

*Massachusetts Community Justice Project*

*An Initiative of the Massachusetts Trial Court*

# **Massachusetts Community Justice Workshop Report**

**Northampton District Court Jurisdiction**

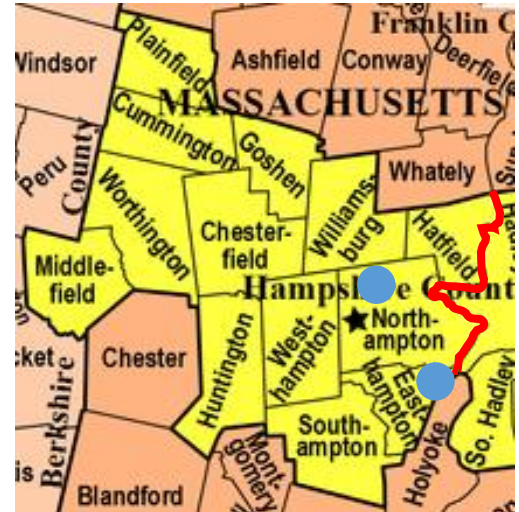
## Massachusetts Community Justice Workshop Report

### *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 Northampton District Court jurisdiction on June 4<sup>th</sup> and 5<sup>th</sup>, 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 Northampton District Court jurisdiction action plan and achieve their goals.



The workshop was attended by 56 individuals representing multiple stakeholder systems including mental health and addiction treatment, crisis services, human services, corrections, advocates, family members, people with lived experience, law enforcement, veterans' services, and the courts. A complete list of participants is available in Appendix A.

The workshop was facilitated by Ben Cluff, Veterans Services Coordinator with the Massachusetts Department of Public Health's Bureau of Substance Addiction Services and Marisa Hebble, Coordinator of the Trial Court's Massachusetts Community Justice Project.

The planning committee for this workshop was chaired by Cherry Sullivan, Coordinator of the Hampshire HOPE Coalition (a DPH-funded Massachusetts Opioid Abuse Prevention Collaborative serving Hampshire County) and the Northwestern District Attorney's Office. Planning committee members are indicated on the participant list in Appendix A.

This workshop focused primarily on Northampton and Easthampton, the two largest communities (by population) in the Northampton District Court Jurisdiction. Additional communities in this jurisdiction include Chesterfield, Cummington, Goshen, Hatfield, Huntingdon, Middlefield, Plainfield, Southampton, Westhampton, Williamsburg, and Worthington.

## Background of the Massachusetts Community Justice Project:

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

The Project is designed to facilitate effective and sustainable collaborations at the local level between justice system, treatment and recovery support systems, and community agencies. Utilizing *Sequential Intercept Mapping* and collective action planning, the Project seeks to promote recovery for people with mental illness and/or addiction, enhance public safety and support quality of life for all.

## Project Goals, Objectives, and Strategies:

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

- increasing community-level collaboration between criminal justice, behavioral health treatment and human service sectors;
- increasing capacity to identify the need for behavioral health treatment and recovery support among justice-involved people; and
- increasing connections to and engagement with treatment and recovery support for justice-involved people with behavioral health needs.

In order to achieve the set forth objectives, the Project is:

- implementing cross-systems mapping and action planning workshops using the *Sequential Intercept Model*;
- providing technical assistance to communities to support continued collaborative action planning and implementation of evidence-based and promising strategies and best practices; and
- informing stakeholders of needs, barriers, and innovations at the community level, as identified in workshops.

## Framework: The Sequential Intercept Model

Developed by Mark Munetz, MD, and Patty Griffin, PhD, in conjunction with the Substance Abuse and Mental Health Services Administration's (SAMHSA) GAINS Center, the *Sequential Intercept Model* provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals with behavioral health disorders.<sup>1</sup>

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

---

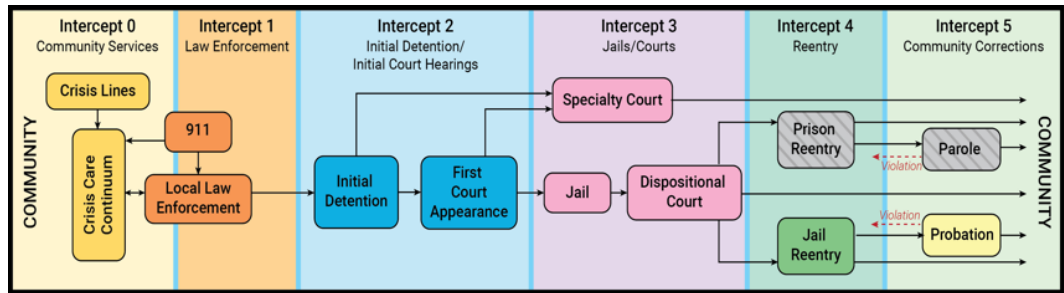
<sup>1</sup> SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model*. Delmar, NY: Policy Research Associates, Inc.

