

Massachusetts Community Justice Project

An Initiative of the Massachusetts Trial Court

Massachusetts Community Justice Workshop Report

Worcester District Court:

Auburn, Millbury and Worcester



Research | Education | Support | Recovery

Massachusetts Community Justice Workshop Report

Sequential Intercept Mapping and Taking Action for Change

Introduction:

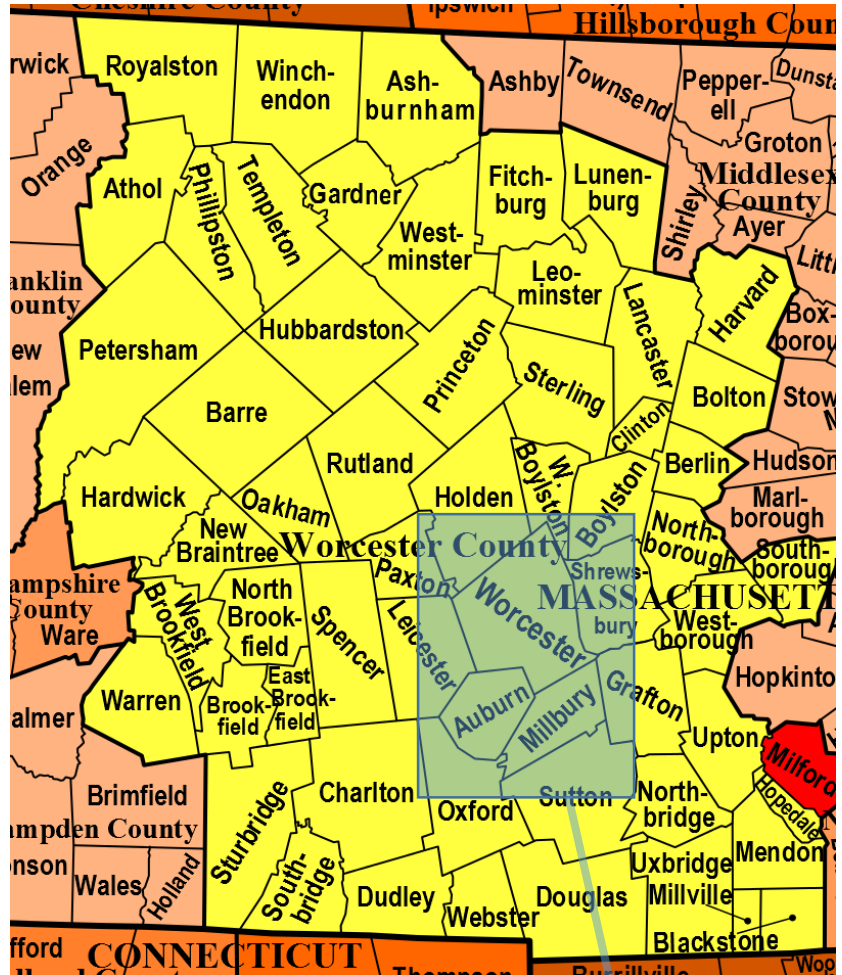
The purpose of this report is to provide a summary of the Community Justice Workshop, including *Sequential Intercept Mapping* and *Taking Action for Change* meetings, held for the Worcester District Court jurisdiction on September 26th and 27th, 2017. This report includes:

- 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 this court jurisdiction action plan and achieve their goals.

The workshop was attended by 61 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 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 Paul LoConto, former First Justice of the Worcester District Court and Judge David Despotopoulos, current First Justice. Planning committee members are indicated in Appendix A. Communities included in this jurisdiction: Auburn, Millbury and Worcester.



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.

