

# CREATING A CRISIS RESPONSE TEAM

## Abstract

The police in the United States are overburdened with responsibilities, some of which they are not trained to handle (Love, 2020). This includes emergency situations where citizens are in a state of mental or emotional crisis. In these situations, this lack of trained individuals at the scene can result in unnecessary violence. The purpose of our project was to research effective Crisis Response Team models and produce a set of recommendations for the city of Worcester, MA in their effort to establish a Crisis Response Team. The methods we utilized to conduct our research included archival research, semi-structured interviews, and SWOT analyses. We recommended that Worcester consider two crisis response models: The Co-Response Response Model and the Community Response Model. These models require the establishment of a specialized team tasked with responding to these crisis situations, one with direct law enforcement involvement and one without.



Worcester, MA

## Team Members

Owen Buckingham  
Anthony Galgano  
Meenakshi Kodali

## Advisors

Professor Thomas Balistreri  
Professor Creighton Peet

## Liaison

Dr. Matilde Castiel  
Kelsey Hopkins

## Sponsor

City of Worcester  
Department of Health and  
Human Services (HHS)



# ACKNOWLEDGEMENTS

## Dr. Matilde Castile Project Liaison

Thank you Dr. Castile for inviting us to the Mayor's Mental Health Task Force where our team could meet with community members.

## Ms. Kelsey Hopkins Project Liaison

Thank you Kelsey for meeting with us weekly and providing valuable insight and feedback.

## Interviewees

Thank you to everyone our team interviewed for sharing your expertise and passion for helping others.

## Prof. Thomas J. Balistrieri Lead Advisor

Thank you to Dr. B! His knowledge of psychology and his support made our project impactful and helped us grow as people.

## Prof. Creighton R. Peet Co-Advisor

Thank you to Professor Peet. His feedback and support allowed us to improve our writing and critical thinking skills.

## Worcester Polytechnic Institute

Thank you to WPI for giving us this amazing opportunity to work with the Department of Health and Human Services on a real world problem.

# AUTHORSHIP



## Owen Buckingham

**Primary Authorship:** A National Tragedy, How and Why We React to Fear, What We Found, Recommendations



## Anthony Galgano

**Primary Authorship:** Key Results, What We Conclude, A SWOT Analysis, Recommendations



## Meenakshi Kodali

**Primary Authorship:** The City of Worcester, Worcester Police Department Call Data, Interviews, Recommendations

# TABLE OF CONTENTS

<b>i</b>	<b>Title Page</b>
<b>i</b>	<b>Abstract</b>
<b>ii</b>	<b>Acknowledgements</b>
<b>iii</b>	<b>Authorship</b>
<b>vii</b>	<b>Executive Summary</b>
<b>1</b>	<b>A National Tragedy</b>
<b>2</b>	<b>Our Project</b>
<b>3</b>	<b>How and Why we React to Fear</b>
<b>4</b>	<b>Archival Research</b>
<b>4</b>	<b>The Three Approaches</b>
<b>5</b>	<b>CAHOOTS, Eugene</b>
<b>6</b>	<b>Coweta Cares, Coweta</b>
<b>7</b>	<b>CART, Wausau</b>

# TABLE OF CONTENTS CONT.

<b>8</b>	<b>The City of Worcester Potential Crisis Calls</b>
<b>9</b>	<b>Dangerous to Self or to Others</b>
<b>10</b>	<b>Interviews</b>
<b>11</b>	<b>Key Results</b>
<b>18</b>	<b>What We Conclude</b>
<b>20</b>	<b>Two Crisis Response Teams</b>
<b>22</b>	<b>SWOT Analysis</b>
<b>23</b>	<b>Recommendations</b>
<b>24</b>	<b>Appendix</b>
<b>30</b>	<b>Bibliography</b>
<b>37</b>	

# TABLE OF FIGURES

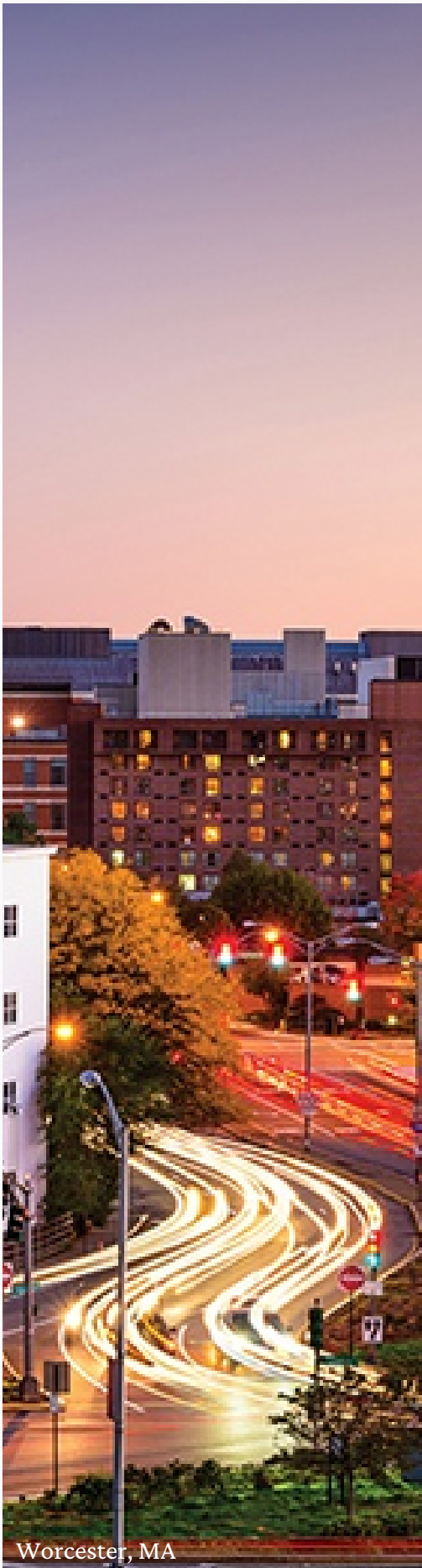
<b>1</b>	<b>Where Police Find Crawford</b>
<b>1</b>	<b>Crawford, Back to Wall</b>
<b>3</b>	<b>Maslow's Hierarchy of Needs</b>
<b>3</b>	<b>Six Responses to Fear</b>
<b>4</b>	<b>Emergency Response Models</b>
<b>8</b>	<b>Worcester Demographics</b>
<b>9</b>	<b>Worcester Incident Types</b>
<b>10</b>	<b>Dangerous to Self or Other General</b>
<b>22</b>	<b>Crisis Models for Worcester</b>
<b>31</b>	<b>Dangerous to Self or Other Age</b>
<b>32</b>	<b>Dangerous to Self or Other Race</b>
<b>32</b>	<b>Dangerous to Self or Other Sex</b>
<b>33</b>	<b>Police Incidents by Shift</b>

# EXECUTIVE SUMMARY

Police officers in the United States serve as the first responders to most crisis situations (Andrew, 2020). However, most are not trained to be able to properly assist a person suffering from behavioral, mental, or emotional health concerns. "When a police officer responds to a crisis involving a person with a serious mental illness who is not receiving treatment, the safety of both the person in crisis and the responding officer may be compromised, particularly when the officer has received little or no training about mental illnesses and crisis intervention" (Oliva et al, 2010, para. 4). One study found that 25% of the people killed by police show signs of mental illness (Andrew, 2020). Cities have addressed this issue by sending a team of specially trained individuals into these situations as part of Crisis Response Teams.

Our team was engaged by the City of Worcester Department of Health and Human Services (HHS) to provide a set of recommendations to the City of Worcester regarding the establishment of a Crisis Response Team. Our first step was to research the different Crisis Response Models in the United States. We found that there are three main models: 1) the Crisis Intervention Training (CIT) model, 2) the Co-Response Model, and 3) the Community Response Model. While investigating the current crisis response system in Worcester, we found Worcester uses a CIT model (City of Worcester, 2020). We then researched three different cities' Crisis Response Teams. The first was the Crisis Assistance Helping Out on the Streets (CAHOOTS) team in Eugene, Oregon, a Community Response Team. Then we researched Coweta Cares in Coweta County, Georgia. This is also a Community Response Team. Lastly, we researched Crisis Assessment and Response Team (CART) in Wausau, Wisconsin, a Co-Response Team. From our research, we found that these Crisis Response Teams are effective at reducing incarcerations and emergency room admissions (Coweta Cares, 2021).

For our next step, we conducted several interviews with experts. After interviewing members of the Coweta Cares Team and CART, we discovered establishing a relationship with a local hospital would be vital to the creation and continuation of a Crisis Response Team. From our interviews with police officers, we learned that first responders need better resources and support systems for their own mental health. From interviews with mental health professionals and police officers, we learned that the presence of a person in uniform can cause a situation to escalate.



Worcester, MA

# EXECUTIVE SUMMARY

## CONTINUED

From experts involved with CIT, we discovered the Department of Mental Health recommends that police departments in Massachusetts have 25% of their personnel complete Crisis Intervention Training. Overall, we have concluded that the City of Worcester can consider two models for the establishment of a Crisis Response Team. These are the Co-Response Model and Community Response Model.

