

# Escambia County, Florida Sequential Intercept Mapping Report

June 23 — 24, 2022



UNIVERSITY of  
**SOUTH FLORIDA**

**College of Behavioral & Community Sciences**

Criminal Justice, Mental Health, and  
Substance Abuse Technical Assistance Center

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## Escambia County SIM Report Abbreviations

Below is a list of abbreviations that may be helpful when reading the Escambia County Sequential Intercept Mapping (SIM) narrative and map.

APIC	Assess, Plan, Identify, and Coordinate Model
ARF	Addictions Receiving Facility
BA	Baker Act
BJA	Bureau of Justice Assistance
BJMHS	Brief Jail Mental Health Screen
CCC	Community Support Services
CIT	Crisis Intervention Team
CJMHS	Criminal Justice, Mental Health, and Substance Abuse
CJMHS TAC	Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center
COC	Continuum of Care
COD	Co-occurring Disorders (substance use and mental health)
CRS	Central Receiving System
CRF	Central Receiving Facility
CRT	Co-response Teams
CST	Centralized Screening Team
CSU	Crisis Stabilization Unit
DAST	Drug Abuse Screening Test
DCF	Florida Department of Children and Families
ECSSO	Escambia County Sheriff's Office
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ER	Emergency Room
FDC	Florida Department of Corrections
IDD	Intellectual and Developmental Disabilities
ITP	Incompetent to Proceed
LE	Law Enforcement
LEO	Law Enforcement Officer
MA	Marchman Act
MAT	Medication-assisted Treatment
MH	Mental Health
MHC	Mental Health Court
MHFA	Mental Health First Aid
MIHCPPASU	Mobile Integrated Health Community Paramedic Program Addiction Stabilization Unit
MOU	Memorandum of Understanding
MRT	Mobile Response Team
NA	Narcotics Anonymous

NAMI	National Alliance on Mental Illness
NWFHN	Northwest Florida Health Network
ORAS	Ohio Risk Assessment System (series of screening tools)
PDO	Public Defender's Office
PPD	Pensacola Police Department
PSCC	Public Safety Coordinating Council
PSH	Permanent Supportive Housing
PTR	Pretrial Release
RIA	Florida Pretrial Risk Assessment
SAO	State Attorney's Office
SIM	Sequential Intercept Mapping
SMI	Serious Mental Illness
SUD	Substance Use Disorder
TBI	Traumatic Brain Injury
UWF	University of West Florida
VA	U.S. Department of Veterans Affairs
VTC	Veteran's Treatment Court

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# Escambia County, Florida: Transforming Services for Persons with Mental Illness and Substance Use Disorders in Contact with the Criminal Justice System

## Introduction

This report provides a summary of the Escambia County *Sequential Intercept Mapping* (SIM) event convened on June 23-24, 2022. The SIM provided a strategic plan for a targeted population, namely adults with mental health and/or substance use disorders involved in the criminal justice system in Escambia County, FL. The SIM is an integrated community planning tool that can facilitate collaboration related to behavioral healthcare, reducing homelessness, and diversion from the criminal justice system.

This report includes:

- A brief review of the background for the SIM
- A summary of the information gathered at the SIM, presented by intercept
- A sequential intercept map developed with input from participants during the SIM
- An action planning matrix (priorities in rank order) developed by the participants
- Recommendations to assist Escambia County in achieving their goals

## Background

The Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center (CJMHTA TAC) provides training and technical assistance consultation to grantees of the Department of Children and Families (DCF) CJMHTA Reinvestment Grant Program. Upon request, the TAC also provides consultation to communities interested in taking a deeper look at their systems and programs through strategic planning processes and application of the Sequential Intercept Model (SIM). This SIM was conducted at the request of DCF as a follow up to an abbreviated mapping that was conducted in 2019 (report finalized in February 2020) prior to COVID-19 in collaboration with the managing entity and the DCF. This SIM expanded participation to include additional stakeholder groups and update community priorities. The mapping served to assist Escambia County with identifying opportunities for collaboration and shared priorities for systems change. The SIM provided Escambia County with the products listed below:

- Creation of a map of the current criminal justice system indicating points of “interception” where jail diversion strategies and programs for individuals with mental health and/or substance use disorders can be developed and implemented
- Identification of resources, gaps in services, and opportunities within the existing behavioral healthcare system, law enforcement, and the judicial system
- Development of a strategic action plan to implement identified priorities that address criminal justice diversion, reentry, and treatment needs of adults (18+) with mental health and/or substance use disorders involved with the criminal justice system

The Escambia County SIM mapping was comprised of 37 participants representing cross-systems stakeholders including county commission, court services, law enforcement, mental health and substance use treatment providers, human services, corrections, Florida Department of Children and Families, Northwest Florida Health Network, Lakeview Center, and a cadre of other Escambia County stakeholders. A complete list of participants is available in Appendix A at the end of this report. Abby Shockley, Katelind Melendez, and Beth Holland representing the University of South Florida (USF) CJMHTA TAC facilitated the mapping.

Prior to the SIM, invitees were given the opportunity to provide anonymous feedback regarding the perceived strengths and opportunities for Escambia County’s behavioral health and justice system for adults with mental health, substance use, and/or co-occurring disorders. This feedback was integrated into the SIM and validated by priorities identified in the Action Plan (Figure 1).

**Figure 1.**  
*Escambia County Strengths Word Cloud*



### Objectives of the Sequential Intercept Mapping

The SIM is based on the Sequential Intercept Model developed by Patricia Griffin, Ph.D. and Mark Munetz, MD for the National GAINS Center for Behavioral Health and Justice Transformation funded by the Substance Abuse and Behavioral Health Services Administration (SAMHSA). During the mapping, the facilitators guided participants to identify resources, gaps in services, and opportunities at each of the six distinct intercept points of the criminal justice system.

