

Massachusetts

Justice and Mental Health Strategic Planning Conference Report

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Introduction:

The Massachusetts Department of Mental Health, Department of Correction, and the Department of Youth Services obtained a Bureau of Justice Mental Health Collaboration Planning Grant to improve state planning and service provision for justice involved persons with co-occurring disorders. The goal of the grant is to create a statewide, interagency, interdisciplinary, collaborative forum to collect and disseminate information about current programs and best practices and develop strategic priorities for state expansion of programs for justice involved persons with co-occurring disorders and trauma.

Background:

Persons with mental illness are overrepresented across the criminal justice system. They have higher prevalence of co-occurring disorders, higher prevalence of trauma, and are more likely to be homeless. They spend more time incarcerated, have higher rates of disciplinary involvement while incarcerated and are more likely to fail under community supervision. Special populations include women, veterans and youth in transition.

Massachusetts, through local and state initiatives, has developed innovative and successful responses such as Police Crisis Intervention Teams, court based diversion programs, the Juvenile Detention Alternative Initiative and the Forensic Transition Team for persons with serious mental illness released from DOC custody. However, Massachusetts currently is exploring a statewide planning structure to strategically expand these initiatives, evaluate effectiveness of current programs, and inform government about priorities.

This initiative is timely as Massachusetts seeks to improve social services to the justice involved population in a fiscally responsible and efficient way. In addition, health care reform presents new opportunities to expand the population served, expand partnerships and design resources specific to the needs of the population.

Conference Goals:

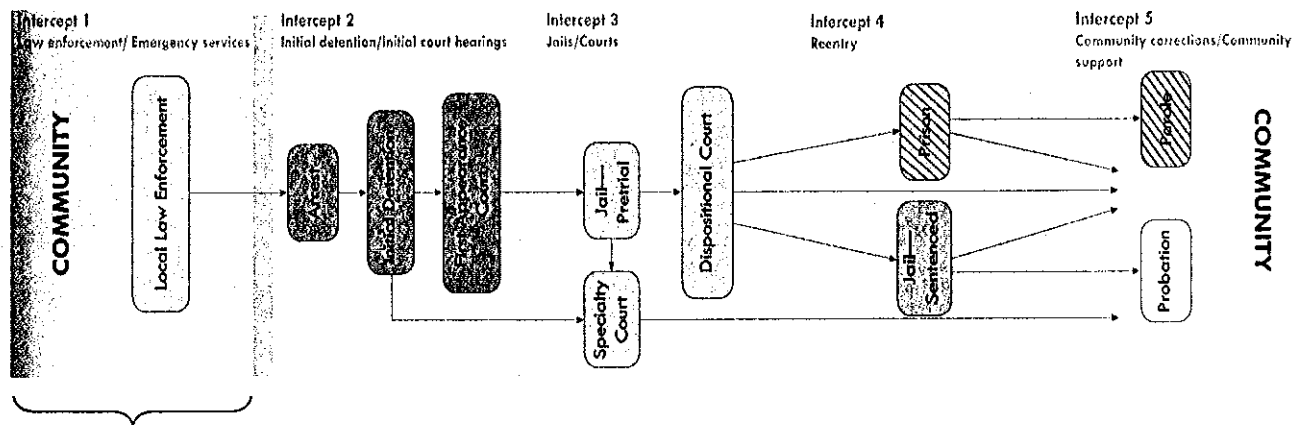
- to introduce the Sequential Intercept Model as a planning tool to strategically identify opportunities for coordination and collaboration, identify gaps and prioritize action steps
- to inform state and local stakeholders about best practices in the behavioral health and correctional field
- to consider the impact of health care reform on justice involved populations

- to build on successes by sharing information and best practices of existing Massachusetts programs for justice involved persons with mental illness
- to provide structured planning activities to focus on identifying opportunities for collaboration, identifying critical gaps, prioritizing need, and developing a planning structure to address them.

