Massachusetts Community Justice Project

An Initiative of the Massachusetts Trial Court

Massachusetts Community Justice Workshop Report

Pittsfield District Court:

Becket, Dalton, Hancock, Hinsdale, Lanesborough, Lenox, Peru, Pittsfield, Richmond, Washington, Windsor

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

Commonwealth of Massachusetts The Trial Court

Mass DMH Department of Mental Health

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

Massachusetts Community Justice Workshop Report

Sequential Intercept Mapping and *Taking Action for Change*

Introduction:

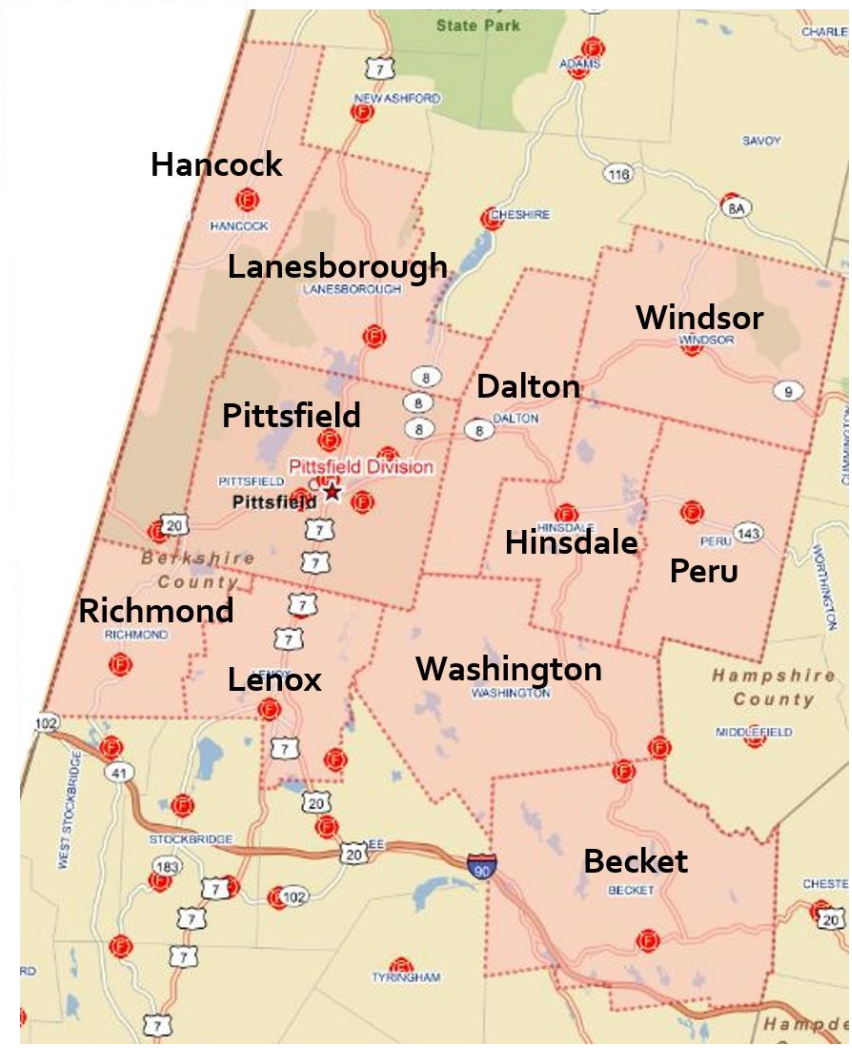
The purpose of this report is to provide a summary of the Community Justice Workshop, including *Sequential Intercept Mapping* and *Taking Action for Change* meetings, held for the Pittsfield District Court jurisdiction on October 25th and 26th. This report includes:

- 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 court jurisdictions action plan and achieve their goals.

The workshop was attended by 66 individuals representing multiple stakeholder systems including mental health, substance abuse treatment, crisis services, human services, corrections, advocates, family members, consumers, law enforcement, veterans' services, and the courts. A complete list of participants is available in Appendix A.

The workshop was facilitated by Amy Koenig, Chief Probation Officer for the Berkshire Probate and Family Court; Ben Cluff, Veterans Services Coordinator for the Bureau of Substance Abuse Services at the Department of Public Health; and Marisa Hebble, Coordinator of the Massachusetts Community Justice Project with the Trial Court.

The planning committee for this workshop was chaired by Judge William Rota, First Justice of the Pittsfield District Court. Planning committee members are indicated in Appendix A. Communities included in this jurisdiction: Becket, Dalton, Hancock, Hinsdale, Lanesborough, Lenox, Peru, Pittsfield, Richmond, Washington, Windsor.



Background of the Massachusetts Community Justice Project:

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

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

Project Goals, Objectives, and Strategies:

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

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

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

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

Framework: The Sequential Intercept Model

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

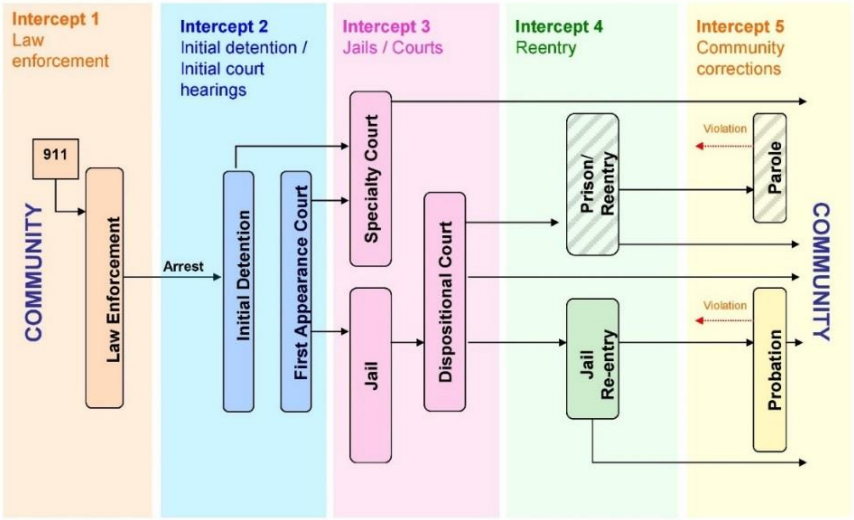
The model depicts the justice system as a series of points of "interception" at which an intervention can be made to prevent people from entering or penetrating deeper into the criminal justice system.[2]

[1] SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model.* Delmar, NY: Policy Research Associates, Inc.
[2] Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services,* 57(4), 544-549.