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

Points of intercept include:

- Intercept 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:

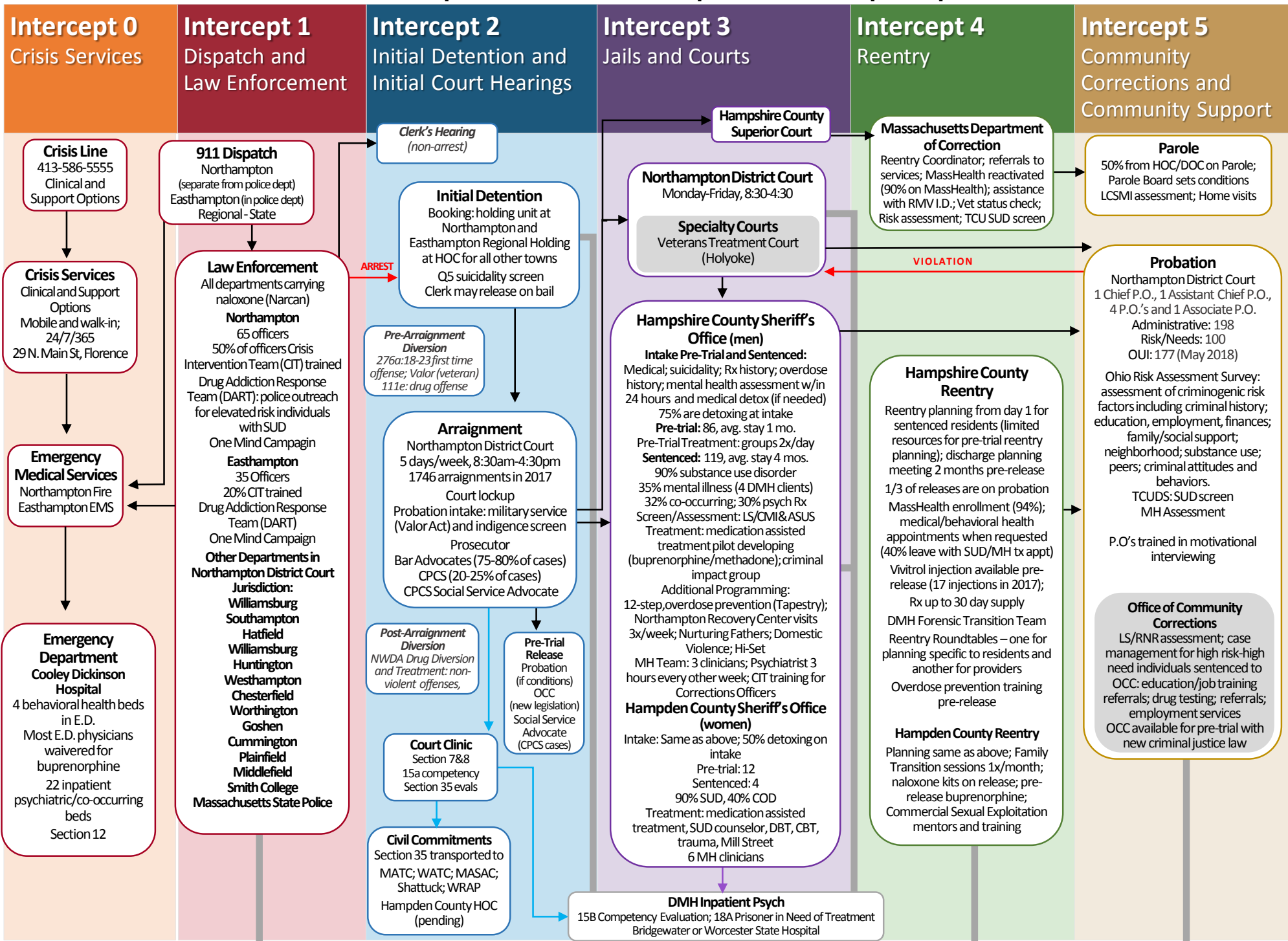
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region’s criminal justice system along the five distinct intercept points.
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities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

