Sequential Intercept Mapping Report – Franklin County, MA

Prepared by: Policy Research Associates, Inc.
Dan Abreu, M.S., C.R.C., L.M.H.C.
Brian Case, M.A.

Acknowledgement

SAMHSA's GAINS Center wishes to thank the Hon. Paula M. Carey, Chief Justice of the Trial Court, and the Opioid Task Force of Franklin County and the North Quabbin Region including Director Marisa Hebble, Sheriff Chris Donelan, Register of Probate John Merrigan, and Northwestern District Attorney David Sullivan.

Introduction:

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation, operated by Policy Research Associates, Inc. (PRA), is known nationally for its work to improve outcomes for people with behavioral health needs in the justice system. On October 29, 2014, the GAINS Center released a solicitation requesting applications from communities interested in developing integrated strategies to better identify and respond to the needs of justice-involved adults with co-occurring mental and substance use disorders. The 2014 solicitation targeted communities that were focusing on Intercepts 1 and 2 as discussed below. The GAINS Center selected five of the 17 applicants to receive the Sequential Intercept Model for Early Diversion workshop, including Franklin County (MA).

Background:

The *Sequential Intercept Mapping workshop* has three primary objectives:

1. Development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention and Initial Court Hearings, Jails and Courts, Reentry, and Community Corrections/Community Support.

2. Identification of gaps, resources, and opportunities at each intercept for individuals in the target population.

3. Development of priorities for activities designed to improve system and service level responses for individuals in the target population.

The participants in the workshops represented multiple stakeholder systems including mental health, substance abuse treatment, health care, human services, corrections, advocates, individuals, law enforcement, health care (emergency department and inpatient acute psychiatric care), and the courts. Dan Abreu and Brian Case, Project Associates for SAMHSA's GAINS Center for Behavioral Health and Justice Transformation and Policy Research Associates, Inc., facilitated the workshop session. The workshop opened with remarks from Hon. Paula M. Carey, Chief Justice of the Trial Court for the Commonwealth of Massachusetts.

Twenty-nine (29) people were recorded present at the Franklin County SIM.

Franklin County, MA SIM Agenda
Day 1: September 9

8:30 **Registration and Networking**

9:00 **Openings**

- Welcome and Introductions
  - *Hon. Paula Carey, Chief Trial Court Judge*
- Overview of the Workshop
- Workshop Focus, Goals, and Tasks
- Collaboration: What's Happening Locally

What Works!

- Keys to Success

The Sequential Intercept Model

- The Basis of Cross-Systems Mapping
- Five Key Points for Interception

Cross-Systems Mapping

- Creating a Local Map
- Examining the Gaps and Opportunities

Establishing Priorities

- Identify Potential, Promising Areas for Modification Within the Existing System
- Top Five List
- Collaborating for Progress

Wrap Up

- Review
- Setting the Stage for Day 2

4:30 **Adjourn**

Franklin County, MA SIM Agenda
Day 2: September 10

8:30 **Registration and Networking**

9:00 **Opening**

- Preview of the Day

Review

- Day 1 Accomplishments
- Local County Priorities
- Keys to Success in Community

Action Planning

- Identify Objectives and Action Steps for top priorities
- Determine who or what committees will be responsible
- Identify timelines

