

Massachusetts Community Justice Project

An Initiative of the Massachusetts Trial Court

Massachusetts Community Justice Workshop Report

Northern Berkshire District Court:

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



The Massachusetts
**Center of Excellence
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**Mass
DMH**
Department of
Mental Health



Northern Berkshire Community Coalition



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 5th and 6th, 2017. This report includes:

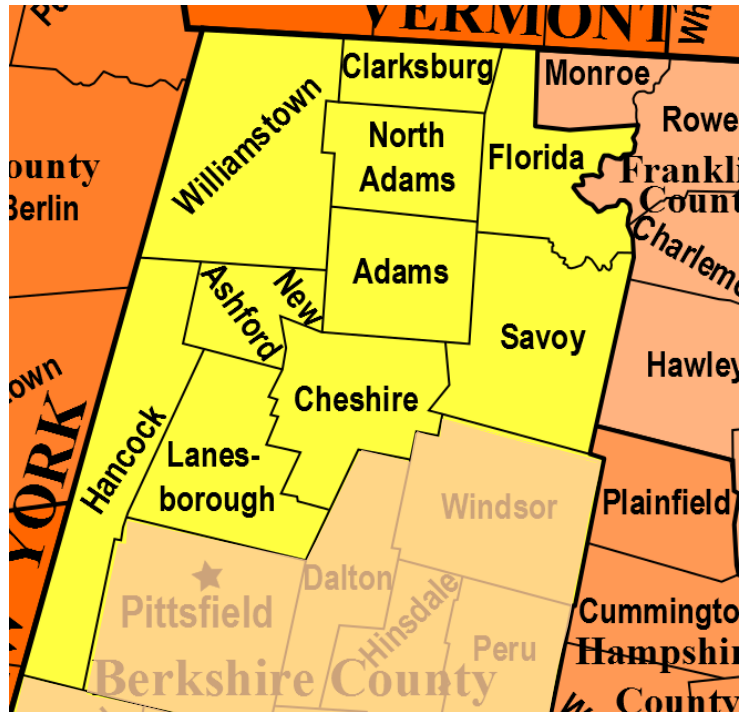
- A brief review of the origins, background and framework of the Massachusetts Community Justice Project and workshop;
- A *Sequential Intercept Map* as developed by the group during the workshop;
- A summary of the information gathered at the workshop;
- A list of best practices and resources to help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

The workshop was attended by 61 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 for the Bureau of Substance Abuse Services at the Department of Public Health; and Marisa Hebble, Coordinator of the Massachusetts Community Justice Project with the Massachusetts Trial Court.

The planning committee for this workshop was chaired by Amber Besaw, Executive Director of the Northern Berkshire Community Coalition. Planning committee members are indicated in Appendix A.

Communities included in this jurisdiction: Adams, Cheshire, Clarksburg, Florida, Hancock, New Ashford, North Adams, Savoy, Williamstown, Windsor.



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.

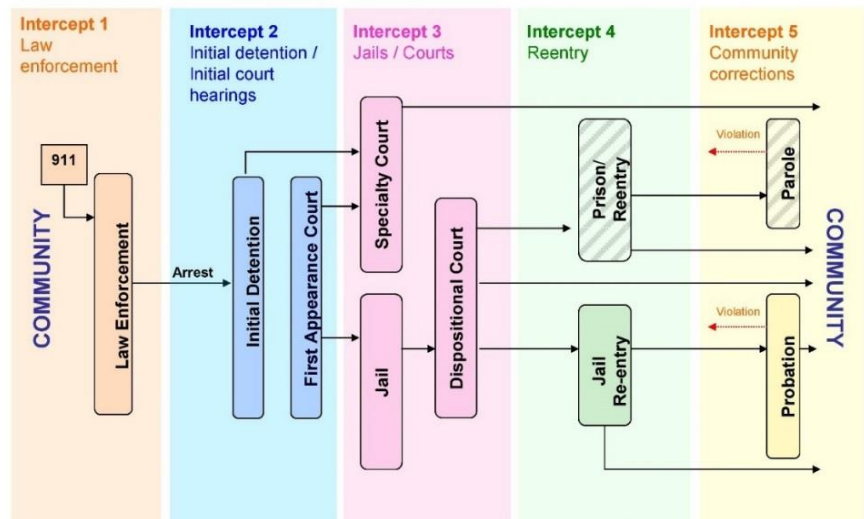
Points of intercept include:

