



## *Town of Lexington* Commission on Disability

Victoria Buckley, Chair

To: Select Board  
From: Collaborative Reform  
RE: Proposal to form study group for a Community Advisory Board  
Date: December 2, 2023

The Commission on Disability (CoD) created a subcommittee with the Human Rights Committee (HRC) at its March 2022 meeting called Collaborative Reform (CR). This subcommittee was formed to bring together residents, municipal/school staff and committees to review policies and procedures of various services to make sure there is equity and accountability for our citizens with disabilities.

The group believes that collaboration and communication are key to: strengthening relationships within and between town departments and the community; expanding proactive education and engagement while promoting diversity, equity and inclusion.

Collaborative Reform has collaborated with the Lexington Police Department and other Town services and has been able to establish regular and open communications. Please refer to attached document for more information about Collaborative Reform.

A separate group called Lexington Residents Reimagining Public Safety is proposing that the Town set up a study committee to look at creating a Community Advisory Board (CAB) for the Lexington Police Department. The Commission on Disability, the Human Rights Committee and Collaborative Reform have reviewed this proposal and do not support the proposal for the following reasons:

- A CAB is not needed at this time as LPD has demonstrated open transparency in communication and willingness to be visible to the community.
- The purpose of a CAB to address certain concerns should instead be brought to existing committees whose charges deal directly with these issues. HRC and CoD are the more appropriate channels.
- The Town does not need another study or committee.
- This proposal needs more mutual discussions with groups already in place in order for the process to be more collaborative.
- LPD does not endorse this proposal.

We encourage the Select Board to carefully consider these concerns and objections to the proposal to form a study committee concerning the creation of a CAB.

Victoria Buckley  
Chair, Commission on Disability

Christina Lin  
Chair, Human Rights Committee

# **ATTACHMENT - Report of the Collaborative Reform Working Group March 2022 to May 2023**

## **Introduction:**

The Commission on Disability created a working group with the Human Rights Committee at its March 2022 meeting called Collaborative Reform Working Group. This working group was formed to bring together residents, municipal/school staff and committees to review policies and procedures of various services to make sure there is equity and accountability for our citizens with disabilities.

The group's initial formation was in response to an incident in February 2022 involving the police shooting of a resident with mental health challenges. Upon reflection the group decided to take a holistic and expansive look beyond the incident in order to: strengthen relationships within and between town departments and the community; expand proactive education and engagement while promoting diversity, equity and inclusion. The group has held 15 monthly meetings between March 2022 and May 2023.

The membership consists of: Human Services Department Leadership – Melissa Interest, Director of Human Services; Police Department Leadership – Michael McLean, Chief of Police; Chief Equity Officer – Martha Duffield at first; Human Rights Committee (2) – Mona Roy, Stephanie Hsu; Commission on Disability (3) – Victoria Buckley, Shaun Grady, Francine Stieglitz; Select Board (1) – originally Joe Pato and now Mark Sandeen. Several community residents attend regularly, Tom Shiple and Valerie Overton

## **Start-up Meetings**

Initial meeting discussions centered around defining goals and purpose. A collaborative statement of purpose was written:

- To advocate for persons with disabilities by bringing together community members, municipal/school staff and committees to collaborate by evaluating and refining current policies and procedures involving safety, emergency response, pre/post-vention and service delivery with a commitment to accountability and transparency.

The original goals of the group were to:

- Recommend reforms and/or changes to current organizational and/or oversight structures;
- Make recommendations about how to design inclusive responses to emergency situations that take into account multiple marginalized identities;
- Collaborate with other organizations and Town departments in addressing conflict through consultation and mediation with the parties involved.

Several tasks were defined to reach the goals:

- Holding open community forums to promote robust community involvement and also inviting public comment at each meeting;
- Collecting relevant data from other communities;
- Studying the complex issues related to delivering town services equitably;

- Exploring, examining and evaluating different response models to behavioral concerns, as appropriate;
- Promoting community education and collaboration with municipal/school staff.

The group focused first on what Lexington has. Police Chief McLean shared the training for his department for dealing with mental health: Crisis Intervention Training (CIT) for 40 hours and then annually, Mental Health First Aid 8 hours. He said that his department works with the Jail Diversion Program (JDP) through the Concord Court provided by Eliot Community Human Services through a MOU with the town, initially (as of August 2022) two clinicians for 6 towns. Special officers such as the School Resource Officer (SRO) have duties to deal with students with and without specific disabilities.

The group talked about having a social worker embedded in the police department to assist, collaborate, provide follow-up and augment services to people with disabilities, especially mental health concerns. The group decided to research and identify what other towns are doing. A set of questions was generated to ask other towns about their services, with questions such as do you have a co-response model, what is police training like, how are mental health services delivered. (Please refer to appendix for more questions.)

### **Discussions with Other Towns**

Most other towns started out with JDP clinicians and then expanded to clinicians embedded within the police department.