## Northampton District Court 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.

# Northampton District Court Sequential Intercept Map



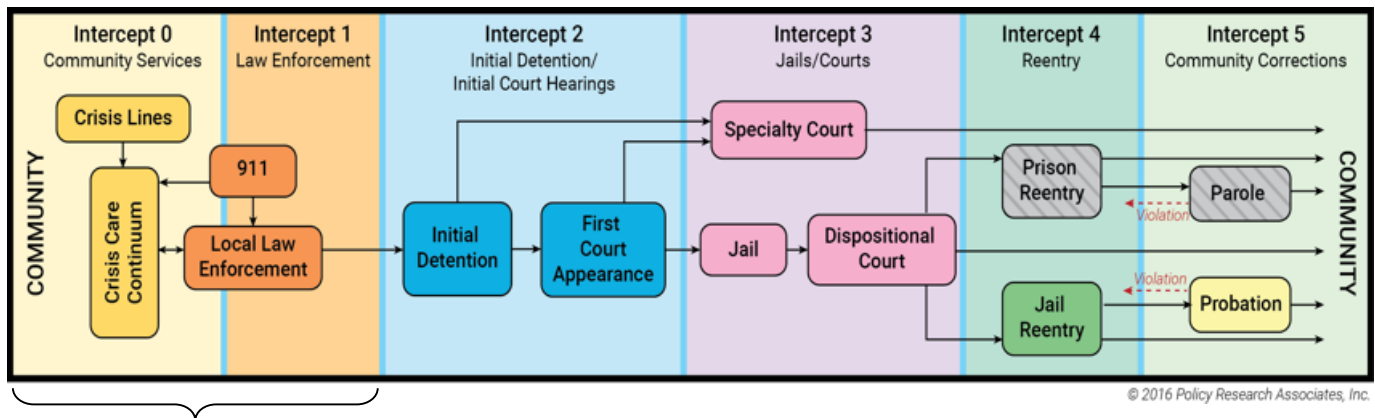
COMMUNITY

COMMUNITY

- Acute Treatment (detox):** Providence (Holyoke), Carlson (Springfield), Franklin Recovery (Greenfield), McGee (Pittsfield), AdCare (Worcester)
- Respite (psych crisis):** CSO (Northampton), BHN (Holyoke & Springfield)
- Shelters:** Grove Street Inn, Interfaith Cot Shelter, Amherst Emergency Shelter
- Active User Engagement:** Tapestry Health (syringe exchange and naloxone distribution), Cathedral in the Night, Living Room
- Medication Assisted Treatment:** B=buprenorphine; M= methadone; V= Vivitrol OnCall (BV); Valley Medical Group (BV); ClearSlate (BV); Health Care Resource Center (M); Providence (BMV)
- Outpatient/Residential Treatment:** Clinical and Support Options; ServiceNet; Center for Human Development; Behavioral Health Network; Gandara
- Recovery Support:** Northampton Recovery Center; Learn to Cope (naloxone); SOAAR; Allies in Recovery; 12-step and SMART meetings; Refugee Recovery; Recovery Coaching: CSO, BHN, CHD
- Coalitions:** Hampshire HOPE, Northampton Prevention Coalition, Easthampton Health Youth, SPIFFY Coalition



