

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:

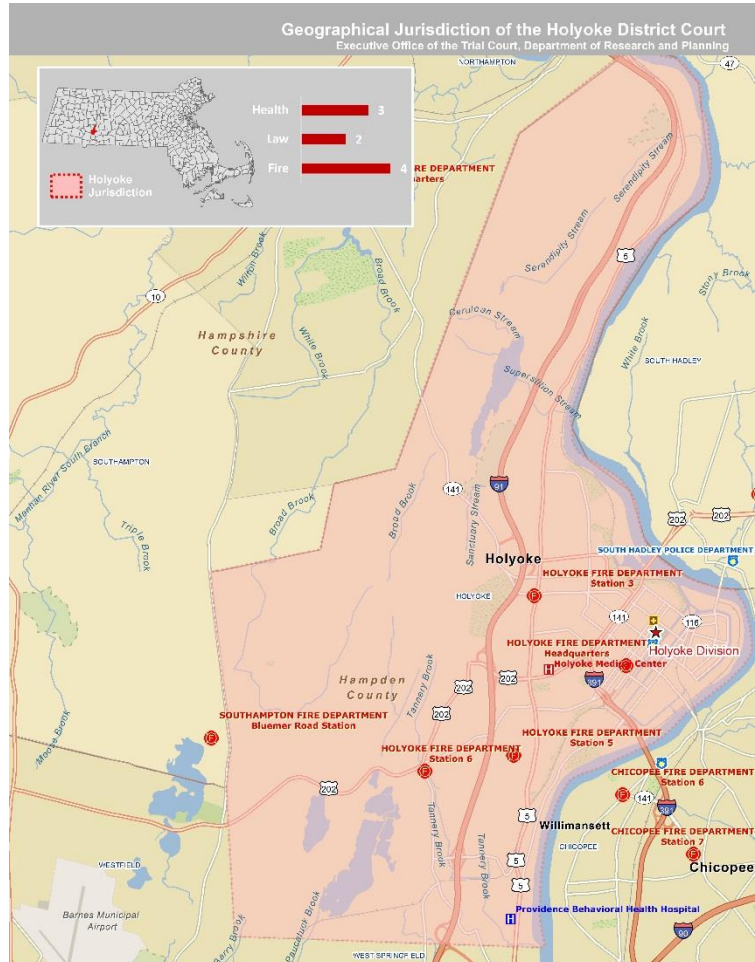
The purpose of this report is to provide a summary of the Community Justice Workshop, including *Sequential Intercept Mapping* and *Taking Action for Change* meetings, held for the Holyoke District Court jurisdiction on April 27th and 28th, 2017. This report includes:

- 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.¹

The model depicts the justice system as a series of points of "interception" at which an intervention can be made to prevent people from entering or penetrating deeper into the criminal justice system.²

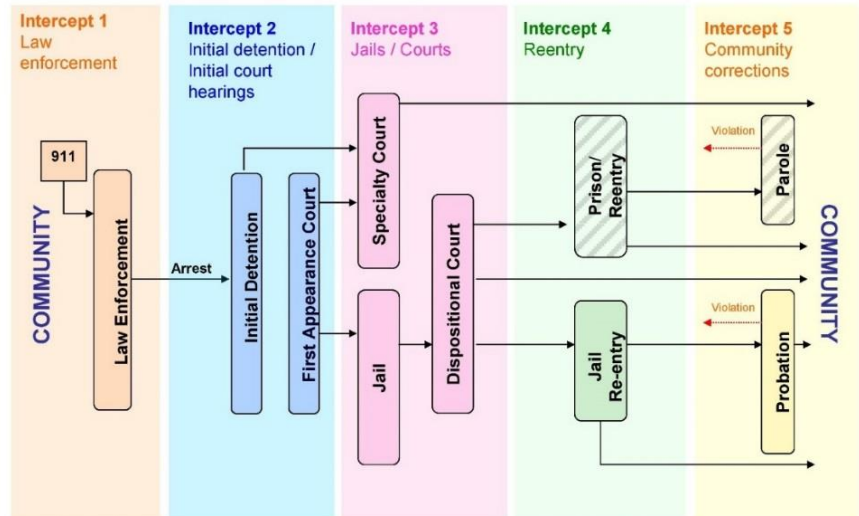
¹ SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model*. Delmar, NY: Policy Research Associates, Inc.

² Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services*, 57(4), 544-549.

Points of intercept include:

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

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



The Massachusetts Community Justice Project 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

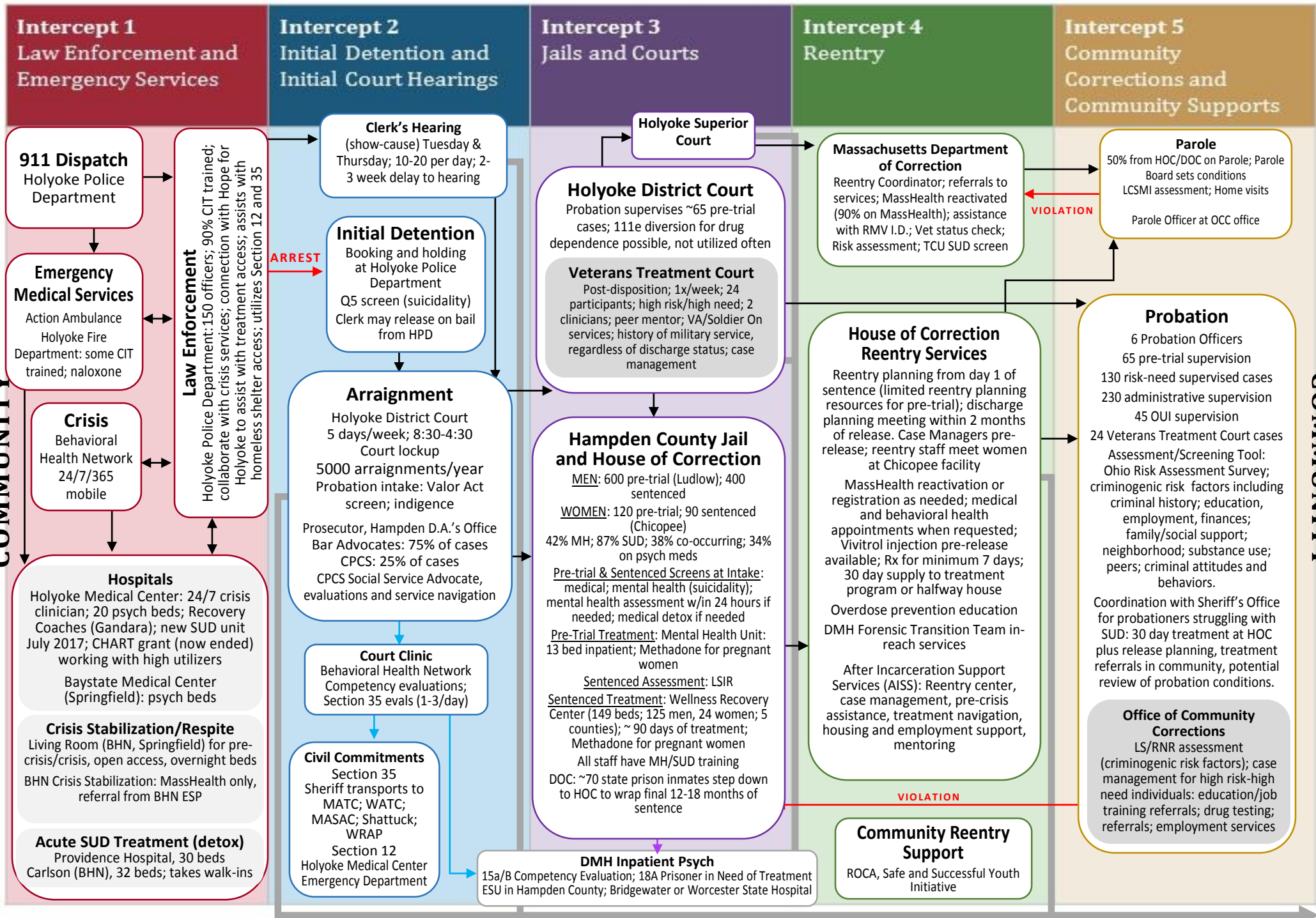
Following is a *Sequential Intercept Model* map, a list of local resources as well as gaps, priorities, and an initial action plan developed during the workshop.

