

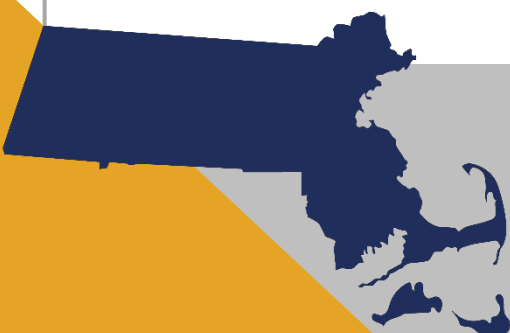


Massachusetts Supreme Judicial Court

**WORKING GROUP ON SUBSTANCE USE AND MENTAL HEALTH**

COVID-19 Interim Report

December 2020



# WELCOME

December 2020

We are pleased to share with you the COVID-19 Interim Report of the Supreme Judicial Court Working Group on Substance Use and Mental Health. This report describes the impact of the pandemic on persons dealing with substance use and mental health issues, the challenges the courts face in addressing their needs in the current environment, and our responses to those challenges. It also offers recommendations for best practices going forward, recognizing that, despite its awful human toll, the pandemic has forced us to innovate in ways that may continue to be useful even after it has receded. We would like to thank the members of the Working Group for their many contributions to this report.

The SJC Working Group on Substance Use and Mental Health was convened in 2019 by SJC Chief Justice Ralph Gants in collaboration with Trial Court Chief Justice Paula Carey to review and update the Standards on Substance Abuse issued in 1998 by the SJC and the Trial Court. To date the Working Group has met with experts and state agencies involved in the treatment of substance use disorders and mental health issues, and is currently reaching out to other stakeholders and justice partners to obtain input for the final report.

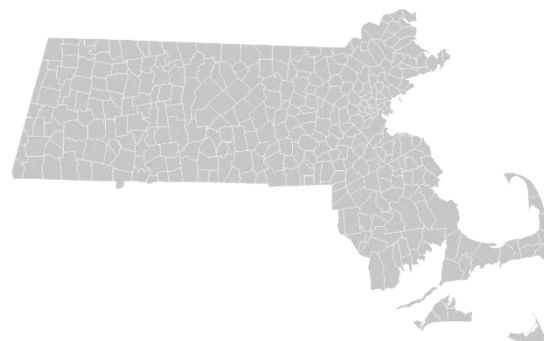
It is a mark of Chief Justice Gants' dedication to addressing the needs of persons with substance use disorders and mental health challenges that he made the time to lead the Working Group despite his many other responsibilities. He did so because he believed that responding to these individuals with intelligence and compassion is essential to fulfilling our courts' mission of providing justice with dignity.

So many people who come in contact with our courts are dealing with mental health challenges, substance use disorders, or both. Our justice system has an obligation to those individuals, and to the broader community, to help them find a path toward better health and opportunity. We hope that this report will assist us all in meeting that obligation more effectively.

Sincerely,

David A. Lowy  
*Associate Justice of the Supreme Judicial Court*

Paula M. Carey  
*Chief Justice of the Trial Court*



## MEMBERS OF THE WORKING GROUP

Hon. Paula Carey	Chief Justice Working Group Chair	Trial Court
Hon. Margot Botsford	Retired Justice	Supreme Judicial Court
Hon. David Lowy	Justice	
Chip Phinney	Deputy Legal Counsel	
Hon. Kathleen Coffey	Judge	Boston Municipal Court
Ronald Derosa	Deputy Legal Counsel	
Hon. Janet McGuiggan	Judge	District Court
Bethany Stevens	Director of Legal Policy	
Kristen Stone	Deputy Legal Counsel	
Hon. Maria Theophilis	Judge	Housing Court
Jorge Ghazal	Deputy Legal Counsel	
Hon. Susan Oker	Judge	Juvenile Court
Sean Tobin	Administrative Attorney	
Hon. Kathleen Sandman	Judge	Probate and Family Court
Evelyn Patsos	Case Manager	
Hon. Maureen Hogan	Judge	Superior Court
Alex Philipson	Deputy Legal Counsel	
Edward Dolan	Commissioner	Massachusetts Probation Service
Sarah Joss	Deputy Commissioner of Legal Services	
Sheila Casey	Specialty Court Administrator	Executive Office of the Trial Court
Georgia Critsley	Senior Counsel for Governmental Affairs	
Marisa Hebble	Project Manager	

### *Former Members*

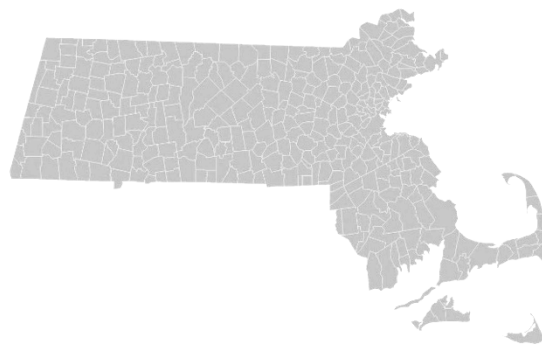
Hon. Ralph Gants	Chief Justice Working Group Chair	Supreme Judicial Court
Alexandra Arnold	Law Clerk	
Alexander Robledo	Law Clerk	
Hon. Beth Crawford	Judge	Probate and Family Court

*Administrative support provided by Jennifer L. MacBeth, Executive Assistant to Chief Justice Ralph Gants, and Tess Jurgensen, Administrative Coordinator in the Executive Office of the Trial Court.*



# Table of Contents

INTRODUCTION .....	5
I. EARLY IDENTIFICATION OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS .....	6
Impact of COVID-19 Pandemic .....	6
Challenges .....	7
Court Responses .....	8
Going Forward .....	9
II. TIMELY ACCESS TO EVIDENCE-BASED TREATMENT AT THE APPROPRIATE LEVEL OF CARE .....	11
Impact of COVID-19 Pandemic .....	11
Challenges .....	13
Court Responses .....	14
Going Forward .....	14
III. PROVIDE ONGOING SUPPORT AND ADDRESS RELAPSES AND NON-COMPLIANCE WITH EVIDENCE-BASED STRATEGIES .....	17
Impact of COVID-19 Pandemic .....	17
Challenges .....	17
Court Responses .....	18
Going Forward .....	19
ADDENDUM: THE PANDEMIC, SUMMARY PROCESS CASES, AND MASSACHUSETTS' EVICTION MORATORIUM ....	22
ADDENDUM: ADDRESSING THE NEEDS OF CHILDREN AND FAMILIES DURING COVID-19.....	24
APPENDIX.....	27
Training Resources .....	27
Online Treatment and Recovery Search Services .....	27



## INTRODUCTION

The Supreme Judicial Court Working Group on Substance Use and Mental Health convened in June 2019, with the charge to update the Standards on Substance Abuse issued in 1998 by the Supreme Judicial Court in collaboration with the Trial Court. The Working Group was appointed and chaired by Chief Justice Ralph Gants of the Supreme Judicial Court (SJC), in collaboration with Chief Justice Paula Carey of the Trial Court. The group is composed of judges and staff attorneys from the District Court, Boston Municipal Court, Superior Court, Juvenile Court, Probate and Family Court, and Housing Court; SJC Justice David Lowy, retired SJC Justice Margot Botsford and the SJC Deputy Legal Counsel; the Commissioner of Probation and his Legal Counsel; the Specialty Court Administrator; the Senior Governmental Affairs Counsel; and the Manager of the Community Justice Project. The group is also assisted by two law clerks from the SJC.