The SIM has three primary objectives:

- Development of a comprehensive map of how people with substance use and mental health disorders (SAMH) disorders flow through six distinct intercept points of the Escambia County criminal justice system: Community Services, Law Enforcement and Emergency Services, Initial Detention and First Appearance, Jails and Courts, Reentry, and Community Corrections.
- Identification of resources, gaps in services, and diversion opportunities at each intercept for adult individuals (18+) with substance use and/or mental health disorders involved in or at risk of becoming involved in the criminal justice system (target population).
- Development of priorities to improve the system and service-level responses for individuals in the target population.

The Escambia County SIM map is on page 28 of this report.

## Keys to Success

### Existing Cross-Systems Partnerships

Escambia County's history of community collaboration between the behavioral healthcare and criminal justice systems is reflected in several existing local efforts that were identified prior to and during the SIM:

- CIT Committee - Monthly Meeting
- Suicide Prevention Coalition
- Opening Doors Northwest Florida

### Representation from Key Decision Makers

The SIM included broad, cross-systems representation and involved many key decision makers. Opening remarks established a clear message as to the importance of the SIM and commitment to an action plan. Opening remarks were provided by:

- Robin Wright, Trial Court Administrator, 1st Circuit
- Commissioner Lumon May

## Escambia County Data Collection

The SIM opened with a presentation on the overview of the two-day workshop and history of the model, as well as a brief review of existing Escambia County data that contributes to understanding the needs and risk/protective factors associated with the target population. Prior to the mapping, the community pulled extensive key indicator data that the TAC reviewed and utilized to inform discussions and drive conversations throughout the process. This data collection helps SIM facilitators to dedicate time during the mapping to validate information and explore the trends behind key indicators. Escambia County has access to a robust amount of data related to key criminal justice and behavioral health indicators.

# Escambia County Sequential Intercept Map Narrative

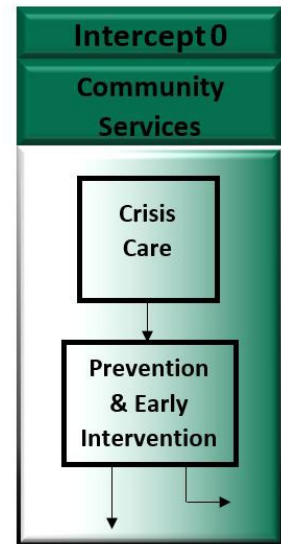
This narrative reflects information gathered during the one-day modified mapping and often verbatim from the participants or local experts. This narrative is a reference guide to navigate the Escambia County SIM map, especially with regard to acronyms used on the map. All data presented in the narrative represents the 6-month time frame between, January 2022 – June 2022, unless otherwise noted.

## Intercept 0—Community Services

### Prevention Efforts

211 operated by [United Way of West Florida](#)

- 211 is a 24-hours-a-day, 7-days-a-week, information, and support line for individuals to receive information about financial assistance, health programs, and crisis support.
- Individuals can access 211 by phone, email, chat or text (just text your zip code to 898-211).
- After hours, calls to 211 are redirected to United Way of Pasco/Pinellas
- Suicide Prevention training (assist) - 2 crisis supports that will support the community
- As of July 16, 2022, the 988 Suicide and Crisis Lifeline went live. However, the local 211 team is not receiving those calls as they are still working on certification process for the National Suicide Prevention Lifeline. Calls for the county are routed to Big Bend 211 in the meantime.
- The 211-call line will shift to the 988 Suicide and Crisis Lifeline with implementation to begin July 16, 2022.



### [NAMI Pensacola](#) (Intercepts 0 & 5)

- The NAMI helpline is available Monday – Friday from 10 a.m. – 10 p.m. ET at 1-800-950-NAMI (6264) or [helpline@nami.org](mailto:helpline@nami.org)
- The National NAMI text line is 741741.
- NAMI Pensacola provides educational and support groups at no cost. Programs include peer-to-peer, family-to-family, outreach, and classes for parents and grandparents of individuals with mental illness, with telehealth as a resource.
  - NAMI Connection (peer-to-peer support) convenes twice weekly
  - NAMI Family support groups convene twice monthly on Zoom (virtual platform)
- There is a NAMI walk each year at the University of West Florida.

### National Crisis Text Line

- The national crisis text line (text GULF to 741741) provides a way for people in crisis to reach out for help. A person on the other end is ready to help with any crisis. Individual texts are confidential. Use of the keyword “GULF” identifies texts from our region providing aggregate data to help us better serve our community.
- It can be accessed through the grant-funded text line
  - Text GULF to 741741

### [Florida Veterans Support Line](#)

- Veterans Crisis Line accessible by calling 1-844-MYFLVET (693-5838).
  - Veterans and families can call 24/7 for emotional support, information and referrals to VA-funded and community-based services and information pertaining to community resources.



[FavorHouse of Northwest Florida, Inc.](#)

- FavorHouse operates a 24/7 hotline for domestic violence at (850) 434-6600.
- FavorHouse is the certified domestic violence center for Escambia and Santa Rosa Counties.
- FavorHouse is a free emergency shelter to survivors of domestic violence and their children. The shelter offers all basic amenities and is pet friendly (indoor kennel space).
- The shelter provides assistance from attorneys that specialize in filing for and helping obtain domestic violence injunctions by advocating for survivors through the court system.
- Counseling and support groups/classes are also provided, available online through Zoom and can be accessed by anyone.
  - Teen dating violence prevention is available in schools.

Crisis Services

*Mobile Response Team (MRT) operated by Lakeview Center*

- The Lakeview MRT is available 24-hours-a-day, 7-days-a-week and serves Escambia, Santa Rosa, Okaloosa and Walton Counties (Circuit 1).
  - There are 23 positions that comprise 3 teams. Each team has a team leader (team leader for each county) who is a licensed or clinical supervisor. The team is comprised of a master's level clinician, bachelor's level case manager, and peer coordinator.
- MRT is available to all ages, but primarily serves the juvenile population.
- The initial response time is within 60 minutes by way of phone or face-to-face crisis.
- The goal of the MRT is to divert individuals from hospitalization.
- In 2022, the MRT has a Baker Act diversion rate of 93% (88% for 2021).

