Massachusetts Community Justice Project

An Initiative of the Massachusetts Trial Court

Massachusetts Community Justice Workshop Report

Hingham District Court Jurisdiction:

Hanover, Hingham, Hull, Norwell, Rockland, and Scituate

The Massachusetts Center of Excellence for Specialty Courts
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Mass DMH Department of Mental Health

MA Department of Public Health BSAS Bureau of Substance Abuse Services
Prevent • Treat • Recover • For Life

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 Hingham District Court jurisdiction on December 1st and 2nd, 2016. This report includes:

- A brief review of the origins, background and framework 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 a list of resources to help the partners in the court jurisdiction action plan and achieve their goals.

The workshop was attended by 67 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, crisis services, human services, corrections, advocates, family members, consumers, law enforcement, veterans' services, and the courts. A complete list of participants is available in Appendix A.

The workshop was facilitated by Ben Cluff, Veterans Services Coordinator, Department of Public Health's Bureau of Substance Abuse Services; Marisa Hebble, Massachusetts Community Justice Project Coordinator, Massachusetts Trial Court; and Annmarie Galvin, Scituate FACTS Director.

The planning committee for this workshop was chaired by Judge Heather Bradley, First Justice of the Hingham District Court. Planning committee members are indicated in Appendix A.

Communities included in this mapping: Hanover, Hingham, Hull, Norwell, Rockland, and Scituate.

Background of the Massachusetts Community Justice Project:

The Massachusetts Community Justice Project (originally known as the Sequential Intercept Model Project) is a Massachusetts Trial Court initiative. The Project was developed and realized through the efforts of the Trial Court Task Force on Mental Health and Substance Abuse. This interagency Task Force, chaired by Chief Justice Paula Carey, includes key stakeholders from the Trial Court, Department of Mental Health, Department of Public Health's Bureau of Substance Abuse Services, Department of Corrections, Committee for Public Counsel Services, and Sheriffs' and District Attorneys' Offices.

The Project is designed to facilitate effective and sustainable collaborations at the local level between justice system, treatment and recovery support systems, and community agencies. Utilizing *Sequential Intercept Mapping* and collective action planning, the Project seeks to promote recovery for people with mental illness and/or addiction, 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.[1]

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.[2]

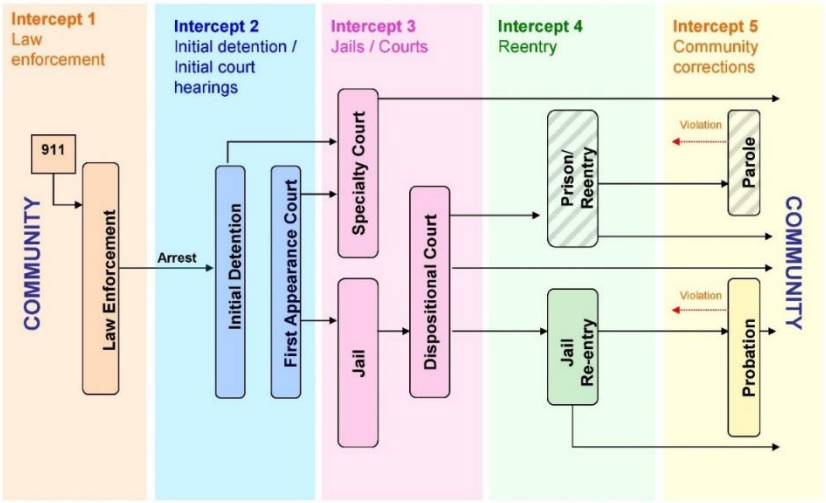
[1] SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model.* Delmar, NY: Policy Research Associates, Inc.

[2] 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 1: Law Enforcement and Emergency Services
- 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.



The Massachusetts Community Justice Project is including a discussion of Intercept Zero at every workshop. Intercept Zero encompasses the places in the community where people with mental illness and/or addiction can have their needs identified and be connected with treatment and recovery resources before intersecting with the justice system. Intercept Zero includes (but is not limited to): schools, healthcare providers, mental health treatment providers, homeless shelters, and human service agencies.

About the Workshop:

Community Justice Workshops 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 system, mental health and addiction treatment systems, recovery support and human service agencies. Front-line staff as well as people with lived experience are also at the table and are important contributors.

