# Sequential Intercept Mapping Report*

## Plymouth, MA

March 31, 2015

***Prepared by:**

Massachusetts Department of Mental Health

Forensic Services

-based on work of Policy Research Associates, Inc. and the SAMHSA GAINS Center, as well as Munetz and Griffin 2006

## Introduction to Sequential Intercept Mapping

On March 31, 2015, the Department of Mental Health (DMH) Forensic Services and the District Court Department of the Trial Court collaborated to host a full-day workshop at the Plymouth District Court, spearheaded by the Presiding Justice, The Honorable Rosemary Minehan (Retired). The workshop was a Sequential Intercept Mapping (SIM) day-long effort. This exercise was based on a national model to enhance behavioral health and criminal justice collaborations. It borrows from the work of Munetz and Griffin (*Psychiatric Services* 2006) and Policy Research Associates, Inc., which hosts the GAINS Center for the Substance Abuse and Mental Health Services Administration (SAMHSA).

The Sequential Intercept Model focuses on the national challenges related to the over-representation of individuals with mental illness and co-occurring substance use disorders in the criminal justice system. The SIM model posits that at various points along the criminal justice system, collaborative efforts between stakeholders representing behavioral health (i.e, mental illness and substance use disorders) and criminal justice can be helpful in identifying such individuals and redirecting them into treatment in lieu of re-arrest and incarceration.

The SIM workshop is a first step for a community to help delineate resources, gaps and opportunities for such collaborative efforts by bringing stakeholders together to walk through the systems map to examine elements where behavioral health systems can be helpful and partner with justice entities including through community-based prevention, law enforcement partnerships, court-based programs, correctional strategies and efforts involving community correctional supervision.

A few caveats for this workshop and report framework are also noted here and reflect the views of the partnerships between the Trial Court and DMH, as well as the Department of Public Health (DPH). First, this report tracks the sequence identified as one strategy for community mapping. It should be noted that in fact the intercept points occur on a continuum, and in some cases even an interconnected loop and are non-linear. By starting with police-based approaches it simply reflects a place to start a conversation but should not be construed as an effort to point toward police as the beginning of a the problems faced by individuals with behavioral health

challenges. Indeed, police and other justice stakeholders are often keys to getting people into treatment in the first place.

Second, the shared community conversation recognizes that the reasons for the current over-representation of individuals with mental illness and substance use in the criminal justice system are historical and multifactorial. As such, the effort of the workshop is to come together as community stakeholders, invested in our communities and the individuals within them to help address a current situation, rather than point fingers at past problems that at times can lead to polarizing dialogue. By engaging in this shared community mapping exercise, participating stakeholders can together help describe the process for those individuals that travel deeper into the criminal justice system and develop shared opportunities for intervention to reduce recidivism, maintain public safety, and assist individuals with quality of life.

Third, it is recognized that for community efforts to work together, interventions should be targeted to provide treatment that is person-centered and delivered in the least restrictive and most clinically appropriate setting allowed given individual clinical needs and risk factors. Similarly, individuals with varying levels of risk of criminal recidivism require interventions that target their needs and are appropriate to their risks.

Fourth, it is also recognized that individuals with behavioral health conditions in the justice system need services and interventions that are trauma-informed and culturally, ethnically and racially sensitive. As such, system designs and improvements should strive for objective proceedings that reduce the risk of biased and disproportionate outcomes for individuals in particular minority or socioeconomic classes.

## **Plymouth County Sequential Intercept Mapping Framework**:

The SIM outlined in this report was tailored to Plymouth County and the varied resources within the surrounding area. The 50 participants represented members of 9 regional police departments, DMH Plymouth Site Office and DMH Southeast Area Office, Plymouth District Court staff, Plymouth District Attorney's Office, local Probation staff, local community behavioral health providers, local substance use treatment providers, the Department of Public Health Bureau of Substance Abuse Services (DPH

BSAS), Plymouth County Sheriff's Department, Plymouth County House of Correction, leaders from regional hospitals and emergency services, Father Bill's and Mainspring, Veteran's Justice Outreach services, Department of Veteran Services, and Plymouth School Department. [1]

This report reflects information gathered during this cross systems mapping and action planning exercise in Plymouth County. It provides a description of local activities at each intercept point as well as gaps and opportunities identified at each point. This narrative may be used as a reference in reviewing the Plymouth County cross-systems map and as a baseline for comparison as services are further identified. In the future, cross-systems activity within Plymouth County will help to revise and expand upon information gathered in this preliminary workshop activity. In participating in this workshop, stakeholders worked together with the recognition that intercepting individuals with mental illness and co-occurring substance use disorders and redirecting them, when appropriate, to treatment services, can help reduce their deeper penetration into the justice system and therefore help them with improved outcomes and help the community with reduced recidivism.

