

*Massachusetts Community Justice Project*

*An Initiative of the Massachusetts Trial Court*

# **Massachusetts Community Justice Workshop Report**

Holyoke District Court



## Massachusetts Community Justice Workshop Report

### Sequential Intercept Mapping and Taking Action for Change

#### Introduction:

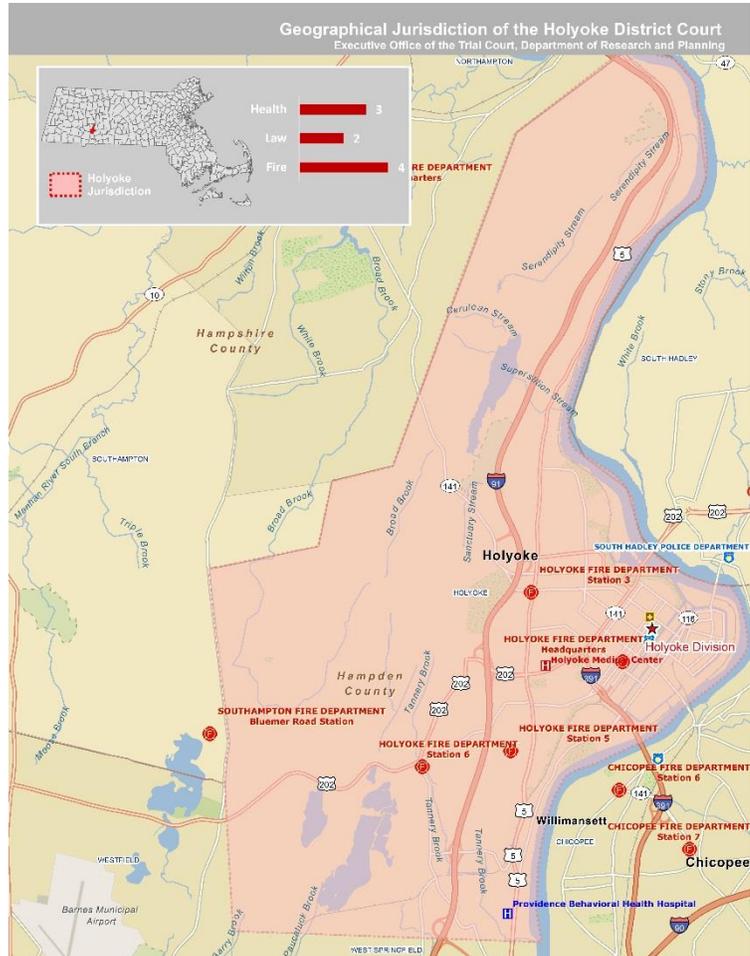
The purpose of this report is to provide a summary of the Community Justice Workshop, including *Sequential Intercept Mapping* and *Taking Action for Change* meetings, held for the Holyoke District Court jurisdiction on April 27<sup>th</sup> and 28<sup>th</sup>, 2017. This report includes:

- 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 court jurisdictions action plan and achieve their goals.

The workshop was attended by 63 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 Ben Cluff, Veterans Services Coordinator for the Bureau of Substance Abuse Services at the Department of Public Health; Marisa Hebble, Coordinator of the Massachusetts Community Justice Project with the Trial Court; and Marcy Julian, Western Massachusetts Regional Manager for Learn to Cope.

The planning committee for this workshop was chaired by Judge Maureen Walsh, First Justice of the Holyoke District Court. Planning committee members are indicated in Appendix A.



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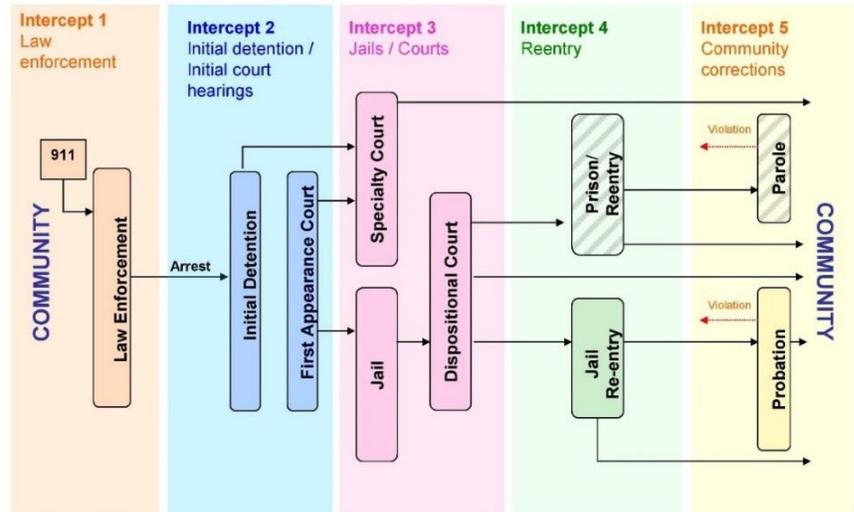
<sup>1</sup> SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral Health & Criminal Justice Collaboration: The Sequential Intercept Model*. Delmar, NY: Policy Research Associates, Inc.

