Massachusetts Community Justice Project

An Initiative of the Massachusetts Trial Court

Massachusetts Community Justice Workshop Report

Boston Municipal Courts:

Central and Charlestown Divisions

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 Boston Community Justice Workshop, including *Sequential Intercept Mapping* and *Taking Action for Change* meetings, held for the Boston Municipal Court Central and Charlestown Divisions on December 8th and 9th, 2016. This report includes:

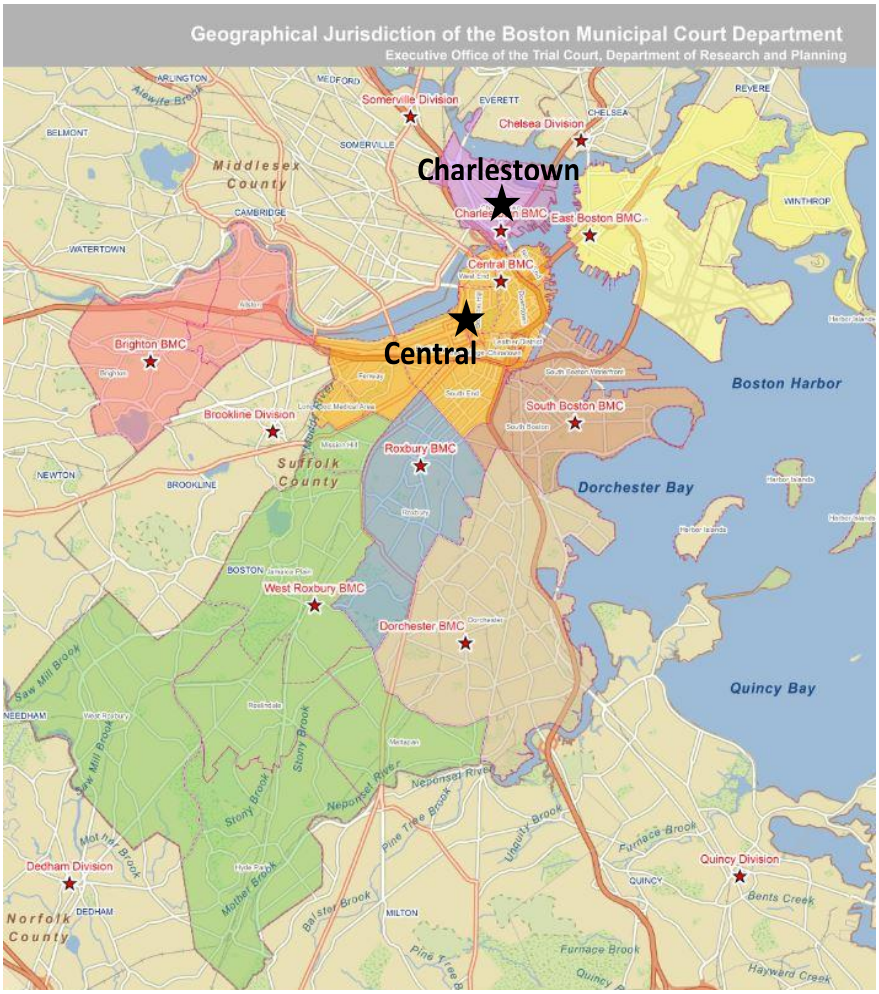
- A brief review of the origins, background and framework Massachusetts Community Justice Project and workshop;
- A *Sequential Intercept Map* as developed by the group during the workshop;
- A summary of the information gathered at the workshop;
- A list of best practices and resources to help the partners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

The planning committee for the series of Boston Community Justice Workshops is chaired by Judge Kathleen Coffey, First Justice of the West Roxbury Division of the Boston Municipal Court. Planning committee members are indicated in Appendix A.

The workshop was attended by 72 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 Christina Miller, Chief of District Courts and Community Prosecutions in the Suffolk County District Attorney's Office; Karin Orr, LICSW, Area Forensic Director with the Massachusetts Department of Mental Health; and Marisa Hebble, MPH, Coordinator of the Massachusetts Community Justice Project.

Communities included in this workshop: Downtown Boston area, Chinatown, North End, South End through Massachusetts Avenue, West End, Beacon Hill and Charlestown.



