

Massachusetts Community Justice Project

An Initiative of the Massachusetts Trial Court

Orange District Court Jurisdiction Community Justice Workshop Report



Orange Regional Community Justice Workshop Report

Sequential Intercept Mapping

Introduction:

The purpose of this report is to provide a summary of the Orange Regional Community Justice Workshop, including a *Sequential Intercept Mapping* exercise, held for the Orange District Court jurisdiction on May 6, 2016. This report includes:

- A review of the origins, background and framework for 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 Orange District Court jurisdiction action plan and achieve their goals.

The workshop was attended by 45 individuals representing multiple stakeholder systems including criminal justice, crisis, behavioral health treatment and recovery support, community partners, and regional state agencies. A complete list of participants is available in Appendix A.

The workshop was facilitated by: Ben Cluff, Veterans Services Coordinator, Department of Public Health's Bureau of Substance Abuse Services; Bette Babinski, Chief Probation Officer, Franklin County Probate and Family Court; and Marisa Hebble, Massachusetts Community Justice Project Coordinator, Massachusetts Trial Court.

The workshop was sponsored locally by the North Quabbin Community Coalition and the Opioid Task Force of Franklin County and the North Quabbin Region. The North Quabbin Community Coalition's Transition from Jail to Community Committee (NQCC TJC) planned the workshop. The mission of the NQCC TJC is "to build a strong network of support and opportunity for North Quabbin citizens returning to the community post-incarceration to promote productivity, engagement in society, healthy families and communities." Planning group members are indicated in Appendix A.

The Orange District Court jurisdiction includes: Athol, Erving, Leverett, New Salem, Orange, Shutesbury, Warwick, and Wendell.

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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.

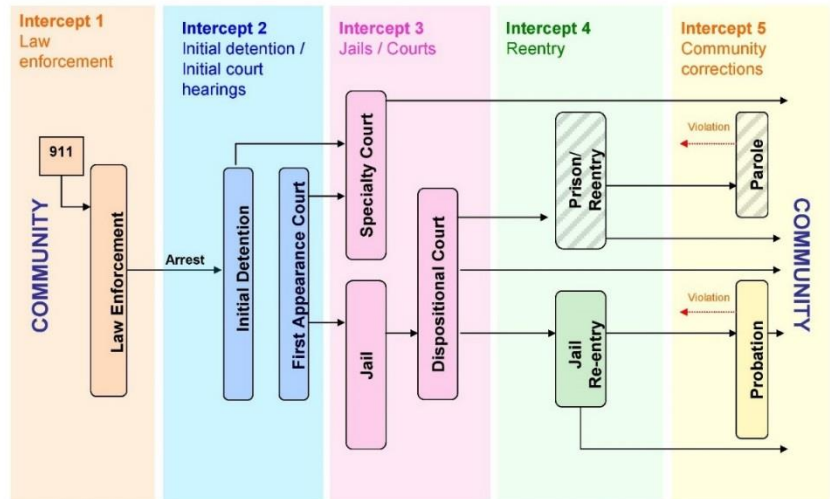
Points of intercept include:

- 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.

