Massachusetts Community Justice Project

An Initiative of the Massachusetts Trial Court

Massachusetts Community Justice Workshop Report

Perinatal Community Justice Workshop

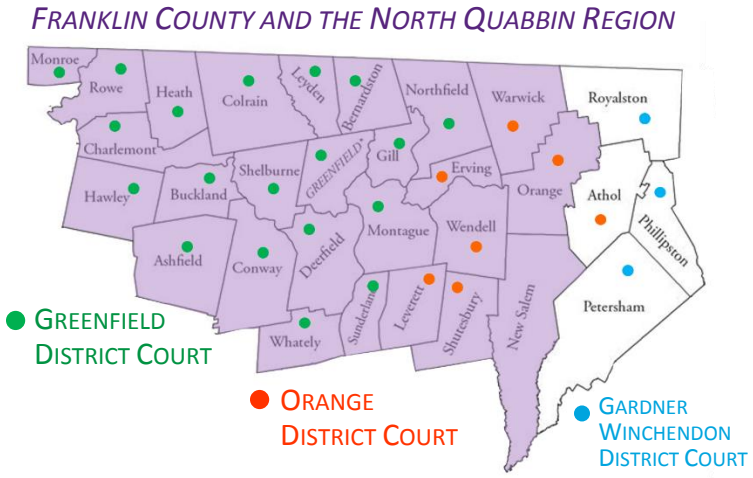
Greenfield and Orange District Court Jurisdictions

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 Perinatal Community Justice Workshop, utilizing *Sequential Intercept Mapping,* held for the Greenfield and Orange District Court jurisdictions on June 4th, 2019. This report includes:



- A brief review of the origins, background and framework of the Massachusetts Community Justice Project and this workshop;
- A *Sequential Intercept Map* as developed by the group during the workshop;
- A summary of the information gathered at the workshop;
- Resources to help partners in the Greenfield and Orange District Court jurisdictions action plan and achieve their goals.

The workshop was attended by 53 individuals representing multiple stakeholder systems including reproductive healthcare, mental health and substance use disorder treatment, crisis services, advocacy, people with lived experience, law enforcement, corrections, and the courts. A complete list of participants is available in Appendix A.

The workshop was facilitated by:

- Marisa Hebble, Manager of the Trial Court's Massachusetts Community Justice Project
- Julia Reddy, Womens' Services Coordinator for the Department of Public Health's Bureau of Substance Addiction Services
- Marianne Bullock, Project Director of the Moms Do Care EMPOWER Program
- Linda Jablonski, Assistant Nurse Manager for the Birthplace at Baystate Franklin Medical Center
- Dr. Julie Thompson, OB/GYN at Pioneer Women's Health; and
- Mary Paterno, Certified Nurse Midwife at Pioneer Women's Health

Planning for this workshop was executed through a collaboration between the Moms Do Care EMPOWER Program and the Massachusetts Community Justice Project. Planning committee members are indicated on the participant list in Appendix A.

Communities in the Greenfield District Court jurisdiction include Ashfield, Bernardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Gill, Greenfield, Hawley, Heath, Leyden, Monroe, Montague, Northfield, Rowe, Shelburne, Sunderland, and Whately. Communities in the Orange District Court include Athol, Erving, Leverett, New Salem, Orange, Shutesbury, Warwick and Wendell.

Background of the Massachusetts Community Justice Project

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

Project Goals and Objectives

The goal of the Massachusetts Community Justice Project is to decrease the risk of justice-involvement and recidivism for people with substance use disorders, mental health and co-occurring disorders by:

- increasing community-level collaboration between criminal justice, behavioral health treatment, healthcare 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.

Perinatal Community Justice Workshop

This workshop, specific to the needs of pregnant and parenting justice-involved women, was developed through a collaboration of the Moms Do Care EMPOWER Program and the Massachusetts Community Justice Project. The workshop was proposed and developed as a needs assessment and strategic planning tool for the Moms Do Care EMPOWER program, justice and community partners.

The Moms Do Care EMPOWER program is a SAMHSA *State Opioid Response* grant-funded program which provides a medical/behavioral health home model of care between Baystate Franklin Medical Center and the Center for Human Development. The program provides support and resources for pregnant, postpartum and parenting women with opioid use disorder including: care navigation and coordination, recovery coaching, doula services, assistance accessing medications for opioid use disorder, trauma-informed midwifery care, specialized pediatric developmental services and support and advocacy in the criminal justice system. **See Appendix D for more information*

The needs of pregnant and parenting mothers dealing with opioid use disorder sit in the broader context of practices, protocols and programs that are responsive to the unique needs of women. This includes gender-responsivity in the justice, treatment, healthcare and social service systems.

The goal of the Perinatal Community Justice Workshop and subsequent efforts is to improve outcomes for women, children and families by:

- increasing awareness of gender-responsive practices, policies and programs that identify and serve the needs of women with substance use disorder, particularly pregnant and parenting women;
- increasing the use of gender-responsive practices, policies and programs among justice, treatment and community-based providers; and
- increasing collaboration between justice, treatment, healthcare and community partners.

Framework: The Sequential Intercept Model

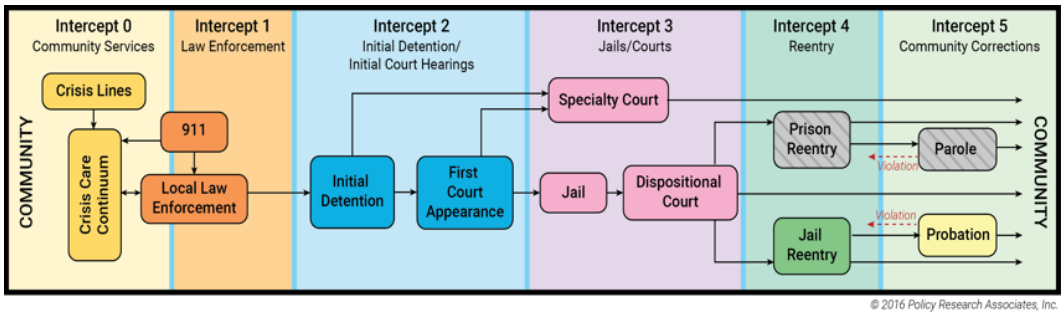
Developed by Mark Munetz, MD, and Patty Griffin, PhD, in conjunction with the Substance Abuse and Mental Health Services Administration's (SAMHSA) GAINS Center, the *Sequential Intercept Model* provides a conceptual

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]

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)



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 substance use disorder and/or mental health challenges 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.

The Perinatal Community Justice Workshop brought together key local stakeholders for a facilitated meeting using Sequential Intercept Mapping. Objectives of the workshop included:

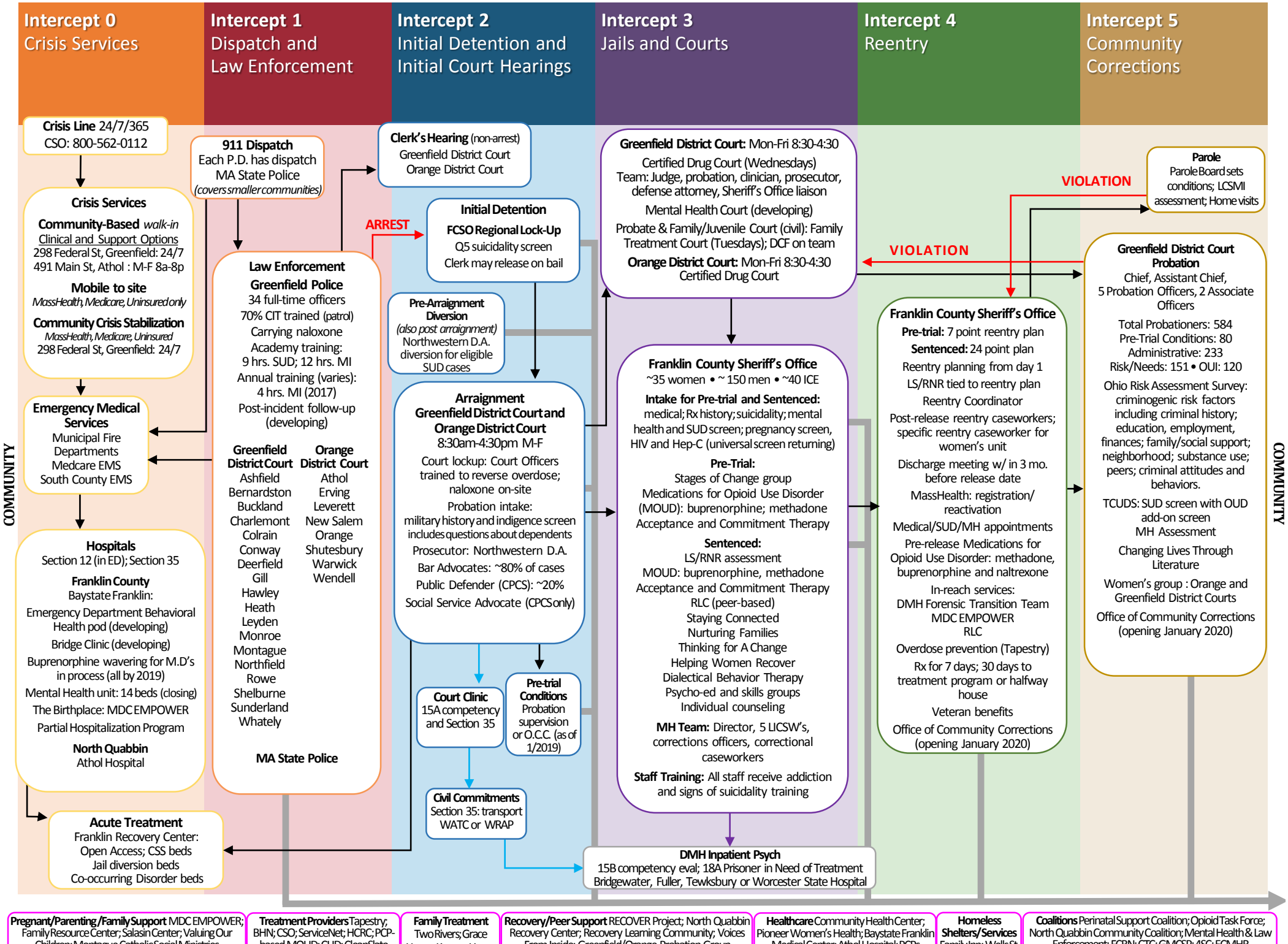
1. Development of a comprehensive picture of how pregnant and parenting women flow through the region's criminal justice system;
2. Identification of gaps, opportunities and barriers in the existing systems; and
3. Identification of priorities for change.

Following is a *Sequential Intercept Model* map, a list of local resources and gaps, as well as collectively identified priorities for change.

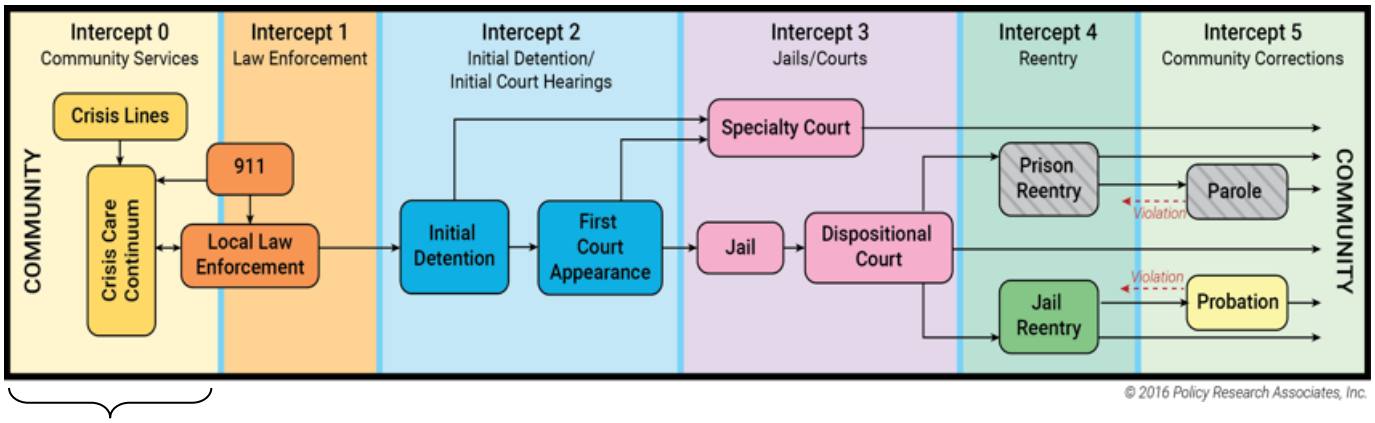
***NOTE:** The map, resources, gaps and priorities were identified during the facilitated interactive group portion of the workshop. As such, they are based solely upon the perspective and opinions of those present at the workshop.*

[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.

Perinatal Community Justice Sequential Intercept Map



Intercept 0: Community Crisis Services



Resources

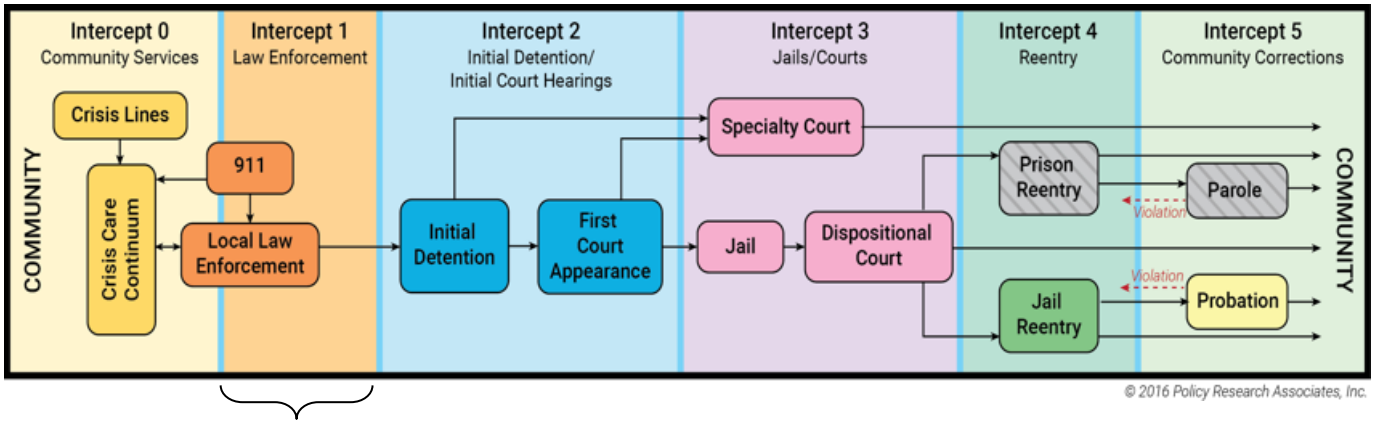
- Crisis Service (ESP) walk-in and mobile (Clinical and Support Options); co-located with Acute SUD treatment (detox) and Clinical Stabilization (BHN)
- Screening Brief Intervention and Referral to Treatment (SBIRT) at Baystate Franklin Emergency Department (developing)
- Post-overdose follow-up bridge clinic developing (pending grant)
- Acute Treatment (detox) and Clinical Stabilization programs (BHN) screen for pregnancy
- Children's Behavioral Health Initiative (CBHI) responds to children and families in crisis; services offered voluntarily and individualized
- The Living Room (CSO): Drop-in program with peer support, welcoming to women; Tuesday-Saturday
- ATS/CSS (BHN) have open access protocols; clients can wait in waiting room

Gaps

- No standard psych-social in Emergency Department (including pregnancy/parenting questions
- Data question: how many women need services and how can we make services available and useful to them?
- No standard SUD screening tool in E.D.
- Guidance to treatment providers on how to respond to intake question about caregiving
- Lack of awareness about caregiver affidavit process
- No standard protocol for crisis responders around child (or evidence of child) on scene or arrested on call; primary/only "family-centered" response is a report to DCF
- Lack of expansion of crisis services to support surrounding/affected family members
- Individualized reimbursement structure leads to patient-only services (ACO model may address need for care/services for family unit)
- Lack of awareness of family-centered services that are available
- Children's services for trauma screen, assessment, treatment; long waitlists currently
- Lack of collaboration/information exchange between services (connection between behavioral health provider/ED)
- SUD treatment rates and admin burden complicating treatment provision and staff recruitment and retention

