

Massachusetts Community Justice Project

An Initiative of the Massachusetts Trial Court

Massachusetts Community Justice Workshop Report

Fall River District Court Jurisdiction

Fall River, Freetown, Somerset, Swansea, and Westport



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 Fall River District Court jurisdiction on December 4th and 5th, 2019. This report includes:

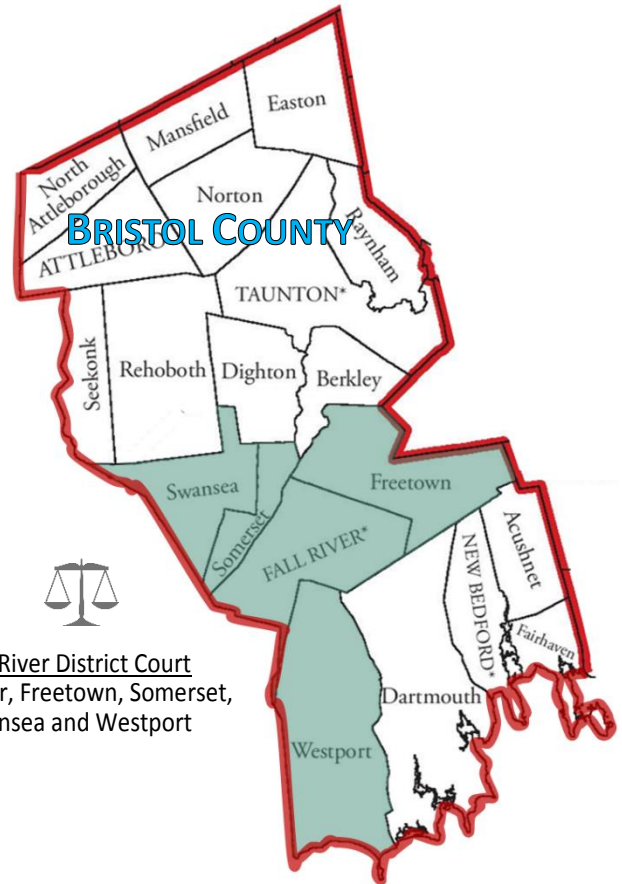
- A brief review of the origins, background and framework of the Massachusetts Community Justice Project and workshop;
- A *Sequential Intercept Map* as developed by the group during the workshop;
- A summary of the information gathered at the workshop;
- A list of best practices and resources to help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

The workshop was attended by 60 individuals representing multiple community partners including law enforcement, crisis, mental health and substance use disorder treatment, healthcare, corrections, social services, veterans' services, advocacy, recovery support and the courts. A complete list of participants is available in Appendix A.

The workshop was facilitated by Marisa Hebble, Manager of the Trial Court's Massachusetts Community Justice Project and Tess Jurgensen, Administrative Coordinator for the Trial Court's Massachusetts Community Justice Project.

The planning for this workshop was spearheaded by Judge Cynthia Brackett of Fall River District Court, in collaboration with Beth Faunce, Deputy Director of the Fall River Fire Department. Planning committee members are indicated on the participant list in Appendix A.

Communities in the Fall River District Court jurisdiction include Fall River, Freetown, Somerset, Swansea, and Westport, which were the primary focus of this workshop.



Background of the Massachusetts Community Justice Project:

The Massachusetts Community Justice 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 Use. This interagency Task Force, chaired by Chief Justice Paula Carey, included key stakeholders 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, and Sheriffs' and District Attorneys' Offices.

The Project is designed to support and facilitate effective and sustainable collaborations at the local level between justice, treatment, healthcare, recovery support and community partners. Utilizing *Sequential Intercept Mapping* and collective action planning, the Project seeks to promote recovery for people with mental health challenges, substance use and co-occurring disorders; 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

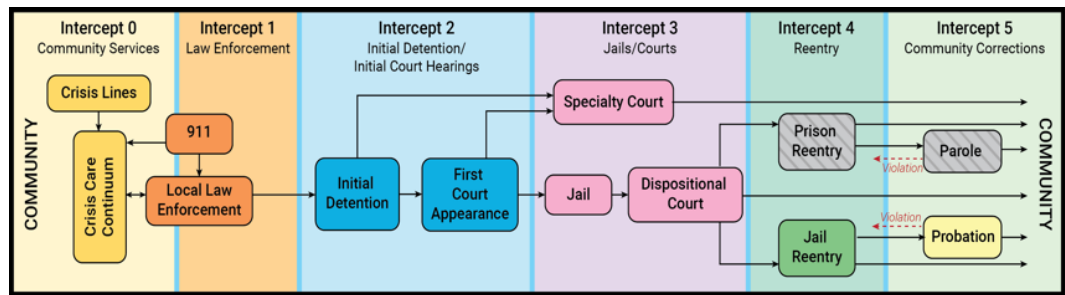
¹ SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model*. Delmar, NY: Policy Research Associates, Inc.

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 0: Community Crisis Services
- Intercept 1: Law Enforcement
- 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.

Massachusetts Community Justice Workshops include an inventory of “community intercepts;” places in the community where people with mental illness and/or substance use disorders can have their needs identified and be connected with treatment and recovery resources before intersecting with the justice system. These include (but are not limited to): engagement/harm reduction programs, healthcare providers, behavioral health treatment providers, homeless shelters, social services, faith communities, community meals, District Court (civil commitments), Probate and Family Court, Housing Court, and the business community.

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 agencies, mental health and addiction treatment providers, healthcare providers, recovery support and social service organizations. Front-line staff as well as people with lived experience are also at the table and are important contributors.

