

Massachusetts Community Justice Project

An Initiative of the Massachusetts Trial Court

Massachusetts Community Justice Workshop Report

MetroWest Region

Ashland, Framingham, Hudson, Natick and Marlborough



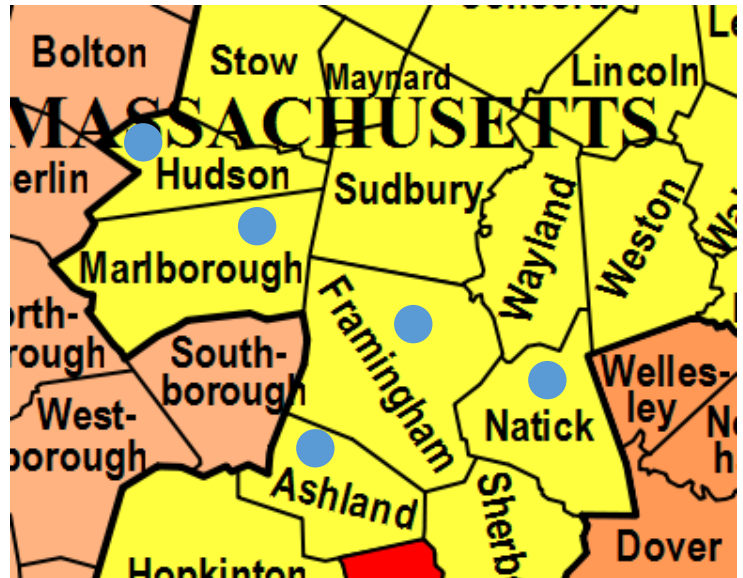
Massachusetts Community Justice Workshop Report

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 MetroWest region on January 25th and 26th, 2018. This report includes:

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



The workshop was attended by 65 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 Karin Orr, Northeast Area Forensic Director with the Massachusetts Department of Mental Health and Marisa Hebble, Coordinator of the Massachusetts Community Justice Project.

The planning committee for this workshop was chaired by Kelly Joseph, Coordinator of the MetroWest Massachusetts Opioid Abuse Prevention Collaborative. Planning committee members are indicated on the participant list in Appendix A.

Communities included in this workshop: Ashland, Framingham, Hudson, Natick and Marlborough.

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

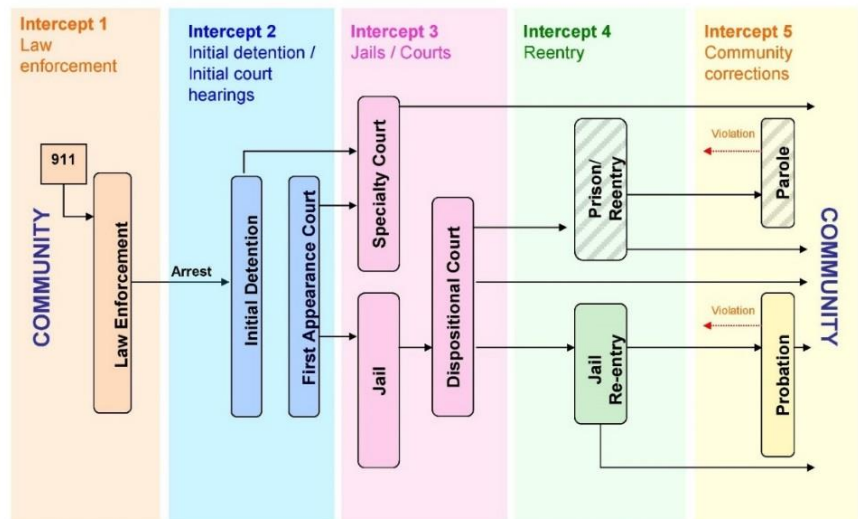
¹ SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model*. Delmar, NY: Policy Research Associates, Inc.