Finalizing the Action Plan

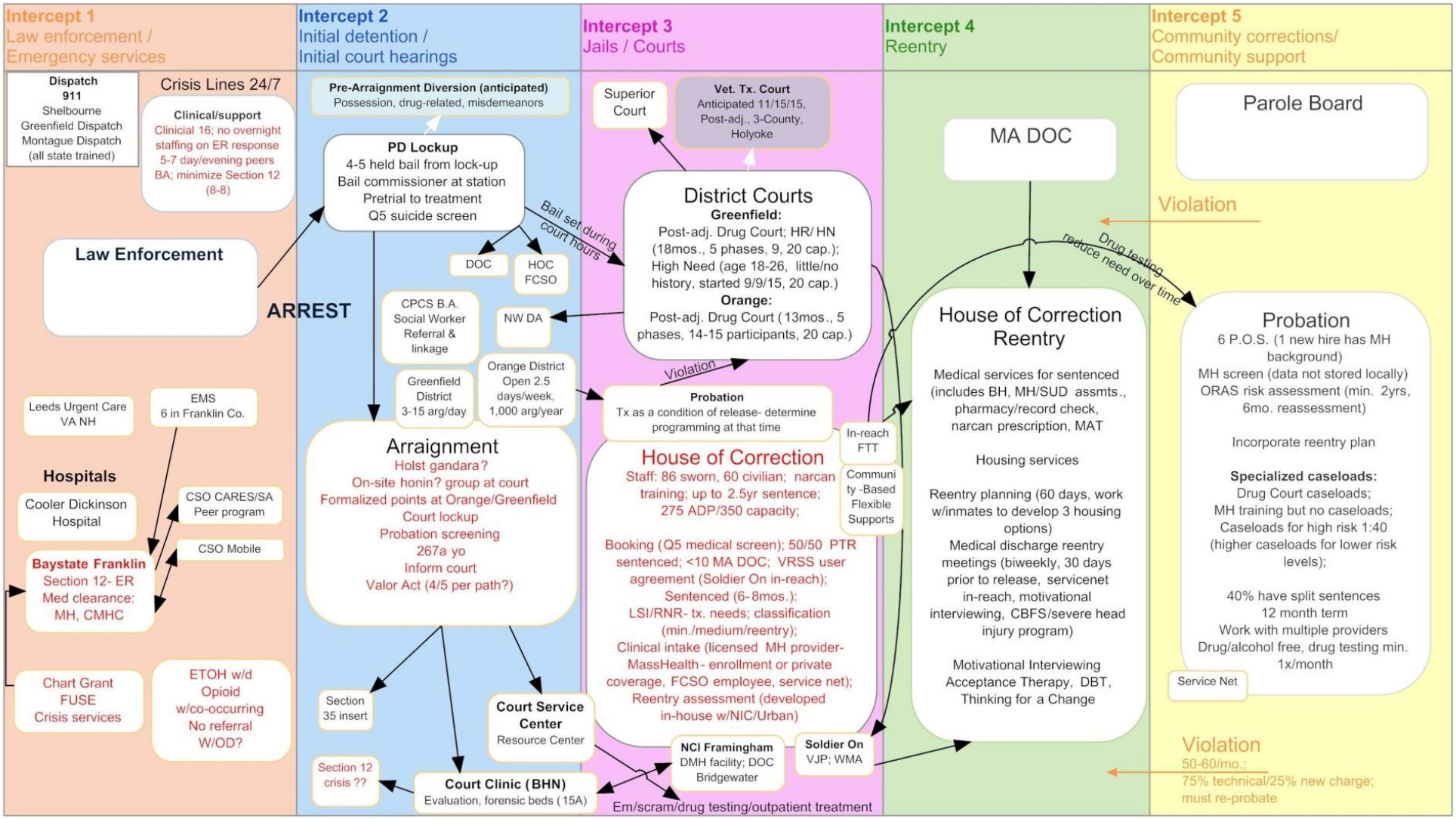
- Share Action Plan with the group

Next Steps

Summary and Closing

12:30 **Adjourn**

Franklin County, MA Sequential Intercept Map



Community Resources

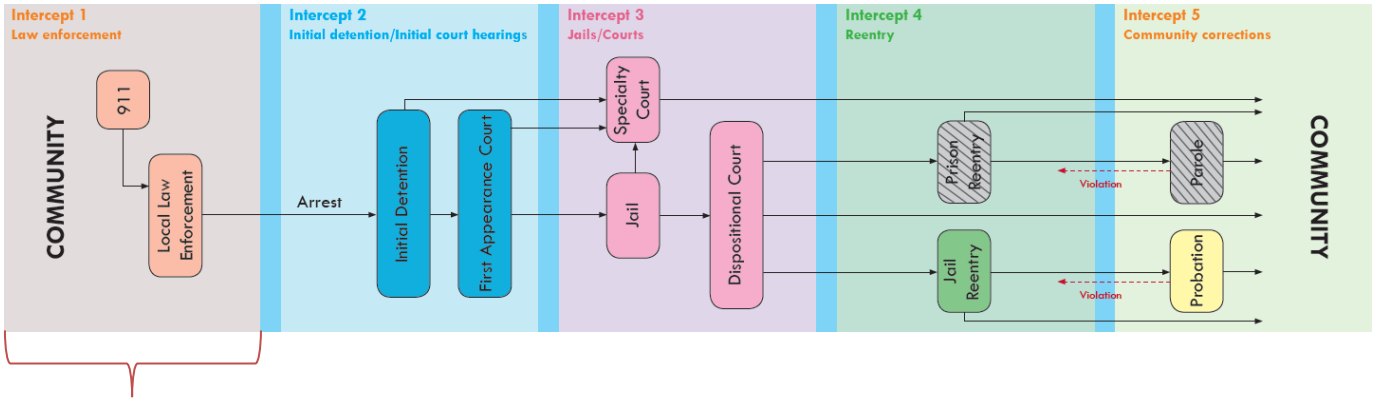
Behavioral Health

BHN Detox (32 critical stabilizing unit; 32 open need ass.); Recovery Coaching (DSAS Case Man. available); Recovery Project (tran. SH, reach out); Montague Catholic Social Ministries Women's Center (Turner Falls, Moms w/SA group); Beccon/Orange (long-term recovery; Detox with beds (Holyoke, Springfield, Pittsfield, Worster, Marboro); NCI Framingham/Bridgewater (planned Sec. 35 expansion); Outpatient options: Partial Hospitalization at Baystate - early recovery, clean/sober 5 days; Methadone Clinic- 6-8 weeks; Suboxone/Vivitrol - 650 slots; NH on call 200 ?; Cooley Dickinson- NA; Primary Care MD's addiction certification; IOP- CSO; CHD OP Counseling; Planned SA expansion- CM insurance billed, tel. support, recovery coaching, ? ed groups