This Interim Report was developed in response to the rapid changes in practices, protocols, and programming taking place due to the COVID-19 pandemic. As justice, treatment, and social-service professionals work to mitigate the impact of the pandemic and prepare for an uncertain future, court-connected access to treatment and to recovery support is as critical now as ever. Mental health challenges and substance use disorders, because they are chronic and relapsing conditions, require ongoing rather than episodic intervention and support. Consequently, during the pandemic, as before, the keys to improving outcomes for people with behavioral health needs continue to be (1) identification of mental health and substance use disorders at the earliest point possible,

### ***In Memoriam: Supreme Judicial Court Chief Justice Ralph Gants 1954- 2020***

*In a 2017 speech, Chief Justice Gants described our Commonwealth as "a team, comprised of our 6.8 million residents ... If we lose any of our teammates -- to drug addiction, to disabling mental health, to despair -- we deprive ourselves of their talents, of the work they otherwise could perform, of their potential for growth and maturity, and we therefore are poorer as a Commonwealth."*

*He was passionately committed to the principle that every person who appears in the Commonwealth's courts must be treated with dignity and respect, in recognition of our common humanity and the fact that "we are all interconnected, we are all part of the same team, and the successes or failures of one affect us all."*

*He established the SJC Working Group on Substance Use and Mental Health in furtherance of that principle. He recognized that the courts cannot respond with intelligence and compassion to those suffering from substance use disorders and mental health challenges unless we understand and apply the latest scientific knowledge concerning these problems. And he therefore charged the Working Group with developing a new set of evidence-based best practices for reaching decisions involving litigants with substance use or mental health issues.*

*Notwithstanding his untimely death, we continue to be inspired by his vision and we are committed to producing a report that he would be proud of - a report that will make a difference.*

(2) timely access to evidence-based treatment at the appropriate level of care, and (3) ongoing support and evidence-based responses to relapse and non-compliance.

## **I. EARLY IDENTIFICATION OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS**

### **Impact of COVID-19 Pandemic**

The COVID-19 pandemic has severely disrupted every aspect of daily life in Massachusetts and beyond. Grappling with the calamitous health effects of the virus, state and local governments have required closures of non-essential businesses and schools, prohibited large gatherings, required quarantines for travelers, and encouraged social distancing. But while these measures have undoubtedly helped mitigate the spread of the virus, people have found themselves separated from their core support systems, causing widespread isolation and deep social fractures. The economic slowdown resulting from the pandemic has exacerbated the situation, driving up unemployment, threatening access to health insurance, and permanently shuttering businesses throughout Massachusetts.

For persons already suffering from mental health and substance use disorders, the pandemic and ensuing economic downturn have created new barriers to getting help, maintaining treatment regimens, and accessing social support.<sup>1</sup> The pandemic-containment measures have also placed restrictions on businesses, affecting when and how treatment facilities can offer services. For those at risk of developing mental health and substance use disorders, social isolation is known to increase that risk.<sup>2</sup> Moreover, the economic recession triggered by the pandemic, and accompanying financial hardships, are directly associated with increases in suicide, substance use disorders, and overdose deaths.<sup>3</sup>

The pandemic has also amplified longstanding disparities in health outcomes among communities of color. Black and Latino populations in Massachusetts and elsewhere are experiencing far higher rates of COVID-19 infection compared to the general population, given structural inequities that lead to: higher rates of pre-existing conditions; increased likelihood of employment in

---

<sup>1</sup> Holman, E. A., Thompson, R. R., Garfin, D. R., & Silver, R. C. (2020). The unfolding COVID-19 pandemic: A probability-based, nationally representative study of mental health in the United States. *Science advances*, 6(42), eabd5390. <https://doi.org/10.1126/sciadv.abd5390>

<sup>2</sup> Xiong, J., Lipsitz, O., Nasri, F., Lui, L., Gill, H., Phan, L., Chen-Li, D., Iacobucci, M., Ho, R., Majeed, A., & McIntyre, R. S. (2020). Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal of affective disorders*, 277, 55–64. <https://doi.org/10.1016/j.jad.2020.08.001>

<sup>3</sup> Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., Munana, C., Chidambaram, P., The Implications of COVID-19 for Mental Health and Substance Use, (KFF, August 21, 2020) <https://www.kff.org/21b582e/>

service industries and other sectors not amenable to telework; housing situations that make social distancing challenging or impossible; greater reliance on public transportation; disproportionately high incarceration rates; and less access to healthcare, particularly among immigrant communities concerned about residency status.<sup>4</sup> And while Black and Latino communities suffer from mental health and substance use disorders at rates similar to those of the general population, they have lower access to resources for prevention, treatment, and recovery.<sup>5</sup>

## Challenges

Mental health and substance use disorders are among the most significant problems that individuals present with in Massachusetts courts. It is estimated that between sixty to seventy percent of persons involved with the criminal justice system suffer from substance use or mental health disorders, or both.<sup>6,7</sup> Litigants with such challenges also appear in high numbers in Probate and Family Court and in Housing Court, as well as in Care and Protection matters in Juvenile Court. Sometimes, concerns of substance use or mental health are central to the case, requiring access to a clinician to provide assessment and appropriate referrals. These concerns may interfere with a person's ability to participate in the judicial process. Moreover, substance use disorder and the presence of a mental health condition can hamper the ability of an individual to successfully comply with the terms of probation or pre-release thus, increasing the likelihood of future contact with the justice system and involuntary hospitalizations.