***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

COMMUNITY

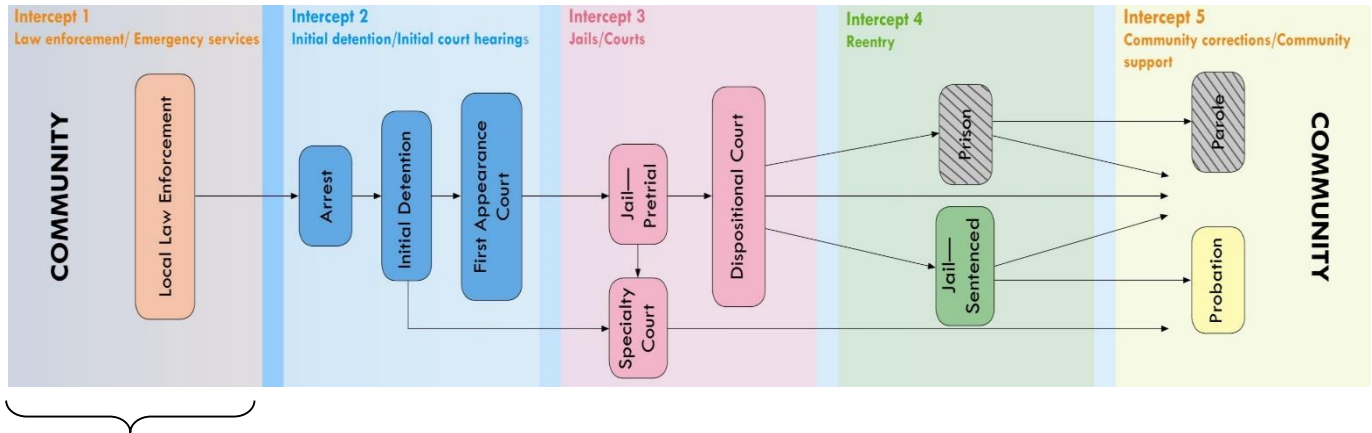
COMMUNITY



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



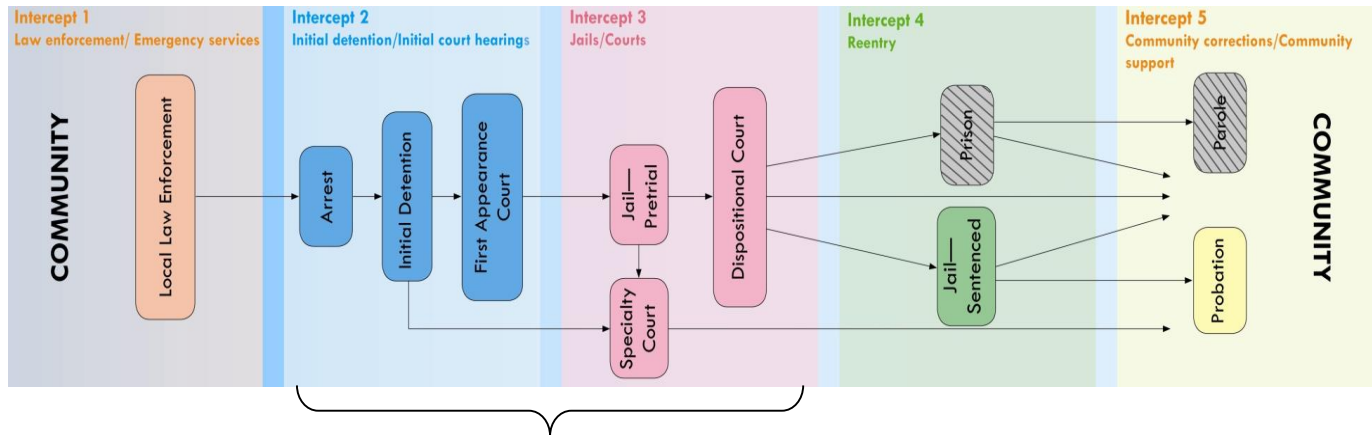
Resources

- 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

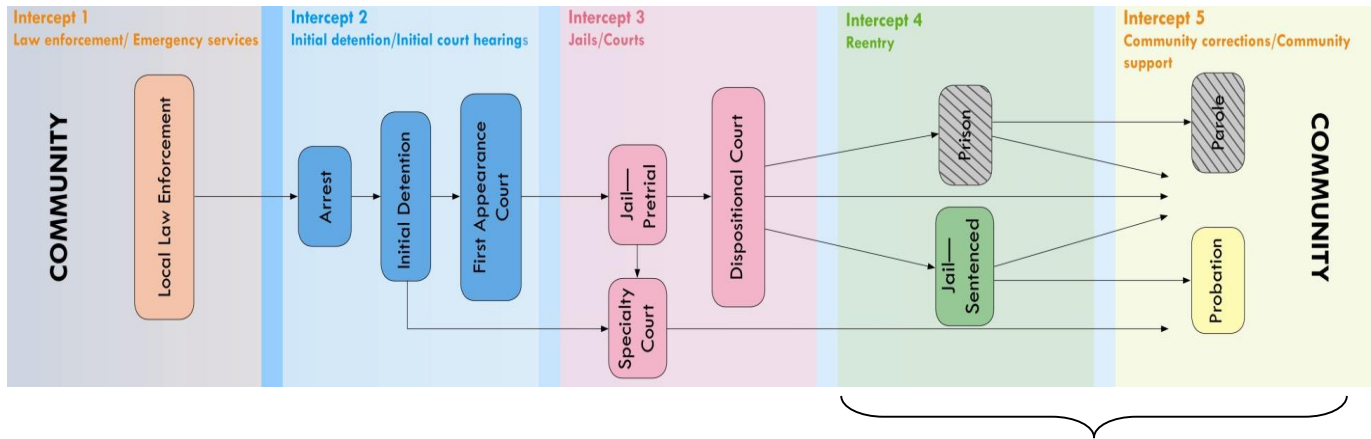
Intercept Two

- 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

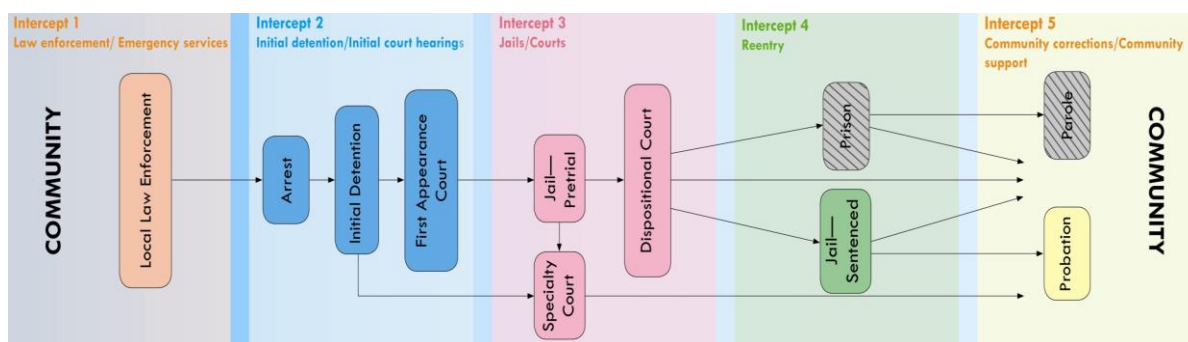
Intercept Four

- 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), 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

Peter Babineau

Substance Abuse Educator Supervisor
Hampden County Sheriff's Office
peter.babineau@sdh.state.ma.us

Angela Baez

Program Manager
Behavioral Health Network
angela.baez@bhninc.org

Lisa Ball

Attorney/Bar Advocate
Hampden County Bar Association
lball@allynandball.com

Donna Bernardi-Agnes

Clinical Director
Hampden County Sheriff's Office
donna.bernardi-agnes@sdh.state.ma.us

Della Blake

Jail Treatment/Health Services
Hampden County Sheriff's Office
della.blake@sdh.state.ma.us

Kevin Cahill

Staff Psychologist
Soldier On
kcahill@wesoldieron.org

Ed Caisse (planning committee)

High-Risk Reentry Coordinator
Hampden County Sheriff's Office
ed.caisse@sdh.state.ma.us

Dave Cavanaugh

Superintendent of Intake
Hampden County Sheriff's Office
dave.cavanaugh@sdh.state.ma.us

Nick Cocchi

Sheriff
Hampden County
nick.cocchi@sdh.state.ma.us

Casey Croteau

Victim Witness Advocate
Hampden County District Attorney's Office
casey.croteau@state.ma.us