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:

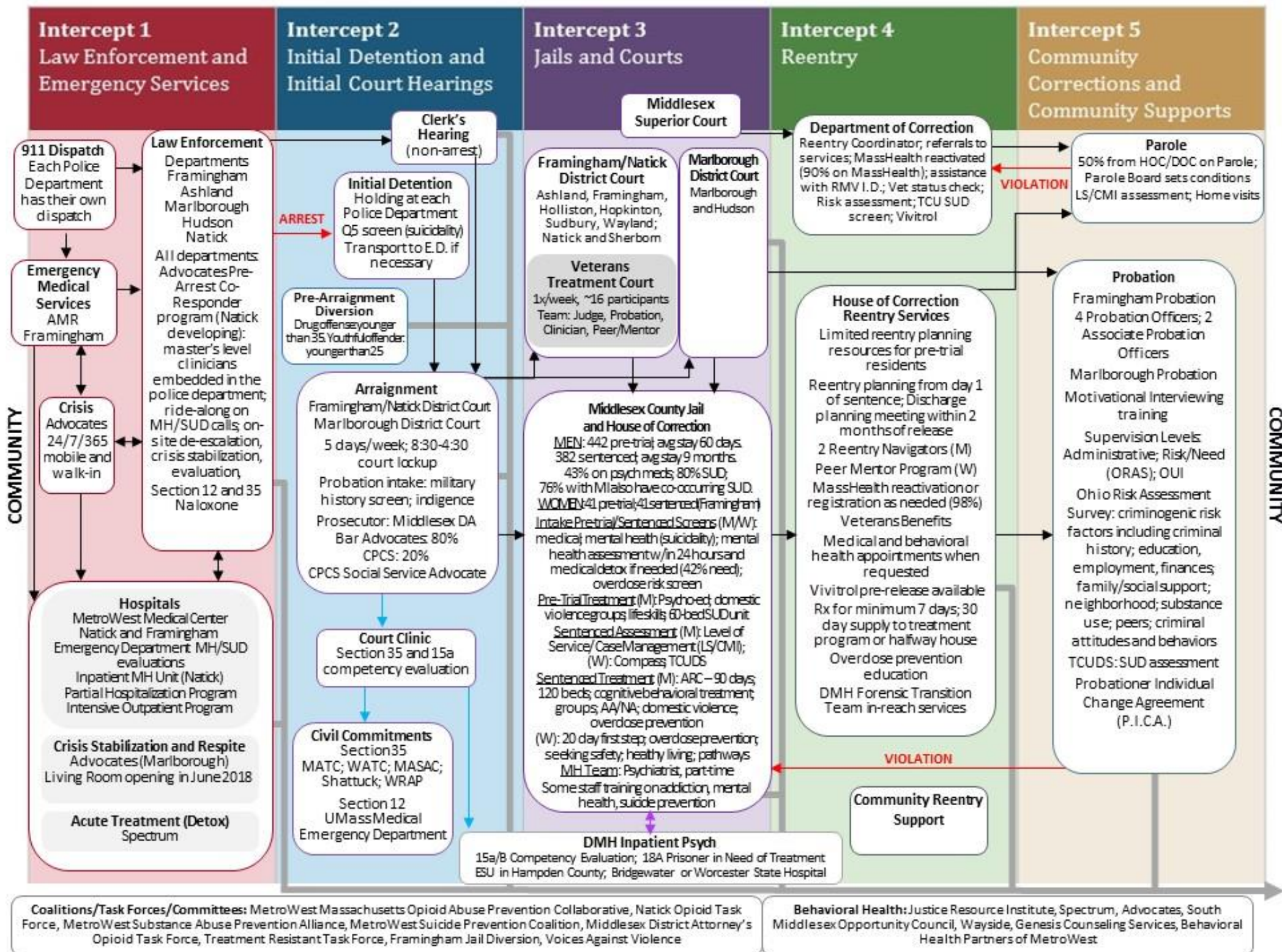
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region's criminal justice system along the five distinct intercept points.
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities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

