Massachusetts Community Justice Project

An Initiative of the Massachusetts Trial Court

Massachusetts Community Justice Workshop Report

Boston

Massachusetts Avenue – Melnea Cass Boulevard

The Massachusetts Center of Excellence for Specialty Courts

Research | Education | Support | Recovery

Mass DMH Department of Mental Health

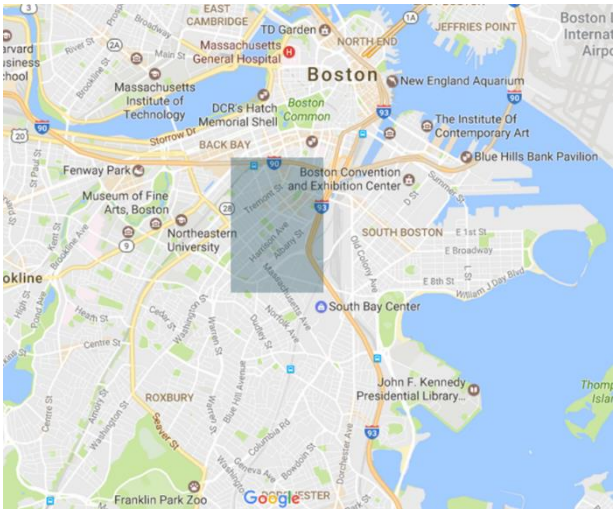
MA Department of Public Health BSAS Bureau of Substance Abuse Services

Prevent • Treat • Recover • For Life

Massachusetts Community Justice Workshop Report

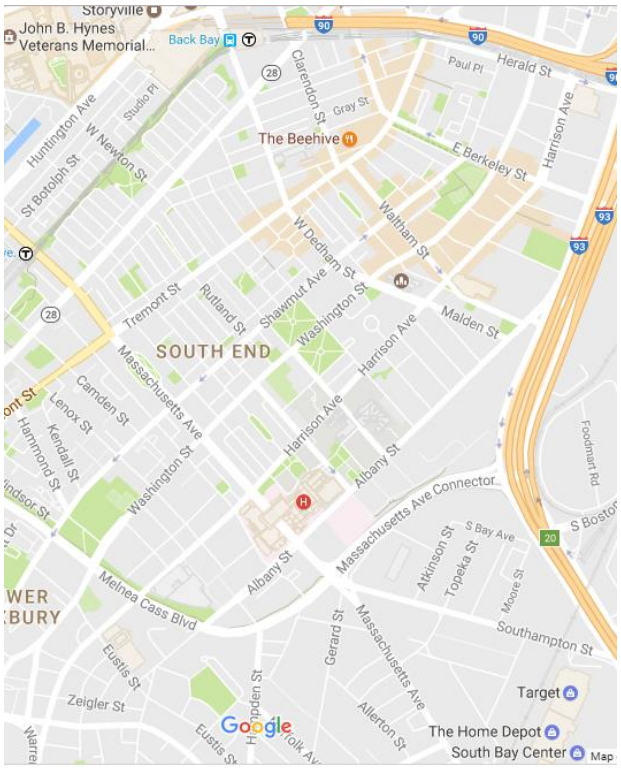
Sequential Intercept Mapping and *Taking Action for Change*

Introduction:



The purpose of this report is to provide a summary of the Community Justice Workshop, held for the Massachusetts Avenue – Melnea Cass Boulevard region of Boston on March 13th and April 12th, 2017. This report includes:

- A brief review of the origins, background and framework of the Massachusetts Community Justice Project and workshops;
- A *Sequential Intercept Map* as developed by the group during this workshop;
- A list of resources, gaps and priorities for change identified over the course of the event;
- A list of best practices and resources to help the partners in this region action plan and achieve their goals.



The workshop was attended by 101 individuals over the course of the two-day event. Attendees represented multiple systems including law enforcement, courts, corrections, crisis services, behavioral health treatment, recovery support, social services, advocates, family members, veterans' services, and more. A complete list of participants is available in Appendix A.

This event was the third in a series of Boston Community Justice Workshops, planned and implemented by a committee chaired by Kathleen Coffey, First Justice of the Boston Municipal Court West Roxbury Division. Planning committee members are indicated in Appendix A.

