



Executive Office of the Trial Court

## MASSACHUSETTS COMMUNITY JUSTICE WORKSHOP REPORT

Northern Berkshire District Court Jurisdiction

*Adams, Cheshire, Clarksburg, Florida, Hancock, New Ashford, North  
Adams, Savoy, Williamstown, Windsor*

December 2020



Helping Communities Address the  
Substance Use and Mental Health Needs  
of People Involved with the Justice System

## Project Leadership

Hon. Paula M. Carey

*Chief Justice*

Massachusetts Trial Court



## Project Staff

Marisa Hebble, MPH

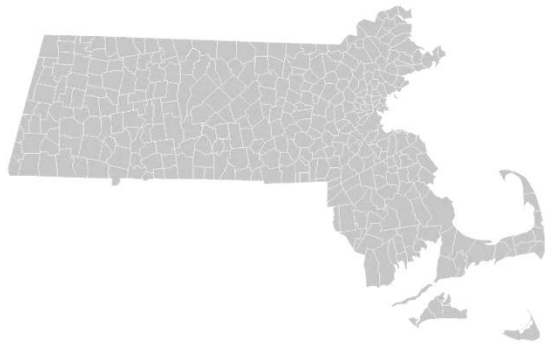
*Manager, Massachusetts Community Justice Project*

Executive Office of the Trial Court

Tess Jurgensen

*Administrative Coordinator, Massachusetts Community Justice Project*

Executive Office of the Trial Court



## Northern Berkshire Planning Committee Members

Brian Alarie, Northern Berkshire District Court

Amber Besaw, Northern Berkshire Community Coalition

Al Bianchi, Berkshire County Sheriff's Office

Sheriff Thomas Bowler, Berkshire County

Susan Cross, Beacon Recovery Community Center

Katherine Grubbs, Committee for Public Counsel Services

District Attorney Andrea Harrington, Berkshire County

Paul Hickling, Brien Center

Bryan House, Berkshire District Attorney's Office

Wendy Penner, Northern Berkshire Community Coalition

Kelly Samuels, Berkshire District Attorney's Office

Chief Jason Wood, North Adams Police Department

Don Wright, Northern Berkshire District Court

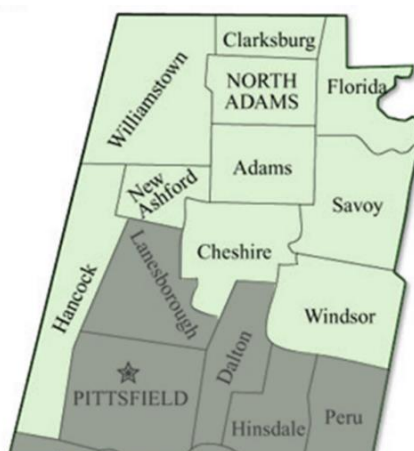
Megan Wroldson, Brien Center

## Table of Contents

INTRODUCTION .....	4
MASSACHUSETTS COMMUNITY JUSTICE PROJECT: BACKGROUND AND OVERVIEW .....	5
NORTHERN BERKSHIRE DISTRICT COURT SEQUENTIAL INTERCEPT MAP .....	7
NORTHERN BERKSHIRE RESOURCES AND GAPS BY INTERCEPT .....	8
INTERCEPT 0: COMMUNITY CRISIS SERVICES.....	8
INTERCEPT 1: DISPATCH AND LAW ENFORCEMENT .....	9
INTERCEPT 2: INITIAL DETENTION AND INITIAL COURT HEARINGS .....	10
INTERCEPT 3: JAILS AND COURTS .....	11
INTERCEPT 4: REENTRY .....	12
INTERCEPT 5: COMMUNITY CORRECTIONS.....	13
COMMUNITY INTERCEPTS .....	14
PRIORITIES .....	16
APPENDICES .....	17
PARTICIPANT LIST .....	18
RESOURCES .....	20
BEST PRACTICES ACROSS INTERCEPTS.....	21
FOCUS GROUPS.....	23
COMMUNITY SELF-ASSESSMENT .....	24
ACTION PLAN.....	29
WORKSHOP EVALUATION .....	33



Northern Berkshire District Court  
 Adams, Cheshire, Clarksburg, Florida,  
 Hancock, New Ashford, North Adams,  
 Savoy, Williamstown, Windsor



Northern Berkshire Community Coalition  
 Adams, Cheshire, Clarksburg, Florida,  
 North Adams, Savoy, Williamstown,  
 Windsor

# MASSACHUSETTS COMMUNITY JUSTICE WORKSHOP REPORT

## SEQUENTIAL INTERCEPT MAPPING AND TAKING ACTION FOR CHANGE

### INTRODUCTION

The purpose of this report is to provide a summary of the Community Justice Workshop, including *Sequential Intercept Mapping* and *Taking Action for Change* meetings, held for the Northern Berkshire District Court jurisdiction on December 8th and 9th, 2020. This report includes:

- A brief review of the origins, background and framework of the Massachusetts Community Justice Project and workshop;
- A *Sequential Intercept Map* as developed by the group during the workshop;
- A summary of the information gathered at the workshop;
- A list of best practices and resources to help the partners in the Northern Berkshire District Court jurisdiction action plan and achieve their goals.

The workshop was attended virtually by 46 individuals representing multiple community partners including law enforcement, crisis, mental health and substance use disorder treatment, healthcare, corrections, social services, advocacy, recovery support and the courts. A complete list of participants is available in Appendix A.

The workshop was facilitated by Ben Cluff, Veterans Services Coordinator for the Bureau of Substance Addiction Services at the Department of Public Health and Marisa Hebble, Manager of the Trial Court's Massachusetts Community Justice Project.

The planning committee for this workshop was initiated and spearheaded by Amber Besaw and Wendy Penner of the Northern Berkshire Community Coalition. Planning committee members from the Committee for Public Counsel Services, Berkshire Sheriff's Office, Berkshire District Attorney's Office, Northern Berkshire District Court Probation, Berkshire Community Corrections Center, the Brien Center and the Beacon Recovery Community Center are indicated in Appendix A.

Communities included in the Northern Berkshire District Court jurisdiction include Adams, Cheshire, Clarksburg, Florida, Hancock, New Ashford, North Adams, Savoy, Williamstown, Windsor. Communities in the Northern Berkshire Community Coalition include Adams, Cheshire, Clarksburg, Florida, North Adams, Savoy, Williamstown, and Windsor.

At the time of this workshop, the Commonwealth was in the midst of the COVID-19 pandemic. As a result, the workshop was held virtually over the course of two consecutive half-days.

Transitioning to a virtual setting required additional data collection and information gathering during the planning process. This included a series of pre-workshop focus groups, as outlined in Appendix C. A Community-Self Assessment was also used to better understand local collaborations and efforts focused on justice-involved people with mental health and substance use disorders in the region. Assessment responses can be found in Appendix D.

## MASSACHUSETTS COMMUNITY JUSTICE PROJECT: BACKGROUND AND OVERVIEW

The Massachusetts Community Justice Project is a Trial Court initiative. The Project was developed and realized through the efforts of the Trial Court Task Force on Mental Health and Substance Use. This interagency Task Force, chaired by Chief Justice Paula Carey, included key stakeholders from the Trial Court, Department of Mental Health, Department of Public Health's Bureau of Substance Addiction Services, Department of Corrections, Committee for Public Counsel Services, and Sheriffs' and District Attorneys' Offices.

The Project is designed to support and facilitate effective and sustainable collaborations at the local level between justice, treatment, healthcare, recovery support and community partners. Utilizing *Sequential Intercept Mapping* and collective action planning, the Project seeks to promote recovery for people with mental health challenges, substance use and co-occurring disorders, enhance public safety and support quality of life for all.

### Project Goals, Objectives, and Strategies

The goal of the Massachusetts Community Justice Project is to decrease the risk of justice-involvement and recidivism for people with mental illness and/or substance use disorders by:

- increasing community-level collaboration between criminal justice, behavioral health treatment and human service sectors;
- increasing capacity to identify the need for behavioral health treatment and recovery support among justice-involved people; and
- increasing connections to and engagement with treatment and recovery support for justice-involved people with behavioral health needs.

In order to achieve the set forth objectives, the Project is:

- implementing cross-systems mapping and action planning workshops using the *Sequential Intercept Model*;
- providing technical assistance to communities to support continued collaborative action planning and implementation of evidence-based and promising strategies and best practices; and
- informing stakeholders of needs, barriers, and innovations at the community level, as identified in workshops.

### Framework: The Sequential Intercept Model

Developed by Mark Munetz, MD, and Patty Griffin, PhD, in conjunction with the Substance Abuse and Mental Health Services Administration's (SAMHSA) GAINS Center, the Sequential Intercept Model provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals with behavioral health disorders.<sup>1</sup>

The model depicts the justice system as a series of points of "interception" at which an intervention can be made to prevent people from entering or penetrating deeper into the criminal justice system.<sup>2</sup>

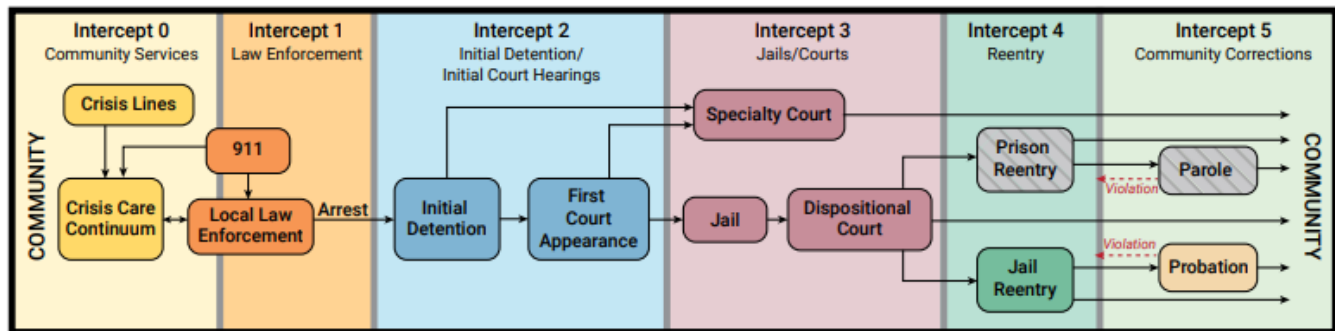
---

<sup>1</sup> SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model*. Delmar, NY: Policy Research Associates, Inc.

<sup>2</sup> Munetz, M.R. & Griffin, P.A. (2006). *Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness*. *Psychiatric Services*, 57(4), 544-549.