Housing/Shelter

RLS (7 day crisis respite, 3BR); Drop-in City Shelters (Greenfield, Pittsfield, Springfield); SALT (beds: 40M/30F, Hampden); Recovery Home System (full), Rec. housing (100K program); Greenfield Housing Authority (CJ agreement); Franklin Regional Housing Authority (CJ agreement); Pathways (shelter); Farron House (SH, 40%); Wells STT; 610 vest? (NA); Interfaith ER shelter; Revocery Home; Western Mass (Oak ??); Soldier On

Intercept 1



Resources

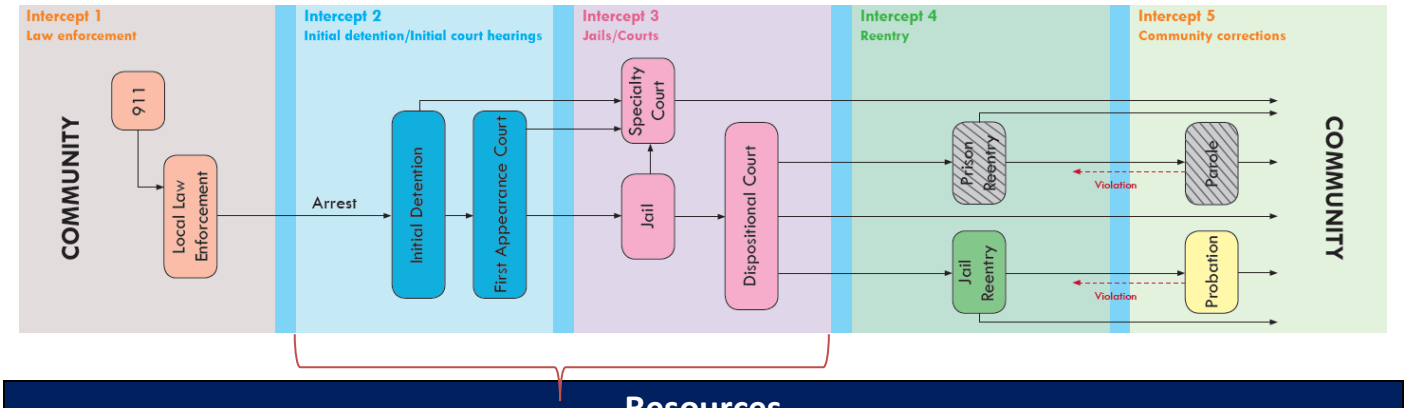
- The 911 manager has Crisis Intervention Team (CIT) training.
- Clinical and Support Options (CSO) staffing includes peer advocates.
- Clinical and Support Options (CSO) focus on voluntary engagement and uses Section 12 as a last resort.
- There is an informal response to frequent users of the emergency department/911/law enforcement. Baystate Franklin is launching a frequent user (5+ visits) of emergency room initiative.
- CARES has a peer recovery specialist with a focus on substance use disorders to bridge between the emergency room and behavioral health services. The position is not based within the ER and responds only to self-referrals (informal mechanism for referrals).
- There is a potential opportunity to co-locate CSO and the new Behavioral Health Network (BHN) location.
- There is an ongoing conversation between advocates, emergency services, and law enforcement regarding the approach in Section 12 and Section 35 situations.
- BSAS funding for recovery coaches exists (focus on continued support) and case management (focus on engagement).
- In neighboring Hampshire County, Northampton has a peer crisis respite (open 7 days/week) and accepts voluntary self-referrals.
- Western Mass Recovery Learning Center operates a drop-in center in Greenfield.
- The law enforcement command structure supports officer discretion to divert to treatment.

- There is EMT interest in implementing mobile integrated service, using the Canadian Hub and COR model.
- The Northampton VA operates an urgent care and will find slots for veterans in crisis.
- Baystate Franklin has hired 1 FTE mental health counselor.
- Section 35 is an important resource for people who are seeking treatment both in and out of the criminal justice system.

Gaps

- Additional training is needed for EMTs regarding mental health, substance use, and crisis de-escalation.
- Dispatchers do not identify mental health/substance abuse or veteran-related calls. There is a need for recommended best practices for training dispatchers to identify needs and determine whether a CIT officer should respond to a call.
- CSO has limited overnight response- it is limited to emergency room response
- CSO does not co-respond with law enforcement. They only call law enforcement for transportation and Section 12 cases.
- The Northampton peer crisis respite is at capacity and needs funding to increase its capacity.
- Law enforcement faces an issue of “diversion to what?”
- The lack of community treatment has resulted in greater use of Section 35, which is at capacity.
- Detoxification slots are not centrally managed. Slots are located in Holyoke, Springfield, Pittsfield, Worcester, and Marlboro.
- In most instances, there is no support to transition people from the emergency department to behavioral health services.
- There is a lack of options for handling people who are intoxicated and/or experiencing substance withdrawal. There is a gap in treatment options to assist withdrawal from substances, including outpatient detoxification.
- A common experience for many families is that people with co-occurring disorders who go to the emergency room in substance crisis do not have mental health treatment needs identified and/or are not connected to services.
- There is a need for navigators in each hospital who can determine level of care and triage.
- All residential substance use providers can serve Section 35, but there is a problem with capacity.
- There is no assistance with transportation for Section 35 cases or detox across the state.
- Pre-crisis services, such as needle exchanges, are necessary.

