding of self-medicating and what co-occurring disorders are.**
5) **Participants will reveal a general comprehension of the extent of the opioid overdose epidemic, how MAT is significant in being able to combat that, and how to help.**
6) **Participants will be able to identify symptoms of drug overdose and withdrawal.**
7) **Best practices will be discussed with the group for responding to overdoses.**

Recommended Minimum Subject Matter:

- Presenter will review the general diagnostic criteria for substance misuse (abuse) and addiction.
- Provide an overview of the disease model, and why substance abuse/addiction is viewed as a disease.
- Discuss stigma (ex: https://www.mass.gov/state-without-stigma) and trauma associated with substance abuse.
- Review inpatient and community LOC.

- MA Substance Misuse Helpline (for substance abuse treatment and recovery resources: 1-800-327-5050
- Review symptoms of drug overdose and withdrawal.
- Review MA overdoses chart (ex: https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-november-2019/download), and how law enforcement and first responders trained in overdose response and Narcan administration saves lives.
- MAT as best practice

14. Visiting Treatment Facilities

Minimum Hour(s): 3 hrs.

Instructor Qualifications: Should be co-led by a CIT-trained law enforcement officer and a social worker or licensed clinician.

Synopsis: CIT participants will go to two or more "facilities." Ideally, at least one of these should be a community site and one an inpatient site. No CIT training program should go to any site without the express consent of the management of the program and consent of all the participants (i.e., those present). Afterwards, there should be time to ask/answer questions and review what the CIT trainees observed.

Learning Objectives:

1) **Participants will learn all about the program sites they visit, what their purpose is, what clientele typically attends, what typical protocol and interventions occur when someone is in a behavioral crisis, etc.**
2) **Participants will explore the difference between their pre-conceived viewpoints of community programs/inpatient facilities and what is learned about them.**
3) **Participants should have time to mingle and talk with individuals who are at the treatment/community facilities if those people (staff, patient/participant) are open to meeting/talking with them. Asking**

someone about their perception of police and engaging with police if they have a personal crisis may be germane.

4) **Participants should ask program management staff about when staff are required to call the police and what their response has been like.**
5) **How does visiting the treatment facility/community programs augment the participants understanding of CIT and inform their response to crisis?**

Recommended Minimum Subject Matter:

- Presenters will discuss the basics about the treatment facility and/or community program
- Understand the program's emergency procedures and where calling the police fits in those. Discussion around what constitutes a behavioral health crisis?
- Before and after visiting the facilities, CIT participants will have debriefing with the facilitators of this section of training. There should be ample time to digest what is observed and learned about the facilities, program participants, and any issues that arise.
- Other discussion appropriate to the programs visited. How does the program help the individual who has a mental health/trauma/substance use disorder or difficulty?

15. CIT Overview

Minimum Hour(s): 0.5 hr.

Instructor Qualifications: Preferably co-led (mental health clinician and law enforcement officer), but most importantly, have law enforcement facilitating that are part of a CIT team.

Synopsis: This overview of CIT should contain a historical perspective (Memphis origin, Massachusetts start, and current impacts), why CIT came to be, basic tenets of CIT, the difference between CIT training and CIT development, the efficacy of CIT, and what CIT is and is not.

Learning Objectives:

1) **Participants will learn the historical context of CIT, and why CIT was started in Memphis and later on, in Massachusetts.**
2) **Participants will learn what CIT is and that it is "more than just a training."**
3) **Participants will be taught facts about CIT's impact, including research findings.**
4) **Participants will be taught the Memphis model, but other models of CIT (ex: CCIT) and important jail diversion programs (ex: co-response, dropoff centers) that affect police and crisis responses will also be presented and explored.**
5) **Participants will learn the standards of CIT – 20% of self-selected, administration approved officers who have a passion for helping those in crisis.**

Recommended Minimum Subject Matter:

