

Massachusetts Community Justice Project

An Initiative of the Massachusetts Trial Court

Massachusetts Community Justice Workshop Report

Malden District Court Jurisdiction

Malden, Melrose, Everett, and Wakefield



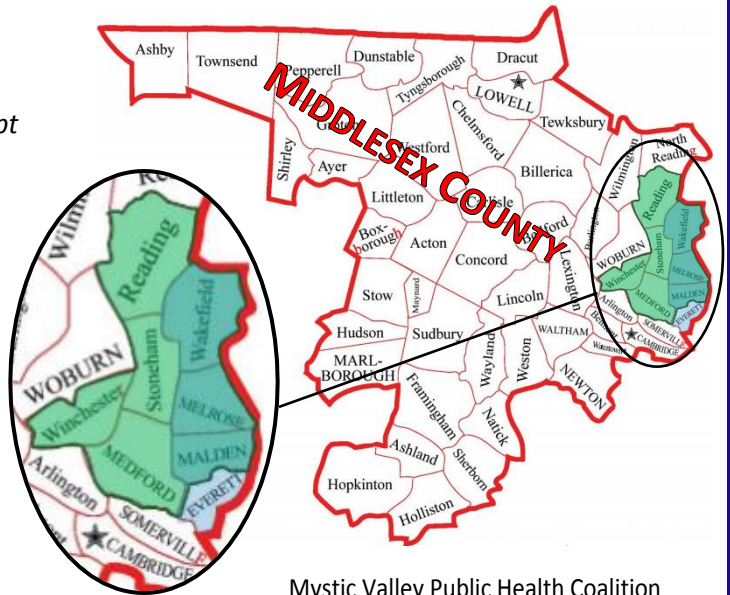
Massachusetts Community Justice Workshop Report

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 Malden District Court jurisdiction on October 24th and 25th, 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 resources to help the partners in the Malden District Court jurisdiction action plan and achieve their goals.



Mystic Valley Public Health Coalition
Medford, Malden, Melrose, Reading,
Stoneham, Wakefield and Winchester

The workshop was attended by 72 individuals representing multiple community partners including law enforcement, crisis, mental health and substance use disorder treatment, healthcare, corrections, social services, advocacy, recovery support and the courts. A complete list of participants is available in Appendix A.

Malden District Court
Malden, Melrose, Everett
and Wakefield



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

The planning for this workshop was initiated and spearheaded by Lauren Chambers, Opioid Abuse Prevention Coordinator for the Mystic Valley Public Health Coalition; Tori Cyrus, Roadmap to Recovery Program Coordinator for the Everett Fire Department; Marisa Cogliandro-Vaughan, Chief of Probation; and Marybeth Brady, Clerk-Magistrate for Malden District Court. A complete list of planning committee members can be found on the participant list in Appendix A.

Communities in the Malden District Court jurisdiction include Malden, Melrose, Everett and Wakefield, which were the primary focus of this workshop. Communities in the Mystic Valley Public Health Coalition include Malden, Medford, Melrose, Reading, Stoneham, Wakefield and Winchester.

Background of the Massachusetts Community Justice Project:

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

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

Project Goals, Objectives, and Strategies:

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

- increasing community-level collaboration between criminal justice, behavioral health treatment, healthcare, recovery and social 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

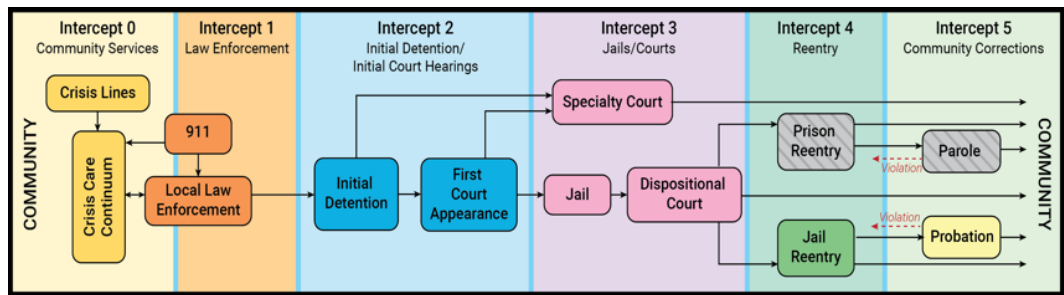
¹ SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model*. Delmar, NY: Policy Research Associates, Inc.