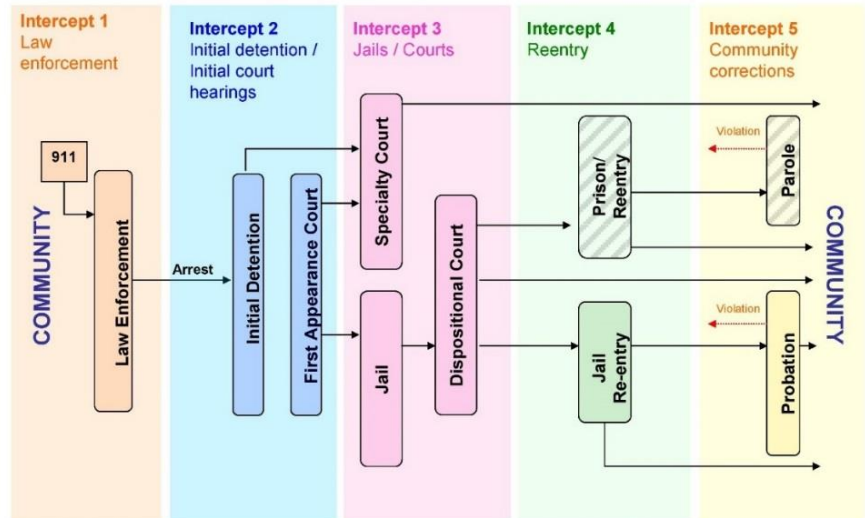
Points of intercept include:

- 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:

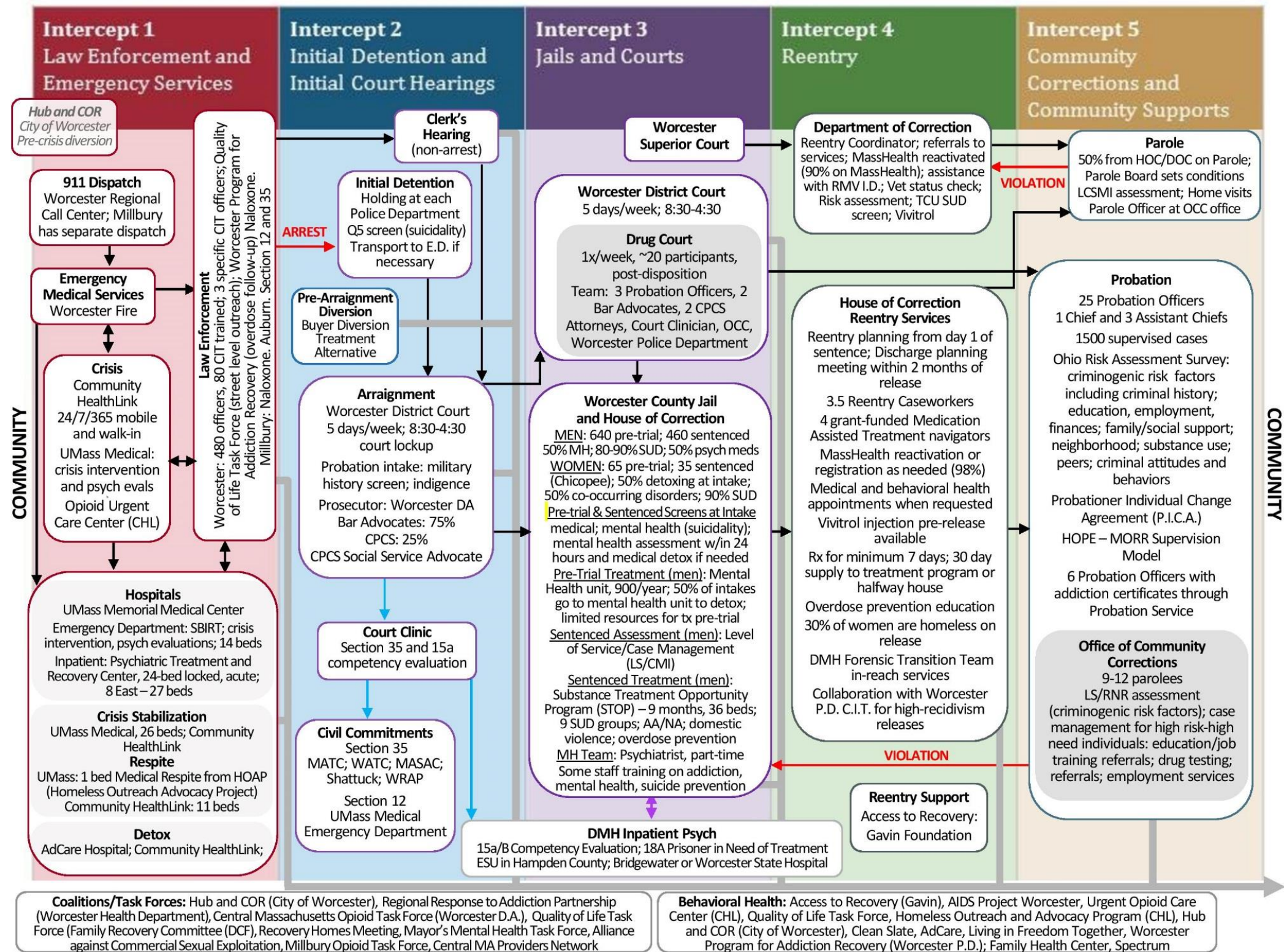
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region's criminal justice system along the five distinct intercept points.
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities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