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]

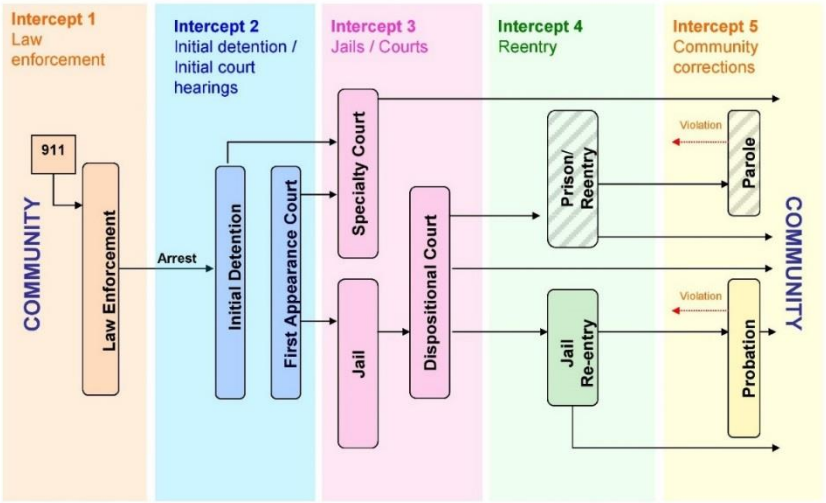
[1] SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model.* Delmar, NY: Policy Research Associates, Inc.

[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:

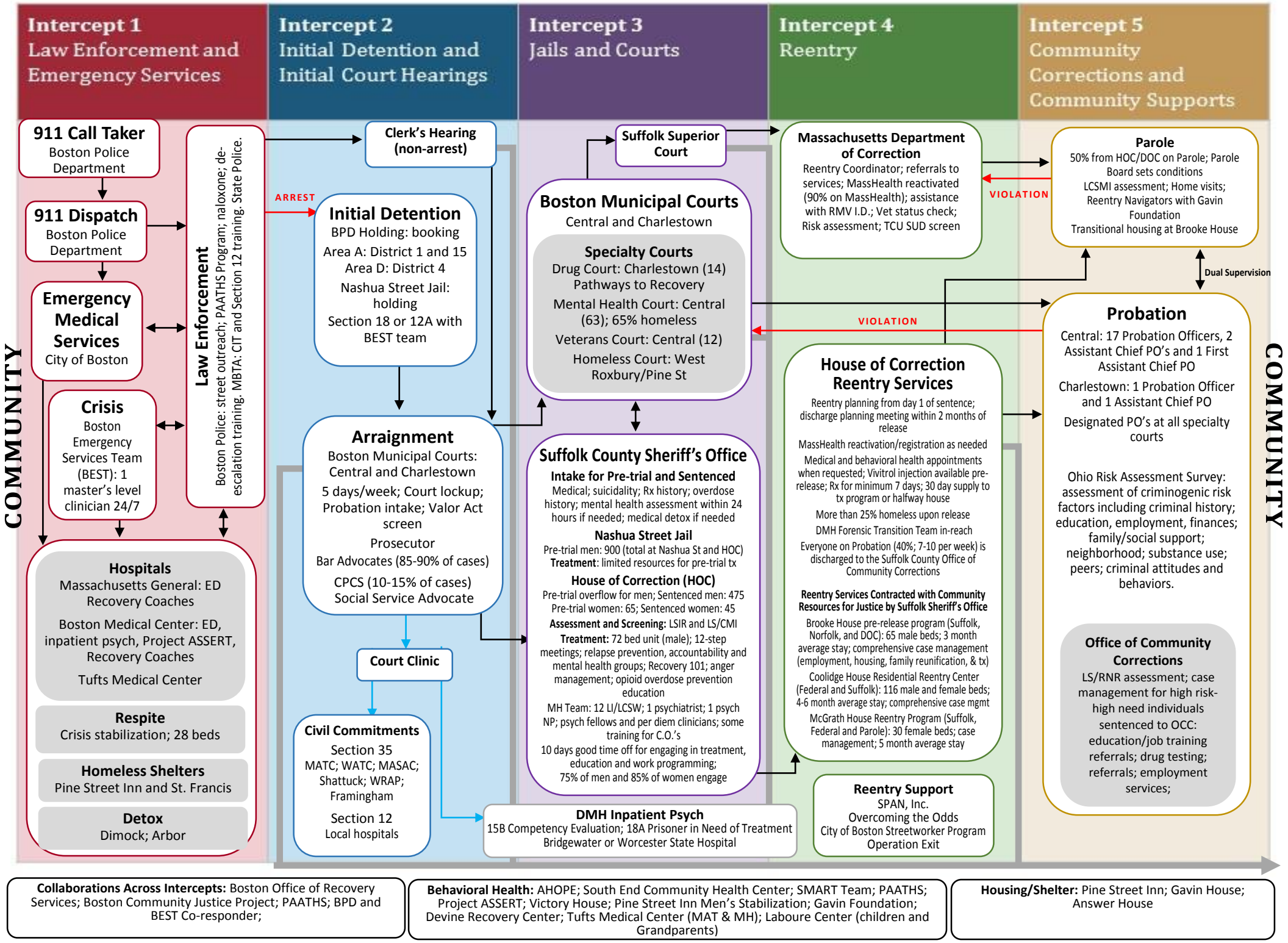
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region's criminal justice system along the five distinct intercept points.
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities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