MetroWest Community Justice Workshop

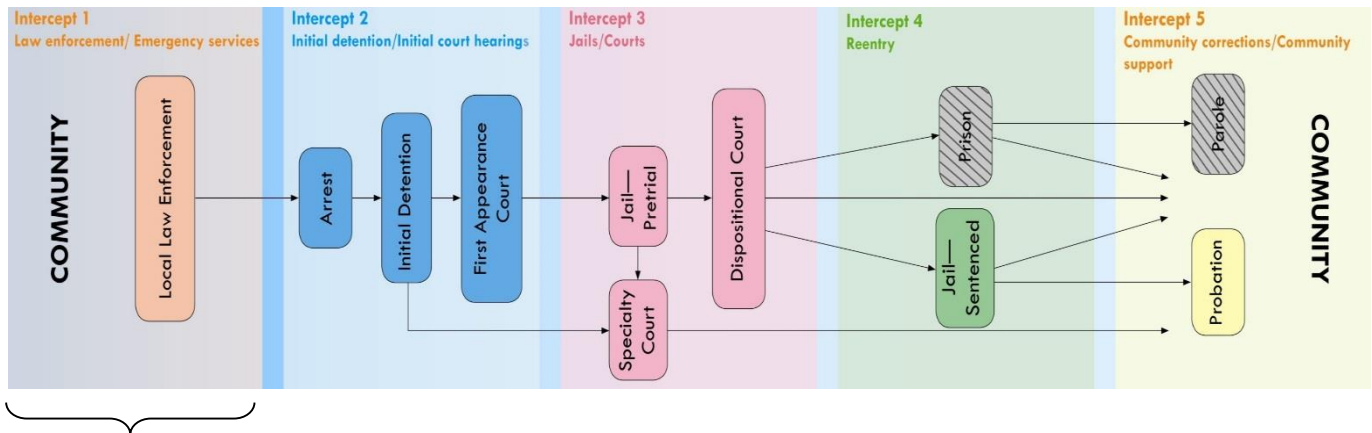
Following is a *Sequential Intercept Model* map, a list of local resources as well as gaps, priorities, and an initial action plan developed during the workshop.

***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.

MetroWest Sequential Intercept Map: Ashland, Framingham, Hudson, Natick and Marlborough



Intercept 1: Law Enforcement/ Emergency Services



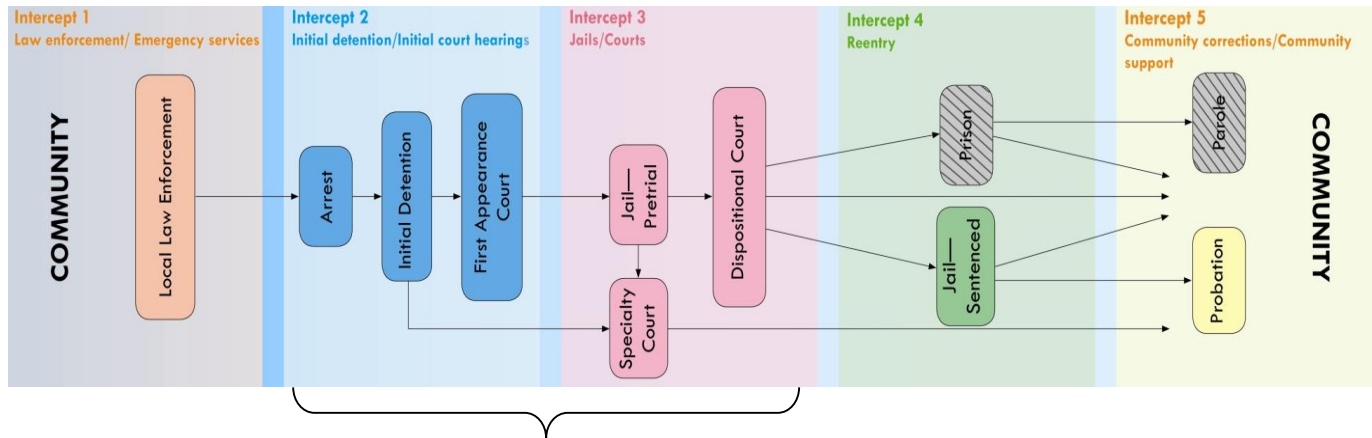
Resources

- Co-responder program in all communities (except Natick)
- Data at police level
- D.A. provides Narcan to police, fire and school nurses
- MetroWest MOAPC
- Advocates and SMOC recovery coaches
- Sheriff's Office – Echo, Hub and Spoke, Restoration Center plans
- Respite (Advocates) – crisis stabilization
- Living Room in Framingham – coming