**Table 1.**

*2021 Mobile Response Team Data*

<b>Total Calls</b>	3,538 calls
<b>Episodes Face-to-Face</b>	1,147 episodes
<b>Episodes Treated-in-Place</b>	712 episodes
<b>MRT Repeat Calls</b>	572 calls
<b>CSU Admissions</b>	430 admissions

**Table 2.**

*Summary of Annual MRT Data*

<b>Year</b>	<b>Total # calls</b>	<b>% Youth (&lt;18)</b>
<b>2019</b>	1,267	53%
<b>2020</b>	2,535	39%
<b>2021</b>	3,538*	42%

\* In 2021, 1,490 calls (of 3,538) were for minors and 267 calls resulted in BA.

## Community Supports

### Opening Doors Northwest Florida

- [Street Survival Guide](#) published in collaboration with United Way of West Florida and Opening Doors Northwest Florida, and Escambia County Sheriff's Office (ECSO)

### CDAC Behavioral Healthcare, Inc. (Intercepts 0 & 5)

- CDAC is the primary community behavioral health resource for substance use prevention and intervention for Escambia, Santa Rosa, Okaloosa and Walton Counties.
- Programs include community prevention including adult and youth Mental Health First Aid training, Education and Counseling for High School Opportunities (ECHO), Parenting for Prevention, Resiliency Increasing Skills and Education (RISE), Women and Family Intervention Services (WFIS), and peer support groups.

### *Mobile Integrated Health Community Paramedicine Program Addiction Stabilization Unit (MIHCPPASU) (Intercepts 0 & 5)*

- The MIHCPPASU is being established through the Department of Public Safety to address the high number of overdose events in Escambia County. The program will assist with community access to an overdose data dashboard, client induction on Medication Assisted Treatment, access to overdose reversal medication (Narcan), community education, transportation to substance use treatment services, and warm hand-offs from the hospital to the community paramedicine team. As a part of this program, hospital emergency rooms will establish set up special rooms for treatment induction ahead of discharge.
- The program is still in early planning/implementation phases and is engaging community members through focus groups to illicit input.
- The MIHCPPASU will focus on individuals in need of treatment for opioid use disorder first and has the potential to expand to serve additional populations after initial implementation outcomes are reviewed.

## Strengths

- Mobile Integrated Health Community Paramedic Program Addiction Stabilization Unit (MIHCPPASU) was recently created through state funding.
- MIHCPPASU is conducting family focus groups to learn about system processes to determine how the program can target services to make a meaningful difference.
- Strong NAMI presence and willingness to collaborate, expand peers throughout Intercept 0

## Opportunities for Improvement

- Explore ways to increase utilization of peer supports in community.
- There is a need to update the community resource guide (Street Survival Guide).

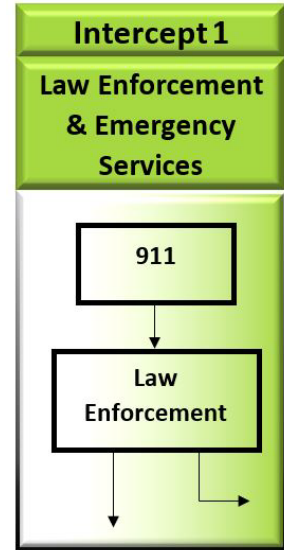
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## Intercept 1—Law Enforcement & Emergency Services

### Emergency Services and 911

#### 911

- If an individual is experiencing an apparent behavioral health crisis, 911 is the first point of emergency contact and system response. Medical and health information may be provided to responders before they arrive to the scene if it is known.
  - 911 dispatchers ask a series of questions to identify mental health concerns, medication, and treatment status.
  - Emergency medical services (EMS) is dispatched to 93% of 911 calls.
  - Approximately 44% calls were made to 911 that should not have been utilized. (This is a statement from the State of Florida Health, Assistance, Resilience, and Telehealth Division regarding stats for the entire state as a whole for 2020. These are not specific to Escambia County, however, many of our calls through the 911 system would be better served at a walk-in clinic, primary care physicians office, or urgent care center.)
- In the past 6 months (January – June 2022), there were a total of 7,256 mental health crisis calls (see Table 3).
  - 50-100 cases that could be diverted.



**Table 3.**

*Escambia County Public Safety Data (January – June 2022)*

Law Enforcement Agency	MH Crisis Calls Handled by LEO (count)	MH Crisis Calls Handled by CIT Trained LEO (count)
ECSO	6,282	88
PPD	974	-
<b>Total # Calls</b>	<b>7,256</b>	<b>88</b>

### Law Enforcement

- Escambia County Sheriff's Office (ECSO)
- Pensacola Police Department (PPD)
- Escambia County Corrections Department
- University of West Florida (UWF) Police Department

### *Crisis Intervention Teams (CIT) Training*

- The 40-hour Memphis Model CIT trainings are voluntary, offered every 3 months, and convene at the Escambia County Jail or Pensacola Police Department (PPD).
  - SRO's have a higher attendance rate than other officers.

**Table 4.**  
*Summary of CIT Trained Officers*

Law Enforcement Agency	% Officers Trained
Escambia County Sheriff's Office (ECSO)	26.9%
Pensacola Police Department (PPD)	62%

*Co-response Teams (CRT) (in development, anticipated October 2022)*

- Co-response teams are in development through a collaborative effort between Lakeview Center, ECSO, and PPD.
- The CRT will include a CIT-trained officer, mental health clinician, and peer specialist.

Crisis & Detoxification Services

*Baker Act / Marchman Act*

- When law enforcement arrives to the scene of an incident, the officer must determine if the individual in crisis appears to meet the criteria for involuntary examination in accordance with the Baker Act (Chapter 394, F.S.) or Marchman Act (Chapter 397, F.S.). This is often at the discretion of the officer.
  - Law enforcement or EMS provides transport to the nearest hospital emergency department.
  - If the hospitals are at capacity, individuals will be transported out-of-county.
- According to the Baker Act Reporting Center (2020), there were 2393 involuntary Baker Act examinations for Escambia County residents in FY2018-19.

