Sequential Intercept Mapping Report

Quincy District Court

Planning for Quincy Mental Health Court

Prepared by Department of Mental Health

Forensic Services

September 11, 2014

Introduction:

The Quincy District Court, in partnership with the Department of Mental Health (DMH), the Department of Public Health Bureau of Substance Abuse Services (BSAS), and numerous stakeholders, lead a one day workshop as part of a Sequential Intercept Mapping exercise. Approximately 40 participants were present, representing a large stakeholder network.[1]

This report reflects information gathered during the cross systems mapping, which took place at the public library in Quincy, Massachusetts. 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 Quincy cross systems map and as a baseline as services are further identified. In the future, cross systems activity with the Quincy mental health court will help to revise and expand upon information gathered in this preliminary activity. The reader is reminded that some individuals before the court may return to the community after any interaction along a criminal justice continuum. Intercepting individuals with mental illness and co-occurring substance use disorders and redirecting them, when appropriate, to treatment services, can help reduce the penetration of these individuals into the justice system.

This overview provides an explanation of the process for those individuals that travel deeper into the criminal justice system. In attempting to reduce recidivism, maintain public safety, and assist individuals with quality of life. It is recognized that individuals with behavioral health conditions need services that are trauma-informed and provide for treatment in the least restrictive and most clinically appropriate setting allowed given their clinical needs and risk factors.

Intercept I: Law Enforcement/Emergency Services

With regard to individuals with mental illness or co-occurring substance use

[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 DMH Forensic Services, Debra A. Pinals, M.D., Assistant Commissioner, at 617-626-8094.

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.

Quincy has been fortunate to be a community that has received the benefits of the partnership between the Norfolk County District Attorney's Office and the Department of Mental Health in one of the early jail diversion programs where in a crisis clinician partners and accompanies local law enforcement on crisis calls. Through this work, the clinician and police can help divert individuals with mental illness from arrest into treatment services. In the Quincy region, South Shore Mental Health services is a unique provider that comprises an array of community-based opportunities for treatment and emergency intervention at this intercept point. Although the services are robust the clinician who conducts the ride-alongs with police is only available during particular hours. In partnering with the crisis clinician, however, law enforcement officers are able to learn more about community-based behavioral health resources available to them.

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:

- <u>Resources/Strengths</u>

    - Crisis Team and jail diversion program with South Shore Mental Health Services
    - Police Training (new recruit, in-service trainings developed by DMH, NAMI, and Municipal Police Training Committee)
    - Access to hospitalization by voluntary seeking treatment or section 12 in an emergency
    - Pre-arraignment capacity to send police detainees to hospital pursuant to section 18(a) Jenkins hearings

- Local Police have clear Policy & Procedures regarding chapter 123
- Mobile Crisis teams through the Emergency Service Provider network
- Local Crisis Team Director is very available for as needed problem solving
- Day Treatment Plymouth- Brockton, South Bay
- Addiction Recovery Program (Adult & Child) >18yo as of 9/22/2014
- Metro region police activities including
    - Crisis interception
    - Crisis Negotiation
    - Psychiatric Nurse
- Monthly hospital management meetings
- Father Bills as a resource
- Cultural Issues are central and there is local expertise on these issues for Mental Health
- DMH-funded Community Based Flexible Services (CBFS) – 237 Clients
    - CBFS provider Vinfen can serve DMH clients; they have many years of experience working with DMH clients
- Availability of 6 crisis stabilization beds in the region (Needs insurance)

- <u>Gaps/Needs</u>

- Peer Representatives (individuals with lived experience who can help inform practice)
- Local Hospitals as part of stakeholder group given some challenges with waits in emergency rooms for acute psychiatric beds- consider this as a means to extend stakeholder network to educate them on mental health court
- Drop off site within the hospital emergency unit (or elsewhere?) for police who are bringing mental health clients
- Special mental health education for additional stakeholder participants including training for uniformed security at local hospitals who call

police to respond to MH crises, sometimes these calls relate to persons who have been waiting for an inpatient placement