Gaps

- Fast-track suboxone initiation in ED (methadone?)
- Mental Health First Aid (only Ashland currently)
- Co-responder at Natick
- Additional capacity for co-responder
- Dual diagnosis facilities with true treatment capacity in program
- Emergency Services Program – insurance barriers
- Funding co-responder - 15-25% of services are billable; 70% not reimbursable
- Co-responder at night and on weekends
- Naloxone at health departments
- Confidentiality and information sharing between providers – post overdose
- Overdose gaps in data – tracking real time
- In-field medical clearance – EMS, ESP, police
- Few/no local active user services
- Timely access to treatment – when the person is ready
- Trauma training for law enforcement – including secondary trauma training

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



Resources

Intercept Two

- In-call assessments for police with co-responders
- 18a pre-arraignment protocol (DMH)
- Case opening booklet developed for intake with MH/SUD questions

Intercept Three

- Court-developed section 35 brochure for police to distribute: Allow faxed affidavits from court
- ARC – substance use peers

- Probation must get 40 hours of training annually – supervisor can suggest mh/sud,
- Motivational interviewing skills mandatory for all PO's
- Middlesex County D.A. – low level non-violent crimes will not seek bail (just announced)
- HOC – addiction unit, veterans unit, youthful offender; 42% require medical detox on intake; 43% on psych meds
- Overdose risk screen at HOC

Gaps

Intercept Two

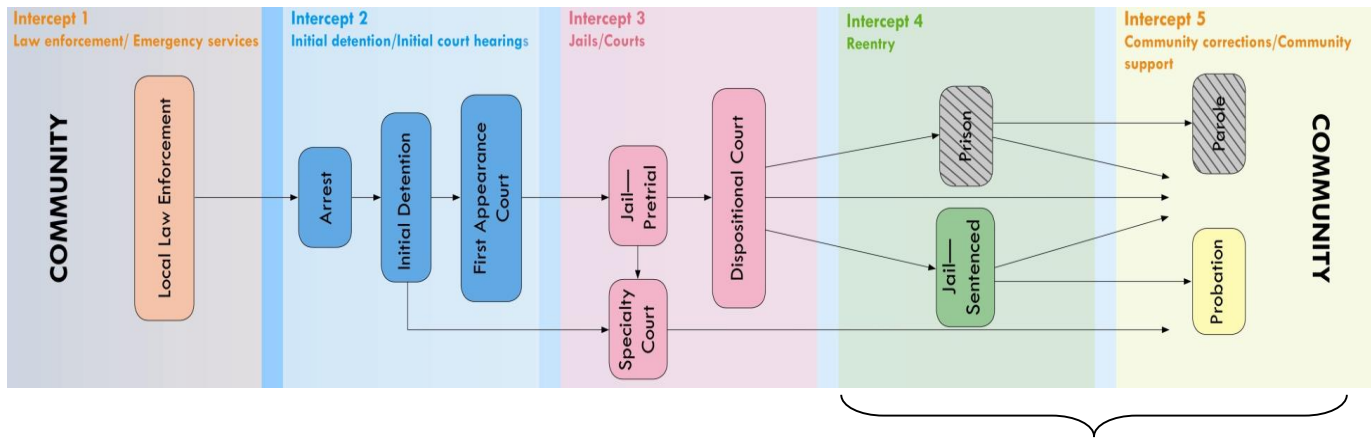
- Lack of field-based medical triage (lock up, court)
- Lack of regional lock up
- No mental health/addiction screen at probation intake
- Not enough social service advocates – only CPCS, not available to bar advocates
- No on-demand transport to detox from court
- Not enough clinicians in community to take cases
- Section 12 to addiction treatment
- Section 35 on the weekend
- Insurance barriers
- Information exchange between hospital and police
- No local drug diversion program – pre-arraignment