***NOTE:** These resources and gaps were identified during the facilitated interactive group portion of the workshop. As such, they are based solely upon the perspective and opinions of those present at the workshop.*

Intercept 1: Dispatch and Law Enforcement



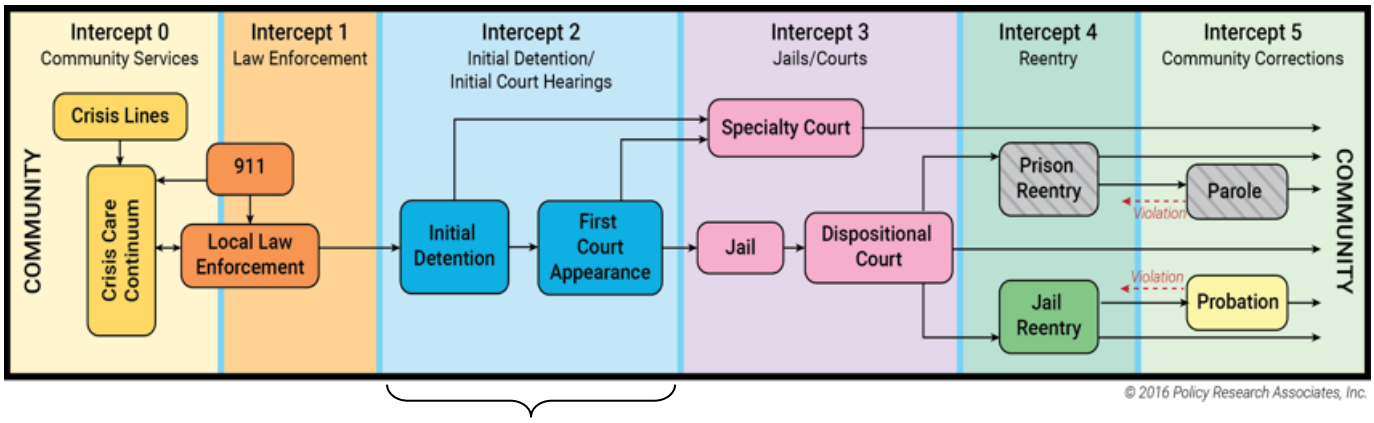
Resources

- Post-crisis incident follow-up program; partnership between Baystate Franklin, Opioid Task Force, Greenfield Police (developing, based on grant funding)
- Law enforcement refers to crisis service, acute SUD treatment (detox), Recovery Learning Community and RECOVER Project
- Greenfield Police are doing Crisis Intervention Team training and participate in monthly mental health and law enforcement meeting hosted by DMH Area Forensic Director
- Use of Family Resource Center (Community Action) or community support as diversion for CRA or survivors of DV with children
- Opioid Task Force Public Safety and Justice Committee
- Franklin County Police Chiefs Association
- Mental Health and Law Enforcement meeting (hosted by DMH)

Gaps

- No co-response (embedded social worker) and post-crisis follow up program at Greenfield Police Department
- No programming for persons who are high utilizers of the justice system
- Question: trauma-informed response training for first responders?
- No specific pregnancy or parenting screen or response protocol with Greenfield P.D., outside of DCF contact if deemed necessary
- Communication about hows of police referrals to treatment, needs work
- Review/clarification/explanation of protocols around police presence at DCF removals and how to be trauma-informed, for all involved (including officers)
- Review of “conspiracy” and DV charges when custody is impacted

Intercept 2: Initial Detention and Initial Court Hearings



Resources

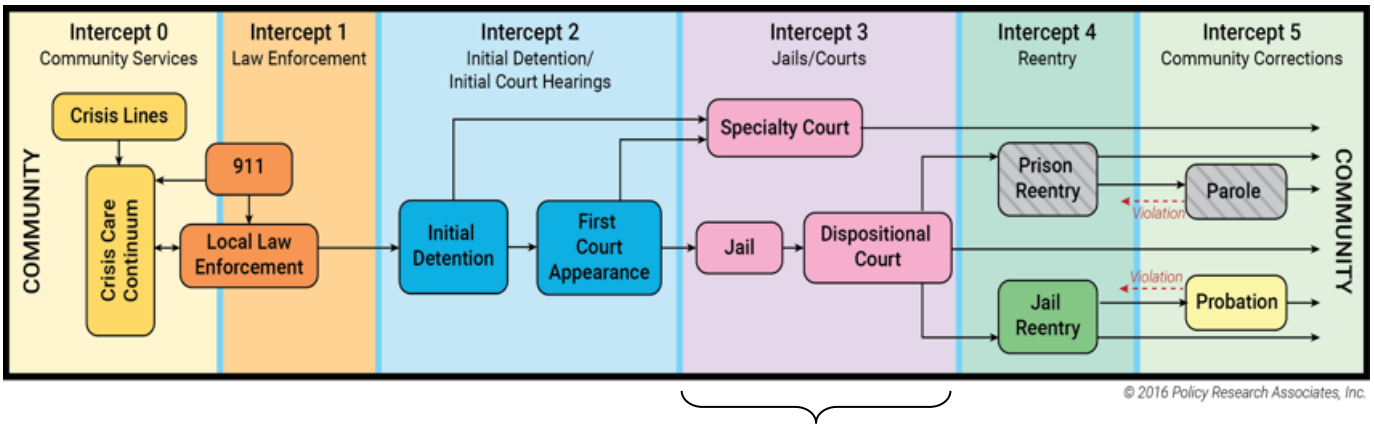
- Booking at regional lock-up (Franklin County Sheriff's Office); intake includes questions about pregnancy and children, co-occurring treatment, prescription medications, and suicidality
- Nurse physical within 24 hours in holding
- Staff psychologist on-call
- Detox medical treatment begins immediately according to risk
- D.A.'s office has a pre/post arraignment diversion program; 6 months of treatment
- D.A.'s Office can support victims and officer referrals
- Sheriff's department provides transport to court from holding
- Probation asks about pregnancy and any dependents at intake to court; part of indigence screen to determine qualification to have counsel appointed
- Franklin County Justice Center (courthouse in Greenfield) has secure place for private meetings
- Court Officers are trained to reverse overdose; naloxone is stocked in courthouse
- Most court staff have had some training on substance use disorder, trauma (not all and not standard)

Gaps

- Victims Services – need more information on gender responsive and family centered resources
- Communication between attorneys when someone is involved in both criminal court as well as Juvenile (Care and Protection) or Probate and Family
- Information and awareness for defense attorneys and prosecutors on best practices and research
- No specific question about caregiving or response
- Question about referrals to resource for those being released
- Probation/court disclosures about caregiving propose risk of loss of custody
- Lock-up conversations with Defense Attorneys are not private or confidential
- CPCS intake form asks about living situation, family, support system, but not specifically about pregnancy
- Bar advocates (representing 80% of this population) – no uniformity among intakes
- No formalized response to disclosures to attorneys, but referrals do happen virtually universally through CPCS SW

***NOTE:** These resources and gaps were identified during the facilitated interactive group portion of the workshop. As such, they are based solely upon the perspective and opinions of those present at the workshop.*