- 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:

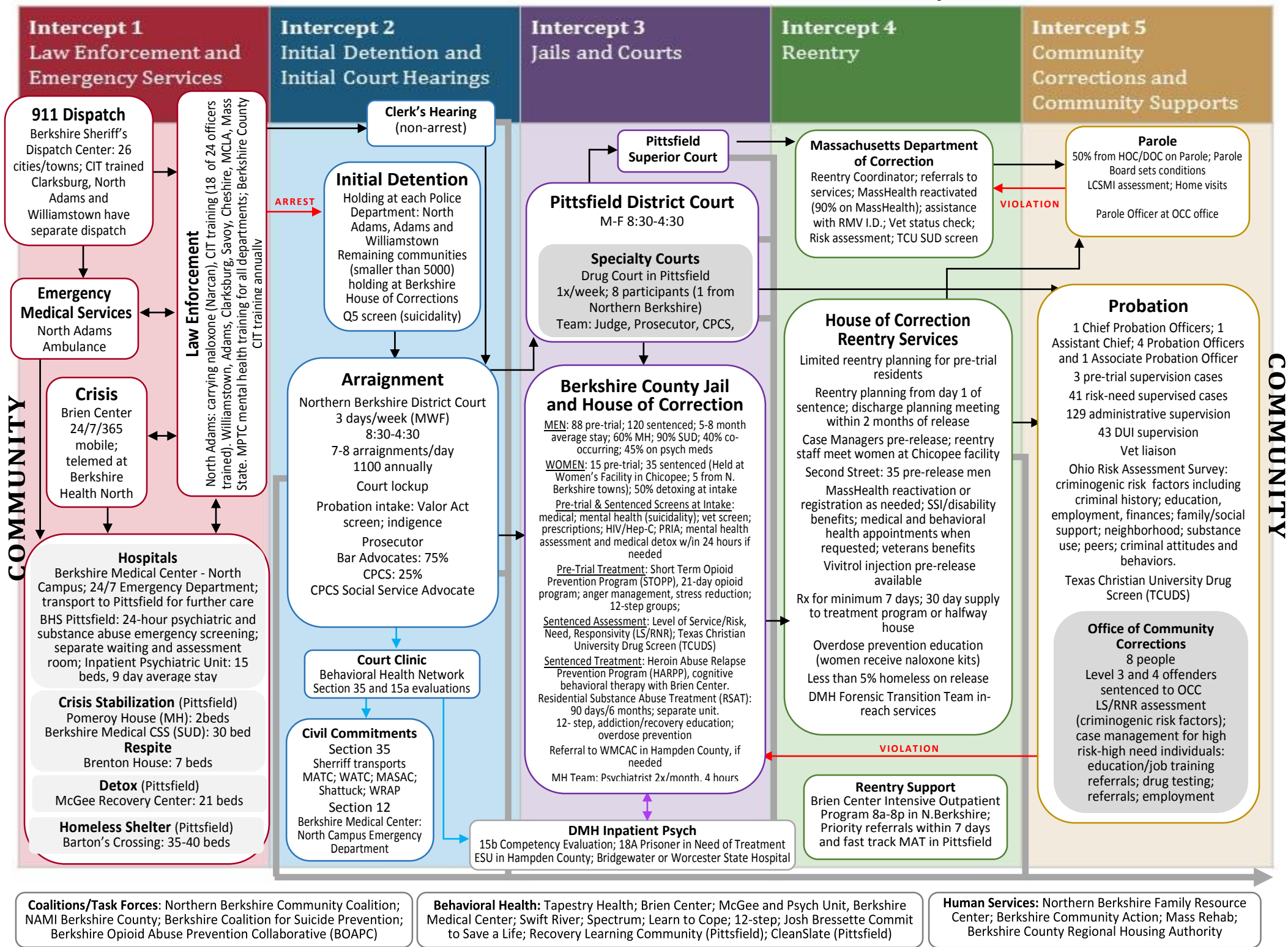
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region's criminal justice system along the five distinct intercept points.
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities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