Points of intercept include:

- Intercept 0: Community Crisis Services
- Intercept 1: Law Enforcement
- Intercept 2: Initial Detention and Initial Hearings
- Intercept 3: Jail, Courts, Specialty Courts, Forensic Evaluations, and Forensic Commitments
- Intercept 4: Reentry from Jails, State Prisons, and Forensic Hospitalization
- Intercept 5: Community Corrections (Probation and Parole) and Community Support



The model provides an organizing tool for a discussion on how to best address the behavioral health needs of justice-involved individuals at the local level. Using the model, a community can identify local resources and gaps in services; decide on priorities for change; and develop targeted strategies to increase connections to treatment and recovery support services.

Massachusetts Community Justice Workshops include an inventory of “community intercepts;” places in the community where people with mental illness and/or substance use disorders can have their needs identified and be connected with treatment and recovery resources before intersecting with the justice system. These include (but are not limited to): engagement/harm reduction programs, healthcare providers, behavioral health treatment providers, homeless shelters, social services, faith communities, community meals, District Court (civil commitments), Probate and Family Court, Housing Court, and the business community.

### About the Workshop

Community Justice Workshops typically take place in District Court jurisdictions and bring together key local stakeholders for a facilitated one or two-day event, *Sequential Intercept Mapping* and *Taking Action for Change* (optional). Stakeholders include people in leadership roles from the local justice agencies, mental health and addiction treatment providers, healthcare providers, recovery support and social service organizations. Front-line staff as well as people with lived experience are also at the table and are important contributors.

Objectives of the workshop include:

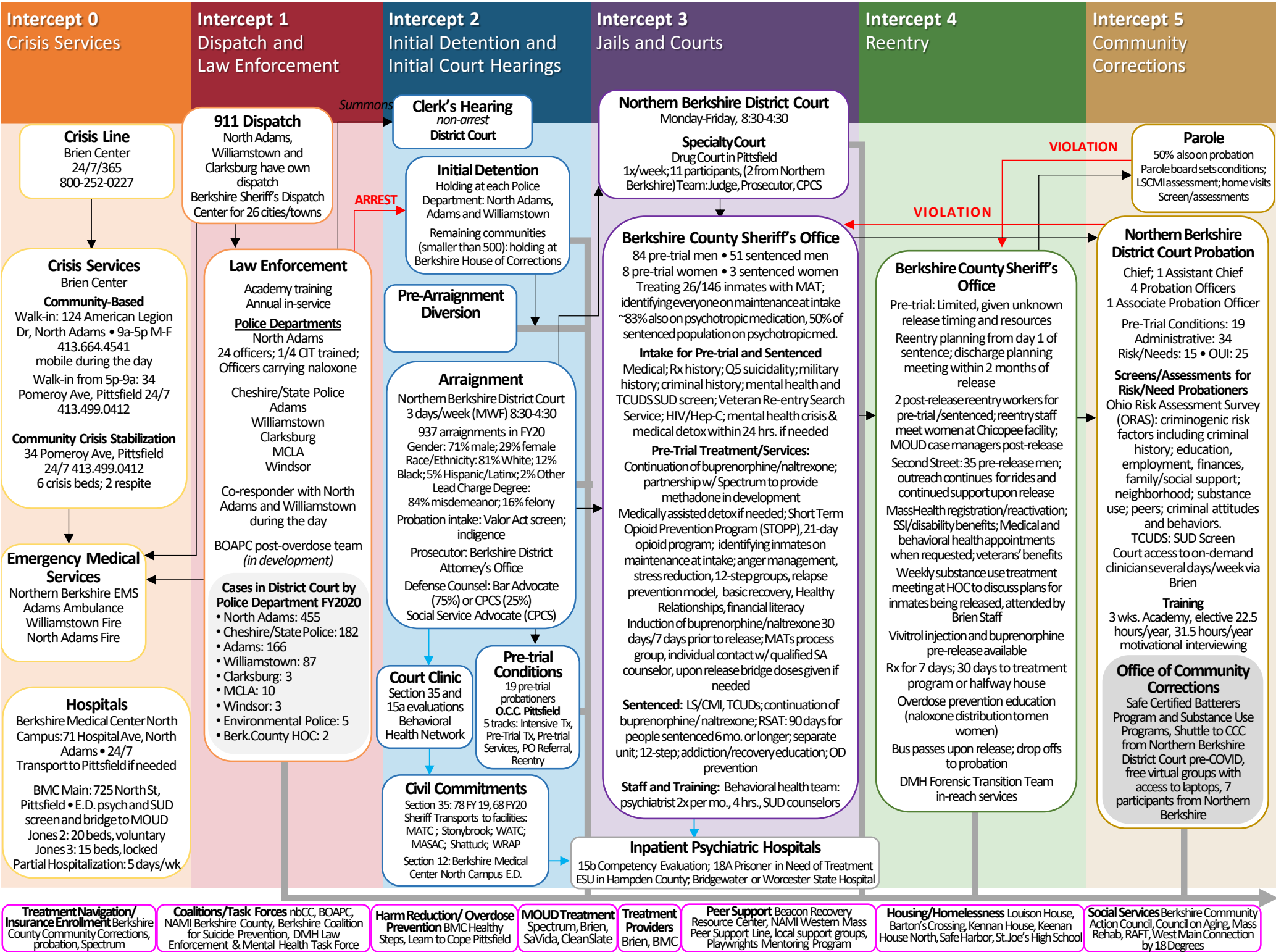
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region’s criminal justice system along the five distinct intercept points;
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities for change and initial development of an action plan to facilitate change.

### Northern Berkshire Community Justice Workshop 2.0

Following is a *Sequential Intercept Model* map of the Northern Berkshire District Court jurisdiction; a list of local resources, gaps and priorities for change; and an initial action plan developed during the workshop.

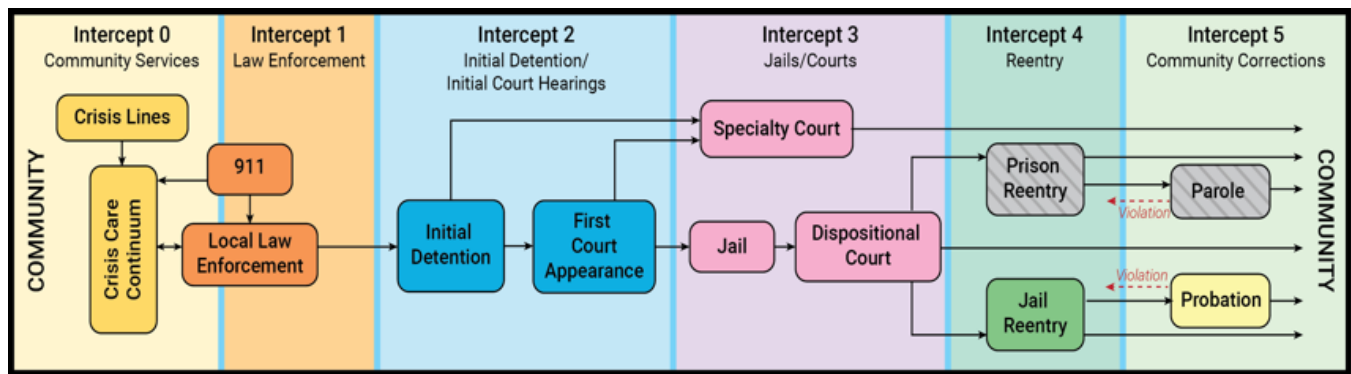


# Northern Berkshire 2.0 Sequential Intercept Map



# NORTHERN BERKSHIRE RESOURCES AND GAPS BY INTERCEPT

## INTERCEPT 0: COMMUNITY CRISIS SERVICES



## RESOURCES

### Crisis Service: Brien Center

- 124 American Legion Drive, North Adams 9a-5p, M-F
- 34 Pomeroy Avenue, Pittsfield, 24/7
- 66 West Street, Pittsfield, 8am-12am, 7 days/week

### Community Crisis Stabilization

- Pomeroy House; 34 Pomeroy Avenue, Pittsfield, 24/7

**Respite:** Brenton House; 45 Brenton Terrace, Pittsfield

**Behavioral Health Urgent Care:** Pittsfield, 8a-4p, M-F

**EMS:** Northern Berkshire EMS, Adams Ambulance, Williamstown and North Adams Fire Departments

**Hospital:** Berkshire Medical Center (BMC)

- North Campus: 71 Hospital Avenue, North Adams, 24/7
- BMC Main: 725 North Street, Pittsfield
- Emergency Department (Pittsfield): Psychiatric screening; SUD screening and bridge to MOUD
- Jones 2 Inpatient Psychiatric (voluntary): 20 beds
- Jones 3 Psychiatric Intensive Care (locked): 15 beds
- BMC Partial Hospitalization: 5 days/week

### Homeless Shelter

- Bartons Crossing, 16 beds, Pittsfield
- Louision House, North Adams

### Domestic Violence

- Elizabeth Freeman Ctr: emergency shelter, food, transport

### Substance Use Disorder Treatment (Pittsfield)

- BMC McGee Recovery Center: Acute treatment, 21 beds
- BMC Clinical Stabilization Services: 39 beds

### Additional

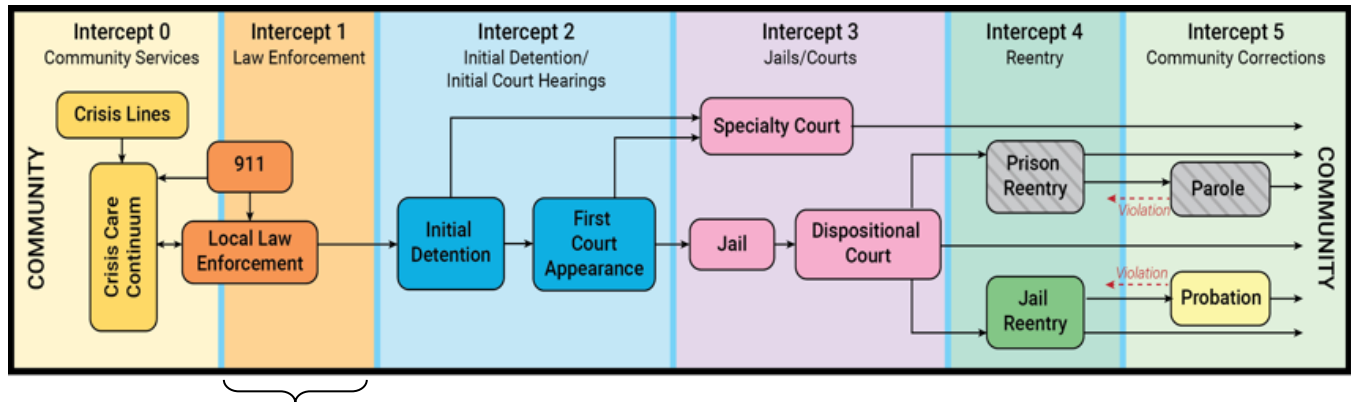
- Walk-in capacity at Blue Cross Blue Shield Foundation Urgent Care; serves as bridge for some clients
- Brien: prescriptions for people leaving incarceration
- Daytime co-responder with North Adams police from Brien Center
- BOAPC post-overdose team (in development)
- Treatment for withdrawal in the Emergency Dept.
- Brien has access to BHS EHR system if someone in crisis

