

Massachusetts Community Justice Project

An Initiative of the Massachusetts Trial Court

Massachusetts Community Justice Workshop Report

Somerville District Court Jurisdiction

Somerville and Medford



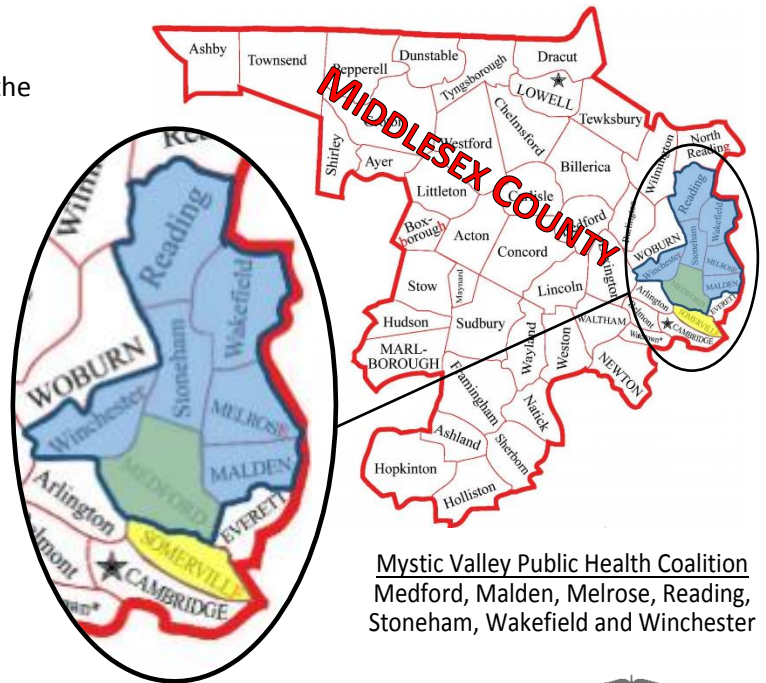
Massachusetts Community Justice Workshop Report

Sequential Intercept Mapping and Taking Action for Change Workshops

Introduction:

The purpose of this report is to provide a summary of the Community Justice Workshop, including *Sequential Intercept Mapping and Taking Action for Change* meetings, held for the Somerville District Court jurisdiction on January 24th and 25th, 2019. This report includes:

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



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

Somerville District Court
Somerville and Medford



The workshop was attended by 51 individuals representing multiple stakeholder systems including mental health and addiction treatment, crisis services, human services, corrections, advocates, people with lived experience, law enforcement, veterans' services, and the courts. A complete list of participants is available in Appendix A.

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

The planning for this workshop was initiated and spearheaded by Lauren Chambers, Opioid Abuse Prevention Coordinator for the Mystic Valley Public Health Coalition and Penny Funaiole, Prevention and Outreach Manager for the City of Medford. Planning committee members are indicated on the participant list in Appendix A.

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

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, included key stakeholders from the Trial Court, Department of Mental Health, Department of Public Health's Bureau of Substance Abuse Services, Department of Corrections, Committee for Public Counsel Services, and Sheriffs' and District Attorneys' Offices.

The Project is designed to 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

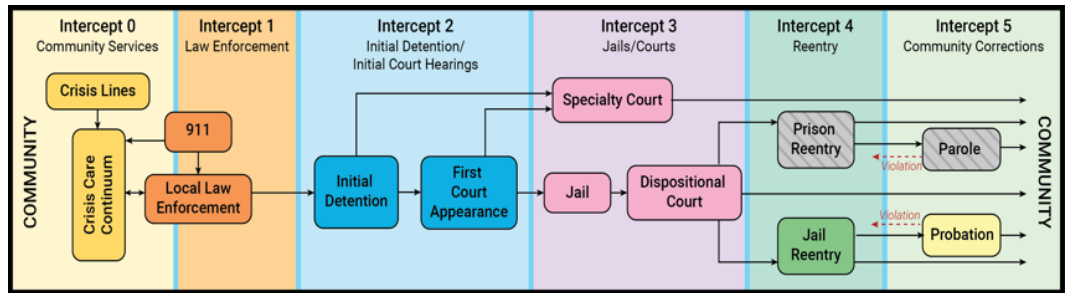
¹ SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model*. Delmar, NY: Policy Research Associates, Inc.