The workshop was facilitated by Christina Miller, Chief of District Courts and Community Prosecutions in the Suffolk County District Attorney's Office, and Marisa Hebble, Coordinator of the Massachusetts Community Justice Project of the Trial Court.

The Massachusetts Avenue – Melnea Cass Boulevard region encompasses three Boston Police Department districts (B-2, C-6, D-4), three Boston Municipal Court Divisions (Central, South Boston and Roxbury), and the corners of four Boston neighborhoods (Roxbury, Dorchester, the South End and South Boston). The region has received considerable attention due to a convergence of factors in the small area, namely a dense concentration of services for people dealing with addiction, mental illness and homelessness.

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]

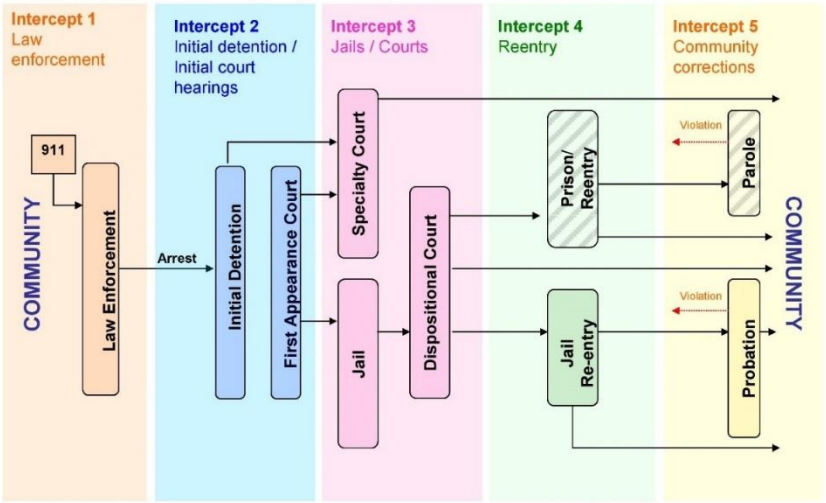
[1] SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model.* Delmar, NY: Policy Research Associates, Inc.

[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:

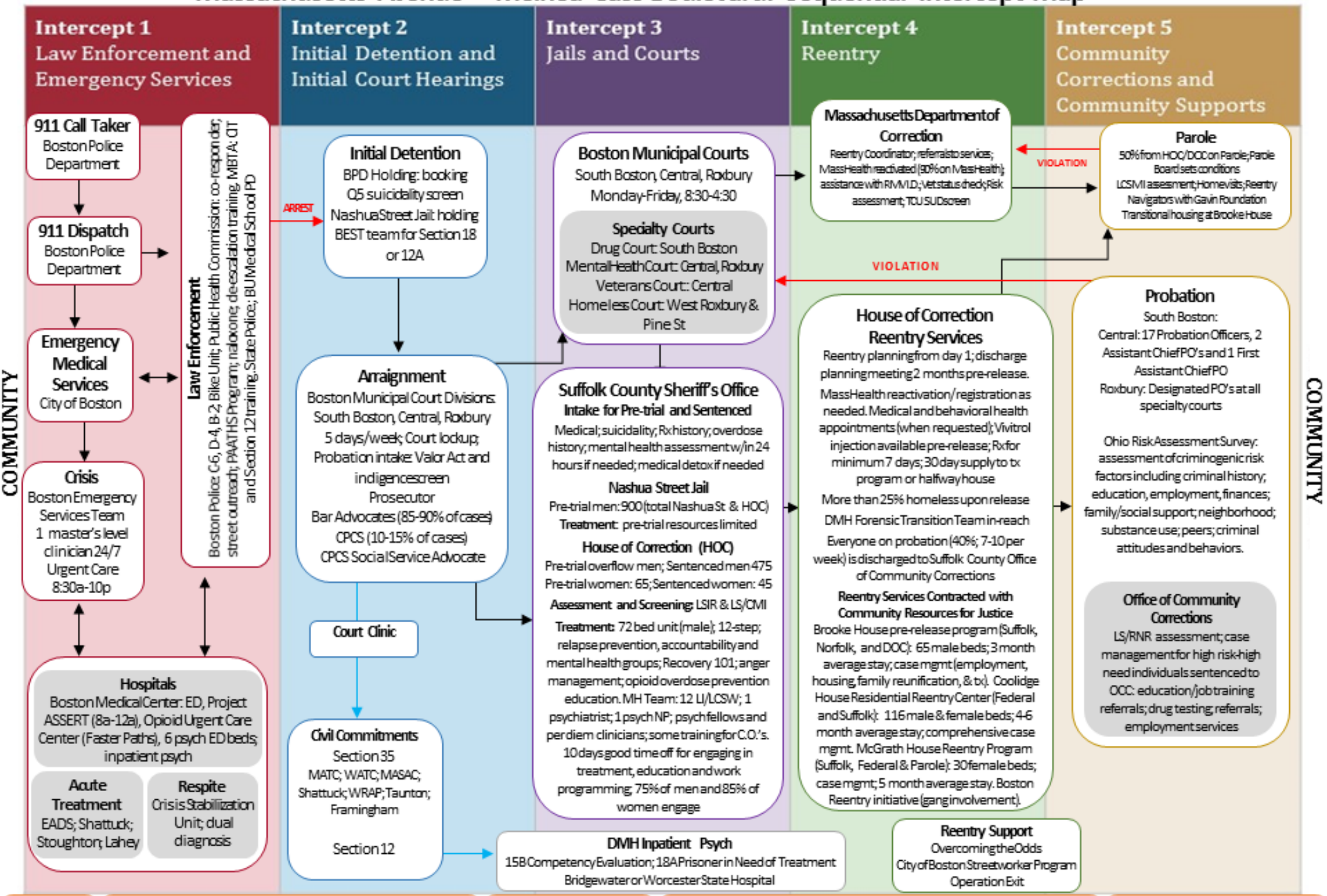
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region's criminal justice system along the five distinct intercept points;
2. Identification of gaps, opportunities and barriers in the existing systems; and
3. Identification of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

