

## Jail diversion programs expanding regionally

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Advocates, Inc., jail diversion clinician Katelyn Dehey in a Framingham Police cruiser, on a regular ride-along. Daily News Staff Photo/Art Illman



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Katelyn Dehey looks perfectly at home in a police vehicle as she reminisces with Officer Jay Godino about calls they have responded to over the past year.

But Dehey, a civilian who grew up in Mendon, isn't a fellow officer or even a "frequent flyer" - a term for someone who has regular brushes with the law. Dehey is a mental health clinician whose Framingham Police Department placement has just jumped to full time.

As of July 1, officers have 16 hours of access Monday through Friday to Advocates, Inc. employees who are trained for a jail diversion program developed a dozen years ago.

"The police asked for it," said Dr. Sarah Abbott, director of jail diversion programs at Advocates, as she talked about the program's birth under the watch of Ashland Police Chief Craig Davis, who was then a Framingham deputy chief.

According to the 2014 summary, the jail diversion program's goal is to "re-direct appropriate non-violent offenders out of the criminal justice system and into community based mental health/substance abuse services." The clinicians are paired with officers to respond to those in need of such services as well as residents in emotional crisis; ideally, clinician intervention cuts down on arrests and emergency hospital visits.

With programs in Framingham, Marlborough and Watertown - as well as a lapsed Milford-area regional program - Ashland, Holliston, Hopkinton and Sherborn, have banded together to create the regional ASHH program, which is in the process of hiring its first clinician and is borrowing them as needed from the Framingham program, according to Davis.

"What I did in Framingham, I'm carrying it with me to Ashland," Davis said, explaining that Ashland by itself is too small a community to support its own program.

"This is a perfect opportunity for us to identify certain people that we deal with on a frequent basis and look for other options," said Chief Edward Lee of the Hopkinton Police.

Clinicians ride along with officers who patrol as they normally would and respond to calls where mental health is likely to have been a factor in the events.

"There's a lot of situations that the police *can* handle, but they much prefer trained skilled social workers provide support," Abbott said.

"We see everything an officer sees," said Danielle Larsen, another Framingham clinician. "It's really an honor."

The women said they are exposed to a world few others see: next-of-kin notifications, grieving processes, outbursts after skipping medications.

“You’re with them in this worst moment of their life and they’re trusting you with that,” Dehey said with a hint of awe in her voice. Both women said such broad trust and a feeling of utility are powerful draws toward the job.

“Anyone can find themselves in a situation of mental anguish,” said Milford Police Chief Tom O’Loughlin.

The clinicians are responsible for quick evaluations, including determining if that “anyone” should be committed to a hospital setting - and are expected to call for a second opinion with some such decisions.

“We have minutes to assess a situation and figure it out,” Larsen said.

Other placements besides jail or emergency rooms are outpatient programs--the standard weekly therapy session--or a brief inpatient hospital stay, or a short-term residential program to deal with drug or alcohol abuse or undiagnosed or untreated mental illnesses - options that deal with an underlying issue rather than just the criminal behavior, according to Abbott.

“When we criminalize people’s behavior, they don’t just pay in the moment. They’re then less likely to be able to get a job because they have a criminal record. They’re not eligible for federal loans, so they can’t continue with a education with a criminal record, and housing, a lot of housing programs don’t allow for individuals with criminal records,” Abbott said.

That’s not to say everyone in jails and prisons should have been diverted, she noted: “There’s a lot of people that should be and need to be incarcerated.”

For those that don’t, taking advantage of those other options can be an uphill battle.

“With mental health, it’s really got to be the right time for that person. It might take multiple, multiple tries to see an outcome,” said Larsen.

“I swear by the program,” said O’Loughlin. “It makes an awful lot of sense.” His department was part of a regional jail diversion program (a collaboration among Milford, Bellingham, Franklin and Upton departments) that disappeared when a federal grant ended.

“It had a dramatic impact that we still see to this day,” said O’Loughlin, who would love to see the program return. He described in particular one resident who several times a year would disrobe and cover himself in oil, making himself hard to catch and erasing the option of using a Taser. He would also arm himself with a knife or a machete or bring a heavy metal container into a building and start throwing it about.

“The potential of him hurting or killing a police officer or frankly, one of them killing him, was significant,” O’Loughlin said. Then came the clinician program, which

intervened and connected him to staff at Riverside staff, the Milford-area community health provider.

“Those types of success stories - how can you put a dollar amount on it?” O’Loughlin asked.

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