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

The model provides an organizing tool for a discussion on how to best address the behavioral health needs of justice-involved individuals at the local level. Using



the model, a community can identify local resources and gaps in services; decide on priorities for change; and develop targeted strategies to increase connections to treatment and recovery support services.

Massachusetts Community Justice Workshops include an inventory of “community intercepts,” places in the community where people with mental illness and/or addiction can have their needs identified and be connected with treatment and recovery resources before intersecting with the justice system. These include (but are not limited to): engagement/harm reduction programs, healthcare providers, behavioral health treatment providers, homeless shelters, social services, faith communities, community meals, Probate and Family Court, Housing Court, and the business community.

About the Workshop:

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

Objectives of the workshop include:

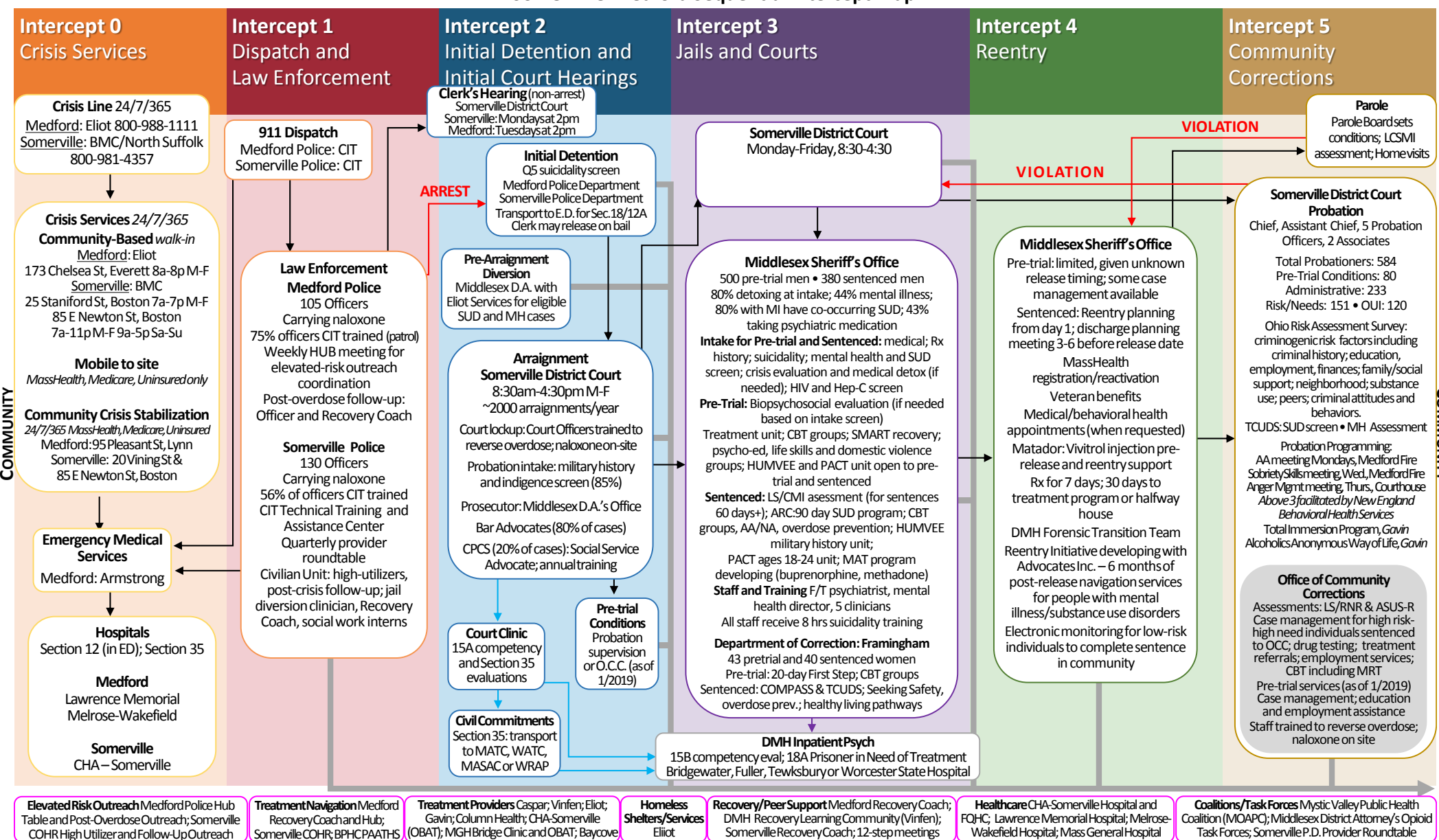
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region’s criminal justice system along the five distinct intercept points.
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities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

