City of Cambridge

O-8
IN CITY COUNCIL
May 12, 2003

COUNCILLOR SIMMONS
VICE MAYOR DAVIS
COUNCILLOR DECKER
COUNCILLOR GALLUCCIO
COUNCILLOR MAHER
COUNCILLOR MURPHY
COUNCILLOR REEVES
MAYOR SULLIVAN
COUNCILLOR TOOMEY

ORDERED: That the City Manager be and hereby is requested to confer with his staff for a meeting with the Area Four community, to discuss with the community the City's action plan to keep the Area Four community safe over the summer months.

In City Council May 12, 2003
Adopted by the affirmative vote of nine members.
Attest:- D. Margaret Drury, City Clerk

A true copy;

D. Margaret Drury

ATTEST:-

D. Margaret Drury, City Clerk

5.

CITY OF CAMBRIDGE • EXECUTIVE DEPARTMENT

Robert W. Healy, City Manager *Richard C. Rossi, Deputy City Manager*

795 Massachusetts Avenue, Cambridge, Massachusetts 02139
Voice: 617.349.4300 Fax: 617.349.4307 TTY: 617.349.4242 Web: www.cambridgema.gov

May 12, 2003

To the Honorable, the City Council:

Please find attached a response to Awaiting Report Item No. 03-50, regarding a report on efforts to address the concerns of Area IV residents, received from Assistant City Manager for Human Services Jill Herold, Chief Public Health Officers Harold Cox, and Police Commissioner Ronnie Watson.

Very truly yours,

Robert W. Healy
City Manager

RWH/mec
Attachment

TO: Robert W. Healy
City Manager

FROM: Jill Herold
Assistant City Manager for Human Services

DATE: May 5, 2003

RE: Response to Council Order #4 of April 14, 2003

In response to neighborhood concerns over increased violence in 2002, particularly in Area IV, City leaders held meetings in the community to hear from residents about their concerns and the Mayor continued to hold meetings with representatives of the Port Action Group, a neighborhood based group that was founded following the incidences of violence. Over the course of several meetings in the community, residents developed a list of issues with proposed steps to address them and this document has served to focus much of the work that has followed.

In addition to the work being done in the areas of mental health outreach and access and police deployment and community policing strategies, proposals were made by the Port Action Group for support and attention to the following:

- **Mapping of community services and coordination of agencies and programs to target Area IV:** A committee of the Port Action Group as well as representatives of the Area IV Coalition will be working with planning staff from the Department of Human Services to undertake this work. The new Health and Human Services Database will be an essential tool for this work and Lesley University has also indicated an interest in participating in this undertaking.

- **Outreach and support for 20-30 year olds**: The Office of Workforce Development will be working with a committee of the Port Action Group to identify individuals in the community in need of employment and training services, particularly individuals transitioning back into the community. Resources including the STRIVE program and Cambridge Employment Program (CEP) will be promoted in the community in consultation with the Port Action Group.

- **Street worker with regional assignment in Area IV:** With the elimination of the Positive Edge program in the '04 budget, the Youth Program of DHSP will be contracting with the Salvation Army to provide youth services. In addition to providing resources for their Bridging the Gap program, a 12 week support and education/training program for at-risk teens, it is proposed that the Salvation Army also provide outreach to youth in the Area IV community.

- **Annual community building event:** The City Manager has agreed to provide funding to support some of the costs of a Community Pride Day to be developed and carried out by the Port Action Group.

- **Community liaison:** The City Manager has agreed to provide funding for one year to support the cost of a 20 hour per week liaison to work with community members and the City to "identify points of contact and other resources, maintain regular contact with and facilitate collaboration between all parties, and ensure that the community, the City service and political structures keep their focus and commitment to stopping and dealing with violence and other issues in the community". The contract for this position will be with a community based 501(c)3 agency in Area IV and to be determined by the Port Action Group.