Points of intercept include:

- Intercept 1: Law Enforcement and Emergency Services
- Intercept 2: Initial Detention and Initial Hearings
- Intercept 3: Jail, Courts, Specialty Courts, Forensic Evaluations, and Forensic Commitments
- Intercept 4: Reentry from Jails, State Prisons, and Forensic Hospitalization
- Intercept 5: Community Corrections (Probation and Parole) and Community Support

The model provides an organizing tool for a discussion on how to best address the behavioral health needs of justice-involved individuals at the local level. Using the model, a community can identify local resources and gaps in services; decide on priorities for change; and develop targeted strategies to increase connections to treatment and recovery support services.



The Massachusetts Community Justice Project is including a discussion of Intercept Zero at every workshop. Intercept Zero encompasses the places in the community where people with mental illness and/or addiction can have their needs identified and be connected with treatment and recovery resources before intersecting with the justice system. Intercept Zero includes (but is not limited to): schools, healthcare providers, mental health treatment providers, homeless shelters, and human service agencies.

About the Workshop:

Community Justice Workshops take place in District Court jurisdictions and bring together key local stakeholders for a facilitated one or two-day event, *Sequential Intercept Mapping* and *Taking Action for Change* (optional). Stakeholders include people in leadership roles from the local justice system, mental health and addiction treatment systems, recovery support and human service agencies. Front-line staff as well as people with lived experience are also at the table and are important contributors.

Objectives of the workshop include:

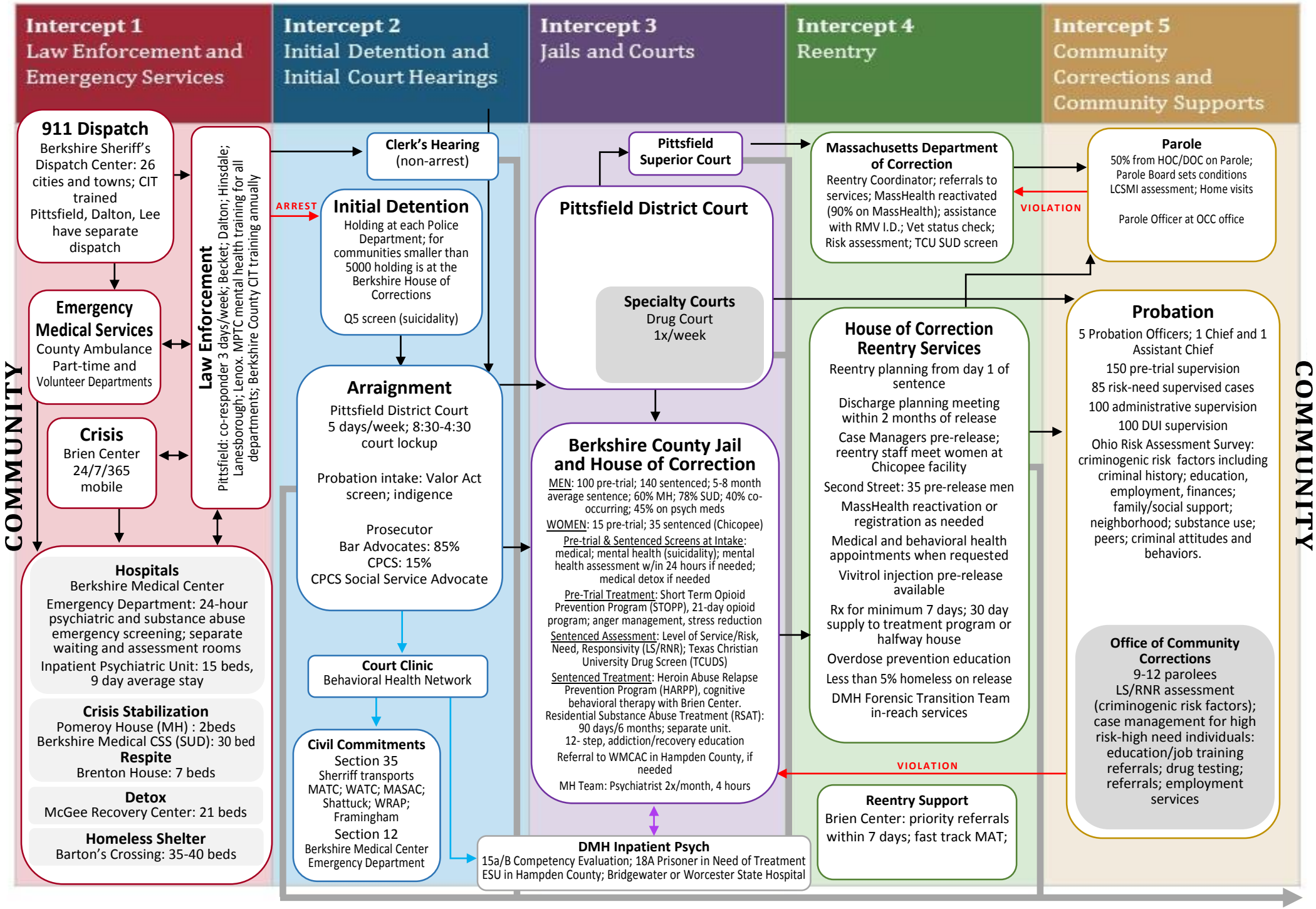
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region's criminal justice system along the five distinct intercept points.
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities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

