

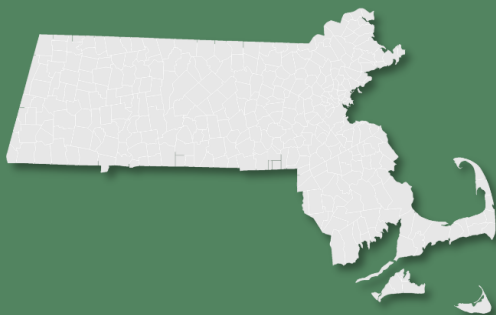


Executive Office of the Trial Court

MASSACHUSETTS COMMUNITY JUSTICE PROJECT

Cross-Systems Mapping Review

September 2020



Helping Communities Address the
Substance Use and Mental Health Needs
of People Involved with the Justice System

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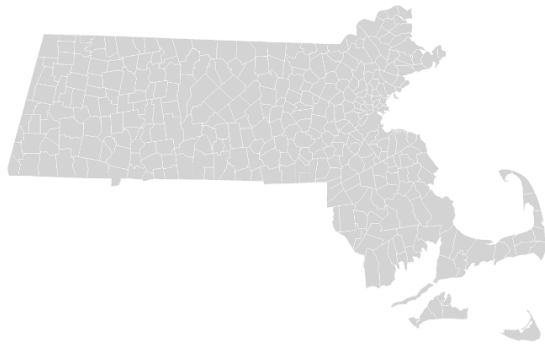
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MASSACHUSETTS COMMUNITY JUSTICE PROJECT REVIEW

Introduction

The intersection of mental illness, substance use disorder and the criminal justice system impacts people, families and communities on a daily basis. In Massachusetts and nationwide, one need look no further than the inside of a courtroom to see firsthand both the complexity and pervasiveness of this intersection. The justice system has long grappled with how best to address this complexity, and the overdose crisis has brought a renewed urgency and deeper realization that solutions must be comprehensive and collaborative. Importantly, solutions must extend across systems that historically have been separate but must be bridged to best assist the people that each system serves. And while efforts continue at the federal and state levels, it is at the local level, in the community, where many solutions lie. Communities provide the very support needed to help the most vulnerable individuals coming into contact with the justice system. These understandings—partnerships across systems and coordinated community-level solutions—are the basis for the Massachusetts Community Justice Project.

The goal of the Massachusetts Community Justice Project, an initiative of the Executive Office of the Trial Court, is to reduce the risk of criminal justice system involvement and recidivism among people dealing with mental health challenges, substance use disorders, and co-occurring disorders by:

- increasing community-level collaboration between criminal justice, behavioral health treatment, healthcare, and social 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.



The core strategy of the Project is cross-systems mapping and action planning workshops using the *Sequential Intercept Model*. These working meetings, called Community Justice Workshops, bring together key stakeholders across the justice, behavioral health treatment, healthcare and social service systems. Through a structured and facilitated process, local partners identify resources and barriers, agree on priorities for change, and develop an action plan to move their collaborative work forward. Community Justice Workshops provide stakeholders with the opportunity to understand the challenges in partner systems, cultivate relationships and collectively develop coordinated responses.

Twenty seven cross-systems mapping workshops have been conducted in Massachusetts to date. These workshops span 155 cities, towns and neighborhoods across the Commonwealth. This report provides a review of the twenty six workshops focused on adults with behavioral health needs who are involved with, or at-risk of involvement with, the criminal justice system.*

*Please refer to the Massachusetts Community Justice Project [website](#) for more information about the Taunton Juvenile Cross-System mapping workshop held in 2015.

COVID-19: At the writing of this report, the Commonwealth and the country are in the midst of the COVID-19 pandemic. Rapid changes in practices, protocols and programming are underway in the courts and among justice, treatment and social service partners. As all systems work to mitigate the impact of the Coronavirus and prepare for a new and undefined future, the importance of cross-systems communication, collaboration and coordination are at the forefront more than ever before. To that end, Project staff are currently developing the framework to conduct mapping workshops virtually. Please refer to the Trial Court [website](#) for more information about the court response to the pandemic.

RACIAL JUSTICE: As we undergo a critical reexamination of racial justice and inequity in Massachusetts and nationwide, Project staff are working with state and national experts to determine how to use cross-systems mapping to support community change and address racial inequities and disparities in behavioral health and criminal justice systems.

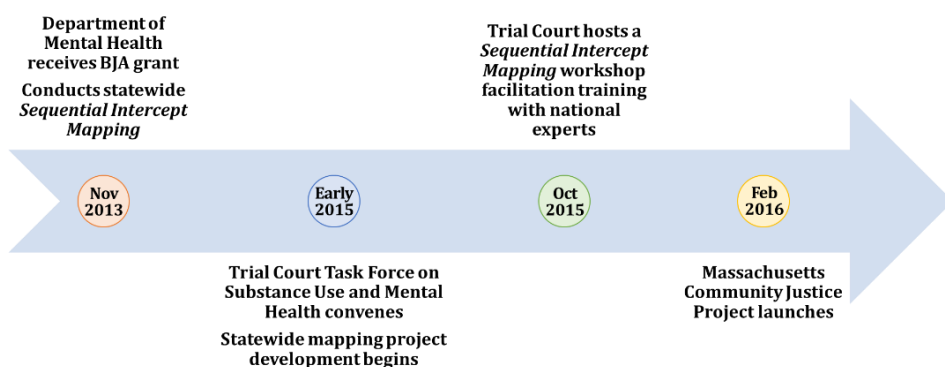
Development of the Massachusetts Community Justice Project

Groundwork for cross-systems mapping in Massachusetts began in 2013 when the Department of Mental Health, Department of Corrections and Division of Youth Services received a Bureau of Justice Assistance planning grant and, in collaboration with the Trial Court and other state partners, hired national experts from Policy Research Associates, Inc. to conduct a state-level cross-systems mapping using the *Sequential Intercept Model*. Among the outcomes of that mapping included a recommendation to “develop capacity to provide *Sequential Intercept Mapping* across Massachusetts.”ⁱ

In early 2015, Chief Justice Paula Carey convened the Trial Court Task Force on Substance Use and Mental Illness. This interagency task force included representation from the Trial Court, Department of Mental Health, Department of Public Health’s Bureau of Substance Addiction Services, Department of Corrections, Committee for Public Counsel Services, behavioral health treatment providers, Sheriffs and District Attorneys. The Task Force was charged with reviewing and developing recommendations to address behavioral health issues in the courts and justice system. Among the initiatives that emerged from this group was the development of the statewide cross-systems mapping project that would subsequently be named the Massachusetts Community Justice Project.

In October 2015 the Trial Court hosted a train-the-trainer event with Policy Research Associates to develop in-state capacity for planning and implementing cross-systems mapping

workshops using the *Sequential Intercept Model*. Representatives from the Trial Court, the Department of Mental Health, the Department of Public Health’s Bureau of Substance Addiction Services and two community coalitions attended the two-day training.



The Project is housed in the Executive Office of the Trial Court which oversees seven Trial Court departments, court administration and senior management staff who lead statewide initiatives.

Massachusetts Community Justice Workshops cover issues related to justice-involved persons with mental health challenges, substance use disorders, and those with co-occurring disorders.

Sequential Intercept Mapping in Massachusetts has been tailored to address the needs of persons with opioid use disorder, access to medications for opioid use disorder and overdose prevention and naloxone distribution. In addition, several workshops have been adapted to focus on more targeted populations, including pregnant and parenting women and women involved in commercial sexual exploitation.

Efforts are underway, in collaboration with the National Center for State Courts, to create a tool informed by *Sequential Intercept Mapping* for the child welfare system. A child welfare mapping workshop will be piloted in Massachusetts this fall, led by the Juvenile Court Department.

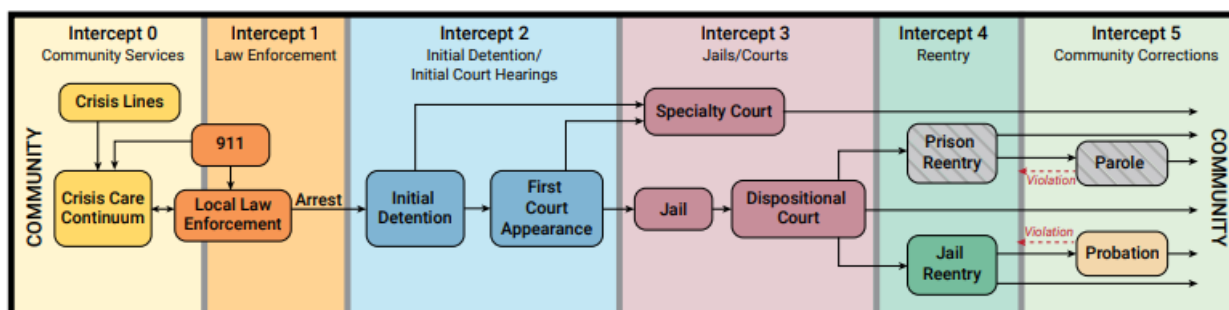
While there are other states with statewide cross-systems mapping initiatives, we know of no others that are led by the state court. Subsequent to the establishment of this project in Massachusetts, the National Center for State Courts has recommended that state courts take the lead in this effort, given the unique ability of the judiciary to convene key players for the critical community discussions that take place at workshops.ⁱⁱ

Framework: The Sequential Intercept Model

The backbone of the Massachusetts Community Justice Project is the *Sequential Intercept Model*. This model, developed by Dr. Mark Munetz and Dr. Patty Griffin in 2006, organizes the criminal justice system into a series of intercepts or touchpoints.ⁱⁱⁱ The model provides a visual outline that communities can use to analyze each intercept and develop a comprehensive picture of local resources, identify gaps in processes, programs, and services, and begin to plan for change.

Points of intercept along the *Sequential Intercept Model* include:

- Intercept 0: Community Crisis Services
- Intercept 1: Dispatch and Law Enforcement
- Intercept 2: Initial Detention and Initial Court 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



Community Justice Workshops: *Sequential Intercept Mapping* and Action Planning

Community Justice Workshops are often organized to include partners and agencies in the cities and towns within a particular District Court jurisdiction. Workshop objectives include:

1. Development of a comprehensive picture of how people with mental health challenges, substance use disorders and co-occurring disorders flow through the region's criminal justice system along the six 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.

Additional workshop benefits include: improved communication among stakeholders about problems, expectations, boundaries, and avenues of information sharing and problem solving; and increased awareness of the need for early identification of behavioral health disorders among justice-involved people.

Planning for a workshop is typically initiated in two ways: when a specialty court or relevant project is developing in a region; or when a community is looking to start or reenergize a coalition, develop/revise their strategic plan and/or coordinate response efforts. Project staff then work with the First Justice, Chief Probation Officer and local community partners in the District Court jurisdiction to support workshop planning, implementation and follow-up. In regions with existing coalitions, task forces, or stakeholder meetings, project staff collaborate in all aspects of workshop development to ensure the workshop is tailored to individual community needs and that community partners have a stake in the process and outcomes. In regions without coalitions, Community Justice Workshops can help facilitate their development.

While workshop planning typically spans 3-4 months, the actual event takes place over the course of two consecutive days and brings together key stakeholders from the local criminal justice, crisis, behavioral health treatment, healthcare, recovery support, and social service systems.