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:

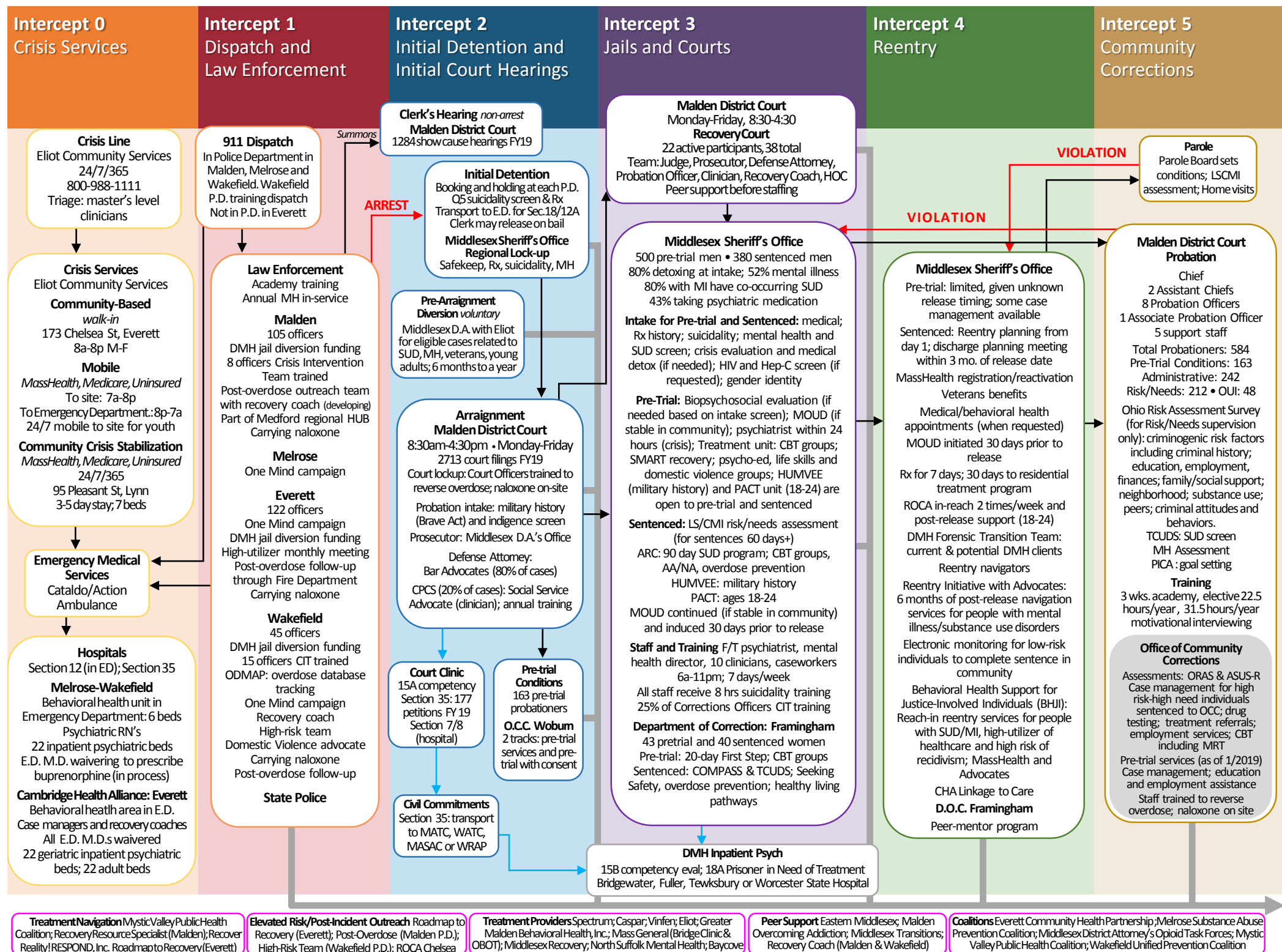
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region’s criminal justice system along the five distinct intercept points.
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities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

Malden Community Justice Workshop

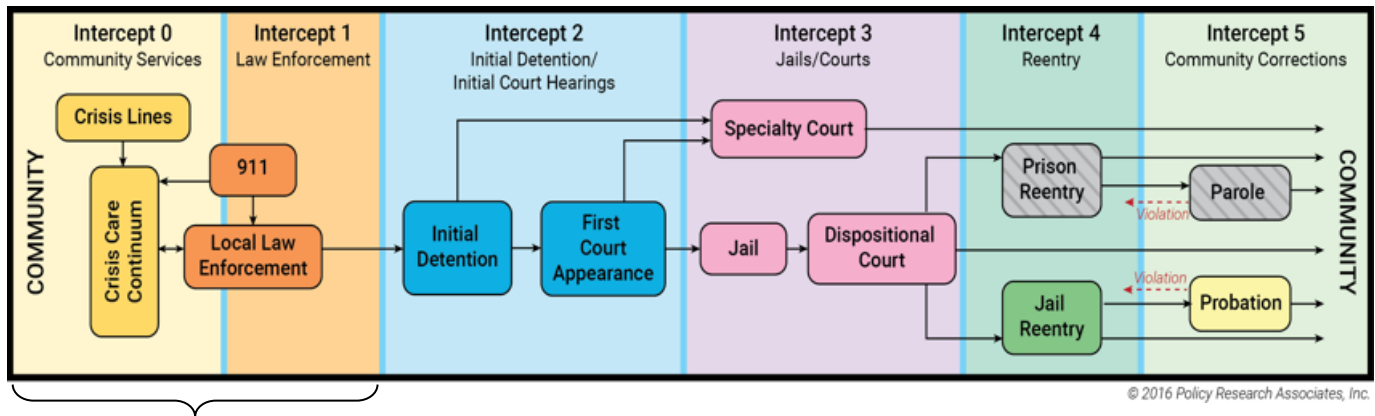
Following is a *Sequential Intercept Model* map, a list of local resources as well as gaps, priorities, and an initial action plan developed during the workshop.