Objectives of the workshop include:

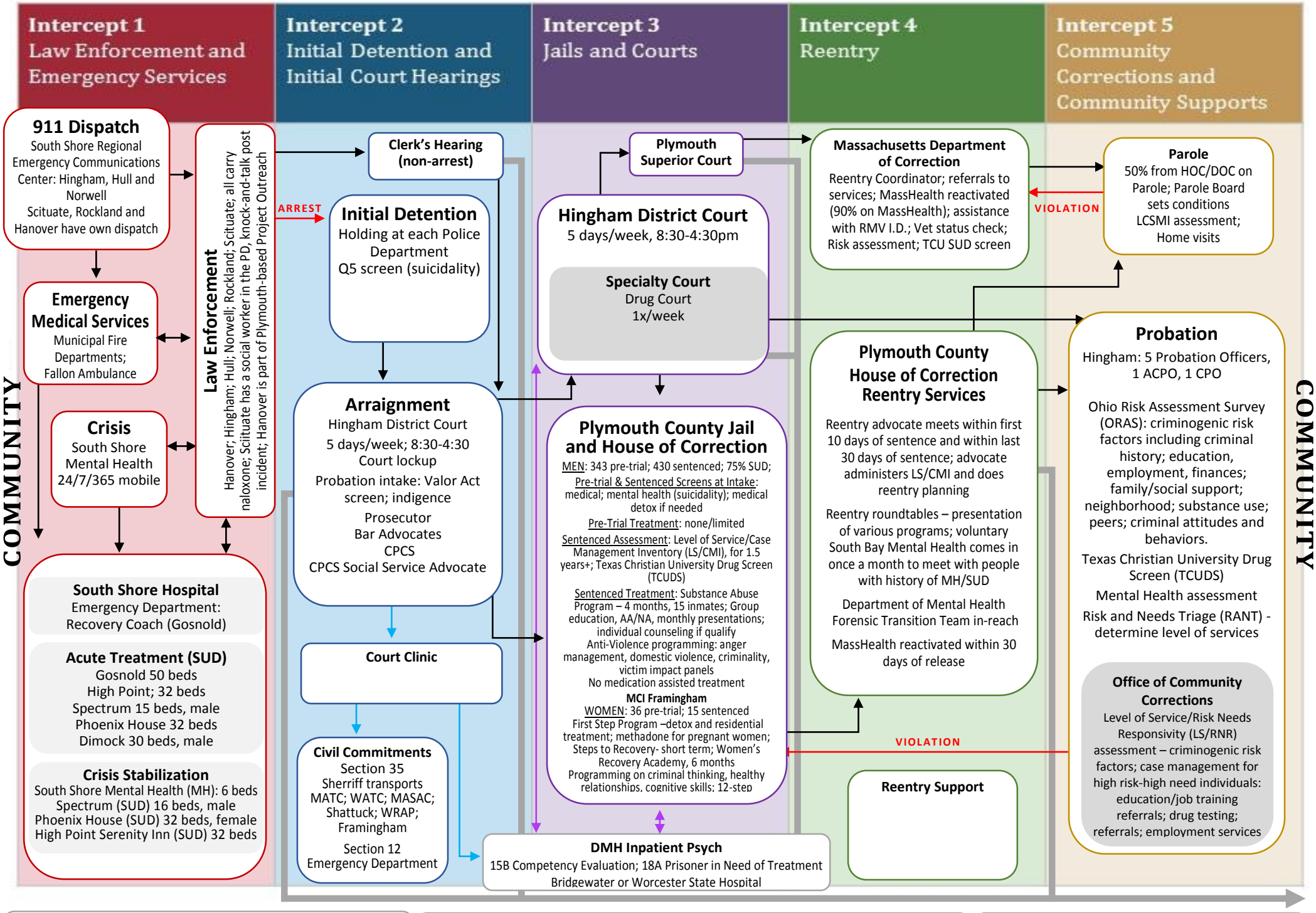
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region's criminal justice system along the five distinct intercept points.
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities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

Hingham Regional Community Justice Workshop

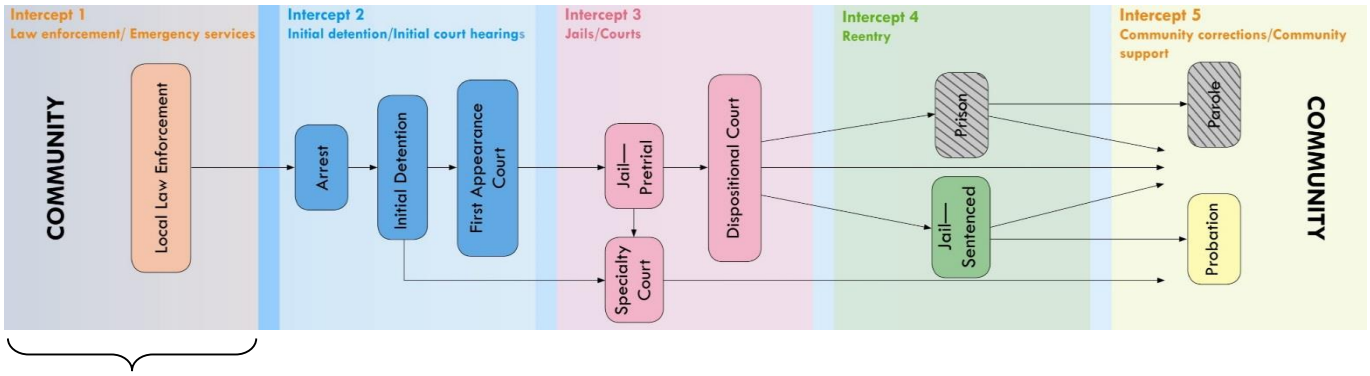
Following is a *Sequential Intercept Model* map, a list of local resources as well as gaps, priorities, and an initial action plan developed during the workshop.

