



Massachusetts Trial Court: Facilitating a Community Response to the Opioid Crisis

Hon. Paula M. Carey Chief Justice, Massachusetts Trial Court

The opioid crisis has affected the lives of citizens nationwide—with a resulting impact on courts. The Massachusetts Community Justice Project uses Sequential Intercept Mapping to gauge the impact of opioid-related cases on courts and to improve services to victims of this health crisis.



State courts have long seen people and families dealing with mental illness and addiction, but the opioid crisis has created a new urgency in communities nationwide. As local communities work to address the crisis, state courts hold an important place in a comprehensive response built on partnerships between systems (justice, treatment, health care, and housing). The Massachusetts Trial Court has developed an innovative project designed to facilitate community collaborations, improve the use and availability of behavioral health services, and reduce the risk of

justice involvement, with a particular focus on opioid-use disorder and overdose prevention.

The trial court has responded to the opioid crisis in a number of ways, from expanding specialty courts to implementing federal grants that use case management and creating the Massachusetts Community Justice Project (<http://tinyurl.com/y25rtn9z>). This initiative works with communities to connect systems and promote the use of strategies that support recovery, enhance public safety, and improve community quality of life.

Behavioral Health and the Justice System

There is a lot we know about the intersection of addiction, mental illness, and trauma with the criminal justice system.

- *When comparing the general population to the justice-involved population, people with addiction and mental illness are overrepresented in the justice system.*
- *The presence of childhood and current trauma is high in justice-involved populations, and it is a best practice to assume that most criminal defendants have a trauma history.*
- *The earlier that addiction, mental illness, and co-occurring disorders can be identified, and interventions implemented, the better the outcomes are for people who can be connected to community-based treatment that meets them where they are and not where we hope them to be.*
- *Addiction, mental illness, and trauma remain highly stigmatized. This means individuals often have hidden conditions that make it difficult to find places to intervene. Capitalizing upon opportunities, both before and while an individual is involved with the criminal justice system, is critical to reducing the likelihood that people will continue to cycle through the system because their mental-health and substance-use-disorder needs are not being met.*
- *Finally, many people dealing with behavioral health and substance use issues, who are also justice-involved, have complicated needs. They are often interacting with multiple systems (justice, treatment, health care, housing and shelter, social services) and are at high risk for relapse and recidivism. Connecting these often siloed systems and providing coordinated responses is important in a comprehensive approach.*

The Opioid Crisis in Massachusetts

In 2017, more than 2,000 Massachusetts residents died because of an opioid overdose—an average of more than five people a day. Not since the AIDS epidemic of the 1980s and 1990s has Massachusetts seen such a sharp increase in a single category of deaths. Data from the Massachusetts Department of Public Health paints a stark picture:

- *Fatal overdoses increased over 500 percent from 2000 to 2016.*
- *Nonfatal overdoses, a key risk factor for subsequent fatal overdose, totaled over 65,000 between 2011 and 2015; nearly one in ten people died within two years of an initial nonfatal overdose.*
- *Justice involvement: The opioid-related overdose death rate is 120 times higher for persons released from Massachusetts prisons and jails; nearly one of every 11 opioid-related overdose deaths involve persons with histories of incarceration in Massachusetts jails and prisons; in 2015, nearly 50 percent of all deaths among those released from incarceration were opioid related.*
- *Mental illness: Roughly one in four persons ages 11 and older in the MassHealth population (Medicaid) has a serious mental illness. The risk of fatal opioid-related overdose is six times higher for persons diagnosed with a serious mental illness and three times higher for those diagnosed with depression.*

