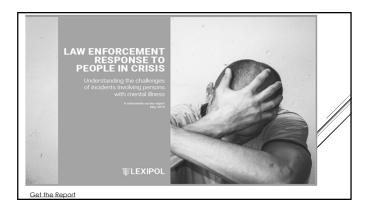
PITTSFIELD POLICE DEPARTMENT CO-RESPONSE PROGRAM

CRISIS INTERVENTION – THE ART OF UNDERSTANDING THROUGH RELATIONSHIP BUILDING



INTRODUCTIONS







March 2016: Pittsfield Police Department began its mental health Co-Responder Program

| POLICE | RESPONSE | WITHOUT | Α | CO- | | |
|-----------|----------|---------|---|-----|--|--|
| RESPONDER | | | | | | |

- OFFICER'S DECISION TO SECTION 12 SOMEONE IS LARGELY BASED ON WHAT THEY ARE TOLD (SECTION 12 REFERS TO THE STATE STATUTE)
- IF SOMEONE SAYS, "I FEEL SUICIDAL" THE DEFAULT IS SECTION 12 TO HOSPITAL FOR MENTAL HEALTH EVALUATION

- THE INDIVIDUAL IN CRISIS IS TRANSPORTED TO ER
- MENTAL HEALTH CLINICIANS ARE BRIEFED AND SEC.
 12 PAPERWORK IS COMPLETED
- OFFICERS CLEAR CALL

POLICE RESPONSE WITH CO-RESPONDER

- OFFICERS RESPOND TO CALL WITH CO-RESPONDER
- ONCE THE SCENE IS SAFE, OFFICERS AND CO-RESPONDER SPEAK TO THE INDIVIDUAL
- THE DECISION ON WHETHER OR NOT TO SEC. 12 IS DISCUSSED

| THE ART OF UNDERSTANDING THROUGH RELATIONSHIP BUILDING | |
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| "A CRISIS REFERS NOT TO THE THREATENING SITUATION BUT TO THE PERSON'S EMOTIONAL REACTION" | |
| (Caplan et al 1950) | |
| | |
| Crisis Intervention TEAM (CIT) | |
| CIT OFFICERS ARE EFFICIENT AT CRISIS RESPONSE | |
| INCREASED JAIL DIVERSION WHEN APPROPRIATE | |
| IMPROVED TREATEMENT CONTINUITY FARLY RECOGNIZION OF SYMPTOMS (MENTAL III NESS) | |
| EARLY RECOGNITION OF SYMPTOMS (MENTAL ILLNESS AND EMOTIONAL DYSREGULATION) DECREASED POLICE AND CIVILIAN INJURY RATES | |
| | |

| WHY SPECIALIZED APPROACHES MATTER | |
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| OVER REPRESENTATION OF PEOPLE WITH MI IN PLACES | |
| OF INCARCERATION | |
| PEOPLE WITH MI MORE LIKELY TO BE VICTIMS THAN PERPETRATORS OF VIOLENCE | |
| SKILLFUL INTERVENTIONS AND OPTIONS FOR TREATEMENT ARE MORE EFFECTIVE | |
| LESS FORCE AND MORE FOCUS ON DE-ESCALATION TECHNIQUES THAT MANAGE, NOT INFLAME THE CRISIS | |
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| POLICE CHALLENGES | |
| HOW TO IDENTIFY WHETHER A PERSON HAS A MENTAL ILLNESS | |
| HOW TO EFFECTIVELY COMMUNICATE WITH THESE INDIVIDUALS | |
| HOW TO UNDERSTAND WHAT THE INDIVIDUAL MAY BE GOING THROUGH | |
| LIMITED ACCESS TO MENTAL HEALTH RESOURCES | |
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| COMMON DISORDERS THAT AFFECT BEHAVIOR | |
| MENTAL ILLNESS (VARIOUS TYPES) | - |
| DEVELOPMENTAL AND INTELLECTUAL DISORDER | - |
| NEUROLOGICAL AND MEDICAL | |
| SUBSTANCE RELATED CONDITIONS | |
| | |

| CO-RESPONSE CLINICIANS ASSIST OFFICERS AND AID IN DIVERTING INDIVIDUALS INTO TREATMENT CLINICIANS CAN EVALUATE THE PERSON ON SITE IN THE COMMUNITY | |
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| Mar. 2016-Dec. 31, 2016 173 people were seen Jan. 2017-Dec. 31, 2017 520 people were seen Jan. 2018-Dec. 31, 2018 640 people were seen With the expansion of a clinician in North and South Berkshire Jan. 2019- Present 654 people were seen Totaling 1,987. 79% have been diverted from the ER which equates to a \$ 3.6 Million Savings. Out of the 21% taken to the ER 90% were admitted | |
| THE ART OF UNDERSTANDING THROUGH RELATIONSHIP BUILDING | |

| KNOW YOUR ESP | |
|---|---|
| • ESP STANDS FOR EMERGENCY SERVICE PROVIDER | |
| EVERY CITY/TOWN IN MASSACHUSETTS HAS A TEAM | |
| KNOW YOUR PROVIDER AND THEIR CONTACT NUMBER | |
| THEY RESPOND 24/7 AND CAN PARTNER WITH POLICE | - |
| IN MENTAL HEALTH CRISIS. | |
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| QUESTIONS | |
| QUESTIONS . | |
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