- Training across systems (police, civilian dispatchers, behavioral health providers)*
- Need to train on communication pathways across systems*
- Major mental illness may not be driving criminal behavior, but criminogenic risks might be driving this. Need for cross trainings of staff to understand recidivism reduction goals; may need clear screening of criminogenic risk/needs
- Medical Intervention and medical clearance protocols should be refined
- Crisis Intervention Team (CIT) expansion for police
- Website resource lists

Intercept II/III: Initial Detention/Initial Court Hearing

Upon arrest individual complaints may issue and some individuals will return home. Others will be detained until court opens the next business day. Once arraigned on criminal charges, defendants may be held on bail or released. Sheriff Bellotti is very active in screening inmates for mental health and substance use issues and has worked on a system to help them have Medicaid available to them upon release. 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 community programs.

While awaiting trial in jail, the Sheriff's staff are able to provide mental health treatment and services for individuals in need. After court proceedings individual was found guilty may be sends to a period of probation. Individuals may also be required to be under parole supervision. If the individual is determined to be incompetent to stand trial or not guilty by reason of insanity, he or she may be hospitalized in a Department of Mental Health Facility or if male requiring extra security at the Department of Correction Bridgewater State Hospital.

- <u>Resources/Strengths</u>

    - Quincy is a "community" based court – a place where people come for help
    - 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 has staff available for mental health and susbstance use assessments and services
    - Court clinic staff readily available for evaluations
    - Well-established Quincy Drug Court

- <u>Gaps/Needs</u>

    - Enhanced identification of individuals & behavioral health needs (post arrest)*
    - 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

- Trainings to understand systems (jail system, mental health system, substance use systems)*
- 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
- Family treatment in jails, parent skill building
- Co-occurring treatments for mental health and substance use
- S.35 disposition/follow up
    - Communication with court for participants
- Need to understand Abuse Prevention orders and actions that may be helpful if there are mental health and substance use challenges present

Intercepts IV and V: Reentry Planning and Community Corrections

Individuals are sentenced to serve in a House of Correction serve 2 1/2 years or less unless they have on and after sentences in which case they may serve longer. Individual sentenced to a period of incarceration greater than 2.5 years are generally transferred to the Department of Correction. 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 reentry service coordinators.

Many individuals who have served in sentences or been 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 an oversight in the community to help improve public safety and behavioral health outcomes. The existence of the Quincy Drug Court has been a testament to these types of coordinated programs. The newly planned Quincy Mental Health Court will also provide an opportunity for such collaborative approaches for individuals with more significant mental health histories.

- Resources/Strengths

    - 80-100 Releases per month- sheriff's Department is adept at handling releases
    - Data is collected from the Jail that could inform the system
    - Providers are available such as Manet Community Health and Bay state & Maria Droste (which offers services to those w/ minimal or no insurance)
    - Single front door to Mass Health
    - Jail performs an evidence based Risk Assessment – completed upon entry (LSI-R)- this could be used in the Mental Health and Drug Courts for treatment planning
    - DMH Forensic Transition Team tracks DMH clients
    - Probation provides toxicology screens
    - Job Readiness Training (One Life at a Time – Braintree)
    - Re-entry summit to take place on 10/30 through the Sheriff's Department

- Gaps/Needs

    - Clear policies & procedures for intake and referral for a new Mental Health Court*

- Civil Legal services (eligibility for services) may be helpful to participants
- Long waits for psychiatry
- Knowledge of resources for Mental Health Court participants
    - Police & DA's have different perspectives and discussion of these perspectives will be needed as development of Mental Health Court progresses
    - Identifying conditions of release that are acceptable will be helpful
    - Developing a model*
    - Deciding who is part of advising the court- need for an advisory committee*
- Approximately 15% homeless- housing needs will be important to address
- Mass Health Coordination*
- Training need around Mass Health*
- Better collaboration between and across probation and parole and community providers
- Stakeholders want more training around mental health
- Probation relationship with mental health providers difficult due to HIPAA/Confidentiality- possible need for communication protocols*
- List of resources needed (including information on housing, mental health, substance use treatment services)*
- Identifying who to ask when MH questions come up for court personnel
- Consider means of bringing parole into conversation
- Thinking about roles of Peers supporting individuals in the community.