Somerville Medford Community Justice Workshop

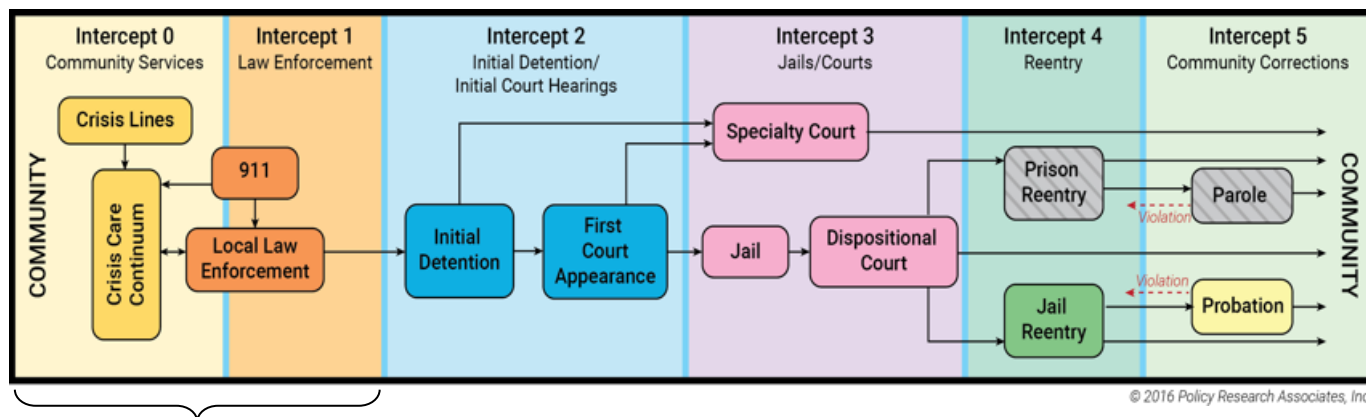
Following is a *Sequential Intercept Model* map, a list of local resources as well as gaps, priorities, and an initial action plan developed during the workshop.

***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.

Somerville-Medford Sequential Intercept Map



Intercepts 0 and 1: Crisis Services and Law Enforcement



Resources

Intercept 0

- Emergency Doctors waived to provide buprenorphine
- EMT's receive training in mental health/addiction
- Eliot services
- One Care – Medicaid
- EMS, ED and ESP ask about military service history
- CHA has a bridge nurse
- Recovery Learning Community – mental health peer support run by Vinfen
- Medford: drop-in access to naloxone coming to Health Dept.
- Column Health – 8a-8p same day intakes