***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.

Malden District Court Sequential Intercept Map: Malden, Melrose, Everett and Wakefield



Intercept 0: Crisis Services



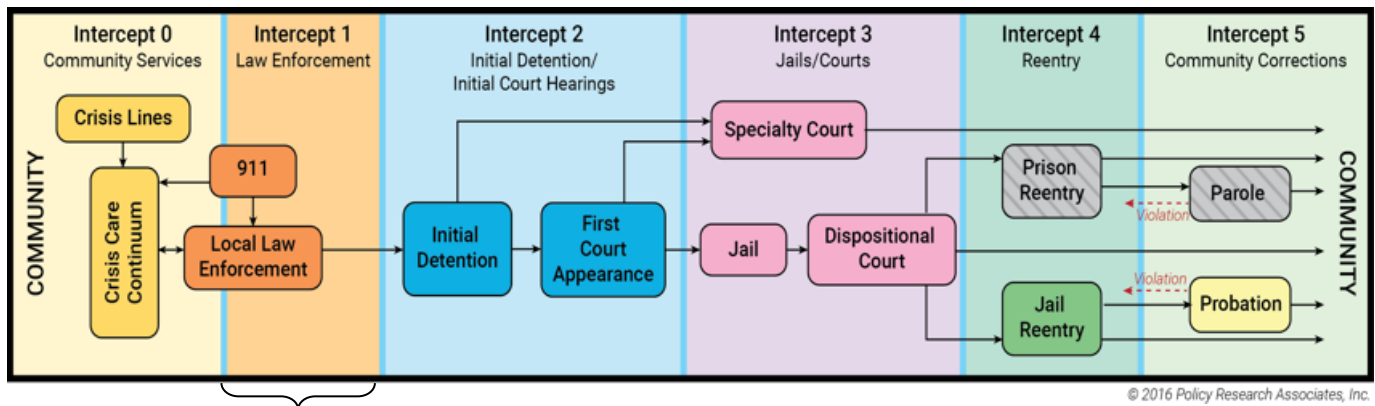
Resources

- Cambridge Health Alliance Emergency Department doctors are waived to provide buprenorphine
- Roadmap to Recovery: treatment navigation through Everett Fire Department
- Eliot is hiring a recovery coach for Everett outpatient clinic, MassHealth eligible (developing)
- Wakefield Police Crisis Intervention Team; 13 trained officers, jail diversion clinician, Recovery Coach
- Eliot triage (in Lynn)—accepts crisis calls of all types 24/7, no insurance barriers, 7 crisis stabilization beds in Lynn
- Behavioral Health Redesign is underway (EOHHS)
- Mobile crisis will go to police departments
- 500 new co-occurring residential beds coming online through FY20
- Assessments for appropriate level of care post-crisis
- Melrose-Wakefield Hospital has a Behavioral Health Unit: 6 locked beds, 22 inpatient psych beds
- Some Melrose-Wakefield Emergency Department doctors are waived to provide buprenorphine
- ROCA is doing trainings about Section 12 and 35

Gaps

- Training for Emergency Department staff on behavioral health needs of patients
- Question about whether or not inpatient doctors are waived to initiate buprenorphine at Cambridge Health Alliance in Everett
- Section 12 impact on ED staff – lack of support and security
- Coordination of multiple prescription medications
- Transportation
- Crisis cannot safely detox
- Bed capacity at clinical stabilization unit
- Voluntary dual-diagnosis beds
- Timely access to co-occurring care (acute and long-term)
- Information about co-occurring beds (location/access)
- Unintended consequences of opioid prescribing
- Substance use disorder evaluations in Emergency Departments
- Environment/process for Section 12 and 35
- Awareness of alternate pathways for families accessing treatment without having to go to courts
- Cultural competency around treatment access
- Coordination of care for child welfare
- Child welfare intersection with justice involvement
- Cross-training on Section 12 and 35 for law enforcement and Emergency Department staff