## GAPS

- Data collection, coordination, and analysis
- Timely access to treatment, particularly acute (detox)
- Regular criminal justice-behavioral health coordinating meetings
- Post-incident care coordination
- Is ESP mobile? For adults? For private insurance?
- Transportation
- Availability of services in Northern and Southern Berkshire communities
- No Living Room program in Berkshire County
- No crisis drop-off for law enforcement
- Brien Crisis Center based out of Berkshire Medical
- Mental health support during COVID: increase in suicide and overdose deaths
- Availability of community-based services: including sobering centers and mental health
- Emergency homeless shelter
- Funding for psychiatric programming in North Adams Emergency Department
- Crisis stabilization unit in North County
- Co-responder in North Adams: evening hours?
- Coordination and community-based services for Sect. 12 respondents who do not meet commitment criteria
- Question about efficacy of crisis training at police academy
- Crisis training for dispatch



## INTERCEPT 1: DISPATCH AND LAW ENFORCEMENT



## RESOURCES

### Police Departments

- North Adams: 24 officers; carrying naloxone; C.I.T. training for ~1/4
- State Police, Cheshire
- Adams
- Williamstown
- Cheshire
- Clarksburg
- MCLA
- Windsor
- Co-responder (mobile crisis response during the day) with North Adams and Williamstown P.D.

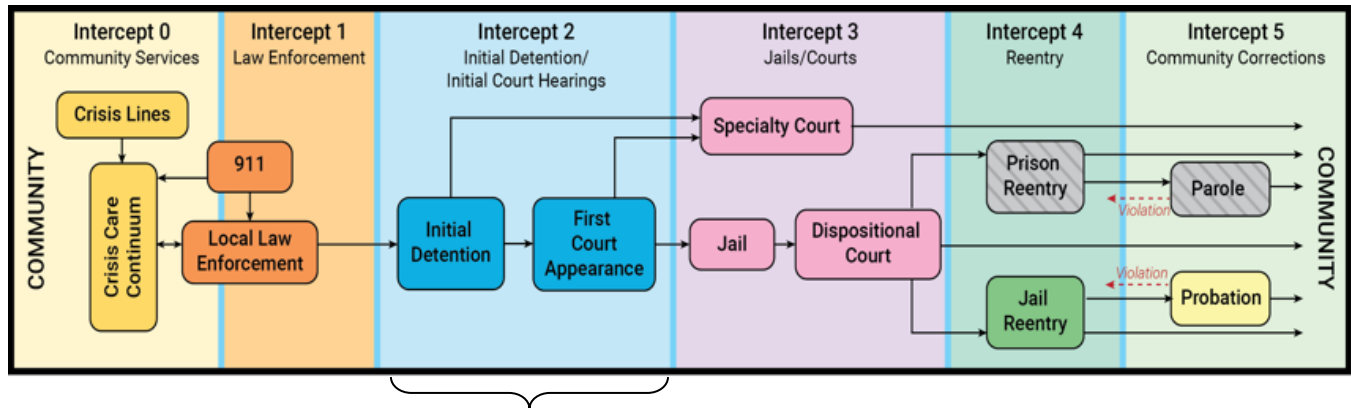
- North Adams P.D. compassionate about mental health issues
- NAMI training for police: C.I.T.
- Crisis services for decompensation in holding
- Remote in-service mental health and addiction training through the Academy
- CPE programming includes behavioral health
- Section 12
- Confidential informants working with law enforcement report threat of justice-system involvement can be helpful for getting into recovery
- Recovery Coaches in North Campus ED (in development)

## GAPS

- Data collection, coordination, analysis
- Criminal justice system is primary entry to mental health treatment in Berkshire County
- Training for law enforcement about withdrawal, compassionate interactions, and making appropriate connections to care and treatment
- Officer turnover makes consistent CIT training difficult
- Space for co-responder at North Adams Police Department
- Can/does Co-Responder do post-incident follow-up and care coordination?
- Post-overdose response programs that include recovery coaches
- CIT training/refreshers
- Capacity of Pittsfield RLC
- Low-threshold drop-off program for law enforcement

- Transportation: crisis calls/Section 12s sent to Pittsfield E.D., no transport back to Northern Berkshire
- Crisis response (other than Section 12) during overnight shifts
- Post-incident follow-up and care coordination
- Resources and mandatory training for dispatch
- Not screening for history of military service
- Law enforcement referrals to Beacon Recovery
- Post-arrest diversion into services (pre-court transport)

## INTERCEPT 2: INITIAL DETENTION AND INITIAL COURT HEARINGS



### RESOURCES

#### Booking

- North Adams Police
- Berkshire County Sheriff's Office

#### Northern Berkshire District Court

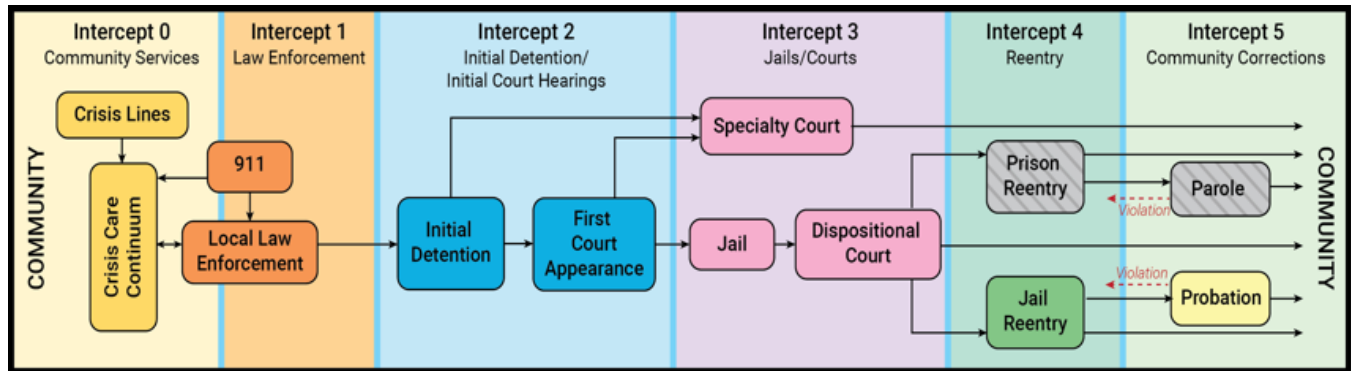
- Clerk, Probation, Court Security, Judge, Prosecutor, Defense Counsel, Court Clinician
- Q5 suicidality screen at booking/holding
- Virtual court appearances at BCSO
- BCSO discharge plans prior to every court date
- Decrease in mental health criminal charges
- Collaboration with court clinicians and between probation/CCC
- CPCS Social Worker present at first appearance in court
- Prosecutor dismissal of possession charges

- Bar Advocates and CPCS Social Service advocates
- Referrals to Savida for vivitrol, subutex, suboxone and mental health evaluations
- Continuing education training for prosecutors
- Robust training unit at CPCS (includes SUD/mental health)
- Training through Mass Bar Association and Public Defender's Office
- DA's Office open to exploring funding opportunities for increased mobile/virtual services
- CPCS-hired vendors available to Bar Advocates as needed
- Bar Advocate dinners for training and information sharing pre-COVID
- MRT at CCC

### GAPS

- Regional lock-up?
- Mental health or SUD screen at booking
- Mental health or substance use disorder screen at intake to court
- Bridge prescriptions for MOUD, psychiatric prescriptions over weekend during holding
- Wait-time for probationers (21 and under) to receive evaluation services at Brien's Child and Adolescent Division
- North Adams District Court not open daily for arraignments
- Diversion to tx program at first appearance in court
- Time for defense attorney and clients to meet pre-arraignment
- Court clinician capacity for Section 15 evaluations
- Effectiveness of virtual evaluations by court clinicians
- Coordination of services and potential loss of appropriate referrals into drug court when charges are dropped pre-arraignment
- Video conference capacity in holding
- COVID-related Section 35 challenges
- Question about quality of care at WATC
- Probation supervision and involvement for respondents post-Section 35
- Information exchange post-Section 35
- Local Section 35 beds (respondents go to Springfield)
- Prosecutor trainings specific to addiction, mental illness, and harm reduction
- Secondary trauma among Bar Advocates
- Logistical capacity to operate "Zoom Rooms" from the court

## INTERCEPT 3: JAILS AND COURTS



### RESOURCES

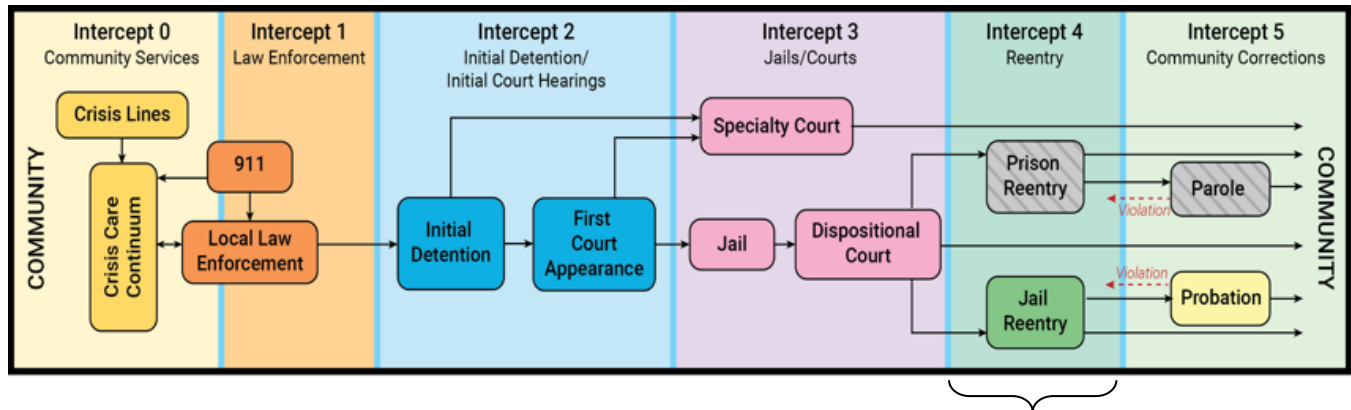
#### Northern Berkshire District Court; Drug Court, Pittsfield District Court, Berkshire Sheriff's Office