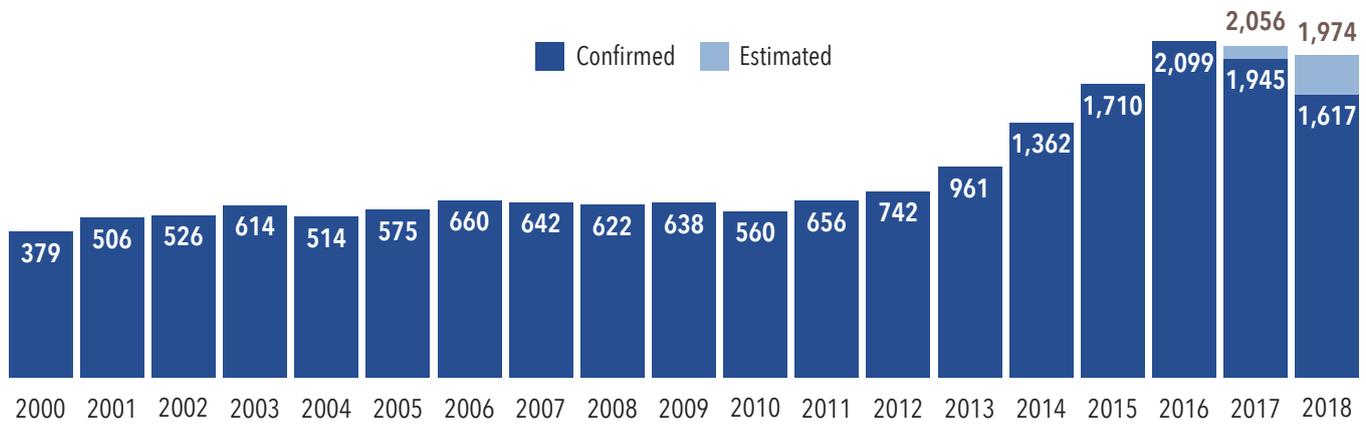


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Opioid-Related Overdose Deaths, All Intents

Massachusetts Residents: 2000-2018

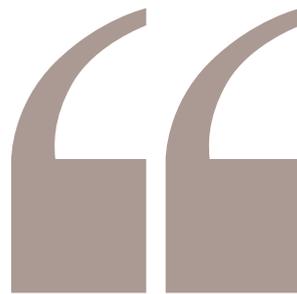


Framework of the Massachusetts Community Justice Project: The Sequential Intercept Model

The backbone of the Massachusetts Community Justice Project is the *Sequential Intercept Model*. This model, developed by Dr. Mark Munetz and Dr. Patty Griffin in 2006, organizes the criminal justice system into a series of intercepts or touchpoints. The model provides a visual outline that communities can use to analyze each intercept and develop a comprehensive picture of local resources, as well as gaps in processes, programs, and services. Workshops using the *Sequential Intercept Model* were developed by Policy Research Associates and bring together partners from across systems at the local level for a facilitated, two-day working meeting.

The judge in the local court is uniquely positioned to bring important stakeholders to the table. Meeting participants include key stakeholders from the local criminal justice, behavioral health treatment, crisis, health care, and social service systems. During the event, the group goes through a facilitated process to map out how people with addiction, mental illness, and co-occurring disorders move through the local justice system.

Facilitators work with the group to take stock of evidence-based best practices at each intercept point. This process creates an inventory of resources in the community, as well as of gaps in practices, protocols, and services.



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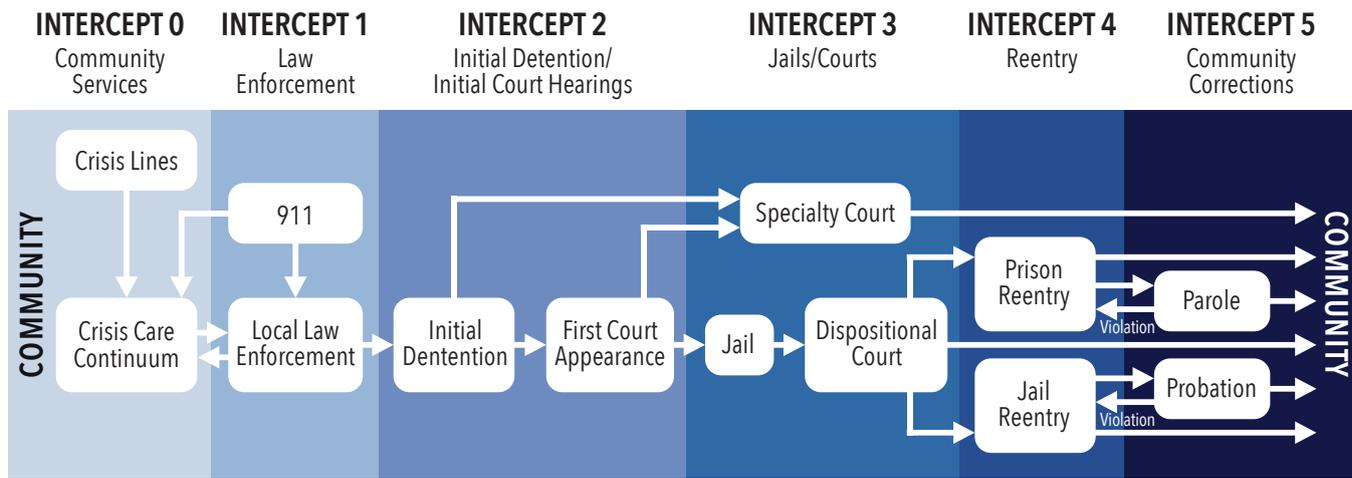