Mass-Cass Community Justice Workshop

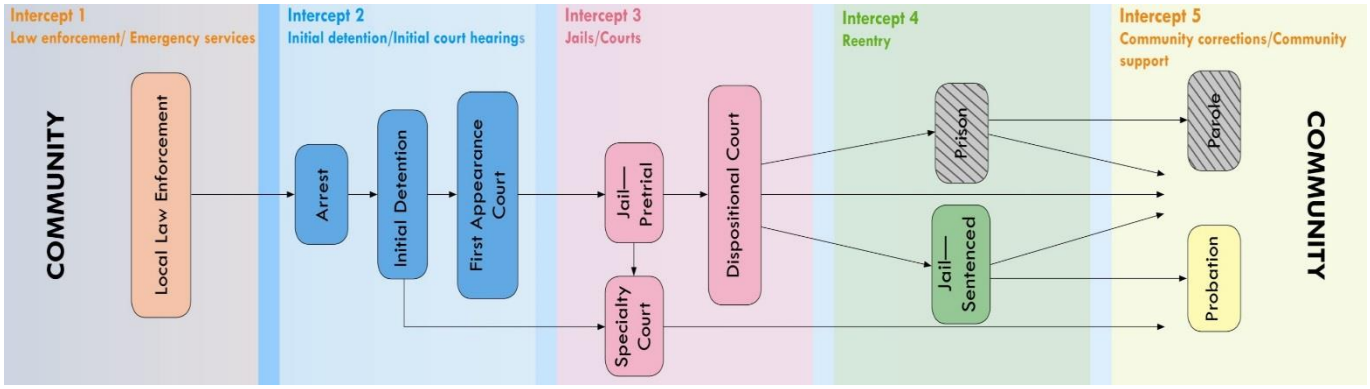
Following is a *Sequential Intercept Model* map, a list of local resources as well as gaps, priorities, and an initial action plan developed during the workshop.