Intercept 3: Jails and Courts



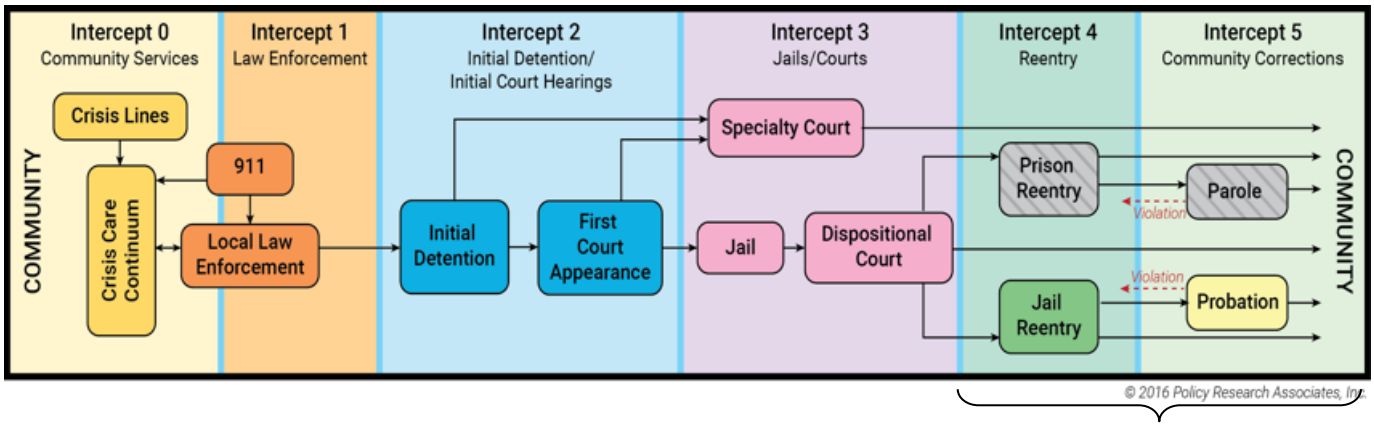
Resources

- Watch Project Promise and First Steps programs in Eastern Mass
- Drug Court in Greenfield and Orange; Family Treatment Court for Franklin County (for cases that qualify; open custody case in Probate and Family Court or Care and Protection Case in Juvenile Court); Family Treatment Court uses the MISSION model
- Communication with DCF is very important; facilitated by participation in Family Treatment Court
- Specialty courts allow more individualized mandates with provider collaboration; coordination of care
- Pregnancy screen at intake to Franklin County Sheriff's Office (pre-trial and sentenced intakes are the same)
- OTP at Franklin County Sheriff's Office (methadone)
- Franklin County Sheriff's Office offering buprenorphine
- Helping Women Recover and Nurturing Families groups behind the walls; Nurturing families groups in the community as well (with childcare)
- Dialectical Behavioral Therapy skills group inside the HOC and Staying Connected group
- Stages of Change group for people utilizing medication for SUD treatment; Peer Support Group
- Individual and group counseling behind the walls
- LS/CMI assessment for sentenced persons

Gaps

- Criminal case resolution often dictated by DCF requirements for custody
- DCF-level of care matching for people who need treatment; treatment needs to be individualized
- Statewide treatment services are a barrier to maintaining community connections
- Women have multiple, uncoordinated, often changing plans
- Mandating compliance with DCF plan is often onerous; not always relevant to immediate recovery/parenting goals; court should decide carefully before throwing weight of court behind DCF plan for someone who is also on probation
- Vocational prep for incarcerated women
- Limited contact visitation with children in absence of DCF order at HOC; need to work on family-friendly visitation that does not compromise corrections environment
- Court activity CARI/ID requirements to get into facility may deter DCF workers from wanting to go to facility
- DCF should get volunteers to supervise HOC visits

Intercepts 4 and 5: Reentry and Community Supervision



Resources

Intercept 4

- Reentry planning begins on first day of sentence
- 7 point plan for pre-trial residents
- 24 point plan for sentenced residents
- Reentry Coordinator pre-release and post-release reentry caseworkers; women-specific caseworker
- SAMHSA grant for post-release care for pre-trial detainees who have history of OUD (24 point re-entry checklist, beyond universal 7-pont checklist)
- MassHealth benefits activated/reactivated
- Community Corrections office opening soon (January 2020), under FCSO

Intercept 5

- Group specifically for women who are on probation; Greenfield and Orange District Court
- Probation uses the Ohio Risk Assessment Survey for persons on Risk/Need Supervision; ASUS for SUD; PICA for goal setting
- Designated Probation Officer for drug court and family treatment court
- Probation staff are trained in Motivational Interviewing
- Probation and HOC coordinate on reentry planning for people leaving on split sentence (incarceration followed by probation time)

Gaps

- Oppressive systems preventing care with women
- Outreach services for families of incarcerated women
- Services for exiting from coercive/oppressive relationships, including Commercial Sexual Exploitation
- Workforce development in community for women reentering

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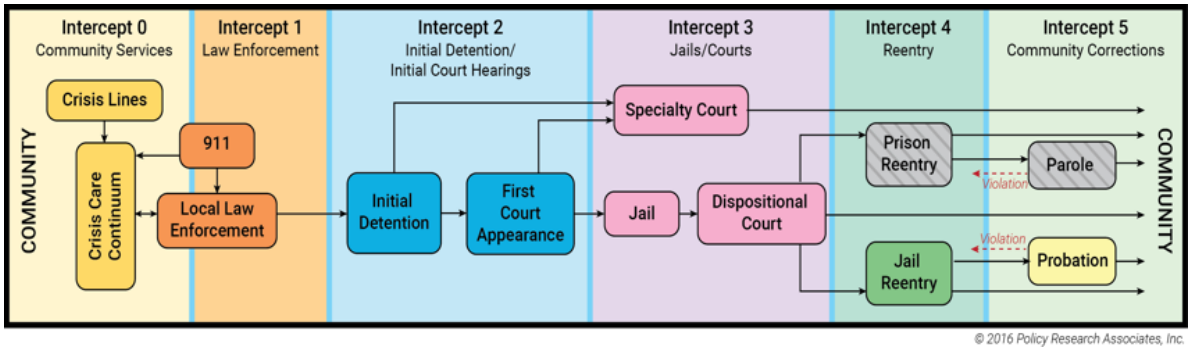
Community Intercepts



Resources

Treatment Providers
- Tapestry
- Behavioral Health Network, Inc.
- Clinical & Support Options
- ServiceNet
- Health Care Resource Centers
- PCP-based MAT
- Center for Human Development
- CleanSlate

Family Treatment
- Two Rivers
- Grace House
- Keenan House

Family Support
- Family Resource Center
- Salasin Center
- Valuing Our Children
- Montague Catholic Social Ministries
- REACH Early Intervention (ServiceNet)
- Head Start and Early Learning (Community Action)
- NELCWIT

Healthcare
- Community Health Center
- Pioneer Women's Health
- Baystate Franklin Medical Center
- Athol Hospital
- Primary Care Providers

Recovery/Peer Support
- RECOVER Project
- North Quabbin Recovery Center
- Recovery Learning Community
- Voices From Inside
- Franklin County Women's Group

Homeless Shelters/Services
- Family Inn
- Wells Street Shelter

Coalitions/Committees
- Perinatal Support Coalition
- Opioid Task Force
- North Quabbin Community Coalition and PACT
- Mental Health and Law Enforcement Committee
- Franklin County Resource Network
- Communities that Care
- Gill-Montague Community School Partnership
- Greenfield 4SC
- Early Childhood Mental Health Roundtable
- Systems of Care (CBHI)

Gaps

- Data on people in crisis not accessing care
- Treatment with children; outpatient treatment with kids
- Family sober living
- Safe spaces to disclose substance use or parenting concerns
- Information about babies outcomes
- Split dosing of methadone in community
- Screen on commercial sexual exploitation and interest in exiting, in community
- Resources and services for exiting CSE
- Care coordination for moms with children 4+ year old (Moms Do Care EMPOWER is for up to 3 y/o)
- Minimum standards of care for pregnancy during incarceration, on probation
- Custody dictating services
- Family-centered practices
- Kids in outpatient care
- Supporting interagency safety; avoiding A.P.S – options. Family-centered (?)