<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 1: Law Enforcement and Emergency Services
- Intercept 2: Initial Detention and Initial Hearings
- Intercept 3: Jail, Courts, Specialty Courts, Forensic Evaluations, and Forensic Commitments
- Intercept 4: Reentry from Jails, State Prisons, and Forensic Hospitalization
- Intercept 5: Community Corrections (Probation and Parole) and Community Support

The model provides an organizing tool for a discussion on how to best address the behavioral health needs of justice-involved individuals at the local level. Using the model, a community can identify local resources and gaps in services; decide on priorities for change; and develop targeted strategies to increase connections to treatment and recovery support services.



The Massachusetts Community Justice Project is including a discussion of

Intercept Zero at every workshop. Intercept Zero encompasses the places in the community where people with mental illness and/or addiction can have their needs identified and be connected with treatment and recovery resources before intersecting with the justice system. Intercept Zero includes (but is not limited to): schools, healthcare providers, mental health treatment providers, homeless shelters, and human service agencies.

## About the Workshop:

Community Justice Workshops take place in District Court jurisdictions and bring together key local stakeholders for a facilitated one or two-day event, *Sequential Intercept Mapping* and *Taking Action for Change* (optional). Stakeholders include people in leadership roles from the local justice system, mental health and addiction treatment systems, recovery support and human service agencies. Front-line staff as well as people with lived experience are also at the table and are important contributors.

Objectives of the workshop include:

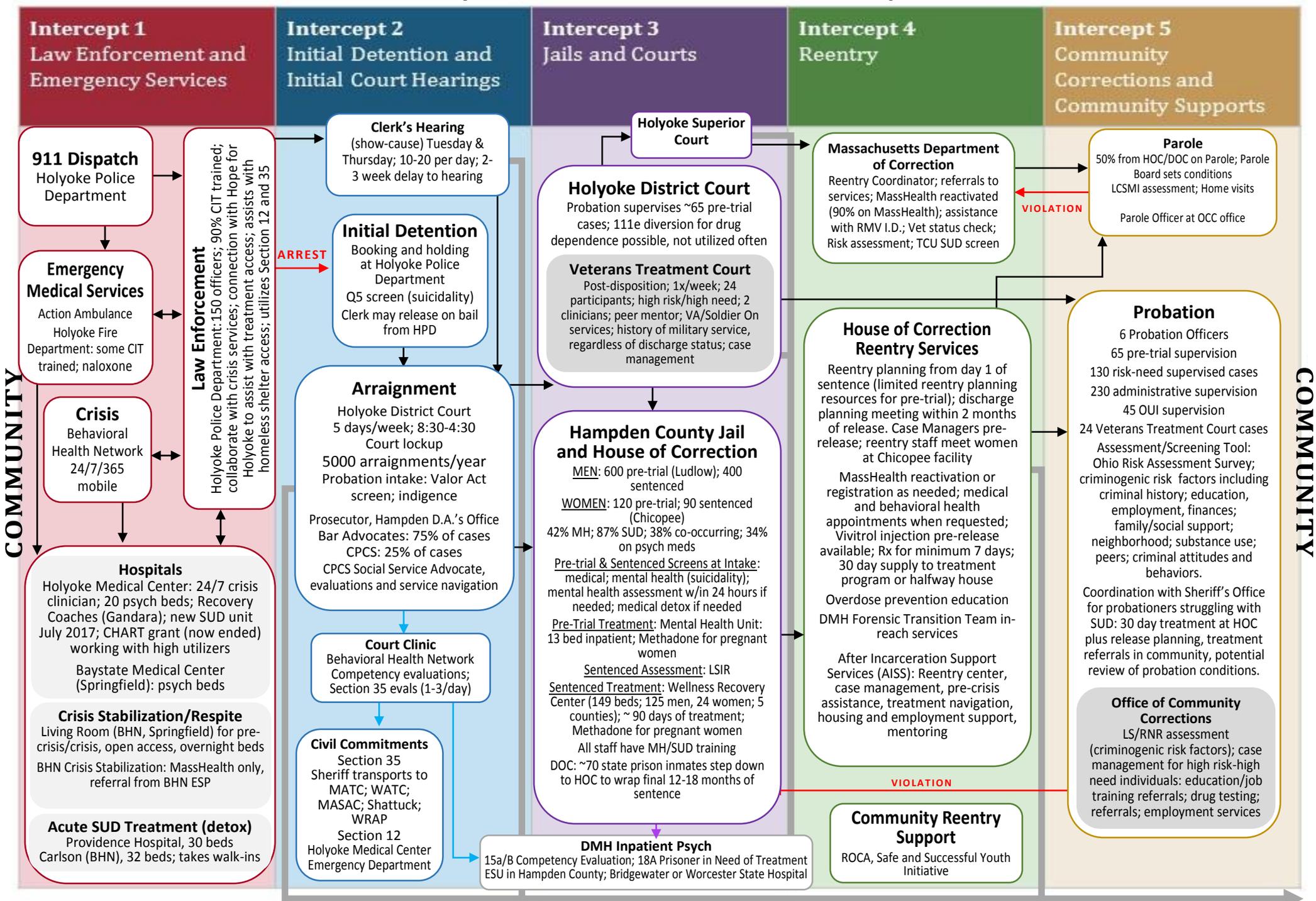
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region's criminal justice system along the five distinct intercept points.
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities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