Intercept 1: Law Enforcement



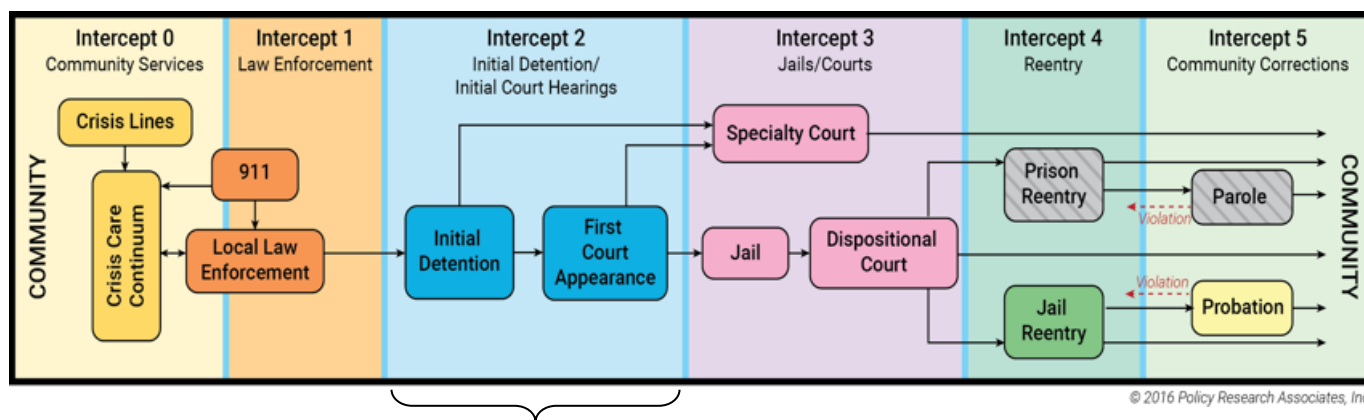
Resources

- Some police departments have question about veteran status at booking (not standardized)
- Wakefield and Malden call Eliot for someone who is decompensating in holding
- Wakefield Police have mental health/substance use disorder training and have signed onto the One Mind Campaign
- Jail diversion clinician at Wakefield PD; co-response and follow-up care coordination, Domestic Violence advocate
- Malden Police are starting post-overdose outreach
- Everett Police are PAARI trained, hiring a jail diversion position with Eliot
- Everett, Malden, Wakefield PD carry naloxone (Melrose?)
- Fenway Health
- Eliot has enhanced outpatient treatment in Everett (care coordination, insurance, DMH applications)
- Eliot clinician in schools for post-incident trauma response
- Everett Family Resource Center—works with families from all communities, supports entire family unit, warm hand-off, no limit on referrals
- Diversion opportunities through District Attorney's Office at Malden District Court (mental health, substance use disorder, young adult, juvenile)

Gaps

- Training for dispatch (Mental Health First Aid)
- Everett not part of regional HUB (through Medford Police Department)
- Malden: more Crisis Intervention Team and de-escalation training, would like co-response clinician
- No syringe exchange in Everett
- Everett Fire Department working with families who have loved one not interested in treatment (Fire not able to file for Section 35)
- More information needed about Eliot enhanced outpatient treatment
- Services for children impacted by overdose (including DCF involved)
- Prosecutor access to behavioral health information prior to and at arraignment

