Massachusetts Community Justice Project

An Initiative of the Massachusetts Trial Court

Massachusetts Community Justice Workshop Report

Lowell District Court

The Massachusetts Center of Excellence for Specialty Courts
Research | Education | Support | Recovery

MA Department of Public Health BSAS Bureau of Substance Abuse Services
Prevent • Treat • Recover • For Life

Commonwealth of Massachusetts The Trial Court

Mass DMH Department of Mental Health

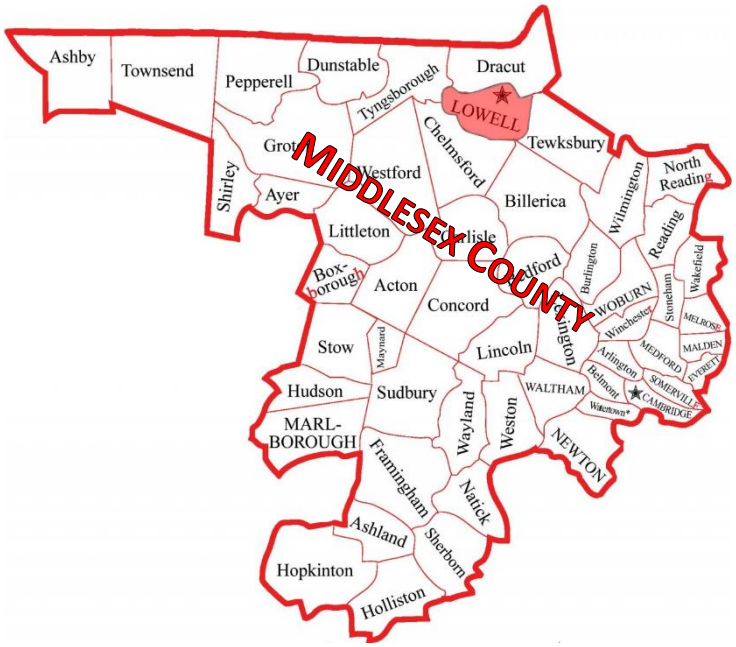
UMass Lowell

Lowell Police MA

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 Lowell District Court on January 8th and 9th, 2019. This report includes:

- A brief review of the origins, background and framework of the Massachusetts Community Justice Project and workshop;
- A *Sequential Intercept Map* as developed by the group during the workshop;
- A summary of the information gathered at the workshop;
- A list of best practices and resources to help the partners in the Lowell District Court jurisdiction 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, 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 Marisa Hebble, Manager of the Trial Court's Massachusetts Community Justice Project and Karin Orr, Northeast Area Forensic Director for the Massachusetts Department of Mental Health. Services.

The planning for this workshop was initiated by a joint collaboration of the Lowell Police Department and the University of Massachusetts Lowell, focused on people with mental health challenges in the City of Lowell. Planning committee members are indicated on the participant list in Appendix A.

Communities in the Lowell District Court jurisdiction include Lowell, Billerica, Chelmsford, Dracut, Tewksbury and Tyngsboro. The City of Lowell and area partners were the focus of this workshop.

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, included 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

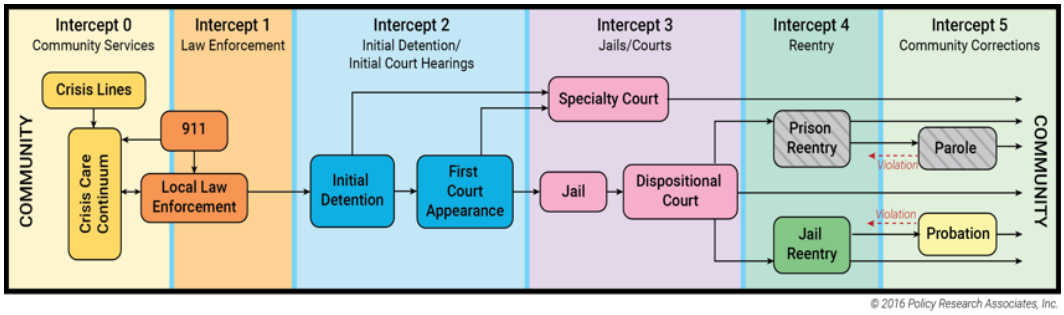
Developed by Mark Munetz, MD, and Patty Griffin, PhD, in conjunction with the Substance Abuse and Mental Health Services Administration's (SAMHSA) GAINS Center, the *Sequential Intercept Model* provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals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