BMC Central and Charlestown Community Justice Workshop

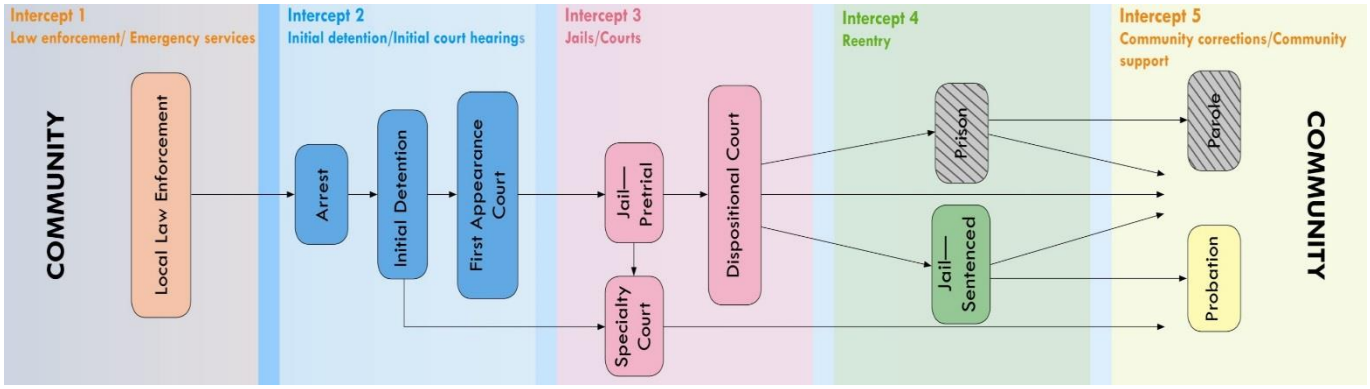
Following is a *Sequential Intercept Model* map, a list of local resources as well as gaps, priorities, and an initial action plan developed during the workshop.

***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.*

Boston Municipal Courts Central and Charlestown Division Map



Intercept 1: Pre-Arrest Diversion Law Enforcement/Emergency Services



Resources

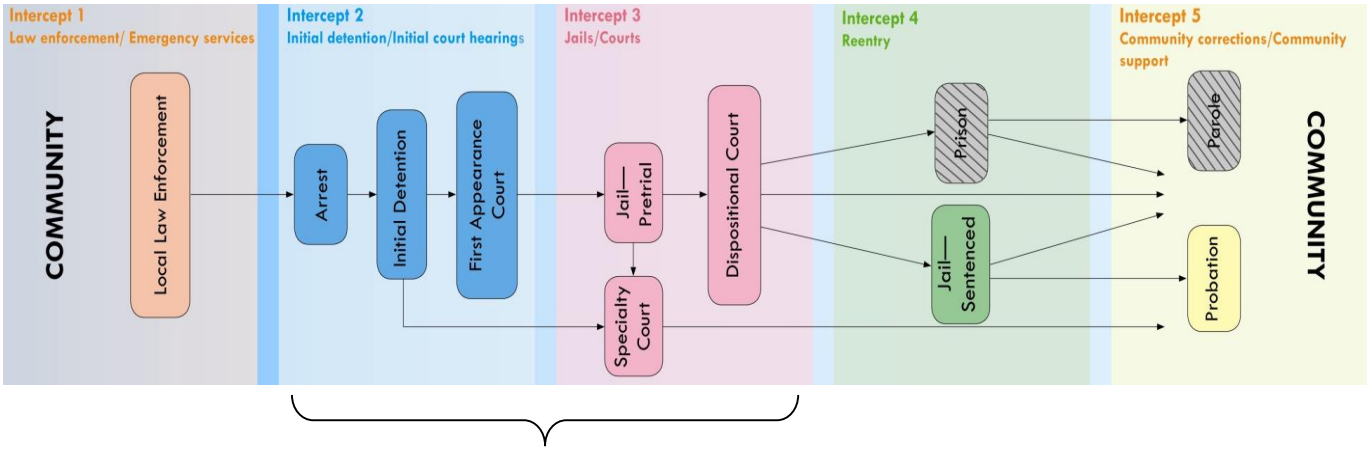
- ~400 overdose incidents referred to the PAATHS program for follow-up support and referral
- Using summons to refer to PAATHS
- BEST Team – 1-800 number, 2 co-responders
- NAMI Mass has 911 scripts and forms for police/EMS
- Section 35 and Section 12
- Officers get 12 hours of de-escalation training in academy
- MGH has Recovery Coaches – occasionally in the ED
- RFI out for specialty beds for people on the autism on spectrum (coming)