Objectives of the workshop include:

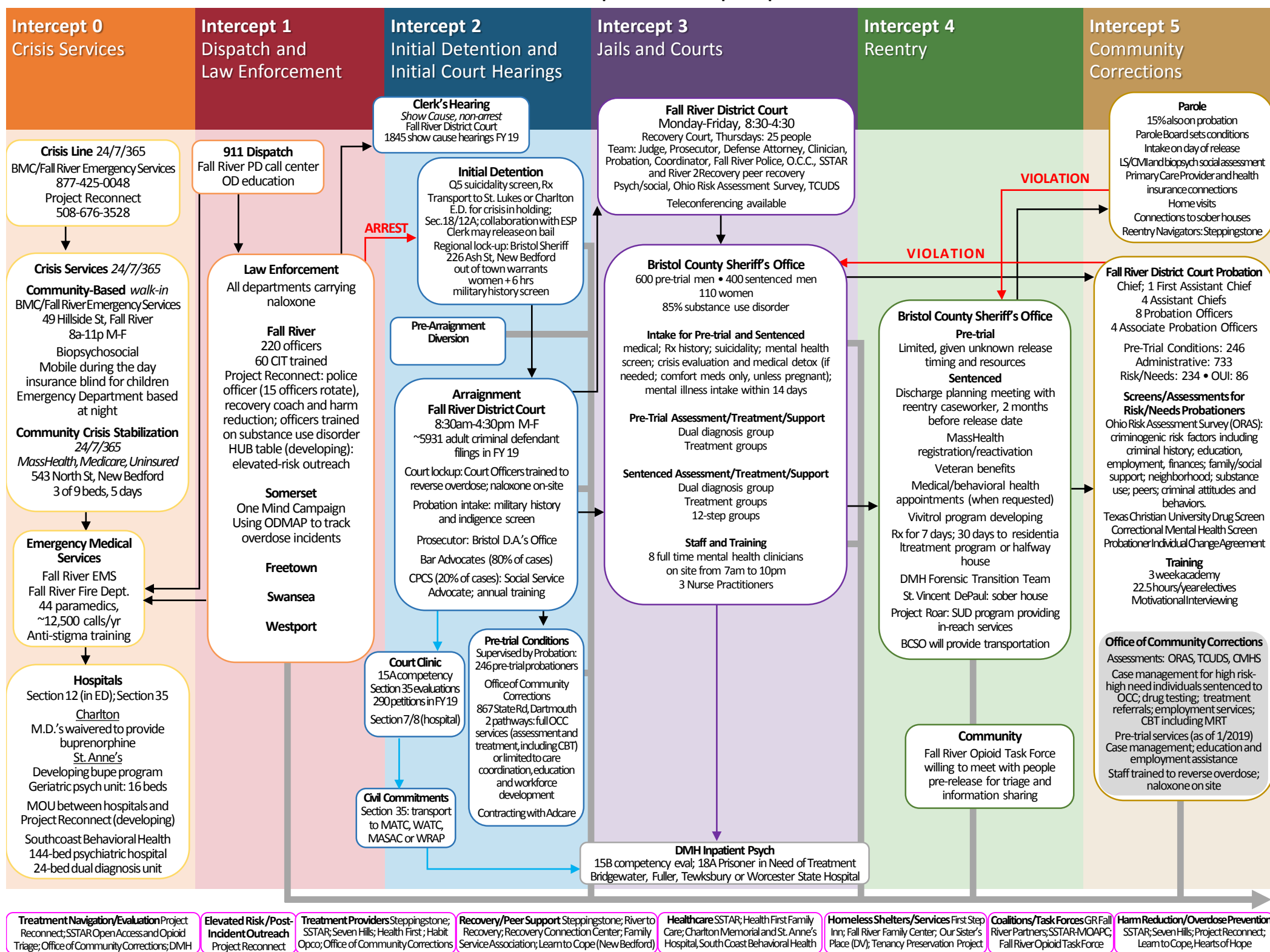
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region’s criminal justice system along the five distinct intercept points.
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities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

Fall River Community Justice Workshop

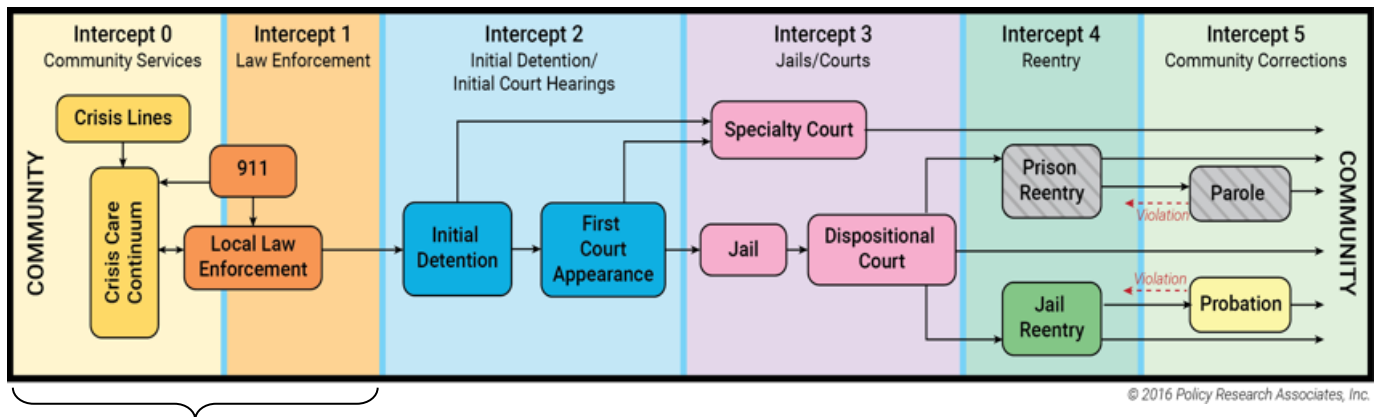
Following is a *Sequential Intercept Model* map, a list of local resources as well as gaps, priorities, and an initial action plan developed during the workshop.