- CIT developed in Memphis, after tragic incident where a young African American male diagnosed with Schizophrenia, was shot and killed by the Memphis PD.
- Many community partners came together to develop CIT training and CIT itself, including NAMI, the University of Memphis, the local hospital, other community members and the MPD.
- Fact: many officers and person-in-crisis get injured during crisis calls. CIT decreases use of force and increases the chance that someone in crisis will get to a treatment facility instead of into handcuffs – so long as it is safe and appropriate.
- Deadly use of force is 16x greater to happen in calls involving the untreated SMI. (TAC: https://www.treatmentadvocacycenter.org/overlooked-in-the-undercounted)
- CIT started in Fitchburg and Northampton around 2011.
- In 2013, Massachusetts first CIT-TTACs were developed and staffed to provide CIT training across the state.
- About 120 MA police departments have had some CIT training. Most of these have occurred through the CIT-TTAC trainings.

- CIT trained officers have been found to have more efficient crisis response times. CIT trained officers typically feel more confident in identifying people in a mental health crisis and more comfortable responding to crisis calls.
- Review the CIT International standards regarding CIT training.
- May want to include part of the Memphis CIT Youtube video (ex: https://www.youtube.com/watch?v=y99kODtyVhk)

16. CIT Development

Minimum Hour(s): 1 hr.

Instructor Qualifications: A law enforcement officer involved with an active CIT team

Synopsis: The LE officer should discuss the process of CIT development in their department, how partners were formed with behavioral health agencies and systems, and what CIT looks like in its implementation in their department. The LE officer should be able to describe CIT encounters in their department, whether it involves a clinician, internal data tracking and other results.

Learning Objectives:

1) **Participants will understand clearly that CIT is more than just a training.**
2) **Participants will identify the basic elements necessary to implement CIT.**
3) **Participants will recognize what CIT looks like through the lens of a police officer practicing CIT.**
4) **Participants will grasp and articulate a variety of CIT interventions, including those that involve best practices of jail diversion.**
5) **Participants will learn how a department tracks CIT incidents.**

Recommended Minimum Subject Matter:

- The instructor should discuss his departments experience in developing CIT.
- The instructor should refer to their department's practice or policy on CIT, including how someone CIT trained is dispatched to an emergency scene.

- The instructor should refer to incident after incident where CIT training and verbal de-escalation training made a difference in an incident's outcome.
- The instructor should refer to their department's pre-CIT and current response styles.
- The instructor should describe how someone becomes a part of the CIT team in their department.
- What does being a part of a CIT team look like?
- Share successes and some areas that still require further growth.

17. Elder Issues/Dementia

Minimum Hour(s): 1 hr.

Instructor Qualifications:

Social worker and/or officer who have expertise in the elder population, including elder protective services.

Synopsis:

This presentation should focus on the size of the elder abuse/neglect problem in Massachusetts, including mandated reporting responsibilities. Different types of abuse and neglect should be reviewed, including various kinds of neglect. The presentation should also cover concerns about the common types of mental health problems in the elderly.

Learning Objectives:

- **Participants will learn that about the high number of elder abuse cases that exist, although dramatically underreported.**
- **Participants will learn Elder Protective Services (EPS) roles in reviewing complaints of abuse and neglect.**
- **Participants will learn mandated reporter rights and responsibilities.**
- **Participants will understand the details of specific types of abuse and neglect.**

- **Participants will learn about typical elderly mental health problems, including suicide.**

Minimum Subject Matter:

- Participants will learn that about 20% of Massachusetts residents are over 60, and around 25,000 reports are made annually to EPS
- It is estimated that a MUCH higher number of elder abuse cases exist, but they are *dramatically* underreported.
- EPS reviews complaints of emotional, physical, and sexual abuse. EPS also examines financial exploitation, neglect by caregiver and self-neglect.
- Mandated reporter rights and responsibilities will be reviewed.
- Participants will learn about the EPS review and investigation process.
- Specific types of abuse and neglect will be reviewed.
- Participants will learn how elderly mental health problems are commonplace and certain mental health difficulties are more likely to be observed in them: alcohol abuse, dementia (Alzheimer's is the most common), depression, anxiety, and suicidal presentations.
- Discuss dementia/Alzheimer's – how to detect and what to do in law enforcement encounters (and if someone with Alzheimer's is missing)
- Over 5 million Americans have Alzheimer's; 500,000 new cases per year.
- Review Alzheimer's facts and figures: https://www.alz.org/alzheimers-dementia/facts-figures
- Review Massachusetts specific dashboard on Alzheimer's: https://www.alz.org/getmedia/5583a1f4-ad0a-4c87-8b87-0580b04c782f/massachusetts-alzheimers-facts-figures-2019
- Review good source on Alzheimer's for law enforcement: https://www.theiacp.org/projects/alzheimers-initiatives
- Can electively show IACP's videos – for example: Dennis PD video (https://www.youtube.com/watch?v=hI7mZDO8uic&feature=emb_title) or Montgomery County MD video (IACP - https://www.youtube.com/watch?v=Ynssd2GcHfg&feature=emb_title) or others!