Gaps

- More co-responder options (clinician with law enforcement) – none in central or Charlestown
- No hospital (ED) access to BEST records
- Training for all dispatch (BPD, MBTA, State Police) on how to ID mental health and addiction issues and what info gets to responder.
- Crisis Intervention Team for those not on MassHealth
- Lack of info about what happened "on the street" to ED and follow up treatment providers
- Funds for MBTA to have naloxone
- Lack of info, written and kept by EMS and law enforcement - Including name and contact of loved ones
- Underutilization of Section 12
- Off hours Section 35
- Avenue for med compliance before criminal justice system
- Resources for people with traumatic brain injury
- Training for law enforcement - how to ID developmental disabilities, on de-escalation, and on Section 12
- Probation intake early
- Recovery coaches at every ED
- Peer support services through Law Enforcement/EMS
- Education for Law Enforcement and EMS about all city resources
- Lack of understanding/appreciation for Section 12 limitations
- Lack of inpatient options for people with history of interpersonal violence
- Lack of acute treatment beds. Even if someone gets a bed, often long wait for physician clearance
- Lack of services for people with developmental disabilities
- Training and education about impact of language and words and recovery

***NOTE:** These resources and gaps 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.*

Intercepts 2 and 3: Court-Based Diversion/Jail Diversion



Resources

Intercept Two

- Q5 screen for suicidality is done at all police bookings
- BEST team does assessments in lock up
- 18a pre arraignment protocol – also post arraignment
- In process – centralized booking process and holding – Sheriff Thompkins
- Regionalized lock up – Senator Donnelly has filed a bill to create
- On call judge for commitments
- Probation intake – means access to attorney; veteran status for referral to veterans court; mental health and substance use disorders (self-report)
- Access to court clinicians
- Court officers receiving naloxone training and holds naloxone
- Plan to develop mental health training for court officers
- With a signed release of information, can access mental health/addiction history for recent releases from HOC or jail in Suffolk county
- After court clinic evaluation statute allows Section 35, Section 15b, Section 15e, Section 18a, Section 12e commitment
- 276a pretrial diversion statute – based on Section 8 (18-22y/o); Section 5/Section 3, allows judges to override criteria; allows someone not to be arraigned; for defense attorney; 10 day period in length; can be referred to outpatient for assessment
- Valor act – screening for veteran status in Probation
- Charlestown District Court has providers coming to court to share info and coordinate diversion plan
- DDS if aware, will advocate/coordinate diversion
- CPCS social service advocate

***NOTE:** These resources and gaps 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.*

Intercept Three

- Sheriff Section 18 – mental health
- Female beds at Suffolk county , n=70 – 45 sentenced
- Medical/mental health receiving screen upon booking, includes q5
- Mental health staff on site; if special eval/assessment is triggered – eval provided within 24 hours
- Verified meds can be prescribed without interruption
- Mental health care available 24/7 upon request; receive referrals from multiple sources inside and outside justice system
- Detox protocol for pre-trial and sentenced populations
- Health commission, aa, na
- Crimson collaborative- internal med, dental, psych
- Increase in trauma informed programming
  - Mental health groups, multiple at varied times
  - CBT, DBT in development
  - Relapse prevention and recovery 101 for sentenced population
- ESOL
- Immigration teams
- LCSMI for more than 90 days sentenced
- LSIR, short version for sentenced lass than 90 kdays
- Protocol to access records from prior treatment and hospitalizations
- Suffolk County has community placement and supervision with monitoring for county deputies
- Suffolk county education team addressed these needs
- Discharge planners at both HOC and Jail
- Assessment includes overdose history
- 12 mental health clinicians; 7 at HOC plus a Mental health director; 3 at the jail plus mental health director
- Charlestown drug court, central division mental health court and veterans treatment court
- RANT used to determine qualification for drug court
- 15c aid in sentencing evaluation
- Cape 5 brief assessment screen suggested for use
- Veterans Treatment Court and Charlestown both use peer support
- Use of faith based services – familiarity of community neighborhood
- CPCS social workers/regular funds
- Court clinician
- ORAS – post adjudication or by judicial order
- Pre-sentence report to court, if requested with ROI, will provide intake
- Pathways to recovery – part of Charlestown drug court
- BEST – peer specialist for sud/mh
- Recovery center in south Boston
- Catholic Charities, Bethel AME - peer to peer resources
- DDS submits letters to probation - shared cases months
- With court clinic involvement – clarify