To: Robert Healy, City Manager
From: Harold Cox, Chief Public Health Officer
Date: April 24, 2003
Re: Cambridge Health Alliance community mental health improvement project

In 2002,the Cambridge community experienced a number of untimely deaths due to violence. The Area IV neighborhood was particularly hard hit: at least three people died as a result of domestic violence, two men were fatally shot on the street, and several individuals suffered serious weapons-related injuries.

City leaders and residents came together with great urgency in early summer to identify issues, assess the extent of the problem, and determine action steps. Some residents with strong personal connections to the victims or perpetrators expressed a profound sense of loss and dismay. For others, the alarming increase in gun violence, the apparently intractable drug trade, and the ongoing prevalence of domestic violence raised more general safety concerns. In June, a group of community leaders emerged from the Area IV neighborhood and the Men of Color Health Initiative to identify an action plan for addressing violence. Among the concerns identified was the need for culturally appropriate and responsive mental health services.

Under the leadership of Chief Public Health Officer, Harold Cox, the Cambridge Health Alliance's public health and psychiatry departments, along with the city's police and human services departments, worked intensely with the community leadership group in an ad hoc mental health and public safety task force.

The task force addressed a range of issues, including domestic violence, drug trafficking, weapon violence, diminished sense of safety within the community, accessible mental health treatment, and "de-stigmatizing " mental health services. Following is a summary of the Alliance response to identified needs.

Outreach and Access:

Mental Health

The Department of Psychiatry and community members specifically reached out to the loved ones of the homicide victims. The director of Adult Psychiatry, Dr. Derri Shtasel, also initiated an effort to improve systematic outreach and response to survivors of homicide and violence. This included reevaluating existing protocols for emergency, crisis, and follow-up responses. The psychiatry department has also been working to enhance coordination between the Cambridge Police Department and the Psychiatric Emergency Outreach Team.

The psychiatry department continues to engage the leaders of the Black Pastors Conference and the Central Square Clergy Association, who were involved in the early task force meetings and continue to be strong partners in public health efforts

A working group of Cambridge Health Alliance staff formed to improve the access and responsiveness of mental health services at the Windsor Health Center. The group includes several mental health clinicians of color, the coordinator of the Men of Color Health Initiative and the Director of Community Affairs. Among other results, clinical hours at Windsor have increased, and there has been additional work with the Department of Human Service youth programs.

In July 2002, the Center for Homicide Bereavement became the newest addition to the Victims of Violence Program in the psychiatry department. The Center is located in Central Square where it relocated in November 2002. The program provides support and counseling to individuals and families who have lost someone to homicide, seeing clients in the office or in their homes. Holly Aldrich, the program director, has made outreach a priority and has established a referring relationship with the Cambridge Police Department. Services have been provided to approximately 70 people including a number of individuals from the affected areas of Cambridge.

Substance Abuse

Two African American substance abuse counselor-case managers are also actively involved in planning and outreach for the mental health community response. They help to expand the traditional clinical perspective of the physicians and social workers in the Department of Psychiatry.

Domestic Violence

In response to concerns raised by city councillors, the violence prevention coordinator and the coordinator of the Men of Color Health Initiative worked together to address the domestic violence prevention and intervention needs of communities of color. After identifying gaps in *access* rather than *service*, the coordinators developed a communication plan for outreach to under-served communities. This effort, however, has been on hold since the departure of the violence prevention coordinator last fall.

Emergency and Crisis Response

Since the onset of meetings in mid-2002, there have been a series of different meetings involving representatives of the Alliance and the community. These relationships provide channels of communication that will increase knowledge of services and facilitate access. The benefits of this improved communication are not specific to death and serious injury, but rather a range of psychiatric issues and services.

The Psychiatric Emergency Services has reviewed and reinforced its availability to the Medical Emergency Department. The PES is available for consultation for cases that include death or serious injury.

The PES Outreach Team is available to go to a scene in the community in the event of psychiatric trauma or emergency. The team has a long-established working relationship with the Cambridge Police Department providing consultation and intervention in a range of situations.

