



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
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Boston, Massachusetts 02108



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Meeting Minutes Community Policing and Behavioral Health Advisory Council (CPBHAC)

Place: The McCormack Building
One Ashburton Place
Executive Office of Health and Human Services
10th Floor, Charles River Room
Boston, MA 02108

Date and Time: March 11, 2019 2 to 4 p.m.

Agenda Items:

1. Call to Order

Co-chairs of the Council Scott Taberner and Jennifer Queally called the meeting to order.

2. Membership and Introductions

Members of the Council introduced themselves.

CPBHAC Members in attendance:

Co-chair Scott Taberner – MassHealth/EOHHS; Co-chair Jennifer Queally – EOPPS; Matthew Broderick – DMH; Diana Chidsey – DPH; Daniel Zivkovich; June Binney – NAMI; Robert Ortiz – Fellowship Health Resources Director of Peer Services; Chief Brian Kyes – Chelsea PD;

CPBHAC Members participating via phone: Chief Steven Trask – Framingham PD

CPBHAC Members not in attendance:

Chief Russell Stevens – Hamilton PD
Ruby Sanders – Peer Support Specialist Behavioral Health Network

**3. Presentation on Community Policing by Executive Director of the Municipal Police Training Committee
Daniel Zivkovich**



Executive Director Zivkovich made a presentation to the CPBHAC members regarding the **Recruit Officer Course (ROC)** delivered by the Municipal Police Training Committee (MPTC). The ROC totals 764 hours delivered in the following blocks:

Classroom Instruction	322 Hours
Skill Development	426 Hours
Testing	16 Hours

The title of the course is **Who We Are**. Lessons taught in the ROC are organized into 3 “volumes”:

1. Volume I – Policing in Massachusetts
2. Volume II – Investigations
3. Volume III – Patrol Procedures

Mnemonic devices are used to teach and retain core concepts included in the ROC. These include:

1. SERVE

Spot the problem
Ethical decisions
Research facts
DeVelop & execute plan
Evaluate results

2. PRIDE

Plan the interview
Rapport building
Identify people
Develop information
Evaluate information

3. RESPECT

Respond to scene and make it safe
Emergency care for injured
Separate and remove people
Protect crime scene
Evidence collection
Corroborate evidence with M.G.L.
Take action & Testify in court

4. PRINCIPLES

Plan the interrogation
Rapport building
Miranda rights
Normalize honesty
Clarify information
Identify contradictions
Push through denials
Listen and look
Evidence gathering
Summarize

The ROC provides training on the unique challenges presented by various groups, including:

- Youth
- Seniors
- Persons with behavioral health (BH) issues

- Persons with autism spectrum disorder (ASD)

Sir Robert Peel is considered the “Father of Modern Policing” based on the foundational work that he did in 1829 in which he articulated 9 Principles.

4. Discussion on Community Policing, including best practices by members of the CPBHAC

Chief Kyes built upon what Executive Director Zivkovich included in his presentation, and made the following comments:

- “Enforcement” is a small part of what police do
- Police are the first line of defense in our communities
- Departments seek to have 100% of police officers will be trained in Mental Health First Aid for Public Safety
- Subject to funding, many departments seek to have 100% of police officers trained in Crisis Intervention Team (CIT)
- Much has changed since 2015 and the issuance of The President’s Task Force on 21st Century Policing
- Emphasis on connecting persons to needed services (particularly true for groups listed above)
- A key component of every police officer’s job is to problem solve
- Emphasis is also placed on police officers being part of a community team, with an identification of team members that are expert in various disciplines.
- Chief Kyes mentioned “The Hub” that he and his staff have implemented in Chelsea. The program is modeled after a model that originated in Prince Albert, Saskatchewan.
<http://communitymobilization.ca/the-hub/>
- Approximately 30 people from various organizations come together each Thursday morning for an hour at the Chelsea Police Department to organize interventions for persons who have come to the attention of police during the past week. The Chief mentioned the important role that North Suffolk Mental Health (NSMH) plays in these meetings. NSMH is the Emergency Services Program (ESP) that serves Chelsea.
- The Hub is NOT a case management system. Rather it is a means of organizing interventions. The earliest interventions are the most prized and sought.
- A data base flags persons who have received attention by The Hub.

June Binney mentioned that new recruit training runs for 22 weeks, and that departments provide a minimum of 40 hours of in-service training for all officers.

Dan Zivkovich indicated that the MPTC has been focused on providing training to chiefs of departments across the Commonwealth. Chiefs are able to choose from a menu of topics.

Robert Ortiz described his experience when he returned to New Bedford after being discharged from the Air Force for having a mental health challenge. Robert recalls his interactions with police never resulting in referral to services that he needed. Robert has succeeded in turning his life around and today serves not only as a peer specialist and recovery coach, but as Northeast Director of Peer Services. Robert also works directly with individuals who have behavioral challenges and supervises two programs consisting of peer specialists and recovery coaches. Robert shared a few examples of how his role as a peer specialist allowed him to support persons in need. One example involved a person under the influence and belligerent who was outside of a residential treatment program. Robert was informed by a colleague and went to the scene. Robert arrived and spoke to the person relating similarities in conduct and redirecting them to consider the consequences of their behavior. Shortly after, the police also arrived at the scene. The police questioned and informed both the individual and Robert about why they were called. Robert disclosed that he was a supporter of the individual and how he was informed of the individual’s condition. The police stated that given the circumstance and both of our presences, the officers suggested two options:

1. Be handcuffed and brought to the hospital via cruiser, or

2. Have your supporter transport you to hospital.

The individual chose the second option and Robert was able to engage and connect the individual to the needed services.

Robert indicated that one message he would like to deliver is for police officers to not assume the worst about persons whom they come into contact. A person's record only tells a portion of the story. Robert shared his belief that if police were to have based their interaction with him solely on his record he may not be where he is today. Robert also stated that had police been given adequate training he most likely would not have had as many interactions with the criminal justice system.

Robert also mentioned that after his discharge from the Air Force due to mental health challenges, he returned home and did not have anyone that he could rely upon. He now believes that it is possible that a police officer could play such a role if he or others were in a similar situation today.

Matt Broderick mentioned that he will do a presentation at the next Council meeting on the Department of Mental Health grant program that he administers. Matt noted that he has seen how powerful it is for persons with lived experience/mental health challenges to speak to police officers.

5. Other Business not anticipated by co-chairs

None

The meeting adjourned at 4:10 PM