Intercept 2: Initial Detention and Initial Court Hearings



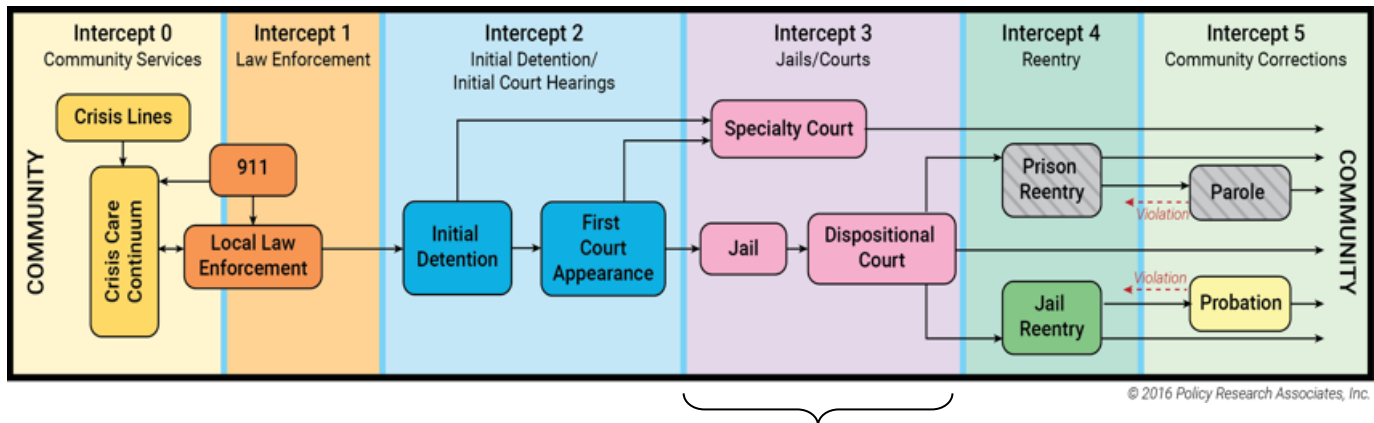
Resources

- Malden District Court refers to Veterans Services for assessment when appropriate
- Probation helps with treatment navigation
- Referrals to ROCA and peer support at arraignment
- Pre-trial services at Office of Community Corrections (developing)—two separate pre-trial tracks at Woburn O.C.C. (Pre-Trial Services and Pre-Trial Services with Consent)
- Woburn OCC offers some transportation for Pre-Trial Consent track
- Probation offers resources for families post-Section 35

Gaps

- Defense Attorneys appointed after arraignment—missed opportunity for diversion
- Resources and funding for Defense Attorney training
- Prosecutor training about treatment resources, navigation and accessing services
- Treatment navigation at the level of the court
- Timely access to evaluation for pre-trial probation
- Conditions for pre-trial probation
- Working with people not interested in treatment
- Pre-arraignment connection with Defense Attorney
- Coordination of probation plans
- Emergency Department/law enforcement coordination around Section 35 warrants
- Coordination of services during Section 35 process
- Information for families about resources/support when Section 35 is denied
- Access to overdose prevention and naloxone
- Court processes for filing Section 35 from position of Emergency Department
- Medical clearance for Section 35s

Intercept 3: Jails and Courts



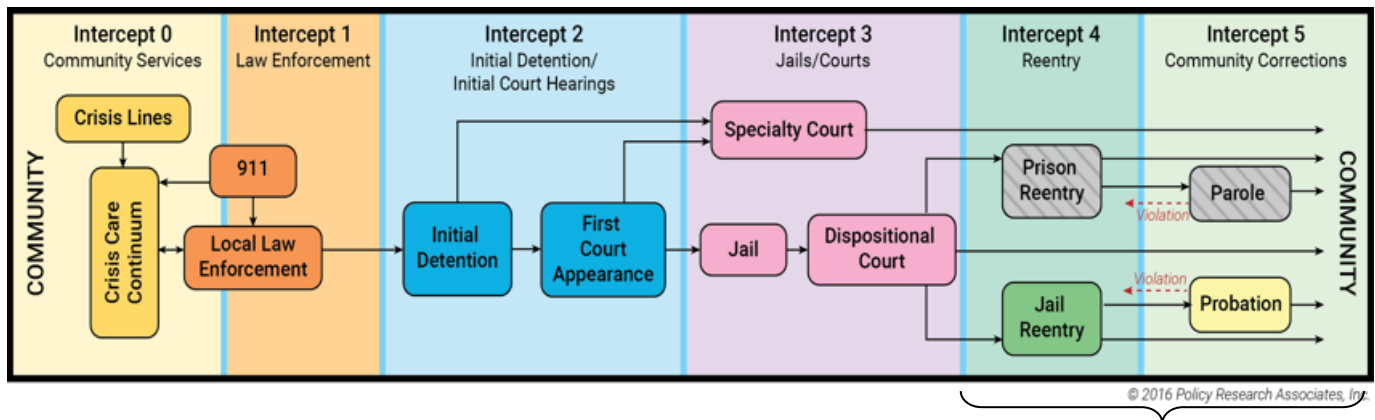
Resources

- Sober shuttle in Everett
- Uber Health (new)
- Middlesex Sheriff's Office has nurse specifically for Hep C/HIV; has detox protocol monitored by medical staff
- Voluntary substance use unit for pre-trial populations (Cognitive Behavioral Treatment, Life Skills)
- Continuation of Medications for Opioid Use Disorder for those coming in already stable on prescription
- MOUD induction for sentenced population; 30 days pre-release
- Monthly individual counseling with mental health clinician for sentenced population
- Linkage to care for pre-trial and sentenced populations if Hep C/HIV positive
- MH team behind the walls—10 clinicians, 7 days/wk
- Recovery coaches trained in motivational interviewing
- Malden Recovery Court—designated Probation Officer, 5-6 Recovery Coaches, women's only Recovery Court session