Northern Berkshire Community Justice Workshop

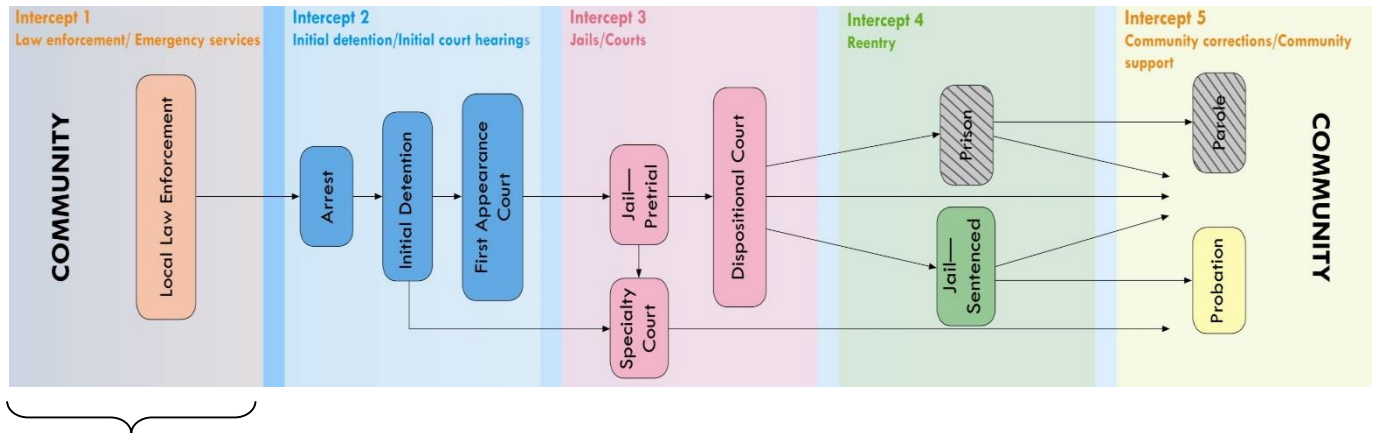
Following is a *Sequential Intercept Model* map, a list of local resources as well as gaps, priorities, and an initial action plan developed during the workshop.