Mapping workshops culminate in the group collectively reviewing the gaps, selecting the top priorities for change in their region, and beginning to plan ways to achieve change. Facilitators encourage groups to start with a focus on short-term, low-cost, and attainable goals, with an eye toward medium and long-term goals.

Development of a Statewide Sequential Intercept Mapping Project

Groundwork for *Sequential Intercept Mapping* in Massachusetts began when the state Department of Mental Health (DMH), Department of Corrections, and Division of Youth Services received a Bureau of Justice Assistance planning grant in 2013 and hired Policy Research Associates to conduct a state-level *Sequential Intercept Mapping* and a workshop-facilitation, train-the-trainer event for five DMH employees. Recommendations from the state-level mapping included “develop capacity to provide *Sequential Intercept Mapping* across Massachusetts.”

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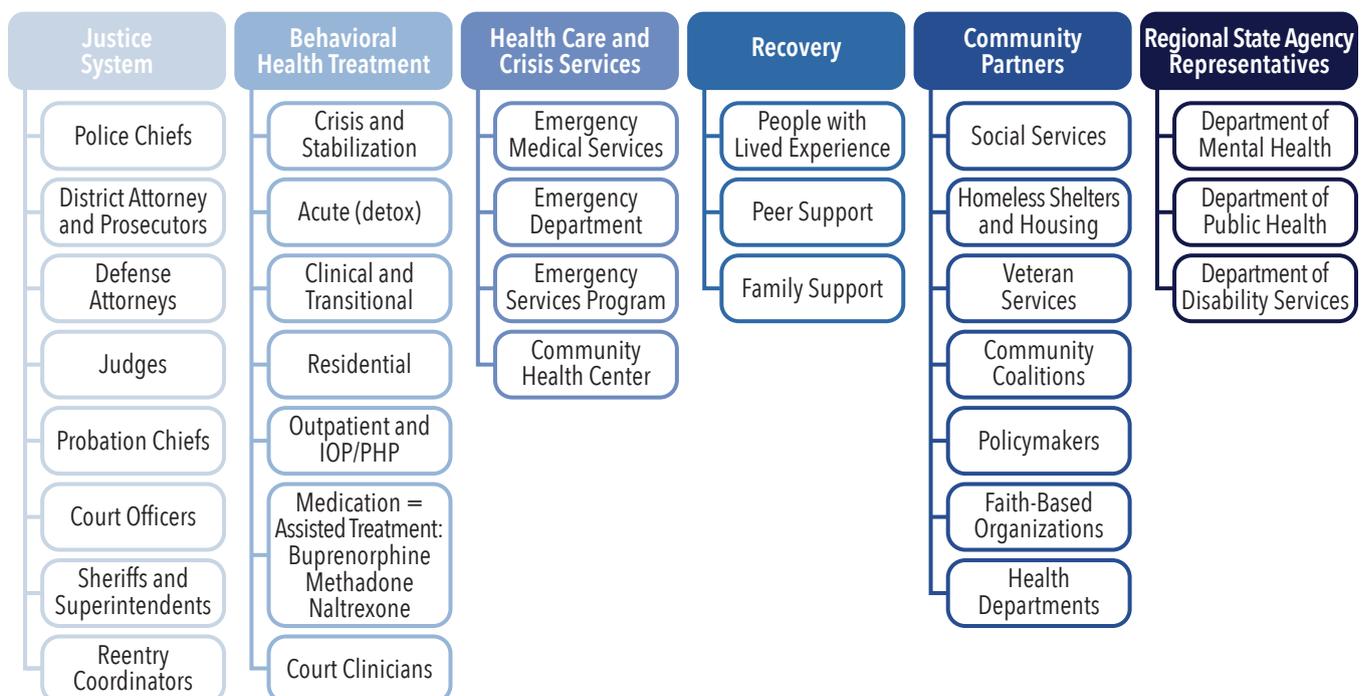
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In early 2015, Massachusetts convened the Trial Court Task Force on Substance Abuse and Mental Illness. This interagency task force was charged with reviewing and developing recommendations to address behavioral health issues in the courts and justice system. Among the initiatives that emerged from this group was the development of the statewide *Sequential Intercept Mapping* initiative that would subsequently be named the Massachusetts Community Justice Project. The state legislature approved funding for a project coordinator, and the trial court received

