

*Massachusetts Community Justice Project*

*An Initiative of the Massachusetts Trial Court*

# **Massachusetts Community Justice Workshop Report**

**Gardner and Winchendon District Court Jurisdictions**

*Gardner, Hubbardston, Petersham, Westminster,  
Ashburnham, Phillipston, Royalston, Templeton and Winchendon*



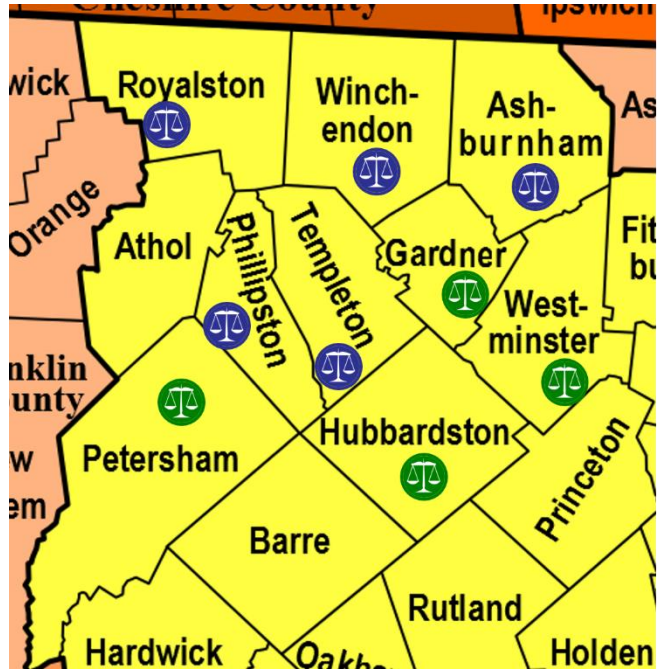
## Massachusetts Community Justice Workshop Report

### ***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 Gardner and Winchendon District Court jurisdictions on June 21<sup>st</sup> and 22<sup>nd</sup>, 2018. This report includes:

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



The workshop was attended by 46 individuals representing multiple stakeholder systems including mental health and addiction treatment, crisis services, human services, corrections, advocates, family members, people with lived experience, law enforcement, veterans' services, and the courts. A complete list of participants is available in Appendix A.

The workshop was facilitated by Kathy Cahill, Area Forensic Director with the Massachusetts Department of Mental Health and Marisa Hebble, Coordinator of the Trial Court's Massachusetts Community Justice Project.

The planning committee for this workshop was chaired by Michael Ellis, Coordinator of the Zero Suicide Initiative and the Regional Behavioral Health Collaborative at Heywood Healthcare. Planning committee members are indicated on the participant list in Appendix A.

Communities in the Gardner District Court jurisdiction include Gardner, Hubbardston, Petersham and Westminister. Communities in the Winchendon District Court jurisdiction include Ashburnham, Phillipston, Royalston, Templeton and Winchendon.

## Background of the Massachusetts Community Justice Project:

The Massachusetts Community Justice Project (originally known as the Sequential Intercept Model Project) is a Massachusetts Trial Court initiative. The Project was developed and realized through the efforts of the Trial Court Task Force on Mental Health and Substance Abuse. This interagency Task Force, chaired by Chief Justice Paula Carey, includes key stakeholders from the Trial Court, Department of Mental Health, Department of Public Health's Bureau of Substance Abuse Services, Department of Corrections, Committee for Public Counsel Services, and Sheriffs' and District Attorneys' Offices.

The Project is designed to facilitate effective and sustainable collaborations at the local level between justice system, treatment and recovery support systems, and community agencies. Utilizing *Sequential Intercept Mapping* and collective action planning, the Project seeks to promote recovery for people with mental illness and/or addiction, enhance public safety and support quality of life for all.

## Project Goals, Objectives, and Strategies:

The goal of the Massachusetts Community Justice Project is to decrease the risk of justice-involvement and recidivism for people with mental illness and/or substance use disorders by:

- increasing community-level collaboration between criminal justice, behavioral health treatment and human service sectors;
- increasing capacity to identify the need for behavioral health treatment and recovery support among justice-involved people; and
- increasing connections to and engagement with treatment and recovery support for justice-involved people with behavioral health needs.

In order to achieve the set forth objectives, the Project is:

- implementing cross-systems mapping and action planning workshops using the *Sequential Intercept Model*;
- providing technical assistance to communities to support continued collaborative action planning and implementation of evidence-based and promising strategies and best practices; and
- informing stakeholders of needs, barriers, and innovations at the community level, as identified in workshops.

## Framework: The Sequential Intercept Model

Developed by Mark Munetz, MD, and Patty Griffin, PhD, in conjunction with the Substance Abuse and Mental Health Services Administration's (SAMHSA) GAINS Center, the *Sequential Intercept Model* provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals with behavioral health disorders.<sup>1</sup>

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.<sup>2</sup>

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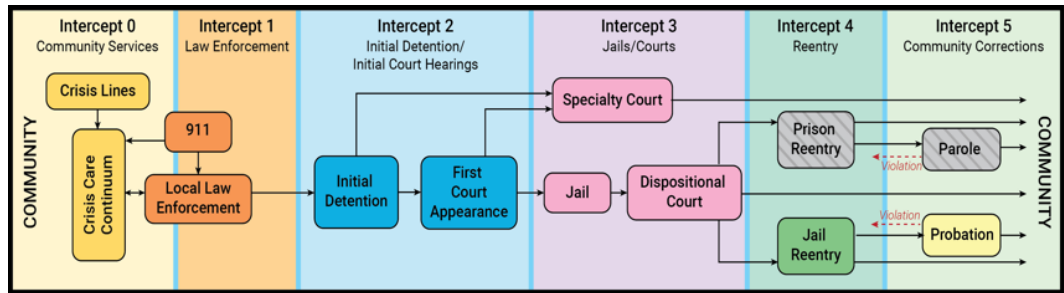
<sup>1</sup> SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model*. Delmar, NY: Policy Research Associates, Inc.