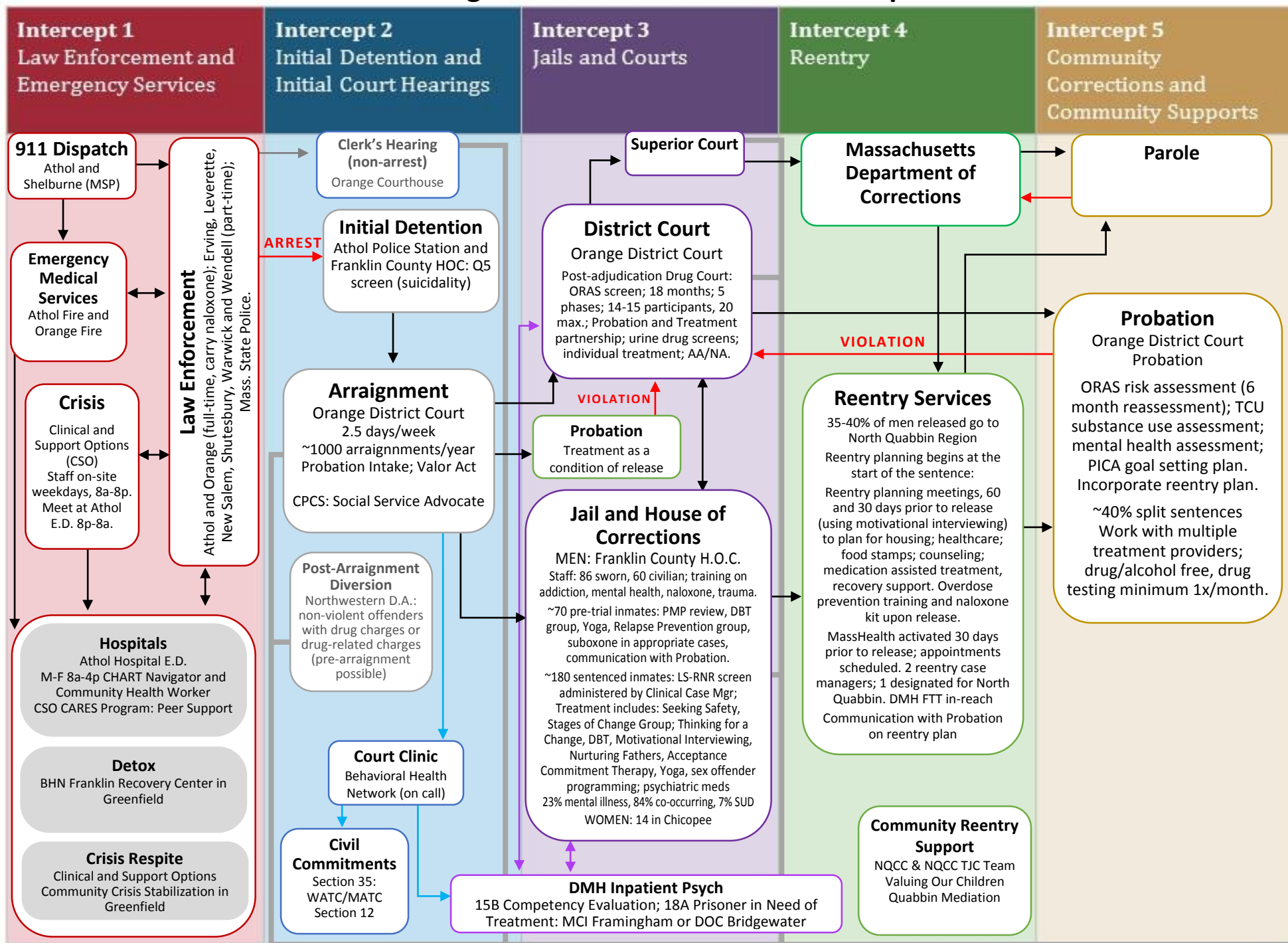
Orange Regional Community Justice Workshop

Following is a *Sequential Intercept Model* map, local resources and gaps, and priorities developed during the Orange District Court jurisdiction workshop.

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

Orange District Court Jurisdiction Map

COMMUNITY



COMMUNITY

Collaborations Across Intercepts:

North Quabbin Community Coalition; Opioid Task Force; Quabbin Mediation; Restorative Justice; Athol Hospital Chart Program; Valuing Our Children; Seeds of Solidarity

