

Massachusetts Community Justice Project

An Initiative of the Massachusetts Trial Court

Massachusetts Community Justice Workshop Report

Boston Municipal Courts: East Boston Division
East Boston and Winthrop



The Massachusetts
Center of Excellence
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Research | Education | Support | Recovery



Mass
DMH
Department of
Mental Health

MA Department of Public Health
BSAS
BUREAU OF SUBSTANCE
ABUSE SERVICES
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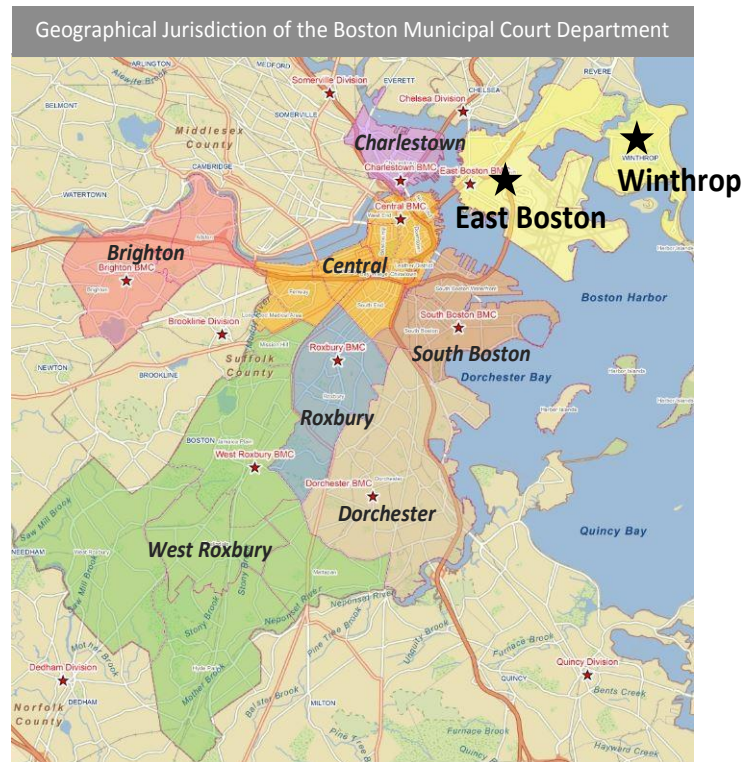
Massachusetts Community Justice Workshop Report

Sequential Intercept Mapping and Taking Action for Change Workshops

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 Boston Municipal Court East Boston Division on March 1st and April 13th, 2018. 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; and
- A list of best practices and resources to help the partners in East Boston and Winthrop action plan and achieve their goals.



The workshop was attended by 61 individuals representing multiple stakeholder systems including mental health and addiction treatment, crisis services, human services, corrections, advocates, family members, people with lived experience, law enforcement, veterans' services, and the courts. A complete list of participants is available in Appendix A.

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

The planning committee for this workshop was chaired by Judge John McDonald, First Justice of the East Boston Division of the Boston Municipal Court. Planning committee members are indicated on the participant list in Appendix A.

Communities included in this workshop: East Boston and Winthrop.

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 the 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

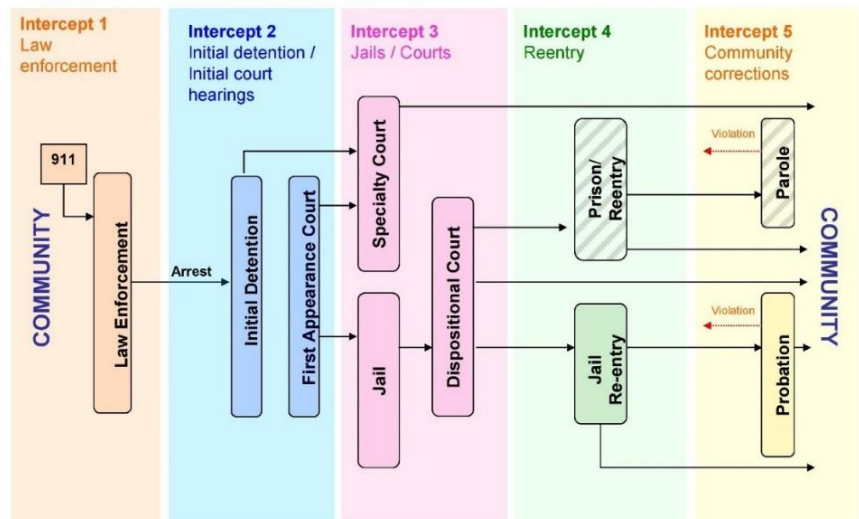
¹ SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model*. Delmar, NY: Policy Research Associates, Inc.