Worcester Community Justice Workshop

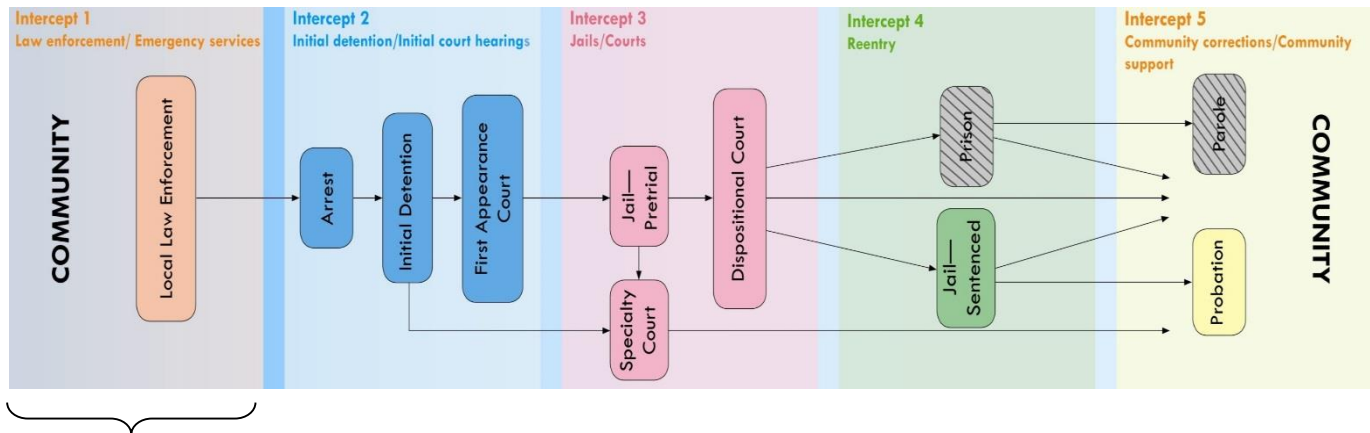
Following is a *Sequential Intercept Model* map, a list of local resources as well as gaps, priorities, and an initial action plan developed during the workshop.