***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.

Fall River Sequential Intercept Map



Intercept 0: Crisis Services



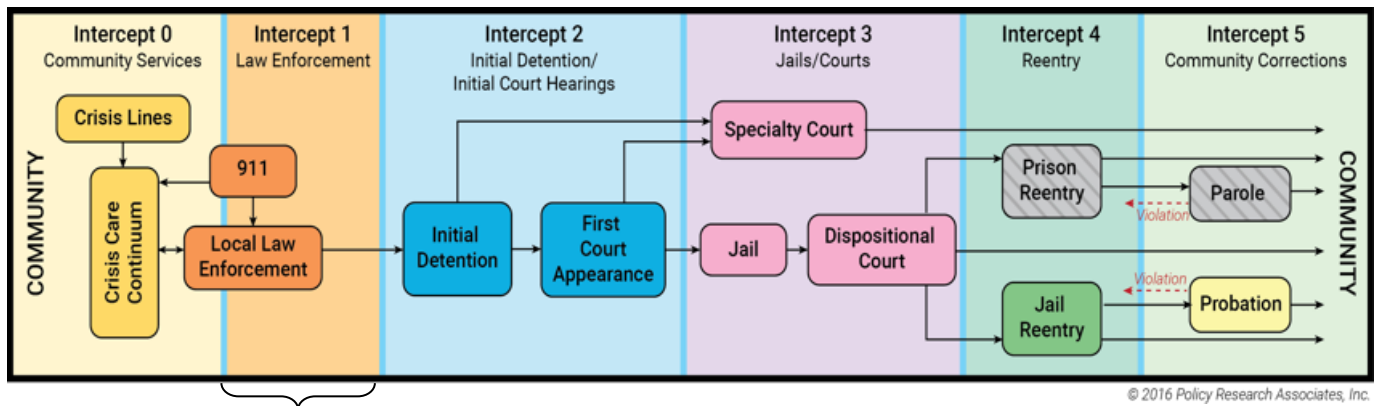
Resources

- Crisis line 24/7, 365 days/year
- Project Re-Connect line: 508-676-3528
- EMS transports for Section 12
- Walk-ins to 49 Hillside Street 8am-11pm
- Mobile crisis is insurance blind for kids
- Police calls regardless of insurance
- New Bedford Child and Family beds
- Crisis line as resource for pre-crisis
- Dispatch training in overdose response
- Project Re-Connect Team (law enforcement, recovery coach, harm reduction)
- Charlton waived to prescribe buprenorphine; St. Anne's developing
- Post-overdose SUD evaluations in ED
- MOU between Project Re-Connect and ED (developing)
- De-escalation training for ED staff
- HealthFirst, SSTAR, ED Bridge Program
- First-Step Inn
- Catholic Social Services runs 1-800-homeless
- Homeless count (coming up)
- Anti-stigma training for EMS

Gaps

- Military screening for Intercepts 0-1
- Crisis not mobile to private homes
- Working with people not interested in treatment
- Private insurance and mobile services
- No inpatient psychiatric beds for SUD at hospitals
- Psychiatric bed availability
- Access to inpatient MH services
- Timely access to care
- Support for ED staff for trauma, MH, SUD, etc.
- Post-incident care coordination
- Lack of reimbursement for follow-up for adults
- MassHealth barriers and enrollment
- ACO enrollment/information sharing
- Emergency shelter beds for families
- Access to emergency shelter beds in general
- Collaboration between Catholic Social Services and ESP
- Safe and stable long-term housing
- Lack of community providers pre-crisis
- Engagement center in Fall River

Intercept 1: Law Enforcement



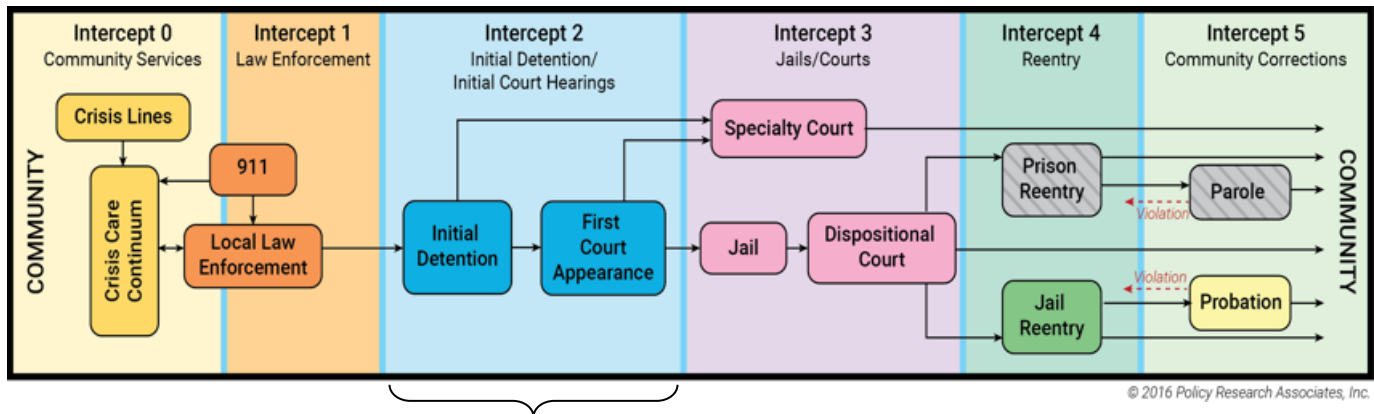
Resources

- Hub Table (developing)
- Project Re-Connect officers trained in SUD
- All PDs carrying naloxone
- ESP willingness to co-respond with law enforcement
- Brockton VA
- SAVE Team

Gaps

- Dispatch not trained in specialized MI/SUD
- Dispatch referrals to crisis line
- Stigma around SUD and naloxone
- Resources and leave-behind naloxone
- Medical clearance in the field (including pre-arrest)
- Co-responder model
- Wait times to mobile crisis
- No crisis drop-off
- MassHealth enrollment spots
- Cross-system communication
- Harm reduction information and awareness
- Military history screening and access to services