The following documents were reviewed and influenced this report:

- "Problem Solving Courts Cross-Agency Steering Group" PowerPoint presentation
- JD-CORP Planning Minutes
- "Decriminalization of Mental Illness: A Snapshot: Look at Diversion Models in the Commonwealth" (NAMI Massachusetts, 2011)
- Justice and Mental Health Collaboration - Strategic Planning Conference Exit Survey Data (Compiled by UMass Boston/Sociology)

Intercept 1: Pre-arrest Diversion



Resources

- Mental Health/Police co-response and Police CIT are available in the state
- Municipal Police Training Committee
- Police Mental Health First Aid Training
- NAMI Advisory Group

Gaps

- Insufficient MH training for Police
- Insufficient cross-sharing of information between police and service providers
- Lack of access to crisis services for Police and lack of uniform policies and procedures for police MH crisis response
- Lack of specialized crisis drop off, detox facilities, waits in emergency rooms
- Limited authority for treatment
- Training and resources on co-occurring disorders

Priorities

- Training for police
- Dual Diagnosis Resource
- Access to inpatient services and treatment

Recommendations

1. Continue with Mental Health First Aid Training and expansion of CIT training

Intercept 1 participants identify police training as a priority. The CSG Justice Center publication "Statewide Law Enforcement/Mental Health Efforts" describes statewide law enforcement initiatives and best practices (http://csgjusticecenter.org/wp-content/uploads/2013/01/1.8.12_Statewide-LE-MH_web.pdf).

2. Explore development of crisis stabilization centers

Nationally, lack of emergency services, inpatient and crisis stabilization beds is a common deficit. States and communities are improving response and resources for crisis intervention. The Texas one year evaluation of their Crisis Services Redesign Initiative can be found at:

<http://www.dshs.state.tx.us/mhsacsr/default.shtm>. A summary of the initiative is attached. (Appendix 1).

Washington and Virginia have recently funded and are developing crisis service enhancements.

(Appendices 2 and 3) and the National Association of Counties has published "Crisis Care Services for Counties" which provides community examples of Crisis Care programs. (Appendix 4).

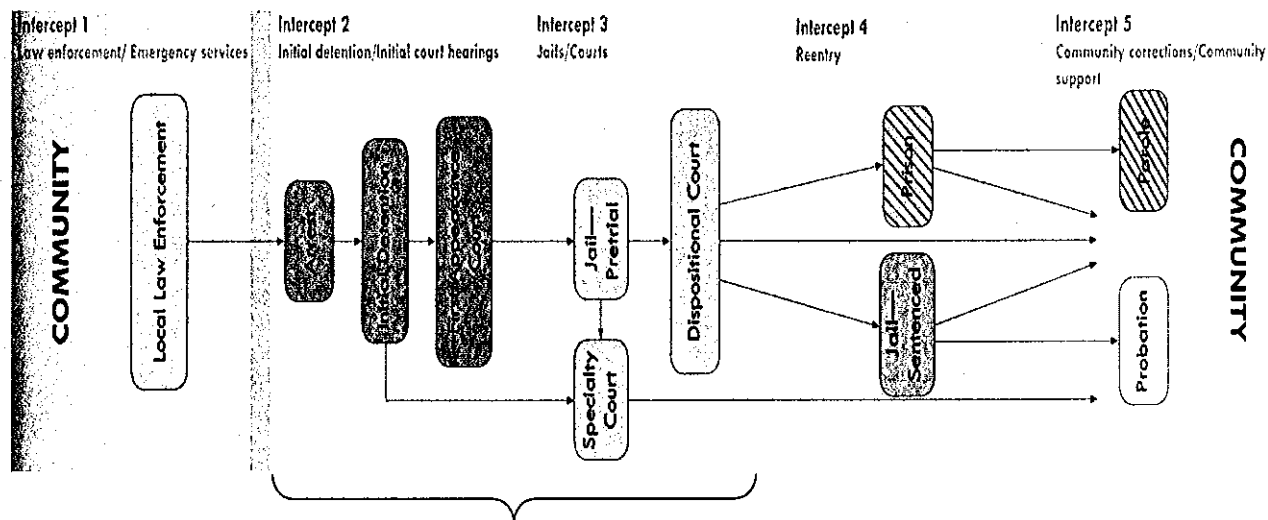
3. Develop Statewide Information Sharing Protocols

