



ORLEANS SAFER COMMUNITY TASK FORCE (SCTF)

**A Municipal Intelligence Assessment on
the Use of Orleans & Regional Public Safety
& Public Mental Health Programs/Systems &
Actionable Recommendations for a
Safer Orleans Community
to Help At-Risk Persons Who May Need
Behavioral Health Services**

Submitted to the Orleans Select Board

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KEY FINDINGS AND TAKE-AWAY JUDGEMENTS

- 1) Behavioral health programs & services across Barnstable County have significant regional problems lacking effective resources. This makes it imperative that mental health and community safety must be approached regionally by all the Select Boards of Cape Cod towns and not just the Town of Orleans going it alone.
- 2) Towns in Barnstable County are going to need an increase in their mental health resources to try to deal with what is happening to young people as community safety across the nation becomes worse and more mental health therapists and beds at mental health facilities are not available.
- 3) Towns in Barnstable County need to make stronger regional investments and continued research in preventive programs and resources related to mental health, domestic violence, and suicide.
- 4) Orleans is fortunate that it does not have the problems that more populated Barnstable County towns experience with drugs, juvenile crime & guns.
- 5) Some, unfamiliar with municipal government, were taken aback some that the Orleans Health Department's (OHD) role, whose mission is "to prevent, promote & protect public health" is limited, like most other municipalities, to enforce state & local public health laws on food safety, septic systems, public & semi-public swimming pools, minimum standards for housing, pandemics, & sponsor seasonal flu and Covid shot clinics. The OHD has no role whatsoever in serving as a coordinating or monitoring focal point for entities now serving mental health needs of Orleans citizens. There is no coordinating town person or department aside from continually adding burdens to an over-tasked, under-staffed OPD & the Nauset Regional School District for monitoring, assessing, & coordinating mental health situations for persons at risk. No one is in charge.
- 6) The critical juncture of no entity overseeing public safety and behavioral health services for those at risk has been and remains a brick wall which few governments are experienced in dealing with or even know what this involves. It is uncharted territory without transparency, even for the Federal Government. Some states & municipalities recently began addressing it as are the foresighted members of the Orleans SB in convening the SCTF to address the concerns.
- 7) The biggest problem remains. It is way beyond law enforcement, the huge national proliferation of guns, polarized America, or the increasing readiness to use violence. It appears to be how to address the unknown, large universe of defining available public health and public safety systems and using them. The need is that a Safer Orleans Community needs to be effectively and efficiently merged into a digital mobile operating system APP & printed catalog so users seeking help and administrators rendering that help understand those complex, overall systems. The need clearly is how to improve those systems for persons in need of behavioral health services who may be at risk to commit a crime or be

a victim of violence. This task has not been adequately done due to time considerations to our satisfaction.

- 8) The other elephant in our room is word of mouth communications. The need is to repeatedly remind the few remaining practicing regional psychologists, psychiatrists, & mental health workers as well as all Nauset school personnel, parents, social workers, relatives, other counsellors, & the public that, if they see something concerning in a person's behavior, statements, or actions of possible risk to the Orleans' safety, "To Say Something" before a tragedy occurs.
- 9) Still tougher questions remain:
 - a. To whom or to what entity should they communicate?
 - b. Who is in charge?
 - c. Whom may they trust in alerting someone without harming the person at risk?
 - d. If they report what they see in a person's behavior, words, or actions, what protection does a reporting party have against a violation of HIPPA regulations (*Health Insurance Portability Accountability Act of 1996 protects a patient's health from being disclosed without the patient's consent or knowledge*) or protection against the ACLU for violating that person's privacy?
 - e. Can the SB, OPD, the OFD, the Nauset School District or others realistically expect people "To Say Something" & report on another's behavior, words, or actions who need mental health services?

ELEVEN ACTIONABLE RECOMMENDATIONS AND NEXT STEPS FOR THE SB

- 1) **Continue** support OPD involvement with Outer Cape Health's Navigator Program and allow for continued contracting and possible expansion since the clinician staffing the triage program is an invaluable resource helping OPD and the Fire and Rescue Department (OFD) handle requests for mental health services by immediately linking up the request with the appropriate program or service.
- 2) **Initiate** first a region-wide outreach mental health program with other Town Select Boards and the District Attorney's Office to create a dynamic Regional Mental Health website as well as pamphlets in each township documenting resources readily available to community organizations, institutions, and individuals seeking mental health help.
- 3) **Inaugurate** community-based learning opportunities as workshops, forums, lectures in person and via Zoom with community agencies, the Snow library and other regional Towns focusing on individuals at risk with behavioral health problems & with measures to mitigate them through workshops.