Intercept 1

- Community Support Programs at Riverside and Eliot
- Medford Police have a Health and Human Services Officer
- Hub table in Medford (elevated risk outreach)
- Somerville Police: Training and Technical Assistance Center for CIT training
- Somerville Police Department: data
- Somerville Community Outreach, Help and Recovery (COHR): care coordination post-incident, high utilizers

Gaps

Intercept 0

- Somerville: time to get ESP to a community site is very long
- No BSAS peer support center
- Post-incident follow up communication is inefficient
- ESP services for insurance other than MassHealth
- Lack of inpatient psychiatric beds
- Lack of process to access SUD beds
- Substance use treatment navigators
- No walk-in ESP in Somerville (recently closed)
- No drop-in crisis center
- Post-discharge planning – information exchanges
- Long wait for community support program: Riverside and Eliot
- Lawrence Memorial Hospital is closing – transition issues

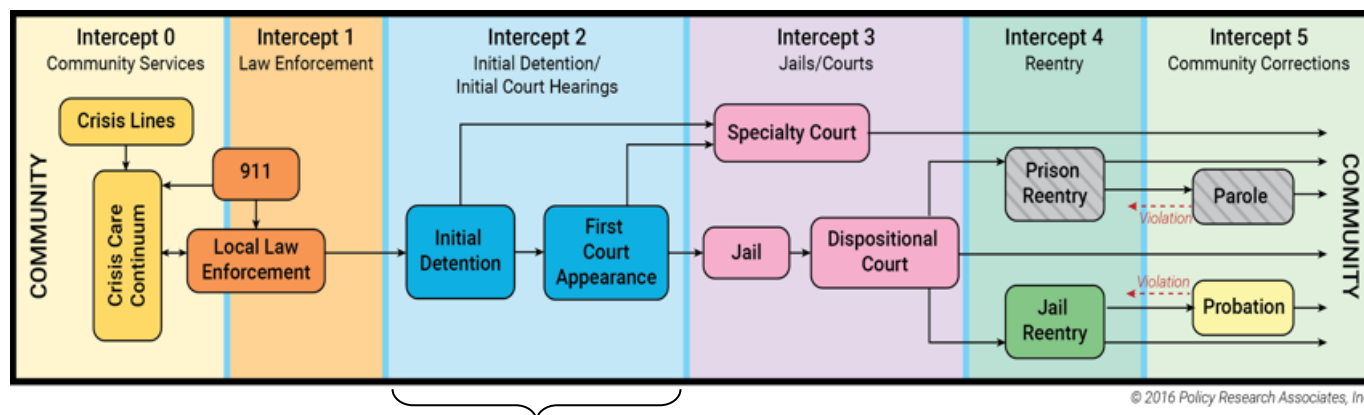
- Medical clearance can only happen in Emergency Dept
- Information exchange: Somerville P.D. COHR with providers
- Working with people not engaging in treatment

Intercept 1

- Long wait lists
- P.D.'s not asking about military history
- Changing hospital landscape
- Engaging with people not interested in treatment
- Cultural competency training for law enforcement
- Resources for adolescent focused officers
- Section 12 information exchange with Emergency Department