## Intercept I: Law Enforcement/Emergency Services

With regard to individuals with mental illness or co-occurring substance use disorders who become involved in the criminal justice system, police are the first point of contact, most frequently in response to a 911 call after police have been notified of a problem in the community. These calls originate from a number of sources, including family, private providers, and concerned citizens.

Police departments in the Plymouth County jurisdiction range in size from 100+ officers to a department as small as 8 officers. Departments have different protocols and different ways of describing mental health calls. The police departments commented that they feel that they comprise several small communities and could use assistance and more connection to service providers.

[1] See list of participants at the end of this report. The information gathered in this exercise was based solely on the participants' collective knowledge and personal views of the system resources and needs, and as such, as a whole does not represent the views of any particular agency or entity. For questions regarding information contained in this report, contact Debra A. Pinals, M.D., DMH Forensic Services at 617-626-8094 or Mary O'Regan, Ph.D. DMH Southeast Area Forensic Director, at 508-977-3509.

Officers have some discretion upon point of contact with regard to outcomes and disposition. Unless there is felony behavior, opportunities for diversion may exist for an individual who is engaged in behaviors that come to the attention of law enforcement. During the mapping, the following items were discussed at Intercept I:

- **Resources/Strengths**
  - Crisis services are available through Child and Family Services, with availability to conduct evaluations either in their office or in the community
  - Ability to divert from ER boarding situation to more immediate crisis response
  - Police can do Section 12 (it was noted that the Fire Department cannot)
  - South Bay Mental Health Warm lines/ Crisis lines – alternative to calling 911
  - Police Training (new recruit, in-service trainings developed by DMH, NAMI, and Municipal Police Training Committee)
  - Pre-arraignment capacity to send police detainees to hospital pursuant to section 18(a) Jenkins hearings
  - Mobile Crisis teams through the Emergency Service Provider network
  - Runaway Assistance Program, police call 211
  - Day Treatment Plymouth- Brockton, South Bay
  - Community Crisis Stabilization Units (Hyannis, Brockton, Norton, Fall River)
  - Pembroke Titans against Drugs- provide community education
  - Father Bill's and Mainspring as a resource
  - Substance Use Detox programs:
    - Brockton
    - Quincy
    - Phoenix House
    - High Point
    - Gosnold
  - Access to s. 35 evaluations and commitments through the courts

- **Gaps/Opportunities**

- Currently limited communication between police departments and crisis service provider. Possible model of service allowing police and clinicians to respond to crises together *
- Reduction in Emergency Department (ED) boarding through diversion to local crisis services (home based or in office). Less expensive and likely to avoid need for medical clearance
- Need for sharing of information between police, ED , and court*
- Substance use services- need for dual diagnosis beds
- New drug laws create limitations for police options
- Drop off site within the hospital emergency unit (or elsewhere) for police who are bringing mental health clients
- Training across systems (police, civilian dispatchers, behavioral health providers)*
- Need to train on communication pathways across systems*
- Crisis Intervention Team (CIT) expansion for police*
- Consideration for warm lines and crisis lines to help direct people to services
- Enhanced peer support services to link individuals to supports

## Intercept II and III: Initial Detention/Initial Court Hearing

Upon arrest individual complaints may issue and some individuals will return home. Others will be detained (at the Plymouth County House of Correction (HOC) if male, or the Marshfield Police Department if female) until court opens the next business day. Once arraigned on criminal charges, defendants may be held on bail or released. If held, the men are housed at the Plymouth County HOC, and women at MCI-Framingham. At both the Plymouth County HOC and MCI-Framingham there is a standard intake process that includes a mental health and substance use screening. Relationships exist between the Sheriff's office and local community providers so that appointments can be arranged upon release. In addition, DMH Forensic Transition Team provides services for certain pretrial and sentenced inmates who qualify for DMH services. This team helps with

reentry planning for individuals with serious and persistent mental illness.

After arraignment if an individual with mental health conditions is identified as having significant concerns DMH court clinic staff are readily available to conduct evaluations of competence to stand trial, or aid in sentencing or evaluations of criminal responsibility. These assessments can also help develop recommendations for other appropriate dispositions. In addition, if an individual appears to present a risk of harm to themselves or others related to mental health or substance use challenges, these court clinicians are available to perform civil commitment evaluations, which can result in commitment to a range of treatment settings at any point during criminal proceedings where an individual is able to be released to community programs.

While awaiting trial in jail, the Sheriff's staff and the MCI-Framingham staff are able to provide mental health treatment and services for individuals in need. During the course of the criminal proceedings there are opportunities for an individual to be released from custody into a treatment setting through the use of the Court Alternative Program (CAP) or an evaluation pursuant to M.G.L. c. 111E.