Participants identified information sharing between criminal justice and mental health agencies as a gap to service coordination and cooperation. Urban Institute published, "Opportunities for Information Sharing to Enhance Mental Health and Public Safety Outcomes"

<http://www.urban.org/publications/412788.html>.

The SAMHSA National GAINS Center Fact Sheet "Dispelling the Myths about Information Sharing Between the Mental Health and Criminal Justice Systems" (Appendix 5) also addresses information sharing strategies.

Intercepts 2 and 3:



Resources

- BSAS-BJA-DCE Grant for Data-Training-TA
- Women's Justice Network
- Hampden Co. Sheriff MH screening, Franklin Co. Kimball Reentry Facility
- Veterans: VJO, VSO's; MISSION Direct Vet: Worcester, Lawrence, Essex, Valor Act
- Court Clinic System
- Transformation Center
- JDAI Detention
- SAMHSA Trauma Grant Middlesex; IHR/BSAS
- MA Council on compulsive gambling
- New Bedford Court Alternative Program for Women
- Interagency Council
- 111E Drug Court Diversion
- MH and Justice/Veteran Coordinating Committee
- CJ Commission
- Criminal Offender Record Information (CORI) reform

- Parole & HOFC COMPASS Risk Assessment
- Peer Support

Gaps

- Communication among courts (consolidating cases)
- Trauma informed/gender specific services
- Early screening and intervention
- Jail-based treatment
- Resource awareness
- Co-occurring treatment services; Data to make informed decisions
- Data base integration/coordination
- Service gaps: housing; case management; co-occurring
- Recovery supports: employment; education
- Peer support

Priorities

- Special government committee on women
- Funding for Drug Court Coordinators
- Pre-plea diversion
- Increase case management in courts and pre-sentence
- Increase peer involvement in courts
- Co-occurring courts
- Examine Section 35 processes and facilities
- Cross training
- Review collateral sanctions

Recommendations

1. Review programs and services for justice involved women

Participants in the Intercept 2-3 workgroup identified gender specific programming and services as a priority. Nationally, gender specific programs and services tend to get overlooked in the criminal justice system. New Hampshire developed legislation which sought to equalize treatment of women in the justice system (Appendix 6).