***NOTE:** These resources and gaps were identified during the facilitated interactive group portion of the workshop. As such, they are based solely upon the perspective and opinions of those present at the workshop.*

Priorities

1. Increase access to family treatment options: residential (with children), outpatient (with childcare); particularly local options to maintain community connections
2. Information and communication about DCF practices: removals, police presence and trauma-informed practices; level of care matching for parents; requirements of parents who are on probation; supervised visits at HOC and in community
2. Commercial sexual exploitation issues: screening, education and training among partners, services and resources for women seeking to exit exploitation *(tied with above)*
3. Family-centered and gender-responsive practices across justice intercepts: education, training, implementation
3. Sober living options for families *(tied with above)*
4. Timely access to trauma and mental health evaluations and treatment for children
4. Safe spaces for parents to disclose concerns without risk of justice or DCF involvement *(tied with above)*
4. Data: e.g., how many people need care and services, what services do they need, what is the capacity of available services, what is missing? *(tied with above)*
5. Coordinated case management for justice-involved moms with children 4 years and older
6. Awareness of family-centered services that already exist in the community: e.g., MDC EMPOWER
6. Community-based diversion options for pregnant/parenting people: pre/post-arraignment *(tied with above)*
6. Visitation/maintaining connections with children, for incarcerated moms: DCF-involved or not *(tied with above)*
7. Minimum standards of care for justice-involved pregnant persons
7. Vocational preparation and opportunities for justice-involved women *(tied with above)*
8. Family-centered and gender-responsive practices among treatment and social service providers: education, training, implementation
8. Coordination/communication between probation, DCF, defense attorneys (criminal and civil) for moms with open child welfare cases who are on probation *(tied with above)*
9. Services and resources for families of incarcerated persons

Parking Lot

- Sexual exploitation and sex work issues/tension
- Minimum standards of care legislation
- Dignity Act issues
- Mandated reporting legislation
- BSAS pilots: Project Promise and First Steps in eastern Mass

Values

Massachusetts Community Justice Project Values

- Hope
- Choice
- Respect
- Dismantle Stigma
- Person-first language
- Celebrate diversity
- Step up, Step back
- Recovery is possible

Added by Perinatal Workshop attendees

- Health equity
- Collaboration
- Recovery at the table
- Recognize peer support importance
- Family as a resource
- Meet people where they are, not where we want them
- Trauma-informed
- This is us
- Many paths to recovery
- Fear reduction help with justice system
- Resiliency
- Responsive to women's needs

Appendix Index

Appendix A: Participant List

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Appendix B: Workshop Evaluation

What is your role in the community?	
Justice: Law Enforcement, Courts, Corrections, Attorney, etc.	29%
Service Provider: Treatment, Healthcare, Harm Reduction, Family Support, Recovery Support	57%
Other	14%

Please rate the extent to which you agree or disagree that today's workshop met each of its goals	Agree/ Strongly Agree
This workshop increased my awareness of the Moms Do Care EMPOWER Program and how to make a referral	92%
This workshop helped identify resources, gaps and duplication in our community	100%
The workshop provided ample opportunities for networking and information sharing	100%
The workshop helped us determine priorities for change	100%
The workshop emphasized the importance of cross-sector collaboration, best practices and gender responsive systems	100%

Please rate program aspects	Agree/ Strongly Agree
Overall I am satisfied with the content and quality of the workshop	100%
The workshop was well organized	100%
Relevant examples were given during the presentations	100%
The facilitators demonstrated a high level of expertise on the subject matter presented	100%
The facilitators were well prepared concerning key issues and needs of the community	100%
Training materials and resources provided were helpful	100%
There was representation from key services and decision-makers	100%
There was opportunity for engagement of all participants, including people with lived experience, treatment, healthcare, justice, family support, and recovery support	92%

Do you feel this region will be able to successfully continue action planning following today's workshop? Why or Why not?

- *Yes, culture of collaboration in Franklin County*
- *Yes, we have clear commitment from MDC and the jail - and a plan from Marisa.*
- *Yes - need another session.*
- *Yes - very motivated community.*
- *Yes - already built connections, FCOTF*
- *Yes. Franklin County has a history of collaboration.*
- *Yes - collaboration.*
- *Yes! Transparency and no silos*
- *Yes - space for coalition building and networking inherent in this workshop and collaborative nature of the region (happy to see fellow FCRN members here today)*
- *Yes - if a follow-up workshop is held.*
- *Yes - collaborative approach and dedication*
- *Sexual exploitation/subjugation needs further exploration that will be a stumbling block/barrier to the implementation of the action plan.*
- *Yes - creating links of providers*
- *Yes!*
- *Yes - there's great collaboration and already work toward filling gaps.*
- *Yes, history of good collaboration, but hopefully will include next steps (leaving a little early)*
- *It's difficult to keep collaboration moving forward. I hope so!*
- *I think we will if we continue to meet and have these conversations - once isn't enough.*
- *Yes, because everyone cares about this vulnerable population*

RECOMMENDED CHANGES - What specific changes would you make to improve today's workshop?

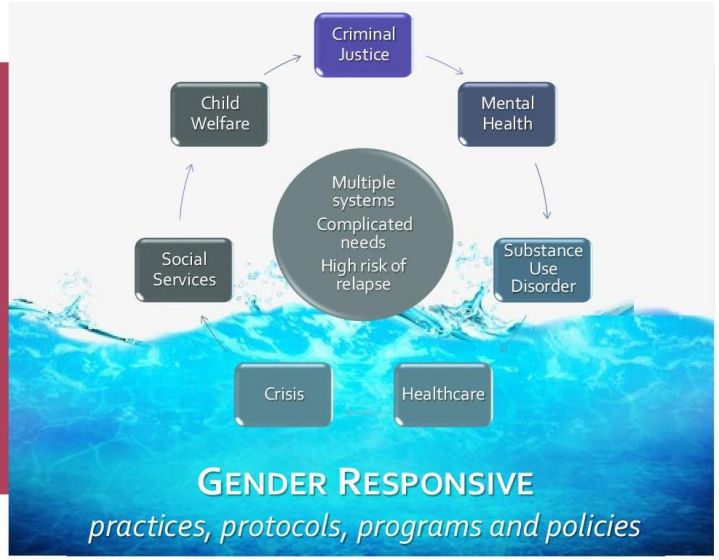
- *More time was needed for the workshop. We were just getting started in the discussion.*
- *DCF (I know you tried)*
- *As health care provider, had little knowledge/advice to give around justice/legal aspect.*
- *Important for DCF to have bigger role - maybe include as speaker so they have to come.*
- *Increasing peer involvement*
- *More time*
- *Needs to be longer*
- *I felt like for a justice-focused workshop, there were very few voices from the legal system. The actual realities of court were hard to discuss without more attorneys, police and judges in the room. CPCS will gladly send more representation to the next workshop if needed!*
- *Centering women with lived experience when developing models, case studies, collaborations - despite values still a pervasive sense of us vs. them in health and human service providers vs. clients.*
- *It was really fabulous*
- *Break off into specified, smaller working groups. This was A LOT of information in a condensed time - more time needed.*
- *None*
- *More time*
- *Important to elevate local women's voices on this topic and raise awareness about the role of men in relation to women's justice-involvement (e.g. many justice-involved women are victims of DV; committed crimes related to male partners); also need to raise awareness about stigma-laden language and avoid single mother shaming*

ADDITIONAL COMMENTS

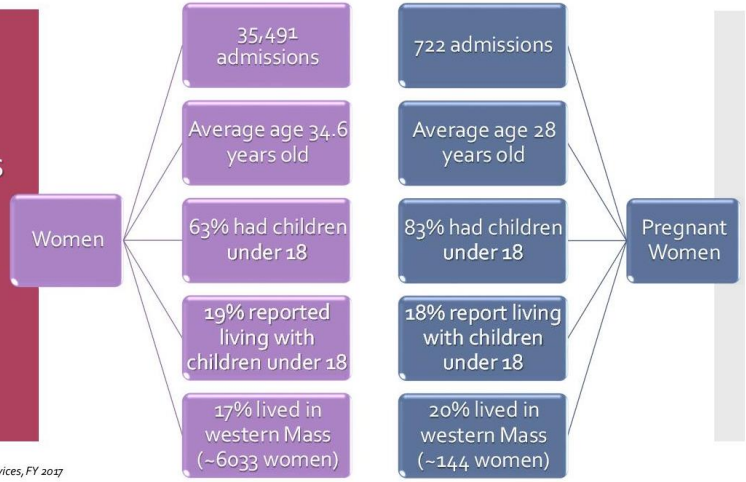
- *Great job!*
- *Next time invite CPCS CAFL staff attorneys maybe? Also, I know this was about Franklin County but it felt odd to neglect the situation in the other W. Mass counties that are so different. Maybe a little discussion of those systems would be helpful as well.*
- *Let's name systemic oppressive power structures: racism & sexism. I felt shying away from these concepts hurt discussion around sexual coercion & exploitation.*
- *Thanks!*
- *Thank you tons!*
- *This was a terrific workshop - very glad I came.*
- *Thank you! So important*
- *Use of acronyms should be discouraged or when used, please provide explanation.*
- *Interested in developing resources for women post-abortion*
- *Very well organized!*
- *Thank you for focusing on family-centered care*

