Massachusetts Community Justice Project

An Initiative of the Massachusetts Trial Court

Massachusetts Community Justice Workshop Report

Boston Municipal Courts:

South Boston, Dorchester, Roxbury, and West Roxbury Divisions

The Massachusetts Center of Excellence for Specialty Courts

Research | Education | Support | Recovery

Mass DMH Department of Mental Health

MA Department of Public Health BSAS Bureau of Substance Abuse Services

Prevent • Treat • Recover • For Life

Massachusetts Community Justice Workshop Report

Sequential Intercept Mapping and *Taking Action for Change*

Introduction:

The purpose of this report is to provide a summary of the Community Justice Workshop, including *Sequential Intercept Mapping* and *Taking Action for Change* meetings, held for the South Boston, Dorchester, Roxbury, and West Roxbury Boston Municipal Court Divisions on May 25th and May 26th, 2016. This report includes:

- A brief review of the origins, background and framework Massachusetts Community Justice Project and workshop;
- A *Sequential Intercept Map* as developed by the group during the workshop;
- A summary of the information gathered at the workshop;
- A list of best practices and resources to help the partners in the court jurisdictions action plan and achieve their goals.

The workshop was attended by 56 individuals representing multiple stakeholder systems including mental health and addiction, crisis services, human services, corrections, advocates, family members, consumers, law enforcement, veterans' services, and the courts. A complete list of participants is available in Appendix A.

The planning committee for the series of Boston workshops is chaired by Judge Kathleen Coffey, First Justice of the West Roxbury Division of the Boston Municipal Court. Planning committee members are indicated in Appendix A.

The workshop was facilitated by Christina Miller, Chief of District Courts and Community Prosecutions in the Suffolk County District Attorney's Office, and Karin Orr, LICSW, Area Forensic Director with the Massachusetts Department of Mental Health.

Communities included in these BMC Divisions: South Boston, Dorchester, Roxbury, West Roxbury, Hyde Park, Jamaica Plain, Roslindale, parts of Mattapan, and parts of Mission Hill.

Background of the Massachusetts Community Justice Project:

The Massachusetts Community Justice Project (originally known as the Sequential Intercept Model Project) is a Massachusetts Trial Court initiative. The Project was developed and realized through the efforts of the Trial Court Task Force on Mental Health and Substance Abuse. This interagency Task Force, chaired by Chief Justice Paula Carey, includes key stakeholders from the Trial Court, Department of Mental Health, Department of Public Health's Bureau of Substance Abuse Services, Department of Corrections, Committee for Public Counsel Services, and Sheriffs' and District Attorneys' Offices.

The Project is designed to facilitate effective and sustainable collaborations at the local level between justice system, treatment and recovery support systems, and community agencies. Utilizing *Sequential Intercept Mapping* and collective action planning, the Project seeks to promote recovery for people with mental illness and/or addiction, enhance public safety and support quality of life for all.

Project Goals, Objectives, and Strategies:

The goal of the Massachusetts Community Justice Project is to decrease the risk of justice-involvement and recidivism for people with mental illness and/or substance use disorders by:

- increasing community-level collaboration between criminal justice, behavioral health treatment and human service sectors;
- increasing capacity to identify the need for behavioral health treatment and recovery support among justice-involved people; and
- increasing connections to and engagement with treatment and recovery support for justice-involved people with behavioral health needs.

In order to achieve the set forth objectives, the Project is:

- implementing cross-systems mapping and action planning workshops using the *Sequential Intercept Model;*
- providing technical assistance to communities to support continued collaborative action planning and implementation of evidence-based and promising strategies and best practices; and
- informing stakeholders of needs, barriers, and innovations at the community level, as identified in workshops.

Framework: The Sequential Intercept Model

Developed by Mark Munetz, MD, and Patty Griffin, PhD, in conjunction with the Substance Abuse and Mental Health Services Administration's (SAMHSA) GAINS Center, the *Sequential Intercept Model* provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals with behavioral health disorders.[1]

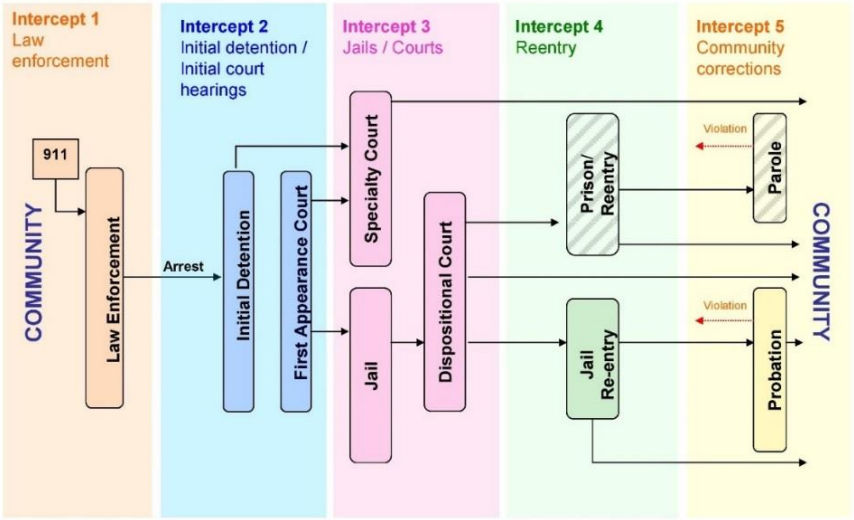
The model depicts the justice system as a series of points of "interception" at which an intervention can be made to prevent people from entering or penetrating deeper into the criminal justice system.[2]