***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.

Northern Berkshire District Court Jurisdiction Map



Intercept 1: Law Enforcement and Emergency Services



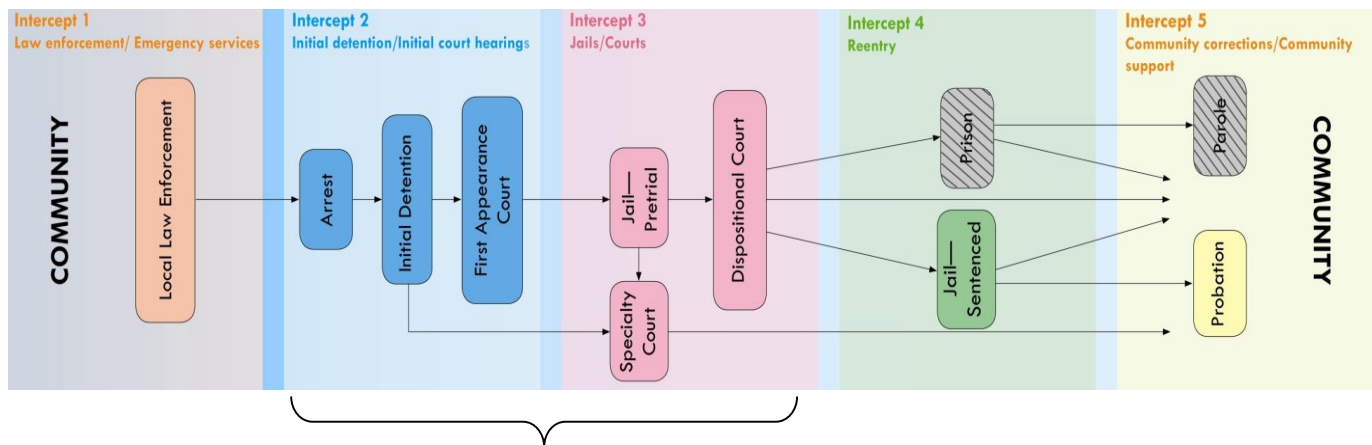
Resources

- Police Academy increased mental health training to 12 hours
- Brien outpatient
- Telemed capabilities at Berkshire Health Systems North, with Crisis team
- NBCC palm cards
- Unused telemed at NBCC
- Faith community
- Louison house – space for potential peer recovery center/living room

Gaps

- Utilizing/integrating faith community
- Co-responder program with police and Brien Center
- Police drop-off system to outpatient at Brien
- More de-escalation training for police
- Veterans screen at police and emergency department
- Training for dispatch
- Develop utilization of telemed at NBCC
- Living Room program in Northern Berkshire
- Trauma training for police

Intercepts 2 and 3: Initial Detention and Initial Court Hearings



Resources

Intercept Two

- Q5 suicidality screen at police holding and regional lock-up (Sheriff's Office)
- CPCS Social service advocate
- NBCC volunteer training

Intercept Three

- Possible to use OCC services pre-trial (legislation pending)
- Commercial sexual exploitation training done

Gaps

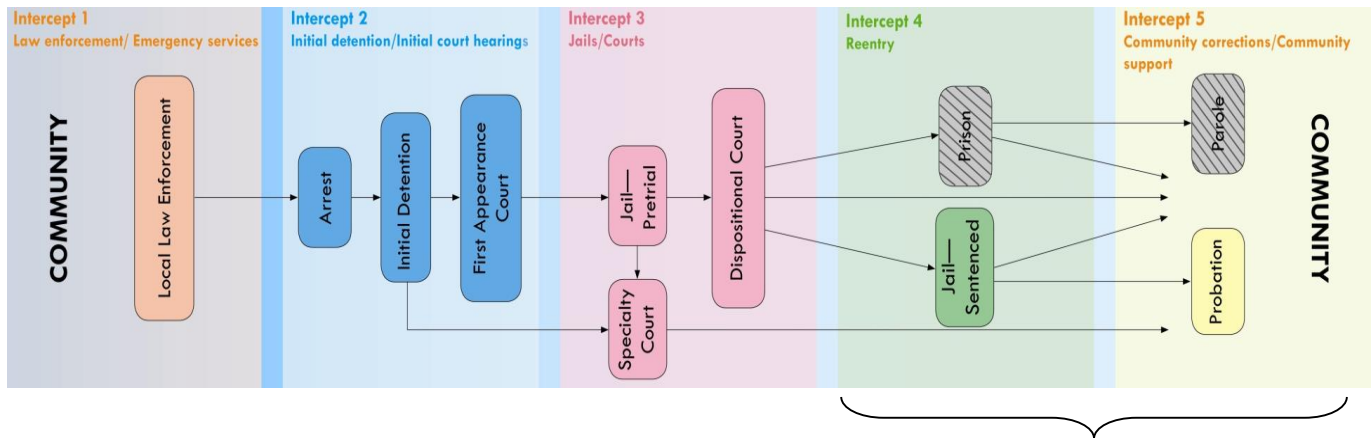
Intercept Two

- Regional lock up – with mental health staff
- Diversion post-arrest
- Understanding college-based safety issues
- Post-Section 35 transition to community – coordinated case management
- Recovery network
- No rapid initiation onto medication assisted treatment services available

Intercept Three

- Transportation
- No medication assisted treatment behind the walls
- Family programming behind the walls
- Pre-trial reentry/release planning

Intercepts 4 and 5: Reentry and Community Supervision



Resources

Intercept Four

- Second Street in Pittsfield
- Forensic Transition Team (DMH) with in-reach services for DMH clients and/or potential DMH clients