grant funding to host a second workshop-facilitation, train-the-trainer event with Policy Research Associates.

The project is now staffed by a project manager and an administrative coordinator. Staff work with a small planning group in each region, generally organized by district court jurisdiction, to plan, facilitate and evaluate workshops and provide follow-up technical assistance post-workshop. In addition, project staff compile reports for the legislature and state-level stakeholders on the status of the initiative and findings from each workshop.

Sequential Intercept Mapping Workshop Participants



Adapting Sequential Intercept Mapping to the Opioid Crisis

The impact of the opioid crisis on individuals, families, and communities can be seen in courthouses nationwide. The Massachusetts Community Justice Project has adapted *Sequential Intercept Mapping* to incorporate opioid-use disorder and overdose prevention throughout the justice system and in the community. Workshops include an inventory of evidence-based, best and promising practices specific to opioid-use disorder. In adapting the model, the following questions should be considered:

- *Is there community-based access to on-demand evaluation and, when indicated, rapid initiation to buprenorphine or methadone (outside of the emergency department)? Do treatment providers have open access/walk-in hours? Are community buprenorphine providers accepting new patients? Is the methadone provider accepting new patients? What are the wait times? Is there an opioid urgent care or bridge clinic in the community?*
- *Are law-enforcement agencies carrying naloxone (Narcan)? Do local treatment providers have police-friendly drop-off processes (efficient transfer of information and drop-off that minimizes police wait time)?*
- *Are the emergency department physicians waived to provide buprenorphine? Is the emergency department providing rapid initiation to buprenorphine for appropriate candidates? Are there rapid referrals and access to community-based buprenorphine or methadone programs post-emergency-department? Is overdose prevention education and naloxone provided to overdose patients and families?*
- *Do district attorneys have diversion programs specific to opioid addiction?*
- *Do prosecutors and defense attorneys receive training on addiction and medication-assisted treatment? Are prosecutors and defense attorneys aware of community resources and how to access them?*
- *Are court officers trained to reverse overdose? Do courthouses have naloxone on site?*



Find champions in the community. In Massachusetts, champions have included judges, police chiefs, district attorneys, sheriffs, hospital executives, registers of probate, family court clerks, and legislators.



- *Is there a drug court in this community? Is there a family treatment court? Has either been considered?*
- *Are houses of correction (HOCs) continuing buprenorphine or methadone for people held pretrial or sentenced who are stable on the medication in the community? Are HOCs initiating buprenorphine/methadone/naltrexone for pretrial or sentenced residents? Are HOCs providing warm hand-offs to community treatment? Are treatment providers conducting in-reach assessments?*
- *Are HOCs screening for opioid-use disorder and overdose risk? Are HOCs providing overdose prevention training and a naloxone kit upon release?*
- *Is probation screening for opioid-use disorder and overdose risk?*
- *Do all intercepts have access to recovery coaching? Are there peer support centers in the community?*
- *Are sober houses allowing residents to be on medication-assisted treatment?*
- *Are there harm-reduction/active-user-engagement/outreach services in the community?*
- *Are people with lived experience, with both opioid-use disorder and justice involvement, at the planning table?*
- *Are the local/regional opioid coalitions at the table? Sequential Intercept Mapping can be a useful justice-focused needs assessment for coalitions and task forces.*
- *Is there a standing order for naloxone (Narcan) at the local pharmacy?*