***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.*

Massachusetts Avenue – Melnea Cass Boulevard: Sequential Intercept Map



Intercept 1: Law Enforcement/Emergency Services



Resources

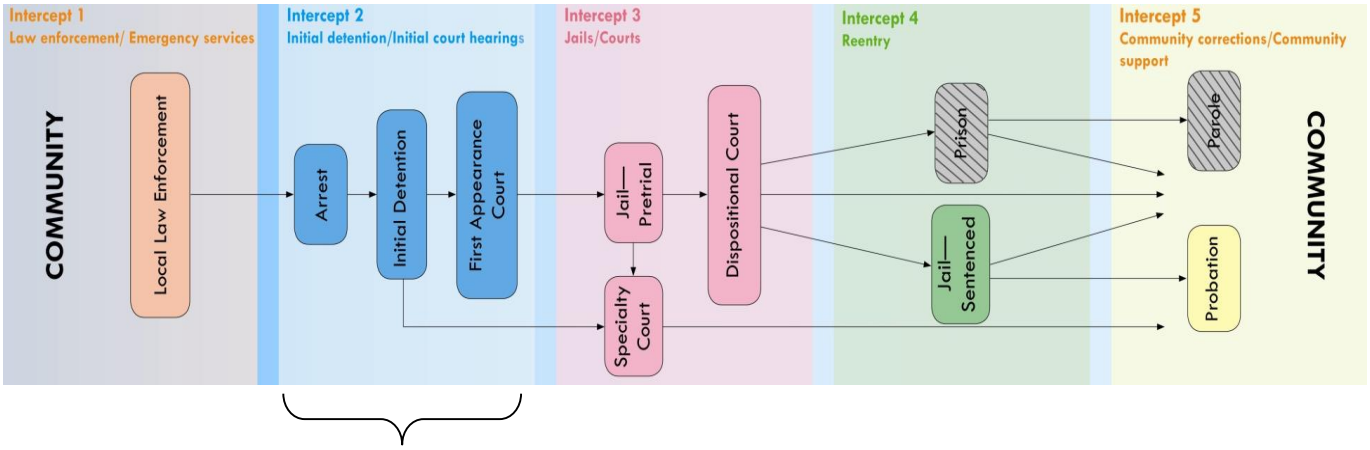
- Section 12 and 35, civil commitment (involuntary) (S. 12 is MH commitment 3 days)
- EMS evaluates for Section 12 or hospitalization, clinicians on call, 8am-10pm staffed center and on call the rest of the time
- Police drop off at ER (w/ or w/o BEST team).
- EMS may transport to detox/respite (CSS, 3-5 days)
- Enhanced Acute Detox Service (EADS) provides detox with mental health treatment
- Bay Cove/Shattuck 24 beds just opened, Stoughton 36 beds, Leahy 37 male/17 female.
- BPD bike unit is 8:30-5 only, proactive and reactive responses. 9 bike patrol officers plus one supervisor in BPD bike unit (8:30-5). Police meet once a week with B.E.S.T.
- BPD meeting with Mayor's resources about high utilizers
- Section 12 & 35 training for police officer through MBTA
- Joint database maintained by Pine Street, DMH, etc.
- BPD does some training with NAMI
- BPD Det. Messina, bike unit compiles data on high utilizers
- BPD reports to doctors those suspected of selling
- 2 clinician co-responders currently, more coming
- B.E.S.T. urgent care. Police often drop off people at the urgent care center, clinicians will co respond with officers. Crisis services team will make a determination if somebody needs to be brought to the ER or a treatment/detox/inpatient facility after evaluation. EMS and police will assist if there is a safety concern or somebody needs help quickly. Work closely with Crisis Stabilization Services to send people (essentially inpatient for 3-5 days) who have co-occurring or mental health disorders. EADS (Enhanced Acute Detox Services) is another place which provides both detox and mental health support services. Protocol is that people need to walk in on their own (no ambulance). If there is a safety issue, B.E.S.T. will issue "section 12" sanction. Shattuck hospital just opened 24 beds for detox (men), 32 in Stoughton (men but becoming coed soon).
- Leahy has 37 male beds, 17 female
- BPD, State Police, BU Medical Center security, Longwood security, DMH Police.
- Homeless services to identify heavily sedated individuals and how to best get them treatment.
- Proactive approach taken by gang unit and drug unit, mixing it up in plainclothes with everyone. The uniformed officers respond to 911 calls in the neighborhood.