- Wakefield – Jennifer Waczkowski is the Clinical Coordinator of Jail Diversion. She works 40 hours per week in a co-response model with ride-alongs to de-escalate, prevent arrests when possible and collaborate. She works closely with 3 SRO's and Human Services. Her duties have expanded far beyond jail diversion to emergency community services. Her salary is subcontracted through the crisis team to the police department.
- Wilmington – Samantha (Rief) Cavanaugh is in 6<sup>th</sup> year working in a hybrid model of co-response and follow-up. She also works with a recovery coach and a therapy dog. The services were originally perceived as being more substance abuse-related but are now seen as mental health-related. Her position was originally provided through a DMH grant funding for 2 years and then became town-funded. Samantha emphasized the need for some evening hours and works three days 8-4 and 2 days 2-10. She started her onboarding by attending police roll calls. She noted a sharp increase in the last 2 years in depression, alcohol abuse and anxiety in cases she sees.
- Arlington – Christina Valeri works in a co-response model and collaborates with a recovery coach Thomas Caccavaro. She noted 700 calls in an 11-month period. Her position is funded by a DMH grant. She emphasized the need to do ride-alongs while onboarding. Christina said that an important part of her job is follow-

up for clinical needs and providing resources. She makes regular wellbeing checks at group homes in the town.

- Watertown – Melissa Duarte spoke to group with Lt. Daniel Unsworth and Kallie Montagano from Advocates. Watertown has two clinicians originally paid through an Advocates grant scheduled 3-11 every day of the week. The city now pays Advocates quarterly for the services. They would like to add in a recovery coach. The clinicians do 12 weeks of field training with police ride-alongs. This is a co-response model with full integration, collaboration and problem-solving. Melissa sees her role as diverting from hospitals whenever possible. The city has seen a need to address the opioid crisis due to increase in overdoses (1 in 2014, 9 in 2015, 11 in 2017; then 182 in the last quarter, with 33 last July and 74 in August).

### **Information about Lexington Resources**

The group worked on understanding some of Lexington's resources through discussions with Chief McLean and several officers.

- The JDP clinician was covering 6 towns but is now Caitlin Fisher is a full-time clinician covering 3 towns (Bedford, Lexington, Lincoln).
- An embedded full-time clinician would be helpful in de-escalation, ride-alongs, issuing Section 12's (involuntary emergency psychiatric evaluations, domestic scenes).
- Human Services gets 2-3 referrals for service a week from the police.
- Lexington only has 1 SRO for over 7000 students. Det. Kristina Hankins says her goal as SRO is to make a bridge to the schools. She focuses on truancy, substance abuse and providing resources. Kristina says she is reactive due to large caseload but wants to become more proactive. She is involved in a three-month process with C4RJ (Communities for Restorative Justice).
- There is a CCIT (Community Crisis Intervention Team) with representatives from the schools, police department, fire department and human services.
- Michelle Ciccolo was able to get a 2-year grant for Lexington for \$75,000.

### **Summary and Future Needs for Group**

The Collaborative Reform Group has benefitted from good collaboration and open discussion of issues. The next steps will be:

- to become a formal sub-committee under the Commission for Disability so that meetings can become posted and more accessible to the public
- to fully support getting a full-time clinician embedded in the police department and to research funding for this valuable initiative
- to design and implement a community conversation about mental health needs (possibly in September)
- to continue to identify issues impacting equitable services to people with diverse issues

- to meet with the School Committee to understand the needs of their community and the resources needed to support
- to learn more about CCIT
- to meet with Fire Department Chief
- to review LPD policies and procedures when interacting with people with disabilities
- to obtain all data around mental health calls
- to meet with Caitlin Fisher regarding the scope of her job
- to review the data and outcomes on mental health services in Lexington
- create a table of town/city services
- to provide a training in cultural competency

Drafted by: Victoria Buckley, June 10, 2023

second draft reviewed on 6/13/23 by Collaborative Reform Working Group

## **Appendix: Questions to other towns**

### General

- How large is your municipality?
- How are mental health needs addressed in your municipality?
- What is the system in place for providing emergency mental health services?
- How are mental health services integrated with other town services?
- Are there crisis services or social services that serve those with mental health needs?

### Police department

- What are your current training programs for police?
- Do you use CIT (Crisis Intervention Training)?
- Are police officers trained in Mental Health First Aid (MHFA)?
- Is Implicit Bias training available?

### Operational

- If mental health services are integrated with the police department (PD), are there dedicated social workers located within the PD?
- What are the salaries and hours?
- Do you have a co-response grant or model?
- If you have co-response set up, is the person on call or in person?
- Is there a pairing of trained police and mental health professionals?
- Is the co-response model a ride-along, ride-separate or remote model?
- Does intervention include follow-up and post-vention?
- Are other emergency personnel involved, such as firefighters and EMT's?
- How do community members feel integrated services work?
- What methods have been used to get community feedback about the services?