***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 2: Initial Detention and Initial Court Hearings



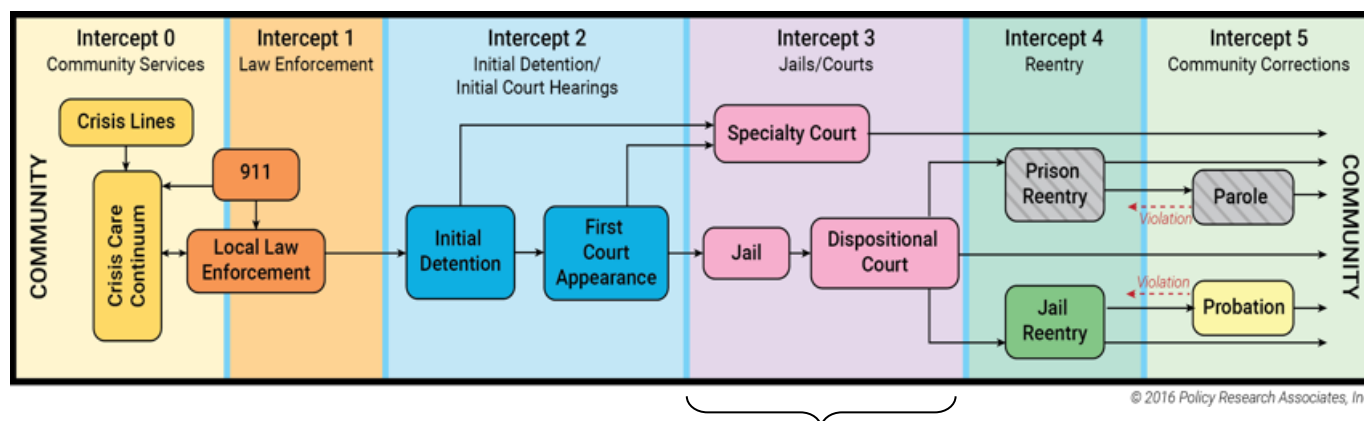
Resources

- Somerville COHR will develop plan before clerk's hearing
- Somerville – uses ESP in holding
- Middlesex D.A. – voluntary pre-arraignment diversion for drug, young adult, veteran and mental health cases when appropriate
- DUI – Portuguese speakers
- Language line and interpreters at court

Gaps

- Prescription continuity
- Medford – no plan development before clerk's hearing
- Increase sites/providers for diversion program services
- Bar advocate access to social workers
- Training for attorneys
- Processes to petition for Section 35 from hospital
- Timely access to eval and treatment – alternatives to Section 35
- 35 petition options without a doctor or family member
- Information exchange with Section 35 facility

Intercept 3: Jails and Courts



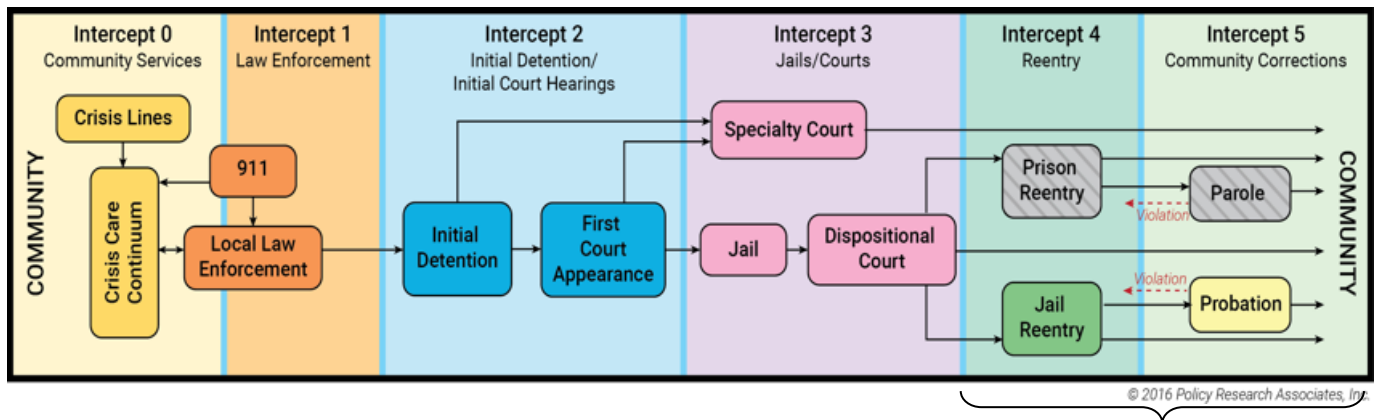
Resources

- Probation has specialty programming for people on probation with substance use disorders (see intercept 5)
- Mental health team at Middlesex HOC has 1 full-time psychiatrist and 5 clinicians
- Ability to see someone within 48 hours of intake if needed
- Treatment options for pre-trial
- C.I.T. training for corrections officers developing
- Middlesex Sheriff's Office part of Medication Assisted Treatment pilot (methadone and buprenorphine) starting September 2019
- HOC is using a screen for military history
- HOC has a unit specifically for men ages 18-24
- HOC has a unit specifically for military history