There are two active receiving centers in Escambia County: Baptist Hospital and HCA Florida West Hospital. There 1,896 emergency department admissions for psychiatric reasons between January and June 2022.

*Baptist Hospital*

- The psychiatric unit has the capacity to serve 86 individuals: 30 female beds; 30 male beds; 26 children's beds.

*HCA Florida West Hospital*

- The Pavilion is a 58-bed unit for adults in mental health crisis.

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### *Lakeview Center (Intercepts 1 & 5)*

- Lakeview is the primary provider of behavioral health services in Escambia County.
- Lakeview operates the MRT, provides residential and outpatient behavioral health services including MAT, and conducts jail in-reach for existing clients.
  - Average length of stay for residential treatment is between 30 days – 6 months
- Lakeview previously operated a 30-bed crisis stabilization unit (CSU).
- Access Behavioral Health
  - Paired with Medicaid

### *Ascension Sacred Heart Pensacola*

- Ascension does not have a psychiatric unit.

### Strengths

- Lakeview was recently awarded SAMHSA Harm Reduction grant
- A Co-response Team (CRT) is in development through a collaborative partnership between Lakeview, Escambia County Sherriff's Office, Pensacola Police Department.
- Animal therapy for county staff is utilized to promote morale and self-care.

### Opportunities for Improvement

- There is a 2 month+ wait time for psychiatric appointments in Escambia County.
- Establishing an understanding of the coordination of MRT and Co-response team (CRT) resources should be considered ahead of CRT launching in October 2022.
- Explore the need for a standalone CSU to divert individuals in mental health crisis from hospital emergency departments. Explore opportunities to target interventions to the 50-100 high need individuals that have been identified as potential cases for diversion.

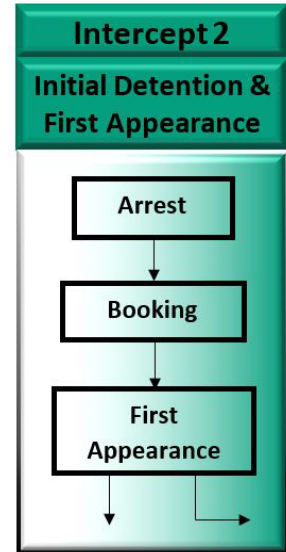
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## Intercept 2—Initial Detention & First Appearance

### Escambia County Jail Booking

#### Booking and Intake

- In the past 6 months, there have been 11,000 individuals booked into the Escambia County Jail.
- The booking screening is conducted by the jail mental health staff.
- Screening tools administered include:
  - CHAD Day
  - Mental Health – MHIS
  - Medical – MHIS
  - Mini-Mental Status Exam (MMSE)
  - Edinburg Postnatal Depression Scale
  - Mini 600 for suicide assessment
- At intake, jail staff will verify self-reported medications (with hospitals, family, and providers when possible) and start verified medications immediately.
  - Within 24 hours of booking, the medical review from Lakeview is provided (for current/past clients).
- Mental Health reports are shared with PDO
  - MH jail team has sporadic meetings with providers and court staff.
- 24 hours until initial court appearance (via video in jail).



#### Pretrial Diversion

##### Escambia County Pretrial Release (PTR)

- PTR is an opportunity for pretrial diversion and allows individuals with low risk to be released from jail while awaiting their court proceedings.
- Individuals booked into the jail are screened using the Pretrial Risk Assessment Tool to determine if they are eligible for PTR based on the risk factors.
  - Individuals are only screened for PTR on weekdays (Monday-Friday).
    - There is not enough staff to conduct screenings over the weekend.
- The PTR screening results are shared with the judge, who makes the final decision.
- PTR screen results are also shared with the Public Defender’s Office (PDO) as a courtesy.

**Table 5.**

*Summary of Pretrial Release Data*

	% Released
<b>Pretrial Release Rate of All Arrestees</b>	10.2%
<b>Pretrial Release Rate of All Arrestees with MH Disorders</b>	7.5%

#### First Appearance

- First Appearance hearings occur by way of video conference and is a video appearance before the judge. PTR screening results are shared with the judge and PDO.

## Strengths

- Escambia County Jail is in the process of implementing a community corrections online data system to transition from paper records to electronic records.

## Opportunities for Improvement

- There is an opportunity to implement validated substance use screening tool with new jail healthcare provider. Two recommended screening tools specific to SUD that will complement the BJMHS: AUDIT, DAST.
- Schedule and convene regular meetings between jail mental health staff, providers, and court staff.
- There is an opportunity for PTR to review booking medical and mental health screening to not conduct duplicative screenings or add to their workload.
- Explore the possibility of conducting PTR screenings on the weekend to increase opportunities for PTR.
  - Research other PTR programs across the State of Florida to learn about different staffing models.
- Determine if implementation of a universal consent for Release of Information “ROI” would assist in addressing data sharing and communication barriers among the jail and providers.
- Workforce shortages has impacted jail staffing, especially related to mental health clinicians.

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## Intercept 3—Jails & Courts

### Escambia County Jail operated by Escambia County Corrections Department

(Intercept 2 presents the jail booking and intake information.)

- The jail has the capacity to house 903 individuals.
- The average length of stay for the sentenced population is 43.2 days.

#### *Jail Mental Health Services*

- The mental health services are provided by an in-house jail mental health team.
- The team is comprised of one administrator, one full time staffing therapist, 1 part time staffing therapist, 3 masters level therapists.
  - Psychiatrist has clinic 3 days a week and provides consultation as needed.
- Medical services are provided at the jail unless it is determined an individual needs a higher level of care, they are sent to a local hospital for treatment and returned to jail when medically stabilized.
- The jail allows providers to connect with clients in-jail and facilitate jail programming pending approval.