***NOTE:** The map, resources, gaps and priorities were identified during the facilitated, interactive, group portion of the workshop. As such, they are based solely upon the perspective and opinions of those present at the workshop.*

Hingham District Court Jurisdiction Map



Intercept 1: Law Enforcement and Emergency Services



Resources

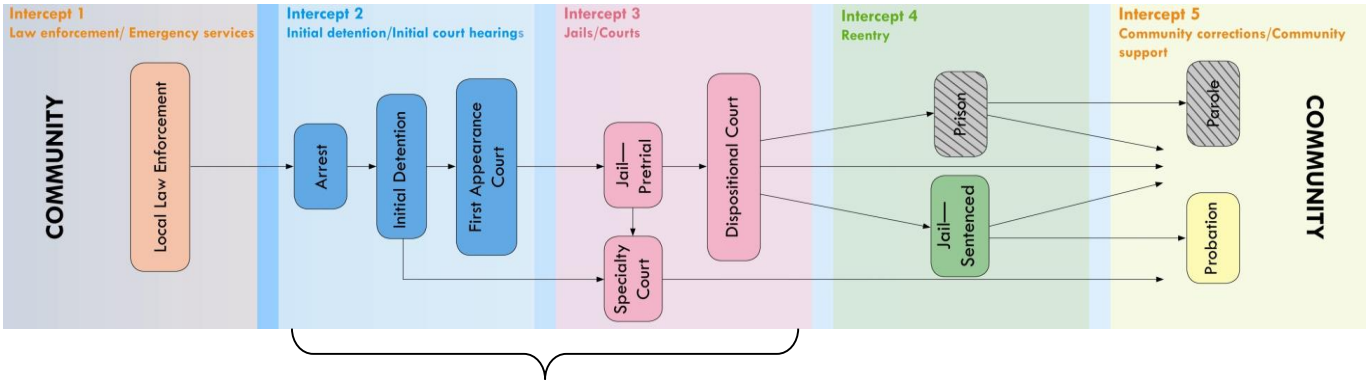
- Brockton - Group of officers who try to establish relationships with people who have mental health issues; Plymouth House of Corrections is attempting to start this
- Hanover – Police send people in crisis to South Shore Hospital (no/limited resources for follow up); Hanover Fire Department seeing increase in behavioral health calls; If opiate overdose, Project Outreach resources provided: all officers carrying NARCAN
- Hingham –Veteran's Agent within the Town Hall
- Scituate – Police refer crises to South Shore Hospital; document remarks to officers, family, etc., and send to ER, follow up by officer and social services; if opiate overdose, recovery coach follow-up to inform family about resources; police partner with South Shore Peer Recovery; Mental Health First Aid training for some officers; new recruits have emotionally disturbed person training in academy
- Quincy –Police partner with South Shore Hospital with emergency service providers for crises or pre-crisis
- Bay State Community Services - Open access hours (M-F 9:30-11:30); first-come, first-serve for outpatient therapy; 6 weeks wait for psychiatrist (must participate regularly in therapy)
- Emergency Department – asks about prior military service
- Manet Community Health – In Hull: follows up with police officers
- Hingham District Court Probation –meeting with police chiefs; forwarded reports about overdoses
- NARCAN: all local towns are equipped
- Dispatchers receive training in handling mental health crisis, online training, listen to sample calls, have cards regarding pertinent questions to ask

Gaps

- Resources for opioids and referrals for psychiatric services; 70% increase in behavioral health referrals, 50% in substance use referrals in the Emergency Department
- Timely access to treatment; long wait for in-patient psychiatric units; 30 holds in a 60 bed facility is frequent; Children with autism aging out are taking spaces; more alcohol than opioid referral from Scituate to South Shore Hospital; No way to connect people to services through out-patient; Emergency Department can stabilize but then they drop off when they re-enter the community, especially in regards to medication
- Insurance barriers; uninsured or not having the right coverage for certain services
- Emergency service provider underutilized for stabilization services
- Police departments would like access to a trained clinician/emergency service provider as a co-responder when people are in pre-crisis or crisis
- Training for Emergency Medical Services/First Responder personnel on behavioral health – Crisis Intervention Team training, Mental Health First Aid, local resources

***NOTE:** These resources and gaps were identified during the facilitated, interactive, group portion of the workshop. As such, they are based upon the perspective and opinions of those present at the workshop.*