- 4) **Launch** Town-based region-wide partnerships with mental health, domestic violence, community agencies as well as public libraries and their providers with an array of online, in person, and Zoom educational programs.
- 5) **Publicize** county-wide the "988-telephone number" as "a Crisis Care 988 Number" to call for mental health because only 13% of Americans know about the number and some still regard calling "988" only for suicide prevention.
- 6) **Establish** a permanent Orleans Community Safety Board (OCSB) tasked to stay updated on mental health, tailor mental health information to the SB's needs, outreach to other entities & gather periodic, timely, updated information on Local and Regional Public Safety & Public Mental Health Programs/Systems & Recommended Future Improvements for a Safer Orleans Community to Help At-Risk Persons Who May Need Behavioral Health Services. Report to the SB periodically, through the Town Manager and her Executive Assistant & maintain continuous interaction between the SB and the OCSB to fill gaps, reveal weaknesses and advance SB policy. This would involve working with regional towns & law enforcement and school departments, the ICMA (International City Managers Association) & seeking relevant data from the MSP (Massachusetts State Police) DEA, the ATF, & the local FBI JTTF to protect individuals who may be at risk needing behavioral health services. Consider placement of such an OCSB under the Orleans Department of Health.
- 7) **Expand** the duties of the position of the existing mental health professional in the Nauset School System school who works with children at the Orleans Elementary School, the Nauset Middle School, and Nauset High School as a permanent point of contact. To improve community response this person would function as the Orleans Town Coordinator of Mental Health Activities & Agendas for greater collaboration and consistent communication. The duties would include liaison with OPD, OFD, the Orleans Council of Aging, the Navigator Program, the Samaritan Program, and the NAMI (National Alliance on Mental Health). NAMI has 600 local affiliates, 49 state organizations & hundreds of volunteers. It is very clear that for students to succeed academically, they need to have appropriate health & wellness skills because how we feel is linked to how we perform. That means focusing on maintaining a connected Orleans community through the community outreach efforts of the OPD and the OFD. They intentionally focus on targeting young people who are depressed, angry, and feel rejected by society.
- 8) **Explore** with other regional Town SBs in a joint dialog how best to have effective town and county-wide safer communities. Overseeing, coordinating and thorough liaison activities to sustain mental health needs to take place. Consider taking the lead advocating establishment of a **Lower and Outer Cape Regional Safer Community Joint Task Force** (*this Regional Task Force might later be expanded to include all 15 towns in Barnstable County*).
- 9) **Investigate** establishing a town grant-writing staff to explore possible financial assistance and grant opportunities for Orleans in the Federal Catalog of Domestic Assistance (CFDA) as well as through state and at national non-profit entities. Funding the town-grant writing staff beyond initial Town-seeded-start-up money

would be based on tracking how much funding the grant-staff bring to the Town over 3-5 years. The mission would be what state or federal grants, municipal support funds and consultative services could be coordinated and applied for by working with all town departments, including mental health needs for individuals or by town or non-profit agencies serving those individuals and whether it could expand as a grant to the region.

- 10) **Consider** tasking Outer Cape Health’s Navigator Program and/or the Samaritans on Cape Cod and the Islands to craft with a permanent Orleans Community Safety Board (OCSB) an easily understood, well communicated navigable App, website & publication incorporating the universe of how individuals may easily and effectively access mental health resources. The effort must clearly enable users seeking help, understand the complex public health and public mental health systems in the state, county, & the Town of Orleans.
- 11) **Step-Up** as the “Tip of the Spear for Municipal Innovation” by leading MA’s 451 municipalities: Focus on what law enforcement experts say are where one of the core solutions to safer communities rests: Today’s adolescents whose addictive relationships with cellphones, social media, & the internet harm boys & girls & contribute to their “anxieties” & “depression” unlike no other previous generation. Begin by planning an Orleans Mentoring Campaign housed in the OHD or the OCSB with the Big Brothers Big Sisters of Cape Cod & the Islands (www.capebig.org). Their well-established mentorship programs have life-lasting positive effects on those adolescents mentored & will help assure a safer community so Orleanian youths could have opportunities through Big Brothers/Big Sisters & volunteer mentors to become the best versions of themselves.

BACKGROUND

Four volunteer citizens, three Orleans employees, one representative of the Nauset School District, one representative of the Orleans Chamber of Commerce, and a SB Liaison were appointed on May 8, 2023 to the Orleans Safer Community Task Force, (SCTF) by the Orleans Select Board (SB) as an SB advisory body.

The SCTF’s original mission was charged by the SB with eight tasks:

- 1) Researching and compiling data related to gun violence in Orleans and Barnstable County;
- 2) How many and what kind of acts of gun violence are seen each year;
- 3) What kind of guns are used;
- 4) How are the guns obtained;
- 5) Investigating circumstances in which gun violence incidents in Orleans have occurred;
- 6) How they happened;

- 7) Researching how the public safety and public health systems are currently used and
- 8) How they could be improved to address individuals in need of behavioral health services who may be at risk to commit or be a victim of gun violence.

The data for Tasks 1-6 are the primary responsibility under the AOR (Areas of Responsibility) and total investigatory and research jurisdiction of the Orleans Police Department (OPD). Law enforcement records and details on gun violence, determining how the guns are obtained, investigating the circumstances in which gun violence incidents occurred in Orleans, how they happened are sensitive at all levels of government. Tasking the SCTF to pour through and examine OPD records, extract, and summarize them is the responsibility of OPD, not the SCTF. OPD is in the process of gathering and analyzing the information in tasks 1-6 and will continue to report it appropriately.

Therefore, while guns, gun violence data and their consequences are extremely important, the SB and the SCTF early-on, determined that the SCTF should, with its intentionally SB-appointed volunteer leadership of two distinguished, well-experienced mental health behavioral experts, Dr. Francis Kelly, and Robert Jones, LICSW, focus on Tasks 7 and 8, mental health, and how the public safety and public health systems are currently used and could be improved for individuals who may be at risk to commit or be a victim of violence.

METHODOLOGY

The SCTF held just 10 meetings from August 7, 2023 to March 22, 2024 which generally lasted one hour or so. It met & interviewed community stakeholder representatives dealing with mental health & violence from the following nine agencies:

1. The Orleans Council on Aging (COA) and Elder Affairs;
2. The Orleans Fire and Rescue Department;
3. The Orleans Police Department (OPD);
4. Independence House;
5. The Samaritans on Cape Cod and Islands;
6. Outer Cape Health & the Navigator Program;
7. Bay Cove Behavioral Health Services & Wellness Center;
8. The Massachusetts Department of Mental Health (DMH);
9. The Nauset Regional School District.

The SCTF also researched, collected, analyzed, and incorporated open-source relevant information on mental health, gun violence, mass shooters, school shooters, etc. from reliable Internet open-sources and news publications

The SCTF jointly authorized the release of two official SCTF letters: one to the Orleans Town Clerk for support to gather demographic data and one as a follow-up letter to those representatives who made presentations by replying with a two-page summary of their organization, mission, programs, and services.