Workshop participants include:

- **Justice System:** Chiefs of Police; District Attorney and Assistant District Attorneys; Defense Attorneys (Committee for Public Counsel Services and Bar Advocates); Judges; Probation Chief and Officers; Sheriff and Superintendents; and Reentry Coordinators.
- **Crisis Services and Healthcare:** Emergency Medical Services; Emergency Service Programs (behavioral health crisis); Fire Chiefs; Hospital Emergency Department Medical Director; and Community Health Centers.



- **Behavioral Health Treatment System:** Administrators and Program Directors of Acute Treatment Services (detox); Clinical Stabilization and Transitional Stabilization Services; Residential Treatment; Outpatient Services; and Medication Assisted Treatment providers.
- **Recovery:** People with lived experience; Advocates; Peer Support Providers (including DPH-funded peer support centers and DMH-funded Recovery Learning Community representatives); and Family Support Groups (Learn to Cope and NAMI Chapters).
- **Community Partners:** Veterans Services; Community Coalitions (including DPH-funded Massachusetts Opioid Abuse Prevention Collaboratives and EOHHS-funded Safe and Successful Youth Initiatives); Elected Officials; Housing Professionals; and Faith-based Organizations.
- **Regional State Agency Representatives:** Department of Mental Health; Department of Public Health Bureau of Substance Addiction Services (BSAS); and Department of Developmental Services.

Day One: Sequential Intercept Mapping

The first day of the Workshop helps participants visualize how mental health, substance use disorder, and criminal justice systems intersect within the community. Through a facilitated process, the group develops a local map based on the *Sequential Intercept Model*. This process delineates: how people with behavioral health disorders move through the local justice system and where there are opportunities to connect with treatment and recovery support; where there are unidentified resources in the community; and where there are gaps in practices, policies, and/or services. Evidence-based strategies and best practices for each intercept are described throughout the process to educate and inform stakeholders.

Workshop participants determine areas where immediate steps will effect a more cohesive and coordinated approach to service delivery. The final activity of Day One is to collaboratively agree upon a local set of priorities for change, which provide the foundation for action planning on Day Two.

Day Two: Taking Action for Change

The second day of the workshop is a half-day action planning meeting. Through interactive information sharing and collaboration, the priorities from the previous day are addressed. The product is the beginning of a local action plan that encompasses: mutually identified local problems impeding criminal justice diversion and service delivery; best practices to address the identified problems; and action steps and a list of identified staff and agencies who have agreed to pursue them.

Post-Workshop and Evaluation

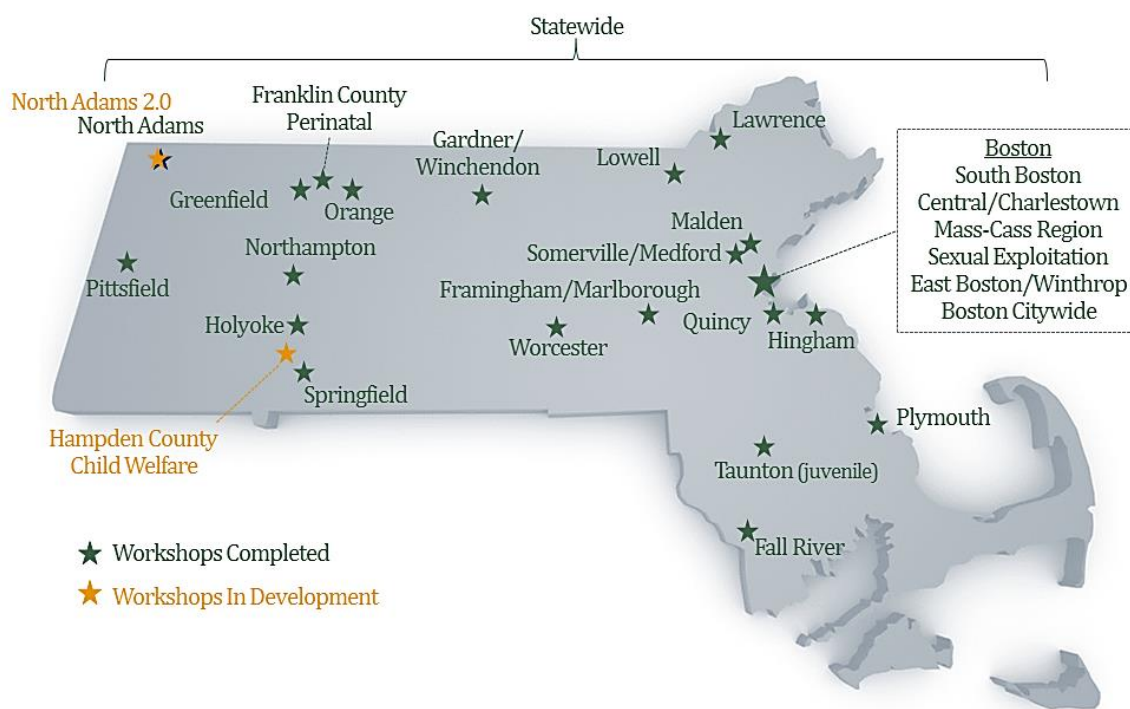
After each workshop a report is compiled which includes a description of the workshop, a *Sequential Intercept Map* of the local justice system and community resources, gaps and resources identified at each intercept, collectively agreed upon priorities, shared values, a list of workshop attendees with contact information, additional resources and the action plan. Reports are reviewed and edited by stakeholders in each region prior to dissemination and can be updated at any point. Reports are posted to the Trial Court [website](#) for the Massachusetts Community Justice Project.

Project staff provide technical assistance to communities as needed. Technical assistance efforts may include providing support for follow-up meetings, making connections to resources related to the priorities for change, and assistance with strategic planning development.

Workshops are currently evaluated on two levels: participants complete separate evaluations at the close of Day 1 and Day 2 of the Community Justice Workshop; and a survey is sent to attendees 6 months after the workshop to assess progress and identify new developments and potential barriers. Please refer to *Measuring Impact* (page 25) for a review of evaluation indicators.

Current Review

To date, 27 cross-systems mapping workshops have been conducted in Massachusetts. Gaps cited by four or more communities are included in this review, as well as examples of common and promising practices and programming. Please refer to page 27 for a list of workshop dates, locations, and communities included.



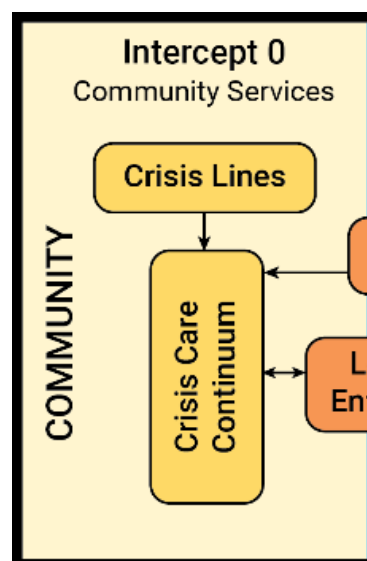
COMMON GAPS, TRENDS, AND PROMISING PRACTICES IN MASSACHUSETTS

Intercept 0: Community Crisis Services

The inventory and analysis of Intercept 0 involves an examination of practices, protocols, programs and services relevant for someone with a mental health and/or substance use disorder who is in crisis or nearing crisis in the community. This intercept includes the local Emergency Services Provider (ESP), crisis stabilization, Emergency Medical Services (EMS), Emergency Department, respite care, acute treatment services (detox) and emergency homeless services.

Common Gaps/Barriers

All communities (100%) report timely (on-demand) **access to treatment** as a gap at this intercept, including access to one or more of the following related services: evaluation, navigation, and treatment. Many communities cite access to pre or post-incident **care coordination** (42%) and **peer support** services (31%) as barriers.



The vast majority of communities (92%) note issues related to **crisis services** including: limited or unavailable mobile capacity in the Emergency Services Program (ESP); ESP not available for persons with private health insurance; and no walk-in or drop-off crisis service.

Challenges associated with **exchanging and sharing information within and across systems** is another common barrier at this intercept (62%), primarily due to concerns related to HIPAA and 42 CFR (Code of Federal Regulations).

Many communities (77%) report **working with people who are not interested in or ready for treatment** (or for whom treatment/services are not matched to their particular needs) as a challenge at this intercept, including: outreach and engagement services (including harm reduction) and coordination for people who frequently contact emergency services.

Frequent gaps cited with regard to **emergency departments and hospitals** (77%) include: boarding of persons with complicated needs, lack of inpatient psychiatric beds, staff training on working with people with mental illness and substance use disorders, access to buprenorphine (including ensuring physicians are waived to prescribe buprenorphine), issues related to Section 12 commitments (impact on staff and information exchange), and behavioral health screening and assessment.

Issues relevant to **emergency medical services** (54%) include: training for EMS on working with people with mental health challenges and/or substance use disorders; inability of EMS to transport to locations other than a hospital (such as acute treatment, crisis service, urgent care); and inability of EMS to perform medical clearance services in the field.

Challenges related to **health insurance** at this intercept are also reported in several communities (35%) including: MassHealth enrollment, reenrollment and adjustment; reimbursement rates and workforce burden among providers; lack of coverage for care coordination services; and the aforementioned issue of ESPs (crisis services) not accepting private insurance.

Common and Promising Practices*

- **Emergency Services Program:** Behavioral health crisis assessment, intervention, and stabilization services, 24 hours per day/7 days per week/365 days per year, through four service components: Mobile Crisis Intervention services for youth, adult mobile services, ESP community-based locations, and community crisis stabilization (CCS) services for ages 18 and over. Services are provided at no cost to those with MassHealth (Medicaid), Medicare, or people without health insurance. Some people with commercial insurance can also get these services. [Emergency Services Program Website](#)
- **Emergency Department Substance Use Disorder Evaluations and Access to Medications for Opioid Use Disorder:**^{iv} 2018 legislation requiring acute care hospital emergency departments and satellite emergency facilities to complete a substance use disorder evaluation for patients who have experienced an opioid-related overdose; provide evidence-based interventions, including initiation of medications for opioid use disorder; and directly connect patients to a community-based treatment provider. [Patient CareLink Website](#)
- **EOHHS Behavioral Health Ambulatory Care Redesign:** The Executive Office of Health and Human Services (EOHHS) has initiated an intensive effort to redesign the front door of behavioral health and create a coherent ambulatory behavioral health treatment system. [Creating a Behavioral Health Ambulatory Treatment System](#)
- **Middlesex County Restoration Center Commission:** 13-member Commission, chaired by Sheriff Peter Koutoujian and Dr. Danna Mauch (Massachusetts Association for Mental Health), tasked with piloting a program to create a restoration center to support ongoing law enforcement diversionary efforts in Middlesex County while also expanding community capacity for behavioral health treatment. [Middlesex County Restoration Center Commission Recommendations](#)
- **Overdose Detection Mapping Application Program (ODMAP):** Near real-time suspected overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike in overdose events. ODMAP links first responders and relevant record management systems to a mapping tool to track overdoses to stimulate real-time response and strategic analysis across jurisdictions. [ODMAP Website](#)

**Common and Promising Practices represent a sample of initiatives from across the state and are not intended to be a comprehensive list of practices and programming.*

Intercept 1: Dispatch and Law Enforcement

Common Gaps/Barriers

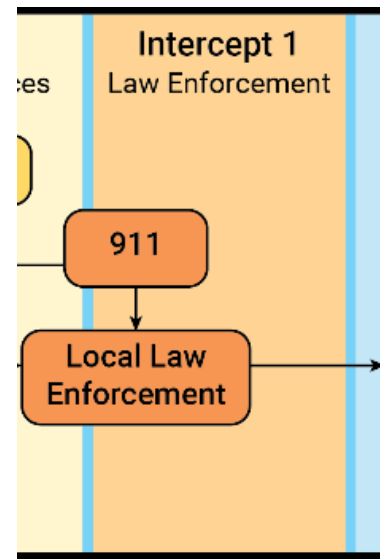
A majority of communities report the need for **specialized training for law enforcement** (88%) and **dispatch** (42%) on mental illness, substance use disorder, trauma, de-escalation and local resources.