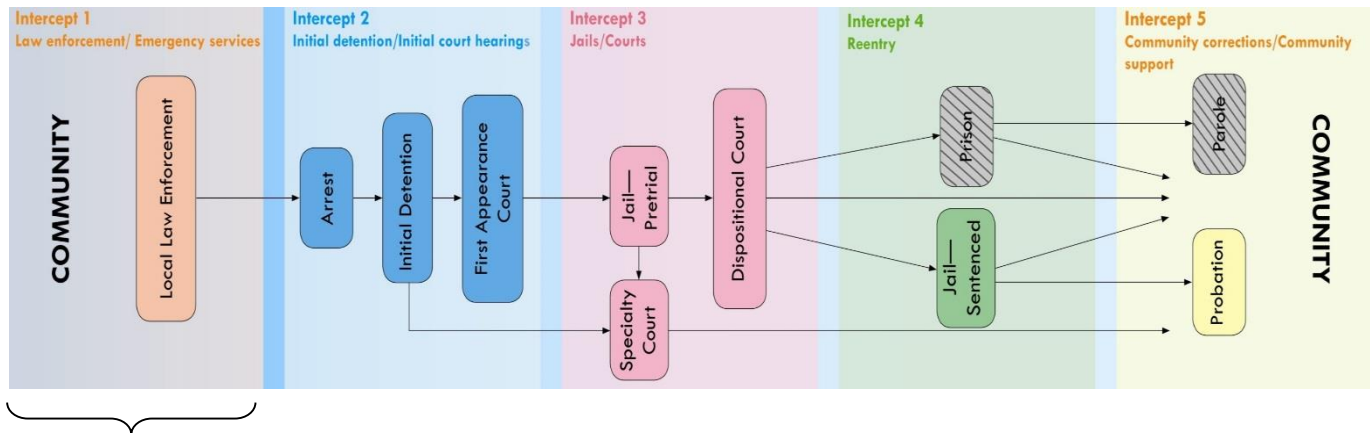
Behavioral Health Treatment and Support:

Center for Human Development (CHD); Clinical and Support Options (CSO); Franklin County and Barre Community Health Centers (MAT); CleanSlate; Northern Hope Clinical Stabilization; Quabbin Retreat (soon to open); Partial Hospitalization at Baystate Franklin; Recover Project; Recovery Learning Community; Valley Medical Group (MAT); Department of Mental Health Area Office. Statewide Advocacy for Veterans Empowerment Team; 12 Step; Learn to Cope at Heywood Hospital, GCC and Online; Allies in Recovery Online; BSAS Treatment

Housing/Shelter:

Orange Recovery House; Athol YMCA; Orange Recovery House; Clinical and Support Options Respite

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



Resources

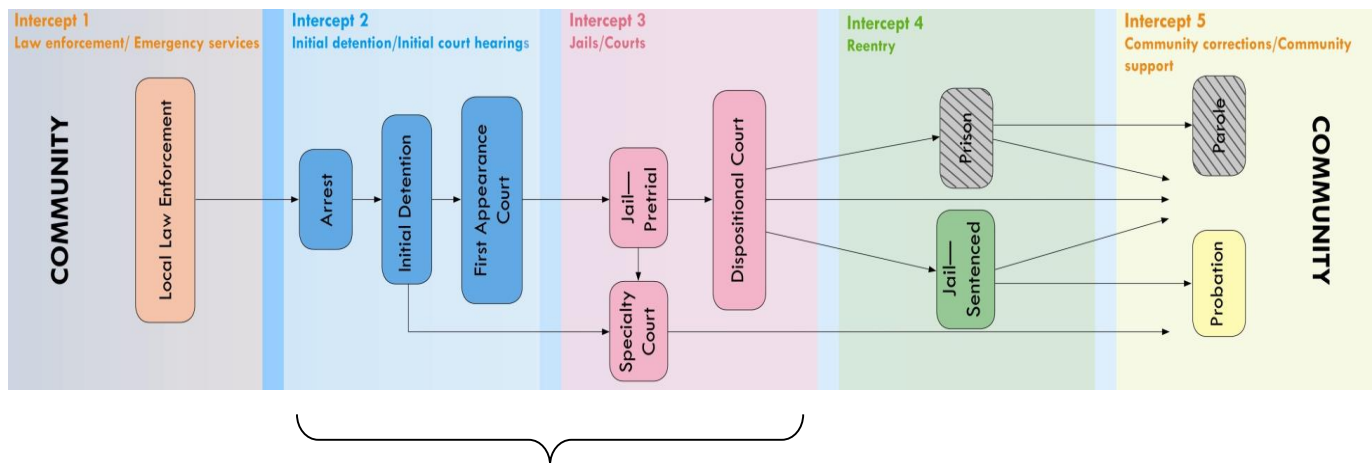
- Heywood training
- Clinical and Support Options doing Mental Health First Aid and Trauma Informed Care training
- DMH has severe mental illness trainings
- BHN is a technical assistance center for Crisis Intervention Team training for law enforcement
- Heywood E.D. is connected to EMS
- Athol Hospital Chart Program - navigator in Emergency Department; consult and follow-up
- Recovery Coach at Athol Hospital, Monday-Friday, 9am-3pm
- Clinical and Support Options does urgent psychiatric care through crisis services
- Center for Human Development has open access 9am-12pm
- Clinical and Support Options has open access 9am-4pm, Monday through Friday, for intakes and assessments
- Behavioral Health Network acute treatment facility (detox) and Quabbin Retreat treatment