Lastly, the SCTF drafted, discussed, and edited two final DRAFT reports 1) A Municipal Intelligence Assessment Report and 2) A formal behavioral mental health professional report. The SCTF passed the two reports for approval by each SCTF member and discussed them both. It cleared both reports with the Town Manager, her Executive Assistant and submitted the two "Final" reports to the SB itself. To package it all up, the Chairperson crafted a PowerPoint presentation for him to make before the SB.

FINDINGS AND WHAT WE KNOW

The U.S. Surgeon General said in September 2023 that "The foundations for building a healthy society have crumbled & the mental health of Americans is worse than ever. Mental health problems in America are entrenched, profound and structural in nature. Our connection to one another as a foundation is weakened. Mental health is a national concern impacting the fabric of society. Mental & physical health risks are associated with increased isolation. One in two adults is lonely. Small moments of human connection make a huge difference in how we feel and how people around us feel."

More connected communities are healthier communities with lower rates of violence, better economics & are more resilient against natural disasters and political polarization.

Recent FBI statistics, based on data it receives from about 80% of the law enforcement agencies in the country, show overall violent crime in the U.S. dropped again in 2023, continuing the downward trend after the pandemic-era spike. However, polling conducted at the end of last year has shown that the public believes otherwise says the New York Times.

It is still possible that Orleans community safety could be at risk. However, the Orleans crime rate, even in the summer, when the 6,422 population triples to more than 19,000, is very low. Violent crime over the years in Orleans is generally absent, There are about 2-3 incidents in Orleans year-round involving at-risk persons who need behavioral health services. From 2018-2023, there were 4 incidents in Orleans involving firearms & none of those involved violence.

Orleans is one of the few towns in Massachusetts' 451 municipalities with a predominance of elderly residents: almost 50% of its 6,422 residents are 65 or older.

While suicides are lower in MA compared to other states, Barnstable is one of three counties in MA with the greatest number of suicides which average about 30 per year. **72 % of the suicides in Barnstable County are by persons 85 and older. Suicide is**

the second leading cause of death for people 10 to 34 says the Center for Disease Control (CDC). Nationally, CDC reveals that 29% of Americans say they experience mental health issues, but only 41% seek treatment. 20% of American children have diagnosable mental health problems before they turn 14, & that worsens with age, increasing to 60% to 70% of people by age of 24.

Nationwide there is a shortage of mental health workers. MA, like most states, has chronically underfunded mental health overhauls & failed to create enough community-based care to address mental health issues before a crisis. Barnstable County reflects this with all towns in the county having a severe lack of mental health professional and support personnel. Medicare does not reimburse for services provided for ALL types of mental health services and many providers do not accept Medicare.

In MA it is difficult to place mentally ill people in dedicated mental health shelters where they could get psychiatric support and services as consultations, medication evaluations, and treatment.

Jails & prisons today have become America's mental health warehouses. Detainees with serious mental health problems have doubled in 10 years due to a lack of state & community based mental health resources. MA DMH runs 5 residential psychiatric facilities which are overwhelmed, overcrowded, ill-equipped & dangerous for patients & staff & constitute an over-stretched state mental health system everywhere. Court referrals for psychiatric evaluations & transfers from the MA Department of Corrections' Bridgewater State Hospital of "forensic patients" to DMH's 5 residential psychiatric facilities hinder MA's ability to cope with the mental health crisis so anxieties about a safer community's mental health tumble down to rest on the shoulders of local police chiefs, sheriffs & town SBs.

Throughout the Commonwealth, not only are the waiting lists too long but there is a shortage of the availability of child and adolescent therapists, inpatient beds, prompt emergency mental health services and partial hospitalization for adults and child populations. **Many experiencing mental health crises are discharged before they are stable.**

On the Cape, scarcity of mental health resources maybe somewhat related to the fact that professionals cannot afford to live in Barnstable County because of the high cost of housing and limited mental health employment opportunities.

All 9 agencies the SCTF interviewed reported incidents of violence among the populations they serve with domestic violence as a significant concern in every community, including Orleans.

All agencies agreed that about 90% of all mental illness calls requiring a response in Barnstable County are directly related to narcotics or alcohol substance abuse.

Gun violence can take place anywhere, at any time, and there are usually some warning signs. **But 50% of all mass shootings are associated with no red flag warnings—no diagnosed mental illness, no substance abuse, no history of criminality, nothing. Mental illness is minimally responsible for mass shootings.**

Mass shootings are generally committed by middle-aged males responding to severe, acute stresses and they are not planned which makes them very difficult to prevent yet a high proportion of mass shooters leak their intentions in advance, creating opportunities for intervention and de-escalation. 25% of mass shootings are associated with non-psychotic psychiatric or neurological illnesses, including depression but 23% (Est.) of mass shootings are linked with substance abuse.

Nationwide there were 346 school shootings incidents in 2023. Prior to 2018 the incidents never reached 60. Totals in the 1950s were uncommon. The number of school shooting incidents are doubling year over year with notable spikes in 2018 & 2021 & the tally has continued to climb. The threat of gun violence at schools underscores the grim reality for kids today in the U.S.: gun-related injuries surpassed vehicle crashes as the leading cause of death in 2020 for adolescents & young adults. In 2021 these deaths increased again.

There is no reliable, valid profile to identify school shooters or others who enact mass violence in a community. But school shooters tend to be younger males with a median age of 16, who often are empty, angry, feel rejected by society and nihilistic (i.e., fixed in a belief that existence is without meaning or value). They tend to harbor strong feelings for notoriety “to make their mark on the world” which will elevate them to the status they believe they are entitled to or deserve. 86% of the weapons they used were found in the homes of their parents, relatives, or friends.