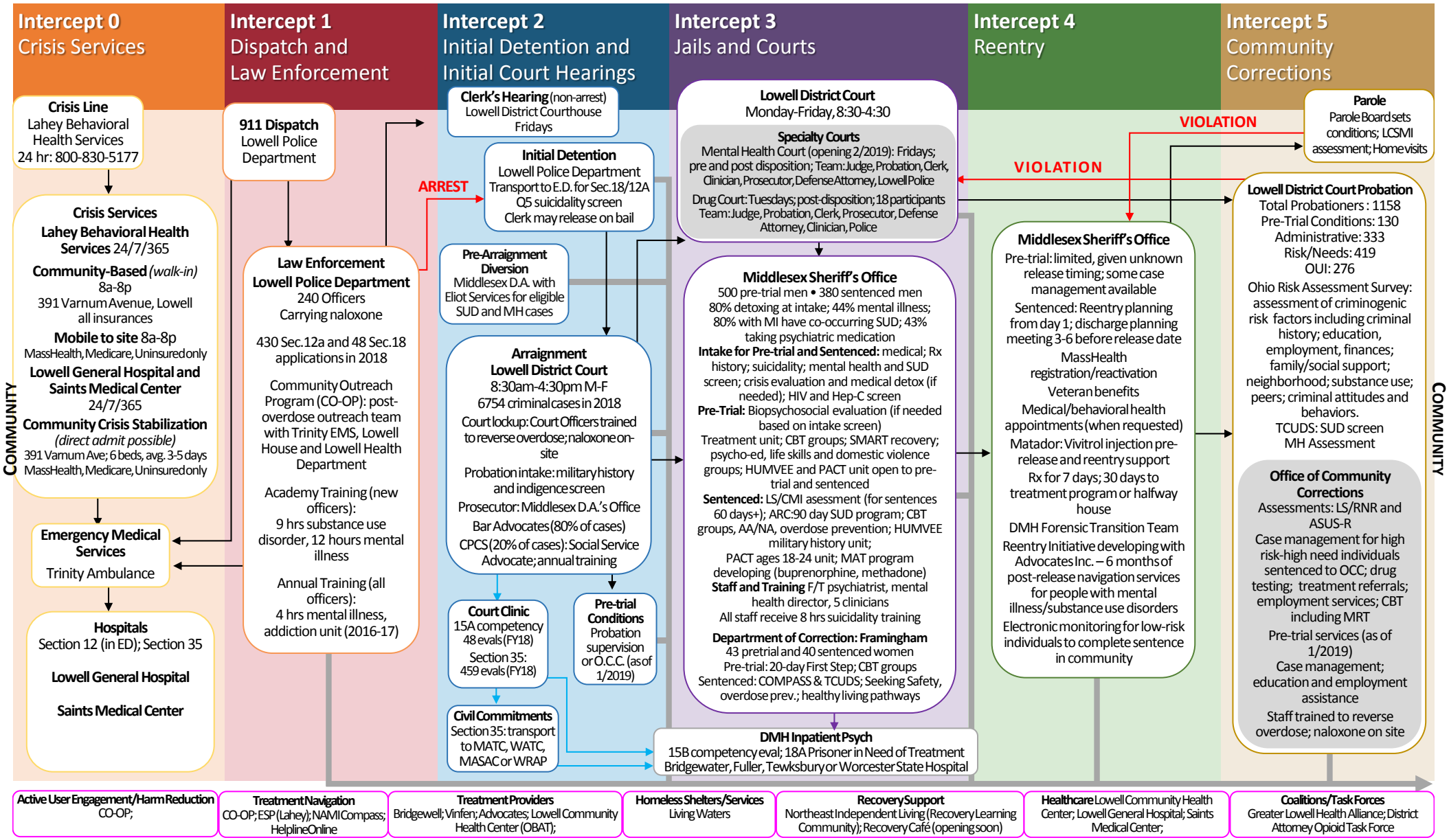
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region's criminal justice system along the five distinct intercept points.
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities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