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 also includes 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:

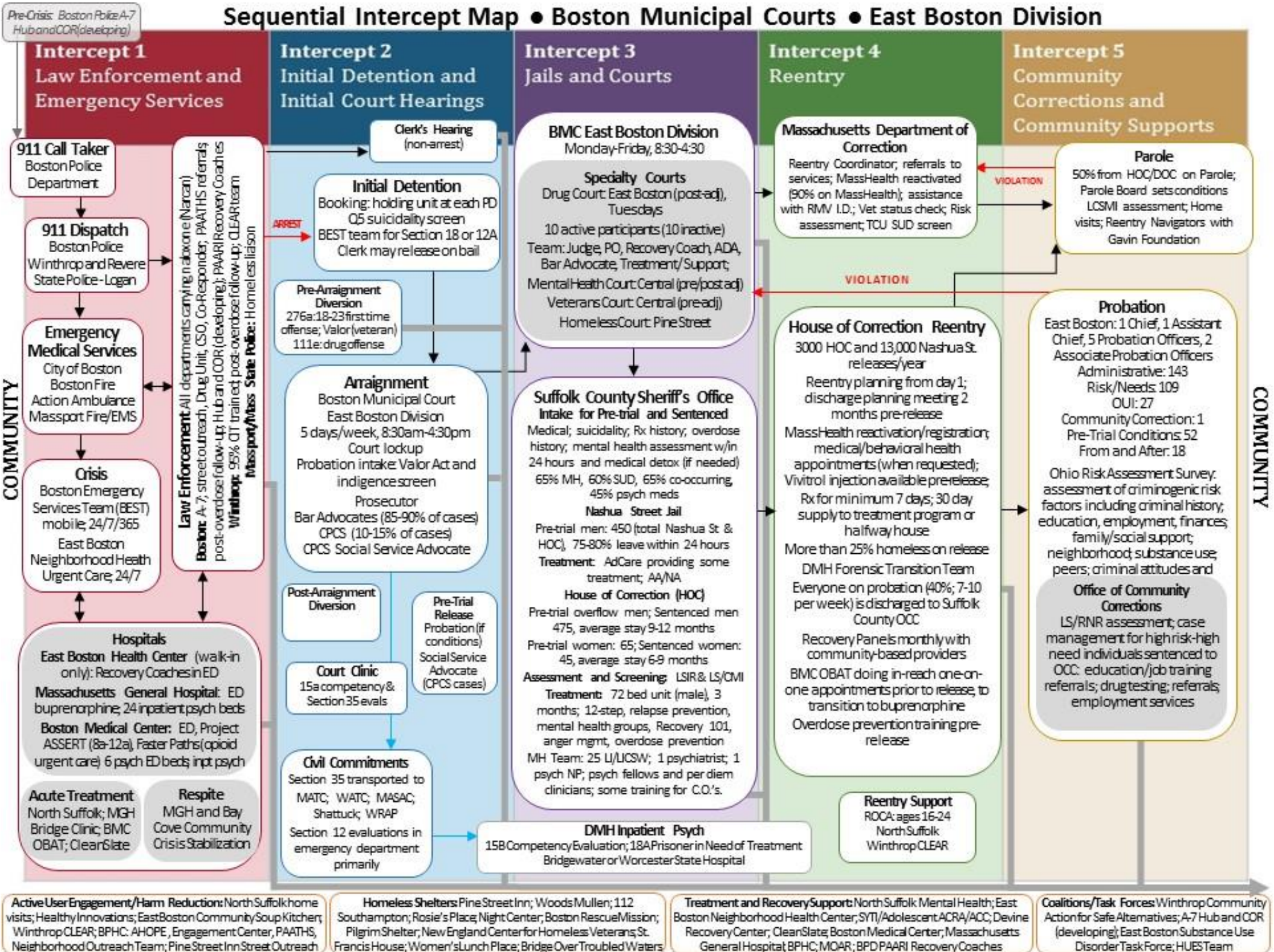
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region's criminal justice system along the five distinct intercept points;
2. Identification of gaps, opportunities and barriers in the existing systems; and
3. Identification of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