- Law enforcement will utilize Section 12 and Section 35 to commit people when they are a danger but not committing any crimes.
- Pilot program starting in West Roxbury where police and physicians can petition for Section 35 commitment with a signed affidavit rather than their presence (makes system more "petitioner friendly")
- Individual has to be sober when they appear in court for Section 35 hearing. 5 day "sunset warrant" issued by the court when the affidavit is completed.
- Law enforcement beginning to receive annual addiction training including Section 35 information. Section 12 is also a resource that law enforcement is being trained on.
- Police will call B.E.S.T., they will arrive on the scene and evaluate for danger. If Section 12 is necessary, they call the psychologist on call who will issue it, then patient is transported to BMC emergency center.
- Opiate urgent care center at BMC just opened, can assist/evaluate/triage people to put them on the fastest possible path to recovery program.
- Police drop off "tons" of people at the shelters (people who are high, mentally ill but not quite B.E.S.T. level) who aren't civilly committed.
- Shared database between all the homeless shelters with data that could be evaluated. The tools available for homeless people are not necessarily what they want/need, the treatment and behavioral system is pretty high threshold.
- CPCS will provide alternate treatment planning to encourage voluntary treatment that is clinically appropriate for them rather than mandated.
- When somebody is in a psychiatric emergency, unless they are a direct threat to themselves or someone else, EMS can't take them against their will. When somebody is overdosing EMS will treat the medical emergency first, trying to balance the treatment needs of a person with their right to refuse treatment.
- BMC has six beds for psychiatric emergency beds, staffed by attending psychiatrist and nurses/residents. If somebody is identified as being in a psychiatric emergency, they will get an evaluation to see if they need inpatient level of care, if not they refer them to Crisis Stabilization or other voluntary treatment locations.
- If something happens in the hospital, security will write the report and then they will be transported to be booked at the station. Rarely is a summons issued. BPD ends up housing the prisoner and taking them to court since BMC doesn't have a holding facility.

Gaps

- Emotional CPR, approach to de-escalation
- Section 35, no pickup between 9-5
- Drop-off at shelters, who don't have resources to evaluate and treat patients
- Using evidence-based systems/practices
- Voluntary vs. involuntary commitment and treatment
- Communication regarding those who leave EMS + ER
- Communication regarding those in the field to the ER
- Bringing other jurisdictions the resources that are available in this region (University police, security, Housing police)
- Low use of protective custody
- Section 35 is not access to treatment, only a way to get someone safe for three days before they hit the street and start using again at the level they were before, end up dying. What happens after Section 35 is big gap
- Not enough low threshold or harm reduction models to serve people who don't want to engage at the level that professionals want them to engage.
- SPOT: twelve chairs only, restrictions regarding location
- Evidence based practices for those who don't want to reengage or receive treatment.
- BMC police do not allow clients on campus because of past problems
- Need more co-responders (clinicians) on the scene