Intercepts 2 and 3: Initial Detention and Initial Court Hearings



Resources

Intercept Two

- All police do Q5 suicide check for people held by law enforcement
- Brockton - Men's Addiction Treatment Center (Section 35 civil commitments90 day commitment period but stay in facility until medically cleared, typically 3 weeks; After-care coordinators try to talk about entering residential (about 20% go); or try to set up out-patient therapy; many refuse any and all after-care services
- Hanover - If just mental health symptoms displayed, cannot go to Emergency Room, must go to one of 3 sites
- Plymouth - Project Outreach town; if second non-fatal overdose, police petition for a Section 35
- Quincy – Bay State has recovery coaches on site Monday through Saturday that can be utilized
- Scituate - Will send to hospital and have officer waiting at the hospital with them if they are in crisis or under the influence
- South Shore Peer Recovery Center: 24 hour a day access by phone and has some group options; Limited drop-in hours though
- Courts: Bail Clerk can set conditions: get evaluation, remain drug/alcohol free; no resources to follow up on weekends; if not bailed – may go to holding at Sheriff's Department; if withdrawing from substances, likely to wind up at the hospital (hard to get bail then)
- Some community health centers have recovery coaches on staff
- Learn to Cope - 24 hour online support and in person meetings; Allies in Recovery – online modules, using the CRAFT evidence-based method
- Committee for Public Counsel Services has social service advocates

Intercept Three

- Framingham - Women go there, 36% held pre-trial, sentenced 15 (estimates)
- Plymouth County Corrections – 343 men being held pre-trial. Military service screen: Utilize DRS system to double check (sentenced and pre-trial). Staff training: Autism; training on MH/SUD/trauma is not widely done. Standard screen-in assessment done for pre-trial: LS-CMI. Treatment comes after men are sentenced; Substance abuse program within the system: 4 months long; 15 inmates; subcontract with High Point; ASUS assessment and TCU assessment. Drug testing: Suboxone and K2 (smuggled in)
- Plymouth Forensic Transition Team: Department of Mental Health clients only; Can consult with those who are going through the application process
- Referrals for treatment made by defense attorneys, probation officers, judges through the Drug Court
- Drug court is post-disposition: Supervised for 18 months, for high risk, high need offenders; in need of long-term structure to reduce risk of recidivism and risk to the community

***NOTE:** These resources and gaps were identified during the facilitated, interactive, group portion of the workshop. As such, they are based upon the perspective and opinions of those present at the workshop.*

Gaps

Intercept Two

- No screening mechanism for mental illness or substance use at booking;
- Psychiatric evaluations are difficult to do when the individuals are already under arrest; limited access to clinicians
- Lack of knowledge/awareness of area resources; Norwell indicates that their resource list is outdated; Trouble with connecting people to resources after they are out on bail
- Emergency Service Provider (crisis services) availability is dependent upon staffing; response can take 30 minutes to 4 hours
- Emergency Department unable to file Section 35 during off-court hours, for both medical personnel and families (Section 35 should be a last resort); 11,000 people seeking Section 35 placements this year (per Chief Justice Dawley)
- No peer support Recovery Learning Center for those identifying primarily as having mental health issues
- Many treatment providers would also like to coordinate with probation, but need consent to communicate between the court system
- Crisis team will not do evaluation if person reports being actively under the influence or any previous use unless they are at the Emergency Department: What constitutes "medical clearance" for these evaluations to occur?
- More information for law enforcement to pass out about Section 35 (FAQ brochure) and local resources
- Judge Bradley wants to address people who are going through detox as early as possible in the day but if they cannot be found early, then they may be on the late buses for transport
- Statute 11-80: for certain drug offenses and no prior history; evaluation for drug dependence by a physician; if treatment is warranted and completed, the case is stayed; does not happen very often
- No forensic evaluation personnel at the courthouse on standby
- Transportation issues: Crucial component of Drug Court; Currently supported by grant; People doing the transporting are part of the support network, especially for people moving into Phase 2 (sober living facilities)
- Some sober living facilities will not accept people on Suboxone or other types of psychiatric medications
- Sober living facilities do not have to be certified if they DO NOT take state funds

Intercept Three

- Need resource pamphlets/brochures at the courthouse to spread information to the community
- Vivitrol is available upon release from House of Corrections, but not in-house at the prison; Discussions are ongoing but protocol has not been developed regarding this
- Some programs have difficulty releasing 30 days of medication when people are transitioned to other areas
- Roger's guardianships are a civil, not criminal, issue; Hard to enforce; Only available for certain types of medications (usually injectable)
- No Mental Health Court
- Programming within the prison: Gap if person does not receive at least a 6 month sentence; AA and NA available first to those in the substance abuse program; Issues with follow-up care for mental health issues when they are preparing to leave jail
- Do not get access to treatment until their first appointment with probation; Must show up in order for that to occur
- Most dangerous population are the people on short sentences who do not have access to treatment in prison
- Competency: Problem is when result is that person is incompetent but not committable to a mental health facility; Competency may be restored by committing to a plan to receive medication, outside services, etc. for stabilization; Can be part of conditions of release; But may not have a place to go to
- Probation would like to do some of the oversight