Intercept 2: Initial Detention and Initial Court Hearings



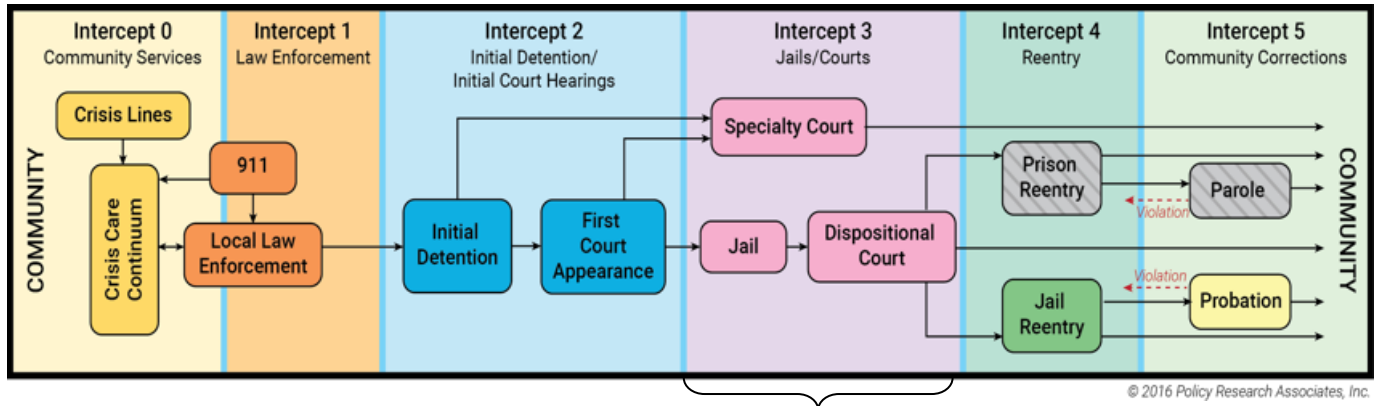
Resources

- Transport to St. Luke's for withdrawals or when deteriorating
- ESP/PD collaboration for withdrawals in holding
- Section 18
- Access to confirmed prescription meds at regional lock-ups
- Military service screening at intake
- Court officers trained in overdose reversal; naloxone on site
- 'Pre-Trial Treatment' and 'Pre-Trial Services' through OCC
- Bi-lingual officers
- Section 35 parent/volunteer at Clerk's Office Mon. and Fri.
- ED collaboration with Section 35 clerks
- Section 35 redesign

Gaps

- Section 35 issues
- MassHealth deactivation, suspension and reactivation
- No access to crisis services behind the walls at Ash St.
- Access to prescription meds in holding
- Prescription continuity
- Diversion programs at holding (except Youth Court)
- Bar Advocates access to social worker
- Pre-arraignment diversion opportunities through Bristol County DA
- Time for CPCS attorneys and clients to discuss MI/SUD needs
- Access/transportation to Dartmouth OCC
- Language barriers
- Access to culturally competent resources
- OCC access in Fall River
- Tracking Section 35 treatment outcomes
- Information for parents throughout Section 35 (pre, during, post)
- Care coordination post-Section 35
- Property and Rx

Intercept 3: Jails and Courts



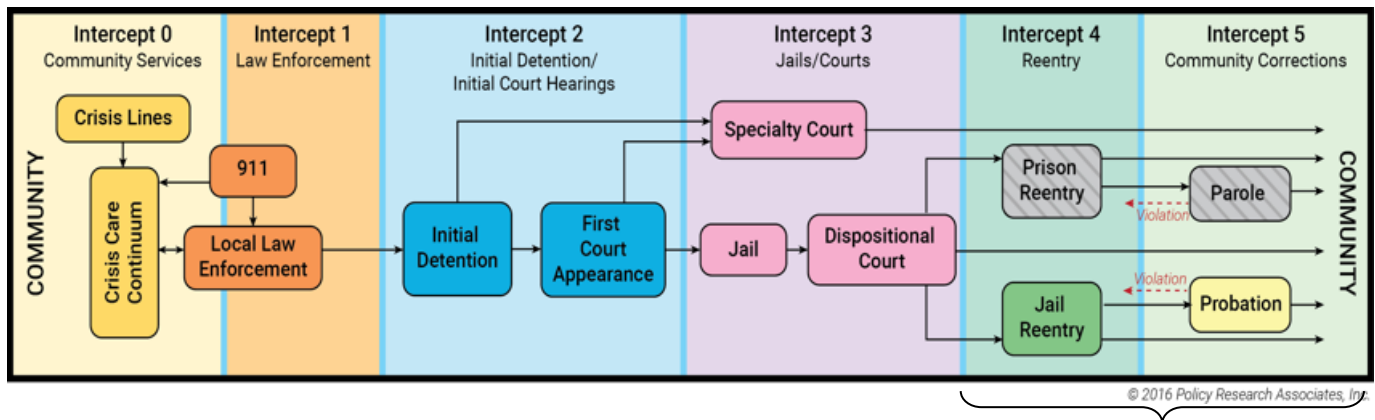
Resources

- Teleconferencing at Fall River Court
- Recovery Court willing to collaborate with community partners
- BCSO intake includes Rx, MI, hospitalization history
- MH evaluations at BCSO within 14 days
- Medically monitored detox unit at BCSO (comfort meds only unless pregnant)
- BCSO license for MAT—methadone, injectable buprenorphine, Vivitrol (developing)
- Fall River Recovery Court
- 8 full time MH clinicians at BCSO; psychiatrist on staff/on call
- All inmates screened for SMI
- Dual diagnosis groups for pre-trial and sentenced
- Individual therapy available
- Treatment groups available for pre-trial and sentenced men and women
- River 2 Recovery transportation
- FRPD willing to refer to Recovery Court at booking
- Connections program in Greenfield
- Elective trainings for probation through Academy
- OCC

Gaps

- Working with individuals not interested in treatment
- MAT not initiated or continued for pre-trial population
- Risk assessment standardization
- MAT access at BCSO
- Training on addiction, MI and trauma
- Naloxone on release
- Transportation to treatment and Recovery Court
- Access to residential treatment
- Specialty court opportunities for sex offenders
- MH and SUD training for probation officers
- Information exchange between court, HOC and hospital

Intercepts 4 and 5: Reentry and Community Supervision



Resources

Intercept 4

- Opioid Task Force willing to meet with people pre-release (triage and information sharing)
- MassHealth activation for inmates returning to MA
- Military screens and referrals to eligible services
- Project ROAR in-reach services
- BCSO transportation upon release as needed
- Fall River Opioid Task Force reentry
- Released with 7-30 days of Rx meds