Many communities cite the **lack of a co-response program** as a barrier (62%), where a licensed clinician is embedded in the police department and can respond to behavioral health crisis calls with law enforcement, provide clinical de-escalation, evaluation, navigation and/or post-incident care coordination.

Sharing and exchanging information within and across systems is frequently noted as a barrier at this intercept (54%), particularly between law enforcement, healthcare and treatment providers.

Challenges with regard to **collaboration with crisis providers** or a **lack of crisis services** are reported in many communities (46%), particularly the inability of the ESP to co-respond to crisis calls and the lack of police-friendly crisis drop-off services.

Finally, many communities note a need for training and strategies for law enforcement when **working with people who are not ready or interested in treatment**, or for whom treatment/services are not aligned with their needs (35%).



Common and Promising Practices

- **Crisis Intervention Team (CIT) Programs:** Community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families and other advocates. First-responder model of police-based crisis intervention training to help persons with mental disorders and/or addictions access treatment rather than the criminal justice system due to illness related behaviors. Promotes officer safety and the safety of the individual in crisis.
 - Example Program – [Somerville Police CIT and Technical Assistance Center](#)
- **Co-Response Programs:** Law enforcement and clinician teams working together in response to calls for service involving a person experiencing a behavioral health crisis. Provides law enforcement with appropriate alternatives to arrest as well as additional options to respond to non-criminal calls.
 - Example Program – [Advocates Co-Response and Technical Assistance Center](#)
- **Department of Mental Health (DMH) Jail Diversion Program:** [DMH Forensic Services](#) provides support to law enforcement and administers grants to police departments to develop pre-arrest jail diversion programs including Crisis Intervention Teams, clinician/police co-responder programs and regional technical assistance centers.
- **Hub Table:** Police-led initiative made up of designated staff from community and government agencies that meet weekly to address specific situations regarding clients facing elevated levels

of risk, and develop immediate, coordinated and integrated responses through mobilization of resources.

- Example Program – [Chelsea Hub](#)
- **Post-Overdose Response Team:** Multi-disciplinary outreach team responding to the residence of an overdose victim, usually within 24-72 hours of overdose, to offer assistance accessing treatment/services. Post-Overdose Response Teams usually include a plainclothes police officer, Recovery Coach and clinician.
 - Example Program – [Plymouth County Outreach](#)
- **Police Assisted Addiction and Recovery Initiative (PAARI):** Support and resources to help law enforcement agencies create non-arrest pathways to treatment and recovery. Embeds recovery coaches in police departments statewide, to expand access to services and build capacity to address the opioid epidemic. [PAARI Website](#)
- **One Mind Campaign:** Law enforcement agencies pledge to implement the following practices over a 12-36 month time frame: a clearly defined and sustainable partnership with a community mental health organization; a model policy to implement police response to persons affected by mental illness; train and certify sworn officers and selected non-sworn staff in Mental Health First Aid training or other equivalent mental health awareness course; and provide Crisis Intervention Team training. [One Mind Campaign Website](#)
- **Data Driven Justice Initiative** (Middlesex County): Linking local police, jail, hospital and service provider data to identify individuals who frequently overlap within these multiple systems and coordinate care to this population. [Data Driven Justice Initiative Website](#)

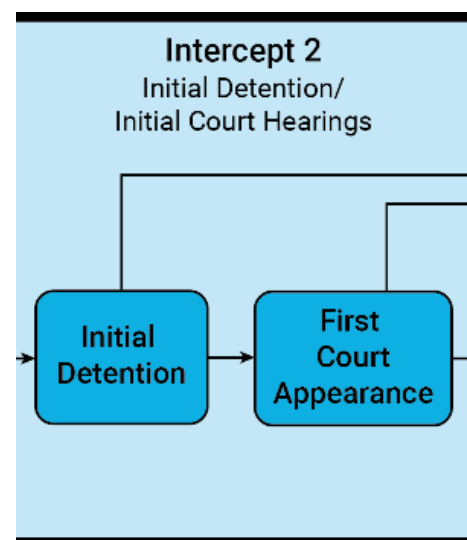
Intercept 2: Initial Detention and Initial Court Hearings

The examination of intercept 2 consists of an inventory of practices and programs relevant after arrest, specifically booking and first appearance in court. Show cause hearings (non-arrest) and civil commitments for substance use disorder (Section 35) are also considered at this intercept.

Common Gaps/Barriers

At booking, the lack of **screening for substance use disorder, mental illness and/or history of military service** is noted in half of communities (50%). Challenges with **access to treatment** at booking are reported as well (35%), particularly prescription medication continuity (for someone who is held) and referrals to treatment/services (for someone who is released on bail). **Lack of access to regional lock-up services** (15%), **training for bail commissioners** (15%) and no **post-arrest diversion-to-treatment program** (15%) are also cited at this stage.

At the first appearance in court, all communities (100%) report challenges with **access to evaluation, navigation and treatment**, particularly with regard to court clinician capacity and



lack of defense counsel access to a social worker. In most courts, public defenders (Committee for Public Counsel Services) represent approximately 20% of clients while Bar Advocates represent approximately 80% of clients. Public defenders have access to a staff Social Service Advocate, typically a clinician, who can provide evaluation, navigation and care coordination services. Bar Advocates do not typically have access to clinical support in the same manner. Challenges with **access to peer support** are also noted at this stage (27%).

A lack of pre-arraignment diversion-to-treatment opportunities are noted in many communities (62%) at the first court appearance, reportedly due to the absence of a District Attorney-based program, lack of time for defense counsel to meet with the client prior to arraignment, and/or underutilization of ch.111e.^{vi}

Numerous communities report **lack of screening for mental health and/or substance use disorder** at court intake (58%). **Information exchange within and between systems** is often cited (50%), particularly with regard to: the timing of information to defense attorneys prior to arraignment; and coordination between attorneys, treatment providers and probation, both prior to and post-arraignment.

Training for court staff, defense attorneys and prosecutors is commonly reported (42%), with regard to mental illness, substance use disorder (particularly medications for opioid use disorder), trauma and local resources. Considerations related to **probation** at this stage (42%) include primarily capacity to provide pre-trial supervision and lack of access to (or underutilization of) the local Community Corrections Center (CCC).

Most communities (73%) cite challenges with regards to **civil commitments** for substance use disorder (Section 35), most notably: **a lack of efficient filing processes for law enforcement and/or physicians** (46%); the need for **post-treatment care coordination** (38%); and **training and information for court staff and petitioners** (42%), including community-based treatment alternatives and support for families.

Show cause hearings are not examined in every cross-systems mapping. In communities that have noted challenges at this stage (19%), they include: **advocacy during hearings; access to evaluation, navigation and treatment and services; and training for Clerks** on mental illness, substance use disorder and local resources.

Common and Promising Practices

- **Regional Lock-up Services:** Provided by the County House of Corrections (not in every county), allowing for increased access to prescription continuity and medical and mental health services compared to what is typically available to local law enforcement departments.
- **District Attorney Diversion-to-Treatment Programs:** Voluntary program offering evaluation, treatment and case management in lieu of prosecution for persons with substance use disorders who are charged with non-violent offenses. Eligibility and requirements vary by District Attorney.

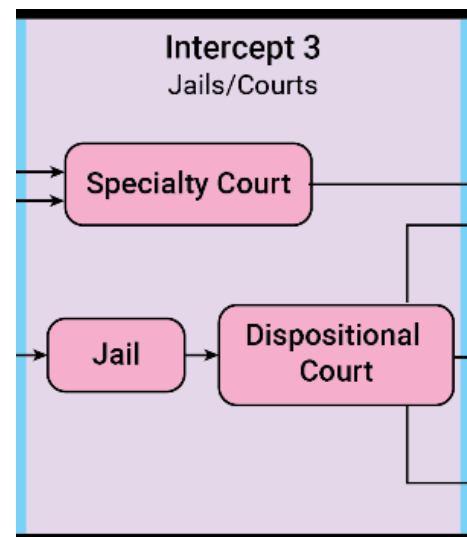
- Example Program – [Northwestern District Attorney Drug Diversion and Treatment Program](#)
- **Court Clinics:** Joint collaboration of the Trial Court and the Department of Mental Health Forensic Services. Court Clinics provide all court-ordered forensic and clinical evaluations in the Juvenile, District, Boston Municipal and Superior Courts. Court clinicians evaluate individuals with suspected mental health difficulties who come to the attention of the justice system, often around issues of Competence to Stand Trial or Criminal Responsibility, civil commitment related to substance use and mental illness and other types of evaluations. [DMH Forensic Services](#)
- **Pre-trial Services in Community Corrections Centers (CCC):** Expanded capacity for persons with pretrial conditions following 2018 legislation. Community-based rehabilitative tools such as Cognitive Behavioral Therapy for decision-making and substance use disorder, education, employment counseling, and community service opportunities through a statewide network of 17 centers. [Community Correction Centers](#)
- **Supreme Judicial Court Working Group on Substance Use and Mental Health:** Chaired by SJC Chief Justice Ralph Gants, in collaboration with Chief Justice Paula Carey, this interdepartmental working group is charged with creating the Trial Court Standards on Substance Use and Mental Health, which will provide guidance for judges on working with individuals with behavioral health needs. The Working Group is comprised of a Judge and Attorney from every court department with the exception of Land Court, two SJC Justices, the Specialty Court Administrator, the Senior Government Affairs Counsel and the Manager of the Community Justice Project.

Intercept 3: Jails and Courts

The analysis of Intercept 3 examines practices and programming at the court (post-arraignment) and jail, for persons held both pre-trial and sentenced.

Common Gaps/Barriers

At the level of the court after arraignment, many communities report challenges with **evaluation and assessment** (35%), accessing **treatment on-demand** (62%), connecting people with **peer support** (31%) and **care management** (27%), and **exchanging information** between the court and providers (31%). Many communities note **specialty court considerations** (62%), including: timely access to treatment, participants with dual diagnoses, lack of a coordinator for specialty court, and absence of a specialty court in the jurisdiction (drug, mental health or veterans treatment).



Among the challenges related to incarceration, communities cite barriers related to **access to treatment** (92%), including access to **medications for opioid use disorder** for both pre-trial and

sentenced individuals (69%) and evidence-based cognitive behavioral strategies to address criminal risk factors.

Limited resources for **treatment for persons held pre-trial** is reported by most communities (65%) and **training for correctional staff** on mental health, substance use disorder and trauma has also been reported as a need at this intercept (15%).