Based on our research, our recommendations to the City of Worcester are:

1. We recommend that HHS continues utilizing the Mayor's Mental Health Task Force's personnel and resources to develop a Crisis Response Team for the City of Worcester.
2. We recommend that whoever is ultimately responsible for the Crisis Response Team must establish a patient intake system with a local hospital for emergency crisis situations.
3. We recommend that 25% of the Worcester Police Department personnel complete Crisis Intervention Training (CIT).
4. We recommend that all emergency response personnel, to include police, fire, emergency medical services (EMS), and dispatch, be trained in the utilization of the Stigma Free Worcester cell phone application in an effort to be made aware of all the services available in the Worcester Community.
5. We recommend that the City of Worcester provides more mental health resources and support systems to first responders. This includes members of the Worcester Police Department, Fire Department, and Emergency Medical Services.
6. We recommend that the HHS performs a SWOT Analysis on our set of recommendations using a focus group. We recommend that the focus group includes members of the Worcester Police Department, Fire Department, Emergency Medical Services, Mayor's Mental Health Task Force and Department of Health and Human Services.



Worcester, MA



# A National Tragedy

What took place one night in Phoenix, AZ has been repeated in cities across the country. A Phoenix police dispatcher received a call from a scared young woman, the ex-girlfriend of a young man named Jordan Crawford, age 30. Crawford had been violent with her before. She was worried he would be violent again.

Two police officers arrive on the scene. They have no idea what they will be facing. The two young officers, five years of police experience between them, are informed that Crawford was last seen behind the young woman's apartment complex. He has a history of violent behavior to himself and to others. The police walk around back and there stands Crawford, one hand hidden behind his back (Figure 1).

Figure 1: Where Police initially find Crawford (Curtis, 2021)



One can only imagine the electricity in the air. A manic young man feeling fearful and anxious. Screaming, "Who's going to kill someone tonight? You decide!" Maslow's behavioral model (Figure 3) would theorize this young man is in safety mode, his behavior one of posturing and fighting (Figure 4). Imagine the thoughts and feelings of those young officers seeing Crawford, wondering if he had a gun.

Crawford yells at them and they yell back, "We don't want to kill you dude." The two officers have also dropped low on Maslow (Figure 3). Now Crawford, his hand still behind his back begins counting down, "Five. Four. Three..." He begins to pull his hand from behind his back (Figure 2). The officers, guns drawn, are yelling for him to stop moving, and are worried for Crawford's safety, the safety of nearby civilians, and of course their own safety. They too are now operating from a place of fear and anxiety, their behavior that of posturing and fighting. Two forces, not listening to one another, both seeking only their own goal.

Figure 2: Crawford, back to a wall, surrounded by police, beginning to count down (Curtis, 2021)



Such a situation is destined to end tragically, and unfortunately it did for everyone involved. Consider the horrible outcomes: a young woman who feels guilty about calling the police, the death of a young man, the guilt and remorse of the officers who shot the young man, the shock and fear of those who lived nearby who heard the event, and the legal and political fallout of the event. This is a national tragedy in the truest sense of the word.

How could this have been prevented?



# OUR PROJECT

Police officers in the United States serve as first responders to most crisis situations (Andrew, 2020). However, they are not trained to be able to properly assist a person suffering from behavioral, mental, or emotional health concerns. "When a police officer responds to a crisis involving a person with a serious mental illness who is not receiving treatment, the safety of both the person in crisis and the responding officer may be compromised, particularly when the officer has received little or no training about mental illnesses and crisis intervention" (Oliva et al, 2010, para. 4). One study found that 25% of the people killed by police show signs of mental illness (Andrew, 2020). From 62% to 90% of police encounters with homeless populations end in arrest.

The City of Worcester's Crisis Intervention Team currently consists of four officers who have undergone Crisis Intervention Training (City of Worcester, 2020). The team mostly conducts follow-ups and undertakes community outreach. It is rare that the team is dispatched to respond to a person in crisis.

The City has employed a task force comprised of community mental health professionals to research the possibility of creating a more comprehensive crisis response team. The Mayor's Mental Health Task Force: Emergency Mental Health Response meets bi-weekly to discuss the potential establishment of what they refer to as a Crisis Response Team for the City of Worcester.

We were engaged as a project team for the purpose of researching Crisis Response Models and then providing a set of recommendations to the City of Worcester. Our research and resulting recommendations follow.

# How and Why We React to Fear

- Maslow's Hierarchy
- Six Responses to Fear and Anxiety

**Maslow's Hierarchy of Needs** is a theory in psychology consisting of a five-tier model of human needs (McLeod, 2020). This motivation theory can be used to understand how people react in situations. The higher tiers of Maslow cannot be met unless the lower tiers have been satisfied. Figure 3 shows all tiers in order, the lowest tiers being at the bottom.

There are also **Six Responses to Fear and Anxiety** a person can have when in crisis. They are: Fight, Flight, Posture, Submit, Befriend, and Attend, as seen in Figure 4. In a crisis situation, the befriend and attend responses are vital. Both help bring everyone out of the safety tier on Maslow and into the belongingness and love tier.

Figure 3: Maslow's Hierarchy of Needs (McLeod, 2020)

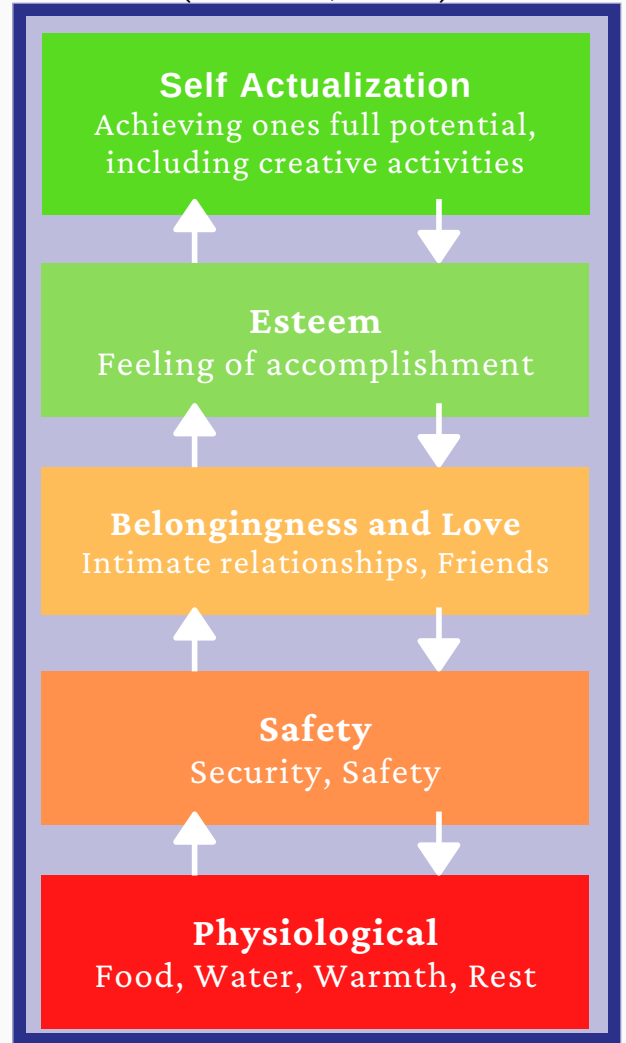
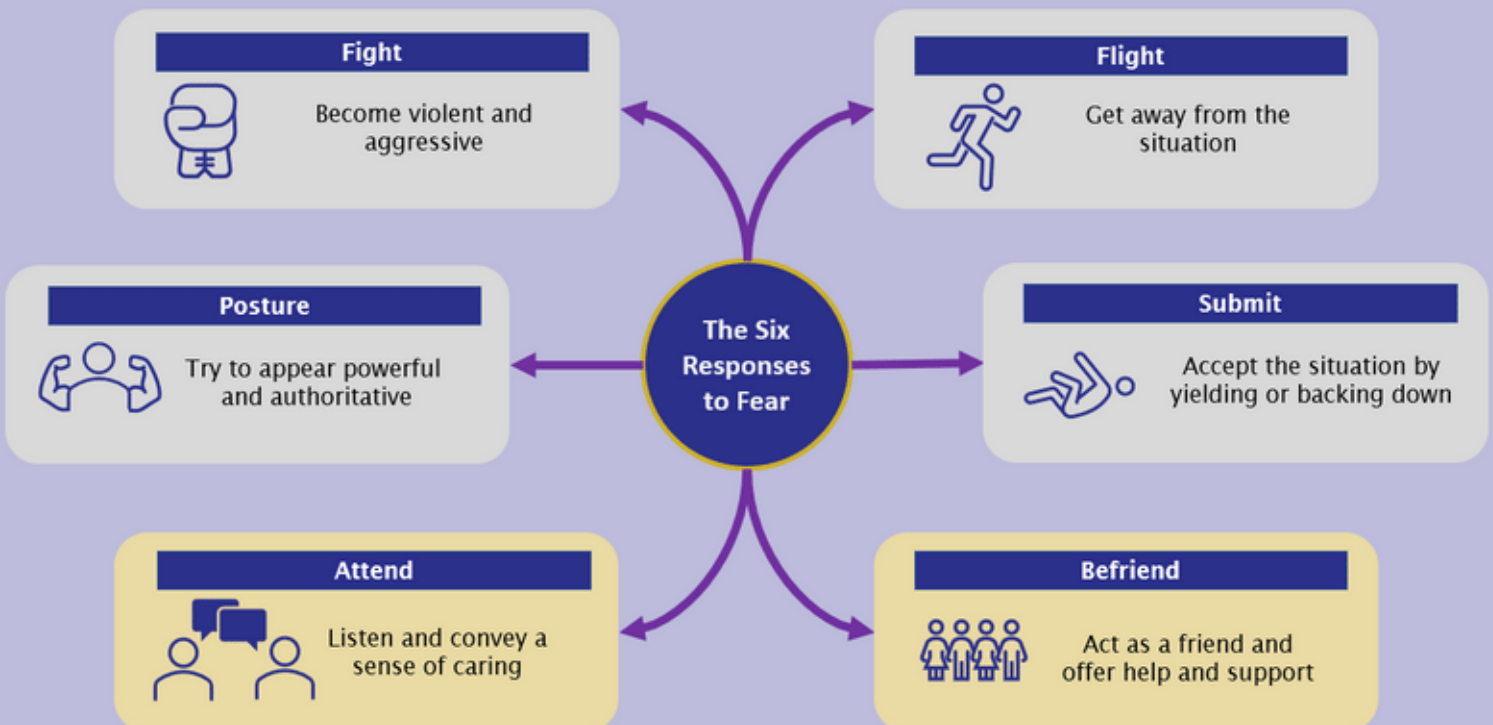