***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.

Worcester District Court Jurisdiction Sequential Intercept Map



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



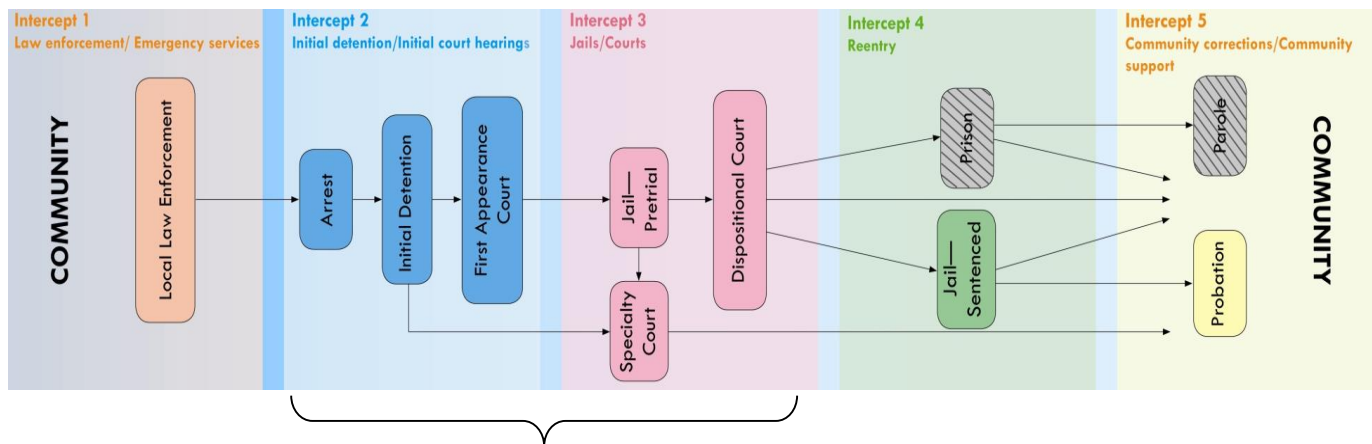
Resources

- Some C.I.T. training for dispatch
- EMD training for dispatch - 16 hrs
- Post-overdose outreach – Worcester P.D.
- Worcester Program for Addiction Recovery (Worcester P.D.)
- Community HealthLink Opioid Urgent Care Center
- AdCare open access hours
- Health insurance enrollment at Family Health Center
- DMH funding for C.I.T. training and technical assistance
- Quality of Life Task Force
- Data

Gaps

- Training for dispatch – including how to administer naloxone
- Data gaps
- Diversion for victims of commercial sexual exploitation
- Access to treatment post overdose
- Better bridge to Opioid Urgent Care Center
- Refusing ambulance transport
- 10 + CIT officers
- No CIT in Millbury
- Access to comprehensive case management services
- Resources for non-English speakers – access to translation
- Family support

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



Resources

Intercept Two

- Q5 suicidality screen at Worcester, Millbury and Regional lock-up (Sheriff's Office)
- Evaluation possible at Sheriff's Office holding for people represented by Bar Advocates
- Pre-arraignment buyer's diversion program developing
- CPCS Social service advocate
- Assistant District Attorney training
- Assistant District Attorney – Commercial sexual exploitation advocate

Intercept Three

- Custody credits: Western Mass Regional Women's Facility
- Living in Freedom Together – victims of sexual exploitation
- Office of Community Corrections – Cognitive Behavioral Treatment to address criminogenic thinking

Gaps

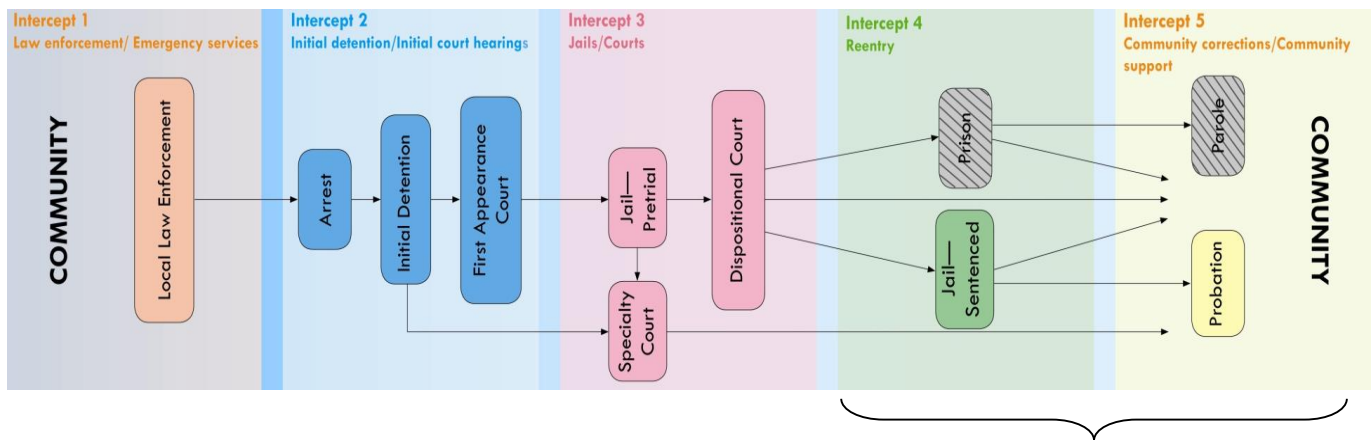
Intercept Two

- No official diversion Program – 111e rarely utilized
- Bar Advocates don't have access to a social service advocate
- No MI/SUD screen at holding or court intake
- Bar Advocate training
- No treatment information available at initial court appearance