Lowell Community Justice Workshop

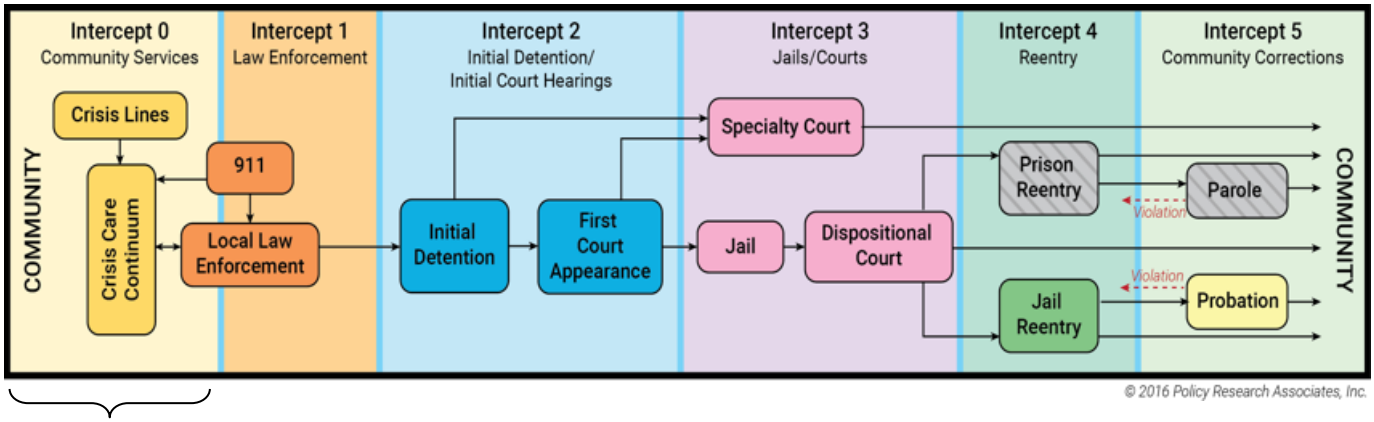
Following is a *Sequential Intercept Model* map, a list of local resources as well as gaps, priorities, and an initial action plan developed during the workshop.

***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.*

Lowell Sequential Intercept Map



Intercept 0: Community Crisis Services



Resources

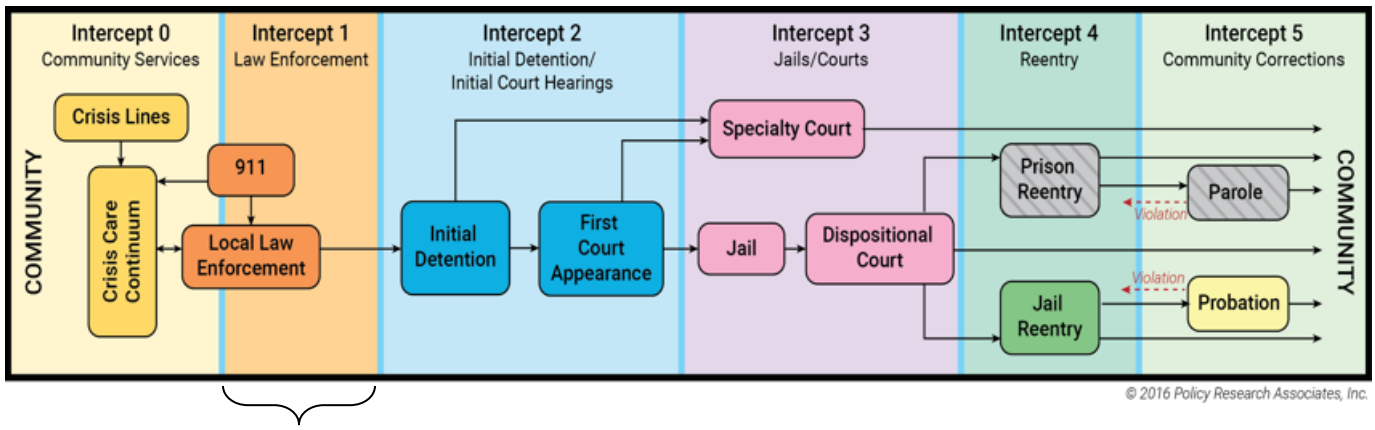
- Translation on scene possible with crisis services
- Cab – transport
- 8a-8p walk-in and mobile crisis with Lahey at 391 Varnum – 24/7 for youth (8p-8a at Lowell/Saints hospitals)
- Lahey crisis sees all insurances (walk-in and in E.D.)
- Lowell General nurses – CPI trained and trauma trained
- Lowell Commuity Health Center – can enroll to case management (Bridgewell, Vinfen, Advocates)
- CSS sober admit possible
- CO-OP (Community Opioid Crisis Program) – provides outreach within 48 hours post-overdose; multidisciplinary team