Figure 4: The Six Responses to Fear and Anxiety



# What We Found

## Archival Research

The results of our archival research on different Crisis Response Models were interesting. We discovered many articles both online and in peer reviewed sources. A single model cannot fit every community. We researched multiple approaches to the Crisis Response Model. Three of the models our group identified to be suitable for the City of Worcester (Figure 5).

### Three Different Approaches

The **Community Response Model** is when a city engages a private or public organization to provide a Crisis Response Team that directly responds to dispatch calls separate from police, fire, and EMS. The Crisis Response Team may call the local police for backup when necessary.

The **Co-Response Model** is when law enforcement and a mental health professional travel together in response to a mental health crisis situation. The mental health professional may be employed by the police, the community, or the city.

The **Crisis Intervention Training Model** is when a police department trains a team of police officers in Mental Health First Aid and Crisis Intervention Training to respond to mental health crisis situations. Crisis Intervention Training is a 40-hour training period when participants are trained to identify and de-escalate crisis situations through auditory, visual, and kinesthetic learning.



Figure 5: Emergency Crisis Response Models

Current Worcester Response	
	<ul style="list-style-type: none"><li>• Police Officer Responds</li><li>• Little training in Crisis Response or Mental Health First Aid</li></ul>
Community Response Model	
	<ul style="list-style-type: none"><li>• Mental Health Experts</li><li>• Dispatched by 911 Separate from Police, Fire, and EMS</li><li>• Use Police as Backup</li></ul>
Co-Response Model	
	<ul style="list-style-type: none"><li>• Specially Trained Police Officer and Mental Health Expert Respond Together</li><li>• Dispatched by 911</li></ul>
Crisis Intervention Training Model	
	<ul style="list-style-type: none"><li>• Specially Trained Police Officer in Crisis Intervention and Mental Health First Aid</li></ul>

# CAHOOTS, Eugene, OR

## A Community Response Model



Starting in an old van retrofitted with equipment and staffed by young Emergency Medical Technicians (EMT) and mental health counselors, **CAHOOTS** has grown over the past 30 years to provide the community of Eugene, Oregon, with rapid mental health relief (Andrew, 2020). The program was started by the organization, White Bird Clinic, a community health center established in the late 1960s.

**CAHOOTS responded to 24,000 911 calls in 2019, accounting for 20% of all dispatches. Only 150 of these calls required police backup.**

CAHOOTS respond to any mental health crisis, including homelessness, substance abuse, and suicide threats (Andrew, 2020). Calls are filtered from 911, with any calls about violence or crime going to police. CAHOOTS can also be called directly, including parents calling for a depressed child. Most clients are homeless, with a third of them suffering from severe mental illness. The CAHOOTS van is always present with one medical professional, usually a nurse or EMT, and one mental health professional trained in behavioral health.

### Key Points

Saves Eugene an estimated \$8.5 million in public safety and \$14 million in ambulance/ER costs per year.

Team members do not wear police uniforms, are unarmed, and cannot arrest anyone.

Eugene, Oregon, police chief says the system is a “symbiotic relationship” and acknowledges the CAHOOTS team is better suited than police in many situations.

Creating a similar response team is best done through an organization separate from a local government.

Should be staffed by people who reflect the community they are serving.

# Coweta Cares, Coweta County, GA

## A Community Response Model



Coweta County, Georgia created its own Community Response team after finding high rates of psychiatric and post stroke heart failure calls being directed to police (Coweta Cares, 2021). To take this burden off of police and allow for the properly trained professionals to address these situations, **Coweta Cares** was created.

A paramedic and mental health counselor work together responding to 911 calls (Coweta Cares, 2021). The team's paramedic is employed by the fire department, while the counselor is paid by Pathways, a local health care provider. The team can effectively treat people in their homes, respond to follow up calls, and help in mental health crisis situations. This often prevents the need for medical transports, saving the county money and reducing the number of incarcerations. The Community Response Team model saves the community money by preventing the need for hospitalization or re-hospitalization for patients. Similar to other models Coweta Cares' personnel cannot arrest anyone and do not carry weapons. However, Coweta Cares can call for police backup if needed.

### Key Points

Cut number of ambulance transports in half.

Looked at specific issues facing community to create a set of goals for the team.

Employed by the fire department and local health care provider.

Additional phone number separate from 911 prevents overloading emergency services.

Re-wrote protocols used by other emergency services to better utilize Coweta Cares.

# CART, Wausau, WI

## A Co-Response Model



**The Crisis Assessment Response Team (CART)** responds directly to mental health related situations in Wausau, Wisconsin (Siewert, 2018). CART is a specially trained team organized from the Marathon County Sheriff's Office, the Wausau Police Department, and the North Central Health Care (Northwoods, 2020). The team operates with two officers trained in Crisis Intervention and two workers from North Central Health Care. Their goal is to provide community based mental health stabilization services. The team is also working towards reducing the number of involuntary detentions to mental health facilities.

The team is currently working to employ an additional mental health professional working only in the police department to serve as a resource for police officer mental health.

## Key Points

Of 1,117 total calls in 2017, 25% needed hospitalization for danger to themselves or others. Of 1,182 total calls in 2020, only 15% needed this hospitalization.

Community policing, or empathic care: building a relationship with those you respond to.

Look as plain clothed as possible, do not wear police uniforms, do carry gun and badge.

Allow for follow-ups within 72 hours of treating someone in crisis.

Work to destigmatize seeking mental health help within police department.

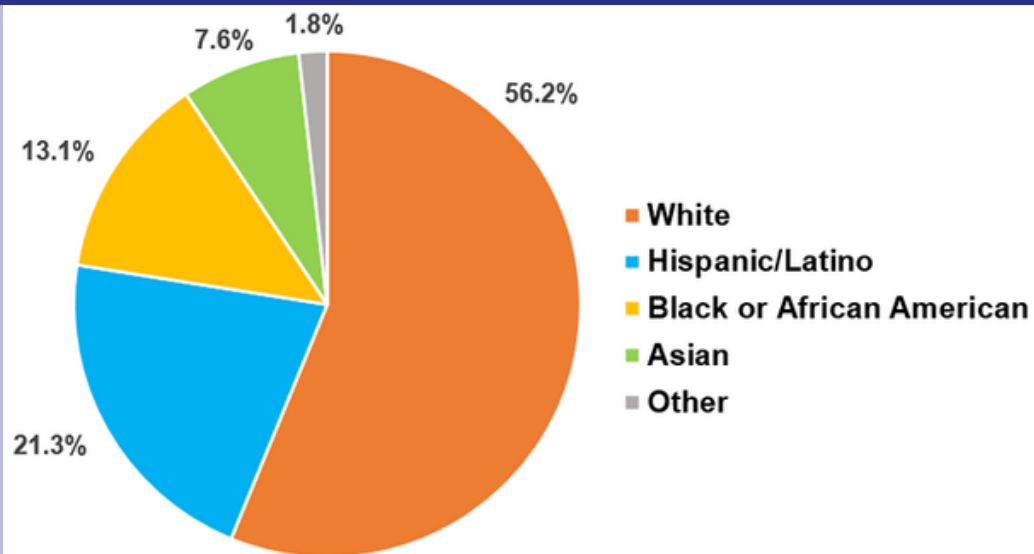


# THE CITY OF WORCESTER

Figure 6: Worcester Demographics (United States Census Bureau, 2019)

The results of our research on the demographics of Worcester also proved to be quite interesting. Worcester is a major city in central Massachusetts with an ethnically diverse population (Central MA Regional Public Health Alliance, 2018). With 185,428 residents, Worcester is the second-largest city in New England, after Boston. The racial/ethnic makeup of Worcester can be seen in Figure 6. Over 40% of Worcester residents belong to a racial/ethnic minority. In terms of economic status, in 2019, it was estimated that around 21.1% of Worcester residents lived in poverty (United States Census Bureau, 2019). Additionally, a previous project sponsored by the Worcester Department of Health and Human Services created a mobile application, Stigma Free Worcester, that informs Worcester residents of the community services available to them.