18. Officer Self-Care

Minimum Hour(s): 1 hr.

Instructor Qualifications: Ideally co-taught by a Suicide Prevention Specialist (clinician from DPH provider agency, such as Riverside Trauma) and/or a police officer with passion and knowledge for the subject matter.

Synopsis: Participants will be taught about trauma, vicarious trauma, self-care, and suicide prevention, especially in the law enforcement/first responder professions.

Learning Objectives:

1) **Participants will be able to identify the signs of vicarious trauma and why law enforcement is at high risk for vicarious trauma**
2) **Participants will be able to identify ways to promote self-care, resiliency and effectively manage stress.**
3) **Participants will be taught about positive mental well-being – a prescription for self-care and how to tell (and what to do) if you or a colleague is struggling with serious mental health problems or suicidal thinking.**

Recommended Minimum Subject Matter:

- Differentiate various types of stress an officer may face.
- Ask about: what is your stress or trigger point?
- Ask officers and facilitate conversation about their belief about suicide?
- Define trauma and vicarious traumatization.
- What sorts of trauma do police officers face? Give examples – there are many (ex: medical crises, traffic accidents, dead bodies, children who are hurt, violence, unsolvable problems)!
- Effects of trauma on various domains (ex: relationships, emotions, cognitive, physiological, occupational)
- How does trauma affect mental health?

- Vicarious trauma's effect on law enforcement – high levels of emotional exhaustion, burnout, depersonalized encounters.
- Officers – less likely to seek counselling (discuss). How might officers relieve stress (facilitate conversation with participants to name healthy and unhealthy ways)
- Issues from a police officer perspective (include confidentiality and fear of losing firearm and/or being assigned to desk duty, etc.)
- Vicarious trauma signs and symptoms
- Resilience and Self-care concepts
- How to Safely Manage Stress
- Suicide risks and prevention – what to do if you, a colleague, or someone you know is struggling?
- Officer and other first responder suicide statistics: http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/first-responders/
- Outpatient resources and other law enforcement specific help for mental health and substance misuse. (Ex: Advocates, Inc., LEADER program – MacLean's, Onsite Academy, AdCare Partial program in Boston)

19. Personality Disorders:

Minimum Hour(s): 1 hr.

Instructor Qualifications: Mental health professional(s) with knowledge/experience in clinical aspects of serious mental illness. May be co-taught by a knowledgeable officer.

Synopsis: This training will contain a review of the various personality disorders, especially focused on the particular ones that come to law enforcement's attention most frequently.

Learning Objectives:

1) **Participants should discern the difference between serious and persistent mental illness and personality disorders.**

2) **Participants will become familiar with the DSM-5 clusters of Personality Disorders.**
3) **In particular, participants will be knowledgeable about the symptoms of specific Cluster B Personality Disorders, namely Antisocial, Borderline and Narcissistic PD.**
4) **Participants should understand how individuals with those particular personality disorders could come to the attention of law enforcement, and learn the best interactive approaches for those with these conditions.**

Recommended Minimum Subject Matter:

- This training needs to mix didactic and examples to bring the distinctions between various personality disorders to life. Clinicians should draw from their own experience and use de-identified scenarios and cases.
- **Personality** is defined as a relatively stable and enduring set of characteristic behavioral and emotional traits.