Gaps

- Funding for police
- Training and funding for training for police for mental health, substance use disorders, veteran issues
- Training for EMS
- Support for police – secondary trauma

- Information sharing
- Transportation
- Limited resources for crisis
- Emergency Department off-shift navigators
- Peer support centers
- Wait time to psychiatry
- Emergency Department to inpatient mental health transfer takes a long time

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



Resources

Intercept 2

- Suicide screen at P.D. after arrest
- Section 35 information available by phone from Court Service Center at Greenfield Courthouse
- Pre-trial diversion in the Northwest District Attorney's office
- Show cause hearings
- CPCS social worker asks mental health and substance use disorder questions
- Judge discretion for section 35 at arraignment

Intercept 3

- Post-adjudication, pre-sentence probation assessment is possible
- Pre-trial treatment at Franklin County House of Corrections: Dialectical Behavior Therapy and Relapse Prevention groups; detox unit
- Franklin County House of Corrections uses the LS/RNR and does a clinical assessment; PTSD screen, PHQ-9, 5-facet mindfulness, VRSS, vet status, and reentry checklist
- Franklin County House of Corrections treatment for incarcerated residents includes Seeking Safety, Stages of Change, Thinking for Change, Dialectical Behavior Therapy, Acceptance Commitment Training, Nurturing Fathers, and more; staff are trained in addiction, trauma, and motivational interviewing
- FC HOC is also continuing suboxone treatment for people who are stable on it in the community; has begun vivitrol shots prior to release

- Orange Drug Court
- New Behavioral Health Network Clinical Stabilization Services program, Northern Hope, is willing to partner with probation to provide a “treatment boost” to someone who violates probation due to substance use, in lieu of incarceration if appropriate