Even before the COVID-19 pandemic required substantial modification of court operations,<sup>8</sup> the Working Group had identified challenges to effectively addressing the needs of persons suffering from substance use and mental health disorders. Prominent among these challenges is the inability to obtain timely evaluations and assessments early in a case, when the behavioral health issues do not fall within the parameters of the court clinic services. The Department of Mental Health (DMH) provides court clinicians to assess defendants and juveniles in the District Court, the Boston Municipal Court, the Superior Court, and the Juvenile Court for civil commitments related to

---

<sup>4</sup> Figueroa, J.F., Wadhwa, R.K., Lee D., Yeh, R.W., & Sommers, B.D. (2020). Community-level factors associated with racial and ethnic disparities in COVID-19 rates in Massachusetts. *Health Affairs*, (39)11, 1984-1992. <https://doi.org/10.1377/hlthaff.2020.01040>

<sup>5</sup> Substance Abuse and Mental Health Services Administration. (2020). *Double jeopardy: COVID-19 and behavioral health disparities for Black and Latino communities in the U.S.* <https://www.samhsa.gov/sites/default/files/covid19-behavioral-health-disparities-black-latino-communities.pdf>

<sup>6</sup> James, J.D. & Glaze, L. E. (2006). *Mental health problems of prison and jail inmates*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/mhppji.pdf>

<sup>7</sup> Bronson, J., Stroop, J., Zimmer, S., & Berzofsky, M. (2017). *Drug use, dependence, and abuse among state prisoners and jail inmates, 2007-2009*. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. <https://www.bjs.gov/content/pub/pdf/dudasppi0709.pdf>

<sup>8</sup> See <https://www.mass.gov/resource/court-system-response-to-covid-19> for more information on court responses to COVID-19, including standing orders from the SJC, the Trial Court, and each Trial Court department.

substance use disorders under G. L. c. 123, § 35, mental health concerns under G. L. c. 123, § 12, for questions of criminal responsibility and competency under G. L. c. 123, § 15, or witness competency under G. L. c. 123, § 19.<sup>9</sup> For persons whose behavioral health needs are not within the scope of Sections 12, 15, 19, or 35, there is no on-demand access to a clinician to conduct an evaluation.

For evaluations conducted by court clinicians under Sections 12, 15, 19 and 35, in-person and videoconference assessments have presented logistical and technological issues for both court staff and clinicians. These challenges are further compounded when court interpreters are required for proceedings, as the nature of remote hearings -- particularly over videoconference platforms such as Zoom -- complicate the ability of interpreters and court staff to effectively communicate with one another in real time. Before the pandemic, clinicians often conducted evaluations in the holding cell area (lock-up). Today, however, this location presents challenges to maintaining required social distancing and, for virtual evaluations, it presents equipment and internet challenges. Conducting evaluations in an alternate location in the courthouse — whether in person or virtually — requires space, court security, equipment and internet availability, and court staff, not all of which are sufficiently available.

## **Court Responses**

In response to courthouse closures necessitated by the pandemic, many court clinicians have been conducting evaluations over the telephone and via videoconference, despite hardware and software limitations. As courts begin to reopen to the public, efforts are underway to address technology needs for both clinicians and courthouses, and to ensure safe places in courthouses for in-person evaluations. Exchanging information electronically with the court has been particularly well received by clinicians and has enabled petitions to be processed more efficiently.

DMH has provided pandemic funding to court clinic vendors, which can be used to provide clinicians with computers and related equipment. Communication is ongoing between DMH, vendor agencies, and the courts to identify where equipment and other technology gaps remain and how to fill them.

In the Housing Court, unlike other court departments that do not have housing specialists, when a litigant presents with mental health or substance use concerns, before any hearing is scheduled,

---

<sup>9</sup> The General Court of the Commonwealth of Massachusetts. (2020). *Chapter 123*. <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter123>



the litigant is immediately referred to the Housing Specialist Department (HSD) for additional help, including legal services, Volunteer Lawyers Project, or the Tenancy Preservation Program (TPP).

## Going Forward

### 1. Ensure judges and court personnel have the necessary training regarding substance use disorders, mental health challenges, evidence-based treatment, and the recovery process.

If a court is to respond effectively to behavioral health issues, it is critical that judges, Probation staff and court personnel have training and competence appropriate to their respective positions. Training should include fundamentals of substance use disorder, mental health and trauma; indications of behavioral health needs among persons before the court; research regarding evidence-based treatment and recovery support strategies; anti-stigma language<sup>10</sup> and trauma-informed practices; relapse and overdose prevention planning; and specialized information and skills training to meet the professional needs of certain employee groups (e.g., motivational interviewing for probation staff).

**Stigma**  
An attribute, behavior, or condition that is socially discrediting. Known to decrease treatment seeking behaviors in individuals with behavioral health needs.

Judges and court personnel should be aware of the treatment and recovery support options available in the community and in correctional facilities (county and state). Many training programs are now available online, making attendance far more accessible. *Refer to the Appendix for a list of training opportunities and contacts.*

### 2. Ensure strong partnerships with community-based providers for behavioral health assessments.

If there are indications of substance use or mental health issues, an assessment should be conducted by a qualified clinician in coordination with the Probation Service, in order to determine whether and what treatment is appropriate. Courts should partner with local treatment providers to ensure timely access to behavioral health assessments. Many providers are conducting assessments via videoconference, which can expedite the process. Ensure that both treatment providers and court personnel are aware of the

---

<sup>10</sup> Kelly, J.F., Saitz, R., & Wakeman, S. (2016). Language, substance use disorders, and policy: The need to reach consensus on an "Addiction-ary." *Alcoholism Treatment Quarterly* (34)1, 116-123, <https://doi.org/10.1080/07347324.2016.1113103>

necessary releases so that pertinent information can be shared while protecting confidentiality. Court clinicians should be engaged for evaluations that fall under Sections 12, 15, 19 and 35.<sup>11</sup>

**3. Provide court clinicians with the necessary technology to conduct remote assessments via videoconference when in-person assessments are not feasible. Ensure courthouses have sufficient technological and coordination capacity.**

While in-person assessments are ideal, they are not always possible during the pandemic. Accordingly, in the current circumstances, timely evaluations require that clinicians and courthouses be equipped with the capability to conduct assessments via videoconference. Telephonic evaluations should be used only as a last resort. Multiple courts are using iPads or laptops in lock-up, to connect persons in custody to clinicians off-site. This practice should be reviewed and considered for additional locations, where needed.

Courts must work closely with DMH and court clinicians to ensure clinicians are able to conduct assessments, as such assessments are critical to ensuring that defendants and juveniles get appropriate treatment. Assessments are critical to ensuring appropriate treatment and that all court-imposed terms and conditions of pretrial release or probation are appropriate and accurately address the substance use disorder and mental health needs of the defendant.

Judges, clerks, and court staff should collaborate with clinicians to arrange for safe spaces where assessments can be conducted, when an in-person assessment is deemed necessary.

**4. Evaluate how information can be exchanged electronically to promote efficiency and maintain security.**

In order to reduce risks associated with the spread of COVID-19, and in order to improve the efficiency of exchanging information relevant to mental health and substance use evaluations, the courts should explore how to electronically transfer information safely and securely. Such electronic communication will reduce the need to hand-deliver

---

<sup>11</sup> The General Court of the Commonwealth of Massachusetts. (2020). *Chapter 123*. <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXVII/Chapter123>

documents and share courthouse fax machines; will expedite sharing information and, as a result, expedite court processes; and will make it easier to store and retrieve data.