## Holyoke 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.

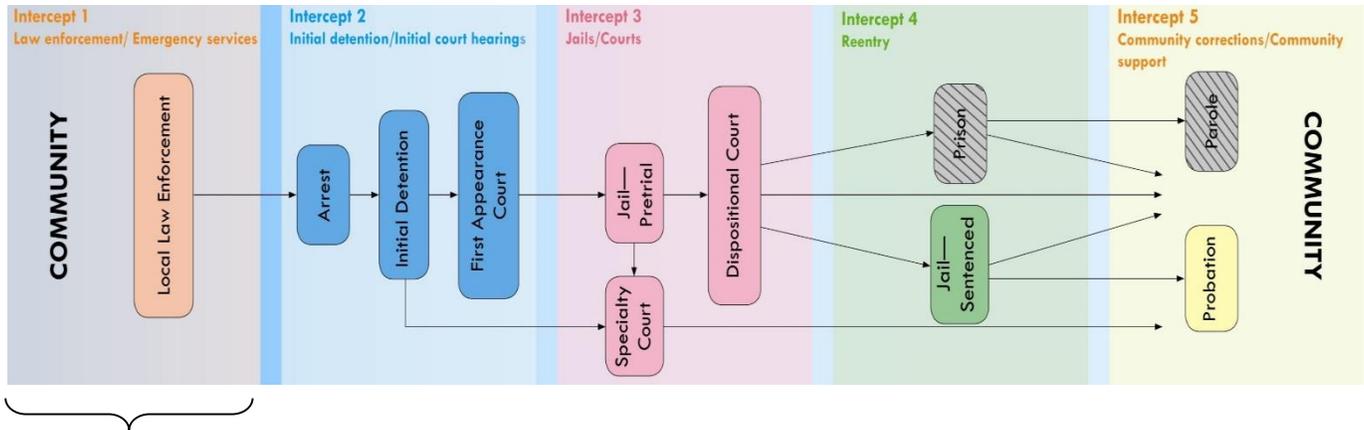
# Holyoke District Court Jurisdiction Map



**Coalitions/Task Forces:** Holyoke Safe Neighborhood Initiative, Springfield Coalition for Opioid Overdose Prevention (Springfield HHS, MOAPC), Hampden County Addiction Task Force (DA's Office)