Gaps

- Care coordination, particularly for prescription medication reviews – probation staff cannot access PDMP
- Pre-trial services behind the walls
- Methadone/buprenorphine is not part of the detox protocol for heroin at Middlesex Sheriff's Office
- Care coordination in the community for pre-trial populations
- Transportation for Recovery Court (to home, treatment, court, etc.)
- Urine drug screens outcome discrepancies and wait time when confirmatory tests are needed—not testing levels, only +/- with quick cups
- Treatment programs not accepting transports from Sheriff's Dept. (no shackle policy)
- Stigma
- Mental Health First Aid Training for COs/training in general

Intercepts 4 and 5: Reentry and Community Supervision



Resources

- Behavioral Health Justice Initiative – reach-in reentry and probation collaboration between Middlesex Sheriff's Office, Probation and MassHealth; care coordination and support for people at high risk of behavioral health hospital admissions and justice system involvement and recidivism
- Reentry planning - discharge planning meeting within 3 months of release
- DMH Forensic Transition Team provides in-reach services
- MSO has additional reentry initiative with Advocates
- ROCA provides in-reach services
- MSO has a partnership with Cambridge PD to target high-risk offenders pre-release
- Recovery Pathfinders

Gaps

Intercept 4

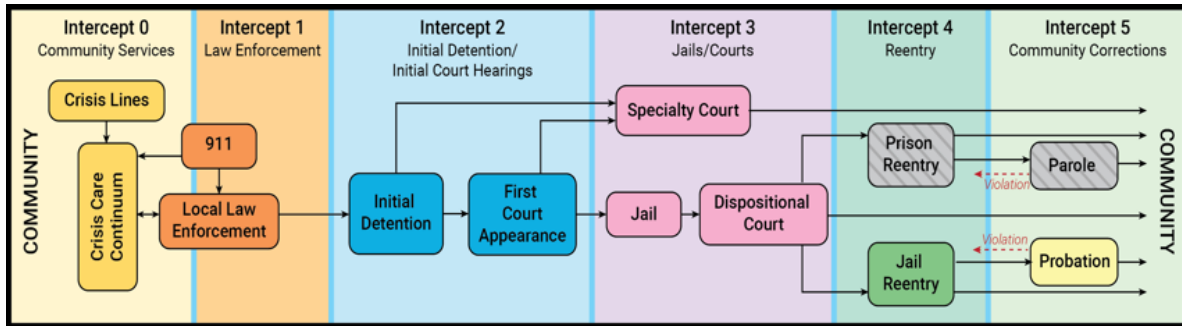
- Sober houses not accepting clients on prescribed medications; questions about regulations around Rx management
- Access to sober living
- Residential treatment prescription issues
- Training for community partners about multiple pathways of recovery (particularly medications for opioid use disorder)
- Best practice training for sober homes (pain management, especially among elderly populations)
- Post-release reentry services: only available to MATADOR participants at MSO

- Information sharing between HOC and Probation
- Two different assessments at Probation and HOC—lack of assessment standardization and no sharing of assessment results
- GED as condition of probation—lack of evaluation/support, assessment of education level needed

Intercept 5

- Polysubstance use—prescription coordination
 - Coordination of care for people on probation
 - MassHealth activation/re-activation
- *See Intercept 3 for additional gaps impacting Probation

Community Intercepts



Resources

Treatment Navigation

- Mystic Valley Public Health Coalition Resource Guide and app: "Finding Help for Substance Use Disorders" www.mysticvalleypublichealth.org
- Addiction Recovery Resource Specialist (City of Malden)
- Recover Reality!
- RESPOND, Inc.
- Roadmap to Recovery
- PAATHS, BPHC in Boston

High-Risk/Post-Incident Outreach

- Access Drug User Health Program
- Roca Chelsea

Treatment Providers

- Spectrum Health Systems
- Caspar
- Vinfen
- Eastern Middlesex Alcoholism Services
- Eliot
- Greater Malden Behavioral Health, Inc.
- Mass General (Bridge Clinic and OBOT)
- Middlesex Recovery
- North Suffolk Mental Health Association
- Baycove

Healthcare

- Adcare Hospital
- CHA Malden Care Center
- CHA Everett Hospital
- Lawrence Memorial
- Melrose-Wakefield
- MGH (Everett Family Care)
- South Bay Community Services

Recovery/Peer Support

- Eastern Middlesex
- Malden Overcoming Addiction
- Middlesex Transitions
- Part-time recovery coach on staff in Wakefield

Homeless Shelters/Services

- Eliot – homeless outreach
- Malden Warming Center

Coalitions/Committees

- Everett Community Health Partnership (Substance Abuse Coalition)
- Melrose Substance Abuse Prevention Coalition
- Middlesex District Attorney's Opioid Task Forces
- Mystic Valley Public Health Coalition
- Wakefield Unified Prevention Coalition