East Boston Community Justice Workshop

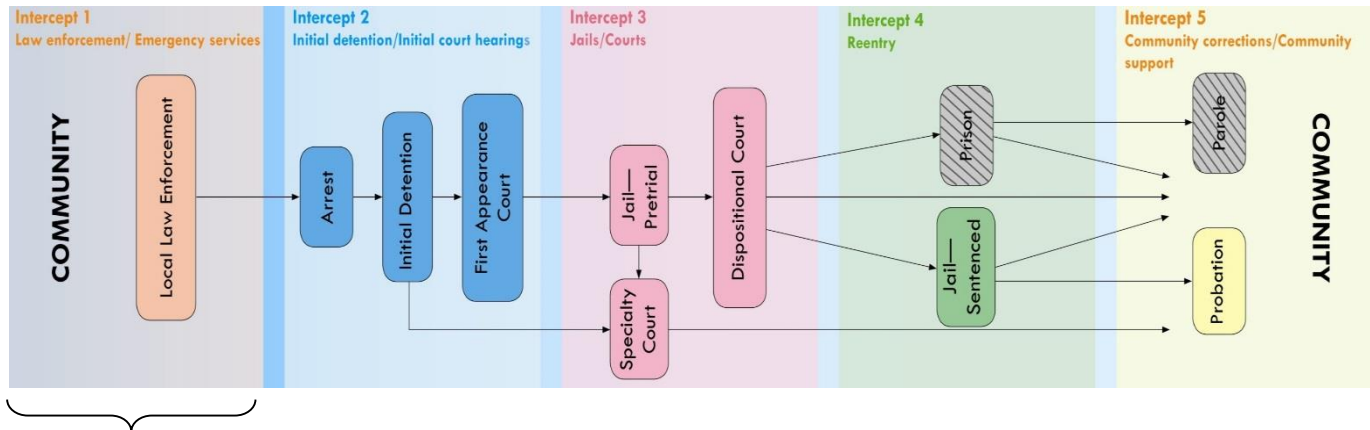
Following is a *Sequential Intercept Model* map, a list of local resources as well as gaps, priorities, and an initial action plan developed during the workshop.