Pittsfield Community Justice Workshop

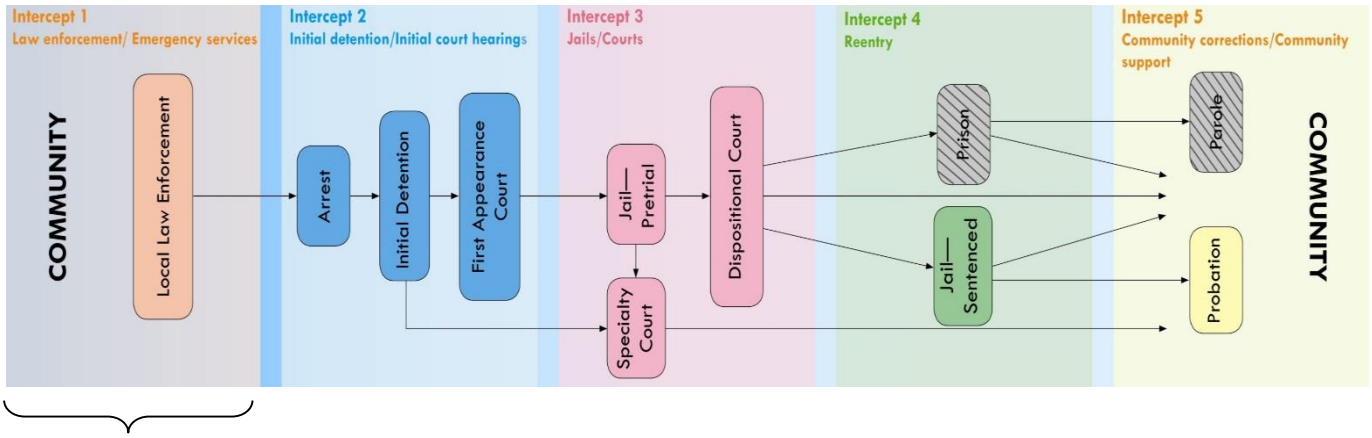
Following is a *Sequential Intercept Model* map, a list of local resources as well as gaps, priorities, and an initial action plan developed during the workshop.

***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.*

Pittsfield District Court Jurisdiction Map



Intercept 1: Pre-Arrest Diversion Law Enforcement/Emergency Services



Resources

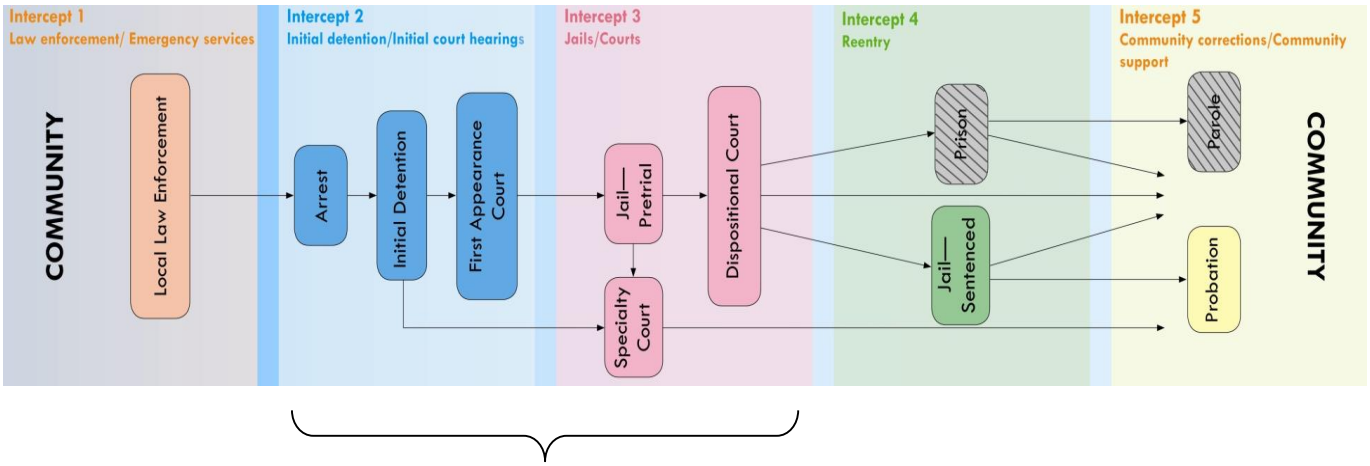
- CIT trained dispatch at Berkshire County Sheriff's Office
- CIT annual training in Berkshire County
- Co-responder with law enforcement (also a gap, need more)

Gaps

- CIT funding gap – resources to send officers to CIT
- Only 3 days/week of co-responder
- No 24 our drop-off center
- Law enforcement not carrying naloxone – training, storage, security issues
- Gathering data on military status
- Response for juveniles in crisis
- Access to CSS at Berkshire Medical Center
- No harm reduction center or services

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

Intercepts 2 and 3: Court-Based Diversion/Jail Diversion



Resources

Intercept Two

- Court clinic
- Social service advocate with CPCS
- Brien Center newly trained Recovery Coach
- Veterans Services
- Possible section 35 beds at Berkshire County House of Corrections

Intercept Three

Pre-trial

- STOPP –21 day program
- AA and NA
- Stress reduction/anger management

Sentenced

- All inmates assessed, medical and substance abuse assessment
- HARP – opiate based program
- Vivitrol
- RSAT – 90 day/6 month sentence
- GED/OSHA/Williams College program

***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.*

- Victim impact course
- Western Mass Correctional Addiction Center
- New Pittsfield drug court