#### *In-Jail Programs*

- Jail programs are operated by external volunteer groups and include 12-steps, NA, AA, and faith-based programming.
- The Work Release Program allows individuals in jail to maintain employment while serving their sentence. At the time of the mapping, there were 240 individuals in the work release program with the capacity for 330. Individuals with mental illness are not often enrolled in the WRP. Update: There is no longer a work release program - no longer have the building and due to many restraints they do not intend to stand the facility/function up again.

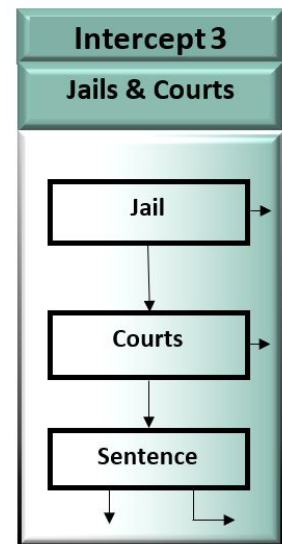
### Problem-Solving Courts

#### *Drug Court*

- Drug court can serve up to 100 participants with 75 participants enrolled at the time of the mapping. The average length of participation in drug court is 18 months.
- Individuals must be residents of Escambia County who have felony charges against them.
- The drug court has a 49% recidivism rate.

#### *Teaching, Education, Accountability and Motivation (TEAM) Court (Mental Health Court)*

- The TEAM Court Program is a diversionary program that accepts individuals with both misdemeanor and felony charges. TEAM Court is designed to provide targeted treatment for a criminal defendant who has been diagnosed with a mental illness and whose condition contributed to the commission of the qualifying charge. Participants enrolled in TEAM court are provided with individualized case plan involving community-based services with case management and supervision provided during the three-phases of the court treatment program.
  - Lakeview provides treatment services for TEAM Court participants.
- The State Attorney's Office reviews referrals for the TEAM Court Program to determine eligibility. The majority of referrals are provided by law enforcement.
- At the time of the mapping, there were 11 TEAM Court participants with capacity to serve 30 participants at a time.





- The average length of TEAM Court participation is 12 months.

#### *Escambia County Veterans Treatment Court*

- The Veterans Treatment Court Program is a voluntary 12–18-month program which promotes sobriety, recovery, restoration and stability, through a coordinated response involving cooperation between all stakeholders in the process. Individuals charged with both felony and misdemeanor offenses are eligible.
- At the time of the mapping, there were 17 clients enrolled in veterans court with the capacity to serve 40.

#### *Early Childhood Court*

- ECC serves abused and/or neglected children ages 0-36 months who are removed from their homes and placed in out-of-home care and parents, families, and/or guardians of these children who are involved in the dependency system with the goal of establishing permanency.

#### Strengths

- The jail is open to providers coming into the jail to provide services.

#### Opportunities for Improvement

- Staffings among jail mental health staff and treatment providers may benefit from a formalized meeting schedule.
- Determine methods to increase problem-solving court engagement (low enrollment across court treatment programs).
- Explore implementation of a peer component to the problem-solving court programs such as a peer alumni support group or as a boundary spanner/system navigator/mentor.
- Convene a workgroup on the issues surrounding court-ordered medications for individuals in jail who are at risk to themselves or others (to specifically address severe case/safety issues).

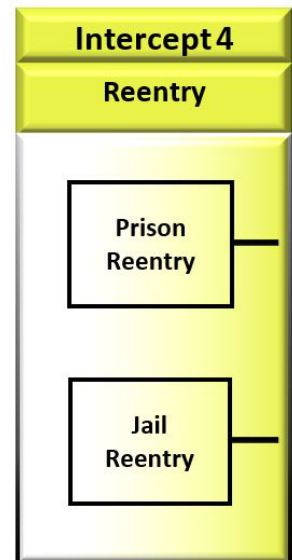
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## Intercept 4—Reentry

### Jail Reentry/Discharge Planning

#### *Jail Reentry*

- Jail discharge may occur upon short notice.
- If individuals are on psychotropic medications in the jail, they will be provided with the remainder of their medication packet. They are not provided with a prescription or a set number of days of medications.
- Lakeview Center can assist with medication supply.
  - 30 days max or whatever amount they have at the time of release.
  - Individuals being released who are receiving Methadone will go to a withdrawal program
  - Pregnant women on MAT will shift to OTP upon release for continued methadone access.



#### Prison Reentry

- If an individual in prison has a diagnosis of mental illness, a referral is made to Lakeview prior to their release.
  - Approximately 33% of individuals make their initial appointment
- There is a greater success rate for those who are placed on probation once released from prison
- Veterans Justice Outreach liaison provides in-reach, transition planning and linkage to services.

### Community Reentry Supports

#### Re-Entry Alliance Pensacola, Inc (REAP)

- REAP assists clients in applying for benefits such as SSI, disability, and VA and connects individuals to a legal aid attorney.
- REAP may also provide assistance in securing identification, housing, food, healthcare, transportation, vocational training, and friends/mentors.

#### The Bail Project

- The Bail Project will assist those individuals who need assistance with bail through a contract with Florida Department of Corrections.

#### Lakeview Center Forensic Services Program

- The Forensic Program partners with the criminal justice system to provide recovery-based community alternatives to incarceration or state hospitalization for individuals with mental illnesses who have been arrested on felony charges and have been court ordered for an evaluation, adjudicated by the court as “Incompetent to Proceed” or “Not Guilty by Reason of Insanity”, or individuals who are at high risk of being adjudicated in the future.
- Lakeview employs two forensic specialists that serve as liaisons for the court and the jail.

## Strengths

- At the time of the mapping, the jail was going through a transition, and it presents an opportunity to implement best practices across jail programming and services.