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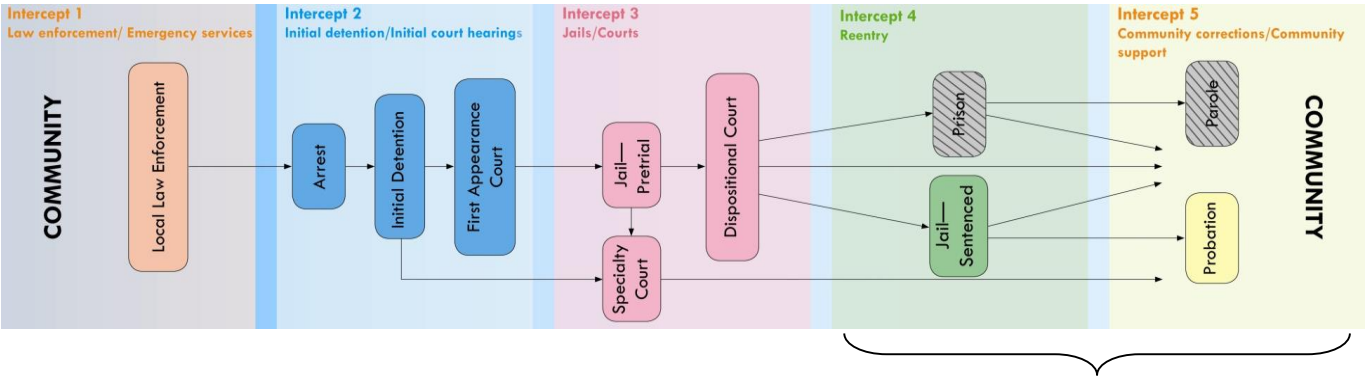
Intercepts 4 and 5: Reentry and Community Supervision



Resources

Intercept Four

- Plymouth House of Corrections: Referrals to outside support are being made. 3rd quarter of 2016 data: 21 accepted to programs for substance use; 7 referred to South Bay Mental Health; 62 referred for Vivitrol shots (12 went to first appointment; 5-7 second appointment); 1 sent to shelter; others were referred or given information. No one leaves facility without knowing where they are going as much as possible. Offered Mass Health before leaving; Usually activated 30 days before release. In-house mentors that act as peers. Re-entry roundtables; Presentation of available programming; Confer about the options that they are most likely to utilize; Panels are starting to be done 1x a month instead of every quarter to increase variety. Re-entry advocate does LSCMI screen and re-entry planning; Sees inmate within first 10 days of sentence and within last 30 days of sentence; Re-entry program focuses on life and job skills (Currently not evidence-based). Voluntary 4 month program: South Bay Mental Health comes in about once a month for those with history of mental health or substance issue; Do not regularly make appointments for them when they leave. Lieutenants in charge of zones and medical staff are all NARCAN trained. Split sentences: Exchange of information between probation officers and House of Corrections; Checked every 90 days; Trying to get a list of every person getting released on a weekly basis

Intercept Five

- Bay State Community Services (Quincy): lots of support, collaboration, well-blended programs, wraparound services; collaborate with Sheriff's Department, Parole, and DOC; ongoing communication with probation; 30 days progress reports about compliance; one-stop approach treatment services on site, HISET, random drug testing, community service; sites in Brockton and Plymouth also
- Coalitions: some communities have coalitions but not necessarily across the whole region; Task Force in Hingham and Scituate
- Office of Community Corrections: using the LSRSR; weekly multidisciplinary team meetings including sheriff's department, probation, parole, Bay State clinicians for Office of Community Corrections clients; Staff are trained in trauma informed care; Partner with the Addiction Technology Transfer Center to do motivational interviewing, etc.; Manet Community Health does groups on overdose prevention and NARCAN training through Office of Community Corrections
- Manet Community Health: Health Center in Quincy and in Hull: street level outreach; will Refer to Brockton or Boston if needed
- Probation: Uses ORAS assessment tool and substance abuse/mental health evaluation (TCUDS); ORAS is only used for supervised probations though; Probation officers have weeklong specialist training in addiction for those

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interested; training department to offer programs on trauma, etc.

- Project Outreach has Memorandum Of Understanding with everyone involved; review of overdose reports each month; no follow-up if overdose occurred in another community; acknowledge any outstanding law enforcement issues (warrant, probation matter, etc.); dealt with during follow-up appointment with provider and police department. Hanover: involved parties include police departments, providers of services (Gosnold, High Point, etc.), Plymouth Beth-Israel Deaconness, some private companies. South Shore Hospital is beginning to coordinate with Project Outreach
- Quincy Recovery Center: Open access, cannot turn people away, confidential walk-in; One Life at a Time: peer-run facility does job training for them