Intercepts 2 & 3



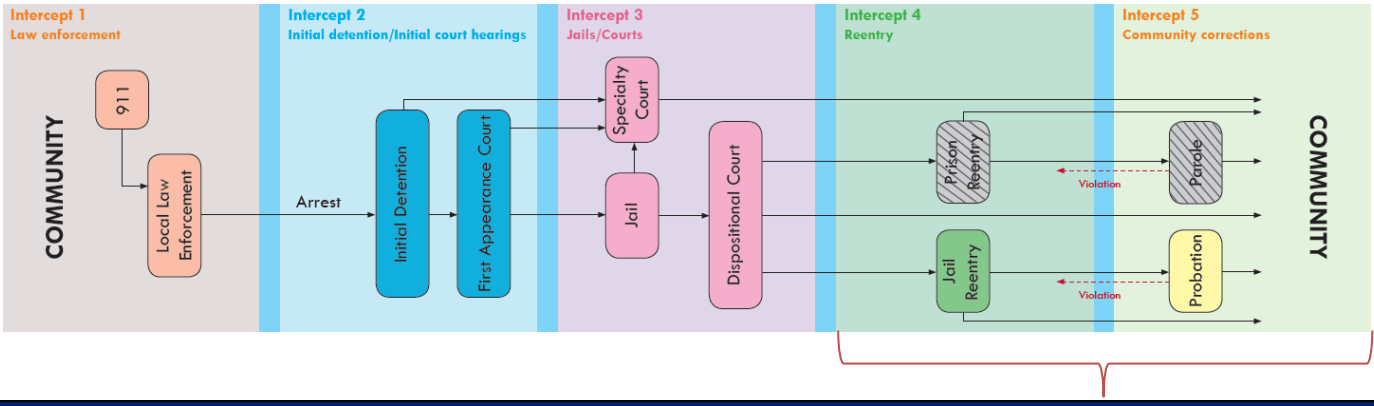
Resources

- Ad hoc diversion takes place on informal basis through the bail commissioner.
- There is a suicide screen administered upon admission into custody.
- Pre-trial screening is administrated by probation.
- Valor Act pre-arraignment diversion (for veterans with no prior convictions)
    - 276 at 18-22 1st offense
- Pre-trial heroin (HOIST) program (capacity: 20).
- Probation has multiple resources including pre-trial release, day treatment, and referrals to community providers.
- The Court Clinic (BHN):
    - Focus on 15B/Not Guilty by Reason of Insanity
    - Section 12
    - CSO Mobile Crisis: forensic respite beds
- There is a two track Drug Court in Greenfield (20 each track)
- There is one Drug Court in Orange (13 months; 14-15 people)
- Three-county Veterans Treatment Court is in development to cover Western Massachusetts.
- Veterans Justice Partnership
    - Soldier On partners
    - Court/jail in reach

Gaps

- Explore Bail Commissioner at police department or House of Corrections
- Diversion at pre-arraignment in planning (Using Project Cope in Essex County as the model):
    - Full assessment
    - Treatment plan
    - DA/Court sign-off
    - 6-8 months
    - Case dismissed
    - Low level drug offenders
    - Looking at funding
    - May be expanded to post-arraignment
- There is no formal outpatient restoration.
- Bar advocate provides counsel when a Committee for Public Counsel Services attorney is not assigned.
- Limited transportation services.
- There is no diversion for people with serious mental illness, although there is some ad hoc pre-trial diversion for low level offenders.
- The jail is underutilizing the Veterans Reentry Search Service.
- Jail-based programming excludes the pretrial population.
- There is immediate withdrawal upon incarceration for substance using inmates.

Intercepts 4 & 5



Resources

- Franklin County House of Correction provides medication assisted treatment in jail and upon release.
- Reentry intake for sentence inmates includes LSI-R/Ohio Risk Assessment System (ORAS) and behavioral health screening.
- Reentry classification to determine needs and set planning targets.
- Soldier On jail in-reach for veterans.
- Those released leave with a prescription including a MAT appointment.
- Reentry group meets bimonthly.
- Second Chance Act funds support expanded transition planning services within the House of Correction.
- Service Net
- Reentry housing through agreements with the local housing authority.

Gaps

- Unplanned releases are a problem (40% of releases).
- A SOAR-trained person is needed within the House of Correction.
- Access to mental health services
- There is a need for Housing First options, as well as other safe housing options. There is an 8-year wait for Section 8 housing vouchers.
- Access to PATH funds in Franklin County.