[1] SAMHSA's GAINS Center. (2013). *Developing a Comprehensive Plan for Behavioral health & Criminal Justice Collaboration: The Sequential Intercept Model.* Delmar, NY: Policy Research Associates, Inc.
[2] Munetz, M.R. & Griffin, P.A. (2006). Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness. *Psychiatric Services,* 57(4), 544-549.

Points of intercept include:

- Intercept 1: Law Enforcement and Emergency Services
- Intercept 2: Initial Detention and Initial Hearings
- Intercept 3: Jail, Courts, Specialty Courts, Forensic Evaluations, and Forensic Commitments
- Intercept 4: Reentry from Jails, State Prisons, and Forensic Hospitalization
- Intercept 5: Community Corrections (Probation and Parole) and Community Support

The model provides an organizing tool for a discussion on how to best address the behavioral health needs of justice-involved individuals at the local level. Using the model, a community can identify local resources and gaps in services; decide on priorities for change; and develop targeted strategies to increase connections to treatment and recovery support services.



The Massachusetts Community Justice Project is including a discussion of Intercept Zero at every workshop. Intercept Zero encompasses the places in the community where people with mental illness and/or addiction can have their needs identified and be connected with treatment and recovery resources before intersecting with the justice system. Intercept Zero includes (but is not limited to): schools, healthcare providers, mental health treatment providers, homeless shelters, and human service agencies.

About the Workshop:

Community Justice Workshops take place in District Court jurisdictions and bring together key local stakeholders for a facilitated one or two-day event, *Sequential Intercept Mapping* and *Taking Action for Change* (optional). Stakeholders include people in leadership roles from the local justice system, mental health and addiction treatment systems, recovery support and human service agencies. Front-line staff as well as people with lived experience are also at the table and are important contributors.

Objectives of the workshop include:

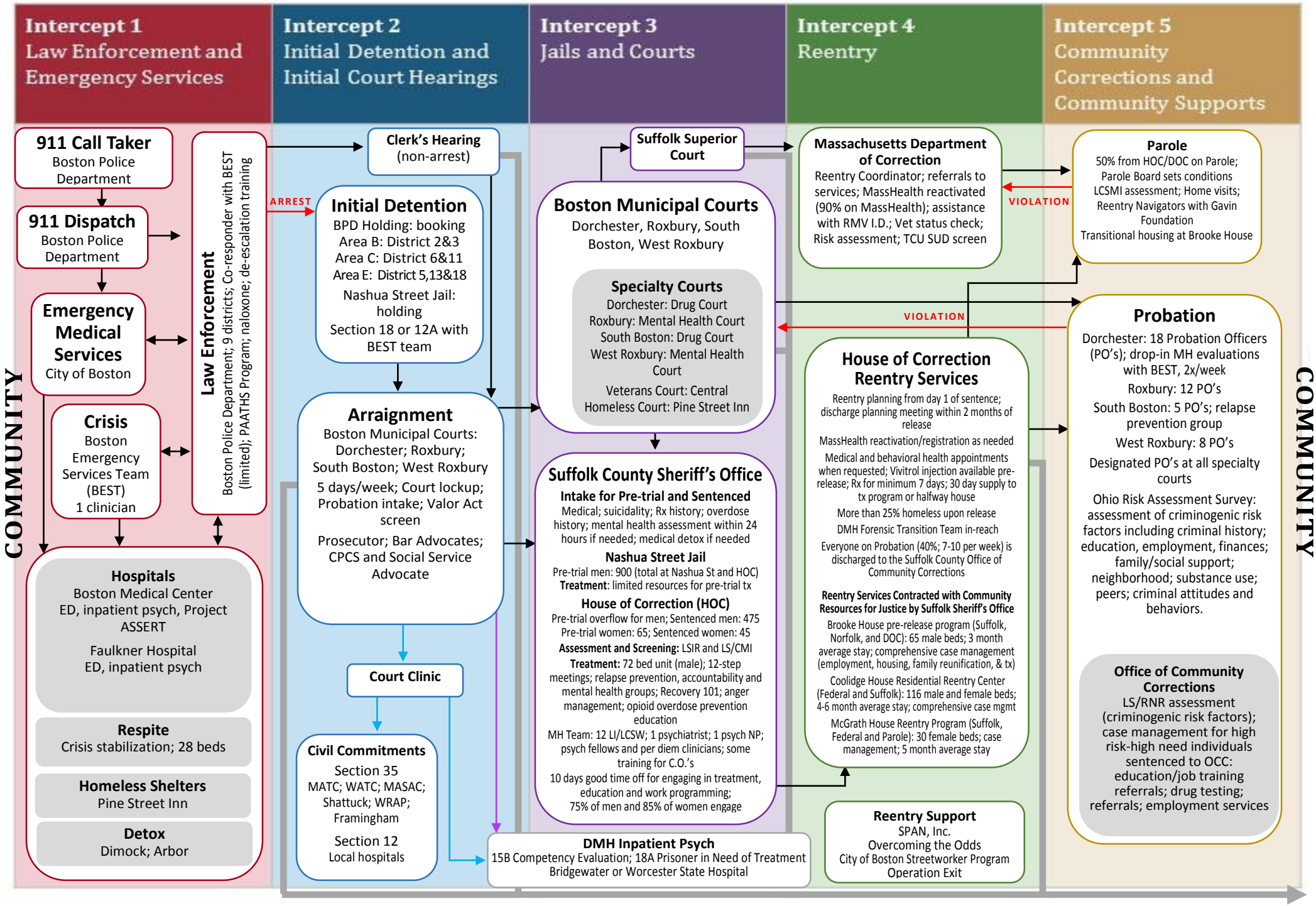
1. Development of a comprehensive picture of how people with mental illness and/or substance use disorders flow through the region's criminal justice system along the five distinct intercept points.
2. Identification of gaps, opportunities and barriers in the existing systems;
3. Identification of priorities for change and initial development of an action plan to facilitate change.

