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SOCIAL WORK VOICE

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Are Social Workers the New Face of Community Policing?

Deborah Goldfarb, LICSW

Soon after starting my job as a social worker with the Winthrop Police Department, I found myself craving connection to other clinicians. Being the only social worker in my police department, I often felt like I was flying solo, and it turns out I was not alone. So, when a colleague emailed me asking if I wanted to be part of a supervision group for clinicians embedded in local police departments, I jumped at the opportunity.

The supervision group is the brainchild of Samantha Reif, LCSW, who, after interning at the Somerville Police Department, accepted a new position with the Wilmington Police after graduation. Like myself, Samantha also felt isolated at times in her new role. She worked in a new town, in a new position, and in a job where her only co-workers were law enforcement officials who were also navigating through this new process.

Our positions as social workers who collaborate with the police naturally comes with systemic, cultural, and ethical challenges—and these group meetings give us space to discuss these matters. Topics range from case presentations and upcoming trainings, to discussing difficult matters such as building trust with officers and how to handle confidentiality. In just the first few months the group has expanded to include clinicians from Andover, Cambridge, Somerville, Winthrop, Wilmington, Arlington, and Brookline Police Departments.

This gathering of clinicians is just a microcosm of the advancements being made in the collaboration between mental health and law enforcement across Massachusetts. Sarah Abbott, PhD, is the

Jail Diversion Program Director at Advocates, and she has been working in this field for 15 years. Over that time she has “seen an increasing willingness of law enforcement agencies to open their doors to allow civilian clinicians into their departments.” The program that Sarah oversees began in Framingham in 2003 as the first of its kind in the state, and has expanded to include several additional towns.

With so many clinicians now working alongside police officers, it is important to understand how social workers are fitting into local law enforcement’s efforts to improve their community policing tactics. Modern day community policing, has its roots in 1820s London with Sir Robert Peels’ initiatives to improve community relationships and adopt goals to suppress and prevent crime. The Department of Justice (DOJ) recognizes similar initiatives were adopted in the U.S. in the 1970s, following the social unrest of the 1960s that damaged the relationship between police and community members.

Community policing aims to expand the traditional role of police to better meet the needs of the community, with a mission to prevent crime and address its root causes. This is done through implementation of problem solving techniques, community engagement and partnership building, and overall organizational change. It has been recognized that police do not have all the resources or skills, however, to deal with the roots of crime such as poverty, mental illness, addiction, and unemployment. This is where the natural partnership between law enforcement and social workers begins.

Sarah Abbott noted that she believes police have long understood their role in responding to individuals in behavioral health crisis. And, while they have been willing to consider diversion, they have had limited options for disposition in cases. This is shifting as collaboration with mental health professionals enhances.

Lauren Sneider, MS, Program Director for Boston Medical Centers’ Jail Diversion Program, explains how her program developed in 2007 from an initial grant to staff clinicians in the first mental health court in Boston, to now include multiple co-responder clinicians and a peer with the Boston Police Department.

Patty Contente, LICSW, Program Director with the Community Outreach Health & Recovery (COHR) unit at Somerville Police Department, has also long been a champion for this type of work. She has witnessed her program grow to include several social workers, social work interns, recovery coaches, and addiction counselors. In addition, their department also runs the Metro Boston Crisis Intervention Team Training and Technical Assistance Center (CIT-TTAC), where they partner with 26 local police departments to provide vital training to officers.

Crisis Intervention Team (CIT) has become a model of community policing widely adopted across the nation, including here in Massachusetts. Developed within the Memphis Police Department in 1988, and often still referred to as the “Memphis Model,” CIT is referring to a 40-hour intensive training program for police officers. This work in Memphis began following a tragic incident involving a resident who was experiencing a mental health crisis. With help from the local National Alliance on Mental Illness (NAMI) chapter, the community came together to develop a response. Unfortunately, tragic incidents often serve as the catalyst for police departments nationally and locally to adopt new initiatives like CIT. The training consists of an overview of mental illness, information about local resources and laws, de-escalation training, role-plays, and firsthand accounts from peers and family members with lived experience of mental illness. NAMI, who is a strong partner of this work locally and nationwide, credits CIT training with “teaching literacy and empathy regarding mental illness and helps officers develop techniques to peacefully de-escalate potentially unsafe situations.”

I spoke with Kati Mapa, MSW, from NAMI-MA’s Criminal Justice Diversion Project to understand their advocacy work locally. She says their program has been “instrumental in increasing police-based jail diversion efforts in the Commonwealth, advocating for additional funding for mental health and substance use training for public safety.” NAMI-MA’s current advocacy is “focused on making training for police officers more widely available through a bill that would create a statewide structure for CIT Training, which would be overseen by a variety of stakeholders, including mental health professionals.”