- Personality disorders: an extreme set of characteristics that go beyond the range found in most people.
- These inflexible traits cause either subjective distress or cause problems at work, school, or with social relationships
- Several varieties
- Review Cluster A, B, and C Personalities in a general way, focus on cluster B:

- **Antisocial PD**
- 50-75% of prison population
- Do not conform to societal norms
- Early history of fire-setting, truancy, etc.
- Lack of remorse
- Impaired ability to empathize
- Hostile attitudes
- Repetitive criminal conduct without much empathy

- **Borderline PD**
- Unstable relationships
- Low self-esteem
- Impulsive, self-damaging behavior
- Self-injury/suicide attempts
- Overdose
- Substance abuse
- Fear of being alone
- Intense mood swings with temper tantrums

Narcissistic PD

- Need for admiration and *lack of empathy*
- Grandiose sense of self-importance
- Believes they are special and unique
- Requires excessive admiration
- Entitled
- Exploits others interpersonally
- Envious of others
- Arrogant, patronizing, disdainful

Explain why and how individuals with these personality disorders are more likely to encounter law enforcement (i.e., which circumstances). Explain when someone with Cluster A (Paranoid PD, for example) or Cluster C (Avoidant or Dependent PD as *victims)* would encounter law enforcement.

20. Intellectual Disabilities and TBI:

Minimum Hour(s): 1 hr.

Instructor Qualifications: This training should be taught by a clinician who understands both developmental (intellectual) disabilities and traumatic

brain injury. Ideally, a DDS clinician or a psychologist/social worker that works with both populations should present. It is important that the presentation is peppered with examples most relevant for law enforcement.

Synopsis: The training will present on the various levels of intellectual disability. It will educate law enforcement about intellectual disabilities and traumatic brain injury, two separate topics – although sometimes (but clearly not all the time) individuals can look behaviorally similar.

Learning Objectives:

1) **Participants will understand the various levels of intellectual disability an individual may present with us and how cognitive issues can affect their interactions with someone with ID.**
2) **Participants will learn about HI/TBI and the differences between HI/TBI and ID.**
3) **Participants will learn how to gather information and have the most effective interactive styles with individuals who have ID or a TBI.**
4) **Participants will learn what state agencies work with each of these groups and who to contact.**

Recommended Minimum Subject Matter:

- Intellectual disability (ID) is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 18**.**
- There are different levels of ID: Mild, Moderate, Severe, and Profound.
- People with intellectual disabilities may have limits and difficulty following directions/orders from police. They may be behaviorally reactive or passive to what a police officer does or says. A person with ID may not understand what is being said to them. (https://www.theiacp.org/sites/default/files/2018-08/IntellectualDevelopmentalDisabilityNeedtoKnow.pdf)

- A person with ID may admit guilt for something they did without due process; a person with ID in crisis may have difficulty communicating. More information at: (https://cops.usdoj.gov/html/dispatch/05-2019/intel_disability.html)
- The individual's ID difficulties reflect a more global cognitive and intellectual impairment.
- People with ID are vulnerable and at risk of others taking advantage of them in criminal and other ways.
- DDS provides services to individuals with significant ID.
- **Head injuries are TOTALLY different than intellectual disabilities.**
- No two head injuries are alike, impacts vary from person to person. HI's have sudden and often dramatic impacts.
- Impact on a person's function varies.
- Leading causes: car accidents, blows to the head, sports injuries, falls or accidents, physical violence.
- The individual's memories and functioning pre and post head injury are usually different.
- There may be no change in intellectual abilities. There may be difficulty accessing and using intellectual abilities because of cognitive impairment.
- SHIP provides services to individuals with HI/TBI in Massachusetts.
- Closed HI vs. Open HI: A closed head injury is one in which an injury does not break the skull. An open head injury is one that breaks through the skull and goes through to the brain. The determining factor that makes an injury closed or open depends on if the skull is intact. (Veterans may have closed or open HI from the hazards they have faced in wartime).
- Law Enforcement will notice when someone has had a serious enough head injury (based on behavior), but may not recognize that the individual has a HI/TBI. HI/TBI can only be diagnosed by a medical professional, but often, collateral sources will identify it.
- Effective engagement and interactive styles for both distinct populations should be identified and reviewed. A few relevant scenarios should be reviewed.
- SHIP program in Massachusetts is statewide program for those with HI.