Intercept Three

- No medication assisted treatment access for pre-trial
- Health insurance lapses
- Pre-trial treatment for men and women
- Information sharing between courts and agencies
- Physical plant infrastructure at HOC
- Resources to support treatment for sentenced
- Overdose training at HOC
- No mental health court
- Transportation for drug court participants
- Community resources – employment, sustainability, family support, bus passes, recovery support

Intercepts 4 and 5: Reentry and Community Supervision



Resources

Intercept Four

- Grant-funded medication assisted treatment coordinator at the House of Corrections
- Substance abuse service navigators at HOC
- Access to Recovery program opening soon
- Forensic Transition Team (DMH) with in-reach services for DMH clients and/or potential DMH clients
- DCF visitation

- HOPE Center in reach
- Sheriff reentry team + CIT + Quality of Life Task Force partnership for “super utilizers” of the House of Corrections

Intercept Five

- HOPE MORR probation program
- 6 substance abuse specialist certified Probation Officers

Gaps

Intercept Four

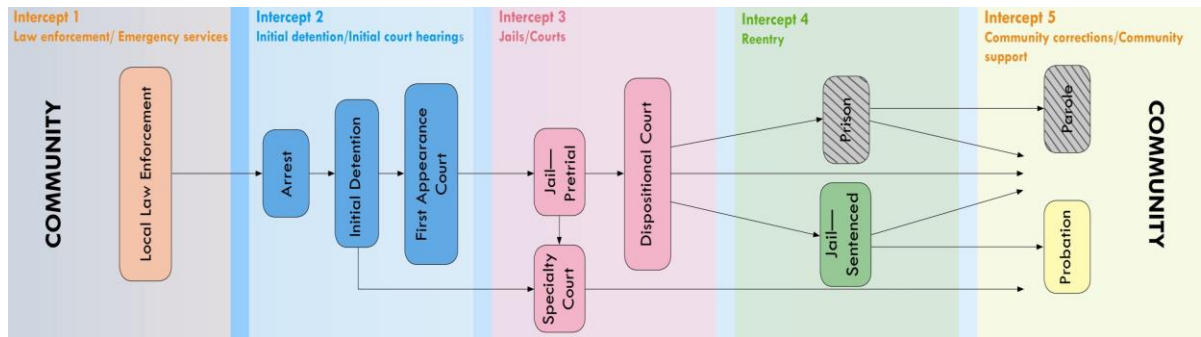
- No medication assisted treatment (suboxone/methadone)
- No Naloxone kit at release –identified individuals will have automatic naloxone prescription with new MAT reentry program
- Expand reentry support into drug court
- Limited reentry support for pre-trial
- Reentry worker for women

- Transportation overall, particularly for women
- Revise and revoke consequences
- Family support services

Intercept Five

- Info releases between probation and treatment providers
- Places to move people into recovery
- Housing: access to appropriate housing, inventory, funding, barriers, criminal history

Intercept 0: Pre-Crisis Community Resources/Services



Resources

- Active User Engagement
 - AIDS Project Worcester
 - CleanSlate Outreach
 - Living in Freedom Together (LIFT)
 - Access to Recovery (Gavin)
 - Quality of Life Team
 - Homeless Outreach and Advocacy Program (HOAP)
 - Worcester Program for Addiction Recovery (WPAR)
- Treatment: Spectrum, AdCare, Community HealthLink; CleanSlate; Family Health Center
- Allies in Recovery
- Mass 211
- Aunt Bertha

Gaps

- ARISE
- ACRA
- SBIRT in healthcare settings
- Information gaps
- Homeless shelters
- Care coordination

Priorities

1. **Safe and stable housing**
2. **Pre-trial treatment**
3. **Mental health court**
4. **Information exchange between criminal justice and human services**
5. **Timely access to treatment** (specifically access to: urgent opioid treatment and post-overdose treatment)
6. Working with individuals not ready for recovery
7. Pre-trial reentry planning
8. Data linkage and sharing
9. Transportation – for drug court participants; from jail to community
10. Family support services – pre and post release
11. Increase CIT officers
12. Increase case management access – all intercepts, particularly at Intercept 1
13. Pre-arraignment diversion
14. Resources for non-English speakers
15. Overdose prevention training pre-release
16. Bar advocate training and resources
17. Diversion and housing for victims of commercial sexual exploitation