Gaps

Intercept Two

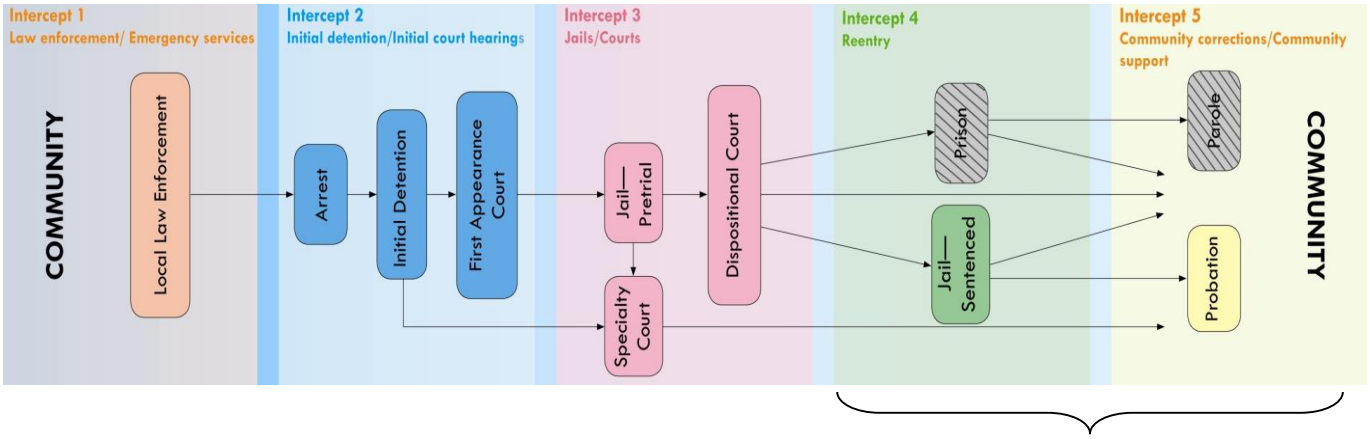
- No questions about mental illness or substance use disorders at booking
- 18a pre-arraignment protocol can't be implemented if person declines booking
- Education on 18a PAP to Police Departments
- No questions about mental illness or substance use disorders asked by bail commissioner
- No questions about mental illness or substance use disorders formalized in Probation intake
- Calls to Suffolk HOC or Nashua St facility can access info on recent releases with ROI – notarized?
- Insufficient number of court clinicians to respond
- Judicial options available when person/defendant is not engaged in treatment – for conditions of release
- Sheriff's staff have info about defendants decompensation – don'[t know who to call
- No formal list of certified diversion programs – per diversion statute
- 1st (long term) difficult to connect to services
- Difficult for court clinicians to locate/access bed for 12e commitment

Intercept Three

- No suboxone in holding; or any medication assistance for opioid withdrawal
- Programming/treatment while held pre-trial
- Suffolk Sheriff – training of correctional staff; how to identify needs and when to call/seek help; more on de-escalation
- Large number of homeless in Central division mental health court
- Need more specialty courts- lack of mental health clinicians and probation staff
- Lack of dual diagnosis programs available for specialty court participants
- Need greater understanding of co-occurring
- Include community providers on teams of specialty courts – clinical presence
- No residential programs for people with mental illness, who aren't DMH clients
- Ongoing evaluation through specialty court process
- Predictable annualized funding for clinicians in specialty courts – currently grant funded and may impact commitment to role
- Central division region may lack the community cohesion of other neighborhood based courts
- Funds for social workers
- How/when a person with severe mental illness gets identified
- Sufficient info at sentencing about severe mental illness at sentencing – ORAS assessment not completed until post sentencing
- Peer support/recovery learning center needed in this region
- Quick start guide to recovery learning center resources
- Transferability of cased between courts to access specialty courts