# Intercepts 0 and 1: Crisis Services and Law Enforcement



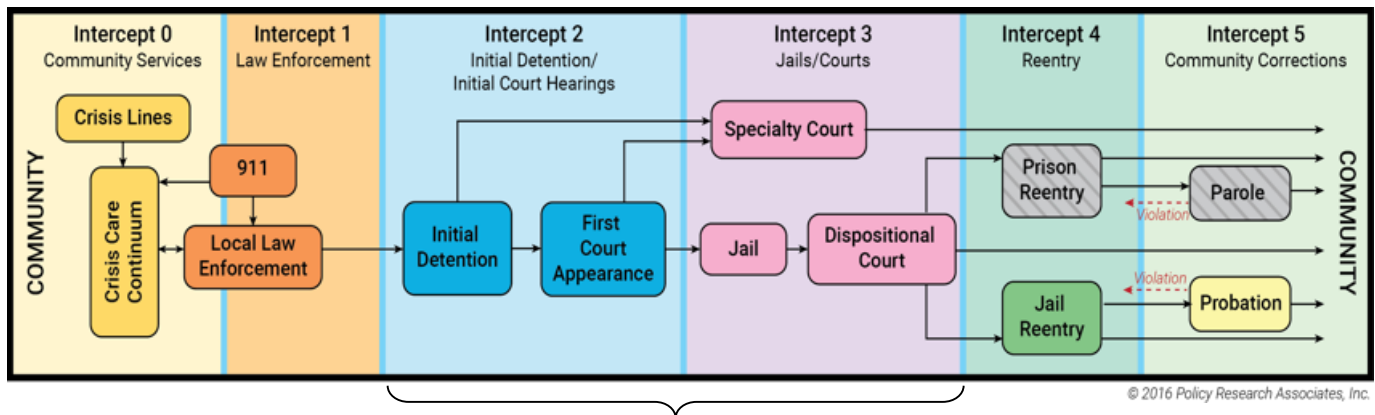
## Resources

- Crisis - Clinical and Support Options
- Northampton Police – Drug Addiction Response Team (DART); [northamptonpd.com/community-services/dart-officers.html](http://northamptonpd.com/community-services/dart-officers.html); 50% of officers trained in Crisis Intervention Team
- Easthampton Police - DART program; 20% CIT trained (dispatch too)
- Hampshire HOPE funding naloxone
- PD – recovery coach
- Living Room – drop-off/walk in program in Springfield
- One Mind Campaign – Easthampton and Northampton Police are signed on
- CBFS – ServiceNet; ACCS coming
- BHN technical assistance for CIT/MHFA training
- Most Emergency Room physicians at Cooley Dickinson have received waivers to prescribe buprenorphine

## Gaps

- Engaging people not ready/interested in treatment
- Family support
- No co-responder in police departments
- DART is only narcotic/drug addiction, not alcohol
- Social Service Advocates (CPCS) can't call for treatment spots, must be patient
- Timely access to treatment spots
- No acute treatment (detox) beds at V.A. in Leeds
- Education/information/awareness about criminogenic risk factors and risk/needs/responsivity
- Co-occurring treatment access
- Legislation around nurse ratio may impact
- Education on how to access care
- Information exchange between police – crisis – emergency department
- No rapid initiation to buprenorphine/methadone in emergency department

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



## Resources

### Intercept Two

- Q5 suicidality screen at police booking
- CSO – crisis evaluation
- Valor Act, military service screen at intake to court – defers arraignment
- CPCS Social Service Advocate creating resource
- Northwest District Attorney's Office Drug Treatment Diversion Program – non-violent offenses
- Section 35 beds coming to Hampden County (~ July)

### Intercept Three

- Veterans Treatment Court in Holyoke is open to people in Hampshire County
- Recovery Coaches
- Mental Health services at House of Corrections (– psychiatrist, social worker, LMHC, LADC, CADAC)
- VA and Soldier On do in-reach at HOC
- HIV/Hep-C screening at HOC
- Overdose screen at HOC and naloxone kit upon release

## Gaps

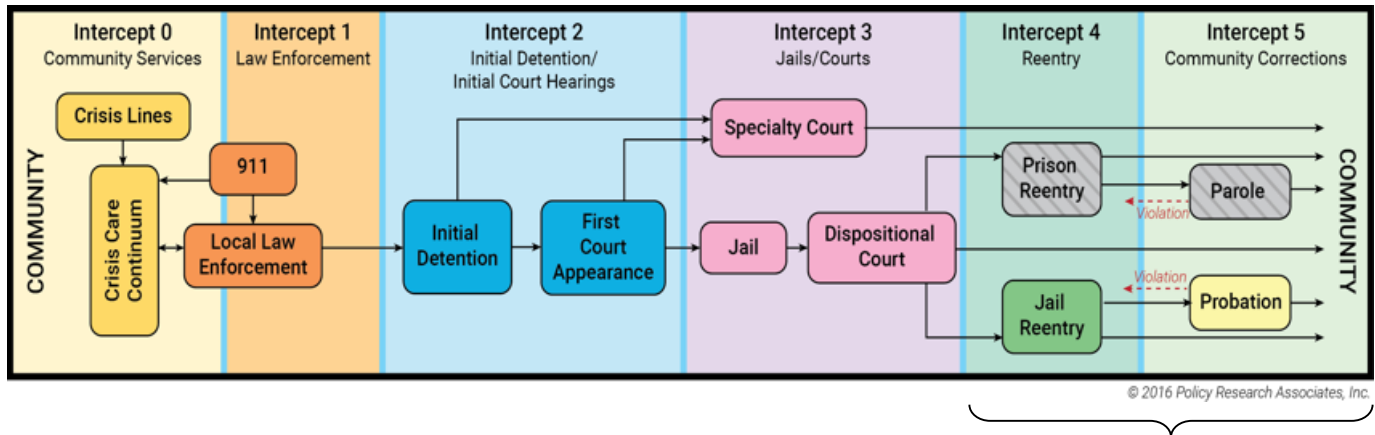
### Intercept Two

- Initial holding at police department – no formal mental health/addiction screen (beyond Q5)
- No diversion at level of holding, outside of clerk bail
- No formal MI/SUD screen at court intake
- No treatment navigation resource for Bar Advocates (comparable to CPCS SSA's)
- No female Section 35 beds in Hampden County
- No transgender 35 beds
- Post-Section 35 case management
- No committed day treatment