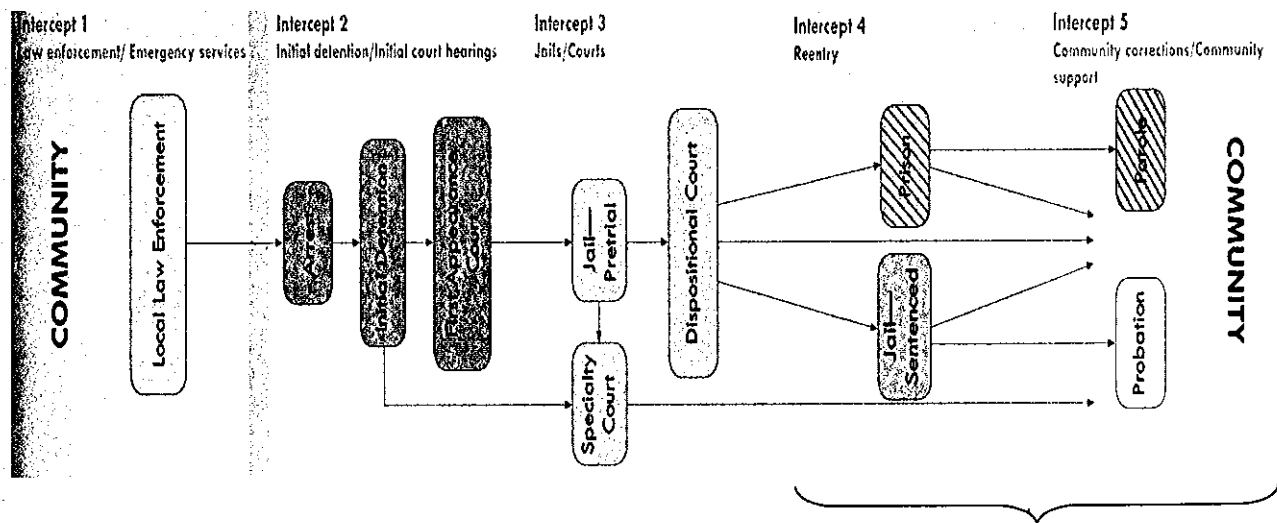
2. Expand pre-plea diversion options

Pre-Plea diversion minimizes collateral sanctions and allows for earlier intervention. Three programs, the NYC Legal Aid Manhattan Arraignment Program, the CASES NYC based NY County Court Transition Case Management Program, and the Tampa JDTR Diversion programs are examples of early diversion programs (Appendices 7, 8 and 9).

3. Review collateral sanctions

Minimizing collateral sanctions is essential to meaningful diversion strategies. Convictions result in barriers to employment and housing. In addition, court and program fines and fees accumulate and result in an overwhelming and unattainable financial obligation. Addressing collateral sanctions is essential to meaningful chances at recovery and rehabilitation. For an overview of state initiatives that address collateral sanctions see Appendix 10.

Intercepts 4 and 5:



Resources

Planning/Coordination

- Interagency Council on Substance Abuse and Prevention
- Hampden Co. Reentry Task Force
- Interagency Council on Housing and Homelessness
- DOC/Probation Collaboration
- Special Commission on CJ
- MOU's with Community Health Centers
- HIRE/MIDNET Data base sharing; Technology and information sharing
- Release planning meeting prior to release
- Interagency Collaboration and Funding
- Criminal Justice and DPH/DMH Interagency Conference Call planning

Services

- DOC and SPAN
- DOC Partnership with Mass Health
- Access to Recovery Programs
- Inmates released with medication and service plan
- Civil commitment upon release from DOC if needed
- Peer Models and Recovery Centers Statewide
- Conference on Community Health Centers
- BH/Primary Care Integration
- Whittier Street Health Center
- Boston Healthcare for Homeless Transition Clinic
- Health insurance access for MA residents

CJ specific

- DOC COMPASS Risk Assessment
- HOPE Probation Program
- Brook House Parole Program
- SPECTRUM Mentoring Program
- Education in prison

Gaps

- Funding-underpayment for MH services
- Housing
- Race and Perception: Need staff diversity
- Increase access to SA treatment
- Vocational Services
- Information Sharing (HIPPA)
- Family reunification
- Wait lists
- Staff competency in trauma, mental illness and SA
- TCs and Residential treatment
- Community Supervision

Priorities

- None identified

Recommendations

Conference notes do not address priorities in Intercepts IV and V and there are significant resources in these Intercepts.

However, analysis of the Gaps leads to the following recommendations:

- 1. Address housing for justice involved populations**

Studies indicate that for high users of services, providing housing and supportive services may actually provide cost benefits (Appendices 11 and 12). The CSG Justice Center has also published, "Reentry Housing Options: The Policymaker's Guide" <http://csgjusticecenter.org/reentry/publications/reentry-housing-options-the-policymakers-guide-2/>.

