

**Community Policing and Behavioral Health Advisory Council**  
**Virtual Meeting**  
**September 15 2025, 2:00-3:30pm**  
**Agenda & Meeting Minutes**

- I. Welcome, Call to Order & Attendance
  - a. Co-chair Eliza Lake called meeting to order at 2:01pm, quorum was determined with the following members in attendance: Eliza Lake, Angela Davis, Matthew Broderick, Keesha LaTulippe, Robert Ortiz, Amy Fanikos (proxy for Colonel Rich Rathbun), Amie Sica
- II. Review of and Approval of Minutes
  - a. Co-chair Angela Davis requested a motion to accept meeting minutes from April 23, 2024 and June 24, 2025, seconded by Keesha Latulippe. Motion passed unanimously.
- III. The Center-Trainings and other Operations, Victor Petreca, Ph.D. (Boston College)
  - a. Guest Victor Petreca provided presentation on The Center for Police Training in Crisis Intervention (“The Center”). The center serves as the statewide hub for training and research to improve law enforcement’s response to individuals with behavioral health needs. To remain certified, officers must take a refresher course every 3 years. Outcomes including jail diversion and emergency room utilization are tracked and reported in the annual report.
- IV. CIT Training- Standard Curriculum; Joanne T. Barros, Ph.D. (DMH)
  - a. Guest Joanne Barros provided overview of Crisis Intervention Team curriculum. Mental Health First Aid serves as a blanket training for law enforcement. CIT training is more in depth and specialized. It’s 40-hour training for officers, with standardized curriculum across the state but allows time for more focused trainings on area specific issues (such as hoarding, elder issues, etc.). Behavioral Health providers and other SMEs are invited to provide training. Including an officer trained in CIT to co-teach is encouraged. Some key curriculum topics include mental health disorders, autism, de-escalation, trauma, officer self-care, intellectual disabilities, and auditory hallucinations.
  - Question in chat from public attendee Laura Craciun: Is it only offered to new beginning officers? **Answer from Joanne Barros:** CIT International’s perspective is that officers should have experience of being a law enforcement officer (typically 3-5 years). New officers can get Mental Health First Aid training.
  - Question in chat from public attendee Laura Craciun: Does Mental health first aid and/or CIT do any training on anosognosia (lack of insight or “too ill to know they are ill”) which is common with 50-90% for psychotic illnesses? Also the concept of fixed false beliefs from delusions, and the various types of delusions (persecutory, bizarre, etc.) **Answer from Joanne Barros:** Curriculum addresses this throughout the training, focusing on how to get someone to identify their need for help. Delusional thinking is becoming a priority need as more areas report an increase in such cases.
  - Question in chat from public attendee Diane Greeley: What happens when police officers do not apply their training to all members of the communities they serve? **Answer from Joanne Barros:** Part of her and Victor Petreca work is making sure there is consistent messaging on what training

is available and an awareness of resources within the police department. Some departments are just starting CIT or may have only one officer trained. Increasing collaboration is something they're aware of and want to continue to improve on.

V. DMH budget update

- a. Jail diversion cuts are not happening as previously reported, funded at the maintenance level. Spending is monitored closely to identify potential underspending to ensure funds are fully spent and effectively used.

VI. Community Behavioral Health Centers overview; Liz Bosworth (MassHealth)

- a. Crisis care at CBHCs are insurance blind so anyone can receive help, making diversion to CBHCs for those in crisis easier for law enforcement. In 2023 27 CBHCs were opened throughout the Commonwealth and cover all cities and towns. Centers are open 7 days a week and individuals can receive care within 24 hours of initial contact if urgent and 72 hours to initiate MAT. Receiving services is voluntary but sites try to be creative to find ways to engage with folks who may not seek help (mobile vans at encampments, care in community).
- Question from public attendee Jessica: Can the police bring someone to a CSS rather than an ED? Answer yes, center will assess if they can be placed in a community crisis stabilization unit or need different placement.

VII. Other

VIII. Public Comment Invited

- a. Jessica: If someone had an experience different from the services described in the meeting how can feedback be given? Liz Bosworth, the slides shared include a QR code that will link folks to provide feedback on any BH roadmap services. Someone will call within 24 hours and work to resolve the issue.

IX. Adjournment

Co-chair called for motion to end meeting; Keesha Latulippe made motion seconded by Matthew Broderick. Motion passed unanimously and meeting ended at 3:05pm

Comments in chat:

Laura Craciun comment-National Shattering Silence Coalition is starting to free give presentations on psychotic illnesses and anosognosia if there is an interest in the future. It is in layman's terms and using literature from a person living with schizophrenia 40 yrs.

We are doing our first next month with Riverside. Again, free of charge.

[www.nsscoalition.org](http://www.nsscoalition.org)

Angela shared: <https://lawenforcementtoday.com/massachusetts-state-police-new-behavioral-crisis-response-policy>

Joanne shared <https://www.cptci.org/>

Comment in chat: Laura Craciun CBHC is voluntary Yet 50-90% of SMI are simultaneously experiencing anosognosia (lack of insight that they even have a serious mental illness) and the onset of their severe mental illness AFTER age 18. This means there is a huge gap because also DMH services are not given to

this population unless they ask for them. THAT is the gap. Solution? The policy at DMH needs to change, and we need to pass an AOT to bridge the gap between the most ill and CBHCs. This policy needs to change. Too many are forced to become so ill that they are incarcerated before they're treated over objection.