

**TRAINING AND PARTNERSHIP MODELS FOR
POLICE MENTAL HEALTH RESPONSE**

NAME	DESCRIPTION	TOWNS UTILIZING MODEL
MPTC/Police Academies Training Programs		
<i>Statewide Police Academy Training</i>	<p>The Municipal Police Training Committee provides trainings that give police officers an introduction to mental health and basic techniques for effective mental health crisis response.</p> <ul style="list-style-type: none"> • New Recruit Training – 16-hour curriculum for new municipal officer recruits. Co-taught by a mental health clinician and veteran police officers • In-Service Training – a 3-hour curriculum for existing municipal officers. Should reach all 17,000 municipal officers in 2015 	All
Advanced Models for Mental Health Training and Partnerships		
<i>Crisis Intervention Team (CIT)</i>	<p>40 hours of training for law enforcement covering:</p> <ul style="list-style-type: none"> • Overview of mental illnesses and how to recognize them • Information about the local mental health system and laws • First-hand perspectives from peers and family members • Verbal de-escalation training and role-plays <p>Focuses on building strong community partnerships between law enforcement and local mental health providers to:</p> <ul style="list-style-type: none"> • Facilitate referrals to mental health treatment • Reduce burden on police, courts, and corrections <p>An evidence-based model:¹</p> <ul style="list-style-type: none"> • Significantly reduces arrest rates of people with mental illness – up to 58% • Increases safety – up to 80% reduction in officer injuries; lower numbers of police shootings • Effectively connects people with mental illness to services 	<p>Examples: Belmont, Brockton, Brookline, Cambridge, Chicopee, Danvers, Egremont, Everett, Fitchburg, Holyoke, Nantucket, Newton, Northampton, Salem, Somerville, Springfield, Wakefield, Westfield, Worcester</p>

¹ Bower, D., & Pettit, G. (2001); Dupont, R., Cochran, S., & Bush, A. (1999).

<p><i>Community Crisis Intervention Team (CCIT)</i></p>	<p>A CIT-based model developed in Taunton, MA. Key components include:</p> <ul style="list-style-type: none"> • Trainings open to both police and other stakeholders (mental health providers, library staff, homeless outreach, etc) • Trainings divided into two sections: 3-day training focused on adult issues, and 2-day training focused on youth issues • Monthly case conferences that gather relevant stakeholders to discuss how best to meet the needs of specific individuals in the community • Consultation and technical assistance to other communities in organizing community coalitions and trainings 	<p>Taunton. Other towns trained include Attleboro, Barnstable, Brockton, Chatham, Raynham</p>
<p><i>Co-response</i></p>	<p>A mental health clinician works at the local police department and rides along with officers to mental health-related calls.</p> <ul style="list-style-type: none"> • Clinician evaluates the need for hospitalization, makes referrals, and can provide follow-up services • Clinician can also serve as a training resource for local officers 	<p>Examples: Acton, Arlington, Ashland, Boston (B2, D4, C11), Bedford, Concord, Carlisle, Framingham, Holliston, Hopkington, Lawrence, Lexington, Lynn, Marlboro, Maynard, Milford, Quincy, Salem, Sherborn, Waltham, Watertown, Worcester</p>
<p><i>Mental Health First Aid</i></p>	<p>A program teaching basic skills in responding to mental health emergencies.</p> <ul style="list-style-type: none"> • 8-hour curriculum • Taught by a certified mental health clinician • Appropriate for a broad-based audience 	<p>Examples: Arlington, Bedford, Brookline, Danvers, Fitchburg, Somerville, Waltham, Worcester</p>
<p><i>Community Connections and Stakeholder Groups</i></p>	<ul style="list-style-type: none"> • Sustainable community stakeholder meetings and/or case conferences to find collaborative solutions to mental health issues • Policies and procedures both within police departments and between departments and other stakeholders for best response to mental health crises • Increased communication and awareness of resources between the criminal justice, mental health, and other systems • Learning from other communities with successful jail diversion programs 	<p>Examples: Brookline, Cambridge, Lynn, Quincy, Somerville, Walpole</p>