Gaps

- No specialty court sessions in Somerville (drug or mental health court) – will refer out to specialty courts in appropriate cases
- Wait time for psychiatric care
- No medication assisted treatment continuation for people who are stable on buprenorphine/methadone at H.O.C. (developing) or initiation for people who are appropriate (pilot begins September 2019)
- MassHealth inactive when held over 20 days
- Pre-trial release date often unknown
- No overdose risk screen, prevention training or naloxone kit on release

Intercepts 4 and 5: Reentry and Community Supervision



Resources

Intercept 4

- 2-6 mos pre-release planning meeting
- Targeted reentry for veterans
- MAT – vivitrol available pre-release
- Reentry initiative – soon to launch; reentry caseworker from 90 days pre-release to 6 months post-release
- ELMO for low-risk males – serve remainder of sentence from home
- Eliot grant – homelessness
- CHA – Hep C reentry program

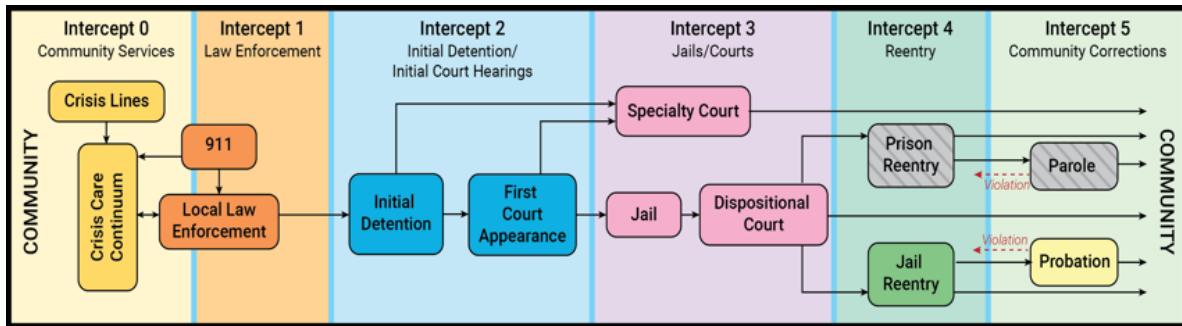
Intercept 5

- Office of Community Corrections opening in March in Woburn
- Probation has specialty programming
 - o Monday AA meeting at Medford Fire Department
 - o Wednesday Sobriety Skills meeting at Medford F.D.
 - o Thursday Anger Management meeting at Courthouse
 - o Total Immersion Program (TIPS) with Gavin Foundation
 - o Alcoholics Anonymous Way of Life (AAWOL), Gavin

Gaps

- MassHealth reactivation issues
- SSDI application is in-person only
- Naloxone kit and overdose prevention training on release
- Obtaining I.D. post-release
- Information exchange with probation
- Safe and sober housing
- Transportation
- Mental Health First Aid training for Corrections Officers
- Timing to residential treatment for pre-trial detainees
- Identifying resources
- Reentry plan information to probation for people on split sentence
- Navigating provider/insurance world

Community Intercepts



Resources

Treatment Navigation

- Mystic Valley Public Health Coalition Resource Guide and app: "Finding Help for Substance Use Disorders" www.mysticvalleypublichealth.org
- City of Medford Drop-in Center Wednesdays 5:30-7:30pm at City Hall, Room 302
- PAATHS, BPHC in Boston
- Medford Recovery Coach
- Somerville COHR in Police Department