South Boston, Dorchester, West Roxbury and Roxbury Community Justice Workshop

Following is a *Sequential Intercept Model* map, a list of local resources as well as gaps, priorities, and an initial action plan developed during the workshop.

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

South Boston, Dorchester, West Roxbury, and Roxbury District Court Jurisdiction Map

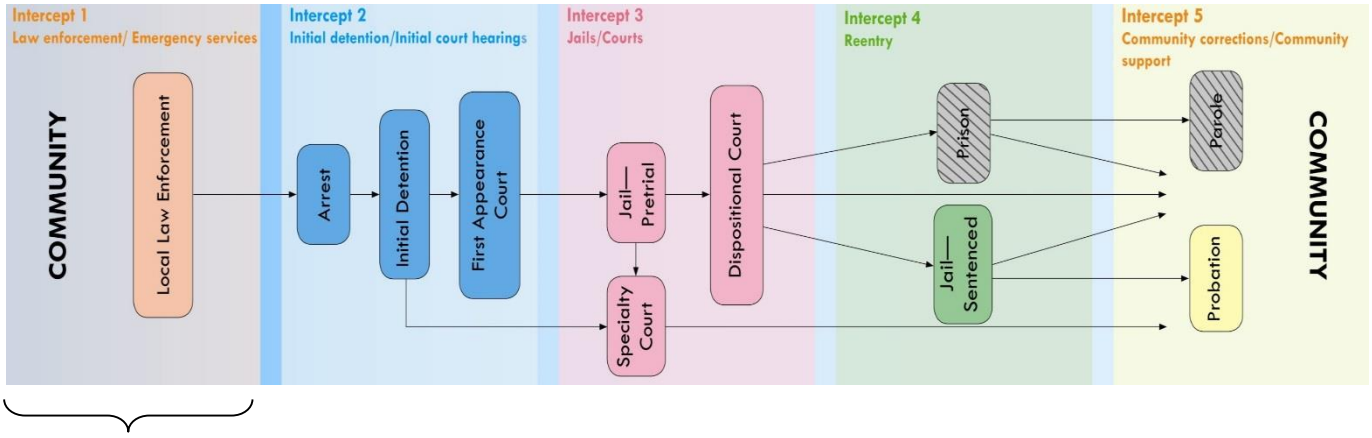


Collaborations Across Intercepts: Boston Community Justice Workshop Steering Committee; Boston Office of Recovery Services; PAATHS; BPD and BEST Co-responder;

Behavioral Health: AHOPE; South End Community Health Center; SMART Team; PAATHS; Project ASSERT; Victory House; Pine Street Inn Men's Stabilization; Gavin Foundation; Devine Recovery Center; Tufts Medical Center (MAT & MH); Laboure Center (children and Grandparents)