- Open access to treatment in Government Center
- Vivitrol program developing

Intercept 5

- Reentry navigators in parole offices (responsible for referrals to treatment)
- Project ROAR
- Refer to Intercept 3 for more Community Corrections resources

Gaps

Intercept 4

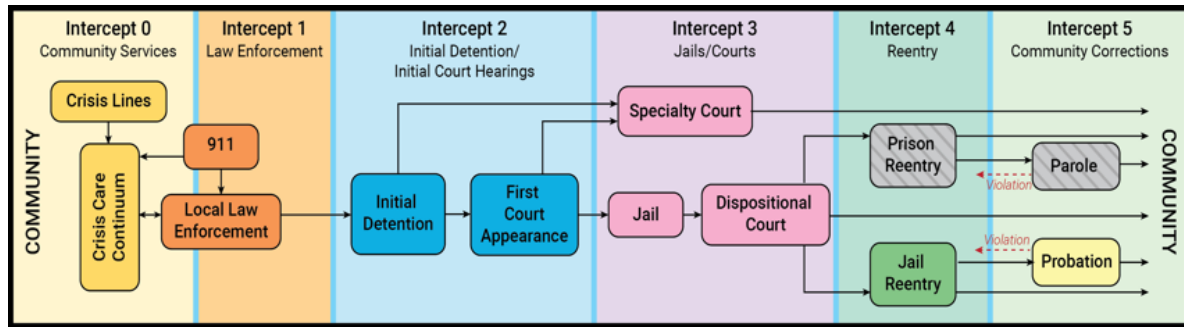
- Housing referrals pre-release
- Housing in general
- Post-release IDs
- Reentry roundtable
- Warm hand-offs
- Reentry services not available for sentenced populations with open case
- Transition from jail to residential programs
- Post-release reentry support, specifically for MOUD
- Post-release reentry caseworkers

- MassHealth upon release
- IDs for pre-trial release from court
- Bystander and family naloxone for people reentering
- Care coordination and access to psychiatry
- Warm hand-offs post-release

Intercept 5

- Relapse on parole
- Refer to Intercept 3 for more Community Corrections gaps

Community Intercepts



Resources

Treatment/Service Navigation

- SSTAR Open Access Center, 386 Stanley Street: M-Th 7:30am-8:30pm F 7:30am-4:30pm
- SSTAR Opioid Triage Center, 386 Stanley Street: M-F 7:30am-6pm Sa & Su 9am-1pm
- Office of Community Corrections and probation
- DMH

High-Risk/Post-Incident Outreach

- Project Reconnect

Treatment Providers

- Steppingstone: Residential, outpatient, peer, MOUD, care coordination
- SSTAR: MOUD (+ methadone), family, open access, ATS, CSS, groups
- Seven Hills: Home-based, day treatment
- Health First Family care: MOUD, care management
- Habit Opco: Methadone
- Office of Community Corrections

Healthcare

- SSTAR
- Health First Family Care
- Charlton Memorial Hospital
- St. Anne's Hospital
- South Coast Behavioral Health (Dartmouth)

Recovery/Peer Support

- Steppingstone

- River to Recovery
- Recovery Connection Center
- Family Service Association
- Learn to Cope (New Bedford)

Homeless Shelters/Services

- Steppingstone: First Step Inn (18+, single)
- Fall River Family Center (families)
- Our Sister's Place (DV)
- Tenancy Preservation Program

Coalitions/Committees/Task Forces

- GR Fall River Partners: Substance Abuse Task Force, Suicide Prevention, Youth Violence (14-24), B.O.L.D., United Neighbors of Fall River (mental wellness)
- SSTAR-MOAPC
- Fall River Opioid Task Force

Workforce Development

- Mass Rehab
- Fall River Career Center
- Office of Community Corrections

Harm Reduction/Engagement/Overdose Prevention

- SSTAR: Project Aware
- Seven Hills
- Project Reconnect
- Learn to Cope (New Bedford)
- Hearts of Hope

Gaps

- Syringe Exchange
- Justice-BH Coalition/Committee
- Stigma
- Mental Health parity

Priorities

1. Emergency Shelter, Homelessness and Housing Issues
2. Reentry Transitions to Community (Care Coordination, OTF, Insurance, Pre-Trial, Information Sharing)
3. MassHealth Issues (Continuity/activation and type)
4. Transportation (To Treatment, Drug Court, OCC)
5. Stigma (SUD, Harm Reduction, MOUD)
6. Access to MOUD Behind the Walls
7. Training on SUD, MI and Trauma (Dispatch, Emergency Department, Corrections)
7. Family Centered Responses Across Justice Intercepts
8. Resources for Police (Co-Response, ESP Collaboration, Crisis Drop-Off)
8. Post-Incident Crisis/Care Coordination
8. Naloxone to Residents and Bystanders at Reentry
8. Access to OCC in Fall River
8. Section 35 (Pre/During/Post, Family Support, Information Exchange)
9. Working/Engaging with People Not Interested in Treatment
9. Cultural Competency Across Intercepts
9. Universal Risk Assessment Behind the Walls

Parking Lot

- Inpatient psych capacity
- Private insurance and ESP
- Section 35 in DOC
- Flex incarceration/supervision
- Secondary/vicarious trauma (burnout, compassion fatigue)
- Pre-post-arraignment diversion (DA-based)

Values

Massachusetts Community Justice Project Values

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

Added by Fall River attendees

- Motivation
- Perseverance
- Follow-Through
- Follow-Up
- Outcomes
- Be kind—tear down prejudice and bias
- Cultural competency and humility
- Openness
- Collaboration
- Communication with each other's participants

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
- Stop the Stigma Pledge

Appendix C: Action Planning Tools

Appendix A: Participant List

Virginia Allen

Probation Officer
Bristol Superior Court
Virginia.allen@jud.state.ma.us

Nathan Bancroft

Probation Officer
Bristol Superior Court
Nathan.bancroft@jud.state.ma.us

Destinee Barnes

Outreach and Engagement Coordinator
Steppingstone Inc./ Peer to Peer
dbarnes@steppingstoneinc.org