The racial/ethnic makeup of the city of Worcester, as of 2019, can be seen in this graph. Over 40% of Worcester residents belong to a racial/ethnic minority.





# Worcester Police Department Call Data

Figure 7: Top 10 Potential Crisis Response Team Calls (Worcester Police Department, personal communication, February 2, 2021)

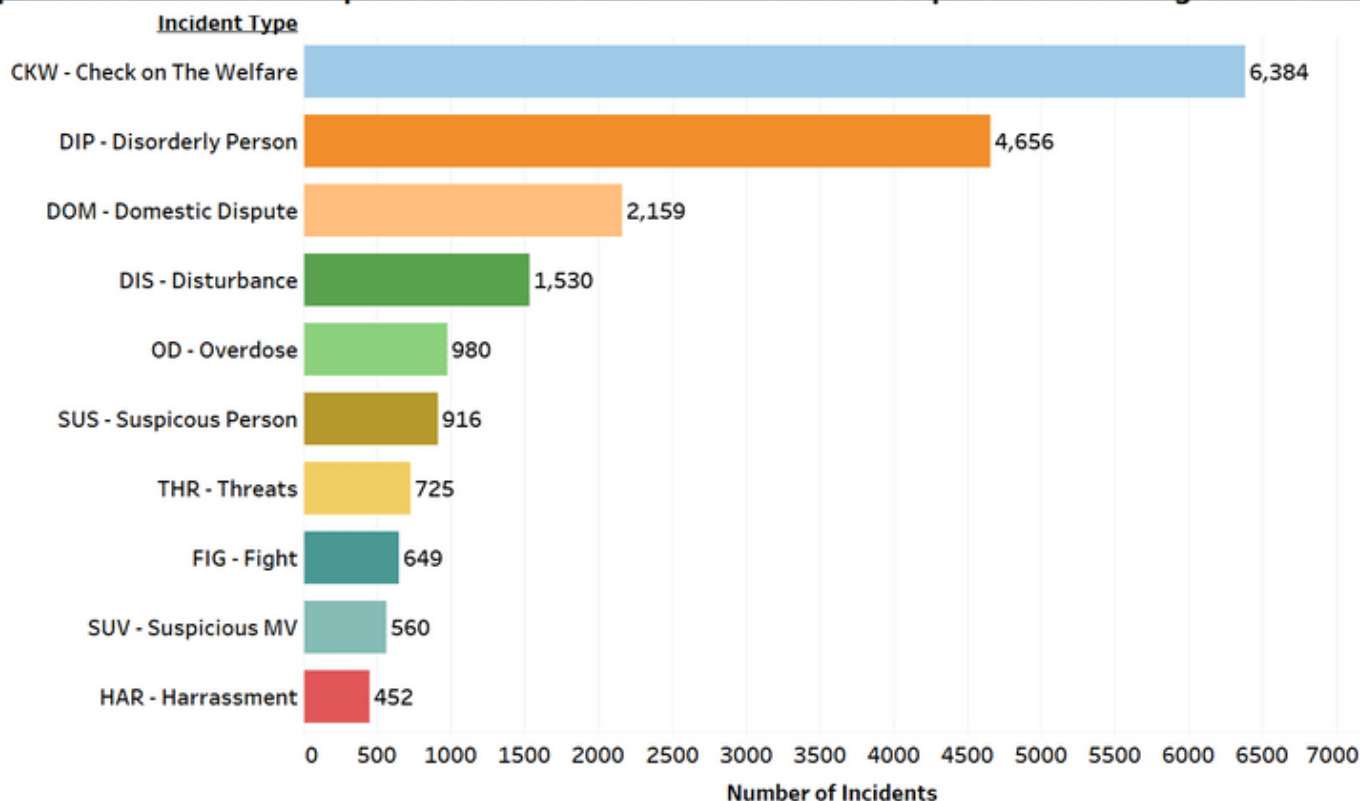
## Potential Crisis Response Team Calls

The Worcester Police Department keeps track of data on the types of incidents police officers respond to. Of all the calls from 2017 through 2020, with the help of an expert our group selected the incident types with the most 911 calls that a Crisis Response Team could potentially respond to. Figure 7 depicts the average number of police incidents for the top ten of these incident call types. To see a breakdown of the incident call types by time of day/shift, refer to Appendix B, Figure 13.

### Key Point

There are over 17,000 calls every year that a Crisis Response Team could respond to.

**Top 10 Potential Crisis Response Team Calls for Worcester Police Department : Average from 2017-2020**



# Worcester Police Department Call Data

Figure 8: People Who are Dangerous to Self or Others (Worcester Police Department, personal communication, February 2, 2021)

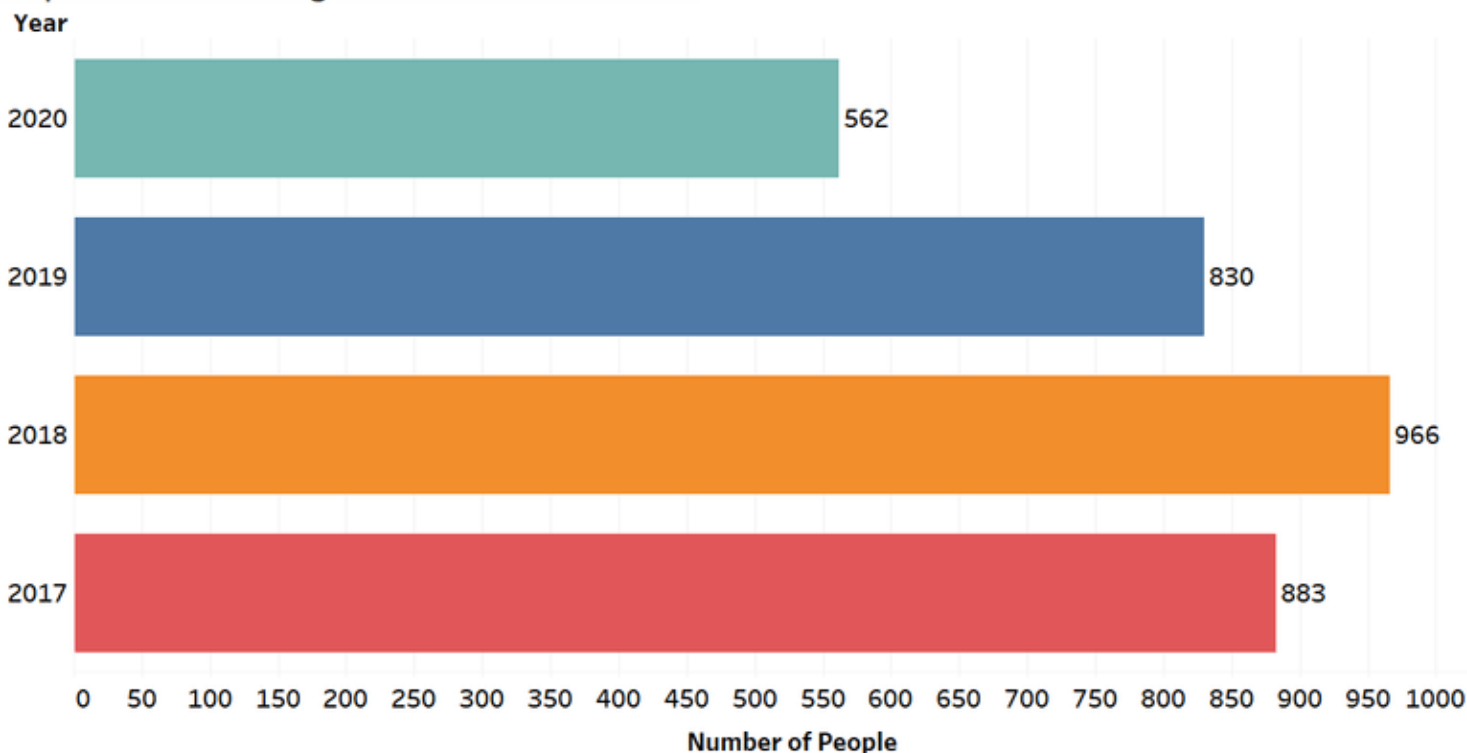
## Dangerous to Self or to Others

When a person in crisis behaves in a way that is dangerous to self or to others, law enforcement officers or mental health professionals can, voluntarily or involuntarily, restrain the person in crisis and send them to the hospital. This is also known as a Section 12. Figure 8 depicts the number of such incidents over the past four years. For a breakdown by age, race, and gender, see Appendix A (Figures 10, 11, and 12).

### Key Point

There are hundreds of people being restrained and hospitalized during emergency situations every year.

People Who are Dangerous to Self or Others



# Interviews

## Semi-Structured Interviews

Our team conducted several semi-structured interviews. We have created infographics that showcase the key takeaways of a select number of these interviews.

## What We Asked

Although we varied the questions we asked based on the expertise of the person we spoke to, here are a few basic questions we asked.

- What are your thoughts on each of the Crisis Response Models?
- What are qualities of an ideal member of a Crisis Response Team?
- How do you establish a Crisis Response Team?

## Whom We Spoke To

Members of Co-Response and Community Response Teams

Police Officers in Worcester and Other Cities

Mental Health Professionals in Massachusetts

Experts Involved with Crisis Intervention Training in Massachusetts

# Interviews

## Dawn Allred & Russell Shoemake

- The main goals of the Coweta Cares team are to reduce admissions to the emergency room, reduce unnecessary incarcerations, and reduce the time first responders spend on a call.