Priorities for Change

Priorities for changes are determined through a voting process of workshop participants. The voting took place during strategic planning session on September 10, 2015.

1. Crisis drop-off center with community navigator (23 votes).
2. Pre/post-arraignment diversion implementation (13 votes).
3. Data collection and utilization (10 votes).
4. Recovery coach expansion; peer support expansion; and peer informed planning and programs (10 votes).
5. Improve emergency room support (6 votes).
6. Employment and work force development (6 votes).
7. Access to detox services: expand use of outpatient detoxification and behavioral health alternatives and services (5 votes).
8. Crisis intervention team planning/implementation/expansion; include dispatch and insure substance abuse training module (5 votes).
9. Funding strategies; funding map of proposals to the legislature (4 votes).
10. Housing (4 votes).
11. Expand services to jail pretrial population (4 votes).
12. Clarify role of family and friends (2 votes).

Parking Lot

- Advocate with the Commonwealth for technology management of detoxification beds.
- Transportation to courthouse.
- Review the “No show” ban for people who routinely miss appointments.
- Improved access to community service and waiver of fees at court.
- Obtain access to PATH funds in Franklin County.

Recommendations

1. **Expand the capacity of first responders to provide effective crisis response for people with mental and substance use disorders and improve the quality of the crisis care continuum in Franklin County.**

    a. Identify county-wide frequent users of behavioral health emergency services and frequent callers to 911 for behavioral health reasons who would benefit from a coordinated response. Baystate Franklin is in the process of launching an initiative to address frequent users of the emergency department. Law enforcement and emergency medical services can coordinate this effort with Baystate Franklin to address frequent users of the 911 system, whether specifically for behavioral health reasons or as part of a broader initiative using the Hub and COR model (as discussed during the workshop). For example, consider the Case Assessment Management Program (http://qpc.co.la.ca.us/cms1_080719.pdf), a joint effort of the Los Angeles Department of Mental Health and the Los Angeles Police Department to provide effective follow-up and management of selected referrals involving high users of emergency services, abusers of the 911 system, and individuals at high risk of death or injury to themselves.

    b. Train 911 and law enforcement dispatchers to flag behavioral health calls and calls from veterans so that CIT-trained officers can respond directly to calls. When CIT officers are able to respond to calls, they are able to de-escalate situations and reduce the likelihood of injury to officers and people in crisis.

    c. Establish an on-going dialogue of agencies responsible for behavioral health crisis response. This dialogue includes, but should not be limited to, law enforcement, emergency services, Baystate Franklin, CSO, BHN, the Court Clinic, NAMI, the Western Mass Recovery Learning Center, Massachusetts Department of Mental Health, and the Massachusetts Department of Public Health. The dialogue could be focused on the following questions:

        i. How to improve coordination of crisis response services, considering so many agencies are involved in crisis response and crisis care? What would be role of a Community Navigator and what resources are necessary to make a navigator successful?

        ii. How to improve access to outpatient detoxification services in Franklin County, considering the waiting list for detoxification beds in Massachusetts?

        iii. How to make crisis response strategies recovery-oriented, person-centered, and responsive to individual and family needs? Are there local alternatives to Section 12 commitments that can be explored to reduce (not eliminate) the use of involuntary treatment services?

2. **At all stages of the Sequential Intercept Model, gather data to document the processing of people with mental and substance use disorders through the criminal justice system in Franklin County.**

With 9 votes, "data collection and utilization" was the third ranked priority. A data dashboard that can be reviewed by the Opioid Task Force and other criminal justice planning committees will assist people in understanding the scope of the problem and to identify programming needs.

a. Dashboard indicators can be developed on the prevalence, demographics, and case characteristics of adults with mental and substance use disorders who are being arrested, passing through the courts, booked into the Franklin County House of Correction, sentenced to the House of Correction or the Massachusetts Department of Correction, placed on probation, etc. *See the Data Analysis/Matching publications in the Resources section.*

b. A behavioral health crisis dashboard can also be developed for monitoring wait times in hospitals for people in crisis and transfer times from the emergency department to inpatient units or diversion to crisis services. Wait times for detoxification services, outpatient and residential treatment services, and placements from criminal justice agencies can also be tracked through the dashboard.

c. These dashboard indicators can be employed by the Opioid Task Force, the Reentry Committee, and others to better identify opportunities for programming and to determine where existing initiatives require an overhaul.