***NOTE:** These resources and gaps 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.*

Intercepts 4 and 5: Reentry and Community Supervision



Resources

Intercept Four

- HOC reentry begins on intake for sentences
  - Med/mental health discharge planners set up follow up appointments
  - Case managers bringing recovery coaches
  - DMH does in reach
- HOC provides minimum 7 days or remainder of prescription
- Coordinate with probation, parole, HOC, specialty courts
- (New) Suffolk HOC release occur at OCC for check-in
  - Turn on GPS if ordered
  - Can access info/assessments from HOC
- MOU between OCC and HOC in place
- HOC working on recidivism study currently
- Anyone on release can go to paroles' reentry center to access mass id – can even meet person at the DMV – Gavin foundation
- DOC can transport releases to Parole reentry center – can also meet with navigator to access insurance
- 90% of DOC releases have MassHealth
- In reach by VA
- VRSS database used by DOC to check veterans service eligibility
- MHSA – Mass Housing and Shelter Alliance expertise
- Mayors initiative to end chronic homelessness
- HOC provides Vivitrol to 5 or 6 inmates; 50% follow up
- Referral info to methadone or suboxone
- Opioid OD prevention program – card to get naloxone from health department – Nashua/South Bay
- Post release case management follows in-reach from provider
- Reentry recovery panel – in planning states – by January 2017
- All paperwork handed to person at booking office on release – in envelope; both HOC and DOC
- HOC 0- family matters works with agency in Charlestown
- DOC working on accessing CSP's – to coordinate with MassHealth; MBHP provides 90 units in 90 days for this population

***NOTE:** These resources and gaps 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.*

Intercept Five

- ORAS - mental health and addiction assessment and recommendations for treatment
- LSCMI/LSIR from HOC, can share results with probation
- COMOASS 0 DOC risk tool; high risk get needs assessment
- DOC provides substance use screen on all
- Parole uses LSCMI to set parole conditions
- "Making it Home" resources used by probation to identify providers
- Probation defers to parole on rare dual supervision cases
- Voluntary/elective training on mental health/addiction provided for probation staff
- 1 specialty probation officer for mental health; one for veterans
- Charlestown and Boston central both use pathways to recovery; use recovery coaches to support drug courts
- Boston OCC provides
  - LSRNR risk tool
  - education classes
  - drug testing
  - community service
  - collaboration with MAT/MH/SUD providers
  - reports to supervising probation officer at court
- parole meets with family prior to approving placement
- learn to cope groups statewide
- NAMI family to family groups statewide
- Depression/bipolar support alliance has family group

Gaps

Intercept Four

- Reentry from Section 35 programming
- Individualized trauma informed plan
- HOC working to improve follow-up appointment for substance use disorders
- Much of release planning is relationship based with providers
- Challenge remain accessing MassHealth from HOC; cant' begin process until 30 days prior to release; need bigger widow than 30 days because of squishy ness of release dates from HOC
- ¼ of HOC population are released homeless
- Timely access to psych meds on release; some agencies mandate 3 weeks of kept appointments prior to appointment with prescriber
- Increase HOC access to VRSS database
- Insufficient safe and stable transitional housing and long term housing
- Increase in the number of people returning to Boston with or without a history of a Boston address
  - History of violence; history of lengthy incarceration
  - Inadequate number of ELMO chargers
  - Increase tension between shelters and neighborhoods they're in
- Lack of statewide resources for SO's?
- Issue = voluntariness of accepting service
- Expand definition of chronic homelessness to broaden people eligible for housing with this requirement
- HOC doesn't currently provide post-release case management
- Peer support/recovery coaching, especially during transition to community
- Family support – structured family visit days to increase these relations
- Inmates can't work with billable services during incarceration – like north Suffolk CSP or BEST CSP

Intercept Five

- Timing of risk assessment – sharing?
- All agencies use different screening tools
- Services between probation and providers are primarily relationship based
- Boston OCC not probation from Charlestown
- Communication inconsistent from community providers to probation – primary problem with residential providers
- No on site mental health treatment at the OCC
- Increase utilization f IPS or successful model – currently underutilized resources
- Family support groups available depending on location
- Lack of trust between family and parole staff – helpful to have clarity about resources

***NOTE:** These resources and gaps 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.*

Priorities

Top Five Priorities

1. Timely access to treatment
2. Safe and stable housing options
3. Information sharing between sectors
4. More co-responders with law enforcement
5. Issues with MassHealth

Day One Priorities (Intercepts 1-3)