Natalie Cruz

Sergeant
Western Massachusetts Regional Women's
Correctional Center
nati12212003@yahoo.com

Marie Demarey

Veterans Justice Outreach Coordinator
Veterans Affairs
marie.demarey@va.gov

Denise Duguay

Captain
Holyoke Police Department
capt.duguay@holyokeypd.org

Jen Fitzgerald

Prosecutor
Hampden County District Attorney's Office
jennifer.fitzgerald@state.ma.us

Debbie Flynn Gonzalez

Program Director
Gandara Hope for Holyoke
dflynn-gonzalez@gandaracenter.org

Peter Friedmann

Chief Research Officer
Baystate Health
Peter.FriedmannMD@baystatehealth.org

Victor Gomes

Lead Counselor
Hampden County Sheriff's Office
victor.gomes@sdh.state.ma.us

Paul Guilbert

Corporal
Holyoke Auxiliary Police Division
popopaul50@gmail.com

Beth Hanna

Director
Hampden County Sheriff's Office
beth.hanna@sdh.state.ma.us

John Hart

Sergeant
Holyoke Police Department
sgt.hart@holyokeypd.org

Gary Iglarsh

Bar Advocate
Veterans Treatment Court
giglarsh@yahoo.com

Steven Jumangal

Probation Intern
Holyoke District Court

Kevin Kearney

Regional Manager
Office of Community Corrections
kevin.kearney@jud.state.ma.us

Ed Kivari

Chief of District Court
Hampden County District Attorney's Office
ed.kivari@state.ma.us

John Kovalchik

Manager of Behavioral Health
Holyoke Medical Center
Kovalchik_John@holyokeyhealth.com

Matthew Leone

Program Coordinator
Behavioral Health Network
matthew.leone@bhninc.org

Marty Lyman

Hampden County Sheriff's Office
martha.lyman@SDH.state.ma.us

Laurie MacLeod (planning committee)

Specialty Court Judge
Trial Court Court
laurie.macleod@jud.state.ma.us

Jim Mahoney

Director
Holyoke Vet Services
mahoneyj@holyokey.org

Sam Martin

Translator
Trial Court
samuel.martin@jud.state.ma.us

Sean McBride (planning committee)

Chief of Probation
Holyoke District Court
sean.mcbride@jud.state.ma.us

Joe McGiverin

Probation Officer
Holyoke District Court
Joseph.mcgiverin@jud.state.ma.us

Randy Mead

Director Special Services/Court Liasion
Hampden County Sheriff's Office
randy.mead@sdh.state.ma.us

Antonio Padilla

Probation Officer
Holyoke District Court
antonio.padilla@jud.state.ma.us

Mark Paglia (planning committee)

Director of Outpatient Behavioral Health
Services
Providence/Mercy
Mark.Paglia@sphs.com;

Richard Pedaza

Prevention Specialist
Springfield Health and Human Services
rpedraza@springfieldcityhall.com

Melissa Perry

Director of Behavioral Health Nursing
Holyoke Medical Center
perry_melissa@holyokeyhealth.com

Lisa Pineo

Substance Abuse Director
Clinical and Support Options
lisa.pineo@csoinc.org

Rene Pinero

Clinic Director
Center for Human Development
rpinero@chd.org

Alison Proctor (planning committee)

Program Director
Springfield Health and Human Services
aproctor@springfieldcityhall.com

Juliana Reiss

Program Director
Behavioral Health Network
Juliana.reiss@bhninc.org

Martha Sager-Cutt

Program Manager
ROCA
martha_sager-cutt@rocainc.com

Edward Saint-Vil

Deputy Director of Community Safety and
Outreach
Hampden County District Attorney's Office
edward.saint-vil@state.ma.us

Brenda Sanchez

Victim Advocate
SAFE Plan
bsanchez@womanshelter.org

Brianna Santiago

Victim Witness Advocate
Hampden County District Attorney's Office
brianna.santiago@state.ma.us

Tiffany Shapiro

Prosecutor
Hampden County District Attorney's Office
tiffany.shapiro@state.ma.us

Tony Simmons

Hampden County Addiction Task Force
District Attorney's Office
tony.simmons@state.ma.us