- **Resources/Strengths**
  - Plymouth is a "community" based court – a place where people come for help
  - North River Counseling for DBT programs
  - Committed judges, knowledgeable about substance use and mental health services
  - Section 35 commitments can be seen as helpful to families and individuals
  - Sheriff is committed to solid re-entry plans
  - Sheriff/ MCI-Framingham have staff available for mental health and susbstance use assessments and services
  - Court clinic staff readily available for evaluations
  - Well-established Plymouth Drug Court as well as Plymouth Mental Health Court
  - Availability of CAP and s. 111E

- **Gaps/Opportunities**
  - Information sharing protocols could be helpful (including across and between justice system and treatment providers)*
  - Need for trainings on mental health, substance use, Trauma Informed Care*
  - Access to medication (pre-trial) can be a challenge
    - 2-4 week wait to see psychiatrist in the community
    - Medication gaps may occur with incarceration and arrest
    - Waiting list to get into programs as alternative to being held in custody
  - s. 35, access to longer term treatment as alternative to incarceration*
  - Written protocols needed for jail diversion using treatment placement as alternative
  - Possible need for Plymouth Center for Behavioral Health

## Intercepts IV and V: Reentry Planning and Community Corrections

Men who are sentenced to serve 2 ½ years or less will serve this sentence at the Plymouth County HOC. If they are sentenced to a period of incarceration greater than 2 ½ years, they generally serve this sentence in a Department of Correction facility. Plymouth County women who are sentenced to a period of incarceration will serve this sentence at MCI-Framingham. There are thus a wide range of offenders who ultimately return to their community directly from jail after different lengths of incarceration. Reentry planning has been a major priority for the Sheriff. As noted, the DMH FTT is assigned to provide linkage services for individuals with serious and persistent mental illness who are returning to their communities from local jails and from prison. This requires the identification of those individuals and an application for services if the individual was not previously enrolled in DMH services. Reentry planning for individuals with mental illness who often have co-occurring substance use disorders can be facilitated by the additional provider and by the Sheriff's and MCI-Framingham reentry service coordinators.

Many individuals who are being released from a House of Correction or the Department of Correction will be on probation and or parole supervision. Both Massachusetts probation and parole conduct risk assessment on individuals they are supervising to help establish community supervision plans. Traditionally communication between probation parole and behavioral health providers has been informal. Collaborations across entities have increased allowing for more coordinated planning and oversight in the community to help improve public safety and behavioral health outcomes. The existence of both the Plymouth Drug Court and the Plymouth Mental Health Court have been a testament to these types of coordinated programs.

- **Resources/Strengths**
  - Local providers are available: Epic Health Services, South Bay Mental Health, Arbour, North River Counseling, Plymouth Center for Behavioral Health, Beth Israel Deaconess, Pembroke
  - DMH FTT involved in release planning for DMH clients
  - Re-entry Panel at Plymouth HOC
  - Local DMH services
  - Local DPH programs
    - Highpoint
    - Luminosity Program – Stoughton, offers low income sober house to ex-inmates
  - Harbor Health – a new Federally Qualified Health Center
  - Office of Community Corrections
  - Recovery Learning Center
  - Plymouth Outreach Center – services for veterans
  - Community Support Programs
  - Careerworks of Brockton provides employment assistance
  - Father Bill's new housing units, Mainspring

- **Gaps/Opportunities**
  - Mental Health/Substance Use services not in place upon release*

- Lack of housing
- Long waits for psychiatry
- Handoff of relevant information and medications upon release from custody does not always occur*
- Mass Health Coordination
- Better collaboration between and across custodial agency, probation, parole and community providers *
- Probation relationship with mental health providers difficult due to HIPAA/Confidentiality- possible need for communication protocols*
- Have FQHC staff come into Jail pre-release program
- List of resources needed (including information on housing, mental health, substance use treatment services)*
- Services currently being provided in Silo's *

## *Action Planning Prioritization Exercise:

The elements above marked with an asterisk (*) were identified as priorities across groups. These were distilled to a list of 10 priority areas, which were distilled to three umbrella items and selected in terms of order of priorities as next steps. The following list of priority action steps is written in the order in which they were identified through the mapping exercise, with the second on the list being considered the greatest priority.