Intercept 2: Initial Detention and Initial Court Hearings



Resources

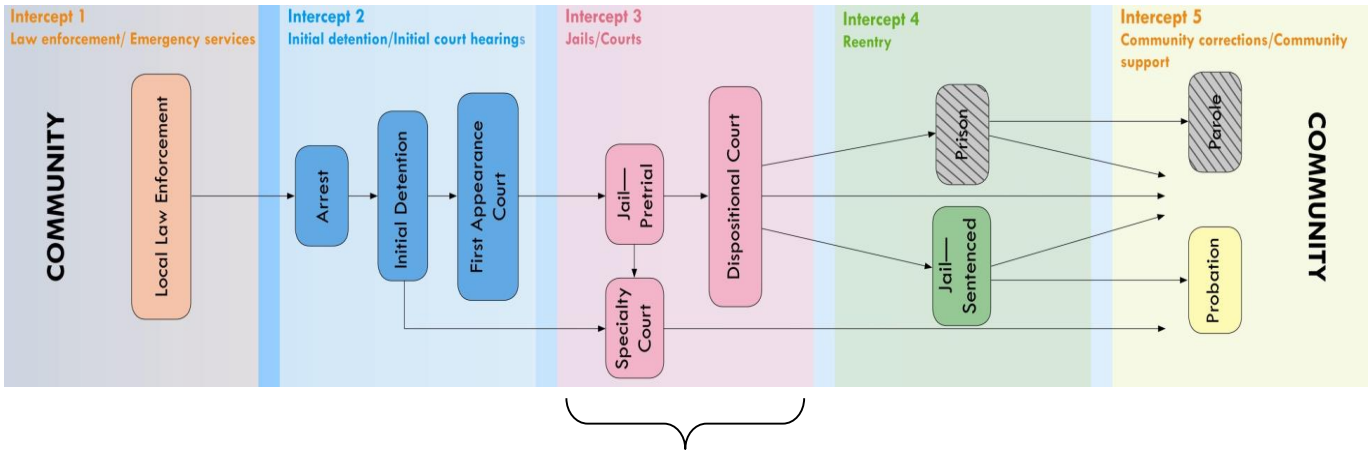
- Q5 lookup within BPD systems at booking (suicide), BEST brought into the station
- Court clinician evaluate for competency, can either be outpatient or inpatient
- Females who are committed under Section 35 go to High Point, Shattuck, female recovery from Taunton or Framingham
- Pre-trial conditions of release supervised by probation
- CPCS evaluation and referral to social service advocate and services
- Drug use coordinator, assists probation in accessing recovery programs
- CSP services
- PAATHS/311
- Implicit bias training (Roxbury)
- Casas Esp (walk in, bilingual)
- Mass Health covers DMH and other services, they will help if called
- Booking facilities are all separate but have standardized procedures
- BPD transports people to court for arraignment, court officers check people in, probation does the intake.
- People are either held on bail, released, or someone raises an issue that arraignment isn't a good option. People are triaged and get a competency hearing, which is then transferred to the forensic evaluator who speaks to the client & lawyer while case is put on hold
- If court agrees that further evaluation is needed for competency, it will be ordered. Both inpatient and outpatient options are available.
- When the psychologist does the competency screening, they'll make a recommendation as to whether the person needs further evaluation. If it needs to be done inpatient, they will be sent to Worcester Recovery or Bridgewater.
- Most people are released if there is no commitment form Section 12, 35, or court psychologist
- Court can enter pre-trial conditions of release
- Overflow holding at Nashua Street. Anyone coming into HOC gets a medical and psych evaluation within hours of arriving. They can see a mental health or medical provider if necessary. If clinician feels they need to be placed on mental health watch, they will be observed.
-

PAATHS 7:30-3:30 pm. Can call 311 for recovery services.

Gaps

- No universal screening at booking for substance abuse, mental health, or veterans.
- No screening at initial appearance by probation unless they are de-compensating
- Section 15 forensic evaluators not at every court
- Probation not able to handle pre-trial supervision because of volume.
- Funds for social service advocates
- Bar advocates take 90% of cases, evaluation and resource referral likely
- Court needs more drug coordinators
- Probation as a referral agency, ability to follow up
- Absence of a drug coordinator who assists probation in identifying treatment programs. Worked very closely with drug court but were available for all courts, there were three and now there's only one.
- Resources that are de-concentrated so they don't have to run the gauntlet. If it all flows through Mass/Cass neighborhood then people will relapse/reoffend. People often leave with many conditions of release, probation can't handle that overload. Conditions are also easy to violate for people with addiction (i.e. don't use drugs, don't get arrested again) so they tend to end up back in custody anyway.
- More than 90% of the cases in Suffolk County are bar advocates not CPCS.
- Even a small amount of bail can be hard for people in custody to make.