## **II. TIMELY ACCESS TO EVIDENCE-BASED TREATMENT AT THE APPROPRIATE LEVEL OF CARE**

### **Impact of COVID-19 Pandemic**

Before the pandemic, on-demand access to treatment at the appropriate level of care for litigants with behavioral-health needs was an ongoing challenge for the courts. The challenge has increased with the pandemic, which has amplified the risk factors associated with substance use and mental health disorders, created new challenges to conducting assessments, and affected the availability of treatment resources. There are many evidence-based options for treating individuals with substance use and mental health disorders, including outpatient, inpatient, and residential treatment options. However, risks associated with the spread of COVID-19 have hampered the ability of courts to place persons in inpatient and residential programs. Additionally, outpatient programming has been moved to a largely virtual format, which presents its own set of challenges.

Access to treatment for substance use disorders, including medications for opioid use disorders, have changed substantially during the pandemic, for the better. Before the pandemic, regulatory hurdles limited wide-scale adoption of telehealth for substance use disorders. Recently, however, several *major changes* have reduced these limitations:

1. The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 imposed rules limiting telehealth prescribing of controlled medications. Following the Federal declaration of a public health emergency due to COVID-19, however, the U.S. Drug Enforcement Administration (DEA) announced that DEA-registered clinicians may prescribe schedule II through V medications in a telehealth visit even if they have never met the patient in person. This allows clinicians to start buprenorphine treatment for opioid use disorder through a telehealth visit without the need for a patient to come into a clinic in person.<sup>12</sup>

---

<sup>12</sup> Methadone, buprenorphine, and extended-release naltrexone are the three medications currently approved by the U.S. Food and Drug Administration (FDA) for treating opioid use disorder. All three medications reduce opioid cravings and help to sever the ties between opioid use and established situational or emotional triggers. National Academies of Sciences, Engineering, and Medicine. (2019). *Medications for opioid use disorder save lives*. The National Academies Press. <https://doi.org/10.17226/25310>

## II. Timely Access to Evidence-Based Treatment at the Appropriate Level of Care

2. The U.S. Department of Health and Human Services announced that it would waive Health Insurance Portability and Accountability Act penalties for “good faith use of telehealth.”<sup>13</sup>
3. The Substance Abuse and Mental Health Services Administration (SAMHSA) issued guidance that lifted restrictions on the use and disclosure of patient identifying information (under 42 C.F.R. 2, concerning behavioral health), in medical emergencies determined by clinicians.<sup>14</sup>
4. SAMHSA issued guidance allowing opioid treatment programs (OTPs) to prescribe buprenorphine via telehealth and increasing the number of days of take-home buprenorphine and methadone that patients may receive, reducing the need for in-person visits. Specifically, under the new guidance, stable patients in an OTP may receive up to 28 days of take-home doses of buprenorphine or methadone, and patients who are less stable may receive up to 14 days if the OTP believes that they can safely handle this level of take-home medication. Previously, Federal rules required that patients be enrolled in an OTP for one year before they could receive 14 days of take-home medication, and be enrolled for two years before they could receive a month's worth.<sup>15</sup>
5. The Centers for Medicare and Medicaid Services are temporarily waiving telehealth restrictions, allowing Medicare to cover additional telehealth services.<sup>16</sup>

Similarly, Governor Baker issued an executive order increasing access to treatment through telehealth.<sup>17</sup> The Department of Public Health (DPH) issued guidance allowing clinicians to prescribe buprenorphine and naltrexone through telehealth without first conducting an in-person evaluation, provided that telehealth is “conducted using an audio-visual, real-time, two-way interactive communication system.”<sup>18</sup> DPH also issued guidance to opioid treatment programs, temporarily

---

<sup>13</sup> U.S. Department of Health and Human Services. (2020). *Notification of enforcement discretion for telehealth remote communications during the COVID-19 nationwide public health emergency*. HHS.gov. <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

<sup>14</sup> Substance Abuse and Mental Health Services Administration. (n.d.). *COVID-19 public health emergency response and 42 CFR Part 2 guidance*. <https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf>

<sup>15</sup> Substance Abuse and Mental Health Services Administration. (2020). *FAQs: Provision of methadone and buprenorphine for the treatment of opioid use disorder in the COVID-19 emergency*. <https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf>

<sup>16</sup> Centers for Medicare & Medicaid Services. (2020). *Medicare telemedicine health care provider fact sheet*. CMS.gov. <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>

<sup>17</sup> Office of the Governor, Commonwealth of Massachusetts. (2020). *Order expanding access to telehealth services and to protect healthcare providers*. <https://www.mass.gov/doc/march-15-2020-telehealth-order/download>

<sup>18</sup> Prevoznik, T. (2020). *Use of telephone evaluations to initiate buprenorphine prescribing*. U.S. Department of Justice, Drug Enforcement Administration. [https://www.deadiversion.usdoj.gov/GDP/\(DEA-DC-022\)\(DEA068\)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20\(Final\)%20+Esign.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20(Final)%20+Esign.pdf)

aligning State take-home dosing quantities of methadone and buprenorphine with the Federal dosing schedule.<sup>19</sup>

## **Challenges**

Although many programs are offering telehealth or virtual meetings, persons with limited access to technology find it difficult to get treatment. Technology concerns aside, there is much uncertainty about which programs are accepting patients and what safeguards are in place to minimize the spread of COVID-19, such as how social distancing is being practiced in a clinical setting, and how group therapy sessions are being conducted.

Without in-person visits, it has become more difficult for clinicians to monitor a person's progress and ensure that the person is receiving the appropriate level of care. Treatment for substance use disorder often involves frequent visits and ongoing monitoring through urine toxicology. Despite improvements in conducting clinical practices remotely, challenges remain for performing urine screening and for addressing the needs of persons at high risk for substance use through telehealth.

In addition, school closures have exacerbated challenges for families who have children. Mental health challenges that underlie truancy are no longer visible, and youth struggling with substance use problems are not getting support and structure from recovery high schools.<sup>20</sup> Lack of programming, resources, and transportation has been difficult, and the only residential program for youth with substance use disorders, Massachusetts Youth Recovery, has reduced capacity to allow for single occupancy in each room.

Additionally, the closure of school sessions has decreased the opportunity for children experiencing physical abuse and trauma to secure assistance from school officials. Virtual contact hampers the safeguards provided by in-person school attendance and the development of close personal relationships with caring adults who can provide help and assistance.