Gaps

Intercept Two

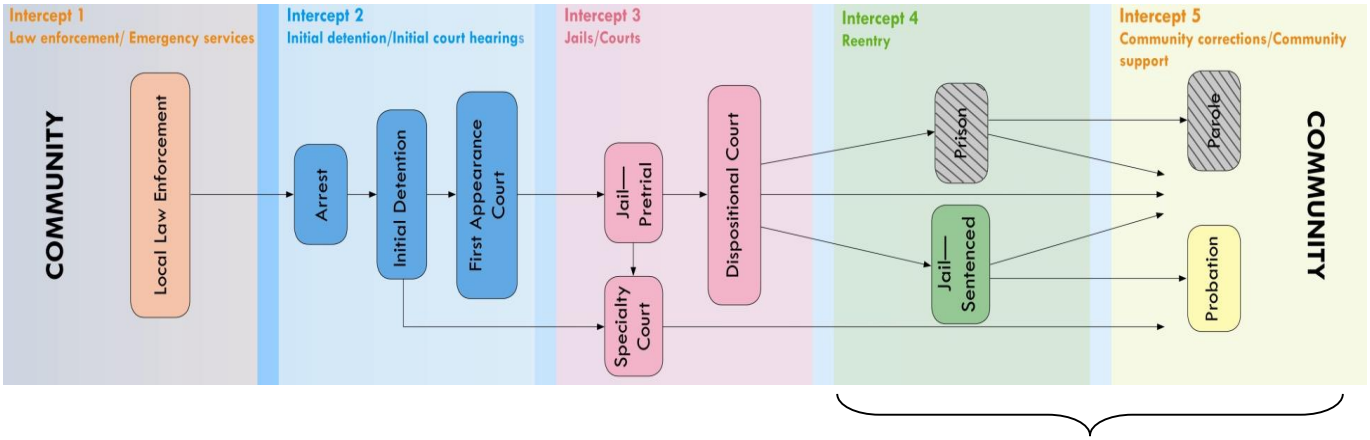
- No formal diversion program after arrest, pre or post-arraignment
- Social service providers
- Office of Community Corrections only serves sentenced individuals – no pre-trial sentencing
- Few section 35 beds – only 20-25 days
- Lack of follow through after section 35 – e.g., communication with Brien center
- Transportation from section 35 placement back to Berkshire County
- Male equivalent of WRAP
- More residential care
- Closing of peer recovery support center – ROCc
- Post 35 outreach

Intercept Three

- Overdose education and naloxone
- Peer recovery
- Criminogenic traning for behavioral health providers
- No medication assisted treatment (suboxone) in jail
- No roundtable meetings for criminal justice and service providers
- No MAT services at jail –if HOC begins taking section 35 patients, this will be an issue
- Psychiatrist only 2x a month
- Larger communities don't have access to regional lock up, therefore no screening in communities larger than 5,000

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

Intercepts 4 and 5: Reentry and Community Supervision



Resources

Intercept Four

- 2nd Street – referrals of all types
- Transportation
- Family Resource Center

Intercept Five

- *None listed*

Gaps

Intercept Four

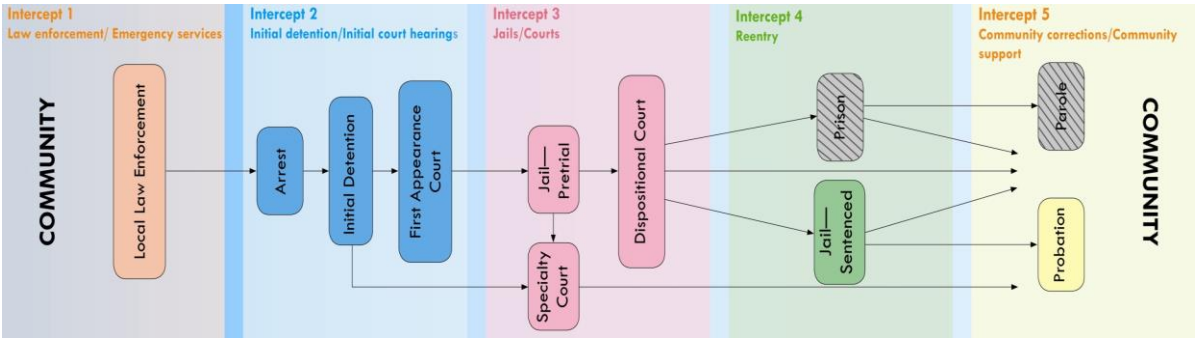
- Need mechanism to ID individuals who don't meet DMH criteria
- Reconvene 2nd St meeting with providers and stakeholders
- Pre-trial inmates released at court
- Communication of plan and services between probation and Sheriff's department
- Services for inmates reentering from DOC or other counties
- Services for families of inmates
- Workforce shortage

Intercept Five

- Behavioral health training for probation service staff
- Trauma informed training needed
- Residential program for pregnant women
- Affordable housing

***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 0: Pre-Crisis Community Resources/Services



Resources

- Adolescent Community Reinforcement Approach (ACRA) – Brien Center
- Screening Brief Intervention and Referral to Treatment (SBIRT) in the high school – 9th grade
- Prevention Needs Assessment Survey (PNAS) data – 8th, 10th, 12th grade
- District Attorney's Office community outreach in schools
- Patrick Miller Youth Substance Abuse Program in schools – Brien Center; counselors and education
- Pittsfield Prevention Partnership
- Berkshire Opioid Abuse Prevention Collaborative (BOAPC)
- Christian Center
- BMC Pain Initiative
- Berkshire Coalition for Suicide Prevention
- Learn to Cope
- Berkshire Youth Development Project
- Pittsfield Community Connection
- Berkshire Family Resource Center – Guiding Good Choices family education/skills program
- George B. Crane Memorial Center
- Soldier On
- CHP Community Health Center

Gaps

- Substance use disorder/mental health services specifically for youth
- Partial hospitalization for youth
- Psychiatry for youth
- Inpatient mental health capacity

***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.*

Keys to Success

fill out with local best practices

The following best practices to enhance cross-sector collaboration are currently underway in this region.

Cross-Systems Partnerships (Coalitions, Task Forces, etc.)