<sup>2</sup> 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 addiction 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, 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 system, mental health and addiction treatment systems, recovery support and human service agencies. Front-line staff as well as people with lived experience are also at the table and are important contributors.

Objectives of the workshop include:

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

## Gardner-Winchendon 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.

# Gardner Winchendon Sequential Intercept Map

## Intercept 0 Crisis Services

## Intercept 1 Dispatch and Law Enforcement

## Intercept 2 Initial Detention and Initial Court Hearings

## Intercept 3 Jails and Courts

## Intercept 4 Reentry

## Intercept 5 Community Corrections and Community Support

COMMUNITY

COMMUNITY

**Crisis Line**  
Community Healthlink  
800-977-5555  
Clinical Support Options  
978-249-3141 (Athol)  
413-774-5411 (Greenfield)

**Crisis Services**  
Community Healthlink (CHL)  
Gardner, Westminster, Hubbardston,  
Winchendon, Templeton, Ashburnham  
Mobile and walk-in; 24/7/365  
40 Spruce St. Leominster

**Clinical Support Options (CSO)**  
Petersham, Phillipston, Royalston  
8am-8pm weekdays  
491 Main St. Athol  
8pm-8am and weekends  
298 Federal St. Greenfield

**Emergency  
Medical Services**  
Each town has own  
EMS

**Emergency  
Department  
Heywood Hospital**  
Psychiatric section in E.D.  
Behavioral Health navigator  
134 total inpatient beds  
12 psych beds  
20 geriatric psych beds  
24 Partial Hospitalization spots  
Section 12

**911 Dispatch**  
Each town has own dispatch  
Sheriff's Office  
Mass State Police

**Law Enforcement**  
All departments carrying  
naloxone (Narcan)  
3 hour annual training in  
mental illness

**Ashburnham**  
One Mind Campaign\*

**Gardner**  
Post-overdose program with  
AED and GAAMIHA

**Hubbardston**  
**Petersham**  
**Phillipston**  
**Royalston**  
**Templeton**  
**Westminster**  
One Mind Campaign\*

**Winchendon**

**Massachusetts State Police**

\*117 Massachusetts Police  
Departments are signed onto  
the International Association of  
Chiefs of Police "One Mind  
Campaign" pledging to:  
Establish a partnership with  
one or more community  
mental health organization(s).  
Develop and implement a  
model policy addressing  
response to people with  
mental illness.  
Train and certify 100% of  
officers in *Mental Health First  
Aid* and 20% in *Crisis  
Intervention Team* training.

**Clerk's Hearing  
(non-arrest)**  
1x/week, 30-40 cases

**Initial Detention**  
Booking: holding unit at some  
departments; some  
departments use Franklin  
County HOC, Athol P.D. or State  
Police holding  
Q5 suicidality screen  
Clerk may release on bail

**Pre-Arrest Diversion**  
276a:18-23 first time offense;  
Valor (veteran); 111e: drug  
offense  
Worcester District Attorney:  
Drug Diversion Program for  
non-violent possession, 18+

**Arrest**  
Gardner-Winchendon District Court  
5 days/wk, 8:30am-4:30pm  
~2000 arraignments annually  
Court lockup  
Probation intake: military service  
(Valor Act) and indigence screen  
Prosecutor  
Bar Advocates (100% of cases)  
CPCS (0% of cases)

**Post-Arrest  
Diversion**

**Court Clinic**  
Section 7&8  
15a competency  
Section 35 evals

**Civil Commitments**  
Section 35 transported to  
MATC; WATC; MASAC;  
Shattuck; WRAP

**Worcester  
Superior Court**

**Gardner and Winchendon  
District Court**  
Monday-Friday, 8:30-4:30

**Worcester County Sheriff's  
Office (men)**

**Intake for Pre-Trial and Sentenced:**  
Medical; suicidality; Rx history; mental  
health assessment w/in 24 hours and  
medical detox (if needed); HIV and Hep-C  
testing; 50% detoxing at intake

**Pre-trial:** 564 men; limited treatment

**Sentenced:** 330 men; 80-90% substance  
use disorder; 50% mental illness; 50% co-  
occurring; 50% psych Rx

**Screen/Assessment:** LS/CMI

**Treatment:** Substance Treatment  
Opportunity Program (STOP)—9 mos, 36  
beds, 9 SUD groups; Short STOP, 3 mos,  
25 beds

**Additional Programming:** AA/NA;  
domestic violence; HI-Set

**MH Team:** 9 clinicians; p/t psychiatrist  
Some training for staff on addiction,  
mental illness, suicide prevention

**Hampden County Sheriff's Office  
(women)**

**Intake:** Same as above plus overdose risk  
screen and commercial sexual  
exploitation screen; 50% detoxing on  
intake

**Pre-trial and Sentenced**  
90% SUD, 50% COD

**Treatment:** medication assisted  
treatment (buprenorphine) prior to  
release, SUD counselor, DBT, CBT,  
trauma, overdose prevention, Mill Street  
6 MH clinicians