Housing/Shelter: Pine Street Inn; Gavin House; Answer House

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



Resources

- BMC Grant – Project ASSERT (9am-midnight): Peer involvement, follow-up, faster paths for treatment with urgent care
- Office of Recovery Services/Boston Public Health Commission: 2 recovery coaches connected to 3 major hospitals (which ones?)
- Creation of a peer statewide network: grant (MOAR)
- Parent/Professional Advocacy League: MOAR
- DMH mental health training for police
- New Records Management System @ Boston PD – opportunity for more data tracking
- Systems of care meetings
- Children's Behavioral Health initiative
- Family Partners
- HUES Program – high utilizers
- BEST urgent care drop-off center
- Good Samaritan Law
- Mayor's Homeless Plan – MOU
- Triage clinicians in homeless shelters
- 182 detox beds (38 dual diagnosis)
- Chapter 258
- 6-bed PES nit (psych) at Boston Medical Center: same day appointments
- MGL c.37, §24
- Healthcare for the Homeless: 8 observation chairs
- PAATHS – Boston drop-in center, 9a-4p, Albany Street, transportation
- Boston PD in-service e-trainings (e.g. juvenile brain development): possible coordination with BEST

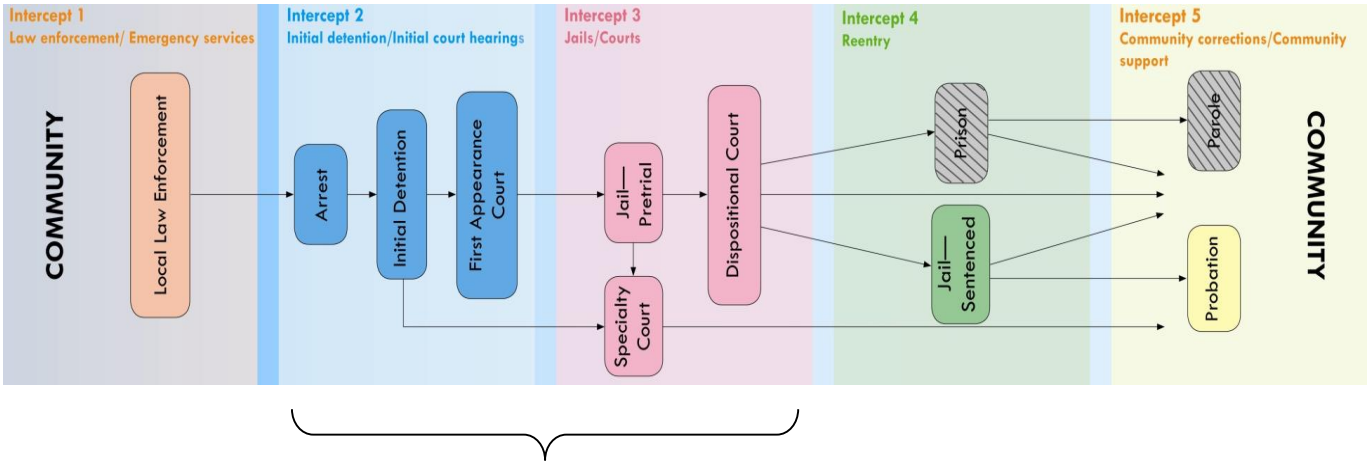
***NOTE:** These resources and gaps were identified during the facilitated interactive group portion of the workshop. As such, they are based solely upon the perspective and opinions of those present at the workshop.*

Gaps

- More training for Boston PD officers: non-arrest options, filling out reports, trauma-informed response
- More Call-taker/Dispatch training
- Trauma response
- Need more co-response clinicians citywide
- Marijuana use (including synthetic marijuana): arrestable offenses, but lack of services for treatment
- Lack of communication between first responders and probation/treatment providers/ED's
- More peer involvement in the Boston PD academy training
- More peer involvement in the ED
- Engagement
- K-2/spice training, de-escalation, education
- Recovery coaches – police liaison (like Winthrop program)
- Training for peer specialists in mental health/addiction services
- More info contained in police incident reports: screening at arrest
- Stakeholder meetings
- Wraparound services
- No place for police to refer traumatic brain injury (increase in contacts)
- Need more developmental disability/spectrum disorders
- Confusion about HIPAA
- Lack of incentive for high-utilizers to seek treatment
- Outpatient commitment
- BEST urgent care drop-off center not 24/7 (closed from 11pm to 7am): See San Antonio model for drop-off center
- Section 12 form too vague
- Cross-checks/data to identify high-utilizers across agencies
- Lack of services during stabilization period after detox: not enough CSS/TSS beds, cross-training (BPD/BEST/EMS)
- Project ASSERT not available midnight-9am (BMC)
- Challenge finding beds for women (no Framingham State)
- No screening for veteran status in ED's or by Boston PD
- Unnecessary arrest of individuals acting up in hospitals
- More referrals by Boston PD to services post-arrest, before show-cause hearing
- Lack of psychiatric expertise in treatment network
- Training around function of homeless shelters
- No male CSS beds in Boston
- No transportation to external CSS beds
- Insurance companies not managing CSS/detox beds

