

NEWS

Framingham police co-response program heads to Ireland as pilot in 2022

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Published 5:30 a.m. ET Nov. 19, 2021 | Updated 9:25 a.m. ET Nov. 19, 2021

FRAMINGHAM — Police departments throughout the nation are working to revamp their approaches to dealing with the public, but in at least one respect the Framingham force has been almost two decades ahead of the curve.

The department embeds a staff of clinicians to respond to calls alongside patrol officers, dealing with everything from mental health emergencies to helping someone through the understandable anxiety felt after a home invasion.

That program — status quo for Framingham — will soon be launched overseas.

Sarah Abbott, co-founder of what was originally called the Jail Diversion Program in 2003, is now guiding the Republic of Ireland in implementing its own crisis intervention teams with clinicians and members of the police force on the national level. It begins with a pilot program launching next September.

Looking at the program in Framingham was a “perfect match,” according to Superintendent Andrew Lacey of the An Garda Síochána, the national police and security service of the Republic of Ireland.

“The Limerick division in the south of Ireland was identified as the pilot area, and I was selected as the implementation team leader for that,” Lacey explained. “Framingham was very useful in the early stage and going forward, because it’s similar in size, population, resources in terms of the police numbers, and all.”

Lacey is doing ride-alongs in Framingham, Worcester and Boston, and attended a roundtable discussion with various participants and stakeholders Wednesday with departments of different sizes, which explored everything from on-scene work to after care.

Differences in culture

A police reform review in Ireland, similar to the 2015 21st century policing report in the U.S., recommended doing a feasibility study on crisis intervention teams, Lacey said.

The ultimate goal is to have “a 24/7 core response with police and the equivalent of our health staff or mental health nurses in Ireland, to work side by side on a response basis,” he said.

There will of course be many differences in how the program operates overseas. Not only are there disparities in culture, but the Republic of Ireland has a national health service and the police force is a national body almost 15,000 strong. In the United States the effort is more piecemeal.

In Ireland, most of the guards are unarmed, so “de-escalation, verbalizing with people, we have to do it as a matter of course because the other options aren’t there,” Lacey said.

While the pilot doesn't start until next year, Lacey acknowledged it’s going to take a year or two to get things running smoothly.

“It’s a relatively new concept generally in policing, but from Ireland, it will be fairly groundbreaking to change, to work with someone outside our own organization, side by side,” Lacey said. “That kind of joint training and selecting the right people and that kind of work will take a bit of time.”

Differences based on community need

Lacey said in the short time he’s been here, it’s already clear from talking with different sized police departments that have implemented this program that “every region will have their own, different services... there will be different nuances in different areas.”

But they will not be without guidance.

“When (Abbott) started, there was no roadmap,” said Bonnie Cuccaro, the current program director for the Co-Response Jail Diversion program through Advocates. “We have a roadmap now... but even though we have a guide, we also recognize starting up a program, it’s not a straight shot. It’s fluid, and you adapt based on the size of the department, based on the buy-in initially, based on what the community need is.”

Expanding the program

Abbott, an associate professor at William James College in Newton, formerly called the Massachusetts School of Professional Psychology, is launching a center for behavior health and crisis response to train the next generation of clinicians who work with police officers.

The program is now funded through the Department of Mental Health, but Abbott said when the original program debuted, it was so novel they “didn’t even know it would work.”

“To see it being utilized and adopted, not just across the country but internationally, is rewarding,” she said.

Abbott said it is “also really fulfilling for me to know that people on the receiving end of An Garda services are going to be better served by the work we’ve done together.”

Part of her work will be setting up a training course.

Abbott would hire people for the program and train them one at a time, potentially sinking hours of hiring screenings, shadowing and training into someone who wasn’t ultimately a good fit for the program. She sees a future where she can train 10 to 15 students four times a year.

“I want to reach a larger audience,” Abbott said. “It’s very difficult to scale up statewide when you’re training one person at a time.”

Not just jail diversion

Framingham Police Chief Lester Baker said that while the program began as primarily jail diversion, it has evolved to also divert people from hospital emergency rooms.

“We’re going for the long-term care,” he said. “We realize the cell is not the solution, 24 hours in the ER is not the solution.”

Over time, clinicians not only answered calls but also helped with death notifications, responding to every overdose, offering follow-up care and working within the department itself on officer wellness.

“For us, it’s just our culture, it’s embedded in the department,” Baker said. “This program has been well established here, and it’s part of our everyday life. No officer knows anything different.”

Currently, there's a day shift and evening shift clinician, as well as weekend coverage. Baker said the department is trying to hire an overnight clinician to make sure no one has to wait for the help they need.

“My goal, before I retire as chief, is to actually have a clinician that works 24/7, 365,” Baker said. “If that clinician can prevent one catastrophe, or divert one person that shouldn't be at the ER or divert a person that doesn't need to be in a cell, I think it's money well spent. And you can't base that off, if that clinician is going to get a high call volume. You just want that resource there.”

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