After hearing feedback from the community, the psychiatry department internally reviewed with the Community Crisis Response Team its potential involvement when they are notified (internally or externally) about a community event. The Community Crisis Response Team invited key Area IV leaders to join the team, thereby increasing visibility and access points to the community.

Public Awareness:
Outreach efforts must include effective publicizing of available services for victims, potential perpetrators, and witnesses of violence.

The Department of Psychiatry began developing simple outreach materials that included phone numbers of available services. The spectrum of Alliance counseling and treatment services include adult counseling, child and adolescent counseling, addictions treatment, 24-hour psychiatric emergency services (including emergency outreach in the community), and programs that specialize in helping individuals, families, and communities address the issues related to the effects of violence. Many of these services are available in multiple languages and provided by culturally competent treatment teams.

Awareness of mental health services is being promoted through several venues:
- Incorporating community leaders into service delivery and response (e.g., Community Crisis Response Team, training provided to police and human service staff)
- On-going relationships with community groups and leaders (e.g., Kitchen Table, clergy organizations)
- Promotion at community events (e.g., Hoops & Health)
- Distribution of resource material (e.g., refrigerator magnet listing services, phone numbers, and hours for psychiatric emergency, outpatient counseling for adults and children, and substance abuse counseling)

Accessibility:
<u>Workforce Diversity</u>
To address accessibility of counseling and supportive services, the psychiatry department increased clinical time at the Windsor Street Health Center and streamlined scheduling to remove barriers to appointments.

There are also issues of cultural accessibility. The psychiatry department has long-established linguistic mental health teams and has been committed to building the diversity of its mental health workforce. In fall 2002,an African-American psychiatrist increased her Windsor Street Health Center hours to augment those of other providers of color at the health center. Additional services include on-site child and adolescent mental health services, and addictions counseling.

<u>Community Input</u>
Psychiatry leadership has been meeting with the Kitchen Table Conversations Project to learn how the Alliance can improve or add to current mental health services and ease access. (The Kitchen Table is a group of low-income women affected by Welfare

reform, which meets weekly for peer support, group development, and community action for social change. During its three years, the Kitchen Table has focused on mental and physical health care, and conditions in public housing.)

The Department of Psychiatry is developing several groups, which will be promoted at Hoops & Health, launched shortly thereafter, and will be co-led by clinicians of color. These groups have been developed in response to input from several groups, the Kitchen Table among them. Other sources of input have been numerous community meetings held in summer and fall 2002 where various mental health needs and access issues were discussed.

* * * * *

Another improvement effort followed the tragic death of a mentally ill man during a police response to a disturbance call. The focus of this work has been on providing training and support to the Cambridge Police Department in dealing with citizens who have psychiatric illness.

An ad hoc working group to address this concern included staff from the police, public health, and psychiatry departments, as well as the director of the Cambridge Commission for Persons with Disabilities. The work built on the historically strong working relationship between the Cambridge Police Department and the Psychiatric Emergency Outreach team. Both parties call upon each other easily, work together well at the scene.

Members of the working group reviewed several models of programs that prepare police to work with individuals with mental illness, with an infusion of resources required for most programs. In Cambridge, however, given the existing fluid relationship between the police and the Psychiatric Emergency Service, the intent is to build on what is in place with limited, existing resources.

<u>Action steps for the Cambridge Health Alliance:</u>

1) Identify the range of situations in which the psych team can be called, and disseminate that information to police personnel.

The psychiatry and police departments are each governed by laws that may restrict their ability to share information. Each party understands the limits on communication that are sometimes imposed due to confidentiality (Psychiatry) and investigation (Police) and have learned to work well in spite of such restrictions.

Ongoing work between the Psychiatric Emergency Service Outreach Team and the police provides opportunities to informally and continually review the range of situations where psychiatry might intervene. The police have established a long precedent of calling the Psychiatric Emergency Service for informal consultation about potentially problematic individuals or situations. There is an open door for consultation about particularly stressful community situations where a mental health perspective might be helpful. The

psychiatry department has partnered with the police in accessing care for identified individuals in need in the community, within the bounds of confidentiality, civil liberties, etc.