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

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



Resources

Intercept Two

- BEST holding cell evaluations: pre-arraignment
- NAMI one-page assessment tool
- Section 35
- Competency evaluations by court clinicians: 20-day holding period
- § 276A Diversion for veterans and young people: never arraigned as a criminal case
- Post-arraignment, pre-trial probation period: preserves record
- Pre-arraignment general continuance (rare): inform
- Public search function: identifying available beds for substance use disorder treatment (BSAS)
- Medically assisted treatment as a means of diversion
- Show-cause hearings as an opportunity for diversion: magistrate discretion
- Mental health court (Roxbury, West Roxbury) – no transfer
- Drug court – no transfer
- Veterans court (Central) – transfer allowed
- Homeless court (Pine Street) – transfer allowed, unlimited

Intercept Three

- Weekly/daily DMH check-in with Suffolk Sheriff's Department
- Programming (substance use disorder, anger management) for jail detainees at SCSD
- De-escalation and mental health training for staff at jail
- Continuity of case manager/case worker for staff at jail
- Continuity of case manager/case worker for women at jails
- Continuity of mental health clinicians for male inmates at jails
- Seamless documentation from Bridgewater to jails
- OCC: diversion from jail
  - 4 levels of intermediate sanctions
  - Level 3 and 4: community corrections center
- Education, career development, accountability measures
- Case management for mental health, monitoring
- Access to treatment through mental health and veterans courts
- Strong relationship between probation and Department of Disability Services
- Peer recovery centers: at all stages

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

Gaps

Intercept Two

- Lack of mental health information in police incident report: for bail commissioner, courts
- No formal trainings for bail commissioners
- No screening tool for bail commissioners
- No screening for mental health issues at booking by Boston PD: particularly regarding medications
- No training of booking officers: lack of uniformity in training across districts
- Medication (unverified) while in custody (e.g., inactive prescriptions)
- No mental health/addiction screening at pretrial intake
- Lack of beds for detainees: see Essex programs
- Lack of statutory pre-arraignment diversion options for people who are not young or veterans
- No referrals made during pre-arraignment
- Lack of trauma-informed trainings for court personnel: on mental health, substance use disorder, and developmental disabilities
- No advocacy available at show-cause hearing
- Lack of policy or guidelines for diversion by clerk magistrates
- Family drug court: see Franklin County
- Need more mental health clinicians assigned to courts full time
- Probation understaffed
- Lack of pre-arraignment and pre-adjudications screenings by probation
- Lack of peer support opportunity through court process
- Resources for Bar counsel to facilitate treatment
- Initial detention

Intercept Three

- More generalized specialty court: maybe co-locating mental health and drug court
- Bar Association training: outreach for clients
- Lack of continuity of case manager/case worker at jail for men: because there are so many
- Lack of beds at
- Contradicting levels of incompetence: can be deemed incompetent but not to the extent where you can't stand trial
- Individuals deemed incompetent in the community (no danger): no mandated services
- Traumatic brain injuries/developmental disabilities: do not meet criteria for specialty courts and no mandated services
- CBHI: no model similar to CBHI for adults
- Lack of mandated services for individuals found not guilty by reason of insanity if released (no danger)
- No formal pre-sentence screening
- Training for police offices regarding individuals who cannot become competent
- OCC cannot currently take people from jails without an on and after probation sentence to go to OCC

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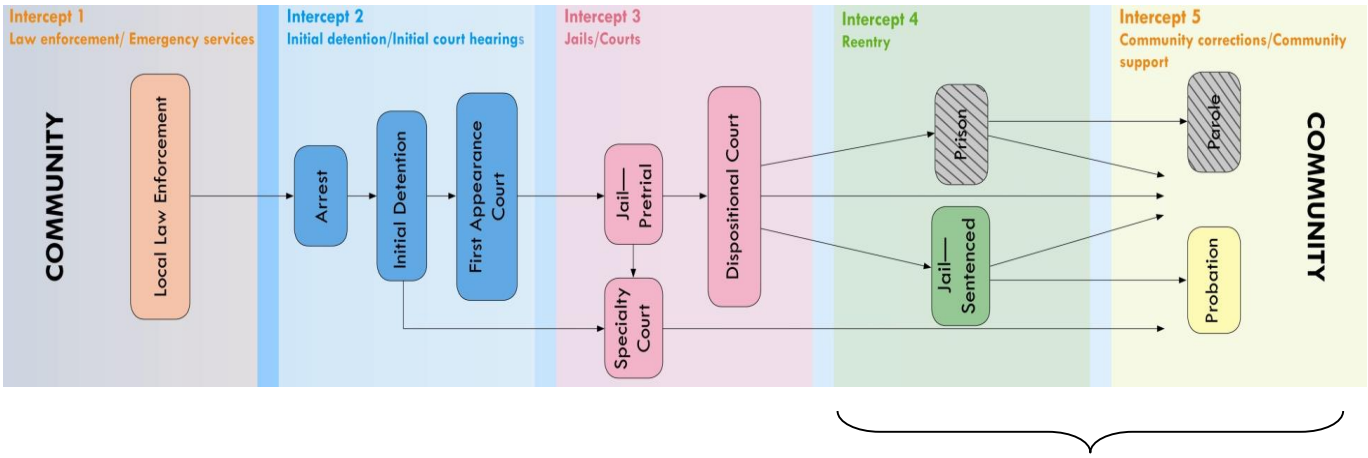
Intercepts 4 and 5: Reentry and Community Supervision