Sensationalized headlines, photographs & personal information about the shooters, victims, & the acts themselves provide the notoriety perpetrators of mass shootings crave. This can spark others to carry out similar acts. Refraining from publishing any personal information about perpetrators themselves may be one of the easiest, quickest & most effective interventions to decrease mass shootings in schools & public settings.

In contrast, when a person with “severe mental illness” commits mass murder, they are much less likely to use firearms than arson, bombs, vehicles, or knives.

Nearly half of all mass shootings are associated with suicide by the perpetrator, “suicide by cop.” Guns are the most successful ways to kill oneself. So, the main reason people choose guns is they want to die. In 30% of mass shootings, perpetrators kill themselves with their own gun; 10% are “suicide by cop.”

Mass murders with means other than firearms, such as bombing, arson, vehicles, even stabbings, are 2.5 times more effective than mass murder committed by firearms.

Mental illness & substance abuse contribute to violence by impairing impulse control. Men, especially younger men, tend to be quite impulsive. Among women, the cause is likely mental illness or substance abuse. Women commit about 5% to 8% of mass murders but are less likely to use a firearm than other methods.

Many Massachusetts municipalities now have legal cannabis dispensaries for adults 21 & older of edible, flower, concentrates, tinctures & vaping forms of cannabis, including Orleans. The cannabis industry now brings significant revenue to towns and states

which otherwise would go to drug dealers. Nationwide perceptions of any harmfulness from cannabis are decreasing. Cannabis use by adults has nearly doubled in the past two decades in the U.S. The cannabis industry advertises that its cannabis products may cause “impairment and may be habit forming.” They add “limited information on side effects may be associated with health risks.” **Yet according to the National Institute of Mental Health (NIMH), the use of cannabis, especially long-term, may create a dependency habit & has been shown to result Cannabis-Use Disorder (CUD. NIMH states that CUD is linked to causing schizophrenia which is characterized by disruptions in thought processes, perceptions, emotional responsiveness & social interactions.** NIMH cites that 15% of male cases of schizophrenia are linked to cannabis. Female cases of schizophrenia have a 4% linkage to cannabis. For men in their 20s, says NIMH, up to 30 percent of preventable schizophrenia cases are related to CUD & about 50% of that risk is due to their genetics.

NIMH explains that schizophrenia symptoms (which start in late adolescence or early adulthood) include psychotic symptoms as hallucinations, delusions, unusual ways of thinking, as well as reduced ability to express emotions, motor impairment, cognitive impairment, difficulty with social relationships & reduced motivation to accomplish goals. The SCTF suggests that those last three effects are directly related to any community’s safety.

If left untreated, NIMH concludes that schizophrenia is often severe & disabling. The possible presence of schizophrenic/psychotic symptomatic behavior among persons who appear at risk present daunting challenges to first responders & mental health case workers tasked to maintain Orleans as a safe community.

In Orleans OPD’s mental health related incidents/involvements from 2018 to 2023 averaged 46 per year (see as Appendix C of the accompanying SCTF formal behavioral sciences report).

OFD’s mental health calls appear by age group for FY 2023 (see Appendix B in that SCTF behavioral sciences report). We did not have an opportunity to analyze such OFD statistics over several years. The 2023 data we did get revealed stunning mental health calls in Orleans about Depression, Anxiety, Suicide, Overdoses, Alcohol & Psychological NOS (Not Otherwise Specified) mental disorder diagnoses, according to DSM-5 (the Diagnostic & Statistical Manual of Mental Disorders #5) which classifies & gives diagnostic details of mental disorders. Analyzing the Appendix B graph, Orleans OFD’s mental health calls reflect:

- **Depression calls** are the highest among Adolescence & the 20-29 age group;
- **Suicide related calls** are also higher in both of those groups along with adults ages 60-69;
- **Anxiety calls** are highest among adults in the 20-29, 30-39, 60-69 & 70-79 age groups;
- **Psychological NOS calls** are highest among Adolescence & adults 20-29;
- **Alcohol related mental health calls** are highest in the 60-69 and 70-79 group.

So, one take-away for a safer community is to focus on Adolescents & the 20-29 population. This is consistent with another finding: mental health of young Americans, particularly boys, has deteriorated, especially among the less educated & likely will continue throughout their lives. Boys have higher rates of OD, suicide & are less likely to go to college; for girls under 25, 10% say they have daily bad mental health days.

Another take-away is for the SB & the Town to support volunteer adult mentoring. Studies confirm that the impacts adult mentors have helped kids with life-lasting social, emotional, physical, academic, career & social relationship improvements. Adolescents today struggle with their mental health, more so than other generations, because their world & our world has changed in everyone's relationships to social media, cell phones, the Internet & for kids, pressures to keep up in school. This can lead to "anxiety" & "depression." Boys & girls with mentors are 46% less likely to begin using narcotics & alcohol & 33% less likely to bully their peers. Robust liaison with Big Brothers & Big Sisters of Cape Cod & the Islands (www.capebig.org) would help assure a safer Orleans community so Adolescents could become the best versions of themselves.

Being bullied, abused, or neglected as a child, experiencing homelessness, suspensions, repeating a grade, suffering divorced parents or unemployment, have life-time lasting mental & physical health effects. Such blows affect learning, memory, impulse control & executive functioning, especially among children & young adults. Adult mentoring helps the young cope over the years with such knocks as they occur.

When one is young, long spells of unemployment generate permanent scars. So, making the successful transition from school to work early-on is also important & here, once more, long-term consistent adult mentoring will help that transition.

Orleans Demographics From U.S. Census: Population 6,422; 65 & Older 49.1%; Race: White 97.9%; Households 2,989; Households with a computer 96.4%; High school or higher education 99.3%; Bachelor's degree or higher 60.4%; The median household income in Orleans is \$79,250 & 32% of its population has Irish ancestry.