- Members on a crisis response team need to be experienced. They need to know what it is like "on the streets."

*Russell Shoemake is a paramedic on the Coweta Cares team.*



*Dawn Allred is a counselor who was formerly a member of the Coweta Cares team.*

- It is important to know about the psychiatric resources available in the community. Then, a Crisis Response Team knows where they can take a person in crisis for inpatient treatment other than the emergency room. This is what sets Crisis Response Teams apart from the current response.



## David Bertram & Chuck Kerstell

- The strengths of the Co-Response approach are the speed of response and that CIT officers and mental health professionals are the ones dispatched to crisis situations.

- The weaknesses of the Co-Response approach are the safety concerns. The members of CART wear bulletproof vests.

*Chuck Kerstell is a mental health professional in CART in Wausau.*



*David Bertram is a police officer in CART in Wausau.*

- The members of the team are in plain-clothes. The presence of people in uniforms can sometimes cause a crisis situation to escalate.

- Community policing, where law enforcement officials strive to establish personal relationships with members of the community, is key.



## Chief Benjamin Bliven

- Because of the high-stress nature of working in law enforcement, there need to be more resources and support systems available to police officers for their mental health.
- It is beneficial to have more officers trained in Crisis Intervention.

*Chief Benjamin Bliven is the Police Chief of the Wausau PD in Wisconsin.*



*Deputy Chief Rick Balistrieri is the former Deputy Chief of the West Allis PD in Wisconsin.*

## Deputy Chief Rick Balistrieri

- Without proper care, the stressful and difficult job of working in law enforcement can have a negative impact on officers' mental health.
- When considering establishing a crisis response team, there are two questions to ask: 1) What are the needs of the community? and 2) When do they occur?

## Taylor Lacroix

- Mental health and substance abuse are often regarded as two separate issues. However, the two significantly overlap and should not be separated.
- It takes a special type of police officer and mental health professional who can work together for the Co-Response approach to work.

*Taylor Lacroix is the Division Director of Homeless, Justice and Addiction Services at Open Sky.*



*Johanna Sagarin is the VP/clinical director at Children's Friend.*

## Johanna Sagarin

- It is important to make data-driven decisions in this process of establishing a Crisis Response Team.
- Mental health counselors are trained differently than police officers.
- An ideal member of a Crisis Response Team must be empathetic, have a broad knowledge base, and be able to stay calm.

# Interviews



- The MA Department of Mental Health suggests that police departments have 20-25% of their personnel trained in crisis intervention.

- An ideal member of a Crisis Response Team would be compassionate, have a calm demeanor, and would want to make a difference in the community.

- Jail diversion programs are largely proactive in a system that is made to be reactive.

- Some topics covered by CIT Training:

- Overview of mental illnesses
- De-escalation techniques
- Working with emergency service providers

## **John Barber & Joanne Barros**

*John Barber is the Western MA Area Forensic Director for the MA Department of Mental Health.*

*Joanne Barros is the director of the Jail/Arrest Diversion Initiatives for the MA Department of Mental Health.*



# Interviews



- Following the Memphis model, the Worcester Crisis Intervention Team works to connect people suffering from mental health concerns to services available in the community.

- Full-time CIT officers establish close relationships, being on a first-name basis, with individuals in community agencies.

- An ideal member of a Crisis Response Team would need to be invested in addressing the needs of the person in crisis, be very outgoing, and be able to handle high-stress situations.

Worcester, MA

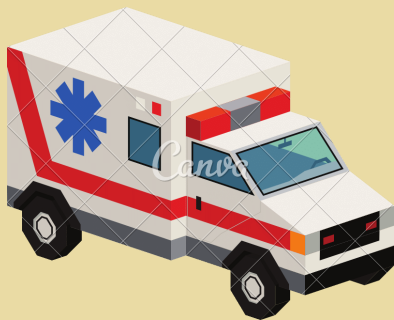
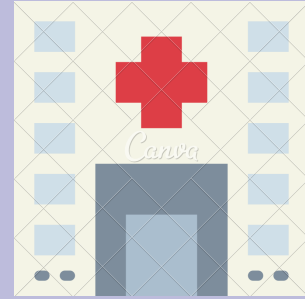
## Angel Rivera

*Officer Angel Rivera is a CIT Officer and member of the Crisis Intervention Team in the Worcester Police Department.*



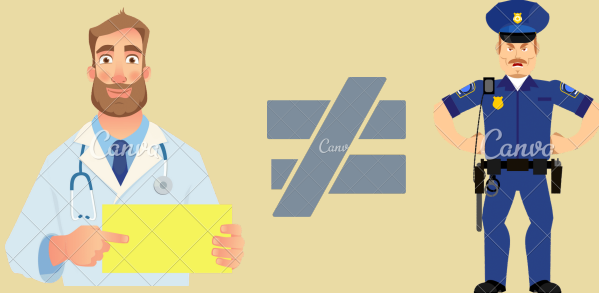
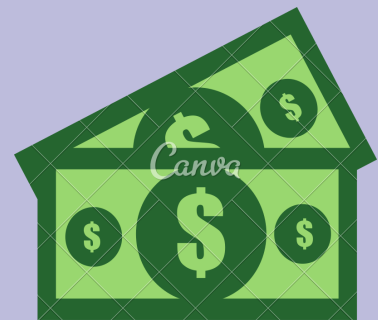
# Key Results

- It is imperative to the success of any Crisis Response Team to have a partnership with a local hospital or mental healthcare provider .



- The Community Response Model forces changes to existing dispatch systems and requires all other emergency services in the city work with the team.

- The Department of Mental Health has grants for Crisis Intervention Teams, Crisis Intervention Training - Training and Technical Assistance Centers, and the Co-Response Model.



- Police and mental health professionals are not trained in the same way, so one cannot replace the other.

- Situations can be escalated when officers in uniform are present.



# Key Results Cont.

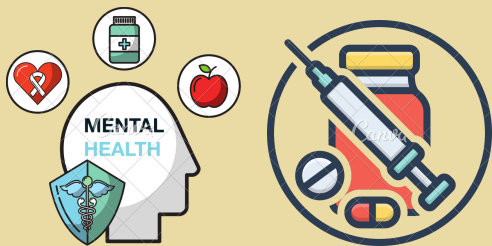
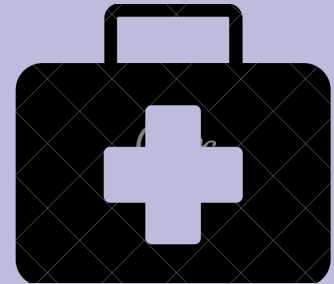
- The Worcester Police Department only has 15% of its personnel trained in crisis intervention. The Department of Mental Health suggests 25% be trained.

**Only 15% WPD  
CIT Trained**

## Most Activity 3pm - 11pm

- The 3pm-11pm Worcester Police shift has the most mental health related dispatches.

- Police and other first responders struggle with their own mental health challenges.



- Despite Mental Illness and Substance Abuse being linked they are considered two different issues.

- Crisis Response Teams reduce incarcerations and admissions to the emergency room.



# What We Conclude

Upon completion of our interviews and archival research, we reviewed our results. Our team spent numerous hours identifying and discussing the key attributes of each Crisis Response Model. Then, after fully understanding how each model worked our team discussed how the model could be feasible in Worcester.

Based on an analysis of all of our research, we decided there are certain attributes that **must** be included in a Crisis Response Model if it is to be successful, and other attributes that are only **beneficial**. A must connotes an attribute that will lead to success, and without it the program would fail. A beneficial attribute is something that helps the model but would not result in imminent failure, if not included. For example, our research has shown that a partnership between any Crisis Response Team and a local hospital is a must, while a beneficial attribute could be to have 24/7 shifts. Our bulleted list of key conclusions served as a foundation for our SWOT Analysis (see Appendix C) and recommendations.

# What We Conclude Cont.

## We conclude...

- Situations can be escalated when officers in uniform are present.
- Police who receive Crisis Intervention Training are more effective.
- A Crisis Response Team would work in Worcester.
- Either a Community Response Team or a Co-Response Team could work in Worcester.
- A Crisis Response Team will save Worcester lives and money.
- A Crisis Response Team will ease the burden on the police department.
- Crisis Response Teams lead to nonviolence and improve the community's perception of law enforcement.

# A SWOT Analysis of the Two Crisis Responses for Worcester

Based on our archival research, interviews, and conclusions, we determined the two models that best fit Worcester are the **Community Response Model** and the **Co-Response Model**. These are highlighted in Figure 9.

Figure 9: Two Response Models for Worcester



We undertook a SWOT analysis to show the Strengths, Weaknesses, Opportunities and Threats of each model. We undertook the SWOT from the perspective of a city trying to establish a Crisis Response Team.