Finally, reliance on public transportation to receive treatment presents an additional challenge. Many people fear that public contact and interaction on trains or buses will significantly increase the

---

<sup>19</sup> Calvert, D. (2020). *Alert Regarding COVID-19 for Opioid Treatment Programs*. Executive Office of Health and Human Services, Department of Public Health, Bureau of Substance Addiction Services. <https://www.mass.gov/doc/alert-regarding-covid-19-for-opioid-treatment-programs/download>

<sup>20</sup> Recovery High Schools are public schools where students can earn a high school diploma and are supported in their recovery from alcohol and drug use. Massachusetts Recovery High Schools. (n.d.). <http://www.massrecoveryhs.org>

likelihood of COVID-19 infection, in addition to the pandemic's effect on the availability of public transportation.

## **Court Responses**

Probation Service staff created and maintains an inventory of available resources and treatment beds. *Refer to the Appendix for a link to the Probation Services Program Status Inventory.* Modified urine toxicology screening has been maintained through AverHealth sites, including the introduction of drive-up testing at certain locations, and the Probation Service has tracked call-ins to identify probationers who may be in crisis or in need of treatment. The Probation Service then uses that information to target those probationers for additional reach-out and intervention.

Before the pandemic, the Probation Service developed partnerships with MassHealth, the Parole Board, Department of Corrections, Middlesex and Worcester County Sheriffs' Offices, Advocates Inc., and Open Sky, to identify defendants, juveniles, and probationers at risk of substance use concerns and facilitate connections to treatment and support. This partnership, known as the Behavioral Health-Justice Initiative (BH-JI), provides care navigation for people on probation and people entering the community after incarceration. This effort has continued during the pandemic and has expanded statewide as of June 2020. However, because of COVID-19 risks, BH-JI is currently operating virtually and pre-release connections with incarcerated persons have temporarily ceased.

## **Going Forward**

- 1. Ensure key court personnel are aware of online treatment and recovery search finders, treatment and recovery support programs in the community and how to access services.**

The pandemic has dramatically impacted the availability and structure of treatment programs throughout the Commonwealth. The challenging and ever-changing landscape has made it more important than ever for court staff and court partners to have current information about available treatment options so that they can make accurate and appropriate treatment referrals. This information will also allow participants to make informed choices about their treatment.

Appropriate court personnel should be aware of treatment and recovery support search services and make that information available both in the courthouse and virtually. Key staff should have knowledge of the local treatment options and how to access those services. Judges and probation staff should also be aware of treatment provided in county

and state correctional facilities. *Refer to the Appendix for a list of treatment and recovery support search services accessible on-line and by telephone.*

**2. Initiate, maintain and expand strong partnerships with community-based treatment and recovery support providers.**

The pandemic has amplified the importance of partnerships with treatment and recovery support partners. In order to improve timely access to treatment, courts should intensify efforts to identify the specific resources available in the community for the treatment of substance use disorder, mental health challenges and co-occurring disorders. If services for a diverse population and at all levels of care are not available in the community, the court should identify where such services are available and develop and maintain relationships with the providers of those services. As previously stated, ensure that all partners are knowledgeable about the required information releases so that treatment engagement can be monitored and supported by the court while protecting confidentiality.

Progress made utilizing court-based technology for court clinic evaluations should also be considered for use to connect people to assessments and intakes for community-based treatment.

**3. Establish alternatives to in-person treatment and provide participants with access to the appropriate technology and internet access.**

In-home, virtual access to mental health and substance use treatment has substantially increased participation rates. According to data collected at the behest of the Bureau of Substance Addiction Services (BSAS), the availability of remote access to treatment has reduced no-show rates in some Opioid Treatment Programs from sixty percent to five percent. This extraordinary improvement is due, at least in part, to eliminating the need to obtain transportation or child care for attending in-person treatment. Virtual treatment should be an option for appropriate persons even after the pandemic ends.

The shift to telehealth would not have been possible without the loosening of Federal and State regulations and without payment changes from Medicare and Medicaid. Continued use of telehealth will require continued regulatory accommodation and insurance reimbursement. Despite the benefits of remote treatment, it has some downsides and it may not be appropriate for everyone. Virtual access to treatment requires certain

equipment, and not all participants have access to equipment or the skills to properly operate the equipment. Also, while some persons with substance use disorder can benefit from receiving medication without having to meet in person with a clinician, others are not stable enough to do so. Courts should therefore consider an individual's capacity to access virtual services in addition to consultation with clinical partners to determine both the appropriate level of care and the best medium for delivery of services.

**4. Identify services or proceedings in which virtual meetings can better serve the needs of participants.**

Courts should determine whether there are services or proceedings in which virtual proceedings have improved the quality of justice. For example, the Franklin Family Drug Court has had considerable success using Zoom. Attorneys now participate much more frequently in team meetings because they do not have to drive to the courthouse and find parking in order to participate. Family Drug Court participants are also having an easier time attending sessions over Zoom, particularly those with children. Because most of the drug court participants are indigent, the Franklin Family Drug Court had anticipated a problem with access to technology; however, as of May 2020, that had not been a problem for any of the participants.

Where a physician is a Section 35 petitioner, the use of Zoom or other forms of videoconference by hospitals in Section 35 hearings has, in some cases, reduced the necessity of transporting the respondent in handcuffs to the courthouse and detaining the person in lock-up. In those cases, if the petition for involuntary treatment is allowed after the hearing, the respondent is transported directly from the hospital to the treatment facility. This procedure can eliminate additional trauma and anxiety often experienced by respondents who associate a courthouse setting with a criminal case rather than a civil commitment hearing.

The Trial Court has set up computer stations in a number of courthouses for court users to participate in Zoom videoconferencing to ensure that access to technology does not inhibit access to justice. "Zoom Rooms" have been set up in the following locations: Brockton (Covett Courthouse), Chelsea District Court, Springfield (Roderick L. Ireland Courthouse), and the Worcester Trial Court. These locations were chosen due to the presence of multiple departments and the perceived needs of the community. Depending



on need, additional Zoom Rooms may be established in other courthouses across the state.

### **III. PROVIDE ONGOING SUPPORT AND ADDRESS RELAPSES AND NON-COMPLIANCE WITH EVIDENCE-BASED STRATEGIES**

#### **Impact of COVID-19 Pandemic**

Experts have noted a rise in mental health challenges and substance use disorder relapses during the pandemic.<sup>21,22</sup> Persons in recovery often heavily rely on structure and social support, both of which have been severely hampered by the pandemic. Those who have lost proximity to support systems, treatment programs, and relationships that help them maintain sobriety may be tempted to self-medicate to deal with stress, anxiety, and isolation. In addition, many programs that might have been available to persons dealing with a potential or actual relapse prior to the pandemic have become more difficult to access.