Mary Snyder

Probation Officer
Holyoke District Court
mary.snyder@jud.state.ma.us

Jen Sordi

After Incarceration Support Services
Hampden County Sheriff's Office
jen.sordi@sdh.state.ma.us

Aeryca Steinbauer

Nurse
Holyoke Health Center
aeryca.steinbauer@hhcinc.org

Alexis Truslow

Soldier On
atruslow@wesoldieron.org

Grace van Schoick

Clinician II, MMTP
Providence Behavioral Health Hospital
grace.vanschoick@sphs.com

Maureen Walsh (planning committee)

First Justice
Holyoke District Court
maureen.walsh@jud.state.ma.us

Allen Weiner

Physician
Clean Slate
AWeiner@CleanSlateCenters.com

Jordana Willers

Family Recovery Council
Institute for Health and Recovery
jordanawillers@healthrecovery.org

Azizah Yasin (planning committee)

Assistant Clerk
Holyoke District Court
azizah.yasin@jud.state.ma.us

Garry Young

Assistant Chief of Probation
Holyoke District Court
garry.young@jud.state.ma.us

Facilitators/Volunteers/Observers

Ben Cluff

Veterans Services Coordinator
DPH-BSAS
ben.cluff@state.ma.us

Marisa Hebble (planning committee)

Coordinator
Massachusetts Community Justice Project
Trial Court
marisa.hebble@jud.state.ma.us

Judy Hebble

Volunteer
Massachusetts Community Justice Project
rnjpebs@gmail.com

Marcy Julian (planning committee)

Regional Manager
Learn to Cope
mjulian@learn2cope.org

Planning Committee but Unable to Attend

Brita Loftus (planning committee)

Syringe Access Program Manager
Tapestry Health
bloftus@tapestryhealth.org

Appendix B: Resources

Massachusetts Community Justice Project Resource List

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

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

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).

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					

Priority Area 2: Cross-training for justice, behavioral health and medical providers					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Education among community partners for greater understanding of respective roles to better access resources	<ol style="list-style-type: none"> 1. Identify types of crimes in courts and share data with community collaterals 2. Establish coalition regular meetings with stakeholders, including people with lived experience 	<p>Identify/connect with coalitions to foster sustainability</p> <p>Define roles and resources</p> <p>Compiles directory</p> <p>Logistics: location, communication methods (email, paper, telephone)</p>	<p>Identify long and short tern goals</p> <p>Schedule events in advance</p> <p>Possible trainings: community justice, behavioral health, medical providers, global training with all sectors</p> <p>Structure group training based on intercept categories then all come together</p>	<p>Cost for space</p> <p>Staff availability</p> <p>Location</p> <p>Buy in from staff</p> <p>Continued motivations</p> <p>Burnout</p> <p>Lack of leadership</p>	<p>Identify leaders to organize collaborative work</p> <p>Leaders to reconvene regularly: what's valuable, what should we add</p>
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
<p>Increase safe/stable housing resources</p> <p>Support need for housing or recovery based housing</p> <p>Individual needs motivation: what's available in Holyoke?</p>	<p>Collaborate with probation, prior to release</p> <p>Develop more housing resources – both treatment and non-treatment beds</p>	<p>Case management</p> <p>AISS</p> <p>Section 8 housing</p> <p>Family reunification plan</p> <p>Holyoke real estate, affordable housing</p> <p>Geriatric center</p> <p>Identify private foundation money</p>	<p>30 days</p> <p>It depends</p> <p>Some are ongoing</p>	<p>Reunify family with community housing/public assistance with housing</p> <p>Beds</p> <p>Cori, arson, sex offenders</p> <p>Most resources are for treatment</p> <p>\$ for non-treatment beds</p>	<p>Discharge planning</p> <p>Continuum of care</p> <p>Contacts for probation</p>

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

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			
	Sent more complete correctional information to probation	MEHI – Massachusetts Highway			
	Contact Ed Caisse re: midnet	Holyoke Safe Neighborhood Initiative – 2 nd Thursday of every month, e.g. midnet			
	Update websites	Virtual gateway (under 21) – create one for adults	2 weeks prior to discharge		Each agency
	Access to internet	Human face to agency			
	Mutual courtesy calls re: discharges				
	Contact lists				
	Create central website				
					Ed Caisse