# Community Response Team

## S

### Strengths

- Person in crisis can receive empathic care
- Mental health professionals are first to respond to a crisis
- Relationship with a local hospital will be established

## W

### Weaknesses

- No apparent grants available for this type of response
- Significant changes to current 911 protocols
- High upfront cost to establish a team

## O

### Opportunities

- Reduction in the negative stigma around mental illness
- Inspire surrounding communities to adapt a similar model

## T

### Threats

- May be difficult to establish long term funding
- Safety of the members of the response team can be at risk
- May be difficult to staff team 24/7

# Co-Response Team

## S

### Strengths

- DMH has multi-year grants up to \$90,000
- A CIT police officer is present
- Improvement to the patient follow-up system

## W

### Weaknesses

- Situations can be escalated when a uniformed officer is present
- Need specialized personnel experienced with crisis situations

## O

### Opportunities

- Police can improve its approach of Community Policing
- Mental health professionals can act as a resource for officers' own mental health

## T

### Threats

- Situations can be escalated when a uniformed officer arrives
- May be difficult to establish long-term funding

# Recommendations

We believe that it is important to substantiate all of our recommendations with information gathered from the experts whom we interviewed in the course of our research. Therefore, prior to each of our recommendations, we have made a brief summary statement.

## Recommendation One

After speaking with Worcester's Crisis Intervention Team Member, Angel Rivera, and meeting with the Mayor's Mental Health Task Force, our team believes a Crisis Response Team is feasible for Worcester. The two models we recommend that the City of Worcester consider are the Co-Response Model and the Community Response Model. These two models incorporate mental health professionals into a Crisis Response Team, one which has direct law enforcement involvement, and one that does not.

*Recommendation One: We recommend that HHS continues utilizing the Mayor's Mental Health Task Force's personnel and resources to develop a Crisis Response Team for the City of Worcester.*

Recommendation 1a: For a Crisis Response Team to be proven successful and beneficial, it is important to keep records of all aspects of the team's work. These aspects should include time of dispatch, number of dispatches, demographic of patients, type of response, follow-up procedures, number of recidivistic calls, and any other aspects that can be used to monitor the performance of the team.



# Recommendations

## Recommendation Two

From the interviews with the members of the Crisis Assessment Response Team (CART) in Wausau, WI and the members of Coweta Cares in Coweta County, Georgia, our team learned that both these response teams had a local mental healthcare clinic or hospital to receive patients after an emergency crisis situation.

*Recommendation Two: We recommend that whoever is ultimately responsible for the Crisis Response Team must establish a patient intake system with a local hospital for emergency crisis situations.*

# Recommendations

## Recommendation Three

After the interview with the Western Massachusetts Area Forensic Director and Statewide Coordinator of Crisis Intervention Training - Training and Technical Assistance Centers (CIT-TTAC), John Barber, we learned that the Massachusetts Department of Mental Health (DMH) recommends every police department train at least 25% of its personnel in CIT. In his opinion, having more officers trained in CIT will better prepare officers to manage crisis situations.

*Recommendation Three: We recommend that 25% of the Worcester Police Department personnel complete Crisis Intervention Training (CIT).*

Recommendation 3a: Our recommendation is that the Worcester Police Department trains up to 25% of its personnel with Crisis Intervention Training. The Department of Mental Health has CIT-TTAC Grants that range from \$90K-\$300K per grant to provide regional centers that act as training sites and offer support services to police departments involved in the CIT model.

# Recommendations

## Recommendation Four

After speaking to representatives of multiple community organizations in Worcester, it is clear that personnel in the emergency services of Worcester needs to be made better aware of the wide variety of resources available to the residents of the city. This includes homeless shelters, food banks, counseling centers, rehabilitation centers, etc. Knowing about these services will allow emergency responders to direct people in crisis to the services that are available to them.

*Recommendation Four: We recommend that all emergency response personnel, to include police, fire, emergency medical services (EMS), and dispatch, be trained in the utilization of the Stigma Free Worcester application in an effort to become aware of all the services available in the Worcester Community.*

Recommendation 4a: We recommend that the HHS continues its efforts to advertise and utilize the Stigma Free Worcester application to better support the Worcester community. This application compiles information about various community services in Worcester into a single, user-friendly platform.

# Recommendations

## Recommendation Five

After speaking with numerous LICSWs in Worcester, Chief Ben Bliven in Wausau, WI, and Deputy Chief Officer Balistrieri, our team discovered that the stressful and difficult job of working as a first responder can have a negative impact on individuals' mental health.

*Recommendation Five: We recommend that the City of Worcester provides more mental health resources and support systems for first responders. This includes members of the Worcester Police Department, Fire Department, and Emergency Medical Services.*

# Recommendations

## Recommendation Six

Due to lack of time it was not possible for our team to have a focus group perform a SWOT Analysis on our recommendations.

*Recommendation Six: We recommend that the HHS performs a SWOT Analysis on our set of recommendations with a focus group. We recommend that the focus group includes members of the Worcester Police Department, Fire Department, Emergency Medical Services, Mayor's Mental Health Task Force and Department of Health and Human Services.)*

# Personal Statements

## Owen Buckingham

After taking 6 years of Chinese classes in High School and coming to WPI, having IQP in Hong Kong seemed to be my chance to finally experience the culture and language I learned so much about. Despite not actually going to Hong Kong, I think the project could not have turned out better. The work we started has potential to save lives in Worcester and I hope future groups can continue to push the city in the right direction for a crisis response model.

The pandemic, although preventing our group and advisors from not being able to meet in person, actually helped our group reach out to contacts across the country and interview a wide range of people. This diversity allowed our project to gain input from across the country and improve our final set of recommendations for the city of Worcester. I'm proud of the work we were able to produce for the city. I think most people our age feel it's difficult to make change in our political system, but getting involved with the local government showed it is possible to start the conversation and keep pushing for projects like ours in the city.

This project helped me gain skills in areas I did not think I needed, thank you to our advisor for always pushing our group. I also hope our sponsor is able to continue work with the Mayor's Mental Health Task Force, and additional IQP teams, to start a crisis response team in Worcester.

## Anthony Galgano

Despite not being able to spend seven weeks in the gorgeous city of Hong Kong, my IQP was far from a let down. Working with Dr. Balistrieri, Professor Peet, Owen, Meena and HHS was amazing. Another reason my IQP was wonderful was because of the project my team was working on. I went to high school and now college in Worcester, and to be able to work on a project that is so impactful is truly rewarding.

The biggest challenge our team faced was being remote. Despite this, even though our team had to perform interviews on Zoom, we were still able to build personable relationships with the people we spoke to. Learning about interview, think quick on my feet, and think critically about a problem are all skills that will stay with me for the rest of my career.

## Meenakshi Kodali

I had several expectations about an IQP project. I expected to be abroad, getting immersed in a completely different culture and environment. When it became clear that that wasn't the case, I expected that our project would be to create an application to help schedule mental health appointments in the City of Worcester. It later became clear that that also wasn't going to be happening.

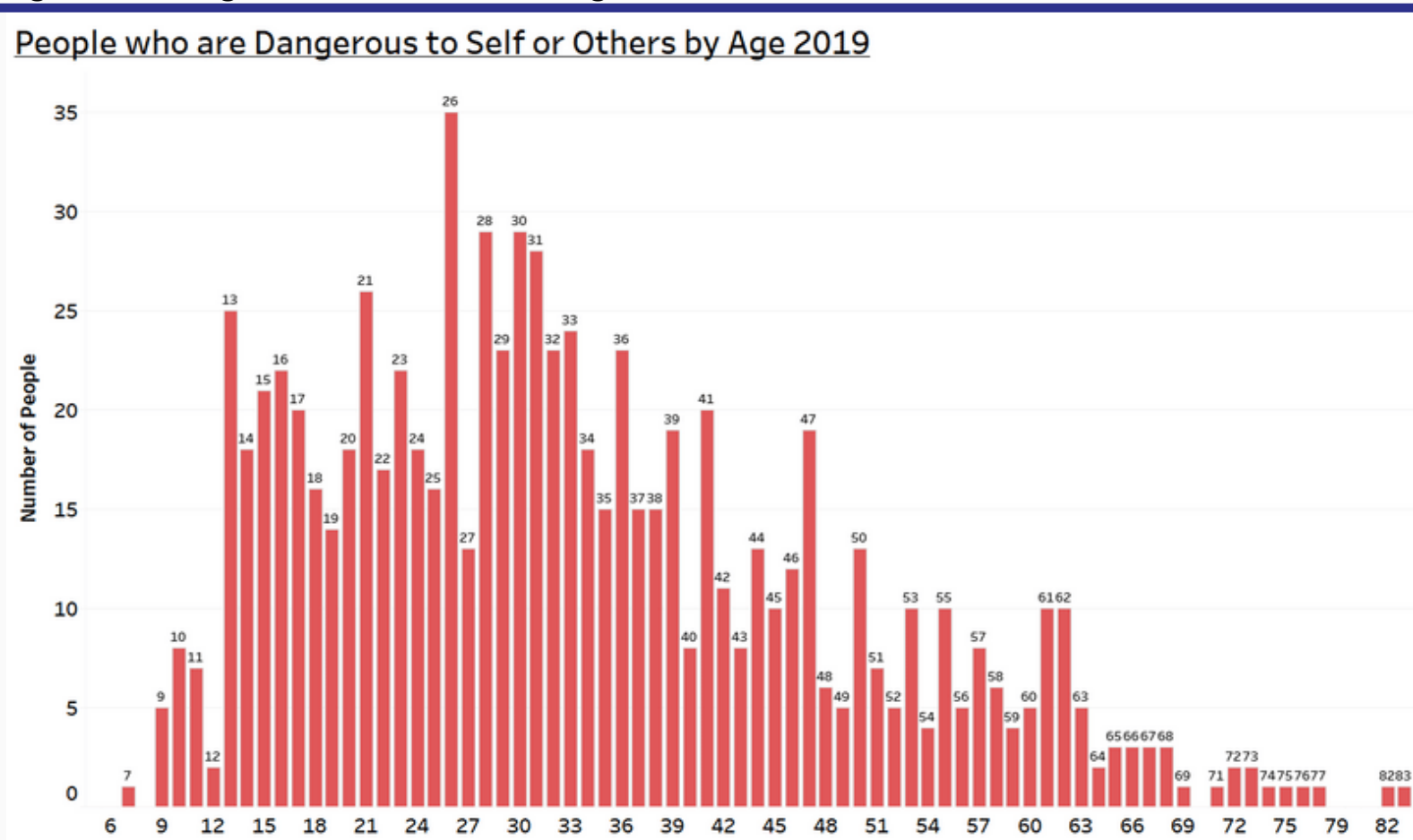
In the end, our IQP project evolved into one where we work remotely, being sponsored by the Worcester HHS, to research the possibilities in establishing a Crisis Response Team for the city. Never did I expect this project would be one that would have such an enormous impact on my community. The work we are doing can save lives. It was an extraordinary responsibility we were tasked with but one that we were prepared and motivated to handle. Along the way, we connected with several inspiring and dedicated individuals who were invested in making an impact on the community and more than willing to provide guidance and perspective. It has been wonderful working with a pair of creative and driven teammates, our supportive advisors, and our liaisons that trust us and believe in us.