21. Suicide Prevention:

Minimum Hour(s): 1 hr.

Instructor Qualifications: Trained clinician, preferably someone who is especially trained (ex: QPR trained). Course may be co-taught by a police officer who has been trained and has relevant life experience in suicide prevention.

Synopsis: Suicide is an ongoing epidemic in the United States where more than 45,000 people kill themselves every year. A direct approach is best in evaluating risk and asking questions. Certain populations are at higher risk. Suicide by cop (SBC) is a special concern.

Learning Objectives:

1) **Participants will learn about suicide and suicidal risk.**
2) **Participants will be able to differentiate between non-suicidal self-injury – such as cutting or burning self or other trauma-related behaviors, and suicidal behaviors**
3) **Participants will learn the basic questions to ask someone at risk of suicide, and identify protective and risk factors.**
4) **Participants will identify which populations are at heightened risk, including law enforcement and other first responders.**
5) **Participants will discuss SBC and identify some characteristics of those suicidal individuals who try to engage with officers with the goal of being shot and killed.**

Minimum Subject Matter:

- Review the difference between various parasuicidal/non-suicidal self-injurious behavior and suicidal intent/suicidal behavior.

- National and state statistics and trends should be shared on both non-suicidal behavior and suicide.
- **2017 Stats**: Suicide was the tenth leading cause of death overall in the United States, claiming the lives of over 47,000 people.
- Suicide was the second leading cause of death among individuals between the ages of 10 and 34, and the fourth leading cause of death among individuals between the ages of 35 and 54.
- There were more than twice as many suicides (47,173) in the United States as there were homicides (19,510).
- Firearms and overdose are the most common forms of suicidal means.
- Risk and protective factors should be reviewed.
- Danger/Warning Signs: Pneumonic: IS PATH WARM?
- **EXAMPLE: 6 Direct Questions (Columbia-Suicide Severity Rating Scale** http://cssrs.columbia.edu/) –

1) Have you wished you were dead or wished you could go to sleep and not wake up?

2) Have you actually had any thoughts about killing yourself? If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6

3) Have you thought about how you might do this?

4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them?

High Risk

5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

High Risk: Always Ask Question 6

Lifetime Past 3 Months:

6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc.

High Risk

http://cssrs.columbia.edu/

VIDEO :https://youtu.be/XS2nB9DySAo

- Use as statistical examples: More police officers die by suicide than by gunfire and traffic accidents combined, according to data collected by The Badge of Life, a Connecticut-based suicide prevention organization for police officers in the U.S. and Canada.
- A fire department is three times more likely in any given year to lose a firefighter to suicide than to a death in the line of duty, the National Fallen Firefighters Foundation reports. A national Florida State University study of more than 1,000 firefighters found that **nearly 50% had suicidal thoughts** at some point during their career, and about **16% reported one or more suicide attempts**.
- A survey of EMTs and paramedics in the U.S. found that **37% had contemplated suicide** and **6.6% had attempted it.** A survey of Canadian paramedics found that about **28% had contemplated suicide** and **60% knew of a paramedic who had.**
- Other populations at risk ex: Veterans, teens through young adulthood, the elderly.
- Suicide By Cop (SBC) phenomena
- National Suicide Prevention Line: 1-800-273-8255
- Profile of a SBC (Suicide By Cop) subject:

Prior experiences, encounters, and/or familiarity with law enforcement agencies,

but usually minor criminal offenses that give the person some level of familiarity

with how police officers operate in response to critical incidents.

B. History of previous suicide attempt/s.

C. Acute psychosocial stressors or interpersonal crisis of some sort involving a family member or other loved one.

D. Poor stress response skills.

E. Presence of a formally diagnosed or a yet to be diagnosed psychiatric disorder.

F. History of drug and alcohol abuse.

G. Religiosity (ex: Christian who believes suicide is wrong)

H. Negative view of law enforcement agencies.

- Law enforcement experience in snuffing out potential SBC incidents.
- Conclusions

22. Psychiatric Medication:

Minimum Hour(s): 1 hr.