- BCSO data: Currently treating 22/130 inmates with MAT, identifying everyone who is on maintenance at intake, inductions want to make sure properly withdrawn before starting MAT; ~18/22 also on psychotropic medication, 50% on psychotropic combinations (multiple prescriptions common)
- Q5 suicidality and TCUDS SUD screens
- Improved cross-sector collaboration between providers and HOC, especially around MAT
- Communication between BCSO and clinic
- Relapse prevention model/SUD counselors at BCSO
- BCSO programming: healthy relationships, basic recovery, anger management and financial literacy via Greylock
- Medically-assisted detox protocol at BCSO
- MAT at the jail (bupe and vivitrol); residential substance use treatment unit
- Weekly substance use treatment meeting at HOC to discuss treatment plans for inmates being released (attended by Brien; currently virtual due to COVID)
- Partnership to provide methadone with Spectrum (in development)
- Buprenorphine maintenance and pre-release induction (pre-trial and sentenced)
- Court access to on-demand clinician several days per week via Brien Center Co-Response Program
- Probation referrals to the Beacon Recovery pre-COVID; BRCC coaches available to the court via Brien
- County-wide drug court; Drug court sessions via Zoom during COVID
- Transportation to and from OCC (includes court and Drug Court)
- CCC services for pre-trial population; virtual services during COVID
- VRSS system to identify history of military service

### GAPS

- Transportation from court upon release
- Trauma-informed responses to justice-involved individuals with mental health challenges
- CPCS representative on Drug Court team in Pittsfield
- Transportation to Drug Court for Northern Berkshire participants
- Question about access to on-demand evaluation for MOUD in region
- Probation connections to recovery coaches?
- Lack of Specialty Court in Northern Berkshire
- Technology and equipment access for probationers to connect to virtual court services
- Voluntary engagement in CCC services
- Pre-trial reentry/release planning
- Concern about inconsistent court-responses when male/woman partners present in court with similar charges – do men of color often get more severe sentencing?
- BCSO does not house females
- BCSO capacity to induce people on MOUD who are appropriate for treatment pre-trial
- Section 35 supports
- Misperceptions about DCF protocols involving parental substance use (51A filings)

## INTERCEPT 4: REENTRY



## RESOURCES

### Berkshire Sheriff's Office

#### Northern Berkshire District Court Probation

- BCSO bus passes upon release
- BHJI in Northern Berkshire (in development)
- Collaboration with Brien and SaVida to enhance continuity of care post-release
- Vivitrol and buprenorphine pre-release
- Access to MAT in the community
- BCSO drop-offs to Probation
- Coordination between Probation and BCSO upon release
- BCSO collaboration with community agencies related to release
- ALC in Central Berkshire

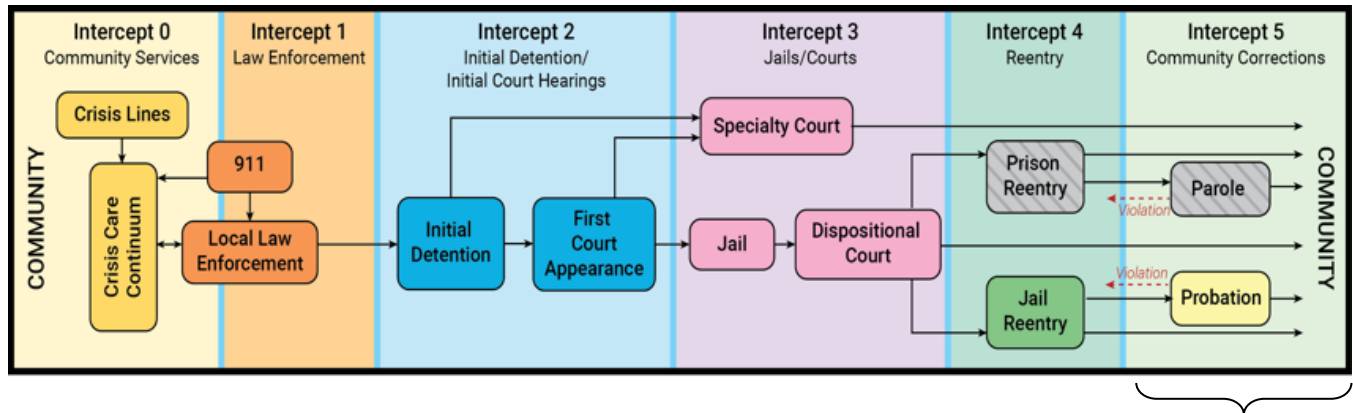
- Access to housing program through Massachusetts Probation Service and Parole (closest location is Greenfield)
- Brien Center prescriptions for individuals coming out of incarceration
- Information exchange between BCSO and Probation
- Obtaining identification post-release is better
- Less challenges reactivating MassHealth
- Naloxone provided via Healthy Steps
- BCSO employs two post-release reentry workers; reentry planning for pre-trial and sentenced
- All inmates leaving HOC have active health insurance (majority MassHealth)

## GAPS

- Transportation to services upon release from HOC
- Reentry services upon release
- Post-release care coordination, navigation and support
- BCSO partnership with Tapestry to provide naloxone upon release: is this still happening now that Tapestry is gone?
- Connections to Social Security benefits post-release
- CORI barriers to obtaining housing in Northern Berkshire
- Lack of safe, stable housing

- Pre-trial reentry/release planning
- Concern about criminalization of clients pre-arraignment; question about effectiveness of CCC services pre-trial (more opportunities for violation)
- Transportation to CCC, especially for Southern Berkshire District Court
- Inconsistent quality of care in terms of MAT dosage
- Question about reentry roundtables at the jail
- Information sharing between BCSO and Probation to support reentry planning

## INTERCEPT 5: COMMUNITY CORRECTIONS



### RESOURCES

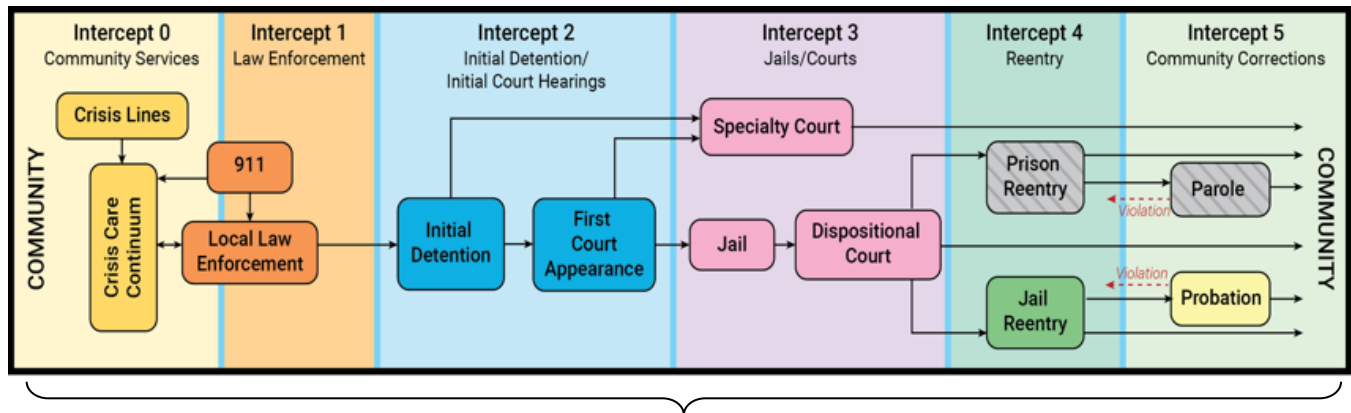
#### Northern Berkshire District Court Probation Community Correction Center, Pittsfield Parole Region 5

- Ohio Risk Assessment Survey for Risk-Need Supervision
- Texas Christian University Drug Screen for Risk/Need
- Probation mental health evaluation
- Safe Certified Batterers Program and Substance Use Programs at CCC
- Savida mental health evaluations via telephone
- Probation hosting quarterly trainings with community providers
- Shuttle to CCC from Northern Berkshire District Court
- BCSO drop-offs to Probation
- Coordination between Probation and BCSO upon release

### GAPS

- Access to inpatient treatment, specific to people on Probation (similar to Reflections)
- Housing (stable, safe, long-term)
- Access to mental health evaluations in the community
- Access to detox (closest facility is in Pittsfield)
- Maintaining communication with probationers during COVID

## COMMUNITY INTERCEPTS



## RESOURCES

### Treatment/Service Navigation

- Office of Community Corrections and Probation
- DMH • Spectrum: Recovery Support Navigation

### Treatment Providers

- Brien: Outpatient, IOP, Crisis, CCS, Respite, Residential, ACCS (DMH enrolled clients)
- Berkshire Medical: Harm Reduction, ATS, CSS, PHP, Inpatient psychiatric, Behavioral Health Urgent Care

### Medications for Opioid Use Disorder

- Spectrum (methadone) • Brien (buprenorphine, naltrexone) • SaVida • CleanSlate

### Healthcare

- Berkshire Medical Center

### Recovery/Peer Support

- Beacon Recovery Community Center and local support groups
- NAMI Western Mass Peer Support Line (888-407-4515, M–Th, 7–9p, F–Sun, 7–10p)

### Homeless Shelters/Services

- Louison House: North Adams
- ServiceNet, Barton's Crossing: Pittsfield
- Brien Residential: Keenan House North (16-bed co-occurring disorders), Keenan House in Pittsfield, Safe Harbor (families), Supportive Housing
- Homeless Services at St. Joe's High School: Nov–May, 50 co-ed beds

### Coalitions/Committees/Task Forces

- Northern Berkshire Community Coalition
- Berkshire Opioid Abuse Prevention Collaborative
- NAMI Berkshire County
- Berkshire Coalition for Suicide Prevention
- DMH Law Enforcement Mental Health Task Force

### Social Services

- Berkshire Community Action Council: Emergency assistance
- Council on Aging • Mass Rehab • RAFT
- West Main Connection by 18 Degrees: 17–24 yr. old diversion program, referrals through PD

### Harm Reduction/Engagement/Overdose Prevention

- BMC Healthy Steps • Learn to Cope, Pittsfield

### Additional

- Elizabeth Freeman Domestic Violence Hotline 866-401-2425
- Access to peer support services has improved
- nbCC Community Outreach Program and Family Resource Center
- Beacon Recovery peer support has been critical; daily Zoom 1:30–2:30 M–F; in-person All Recovery meetings on Wednesdays 10a–12p; community meeting 1–2p; meetings have been well-attended; All Recovery resources remained open despite COVID; Beacon Recovery volunteers, outreach to Pittsfield CCC
- Recovery Coach trainings in Berkshire County through Beacon Recovery and Brien
- Brien, Berkshire Health, and CHP exploring utilization of Second Street jail for co-located services (in development pre-COVID)
- Internship opportunities at Brien; state-sponsored student loan forgiveness for clinicians and nurses who commit to work with BHCP
- Playwrights Mentoring Program
- Lack of services in the community overall, but strong connection with existing services and programs
- Capacity building with nbCC, Brien and BRCC to expand recovery coach trainings
- Brien hired recovery coaches billable to MassHealth