3. Establish greater alternatives to detention and pre-adjudication diversion options at Intercept II. Defendants who are remanded to pretrial detention often have worse outcomes than defendants who are released to the community pending the disposition of their criminal case.

a. Pretrial release under supervision is an effective strategy for keeping defendants in the community who would otherwise be remanded to pretrial detention. These services could be expanded to have specialized caseloads for persons with serious mental illness or co-occurring mental and substance use disorders. Pretrial release could be a primary outlet for keeping defendants with serious mental illness out of the House of Correction.

b. Consider prosecutor-led or defender-led diversion for defendants with serious mental illness, substance use disorders, or co-occurring disorder as a form of pre-adjudication diversion. Community-based providers could develop programs to manage and deliver services to persons diverted at arraignment:

   i. Defendants with pending cases who are released to the program as an alternative to detention. These may be cases where the charges are too serious to dismiss but where the individuals would benefit from community-based services that are not be available while in pretrial detention.

   ii. Persons whose cases are dismissed or where prosecution is declined on the condition that the person participate in community-based services. These may be cases involving minor charges, first-time offenders, or persons who are "well-known" to the justice system and where continued prosecution is not expected to reduce subsequent justice involvement. The CASES Transitional Case Management (http://www.cases.org/articles/TCMProgramBrief.pdf)

and the Manhattan Arraignment Diversion Program (http://gainscenter.samhsa.gov/cms-assets/documents/96362-788132.map-program-brief.pdf) are two examples.

iii. A third option is a deferred prosecution approach where a person is directed to participate in a short-term community-based diversion program. Successful completion of the program results in dismissal of the charges while failure results in continued prosecution of the case.

c. Conduct a behavioral health needs assessment of the pretrial inmate population in the House of Correction to determine the level of need for behavioral health services and the proportion of the population that could be successfully managed in the community.

4. **Expand forensic peer support and recovery coaching options to promote recovery for justice-involved people with mental and substance use disorder, from crisis-response strategies to reentry. Many communities have found that peer specialists and recovery coaches with a personal history of involvement in the behavioral health and justice systems are effective at engaging people who have previously resisted or had poor experiences with traditional behavioral health services.**

5. **Continue to include and build upon the work of the family members who have shown significant interest and effectiveness in collaborating to improve the continuum of criminal justice/behavioral health services. Many communities have found family members and consumers to be the most effective "voices" in helping to bring increased resources to the community.**

6. **Continue to coordinate with faith leaders and faith-based organizations to improve services and quality of life for justice-involved persons with mental and/or substance use disorders.**

7. **Improve the quality of medication assisted treatment (MAT) for substance use disorders in community-based settings. Medication assisted treatment is an evidence-based practice in the treatment of opioid and alcohol use disorders. The House of Correction is providing high quality MAT, but community-based MAT providers must be available to offer the same level of supports and monitoring provided within the jail.**

a. *American Society of Addiction Medicine's Advancing Access to Addiction Medications (2013):* http://www.asam.org/docs/default-source/advocacy/aaam_implications-for-opioid-addiction-treatment_final

b. *Federal Guidelines for Opioid Treatment Programs (2015)*: http://store.samhsa.gov/product/Federal-Guidelines-for-Opioid-Treatment-Programs/PEP15-FEDGUIDEOTP

c. *Medication for the Treatment of Alcohol Use Disorder: A Brief Guide (2015)*: http://store.samhsa.gov/product/Medications-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/All-New-Products/SMA15-4907

d. *Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction (Treatment Improvement Protocol 40)*: http://store.samhsa.gov/product/TIP-40-Clinical-Guidelines-for-the-Use-of-Buprenorphine-in-the-Treatment-of-Opioid-Addiction/SMA07-3939

e. *Clinical Use of Extended Release Injectable Naltrexone in the Treatment of Opioid Use Disorder: A Brief Guide (2014):* http://store.samhsa.gov/product/Clinical-Use-of-Extended-Release-Injectable-Naltrexone-in-the-Treatment-of-Opioid-Use-Disorder-A-Brief-Guide/SMA14-4892R

8. **Increase efforts to enroll justice-involved persons with mental and substance use disorders in the Supplement Security Income and the Social Security Disability Insurance programs through utilization of SSI/SSDI Outreach, Access, and Recovery (SOAR) trained staff. Given the lack of available services at key transition points (e.g., jail, prison, and probation) across the Intercepts, it is critical that justice-involved individuals be promptly enrolled in benefit programs. Enrollment in SSI/SSDI not only provides automatic Medicaid or Medicare in many states, but also provides monthly income sufficient to access housing programs.**

    a. Information regarding SOAR for justice-involved persons can be found here: http://soarworks.prainc.com/article/working-justice-involved-persons

    b. The online SOAR training portal can be found here: http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training.

    c. An article on SSI/SSDI best practices for justice-involved persons is included in the report as Appendix 4.

9. **Conduct routine searches for House of Correction inmates who are veterans using the Veterans Reentry Search Service through the U.S. Department of Veterans Affairs and U.S. Department of Defense.**

Franklin County, MA Strategic Action Plan

Priority Area 1: Formalize Community Collaboration				
Objective		Action Step	Who	When
A	Establish MOU's among key stakeholders	Existing Franklin County Criminal Justice/BH Committees (see Appendix 6) will review existing interagency partnerships and develop or update MOU"s	Committee Chairs	TBD
B	Assign responsibility for SIM priorities	Determine which priorities to be referred to existing CJ/BH Committees. Opioid Task Force (OTF) Agenda Item	OTF Marisa	w/i 30 days w/I 30 days
C	SIM Workshop follow-up	OTF will convene SIM follow-up. -review participant list -identify additional participants	Marisa John and Marisa John and Marisa	w/I 30 days w/I 30 days w/I 30 days
D	Identify priorities which may be "low hanging fruit"	Dispatch priorities to appropriate CJ/MH Committees.	OTF	TBD