Next Steps:

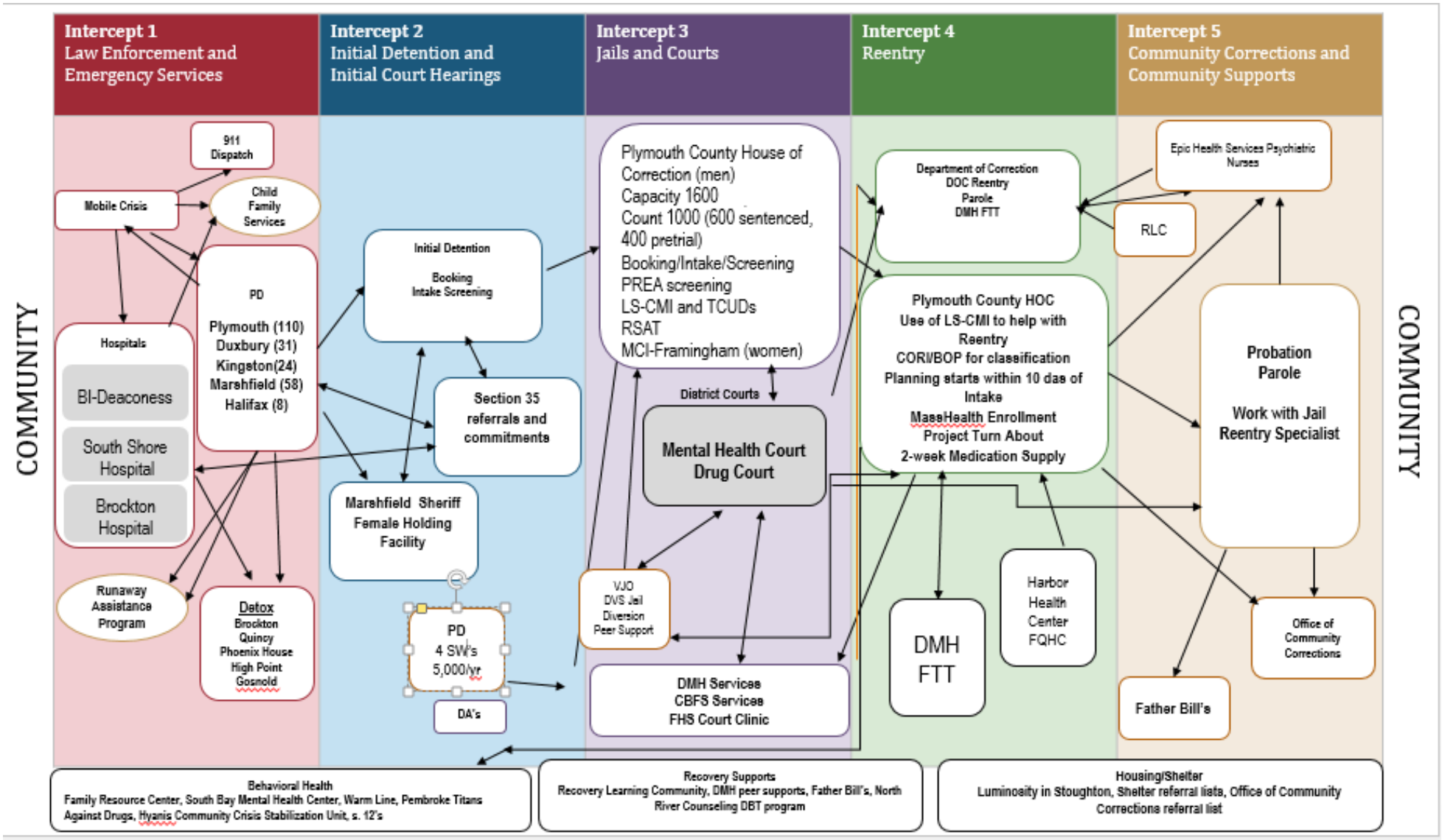
| | Objective | Action Step | Who? | Start when? |
|---|---|---|---|---|
| 1 | Establish CIT | Convene interested parties to become more informed about CIT; Establish training | Mental Health Court Advisory Committee | TBD |

| | | | | |
|---|---|---|---|---|
| 2 | Develop Community Resource Directory with systems level and client level resources | Establish workgroup to develop resource directory | Mental Health Court Advisory Committee | TBD |
| 3 | Develop a shared flowchart of case processing | Collect information of steps for case processing | TBD | TBD |

Attachment A: Plymouth Sequential Intercept Map as of 3/31/15

Attachment B: Participant list for the Plymouth Sequential Intercept Workshop 3/31/15

## Attachment A: Plymouth Sequential Intercept Map as of 3/31/15



# Attachment B: Plymouth Sequential Intercept Program Participants 3/31/15

| NAME | TITLE | AGENCY | EMAIL |
|---|---|---|---|
| Susan Munford | Detective/Sergeant | Kingston Police Department | smunford@KPDMass.org |
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| Mary O'Regan | Area Forensic Director | Department of Mental health | mary.oregan@massmail.state.ma.us |
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