Orleans Demographics From the Orleans Town Clerk (requested by the SCTF): Current Population: 6,419; Average Age: 57; Median Age 63; Generational timeline:

- a. Greatest Generation (1901-1924) 12;
- b. Silent Generation (1925-1945) 1,121;
- c. Baby Boomers (1946-1964) 2,618;
- d. Generation X (1965-1980) 977;
- e. Millennials (1981-1996) 821;
- f. Generation Z (1997-2023) 870.

(Each generation segment has distinct but common characteristics which provide insight into personalities and characteristics of each age, distinguishing them from other age groups. With more time for demographic analytics (which the Town Clerk has ages by address) may prove very useful in the future for OPD, the Orleans Fire and Rescue Department, social workers, and other first-responders, entering Orleans homes and neighborhoods responding to calls on

mental health, domestic violence, actual or possible gun violence, self-barricaded individuals, and threats of suicide).

FINDINGS AND WHAT WE LEARNED

Mental health issues are often undiagnosed because those services across all of Cape Cod are scarce or not available.

Many with mental health issues do not recognize they need help or do not want the services & if they do not want the services, they do not have to take them but once trust is established the individual & the community benefit.

The American Psychological Association (APA) found that average kids today are more “anxious” than kids undergoing psychiatric treatment in 1950. The APA says this is due the ways the world has changed with ubiquitous cellphones, the Internet, social media, 9/11, & the unusual effects of isolation from the lingering coronavirus pandemic.

Covid had an impact on socializing when schools reopened. For example, NY City educators observed that high school students came back “lacking a high-school-level-mentality. They were still childlike. They had freshmen still holding hands, the way little children do in elementary school. There were also fights & the response was to hit instead of talking things out.”

There are also increasing concerns about young people’s relationships with cellphones and social media. Social support & social interactions of all kinds are important for mental health & reducing loneliness. People rely on others. They speak with others on a frequent basis through quality social face-to-face connections. “K-12 high school students themselves are talking about a change in American culture where there is no longer a culture of speaking to each other,” said the U.S. Surgeon General Vivek H. Murthy. These profound concerns are reflected in dozens of 2023 state Attorney General lawsuits, including NY and CA, against social media for harming young people & contributing to the youth mental health crisis by knowingly & deliberately designing features that addict adolescents & young adults

So, things are different for kids than they were five years ago or even a decade ago. The general negative trend in mental health for adolescents & young adults was exacerbated during the Covid pandemic & they have not recovered from the drop. Their depression and anxiety rates remain stubbornly high. One expert SCTF member said that more kids in 2024 are lacking social & conflict resolution skills, are depressed, & have overwhelmed their parents. A confluence of a subliminal environment & a very clear ‘cloud’ hangs over & pervades the lives of so many kids. Social media enters all corners of their world as a double-edged sword, propelled on the wings of the Internet. Their mental health may be highly predictive of a whole host of future mental health quality of life indicators as they age & go through the course of life. This may mean that today they are at the level of a “Midlife Crisis.” It begs the question of what is next for them? Another knowledgeable SCTF member insightfully commented that “Parents today must adapt & change their practices faster than many have the skills to do so.”

In the Orleans area at the elementary, middle school & secondary levels of the Nauset Regional School District, fortunately there is an absence of “significant problems” with school violence including bullying. OPD’s School Resource Officers (SROs) are strategically placed in those schools to prevent inappropriate incidents of violence or entry into school buildings. All school personnel and students are well-trained in reactive school safety measures as shelter in-place and lockdowns.

Other types of school violence are not a concern or problem with the Nauset Regional School District as they are with other communities on and, particularly, off Cape Cod. All Nauset public schools are staffed with counselors (*including, in one instance, a clinician from the Navigator program*). They employ preventative programs, as evidence-based social skills programs, i.e., “Second Step,” & other intervention programs as conflict resolution skills & social- emotional learning groups. They work with outside psychological professionals to procure risk assessments and/or make referrals, **if indicated**, to appropriate law enforcement agencies, including OPD, the adult & juvenile courts & the district attorney’s new Mental Health Court.

Both Chiefs of the OPD and the OFD said that their Town staffs are increasingly dealing with mental health issues & that those police and fire and rescue department employees are tasked too often to become involved in situations where they are ill-prepared & not specifically trained to deal with. Actual violent incidents in Orleans are low. So far, they have been adequately managed by the responders & do not pose a community threat.

Several agencies, as Outer Cape Health, the Department of Mental Health, and Bay Cove Health Services, **optimistically cited the potential capacity for increased emergency on-site consultations on a 24/7 basis** including psychiatric medications, evaluations and increased child and adults’ access to counselling services. Most of those facilities are in the Hyannis area which may pose a barrier for some seeking help.

Outer Cape Health’s Navigator Program, which operates as a community outreach function from the OPD, provides consultations and prompt triage resource services for all Orleans citizens. Since September 2023, OPD made 30 mental health referrals to their outreach Navigator Program representative, Jennifer Ferron. She was able to obtain further information on the referred subjects, get those subjects the assistance they and their families needed, including guiding them in the right direction. OPD tracks all mental health related reports from their patrolmen as well as incoming mental health related calls through their Computer Aided Dispatch (CAD) capabilities. OPD’s CAD has been a huge help keeping track of individuals in the community who may have mental health issues to ensure they get passed onto appropriate parties.

Similarly, the Nauset Regional School District programs at the elementary, middle, and high school levels are also capable of providing relatively fast response-triage and direct counselling services.

The Samaritans “988” National Number receives about 10,000 to 11,000 calls per month. Note that “988” is not solely for suicide prevention. Most of the calls are from

people not actively suicidal and do not have great support systems to help them manage problems. They need someone to talk to get through whatever crisis they are experiencing as domestic disputes, breaking-up, deaths of loved ones, chronic illness, substance abuse and insecurities about finances, housing, or food. **Regionally the Samaritans receive about two calls per month that are “imminent suicide calls”** where the volunteer crisis line operators help get them to a place of safety. “988” offers good telehealth opportunities for anyone with mental health & psychological distress.