Over the last several decades, many police-based programs have formed across the nation, but stable funding sources have remained a barrier to their long-term existence. Here in Massachusetts, the Department of Mental Health (DMH) has been a crucial funding source. The vast expansion in police-based jail diversion programs in Massachusetts is evident through DMH’s growing budget for

these programs, which increased from around \$400k in FY2007 to \$1,597,075 in FY2017. An additional \$2 million was secured for the FY2018 budget, allowing for a significant development in programming. I spoke with John Barber, LICSW, Western MA Area Forensic Director and the Statewide Coordinator of the CIT-TTAC Programs, to better understand DMH’s role in this movement

DMH’s Jail/Arrest Diversion Program (JDP) grants, which first began in 2007, has since expanded, and currently impact over 100 cities and towns across the Commonwealth. Some smaller towns have created regional programs, where funding, and in some cases specific clinicians, are shared amongst several municipalities. DMH funding and the vast number of Jail Diversion Programs they support are widespread. Although each program is unique, two of the primary uses for these funds are to cover salaries of clinicians and for police training, such as Mental Health First Aid (MHFA) and CIT.

Social workers in these positions have an immense impact on the lives on the justice-involved population who are on the receiving end of their services, but their work reaches far beyond.

Although DMH provides funds for many Jail Diversion Programs throughout the state, funding sources can vary immensely. Some cities use their own money to supplement DMH funding, others fund programs on their own through town or police department budgets, and some receive grants from private organizations or federal programs. Clinicians working in these police roles may be directly employed by the town, while other programs contract clinicians from local mental health agencies. Programs utilize the expertise of not only social workers, but also mental health counselors, drug and alcohol counselors, as well as para-professionals such as recovery coaches and peer specialists.

Clinicians collaborate in a multitude of ways with local law enforcement, but there are several specific roles that should be discussed. The term “co-response” can include “ride along” clinicians who accompany officers to police calls for service and are part of the first-responder intervention. But it can also include clinicians who conduct post-encounter follow-ups in which they provide outreach and services to individuals in need after they have had interaction with police or the criminal justice system. It is not uncommon for a single clinician to do both kinds of work within a town, with some programs also including court-based clinicians.

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What Our Community Policing Colleagues are Saying

"Our people deserve this partnership with its more complete and holistic methodology to tackle many of their quality of life and mental health challenges."

– Sgt. Gergerian, Outreach Officer, Winthrop Police Department

"From my perspective, police officers and social workers bring different skills and expertise to situations involving public safety. By working together as a team, we can offer community members a more holistic response to their problems and concerns than either of our disciplines could achieve on its own."

– Elana Klein, LICSW, Cambridge Police Department

"Our Police Chief now sees an openness in his officers to want to connect and follow-up with community members, which he has attributed to having a social worker on staff."

– Sobhan Namvar, LICSW Andover Police Department

"I deeply appreciate the flexibility which is organically placed into my role – I can respond during crisis, have the ability to do home visits, follow-up after police response, and work with walk-ins."

– Samantha Reif, LCSW, Wilmington Police Department

"Our COHR Program [which consists of social workers, social work interns, recovery coaches, and addiction counselors] has led a culture change in our department and as it expands, so does our capacity to assist residents in crisis who are, at times, the most vulnerable members of our community."

– Chief David Fallon, Somerville Police Department

"Social workers have played an important and integral role in DMH police-based Jail Diversion Programs through their hands-on clinical evaluations, referrals, and support of individuals in crisis and post-encounter. Just as significantly, social workers training and collaborating with police at our grant-funded Training and Technical Assistance Centers or through Mental Health First Aid and other trainings have assisted law enforcement in recognizing mental health symptoms, and taught skills such as de-escalation and identifying appropriate community-based resources."

– John Barber, LICSW, DMH Western MA Area Forensic Director and Statewide Coordinator of CIT-TTAC Programs

end of their services, but their work reaches far beyond. It became apparent through my discussions with clinicians and officers that the presence of mental health professionals, and the programming that has accompanied the CIT movement here in Massachusetts, has started to shift the culture within these towns—which is remarkable. Seeing the collaboration between local law enforcement and the mental health field grow leaves me with hope for the future, and I feel grateful for finding a peer group to help navigate these waters. 🌊

About Deborah

Deb Goldfarb, LICSW, is a clinical social worker, graduate of Simmons College, and co-chair of NASW-MA's Criminal Justice Committee. Her clinical practice has concentrated on working with high-risk clients dealing with mental illness and/or addiction, both in the community and within the criminal justice system, including the courts and state prison system. She has experience in crisis assessment, individual counseling, group therapy, as well as program management and development. Ms. Goldfarb is currently Community Services Program Manager at Boston Medical Center's Department of Psychiatry/Emergency Services Program where under a DMH CIT grant she provides clinical oversight and post-encounter follow-up to the Winthrop Police Department's Community Law Enforcement Assisted Recovery (CLEAR) Program. Deb can be reached at debgoldfarb@gmail.com.

Join the Criminal Justice Committee!

Join us to Address Inequities and Injustices in the Criminal Justice System

We meet monthly on Monday evenings from 5:30-7:00 pm
At One Beacon St., Boston, MA

Next Meeting: May 21, 2018

For more information check us out on Facebook:
[@NASWMACJCommittee](https://www.facebook.com/NASWMACJCommittee)

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