Common and Promising Practices

- **Specialty Courts:** 54 problem-solving courts operating under a specialized model in which the judiciary, prosecution, defense bar, probation, law enforcement, substance use, mental health, and social service communities work together to provide treatment to people with substance use disorder and/or mental health challenges, help individuals in the criminal justice system become productive citizens, and reduce recidivism. The Commonwealth has 35 Adult Drug Courts; 8 Mental Health Courts; 6 Veterans Treatment Courts; 2 Homeless Courts; 1 Family Resolutions Court; 1 Family Drug Court; 1 Collaborative Treatment Court. [Specialty Courts](#).
 - **Maintaining Independence and Sobriety through Systems Integration, Outreach, and Networking (MISSION):** 5 Specialty Courts receive funding from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to utilize the MISSION model: evidence-based intervention designed to specifically meet mental health, substance misuse and other psychosocial needs of individuals with co-occurring mental health and substance use disorders. [The MISSION Model Website](#)
 - **Integration of Community Corrections Centers (CCC) with Drug Courts:** Brockton, Quincy, and Taunton CCC's have integrated operations with drug courts in Brockton, Hingham, and Taunton District Courts. CCC staff and the Regional Specialty Court Coordinator conduct Risk/Need Assessments on drug court candidates, develop treatment plans, deliver treatment interventions and staff weekly meetings and court sessions. Assistance with mass transit and individual transportation needs to the CCC and drug court sessions is included.
 - **Peer Support in Specialty Court**
 - Veterans Treatment Court Mentors: A key component of Veterans Treatment Courts are volunteer veteran mentors.^{vii} Veteran mentors act as coach, guide, role model, advocate, and support person.^{viii}
 - Drug Court Recovery Coaches (not all drug courts): Certified Recovery Coaches as members of the drug court team. Example Program: [North Suffolk Mental Health Association](#)
 - **Family Treatment Court:** Franklin County Family Treatment Court is an interdepartmental family court docket for cases including custody, visitation, guardianship and child abuse or neglect in which parental substance use and co-occurring mental health disorders are contributing factors. Judges, court personnel, attorneys, child protective services, treatment professionals, and other community partners collaborate on and coordinate services with the goal of ensuring that children have safe, nurturing, and permanent homes within mandatory permanency time frames; parents achieve stable recovery; and each family member receives needed services and supports. ^{ix, x}

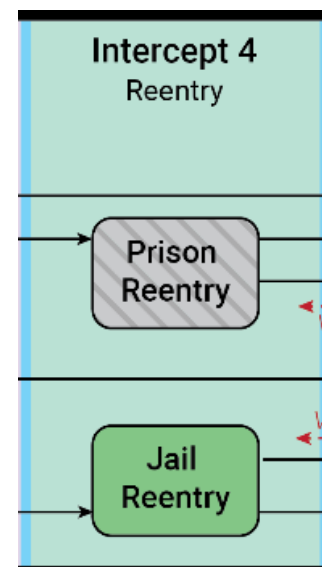
- **Trial Court Medication Assisted Treatment Policy:** Issued January 2020; delineates that judges and court personnel in any court department who interact with individuals utilizing medications for opioid use disorder (MOUD) under the care of a licensed prescriber must comply with the provisions of the Americans with Disabilities Act (ADA); decisions regarding medication type and dosage shall only be made by a licensed prescriber; and court-involved persons utilizing MOUD may not be excluded from participation in, or denied benefits of court services, programs or activities as a result of their use of properly prescribed MOUD.
- **Medications for Opioid Use Disorder During Incarceration:** Pursuant to Chapter 208 of the Acts of 2018, seven County Houses of Corrections (Essex, Franklin, Hampden, Hampshire, Middlesex, Norfolk and Suffolk) and facilities within the Massachusetts Department of Corrections are required to offer all three forms of federally approved medications for opioid use disorder: methadone, buprenorphine and naltrexone.
- **Risk Assessment During Incarceration** (sentenced population only and not in all HOCs)
 - **Level of Service/Case Management Inventory (LS/CMI)** Case management tool and assessment measuring risk and need factors of incarcerated adults.^{xi}
 - **Level of Service Inventory-Revised (LSI-R)** Quantitative survey of offender attributes and their situations relevant to level of supervision and treatment decisions. Designed for ages 16 and older, the LSI-R helps predict parole outcome, success in correctional halfway houses, institutional misconducts, and recidivism.^{xii}
- **Cognitive Behavioral Therapy (CBT) During Incarceration** Evidence-based CBT (e.g., Moral Reconation Therapy and Thinking for a Change) reduces recidivism and improves outcomes, when delivered in the community and behind the walls.^{xiii}

Intercept 4: Reentry

Intercept 4 involves an examination of planning and support prior to release from incarceration and after individuals are released to the community.

Common Gaps/Barriers

The majority of communities cite considerations with regards to **reentry planning** (73%) and **post-release support** (77%) particularly when connecting individuals with treatment and services in the community. Common challenges include: **gaps in health insurance coverage** post-release (38%), leading to an inability to access treatment; lack of access to safe, stable and sober **housing** (65%); barriers to **obtaining identification** (12%); limited opportunities for **education and workforce development** (23%); and lack of access to **overdose education and naloxone distribution** for those at risk of opioid overdose (46%) given the increased risk post-incarceration.



A common gap noted with regards to reentry planning is the inability of community-based providers to bill health insurance for **in-reach services**. These services, provided prior to release

from incarceration, help establish relationships and facilitate continuity of care upon release, but a lack of sustainable funding is a barrier. **Information exchange** is reported as a gap (38%), particularly with regard to treatment and programming undertaken during incarceration, as well as reentry plans, between the House of Correction and Probation.

Notably, many communities report challenges with regard to **release planning for persons who are held in corrections pre-trial** (50%), given unknown release dates and limited resources at the Houses of Correction.

Common and Promising Practices

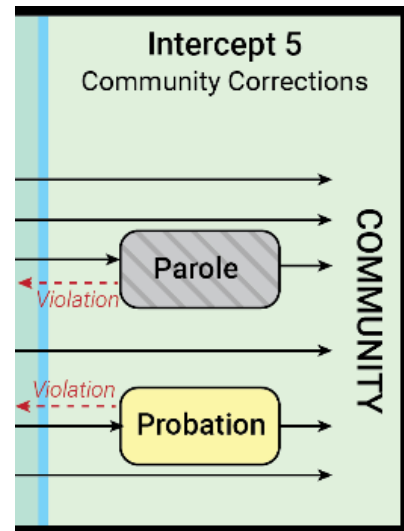
- **Behavioral Health Supports for Justice Involved Individuals (BH-JI):** In-reach, re-entry model providing specialized behavioral health supports to justice-involved individuals with mental health and/or addiction needs. Project goals include connecting justice involved individuals to health care services and community services; and collecting data and demonstrating improved health outcomes, decreased fatal overdoses, and efficient healthcare utilization. A collaboration between EOHHS/MassHealth, Probation, Parole, Department of Corrections, Middlesex and Worcester Sheriff's Offices, Advocates, Inc. and Open Sky Community Services.
- **Community-Based Residential Reentry Services:** Collaboration between the Department of Correction (state corrections), certain Houses of Correction (county corrections), Probation, Parole, Community Resources for Justice and There Is A Solution (TIAS); provides 3-6 months of supportive housing and case management services for persons nearing the end of or completing their sentence, on probation/parole, or in the community post-incarceration and in need of housing.
- **Post-Release Reentry Caseworkers**
 - Example Program: [Franklin County Sheriff's Office](#) employs post-release reentry caseworkers to help individuals navigate resources and systems to best support clients in the community. These reentry caseworkers (RCWs) help with: health insurance, SNAP benefits, housing support, employment, school placements, treatment, recovery and many other things.
- **Comprehensive Reentry Services**
 - Example Program: All-Inclusive Support Services, a program of the [Hampden County Sheriff's Office](#), assists formerly incarcerated people in all aspects of life in the transition from incarceration to the community. Support for addiction, mental health problems, lack of identifying documents, employment obstacles, financial concerns, limited education, housing instability and more.
- **Overdose Prevention Education and Naloxone Distribution on Release from Incarceration^{xiv}** All persons receiving medications for opioid use disorder receive naloxone upon release, as part of the pilot program in the participating Houses of Correction and Department of Correction.

Intercept 5: Community Corrections

The examination at Intercept 5 encompasses an inventory of the practices and programming related to people under community supervision with Probation and Parole.

Common Gaps/Barriers

The most commonly cited gap at this intercept is **timely access to treatment** (69%), particularly when a probationer relapses and/or incurs a probation violation related to substance use that necessitates treatment. **Sharing and exchanging information**, primarily between treatment providers and probation, is noted as a challenge by many communities (46%) as is **care management** to support coordination of care for people with complicated needs (27%).



Additional considerations reported by communities involve: **training for probation officers** (38%) on working with people dealing with substance use disorder, mental health and trauma; access to **screening/evaluation of behavioral health needs** (31%); availability of **peer/family support** services (38%); safe and stable **housing** access (23%); and **transportation** to court, treatment and employment (27%).

Notably, a lack of community providers who are able to provide **treatment for criminal risk factors** beyond substance use disorder, is often cited (35%). Interestingly, many communities cite **underutilization of Community Corrections Centers** (19%), where evidence-based treatment for both criminal risk factors and behavioral health needs are provided.

Common and Promising Practices

- **Community Corrections Centers (CCC):** Massachusetts Probation Service program providing services to people on probation in the pre-trial, sentenced and reentry stage. CCC's offer evidence-based practices to reduce recidivism: individualized and targeted interventions; motivation enhancement and skill building through cognitive behavioral therapy; employment and educational support; and community service.
- **Behavioral Health Supports for Justice Involved Individuals (BH-JI):** *See description in Common and Promising Practices at Intercept 4.*
- **Ohio Risk Assessment System (ORAS):** Implemented by a Probation Officer with people on Risk/Needs probation (determined by pre-screening). Assesses: likelihood to recidivate, dynamic risk factors to prioritize programmatic needs, and potential barriers to treatment. Risk factors assessed: criminal history; education, employment, and financial situation; family and social support; neighborhood problems; substance use; peer associations; criminal attitudes and behavioral patterns.^{xv}
- **Behavioral Health Screening for People on Risk/Needs Probation**
 - Texas Christian University Drug Screen plus Opioid Supplement: Self-report measure of substance use problems within the past 12 months; based on the DSM-5 criteria for

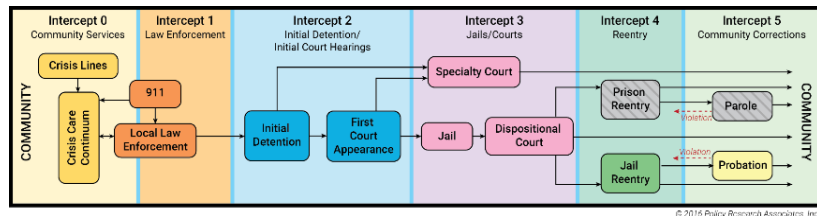
substance use disorders; provides a brief screen for frequency of substance use, history of treatment, substance use disorder symptoms, and motivation for treatment. Opioid supplement added in 2017; helps determine if there is an immediate need for services to address opioid use problems; includes questions regarding overdose history as well as personal and family/friend access to naloxone.^{xvi}

- Correctional Mental Health Screen: Gender-specific tool to screen for mental health issues in a corrections population.^{xvii}

Community Intercepts

Common Gaps/Barriers

- Timely access to:
 - Evaluation
 - Navigation
 - Treatment
 - Care Coordination
 - Peer Support: Centers, Recovery Coaching
 - Services: Housing, Transportation, Education/Workforce Development
 - Health insurance enrollment, reenrollment and adjustments
 - Overdose prevention education and naloxone distribution
- Information exchange within and between systems
- Working with people who are not interested in treatment/services (or for whom treatment/services are not aligned with their needs)
 - Outreach, engagement and services for people who are actively using and/or actively dealing with mental health challenges
 - Care coordination for people at elevated risk, people with frequent justice-system contacts, and/or frequent utilization of emergency department services
- Coalitions/Task Forces with justice and behavioral health representation
- Cultural Competency
- Family support
- Issues specific to emerging adults, ages 18-24



Common and Promising Practices*

- **Treatment Navigation**
 - [Providing Access to Addictions Treatment, Hope and Support](#) (PAATHS): Greater Boston
- **Cross-sector Coalitions, Task Forces and Committees**
 - [Mystic Valley Public Health Coalition](#): Malden, Medford, Melrose, Reading, Stoneham, Wakefield and Winchester
 - [MetroWest Opioid Coalition](#): Ashland, Framingham, Hudson and Natick
 - [Hampshire HOPE](#): Hampshire County
 - [Northern Berkshire Community Coalition](#)

*Common and Promising Practices represent a sample of initiatives from across the state and are not intended to be a comprehensive list of practices and programming.