Among older adults in Orleans, the Council of Aging (COA) (Judi Wilson) agreed with the other 8 interviewed organizations that it is hard to find mental health support on the Cape but even more so for Orleans’s elderly. Evaluating, assessing, finding, facilitating, following-up such support for elderly persons exhibiting behavioral health issues is more complicated not only by substance abuse as others find but by diagnosed & undiagnosed cognitive impairments as dementia & Alzheimer’s, as well as self-medicators, non-existent or limited caring networks (normally provided by relatives) & mobility & transportation challenges. Undiagnosed, untreated, as well as treated cognitive impairments are a significant COA mental health concern for a Safer Orleans Community.

Domestic violence is continually present in Orleans, the Cape and America.

Independence House (IH), with offices in Hyannis, Falmouth, Orleans, and Provincetown, has confidential free services and programs for survivors of domestic and sexual violence, including children, teens, and adults. IH is a crusader against domestic violence with a stimulating “White Ribbon” program engaging men and boys to explore masculinity and targets cracking the male culture so abuse of women, girls, young boys, and LGBTQs, as well as remarks, are seen as socially unacceptable through bold bystander leadership. IH “White Ribbon” efforts are passionately supported by Cape Cod Police Chiefs. They know such engagement by men and boys will break the cause of domestic violence which Cape PDs must deal with every day.

Domestic violence disproportionately impacts women, especially homeless women. It is essential for their safety that they remove themselves from the physical location where the violence happened but due to the limited number of beds in shelters, they can be at far greater risk of being abused again.

Women have overlapping challenges as victims of crime with trauma histories, with possible mental health or substance use or misuse issues. It is difficult for them to rent safe, affordable housing. In MA 11.2% of women live in poverty. Women also face barriers of financial insecurity, threats of their children being taken away from them, coercive control of bodily autonomy, forced use of illicit drugs, mental health challenges & location constraints, said Esther Rogers, Director of Housing & Economic Justice at Jane Doe Inc., & the MA Coalition Against Sexual & Domestic Violence. Homelessness is a microcosm of what is going on in domestic violence & mental health. It is common for homeless people to be housed for a short period & then become homeless again, said Robyn Frost of the MA Coalition for the Homeless.

Independence House representative, Chris Morin, the OPD and the OFD all agreed that their mental health calls, especially those involving domestic violence, for the most part, overlapped with substance abuse. This results in referrals to mental health services, district and probate courts, psycho-educational and community awareness programs. However, most of their calls occur in the evening and early morning when options for screening and evaluation are not possible, other than

transporting subjects to the “Revolving Door” of the Emergency Room of Cape Cod Hospital where persons may refuse treatment & go back into the community before they are stable frustrating both OPD & the OFD responders who frequently must repeat the process with the same “Frequent Flyer” individual.

There is statewide and regional concern about the lack of psychiatric inpatient beds along with the lack of partial hospitalization programs for children. Cape Cod Hospital has a partial program for adults. Day-treatment programs for adolescents and children are totally lacking in Barnstable County. Inpatient care for adults and children must be admitted to off-Cape hospitals. Those significant distances pose hardships to families.

In contrast, Orleans Council of Aging (Judi Wilson) (COA) observed low incidents of domestic violence among the 60+ adult population COA serve with meals, transportation, outreach, and day-services support. COA reported their domestic violence situations are adequately managed through good collaboration, consultation, & referrals with OPD, the OFD, medical & mental health professionals as Visiting Nurses Association, Elder Services of the Cape & Islands, Homeless Prevention Council, Lower Cape Outreach & the Alzheimer’s Family Support Center. But sometimes family members were concerned about situations involving unsecured or unlicensed firearms & the need for OPD to outreach with advice on firearms security & ways to remove unlicensed firearms.

There is a plethora of supporting Federal, State, and non-profit mental health agencies. There are so many issues to understand, overcome and solve. *Just trying to navigate & get the SCTF’s arms around what each agency does and how parents and individuals may understand how it all works and how people seeking help may best go about getting an accurate diagnosis and subsequent treatment is hard.* We found that the Navigator Program operated by Jennifer Ferron and the Samaritans on Cape Cod and the Islands program representative, Karen Jones, both said they could help everyone because they know seeking help is very complex! Not only is there the lack funding and professional resources at the town, county and state levels, there is the whole process of integrating it all from the outside, and, from the inside of applying for grants and other support opportunities, in addition to what those inside must cope with in day-to-day demands, political constraints, and turf issues inherent in bureaucratic structures.

There are a multitude of professionals in disciplines looking at individuals in need of mental health services as psychiatry, psychology, pediatrics, special education, physical therapy, occupational therapy, social work, etc. Everyone does not have access to each of these professionals. Again, the compelling need is to prevent individuals, parents, and children from going from one center to another to another with their hope of an accurate diagnosis and subsequent treatment plan. The solution appears to be coordination and integration of services on a multidisciplinary basis to address, diagnose, and allow people to make sense out of difficult mental health situations.