**Behavioral Health:** Tapestry Health Syringe Access; Holyoke Health Center (Suboxone, Vivitrol); Providence Behavioral Health Hospital (Acute, CSS, Suboxone, Vivitrol, Methadone); Behavioral Health Network (Acute, CSS, IOP, Outpatient, Recovery Coaching, Residential); Center for Human Development (Outpatient, Residential); Gandara (Outpatient, Recovery Coaching, Residential); Hope for Holyoke Recovery Center; Holyoke Medical Center (SBIRT and Recovery Coaching); River Valley (Outpatient, Psych Day Treatment); CleanSlate (Suboxone, Vivitrol); Learn to Cope; Parent Support Group of Western MA

# Intercept 1: Law Enforcement/ Emergency Services



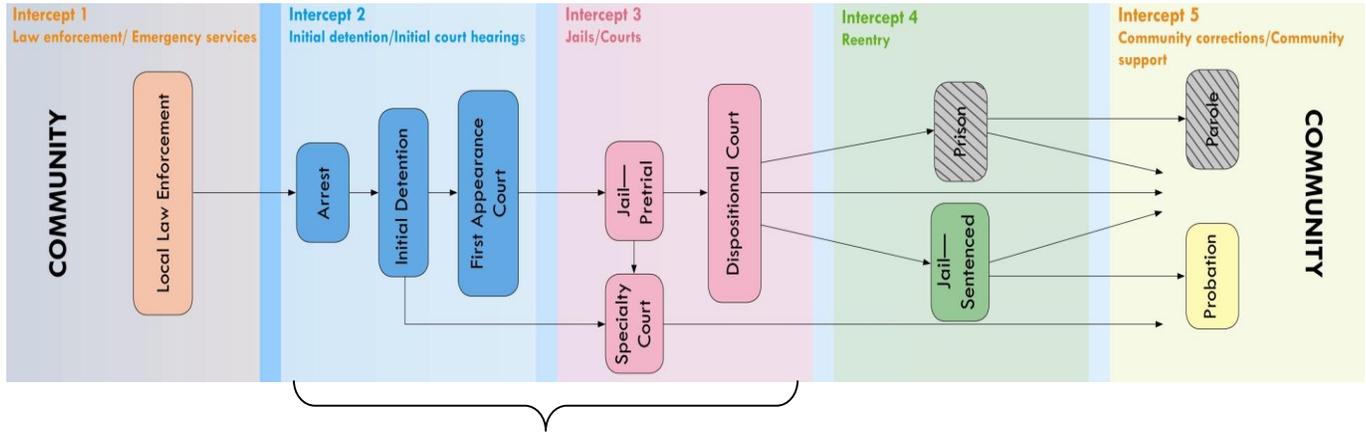
## Resources

- BHN Crisis
- Dispatch Coding
- Living Room – Springfield; open access
- Gandara Recovery Coach at Holyoke Medical Center
- CHART Grant at Holyoke Medical Center, identifying high utilizers
- Providence Ministries
- Family Shelters
- Soldier On Homeless Vet support
- Community Policing

## Gaps

- Holyoke Police – not carrying naloxone (Narcan)
- No veterans/military screen at Holyoke PD
- No homeless shelter in Holyoke
- Barriers to timely access to acute treatment (detox)

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



## Resources

### Intercept Two

- Q5 suicidality screen at HPD
- Clerk – bail
- Probation – vet screen and indigency

### Intercept Three

- LSIR screen
- COWS, CIWA and MH screen pre-trial at HOC
- Medication continued at HOC
- MAT pilot at HOC
- Veterans Tx Court
- Wellness Center at HOC
- 30 day treatment exposure at HOC
- Regular training for uniform staff
- Psychiatrist available at Holyoke District Court M-F