## GAPS

- Data collection, coordination, analysis
- Timely access to treatment, particularly acute (detox)
- Regular criminal justice-behavioral health coordinating meetings
- Beacon Recovery Center capacity: community awareness, hours, staffing, space to co-locate with nbCC, and sustainable funding
- Are there are bridge MOUD or psychiatric medication services at Berkshire Medical North Campus?
- Concern that CleanSlate and Right Choice (bupe and Vivitrol) are dropping people
- Wait time for Brien outpatient services (approx. 1 week for tx, 3 weeks for evaluation)
- Behavioral Health Community Partner program (BHCP) at Brien does not work with substantial justice-involved population; MassHealth coverage stops during incarceration
- Identification of BHCP clients in the medical system
- Shortage of clinicians in the community; reimbursement rates for independently licensed clinicians; staff retainment/workforce capacity for supporting high-level utilizers with complex medical and behavioral health issues (pros and cons with young clinician population)
- Limited clinician capacity at Northern Berkshire outpatient services at Brien
- Confusion among clients about services provided by ACO and BHCP programs
- Transportation
- Availability of services in Northern and Southern Berkshire communities
- CHART Grant at Berkshire Health Systems ended; provided care coordination
- Internet access for single individuals and families/internet access for virtual treatment and recovery services
- Efficacy of virtual treatment services
- Stigma towards multiple pathways of recovery, in the community and among providers
- There is no Living Room program in Berkshire County
- Support from for DMH-involved clients
- Peer support network in Northern Berkshire
- Stigma towards MOUD and criminal justice involvement
- Mental health support during COVID (increase in suicide and overdose deaths)
- Recovery meetings for youth and young adults
- Safe and stable sober housing
- Availability of community-based services, including sobering centers and mental health
- Bed availability at Louison House and Flood House?
- Provider understanding and awareness of community services
- Recovery coaches in North Adams ACCS
- Recovery coach supervisors
- Brien Center EHR is outdated (phasing out)
- Are NBCC resource cards still happening?
- Concerns about Living in Recovery in Pittsfield

## PRIORITIES

1. Regular Meeting of Key Community Partners to Discuss High-Risk Individuals (develop information sharing agreements, coordinate outreach services: pre-crisis, post-crisis, post-incarceration, post-Section 35, post-overdose, people with SMI)
2. Training and Education Across Justice Intercepts and Among Community Providers (identifying and working with people with substance use disorder, mental illness, trauma; de-escalation and Crisis Intervention Team; suicide prevention; harm reduction; motivational interviewing; stigma; impact of and addressing poverty; community resources and how to access; 18-24; gender-specific)
2. Timely Access to Treatment (acute, residential and mobile)
2. Co-Responder (expansion of hours, providing follow-up post-incident care coordination, and continued access in court)
3. Crisis Drop-Off/Living Room Program
3. Safe and Stable Housing for Northern Berkshire
4. Family Support (family navigator for Section 35; coordination for justice-involved & child welfare involved persons; Family Treatment Court)
5. Peer Support Expansion and Integration (recovery coaches in more settings, under-utilization of Beacon Recovery Community Center, additional hours at Beacon, meeting for youth/young adults, meetings for people with suicidal ideation)
6. Regular Collection, Coordination, and Sharing of Data (among partners, to assess need and measure impact)
6. Pre-Trial Programming (diversion-to-treatment program; pre-trial use of CCC)
6. Workforce Retention for Treatment Providers (reimbursement rates, incentivizing, salary, culture)
7. Treatment and Services for 18-24 Year Olds (training for services on this population; and mentoring)

## PARKING LOT

- Mental health court
- Family treatment court in Berkshire County

## VALUES

### Massachusetts Community Justice Project Values

- Hope
- Choice
- Respect
- Abolish Stigma
- Person-first language
- Celebrate diversity
- Step up, Step back
- Recovery is possible

### Added by Northern Berkshire attendees

- Awareness of and respect for harm reduction
- Assume positive intentions
- Honor victims
- Positive role modeling
- Acknowledge the moment we are in
- Consider gender-specific impacts
- Community justice

## APPENDICES

Appendix A: Workshop Participant List

Appendix B: Resources

- Massachusetts Community Justice Project Resource List
- Best Practices: GAINS Center for Behavioral Health and Justice Transformation

Appendix C: Focus Groups

Appendix D: Community Self-Assessment

Appendix E: Action Planning Tools

Appendix F: Workshop Evaluation

## APPENDIX A: PARTICIPANT LIST

### Dick Alcombright

Vice President, MountainOne  
dick.alcombright@mountainone.com

### Joanna Arkema (focus group)

Staff Attorney  
Committee for Public Counsel Services  
jarkema@publiccounsel.net

### Mark Bailey (focus group)

Sergeant, North Adams Police Department  
mbailey@northadams-ma.gov

### John Barrett

State Representative, 1st Berkshire District  
Massachusetts Legislature  
john.barrett@state.ma.us

### Thomas Bernard

Mayor, City of North Adams  
mayorbernard@northadams-ma.gov

### Amber Besaw (planning committee/focus group)

Executive Director  
Northern Berkshire Community Coalition  
abesaw@nbcccoalition.org

### Alan Bianchi (planning committee)

Assistant Deputy Superintendent  
Classification/Programs/Reentry Services  
Berkshire County Sheriff's Office  
alan.bianchi@sdb.state.ma.us

### Mike Boland

Vocational Rehabilitation Counselor  
Mass Rehab Commission  
Michael.Boland@state.ma.us

### Thomas Bowler (planning committee)

Sheriff, Berkshire County  
thomas.bowler@sbd.state.ma.us

### Susan Cross (planning committee/focus group)

Site Supervisor  
Keenan House North, Brien Center  
susan.cross@briencenter.org

### Jason Cuyler

Case Management Coordinator  
Berkshire County Sheriff's Office  
jason.cuyler@sdb.state.ma.us

### Alex Daugherty

Probation Officer II  
Northern Berkshire District Court  
alexander.daugherty@jud.state.ma.us

### Alaina DiBlasi

Intern, Outreach and Prevention  
City of Medford  
akd1017@wildcats.unh.edu

### Heather Elliott

Clinical Program Director  
Spectrum Health Systems  
heather.elliott@spectrumhealthsystems.org

### Katherine Grubbs (planning committee)

Attorney in Charge, Berkshire County  
Committee for Public Counsel Services  
kgrubbs@publiccounsel.net

### Chris Haley

Director  
Department of Mental Health  
chris.m.haley@state.ma.us

### Andrea Harrington (planning committee)

District Attorney, Berkshire County  
Andrea.Harrington@state.ma.us

### Scott Haskell

Program Director, 18 degrees  
shaskell@18degreesma.org

### Paul Hickling (planning committee/focus group)

Vice President, The Brien Center  
paul.hickling@briencenter.org

### Adam Hinds

Senator, Massachusetts Legislature  
adam.hinds@masenate.gov

### Kathy Keeser

Executive Director, Louison House  
kkeeser@louisonhouse.org

### Jessica Kemp

OBOT Nurse Manager  
The Brien Center  
jessica.kemp@briencenter.org

### Gary Larareo

Criminal Justice Coordinator  
Bureau of Substance Addiction Services  
Department of Public Health  
gary.larareo@mass.gov

### Shannon McCarthy

Director, Behavioral Health and  
Substance Use Services  
Berkshire Medical Center  
smccarthy@bhs1.org

### Michael McMahon (focus group)

Reentry Facilitator  
Berkshire County Sheriff's Office  
michael.mcmahon@sbd.state.ma.us

### Timothy Morey

Clerk-Magistrate  
Northern Berkshire District Court  
timothy.morey@jud.state.ma.us

### Wendy Penner (planning committee)

Director of Prevention and Recovery  
Northern Berkshire Community Coalition  
wpenner@nbcccoalition.org

### Caitlin Perry (focus group)

Attorney  
Committee for Public Counsel Services  
cperry@publiccounsel.net

### Alex Piaget (focus group)

Social Worker  
Committee for Public Counsel Services  
apiaget@publiccounsel.net

### Rebecca Polastri

Executive Director, Spectrum Health Systems  
rebecca.polastri@spectrumhealthsystems.org

### Lou Ann Quinn

North Campus Director  
Berkshire Medical Center  
lquinn3@bhs1.org

### Juliana Reiss

Forensic Services Program Director  
Behavioral Health Network, Inc.  
juliana.reiss@bhninc.org

### Angela Saltamartini

Victim Witness Advocate  
Berkshire District Attorney's Office  
angela.saltamartini@state.ma.us

### Kelly Samuels (planning committee)

Assistant District Attorney  
Berkshire District Attorney's Office  
kelly.samuels@state.ma.us

### Kyle Schadler (planning committee)

Program Manager, Berkshire County  
Community Corrections Center and IPAEP  
kyle.schadler@jud.state.ma.us

### Julie Showalter

Justice-Involved Individuals  
Services Specialist  
Bureau of Substance Addiction Services  
Department of Public Health  
julie.showalter@mass.gov

### Colleen Sondrini (focus group)

ACCS Manager for Recovery Services  
The Brien Center  
colleen.sondrini@briencenter.org

**Hon. Paul Vrabel**

First Justice  
Northern Berkshire District Court  
paul.vrabel@jud.state.ma.us

**Jason Wood (planning committee/focus group)**

Chief  
North Adams Police Department  
jwood@northadams-ma.gov

**Donald Wright (planning committee/focus group)**

Chief of Probation  
Northern Berkshire District Court  
donald.wright@jud.state.ma.us

**Megan Wroldson (planning committee)**

Division Director, Adult and Family Services  
The Brien Center  
megan.wroldson@briencenter.org

**FACILITATORS/STAFF/VOLUNTEERS****Ben Cluff**

Veterans' Services Coordinator  
Massachusetts Department of Public Health  
Bureau of Substance Addiction Services  
ben.cluff@mass.gov

**Marisa Hebble (planning committee)**

Manager  
Massachusetts Community Justice Project  
marisa.hebble@jud.state.ma.us

**Tess Jurgensen (planning committee)**

Administrative Coordinator  
Massachusetts Community Justice Project  
tess.jurgensen@jud.state.ma.us

**ADDITIONAL PLANNING COMMITTEE MEMBERS****Brian Alarie (focus group)**

Assistant Chief Probation Officer  
Northern Berkshire District Court  
brian.alarie@jud.state.ma.us