### Intercept Three

- No specialty courts
- Information on engaging people not ready/interested in treatment
- Accurate assessment distinguishing addiction/mental health
- Delay in initiating methadone for out of treatment individuals
- Irregular recovery coach schedule
- No suboxone/methadone behind the wall *\*since this workshop, the Hampshire County HOC is joining 4 other Sheriffs and the Department of Corrections in piloting MAT behind the walls*
- Limited treatment/programming for pre-trial

# Intercepts 4 and 5: Reentry and Community Supervision



## Resources

### Intercept Four

- Sentenced population reentry plan develops very early
- Mentor program at HOC, release transport
- SNAP worker comes to HOC for food benefits
- Reentry roundtable with providers, monthly
- Reentry presentation to inmate population with providers
- MRC comes into facility
- Appointments made prior to release in community
- Vivitrol injections available
- High-risk reentry planning
- DART team conducts family outreach
- Family day for women in Hampden County facility

### Intercept Five

- All recovery meeting at Northampton Recovery Center
- Empower Women Program at NRC
- Job developer, Hi-Set, DBT and CBT at Office of Community Corrections
- Clubhouse now has expanded eligibility

## Gaps

### Intercept Four

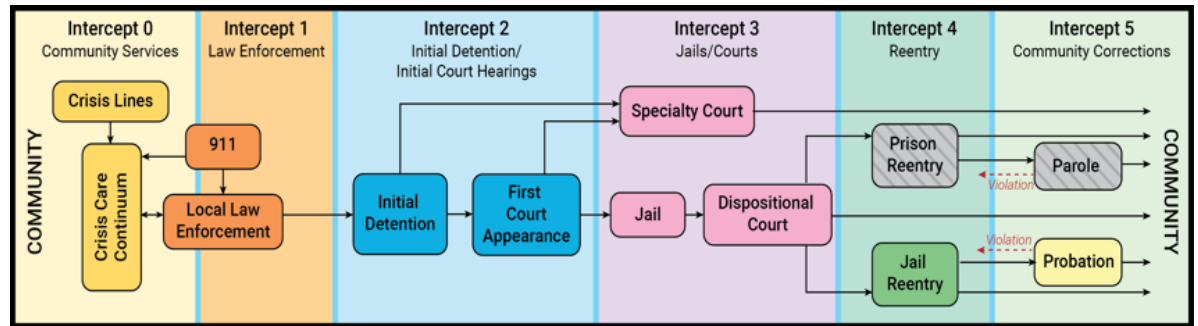
- Temporary housing pre-detox
- Unpredictability of release date for pre-trial residents
- Housing upon reentry
- Too few in-reach services
- 12-step heavy; need more alternatives

### Intercept Five

- ServiceNet liaison at court/probation is ending July 1
- Education and awareness needed about Office of Community Corrections
- Mental health services for parolees that are not DMH eligible
- Lack of services for cognitively impaired population – people on the spectrum



# Community Intercepts



## Resources

- Active User Engagement: DART, Tapestry Syringe Exchange, New England Users Union, Living Room, Faith Community, Cathedral in the Night
- Treatment and Recovery: OnCall (MAT), Valley Medical (MAT), Providence (methadone), CHRC (MAT), Behavioral Health Network, Center for Human Development, Clinical and Support Options, ServiceNet, Northampton Recovery Center, Western Mass Recovery Learning Center, Recovery Homes (Hairston, Grace and Wright), 12-step meetings, Learn to Cope
- Healthcare: Cooley Dickinson Hospital, OnCall, Hilltown Community Health Center, Recovery Coaches in ED
- Support groups hosted by faith community (AA, MDOA, NA)
- Clergy as initial contact for those seeking treatment
- Coalitions/Task Forces/Committees: Hampshire HOPE, Northampton Prevention Coalition, Easthampton Health Youth, SPIFFY Coalition, Hampshire Mental Health – Law Enforcement Collaborative Meeting
- SBIRT screening – school nurses