**DMH Inpatient Psych**  
15B Competency Evaluation; 18A Prisoner in Need of Treatment  
Bridgewater or Worcester State Hospital

**Massachusetts Department  
of Correction**

Reentry Coordinator; referrals to  
services; MassHealth reactivated  
(90% on MassHealth); assistance  
with RMV I.D.; Vet status check;  
Risk assessment; TCU SUD screen

**Worcester County Reentry**

Reentry planning from day 1 for  
sentenced residents (limited  
resources for pre-trial reentry  
planning); discharge planning  
meeting 2 months pre-release

3.5 Reentry Caseworkers

4 grant-funded Medication  
Assisted Treatment navigators

MassHealth enrollment (98%);  
SSDI/disability; Veterans benefits

Medical/behavioral health  
appointments when requested

Vivitrol injection available pre-  
release

Rx 7-30 day supply

DMH Forensic Transition Team

Reentry packet

**Hampden County Reentry**

Planning and benefit  
activation/reactivation same as  
above

Family Transition sessions 1x/mo.

Naloxone kits on release

Pre-release MAT (buprenorphine  
and Vivitrol)

Commercial Sexual Exploitation  
mentors and training

Post-release reentry caseworker

30% of women are homeless on  
release

**Parole**  
50% from HOC/DOC on Parole;  
Parole Board sets conditions  
LCSMI assessment; Home visits

**Probation**  
Gardner Winchendon District Court  
1 Chief P.O., 1 Assistant Chief P.O.,  
4 P.O.'s  
Pre-Trial:  
Administrative: 147  
Risk/Needs: 122  
OUI: 65

Ohio Risk Assessment Survey:  
assessment of criminogenic risk  
factors including criminal history;  
education, employment, finances;  
family/social support;  
neighborhood; substance use;  
peers; criminal attitudes and  
behaviors.

TCUDS: SUD screen  
MH Assessment

P.O.'s trained in motivational  
interviewing

**Office of Community  
Corrections**

LS/RNR assessment; case  
management for high risk-high  
need individuals sentenced to  
OCC: education/job training  
referrals; drug testing; referrals;  
employment services

OCC available for pre-trial with  
new criminal justice law

**Acute Treatment (detox):** Community HealthLink  
(Worcester), Spectrum (Westborough), AdCare  
(Worcester), Franklin Recovery (Greenfield) Recovery  
COA (Westminster, private insurance), Brattleboro

**Respite (psych crisis):**  
Community HealthLink  
(Worcester), Clinical Support  
Options (Greenfield)

**Active User Engagement:**  
Community HealthLink (low  
threshold), LUK, AIDS Project  
Worcester (syringe exchange)

**Medication Assisted Treatment:** Spectrum (M), Fitchburg  
Comprehensive Treatment (M), Gardner and Fitchburg Community  
Health Centers (BV), Heywood Healthcare Primary Care (BV),  
CleanSlate (BV) B=buprenorphine; M=metadone; V=Vivitrol

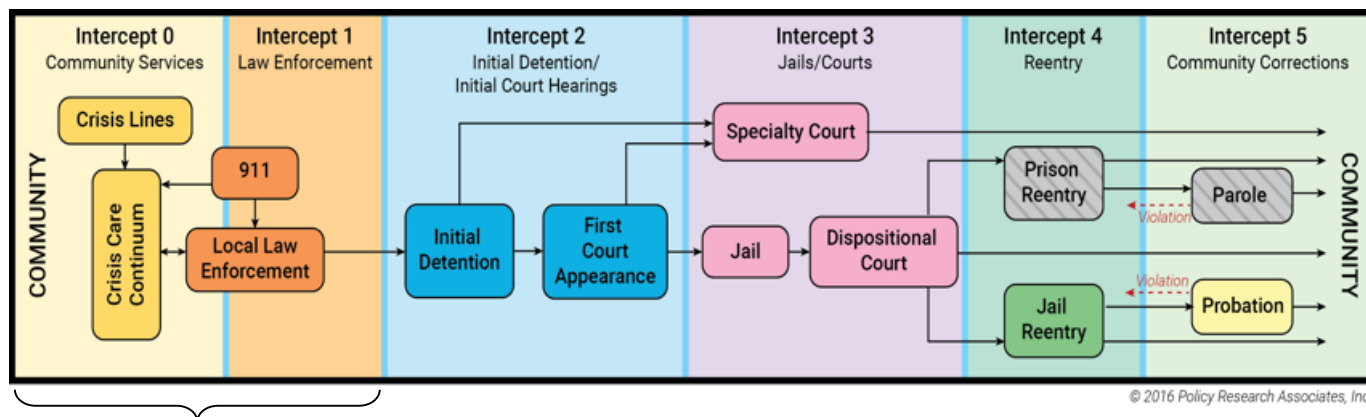
**Outpatient/Residential  
Treatment:** Community  
HealthLink, AdCare, Spectrum,  
Quabbin Retreat, GAAMIHA

**Recovery Support:** Alyssa's Place  
Peer Recovery and Resource Center  
(AED), Learn to Cope (naloxone),  
Allies in Recovery; 12-step

**Coalitions:** Regional Behavioral Health  
Collaborative; GCAT; CHIP Mental and  
Behavioral Health and Substance Abuse  
group; Domestic Violence Coalition



