

**FRAMINGHAM,
MASSACHUSETTS**

JAIL DIVERSION PROGRAM

Submitted by:

Christopher Gordon, M.D., Medical Director & V.P. Behavioral Health
Lisa Chabot, Development Office



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HONORABLE MENTION

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A 37-year-old man comes to the attention of the Framingham Police Department when he calls to report that someone is trying to break into the house where he lives. Upon arrival, the officers find the individual outside of his house wearing only a towel and holding a gun. The gun is not registered to him and he does not have a firearms permit. The Framingham Police Department officers contact the Jail Diversion Program which provides immediate consultation and a psychiatric assessment that determines that the man is delusional and needs mental health treatment. He is clearly breaking several laws by being in the middle of the street half dressed with a gun which did not belong to him but is successfully diverted from arrest due to the immediate response from the Jail Diversion Program.

A young mother, who is known to emergency clinicians, becomes increasingly paranoid about a health care provider who she believes is trying to ruin her life. Her husband does not know what to do with his wife who is becoming increasingly agitated and frustrated. When she assaults him, he calls 911. The police immediately contact the Jail Diversion Program and the woman is evaluated at the police station. She clearly requires hospital level of care and is released by the Bail Commissioner with assurance that she be hospitalized by the clinician. The woman receives the mental health services which she needs, avoids an overnight stay in a jail cell which would have likely exacerbated her symptoms and her husband receives referrals for support and assistance.

Is this how people with exhibiting signs of mental illness, substance abuse or other behavioral issues are treated in your city or town? Are you sure?

In 1992, the National Alliance for the Mentally Ill (NAMI) and Public Citizen's Health Research Group released a report entitled *Criminalizing the Seriously Mentally Ill: The Abuse of Jails as Mental Hospitals*, which revealed alarmingly high numbers of people with schizophrenia, bipolar disorder, and other severe mental illnesses incarcerated in jails across the country. Most of these people had not committed major crimes, but either had been charged with misdemeanors or minor felonies directly related to the symptoms of their untreated mental illnesses, or had been charged with no crimes at all.

In June 2002, The Criminal Justice / Mental Health Consensus Project Report was released. This report represents an unprecedented national, two-year effort to prepare specific recommendations that local, state, and federal policymakers and criminal justice and mental health professionals, can use to improve the criminal justice system's response to people with mental illness. This report found that in the 10 years since the NAMI report was released, little has changed in how people with mental illness are treated in the criminal justice system. Statistics reported by the Criminal Justice / Mental Health Consensus Project are staggering. The incidence of serious mental illness among the 10 million people who are booked into US jails each year is 3 to 4 times higher than the rate of 5% found in the general population. The report states "on any given day, the Los Angeles county jail holds more people with mental illness than any state hospital or mental health institution in the United States". The Project also reports that incarcerated people with mental illness receive little if any treatment for their illness, and that often the conditions of incarceration exacerbate their symptoms, frequently lengthening their jail term.

Our own experience here at Advocates has born this out. Advocates has been providing psychiatric emergency services to the Greater Framingham area since 1988. In providing psychiatric emergency services, our clinicians come in contact with every sector of mental health and substance abuse treatment services including state and private hospitals and emergency rooms, community residential programs, outpatient treatment, private practitioners, homeless shelters, detoxification facilities and day treatment services. Our clinicians also assist in situations involving the police & fire departments, schools, local and state agencies, families, and neighborhoods.

A couple of years ago, one of our emergency team supervisors, Greg Wildman, was also a trainee to become a police officer. Through his police training, Greg raised the consciousness of our whole team about the tremendous overlap between mental health services and law enforcement. For the first time, we became aware of how many of the people we serve are also touched by the law enforcement community. We came to understand that as de-institutionalization emptied the state hospitals, many of the same people who previously were trapped in state hospitals are now in jails and prisons. We also realized that although we and the police interacted with many of the same people, and what we did strongly impacted each other, our emergency services team and the police were not coordinating their services, or even meeting regularly to problem-solve.

About this time, the emergency services team began to develop a relationship with the Framingham Police Department through Patrolman Charles Piso. Charles was instrumental in setting up the negotiating arm of the Framingham Police Department's Crisis Intervention Team. Chris Gordon, M.D., Advocates' Medical Director, began meeting with Charles and with the other Crisis Negotiators. Chris developed a relationship as a consultant to the Framingham Police Department's Crisis Team, and has trained extensively with them. Through these relationships the idea of implementing a Jail Diversion Program was born.