Gaps

- Language barriers during crisis
- No mental health training for EMS
- Crisis stabilization beds for private insurance (current beds are for MassHealth, Medicare and uninsured only)
- No inpatient (acute) psychiatric beds at Lowell General
- Service navigation post-assessment
- ED boarding for difficult to place persons
- Case management for complex adults
- Who is the local CSP provider?
- Need for information about ESP for all cultures/communities
- No mobile medical clearance
- No capacity for sober admission
- Drop-off/walk-in 24/7
- No sobering center or space for intoxicated persons (other than hospital or protective custody)

***NOTE:** These resources and gaps 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.*

Intercept 1: Law Enforcement



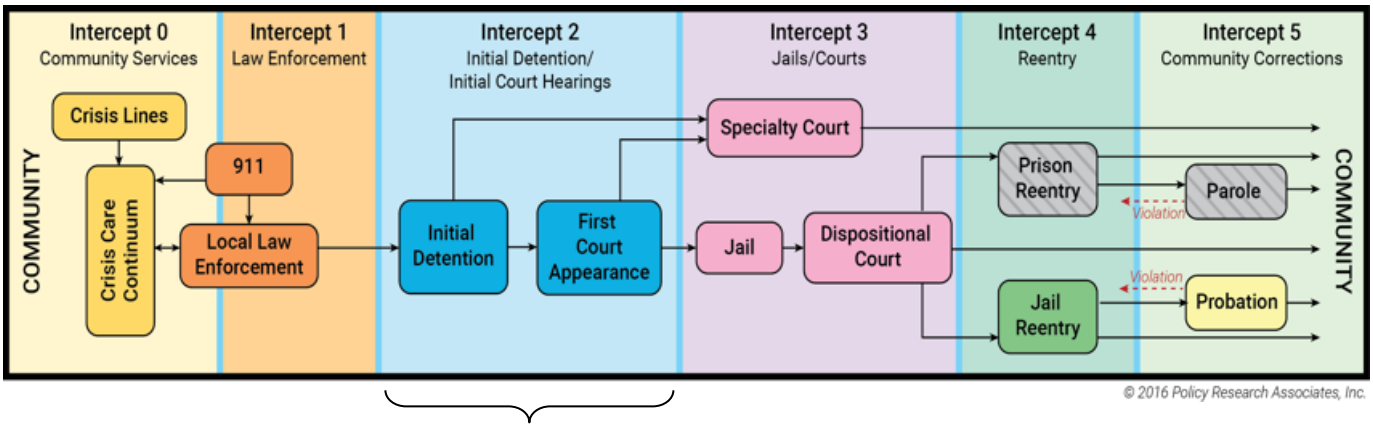
Resources

- Dispatch is under Lowell Police Department
- Annual homeless count conducted
- CAD code for mental health
- NAMI Compass helpline – navigation support with a person
- Crisis service (Lahey) will take walk-in/drop-off by police
- Dry homeless shelter with winter protocol
- Living Waters – place to do laundry
- Goal Recovery Café – opening soon

Gaps

- Training for dispatch on mental illness
- Police department – mobile ESP collaboration on mental health calls
- No CIT training for police
- No Co-responder (embedded social worker) in police department
- CAD code doesn't get updated as mental health call – data needs
- Ability to track mental health issues
- Ability/knowledge of referrals for SMI
- Predictable turn-around time at ER for police department – police-friendly processes
- No crisis drop-off services for police
- Resources for law enforcement – officer safety
- Resources for high services utilizers
- Sobering facility (outside of E.D. or police department)
- 30+ homeless encampments – 200+ homeless people in Lowell
- Living Room- type program