Instructor Qualifications: Psychiatrist, RNCNS, or other credentialed prescriber of psychiatric medication.

Synopsis: Review the types of psychiatric medication available for major mental health disorders and identify which have the greatest likelihood of abuse.

Learning Objectives:

1) **Participants will identify the various types of psychiatric medication that are prescribed and be able to specifically name a number of them and their purpose.**
2) **Participants will learn the relative efficacy of various medications. Consideration should be given to reduction of suicide.**
3) **Participants will learn about the uncomfortable and serious medical side effects of certain psychotropic medication.**
4) **Participants will understand what a Probate Roger's Order is and its limited utility as a tool to force medication compliance.**
5) **Participants will understand the pros and cons of taking psychotropic medication .**

Recommended Minimum Subject Matter:

- Identify/describe the different types of psychotropic medications used to treat serious mental illness. Ex: Anti-psychotics, mood stabilizers, anti-depressants, SSRI Inhibitors, Anti-anxiety, meds, etc.
- Describe serious side effects including tardive dyskinesia (old neuroleptics like Trilafon and Thorazine), agranulocytosis (associated with Clozaril), NMS, weight gain/Type 2 diabetes and ED.
- What medications are associated with decreasing suicide?
- Discuss why so many people struggle with acquiring and taking their prescribed medication.
- How to read a drug bottle, and common mistakes
- Discuss what a Probate Roger's is and why it is a court-order that is virtually unenforceable. If it is unenforceable, why is it acquired?
- What medications are most likely to be drugs of misuse or abuse?
- "Self-medication" hypothesis and co-occurring disorder.

23. Use of Force Issues:

Minimum Hour(s): 0.5 hr.

Instructor Qualifications: Law enforcement officer, preferably someone who is a CIT officer in a leadership position and especially trained on Use of Force and Legal Issues. Instructor having MPTC certification on Use of Force is a plus.

Synopsis: CIT was specifically developed to address a use of deadly force by the Memphis Police Department, but across the US, statistics on use of deadly force point to people with untreated mental illness being more likely to be shot and killed in a police encounter (16x greater than the national average). Since they frequently come to police attention, this is important information to consider!

Learning Objectives:

1) **Participants will review use of force continuum and how to maximize space and time in encounters to avoid use of force except when necessary.**
2) **Cases and CIT-based scenarios may be presented to illustrate legally permitted use of force as well as times when the courts found it was NOT permitted.**
3) **Emphasis will be made on remembering and following the basic tents of the Police Academy training for self-protection (can't secure the scene, protect public safety and help people if you are injured).**
4) **Participants will be encouraged to bring in new interventions learned or relearned in CIT training (ex: de-escalation) while balancing response based on *current* police department policy and an incident's circumstances.**

Recommended Minimum Subject Matter:

- Review use of force continuum, (facilitators need to emphasize that each officer's department has their own use of force policy which needs to be followed).
- Consider use of force as a last resort, within the legal guidelines defined by your department and state.
- Discuss new skills/knowledge learned or strengthened in the CIT classes that could be helpful in reducing use of force.
- Review time and space as important assets to have to be able to effectively de-escalate someone.
- Should use two or three extended examples, including someone who is manic and someone who is psychotic.
- Consider viewing: https://www.paramountnetwork.com/video-clips/okogzl/cops-psychotic-woman-attacks-officers-with-large-knife-part-1
- Must remind that any new skills given in CIT are **NOT** a replacement for police academy training.

24. Homelessness

Minimum Hour(s): 0.5 hr.

Instructor Qualifications: A homeless outreach clinician, homeless shelter manager or, co-taught with a police officer that works with homeless individuals (ex: HOT team).

Synopsis: Undomiciled individuals are amongst those most commonly encountered by law enforcement. The majority of those who are homeless struggle with mental health, substance misuse, or a combination (co-occurring disorders).