Because Advocates values deeply the input and participation of consumers in all levels of the organization, the Jail Diversion Program came to the attention of a consumer member of Advocates Board of Directors, who then shared his experiences with police during the acute, active phase of his illness. He and other consumers have provided profoundly important insights into how the program can interact humanely and effectively with people with mental illness.

Advocates developed a funding proposal and approach local foundations. The response was enthusiastic and program was fully funded with funding from local, private foundations. Twenty months ago the Framingham Jail Diversion Program began. Modeled after the groundbreaking collaboration in Memphis, Tennessee between the Memphis Police Department and the Memphis mental health community, Advocates Jail Diversion Program is the only program of its kind in the state.

The goal of the Jail Diversion program is to divert persons with mental illness, substance abuse, developmental disabilities and other behavioral issues from the criminal justice system to appropriate services within the mental health and substance abuse treatment systems. The program accomplishes this by cross training police and psychiatric emergency staff; providing

clinical assistance when police intervene in disturbances involving emotionally or psychiatrically troubled individuals; coordinating a monthly meeting between the criminal justice and mental health systems; and making appropriate referrals to mental health services. Clinicians are available to the police 24 hours a day, seven days a week to assist police on call outs to individuals exhibiting signs of mental distress, provide assessments on-site or at the police station and to deliver rapid access to community mental health, substance abuse and psychiatry services.

Through collaboration with local service providers, the program includes the following components:

- Advocates Psychiatric Emergency Services (PES) provides two Police Liaison Clinical Responders, who will spend 20 hours/week at the Framingham Police Station.
- Wayside Family services provides a Police Liaison Clinical Responder for situations involving children.
- South Middlesex Opportunity Council provides a Police Clinical Responder for situations involving persons or families who are homeless.
- PES provides on-site evaluations at the Framingham Police Station and lock-up.
- The Negotiation Team of the FPD Crisis Intervention Team is closely coordinated with the Psychiatric Emergency Service to ensure rapid access to psychiatric consultation during hostage, barricade and other situations.
- A monthly Clinical Integration meeting with the FPD, PES clinicians, mental health services providers, the local hospital emergency room staff, and clients and other representatives of the criminal justice system as appropriate. The purpose of the meeting is to develop pro-active crisis plans for repeat offenders, and share information.
- All first-responding officers have been trained in basic crisis intervention techniques.
- A group of supervisory officers and Dispatchers have engaged in more advanced training on topics in dealing with individuals with mental health problems.
- PES clinicians have attended an 8-hour training in assessing and assisting police in joint call-out situations.
- Protocols have been developed and put in place for dispatchers and first-responding officers to identify individuals with mental illness and to triage the person to appropriate resources.
- Dispatchers have been trained to recognize the behavioral signs of mental illness and substance abuse. Police Liaison Clinical Responders are at the police station or the dispatcher is able to reach them instantaneously via a Nextel phone that the Responder carries as a pager.

The FJDP has exceeded our initial expectations for number served and in diverting persons with mental illness and substance abuse from the criminal justice system to appropriate, community-based services. In the first 6 months of operation, the Crisis Intervention Team has provided interventions on 237 occasions and has diverted an average of 30% per month of these from the criminal justice system to the mental health treatment system. In addition, in an estimated 35% of cases seen, family members and significant others have received referrals either for treatment themselves or to assist them in their effort support the individual seeking treatment.

The Jail Diversion Program has been a tremendously energizing program for both law enforcement personnel and behavioral health professionals as it demonstrates on a daily basis how these usually disparate disciplines can form a real and effective team. As Sergeant Mike

Esposito, Framingham PD, says, “I work on the street and I know this program works – I see it every day.” In this way, the team has provided superb leadership – and role-modeling – for both professions in forging a new path toward dealing effectively with mentally ill individuals affected by the criminal justice system.

The program has also been inspirational to politicians responsible for allocating scarce resources, as they understand the tremendous savings achievable through collaboration between police and mental health professionals – savings achieved through avoiding useless, expensive, “merry-go-round” arrests, over-use of expensive emergency room services and wasted police resources providing security in emergency rooms. Thus the program has provided political leadership toward paradigm-breaking partnerships that both save money as well as reduce harm and suffering.