Intercept Three

- No drug court session
- Level 4 detox for section 35 remains a gap
- One court clinician for Framingham court

- Lack of other (section 35) resources after court closes
- Information exchange between hospital and police
- Mentors for veterans treatment court
- Recovery coaches for VTC and drug courts - access issue?
- Trauma-informed training
- Lack of treatment for criminogenic factors (MRT)
- Housing –safe and stable
- Increase in mental health cases in court - adequate resources?
- Lack of coordinated community-based care for non-DMH clients with severe mental illness
- Siloed mental health and addiction services
- Over-qualifying by screen (or under-qualifying in towns with SES)
- Info sharing between police and probation
- More DOC services for mental illness
- Cross-sector stakeholder meeting
- No suboxone/methadone at House of Corrections

Intercepts 4 and 5: Reentry and Community Supervision



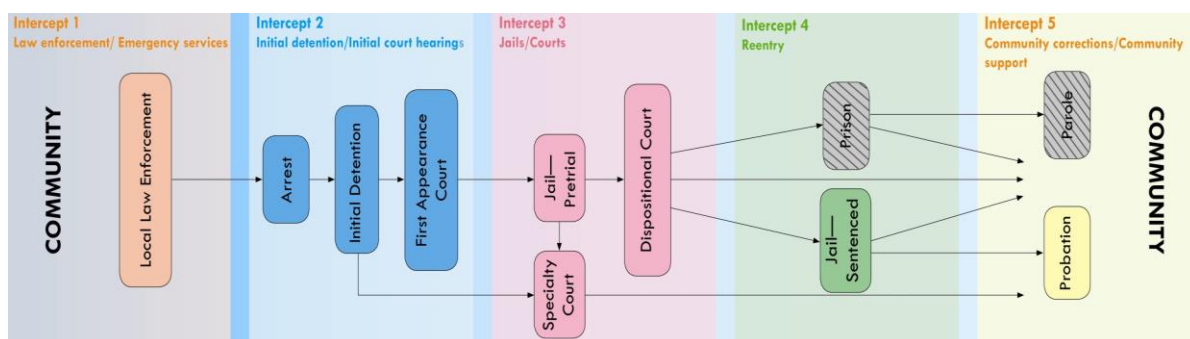
Resources

- Naloxone available at JRI
- HOC has BJA funding for reentry navigators
- Parole – advocates reentry navigator

Gaps

- Reentry resources for MAT (suboxone and methadone)
- Narcan upon release at HOC
- Housing
- Employment
- Leaving HOC w/o supervision
- Information exchange between HOC and Probation

Intercept 0: Pre-Crisis Community Resources/Services



Resources

- Active User Engagement
 - Spectrum OTP: methadone, vivitrol, counseling, groups
- Treatment: Spectrum, SMOC, Genesis Counseling, Advocates
- Allies in Recovery
- Learn to Cope
- Healthcare: Operation Safe Station – connect people with addiction to direct entry to recovery center after initial EMS eval (NH model)
- Behavioral Health Partners of MetroWest
- McLean Family Support Group
- SOAR
- Connecticut Interfaith Vigil
- Support groups hosted by faith community (AA, MDOA, NA)
- Clergy as initial contact for those seeking treatment
- Education programs to reduce stigma
- Coalitions/Task Forces/Committees: MetroWest MOAPC, DA's Task Force, Natick Together for Youth Coalition, Natick Opioid Task Force, Ashland
- SBIRT screening – school nurses
- Natick High School North Star Program
- Mass 211

Gaps

Priorities

- Increase co-responder capacity (32 votes)
- Confidentiality/information exchange issues (25)
- Training and access to the continuum of care (21)
- Stakeholder meeting (10)
- Transportation (9)
- In-field medical clearance (5)
- Community based care coordination (4)
- Trauma training across intercepts – including secondary trauma (3)
- Overdose data gaps/coordination (2)
- Regional lock-up capacity (2)
- Active user engagement awareness (1)
- Recovery coaches across intercepts (0)
- Overdose history screen and Narcan on reentry (0)
- Reentry support for suboxone and methadone (0)
- Insurance issues (0)
- Fast track suboxone in emergency department (0)

Parking Lot

- Drug court in Framingham
- Pre-trial probation capacity
- CBHI – MassHealth

Post-Workshop Training on Levels of Care (Priority #3)

General Meeting

Monday, March 26, 2018
9:30 a.m. – 11:30 a.m.