Appendix C: PowerPoint

Excerpted from the Perinatal Community Justice Workshop and Subsequent Meetings

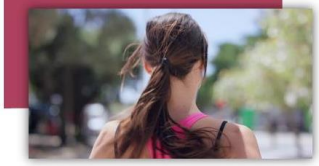


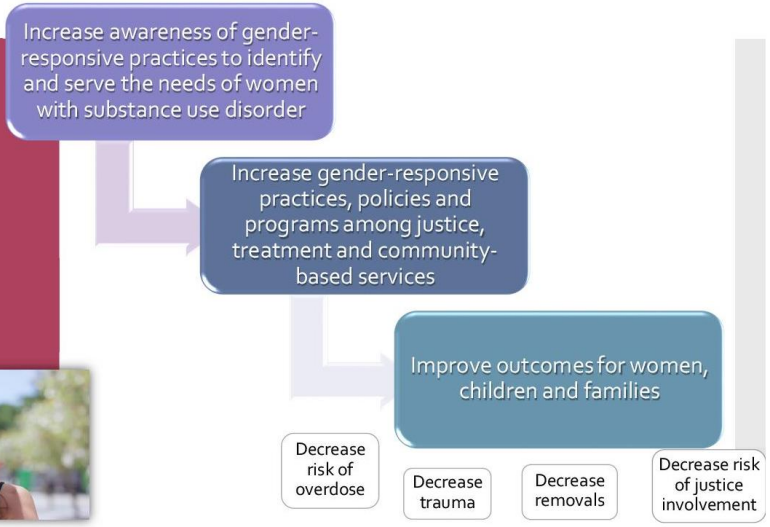
Massachusetts Treatment Admissions FY 2017



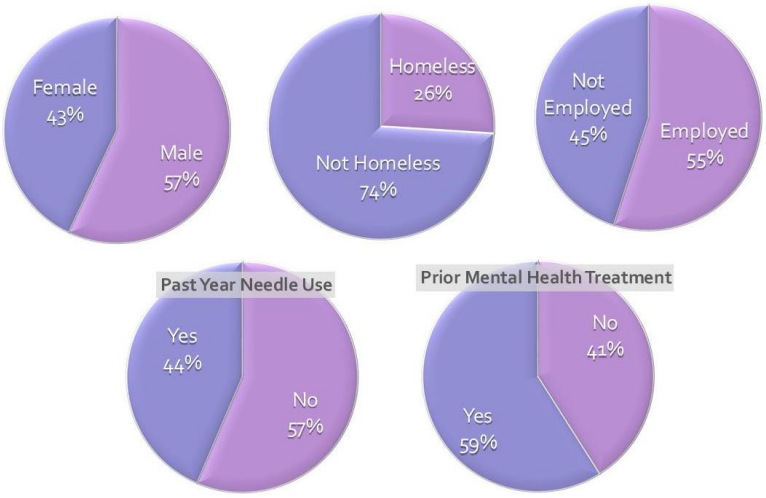
MA DPH: Bureau of Substance Addiction Services, FY 2017

Goals and Objectives





Franklin County Treatment Admissions FY 2017



MA DPH: Bureau of Substance Addiction Services, FY 2017

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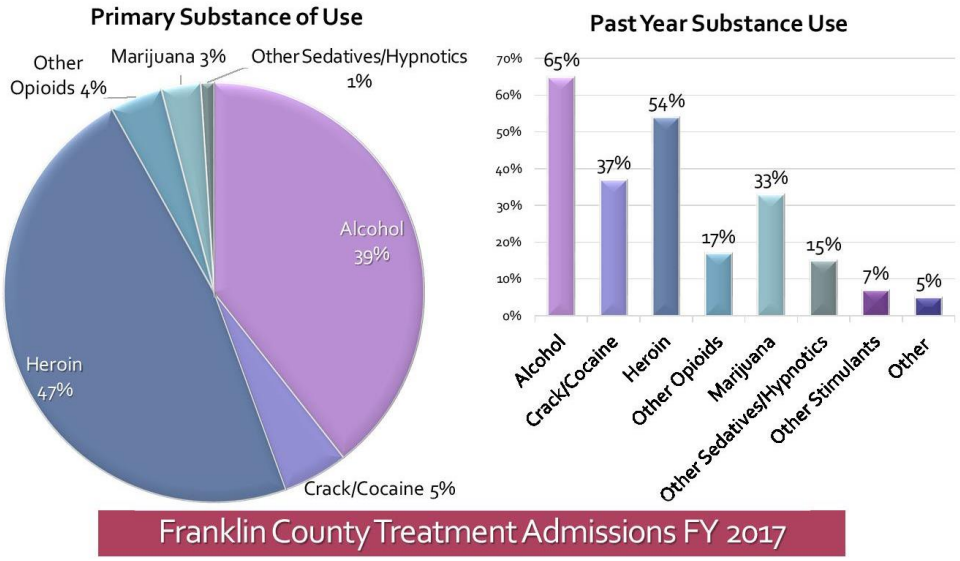
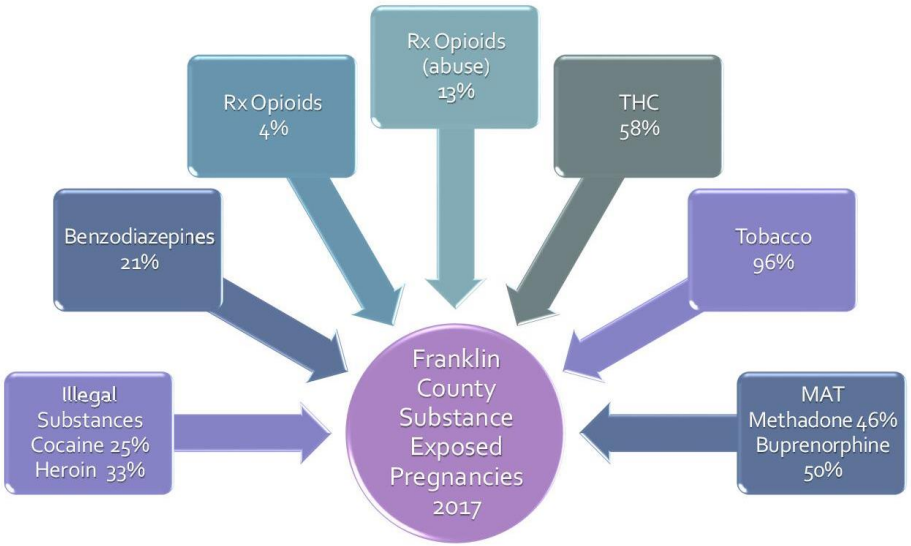
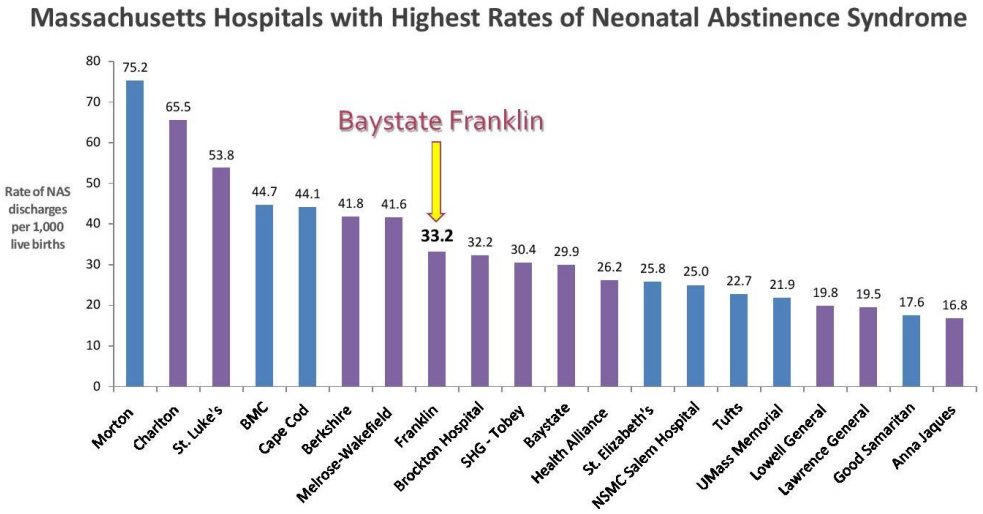
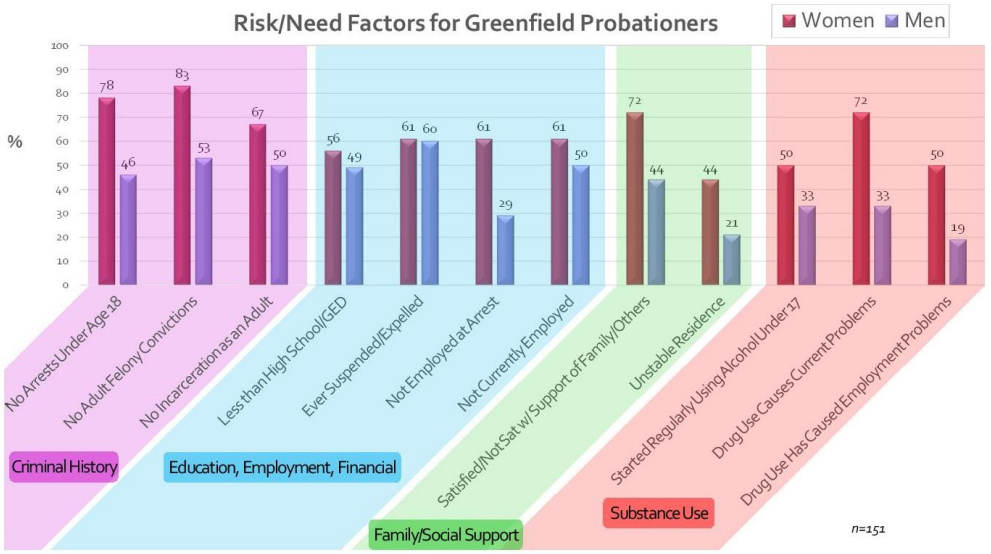