# Intercepts 0 and 1: Crisis Services and Law Enforcement



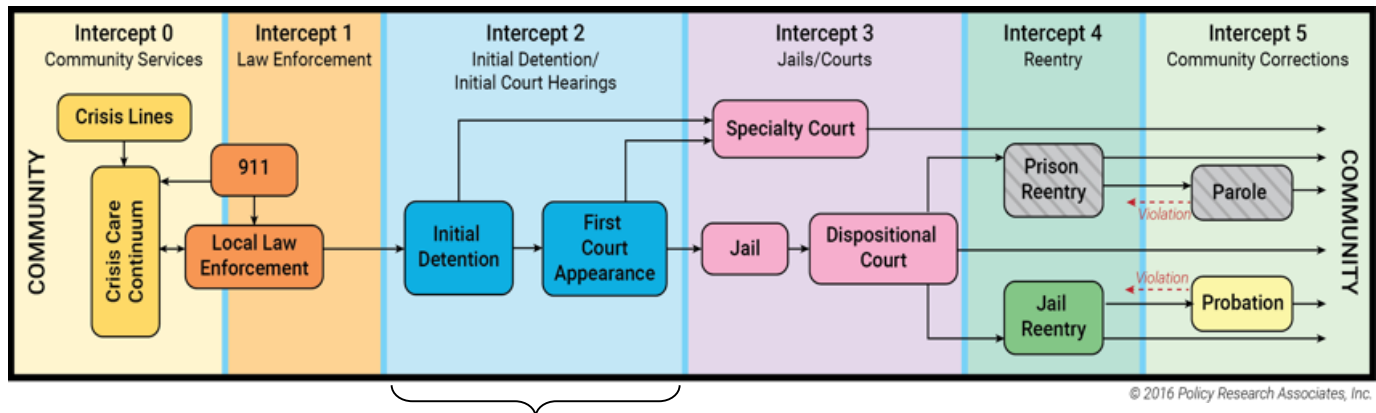
## Resources

- Mandatory mental health training for law enforcement – 3 hours annually
- Westminster and Ashburnham have signed on to the “One Mind Campaign” (train 20% of officers in Crisis Intervention Team training and 100% in Mental Health First Aid; develop sustainable relationship with a mental health provider; develop and implement model mental health policy. 117 MA police departments signed on).
- Resource list available in some PD’s to offer at time of crisis/911 response
- Interest in CIT (Gardner)
- SAVE emergency line 24/7 for veterans in crisis/pre-crisis
- Heywood can assist with same-day buprenorphine appointments (when on-site)
- Community Health Center and Heywood Healthcare have licensed buprenorphine prescribers
- PT 1 for transportation
- Regional Behavioral Health Collaborative at Heywood
- EDIE at Heywood – tracks ED admissions nationwide
- CCS beds available (9+)
- Intensive Family Network (IFN) – small grant for family systems treatment through Leominster Hospital
- Post-overdose outreach with Gardner police, AED and GAAMHA
- “Handle with care” model being developed – post incident trauma services for youth

## Gaps

- Sustainable funding for naloxone for police
- Availability of drop off capacity to treatment at time of crisis/911
- No departments have Crisis Intervention Team or Mental Health First Aid training
- Not enough acute (detox) spots in the region
- Transportation
- Insurance limitations/lack of
- Timely access to detox/long term treatment
- No rapid initiation of buprenorphine in Emergency Department or via local programs
- No close/open methadone options
- Need to be enrolled as a patient at Community Health Center to enter buprenorphine program;
- Training on how to work with people not ready to engage in treatment
- No formalized police department stakeholder meetings
- Increase time for ESP (crisis) response to meet increase demand
- Post-incident case management
- Confidentiality/HIPAA issues
- Limits to PT-1 transportation – where, when, etc.

# Intercept 2: Initial Detention and Initial Court Hearings



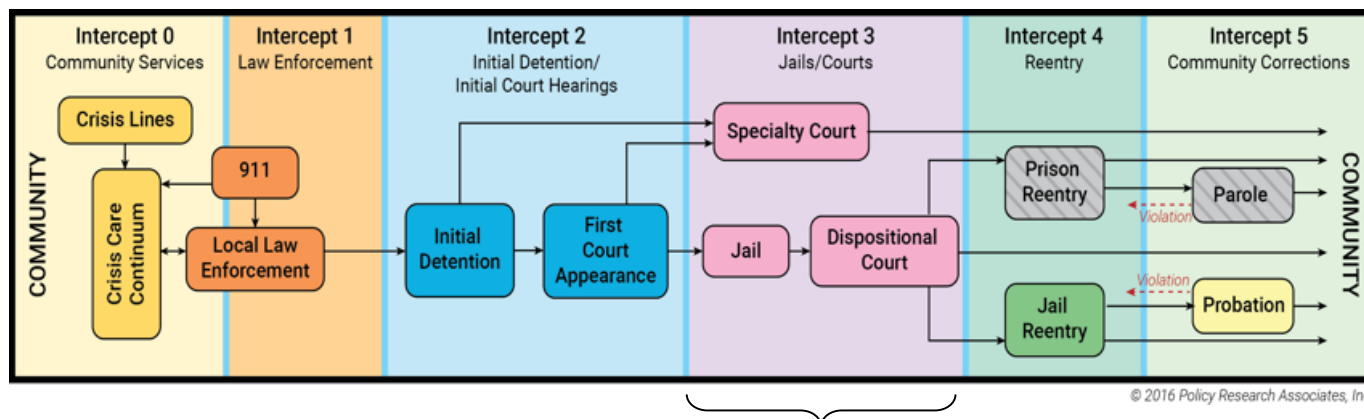
## Resources

- Q5 suicidality screen at police booking
- Regional lockup set to open in Worcester County
- Military history screen at Probation intake (Valor Act)
- CPCS Social Service Advocates can do evaluations to assist in making recommendations/referrals to assist defense (however CPCS doesn't represent cases in this court)
- District Attorney's diversion program pre-arraignment for non-violent possession arrests; voluntary
- Learn to Cope and Alyssa's Place(peer recovery center) in Gardner (5-8pm); family peer support available
- Resource list being compiled to provide information to families during the Section 35 process; bridge between service levels being compiled as well
- Recovery Center of America will assist in treatment navigation
- New legislation enables Community Corrections Centers to assist pre-trial