High-Risk/Post-Incident Outreach

- Medford Police HUB Table and post-overdose outreach

Treatment Providers

- Caspar
- Vinfen
- Eliot
- Gavin (TIP)
- Column Health
- CHA Somerville (OBOT)
- Mass General (Bridge Clinic and OBOT)
- Baycove

Healthcare

- CHA Somerville
- Lawrence Memorial
- Melrose-Wakefield
- MGH

Recovery/Peer Support

- Recovery coaches on staff in both Somerville and Medford

Homeless Shelters/Services

- Eliot – homeless outreach

Coalitions/Committees

- Mystic Valley Public Health Coalition
- Middlesex District Attorney's Opioid Task Forces
- Somerville Police Provider Roundtable
- Medford Hub Table

Priorities

1. Training for attorneys and partners – cross-training
2. Walk-in crisis site
3. Post-incident engagement, communication and coordination
4. Specialty court – drug or mental health
5. Treatment navigation services
6. Safe and stable housing
7. Timely access to evaluation and treatment
7. Transportation (tied with above)
8. MassHealth issues
8. Service coordination for pre-trial release (tied with above)
8. Peer support center (tied with above)
9. Overdose risk screen and naloxone on release from HOC
9. Clerk's hearing resources (tied with above)
10. Case management – timely access
10. Hospital closing transition/confusion (tied with above)
10. Harm reduction/engagement services (tied with above)

Parking Lot

- Inpatient psychiatric beds
- ESP not accepting private insurance
- Medical clearance – in field
- People for whom English isn't their first language
- Services specific to the 18-24 y/o population
- Trauma
- Wait times for youth mental health services

Values

Massachusetts Community Justice Project Values

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

Added by Somerville Medford attendees

- Break down silos
- Non-judgement
- Listen first
- Set yourself up for success
- Timely fashion for services
- Collaboration with clients and other providers
- Strengths-based approach
- Do the right thing
- Be brave

Appendix Index

Appendix A: Participant List

Appendix B: Resources

- Massachusetts Community Justice Project Resource List
- Best Practices: GAINS Center for Behavioral Health and Justice Transformation

Appendix C: Action Planning Tools

Appendix A: Participant List

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Appendix B: Resources

Massachusetts Community Justice Project Resource List

Massachusetts Web Sites	
Massachusetts Trial Court	mass.gov/courts
Department of Public Health: Bureau of Substance Addiction Services	mass.gov/dph/bsas
Department of Mental Health	mass.gov/dmh
Substance Abuse Helpline – Locate Treatment Providers	helplinema.org
Massachusetts Behavioral Health Access - Treatment Bed Availability	mabhaccess.com
Massachusetts Center of Excellence for Specialty Courts	macoe.org
National Alliance on Mental Illness (NAMI) – Massachusetts	namimass.org
Massachusetts Rehabilitation Commission	mass.gov/eohhs/gov/departments/mrc
Community Health Training Institute – Coalition Training	hriainstitute.org
Learn to Cope – Family Support Network	learn2cope.org
Allies in Recovery – Family Guidance and Training	alliesinrecovery.net
Massachusetts Association for Sober Housing	mashsoberhousing.org
Massachusetts League of Community Health Centers	massleague.org
MassHealth	mass.gov/eohhs/gov/departments/masshealth
Massachusetts Department of Veterans Services	mass.gov/veterans
Mass Vets Advisor	massvetsadvisor.org
Physiology of Addiction Training Video	vimeo.com/155764747
Mystic Valley Public Health Coalition	mysticvalleypublichealth.org
Additional Web Sites	
Center for Mental Health Services	mentalhealth.samhsa.gov/cmhs
Center for Substance Abuse Prevention	prevention.samhsa.gov
Center for Substance Abuse Treatment	csat.samhsa.gov
Council of State Governments Consensus Project	consensusproject.org
Justice Center	justicecenter.csg.org
U.S. Department of Veterans Affairs	va.gov
Mental Health America	nmha.org
National Alliance on Mental Illness (NAMI)	nami.org
NAMI Crisis Intervention Team Resource Center; and Toolkit	nami.org/cit ; nami.org/cittoolkit
National Center on Cultural Competence	nccc.georgetown.edu
National Center for Trauma Informed Care	mentalhealth.samhsa.gov/nctic
National Criminal Justice Reference Service	ncjrs.org
National GAINS Center/ TAPA Center for Jail Diversion	gainscenter.samhsa.gov
National Institute of Corrections	nicic.org
National Institute on Drug Abuse	nida.nih.gov
Network of Care	networkofcare.org
Office of Justice Programs	ojp.usdoj.gov
Ohio Criminal Justice Center for Excellence	neoucom.edu/cjccoe
Partners for Recovery	partnersforrecovery.samhsa.gov
Policy Research Associates	prainc.com
SOAR: SSI/SSDI Outreach and Recovery	prainc.com/soar
Substance Abuse and Mental Health Services Administration	samhsa.gov
Pennsylvania Mental Health and Justice Center for Excellence	pacenterofexcellence.pitt.edu
USF Criminal Justice Mental Health & Substance Abuse Technical Assistance Center	floridatac.org