## Opportunities for Improvement

- At the time of the mapping, there was no formalized reentry process. Explore the Assess, Plan, Identify, and Coordinate (APIC) model for reentry as a formalized reentry process.
  - Consider piloting a rapid reentry wraparound team that addresses immediate needs upon release and facilitates linkages to services in the community
- Connect with Lakeview to discuss their capacity to assist with a warm hand off from jail for individuals on psychotropic medications to try to make sure individuals do not experience a gap in access to medications.
- Explore opportunity to utilize peer specialists as a component of jail reentry.
- There is a need for supportive housing options for individuals being released.
- Enhanced care coordination may benefit individuals reentering the community from jail.

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## Intercept 5—Community Corrections

### Community Supervision

#### *Misdemeanor Probation provided by Escambia County Community Corrections*

- There is a dedicated probation officer for problem-solving court programs.
- The average caseload for the problem-solving court probation officer is 1:40-50.
- In general, an average probation caseload is 1:80-100.
- Probation officers are trained in CIT and MHFA. However, this training is not required.
- Completion of all court-ordered conditions will result in successful program completion. Failure to comply will result in a violation of probation affidavit submission to the court.

#### *Felony Probation - Florida Department of Corrections*

- Of approximately 2,601 Escambia County individuals supervised by FDC, there were approximately 182 normal term released and 157 Escambia County revocations.
  - Of approximately 752 offenders, there were approximately 182 released and 157 revocations.
- There is an FDC employment specialist assisting individuals on felony probation to secure employment.

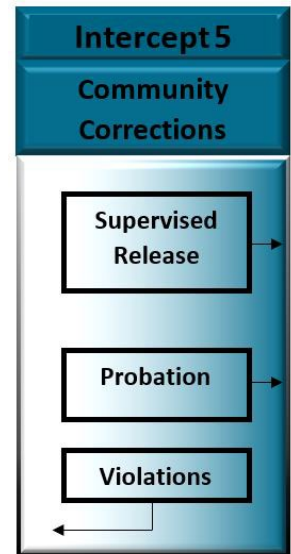
### Community Services

#### *Lakeview Center (Intercepts 1 & 5)*

- Lakeview is the primary provider of behavioral health services in Escambia County.
  - Previously operated crisis stabilization unit (closed during COVID-19 pandemic)
- Lakeview operates the MRT, provides residential and outpatient behavioral health services including MAT, and conducts jail in-reach for existing clients.
- Average length of stay for residential treatment is between 30 days – 6 months
- Lakeview previously operated a 30-bed crisis stabilization unit (CSU).
- Access Behavioral Health
  - Paired with Medicaid
- Lakeview Center has the following residential treatment beds for individuals with mental health and/or substance use disorders including:
  - 30 addiction beds (level 2)
  - 15 mental health residential beds (level 2)
  - 15 co-occurring residential beds (level 2)
  - 20 beds for mental health residential apartments (level 5)
  - 12 HUD-funded beds for homeless

#### [NAMI Pensacola](#) (Intercepts 0 & 5)

- The NAMI helpline is available Monday – Friday from 10 a.m. – 10 p.m. ET at 1-800-950-NAMI (6264) or [helpline@nami.org](mailto:helpline@nami.org)
- The National NAMI text line is 741741.
- NAMI Pensacola provides educational and support groups at no cost. Programs include peer-to-peer, family-to-family, outreach, and classes for parents and grandparents of individuals with mental illness, with telehealth as a resource.
  - NAMI Connection (peer-to-peer support) convenes twice weekly



- NAMI Family support groups convene twice monthly on Zoom (virtual platform)
- There is a NAMI walk each year at the University of West Florida.

*CDAC Behavioral Healthcare, Inc. (Intercepts 0 & 5)*

- CDAC is the primary community behavioral health resource for substance use prevention and intervention for Escambia, Santa Rosa, Okaloosa and Walton Counties.
- Programs include community prevention including adult and youth Mental Health First Aid training, Education and Counseling for High School Opportunities (ECHO), Parenting for Prevention, Resiliency Increasing Skills and Education (RISE), Women and Family Intervention Services (WFIS), and peer support groups.

*Mobile Integrated Health Community Paramedicine Program Addiction Stabilization Unit (MIHCPPASU) (Intercepts 0 & 5)*

- The MIHCPPASU is being established through the Department of Public Safety to address the high number of overdose events in Escambia County. The program will assist with community access to an overdose data dashboard, client induction on Medication Assisted Treatment, access to overdose reversal medication (Narcan), community education, transportation to substance use treatment services, and warm hand-offs from the hospital to the community paramedicine team. As a part of this program, hospital emergency rooms will establish special rooms for treatment induction ahead of discharge.

Housing

*EscaRosa Coalition on the Homeless (ECOH)*

- ECOH operates as the umbrella organization that regulates distribution of federal and state funding to providers that are working to alleviate homelessness in both counties.
- ECOH hosts a monthly forum for service providers to share concerns and discuss new services and assists with oversight of the Continuum of Care in Escambia and Santa Rosa Counties.

*Escambia Area Housing Commission*

- The Area Housing Commission provides stable, quality affordable housing opportunities for low- and moderate-income families throughout the local community.
- Through the provision of public housing apartments and the management of Section 8 Housing Choice Vouchers, the Area Housing Commission serves low-income families and individuals, while supporting healthy communities.

*Escambia County Section 8 Voucher*

- The Housing Choice Voucher Program (HCV) is a federal housing assistance program managed by the U.S. Department of Housing and Urban Development (HUD) and administered at the local level by public housing agencies, including Pensacola Housing.
- Pensacola Housing administers the housing choice voucher program throughout Escambia County, Florida.

*The Oxford House*

- The Oxford House has a number of private pay options for housing. Each house is self-run and self-supported:
  - Oxford House Glo is an 8-bed, peer governed women’s transitional house.
  - Oxford House Ashton is an 8-bed, peer governed women’s transitional house.
  - Oxford House Cain is a 6-bed, peer governed men’s transitional house.
  - Oxford Houses are rented family houses where groups of recovering individuals live together in an environment supportive to recovery from addiction.