Shayna Bassett

Director of Outpatient Services
Steppingstone, Inc.
sbassett@steppingstoneinc.org

Paula Beaulieu

Director of Prevention
SSTAR
pbeaulieu@sstar.org

Debra Bennett

Organizer
National Council of Incarcerated &
Formerly Incarcerated Women & Girls
dbennett@thecouncil.us

Ryan Blackburn

Assistant Chief of Probation
Fall River District Court
robert.blackburn@jud.state.ma.us

Stacey Borden

Founder and President
New Beginnings Re-Entry Services Inc.
msstaceyborden@gmail.com

Judith Borges

ADS Medical Services
Bristol County Sheriff's Office
judyborges@bcso-ma.org

Hon. Cynthia Brackett (planning committee)

Associate Justice
Fall River District Court
cynthia.brackett@jud.state.ma.us

Laura Branco

MOAPC Coordinator
SSTAR Prevention
LBranco@SSTAR.org

Steven Burt (planning committee)

Sergeant
Fall River Opioid Task Force
sburt@frpd.org

Joseph Cabral (planning committee)

Associate Probation Officer
Fall River District Court
joseph.cabral@jud.state.ma.us

Jocelyn Cabral

Owner/Director
Resilient Homes
Jcabral1030@gmail.com

Tyler Cotta

Legislative Aid
State Representative Carole Fiola
Tyler.Cotta@mahouse.gov

Tess Curran

Director, Fall River Department of Health
& Human Services
tcurran@fallriverma.org

Eric Dorman

Specialty Court Coordinator
Trial Court
eric.dorman@jud.state.ma.us

Kevin Doyle (planning committee)

Executive Director
River 2 Recovery
kevin@riverrecovery.org

Bethann Faunce (planning committee)

Deputy Director
Fall River Fire Department
bfaunce911@gmail.com

Nichole Fontaine

Administrator
Fall River Opioid Task Force
Nfontaine619@gmail.com

Denise Fortin

Eliot Community Human Services
dfortin@eliotchs.org

William Friedman

Regional Program Manager
Office of Community Corrections
william.friedman@jud.state.ma.us

Brian McGaffigan

Parole Supervisor
Parole
Brian.mcgaiffigan@mass.gov

Scott Gomes

DCCC Program Manager
MPS/Office of Community Corrections
scott.gomes@jud.state.ma.us

Mychal Grady

Parole Officer
Parole
Mychal.grady@mass.gov

Andrea James

Executive Director
National Council for Incarcerated &
Formerly Incarcerate Women & Girls
ajames@thecouncil.us

Sheila Kauffmann

Prevention Coordinator
SSTAR
skauffmann@sstar.org

Louellyn Lambros

Board Member
Families for Justice as Healing
llambros46@hotmail.com

Erinn Lanczycki (planning committee)

Specialty Court Probation Officer
Fall River District Court
erinn.lanczycki@jud.state.ma.us

Gary Larareo

Criminal Justice Coordinator
DPH-BSAS
gary.larareo@state.ma.us

Vincent Lorenti

Director
Office of Community Corrections
vincent.lorenti@jud.state.ma.us

Jennifer Lowney

Parole Officer
Massachusetts Parole Board
Jennifer.lowney@mass.gov

Lisa Luongo

Defense Attorney
Fall River Drug Court
luongolaw@gmail.com

Leigh Mazur

ESP Director
Baycove
lmazur@baycove.org

Micaela Manzone

Community Services Representative
Adcare Hospital
mmanzone@adcare.com

Christine Matton

MCD Clerk
Project ReConnect
cmatton@frpd.org

Heather McCarthy (planning committee)

Court Clinician
hmccarthy@TeamCenturion.com

Christian McClouskey

Youth Services Coordinator
City of Fall River
christiantmcc@usa.net

Mary Ellen McMahon (planning committee)

Probation Officer
Fall River District Court
mary-ellen.mcmahon@jud.state.ma.us

Deryk Meehan

Southeast Regional Manager
DPH-BSAS
deryk.meehan@state.ma.us

Marta Nunez

Advocacy Coordinator/Senior Safeplan
Advocate, The Woman's Center-SSTAR
Fall River Police Department
mnunez@frpd.org

Emma Oliveira

Reentry Specialist
Bristol County Sheriff's Office
emmaoliveira@bcso-ma.org

Joseph Oliver III

Colonel, Assistant Superintendent II/
Security
Bristol County Sheriff's Office
josepholiver@bcso-ma.org

Jacky Oppler

Social Services Advocate
Committee for Public Counsel Services
joppler@publiccounsel.net

Patricia Orrall

Clinic Director
Habit OPCO, Fall River
Patricia.orrall@ctcprograms.com

Stephanie Perry (planning committee)

Co-Chair
Substance Addiction Task Force
stephanie.perry@steward.org

Elizabeth Piper

Assistant Director of Emergency Services
Boston Medical Center
elizabeth.piper@bmc.org

Kim Richard

Project Director, Re entering Offenders
Achieving Recovery, Steppingstone, Inc.
krichard@steppingstoneinc.org

Matthew Robitaille

ADS Classification/Programs/Reentry
Bristol County Sheriff's Office
matthewrobitaille@bcso-ma.org

Shiona Rose

First Assistant Chief Probation Officer
Fall River District Court
shiona.rose@jud.state.ma.us

Sharon Schwartz-Vanderhoff

Clinical Director
Habit Opco, Fall River
Sharon.Schwartz-
Vanderhoff@ctcprograms.com

Catherine Sevchenko

Sr. Attorney
National Council
csevchenko@thenationalcouncil.us

Noel Sierra

Southeast/MetroWest Regional
Coordinator
MOAR
noel@moar-recovery.org

Jason Thomas

Veterans Programs Coordinator
Executive Office of the Trial Court
jason.thomas@jud.state.ma.us