Learning Objectives:

1) **Participants will learn about the demographics and causes of homelessness**

2) **Participants will understand the challenges of obtaining housing for those who are homeless, including that many are "voluntarily" homeless – that is do not desire to be housed, especially if it requires following rules.**
3) **Participants will understand the possible options for their encounters, including treatment and community resources.**

Recommended Minimum Subject Matter:

- Basic homeless demographic data should be reviewed. Who is homeless in America? Causes? What are the local homeless counts?
- Several examples should be discussed/reviewed to emphasize that there is NO one size fits all approach, but instead it requires a personal plan and careful, respectful engagement. People have different pathways to homelessness and have various avenues to getting housed and better.
- A report from the Department of Housing and Urban Development has found that around 553,000 people are homeless, with approximately 65% staying in sheltered accommodation. Out of every 10,000 people in the United States, 17 experienced homelessness on a single night in 2018.
- Over 20,000 homeless in Massachusetts.
- Four top reasons for homelessness: the top four causes of homelessness among unaccompanied individuals were (1) lack of affordable housing, (2) unemployment, (3) poverty, (4) mental illness and the lack of needed services, and (5) substance abuse and the lack of needed services.
- PPT slides that show what homeless encampments look like.
- "Voluntary" homelessness – choosing to be and remain homeless – should be explored as a concept, understanding homelessness can be a lifestyle choice; frequently, however, with treatment and sobriety, that can be amended to desire to have a place to live.
- Introduce the spectrum of homeless services available to those in need in your community. Shelter and community-based outreach services. If there

are area resource cards that can be handed out by law enforcement, these should be reviewed.

25. Cultural Awareness/Implicit Bias:

Minimum Hour(s): 0.5 hours

Instructor Qualifications: A law enforcement officer and/or a clinician along with a subject matter expert (ex: someone in an advocacy role in an organization devoted to fighting racism or racial bias in the justice system).

Synopsis: Although law enforcement officers are aware of racism in a societal context, they (like many) are less cognizant of the concept of implicit bias. Many may already be aware and sensitive to the fact that there is a disproportionate amount/greater likelihood of arrest of individuals who are people of color**.** Throughout the country, law enforcement is frequently blamed on tragic outcomes involving people of color.

Learning Objectives:

1) Participants will learn about implicit bias, a no fault approach to understanding why people have internal, preconceived beliefs/preferences and attitudes about culture and race.
2) Participants will learn about the higher rates of criminal justice involvement of people of color.
3) Participants will learn about different cultures and races perspectives of police/police responding in a crisis.
4) Participants will learn about the disparity in values and view of mental illness/crisis between a specific culture vs. the dominant one.

Recommended Minimum Subject Matter:

- Review how implicit bias is different than prejudice or racism.
- Implicit bias definition: "Also known as implicit social cognition, implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's

awareness or intentional control. Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness. Rather, implicit biases are not accessible through introspection." http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/

- What can be done to overcome implicit bias?
- Review data that shows the higher rate of criminal justice involvement of people of color. Show a clip of Adam Foss: https://www.youtube.com/watch?v=4a584G2YXuY
- Review data that reveals a lower rate of mental health services for both African Americans and Latino populations (many reasons for this – access, logistical obstacles, less likely to seek treatment, poor quality care, language barriers, greater stigma and bias).
- Review data that shows racial disparity and injustice in those incarcerated (ex: https://www.vox.com/2015/7/13/8913297/mass-incarceration-maps-charts)
- Examine why some cultures/races may view police involvement as fear, instead of increased safety.
- Differences between men and women – a tale of two brains: https://www.youtube.com/watch?v=Rww_p8CO37U
- View mental health crisis through the lens of another culture.

26. Community Partners/Agencies:

Minimum Hour(s): 1 hr.

Instructor Qualifications: An administrator or leader of a major community services agency, preferably including the agency or agencies that encompass ACCS.

Synopsis: The agency's representatives should review the continuum of services (mental health, substance abuse, and other related behavioral health) that their agency provides. The agency representative should include other, similar programs, provided by other agencies or note when those are absent from the services continuum.