## Gaps

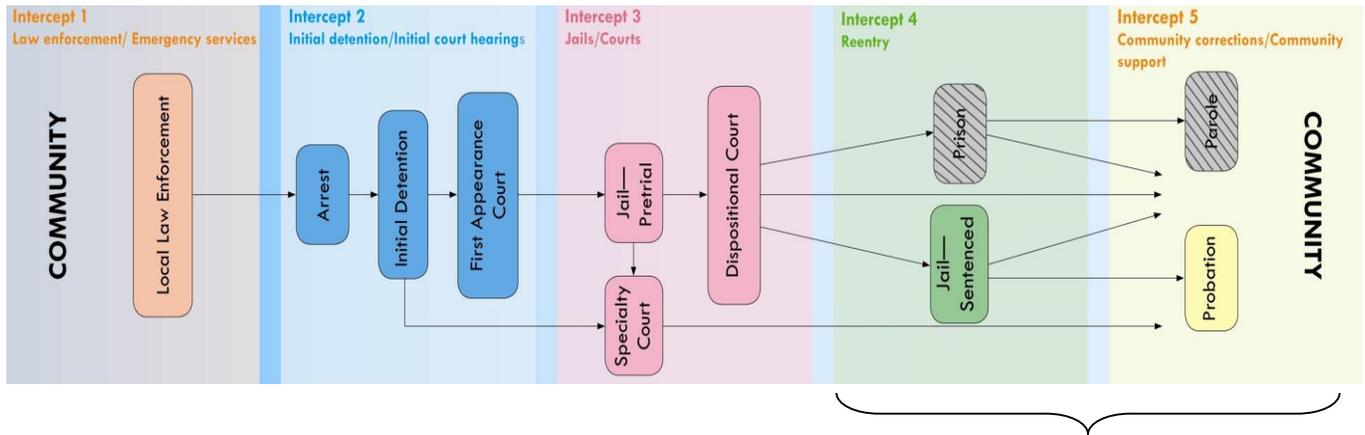
### Intercept Two

- Social workers for Bar Advocates
- Section 7 – time for evaluation
- Better understanding of show cause hearings: who gets there, what evidence-based strategies are used
- No formal screen about mental health or addiction at probation or show cause hearings
- Education on trauma/addiction/mental illness for attorneys
- Domestic partners/friend not able to utilize section 35

### Intercept Three

- Limited medication assisted treatment at Hampden County jail (only methadone for pregnant women and Vivitrol pre-release); Limited medication menu at jail
- Need more cognitive behavioral therapy, tailored to a shorter sentenced population
- Overdose prevention education for pre-trial population
- District Court does not have full team that makes Veterans Treatment Court so successful: no wraparound/comprehensive case management for people not in veterans treatment court
- No recovery/peer support services for court; no recovery coaches in court

# Intercepts 4 and 5: Reentry and Community Supervision



## Resources

### Intercept Four

- After Incarceration Support Services
- ROCA
- Bridge to MAT
- BHN at AISS to assist with reenrollment to MassHealth
- Learn to Cope provides overdose education and naloxone to family members of people incarcerated
- Family oriented services delivered at wellness recovery center
- HOC universal release plan plus case manager
- Sheriff's reentry round able

### Intercept Five

- 6 Probation Officers
- MOU for info sharing in place with HOC and probation in Holyoke, Palmer, Ware, Chicopee
- Pilot use of Wellness Recovery Center at HOC for violations
- Public safety and behavioral health case review roundtable
- Hampden County Addiction Task Force
- Family Recovery Resource Group

## Gaps

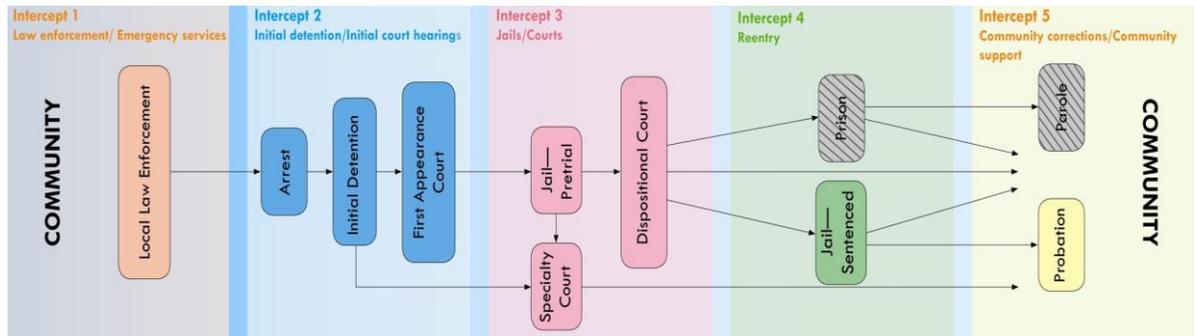
### Intercept Four

- Prescription lag time due to MassHealth re-enrollment delay
- Lack of treatment beds in the community and recovery homes
- Safe, sober, stable housing
- For bailed pre-trial people – no firm handoff to services
- Diversity of language services lacking at court and jail
- No treatment on demand (acute treatment particularly)
- Lack of regular availability of naloxone (Narcan)
- Jail and provider training on criminogenic risk factors