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 Worcester Workshop Priorities

Appendix C: Action Planning Tools

Appendix A: Participant List

Damaris Acevedo

Assistant to Councilor Rivera
City of Worcester
riverasa@worcesterma.gov

Martha Akstin

Director of Prevention & Screening
AIDS Project Worcester
makstin@aidsprojectworcester.org

Michael Allard-Madaus (planning committee)

Judge, Worcester District Court
michael.allardmadaus@jud.state.ma.us

Cassandra Andersen (planning committee)

Manager of Strategic Partnerships
Worcester Division of Public Health/Central
MA Regional Public Health Alliance
andersenc@worcesterma.gov

Dominic Barbara

Assistant Deputy Superintendent
Office of Community Corrections
Worcester County Sheriff's Office
dbarbara@sdw.state.ma.us

Cheryl Bedard

Regional Business Development, Spectrum
cheryl.bedard@spectrumhealthsystems.org

Nicole Bell

Executive Director
Living In Freedom Together
nikkibell1231@yahoo.com

Steve Bisson

Licensed Mental Health Counselor
Straight to the Point Therapy
stevebissonlmhc@gmail.com

Colleen Bolen

Deputy Director
Worcester Division of Public Health
bolenc@worcesterma.gov

Dr. Serge Botsaris

Medical Director
Psychiatric Treatment and Recovery Center
UMass Memorial Medical Center
Serge.Botsaris@umassmemorial.org

Theresa Brasier

Mental Health Director
Worcester County Sheriff's Office
tbrasier@sdw.state.ma.us

Crystal Brown

Regional Resource Center Case Manager
Worcester County Sheriff's Office
CrBrown@sdw.state.ma.us

Jeff Busby

Clinical Director, Jeremiah's Inn
jeff@jeremiahsinn.com

Kathleen Cahill

Area Forensic Director
MA Department of Mental Health
kathleen.cahill@state.ma.us

Katherine Calano

Homeless Projects Manager
Quality of Life Task Force
City of Worcester Health and Human Services
CalanoK@worcesterma.gov

Lori Canane

Outpatient Operations Manager, Spectrum
lori.canane@spectrumsys.org

Dr. Matilde Castiel

Commissioner
City of Worcester Health and Human Services
CastielM@worcesterma.gov

Karyn Clark

Public Health Director
City of Worcester Health and Human Services
ClarkKE@worcesterma.gov

Joy Cummings

CIT-WPAR Officer
Program for Addiction Recovery
Worcester Police Department
cummingspj@worcesterma.gov

Janaene Daniels

Director of Emergency Services
Community HealthLink
jdaniels@communityhealthlink.org

David Despotopoulos (planning committee)

First Justice, Worcester District Court
david.despotopoulos@jud.state.ma.us

Tracy Desruisseaux

Program Director
Lincoln Street Opioid Treatment Program
Spectrum
Tracy.Desruisseaux@spectrumhealthsystems.org

Matt DeVeau (planning committee)

Assistant Chief of Probation
Worcester District Court
matthew.deveau@jud.state.ma.us

Angela Dorman

Court Clinician, MHM Services
Adorman2@mpchcare.com

Pamela Druzicki

Worcester Site Director
MA Department of Mental Health
pamela.druzicki@state.ma.us

Karen Duby

Vice President, Community HealthLink
KDuby@communityhealthlink.org

Jacqueline Dutton

Attorney in Charge
Committee for Public Counsel Services
jdutton@publiccounsel.net

Michael Earielo

Program Director, Everyday Miracles
Spectrum
Michael.Earielo@spectrumhealthsystems.org

Joseph Early, Jr.