## Gaps

- Recovery coaches in ED
- ED medication assisted treatment induction
- Housing!
- Training and education on criminogenic risk factors and risk/needs/responsivity

## Priorities

1. Low threshold shelter and housing
2. Treatment navigation for attorneys, families, community partners
3. Services for complex mental health and cognitively impaired population
4. Drug court/mental health court
5. Expand street level outreach
6. Co-responder (social worker) in police department
6. Safe, supportive, recovery-oriented housing (tied with above)
7. Training on treatment access, levels of care and recovery support
7. Post-incident follow-up and case management (tied with above)
8. Medication assisted treatment (buprenorphine/methadone) behind the walls
9. Training on engaging with people who are actively using (tied with above)
10. Post-section 35 case management (tied with above)
11. Services for pre-trial population
12. Information exchange between police, crisis and emergency department (tied with above)
13. ATS (detox) beds for VA eligible people (tied with above)
14. Improved methadone access
15. Committed day treatment (tied with above)

## Parking Lot

- Juvenile SIM workshop
- Transitional aged youth workshop
- Western Mass Section 35 beds for women

## 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 Northampton Workshop Participants

- Power of relationships
- Consider poverty
- Examine own biases
- Empathy
- Work together
- Secondary trauma
- Harm reduction
- Relapse is a part of recovery
- Expect the best of each other
- Meet people where they are

## **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

**Robert Alberti (planning committee)**

Chief, Easthampton Police Department  
ralberti@easthampton.org

**Chad Alexander**

Officer, Easthampton Police Department  
calexander@easthampton.org

**Marie Angers**

Assistant District Attorney  
Northwestern District Attorney's Office  
marie.angers@state.ma.us

**John Barber**

Area Forensic Director  
Department of Mental Health  
John.Barber@massmail.state.ma.us

**Mike Breznsnyak**

Forensic Psychologist  
Court Clinic/Behavioral Health Network  
Mike.Breznsnyak@bhninc.org

**Angela Burkhardt**

Director, Northampton Clinic  
Health Care Resource Centers  
angela.burkhardt@csachelp.com

**Mindy Cady (planning committee)**

Assistant Deputy Superintendent  
Hampshire County Sheriff's Office  
MelindaCady@hsd.state.ma.us

**Patrick Cahillane**

Sheriff, Hampshire County  
Patrick.cahillane@hsd.state.ma.us

**Dan Carey**

Director, Drug Diversion & Treatment Program  
Northwestern District Attorney's Office  
daniel.carey@state.ma.us

**Vuthy Chhum**

Forensic Coordinator  
Hampshire County Sheriff's Office  
Vuthy.chhum@hsd.state.ma.us;

**Steve Connor**

Director, Central Hampshire Veterans' Services  
sconnor@northamptonma.gov

**Colleen Currie**

Attorney  
currie@crocker.com

**Deb Demuth**

Crisis Director, Clinical and Support Options  
DDeMuth@csoinc.org

**Constance Dimarino**

Medical Social Worker  
Cooley Dickinson Health Care  
constancedimarino@cooleydickinson.org

**Rose Evans**

VP of Operations, Behavioral Health Network  
rose.evans@bhninc.org

**Michele Farry**

Program Assistant Coordinator  
Hampshire HOPE  
mfarry@northamptonma.gov

**Lynn Ferro (planning committee)**

Task Force/Recovery Center  
Northwestern District Attorney's Office  
lynn.ferro@state.ma.us

**Michael Goggins (planning committee)**

First Justice, Northampton District Court  
w.goggins@jud.state.ma.us

**Jeff Harness (planning committee)**

Director, Community Health and  
Government Relations  
Cooley Dickinson Health Care  
JHARNESS@Cooleydickinson.org

**Shannon Hicks**

Clinic Director, Center for Human Development  
SHicks@chd.org

**Jody Kasper (planning committee)**

Chief, Northampton Police Department  
jkasper@northamptonma.gov

**Peggy Kennedy**

Social Service Advocate  
Committee for Public Counsel Services  
mkennedy@publiccounsel.net

**Craig Kirouac**

Officer, Northampton Police Department  
ckirouac@northamptonma.gov

**John Leahy**

Program Manager  
Hampshire County Community Corrections  
JLeahy@hampshireccc.us

**Laurie Loisel**

Community Education and Outreach Coordinator  
Northwestern District Attorney's Office  
laurie.loisel@state.ma.us

**Lynn MacDonald (planning committee)**

Program Director  
OnCall Healthy Living Program  
LynnMMacDonald@comcast.net

**Anne Marie Martineau**

Site Director Hampshire County  
Department of Mental Health  
Anne.Martineau@massmail.state.ma.us