Intercept Five

- Ohio Risk Assessment Survey and Texas Christian University Drug Screen— Probation
- Office of Community Corrections – focus on criminogenic risk factors

Gaps

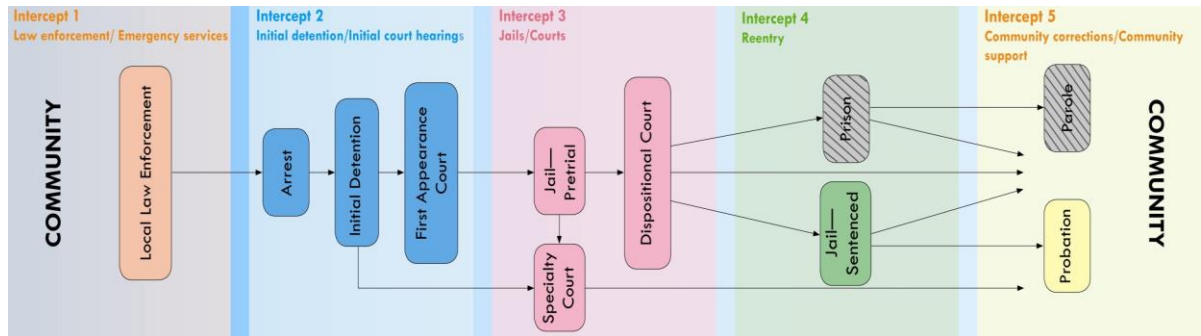
Intercept Four

- Family transition sessions
- Reentry satellite office in Northern Berkshire – at NBCC office?
- Mentors in community
- Pre-trial reentry planning support
- Safe, stable, sober housing
- Employment
- Transportation
- Jail to community reentry planning
- Individuals that wrap sentence from state DOC
- No Naloxone kit at release

Intercept Five

- Grow recovery coaches
- Safe, stable, sober housing
- Lack of self-help meetings
- Acute treatment (detox) beds – access and process
- Information exchange with C.S.
- Stigma in healthcare

Intercept 0: Pre-Crisis Community Resources/Services



Resources

Active User Engagement/Harm Reduction

- Tapestry Health Syringe Exchange

Treatment and Recovery

- McGee – Acute Tx, 21 beds (Pittsfield)
- Swift River – Acute
- Brien Center – medication assisted treatment, outpatient, structured outpatient, residential
- Berkshire Health Systems – psych unit (Pittsfield)
- Spectrum - methadone
- AA/Al-Anon
- Josh Bressette Commit to Save a Life

Coalitions

- Northern Berkshire Community Coalition
- NAMI Berkshire County
- Berkshire Coalition for Suicide Prevention

Other

- Mass Rehab
- Berkshire Community Action
- Recovery Learning Community (Pittsfield)

Gaps

- Peer support center

Priorities

1. Co-responder with police (17 votes)
 2. Reentry planning support: telemed, satellite office, roundtables (14)
 3. Peer support services (12)
 4. Trauma training across intercepts and partners: including on secondary trauma (10)
 5. Training for police: de-escalation, trauma, CIT (9)
- Improving access to crisis and acute treatment (detox) beds (8)
 - Programming for families of incarcerated persons (5)
 - Volunteer reentry mentors (3)
 - Medication assisted treatment inside the walls (2)
 - Post-Section 35 transition to community support (1)
 - Pre-trial detainee reentry/release planning and coordination (1)
 - Transportation: schedule, area covered (1)
 - Integrate faith community (1)
 - Develop utilization of tele-med at NBCC office (0)
 - Training for dispatch (0)
 - Regional lock-up development (0)

Parking Lot

- Smooth/efficient access to acute treatment
- Sober housing
- Prevention

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 Workshop Participants:

- Empathy
- Honesty
- Collaboration
- Change is Possible
- Many pathways to recovery
- Open-minded
- Compassionate accountability
- Commitment
- Integrity
- Change definition of success

Post-Workshop Efforts

After the Northern Berkshire Community Justice Workshop, stakeholders agreed to focus efforts on peer support services; in particular, the development of a peer support center. Discussions were already underway between the Louison House and the NBCC Rx Heroin Workgroup on this topic. NBCC and stakeholders met with a consultant from SAMHSA to facilitate visioning and planning, and have held multiple meetings to move this effort forward in the region.