Intercept 3: Jails, Courts and Specialty Courts



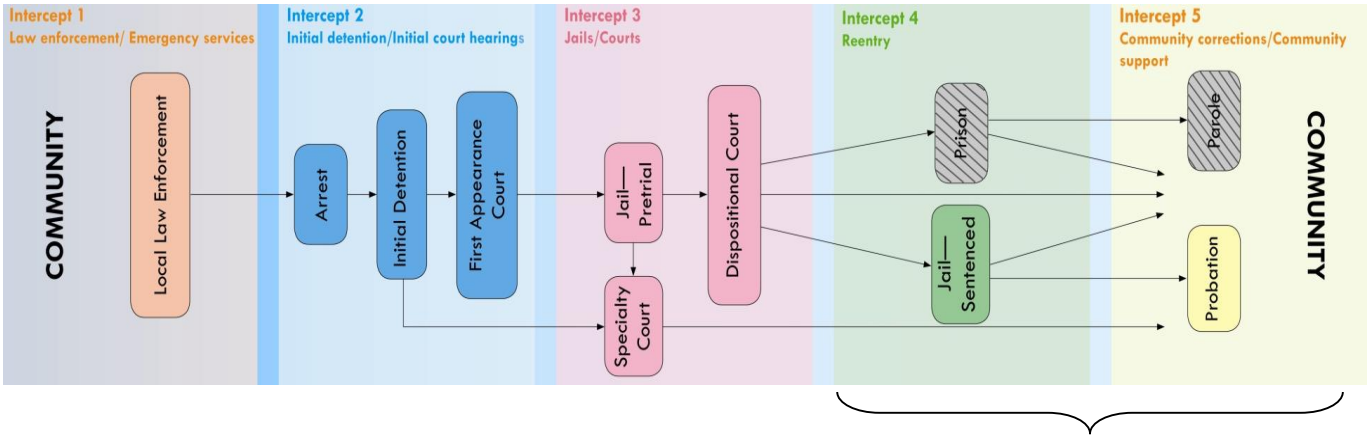
Resources

- Sheriff's evaluation and detox and treatment
- At intake, all get medical/psych evaluation within 24 hours
- Q5
- Medication within 4 hours
- Mental health team clinicians
- Contact HOC staff w/ issues
- Trauma training
- Vivitrol
- Methadone for pregnant women only
- Overdose education every six weeks
- Homeless Court, Veterans Court, Youth division, Valor Act, Ch. 276A
- All three mental health court sessions will take cases pre-disposition
- Valor Act, Homeless Court, are tools for pre-trial diversionDefense attorney can petition the court before arraignment to divert the case and set conditions, if the person completes those conditions they can have the case dismissed before arraignment so it's not on their record.Social workers in the session will give advice to the judge on what to do on an individual basis

Gaps

- No suboxone at holding or HOC
- Sheriff's office rely on self-report
- No programs for holding/pre-trial
- More detox, more peer support in the jail/HOC
- People often lie about their history
- There's a debate among judges about pre-disposition referring them to specialty court.
- Warrants act as barriers to getting treatment, housing, etc.

Intercepts 4 and 5: Reentry and Community Supervision



Resources

Intercept Four

- Vivitrol
- MassHealth reactivation 30 days prior
- Overdose prevention education
- Discharge planning
- Medications for seven days
- Drug court collaboration
- Recovery panels coming in March
- ATR Gavin Foundation
- MOAR ATR recovery coaching
- Peer support program offered to people in Men's Health program
- Devine recovery center, Step Rocks are other recovery centers
- MassHealth looking into establishing data share agreements with correctional facilities
- South End community health center, Hope House, Gavin House, Boston Medical Center, PAATHS.
- Anything to lower the threshold for participation when people reenter into society
- Gavin House can start treatment while people are still in prison so that when they are released they're already engaged.
- 1500 per person at John Devine shelter, they get paid 8 dollars and hour for job training (come out with a professional resume on a flash drive), get vouchers for food/jobs, help getting their license back, phone, and other services.

Intercept Five

- Parole reentry navigators
- DMH discharge planner for medications
- DOC + HOC make appointment before release
- HOC make appointment for suboxone
- HOC and Probation HIPAA exchange
- OCC criminogenic