**Bryan House**

Director of Community Outreach  
Berkshire District Attorney's Office  
bryan.house@massmail.state.ma.us

**ADDITIONAL FOCUS GROUP PARTICIPANTS****Alex**

Peer  
Beacon Recovery Community Center

**Samuel Banks**

Probation Officer  
Northern Berkshire District Court

**Barby Cardillo**

Peer  
Beacon Recovery Community Center

**Paul Gregory**

Director of Substance Abuse Services  
Berkshire County Sheriff's Office

**Michelle Mechta**

Attorney  
Committee for Public Counsel Services

**Nancy Pieraccini**

Director of Health Services  
Berkshire County Sheriff's Office

**Jeffrey Standring**

Director, Behavioral Health  
Community Partner Program  
The Brien Center

**Adriane Strolle**

Assistant Program Director  
Child and Adolescent Division  
The Brien Center

**Jean Tatro**

Associate Probation Officer  
Northern Berkshire District Court

**Tori Wilhelm**

Probation Officer  
Northern Berkshire District Court

**Linda Wooten**

Program Supervisor  
Child and Adolescent Division  
The Brien Center

## APPENDIX B: RESOURCES

<b>Massachusetts Web Sites</b>	
Massachusetts Trial Court	<a href="http://mass.gov/courts">mass.gov/courts</a>
Massachusetts Community Justice Project	<a href="http://mass.gov/massachusetts-community-justice-project">mass.gov/massachusetts-community-justice-project</a>
Department of Public Health: Bureau of Substance Addiction Services	<a href="http://mass.gov/dph/bsas">mass.gov/dph/bsas</a>
Department of Mental Health	<a href="http://mass.gov/dmh">mass.gov/dmh</a>
Substance Use Helpline (treatment finder)	<a href="http://helplinema.org">helplinema.org</a>
Massachusetts Behavioral Health Access (treatment availability)	<a href="http://mabhaccess.com">mabhaccess.com</a>
Massachusetts Rehabilitation Commission	<a href="http://mass.gov/eohhs/gov/departments/mrc">mass.gov/eohhs/gov/departments/mrc</a>
Massachusetts Center of Excellence for Specialty Courts	<a href="http://macoe.org">macoe.org</a>
National Alliance on Mental Illness: Massachusetts	<a href="http://namimass.org">namimass.org</a>
Massachusetts Association for Mental Health	<a href="http://mamh.org">mamh.org</a>
Center for Law, Brain and Behavior	<a href="http://clbb.mgh.harvard.edu">clbb.mgh.harvard.edu</a>
Community Health Training Institute	<a href="http://hriainstitute.org">hriainstitute.org</a>
Institute for Health and Recovery	<a href="http://healthrecovery.org">healthrecovery.org</a>
Committee for Public Counsel Services	<a href="http://publiccounsel.net">publiccounsel.net</a>

<b>Additional Web Sites</b>	
Substance Abuse and Mental Health Services Administration	<a href="http://samhsa.gov">samhsa.gov</a>
Council of State Governments Justice Center	<a href="http://csgjusticecenter.org">csgjusticecenter.org</a>
National Alliance on Mental Illness (NAMI)	<a href="http://nami.org">nami.org</a>
National Center on Cultural Competence	<a href="http://nccc.georgetown.edu">nccc.georgetown.edu</a>
National Center for Trauma Informed Care	<a href="http://tash.org/nctic/">tash.org/nctic/</a>
National GAINS Center for Behavioral Health and Justice Transformation	<a href="http://gainscenter.samhsa.gov">gainscenter.samhsa.gov</a>
National Institute of Corrections	<a href="http://nicic.gov">nicic.gov</a>
National Institute on Drug Abuse	<a href="http://drugabuse.gov">drugabuse.gov</a>
National Center for State Courts	<a href="http://ncsc.org">ncsc.org</a>
Office of Justice Programs	<a href="http://ojp.usdoj.gov">ojp.usdoj.gov</a>
Ohio Criminal Justice Center for Excellence	<a href="http://neomed.edu/cjccoe">neomed.edu/cjccoe</a>
Policy Research Associates	<a href="http://prainc.com">prainc.com</a>
SOAR: SSI/SSDI Outreach and Recovery	<a href="http://soarworks.prainc.com">soarworks.prainc.com</a>
Pennsylvania Mental Health and Justice Center for Excellence	<a href="http://pacenterofexcellence.pitt.edu">pacenterofexcellence.pitt.edu</a>



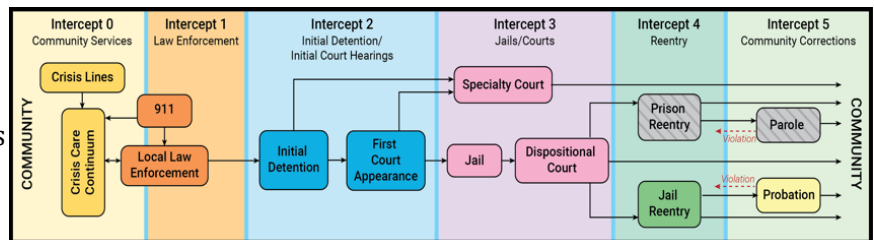
## BEST PRACTICES ACROSS INTERCEPTS

The following information on best practices is adapted from “The Sequential Intercept Model: Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders.”

The *Sequential Intercept Model* provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals with mental illness and/or substance use disorders. Within the criminal justice system there are numerous intercept points — opportunities for linkage to services and for prevention of further penetration into the criminal justice system. This linear illustration of the model shows the paths an individual may take through the criminal justice system, where the intercept points fall, and areas that communities can target for diversion, engagement, and reentry.

The six intercept points are:

1. Community Crisis Services
2. Law Enforcement
3. Initial Detention/Initial Court Hearings
4. Jails/Courts
5. Reentry
6. Community Corrections



### Key Issues at Each Intercept

#### Intercept 0: Community Crisis Services

- ❑ **Mobile crisis outreach teams and co-responders.** Behavioral health practitioners who can respond to people experiencing a behavioral health crisis or co-respond to a police encounter.
- ❑ **Emergency Department diversion.** Emergency Department (ED) diversion can consist of a triage service, embedded mobile crisis, or a peer specialist who provides support to people in crisis.
- ❑ **Police-friendly crisis services.** Police officers can bring people in crisis to locations other than jail or the ED, such as stabilization units, walk-in services, or respite.

#### Intercept 1: Law Enforcement

- ❑ **Dispatcher training.** Dispatchers can identify behavioral health crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.
- ❑ **Specialized police responses.** Police officers can learn how to interact with individuals experiencing a behavioral health crisis and build partnerships between law enforcement and the community.
- ❑ **Intervening with super-utilizers and providing follow-up after the crisis.** Police officers, crisis services, and hospitals can reduce super-utilizers of 911 and ED services through specialized responses.

#### Intercept 2: Initial Detention/Initial Hearings

- ❑ **Screening for mental and substance use disorders.** Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.
- ❑ **Data matching initiatives between the jail and community-based behavioral health providers.**
- ❑ **Pretrial supervision and diversion services to reduce episodes of incarceration.** Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.

#### Intercept 3: Jails/Courts

- ❑ **Treatment courts for high-risk/high-need individuals.** Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and veterans treatment courts.
- ❑ **Jail-based programming and health care services.** Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment.
- ❑ **Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.**

#### **Intercept 4: Reentry**

- ❑ **Transition planning by the jail or in-reach providers.** Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.
- ❑ **Medication and prescription access upon release from jail or prison.** Inmates should be provided with a minimum of 30 days medication at release and have prescriptions in hand upon release.
- ❑ **Warm hand-offs from corrections to providers increases engagement in services.** Case managers that pick an individual up and transport them directly to services will increase positive outcomes.

#### **Intercept 5: Community Corrections**

- ❑ **Specialized community supervision caseloads of people with mental disorders.**
- ❑ **Medication-assisted treatment for substance use disorders.** Medication-assisted treatment approaches can reduce relapse episodes and overdoses among individuals returning from detention.
- ❑ **Access to recovery supports, benefits, housing, and competitive employment.** Housing and employment are as important to justice-involved individuals as access to behavioral health services. Removing criminal justice-specific barriers to access is critical.

#### **Best Practices Across Intercepts**

- ❑ **Cross-systems collaboration and coordination of initiatives.** Coordinating bodies improve outcomes through the development of community buy-in, identification of priorities and funding streams, and as an accountability mechanism.
- ❑ **Routine identification of people with mental and substance use disorders.** Individuals with mental and substance use disorders should be identified through routine administration of validated, brief screening instruments and follow-up assessment as warranted.
- ❑ **Access to treatment for mental and substance use disorders.** Justice-involved people with mental and substance use disorders should have access to individualized behavioral health services, including integrated treatment for co-occurring disorders and cognitive behavioral therapies addressing criminogenic risk factors.
- ❑ **Linkage to benefits to support treatment success, including Medicaid and Social Security.** People in the justice system routinely lack access to health care coverage. Practices such as jail Medicaid suspension vs. termination and benefits specialists can reduce treatment gaps. People with disabilities may qualify for limited income support from Social Security.
- ❑ **Information-sharing and performance measurement among behavioral health, criminal justice, and housing/homelessness providers.** Information-sharing practices can assist communities in identifying super-utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system.

### **Intercept 0: Expanding the Sequential Intercept Model to prevent criminal justice involvement**

#### **Crisis Response**

Crisis response models provide short-term help to individuals who are experiencing behavioral health crisis and can divert individuals from the criminal justice system. Crisis response models include:

- ❖ Certified Community Behavioral Health Clinics
- ❖ Crisis Care Teams
- ❖ Crisis Response Centers
- ❖ Mobile Crisis Teams

#### **Police Strategies**

Proactive police response with disadvantaged and vulnerable populations are a unique method of diverting individuals from the criminal justice system. Proactive police response models include:

- ❖ Crisis Intervention Teams
- ❖ Homeless Outreach Teams
- ❖ Serial Inebriate Programs
- ❖ System wide Mental Assessment Response Team

#### **Tips for Success**

- ❖ Strong support from local officials
- ❖ Community partnerships
- ❖ Law enforcement training
- ❖ Behavioral health staff training

## APPENDIX C: FOCUS GROUPS

Pre-workshop focus groups were held with the Berkshire County Sheriff's Office, Brien Center, Committee for Public Counsel Services, Beacon Recovery Resource Center, and North Adams Police Department to better understand the primary gaps and resources for justice-involved people with substance use and mental health disorders in the Northern Berkshire region.

At the end of each discussion, focus group participants were asked how they would spend \$1 million to address substance use disorder and/or mental health challenges in Northern Berkshire. Responses are listed below in no particular order.