Gaps

Intercept Four

- Plymouth House of Corrections: Unknown how many were released with mental health or substance use issues; if on psychiatric medication while incarcerated, they only have access to what is remaining; inmate must ask during exit in order to set up an appointment with an outside provider
- Re-entry program focuses on life and job skills (Currently not evidence-based).
- Not sure if there is overdose prevention education currently being offered to inmates
- Case management upon release is not available
- Outside of the court system: For those who are not guilty (released) or whose cases are dismissed; lack of oversight/case management in most cases; not enough resources to follow up with them
- Info exchange between probation and HOC does not include LS-CMI assessment results or case management plans

Intercept Five

- Best Practices to add to priority list; helpful for more serious cases to have communication with House of Corrections and community resource providers
- Decisions of clients; barrier regarding their care; not signing releases to have outside treatment provider communicate with Probation; Probation needs to follow up to make sure that there is not a reciprocal release that needs to be signed regarding release from outside provider; not wanting to engage in treatment
- Insurance: Requires documentation of progress being made; then reduction of services for visiting nurses
- Sheriff's Department re-entry roundtable: Discuss the release of people and their follow up plans
- Transitions: Long waitlists for affordable housing post-sober living facility; can get paroled to a program but have certain stipulations
- Transportation: to and from court, treatment, etc. is an ongoing struggle for Probation Department; can talk people into going into treatment but not willing to hold spots (timing); no transportation from House of Corrections unless it is to one of three locations or someone else is physically picking them up; may lose bed at program if there is no transportation
- Several boundary spanners in our group
- Champions: Judge Bradley, police chiefs

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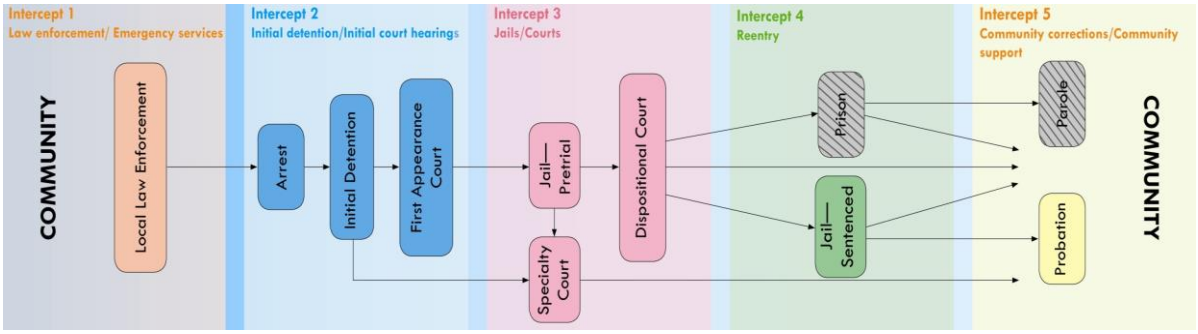
Intercept 0: Pre-Crisis Community Resources/Services



Resources

- Brockton – Recovery high school
- Norwell – Counseling services within the public school system
- Plymouth and 14 other towns - Project Outreach
- Scituate – Case management services with referral from police; social worker
- Manet Community Health – SBIRT for adolescents (screening for risky substance use/addiction); Prevention levels trust fund
- Schools - SBIRT brief intervention for referral to treatment/motivational interviewing to identify early use by medical professionals (will start being used in schools in 2017)
- Wellspring - provides GED, internship, childcare, etc. services
- The Door is Open
- Learn to Cope program in Norfolk County
- Parent Journey – Wellspring is working on developing parent training regarding regaining custody of children for parents with addictions
- And Still We Rise - art therapy/education/programming for prevention and with ex-offenders
- Family Resource Center in Quincy
- Forming recovery community organizations that treat families, have peer support personnel, and serve multiple towns
- Job/apprenticeship programs – Some organizations are attempting to organize these currently (Wellspring)
- Community Support Program (CSP)

Gaps

- Education within the public school system above DARE; science classes where model is that addiction is a disease (LifeSkills)
- Early intervention at the school level; conflicts with MIAA zero-tolerance policy at times
- Supervised suspension with clinician alternative
- EMS training/info on community resources
- More Community Support Programs
- Arts as prevention
- Resources to navigate the behavioral health care system and options based on several factors including: Insurance coverage; age of person; co-occurring substance use; etc.
- Access to treatment for same-day or next-day services
- Awareness that many people 18-24 in the justice system have children under the age of 6
- Primary care provider knowledge

***NOTE:** These resources and gaps were identified during the facilitated, interactive, group portion of the workshop. As such, they are based upon the perspective and opinions of those present at the workshop.*

Priorities

1. Peer support across intercepts (27 votes)
2. Access to treatment: inpatient psych, outpatient, medication management, sober admits (26 votes)
3. Training and resources for first responders: Police, EMS, etc. (13 votes)
4. Cross-sector coalition (12 votes)
5. Re-entry and case management post-release: sentenced and pre-trial releases (9 votes)