Resources

Intercept Four

- Step-down from House of Correction to jail
- Discharge panel prior to release from jail
- Connection with services
- Minimum of 7-day supply of medication for releases (not narcotics) from jail
- 30-day supply if going into a program
- Formulating system where mail is held for 30 days at jail: can provide as alternate address
- SPAN Inc.
- Coming Home Directory: list of services available upon reentry
- SCHOC releases may go to OCC
- City of Boston Streetworker Program: Trauma Response
- Community Health Center
- DMH Forensic Transition Team

Intercept Five

- Service navigators through parole
- ORAS tool used at Probation: assessment tool
- Probation officers receive initial and ongoing trainings for recognizing mental health/substance use disorders
- Community corrections centers: trainings
- Reentry navigators: licensed social workers and resource coordinators
- List of long-term treatment programs
- Certification of sober homes: MASH (standardized)
- City of Boston: Operation Exit
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Gaps

Intercept Four

- MassHealth won't allow reactivation of insurance before 30 days of scheduled release: switched off as soon as individual enters jail
- Individuals released not given assistance with getting insurance: unless they actively seek it, need a facilitator
- Insurance paperwork sent to non-working addresses
- No relationship between SPAN and MassHealth
- All SPAN in-reach services (except HIV) about to be discontinued due to lack of funding
- Lack of facilitation between pre-release and reentry into the community: continuation
- SPAN-Overcoming The Odds relationship is ending
- Limited opportunities for female reentry

Intercept Five

- Inconsistent screening tools across agencies: parole uses a different one than probation and DOC
- People wrapping up: difficult motivating them to seek services when there is no jurisdiction over them
- Increase collaboration across agencies prior to release: halfway houses, recovery homes, LTRP: there's a list

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

Priorities

- **Information sharing between criminal justice and mental health services; clarification of HIPAA guidelines** (12 votes)
- **Increase integration of peer support through court processes** (11 votes)
- **Model training on interacting with people with mental illness, substance use disorders, developmental disabilities, and traumatic brain injury for all stakeholders: trauma-informed and incorporating people with lived experience** (10 votes)
- **Develop stakeholder/steering committee to discuss shared system issues: e.g., policies, protocols, information sharing, housing, etc.** (9 votes)
- **Ensure access to needed services for people deemed not competent to stand trial who are unlikely to regain competency: e.g., people with developmental disabilities, traumatic brain injury, and/or severe mental illness** (7 votes)
- Increase in-reach to inmates by community service providers to promote continuity of care post-release (6 votes)
- Criminal Justice (judicial, prosecution, and defense) training on effects of sentencing for parole eligibility, reentry supervision and reintegration (5 votes)
- Facilitate access to step-down services upon release from holding: to halfway houses, recovery homes, OCC, etc. (4 votes)
- Criminal Justice (probation, parole, judicial and defense) training on best practices for treatment and appropriate service referrals including integration of choice and empowerment, where possible (4 votes)
- Policy development and implementation for first responders (Boston PD, EMT, ED personnel) on interacting with people with mental illness, substance use disorders, traumatic brain injury, developmental disabilities; ensure that information gets to criminal justice providers and treatment providers (3 votes)
- Increase and integrate post-trauma services (3 votes)
- Communication and training about marijuana use, misuse and addiction (3 votes)
- Bar Association training (in conjunction with CPCS) on accessing services for clients (2 votes)
- Integration of NAMI's screening tool for use by Boston PD or booking officers and/or EMS (2 votes)
- Build in feedback opportunities for post-system (2 votes)
- Cross-training between peers in mental health/substance use disorder communities (1 vote)
- Criminal justice provider (police and courts) training on best practices for individuals who are not able to become legally competent (1 vote)
- Regular stakeholder meetings, integrated with criminal justice partners, focused on treatment for people who frequently access multiple systems: ED, police, shelters, substance use disorder and mental health treatment (1 vote)
- Probation pre-arraignment intake/screening for mental health/substance use disorder to identify candidates for diversion (0 votes)
- Increased training on how to identify use of K2 (0 votes)
- Training/collaboration/policy to ensure seamless access to MassHealth on release from incarceration/holding (in notes)