#### **Challenges**

The shift to providing supervision and treatment virtually has created a number of challenges. First, with changes in drug testing, the Probation Service and treatment providers may find it more difficult to learn whether a person has relapsed and to initiate adequate connections to resources. In addition, when the court learns about a relapse, there are new hurdles to fashioning an appropriate response. Previously, the best practice was for a clinician to evaluate a person who had relapsed, and to recommend that treatment be adjusted as appropriate. However, if the recommended adjustment in treatment is an inpatient or residential program, this can be more difficult to accomplish because many inpatient programs have slowed or halted admissions to protect existing patients and staff from potential COVID-19 exposure.

Special challenges face those who relapse repeatedly. Before the pandemic, probation officers could petition under Section 35 to civilly commit someone whose relapses are creating a likelihood of serious harm to themselves or others, an option that is more difficult to utilize when not meeting probationers in-person at the courthouse. Additionally, the Supreme Judicial Court recently held that,

---

<sup>21</sup> Hamel, L., Kearney, A., Kirzinger, A., Lopes, L., Muñana, C., & Brodie, M. *KFF health tracking poll – July 2020*. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/report/kff-health-tracking-poll-july-2020/>

<sup>22</sup> Czeisler, M.E., Lane, R.I., Petrosky, E., Wiley, J.F., Christensen, A., Njai, R., Weaver, M.D., Robbins, R., Facer-Childs, E.R., Barger, L.K., Czeisler, C.A., Howard, M.E., & Rajaratnam, S.M.W. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic – United States, June 24–30, 2020. *Morbidity and Mortality Weekly Report*, 69(32), 1049–1057. <http://dx.doi.org/10.15585/mmwr.mm6932a1>

going forward, no person could be committed under Section 35 unless the judge determined that the danger posed by the substance use disorder outweighed the risk of COVID-19 transmission in a congregate setting. Foster v. Commissioner of Correction, 484 Mass. 698, 702 (2020).

## **Court Responses**

Importantly, the Probation Service has built the structure to support semi-virtual supervision with the addition of 1,000 hotspots and 1,000 laptops, the purchase and implementation of evidenced-based tools (e.g., the Carey Guides) to enhance both in-person and virtual work with clients. These adaptations have included work with community treatment providers as well as the Community Corrections Centers (CCC's) to adapt to a pandemic environment. CCC's have transitioned programming to an online platform and have expanded their services to allow anyone on probation to participate.

Given concern with regard to elevated risk of relapse and the concurrent need to maintain connections with persons participating in specialty courts, the majority of drug court, mental health court and veterans treatment court sessions transitioned quickly to operating remotely over Zoom. The majority of specialty courts have been conducting business remotely since the end of March and early April. In August of 2020, some specialty courts moved to in-person sessions where a judge determined that it was feasible to do so safely.

Early in the pandemic, several drug court sessions developed an innovative mechanism for incentivizing continued connection to recovery support. In partnership with the Recovery Coach program at North Suffolk Mental Health Association, drug court sessions in Chelsea, Charlestown, and East Boston moved their recovery meetings to Zoom. Attendance at these on-line recovery meetings was incentivized with reduced time on probation. Judges made brief appearances at recovery meetings to greet participants and emphasize the importance of attendance.

The Probation Service has continued the pre-pandemic Community-Based Residential Reentry Services program which provides 3-6 months of supportive housing and case management services for persons who are nearing the end of or completing incarceration, who are on probation or parole, or who are in the community post-incarceration and in need of housing. This partnership with the Department of Correction, county Houses of Correction, the Parole Board, Community Resources for Justice and There Is A Solution (TIAS) was particularly significant when releases from custody increased after the Supreme Judicial Court's decision in CPCS v. Chief Justice of the Trial Court, 484 Mass. 431 (2000) (holding that certain detainees may move for release from detention due to the

pandemic, and that some detainees are entitled to a rebuttable presumption of release). In addition, the Probation Service has developed a partnership with the Massachusetts Alliance of Sober Housing to provide rent in certified sober housing for persons on probation who have been released from incarceration as a result of the SJC's decision. For individuals without access to stable housing, this is particularly important in light of the looming eviction crisis. The alliance has joint funding from Probation and Parole, but Probation manages the sober bed effort for all of the criminal justice system participants (Probation, Parole, DOC, and HOCs).

The Probation Service has also intensified efforts to connect with persons who are struggling during the pandemic. Through continued partnership with MassHealth, Recovery Support Navigators and Recovery Coaches have been made available to assist persons whom Probation Service staff have identified as in need of additional assistance. The Probation Service's efforts to develop and maintain the services inventory supports Probation's continued efforts to connect individuals with available resources in the community. *Refer to the Appendix for a link to the Probation Service's Program Status Inventory.*

## Going Forward

- 1. Ensure that strategies to address behavioral health needs include relapse prevention planning, overdose prevention planning and support for the development of recovery capital.**

Judges and court staff should be aware that relapse can and does occur among individuals with behavioral health needs. With the added stressors of the pandemic, it is ever more important that treatment planning include the development of relapse prevention skills, overdose prevention education, and building of recovery capital.<sup>23,24</sup>

***Recovery Capital***  
*The resources (social, physical, human and cultural), that are necessary to begin and maintain recovery from substance use disorder.*

Because of the challenges of learning about relapses, the Probation Service should work closely with individuals and their treatment providers so that indicators of both progress and potential relapse can be identified as early as possible. This will enable courts to support progress and address indicators of relapse promptly. Particular attention should

---

<sup>23</sup> Cloud, W. & Granfield, R. (2008). Conceptualizing recovery capital: expansion of a theoretical construct. *Substance Use & Misuse*, 43(12-13), 1971-86. <https://doi.org/10.1080/10826080802289762>

<sup>24</sup> Best, D. & Laudet, A.B. (2010). *The Potential of Recovery Capital*. RSA Projects. <https://www.thersa.org/reports/the-potential-of-recovery-capital>

be paid to rewarding positive behavior which is more effective in producing long-term positive change than punishing negative behavior.<sup>25</sup>

Courts should only work with licensed treatment providers whose treatment planning and protocol include comprehensive relapse and overdose prevention services. Courts should also identify and connect individuals to peer support centers, recovery learning communities and recovery coaching to assist in the development of a recovery network and recovery capital.

**2. Make use of individualized responses when violations of court-ordered conditions are based on relapse and non-compliance with treatment.**

It is of vital importance that courts understand relapse, anticipate relapse, be prepared to deal with it, and respond to it promptly. The appropriate response to relapse must be tailored to each person and include consideration of co-occurring mental health challenges, history of substance use and previously utilized treatment modalities. Graduated responses are generally appropriate and should be considered.