Learning Objectives:

1) **Participants will learn about the various types of community services available.**
2) **Participants will be able to identify a spectrum of services, through the lens of level of care and matching the individual's needs to the services.**
3) **Participants will learn who the agency's representatives are that can be contacted during a crisis.**
4) **Participants should understand what services are immediately available in a crisis in their community, other than the ESP.**

Recommended Minimum Subject Matter:

- Educate about the various levels of care in mental health and substance misuse that is available in the community.
- Provide information about length of time from referral to engagement in services.
- Agencies should describe their roles as providers to state agencies (ex: DMH and DPH). They should make clear who their other collegial community service agencies are.
- Contact information/who to contact for what (including crisis) should be made especially clear.
- Agencies should describe their responsiveness to law enforcement's concerns about anyone struggling with mental health or substance misuse difficulties. Agencies should voice their willingness to partner with law enforcement, but that an individual's privacy must also be protected.

27. Hearing Voices Simulation

Minimum Hour(s): 1 hr.

Instructor Qualifications: A seasoned clinician who is able to describe the experience of hearing voices and facilitate discussion around attendees' experience. Training may be co-taught with a knowledgeable police officer.

Synopsis: There are two ways that the hearing voices simulation can occur: The most popular is through the deployment of MP3 players and listening to voices while doing specific tasks, for example. The other way is the whispering/hearing of voices in someone's ears (coned pieces of papers) while a participant tries to complete a task like filling out a job application, with officers playing assigned roles. Either gives the participants an opportunity to learn about the hearing voices phenomena, and most importantly, aids them in developing empathy for voice hearers.

Learning Objectives:

1) **Participants will appreciate the confusion and communication difficulties faced by people who hear voices.**
2) **Participants will experience frustration and what the experience of being a voice hearer brings to them.**
3) **Participants will have empathy for those who are hearing voices.**

Recommended Minimum Subject Matter:

- Employ a voice hearing exercise as described above (MP3/Hearing Voices That Are Distressing vs. Cones and "acting out" hearing voices.
- It's important to have participants to rotate in and out: to participate in and then observe the exercise.
- Allow for plenty of time for participants to debrief.

28. Graduation

Minimum Hour(s): 1 hr.

Instructor Qualifications: TTAC Facilitators, including police and clinical consultants. Outreach should be made to local community leaders to encourage participation (ex: DA's, Mayors, Chiefs of Police, etc.)

Synopsis: All participants who completed the full five days of training will receive a CIT diploma. Those that are allowed to wear the CIT pin on their uniform should receive a pin as well.

Learning Objectives:

1) **Participants will be recognized for their hard work and participation in CIT.**
2) **Participants will be reminded that CIT training is the beginning of CIT, not what CIT is.**
3) **Participants should be inspired through the ceremony. Those giving out the CIT diplomas should be discussing other upcoming training opportunities.**

Minimum Subject Matter:

- PRN

Turchek, Jayna

From: Fleming, Sean J.
Sent: Friday, June 24, 2022 2:40 PM
To: Turchek, Jayna
Cc: Sargent, Steven M.; McGinn, Edward; Saucier, Paul B.; McKiernan, Michael A.; Davenport, Kenneth J.; Leto, Derrick
Subject: FW: FY23 Inservice Topics and Hours

Jayna-

As a follow up for the Commission, the below will be MPTC mandated FY23 In-Service Training for all MA police officers:

Subject: FY23 Inservice Topics and Hours

Good afternoon,

Below are the topics the Committee voted on for FY23 Inservice. We plan to hold Train the Trainer Classes in August and begin rolling out in-person, in-service beginning in September. At this time, there is no online option for departments to take their inservice.

Day 1 - Legal Update: 6 hrs.
Day 2 AM - Technology and the Patrol Officer: 3 hrs.
Day 2 PM - Trauma Informed Policing: 3 hrs.
Day 3 AM - Special Victims (DV/SA/HT): 3 hrs.
Day 3 PM - Duty to Intervene: 3 hrs.
Day 4 AM - Hate Crimes: 3 hrs.
Day 4 PM - Mental Wellness & Suicide Prevention: 3 hrs.

Let me know if you have any questions.

Andrea