- Strategies and services for people who are found not competent, not committable, not guilty, etc. (8 votes)
- Transportation to and from court (7 votes)
- Access to Emergency Service Providers for crisis and pre-crisis: in place and mobile (7 votes)
- Mental health court (6 votes)
- Increase Section 35 awareness and education (3 votes)
- Increase resource information at the courthouse (3 votes)
- Treatment for people held in jail pre-trial (3 votes)
- Outreach to people actively using (2 votes)
- Post-arrest mental health evaluation (2 votes)
- Medication continuity across justice sectors (1 vote)
- Treatment for inmates not in the Residential Substance Abuse Treatment program (1 vote)
- Overdose prevention for inmates (1 vote)
- Sober living facilities not accepting people on certain medications (1 vote)
- Post contact follow-up outreach: mental health and overdose (0 votes)
- Crisis drop off service (0 votes)
- Memorandums Of Understanding: i.e., between Project Outreach, Police, providers, courts (0 votes)

***NOTE:** These priorities were identified during the facilitated, interactive, group portion of the workshop. As such, they are based upon the perspective and opinions of those present at the workshop.*

Parking Lot

- Juvenile Sequential Intercept Mapping

Values

The following values were discussed and agreed upon by the group at the outset of the workshop

- Hope – recovery is possible
- Choice
- Respect – for people with MH/SUD but also each other
- Abolish stigma; abolish negative labeling
- Person-first language
- Celebrate diversity
- Recovery is possible
- Recognize informal and formal education
- Recognize the importance of social connection
- Create safety
- Consider families

Best Practices to Consider Moving Forward

The following information on best practices is adapted from the GAINS Center for Behavioral Health and Justice Transformation, a program of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), administered by Policy Research Associates (www.samhsa.gov/gains-center).

The *Sequential Intercept Model*[3] 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 five intercept points fall, and areas that communities can target for diversion, engagement, and reentry.

The five intercept points are:

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

Action for Service-Level Change at Each Intercept

Intercept 1: Law Enforcement

- 911: Train dispatchers to identify calls involving persons with mental illness and/or substance use disorder and refer to designated, trained respondents.
- Police: Train officers to respond to calls where mental illness and/or substance use disorder may be a factor; Crisis Intervention Team and Mental Health First Aid training.
- Documentation: Document police contacts with persons with mental illness and/or substance use disorder.
- Emergency/Crisis Response: Provide police-friendly drop off at local hospital, crisis unit, or triage center.
- Follow-Up: Provide service linkages and follow-up services to individuals who are not hospitalized and those leaving the hospital.
- Evaluation: Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.

Intercept 2: Initial Detention/Initial Hearings

- Screening: Screen for mental illness and/or substance use disorders at earliest opportunity; initiate process that identifies those eligible for diversion or needing treatment in jail; use validated, simple instrument or matching management information systems; evaluate case information by prosecution, judge/court staff for possible diversion and treatment.

[3] 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.

- Pre-Trial Diversion: Maximize opportunities for pretrial release where appropriate and assist defendants with mental illness and/or substance use disorders in complying with conditions of pretrial diversion.
- Service Linkage: Link to comprehensive services, including care coordination, access to medication, dual diagnosis treatment as appropriate, prompt access to benefits, healthcare, and housing.

Intercept 3: Jails/Courts

- Screening: Inform diversion opportunities and need for treatment in jail with screening information from Intercept 2; utilize evidence-based screening and assessment tools (including Risk/Needs/Responsivity) during incarceration.
- Court Coordination: Maximize potential for diversion in a specialty court or non-specialty court.
- Service Linkage: Link to comprehensive services, including care coordination, access to medication, dual diagnosis treatment as appropriate, prompt access to benefits, health care, and housing.
- Court Feedback: Monitor progress with scheduled appearances (typically directly by court); promote communication and information sharing between non-specialty courts and service providers by establishing clear policies and procedures.
- Jail-Based Services: Provide services consistent with community and public health standards, including appropriate psychiatric medications; coordinate care with community providers.

Intercept 4: Reentry

- Screening: Assess clinical and social needs and public safety risks (Risk/Needs/Responsivity); boundary spanner position (e.g., discharge coordinator, transition planner) can coordinate institutional with community mental health, substance use disorder, and community supervision agencies.
- Coordination: Plan for treatment and services that address needs; GAINS Reentry Checklist (available from http://www.neomed.edu/academics/criminal-justice-coordinating-center-of-excellence/pdfs/sequential-intercept-mapping/GAINSReentry_Checklist.pdf) documents treatment plan and communicates it to community providers and supervision agencies – domains include prompt access to medication, mental health, substance use disorder and health services, benefits, and housing.
- Follow-Up: Identify required community and correctional programs responsible for post-release services; best practices include reach-in engagement and specialized case management teams.
- Service Linkage: Coordinate transition plans to avoid gaps in care with community-based services.