### Intercept Five

- Information sharing between providers
- Treatment on demand
- Lack of collaborative network around frequent flyers

# Intercept 0: Pre-Crisis Community Resources/Services



## Resources

### Active User Engagement/Harm Reduction

- Tapestry Health Syringe Exchange
- Holyoke Health Center
- Providence methadone clinic

### Treatment and Recovery

- Behavioral Health Network
- Gandhara
- Center for Human Development
- Providence Behavioral Health – MAT assessment center
- Clinical and Support Options
- Holyoke Medical Center
- Holyoke Health Center – medication assisted treatment
- River Valley
- Hope For Holyoke Peer Recovery Center
- Learn to Cope
- Parent Support Group of Western Mass
- CleanSlate
- Department of Mental Health – Community Based Flexible Supports, 30 slots; Parent Group; Respite

### Other:

- Holyoke Safe Neighborhood Initiative
- Holyoke Medical Center E.D. – SBIRT with UMass Nursing
- Holyoke Police Department - Mobile Community Policing and Crisis Intervention Team Training
- Department of Mental Health – Respite, CBFS
- Boys and Girls Club
- MOAPC – Springfield HHS
- Holyoke Safety Broad Initiative
- Department of Children and Families
- BHN – Mental Health First Aid training
- Square One
- BHN Living Room
- Hampden County Addiction Task Force

## Gaps

- Data – children of people incarcerated
- Community conversations – awareness
- Treatment navigation resources/awareness
- Family doctors not trained on mental health/addiction

## Priorities

1. Timely access to treatment (29 votes)
  2. Cross-training for justice, behavioral health and medical providers (19)
  3. Safe and stable housing (14)
  4. Emergency homeless shelter services (13)
  5. Information sharing between providers (12)
- Peer support at intercepts (9)
  - Naloxone (Narcan) training/availability at Holyoke Police and HOC (9)
  - Suboxone (and/or methadone) at HOC (6)
  - Treatment system navigation and awareness (4)
  - Social workers for Bar Advocates (4)
  - MassHealth reactivation issues for pre-trial (3)
  - Collaborative network for high utilizers (2)
  - Pre-trial overdose prevention for women at Chicopee HOC
  - Hand-off to treatment for bailed pre-trial people
  - Formal screen for MH/SUD at police, probation, show cause hearings
  - Better understanding of show cause process

## Parking Lot

- Inability to pay fees resulting in violation of probation – consider community service; special problem with batterers fees

## Values

- Hope
  - Choice
  - Respect
  - Abolish Stigma
  - Person-First Language
  - Celebrate Diversity
  - Step-up, Step-back
  - Recovery is Possible
- Added by Holyoke Participants**
- Science
  - Evidence-based
  - Teamwork
  - Resiliency
  - Empathy
  - Compassion
  - Lived-experience

## Post-Workshop Efforts

After the Holyoke Community Justice Workshop, stakeholders agreed to focus efforts on the “Timely Access to Treatment” priority. In addition, stakeholders decided to merge efforts with the Holyoke Safe Neighborhood Initiative ([shsni.org](http://shsni.org)), an established collaboration between local stakeholders including partners from the justice system, city government, faith-based organizations, social service agencies, the business community, education and more.

The Timely Access to Treatment Committee meets monthly at Providence Behavioral Health Hospital and members include representatives from Holyoke District Court, the Hampden County Sheriff’s Office, Learn to Cope, Behavioral Health Network, Mercy Behavioral Health, Gandara, Hope for Holyoke Recovery Center, Department of Mental Health, DPH-Bureau of Substance Abuse Services, Springfield Health and Human Services and more. The first initiative from the committee was a training for regional Probation Officers and attorneys, which included education about addiction, levels of care, intake procedures for local treatment providers. Approximately 90 people attended the training, from all four western Massachusetts counties (Hampden, Hampshire, Franklin and Berkshire).