Intercept 2: Initial Detention and Initial Court Hearings



Resources

- 18a pre-arraignment protocol
- Court officers – trained to reverse overdose and stocking naloxone
- CPCS attorneys have access to social workers/clinicians for disposition planning
- 15a evaluation – court clinic

Gaps

- Screens in police holding by crisis team
- Time to get forensic psych for 18a
- Merging SUD and MH
- Training for Court Officers – trauma, mental illness, addiction
- No mental health screen at probation intake
- Training about mental illness for attorneys – prosecution, CPCS, bar advocates
- CPCS information on next morning arraignments to allow for planning/assessing mental health needs
- Data and information early
- Post-release case management for Section 35
- Alternative treatment options for Section 35 at court
- Information exchange/releases of information for Section 35 (for post-release support)
- Post 15a planning – people found not competent (Bermuda triangle), guardianships?
- O.C.C. utilization pre-trial

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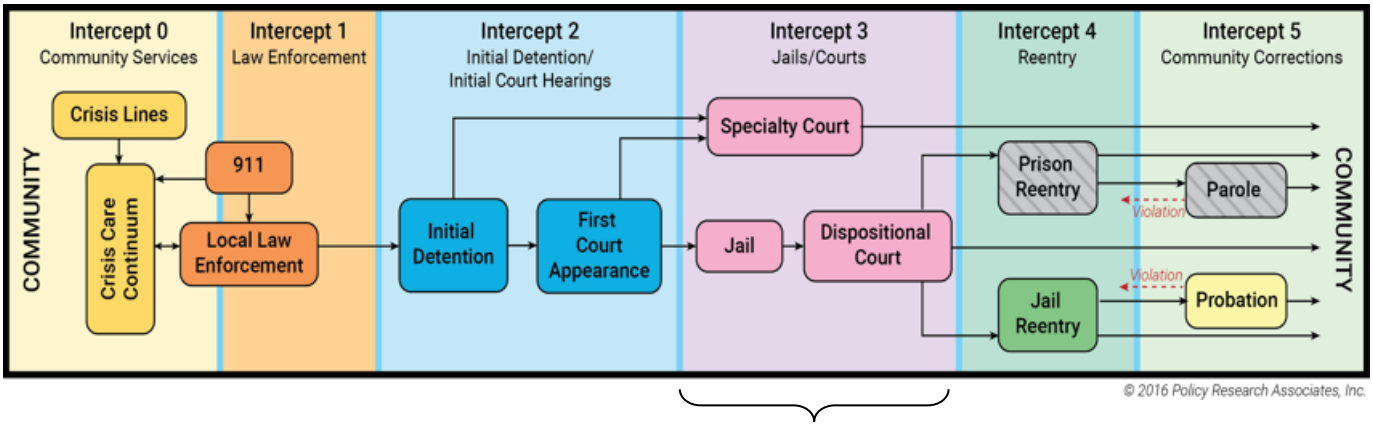
Intercept 3: Jails and Courts