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

Parking Lot

- Alternate emergency responses
- Communication between courts and hospitals without signed releases, without violating HIPAA laws
- No ability to self-petition under Section 35
- Metrics/MassCourts
- Production of Drug Certs
- Insurance being cut off and not reinstated within reasonable time: currently 2-3 weeks in Sheriff's experience
- Housing and Transitional Housing
- Drop-off centers: San Diego Serial Inebriate Program Model
- Programming/treatment regarding marijuana use
- Need more beds for step-down upon release: funding issue, space issue (especially difficult when released from jail pre-trial)
- Making peer services Medicaid-reimbursable

Appendix Index

Appendix A: Participant List

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Appendix B: Resources

Massachusetts Community Justice Project Resource List

Massachusetts Web Sites	
Massachusetts Trial Court	mass.gov/courts
Department of Public Health: Bureau of Substance Abuse Services	mass.gov/dph/bsas
Department of Mental Health	mass.gov/dmh
Substance Abuse Helpline – Locate Treatment Providers	helpline-online.com
Massachusetts Behavioral Health Access - Treatment Bed Availability	mabhaccess.com
Massachusetts Center of Excellence for Specialty Courts	macoe.org
National Alliance on Mental Illness (NAMI) – Massachusetts	namimass.org
Massachusetts Rehabilitation Commission	mass.gov/eohhs/gov/departments/mrc
Community Health Training Institute – Coalition Training	hriainstitute.org
Learn to Cope – Family Support Network	learn2cope.org
Allies in Recovery – Family Guidance and Training	alliesinrecovery.net
Massachusetts Association for Sober Housing	mashsoberhousing.org
Massachusetts League of Community Health Centers	massleague.org
MassHealth	mass.gov/eohhs/gov/departments/masshealth
Physiology of Addiction Video (online)	vimeo.com/155764747

Additional Web Sites	
Center for Mental Health Services	mentalhealth.samhsa.gov/cmhs
Center for Substance Abuse Prevention	prevention.samhsa.gov
Center for Substance Abuse Treatment	csat.samhsa.gov
Council of State Governments Consensus Project	consensusproject.org
Justice Center	justicecenter.csg.org
Mental Health America	nmha.org
National Alliance on Mental Illness (NAMI)	nami.org
NAMI Crisis Intervention Team Resource Center; and Toolkit	nami.org/cit; nami.org/cittoolkit
National Center on Cultural Competence	nccc.georgetown.edu
National Center for Trauma Informed Care	mentalhealth.samhsa.gov/nctic
National Clearinghouse for Alcohol and Drug Information	health.org
National Criminal Justice Reference Service	ncjrs.org
National GAINS Center/ TAPA Center for Jail Diversion	gainscenter.samhsa.gov
National Institute of Corrections	nicic.org
National Institute on Drug Abuse	nida.nih.gov
Network of Care	networkofcare.org
Office of Justice Programs	ojp.usdoj.gov
Ohio Criminal Justice Center for Excellence	neoucom.edu/cjccoe
Partners for Recovery	partnersforrecovery.samhsa.gov
Policy Research Associates	prainc.com
SOAR: SSI/SSDI Outreach and Recovery	prainc.com/soar
Substance Abuse and Mental Health Services Administration	samhsa.gov
Pennsylvania Mental Health and Justice Center for Excellence	pacenterofexcellence.pitt.edu
USF Criminal Justice Mental Health & Substance Abuse Technical Assistance Center	floridatac.org

Best Practices

The following information on best practices is adapted from the GAINS Center for Behavioral Health and Justice Transformation, a program of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), administered by Policy Research Associates.

The *Sequential Intercept Model* provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals with mental illness and/or substance use disorders. Within the criminal justice system there are numerous intercept points — opportunities for linkage to services and for prevention of further penetration into the criminal justice system. This linear illustration of the model shows the paths an individual may take through the criminal justice system, where the five intercept points fall, and areas that communities can target for diversion, engagement, and reentry.

The five intercept points are:

1. Law Enforcement
2. Initial Detention/Initial Court Hearings
3. Jails/Courts
4. Reentry
5. Community Corrections

Action for Service-Level Change at Each Intercept

Intercept 1: Law Enforcement

- 911: Train dispatchers to identify calls involving persons with mental illness and/or substance use disorder and refer to designated, trained respondents.
- Police: Train officers to respond to calls where mental illness and/or substance use disorder may be a factor; Crisis Intervention Team and Mental Health First Aid training.
- Documentation: Document police contacts with persons with mental illness and/or substance use disorder.
- Emergency/Crisis Response: Provide police-friendly drop off at local hospital, crisis unit, or triage center.
- Follow-Up: Provide service linkages and follow-up services to individuals who are not hospitalized and those leaving the hospital.
- Evaluation: Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement.