## Gaps

- Resources at Clerk's office to help divert or refer people/families
- Some police departments don't have individual lock and transport to Franklin HOC or state police department or Athol
- No CPCS attorneys available for Gardner Winchendon jurisdictions – barrier to accessing CPCS Social Service Advocates
- Local treatment for diversion (options)
- Inability to admit sober to acute treatment
- Timing of treatment availability when justice system needs it
- Direct admit time to Clinical Stabilization Services
- Transportation for "voluntary" individuals for detox
- Recovery Center of America does not accept MassHealth insurance
- Resources/Education and support for families before, during and after Section 35 process
- Sustainable funding for Alyssa's Place peer support center (AED)
- No local syringe exchange/harm reduction program

# Intercept 3: Jails and Courts



## Resources

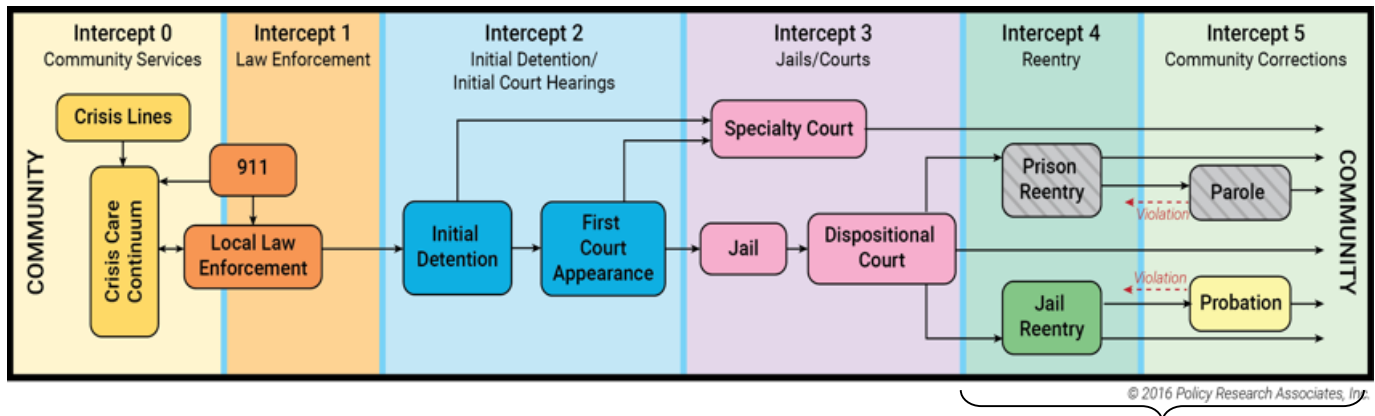
- Successful engagement with active probationer through motivational interviewing
- New man orientation unit at Worcester HOC
- Existing collaborations with probation and attorneys and Worcester HOC reentry staff
- Substance Treatment Opportunity Program (STOP) at Worcester HOC (9 months) and Short STOP (3 months)
- Vivitrol available pre-release at Worcester HOC
- LIFT Program in Worcester for women dealing with exploitation; connecting with women at Hampden County HOC (Chicopee) during incarceration
- Buprenorphine available pre-release at Hampden HOC; part of MAT pilot for initiation of buprenorphine/methadone with four other HOC's (Franklin, Hampshire, Norfolk and Middlesex)
- Hampden County has Mill Street drug treatment program with DBT and CBT

## Gaps

- No overdose risk screen in Probation
- No specialty courts or initiatives pending
- Limited resources available for treatment for pre-trial residents at Worcester HOC
- No buprenorphine/methadone initiation behind the walls in either Worcester HOC or Hampden County HOC (Hampden is part of MAT pilot with four other HOC's; Franklin, Hampshire, Norfolk and Middlesex)



