Massachusetts Community Justice Project
An Initiative of the Massachusetts Trial Court

Massachusetts Community Justice Workshop Report

Lawrence District Court

Lawrence, Andover, North Andover, Methuen
Massachusetts Community Justice Workshop Report

Sequential Intercept Mapping

Introduction:

The purpose of this report is to provide a summary of the Community Justice Workshop, using Sequential Intercept Mapping, held for the Lawrence District Court jurisdiction on April 1st, 2016. This report includes:

- A brief review of the origins, background and framework of the 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 Lawrence region action plan and achieve their goals.

The workshop was attended by 37 individuals representing multiple stakeholder systems including mental health and addiction treatment, crisis services, human services, corrections, advocates, family members, people with lived experience, law enforcement, veterans’ services, and the courts. A complete list of participants is available in Appendix A.

The workshop was facilitated by Karin Orr and John Barber, Area Forensic Directors with the Massachusetts Department of Mental Health. Additional support was provided by Ben Cluff, Veterans Services Coordinator for the Department of Public Health: Bureau of Substance and Addiction Services and Marisa Hebble, Coordinator of the Massachusetts Community Justice Project.

Communities in the Lawrence District Court jurisdiction include Lawrence, Andover, North Andover and Methuen.
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

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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.

**Lawrence 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.*
**Intercept 1: Law Enforcement/Emergency Services**

**Resources**
- ESP/Crisis Stabilization at Lahey Health Behavioral Services
- Holy Family has four mental health beds in the Emergency Department
- Lawrence General ED has a part-time psychiatrist and part-time Nurse Practitioner
- Partial Hospitalization Program at Arbor
- Methuen Police Department CARES initiative (Community Addiction Resource Engagement Services): 2 Community Engagement Specialists providing recovery resources, outreaching to high risk populations and doing community education
- Andover Police Department has hired a clinician (LICSW) to assist with mental health and addiction issues
- North Andover and Andover PD’s train together
- Methuen, Andover and North Andover Police Departments carrying naloxone (Narcan)

**Gaps**
- No inpatient mental health unit at Lawrence General Hospital
- No specialized mental health section of the Emergency Department at Lawrence General
- No community-based options for family when someone is in pre/early crisis
- Police could benefit from more information/education about the resources in the community
- Police Department aren’t trained in Crisis Intervention Team training or Mental Health First Aid (or similar programs) and there are limited resources for trainings
- Data sharing, data collection
- Lawrence PD is not carrying naloxone (union issue)
- Emergency Department isn’t connecting people with services in the community
- Limited information sharing between law enforcement and community agencies.

*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.*
Massachusetts Community Justice Workshop Report for the Lawrence District Court Jurisdiction
April 2016

Intercepts 2 and 3: Initial Detention and Court Hearings; Jails and Courts

Resources

- Regional lock-up has clinician do evaluation as part of booking **Name of Facility**
- Police departments are using the Q5 tool
- Essex DA has a diversion program
- Detox treatment and next-step planning available pretrial at Essex H.O.C.
- CMI screen at pre-trial in some areas
- CPCS has a social worker who can do evaluations pre-trial
- There is communication between probation officers, House of Corrections staff and court personnel
- Screen at the House of Corrections
- There are peer mentors in the Veterans Court
- HOPE MORR Program in Probation

Gaps

- Recovery informed peer mentors
- Information sharing between courts and community agencies
- Opportunity for mental health medication in jail for pre-trial
- Limited capacity for treatment beds
- Limited access to treatment on-demand
- Unclear if there is universal screening and assessment for residents at the HOC
- Medication continuity
- Housing challenges for people with criminal history recovery coaches in court

*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.*
Resources

- Medical appointments
- Vivitrol at the HOC
- Warm hand-off to Lahey clinic
- Parenting programs, changing lives through literature with probation
- Probation has regular contact with Lahey
- Bimonthly meetings at the HOC about reentry issues
- Civil Legal Aid is available

Gaps

- Lack of a dual diagnosis program
- Medication management
- Issues getting MassHealth if you don't have an address
- Housing needs
- CPCS training for linking people to community resources
- CPCS lacks access to social worker pool

*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

- Breaks in medication continuity (16 votes)
- Police training – CIT, MHFA, community resources (12 votes)
- Housing and homelessness (11 votes)
- Fast access to treatment in the community (9 votes)
- Task Force (6 votes)
- Drop-in pre-crisis center (6 votes)
- Access to entitlements (5 votes)
- Data collection (3 votes)
- Lack of dual diagnosis treatment options (3 votes)
- Lack of cultural awareness training (3 votes)
- Recovery informed processes/peer mentors (2 votes)
- Lack of Spanish speaking services (2 votes)
- Information sharing between silos (2 votes)
- Mental health track in the Emergency Department (0 votes)

### Parking Lot

- Community resources pre-crisis
- MBHP % cap on psychiatric hospitalization
- Question about biased competency hearings
Appendix Index

Appendix A: Participant List

Appendix B: Resources

- Massachusetts Community Justice Project Resource List
- Best Practices: GAINS Center for Behavioral Health and Justice Transformation

Appendix C: Action Planning Tools
Appendix A: Participant List

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## Appendix B: Resources

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<td>Department of Public Health: Bureau of Substance Addiction Services</td>
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<td>Department of Mental Health</td>
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<td>Substance Abuse Helpline – Locate Treatment Providers</td>
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<td>Massachusetts Behavioral Health Access - Treatment Bed Availability</td>
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<td>Massachusetts Center of Excellence for Specialty Courts</td>
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<td>National Alliance on Mental Illness (NAMI) – Massachusetts</td>
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<td>Massachusetts Rehabilitation Commission</td>
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<td>Community Health Training Institute – Coalition Training</td>
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<td>Learn to Cope – Family Support Network</td>
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<td>Allies in Recovery – Family Guidance and Training</td>
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<td>Massachusetts Association for Sober Housing</td>
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<td>Massachusetts League of Community Health Centers</td>
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<td>Massachusetts Department of Veterans Services</td>
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<td>Mass Vets Advisor</td>
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<td>Physiology of Addiction Training Video</td>
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## 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                       |
| U.S. Department of Veterans Affairs                                                      | va.gov                                     |
| 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 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.


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.
### Priority Area 1: Breaks in medication continuity

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### Priority Area 2: Police training – CIT, MHFA, community resources

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### Priority Area 4: Fast access to treatment in the community

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### Priority Area 5: Task Force

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