- 2. Carefully consider whether TCs and Residential Treatment are appropriate for individuals with mental illness**

Though listed as a gap, focus on TCs and Residential Treatment for persons with SMI may not be a fruitful strategy. Upon reentry, few are interested in long term residential treatment. However, some states have offered residential treatment as an alternative to long term incarceration. Department of Corrections Assessment and Sanction Units at Billings (BASC) and Missoula (MASC) are innovative programs that provide both prison diversion options for persons committed to DOC and a violation diversion option for persons who have violated conditions of probation or parole. Further, the centers provide transition programming for those nearing release from prison. The programs have capacity to provide mental health treatment to program participants. These programs serve as a step down from incarceration while still receiving credit toward reduction of incarceration and these programs can be effective. Justice involved persons with SMI in the community can benefit from Supportive Housing, including the Housing First model. (Appendices 11 and 12).

- 3. Incorporate Risk, Needs, Responsivity strategies into treatment settings working with the justice involved populations**

States are implementing Risk, Needs, Responsivity (RNR) based Community Supervision strategies. The premise of these strategies is to focus supervision resources on those with the highest criminogenic needs

and target those needs for interventions. The CSG Justice Center published "The Ten Step Guide to Transforming Probation Departments to Reduce Recidivism" which describes implementation of RNR principles into probation supervision strategies <http://csgjusticecenter.org/corrections/publications/ten-step-guide-to-transforming-probation-departments-to-reduce-recidivism/>. Specialized Probation/Parole Caseloads have proven to reduce technical violations for persons with mental illness. The CSG Justice Center publication, "Improving Responses to People with Mental Illnesses: the Essential Elements of Specialized Probation Caseloads" <http://csgjusticecenter.org/cp/publications/improving-responses-to-people-with-mental-illnesses-the-essential-elements-of-specialized-probation-initiatives/> addresses benefits of specialized probation caseloads. In addition, the SAMHSA National GAINS Center Publication, "Targeting Criminal Recidivism in Justice Involved People with Mental Illness: Structured Clinical Approaches" <http://gainscenter.samhsa.gov/cms-assets/documents/69181-899513.rottercarr2010.pdf> addresses the importance of training clinicians to focus on criminogenic traits when working with justice involved persons.

Cross Intercept Recommendations

1. Develop capacity to provide Sequential Intercept Mapping across Massachusetts

Policy Research Associates has provided Sequential Intercept Mapping Train-the-Trainers events in Florida, New Jersey, Ohio, Pennsylvania and Texas. This approach has allowed states to systematically develop consistent and informed approaches to diversion and reentry. Review of the evaluations suggests conference participants would support such an initiative: "Take the show on the road to stakeholders in each community;" "Local (county) or regional meeting;" and, "Cross-agency/discipline training."

2. Increase opportunities for trauma informed training and development of trauma-specific treatment

Conference evaluations reflected interest in more training on trauma and trauma informed care. Examples of comments: "The long term effects of witnessing trauma;" "trauma informed care/training and education for staff;" "press for trauma informed training for all staff;" and, "huge percentage of court involved in 'trifecta' of mental health, substance, trauma." The SAMHSA National GAINS Center has the following publications which address trauma in the justice population:

- "Trauma Specific Interventions for Justice-Involved Individuals"
<http://gainscenter.samhsa.gov/pdfs/ebp/TraumaSpecificInterventions.pdf>
- "Creating a Trauma Informed Criminal Justice System for Women: Why and How"
<http://gainscenter.samhsa.gov/cms-assets/documents/73437-12763.ticjforwmn-2.pdf>

- "Essential Components of Trauma Informed Judicial Practice"

<http://gainscenter.samhsa.gov/cms-assets/documents/128389-391390.essentialtjudges.pdf>

3. Consider a Center of Excellence for justice involved persons with mental illness or a statewide task force/planning committee that addresses criminal justice/mental health programming across the Intercepts

It is apparent from review of resources across intercepts that Massachusetts has a number of fine programs and substantial resources. Many participants were not aware of many of the programs.

Establishing a central resource/planning body could perform the following functions:

- Cross system coordination and Planning
- Shared Funding Projects
- Provide Training and Technical Assistance with in-state resources
- Coordinate Budget priorities and proposals