Intercept 2: Initial Detention/Initial Hearings

- Screening: Screen for mental illness and/or substance use disorders at earliest opportunity; initiate process that identifies those eligible for diversion or needing treatment in jail; use validated, simple instrument or matching management information systems; evaluate case information by prosecution, judge/court staff for possible diversion and treatment.
- Pre-Trial Diversion: Maximize opportunities for pretrial release where appropriate and assist defendants with mental illness and/or substance use disorders in complying with conditions of pretrial diversion.
- Service Linkage: Link to comprehensive services, including care coordination, access to medication, dual diagnosis treatment as appropriate, prompt access to benefits, healthcare, and housing.

Intercept 3: Jails/Courts

- Screening: Inform diversion opportunities and need for treatment in jail with screening information from Intercept 2; utilize evidence-based screening and assessment tools (including Risk/Needs/Responsivity) during incarceration.
- Court Coordination: Maximize potential for diversion in a specialty court or non-specialty court.
- Service Linkage: Link to comprehensive services, including care coordination, access to medication, dual diagnosis treatment as appropriate, prompt access to benefits, health care, and housing.
- Court Feedback: Monitor progress with scheduled appearances (typically directly by court); promote communication and information sharing between non-specialty courts and service providers by establishing clear policies and procedures.
- Jail-Based Services: Provide services consistent with community and public health standards, including appropriate psychiatric medications; coordinate care with community providers.

Intercept 4: Reentry

- Screening: Assess clinical and social needs and public safety risks (Risk/Needs/Responsivity); boundary spanner position (e.g., discharge coordinator, transition planner) can coordinate institutional with community mental health, substance use disorder, and community supervision agencies.
- Coordination: Plan for treatment and services that address needs; document treatment plan and communicate it to community providers and supervision agencies – domains should include prompt access to medication, mental health, substance use disorder and health services, benefits, and housing.
- Follow-Up: Identify required community and correctional programs responsible for post-release services; best practices include reach-in engagement and specialized case management teams.
- Service Linkage: Coordinate transition plans to avoid gaps in care with community-based services.

Intercept 5: Community Corrections

- Screening: Screen all individuals under community supervision for mental illness, substance use disorders, and trauma; screen and assess for criminogenic risk (Risk/Needs/Responsivity); link to necessary services.
- Maintain a Community of Care: Connect individuals to employment, including supportive employment; facilitate engagement in dual diagnosis treatment and supportive health services; link to housing; facilitate collaboration between community corrections and service providers; establish policies and procedures that promote communication and information sharing
- Implement a Supervision Strategy: Concentrate supervision immediately after release; adjust strategies as needs change; implement specialized caseloads and cross-systems training
- Graduated Responses & Modification of Conditions of Supervision: Ensure a range of options for community corrections officers to reinforce positive behavior and effectively address violations or noncompliance with conditions of release

Across All Sectors

- Implement education and training for justice system professionals on mental illness, substance use disorders, and trauma
- Increase use of peer support services
- Implement screening tools to identify people with a history of military service
- Implement education for justice system professionals on the use of medication-assisted treatment for substance use disorders

Three Major Responses for Every Community

Three Major Responses Are Needed:

1. Diversion programs to keep people with mental illness and/or substance use disorders, who do not need to be in the criminal justice system, in the community.
2. Institutional services to provide constitutionally adequate services in correctional facilities for people with mental illness and/or substance use disorders who need to be in the criminal justice system because, for example, of the severity of the crime.
3. Reentry transition programs to link people with mental illness and/or substance use disorders to community-based services when they are discharged.

The Sequential Intercept Model has been used by numerous communities to help organize behavioral health service system transformation to meet the needs of people with mental illness and/or substance use disorders involved with the criminal justice system. The model helps to assess where diversion activities may be developed, how institutions can better meet treatment needs, and when to begin activities to facilitate re-entry.

Source: The GAINS Center for Behavioral Health and Justice Transformation, a program of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), administered by Policy Research Associates (www.samhsa.gov/gains-center).

The GAINS Center helps to expand community services for adults who are in the criminal justice system and experiencing a mental and/or substance use disorder. The GAINS Center provides information and skills training to help individuals and organizations at the local, state, regional, and national levels implement effective, integrated programming that will transform the criminal justice and behavioral health systems.

Appendix C: Action Planning Tools

Priority Area 1: Information sharing between criminal justice and mental health services; clarification of HIPAA guidelines					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 2: Increase integration of peer support through court processes					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 3: Model training on interacting with people with mental illness, substance use disorders, developmental disabilities, and traumatic brain injury for all stakeholders: trauma informed and incorporating people with lived experience					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 4: Develop stakeholder/steering committee to discuss shared system issues: e.g., policies, protocols, information sharing, housing, etc.					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**

Priority Area 5: Ensure access to needed services for people deemed not competent to stand trial who are unlikely to regain competency: e.g., people with developmental disabilities, traumatic brain injury, and/or severe mental illness					
Objective	**Activities/Tasks**	**Resources**	**Timeframe**	**Barriers**	**Responsibility**