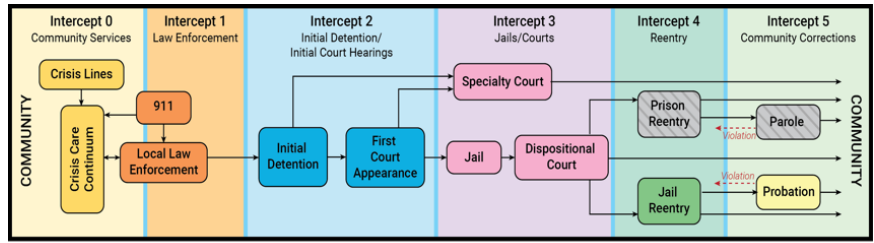
Best Practices Across Intercepts

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

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

The six intercept points are:

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



Key Issues at Each Intercept

Intercept 0: Community Crisis Services

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

Intercept 1: Law Enforcement

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

Intercept 2: Initial Detention/Initial Hearings

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

Intercept 3: Jails/Courts

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

Intercept 4: Reentry

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

Intercept 5: Community Corrections

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

Best Practices Across Intercepts

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

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

Crisis Response

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

Crisis response models include:

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

Police Strategies

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

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

Tips for Success

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

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

Priority: Training for attorneys and partners					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Shared foundation of knowledge	Continuity of treatment Information sharing				
Increased knowledge of intercept and players roles “views from the...”	Training series Scheduling Committee CLE/community involve Presenters (diversity) Courtyard training Reaching out to grad students	We have the people and the passion! Location/parking Getting people there/schools involved Getting families involved	Form committee by March 31 st 1 st training by September	Time Location Getting key people engaged	Penny/Lauren/Leigh Ann
Cultural competency for our community					

Priority: Walk in/Drop-off crisis site					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Interrupt cycles of arrest and ED utilization for people with MI and SUD	Commission report Legislation to implement Procurement	ESP’s DMH respite CSS	Assess/gaps needs – April FY20 – pilot FY 21/22 – implementation After that – statewide	Location – NIMBY Cultural competency Coordination with existing system; momentum Education/outreach	

Priority: Post-incident engagement, communication and coordination (Overdose, police involvement, crisis, SI – moving from crisis to treatment)					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Engagement	A person who can reach out/contact Information given to outreach team from all outlets Initially and over time database/data Transportation	Somerville and Medford outreach			
Communication	Court and MAT/treatment communication, decrease crime, increase treatment Relationship building opportunity Work with agencies for release of treatment if no step down	MAT outreach training		HIPAA releases	
Coordination	Focus resources and agencies to persons needs Acute – long term treatment – smooth transition	Utilizing time in finding treatment (insurance)			