# Intercepts 4 and 5: Reentry and Community Supervision



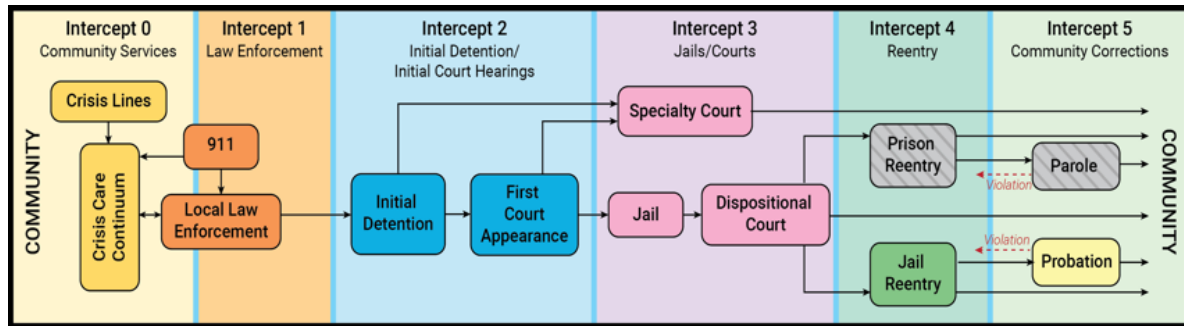
## Resources

- Worcester HOC staff can accompany pre-trial individuals to court for support/assistance if released
- HOC will set up individualized plans for mental health/medical needs based on where they are going
- HOC staff have access to virtual gateway to reestablish MassHealth prior to release (sentenced and pre-trial)
- Hampden County HOC provides naloxone (Narcan) package at release for people at high risk of overdose
- Hampden County HOC has an out-of county reentry coordinator (~100 women from Worcester County at Chicopee facility)
- Hampden County HOC does a monthly family transition session
- Hampden County HOC has mentoring program to help women extricate from commercial sexual exploitation
- DMH provides Forensic Transition Team in-reach and post-release services for DMH clients including evaluation of potential DMH clients during incarceration

## Gaps

- Limited resources for pre-trial reentry planning (release date typically unknown)
- No family reunification services at Worcester HOC
- Timing access to residential treatment at time of release is a major challenge
- Community providers don't have access to virtual gateway to restart/start insurance
- Worcester HOC does not provide naloxone (Narcan) kit or overdose prevention education

# Community Intercepts



## Resources

- Active User Engagement: Community HealthLink has low threshold programming; LUK; AIDS Project Worcester (nearest syringe exchange)
- Treatment and Recovery: Spectrum, AdCare, Community HealthLink, GAAMHA, Alyssa's Place
  - Medication Assisted Treatment (B = buprenorphine, M = methadone, V = Vivitrol): Spectrum (M), Fitchburg Comprehensive Treatment (M), Gardner and Fitchburg Community Health Centers (BV), Heywood Healthcare Primary Care (BV), CleanSlate (BV)
- Healthcare: Heywood Healthcare, Gardner and Fitchburg Community Health Centers
- Support groups hosted by faith community (AA, MDOA, NA)
- Clergy as initial contact for those seeking treatment
- Coalitions/Task Forces/Committees: Regional Behavioral Health Collaborative; Zero Suicide Initiative; Gardner Community Action Team; CHIP Mental and Behavioral Health and Substance Abuse group (CHNA-9); Domestic Violence Coalition; Massachusetts Opioid Abuse Prevention Collaborative
- SBIRT screening – school nurses
- GAAMHA provides transportation and workforce development opportunities

## Gaps

- No syringe exchange or harm reduction programs in region
- No attorneys attend Regional Behavioral Health Collaborative

## Priorities

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-incidence case management services for police
8. Resources at Clerk's hearings
9. Access to specialty court – mental health, drug, veterans
9. Community access to Narcan (tied with above)
10. Pre-trial treatment
11. Trauma training across intercepts
11. Overdose screen and overdose prevention training for probation supervisees (tied with above)
11. Training/resources for working with people actively using (tied with above)
12. Clarification and training on HIPAA and information exchange between agencies
12. Overdose prevention education and naloxone at Worcester HOC (tied with above)

## Parking Lot

- Issues with people for whom English is their second language

## 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 Gardner Winchendon attendees

- Collaboration
- Acknowledge trauma
- Awareness of intersectionality
- Multiple paths to recovery

## **Appendix Index**

Appendix A: Participant List

Appendix B: Resources

- Massachusetts Community Justice Project Resource List
- Best Practices: GAINS Center for Behavioral Health and Justice Transformation

Appendix C: Action Planning Tools

## Appendix A: Participant List

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# Appendix B: Resources

## Massachusetts Community Justice Project Resource List

Massachusetts Web Sites	
Massachusetts Trial Court	<a href="http://mass.gov/courts">mass.gov/courts</a>
Department of Public Health: Bureau of Substance Addiction Services	<a href="http://mass.gov/dph/bsas">mass.gov/dph/bsas</a>
Department of Mental Health	<a href="http://mass.gov/dmh">mass.gov/dmh</a>
Substance Abuse Helpline – Locate Treatment Providers	<a href="http://helplinema.org">helplinema.org</a>
Massachusetts Behavioral Health Access - Treatment Bed Availability	<a href="http://mabhaccess.com">mabhaccess.com</a>
Massachusetts Center of Excellence for Specialty Courts	<a href="http://macoe.org">macoe.org</a>
National Alliance on Mental Illness (NAMI) – Massachusetts	<a href="http://namimass.org">namimass.org</a>
Massachusetts Rehabilitation Commission	<a href="http://mass.gov/eohhs/gov/departments/mrc">mass.gov/eohhs/gov/departments/mrc</a>
Community Health Training Institute – Coalition Training	<a href="http://hriainstitute.org">hriainstitute.org</a>
Learn to Cope – Family Support Network	<a href="http://learn2cope.org">learn2cope.org</a>
Allies in Recovery – Family Guidance and Training	<a href="http://alliesinrecovery.net">alliesinrecovery.net</a>
Massachusetts Association for Sober Housing	<a href="http://mashsoberhousing.org">mashsoberhousing.org</a>
Massachusetts League of Community Health Centers	<a href="http://massleague.org">massleague.org</a>
MassHealth	<a href="http://mass.gov/eohhs/gov/departments/masshealth">mass.gov/eohhs/gov/departments/masshealth</a>
Massachusetts Department of Veterans Services	<a href="http://mass.gov/veterans">mass.gov/veterans</a>
Mass Vets Advisor	<a href="http://massvetsadvisor.org">massvetsadvisor.org</a>
Physiology of Addiction Training Video	<a href="http://vimeo.com/155764747">vimeo.com/155764747</a>