## **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

<b>Massachusetts Web Sites</b>	
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>

<b>Additional Web Sites</b>	
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/cjcooe">neoucom.edu/cjcooe</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>

## Best Practices

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

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

The five intercept points are:

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

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

#### Intercept 1: Law Enforcement

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

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

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

#### Intercept 3: Jails/Courts

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

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

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

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

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

#### **Across All Sectors**

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

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

Three Major Responses Are Needed:

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

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

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

## Appendix C: Action Planning Tools

Priority Area 1: Timely Access to Treatment					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
				Long waiting lists	
				funding	
Emergent care awareness	ED community  Resources: crisis hotline, 411, 211  Identify areas to promote	Marketing  Target high risk areas  Tapestry	6-8 months	\$  Coordination	BHN Crisis (Matt)
Addiction acute treatment (detox)	Advocate for more beds  Navigation services	DPH – Ruth Jacobson-Hardy  Recovery Coaches to navigate: BHN, Gandara, Peer Center  AISS – Jen Sordi	6-8 months	\$  Coordination	Providence adding 2 beds, increases to 32
Increase medication assisted treatment access					

<b>Priority Area 2: Cross-training for justice, behavioral health and medical providers</b>					
<b>Objective</b>	<b>Activities/Tasks</b>	<b>Resources</b>	<b>Timeframe</b>	<b>Barriers</b>	<b>Responsibility</b>
Education among community partners for greater understanding of respective roles to better access resources	<ol style="list-style-type: none"> <li>1. Identify types of crimes in courts and share data with community collaterals</li> <li>2. Establish coalition regular meetings with stakeholders, including people with lived experience</li> </ol>	Identify/connect with coalitions to foster sustainability  Define roles and resources  Compiles directory  Logistics: location, communication methods (email, paper, telephone)	Identify long and short tern goals  Schedule events in advance  Possible trainings: community justice, behavioral health, medical providers, global training with all sectors  Structure group training based on intercept categories then all come together	Cost for space Staff availability Location Buy in from staff Continued motivations Burnout Lack of leadership	Identify leaders to organize collaborative work  Leaders to reconvene regularly: what's valuable, what should we add
CIT Medication assisted treatment Trauma Homelessness Addiction Domestic violence Identify who can provide which trainings	Subcommittee to organization cross training meetings on prevalent issues and identify short/long term goals				

Priority Area 3: Sage and stable housing					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Increase safe/stable housing resources  Support need for housing or recovery based housing  Individual needs motivation: what's available in Holyoke?	Collaborate with probation, prior to release  Develop more housing resources – both treatment and non-treatment beds	Case management  AISS  Section 8 housing  Family reunification plan  Holyoke real estate, affordable housing  Geriatric center  Identify private foundation money	30 days  It depends  Some are ongoing	Reunify family with community housing/public assistance with housing  Beds  Cori, arson, sex offenders  Most resources are for treatment  \$ for non-treatment beds	Discharge planning  Continuum of care  Contacts for probation

Priority Area 4: Emergency homeless shelter services					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Establish a homeless shelter in Holyoke  Could start with emergency short-term (Living Room?)  Seasonal?	Holyoke Housing  Contact Mayor  Logistical hurdles/transportation  Put together a complete proposal and bring to Mayor  Seek grant opportunities	Living Room  Staff  Hygiene  Food  Cot shelter  ServiceNet  Police  Data  Partnerships	Last night  Ongoing	Money  Transportation  Shelter  Safety  Staff  Information  Screening  Kicked out	Feds  Local police and community organizations

Priority Area 5: Information sharing between providers					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
No duplicate efforts Learn/become familiar with other/collateral contacts Closer relationships Effective collaboration Trust Communication Understanding Respect/team attitude between providers	Fax conditions of probation to all providers	Agency websites	Ongoing immediately	State agencies change “at the speed of mud” HIPPA laws – confidentiality restrictions Time Resources Misunderstanding about what different agencies do/goals Too much info – e.g. overflowing in boxes	Probation
	Compliance notices between probation and providers	Shared resources			Each agency
	Sent more complete correctional information to probation	MEHI – Massachusetts Highway			
	Contact Ed Caisse re: midnet	Holyoke Safe Neighborhood Initiative – 2 <sup>nd</sup> Thursday of every month, e.g. midnet			
	Update websites	Virtual gateway (under 21) – create one for adults			
	Access to internet	Human face to agency			
	Mutual courtesy calls re: discharges		2 weeks prior to discharge		
	Contact lists				
	Create central website				