Resources

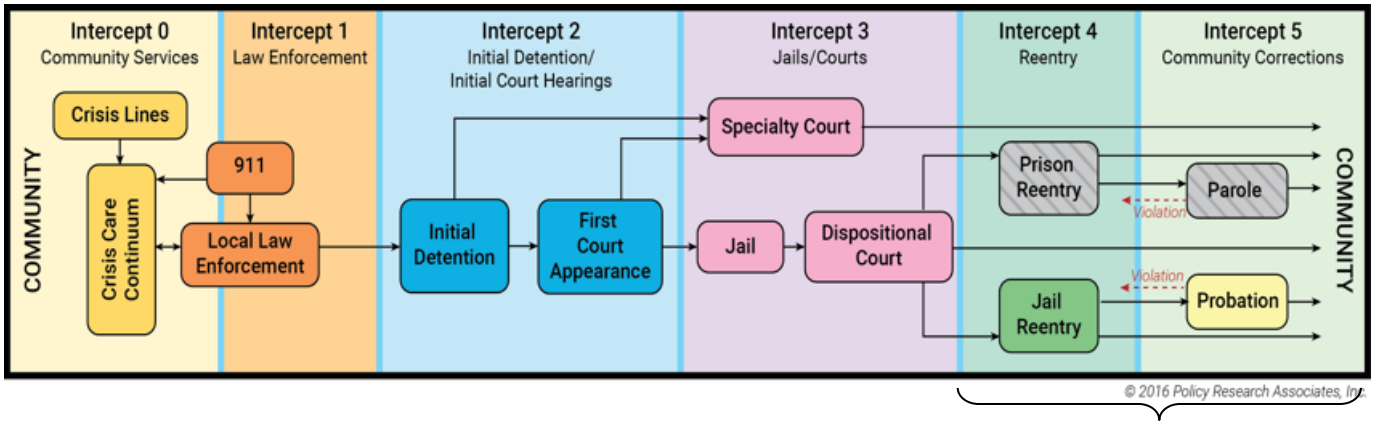
- Adult and juvenile court clinic staff
- Lowell Mental Health Court opening: pre and post-adjudication
- Lowell Drug Court
- Probation uses Ohio Risk Assessment Survey (ORAS) for people on risk/needs supervision
- OCC transitioning to ORAS – OCC trained in motivational interviewing, provide case management services
- Biopsychosocial – within 4 days of admission for pretrial and sentenced populations at Middlesex HOC
- Access to psychiatrist for mental health crisis within 48 hours at Middlesex HOC
- HOC has full-time psychiatrist, mental health director, 5 clinicians on mental health team
- HOC has expanded treatment options to pre-trial detainees: life skills, CBT, domestic violence, employment
- For sentenced population – 18-24 specific unit; military-history specific unit (both pre-trial and sentenced); ARC treatment program
- All staff get 40 hours training at orientation and 8 hours of suicide prevention training (3 hour refreshers offered)
- Medication Assisted Treatment (methadone and buprenorphine) program developing at HOC

Gaps

- Options other than section 35 for access treatment
- Treatment "on demand" – same day access
- Information sharing and releases of information with section 35 facilities
- IST but not in need of hospitalization
- Broader understanding of role of guardianship to improve communication of treatment needs
- Elective training on mental health and SUD for probation staff
- Info exchange between probation and providers
- Probation has hard time accessing residential and other treatment with private insurance
- HIPAA – service providers want own release of information used
- No behavioral health providers address risk/needs/responsivity factors
- No overdose risk screen used at HOC
- No naloxone on release from HOC for high-risk persons
- Pre-trial release date is unknown – makes coordinating post-release treatment and planning difficult
- Services/case management for persons not competent who are held pre-trial
- MassHealth reactivation issues post-release
- M.A.T. program at HOC is not going to initiate pre-trial for appropriate person (at this point – only for pre-trial people stable on bupe/meth in community or initiation for sentenced persons pre-release)

***NOTE:** These resources and gaps 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.*

Intercepts 4 and 5: Reentry and Community Supervision



Resources

- Reentry planning meeting at HOC 2-6 months prior to release
- Targeted reentry for veterans
- Matador Program – Vivitrol begins pre-release, following by case management post-release
- Middlesex County Reentry Initiative developing with Advocates Inc. – 90 days of pre-release to 6 months post-release
- ELMO for men determined to be low-risk – electronic monitoring to serve remainder of sentence in community; supervised by Sheriff's department staff

Gaps

- Reactivating SSI/SSDI can only occur in person post-release
- No overdose prevention training for high-risk persons pre-release (maybe in treatment unit?)
- Very difficult to get identification – making treatment access, employment, housing, etc. problematic
- Information exchange between HOC and probation – for reentry plan, assessment/treatment during incarceration, etc.