Priority Area 2: Data Collection and Utilization				
Objective		Action Step	Who	When
A	Collect Emergency Department Data	Identify Data Points: • Opioid visits • Section 12 visits • Section 35 visits • Police drop-offs by jurisdiction and type of patient • Frequent Users of Service • Return to ER <30 days, <90 days	Dr. Talati	January 2016
B	Data Sharing	Develop MOU for data sharing ID Data Collection Expertise	TBD	TBD
C	Identify Data Expert for next Opioid Task Force Meeting	Invite Jeanette Vohs to next meeting	Marisa	September, 2015

Resources

Competency Evaluation and Restoration

- SAMHSA's GAINS Center. *Quick Fixes for Effectively Dealing with Persons Found Incompetent to Stand Trial.* http://gainscenter.samhsa.gov/pdfs/integrating/QuickFixes_11_07.pdf
- Finkle, M., Kurth, R., Cadle, C., and Mullan, J. (2009) Competency Courts: A Creative Solution for Restoring Competency to the Competency Process. *Behavioral Science and the Law, 27,* 767-786. http://onlinelibrary.wiley.com/doi/10.1002/bsl.890/abstract;jsessionid=5A8F5596BB486AC9A85FDFBEF9DA071D.f04t04

Crisis Response and Law Enforcement

- International Association of Chiefs of Police. *Building Safer Communities: Improving Police Responses to Persons with Mental Illness.* http://www.theiacp.org/portals/0/pdfs/ImprovingPoliceResponsetoPersonsWithMentalIllnessSummit.pdf
- Saskatchewan Building Partnerships to Reduce Crime. *The Hub and COR Model.* http://saskbprc.com/index.php/2014-08-25-20-54-50/the-hub-cor-model
- Suicide Prevention Resource Center. *The Role of Law Enforcement Officers in Preventing Suicide.* http://www.sprc.org/sites/sprc.org/files/LawEnforcement.pdf
- Bureau of Justice Assistance. *Engaging Law Enforcement in Opioid Overdose Response: Frequently Asked Questions.* https://www.bjatraining.org/sites/default/files/naloxone/Police%20OOD%20FAQ_0.pdf

Data Analysis/Matching

- Urban Institute. *Justice Reinvestment at the Local Level Planning and Implementation Guide.* http://www.urban.org/publications/412233.html
- The Council of State Governments Justice Center. *Ten-Step Guide to Transforming Probation Departments to Reduce Recidivism.* http://csgjusticecenter.org/corrections/publications/ten-step-guide-to-transforming-probation-departments-to-reduce-recidivism/
- New Orleans Health Department. *New Orleans Mental Health Dashboard. http://www.nola.gov/getattachment/Health/Data-and-Publications/NO-Behavioral-Health-Dashboard-4-05-15.pdf/*
- Pennsylvania Commission on Crime and Delinquency. *Criminal Justice Advisory Board Data Dashboards.* http://www.pacjabdash.net/Home/tabid/1853/Default.aspx

- Corporation for Supportive Housing. *Jail Data Link Frequent Users: A Data Matching Initiative in Illinois* (See Appendix 3)
- Vera Institute of Justice. *Closing the Gap: Using Criminal Justice and Public Health Data to Improve Identification of Mental Illness.*
  Fact Sheet: http://www.vera.org/sites/default/files/resources/downloads/closing-the-gap-fact-sheet-2.pdf
  Full Report: http://www.vera.org/sites/default/files/resources/downloads/closing-the-gap-report.pdf

Information Sharing

- American Probation and Parole Association. *Corrections and Reentry: Protected Health Information Privacy Framework for Information Sharing*. http://www.appa-net.org/eweb/docs/APPA/pubs/CRPHIPFIS.pdf

Medication Assisted Treatment

- American Society of Addiction Medicine. *The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use.* http://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/national-practice-guideline.pdf?sfvrsn=22

Mental Health First Aid

- Illinois General Assembly. *Public Act 098-0195: "Illinois Mental Health First Aid Training Act."* http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=098-0195
- Mental Health First Aid. http://www.mentalhealthfirstaid.org/cs/
- Pennsylvania Mental Health and Justice Center of Excellence. *City of Philadelphia Mental Health First Aid Initiative.*
  http://www.pacenterofexcellence.pitt.edu/documents/Session10_Piloting_the_Public_Safety_Version_of_MHFA.ppt

Peer Support

- Involving Peers in Criminal Justice and Problem-Solving Collaboratives.
  http://gainscenter.samhsa.gov/cms-assets/documents/62304-42605.peersupportfactsweb.pdf
- The Impact of Forensic Peer Support Specialists on Risk Reduction and Discharge Readiness in a Psychiatric Facility: A Five-Year Perspective.
  http://www.psychosocial.com/IJPR_16/Impact_of_Forensic_Peer_Support_Raia.html
- Peer Support within Criminal Justice Settings: The Role of Forensic Peer Specialists.
  http://gainscenter.samhsa.gov/peer_resources/pdfs/Davidson_Rowe_Peersupport.pdf