-
-

Communication and Information Sharing Agreements

-
-

Boundary Spanners and Champions

-
-

Cross Training

-
-

People With Lived Experience/Advocates at the Table

-
-

Priorities

1. **Resources and training for first responders: CIT police training and police co-responders** – 25 votes
2. **Trauma-informed training and practices across intercepts and partners** – 15 votes
3. **Recovery support center/services** – 12 votes
4. **Transitional Support Services** – 11 votes
5. **Develop a coalition/task force** – 9 votes

- Residential program for pregnant women – 6 votes
- Affordable supportive housing options – 6 votes
- MAT in HOC – 4 votes
- Naloxone for police – 3 votes
- Behavioral health training for probation staff – 3 votes
- Reconvene reentry roundtable – 2 votes
- Post section 35 issues – communication, transportation, services – 2 votes
- Communication of plan between HOC and probation – 2 votes
- Drop off crisis center – 2 votes
- Overdose education and naloxone at the jail – 1 vote
- Increase psych services at jail – 1 vote
- Regional lock up – 1 vote
- Family services at HOC – 1 vote
- Outreach to active users – 1 vote
- Post-arrest diversion program – 1 vote
- Lack of social service advocates for bar advocates – 1 vote
- Criminogenic training for behavioral health providers – 0 votes
- Police/crisis protocols re: vet status – 0 votes
- Services for people coming from DOC and other counties – 0 votes

***NOTE:** These 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.*

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
- Resources Specific to the Pittsfield Workshop Priorities
    - Pre-Arrest Law Enforcement Based Crisis Intervention Teams and Jail Diversion Programs - Mass DMH
    - Trauma-Informed Approach and Trauma-Specific Interventions – SAMHSA
    - Bringing Recovery Supports to Scale – SAMHSA
    - Links to
        - Recovery and Recovery Support
        - How to Build Your Own Peer-to-Peer Recovery Center
        - Transitional Support Services
        - Coalition Building and Training

Appendix C: Action Planning Tools

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Appendix B: Resources

Massachusetts Community Justice Project Resource List

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

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

Best Practices

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

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

The five intercept points are:

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

Action for Service-Level Change at Each Intercept

Intercept 1: Law Enforcement

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

Intercept 2: Initial Detention/Initial Hearings

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

Intercept 3: Jails/Courts

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

Intercept 4: Reentry

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

Intercept 5: Community Corrections

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

Across All Sectors

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

Three Major Responses for Every Community

Three Major Responses Are Needed:

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

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

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

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

FACT SHEET

Pre-Arrest Law Enforcement Based Crisis Intervention Teams (CIT) and Jail Diversion Programs (JDP) FY2016

Mass DMH Department of Mental Health

Nature of the Problem

People with mental illness and substance use disorders are overrepresented in the criminal justice system.

- 7 – 10% of all police calls involve a person with a mental disorder
- 15% to 31% of individuals in US jails and prisons have a mental illness
- Individuals who cycle in and out of the mental health, substance use and criminal justice systems and often receive fragmented treatment are at risk of re-arrest, often for non-violent offenses

The need for targeted services to safely manage community crises and divert people, when appropriate and safe, from the criminal and juvenile justice system and toward needed community based treatment is seen as a national priority.

How Specialized Responses and Police-Based Jail Diversion Works

- Specialized training programs such as Crisis Intervention Team Training is helpful in maximizing knowledge and skills of police in working with individuals with mental illness, but also helps facilitate and ensure appropriate treatment linkages
- The primary goal of any police-based jail diversion program (JDP) is to reduce or eliminate the time people with mental and substance use disorders spend incarcerated and criminal charges by redirecting them from the criminal justice system to community based treatment and supports.
- Jail diversion programs aim to decrease criminal recidivism, enhance public safety and improve access to care for those who need it.

Funding History: Massachusetts DMH CIT & Police-Based Jail Diversion

- The Framingham Jail Diversion Program initiated with grant funding in April 2003, with State support starting in FY07.
- Since 2007, state support through the Department of Mental Health for Pre-Arrest Jail Diversion Programs has expanded to just over $1.4M annually as of FY2015.
- Program models for police-based diversion have expanded along with the funding
- Currently Police Departments that receive DMH funding for Police Programs Include over 29 direct grantees and over 64 towns and communities in Massachusetts
- Three sites receive DMH-funding to serve as CIT-Training and Technical Assistance Centers (i.e., hubs) for regional behavioral health training

Pre-Arrest Jail Diversion Models

Police Based Crisis Intervention Team (CIT): Specialized mental health response, with specially trained officers, coordinated interagency partnerships, and enhanced policies related to working with individuals in emotional crisis

Mental Health-Police Based Response (Co-Responder Model): Clinician placed within police department to co-respond to calls that have mental health components

Specialized officer training (e.g., Mental Health First Aid) and hybrid models

Findings in Massachusetts

Major positive impact on communities that have jail diversion programs in Massachusetts:

- Over 2,100 diversion events occurred between July 1, 2011 and June 30, 2013.
- Among events where arrests could have occurred, 73-92% were diverted from arrest to treatment in FY2012 and FY2013.
- In FY2012 and FY2013 over 7,000 hours of mental health training was provided to 476 officers through DMH-supported Crisis Intervention Team and Mental Health First Aid Training.

Proactive prevention through the Jail Diversion Programs allows for specialized wellness checks, access to school resource officers, and other interventions communities avoid subsequent costly encounters with police.

Potential Savings from Jail Diversion Programming

- In the short term, national data shows diversion shifts costs from the criminal justice to the community treatment system, but projected analyses show that police-based jail diversion can avoid costs both of unnecessary emergency room visits and arrests.
- National data has shown that rigorous, specialized police training programs reduce injury to all parties and decrease costs associated with police officers being out with injury.
- Jail diversion programs alleviate jail over-crowding, reduce the costs of treatment during incarceration, shrink court dockets and decrease unnecessary prosecution.