- [Scituate FACTS](#)
- [Boston Community Justice Project](#)
- [Middlesex Opioid Task Force](#): Five regional hospital-based task forces, led by Middlesex District Attorney Marian Ryan.
- [Opioid Task Force of Franklin County and the North Quabbin Region](#): Chaired by the Register of Probate and Family Court, Franklin County Sheriff and Northwestern District Attorney's Office.
- Visit the [Community Health Training Institute](#) to search for Coalitions across the state
- **Targeted Funding for Innovative and Comprehensive Strategies:** [RIZE Massachusetts](#) – Independent nonprofit foundation working to end the opioid epidemic via informed investments in innovative and comprehensive evidence-based treatments that can be scaled, expedited, and made accessible to people suffering from opioid use disorder.
- **Family Support:** [Learn to Cope](#) – Non-profit support network offering education, resources, peer support and hope for parents and family members coping with a loved one addicted to opiates or other drugs. Overdose education and naloxone (Narcan) distribution provided at meetings.
- **Mobile Addiction Services:** [CareZONE](#) – Boston-based mobile health initiative serving individuals not well-connected to healthcare, experiencing homelessness and/or living with addiction. Provides preventive care, addiction services and harm reduction services at four sites across Boston in neighborhoods with high number of fatal opioid overdoses.
- **Standing Order for Pharmacy-based Naloxone:** Preserves the ability of pharmacies to dispense naloxone (Narcan) without a prescription to any person at risk of experiencing an opioid-related overdose, as well as by family members, friends or other persons in a position to assist individuals at risk of experiencing an opioid-related overdose. [How to get Naloxone](#)
- **Municipal Health Department Overdose Education and Naloxone Distribution:** MetroWest Region – Ashland, Framingham, Hudson and Natick. [Hudson Health Department: Naloxone Access](#)
- **Syringe Exchange Services:** For people actively using substances to reduce risk of HIV, Hepatitis-C, sexually transmitted infections and overdose; and facilitate access to treatment and other services. [Syringe Service Programs](#)
- **Post-Incident Trauma Services for Children:** [Handle with Care](#) – Law enforcement and school collaboration for a child who is encountered during a police call. Law enforcement communicates with school promptly; school implements individual, class and whole school trauma-sensitive curricula. If a child needs more intervention, on-site trauma-focused mental healthcare is available at the school. Based in the Plymouth District Attorney's Office.

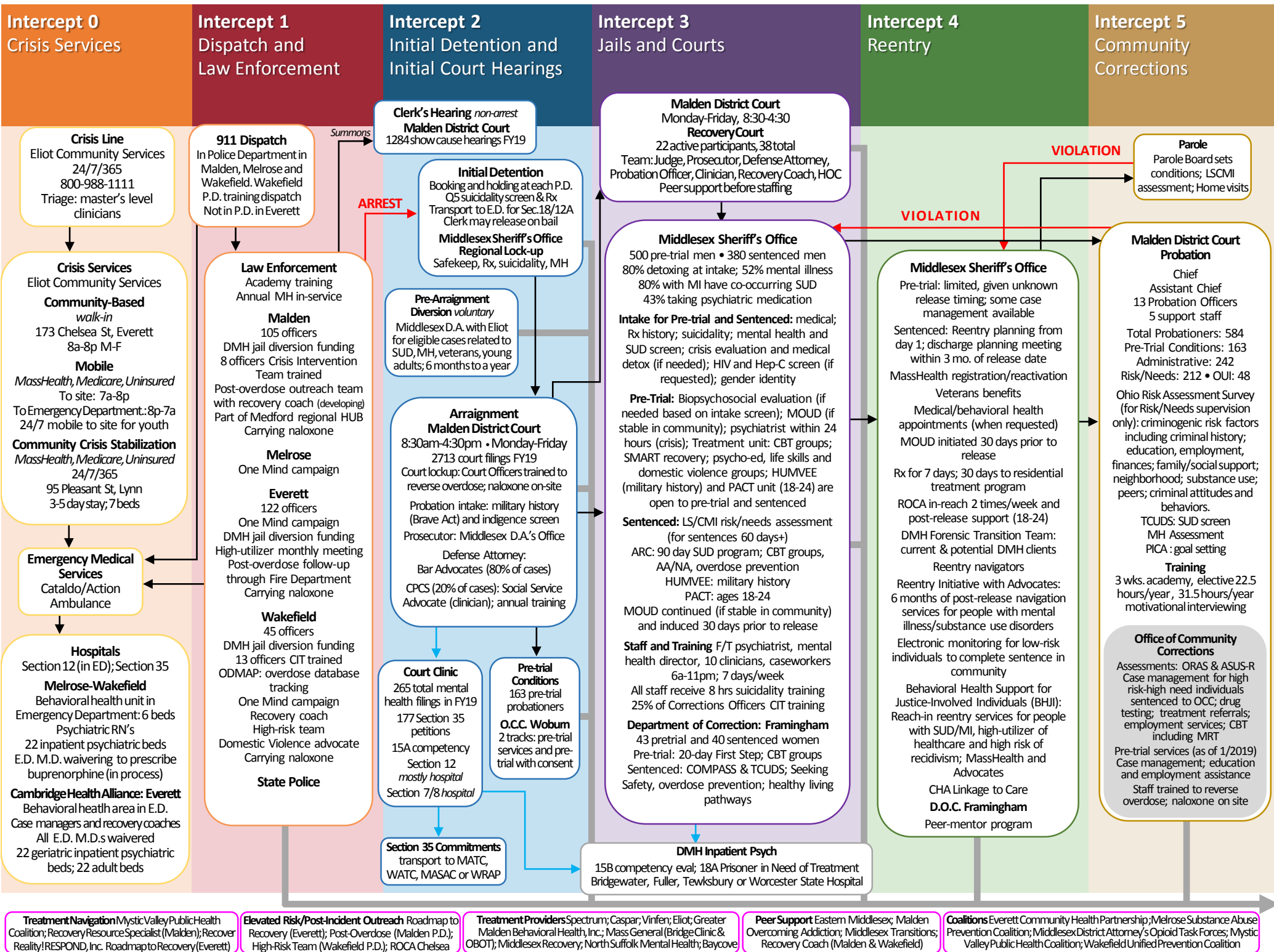
SUMMARY OF COMMON PRIORITIES FOR CHANGE

At the close of Day 1 of the Community Justice Workshop, stakeholders review the identified gaps and resources, and collectively agree upon the top priorities for change. Below is a ranking of the most frequently identified priorities.

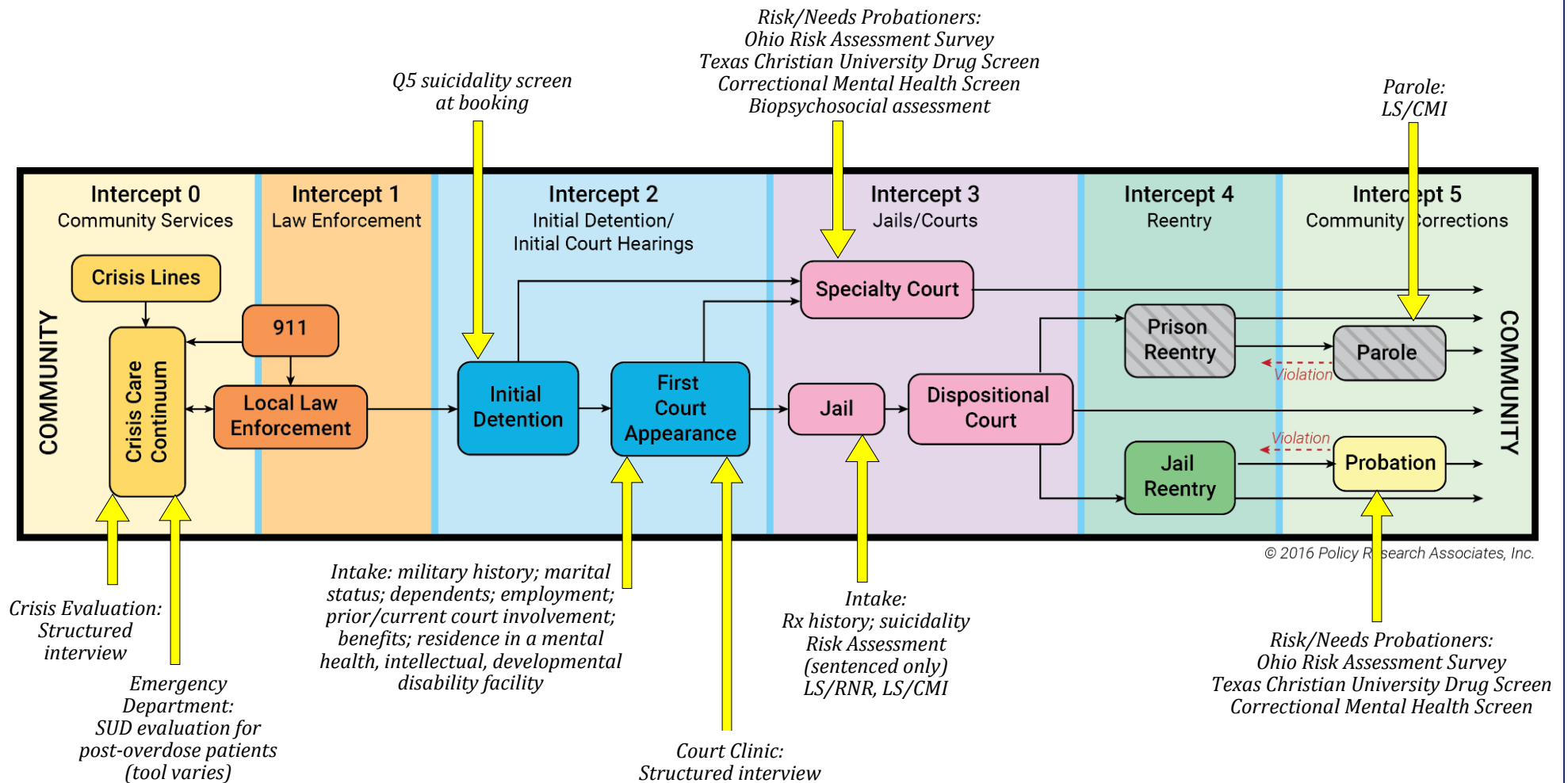
Priority	% of communities that cite as a priority	% of communities that cite as a top 5 priority	Notes
Access to Treatment	100%	100%	<i>Timely access, evaluation, navigation, appropriate level of care, medication</i>
Training	92%	69%	<i>De-escalation, substance use disorder, mental health, trauma, accessing local resources</i>
Care Coordination/ Case Management	92%	54%	<i>Pre and post-crisis, post-section 35, people with complicated and intersecting needs (e.g., homelessness, dual diagnosis, TBI, developmental disabilities)</i>
Information Exchange	92%	46%	<i>Between justice and treatment partners, for care coordination</i>
Crisis	85%	50%	<i>Crisis drop-off services, co-response clinicians with law enforcement, care coordination post-crisis</i>
Peer Support	73%	42%	<i>Peer support center access, recovery coaching across intercepts</i>
Reentry	69%	23%	<i>Pre-release planning and post-release support for pre-trial and sentenced individuals; access to health insurance and benefits</i>
Housing	65%	42%	<i>Safe, stable and sober housing; homelessness</i>
Medications for Opioid Use Disorder	46%	8%	<i>Behind the walls and in the community</i>
Stakeholder Meeting	42%	35%	<i>Cross-sector task force/coalition to convene stakeholders for ongoing coordination</i>
Specialty Court	42%	19%	<i>Access to, dual diagnosis, provider collaborations</i>
Working with People not Ready for or Interested in Treatment	42%	12%	<i>Outreach and engagement, harm reduction programming</i>
Transportation	38%	23%	<i>To court, treatment, services, employment</i>
Section 35	38%	15%	<i>Post-treatment care coordination, support for families, alternatives to, services for petitioners who do not meet the standard</i>
Overdose Education and Naloxone Distribution	38%	0%	<i>On release from incarceration (pre-trial and sentenced) and community access</i>
Family Resources/Support	35%	8%	<i>Issues for justice-involved parents, access to family treatment, support for families</i>
Education/Workforce	15%	0%	<i>Educational screening/support, connections to sustainable employment</i>