2) Identify mental health training needs of all levels of police staff. Include realistic scenarios or role-plays in training for police. Identify resources to provide such training.

Two possible venues for identifying and training police personnel include a quarterly supervisor meeting (50-60 people) which next meets in October 2003, and the police academy. While the police academy is the most direct way to reach all the officers, it is unwieldy and would require 17 separate presentations to reach the entire force.

Although direct interaction with the officers would be ideal, the most logical place to begin is with the supervisors. To that end, the psychiatry and police departments are working toward a presentation at the October supervisors' meeting. In addition to providing the supervisors with information on effectively dealing with mentally ill individuals (which can be, in turn, passed on to officers), this will be an opportunity to identify additional CPD training needs.

3) Determine best way to accomplish cross training of other service providers.

Human service personnel, particularly those working with youth, also require additional training in mental health issues. The Alliance psychiatry department provided training to youth workers on identification and referral for mental health support. In fall 2002, the Department of Human Service Programs organized a conference for out-of-school time providers that included sessions on "counseling for non-counselors."

City of Cambridge
Police Department

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Lt. Christopher J. Burke
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Officer Frank Pasquarello
Aide to the Commissioner

May 5, 2003

Robert W. Healy
City Manager

Re: Council Order # 4

Sir:

I am writing in response to Council Order # 4 regarding the report on efforts to address concerns of Area IV.

Due to the increase in activity over the past year in the Area IV area of the City, we have been in discussion with different community members and organizations to address various concerns. In the past fourteen months, there have been several meetings in the neighborhood to address the concerns of the Area IV community. As a result of these meetings, increased visibility and directed patrols have been in place over the past year. The department neighborhood representatives who participated in these meetings are Lieutenant John Kenny, Sergeant Robert Grey, Sergeant John Lang and Holly Levins, Neighborhood Coordinator.

On October 15, 2002, the department participated in a community meeting to discuss community self-empowerment, safety issues, community policing, building agency collaboration and funding concerns. This meeting was very beneficial to discuss initiatives that the department can assist with. As a result of this meeting, the group decided to have a subcommittee meeting to work more effectively in dealing with these issues. This group is now known as the Port Action Group. They have invited the department to participate in this action group. I have committed to the community that a department member will be present at each neighborhood meeting.

A number of meetings with area representatives have taken place since then. On January 14, 2003, a meeting was held with the Port Action Group. In March, there were three meetings scheduled in various parts of Area IV to discuss the role of the department and to foster positive relationships with the community. During these meetings, a consensus was agreed to discuss plans to address community concerns and develop initiatives to resolve them collaboratively.

Issued raised during these meetings were traffic, illegal drugs and graffiti. We are currently looking at a program similar to Boston Police on combating the problem of graffiti. In addition, directed patrols have been initiated to increase visibility and continuance of developing relationships within the community. The issues raised regarding various traffic concerns are currently being addressed. The department has increased enforcement with trucks, speeding and pedestrian safety. Enforcement efforts will continue in this area. The Bicycle Patrol Unit will be giving the area high priority during their work shifts. In addition, undercover officers will be deployed during certain periods so that observation can take place of any illegal activity. Marked units will still be utilized.

We believe that improving relationships and encouragement for reporting crimes will assist in reducing the activity. The next meeting is scheduled for May 6, 2003. The agenda for this meeting will be to discuss an action plan for the department to enhance communication with the community. The next neighborhood Sergeants meeting has not been scheduled yet. We anticipate that a meeting will be held in the upcoming weeks.

Please feel free to call me if you have any additional questions or concerns.

Sincerely,

Ronnie Watson
Police Commissioner

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Consent Agenda #5

Awaiting Report Item No. 03-50,
regarding a report on efforts to address the concerns of Area IV residents.

In City Council May 12, 2003

PLACED ON FILE. ORDER ADOPTED. SEE ORDER #8.