Priorities

1. Transportation (to Drug Court, to O.C.C., treatment)
2. Access to co-occurring disorders treatment
3. Medications for Opioid Use Disorder (MAT) issues (training, consultation with prescribers, care coordination)
4. Section 35 (alternatives pre-crisis, care coordination, support for families)
5. Care coordination (post-incident, pre-trial, medication management, post-crisis)
6. Training for Emergency Department, dispatch and law enforcement (Sections 12 and 35, de-escalation, cultural competency)
6. Information exchange between House of Correction and Probation
7. Training on working with people not interested in treatment
7. Child welfare and justice-involvement support and coordination
8. Sober living regulations/restrictions and access
8. Pre-arraignment communication (defense attorney, prosecutor, probation)
9. Training/resources for attorneys
9. Training for Corrections Officers (Mental Health First Aid)
10. Treatment/service navigation at or before arraignment
10. Education assessment for people on probation
11. Information/clarification and analysis on urine drug screens

Parking Lot

- Juvenile diversion
- Conditional discharges from psychiatric care in hospitals
- Safe and supportive housing
- Homelessness
- Insurance

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 Malden attendees

- Observation and assessment
- Acknowledge S.I.O barriers
- Justice involvement stigma
- Lived experience in the room—J.I. and S.U.D, actively using
- Empathy
- Always with a future
- Diversity of thought, culture and experience
- Access is key to support
- C.O.'s at the table
- Build self esteem
- Resiliency

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
- Language Matters Handout

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

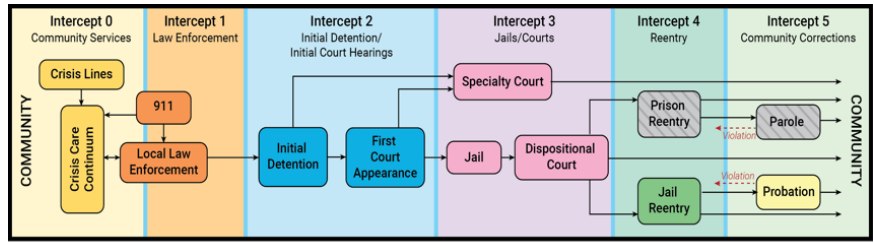
Best Practices Across Intercepts

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

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

The six intercept points are:

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



Key Issues at Each Intercept

Intercept 0: Community Crisis Services

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

Intercept 1: Law Enforcement

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

Intercept 2: Initial Detention/Initial Hearings

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

Intercept 3: Jails/Courts

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

Intercept 4: Reentry

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

Intercept 5: Community Corrections

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

Best Practices Across Intercepts

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

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

Crisis Response

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

Crisis response models include:

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

Police Strategies

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

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

Tips for Success

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

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

Language Matters

Language is powerful – especially when talking about addictions.

Stigmatizing language perpetuates negative perceptions.

“Person first” language focuses on the person, not the disorder.

When Discussing Addictions...

SAY THIS

Person with a substance use disorder

Person living in recovery

Person living with an addiction

Person arrested for drug violation

Chooses not to at this point

Medication is a treatment tool

Had a setback

Maintained recovery

Positive drug screen



NOT THAT

Addict, junkie, druggie

Ex-addict

Battling/suffering from an addiction

Drug offender

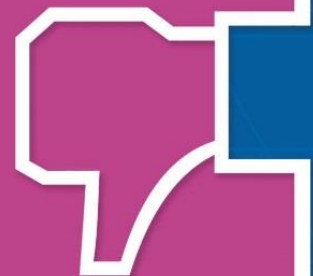
Non-compliant/bombed out

Medication is a crutch

Relapsed

Stayed clean

Dirty drug screen



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Appendix C: Action Planning Tools

Priority: Transportation					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
ID what resources already there	Transportation study Research connections Call 411 for list	Recovery court 1x wk –need transportation. then Mighty Drum Sober shuttle Uber/Lyft Health Office Community Corrections—transportation For some programs (only OCC clients) PT1—MassHealth transpo/ride (must have Dr. Sign off)—can use PT1 ride to detox? No but... AdCare hosp. can provide transpo. Hospitals have vouchers BHJI—for justice-involved, referral NewMo—Newton ride app for seniors (model) Rides for Recovery (Nora Mann)—CS, hospitals, —Uber account Human Services transpo. Office—Vin Lorenti Interagency collab—court and human services Casino resources Hospital Community benefits? 311 Boston 211, Mass211.org Woburn Rep. —transpo study Aunt Bertha (for providers), CHA creating local one?	By Nov. 30 th		ALL—send to one person (Lauren) Daniella—transportation study
On demand access to services/resources (incl. transpo.) App?	Expand app (MVPH) Share the info		90 days	Insurance cost Spreading word about app Liability	
Meet w/ MBTA, taxis, Uber/Lyft (Health)	Contact MBTA Have other courts partnered w/ transpo. Convo. w/ other local courts as united	Court champion Contact? Advocate?	Ongoing Long-term	Very high level of stakeholders needed to buy in	
Task Force (new or existing)	ID who to be on task force Ask				