***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.

Sequential Intercept Map • Boston Municipal Courts • East Boston Division



Intercept 1: Law Enforcement/ Emergency Services



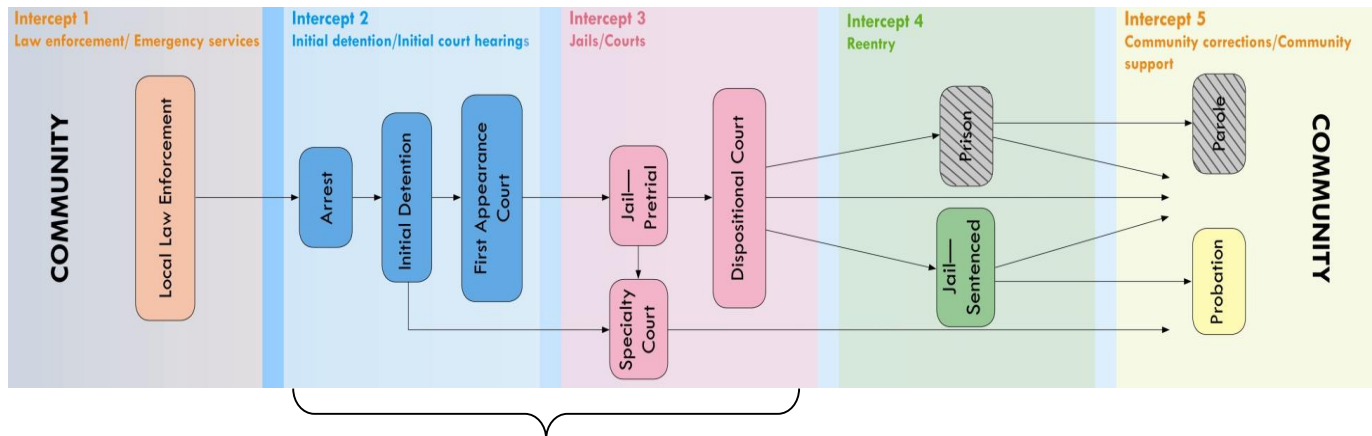
Resources

- PAATHS – 311
- Winthrop CLEAR Team: Knock-and-Talk, post overdose
- Winthrop PD training: co-responder and CIT (100% by year end)
- Logan Police: Online training; homeless liaison, intervention after call, follow up to housing, services; provides pamphlet with shelters
- Logan – Joanna Miller, Trainer
- Law enforcement use of Section 12; info to families about Sect. 35
- BPD and PAARI – hiring recovery coaches for libraries
- Tuesday Soup Kitchen – recovery coaches
- BEST – help connecting to services
- CleanSlate – rapid access to suboxone – within 24 hours
- MAP at East Boston Neighborhood Health
- BPD and BFD – post-overdose follow-up
- ROCA – follow-up with past/current ROCA participants
- MOAR meeting – 2nd to last Monday of the month at North Suffolk Mental Health

Gaps

- Co-responder/CIT training for all law enforcement
- Follow up with out-of-state individuals living with addiction or mental illness
- Resources and training for Massport about responses, addiction, mental illness, handouts
- Resources for local follow-up at Logan – coordination with BEST? Bad weather shelters – increase vs. stay at airport
- Increase communication with BEST team and police
- Follow-up post-EMS and/or post-crisis contact – coordinated after-care/communication
- No emergency shelter in East Boston
- BPD A-7 making referral to PAATHS?
- Law enforcement not typically asking about military history to refer to VA
- EMS cannot transport to East Boston Health Center Urgent Care
- Boston Fire: information exchange with Boston PD post-overdose
- Street outreach in East Boston and Winthrop

Intercepts 2 and 3: Initial Detention and Court Hearings; Jails and Courts



Resources

Intercept Two

- Questions at booking about medications and suicidality
- East Boston – veteran trained Probation Officers
- Bar Advocates can request funds for social worker
- CPCS social service advocates
- Notice to Counselor General from country
- Referral to ROCA
- CPCS/Bar Advocates – referrals or current treatment providers

- ROCA in courts
- Rosie's Place in courts

Intercept Three

- Winthrop recovery coaches
- North Suffolk recovery coaches
- EB CHC
- Social worker pre-sent evaluation – CPCS, Bar Advocates

Gaps

Intercept Two

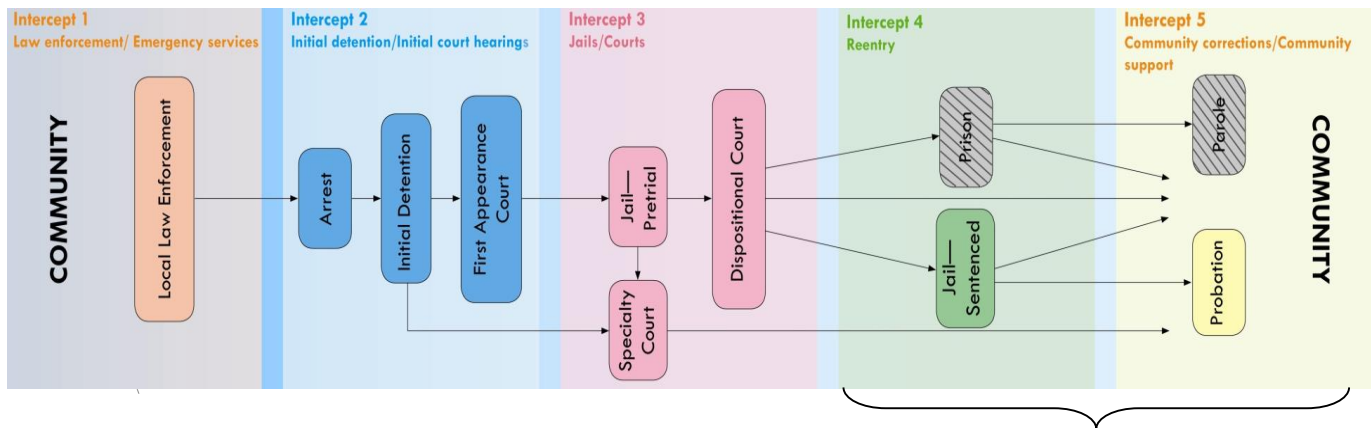
- Law enforcement friendly process for filing Section 35's
- No questions at police booking about military history, mental illness, addiction
- Lack of follow-up after delivery to emergency medical services
- Notice to court from law enforcement, re: overdose or drug use, if on probation or conditions of release
- Intake at court – no questions about mental illness/addiction
- CPCS – need more social service advocates
- Bar Advocates – don't have easy access to social workers
- No official diversion program at Suffolk DA's Office