### Waterfront Mission

- This nonprofit organization serves individuals who are homeless with an overnight shelter, day resources, walk-up lunch, health clinics, veterans' programming as well as other targeted programming.

### Veterans Services

#### *90works*

- 90Works Supportive Services for Veteran Families (SSVF) program serves homeless veterans with funding from the VA.
- 90Works provides both prevention and rapid rehousing for eligible, low income veterans with a housing first model that also includes Project90 self-sufficiency domains (income/employment, transportation, health, safety and support) to maintain permanent housing.

#### *Escambia County Veterans Service Office*

- Escambia County's Veterans Services serves as a single point of contact for assisting all veterans and their families in accessing federal, state and local benefits.
- The office staff supports veterans' activities in the county and connects veterans to useful resources whether living in assisted living facilities, nursing homes or private residences.

#### *Department of Veterans Affairs*

- The VA provides benefits and services including but not limited to healthcare, mental health and substance use services, claims, education, employment, and housing.

#### *The US Department of Veterans Affairs - Pensacola Vet Center*

- The Pensacola Vet Center provides services including benefits assistance, services for veterans with disabilities, and information about medical care, insurance, and education benefits.

### Employment

#### *CareerSource*

- CareerSource is a nonprofit organization committed to supporting the workforce needs of Escambia and Santa Rosa Counties.
- CareerSource hosts Second Chance job fairs. The most recent job fair featured Gulf Power as the employer (solar power plant).
- Success in Occupational Achievement and Reentry (S.O.A.R.) serves Escambia and Santa Rosa residents who are returning citizens or have some degree of justice involvement and are experiencing barriers to employment.

### Strengths

- NAMI is a strong partner in the community.
- There are dedicated probation officers serving problem-solving court programs.
- The community is developing a dashboard for tracking beds for homeless.

## Opportunities for Improvement

- Explore the feasibility of implementing a peer mentor program as a means to leverage meaningful employment opportunities for individuals with lived experience.
- There is a need for wraparound services to address the needs of the target population.
- Convene a meeting with CareerSource to determine what employment opportunities are available for the target population of individuals with co-occurring disorders and justice histories.
  - Identify potential to implement Recovery Friendly Workplace or similar models to expand the network of recovery-friendly and/or offender-friendly employers in the region

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## Escambia County Action Plan

Based on the Sequential Intercept Mapping (SIM) workshop and the opportunities for improvement discussed at the end of day one, the TAC facilitators and SIM participants developed a list of potential priority areas for Escambia County. Participants voted on the goals/priority areas using an anonymous survey to select the top four areas of focus for the action plan development. On day two, the stakeholders were split into groups to create tasks/objectives and performance measures/action steps for each goal/priority area identified. Then, each breakout group shared their work on the assigned goal/priority area with the larger group and participated in an open discussion. The following goals/priority areas were ranked based on the voting by the participants and the action plan reflects the collaborative effort of the group on day two of the SIM workshop. As a result of day one discussions, 13 goals/priorities emerged. After a discussion on day two, the group chose to combine goals one and five (presented in *Table 6* below) into a single priority area. The top 4 of the 13 goals are addressed in the action plan, as they were voted most important by the group. The entire list of the 13 goals/priorities is provided below to guide future planning efforts.

**Table 6.**  
*Priority Voting Survey Results*

Priority Area/Goal	# Votes
<b>Community and provider education/resource awareness.</b> <ul style="list-style-type: none"> <li>• Hotline assessment/inventory, resource guide (street survival guide).</li> </ul>	<b>18</b>
<b>Address Court Ordered medication management challenges.</b>	<b>16</b>
<b>Review existing Florida Supportive Housing programs and models (e.g., Jacksonville, FL housing model).</b>	<b>12</b>
<b>Marketing and education to enhance utilization of Intercepts 0/1 (Community Services/ Prevention)</b> <ul style="list-style-type: none"> <li>• Stigma reduction</li> <li>• 988 hotline</li> <li>• Scope and purpose of Baker Act</li> </ul>	<b>11</b>
<b>Review Models for MAT (opioid/alcohol) Medication-Assisted Treatment.</b>	<b>7</b>
Expand Employment opportunities for target population (MH/SUD/COD) <ul style="list-style-type: none"> <li>• Initiatives to reduce treatment resistance</li> </ul>	4
Harm Reduction Approaches to SUD.	3
Leverage Peers throughout continuum.	2
Explore opportunities/models for formal jail reentry.	1
Hot spot Zip code Pilot Project (e.g. 32505).	0
Inventory/mapping of stakeholder groups/mtgs <ul style="list-style-type: none"> <li>• Outline purpose, frequency, stakeholder attendance, goals</li> </ul>	0
Identify Potential for jail ROI/MOUs e.g. Lakeview and jail.	0
Develop workgroup to enhance PTR (Pretrial Release).	0

The stakeholders were enthusiastic and engaged participants throughout the development of a strategic action plan. The plan specifies the individuals responsible for implementation of each task and is presented on the following pages.