District Attorney, Worcester County
joseph.early@state.ma.us

Scott Eaton

Program Manager, Crozier House
Catholic Charities
seaton@ccworc.org

Lew Evangelidis

Sheriff, Worcester County
levangelidis@sdw.state.ma.us

Sheila Flanagan (planning committee)

HOPE-MORR Coordinator
Worcester District Court
sheila.flanagan@jud.state.ma.us

Rev. Janice Ford

President, Board of Directors
Reconciliation House, Inc.
pastor@reconciliationweb.org

Luisa Fundora

Regional Manager
Bureau of Substance Abuse Services
MA Department of Public Health
Luisa.Fundora@MassMail.State.MA.US

Marcia Green (planning committee)

Assistant Clerk Magistrate
Worcester District Court
marcia.green@jud.state.ma.us

Al Grudzinskas

Prosecutor
Worcester County District Attorney's Office
Al.Grudzinskas@MassMail.State.MA.US

Liz Haddad (planning committee)

Community Outreach and Education
Worcester County District Attorney's Office
elisabeth.haddad@state.ma.us

Jennifer Halstrom

Director, Primary Care & Homeless
Outreach & Advocacy Project
Community HealthLink
jhalstrom@communityhealthlink.org

Matthew Holmes

Case Manager/Peer Specialist
MISSION Direct Vet, Community Health Link
mholmes@communityhealthlink.org

Noreen Johnson Smith

Vice President of Development and
Advancement
Family Health Center of Worcester
noreen.smith@fhcw.org

Ed Karcasinas (planning committee)

First Assistant District Attorney
Worcester County District Attorney's Office
ed.karcasinas@state.ma.us

Kevin Kearney

Regional Manager
Office of Community Corrections
kevin.kearney@jud.state.ma.us

Brendan Keenan (planning committee)

Acting Clerk Magistrate
Worcester District Court
brendan.keenan@jud.state.ma.us

Steve Kelly

Supervising Staff Attorney
Committee for Public Counsel Services
skelly@publiccounsel.net

Jean Kennedy

Professor of Human Services
Quinsigamond Community College
jkennedy@qcc.mass.edu

Jennifer LaRoche

Regional Director
Massachusetts Behavioral Health
Partnership
Jennifer.LaRoche@beaconhealthoptions.com

Jason Lavallee

Lead Case Manager, Jeremiah's Inn
jason@jeremiahsinn.com

Caroyln Lennon

Director of Clinical Services, Advocates
CLennon@advocates.org

Myles Leo

Public Health Prevention Specialist
Worcester Division of Public Health/Central
MA Regional Public Health Alliance

Paul LoConto (planning committee)

Judge, Worcester District Court
paul.loconto@jud.state.ma.us

Alfredo Maldonado

Director, Opening Heaven's Doors
Sylvia's House/New Man
connieohd@gmail.com

Connie Maldonado

Director, Opening Heaven's Doors
Sylvia's House/New Man
alfredo@newmanministry.org

Kerri McCleary

Regional Substance Abuse Specialist
MA Department of Children and Families
Kerri.McCleary@MassMail.State.MA.US

Ed McGinn

Deputy Chief, Worcester Police Department
mcginne@worcesterma.gov

Shelley Modzeleski

Center Manager, CleanSlate
smodzeleski@cleanslatecenters.com

Ira Packer

Clinical Professor of Psychiatry
UMass Medical School
Packer, Ira <Ira.Packer@umassmed.edu>;

Maggie Pagan

Regional Director of Operations
CleanSlate
mpagan@cleanslatecenters.com

Anabela Pereira (planning committee)

Assistant Chief Probation Officer
Recovery Court
Worcester District Court
anabela.pereira@jud.state.ma.us

Fran Pisegna

Program Manager
Office of Community Corrections
Worcester County Sheriff's Office
fpisegna @sdw.state.ma.us

Jonathan Quiles

Care Coordinator, CleanSlate
jqquiles@cleanslatecenters.com

Mary Quinn

Program Coordinator, Out of County Reentry
Western MA Regional Women's Correctional
Center Hampden County Sheriff
mary.quinn@sdh.state.ma.us

Flora Sadri-Azarbayejani, DO

Regional Medical Director, CleanSlate
fsadri@cleanslatecenters.com

Marianne Sarkis (planning committee)

Assistant Professor, Clark University
msarkis.clarku@gmail.com

Don Siergie (planning committee)

Director of Inmate Services
Worcester County Sheriff's Office
DSIERGIE@sdw.state.ma.us

Opal Stone (planning committee)

Director of Reentry Services
Advocates, Inc.
OSTone@Advocates.org

Kate Toomey

Community Service Representative
AdCare Hospital
ktoomey@adcare.com

Dave Tuttle (planning committee)