- Detention – time to connect to resources
- No MH/SUD evaluation at 1st appearance in court
- Pre-trial – capacity to evaluate or supervise
- Client coordination for treatment and social services at court, at arraignment

Intercept Three

- Inpatient treatment beds for drug court
- Psychiatric treatment access
- Resources for probation officer training
- Pre-sentencing/pre-adjudication evaluation
- False positives on drug tests
- No medication assisted treatment option at Suffolk HOC (methadone or suboxone)

Intercepts 4 and 5: Reentry and Community Supervision



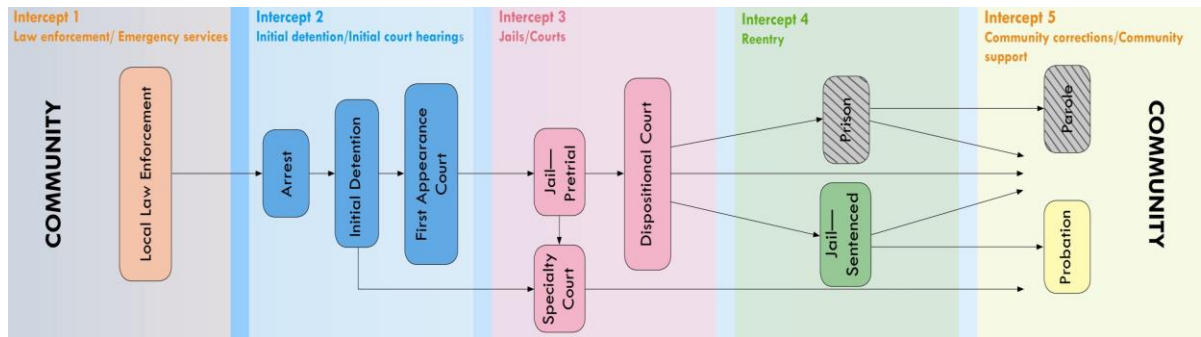
Resources

- HOC does vivitrol pre-release
- Recovery/discharge panel monthly
- BMC OBAT program doing one-on-one pre-release appts
- CREW, PLACE
- Overdose prevention training pre-release
- Recovery coach in-reach
- ROCA

Gaps

- Turning MassHealth back on (still issues)
- Post-release reentry caseworker
- Overdose prevention kits (including naloxone) upon release
- Peer Recovery Center in East Boston
- Outreach to sober homes

Intercept 0: Pre-Crisis Community Resources/Services



Resources

Active User Engagement/Harm Reduction:

- North Suffolk home visits
- Healthy Innovations
- East Boston Community Soup Kitchen
- Winthrop CLEAR
- BPHC
 - AHOPE
 - Engagement Center
 - PAATHS
 - Neighborhood Outreach Team

Treatment and Recovery Support

- North Suffolk Mental Health
- SYTI/Adolescent ACRA/ACC
- Devine Recovery Center

- CleanSlate
- Boston Medical Center
- Massachusetts General Hospital
- BPHC
- MOAR

Coalitions/Task Forces

- Boston Police Hub and COR in A-7 district (developing)
- Winthrop Community Action for Safe Alternatives
- East Boston Substance Use Disorder Task Force
- HUES Team