The Prison Birth Project: Celebrating 10 years of Reproductive Justice



Unique Biological and Psychological Needs

- Women's physical response to substances differ from those of men
- Greater risk of and earlier onset of medical issues
- Gynecological health needs
- Pregnancy
- More likely to have co-occurring mental health needs
- More likely to have physical and sexual trauma histories

SAMHSA TIP 51. Quick Guide for Clinicians. Substance Abuse Treatment: Addressing the Specific Needs of Women.

Differences Related to Substance Use and Disorders

Women are often unique in their:

- **Pathways** to substance use
- **Risk factors** for use
- **Consequences** of use
- **Barriers** to treatment/recovery
- **Recovery** support needs

SAMHSA TIP 51. Quick Guide for Clinicians. Substance Abuse Treatment: Addressing the Specific Needs of Women.

Unique Social Needs

- Significant relationships and family history play integral roles in initiation, pattern of use and development of SUD
- Significant relationships and adult family members may substantially influence women seeking treatment, support for recovery and relapse
- Pregnancy, parenting and child care influence substance use and increase likelihood of entering and completing treatment
- More likely to encounter obstacles across the continuum of care as a result of caregiver roles, gender expectations and socioeconomic conditions
- More likely to engage in help-seeking behavior and continue treatment after initiation
- Report more interpersonal stressful life events
- Often take different paths in accessing treatment for SUD
- Have unique client-counselor expectations and relational needs in treatment
- Face unique types of discrimination related to SUD

SAMHSA TIP 51. Quick Guide for Clinicians. Substance Abuse Treatment: Addressing the Specific Needs of Women.

Patterns Among Women with SUD

- Family substance use
- Having adult responsibilities as a child
- Partners with SUD
- LGBTQ at greater risk
- Hep-C and HIV risk
- History of adverse childhood experiences
- More likely to have co-occurring disorders
- Telescoping: progress faster from initiation of use to more risky use and consequences
- Likely to curtail use or abstain while pregnant

Risks of Perinatal Opioid Use Disorder

Obstetric
- Lack of prenatal care
- Fetal growth restriction
- Placental abruption
- Fetal Death
- Preterm Labor
- Additional substances
  - Tobacco
  - Marijuana
  - Cocaine

Social
- Sexual Exploitation
- Criminal Activity

Mental Health
- Co-occurring mental diagnoses
- 30-40% risk of moderate to severe perinatal depression

Relapse and Overdose
- Overdose rates are lowest in 3rd trimester and highest 7-12 months postpartum
- Women on MAT less likely to overdose 4.43 vs 10.04 per 1,000 days

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Barriers to Treatment Engagement

Individual
- Concern about not being able to use substances to deal with symptoms of co-occurring disorders
- Guilt and shame
- Fear of losing children
- Difficulty accessing tx, securing services, coordinating medical and SUD needs

Relational
- Usually primary caregivers of children and other family members
- May be vulnerable to relationship issues

Structural
- Few tx facilities offer programs for pregnant/ postpartum women
- Few residential programs with children and outpatient programs with childcare
- Few programs that combine prenatal care with treatment
- Transportation

Sociocultural
- More likely to gain awareness and initiate treatment with outreach services
- Concerns about being viewed as irresponsible/ neglectful mother; interferes with help seeking
- Cultural differences about substance use in general, help seeking and treatment

Systemic
- Multiple services that are fragmented requiring negotiation of a maze of services
- Risk of losing public assistance
- Fear of legal consequences

SAMHSA TIP 51. Quick Guide for Clinicians. Substance Abuse Treatment: Addressing the Specific Needs of Women.

Best Practices Treating OUD During Pregnancy and Postpartum

Babies are not born addicted

- Early Universal Screening
- Avoid/minimize use of opioids for chronic pain
- Consider modifying prenatal testing
- Encourage breastfeeding
- Adequate postpartum psychosocial support
- Contraception access and counseling
- Opioid agonist pharmacotherapy is recommended over supervised withdrawal


ACOG COMMITTEE OPINION

Opioid Use and Opioid Use Disorder in Pregnancy

MOMS D♥ CARE

Medications for Opioid Use Disorder

The best treatment is the one that supports recovery

Methadone

- Longest data
- **Increase/split dosing typical, 3rd trimester**
- Dose to prevent withdrawal
- Increase dose not associated with increased risk of NAS
- **Possible reduction in NAS with split dosing**

Buprenorphine

- Lack of long term data
- Precipitated withdrawal
- Increased risk of diversion
- Fewer drug interactions
- Less frequent visits
- Less severe NAS

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Principles of a Gender-Responsive Justice System

- Acknowledges that **GENDER MAKES A DIFFERENCE**
- Environment based on **SAFETY, RESPECT AND DIGNITY**
- Policies, practices, programs are relational and promote healthy connections to **CHILDREN, FAMILY, SIGNIFICANT OTHERS AND COMMUNITY**
- **SUBSTANCE USE DISORDERS, TRAUMA, MENTAL HEALTH ADDRESSED** through comprehensive, integrated and culturally relevant services and appropriate supervision
- Women have opportunities to improve **SOCIOECONOMIC CONDITIONS**
- System of **COMMUNITY SUPERVISION AND REENTRY ESTABLISHED**, with comprehensive, collaborative services

"Gender Responsive Strategies for Women Offenders." National Institute of Corrections, U.S. Department of Justice. May 2005.

Principles of Gender-Responsive Treatment

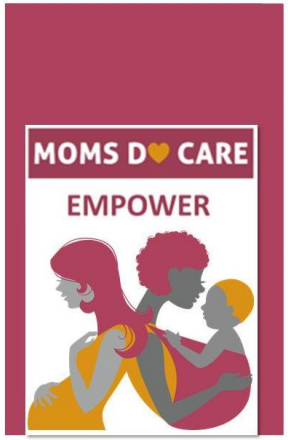
- Acknowledge the importance and role of socioeconomic issues and difference among women
- Address unique health needs
- Recognize that ascribed roles and gender expectations across cultures affect societal attitudes toward women with substance use disorders
- Integrated and multidisciplinary
- Promote cultural competence specific to women
- Endorse developmental perspective
- Trauma-informed perspective
- Maintain gender responsive treatment environment across settings
- Recognize role and significance of relationships in women's lives
- Attend to relevance and influence of various caregiver roles women often assume
- Strengths-based
- Support development of gender competence specific to women's issues among clinicians, administrators and staff

SAMHSA TIP 51.
Quick Guide for Clinicians.
Substance Abuse Treatment:
Addressing the Specific Needs of Women.