Appendix Index

Appendix A: Participant List

Appendix B: Resources

- Massachusetts Community Justice Project Resource List
- Best Practices: GAINS Center for Behavioral Health and Justice Transformation
- Resources Specific to the Northern Berkshire Workshop Priorities

Appendix C: Action Planning Tools

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Appendix B: Resources

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

Best Practices

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.

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 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.
- 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; document treatment plan and communicate it to community providers and supervision agencies – domains should 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.

Priority Area 1: Co-responder program with police and Training for police: de-escalation, trauma, CIT (Priorities 1 and 5 combined for action planning)					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Hire a co-responder – p/t ideally to f/t	Review DMH RFR	More knowledge for police	Expand within 2 years to another agency in the county	Money Personnel Full service hospital – psychiatric unit	Law enforcement Behavioral health providers NAMI
Have all officers trained in CIT – 100%	Secure funding for 2018 class Review DMH RFR			Time commitment for officers \$\$	NAMI/planning committee Chiefs

Priority Area 2: Reentry planning support: telemed, satellite office, roundtables					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Communication and collaboration	Roundtable meetings Group email chain Identifying resources and programs outside of county	Space/telemed Email list The individual \$	Prior to discharge Planning time	People hours and \$ CORI Egos	AI to talk to sheriff
Breaking the cycle	Continue care Access to insurance Aftercare Reunification with family, community and work	\$		stigma	
Smoother transition into the community	Educating the community Reduce stigma EAP Options for leisure time	\$ Additional case works in sheriff's reentry center?		Silo thinking Understanding the role	
Peer navigation	Recovery coach in the ED Mentors – people with lived experience Introduce to community, peers and new hobbies	\$			
Reentry housing	Improve use of sober housing				

Priority Area 3: Peer support services					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Support for MAT and abstinence based recovery Recovery coaches/case management	DTA internship program Partner with treatment provider: Brien, Spectrum, ServiceNet, Lousion House What are competencies of recovery coaches			Stigma	
Strong network of daily recovery meetings	Spectrum/MAT support group	Existing MAT groups			
Recovery Center/Day treatment	Louison house sober living workgroup Learning more about Living Room model and other recovery centers	Juliana Reiss Manual for how to start a peer support center from the Recover Project			NBCC is working to move this objective forward. See "Post-Workshop Efforts" above.
Skill building for a recovery community	Explore building a program for outreach training	NBCC outreach workers			

Priority Area 4: Trauma training across intercepts and partners: including on secondary trauma					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
<p>Grow understanding of trauma</p> <p>Identify key stakeholders</p> <p>Improve interagency communications</p> <p>Systems for identifying trauma</p> <p>Strategies for building resilience</p>	<p>Benchmarking best practices</p> <p>Research on resilience</p> <p>Convening relevant stakeholders</p> <p>Identifying common language</p> <p>Self-care support</p> <p>Training to understand – complexity of system to prevent being overwhelmed</p>	<p>Partners/private agencies outside Berkshire county</p> <p>Public schools</p> <p>Higher Ed</p> <p>BMC/Whole Wellness Program</p> <p>Police Departments</p> <p>“Building a Resilient Community” film</p> <p>Arts community/art grant</p> <p>Community services</p> <p>Social services</p> <p>Employee assistance programs</p> <p>United way</p> <p>Business community/rotary</p>	<p>Multi-year</p> <p>Planning, proto-typing – 6 months-1 yr</p> <p>Implementation/scalability – year 2</p> <p>Sustainability – year 3</p>	<p>HIPAA and privacy concerns</p> <p>Lack of resources</p> <p>Lack of money</p> <p>Lack of time</p> <p>Multiple agencies with different priorities</p>	<p>Understanding the roles of multiple agencies</p> <p>Understanding the true nature of trauma</p>