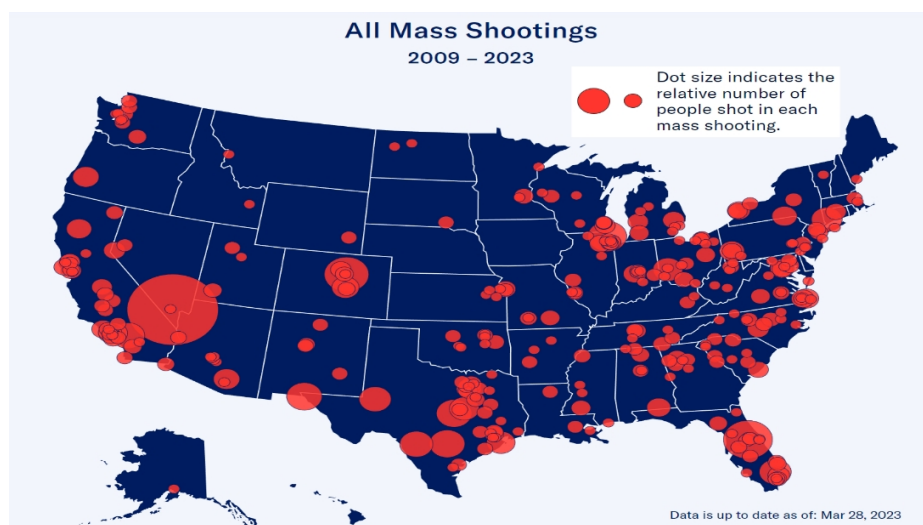
Managed care and insurance companies have helped but also hurt medicine and allied professions, not only by overloading them in paperwork but in limiting access to care and imposing limits on length of care,

Only 13% of Americans are familiar with the Crisis Prevention Hotline “988” which received 2.5 million calls in 2022 & is on-track to receive more than 6.5 million calls according to the Federal Substance Abuse and Mental Health Services Administration’s contractor Vibrant Emotional Health.

The 2022 Bipartisan Safer Communities Act (BSCA) appears effective in getting some guns out of the hands of young people, enabling the FBI to conduct enhanced background checks for people younger than 21 who are trying to buy a firearm. This law allows the Bureau to reach out to more of their state & local law enforcement partners who may have additional disqualifying information about a prospective young gun buyer. In addition to running names through its National Instant Criminal Background Check Information System’s (NICS) three databases containing millions of records, including wanted persons & individuals with fingerprint-supported criminal histories, a select group of examiners reach out to state juvenile justice, mental health, & local law enforcement agencies to see if their backgrounds contain disqualifying information that is not in the databases automatically queried by NICS. By law, the examiners must investigate Under-21 cases from 3 to 10 business days.

Since implementation in October 2022 the NICS Section of the FBI’s Criminal Justice Information Services (CJIS) conducted more than 200,000 Under-21 transactions. It denied more than 600 based on “prohibitive” information from the enhanced background checks. **Many state & local agencies restrict sharing juvenile criminal histories or juvenile mental health records.** **About 64% of the agencies contacted by NICS examiners respond which is up from 30% in 2022.** When law enforcement lacks criminal history records, especially dispositions with convictions evidence of prohibited offenses as a felony, they are left short-handed. NICS’ Under-21 response rate is:

- **State Juvenile Justice:** -----67.50%, up 36.02% since January 24, 2023
- **State Mental Health:** -----70.70%, up 39.43% since January 24, 2023
- **Local Law Enforcement:** -----62.27%, up 55.88% since January 24, 2023
- **Total Response Rate:** -----64.56%, up 47.99% since January 24, 2023



CONCLUSIONS

Gun violence & suicides are not a problem in Orleans but domestic violence is a problem like it is nationally for most municipalities. Easy access by affected children & adults for mental health services remains a major problem throughout the Lower Cape & Barnstable County. There is a need to approach these issues on a regional basis with other Lower & Outer Cape towns. There also appears a requirement to consider with those towns establishing a Regional Satellite Mental Health Services Facility in Orleans. The reason is that it is difficult for adults & children needing psychiatric & psychological evaluations, diagnosis, & treatment care over several visits to quickly access on a sustained basis the available programs & services they need. Those services are mostly concentrated in the Hyannis area. It is tough to make repeated treatment roundtrips from their homes, back and forth, many times, especially since many may not have the means to do so.

Massachusetts appears now to be moving in the right direction with recent strides and making changes. Governor Healy & the Massachusetts legislature are committed to better identify, intervene & facilitate access for adults & children at risk for mental health before they reach crisis so people can access mental health services.

However, suicide is a community problem. Feeling connected to the community is important to people. OPD & the OFD know this & conduct regular community-connecting events for Orleanians. They know that loneliness & isolation are the breeding grounds for depression.

Suicides in Barnstable are monitored by Samaritans' program. **They reported that 72% of suicides in Barnstable County are by persons 85 & older. This alarming finding by the Samaritans on Cape Cod & the Islands should generate town-wide concern as Orleans ages.** It appears as an imperative for action by the SB since among Massachusetts' 451 municipalities, the Town of Orleans is one of 3 towns with the highest elderly populations: almost 50% of the Orleans' population is over 65. As that percentage of Orleans' elderly population increases in the future, actions taken now by the SB will again prove foresighted as it was in convening the SCTF.

The Crisis Hot Line for Mental Health "988" needs improvement by both municipalities as well as the Samaritans through a refreshed, more vigorous sustained public service reminder-campaign with short announcements clearly explaining that "988" is not just for suicidal people but for folks with all kinds of mental health concerns seeking help. This should be done on local radio stations, local newspaper public service ads, local media & elsewhere. The reason is that 87 percent of Americans still think "988" is for people thinking about suicide --- not for the broad mental health services and programs a call to volunteer counsellors on "988" offer.