- **Timely access to treatment – 30 votes**
- **Information sharing between sectors – 20 votes**
- **More co-responders with law enforcement – 17 votes**
- More treatment for pre-trial – 8 votes
- More integrated treatment for dual diagnosis – 8 votes
- Trauma informed training across intercepts – 8 votes
- More BMC specialty courts – 8 votes
- Training and resources for first responders – 7 votes
- Cross-sector coalition – 5 votes
- Standard assessment/screen at booking, bail, intake – 5 votes
- Specialized treatment for people 18-24 – 4 votes
- Increase court-community connections – 3 votes
- Peer support throughout intercepts – 3 votes
- Engagement with active users, people with active mental illness – 1 vote
- Include community providers in specialty courts – 0 votes
- Awareness to partners and families about resources, accessing treatment, section 35 and 12 – 0 votes
- Ongoing evaluation through specialty court and probation – 0 votes
- Medication assisted treatment for pre-trial and sentenced – 0 votes

Day 2 Priorities (Intercepts 4 and 5)

- **Safe and stable housing options – 25 votes**
- **Eligibility/insurance issues (MassHealth issues) – 15 votes**
- Trauma informed training across intercepts – 9 votes
- More treatment and support for pre-trial – 7 votes
- More integrated treatment for dual diagnosis – 4 votes
- Family engagement and support – 4 votes
- Intensive care management (CSP) – 7 votes
- Peer support after release – 4 votes

Appendix Index

Appendix A: Participant List

Kimberly Albin
Program Manager
Office of Community Corrections
Kimberly.Albin@jud.state.ma.us

True-See Allah
Assistant Deputy Superintendent of Reintegration Services
Suffolk County Sheriff's Department
TAllah@scsdma.org

Carol Beck
Director of Criminal Trial Support
Committee for Public Counsel Services
cbeck@publiccounsel.net

George Bell
Assistant
Suffolk County District Attorney's Office
george.bell@state.ma.us

Kathryn Bergeron
Director of Emergency Services
North Suffolk BEST team
kbergeron@northsuffolk.org

Suzanne Bird
Director, Acute Psychiatry Service
Massachusetts General Hospital
sabird@partners.org

Nancy Cellucci
Police Officer and Academy Instructor
Boston Police Department
nancy.cellucci@pd.boston.gov

Christie Charles (planning committee)
Trial Attorney
Committee for Public Counsel Services
ccharles@publiccounsel.net

Kathleen Coffey (planning committee)
First Justice, West Roxbury Division
Boston Municipal Court
kathleen.coffey@jud.state.ma.us

Elizabeth Condron (planning committee)
Homeless Court Coordinator
Pine Street Inn
Elizabeth.Condron@pinestreetinn.org

Sarah Coughlin
Director
Center for Community Health Improvement
Massachusetts General Hospital
scoughlin1@partners.org

Michael Cox
Deputy Superintendent
Boston Police Department
michael.cox@pd.boston.gov

Kevin Davis
Executive Director
Span, Inc.
kdavis@spaninc.org

Stephen DeLisi
Area Forensic Director
Department of Mental Health
stephen.delisi@state.ma.us

Laura Dickerson (planning committee)
Executive Assistant to the Chief
Boston Police Department
Laura.dickerson@pd.boston.gov

Anissa Essaibi George
Councilor, Boston City Council
annissa.essaibi-george@boston.gov

Kenneth Fong
Captain, Boston Police Department
kenneth.fong@pd.boston.gov

Cindy Friedman
Chief of Staff
Office of Senator Ken Donnelly
cindy.friedman@masenate.gov

Henry Goodhue
Operations Officer
Volunteers of America of MA
hgoodhue@voamass.org

Jim Greene
Assistant Director for Street Homelessness Initiatives
Department of Neighborhood Development City of Boston
jgreene@boston.gov

Andrea Hall (planning committee)
Clinical Director, BEST
andrea.hall@bmc.org

Kim Hanton
Director of Addiction Services
North Suffolk Mental Health
khanton@northsuffolk.org

Phil Harrison
Assistant Area Director
Department of Developmental Services
phil.harrison@state.ma.us

Jose Hidalgo
Psychiatrist
Massachusetts General Hospital
JHIDALGO@mgh.harvard.edu

Joseph James
Director of Risk Management
Department of Mental Health
Joseph.JamesJr@Massmail.state.ma.us

Kevin Keefe
Chief Parole Supervisor
Massachusetts Parole Board
kkeefe@massmail.state.ma.us

Deirdre Kennedy
Chief Probation Office, Dorchester Division
Boston Municipal Court
dvpo@hotmail.com

Zohreh King
Director of Recovery
North Suffolk Mental Health
zking@northsuffolk.org

Brian Larkin
Lieutenant Detective
Commander Drug Control Unit
Boston Police Department
brian.larkin@pd.boston.gov

Abby LeClair
Mental Health Director of Nashua St. Jail
Suffolk County Sheriff's Department
Abby.leclair@naphcare.com