Priority: Access to Co-Occurring Disorders Treatment (Post-treatment integrated care/support)					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Info exchange/contacts	Network w/ other agencies	Directory where you can look to see which person is your best contact for what you need. Mass mental	Currently in the works. A database is being put together of people who	Keeping it updated. Relevant to new projects. Making it available to everyone who are working w/ these individuals	MAMH. 2 nd yr. period of time. They will be the source for all the providers. Starts w/ them but they will need to be continuously informed
Tracking where people are in the system	Navigators. Communicate throughout all CJ fields. Participation from the individual we are trying to help	MSO data driven initiative	N/A	Confidentiality MOUs HIPPA Federal laws Re-traumatizing by continuous paperwork	Falls on all providers.
Locating an actual bed space	More LTTP that address/specialize both mental health and substance abuse				
Case management	Intensive care coordination Wrap around services	BHJI	Already happening 9/1/19	Appropriate people are being identified Eligibility is being done in a timely manner Maintaining eligibility	Advocates and MSO, probation, parole w/in Middlesex County paired w/ MassHealth
Need for co-occurring services throughout the four communities and eventually statewide	Take results and take that to human services. Make the thoughts of the group prominent to human services	Co-occurring enhanced residential capacity being available exiting BHOC or involved w/ people living in Middlesex County (Tewksbury and Waltham)	Happening now!	Still not the norm One level of care Is it enough? Staffing Financial issues	MassHealth DPH Bringing selected providers, implementing 26 co-occurring residential programs

Priority: M.O.U.D (MAT) Issues (Training, consultation with prescribers, care coordination)					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Access to PMP	Get release for insurance company, try to get a MD/provider within the system	MassHealth Private Ins.	ASAP	Does not show methadone or vivitrol Being underutilized Current providers not comfortable providing PMP frequently	P.P. Client/probationer
MD review meds for probation can utilize	MOU to a provider	Eliot CHA Private provider NSMH		Funding? May not be the current prescriber	
Access to more specialized care	Appropriate testing for certain DX (i.e. ADHD, ADD)	Eliot Local prescribers and behavioral health agencies BI		Not supervised substance use testing	Medical providers are not fully educated in SUD

Priority: Section 35 (Alternatives, care coordination, support for families)					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Increase alternatives to Section 35 (Change language to “tx options” instead of “Section 35”)	Parents/families Training on SUD, language, treatment options, Section 35 process, Learn to Cope (opioids) Optional treatment	Recovery coaches Court clinicians Learn to Cope meetings Hub	Ongoing	Lack of procedural standardization by court/staff	1 st responder JDP Online? Community substance use coalitions?
Improved post-Section 35 services and care coordination	Offering choice ROIs at court? At point of treatment engagement? Refer to Hub for engagement	ROIs MASAC navigation Relationship development Hub Increase online resources		DOC/MASAC systems issues Voluntary nature of services Lack of motivation/readiness for clean living	Community providers Case manager Navigator (MASAC)
Standardization of how people arrive at court—tolerate trip to Section 35 facility	Increase med if referral is from med hospital				
Decrease stigma of court process	Possible to use ambulance instead of police? Possible to evaluate some place other than court?				

Priority: Care Coordination (Post-incident, post-release/pre-trial, medication management, pre-crisis)					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Identify a central point of care for individuals post-release	Alternative to jail/hospital Jail diversion Tap into support & agencies in areas 24 hour phone/drop off etc. (Some in process)	Peer recover/support centers "The Living Room" Drop in centers Bridge Over Paths Warming Centers DCF Aunt Bertha Roca	211-Aunt Bertha online, free awareness Start now!	\$ Lack of housing Lack of transportation "Released" to house, if no house, no release	Community/Health Dept. Town Regional County Community/Health Dept. Town, regional, county (appointed for)
Supportive affordable housing Create market, stability is found in housing	Create awareness, share stories, have town meetings	Home in Melrose DCF 211 Aunt Bertha \$ from drug busts, etc.	211 exists-promote Aunt Bertha exists-promote	CORI Credit Lack there of \$ Legislature	Govt Priority Have % of housing upheld Income based?
Break stigma and make awareness in local community	Create awareness, share stories, have town meetings, flyers, etc. Abolish fear	Mental health coalitions Community involvement Church? Aunt Bertha CHA Elliot	Ongoing	Stigma Community push back \$ ALL-everyone starts at top	All parties Politicians Everyone
Jail diversion—all community should have		Politicians Resources need to be known Police conference room	Community fair workshop annually? Could develop ongoing monthly meeting for resources to attend	\$\$\$ Time/Volunteer	All resource reps need to "be known" Someone in community needs to won it