What the SCTF has produced herein needs more thorough work to be a "completed" municipal intelligence assessment report. There is a need to investigate, analyze and report what has been done, being planned, and going on in:

- Other Cape towns, their PDs, their FDs, their school departments about what they are doing on mental health for at risk individuals in their communities & to document the take-aways from them;
- The MSP (Massachusetts State Police), DEA, the ATF, the FBI's Boston Field satellite office in Lakeville, MA, (*which covers Barnstable County*) as well as the JTTF (Joint Terrorism Task Force) which is also operated out of the FBI's Boston Field Office. (*The JTTF is designed to combine the analytical resources of dozens of Federal, state, local law enforcement & intelligence agencies. Its assigned tasks include protecting the Orleans community from violence too, including domestic violence, involving individuals who may be at risk needing behavioral health services*). So, continued robust cohesive liaison with the Boston Field Office's satellite office in Lakeville & it's JTTF through the OPD is self-evident and should prove a very useful SB intelligence resource towards a safer community).
- The IACP (International Association of Police Chiefs), the ICMA (International City Management Association), the New England Association of Police Chiefs and the Cape Cod Association of Police Chiefs, the Office of District Attorney, Robert Galibois, who established a new Mental Health Court and his Office of Community Outreach, Barnstable County Sheriff's Victim Services Unit, the U.S. Department of Veterans Affairs' Veterans Crisis Line, Children's Cove, the Gosnold Programs, Martha's Vineyard Urgent Behavioral Health Services, & the Nantucket Behavioral Health Advisory Group. All should be contacted for what data they may share and what they are doing about mental health for at risk individuals in their communities.

There was also a need we did not have the time for exploring & applying new directions for more meaningful Town demographics via an intelligence data analytic platform which analyzes, integrates, & graphically displays demographic analytics by organizing, analyzing, visualizing, & reporting raw data from various information sources into meaningful graphic results through such tools as "Tableau" (*a 2003 platform*) or "Microsoft Power B1" (*a 2023 platform*). *We urgently suggest the Town Manager consider prioritizing such a Town capability to gain insights into Orlean's population trends, characteristics, neighborhoods, etc., where Orleans has been and where it appears to be going for all future Town needs*).

This raises another no-time-issue to thoroughly explore and analyze Orleans Demographics furnished by the Town Clerk on generational timelines in Orleans (which the Town Clerk has by address & ages). **With more time for demographic analytics the Town may save lives in that it could prove useful for first-responders** in the OPD, the OFD, social workers, & others entering neighborhoods & homes responding to mental health calls, domestic violence, possible gun violence, self-barricaded individuals & threats of suicides. Here is the data again:

a. Greatest Generation (1901-1924)	12;
b. Silent Generation (1925-1945).....	1,121;
c. Baby Boomers (1946-1964)	2,618;
d. Generation X (1965-1980).....	977;
e. Millennials (1981-1996)	821;
f. Generation Z (1997-2023)	870.

For example, the largest Orleans segments “Baby Boomers” are said by experts to focus strongly on their own personal fulfillment, their desire for equality, eagerness for change & development & their roles to shape society & the social context of that society.

In contrast, the second largest Orleans segment, the “Silent Generation” prospered in an era of economic expansion by working hard. They are renowned for having a very strong work ethic, a desire for stability & upholding a sense of conformity. Some grew up experiencing economic hardships of the Great Depression witnessing the upheavals & challenges of World War II, Hitler, Tojo & the use of nuclear weapons. They are more determined & dedicated. They honor traditional values & culture & show interpersonal respect. They have a willingness to self-sacrifice yet be flexible & have “builder traits” as improving themselves & society from their experiences of the Depression & WW II.

So, this intelligence assessment is incomplete. It is not as thorough, as meaningful, as integrated, & as finished as a municipal intelligence report should be. It takes more time. It could be had if the SB decides to extend monitoring, updating, & assessing public safety & public mental health programs & improving systems to help at-risk persons who may need behavioral health services for a safer Orleans community through a Regional Safer Community Joint Task Force.

From a 36,000-foot view, intelligence is understanding the known & the unknowns. It is the business of unlocking complexity, the unknowns as well as secrets to help municipalities, as SB policymakers, understand the present &, most important, anticipate the future. In essence, Safer Community intelligence about mental health is information that would help municipal and Lower and Outer Cape SBs. It would give the SBs an advantage: better information makes for better decisions. The defining test is “Does it help these SBs navigate & anticipate shifts, trends & realities on what is happening?” While intelligence about mental health in our communities will never guarantee perfect decisions, it will reduce uncertainties which will make better decisions more likely. It will not always be right. But it will beat the alternatives: guesswork, opinion, & gut feel.

This assessment has been to quickly answer & easily find “WHERE’S THE INFORMATION WE NEED TO KNOW ABOUT TO ESTABLISH A SAFER ORLEANS COMMUNITY.” It adapts a briefing style like that used in written briefing papers for swamped Federal decision and policymakers as agency directors or in the PDB (President’s Daily Brief).

- The SCTF believes the Town Manager and the SB are similarly swamped.
- The SCTF believes it has analyzed and documented within the time available its investigation compiling & using the evidence it found from the 9 stakeholder interviews it conducted, tapping the knowledgeable SCTF members, especially its two mental health experts, the police and fire chiefs, the Nauset School District representative, & using the open-source information it collected, analyzed, & reported from quality, reliable information sources.
- The SCTF believes, given today’s flooded information environment, for the SB to rest assured that all the information presented is reliable, truthful, quality

information. Unreliable, opaque, or misleading disinformation is ubiquitous, fueled in part by the swift rise of evolving (also possibly misused & exploited) generative artificial intelligence (AI).

- The SCTF believes it has answered “WHERE’S THE BEEF” within the time available by using short, rapid, readable detailed capsules cascading in, hopefully, a common-sense flow to help the Orleans SB understand the SCTF’s:
 - Key Findings,
 - Take-Away Judgements,
 - What it Knows and Learned,
 - Conclusions and
 - Eleven Actionable Recommendations and Next Steps for the SB

The passion and mission of the SCTF in this municipal intelligence assessment and in the accompanying professional mental health behavioral sciences report has been **to TRY to help** get things right for a Safer Orleans Community. In doing so, we found that the key elements that contribute to a safer community are: *(explained more in Appendix E of the accompanying formal behavioral science report).*

- Low Crime Rates;
- Effective Law Enforcement;
- Community Engagement;
- Access to Education & Employment;
- Social Services & Support;
- Environmental Design;
- Effective Criminal Justice and
- Affordable Housing.

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