***Prioritization Exercise:**

The elements above marked with an asterisk (*) were identified as priorities across groups. These were distilled to a list of 6 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 it was identified through the mapping exercise, with the first on the list being considered the greatest priority.

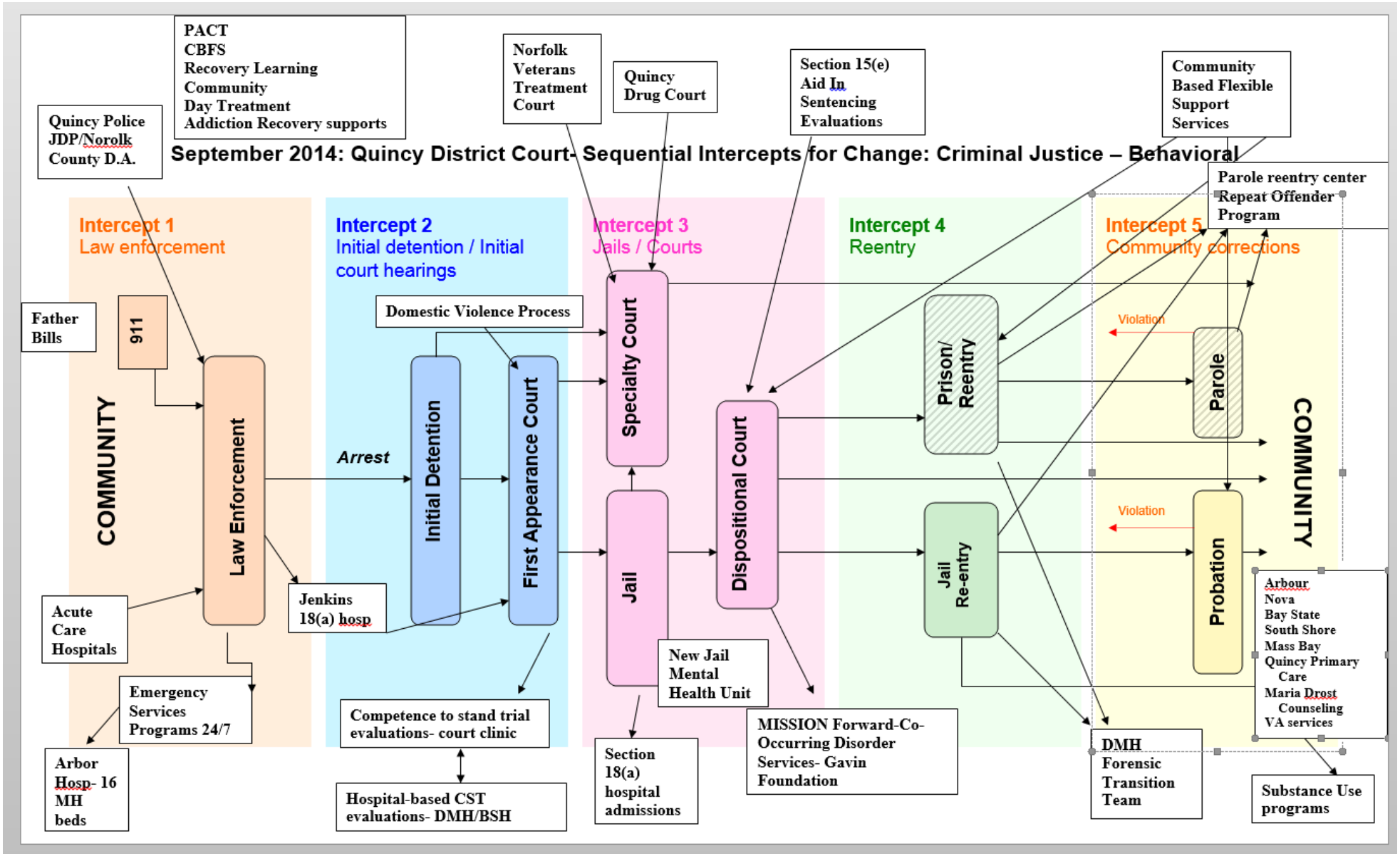
Next Steps:

	Objective	Action Step	Who?	Start When?
1	Establish Advisory Committee/ development of protocols and procedures for the mental health court	Convene advisory committee meeting	Judge Coven	October 2014
2	Enhanced identification of persons with mental health needs post-arrest	1.Training for probation and police 2. Development of a resource list including new resources identified during mapping workshop	Advisory Committee	October 2014
3	Develop procedures for communication of information between stakeholders	Case flow diagram for chain of communication, process discussions	Advisory Committee	October 2014

Attachment A: Quincy Sequential Intercept Map as of 9/11/14

Attachment B: Participant list for the Sequential Intercept Workshop

Attachment A: Quincy Sequential Intercept Map as of 9/11/14



Attachment B: Sequential Intercept Program Participants 9/11/14

Hon. Mark Coven	Presiding Justice	
Hon. Mary Orfanello	Quincy MH Court Judge	
Arthur H. Tobin	Clerk Magistrate	
John Dalton	Asst. Clerk	
Mary Clancy	Sessions Clerk	
Heather Rennie Schneider	Case Specialist	
Jay Brennan	Chief Probation Officer	
Melissa Haynes	Probation Officer	
Maureen Kennedy	Case Coordinator	Quincy District Court
Paul Keenan	Police Chief	
Tim Sorgi	Lieutenant	
Pat Glynn	Lieutenant	Quincy Police
Kevin Ware	Lieutenant	Braintree Police
Paul Casey	Lieutenant	Weymouth Police
Richard Wells	Police Chief	Milton Police
William Smith	Police Chief	Holbrook Police
David Avery	Lieutenant	Randolph Police
William Pace	Police Chief	Randolph Police
Leslie Ryan	1st Asst. Chief	Trial Courts, Office of the Commissioner of Probation
Harriet Beasley	OCP	
Jeanmarie Carroll	First Assistant DA	
Michael Connolly	Chief, District Courts	
Pamela Friedman	V/W Chief	
Pamela Alford	Asst. District Attorney	
Leah Amherin	Asst. District Attorney	Norfolk DA
Sheila Casey	Specialty Courts Administrator	
Hon. Mary Hogan Sullivan	Specialty Courts Admin. Justice	District Courts, Statewide
Hon. Mary White	Presiding Judge	Brookline District court
Mary Kelly		Norfolk County Sheriff's Office
Sherry Ellis	Vice President of Operations and Rehabilitation	South Shore Mental Health

Suzy Waas	Clinical Director	Vinfen
Kathy McAdams	Triage Manager	Father Bill's/Eliot
John Kanham	Triage Director	Father Bill's/Eliot
Kerry Eudy	Aduclt Court Clinic Director	Forensic Health Services, MHM
Meagan Burton	Defense Attorney	CPCS
Rita MacKinnon		Bay State Community Services
Alexis Verbin		Maria Droste Services
Jill Brazao	Asst. Director	
Allie Anderson		Arbor Counseling
John McGahan	President/CEO	Gavin Foundation
Jennifer Kirk		Adcare Hospital
Kristen Koch	Clinic Administrator	
Krista Tanguy	Clinical supervisor	South Bay Mental Health
John Plunkett		Mass Bay Counseling
Brian Sylvester	Regional Director	DPH Bureau of Substance Abuse Services
Patty Schmitz	court clinician	DMH
Debra Pinals	Asst. Commissioner Forensic Services	DMH
Susanna Chan	Site Director	DMH
Karin Orr	Area Forensic Director	DMH
John Barber	Area Forensic Director	DMH
Rachel Mullins	Research Asst.	UMMS