Additional Web Sites	
Center for Mental Health Services	<a href="http://mentalhealth.samhsa.gov/cmhs">mentalhealth.samhsa.gov/cmhs</a>
Center for Substance Abuse Prevention	<a href="http://prevention.samhsa.gov">prevention.samhsa.gov</a>
Center for Substance Abuse Treatment	<a href="http://csat.samhsa.gov">csat.samhsa.gov</a>
Council of State Governments Consensus Project	<a href="http://consensusproject.org">consensusproject.org</a>
Justice Center	<a href="http://justicecenter.csg.org">justicecenter.csg.org</a>
U.S. Department of Veterans Affairs	<a href="http://va.gov">va.gov</a>
Mental Health America	<a href="http://nmha.org">nmha.org</a>
National Alliance on Mental Illness (NAMI)	<a href="http://nami.org">nami.org</a>
NAMI Crisis Intervention Team Resource Center; and Toolkit	<a href="http://nami.org/cit">nami.org/cit</a> ; <a href="http://nami.org/cittoolkit">nami.org/cittoolkit</a>
National Center on Cultural Competence	<a href="http://nccc.georgetown.edu">nccc.georgetown.edu</a>
National Center for Trauma Informed Care	<a href="http://mentalhealth.samhsa.gov/nctic">mentalhealth.samhsa.gov/nctic</a>
National Criminal Justice Reference Service	<a href="http://ncjrs.org">ncjrs.org</a>
National GAINS Center/ TAPA Center for Jail Diversion	<a href="http://gainscenter.samhsa.gov">gainscenter.samhsa.gov</a>
National Institute of Corrections	<a href="http://nicic.org">nicic.org</a>
National Institute on Drug Abuse	<a href="http://nida.nih.gov">nida.nih.gov</a>
Network of Care	<a href="http://networkofcare.org">networkofcare.org</a>
Office of Justice Programs	<a href="http://ojp.usdoj.gov">ojp.usdoj.gov</a>
Ohio Criminal Justice Center for Excellence	<a href="http://neoucom.edu/cjccoe">neoucom.edu/cjccoe</a>
Partners for Recovery	<a href="http://partnersforrecovery.samhsa.gov">partnersforrecovery.samhsa.gov</a>
Policy Research Associates	<a href="http://prainc.com">prainc.com</a>
SOAR: SSI/SSDI Outreach and Recovery	<a href="http://prainc.com/soar">prainc.com/soar</a>
Substance Abuse and Mental Health Services Administration	<a href="http://samhsa.gov">samhsa.gov</a>
Pennsylvania Mental Health and Justice Center for Excellence	<a href="http://pacenterofexcellence.pitt.edu">pacenterofexcellence.pitt.edu</a>
USF Criminal Justice Mental Health & Substance Abuse Technical Assistance Center	<a href="http://floridatac.org">floridatac.org</a>

*The following information on best practices is adapted from the GAINS Center for Behavioral Health and Justice Transformation, a program of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), administered by Policy Research Associates.*

The *Sequential Intercept Model* provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals with mental illness and/or substance use disorders. Within the criminal justice system there are numerous intercept points — opportunities for linkage to services and for prevention of further penetration into the criminal justice system. This linear illustration of the model shows the paths an individual may take through the criminal justice system, where the five intercept points fall, and areas that communities can target for diversion, engagement, and reentry.

The five intercept points are:

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

### Action for Service-Level Change at Each Intercept

#### Intercept 1: Law Enforcement

- 911: Train dispatchers to identify calls involving persons with mental illness and/or substance use disorder and refer to designated, trained respondents.
- Police: Train officers to respond to calls where mental illness and/or substance use disorder may be a factor; Crisis Intervention Team and Mental Health First Aid training.
- Documentation: Document police contacts with persons with mental illness and/or substance use disorder.
- Emergency/Crisis Response: Provide police-friendly drop off at local hospital, crisis unit, or triage center.
- Follow-Up: Provide service linkages and follow-up services to individuals who are not hospitalized and those leaving the hospital.
- Evaluation: Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.

#### Intercept 2: Initial Detention/Initial Hearings

- Screening: Screen for mental illness and/or substance use disorders at earliest opportunity; initiate process that identifies those eligible for diversion or needing treatment in jail; use validated, simple instrument or matching management information systems; evaluate case information by prosecution, judge/court staff for possible diversion and treatment.
- Pre-Trial Diversion: Maximize opportunities for pretrial release where appropriate and assist defendants with mental illness and/or substance use disorders in complying with conditions of pretrial diversion.
- Service Linkage: Link to comprehensive services, including care coordination, access to medication, dual diagnosis treatment as appropriate, prompt access to benefits, healthcare, and housing.

#### Intercept 3: Jails/Courts

- Screening: Inform diversion opportunities and need for treatment in jail with screening information from Intercept 2; utilize evidence-based screening and assessment tools (including Risk/Needs/Responsivity) during incarceration.
- Court Coordination: Maximize potential for diversion in a specialty court or non-specialty court.
- Service Linkage: Link to comprehensive services, including care coordination, access to medication, dual diagnosis treatment as appropriate, prompt access to benefits, health care, and housing.
- Court Feedback: Monitor progress with scheduled appearances (typically directly by court); promote communication and information sharing between non-specialty courts and service providers by establishing clear policies and procedures.
- Jail-Based Services: Provide services consistent with community and public health standards, including appropriate psychiatric medications; coordinate care with community providers.