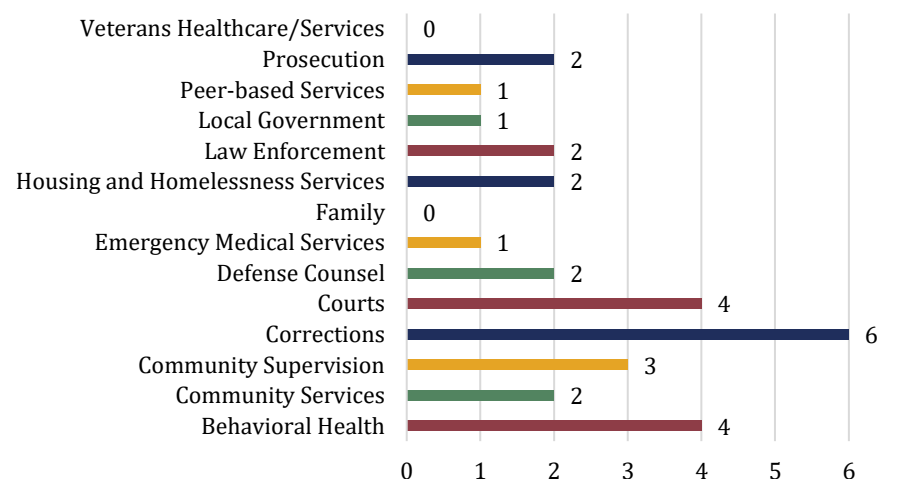
- Reopen the hospital with one door providing the full continuum of care
- Replicate services provided through CHART
- Dedicated intake clinicians who can see people for same-day access
- Address poverty and oppression in the community
- More training for suicide prevention
- Services for youth aged 18-24 (including service transitions)
- Community center open to all that serves as a safe space for everyone (kids, adults, etc.)
- Create self-sustaining supportive sober housing based on the peer model, including agriculture and farming
- Equitable access to treatment and recovery services regardless of socio-economic status
- Reopen the Greylock Pavilion (inpatient mental health/SUD program at the hospital)
- On demand access to crisis/pre-crisis services and connections to care
- Access to detox remains a priority

## APPENDIX D: COMMUNITY SELF-ASSESSMENT

The purpose of the Community Self-Assessment is to ascertain a community's level of collaboration and activities relating to justice-involved adults with mental disorders and/or substance use disorders. This survey was conducted as part of the planning for the Northern Berkshire Community Justice Workshop 2.0. The survey provides an overview of the perceptions on the state of the Northern Berkshire region's criminal justice/behavioral health initiatives and resources.

This Community Self-Assessment is intended to guide identification of opportunities for improving responses to justice-involved adults along the intercept points of the Sequential Intercept Model. The survey consists of 47 items on a Likert scale.\*

### 1. What field do you represent?



n=29

<b>2. Collaboration</b> Please indicate your level of agreement with the statements below as they relate to the Northern Berkshire Region	<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>NEITHER AGREE OR DISAGREE</b>	<b>DISAGREE</b>	<b>STRONGLY DISAGREE</b>	<b>DON'T KNOW</b>
<b>2a.</b> There is cross-system recognition that many adults involved with the criminal justice system are experiencing mental health challenges and/or substance use disorders.	62%	34%	3%	0%	0%	0%
<b>2b.</b> There is cross-systems recognition that responsibility for responding to adults with mental health and/or substance use disorders lies with all systems.	24%	48%	3%	24%	0%	0%
<b>2c.</b> The criminal justice and behavioral health systems are engaged in collaborative and comprehensive efforts to foster a shared understanding of gaps at each point in the justice system.	7%	31%	31%	24%	3%	3%
<b>2d.</b> Family members of people with mental health and/or substance use disorders are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	0%	28%	21%	34%	3%	14%
<b>2e.</b> People with lived experience of mental health challenges, substance use disorders, and the justice system are engaged as stakeholders on criminal justice and behavioral health collaborations, such as committees, task forces, and advisory boards.	0%	38%	17%	34%	0%	10%
<b>2f.</b> Stakeholders have established a shared mission and common goals to facilitate criminal justice and behavioral health collaboration.	0%	28%	28%	34%	0%	10%

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW
<b>2g.</b> Stakeholders engage in frequent communication on criminal justice and behavioral health issues, including opportunities, challenges, and oversight of existing initiatives.	0%	21%	25%	39%	0%	14%
<b>2h.</b> Stakeholders focus on overcoming barriers to implementing effective programs and policies for justice-involved adults with mental health challenges and/or substance use disorders.	0%	31%	34%	31%	0%	3%
<b>2i.</b> Based on research, evidence, and guidance on best practices, stakeholders are willing to change beliefs, behaviors, practices, and policies relating to justice-involved adults with mental health challenges and/or substance use disorders.	3%	28%	52%	7%	0%	10%
<b>2j.</b> Criminal justice and behavioral health agencies share resources and staff to support initiatives focused on adults with mental health and/or substance use disorders in the justice system.	3%	28%	24%	31%	7%	7%
<b>2k.</b> Criminal justice and behavioral health agencies share data on a routine basis for the purposes of program planning, program evaluation, and performance measurement.	4%	15%	15%	37%	7%	22%
<b>2l.</b> Criminal justice and behavioral health agencies engage in cross-system education and training to improve collaboration and understanding of different agency priorities, philosophies, and mandates.	0%	29%	36%	14%	7%	14%

<b>3. Identification</b> <i>Please indicate your level of agreement with the statements below as they relate to the Northern Berkshire Region</i>	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW
<b>3a.</b> Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for mental health disorders by standardized instruments with demonstrated reliability and validity.	7%	18%	18%	32%	11%	14%
<b>3b.</b> Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for substance use disorders by standardized instruments with demonstrated reliability and validity.	7%	25%	21%	29%	11%	7%
<b>3c.</b> Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for violence and trauma-related symptoms by standardized instruments with demonstrated reliability and validity.	18%	4%	21%	25%	7%	25%
<b>3d.</b> Beginning at the earliest points of contact with the criminal justice system, adults are universally screened for suicide risk by standardized instruments with demonstrated reliability and validity.	19%	26%	22%	11%	4%	19%
<b>3e.</b> There are procedures in place to access crisis behavioral health services for adults at any point of contact with the criminal justice system.	11%	25%	18%	18%	7%	21%

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW
<b>3f.</b> Mental health assessments are conducted on a routine basis whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	7%	25%	14%	25%	4%	25%
<b>3g.</b> Substance use assessments are conducted on a routine basis whenever a screening instrument indicates any such need for adults in contact with the criminal justice system.	14%	14%	21%	21%	4%	25%
<b>3h.</b> Risk assessments are performed in conjunction with screening and assessments to inform treatment and programming recommendations that balance public safety and behavioral health treatment needs.	18%	11%	25%	18%	4%	25%
<b>3i.</b> Information obtained through screening and assessments is never used in a manner which jeopardizes an adult's legal interests.	14%	25%	21%	4%	0%	36%
<b>3j.</b> Screens and assessments are administered on a routine basis as adults move from one point in the criminal justice system to another.	7%	18%	18%	25%	0%	32%
<b>3k.</b> Data-matching between criminal justice agencies and behavioral health providers occurs on a routine basis to identify people currently and formerly involved with the criminal justice system.	0%	11%	18%	46%	7%	18%

<b>4. Strategies</b> <i>Please indicate your level of agreement with the statements below as they relate to the Northern Berkshire Region</i>	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW
<b>4a.</b> Justice-involved people with mental health and/or substance use disorders have access to comprehensive community-based services.	7%	29%	11%	32%	7%	14%
<b>4b.</b> There are adequate crisis services in place to meet the needs of people experiencing mental health crises.	7%	4%	7%	64%	11%	7%
<b>4c.</b> Emergency communications call-takers and dispatchers are able to effectively identify and communicate details about crisis calls to law enforcement and other first responders.	7%	18%	18%	18%	0%	40%
<b>4d.</b> Law enforcement and other first responders are trained to effectively respond to adults experiencing mental health crises.	0%	32%	21%	25%	7%	14%
<b>4e.</b> Pre-trial strategies are in place to reduce detention of low-risk defendants and to reduce failure to appear rates for people with mental health and/or substance use disorders.	7%	33%	11%	22%	7%	19%
<b>4f.</b> Pre-adjudication diversion strategies are as equally available as post-adjudication diversion strategies for individuals with mental health and/or substance use disorders.	0%	7%	18%	36%	7%	32%
<b>4g.</b> Treatment courts are aligned with best practice standards and oriented to serve high-risk/high-need individuals.	7%	32%	25%	7%	7%	21%



	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW
<b>4h.</b> Jail-based programming and health care meets the complex needs of individuals with mental health and/or substance use disorders, including behavioral health care and chronic health conditions (e.g., diabetes, Hepatitis-C, HIV/AIDS).	14%	18%	14%	21%	11%	21%
<b>4i.</b> Jail transition planning is provided to inmates with mental health challenges to improve post-release recidivism and health care outcomes.	22%	22%	19%	7%	7%	22%
<b>4j.</b> Psychotropic medication or prescriptions are provided to inmates with mental health challenges to bridge the gaps from the day of jail release to their first appointment with a community-based prescriber.	18%	18%	18%	14%	7%	25%
<b>4k.</b> For persons entering the jail who are stable on a medication for opioid use disorder, all three medications (buprenorphine, methadone, naltrexone) are available for continuation, to reduce risk of relapse and overdose following release from incarceration.	0%	11%	11%	41%	7%	30%
<b>4l.</b> For persons entering the jail who are potential candidates to begin treatment with a medication for opioid use disorder, all three medications (buprenorphine, methadone, naltrexone) are available for induction, to reduce risk of relapse and overdose following release from incarceration.	0%	7%	11%	46%	11%	25%
<b>4m.</b> Community supervision agencies (probation and parole) field specialized caseloads for individuals with mental health challenges to improve public safety outcomes, including reduced rates of technical violations.	0%	11%	21%	7%	18%	43%
<b>4n.</b> Strategies to intervene with justice-involved adults with mental health and/or substance use disorders are evaluated on a regular basis to determine whether they are achieving the intended outcomes.	4%	7%	25%	14%	7%	43%
<b>4o.</b> Evaluation results are reviewed by representatives from the behavioral health and criminal justice systems.	0%	18%	21%	21%	4%	36%

<b>5. Services</b> <i>Please indicate your level of agreement with the statements below as they relate to the Northern Berkshire Region</i>	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW
<b>5a.</b> Adults with mental health and/or substance use disorders in contact with the criminal justice system have access to a continuum of comprehensive and effective community-based behavioral health care services.	0%	35%	14%	29%	11%	11%
<b>5b.</b> Regardless of setting, all behavioral health services provided to justice-involved adults are evidence-based practices. Evidence-based practices are defined as manual-based interventions with demonstrated positive outcomes based on repeated rigorous evaluation studies.	0%	11%	14%	32%	7%	36%
<b>5c.</b> Behavioral health service providers understand how to put the risk-need-responsivity framework into practice with justice-involved adults with mental health and/or substance use disorders.	0%	25%	11%	29%	0%	36%