SAMPLE SEQUENTIAL INTERCEPT MAP

Malden District Court: Malden, Melrose, Everett and Wakefield



SCREENING AND ASSESSMENT ACROSS THE SEQUENTIAL INTERCEPT MODEL IN MASSACHUSETTS



MEASURING IMPACT: WORKSHOP EVALUATIONS

Workshop Evaluation: Day 1, Sequential Intercept Mapping

n=739

What is your role in the community?*	
Criminal Justice: Law Enforcement, Courts, Corrections, Attorneys, etc.	43%
Service Provider: Treatment, Healthcare, Harm Reduction, Housing/Homelessness, Recovery Support, etc.	47%
Other	14%

Please rate the extent to which you agree or disagree that today's workshop met each of its goals.	STRONGLY AGREE/ AGREE
1. This <i>Sequential Intercept Mapping</i> workshop helped identify resources, gaps and duplication in our community.	97%
2. The workshop provided ample opportunities for networking and information sharing.	96%
3. The workshop helped us to determine priorities for change.	90%
4. The workshop emphasized the importance of cross-sector collaboration and the use of best practices.	84%

Please rate program aspects	STRONGLY AGREE/ AGREE
1. Overall I am satisfied with the content and quality of the workshop.	90%
2. The workshop was well organized.	90%
3. Relevant examples were given during the presentations.	89%
4. The facilitators demonstrated a high level of expertise on the subject matter presented.	89%
5. The facilitators were well prepared concerning key issues and needs of the community.	90%
6. Training materials and resources provided were helpful.	88%
7. There was representation from key services and decision-makers.	87%
8. There was opportunity for engagement of all participants, including people with lived experience, mental health, substance use disorder, criminal justice, housing and social service providers.	83%

Workshop Evaluation: Day 2, Taking Action for Change

n=466

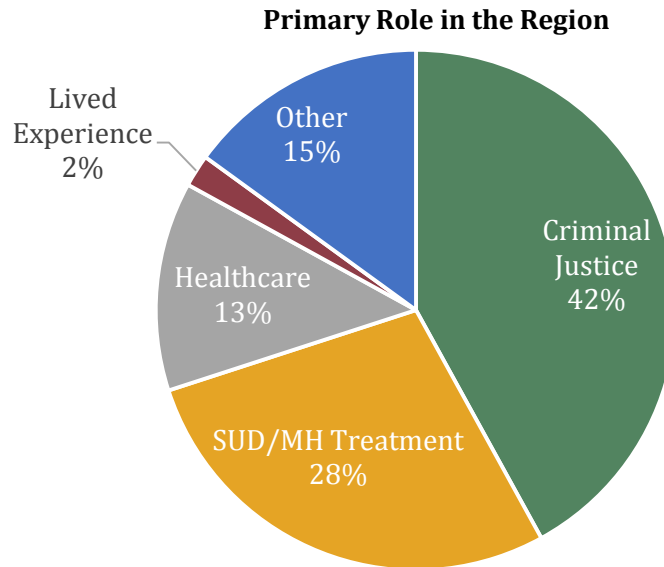
What is your role in the community?*	
Criminal Justice: Law Enforcement, Courts, Corrections, Attorneys, etc.	47%
Service Provider: Treatment, Healthcare, Harm Reduction, Housing/Homelessness, Recovery Support, etc.	42%
Other	15%

Please rate the extent to which you agree or disagree that today's workshop met each of its goals.	STRONGLY AGREE/ AGREE
1. The workshop prepared us to implement systems change.	92%
2. The action plan developed today contains several attainable, low-cost action steps that will likely result in positive changes.	89%
3. The workshop provided ample opportunities for networking and information sharing.	94%
4. The workshop emphasized the importance of cross-sector collaboration and the use of best practices.	89%

Please rate program aspects	STRONGLY AGREE/ AGREE
1. Overall I am satisfied with the content and quality of the workshop.	94%
2. The workshop was well organized.	95%
3. Relevant examples were given during the presentations.	96%
4. The facilitators demonstrated a high level of expertise on the subject matter presented.	95%
5. The facilitators were well prepared concerning key issues and needs of the community.	96%
6. Training materials and resources provided were helpful.	93%
7. There was representation from key services and decision-makers.	93%
8. There was opportunity for engagement of all participants, including people with lived experience, mental health, substance use disorder, criminal justice, housing and social service providers.	91%

*Participants may have noted more than one role in the community, leading to a total greater than 100%

6-MONTH FOLLOW-UP EVALUATION



8 out of 10 report: “The Community Justice Workshop resulted in improvements in my region’s ability or willingness to collaborate across systems.”



7 out of 10 report: “The priorities developed during the Community Justice Workshop were helpful to the initiation or continuation of programs in my region.”



6 out of 10 report: “The priorities that directly involve me or my agency are in the planning stages, have been initiated or are completed.”



5 out of 10 report: “There is a task force or coalition working on criminal justice and behavioral health collaboration in my region.”



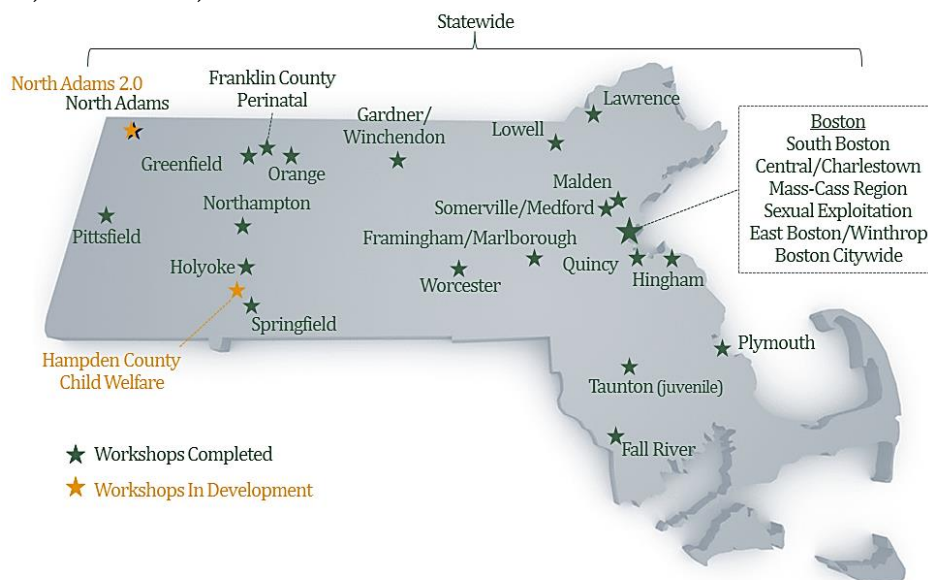
9 out of 10 report: “I would recommend a Community Justice Workshop to other regions.”

n=227

WORKSHOP LOCATIONS AND DATES

Communities covered in each workshop are listed in italics

1. Fall River District Court: December 2019
Fall River, Freetown, Somerset, Swansea, Westport
2. Malden District Court: October 2019
Malden, Melrose, Everett, Wakefield
3. Perinatal: June 2019
Franklin County
4. Somerville District Court: January 2019
Medford, Somerville
5. Lowell District Court: January 2019
Billerica, Chelmsford, Dracut, Lowell, Tewksbury, Tyngsboro
6. Boston Citywide: November 2018
7. Northampton District Court: June 2018
Chesterfield, Cummington, Easthampton, Goshen, Hatfield, Huntington, Middlefield, Northampton, Plainfield, Southampton, Westhampton, Williamsburg, Worthington
8. Gardner-Winchendon District Court: June 2018
Gardner, Hubbardston, Petersham, Westminster, Ashburnham, Phillipston, Royalston, Templeton, Winchendon
9. BMC East Boston Division: March 2018
East Boston, Winthrop
10. MetroWest: January 2018
Ashland, Framingham, Hudson, Natick, Marlborough
11. Northern Berkshire District Court: December 2017
Adams, Cheshire, Clarksburg, Florida, Hancock, New Ashford, North Adams, Savoy, Williamstown, Windsor
12. Commercial Sexual Exploitation: October 2017
Boston, primarily Dorchester
13. Worcester District Court: September 2017
Auburn, Millbury, Worcester
14. Holyoke District Court: April 2017
Holyoke
15. Massachusetts Ave – Melnea Cass Blvd: April 2017
Roxbury, Dorchester, the South End, South Boston
16. BMC Central Division: December 2016
Downtown Boston, Chinatown, North End, South End to Massachusetts Avenue, West End, Beacon Hill, Charlestown
17. Hingham District Court: December 2016
Hanover, Hingham, Hull, Norwell, Rockland, Scituate
18. Pittsfield District Court: October 2016
Becket, Dalton, Hancock, Hinsdale, Lanesborough, Lenox, Peru, Pittsfield, Richmond, Washington, Windsor
19. BMC South Boston, Dorchester, Roxbury, West Roxbury: May 2016
South Boston, Dorchester, Roxbury, Hyde Park, Jamaica Plain, Roslindale, West Roxbury, Mattapan, Mission Hill
20. Orange District Court: May 2016
Athol, Erving, Leverett, New Salem, Orange, Shutesbury, Warwick, Wendell
21. Lawrence District Court: April 2016
Andover, Lawrence, Methuen, North Andover
22. Greenfield District Court: September 2015
Ashfield, Bernardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Gill, Greenfield, Hawley, Heath, Leyden, Monroe, Montague, Northfield, Rowe, Shelburne, Sunderland, Whately
23. Springfield District Court: June 2015
Longmeadow, Springfield, West Springfield
24. Taunton Juvenile Court: May 2015
Berkley, Dighton, Easton, Raynham, Rehoboth, Seekonk, Taunton
25. Plymouth District Court: March 2015
Duxbury, Halifax, Hanson, Kingston, Marshfield, Pembroke, Plymouth, Plympton
26. Quincy District Court: September 2014
Braintree, Cohasset, Holbrook, Milton, Quincy, Randolph, Weymouth
27. Statewide: November 2013



LIST OF PRIORITIES BY COMMUNITY

Priorities are listed according to the number of stakeholder votes received; priorities with matching numbers received the same number of votes. Please refer to the [Massachusetts Community Justice Project](#) for the full report from each workshop.