Gaps

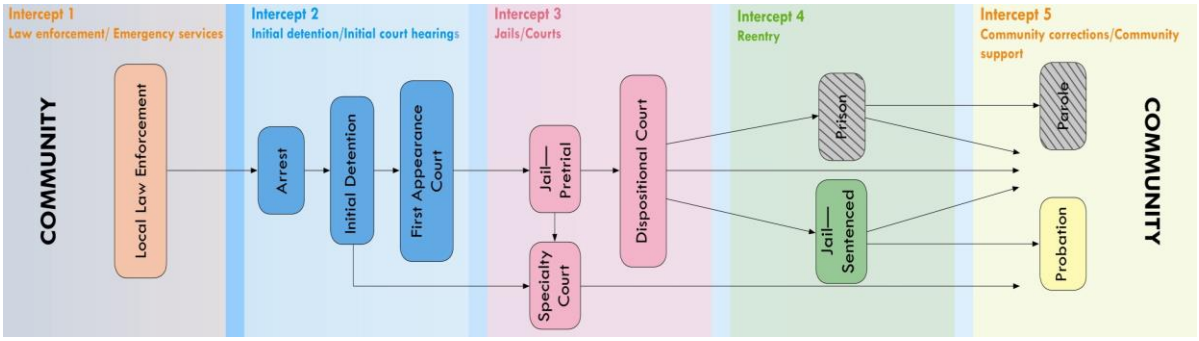
Intercept Four

- M.A.T. connections, ch. SS
- Section 35 reentry
- Support for homeless population reentering
- HOC isn't using suboxone or methadone
- Support for people who are homeless coming out of incarceration
- Lack of consistent engagement for persons in need of addiction recovery support, coming out of jail, makes chances of relapse much better.

Intercept Five

- Monitoring of sex offenders
- Communication by providers to parole officers
- No health care upon release
- Getting appointments for medications after release
- Formal program for aftercare continuity
- No assessment of Administrative Probation
- Probation collection of fees, resource allocation
- Transportation to appointments.
- Not addressing criminogenic risk factors

Intercept 0: Pre-Crisis Community Resources/Services



Resources

- Active User Engagement
  - AHOPE
  - PAATHS
  - SPOT
- Treatment and Recovery
  - Boston Public Health Commission: AHOPE, PAATHS, Men's Health and Recovery, Safe and Sound Recovery Center, Behavioral Health Services
  - CAB Health Recovery
  - HOPE House
  - Victory Programs
  - Community Substance Abuse Center
  - SPOT
  - Volunteers of America
- Shelters
  - Pine Street Inn
  - Project Place
  - Rosie's Place
  - Woods-Mullen
  - 112 Southampton
  - Bay View Inn
- Healthcare
  - Boston Medical Center
  - South End Community Health Center
  - Boston Healthcare for the Homeless

Gaps

- Access to resources other than "treatment" (i.e. jobs and housing
- Risk of relapse because of a return to the area
- Transportation
- Geographical approach to services & referrals
- Peer support during transitions
- Duplication of services
- Communication between shelters and agencies
- Continuity of support, one person or agency coordinating and overseeing support
- Lack of information sharing between homeless services and treatment services
- Low threshold drop
- Relocate and de-concentrate some of the critical services
- DPH and BSAS have ten peer recovery service centers, but you have to be sober to utilize their services, but there's no way for people to get there
- Continuity of care

Priorities

1. **Targeted support for homeless on reentry from incarceration – 21 votes**
2. **Low threshold drop-in center – 19 votes**
3. **MassHealth/insurance barriers – 15 votes**
4. **(tie) Information sharing between providers and justice partners – 10 votes**
4. **(tie) More de-escalation training for first responders – 10 votes**
5. **Geographical approach to services and referrals – 8 votes**
6. Medication-assisted treatment for pre-trial or sentenced detainees – 6 votes
7. More evidence-based strategies to engage people resistant – 4 votes
7. Medication access – 4 votes
7. Probation over-capacity – 4 votes
8. Peer support between transitions – 3 votes
8. Screening/assessment at booking/initial court hearing – 3 votes
8. Training for other police departments – 3 votes
8. More co-responders – 3 votes
9. Fees related to probation and programming – 1 vote
9. Transportation – 1 vote
9. More drug coordinators in courts – 1 vote
10. One/consistent community support program – 0 votes
10. Assessment pre-adjudication – 0 votes
10. Bar advocate access to social workers – 0 votes

Appendix Index

Appendix A: Participant List

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Appendix B: Resources and Best Practices

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.

Appendix C: Action Planning Tools

Priority Area 1: Targeted support for homeless on reentry from incarceration					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 2: Low threshold drop-in center					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 3: MassHealth/insurance barriers					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 4a: Information sharing between providers and justice partners					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 4b: More de-escalation training for first responders					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 5: Geographical approach to services and referrals					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**