Gaps

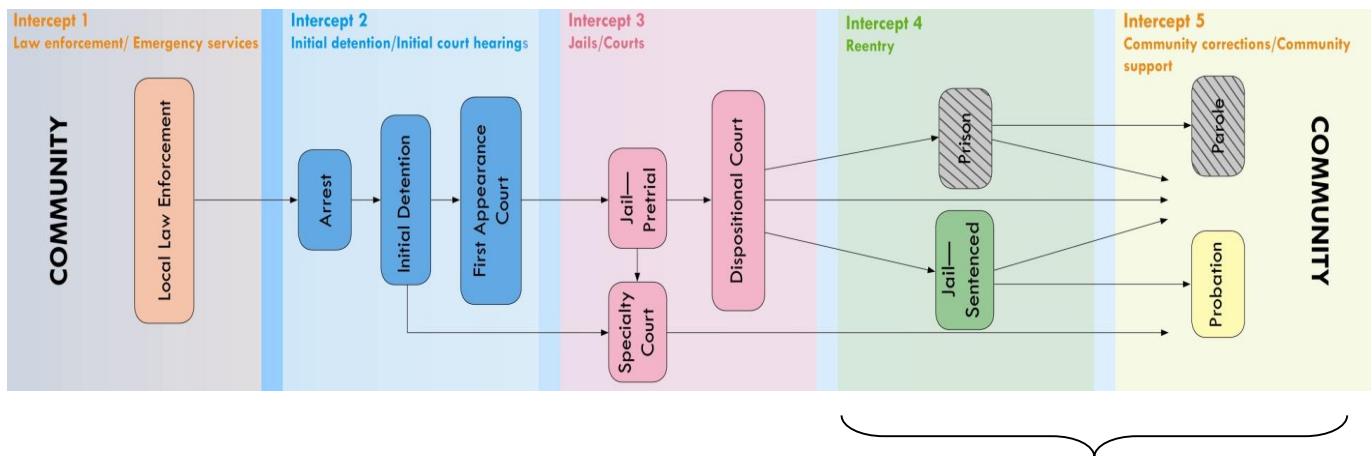
Intercept 2

- Lack of mental health/substance use disorder screen at booking
- Lack of information about section 35
- Formal substance use disorder/mental health screen at initial court visit
- Resources for CPCS

Intercept 3

- No pre-trial risk assessment
- No pre-trial clinical assessment
- No pre-trial clinical plan at HOC or in the community
- Lack of peer mentoring at HOC
- Lack of work with families of incarcerated persons
- Lack of peers in drug court
- Transportation
- No mental health court

Intercepts 4 and 5: Reentry and Community Supervision



Resources

Intercept 4

- “Reentry planning starts on day 1” is the Franklin County House of Corrections philosophy
- Reentry planning is comprehensive – includes reentry plan, meeting with reentry case managers prior to release and continued assistance after release; reentry meeting with reentry team and incarcerated person
- North Quabbin Community Coalition has a Transition from Jail to Community Committee specifically focusing on issues around reentry for people returning to the North Quabbin
- YMCA Athol is willing to discuss subsidized housing for people coming back from incarceration plus case management
- Community Health Center is doing follow-up shots for Vivitrol
- HOC is willing to help residents share reentry plan with community providers

Intercept 5

- Probation uses the ORAS; TCUDS; mental health screen; PICA
- Probation Officers are trained in motivational interviewing
- Partial Hospitalization Program 3x/week at Baystate Franklin in Greenfield, with transportation
- Partial Hospitalization Program 5x/week at Heywood Hospital in Gardner, with transportation

- Anger management classes at Quabbin Mediation
- Orange Recovery House

Gaps

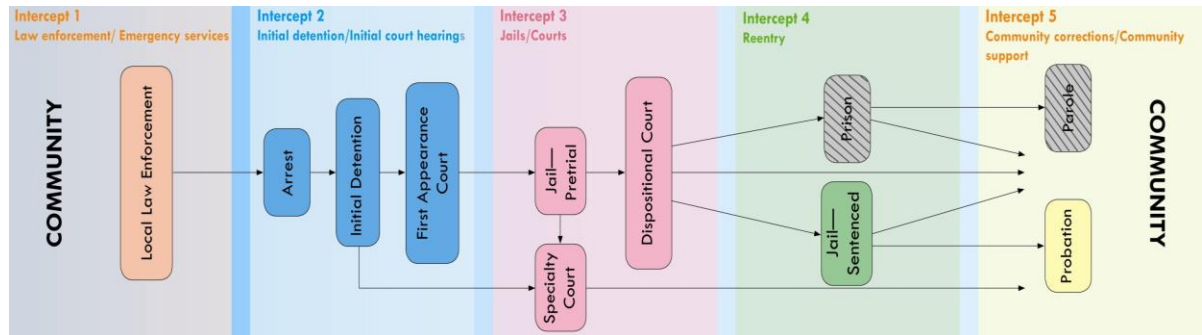
Intercept 4

- Clinical and Support Options not doing appointment scheduling until release – which can lead to a delay in being seen
- Clinicians in the community aren't meeting with residents inside the HOC

Intercept 5

- No methadone treatment
- Transportation
- Housing, especially for women
- Recovery housing for women