This project experience did not match my expectations, it went above and beyond.

# Appendix A

## Dangerous to Self or Others: 2019 Graphs

Figure 10: Dangerous to Self or Other Age

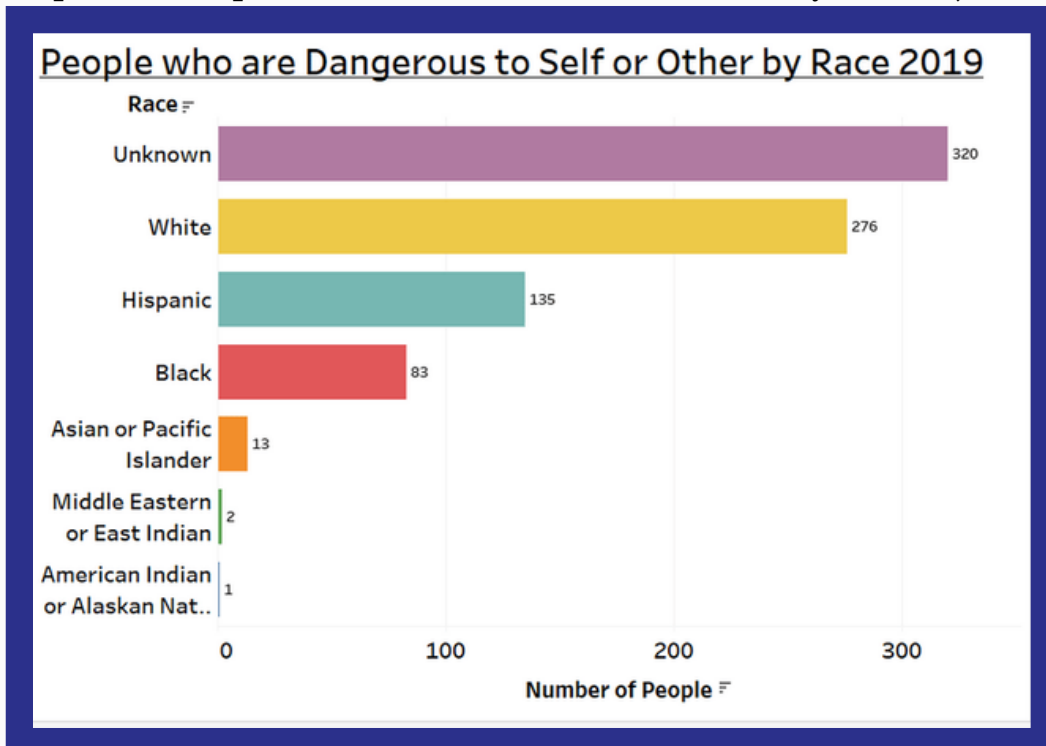


This figure shows the 2019 age breakdown from the Worcester Police Department for people who had been restrained, voluntarily or involuntarily, and sent to the hospital by law enforcement because they were dangerous to themselves or to others. From the graph, you can see there is a wide age range. The majority of the people fall between the ages 15 and 50.

# Appendix A

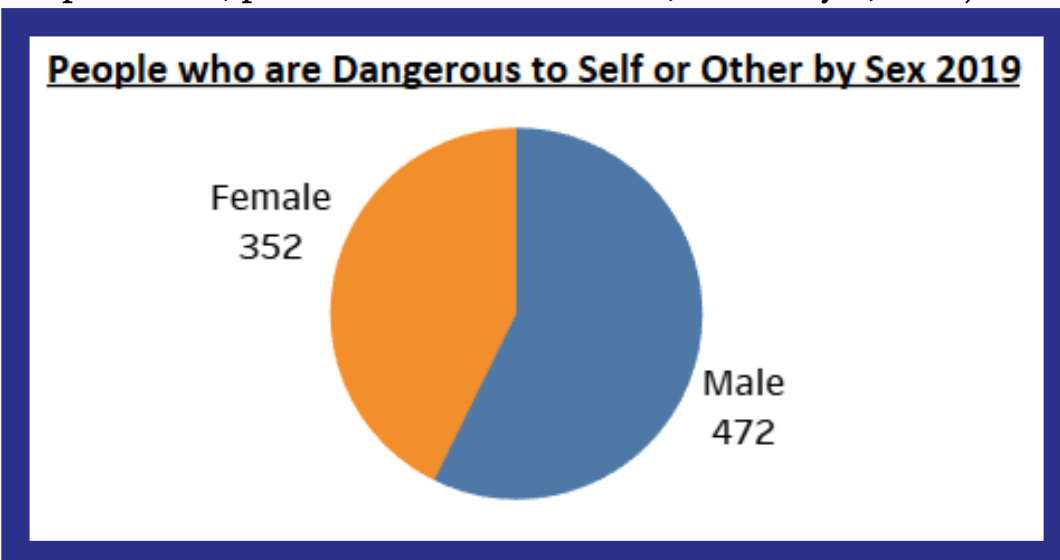
## Dangerous to Self or Others: 2019 Graphs

Figure 11: Dangerous to Self or Others Race (Worcester Police Department, personal communication, February 2, 2021)



This figure shows the 2019 breakdown by race of the people who had been restrained, voluntarily or involuntarily, and sent to the hospital by law enforcement because they were dangerous to themselves or to others. This emphasizes the diversity present in Worcester.

Figure 12: Dangerous to Self or Others Sex (Worcester Police Department, personal communication, February 2, 2021)



This figure, similarly, shows the breakdown by sex in 2019. This emphasizes the idea that it isn't just members of one sex that are restrained.