Allyson Totaro

Trial Attorney
CPCS
atotaro@publiccounsel.net

Alicia Vitorino

Vice President
Hearts Of Hope Inc
heartsofhopefr@gmail.com

Debra Walker

Recovery Coach
Stepping Stone Inc.
dwalker@steppingstoneinc.org

FACILITATORS/STAFF/VOLUNTEERS

Judy Hebble

Volunteer
Massachusetts Community Justice Project
rnjpebs@gmail.com

Marisa Hebble (planning committee)

Manager
Massachusetts Community Justice Project
marisa.hebble@jud.state.ma.us

Tess Jurgensen (planning committee)

Administrative Coordinator
Massachusetts Community Justice Project
tess.jurgensen@jud.state.ma.us

Appendix B: Resources

Massachusetts Community Justice Project Resource List

Massachusetts Web Sites	
Massachusetts Trial Court	mass.gov/courts
Department of Public Health: Bureau of Substance 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
Mystic Valley Public Health Coalition	mysticvalleypublichealth.org
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

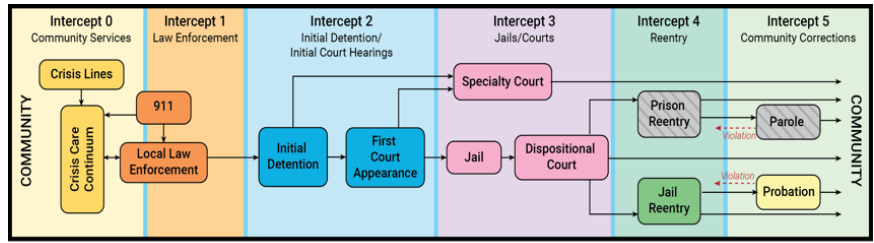
Best Practices Across Intercepts

The following information on best practices is adapted from “The Sequential Intercept Model: Advancing Community-Based Solutions for Justice-Involved People with Mental and Substance Use Disorders.”

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 intercept points fall, and areas that communities can target for diversion, engagement, and reentry.

The six intercept points are:

0. Community Crisis Services
1. Law Enforcement
2. Initial Detention/Initial Court Hearings
3. Jails/Courts
4. Reentry
5. Community Corrections



Key Issues at Each Intercept

Intercept 0: Community Crisis Services

- **Mobile crisis outreach teams and co-responders.** Behavioral health practitioners who can respond to people experiencing a behavioral health crisis or co-respond to a police encounter.
- **Emergency Department diversion.** Emergency Department (ED) diversion can consist of a triage service, embedded mobile crisis, or a peer specialist who provides support to people in crisis.
- **Police-friendly crisis services.** Police officers can bring people in crisis to locations other than jail or the ED, such as stabilization units, walk-in services, or respite.

Intercept 1: Law Enforcement

- **Dispatcher training.** Dispatchers can identify behavioral health crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.
- **Specialized police responses.** Police officers can learn how to interact with individuals experiencing a behavioral health crisis and build partnerships between law enforcement and the community.
- **Intervening with super-utilizers and providing follow-up after the crisis.** Police officers, crisis services, and hospitals can reduce super-utilizers of 911 and ED services through specialized responses.

Intercept 2: Initial Detention/Initial Hearings

- **Screening for mental and substance use disorders.** Brief screens can be administered universally by non-clinical staff at jail booking, police holding cells, court lock ups, and prior to the first court appearance.
- **Data matching initiatives between the jail and community-based behavioral health providers.**
- **Pretrial supervision and diversion services to reduce episodes of incarceration.** Risk-based pre-trial services can reduce incarceration of defendants with low risk of criminal behavior or failure to appear in court.

Intercept 3: Jails/Courts

- **Treatment courts for high-risk/high-need individuals.** Treatment courts or specialized dockets can be developed, examples of which include adult drug courts, mental health courts, and veterans treatment courts.
- **Jail-based programming and health care services.** Jail health care providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment.
- **Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.**

Intercept 4: Reentry

- **Transition planning by the jail or in-reach providers.** Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.
- **Medication and prescription access upon release from jail or prison.** Inmates should be provided with a minimum of 30 days medication at release and have prescriptions in hand upon release.
- **Warm hand-offs from corrections to providers increases engagement in services.** Case managers that pick an individual up and transport them directly to services will increase positive outcomes.

Intercept 5: Community Corrections

- **Specialized community supervision caseloads of people with mental disorders.**
- **Medication-assisted treatment for substance use disorders.** Medication-assisted treatment approaches can reduce relapse episodes and overdoses among individuals returning from detention.
- **Access to recovery supports, benefits, housing, and competitive employment.** Housing and employment are as important to justice-involved individuals as access to behavioral health services. Removing criminal justice-specific barriers to access is critical.

Best Practices Across Intercepts

- **Cross-systems collaboration and coordination of initiatives.** Coordinating bodies improve outcomes through the development of community buy-in, identification of priorities and funding streams, and as an accountability mechanism.
- **Routine identification of people with mental and substance use disorders.** Individuals with mental and substance use disorders should be identified through routine administration of validated, brief screening instruments and follow-up assessment as warranted.
- **Access to treatment for mental and substance use disorders.** Justice-involved people with mental and substance use disorders should have access to individualized behavioral health services, including integrated treatment for co-occurring disorders and cognitive behavioral therapies addressing criminogenic risk factors.
- **Linkage to benefits to support treatment success, including Medicaid and Social Security.** People in the justice system routinely lack access to health care coverage. Practices such as jail Medicaid suspension vs. termination and benefits specialists can reduce treatment gaps. People with disabilities may qualify for limited income support from Social Security.
- **Information-sharing and performance measurement among behavioral health, criminal justice, and housing/homelessness providers.** Information-sharing practices can assist communities in identifying super-utilizers, provide an understanding of the population and its specific needs, and identify gaps in the system.

Intercept 0: Expanding the Sequential Intercept Model to prevent criminal justice involvement

Crisis Response

Crisis response models provide short-term help to individuals who are experiencing behavioral health crisis and can divert individuals from the criminal justice system.