Superintendent
Worcester County Sheriff's Office
dtuttle@sdw.state.ma.us

Niranchana Vallirajan

Health Coach
UMass Medical Memorial Hospital
Niranchana.Vallirajan@umassmemorial.org

Brenda Vezina

Director
Central MA Recovery Learning Community
brenda.vezina@centralmassrlc.org

Tammy Weiner

Director of Operations
Latin American Health Alliance
Weinert@lahaworc.org

Peggy Wiinikainen

Clinical Case Manager, MISSION Direct Vet
Community HealthLink
mwiinikainen@communityhealthlink.org

FACILITATORS/VOLUNTEERS

Ben Cluff

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

Marisa Hebble (planning committee)

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

Judy Hebble

Volunteer
Massachusetts Community Justice Project
rnjpebs@gmail.com

Cora Torton

Volunteer
Massachusetts Community Justice Project
montenegrocora@gmail.com

OBSERVERS

Michael Leach

Youth Training and Systems Specialist
Institute for Health & Recovery
michaelleach@healthrecovery.org

Julia Reddy

Perinatal Substance Use Systems
Coordinator
Institute for Health & Recovery
juliareddy@healthrecovery.org

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.

Priority Area 1: Safe and stable housing					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Increase inventory of independent affordable housing	Work with city manager/city planners about a long term strategic affordable housing plan during Worcester's robust redevelopment efforts	City of Worcester HUD continuum DA's opioid workforce and housing development committee Landlords and property owners	Immediate Future Long-term	Cost to manage NIMBY Increase rental costs reducing inventory	Agencies Private sector Local, state providers
Change policies that inhibit housing placement/exclude particular groups from housing	Advocacy to funders, legislators, housing providers At the table – DPH, DMH and other EOHHS agencies	HUD continuum	Private housing vs funded	Policies/houses are population specific or are discriminatory Cost of living	
Increase shelter beds – family shelters and long-term independent living environments		City of Worcester			

Priority Area 2: Pre-trial treatment					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Increase lines of communication for pre-trial population regarding existing services	<p>Make court process more accessible for providers (cell phone use)</p> <p>Information, resources for defendants, attorneys, providers</p> <p>Remind clients at every interaction to let defense attorneys, corrections know about existing provider relationships</p>	<p>Chief of security</p> <p>Judges</p> <p>Clerk's office</p>		Court rules and regulations	
Create a system with corrections, courts and providers to set up a medication assisted treatment plan (Vivitrol) in pre-trial population	Corrections working with judges and providers to coordinate and streamline the process so dates line up		Timeline coordination		

Priority Area 3: Mental health court					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Identify a court willing to take on the initiative	Funding Identify key individuals that can make it happen Commissioner of probation DMH Trial Court	Staff/PO's Court clinicians Community partnerships Law enforcement Lawyers Judges	12-18 months	Funding Co-occurring disorders Language barriers Public safety – court officers Limited resources	Judge probation
Identify and connect with people with mental health disorders to treatment	Training Meetings with judges			Transportation Cultural competency Staff burnout	

Priority Area 4: Information exchange between criminal justice and human services					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Identify resources	Collect all resource guides annually Integrate database Update	List of updated providers Categories Database with multiple maps	Now and yearly	Human error Apathy/commitment Propriety Bias MOU's Education	Clark QCC WPI
Establish personal connections	Identify POC Train POC Protocols Set up quarterly meetings	Intake coordinators at treatment facilities (BSAS)	Quarterly	Education about cross-sector collaboration	
Real-time updates	Daily		Daily		

Priority Area 5: Timely access to treatment					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility
Emergency Department stabilization on medication assisted treatment					
Service providers or recovery coaches riding with Police Officers					
Education about the urgent care treatment assessment center and it's function	Training on appropriate levels of care Outreach to: primary care, EMT's, Emergency Department staff, Clergy, Worcester Police Department, Learn to Cope, Pharmacists, Probation, APW	Public Service Announcements Grand rounds Meetings with CMO's Webinars Learn to Cope speakers AdCare family group	Start ASAP with PSA Start scheduling presentations	Stigma from all sectors	
Education about alternative treatment modalities to detox					