Claudia Lent
Intern
Span, Inc.
claudiamlent1@gmail.com

Tracy-Lee Lyons
Associate Justice, Boston Municipal Court
tracy-lee.lyons@jud.state.ma.us

Lawrence McCormick
First Justice, Charlestown Division
Boston Municipal Court
lawrence.mccormick@jud.state.ma.us

John McDonald (planning committee)
First Justice, East Boston Division
Boston Municipal Court
john.mcdonald1@jud.state.ma.us

Matthew McDonough (planning committee)
Chief Probation Officer, West Roxbury Division
Boston Municipal Court
matthew.mcdonough@jud.state.ma.us

Ben Megrian
Assistant District Attorney
Suffolk County District Attorney's Office
Benjamin.Megrian@state.ma.us

Michelle Meneses
Social Service Advocate
Committee for Public Counsel Services
mmeneses@publiccounsel.net

Leslie Milne
Physician, Emergency Department
Massachusetts General Hospital
lmilne@partners.org

Matt Moniz
Program Coordinator in Reentry Services
Department of Corrections

Genevieve Mulligan
Policy Research Associate
Massachusetts Association for Mental Health
genevievemulligan@mamh.org

Kristin Nee
Probation Officer, Dorchester Division
Boston Municipal Court
kristin.nee@jud.state.ma.us

Dana Nye
Community Outreach Coordinator
MBTA Transit Police Department
dnye@mbta.com

Daniel O'Connor
Community Service Representative
Adcare Hospital
doconnor@adcare.com

Joanne Peterson
Executive Director
Learn to Cope
learn2cope2001@gmail.com

Michele Petruzzelli
Court Liaison
Department of Developmental Services
michele.petruzzelli@state.ma.us

Leila Quinn
Policy Director
Office of City Councilor Andrea Campbell
leila.quinn@boston.gov

Michael Reinhardt
Supervising Attorney
Committee for Public Counsel Services
mreinhardt@publiccounsel.net

Leila Salem
Postdoctoral Research Fellow
Span, Inc. and UMass Boston
leila.salem@umb.edu

Jenna Savage (planning committee)
Senior Research Coordinator
Boston Police Department
Jenna.Savage@PD.boston.gov

Jonathan Schreiber
Legislation and Public Policy Manager
Boston Bar Association
jschreiber@bostonbar.org

Lauren Sneider (planning committee)
Program Manager
Criminal Justice Diversion Programs
Boston Medical Center
lauren.sneider@bmc.org

Deborah Standeford
Program Director
Gavin Foundation
debbiestandeford@gavinfoundation.org

Billie Starks
Director of Behavioral Health
Boston Health Care for the Homeless Program
bstarks@bhchp.org

Rachelle Steinberg
Assistant Deputy Superintendent
Suffolk County Sheriff's Department
rsteinberg@scsdma.org

Scott Taberner
Chief of Behavioral Health and Supportive Care
Massachusetts Office of Medicaid
scott.taberner@state.ma.us

Kari Tannenbaum (planning committee)
Attorney-in-Charge
Committee for Public Counsel Services
ktannenbaum@publiccounsel.net

Jen Tracey (planning committee)
Director, Office of Recovery Services
City of Boston
jtracey@bphc.org

John Turner
Chief Probation Officer, Central Division
Boston Municipal Court
john.turner@jud.state.ma.us

Vanessa Velez
Attorney in Charge
Committee for Public Counsel Services
vvelez@publiccounsel.net

Michelle Verdieu-Williams
Chief Probation Officer, Charlestown Division
Boston Municipal Court
michelle.williams@jud.state.ma.us

Facilitators/Volunteers

Marisa Hebble (planning committee)
Coordinator
Massachusetts Community Justice Project
Massachusetts Trial Court
marisa.hebble@jud.state.ma.us

Judy Hebble
Volunteer
Massachusetts Community Justice Project
rnjpebs@gmail.com

Christina Miller (planning committee)
Chief
District Courts and Community Prosecutions
Suffolk County District Attorney's Office
christina.miller@state.ma.us

Karin Orr
Northeast Area Forensic Director
Department of Mental Health
karin.orr@state.ma.us

Special Guests

Dan Conley
District Attorney
Suffolk County
Daniel.Conley@state.ma.us

Roberto Ronquillo
Chief Justice
Boston Municipal Court
robert.ronquillo@jud.state.ma.us

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.

Appendix C: Action Planning Tools

Priority Area 1: Timely access to treatment					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 2: Safe and stable housing options					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 3: Information sharing between sectors					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 4: More co-responders with law enforcement					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 5: Issues with MassHealth					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**