	STRONGLY AGREE	AGREE	NEITHER AGREE OR DISAGREE	DISAGREE	STRONGLY DISAGREE	DON'T KNOW
<b>5d.</b> Justice-involved adults are fully engaged with behavioral health providers on the development of their treatment plans.	4%	25%	18%	18%	11%	25%
<b>5e.</b> Access to housing, peer support, employment, transportation, family, and other recovery supports for justice-involved adults with mental health and/or substance use disorders are significant priorities for behavioral health providers.	7%	44%	7%	19%	4%	19%
<b>5f.</b> Justice-involved adults with mental health and/or substance use disorders receive assistance in obtaining legal forms of identification and benefits assistance (e.g., Medicaid/Medicare and Social Security disability benefits).	14%	32%	11%	14%	4%	25%
<b>5g.</b> The services and programs provided to justice-involved adults by the behavioral health and criminal justice systems are culturally sensitive and designed to meet the needs of people of color.	0%	30%	30%	19%	4%	19%
<b>5h.</b> There are gender-specific services and programs for women with mental health and/or substance use disorders involved with the criminal justice system.	4%	32%	11%	14%	4%	36%
<b>5i.</b> Behavioral health providers, criminal justice agencies, and community providers share information on individuals with mental health and/or substance use disorders, to the extent permitted by law, to assist effective delivery of services and programs.	11%	25%	14%	21%	7%	21%

## APPENDIX E: ACTION PLAN

<b>Priority:</b> Regular Meeting of Key Community Partners to Discuss High-Risk Individuals (develop information sharing agreements, coordinate outreach services: pre-crisis, post-crisis, post-incarceration, post-Section 35, post-overdose, people with SMI)					
<b>Objective</b>	<b>Activities/Tasks</b>	<b>Resources</b>	<b>Timeframe</b>	<b>Barriers</b>	<b>Responsibility</b>
Identify individuals who need support: People involved with mental health and SUD who are not engaging and fall through the cracks. May be transient people who do not have a fixed residence. Often justice involved. Housing contributes to transient	Have connection SOON after release for folks post incarceration. Warm handoffs to provider community.  Desire for defense council to have a way to give input into this.	Baystate high frequency utilizer meeting		Covid. Housing.	
Keep people safe and health in community and reduce engagement with court system.	Effective communication. Mechanisms for information sharing. Explore mechanisms for sharing information in a de-identified way Within Brien: Multi-practice meeting looking at high risk individual and where gaps are. This meeting will start on a monthly basis beginning in January. 42CFR. De-identify individuals, Redact handout information, encrypted emails.	Shelter placement/housing needs.		42CFR federal requirements around information sharing: Hard to confirm what services are being received unless client signs a release. Supposed to protect patients in a federally funded treatment agency (not protected when folks are medically admitted). An old law that goes back to folks being fired for receiving treatment. Now more of a hindrance. So Shannon says they require patients to sign a release of information to allow info sharing> QAOA with providers in the county that provide clear definitions of roles for each organization but does not give permission to share information.	
Identify gaps, develop shared knowledge base around serving high risk individuals	DV cases: law enforcement folks have access to CORI information. Could this model apply.	Look at other models and how they share information. SWVHC  BHCP Brien Center meets with ACO also ACCS which has DMH funded individuals. Meet regularly with local health systems to discuss individuals with complex needs and historical problems with recidivism.			

<p>Reentry team works with individual while incarcerated and Brien Center participates in re-entry planning meetings. Has improved success rate of client engagement since they began participating. They have insurance and IDs before they leave. contact Social security, probation. A place to live. Many of the problems we have are housing related. If they don't want to go to homeless shelter and have no place to go that is a high risk group someone would be aware of. They are asked to sign a release. Problem with asking people to sign a release for re - entry roundtable-- folks don't want their CORI information shared.</p>	<p>Develop qualified service organization agreements (QSOAs) Post suicide review as well. Case workers who can provide follow up.</p>	<p>Have coaches (recovery coaches) who may attend the monthly meetings to share how they are supporting folks coming out of house of corrections or at risk of justice system involvement.</p>		<p>Barrier: if justice system is in room providers do not wish to disclose information. Should defense counsel v. DA be in room. Complicated roles for legal representatives. How to navigate that to still allow information sharing.</p>	
---	---	--	--	--	--

<b>Priority:</b> Training and Education Across Justice Intercepts and Among Community Providers (identifying and working with people with substance use disorder, mental illness, trauma; de-escalation and Crisis Intervention Team; suicide prevention; harm reduction; motivational interviewing; stigma; impact of and addressing poverty; community resources and how to access;18-24; gender-specific)					
<b>Objective</b>	<b>Activities/Tasks</b>	<b>Resources</b>	<b>Timeframe</b>	<b>Barriers</b>	<b>Responsibility</b>
Could public defenders office be connected to trainings in the trial courts? Similar to bench/bar trainings.		Mass Behavioral Health Partnership, Patty Gavin/Mass Trial Court office in Clinton			
Practice the training...consider VA models for CBT and ACT. Regular meetings following the trainings. Get connected with a coach/mentor following the training to reinforce new skills.					
Streamlined version of CIT: currently a 40 hour course, hard to keep people's attention.	Consider train the trainers, or abridged version for some and intense version for others				
Continue Trauma-Informed Berkshire County Trainings, expand to more city/towns, bring back SAMHSA trainers Leverage technology to offer virtual trainings, self-paced trainings to reach more people across different sectors, different work shifts De-escalation training across sectors Does everyone know about BOAPC trainings County training calendar Cost of trainings decreased Centralized hub for trainings/trainers start small, then build start with agencies presenting to each other on their services					

<b>Priority:</b> Family Support (family navigator for Section 35; coordination for justice-involved & child welfare involved persons; Family Treatment Court)					
<b>Objective</b>	<b>Activities/Tasks</b>	<b>Resources</b>	<b>Timeframe</b>	<b>Barriers</b>	<b>Responsibility</b>
Family/Systems Navigator available to the court [Medford Court has one]	Family Resource Center  Staff within other community based organizations that provide similar support	Tim Morey to provide the training to someone, as it is really not in Tim's job to do this... but he has the skill and chooses to do this	Unclear... needs more attention to details	Numbers may not justify a full time person.  Remote hearings may be a permanent thing for Section 35 Tim won't be there forever & not really within his job  Questions with confidentiality from the Defense Bar perspective, may be a barrier	Someone to be available to the court when someone is filing a Section 35  Be able to ask questions/"screen" for criteria and inform about what the Judge might ask  Also do follow up with the family when the Section 35 is not successful or follow up with family post commitment
<p>Clerk Morey's office does a lot of work on this within the court, Probation also helps.... barriers because of those people wearing multiple hats within the court. Question: Do families understand that the Section 35 process is "adversarial" process? There is a right to oppose the Section 35 and the respondent gets an attorney.... Tim Morey does a good job of explaining this process.</p> <p>Thoughts that people do not fully understand the process... main thing people do not understand is the "risk of harm" aspect of the Section 35 process. People also do not understand that when Sectioned, the person can be sent far away. Dr. Reiss does try to explain process and potential path that will be followed.</p> <p>How many Section 35s this year? 30 since July 1 Can sometimes go several weeks or longer without a Section 35.</p> <p>Because numbers are low, North County has the time and the building is more adequate to support people/families in a Section 35 matter</p> <p>Could the victim witness advocate be the person to stand by the family during the filing a Section 35?</p> <p>Can this person do the follow up after a civil commitment? Question about case management after release from inpatient treatment?</p> <p>DA's office has considered adding this work to the Victim's Assistance Advocate, challenges with finding funding for a part time position.</p> <p>Could this be a peer [Learn to Cope Parent]</p>					



## APPENDIX F: WORKSHOP EVALUATION

### Day 1: Sequential Intercept Mapping

n=26

What is your role in the community?	
Criminal Justice: Law Enforcement, Courts, Corrections, Attorneys, etc.	61%
Service Provider: Treatment, Healthcare, Harm Reduction, Housing/Homelessness, Recovery Support, etc.	26%
Other	13%

Please rate the extent to which you agree or disagree that today's workshop met each of its goals.	STRONGLY AGREE/ AGREE
1. This <i>Sequential Intercept Mapping</i> workshop helped identify resources, gaps and duplication in our community.	92%
2. The workshop provided ample opportunities for networking and information sharing.	81%
3. The workshop helped us to determine priorities for change.	92%
4. The workshop emphasized the importance of cross-sector collaboration and the use of best practices.	92%

Please rate program aspects	STRONGLY AGREE/ AGREE
1. Overall I am satisfied with the content and quality of the workshop.	96%
2. The workshop was well organized.	96%
3. Relevant examples were given during the presentations.	88%
4. The facilitators demonstrated a high level of expertise on the subject matter presented.	96%
5. The facilitators were well prepared concerning key issues and needs of the community.	96%
6. Training materials and resources provided were helpful.	96%
7. There was representation from key services and decision-makers.	96%
8. There was opportunity for engagement of all participants, including people with lived experience, mental health, substance use disorder, criminal justice, housing and social service providers.	88%

### Day 2: Taking Action for Change

n=6

What is your role in the community?	
Criminal Justice: Law Enforcement, Courts, Corrections, Attorneys, etc.	40%
Service Provider: Treatment, Healthcare, Harm Reduction, Housing/Homelessness, Recovery Support, etc.	60%
Other	0%

Please rate the extent to which you agree or disagree that today's workshop met each of its goals.	STRONGLY AGREE/ AGREE
1. The workshop prepared us to implement systems change.	100%
2. The action plan developed today contains several attainable, low-cost action steps that will likely result in positive changes.	100%
3. The workshop provided ample opportunities for networking and information sharing.	100%
4. The workshop emphasized the importance of cross-sector collaboration and the use of best practices.	100%

Please rate program aspects	STRONGLY AGREE/ AGREE
1. Overall I am satisfied with the content and quality of the workshop.	100%
2. The workshop was well organized.	100%
3. Relevant examples were given during the presentations.	100%
4. The facilitators demonstrated a high level of expertise on the subject matter presented.	100%
5. The facilitators were well prepared concerning key issues and needs of the community.	100%
6. Training materials and resources provided were helpful.	100%
7. There was representation from key services and decision-makers.	100%
8. There was opportunity for engagement of all participants, including people with lived experience, mental health, substance use disorder, criminal justice, housing and social service providers.	100%