Intercept 0: Pre-Crisis Community Resources/Services



Resources

- Valuing Our Children – family support and parent groups
- Orange Community Health Center
- Athol Hospital Chart Program grant programming in schools – school based care coordinator; partnership with Clinical and Support Options
- North Quabbin Community Coalition
- Quabbin Mediation
- Mass Rehab
- Department of Children and Families Continuing Programming
- Orange Recovery House
- Schools – Screening Brief Intervention and Referral to Treatment (SBIRT) at Mahar; LifeSkills curriculum; School Resource Officer; Project Purple
- Treatment - Clean Slate, Valley Medical Group, Community Health Centers, Clinical and Support Options, Center for Human Development
- Reentry Case Manager specific to North Quabbin
- Seeds of Solidarity
- Statewide Advocacy for Veterans Empowerment (SAVE) team programming for veterans, families and community
- 12-step meetings
- YMCA Athol – housing and recreation, Project Purple

Keys to Success

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

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

- North Quabbin Community Coalition
- Athol Hospital Chart Program
- Opioid Task Force of Franklin County and the North Quabbin Region
- Quabbin Mediation
- Valuing Our Children

Communication and Information Sharing

- Athol Hospital Chart Program
- Franklin County Sheriff's Office Reentry Case Management and communication with Orange Probation

Boundary Spanners and Champions

- Chris Donelan, Franklin County Sheriff; John Merrigan, Franklin County Register of Probate; David Sullivan, Northwestern District Attorney: Opioid Task Force Co-Chairs
- Rebecca Bialecki, Heywood Health Vice President for Community Health Initiatives and Chief Agent of Change
- Ruth Potee, MD; Valley Medical Group, Franklin County House of Corrections, Northern Hope Recovery Center
- Representative Susannah Whipps Lee

Cross Training

-
-

People With Lived Experience/Advocates at the Table

-
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Priorities

- **Increase transportation services/options (15 votes)**
- **Increase sober/treatment housing options for women (15 votes)**
- **Training and funding for first responders on mental illness, substance use disorders, trauma (12 votes)**
- **Information sharing between agencies – MOU's and processes (11 votes)**
- **Peer Support Center (8 votes)**
- Mental Health Court (7 votes)
- Stable housing (3 votes)
- More off-shift care navigators in the E.D. (2 votes)
- Formal mental health/substance use disorder screen at initial court visit (1 vote)
- More resources for CPCS (1 vote)
- Pre-trial risk and clinical assessment (1 vote)
- Peer mentors at House of Corrections and in Drug Court (1 vote)
- Increase coordination and continuity of case management (1 vote)
- Increase in-reach services by community providers (1 vote)
- More section 35 information (1 vote)
- Increase awareness to community (1 vote)
- Employment and employee assistance programs (0 votes)
- Improve client flow from jail to community (0 votes)
- Methadone services (0 votes)
- More psychiatry services (0 votes)
- Better medical to mental health transfer (0 votes)
- More thorough screening at arrest (0 votes)
- More resources for crisis services (0 votes)

Parking Lot

- Frank Gallo – Brattleboro Retreat
- EMS info to Emergency Department staff

Best Practices to Consider Moving Forward

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 (www.samhsa.gov/gains-center).

The *Sequential Intercept Model*³ 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

³ 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.

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; GAINS Reentry Checklist (available from http://www.neomed.edu/academics/criminal-justice-coordinating-center-of-excellence/pdfs/sequential-intercept-mapping/GAINSReentry_Checklist.pdf) documents treatment plan and communicates it to community providers and supervision agencies – domains 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.

Appendix Index

Appendix A: Participant List

Appendix B: Action Planning Tools

Appendix C: Resource List

Appendix A: Participant List

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Appendix B: Action Planning Tools

Priority Area 1:					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility

Priority Area 2:					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility

Priority Area 3:					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility

Priority Area 4:					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility

Priority Area 5:					
Objective	Activities/Tasks	Resources	Timeframe	Barriers	Responsibility

Appendix C: 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/cjcooe
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