- Overcoming Legal Impediments to Hiring Forensic Peer Specialists. http***//***gainscenter.samhsa.gov/peer_resources/pdfs/Miller_Massaro_Overcoming.pdf

Reentry

- SAMHSA's GAINS Center. *Guidelines for the Successful Transition of People with Behavioral Health Disorders from Jail and Prison*. http://gainscenter.samhsa.gov/cms-assets/documents/147845-318300.guidelines-document.pdf
- Community Oriented Correctional Health Services. *Technology and Continuity of Care: Connecting Justice and Health: Nine Case Studies* http://www.cochs.org/files/HIT-paper/technology-continuity-care-nine-case-studies.pdf
- The Council of State Government's National Reentry Resource Center. http://csgjusticecenter.org/jc/category/reentry/nrrc/
- BJA's Center for Program Evaluation and Performance Management. https://www.bja.gov/evaluation/program-corrections/reentry-index.htm
- The National Institute of Justice's Offender Reentry page. http://www.nij.gov/topics/corrections/reentry/pages/welcome.aspx

Resources/Funding

- Justice Reinvestment at the Local Level Planning and Implementation Guide. http://webarchive.urban.org/publications/412233.html
- The Sustainability Curve. http://gainscenter.samhsa.gov/cms-assets/documents/144667-141965.the-sustainability-curve.pdf
- The Sustainability Checklist: Guidelines for Federal Grantees. http://gainscenter.samhsa.gov/cms-assets/documents/190941-834517.sustainability-checklist-final.pdf

Screening and Assessment

- SAMHSA's GAINS Center. *Screening and Assessment of Co-Occurring Disorders in the Justice System.* http://gainscenter.samhsa.gov/topical_resources/cooccurring.asp
- Steadman, H.J., Scott, J.E., Osher, F., Agnese, T.K., and Robbins, P.C. (2005). Validation of the Brief Jail Mental Health Screen*. Psychiatric Services, 56,* 816-822. http://gainscenter.samhsa.gov/pdfs/jail_diversion/Psychiatric_Services_BJMHS.pdf

Sequential Intercept Model

- Munetz, M.R., and Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services, 57,* 544-549. http://ps.psychiatryonline.org/doi/10.1176/ps.2006.57.4.544
- Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., and Schubert, C.A. (2015). *The Sequential Intercept Model and Criminal Justice*. New York: Oxford University Press. https://global.oup.com/academic/product/the-sequential-intercept-model-and-criminal-justice-9780199826759?cc=us&lang=en&
- SAMHSA's GAINS Center. *Developing a Comprehensive Plan for Behavioral Health and Criminal Justice Collaboration: The Sequential Intercept Model.* http://gainscenter.samhsa.gov/cms-assets/documents/145789-100379.bh-sim-brochure.pdf

Trauma-Informed Care

- SAMHSA, SAMHSA's National Center on Trauma-Informed Care, and SAMHSA's GAINS Center. *Essential Components of Trauma Informed Judicial Practice.* http://www.nasmhpd.org/docs/NCTIC/JudgesEssential_5%201%202013finaldraft.pdf
- SAMHSA's GAINS Center. *Trauma Specific Interventions for Justice Involved Individuals.* http://gainscenter.samhsa.gov/pdfs/ebp/TraumaSpecificInterventions.pdf
- SAMHSA. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.* http://gainscenter.samhsa.gov/cms-assets/documents/200917-603321.sma14-4884.pdf

Veterans

- SAMHSA's GAINS Center. *Responding to the Needs of Justice-Involved Combat Veterans with Service-Related Trauma and Mental Health Conditions.* http://gainscenter.samhsa.gov/pdfs/veterans/CVTJS_Report.pdf
- Justice for Vets. *Ten Key Components of Veterans Treatment Courts.* http://justiceforvets.org/sites/default/files/files/Ten%20Key%20Components%20of%20Veterans%20Treatment%20Courts%20.pdf

APPENDIX INDEX

Appendix 1	Sequential Intercept Mapping Workshop Participant List (June 9-10, 2015)
Appendix 2	Texas Department of State Health Services. *Crisis Services.*
Appendix 3	Corporation for Supportive Housing. *Jail Data Link Frequent Users: A Data Matching Initiative in Illinois.*
Appendix 4	Dennis, D., Ware, D., and Steadman, H.J. (2014). Best Practices for Increasing Access to SSI and SSDI on Exit from Criminal Justice Settings. *Psychiatric Services, 65,* 1081-1083.
Appendix 5	100,000 Homes/Center for Urban Community Services. *Housing First Self-Assessment: Assess and Align Your Program and Community with a Housing First Approach.*
Appendix 6	Franklin County and Regional Criminal Justice/Behavioral Health Planning Groups