Crisis response models include:

- Certified Community Behavioral Health Clinics
- Crisis Care Teams
- Crisis Response Centers
- Mobile Crisis Teams

Police Strategies

Proactive police response with disadvantaged and vulnerable populations are a unique method of diverting individuals from the criminal justice system. Proactive police response models include:

- Crisis Intervention Teams
- Homeless Outreach Teams
- Serial Inebriate Programs
- System wide Mental Assessment Response Team

Tips for Success

- ❖ Strong support from local officials
- ❖ Community partnerships
- ❖ Law enforcement training
- ❖ Behavioral health staff training

Source: "The Sequential Intercept Model: Advancing Community-Based Solutions for Justice Involved People with Mental and Substance Use Disorders" by Policy Research Associates. www.prainc.com

I PLEDGE

to stop the stigma
associated with addiction

Words Matter What we say and how we say it makes a difference.

We can be a model and help to lead the way toward ending the opioid epidemic by using language that de-stigmatizes the disease of substance use disorder.

That means using terminology that recognizes that substance use disorder is a chronic illness, not a moral failing, and people can and do recover.

Why do words matter? Studies show that about one in 12 people with substance use disorder get treatment. Stigma is a key barrier. Using the right language, and putting the person first has a real impact on reducing stigma and helping people with substance use disorder seek and get the treatment they need.

We invite you to sign the Words Matter pledge, originally developed by the Grayken Center for Addiction at Boston Medical Center, and help us toward a goal of creating a stigma-free environment at our hospitals, universities, companies, and in our community.

NON-STIGMATIZING LANGUAGE

- Person with a substance use disorder

- Babies with an opioid dependency

- Substance use disorder or addiction
- Use, misuse
- Risky, unhealthy, or heavy use

- Person in recovery
- Abstinent
- Not drinking or taking drugs

- Treatment or medication for addiction
- Medication for Opioid Use Disorder/Alcohol Use Disorder

- Positive, negative (toxicology screen results)

STIGMATIZING LANGUAGE

- Substance abuser or drug abuser
- Alcoholic
- Addict
- User
- Abuser
- Drunk
- Junkie

- Addicted Babies/Born addicted

- Drug habit
- Abuse
- Problem

- Clean

- Substitution or replacement therapy
- Medication-Assisted Treatment

- Clean, dirty

I believe that the words I use in talking about substance use disorder are important in reducing stigma. I pledge to treat all people with a substance use disorder with dignity and respect. I pledge to talk about addiction as a chronic illness, not a moral failing. I pledge to be a leader in reducing stigma and promoting recovery from this disease.

Full name: _____

Signature: _____

Date: _____

Appendix C: Action Planning Tools

Priority: Emergency Shelter, Homelessness, and Housing Issues					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Increase funds for short-term or temp housing	Explore grant funding Networking/exploring other resources	Source Collaborative TSS/CSS Catholic Social Services Mass Rehab			
Reduce homelessness Explore legislative/policy around making homelessness a priority w/ the housing authority	Educate families Increase assistance to help people to become more self-sufficient More jobs	Shelters Sober homes Residential Tx Housing Authority Central Mailbox – FR		Criminal record Transportation Funds Lack of mail delivery	
Stabilization of natural supports	Provide education to families	Families Family support groups		Have to be in the continuum	
Increasing reentry access to housing	Incentivize the current sober houses to seek certification	MASH certified homes Parole approved homes Returning to family		Funding Stigma Communication Recovery Court beds Not enough TSS/CSS beds (in order to get a bed they need to be on a continuum)	

Priority: Reentry Transitions to Community			(Care Coordination, Post-Release, Insurance, Pre-Trial)		
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Needs upon release = assess medically, mental health, housing appointments (already assess each individual. Unable to follow up post release)					
Community providers meet with incarcerated individuals inside facility	Sending out paperwork for clearance Scheduling dates and times for visits and meetings for those leaving	Reentry staff Volunteer coordinator	Within a month after obtaining volunteer paperwork	If someone does not get approved based on criteria	Reentry specialist for scheduling Providers to reach out when available
Probation Mandates	Set up with residential programs	Probation officers Attorneys	Implement within next 6 months	Be sure all court involved staff are on the same page for program placement	Probation officers Attorneys BCSO Reentry staff to complete (Emma)
Roundtable (re-integrate)	Bring into facility Video conferencing? Bring individuals incarcerated out to see providers Pilot in one unit (Mods)	Inviting all necessary providers Begin with those at workshop	6 months to implement	Space availability Approved/not approved providers Staffing	On providers Emma and Matt to come up with final plan

Priority: Transportation			(To Treatment, Drug Court, O.C.C)		
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Effective reliable transportation to programs	Explore funding/grants to reimburse	Local providers/trusted vendor Grants	Immediate	Funding Timing/service provider Billing?? DHOC M-Tue, Thur 1 pm	Recovery Court S.C.C

Priority: Stigma (Regarding SUD, Harm Reduction, Medications for Opioid Use Disorder)					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Remove stigma from our language Educate community/community discussion Disease not choice	Go to neighborhood groups and put on presentation Advocating for anti-stigma campaigns to general public Get to various different community locations w/ resourced, personal stories and education Libraries, barber shops, etc.	Have the 5 recovery schools come to high schools here and speak PTA meetings Peer leaders Opioid Task Force B.O.L.D SSTAR School Committee	Ongoing	Grant limitations Not every school will allow it Parents won't want their kids to attend Funding Need for multi-lingual trainings	Hospitals Grant funded programs Substance Addiction Task Force
Remove stigma from police, EMS/hospital personnel, general community, corrections, educators	Training on sensitivity Peer to peer training Self-care support to avoid burnout Pre-hiring sensitivity/bias training on SUD/mental health	Bringing back previous patients from facility with lived experience		Compassion fatigue Need for more active and willing volunteers Sustainability	
Justice system changes	Reach out to special populations (religious institutions, churches, temples, mosques, others) Meet them where they are at	Identify "champions" in the various special populations/groups Social media			
	Reach out to small rural towns (Somerset, Swansea, Westport, others)				