**Carol Matthias**

Operations Supervisor  
Northampton District Court  
carol.matthias@jud.state.ma.us

**Dan McCarthy**

Hairston House, Gandara  
dmccarthy@gandaracenter.org

**Katie Miernecki**

Interfaith Cot Shelter, ServiceNet  
Kmiernecki@servicenet.org

**Tim Mullen**

Reintegration Coordinator/Mentorship Liaison  
Hampshire County Sheriff's Office  
Timothy.mullen@hsd.state.ma.us;

**Kimberly Myers**

ADS Medical  
Hampshire County Sheriff's Office  
Kimberly.myers@hsd.state.ma.us;

**Therese O'Brien**

Parole Officer, Massachusetts Parole Board  
Therese.obrien@hsd.state.ma.us;

**Mary O'Connell**

Assistant Chief of Probation  
Northampton District Court  
mary.oconnell@jud.state.ma.us

**Jacquie Ouellette**

Director Behavioral Health  
Cooley Dickinson Health Care  
JOUELLETTE2@Cooleydickinson.org

**Jane Pendergast (planning committee)**

Chief Probation Officer  
Northampton District Court Probation  
jane.pendergast@jud.state.ma.us

**Katie Peverley**

Substance Abuse Clinician  
Hampshire County Sheriff's Office  
Katie.peverley@hsd.state.ma.us;

**Mary Quinn**

Out of County Reentry Coordinator  
Hampden County Sheriff - Women  
mary.quinn@SDH.state.ma.us

**Wanda Rolon**

Case Manager  
Hampshire County Sheriff's Office  
Wanda.rolon@hsd.state.ma.us;

**Reena Saperstein**

Family Partner, Crisis Services  
Clinical and Support Options  
rsaperstein@csoinc.org

**Stan Schapiro**

Hampshire HOPE  
schapirostan@gmail.com

**Ed Schreiber**

Director Addiction Outpatient Services  
ServiceNet  
eschreiber@servicenet.org

**Julie Schwager**

Western MA Area Director  
Department of Mental Health  
Julie.Schwager@MassMail.State.MA.US

**Dennis Scribner (planning committee)**

Sergeant, Easthampton Police Department  
dscribner@easthampton.org

**Natalie Shea**

Area Program Manager  
Department of Children and Families  
Natalie.Shea@State.MA.US

**Stephanie Smith**

Reverend, Cathedral in the Night  
pastorstephsmith@gmail.com

**Cherry Sullivan (planning committee)**

Coordinator, Hampshire HOPE  
csullivan@northamptonma.gov

**Honora Sullivan-Chin**

Officer, Northampton Police Department  
hsullivanchin@northamptonma.gov

**Adam VanBuskirk**

Officer, Northampton Police Department  
avanbuskirk@northamptonma.gov

**Liz Whynott**

Director of HIV Health and Prevention  
Tapestry  
lwhynott@tapestryhealth.org

**Denise Wickland**

Chief, Williamsburg Police Department  
wicklandd@williamsburgpd.org

**Robyn Wronski**

Northampton Recovery Center  
robertewrongskijr@gmail.com

**Anna Zamarron**

Clinical Case Manager, ServiceNet  
AZamarron@servicenet.org

**FACILITATORS/VOLUNTEERS**

**Ben Cluff**

Veterans Services Coordinator  
Bureau of Substance Addiction Services  
Massachusetts Department of Public Health  
ben.cluff@state.ma.us

**Marisa Hebble (planning committee)**

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

**Judy Hebble**

Volunteer  
Massachusetts Community Justice Project  
rnjpebs@gmail.com

**ADDITIONAL PLANNING COMMITTEE MEMBERS**

**David Sullivan (planning committee)**

District Attorney, Northwestern District  
david.e.sullivan2@state.ma.us

**Martie Murphy Kane (planning committee)**

Director of Operations  
Northwestern District Attorney's Office  
Martha.Murphy.Kane@State.MA.US



# Appendix B: Resources

## Massachusetts Community Justice Project Resource List

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

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

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

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

The five intercept points are:

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

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

#### Intercept 1: Law Enforcement

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

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

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

#### Intercept 3: Jails/Courts

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

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

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

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

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

#### **Across All Sectors**

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

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

Three Major Responses Are Needed:

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

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

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

*The GAINS Center helps to expand community services for adults who are in the criminal justice system and experiencing a mental and/or substance use disorder. The GAINS Center provides information and skills training to help individuals and organizations at the local, state, regional, and national levels implement effective, integrated programming that will transform the criminal justice and behavioral health systems.*

Priority Area 1: Low threshold engagement – center, shelter, housing and street level outreach					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Housing first How to move people out of tent city and provide safe space for everyone/those being missed Define what housing first means How can we keep things low threshold?	Define what/how to engage – meet that need of trust; do this through interviews and focus groups Figure out what exists	Haymarket – allows a model to be open to all people Library in Northampton and Amherst Edwards church St. Johns/holly st. rec hall College church First churches		\$\$\$	Housing subcommittee will be developed by Hampshire HOPEE
Engage population What are they looking for? There needs to be a low threshold community center for active users	Focus groups with target population – what is needed? Identify orgs/people to do street outreach and build trust	Cathedral in the Night, ServiceNet, Eliot, Tapestry, Amherst Community Center, Northampton Recovery Center	Long term – involving other cities with this initiative/try to replicate this like the recovery centers have replicated	Landlords and building owners	Tapestry, ServiceNet, Eliot, NRC Meet and talk about low engagement street outreach Start this initiative immediately
Develop core of volunteers to build and sustain this initiative	Reach out to different landlords/owners to partner on this Reach out to chamber of commerce Look at other successful efforts with similar populations Reach out to local churches/bishops to talk about space Look at peer models to develop sustainability Take a look at the Living Room model Create own grant opportunity by working with legislators				

Priority Area 2: Treatment navigation services for attorneys, families, and community partners		
Ideas	Reasons	Priorities
<p>Having an identified person/specialist/champion for each specialty area who knows how to access “One call” system with branches of specialty (ex. United Way line “first call”) – need human contact</p> <p>Consolidated website with descriptions of each service, not just contact numbers; “Directory” – Community Action did this in Greenfield</p> <p>Find out what will be happening with MassHealth case managers – how will they reach people; goal is 1 contact a month</p> <p>How can we better harness peer recovery coaches</p> <p>Flow charts of how to self-navigate the system</p> <p>Condense the HOPE poster that is condensed and will include other issues like bed availability</p> <p>Living Room or community center</p> <p>Biannual/annual networking that includes service providers, faith and other providers/connections in the community</p> <p>Involve people with “lived experience” in the process – people who have been in the system</p> <p>Have Northampton Police Department do/have more outreach with clinicians/CSO?</p> <p>A person/agency to keep data/apps up to date</p>	<p>Locations of clinics/services can be isolating</p> <p>Lack of knowledge about what’s offered and who the contact person is</p> <p>Complex system; complexity of funding</p> <p>Gaps – lack of knowledge for clients and family of what treatment options are; insurance – people don’t know how to change insurance or insurance isn’t taken</p> <p>Need a low threshold entry point</p> <p>Mobile crisis units seem to not...what do we do in situations.</p> <p>Need a coresponder model</p> <p>We don’t have personal connections</p> <p>Peer supports/coaches moves people along systems; works through barriers</p> <p>Using PRC prior to release from jail or treatment</p>	<p>Increase access to information – ensure it’s updated; via web, handouts, personal connections and between providers</p> <p>Create a central hub for navigation – low threshold model – Living Room; community connection; recovery coaches (enhance!); coresponder model (develop)</p> <p>Crisis – decrease unanticipated consequences of intervention while addressing that need (ex. Does sending someone to the hospital do more harm than good)</p> <p>People using the system</p>



Priority Area 3: Services for complex mental health/cognitively impaired persons					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Evaluate/clarify complicated mental illness/addiction/traumatic brain injury/ID Community – intercept zero Court involved justice	CSP service at CSO Evaluation to clarify Section 19 evaluation if court involve or private	CSP service? CSO, ServiceNet and CHD – who specializes? Apparently none? SHIP	ASAP	Insurance reimbursement Lack of understanding Is it seen as important?	
Identify services for those with autism spectrum disorders/ID	Find out where there are resources in community Education with law enforcement, medical personnel, community	Autism Speaks, “Community Resources for people with Autism” new name – Autism Connections Training needed – not in outpatient clinics Crisis services (training) Services are better than 19 DDS – specialty services		Underserved Not enough available service especially for adults	
Complicated IST clients, medically complicated, TAY aging out of DCF and don’t qualify into DMH	Need appropriate services and basic needs Need insurance activated/reactivated Service navigation	Hampshire Health Connect (CDH) Family Centers (state funded) Need some kind of supportive housing		Legislative priorities v.lus pilot program etc.	