Lessons Learned and Workshop Outcomes

While multiple benefits are gained by convening stakeholders who rarely meet as a group (relationship building, mobilization catalyst, stakeholder understanding of the big picture and their role), *Sequential Intercept Mapping* workshops are only as effective as what takes place after the event—particularly on efforts that lead to effective and sustainable changes.

These changes often take time to assess, implement, and evaluate. Given this, a key lesson learned has been to work with state, federal, and independently funded local coalitions whenever possible. These coalitions are already working on the opioid crisis in their communities, and their work involves bringing together stakeholders across systems.

The Massachusetts Community Justice Project collaborates with coalitions to incorporate *Sequential Intercept Mapping* as a strategic-planning and capacity-building tool. In turn, the coalition acts as the backbone of community-based post-workshop efforts moving forward.

Additional lessons learned include:

- *Engage the local presiding justice as a key convener to bring stakeholders to the table.*
- *Invite probation to the planning table—community corrections staff understand the challenges to treatment access and continuity in an important way.*
- *Include the clerk in the discussion. The clerk’s office should have a list of treatment and support resources in the community to provide to families seeking civil commitments for substance-use disorders.*
- *Align with state-agency missions and programming. Stay on top of and help communities understand changes in systems as they occur, particularly regarding public health insurance and legislative/regulation changes.*
- *Find champions in the community. In Massachusetts, champions have included judges, police chiefs, district attorneys, sheriffs, hospital executives, registers of probate, family court clerks, and legislators.*
- *Expect some communities to progress faster than others.*
- *Do not forget lived experience at the event and the post-workshop efforts. Remember that there are many paths to recovery; one person’s experience speaks only to that individual’s situation. Consider asking recovery coaches who are working with many people to join the table.*
- *Encourage cross-training, particularly training community partners on what the justice partners need. For example, when the local medication-assisted-treatment provider comes to train probation officers, have probation staff also train the providers on their systems and needs.*
- *Educate community and treatment on criminogenic risk and risk/needs/responsivity.*

- *Lay the groundwork to allow respectful discussions in the uncomfortable zone that will occur—the place where inherent tensions exist between behavioral health, health care, and justice approaches. Better understanding from each side allows for movement toward each other.*
- *Evaluate, evaluate, evaluate: workshops are only as effective as whatever changes happen after the workshops. Be sure to track progress in your community using shared data.*
- *Remain hopeful. This is hard work, and the individuals involved often do not see the benefits of their work. Treatment and support are effective, and people do recover.*

Following workshops, project staff remain in contact with community partners to provide technical assistance in implementing their action plans, for as long as needed. Electronic surveys are sent to all who attended the workshop six months after the event. These surveys evaluate the work that has taken place, inventory current barriers to progress, and gather information about what communities still need to move forward. Pre-workshop planning, workshop implementation, and post-workshop follow-up are adjusted as evaluation information is received.

Community post-workshop efforts include creation of a volunteer-led addiction peer-support center; development of a medication-assisted-treatment program in the county jail; formation of a pre-arraignment, district-attorney-based diversion-treatment program; training for prosecutors and defense attorneys on evidence-based treatment for opioid addiction; increased collaborations between law enforcement and crisis programs; increased capacity for co-response (social workers embedded in the police department); implementation of overdose risk screening and access to naloxone; and training for community partners on how to work with people who are actively using drugs.

Conclusion

For communities impacted by opioid use disorder across the country, the Massachusetts Community Justice Project can serve as a model for supporting the justice-community collaborations that are essential to improving outcomes for individuals and families. This project illustrates how a state court can take the lead on convening stakeholders, support discourse across sectors, maximize resources, and create the coordinated community response necessary to truly address the opioid crisis in our communities.