Intercept 5: Community Corrections

- Screening: Screen all individuals under community supervision for mental illness, substance use disorders, and trauma; screen and assess for criminogenic risk (Risk/Needs/Responsivity); link to necessary services.
- Maintain a Community of Care: Connect individuals to employment, including supportive employment; facilitate engagement in dual diagnosis treatment and supportive health services; link to housing; facilitate collaboration between community corrections and service providers; establish policies and procedures that promote communication and information sharing
- Implement a Supervision Strategy: Concentrate supervision immediately after release; adjust strategies as needs change; implement specialized caseloads and cross-systems training

- Graduated Responses & Modification of Conditions of Supervision: Ensure a range of options for community corrections officers to reinforce positive behavior and effectively address violations or noncompliance with conditions of release

Across All Sectors

- Implement education and training for justice system professionals on mental illness, substance use disorders, and trauma
- Increase use of peer support services
- Implement screening tools to identify people with a history of military service
- Implement education for justice system professionals on the use of medication-assisted treatment for substance use disorders

Three Major Responses for Every Community

Three Major Responses Are Needed:

1. Diversion programs to keep people with mental illness and/or substance use disorders, who do not need to be in the criminal justice system, in the community.
2. Institutional services to provide constitutionally adequate services in correctional facilities for people with mental illness and/or substance use disorders who need to be in the criminal justice system because, for example, of the severity of the crime.
3. Reentry transition programs to link people with mental illness and/or substance use disorders to community-based services when they are discharged.

The Sequential Intercept Model has been used by numerous communities to help organize behavioral health service system transformation to meet the needs of people with mental illness and/or substance use disorders involved with the criminal justice system. The model helps to assess where diversion activities may be developed, how institutions can better meet treatment needs, and when to begin activities to facilitate re-entry.

Source: The GAINS Center for Behavioral Health and Justice Transformation, a program of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), administered by Policy Research Associates (www.samhsa.gov/gains-center).

The GAINS Center helps to expand community services for adults who are in the criminal justice system and experiencing a mental and/or substance use disorder. The GAINS Center provides information and skills training to help individuals and organizations at the local, state, regional, and national levels implement effective, integrated programming that will transform the criminal justice and behavioral health systems.

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Appendix B: Action Planning Tools

Priority Area 1: Peer support across intercepts					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 2: Access to treatment					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 3: Training and resources for first responders					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 4: Cross-sector coalition					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 5: Re-entry and case management post-release					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Appendix C: Massachusetts Community Justice Project Resource List

Massachusetts Web Sites	
Massachusetts Trial Court	mass.gov/courts
Department of Public Health: Bureau of Substance Abuse Services	mass.gov/dph/bsas
Department of Mental Health	mass.gov/dmh
Substance Abuse Helpline – Locate Treatment Providers	helpline-online.com
Massachusetts Behavioral Health Access - Treatment Bed Availability	mabhaccess.com
Massachusetts Center of Excellence for Specialty Courts	macoe.org
National Alliance on Mental Illness (NAMI) – Massachusetts	namimass.org
Massachusetts Rehabilitation Commission	mass.gov/eohhs/gov/departments/mrc
Community Health Training Institute – Coalition Training	hriainstitute.org
Learn to Cope – Family Support Network	learn2cope.org
Allies in Recovery – Family Guidance and Training	alliesinrecovery.net
Massachusetts Association for Sober Housing	mashsoberhousing.org
Massachusetts League of Community Health Centers	massleague.org
MassHealth	mass.gov/eohhs/gov/departments/masshealth
Physiology of Addiction Video (online)	vimeo.com/155764747

Additional Web Sites	
Center for Mental Health Services	mentalhealth.samhsa.gov/cmhs
Center for Substance Abuse Prevention	prevention.samhsa.gov
Center for Substance Abuse Treatment	csat.samhsa.gov
Council of State Governments Consensus Project	consensusproject.org
Justice Center	justicecenter.csg.org
Mental Health America	nmha.org
National Alliance on Mental Illness (NAMI)	nami.org
NAMI Crisis Intervention Team Resource Center; and Toolkit	nami.org/cit; nami.org/cittoolkit
National Center on Cultural Competence	nccc.georgetown.edu
National Center for Trauma Informed Care	mentalhealth.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	health.org
National Criminal Justice Reference Service	ncjrs.org
National GAINS Center/ TAPA Center for Jail Diversion	gainscenter.samhsa.gov
National Institute of Corrections	nicic.org
National Institute on Drug Abuse	nida.nih.gov
Network of Care	networkofcare.org
Office of Justice Programs	ojp.usdoj.gov
Ohio Criminal Justice Center for Excellence	neoucom.edu/cjccoe
Partners for Recovery	partnersforrecovery.samhsa.gov
Policy Research Associates	prainc.com
SOAR: SSI/SSDI Outreach and Recovery	prainc.com/soar
Substance Abuse and Mental Health Services Administration	samhsa.gov
Pennsylvania Mental Health and Justice Center for Excellence	pacenterofexcellence.pitt.edu
USF Criminal Justice Mental Health & Substance Abuse Technical Assistance Center	floridatac.org