Detention should be reserved for instances where the person poses a serious threat or risk of harm to himself or herself or to others within the community, as well as taking into consideration the individual's COVID risk. To ensure maximum flexibility and ability to respond quickly to an individual's evolving treatment needs, conditions should be supervised in a way that allows for responses to relapse that may not require the Probation Service to file a violation notice as a means of ensuring access to heightened services or supervision. In assessing the appropriate response to any particular instance of relapse, the courts should maintain their focus on treatment in the context of public safety (including both the individual and others). Nonetheless, individuals should be made aware that non-compliance with court-ordered conditions will have consequences.

**3. Study the efficacy of incentives, e.g., reduced probation time, on attendance and engagement with treatment and recovery services during the pandemic.**

As noted above, several drug courts are incentivizing attendance at on-line recovery meetings with reduced time on probation. The efficacy of this approach should be studied to determine whether it should be used even when the pandemic is over. Other incentive

---

<sup>25</sup> National Institute on Drug Abuse. (2020). Principles of drug abuse treatment for criminal justice populations - A research-based guide. [https://www.drugabuse.gov/sites/default/files/txcriminaljustice\\_0.pdf](https://www.drugabuse.gov/sites/default/files/txcriminaljustice_0.pdf)

programs should also be considered for individuals who remain engaged with treatment and the Probation Service.

- 4. Advocate for enhancement and expansion of court-based and court-connected programming that maximizes the availability of clinicians, care navigation and care coordination (e.g., specialty courts, BH-JI).**

The considerable resources of Medicaid with respect to medical and behavioral healthcare should be harnessed for those who come in contact with the courts. Collaborations with MassHealth can remove barriers to treatment, simplify access, and fill both substantive and geographic treatment gaps in innovative ways to meet the needs of a shared population. Courts should intensify efforts to integrate with and provide access to the extensive behavioral health treatment and recovery support network licensed by the Department of Public Health and Department of Mental Health, and funded via Medicaid and MassHealth.

Court administration should continue to explore and secure resources including federal, state and private grants to enhance court efforts in meeting the overwhelming challenges generated by the pandemic.

## **Conclusion**

The COVID-19 pandemic has presented the courts with numerous challenges, but it has also provided an opportunity — indeed, an imperative — to improve the way the courts address persons with mental health and substance use disorders. The need to close our courthouses to avoid the spread of the virus led to the rapid adoption of virtual proceedings and the use of new technologies, and, in some cases, these have had unexpected benefits. Although the courts implemented these measures to avoid contagion, we additionally have the opportunity to consider whether they also improve the quality of justice. In our effort to return to normal, the courts should reflect on which parts of normal procedures are worth returning to and which are worth changing for the better.

## **ADDENDUM: THE PANDEMIC, SUMMARY PROCESS CASES, AND MASSACHUSETTS' EVICTION MORATORIUM**

### **Impact of the COVID-19 Pandemic**

The economic slowdown and, in turn, the widespread job losses caused by the pandemic have affected the housing landscape. In an effort to supplement the courts' initiatives and respond to the potential effect of the health crisis on residential tenants and occupants, on April 20, 2020, Governor Baker signed "An Act providing for a moratorium on evictions and foreclosures during the COVID-19 Emergency," which took immediate effect and, in pertinent part, put a pause on all "non-essential" eviction cases against residential tenants. See St. 2020, c. 65. The moratorium included no-cause evictions, those for the non-payment of rent, those resulting from a foreclosure, and those for any cause other than allegations of criminal activity or lease violations threatening public safety. *Id.* Originally set to expire on August 18, 2020, the eviction moratorium was extended by the Governor until October 17, 2020, and has now expired. While the eviction moratorium provided some time for state and local officials to get a better handle on the public health crisis, its protections were temporary, and the effects of the pandemic specifically on residential occupants who suffer from mental health and substance use disorders remain to be seen.

### **Challenges**

All pending (pre-moratorium) and new (post-moratorium) summary process cases must be addressed by the court (including Housing Specialists in the Housing Court). However, with the potential influx of cases and given time constraints, there is a concern of whether there will be sufficient time and resources to identify and address substance use and mental health issues. This may be addressed by Housing Specialists, and also by agreed-to continuances by judges for good cause, on a case-by-case basis.

In addition, there are a number of challenges related to access to resources. First, courts will likely need to address a potential increase in the number of referrals to the Tenancy Preservation Program (TPP). This challenge is compounded by the fact that there are currently insufficient TPP resources across divisions and resource availability varies across divisions. Second, courts must also provide access to court-provided resources for participation in virtual court events for those self-represented litigants with limited means and resources. Third, courts must also provide access to court clinicians for evaluation, access to which varies considerably across divisions.

Finally, courts must also address the effect of substance use and mental health issues on a litigant's ability to comply with the terms of any agreement.

### **Going Forward**

1. Increase accessibility to court clinicians in all divisions, and create spaces for assessments.
2. Increase TPP clinicians and resources, and ensure consistency of resource availability across all divisions.
3. Where a case involves a litigant with known substance use or mental health issues and such issues are causing the litigant to violate the agreement, explore the possibility of building into the agreement -- with the consent of all parties -- a procedure for preserving the litigant's tenancy.
4. Explore ways to (1) build time into mediation, (2) specially schedule mediation and trials, and (3) expand time standards for trials where substance use or mental health are at issue.

## **ADDENDUM: ADDRESSING THE NEEDS OF CHILDREN AND FAMILIES DURING COVID-19**

### **Impact of COVID-19 Pandemic**

The COVID-19 pandemic has created new challenges for children and families in the Commonwealth, as well as exacerbated preexisting gaps in our collective response to their behavioral health needs. As a result of remote schooling and daycare closures, children are largely invisible to those outside of their families. The consequence of children being kept home is potentially multifold: negative impacts on children's mental health due to diminished socialization and interactions with peers; families' lack of access to adequate technology, which compound existing educational inequities; and for children with special needs, the inability of schools to adequately meet these needs in a remote setting. In addition, the Juvenile Court reports that children and parents who have been separated due to protective removals are experiencing additional emotional stress because of the inability to visit one another in-person. This distress is often extreme. Unfortunately, in-person supportive services are often not available, and remote supportive services are ineffective for families who struggle with access to technology.

The COVID-19 pandemic has also placed new economic and personal stressors on families. Parents may face stress related to the loss of their employment, which increases the risk that the family may face food scarcity or homelessness. For those parents or caregivers who still retain employment, they may find it extremely challenging to simultaneously work and manage their children's remotely-administered education at home. Meanwhile, some families with separated or divorced parents may have faced increased conflict during the pandemic due to difficulties adhering to existing parenting time orders in cases where a parent must self-quarantine or is otherwise restricted from having contact with others. This increased conflict may negatively impact the well-being of children caught in the middle of these matters. Of course, all of the above negative effects on families are likely to be magnified for children who are exposed to domestic violence at home. Finally, children in the foster care system have had few opportunities for in-person visits with prospective parents. While it is unclear how Zoom visits affect the bonding process for young children, this is yet another obstacle that both children and parents are forced to navigate during the pandemic.