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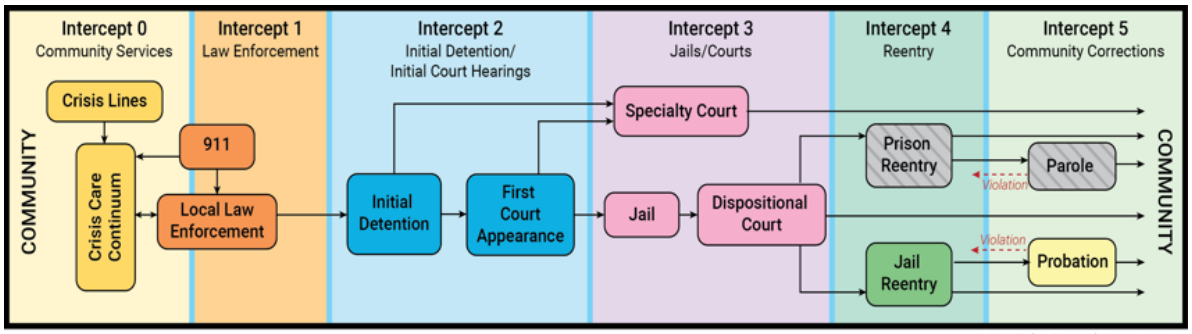
Community Intercepts



Resources

Treatment Navigation
- NAMI Compass helpline – navigation support with a person
- Crisis service (Lahey) will take walk-in/drop-off by police
- Reentry caseworkers at Middlesex HOC
- Probation
- DMH Forensic Transition Team

High-Risk/Post-Incident Outreach
- Community Outreach Program (CO-OP)

Treatment Providers
- Bridgewell
- Vinfen
- Advocates
- Lowell Community Health Center

Healthcare
- Lowell Community Health Center
- Lowell General Hospital
- Saints Medical Center
- Trinity Ambulance

Recovery/Peer Support
- Goal Recovery Café – opening soon
- Northeast Independent Living (Recovery Learning Community)

Homeless Shelters/Services
- Living Waters – place to do laundry
- Lowell Transitional Living Center
- House of Hope (family shelter)

Coalitions/Committees
- Greater Lowell Health Alliance
- District Attorney's Opioid Task Force

***NOTE:** These resources and gaps 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.*

Priorities

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

Parking Lot

- Emergency Department boarding for people with behavioral health needs
- Wet shelter options
- Psychiatric beds
- ESP/Crisis stabilization for private insurance
- Mobile medical clearance
- Sober admit – accessting treatment without starting at ATS (detox)
- Prevention
- Section 35 issues
- MAT behind the walls – methadone and buprenorphine
- EMTALA/medical clearance
- Housing

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 Lowell Workshop Attendees

- Trauma-informed lens
- Strengths-based
- Varying perspectives
- Meet people where they are
- Decrease punitive, increase wellness
- Recognize progress
- Compassion
- Patience
- Resiliency
- Share positivity
- Many paths to recovery
- Effectiveness is key
- Maintain boundaries

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	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

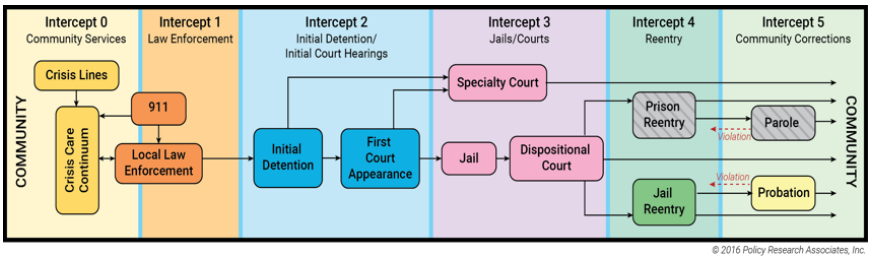
Best Practices Across Intercepts

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

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

The six intercept points are:

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



Key Issues at Each Intercept

Intercept 0: Community Crisis Services

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

Intercept 1: Law Enforcement

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

Intercept 2: Initial Detention/Initial Hearings

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

Intercept 3: Jails/Courts

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

Intercept 4: Reentry

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

Intercept 5: Community Corrections

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

Best Practices Across Intercepts

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

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

Crisis Response

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

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

Police Strategies

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

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

Tips for Success

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

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

Priority: Resources for Law Enforcement – CIT, Co-Responder, ESP evaluations					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**
CIT training	Apply for DMH funding Identify 25% of police force	Need Lowell P.D., DMH, NAMI	~ 2 years to get 20% of force	Funding Slots available in the training	LPD and DMH
Mental Health First Aid training	Apply for DMH funding Coordinate with in-service trainings	Need Lowell P.D., DMH, NAMI, Lowell House, Greater Lowell Health Alliance (?)	1 year of in-service (2019/2020)	Fitting it into in-service schedule	LPD, DMH, NAMI
Utilize Lahey/Crisis team in cell block	Meeting with LPD and Lahey	Existing	Immediate	Cell block set-up	LPD and Lahey
Crisis stabilization center	MSO project	MSO, Lowell P.D., other Middlesex County P.D.'s?	Year 1 – ID gaps Year 2 – 4/19-4/20 pilot Year 3 – 4/20-4/21 implementation 3 years	Timeframe Location	MSO
Co-Responder model	DMH and federal funding opportunities	LPD, DMH, UMass Lowell, Lahey, Trinity, GHLA (?)	Dependent on funding opportunities	Funding Hiring process for clinicians	LPD and Lahey

Priority: Transportation – to programs, court, treatment					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Resonsibility**
	Reach out to different types of vendors Greater Lowell RTA follow up AdCare BayState	Dartan Bill is written #639	3, 6, 9 months voting time	Crossing county lines Permanent funding – no grants	MUP, lfnda with follow up meeting and Amy to continue follow up
Provide transportation to treatment	Find a vendor or change request to RFR	Local and state legislatures			

Priority: Timely access to evaluation and treatment in community – including medication evaluations and prescribing					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Resonsibility**
Access to mental health RSA evals, therapy, groups, day programs, emergency medication, etc. Access to all of these ASAP – mental health evaluation needed most timely Need more coordination through all entities	Have intakes at facilities more frequently Medications more doctors and psychiatrists available to give and take these intakes/scrips info more often More PCP's available More timely As now depending on the persons symptoms/mental health status Depending on their level of care Need places besides ED for people *Co-located services* Care by providers – not by ED Need more long term care – Circle health new	Need the healthcare providers, hospital, facilities Lowell Moms/CO-OP South Bay Bridgewell Lowell Community Health Center Vinfen Counseling CHD anyone else's needed MSO, Court, Probation Need peer specialists specific to mental health	A lot! These clients need to be set up right aw with a recovery coach or someone to help navigate the situation with all facilities	People don't have identification MassHealth being shut off when incarcerated and people can't get correct treatment without it Not enough providers Walk-in for them to get back on MassHealth People giving up on these clients Complicated MassHealth applications; need a more simple form for people who don't understand No taking the first step Some lack function to do it Need more self care People with private insurance don't get that care	Recovery coaches/peer specialists through MassHealth – need to get All facilities need to come together with a plan to set the resources right and to find the right advocates through their providers Need an external care navigator Probation helps

Priority: Information exchange issues – HOC, probation, HIPAA, providers, Section 35					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**
Communication amongst all silos Find a way to effectively communicate for reentry Pre-trial program placement	Probation officer and caseworker interaction CO-OP in program placement	Crease releases/MOU's to share information Establish communication groups Make contact information available	ASAP Not everyone has the same records	We don't always know best pint of contact Programs won't accept	Keep all parties in the loop Placement plans

Priority: Lowell justice-behavioral health roundtable					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**
Develop relationships to improve communication between mental health and law enforcement and justice department	Networking events Monthly meetings Model determined from below	GLHA UML eval conto and grant writing Contacts from justice MHS Mental health court DA's meeting Mayors Opioid Task Force	1 month – follow up to this meeting with report and develop next steps to priorities	Time Many other meetings/coalitions Expense	Champion? Decision makers
Education and training	Workshops Symposium Webinars Town meetings/hall DA's meeting – co-occurring disorders focus	Emotional CPR Networks UMass Lowell – each organization present (local) GHLA newsletter and calendar State agencies facilitate	Identify trainings from priorities	Expense Time	
Learn from best practices to determine model for Lowell	Attend HUB Lawrence Discuss to learn HUB Chelsea Lynn model Tewksbury MH High risk treatment Gloucester	Our community agencies Relationships			