#### **Intercept 4: Reentry**

- **Screening:** Assess clinical and social needs and public safety risks (Risk/Needs/Responsivity); boundary spanner position (e.g., discharge coordinator, transition planner) can coordinate institutional with community mental health, substance use disorder, and community supervision agencies.
- **Coordination:** Plan for treatment and services that address needs; document treatment plan and communicate it to community providers and supervision agencies – domains should include prompt access to medication, mental health, substance use disorder and health services, benefits, and housing.
- **Follow-Up:** Identify required community and correctional programs responsible for post-release services; best practices include reach-in engagement and specialized case management teams.
- **Service Linkage:** Coordinate transition plans to avoid gaps in care with community-based services.

#### **Intercept 5: Community Corrections**

- **Screening:** Screen all individuals under community supervision for mental illness, substance use disorders, and trauma; screen and assess for criminogenic risk (Risk/Needs/Responsivity); link to necessary services.
- **Maintain a Community of Care:** Connect individuals to employment, including supportive employment; facilitate engagement in dual diagnosis treatment and supportive health services; link to housing; facilitate collaboration between community corrections and service providers; establish policies and procedures that promote communication and information sharing
- **Implement a Supervision Strategy:** Concentrate supervision immediately after release; adjust strategies as needs change; implement specialized caseloads and cross-systems training
- **Graduated Responses & Modification of Conditions of Supervision:** Ensure a range of options for community corrections officers to reinforce positive behavior and effectively address violations or noncompliance with conditions of release

#### **Across All Sectors**

- Implement education and training for justice system professionals on mental illness, substance use disorders, and trauma
- Increase use of peer support services
- Implement screening tools to identify people with a history of military service
- Implement education for justice system professionals on the use of medication-assisted treatment for substance use disorders

### **Three Major Responses for Every Community**

Three Major Responses Are Needed:

1. Diversion programs to keep people with mental illness and/or substance use disorders, who do not need to be in the criminal justice system, in the community.
2. Institutional services to provide constitutionally adequate services in correctional facilities for people with mental illness and/or substance use disorders who need to be in the criminal justice system because, for example, of the severity of the crime.
3. Reentry transition programs to link people with mental illness and/or substance use disorders to community-based services when they are discharged.

The Sequential Intercept Model has been used by numerous communities to help organize behavioral health service system transformation to meet the needs of people with mental illness and/or substance use disorders involved with the criminal justice system. The model helps to assess where diversion activities may be developed, how institutions can better meet treatment needs, and when to begin activities to facilitate re-entry.

*Source: The GAINS Center for Behavioral Health and Justice Transformation, a program of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), administered by Policy Research Associates ([www.samhsa.gov/gains-center](http://www.samhsa.gov/gains-center)).*

*The GAINS Center helps to expand community services for adults who are in the criminal justice system and experiencing a mental and/or substance use disorder. The GAINS Center provides information and skills training to help individuals and organizations at the local, state, regional, and national levels implement effective, integrated programming that will transform the criminal justice and behavioral health systems.*

Priority Area 1: Sustainable funding for Alyssa's Place – AED peer recovery center					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Billable services – navigators/recovery coaches	Identify what services are billable For private insurance	Funding	6 months	Independence	GAAMHA Christy
Establish regional “hub” for recovery support services	Community meeting – police, providers, hospitals, etc.	Where to hold meeting	September 2018	Not all entities involved Unknown – family support	Christy
Identify all sources of funding	Contact identified potential resources	Insurance companies Private/state/federal/county	45 days	Willingness to share funding sources	Group effort



Priority Area 2: Timely access to treatment – acute (detox), long-term, buprenorphine/methadone, sober admissions					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Timely access is the goal	Universal release form review 2 way communication form	Community Healthlink compliance review then distribute to partners	Start next week – finished in 30 days	Some organizations may not adopt	Nicole (CHL) Jen LaRoche
Resources on hand immediately to remove barriers	“Step down” Identify the list of interim resources until the bed is found	Peer recovery coach MAT Law enforcement ED Court	July when peer recovery becomes billable List Process – 3 months	Too many priorities Funding Qualified staff	Julie (CHL) Jen LaRoche
Ability to identify what resources are needed	Identify the transportation resources	Quarterly RCC Transportation group of CHNA-9	Longer term	Funding Hours of operation	Chelsea Bonnie

<b>Priority Area 3:</b> Treatment navigation and case management assistance for bar advocates and probation/Resources for families pre and post Section 35					
<b>Objective</b>	<b>Activities/Tasks</b>	<b>Resources</b>	<b>Timeframe</b>	<b>Barriers</b>	<b>Responsibility</b>
Social worker access to Bar Advocates List of services and what they do to court and law enforcement	Motion funds for services Sheet/usable list of services specific services	CPCS Art Duboi J. Dutton, CPCS LUK, AED, etc. CHL	Immediately 90 days	Funding Internet access and wifi at court	Mass bar foundation Contact Fios Randy – Trial Court engineer Max Burwick, Esq
Section 35 training court staff Assistance family for section 35	Training session  Coordinate with LUK and spectrum to access resource materials	Spectrum, LUK, Learn to Cope	3 months 3-6 months	Intake with family staff available	Gardner court staff Clerk Brown Judge Haley Dept heads Dr. Bale Mika