### **Challenges**

The public health crisis has largely removed children from community eyes. The Department of Children and Families has replaced home visits with virtual visits for families that receive services from the Department, but it is thus far unclear if Department social workers are able to effectively



evaluate child safety remotely. School-age children see their teachers or adjustment counselors on screens rather than in-person, and younger children have not been in daycare in the numbers typically seen prior to the pandemic. Professional personnel -- who are the individuals who initiate the vast majority of reports of child abuse or neglect -- have few opportunities to see and intervene on behalf of at-risk children.<sup>26</sup>

Isolating children at home also inhibits their ability to access supportive services. Children are oftentimes too young or too weary from remote schooling<sup>27</sup> to meaningfully participate in virtual counseling sessions. The informal, hands-on counseling afforded to struggling children in a school setting is largely no longer available during the pandemic. Adult family members also lack access to adequate technology and, therefore, participate unevenly in mental health services offered by telehealth. While stressors have increased the need for mental health services, access to support is increasingly difficult to both obtain and retain, particularly in rural areas. Moreover, challenges that existed prior to the pandemic continue to persist, including the need for access to court clinicians in the Probate and Family Court, better trauma-informed practices for judges and court staff, and the lack of residential mental health programs for parents and their children.

The COVID-19 pandemic has also exacerbated existing challenges with respect to opioid use and its effects on families. There is increasing concern that the pandemic is causing higher rates of opioid overdoses at home nationwide, including in Massachusetts.<sup>28</sup> Moreover, the pandemic has made it more difficult for individuals to access opioid-related treatment in some areas, including medication-assisted treatment, along with leaving fewer testing resources available to verify non-use. All of these factors combined are likely to have a negative impact on children's contact with their parents, or even increase the risk that children may witness opioid use or overdose at home.

## **Going Forward**

1. Increase accessibility to court clinicians, particularly in the Probate and Family Court. Evaluations conducted under G. L. c. 123, § 19 should be utilized as a vehicle for accessing non-emergency evaluations.

---

<sup>26</sup> According to a 2018 report by the Children's Bureau of the U.S. Department of Health and Human Services, 67.3% of reports of abuse or neglect were submitted by professionals, who encompass education, legal and law enforcement, and social services personnel. U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2020). *Child maltreatment 2018*. <https://www.acf.hhs.gov/sites/default/files/cb/cm2018.pdf>

<sup>27</sup> McClurg, L. (2020). *For some kids, distance learning is rough. For others it's excruciating*. KQED. [kqed.org/news/11848013/for-some-kids-distance-learning-is-rough-for-others-its-excruciating](http://kqed.org/news/11848013/for-some-kids-distance-learning-is-rough-for-others-its-excruciating)

<sup>28</sup> American Medical Association. (2020). *Issue brief: Reports of increases in opioid- and other drug-related overdose and other concerns during the COVID pandemic*. [http://www.asapnys.org/wp-content/uploads/2020/07/Issue-brief\\_Reports-of-increases-in-opioid-related-overdose-and-other-concerns-during-COVID-pandemic.pdf](http://www.asapnys.org/wp-content/uploads/2020/07/Issue-brief_Reports-of-increases-in-opioid-related-overdose-and-other-concerns-during-COVID-pandemic.pdf)

2. Increase access to technology for families, such as by expanding the use of "breakout rooms" on Zoom or other videoconferencing platforms, which would allow families to meet confidentially in a remote setting.
3. In the Juvenile Court, expand the capacity of the Court Clinic to conduct behavioral health assessments for adults in Care and Protection cases.
4. Continue the use of virtual proceedings in court, even when no longer required by public health concerns. Continued use of remote technology may make the court system more accessible for families who face transportation issues or other logistical challenges that make it difficult for them to physically appear in court.
5. Explore the efficacy of remote therapy for children, in particular how play therapy can be successfully conducted with young children via Zoom or other videoconferencing software.

# APPENDIX

## Training Resources

- [Massachusetts Trial Court e-Learning Center](#)
- [Flaschner Judicial Institute](#)
- [National Institute of Corrections Learning Center](#)
- [Center for Law, Brain and Behavior](#)
- [AdCare Educational Institute](#)
- [Addiction Technology Transfer Center Network](#)
- [National Association of Drug Court Professionals](#)
- [National Center for State Courts](#)
- [New England Association of Recovery Court Professionals](#)

Massachusetts Probation Service trainings available to court staff beyond Probation. For more information please contact Patti Gavin, Statewide Probation Training Supervisor, at [patricia.gavin@jud.state.ma.us](mailto:patricia.gavin@jud.state.ma.us).

Training	Format	Description
Understanding Vicarious Trauma: Cultivating Wellness and Resiliency	Webinar	The Vicarious Trauma/Compassion Fatigue program covers sources and the impact of trauma and stress, risk and indicators of compassion fatigue, coping strategies and resiliency. Vicarious trauma is no different than any other form of trauma; it does not discriminate between demographics. It is often referred to as 'the cost of caring'. Developing a self-care strategy is key to preventing or overcoming vicarious trauma. This program is presented in conjunction with the UMASS Child Trauma Training Center through a SAMHSA Grant Commitment.
Understanding Trauma	Webinar	Provides an overview of the potential consequences of untreated trauma; describes the impact trauma has on brain development; and provides information to develop an understanding of trauma symptoms and reminders as they relate to individuals involved in the Juvenile and/or Adult Justice System. Participants will also be trained on Vicarious Trauma: what it is, how it can impact one's professional and personal life, and what tools/skill are helpful in managing Vicarious Trauma. This program is presented in conjunction with the UMASS Child Trauma Training Center through a SAMHSA Grant Commitment.
Tools of Drug Testing	Webinar	Tools of drug testing are discussed including practical, evidence-based recommendations on their use and the science behind drug testing. Sessions will include discussion on the impact of the pandemic on testing.

## Online Treatment and Recovery Search Services

[Massachusetts Probation Services Program Status Inventory](#): This inventory is designed and intended for Probation purposes. Updates are iterative and occur as Probation staff encounter or become aware of changes in operation and access to various services. All information should be verified by the user.

[Helpline Online](#): Statewide, public resource for finding substance use treatment, recovery, and problem gambling services

[MABHA Bed Finder](#): Locate openings in mental health and substance use disorder services.

[Network of Care Massachusetts](#): *\*new\** Statewide, searchable database of community-based resources for children and adults with mental health and substance use needs

[NAMI Compass](#): Information and resources to navigate the complex mental health system; staffed by people with experience navigating the mental health system for themselves or a loved one.