McAuliffe Branch Library, 746 Water Street, Framingham 01701
(Note: Overflow parking available in adjacent shopping plaza)

METROWEST OPIOID RESPONSE

Levels of Care:
What are they? Who is appropriate for each level of care? How do I access care?

Community Resources:
Programs and Services in MetroWest

Panelists

Lisa Blanchard, *Spectrum Health Systems*
Roberta Garson Leis, *NE Association of Drug Court Professionals*
Cathy Miles, *Parent & Advocate*
Ismael Rivera, *Justice Resource Institute*
Katie Sugarman, *Town of Natick*

Feel free to bring materials about your program to share on our Resource Table.

Light snacks and refreshments will be provided.

RSVP to chna7coordinator@gmail.com

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

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.

Priority Area 1: Increase co-responder capacity					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Develop Natick co-responder program	Secure funding Look at data Identify need Determine need of partner communities	Advocates DMH MetroWest Health Foundation MWMC	July 1, 2018	Lack of clinicians Funding Lack of data No universal database	Natick PD Natick Health Dept Advocates
Increase capacity for co-responders on nights and weekends	Marlborough – key community	Advocates	July 1, 2018	Funding Lack of clinicians	
Increase training capacity	Create key stakeholder meeting to talk about regional approach	Hospitals and insurance		Consistency time	
Regional funding plan	Prioritize communities that need program or more support		~ 1 year		

Priority Area 2: Confidentiality/information exchange issues: between hospital and police; probation and jail; probation and police					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Identify the issues	HIPPA limits CORI limits Exceptions	Compliance officers Legal experts Cori board Bureau of Public Health	90 days	People's interpretations	MOAPC
Identify who can share the info					

Priority Area 3: Training and access to the continuum of care					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Identify services and lack of services in the community	Collect what we have, get input Utilize email chain, send updates Make document available Talk to clients – focus groups (language, insurance, sustainability, acronyms)	Agencies present Community mapping info that already happened Clients	Ongoing	Time Someone to manage process	MOAPC Mike
To have a training for providers around resources and services (CHNA 7)	Meeting to plan Find a venue Invite list Advertising		March – already in the works with CHNA 7		
Create networking opportunities					
Training – harm reduction and MAT trainings					

Priority Area 4: Stakeholder meeting					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Ongoing cyclical meetings	Resource sharing Improving communication and collaboration				
Improved communication and cross sector collaboration	Establish Marlborough-Hudson working group	Working groups Specialized sub committees Full day workshop	Quarterly regional meeting	Time/schedule Meeting burnout Confidentiality concerns (subcommittee)	MOAPC Kelly
Mobilization around action items	Facilitator – importance of a trusted facilitator; organized; efficient; trust of participant; thoughtful agenda	Meeting – substance, plan (action steps), value that’s specific to individual, start/end of time	Data trends Food, drinks Presenters/experts on important issues		

Priority Area 5: Transportation					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
How EMS coordinates with law enforcement to optimize health care and public safety	Be able to authorize medical clearance at jails prior to transport Better information sharing	? on call medical clearance	TBD	? change in law	Jeff
Providing defendants/probationers court transportation to court mandated treatments/screening	PTI form/make it easier Speak to MWRTA about free transportation to court Transfer cases to court where person lives UBER?	Institute a program similar to RSVP (veterans) MWRTA The RIDE (veterans vehicles?)	TBD	\$\$\$\$\$\$ Willing participants Process/time frame (ride)	?
Intercept 0 Safe harbor RENH program at Fire Department	Find transportation	UBER? Recovery Centers?		What is doing transport \$\$ Addiction may not qualify alone	
Sheriff's late Sec. 35	Not sure how to resolve				