Fall River Community Justice Workshop: December 2019

1. Emergency shelter, homelessness and housing issues
2. Reentry transitions to community: care coordination, Opioid Task Force, insurance, pre-trial planning, information sharing
3. MassHealth Issues: continuity, activation and type
4. Transportation: to treatment, drug court, Community Correction Center
5. Stigma: about SUD, harm reduction, medications for opioid use disorder
6. Access to medications for opioid use disorder during incarceration
7. Training on substance use disorder, mental illness, trauma for dispatch, emergency department and corrections
7. Family centered responses across justice intercepts
8. Resources for police: co-response, collaboration with Emergency Services Program, crisis drop-off
8. Post-Incident Crisis/Care Coordination
8. Naloxone to residents and bystanders at reentry
8. Access to Community Corrections Center in Fall River
8. Section 35: before/during/after, family support, information exchange
9. Working/engaging with people not interested in treatment
9. Cultural competency across intercepts
9. Universal risk assessment during incarceration

Malden Community Justice Workshop: October 2019

1. Transportation: to Drug Court, Community Correction Center, treatment
2. Access to co-occurring disorders treatment
3. Issues related to medications for opioid use disorder: training, consultation with prescribers, care coordination
4. Section 35: alternatives, care coordination, support for families
5. Care coordination: post-incident, pre-trial, medication management, post-crisis
6. Training for Emergency Department, dispatch and law enforcement: Section 12 and 35, de-escalation, cultural competency
6. Information exchange between corrections and probation
7. Training on working with people not interested in treatment
7. Child welfare and justice-involvement support and coordination
8. Sober living regulations/restrictions and access
8. Pre-arraignment communication: defense attorney, prosecutor, probation
9. Training/resources for attorneys
9. Training for corrections officers: Mental Health First Aid
10. Treatment/service navigation at or before arraignment
10. Education assessment for people on probation
11. Information/clarification and analysis on urine drug screens

Perinatal Community Justice Workshop, Franklin County: June 2019

1. Increase access to family treatment options: residential (with children), outpatient (with childcare); particularly local options to maintain community connections
2. Information and communication about Department of Children and Families (DCF) practices: removals, police presence and trauma-informed practices; level of care matching for parents; requirements of parents who are on probation; supervised visits at HOC and in community
2. Commercial sexual exploitation issues: screening, education and training among partners, services and resources for women seeking to exit exploitation
3. Family-centered and gender-responsive practices across justice intercepts: education, training, implementation
3. Sober living options for families
4. Timely access to trauma and mental health evaluations and treatment for children
4. Safe spaces for parents to disclose concerns without risk of justice or DCF involvement
4. Data: e.g., how many people need care and services, what services do they need, what is the capacity of available services, what is missing?
5. Coordinated case management for justice-involved moms with children 4 years and older
6. Awareness of family-centered services that already exist in the community: e.g., Moms Do Care EMPOWER Program
6. Community-based diversion options for pregnant/parenting people: pre/post-arraignment
6. Visitation/maintaining connections with children, for incarcerated moms: DCF-involved or not
7. Minimum standards of care for justice-involved pregnant persons
7. Vocational preparation and opportunities for justice-involved women
8. Family-centered and gender-responsive practices among treatment and social service providers: education, training, implementation
8. Coordination/communication between probation, DCF, defense attorneys (criminal and civil) for moms with open child welfare cases who are on probation
9. Services and resources for families of incarcerated persons

Somerville Medford Community Justice Workshop: January 2019

1. Training for attorneys and partners: cross-training
2. Walk-in crisis site
3. Post-incident engagement, communication and coordination

4. Specialty court: drug or mental health
5. Treatment navigation services
6. Safe and stable housing
7. Timely access to evaluation and treatment
7. Transportation
8. MassHealth issues
8. Service coordination for pre-trial release
8. Peer support center
9. Overdose risk screen and naloxone on release from HOC
9. Clerk's hearing resources
10. Case management: timely access
10. Hospital closing transition/confusion
10. Harm reduction/engagement services

Lowell Community Justice Workshop: January 2019

1. Resources for law enforcement: Crisis Intervention Team (CIT), Co-Response, crisis evaluations
2. Transportation: to programs, court, treatment
3. Timely access to evaluation and treatment in the community: Rx
4. Information exchange issues: probation, HIPAA, providers, during and post Section 35
5. Lowell justice-behavioral health roundtable
6. Crisis/sobering drop-off center/programs
7. Health insurance issues
8. Issues for people found not competent: Bermuda triangle
8. Continuity of care
9. Reentry support: I.D.'s, post-release caseworkers, insurance
10. Overdose prevention screening, training and naloxone at the jail and House of Correction
11. Case management pre and post crisis
11. Mental health and addiction training for partners: attorneys, court officers, community
11. Pre-trial release continuity: insurance, date and coordination
12. Data collection processes: police, court, crisis, high-utilizers
12. Mental health/addiction screens at police, court intake

Northampton Community Justice Workshop: June 2018

1. Low threshold shelter and housing
2. Treatment navigation for attorneys, families, community partners
3. Services for complex mental health and cognitively impaired population
4. Drug court/mental health court
5. Expand street level outreach
6. Co-responder (social worker) in police department
6. Safe, supportive, recovery-oriented housing
7. Training on treatment access, levels of care and recovery support
7. Post-incident follow-up and case management
8. Medication assisted treatment (buprenorphine/methadone) during incarceration at Hampshire House of Correction
9. Training on engaging with people who are actively using
10. Post-section 35 case management
11. Services for pre-trial population

12. Information exchange between police, crisis and emergency department
13. Acute Treatment Services (detox) beds for VA eligible people
14. Improved methadone access
15. Committed day treatment

Gardner-Winchendon Community Justice Workshop: June 2018

1. Sustainable funding for Alyssa's Place: AED peer recovery center
2. Timely access to treatment: acute (detox), long-term, buprenorphine/methadone, sober admissions
3. Treatment navigation and case management assistance for bar advocates and probation
4. Resources for families pre and post Section 35
5. Transportation
6. Training and resources for law enforcement: Crisis Intervention Team training, Mental Health First Aid, naloxone (Narcan), and co-responder
7. Post-incident case management services for police
8. Resources available at Clerk's hearings
9. Access to specialty court: mental health, drug, veterans
9. Community access to naloxone (Narcan)
10. Pre-trial treatment
11. Trauma training across intercepts
11. Overdose screen and overdose prevention training for probation supervisees
11. Training/resources for working with people actively using
12. Clarification and training on HIPAA and information exchange between agencies
12. Overdose prevention education and naloxone at Worcester House of Correction

East Boston Community Justice Workshop: March and April 2018

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

MetroWest Community Justice Workshop: January 2018

1. Increase co-responder capacity
2. Confidentiality/information exchange issues
3. Training and access to the continuum of care
4. Stakeholder meeting
5. Transportation
6. In-field medical clearance
7. Community based care coordination
8. Trauma training across intercepts: including secondary trauma
9. Overdose data gaps/coordination
9. Regional lock-up capacity
10. Active user engagement awareness
11. Recovery coaches across intercepts
11. Overdose history screen and Narcan on reentry
11. Reentry support for suboxone and methadone
11. Insurance issues
11. Fast track suboxone in emergency department

Northern Berkshire Community Justice Workshop: December 2017

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

Community Justice Workshop on Commercial Sexual Exploitation (CSE): October 2017

1. Increase advocacy capacity
2. Cross-sector task force
3. CSE specific training/policies/practices at addiction treatment programs
4. Training for law enforcement
4. Juvenile CSE workshop
5. Pre-arraignment diversion practices/program at court
 - CSE specific specialty court/program
 - Information sharing practices/protocols between Suffolk HOC (with police, attorneys, etc.)
 - Diversion program at BPD holding
 - Information exchange between juvenile and adult probation
 - Training for attorneys (prosecutors and defense)

- Formal communication and referral system with in Boston police to human trafficking unit
- Probation training on CSE during orientation
- Training on CSE for clerks and bailbonds people
- Training for crisis and healthcare
- CSE specific probation officer
- Screening and services for CSE at Suffolk HOC

Worcester Community Justice Workshop: September 2017

1. Safe and stable housing
2. Pre-trial treatment
3. Mental health court
4. Information exchange between criminal justice and human services
5. Timely access to treatment: specifically access to urgent opioid treatment and post-overdose treatment
6. Working with individuals not ready for recovery
7. Pre-trial reentry planning
8. Data linkage and sharing
9. Transportation: for drug court participants; from jail to community
10. Family support services: pre and post release
11. Increase Crisis Intervention Team officers
12. Increase case management access: all intercepts, particularly at Intercept 1
13. Pre-arraignment diversion
14. Resources for non-English speakers
15. Overdose prevention training pre-release
16. Bar advocate training and resources
17. Diversion and housing for victims of commercial sexual exploitation

Holyoke Community Justice Workshop: April 2017

1. Timely access to treatment
2. Cross-training for justice, behavioral health and medical providers
3. Safe and stable housing
4. Emergency homeless shelter services
5. Information sharing between providers
6. Peer support at intercepts
6. Naloxone (Narcan) training/availability at Holyoke Police and Hampden House of Correction (HOC)
7. Buprenorphine and/or methadone at HOC
8. Treatment system navigation and awareness
8. Social workers for Bar Advocates
9. MassHealth reactivation issues for pre-trial
10. Collaborative network for high utilizers
11. Pre-trial overdose prevention for women at Chicopee HOC
12. Hand-off to treatment for bailed pre-trial people
13. Formal screen for mental health and/or substance use disorders at police, probation, show cause hearings
14. Better understanding of show cause process

Mass-Cass Community Justice Workshop: April 2017

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

BMC Central and Charlestown Community Justice Workshop: December 2016

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)

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

Day 2 Priorities (Intercepts 4 and 5)

1. Safe and stable housing options
2. Eligibility/insurance issues (MassHealth issues)
3. Trauma informed training across intercepts
4. More treatment and support for pre-trial
4. Intensive care management (CSP)
5. More integrated treatment for dual diagnosis
5. Family engagement and support
5. Peer support after release