Sources:
1. DMH Jail Diversion Database;
2. The National GAINS TAPA Center (Technical Assistance and Policy Analysis); 1 in 31: The Long Reach of American Corrections in Massachusetts by The PEW Center on the States (2009).
3. CMHS National GAINS Center. (2007). Practical advice on jail diversion: Ten years of learnings on jail diversion from the CMHS National GAINS Center, Delmar, New York
4. Reuland M, Schwarzfeld M, Draper L. Law enforcement responses to people with mental illness: A guide to research-informed policy and practice. Council of State Governments Justice Center, New York, New York. 2009, available at http://www.ojp.usdoj.gov/BJA/pdf/CSG_le-research.pdf;

Police-Based Crisis Intervention Team (CIT) & Jail Diversion Funding Supported by DMH as of FY16

City/Town/Provider DMH Grantees	Grant/Funding Start Date	CIT/Jail Diversion Model	Regional Consortium Members & Additional Participating Communities
Amherst	FY2015	CIT	
Arlington	FY2016	Co-response/MHFA	
Ashland	FY2015	REGIONAL CONSORTIUM Innovative/MHFA	Sherborn; Holliston; Hopkinton
Barnstable	FY2015	CIT/MHFA	
Bedford	FY2016	REGIONAL CONSORTIUM Innovative/MHFA	Lincoln; Stow; Concord; Lexington; Acton; Carlisle; Maynard; Hanscom AFB
Boston-B2	FY2016	Co-response	
Boston-D4	FY2016	Co-response	
Boston-D14	FY2016	Co-response	
Brockton	FY2016	CIT/Innovative	
Brookline	FY2015	CIT	
Danvers	FY2016	CIT/MHFA	
Fitchburg	FY2016	MHFA/CIT	
Framingham	FY2008	Co-response	
Greenfield	FY2015	CIT	
Holyoke	FY2014	CIT/MHFA	
Lynn	FY2014	Innovative/MHFA	
Marlboro	FY2016	Co-response	
Quincy	FY2008	Co-response	
Salem	FY2014	CIT and p/t co-response	
Somerville	FY2016	CIT/MHFA	
Somerville: Training and Technical Assistance Center	FY2014	CIT-TTAC*	Belmont; Everett; Malden; Medford; Cambridge
Springfield	FY2015	CIT Training	
Taunton: CCIT for Taunton and Training for surrounding Southeast Area communities	FY2016	CCIT-TTAC*	Attleboro; Raynham; North Attleboro; Easton; Walpole; Chatham; Norton; Rehoboth; Seekonk; Fall River; New Bedford; Boxborough; Yarmouth; Weymouth; Bridgewater; Newton; Duxbury
Wakefield	FY2016	CIT/innovative	
Waltham	FY2016	Co-response/MHFA	
Watertown	FY2016	Co-response	
Westfield	FY2014	CIT	
Worcester	FY2016	Co-response/MHFA/CIT	
Behavioral Health Network in western MA: Training and Technical Assistance Center	FY2014	CIT-TTAC*	Chicopee; Northampton; South Hadley

For more information:

- Massachusetts Department of Mental Health: mass.gov/eohhs/gov/departments/dmh/
- National Alliance on Mental Illness – Massachusetts, Criminal Justice Diversion Project: namimass.org/programs/nami-mass-criminal-justice-diversion-project

Trauma-Informed Approach and Trauma-Specific Interventions

samhsa.gov /nctic/trauma-interventions

Trauma-Informed Approach

According to SAMHSA's concept of a trauma-informed approach, "A program, organization, or system that is trauma-informed:

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery;
2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist *re-traumatization*."

A trauma-informed approach can be implemented in any type of service setting or organization and is distinct from trauma-specific interventions or treatments that are designed specifically to address the consequences of trauma and to facilitate healing.

SAMHSA's Six Key Principles of a Trauma-Informed Approach

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific:

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues

From SAMHSA's perspective, it is critical to promote the linkage to recovery and resilience for those individuals and families impacted by trauma. Consistent with SAMHSA's definition of recovery, services and supports that are trauma-informed build on the best evidence available and consumer and family engagement, empowerment, and collaboration.

Trauma-Specific Interventions

Trauma-specific intervention programs generally recognize the following:

- The survivor's need to be respected, informed, connected, and hopeful regarding their own recovery
- The interrelation between trauma and symptoms of trauma such as substance abuse, eating disorders, depression, and anxiety
- The need to work in a collaborative way with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors and consumers

Known Trauma-Specific Interventions

Following are some well-known trauma-specific interventions based on psychosocial educational empowerment principles that have been used extensively in public system settings. Note that these interventions are listed for informational and educational purposes only. NCTIC does not endorse any specific intervention.

Addiction and Trauma Recovery Integration Model (ATRIUM)

ATRIUM is a 12-session recovery model designed for groups as well as for individuals and their therapists and counselors. The acronym, ATRIUM, is meant to suggest that the recovery groups are a starting point for healing and recovery. This model has been used in local prisons, jail diversion projects, AIDS programs, and drop-in centers for survivors. ATRIUM is a model intended to bring together peer support, psychosocial education, interpersonal skills training, meditation, creative expression, spirituality, and community action to support survivors in addressing and healing from trauma.

Dusty Miller, author and creator of ATRIUM, is available for training, consultation, workshops, and keynote presentations. She works with groups that address issues of self-sabotage, traumatic stress, trauma re-enactment, substance abuse, self-injury, eating disorders, anxiety, body-based distress, relational challenges, and spiritual struggles.

Learn more about ATRIUM and Dusty Miller (link is external).

Essence of Being Real

The Essence of Being Real model is a peer-to-peer approach intended to address the effects of trauma. The developer feels that this model is particularly helpful for survivor groups (including abuse, disaster, crime, shelter populations, and others), first responders, and frontline service providers and agency staff.

The developer feels that this model is appropriate for all populations and that it is geared to promoting relationships rather than focusing on the "bad stuff that happened."

The Sidran Institute (link is external) provides educational materials, training, and implementation support.

Risking Connection®

Risking Connection is intended to be a trauma-informed model aimed at mental health, public health, and substance abuse staff at various levels of education and training. There are several audience-specific adaptations of the model, including clergy, domestic violence advocates, and agencies serving children.