Healthcare

- East Boston Neighborhood Health Center

Gaps

Priorities

- Peer recovery support center in East Boston (and incorporating lived experience to inform programming/services) – 24 votes
- Street level outreach to people dealing with addiction, mental illness, homelessness – 24 votes (tied)
- Timely access to treatment: inpatient for drug court participants and psychiatric services – 22 votes
- Resources for Massport police: including co-responder/coordinated case management services – 12 votes
- Post-Section 35 case management/coordinated care – 11 votes
- Post-release reentry caseworkers – 10 votes
- Information exchange about high-risk people (e.g. Hub and COR) – 6 votes
- Post-mental health crisis follow-up – 6 votes (tied)
- Engaging treatment resistant persons (harm reduction) – 5 votes
- First court appearance treatment inventory and navigation – 3 votes
- Police-friendly Section 35 processes – 1 vote
- Naloxone (Narcan) on release from incarceration – 1 vote (tied)
- Post-overdose engagement and follow-up resources – 0 votes
- Evaluation for CSS/TSS for people who aren't North Suffolk

Parking Lot

- Immigrant/undocumented persons
- No emergency shelter in East Boston
- Criminal justice reform legislation pending

Values

Massachusetts Community Justice Project Core Values

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

Added by East Boston Partners

- "I" statements
- Understanding
- Patience
- Compassion

Post-Workshop Efforts

- Boston Police and Mass Housing are collaborating on a pilot Hub and COR program in two districts: Jamaica Plain and East Boston. The Hub and COR initiative will bring together key partners in each region to address specific situations with people facing elevated levels of risk and develop coordinated and immediate responses to intervene and provide services.

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

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 Addiction Services	mass.gov/dph/bsas
Department of Mental Health	mass.gov/dmh
Substance Abuse Helpline – Locate Treatment Providers	helplinema.org
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
Massachusetts Department of Veterans Services	mass.gov/veterans
Mass Vets Advisor	massvetsadvisor.org
Physiology of Addiction Training Video	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
U.S. Department of Veterans Affairs	va.gov
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 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

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: Peer recovery support center in East Boston (and incorporating lived experience to inform programming/services)					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Help individuals and families have a place to go for information, referrals, resources, avert crisis non-threatening	Connect with Julia from BSAS	Existing recovery community Boston Medical Center? East Boston soup kitchen \$350,000 annual budget for full-time center		Funding	Jared from MOAR is focused on this in the court context
Foster growth of recovery Make opportunity for recovery to be fun Place for people with many years of recovery		Maybe less for a part-time center or with one person leading volunteers (Nantucket Rising approach) Potential funding sources? <ul style="list-style-type: none"> - Grayken - State - Corporate - Health care - Unions Existing group of families in recovery who meet Julia Ortiz from BSAS Madeleine from Zumix Joe Ruggiero, Jr DMH Recovery Learning Communities			

Priority Area 2: Resources for Massport police: including co-responder/coordinated case management services					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Reduce # of clients “dumped” back in Boston from programs	Improve transportation back to communities of origin Create resource guide to be given to clients with Charlie Card upon discharge	\$ for transportation to “home” communities Drop in access points for officers to direct “stuck” people to MBTA liaison		Limited aftercare services to bridge individuals to stable settings post discharge 24 hour access point for case management needs	
Increase personalized (person to person) supports for crisis management and case management – IMMEDIATE ACCESS	Increase co-responders in area Outreach or office based case management Priorities access for police referrals to programs	CSP services with no wait State police access to a co-responder East Boston area shelter DMH jail diversion grant for co-responder/case manager		Long wait-time for referred services Patient refusal for further services	
Homeless outreach liaison	DMH/Pine St homeless outreach integration at Logan Connect to long term housing agencies	Need for PACE-like support for homeless individuals Mayor’s office Hub access for Massport police at A7		CORI related housing barriers for long-term solutions	

Priority Area 3: Timely access to treatment: inpatient for drug court participants and psychiatric services					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Individualized treatment Communication between resources to be able to use them effectively and continue support and treatment Integrated handoff	How to communicate and coordinate First responder training on how to address immediate needs and direct them to appropriate resources Uniformity in assessment; standardized	Have standard waiver with 42 CFR Real time database <ul style="list-style-type: none"> - Bed availability - Tx records Peer recovery resources Additional MOU's between treatment providers/agencies		HIPAA Lack of bed availability turns into whatever bed is available	Hub and COR?