Hingham Community Justice Workshop: December 2016

1. Peer support across intercepts
2. Access to treatment: inpatient psych, outpatient, medication management, sober admits
3. Training and resources for first responders: Police, EMS, etc.
4. Cross-sector coalition
5. Re-entry and case management post-release: sentenced and pre-trial releases
6. Strategies and services for people who are found not competent, not committable, not guilty, etc.
7. Transportation to and from court
7. Access to Emergency Service Providers for crisis and pre-crisis: in place and mobile
8. Mental health court
9. Increase Section 35 awareness and education
10. Increase resource information at the courthouse
10. Treatment for people held in jail pre-trial
11. Outreach to people actively using
11. Post-arrest mental health evaluation
12. Medication continuity across justice sectors
12. Treatment for inmates not in the Residential Substance Abuse Treatment program
12. Overdose prevention for inmates
12. Sober living facilities not accepting people on certain medications
13. Post contact follow-up outreach: mental health and overdose
13. Crisis drop off service
13. Memorandums Of Understanding: i.e., between Project Outreach, Police, providers, courts

Pittsfield Community Justice Workshop: October 2016

1. Resources and training for first responders: Crisis Intervention Team (CIT) police training and police co-responders
2. Trauma-informed training and practices across intercepts and partners
3. Recovery support center/services
4. Transitional Support Services
5. Develop a coalition/task force
6. Residential program for pregnant women
6. Affordable supportive housing options
7. Medication Assisted Treatment in Berkshire House of Correction
8. Naloxone for police

- 8. Behavioral health training for probation staff
- 9. Reconvene reentry roundtable
- 9. Post section 35 issues: communication, transportation, services
- 9. Communication of plan between HOC and probation
- 9. Drop off crisis center
- 10. Overdose education and naloxone at the jail
- 10. Increase psych services at jail
- 10. Regional lock up
- 10. Family services at HOC
- 10. Outreach to active users
- 10. Post-arrest diversion program
- 10. Lack of social service advocates for bar advocates
- 11. Criminogenic training for behavioral health providers
- 11. Police/crisis protocols re: vet status
- 11. Services for people coming from Department of Correction (DOC) and other counties

South Boston, Dorchester, West Roxbury and Roxbury Community Justice Workshop: May 2016

- 1. Information sharing between criminal justice and mental health services (e.g. HIPAA)
- 2. Increase integration of peer support through court processes
- 3. Model training on interacting with people with mental illness, substance use disorder, developmental disabilities, and traumatic brain injury for all stakeholders: trauma-informed and incorporating people with lived experience
- 4. Develop stakeholder/steering committee to discuss shared system issues
- 5. Ensure access to needed services for people deemed not competent to stand trial who are unlikely to regain competency
- 6. Increase in-reach to inmates by community service providers to promote continuity of care post-release
- 7. Criminal Justice (judicial, prosecution, and defense) training on effects of sentencing for parole eligibility, reentry supervision and reintegration
- 8. Facilitate access to step-down services upon release from holding: to halfway houses, recovery homes, OCC, etc.
- 8. Criminal Justice (probation, parole, judicial and defense) training on best practices for treatment and appropriate service referrals including integration of choice and empowerment, where possible
- 9. Policy development and implementation for first responders (Boston PD, EMT, ED personnel) on interacting with people with MI, SUD, DD, TBI; ensure that information gets to criminal justice providers and treatment providers
- 9. Increase and integrate post-trauma services
- 9. Communication and training about marijuana use, misuse and addiction
- 10. Bar Association training (in conjunction with CPCS) on accessing services for clients
- 10. Integration of NAMI's screening tool for use by Boston PD or booking officers and/or EMS
- 10. Build in feedback opportunities for post-system

- 11. Cross-training between peers in mental health/substance use disorder communities
- 11. Criminal justice provider (police and courts) training on best practices for individuals who are not able to become legally competent
- 11. Regular stakeholder meetings, integrated with criminal justice partners, focused on treatment for people who frequently access multiple systems: ED, police, shelters, substance use disorder and mental health treatment
- 12. Probation pre-arraignment intake/screening for mental health/substance use disorder to identify candidates for diversion
- 12. Increased training on how to identify use of K2
- 13. Training/collaboration/policy to ensure seamless access to MassHealth on release from incarceration/holding

Orange Community Justice Workshop: May 2016

- 1. Increase transportation services/options
- 1. Increase sober/treatment housing options for women
- 2. Training and funding for first responders on mental illness, substance use disorders, trauma
- 3. Information sharing between agencies: MOU's and processes
- 4. Peer Support Center
- 5. Mental Health Court
- 6. Stable housing
- 7. More off-shift care navigators in the E.D.
- 8. Formal mental health/substance use disorder screen at initial court visit
- 8. More resources for CPCS
- 8. Pre-trial risk and clinical assessment
- 8. Peer mentors at House of Corrections and in Drug Court
- 8. Increase coordination and continuity of case management
- 8. Increase in-reach services by community providers
- 8. More section 35 information
- 8. Increase awareness to community
- 9. Employment and employee assistance programs
- 9. Improve client flow from jail to community
- 9. Methadone services
- 9. More psychiatry services
- 9. Better medical to mental health transfer
- 9. More thorough screening at arrest
- 9. More resources for crisis services

Lawrence Community Justice Workshop: April 2016

- 1. Breaks in medication continuity
- 2. Police training: Crisis Intervention Team, Mental Health First Aid, community resources
- 3. Housing and homelessness
- 4. Fast access to treatment in the community
- 5. Task Force
- 5. Drop-in pre-crisis center
- 6. Access to entitlements
- 7. Data collection

7. Lack of dual diagnosis treatment options
7. Lack of cultural awareness training
8. Recovery informed processes/peer mentors
8. Lack of Spanish speaking services
8. Information sharing between silos
9. Mental health track in the Emergency Department

Franklin County Sequential Intercept Mapping: September 2015

1. Crisis drop-off center with community navigator
2. Pre/post-arraignment diversion implementation
3. Data collection and utilization
3. Recovery coach expansion; peer support expansion; and peer informed planning and programs
4. Improve emergency room support
4. Employment and work force development
5. Access to detox services: expand use of outpatient detoxification and behavioral health alternatives and services
5. Crisis intervention team planning/implementation/expansion; include dispatch and insure substance abuse training module
6. Funding strategies; funding map of proposals to the legislature
6. Housing
6. Expand services to jail pretrial population
7. Clarify role of family and friends

Springfield Sequential Intercept Mapping: June 2015

1. Centralized crisis drop off center
1. Increased affordable housing stock
2. Cross training systems partners
3. Trauma informed treatment and sensitivity across systems
4. More bridge funding from jail to community for people without insurance
5. More probation officers
5. More options for crisis other than calling police/quick and coordinated response to crisis/law enforcement: crisis response
6. Increased peer support
7. Greater implementation of technology and information sharing: one-way/two-way
8. Specialized training for probation
8. More non-medical detox

Taunton Juvenile Justice Cross-Systems Mapping Workshop: May 2015

1. Behavioral health screening should be done earlier in the process
2. Increase the amount of services for non-MassHealth kids
3. Cross-training and collaboration
4. Increase amount of resources/services available for young people during the day: e.g., Intensive Outpatient Treatment, sports, vocational, etc

Plymouth Sequential Intercept Mapping: March 2015

- Establish Crisis Intervention Team
- Develop Community Resource Directory with systems level and client level resources
- Develop a shared flowchart of case processing

Quincy Sequential Intercept Mapping: September 2014

- Establish Advisory Committee/ development of protocols and procedures for the mental health court
- Enhanced identification of persons with mental health needs post-arrest
- Develop procedures for communication of information between stakeholders

Statewide Justice and Mental Health Strategic Planning Conference: November 2013

- Develop capacity to provide Sequential Intercept Mapping across Massachusetts
- Increase opportunities for trauma informed training and development of trauma-specific treatment
- Consider a Center of Excellence for justice involved persons with mental illness or a statewide taskforce/planning committee that addresses criminal justice/mental health programming across the Intercepts
 - Cross system coordination and Planning
 - Shared Funding Projects
 - Provide Training and Technical Assistance with in-state resources
 - Coordinate Budget priorities and proposals
- Continue with Mental Health First Aid Training and expansion of CIT training
- Explore development of crisis stabilization centers
- Develop Statewide Information Sharing Protocols
- Review programs and services for justice involved women
- Expand pre-plea diversion options
- Review collateral sanctions
- Address housing for justice involved populations
- Carefully consider whether TCs and Residential Treatment are appropriate for individuals with mental
- Incorporate Risk, Needs, Responsivity strategies into treatment settings working with the justice involved populations

RESOURCES

- [Massachusetts Trial Court](#)
- [Massachusetts Community Justice Project](#)
- [DPH: Bureau of Substance Addiction Services](#)
- [Department of Mental Health](#)

Access to Treatment and Recovery Support in Massachusetts

- [MA Helpline Treatment Search](#)
- [MA Treatment Bed Availability](#)
- [NAMI Compass Mental Health Navigation](#)
- [Learn to Cope: Family Support](#)
- [MassHealth Enrollment/Adjustment](#)
- [Mass Vets Advisor](#)

Justice and Behavioral Health Resources

- [Advocates Co-Response Training and Technical Assistance Center](#)
- [Principles of Drug Abuse Treatment for Criminal Justice Populations: A Research-Based Guide](#)
- [Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide](#)
- [Principles of an Effective Criminal Justice Response to the Challenges and Needs of Drug-Involved Individuals](#)
- [Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings](#)
- [Principles of Drug Addiction Treatment: A Research-Based Guide](#)
- [Data Collection Across the Sequential Intercept Model \(SIM\): Essential Measures](#)
- [Screening and Assessment of Co-Occurring Disorders in the Justice System](#)
- [Behavioral Health Diversion Interventions: Moving from Individual Programs to a Systems-Wide Strategy](#)
- [National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit](#)
- [In Brief: Chronic Substance Use and Cognitive Effects on the Brain](#)
- [Facts in Brief: The Psychiatric Care Continuum](#)
- [My Community Checklist to Identify Local Treatment and Supports](#)
- [A Look into Court-Based Behavioral Health Diversion Interventions](#)
- [Terms to Use and Avoid When Talking About Addiction](#)
- [Words Matter: Anti-Stigma Pledge](#)
- [Judges' Guide to Mental Illnesses in the Courtroom](#)
- [Tips for Supporting the Local Behavioral Health Service Continuum: Judges](#)
- [Practical Considerations Related to Release and Sentencing for Defendants Who Have Behavioral Health Needs](#)
- [Bench Card for the Trauma-Informed Judge](#)
- [Coalition Building and Support: Community Health Training Institute](#)

Overdose Prevention and Support

- [Opioid Overdose Prevention](#)
- [Online Overdose Prevention Training: Get Naloxone Now](#)
- [Online Overdose Prevention Training: Boston Public Health Commission](#)
- [Coping with Overdose Fatalities: Support for Frontline Service Providers](#)

COVID-19 Resources

- [Mass.gov COVID-19 Website](#)
- [Trial Court COVID-19 Website](#)
- [Substance Use Treatment and Recovery Resources During COVID-19](#)
- [Providing Court-Connected Behavioral Health Services During the Pandemic: Remote Technology Solutions](#)
- [Release to What? Behavioral Health-Based Strategies to Address COVID-19](#)
- [Using Mobile Technology to Enhance Outcomes in Community Corrections](#)
- [Treatment Courts and COVID-19: What to Consider During a Pandemic](#)

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