Risking Connection emphasizes concepts of empowerment, connection, and collaboration. The model addresses issues like understanding how trauma hurts, using the relationship and connection as a treatment tool, keeping a trauma framework when responding to crises such as self-injury and suicidal depression, working with dissociation and self-awareness, and transforming vicarious traumatization.

The Sidran Institute provides educational materials, training, and implementation support.

For more information, visit Risking Connection (link is external).

Sanctuary Model®

The goal of the Sanctuary Model is to help children who have experienced the damaging effects of interpersonal violence, abuse, and trauma. The model is intendec for use by residential treatment settings for children, public schools, domestic violence shelters, homeless shelters, group homes, outpatient and community-based settings, juvenile justice programs, substance abuse programs, parenting support programs, acute care settings, and other programs aimed at assisting children.

The developer indicates that the Sanctuary Model's approach helps organizations create a truly collaborative and healing environment that improves efficacy in the treatment of traumatized individuals, reduces restraints and other coercive practices, builds cross-functional teams, and improves staff morale and retention.

The Sanctuary Leadership Development Institute provides on-site assessment, training, and implementation support.

For more information, visit The Sanctuary Mode (link is external).

Seeking Safety

Seeking Safety is designed to be a therapy for trauma, post-traumatic stress disorder (PTSD), and substance abuse. The developer feels that this model works for individuals or with groups, with men, women or with mixed-gender groups, and can be used in a variety of settings, such as outpatient, inpatient, and residential.

The developer indicates that the key principles of Seeking Safety are safety as the overarching goal, integrated treatment, a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse, knowledge of four content areas (cognitive, behavioral, interpersonal, and case management), and attention to clinical processes.

Seeking Safety provides on-site training sessions and telephone consultation.

For more information, visit Seeking Safety (link is external).

Trauma, Addiction, Mental Health, and Recovery (TAMAR)

Developed as part of the first phase of the SAMHSA Women, Co-Occurring Disorders and Violence Study, the TAMAR Education Project is a structured, manualized 10-week intervention combining psycho-educational approaches with expressive therapies. It is designed for women and men with histories of trauma in residential systems. Groups are run inside detention centers, state psychiatric hospitals, and in the community.

The TAMAR Education Project provides basic insights on trauma, its developmental effects on symptoms and current functioning, symptom appraisal and management, the impact of early chaotic relationships on healthcare needs, the development of coping skills, preventive education concerning pregnancy and sexually transmitted diseases, sexuality, and help in dealing with role loss and parenting issues.

Contact:
Darren McGregor, MS, MHS, LCMFT
Maryland Behavioral Health Administration
410-402-8467
darren.mcgregor@maryland.gov (link sends e-mail)

Trauma Affect Regulation: Guide for Education and Therapy (TARGET)

TARGET is a model designed for use by organizations and professionals with a broad range of experience with and understanding of trauma. The developer feels that TARGET works with all disciplines and can be used in all levels of care for adults and children.

The developer indicates that TARGET is an educational and therapeutic approach for the prevention and treatment of complex Post Traumatic Stress Disorder. The developer suggests that this model provides practical skills that can be used by trauma survivors and family members to de-escalate and regulate extreme emotions, manage intrusive trauma memories experienced in daily life, and restore the capacity for information processing and memory.

The University of Connecticut's Research and Development Corporation is creating a behavioral health service company to provide training and consultation in the TARGET model which will include training, long-term small group consultation, quality assurance, and program evaluation.

Read more about the TARGET model (link is external).

Trauma Recovery and Empowerment Model (TREM and M-TREM)

The Trauma Recovery and Empowerment Model is intended for trauma survivors, particularly those with exposure to physical or sexual violence. This model is gender-specific: TREM for women and M-TREM for men. This model has been implemented in mental health, substance abuse, co-occurring disorders, and crimina justice settings. The developer feels this model is appropriate for a full range of disciplines.

Community Connections provides manuals, training, and ongoing consultation in TREM and M-TREM.

For more information, visit Community Connections (link is external).

"This training was about the work I do in advocacy and peer support for medication assisted treatment patients. The information and materials are **EXTREMELY RELEVANT** and **ON THE CUTTING EDGE** of the subject(s) they address." —Zac

"Really **EXCEEDED MY EXPECTATIONS.**" —Kathleen

"Brought out new facts and possibilities for peer run organizations and also offered **ONGOING HELP**. I appreciate the response time and follow through." —Malika

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

BRINGING RECOVERY SUPPORTS TO SCALE
Technical Assistance Center Strategy (BRSS TACS)

BRSS TACS PARTNERS

BRSS TACS activities are carried out by a collaboration of 11 partners, led by the Center for Social Innovation. The collaboration represents many stakeholders in the recovery movement, including national peer, youth, and family-run organizations and recovery communities, State membership organizations, peer-run small businesses, human services technical assistance providers, and academic institutions.

STAY CONNECTED

To receive updates on the BRSS TACS project and upcoming events, please join the BRSS TACS listserv by sending an email to brsstacs@center4si.com.