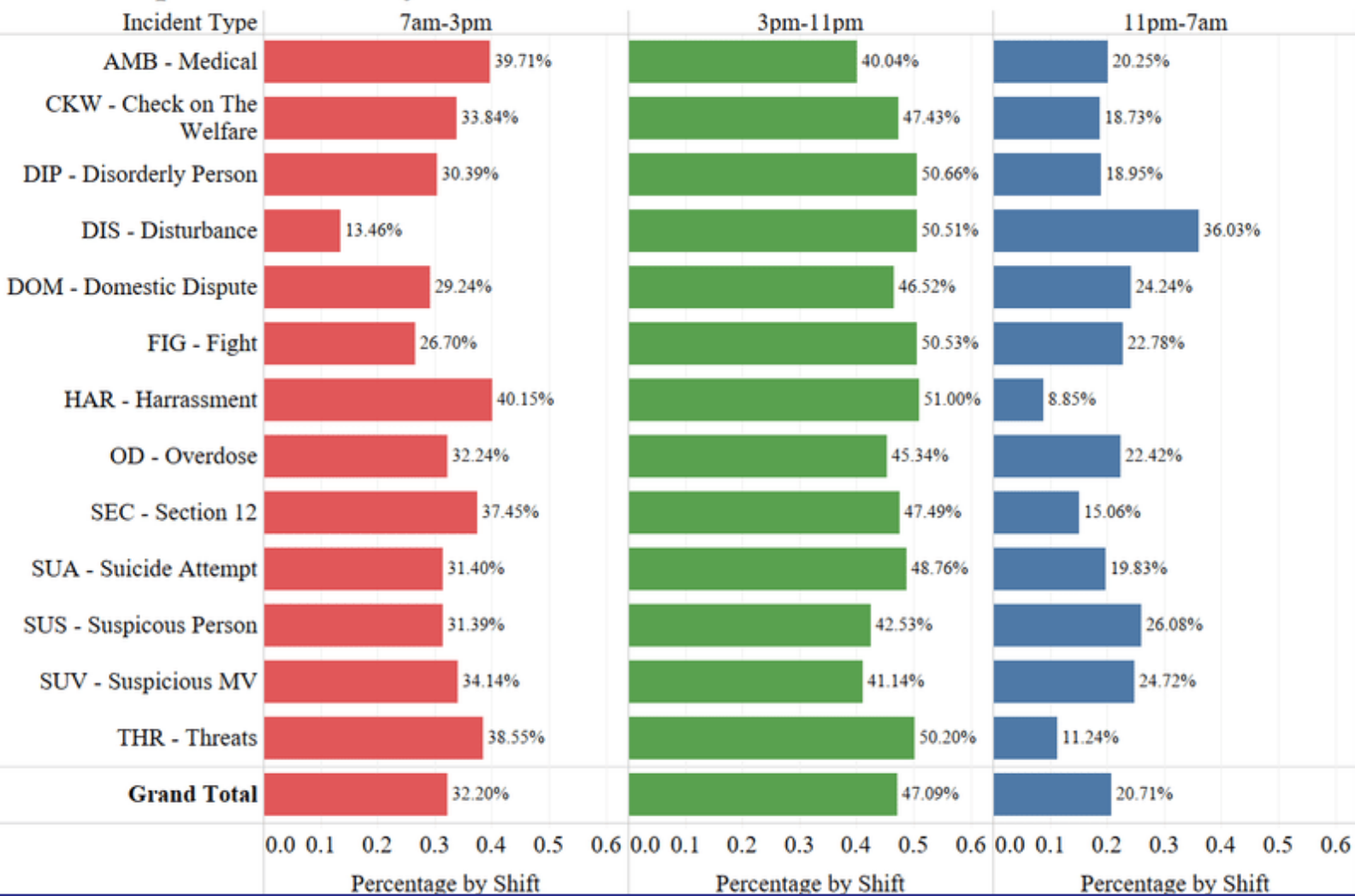


# Appendix B

## Police Response Data By Shift

Figure 13: Police Incidents by Shift (Worcester Police Department, personal communication, February 2, 2021)

### Police Dispatch Percent by Shift 2020



For the top thirteen incident call types where a Crisis Response Team could be the first to respond, the above figure shows the percentages of each incident call type that occur during the three different police shifts. The 3pm-11pm shift has the highest percentage of calls for a majority of the incident call types in the Worcester community.

## Full SWOT Analysis: Community Response Model SWOT

### The Strengths of the Community Response Model:

1. A person in crisis can receive empathic care. This is when a response team can provide a more personalized approach when responding to a person in crisis.
2. Response to a person in crisis will be faster with a team separate from police, fire, and EMTs.
3. A community response team ensures mental health experts are the first response to a person in crisis.
4. A community response team conducts improved patient follow-ups.
5. The burden on the police department can be eased.
6. A relationship with a local hospital, where patients can be taken in, can be established.
7. The City Council has expressed an interest in this model.

### The Weaknesses of the Community Response Model:

1. There would need to be a significant change to current 911 protocols to account for a fourth entity being dispatched.
2. There are no apparent grants available from the Massachusetts Department of Mental Health to fund this type of response model.
3. There is a significant cost of establishing a fourth entity and buying new equipment.
4. A relationship with a non-municipal organization, such as White Bird Clinic in Eugene, needs to be established and maintained.

## Community Response Model SWOT

The Opportunities of the Community Response Model:

1. With a community-based response to a person in crisis, this team provides an opportunity to reduce the negative stigma around mental illness.
2. With there being no other community response models in Massachusetts, this could be an opportunity to inspire surrounding communities.

The Threats of the Community Response Model:

1. With no law enforcement presence, the safety of the members of the response team can be at risk.
2. It might be difficult to find licensed therapists to staff the response team for all possible shifts.
3. After a pilot program, it might be difficult to establish funding and maintain the team for multiple years.

## Co-Response Model SWOT

### The Strengths of the Co-Response Model:

1. The police are present for the protection of the mental health expert and/or clinician.
2. The Massachusetts Department of Mental Health has a Co-Response Model grant. This grant is a multi-year grant providing up to \$90,000.
3. This model offers little restructuring of existing dispatch protocols because the Co-Response Team would be a specialized team in the police department.
4. The Co-Response Team would improve patient follow-up as the team would build a relationship with the civilians they help.
5. The Co-Response Team would ease the burden on the regular patrol officers.
6. After speaking with members of the Worcester Police Department's Crisis Intervention Team, the officers expressed their interest in wanting mental health experts and/or clinicians working for their department.

### The Weaknesses of the Co-Response Model:

1. Situations can be escalated when a uniformed officer arrives at mental health crisis situation.
2. The personnel on the Co-Response Team need to be experienced and willing to work in crisis situations.
3. The initial cost of new equipment can be high.
4. An organization needs to provide mental health experts and/or clinicians.

## Co Response Model SWOT

### The Opportunities of the Co-Response Model:

1. The police department can improve its approach to community policing. Community policing is when a police department builds a positive relationship with its community.
2. The mental health experts and/or clinicians who will be working alongside the police can act as a resource for officers in dealing with their own mental health challenges.

### The Threats of the Co-Response Model:

1. Situations can be escalated when a uniformed officer arrives at mental health crisis situation.
2. The police department could be blamed if a mistake, such as a casualty, happened as a result of the Co-Response Team responding to a call.
3. The mental health experts' and/or clinicians' safety can be at risk if a crisis situation becomes violent.

# Bibliography

Andrew, S. (2020, July 6). This town of 170,000 replaced some cops with medics and mental health workers. It's worked for over 30 years. CNN. <https://www.cnn.com/2020/07/05/us/cahoots-replace-police-mental-health-trnd/index.html>

Centers for Disease Control and Prevention. (2018, January 26). Learn About Mental Health. <https://www.cdc.gov/mentalhealth/learn/index.htm>

Central MA Regional Public Health Alliance. (2018). *Greater Worcester Community Health Assessment*. <http://www.worcesterma.gov/uploads/33/e0/33e0ad77ff4038f18be0b6c6f506b6dc/2018-cha-report.pdf>

City of Worcester. (2020). *About Us*. Retrieved November 15, 2020, from <http://www.worcesterma.gov/>

Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614-625. <http://dx.doi.org.ezpxy-web-p-u01.wpi.edu/10.1037/0003-066X.59.7.614>

Coweta Cares. (2021). What is Coweta Cares? <https://www.cowetacares.org/index.php/about-community-paramedicine>

Curtis, Chelsea. (2021) "Phoenix Police Identify Man Fatally Shot by Officers after Simulating Having a Gun." *AZ Central*, <https://www.azcentral.com/story/news/local/phoenix/2021/01/14/phoenix-police-jordan-crawford-killed-after-simulating-having-gun/4164824001/>.

# Bibliography

Division of Professional Licensure. (2017, December 12). Licensed Mental Health Professionals Consumer Fact Sheet. Commonwealth of Massachusetts. <https://www.mass.gov/files/documents/2017/12/12/Licensed%20Mental%20Health%20Professionals%20Consumer%20Fact%20Sheet.pdf>

Grinnell, J. (2017). Health components to wellness: The 5 pillars. State of Fitness. <http://mystateoffitness.com/the-5-pillars-of-health/>

McLeod, S. (2020). Maslow's Hierarchy of Needs. Simply Psychology. <https://www.simplypsychology.org/maslow.html>

Northwoods. (2020). C.A.R.T – Crisis Assessment Response Team. <https://www.naminorthwoods.org/c-a-r-t-crisis-assessment-response-team/>

Oliva, J. R., Morgan, R., & Compton, M. T. (2010). A practical overview of de-escalation skills in law enforcement: Helping individuals in crisis while reducing police liability and injury. *Journal of Police Crisis Negotiations*, 10(1–2), 15–29.

Quinsigamond Community College (QCC). (2015, September 15). Dr. Matilde Castiel Named Worcester's Commissioner of Health and Human Services. <https://www.qcc.edu/newsletter/2015/09/dr-matilde-castiel-named-worcesters-commissioner-health-and-human-services>

Soomro, S., & Yanos, P. T. (2019). Predictors of Mental Health Stigma among Police Officers: The Role of Trauma and PTSD. *Journal of Police and Criminal Psychology*, 34, 175–183.

# Bibliography

Tasman, A., Kay, J., Lieberman, J. A., First, M. B., & Riba, M.. (2015). *Psychiatry (4th ed.)*.

ProQuest Ebook Central. <https://ebookcentral-proquest-com.ezproxy-web-p-u01.wpi.edu>

The Newnan Times-Herald (2021). “Outstanding Provider” Award for Coweta Cares. <https://times-herald.com/news/2019/10/outstanding-provider-award-for-coweta-cares>

Thornton, A. (2020, July 15). This US city sends mental health workers instead of police to non-criminal emergency calls. *World Economic Forum*. <https://www.weforum.org/agenda/2020/07/mental-health-replace-police/>

United States Census Bureau. (2019, July). Quick Facts Worcester city, Massachusetts. <https://www.census.gov/quickfacts/fact/table/worcestercitymassachusetts/>

U.S. Bureau of Labor Statistics. (2020). *Worcester Area Economic Summary*. [https://www.bls.gov/regions/new-england/summary/blssummary\\_worcester.pdf](https://www.bls.gov/regions/new-england/summary/blssummary_worcester.pdf)

Wang, C. (2017). Holistic health definition: The essential elements. Acupuncture and Massage College, Miami, FL. <https://www.amcollege.edu/blog/the-essential-elements-that-define-holistic-health>