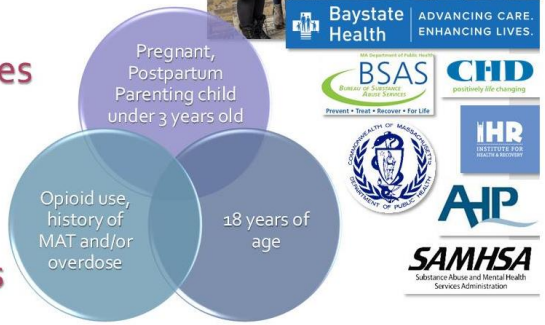
Recommended Standard of Care for Pregnancy During Incarceration

- Assess for pregnancy on admission, provide comprehensive STI/STD testing
- Provide pregnancy counseling and abortion services with community based/peer support services (doulas, options counseling, non jail staff)
- Provide perinatal care following ACOG guidelines
- Provide regularly scheduled OB/midwifery care on demand, provide access to unscheduled emergency visits on a 24-hour basis
- Initiate treatment for SUD, prompt initiation of opioid assisted therapy is critical, with the best practice of split dosing
- Test and treat HIV
- Treat PPD/PPMD after delivery
- Limit use of restraints during entire pregnancy – NO restraints during transport – labor and delivery
- After delivery a healthy baby should remain with the mother to facilitate bonding
- Offer support groups that are community based, allow for alternative visits, support breastfeeding and pumping
- Mother should be allowed to attend to child's ongoing care – attend well visits, play groups, immunizations, etc.
- Provide increased high quality nutrition during pregnancy and postpartum
- Deliver services in a hospital and not inside the HOC
- Provide contraception on demand

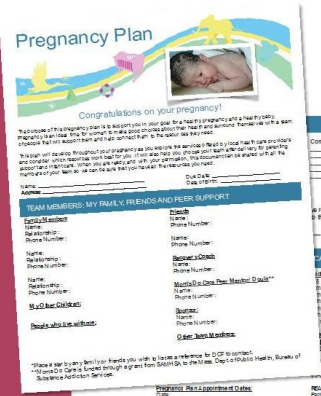
"Pregnancy and Postpartum Care in Correctional Settings," Carolyn Sufrin, MD, PhD.
Endorsed by the American College of Obstetricians and Gynecologists, 2015.

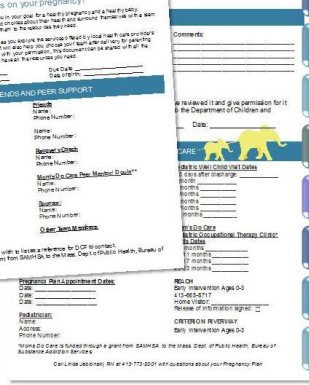


Engaging Mothers Positive Outcomes With Early Referrals



Plan of Safe Care





- Pre-birth pregnancy plan and tour
- What to expect from DCF
- Birth plan & pain management
- Full Rooming in
- Skin to Skin
- NAS screening and treatment
- Non pharmacologic Care
- Courtesy Room
- Cuddler Program

Medical/Behavioral Health Home
- Pioneer Women's Health
- Greenfield Family Medicine
- Counseling
- Care Coordinator
- Doula Office
- Recovery Coach
- Nurse Navigator

Peer Mentors
- Peer Support
- Advocacy
- Pregnancy
- Birth
- Postpartum
- Care Navigation

Service Integration
- Care Team
- MAT Providers
- Trainings

Pediatric OT Clinic
- Regular Clinic Visits
- Growth & Development
- Communication
- GI
- Ophthalmology
- Collaboration with EI
- Coordination with other services

Justice Collaborations
- Sequential Intercept Mapping
- Best Practice Standards
- Family Drug Court
- Re-entry hand-offs

Peer Mentor Support

Recovery Coaches and Doulas

Moms Do Care (MDC) EMPOWER staff include people with lived experience who are in recovery. They are specially trained to work with women who have opioid use issues. Our peer mentors can provide:

- Support and advocacy through attending appointments
- Transportation to appointments
- Support for women involved in the criminal justice system

Recovery Coaches have navigated the recovery system and can help eliminate barriers to recovery.

Doulas support women physically and emotionally during pregnancy, birth, and postpartum. Doula services can also include:

- Childbirth Education
- Birth Support
- In-home postpartum visits and breastfeeding support

Baystate Franklin Medical Center
THE BIRTHPLACE

MOMS DO CARE

The **Moms Do Care (MDC) EMPOWER Program** helps pregnant, postpartum, and parenting women get medication (like Methadone, Buprenorphine and Naltrexone). We also help with other substance use treatment and recovery services, health care services, and social services.

Moms Do Care EMPOWER supports women in their recovery before and after they give birth and throughout the early years of parenting. We offer case management, counseling, ways to keep custody, and parenting groups.

Women who sign up for the program will meet with a team member to determine their eligibility, their needs, and create a personalized service plan.

THE MOMS DO CARE PROGRAM IS FUNDED BY A GRANT FROM THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION TO THE MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH, BUREAU OF SUBSTANCE ADDICTION SERVICES.

MOMS DO CARE

EMPOWER

A COMMUNITY BASED PROGRAM FOR PREGNANT, POSTPARTUM, AND PARENTING WOMEN WITH OPIOID USE

For information call
our program coordinator at
(413) 773-2001

Who can enroll in the Moms Do Care Program?

If you answer YES to the following questions, you may be able to enroll:

- Are you pregnant, postpartum and/or parenting a child under 36 months? (The child does not need to be in your custody.)
- Age 18 or older?
- Have you used heroin or any prescription opioids without a prescription, been on medication for an opioid use disorder, or have a history of an opioid overdose?
- Do you want assistance with: medication for opioid use, substance use treatment, recovery supports, and other healthcare services?
- Are you wondering where to turn for help?

To learn more about enrollment, contact Linda Jablonski at (413) 773-2001

What does the Moms Do Care Program offer?

Program Services

- Peer mentor support
- Assistance accessing medication assisted treatment (Methadone, Buprenorphine and Naltrexone) and other substance use treatment and recovery services
- Access to health care and social services
- Trauma-informed midwifery care
- Counseling
- Care coordination and referrals
- Specialized Pediatric Developmental Clinic
- Support and advocacy in the criminal justice system

Prenatal Care

Pioneer Women's Health offers patient-centered, trauma-informed midwifery care. Our team of midwives and doctors collaborate to support your individual needs for pregnancy and postpartum care.

To make an appointment at Pioneer Women's Health, call (413) 773 - 2200

48 High Street Greenfield, MA

We care for You!

Personalized Care Management and Counseling

Our Moms DO Care EMPOWER care coordinator is conveniently located in the same location as Pioneer Women's Health. Services include counseling, individualized care management, and referrals.

Nurse Navigator

Our nurse navigator will meet with you early in pregnancy. She will answer your questions about medication assisted treatment, neonatal withdrawal, breastfeeding and your hospital stay. You can also schedule an appointment to tour the Birthplace, meet our pediatrician and discuss your birth plan.

Pediatric Clinic

Our pediatric follow up clinic offers families the opportunity to meet with our pediatrician and occupational therapist. They will assess your baby's nutrition, growth and development, communication and motor skills. The clinic staff can also help you coordinate with home visiting agencies to create a plan of care.

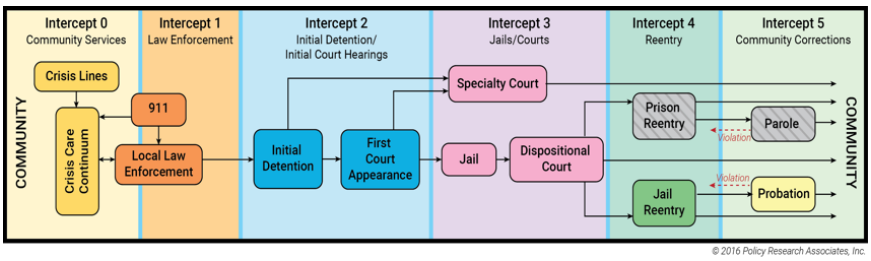
Best Practices Across Intercepts

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 trainin

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

Appendix E: Action Planning Template

PRIORITY					
Objective What do we want to achieve?	**Activities/Tasks** What do we have to do to meet the objective?	**Resources** What resources are necessary to complete the activity? (people, time, space, equipment, $) Who should be at the table? Is anyone already engaged in this activity? What data do we have? What data do we need?	**Timeframe** How much time is required for the activity? When can action begin on this activity?	**Barriers** Are there any potential barriers to consider?	**Responsibility** Who will take the lead?