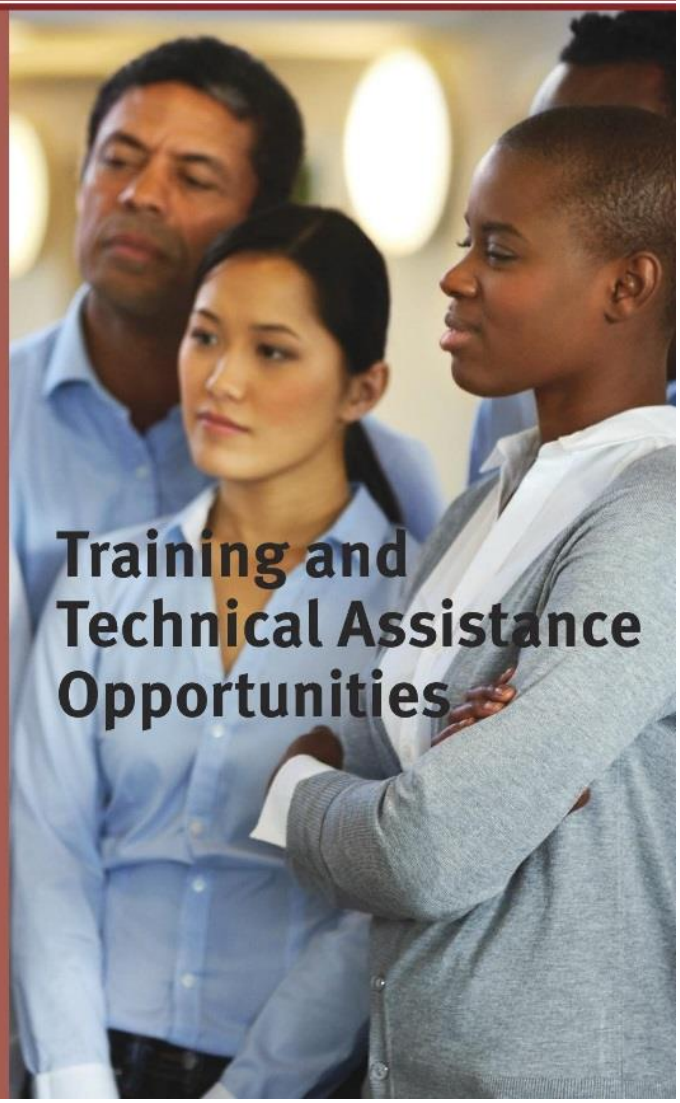
Visit the BRSS TACS webpages at beta.samhsa.gov/brss-tacs

The brochure was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of health and Human Services (HHS) by The Center for Social Innovation under contract number HHSS280220110000 2C. Catherine D. Nugent and Marsha Baker serve as the Project Officers.

HHS Publication No. SMA-14-4855

3 EASY STEPS TO RECEIVE TECHNICAL ASSISTANCE

1. **Call BRSS TACS at the Center for Social Innovation at 617-467-6014 or email brsstacs@center4si.com**
2. **Fill out a Technical Assistance Request Form**
   - Found online at http://beta.samhsa.gov/sites/default/files/brss-tacs-ta-request-form.pdf
3. **Schedule an initial call to meet with a BRSS TACS Team Member to discuss your training or technical assistance needs**



Training and Technical Assistance Opportunities

WHAT DOES BRSS TACS DO?

PROVIDES training opportunities, telephone consultations, email resources, peer learning, webcasts, distance learning, and knowledge products

PROMOTES wide-scale adoption of recovery-oriented supports, services, and systems for people in recovery from substance use and/or mental health conditions

BUILDS on the accomplishments of the mental health and addictions recovery movements

FOCUSES on activities that prepare communities and states to implement recovery-oriented services and systems, and supports them as they work to bring these efforts to scale

ADVANCES SAMHSA's goal of a high-quality, self-directed, and satisfying life in the community for all people, across the dimensions of health, home, purpose and community

LEARN MORE AT
BETA.SAMHSA.GOV/BRSS-TACS

TRAINING AND TECHNICAL ASSISTANCE TOPICS

- Recovery-oriented systems of care
- Peer recovery supports
- Capacity-building for peer-run and recovery community organizations, including strategic planning, organizational assessment and readiness, effective marketing, sustainability and evaluation
- Integration of services with primary care
- Leadership by people in recovery and family members
- Recovery supports for specific populations such as minorities; veterans; youth; criminal justice; people experiencing homelessness; and those identifying as lesbian, gay, bisexual, and transgender (LGBT)
- Cultural competence
- Social and community integration
- Training models and state-specific certification requirements for peer specialists and peer recovery coaches
- Core competencies for recovery-oriented behavioral health workers

RECOVERY RESOURCES

- Webinars
- Email listserv
- Online training materials
- Written products and reports
- Online recovery resource library, http://store.samhsa.gov/resources/term/Recovery-Resource-Library

SUBCONTRACT AWARDS

Each year, BRSS TACS subcontracts with States, Territories, Tribes as well as Peer-Run Organizations and Recovery Community Organizations to support planning, education and implementation of recovery supports, services, and systems.

Please contact the Center for Social Innovation at brsstacs@center4si.com or (617) 467-6014 to learn how more about these opportunities in three categories:

1. Policy Academy for States, Territories and Tribes
2. Peer Run/Recovery Community Organization Best Practices
3. Peer Run/Recovery Community Health Care Reform Education

Recovery and Recovery Support: Learn how recovery-oriented care and recovery support systems help people with mental and/or substance use disorders manage their conditions successfully. samhsa.gov/recovery

From The Ground Up: How to Build Your Own Peer-to-Peer Recovery Center
recoverproject.org/wp-content/uploads/2016/05/RECOVER-Project-From-the-Ground-Up.pdf

Transitional Support Services: Transitional Support Services (TSS) are short-term residential, support services for clients who need a safe and structured environment to support their recovery process after detoxification. These programs are designed to help those who need services between acute treatment and residential rehabilitation, outpatient or other aftercare. Eligibility: Only those age 18 or older who are referred by a publicly funded ATS (detox) program, a homeless shelter, or homeless outreach worker. mass.gov/dph/bsas

Community Health Training Institute: Targeted skills development to individuals and teams working to build healthy communities in Massachusetts. Webinars, in-person trainings and resources around core competencies including Coalition Building; Leadership; Policy and Systems Change; Communications; Health Equity; Youth Development; Strategic Planning and Evaluation. hriainstitute.org

Handbook for Community Anti-Drug Coalitions: An overview of resources for and about community anti-drug coalitions. It helps educate, inform and empower local coalitions and provides some of the basic tools needed to become effective and sustainable**.**
cadca.org/resources/handbook-community-anti-drug-coalitions

Appendix C: Action Planning Tools

Priority Area 1: Resources and training for first responders: CIT police training and police co-responders					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 2: Trauma-informed training and practices across intercepts and partners					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 3: Recovery support center/services					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 4: Transitional Support Services					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 5: Develop a coalition/task force					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**