**Goal 1: Community and Provider Education/Resource Awareness & Marketing/Education of Intercepts 0/1.**

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
<b>Objective 1.1: Provide comprehensive resources to community providers to promote comprehensive care and promote awareness of 988.</b>				
1.1a	Develop marketing campaign for billboards, social media swag.	<ul style="list-style-type: none"> <li>To convene partners and materials for marketing campaign</li> </ul>	<ul style="list-style-type: none"> <li>Rachelle Burns (SPC)</li> </ul>	3-6 months
1.1b	Conduct community outreach using existing events to promote 988 (NAMI suicide coalition).	<ul style="list-style-type: none"> <li>To create an inventory of existing events to target outreach</li> </ul>	<ul style="list-style-type: none"> <li>Linda Finklestein (NAMI)</li> <li>Rachelle Burns (SPC)</li> </ul>	Ongoing
1.1c	Conduct agency to agency training for dispatch and patrol/sheriff's office/PPD.	<ul style="list-style-type: none"> <li>To reach out to Mike Martin from 211, spearheading 988</li> <li>To develop training curriculum</li> </ul>	<ul style="list-style-type: none"> <li>Carolyn Shearma (MRT)</li> <li>Mike Martin (211)</li> </ul>	Ongoing
<b>Objective 1.2: Engage in development of a community resource guide possibly through 211.</b>				
1.2a	Determine feasibility of a QR code to keep resource guide up to date.	<ul style="list-style-type: none"> <li>To develop online resource guide for dissemination to MRT, hospitals, police (and other points of entry)</li> </ul>	<ul style="list-style-type: none"> <li>CMR</li> <li>Rachelle Burns (SPC)</li> </ul>	Ongoing
1.2b	Organize "secret shopper" of crisis hotlines/warmlines and hotline inventory.	<ul style="list-style-type: none"> <li>To collect data from hotline "secret shopper" activity to inform updated inventory of services</li> </ul>	<ul style="list-style-type: none"> <li>CMR</li> <li>Rachelle Burns (SPC)</li> </ul>	Ongoing
1.2c	Explore option to be advertisement on the side of the community paramedicine vehicles for resource guide/988.	<ul style="list-style-type: none"> <li>To connect with Community Paramedicine to develop advertisement plan</li> </ul>	<ul style="list-style-type: none"> <li>CMR</li> <li>Rachelle Burns (SPC)</li> </ul>	Ongoing

## Goal 2: Address Court-Ordered Medication Management Challenges

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
<b>Objective 2.1: Develop a process for involuntary medications.</b>				
2.1a	Conduct outreach to jail to determine process for involuntary medication management	<ul style="list-style-type: none"> <li>To convene meeting and/or develop workgroup on medication management</li> </ul>	<ul style="list-style-type: none"> <li>Cpt. Hankins (ECCD)</li> </ul>	October 2022
2.1b	Work with attorneys on med management education	<ul style="list-style-type: none"> <li>To facilitate discussion with PDO, private defense attorneys</li> </ul>	<ul style="list-style-type: none"> <li>PDO</li> </ul>	October 22, 2022
2.1c	Convene meeting with Judge Nobles, Dr. Josephs, and Robin Wright for medication management education	<ul style="list-style-type: none"> <li>To present judiciary with information on medication management options</li> </ul>	<ul style="list-style-type: none"> <li>Court Admin</li> <li>Lakeview</li> <li>Judiciary</li> </ul>	December 2022
<b>Objective 2.2: Convene MAT training for judiciary.</b>				
2.2a	Create a plan to convene MAT training for judiciary	<ul style="list-style-type: none"> <li>As a part of initial planning, determine the cases and clients we are talking about and develop a written policy or administrative order to assist with medication management protocols.</li> </ul>	<ul style="list-style-type: none"> <li>Cathy White (Court Admin)</li> </ul>	September 2022
2.2b	Host MAT lunch and learn with Dr. Josephs and judiciary	<ul style="list-style-type: none"> <li>To facilitate webinars in collaboration with local bar and offer CLEs to encourage attendance among attorneys and judiciary</li> </ul>	<ul style="list-style-type: none"> <li>Cathy White (Court Admin)</li> <li>Lakeview</li> </ul>	Ongoing

**Goal 3: Review existing Florida Supportive Housing programs and models.**

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
<b>Objective 3.1: Review availability of supportive housing in the community.</b>				
3.1a	Conduct inventory of all available supportive housing in Escambia County.	<ul style="list-style-type: none"> <li>To complete supportive housing inventory report</li> </ul>	<ul style="list-style-type: none"> <li>Vinnie Whibbs (REAP)</li> </ul>	Ongoing
3.1b	Learn about consumer experiences to inform community needs.	<ul style="list-style-type: none"> <li>To conduct focus groups with previous clients</li> </ul>	<ul style="list-style-type: none"> <li>Linda Finklestein (NAMI)</li> <li>Vinnie Whibbs (REAP)</li> </ul>	Ongoing
<b>Objective 3.2: Review models and practices across the state.</b>				
3.2a	Conduct survey of housing models across the state to learn about how other counties are funding programs.	<ul style="list-style-type: none"> <li>To review the housing models and determine what may work best to pursue in Escambia County</li> </ul>	<ul style="list-style-type: none"> <li>NW Florida Homeless Taskforce</li> </ul>	Sept 2022
3.2b	Explore and identify grant opportunities for housing/homelessness.	<ul style="list-style-type: none"> <li>To conduct outreach to grant writers to work on housing funding opportunities</li> <li>To determine if community organizations involved in the SIM have grant writers on staff to assist</li> </ul>	<ul style="list-style-type: none"> <li>Vinnie Whibbs (REAP)</li> <li>Escambia County</li> </ul>	Ongoing
3.2c	Identify barriers to Supportive Housing to engage more folks in spec courts.	<ul style="list-style-type: none"> <li>To put together list of barriers and address these barriers</li> </ul>	<ul style="list-style-type: none"> <li>Court Admin</li> <li>Kelly Richards (PDO)</li> </ul>	Ongoing
3.2d	Reduce barriers through collaborative workgroup and leverage ongoing work by Opening Doors.	<ul style="list-style-type: none"> <li>To convene workgroup with courts and REAP</li> </ul>	<ul style="list-style-type: none"> <li>Opening Doors</li> </ul>	Ongoing

**Goal 4: Review Models for MAT (opioid/alcohol) Medication-Assisted Treatment. Specifically, the goal is to increase access to care, by enrolling 50 individuals into the paramedicine program to result in a 5-10% reduction in opioid deaths upon implementation of the program.**

Task	Performance Measure	Lead Person or Organization	Projected Completion Date	
<b>Objective 4.1: Streamlining/refining/enhancing current processes, by addition of the Paramedicine Program to the current system of care.</b>				
4.1a	Formalize partnerships between receiving facilities, FQHC, and other appropriate agencies.	<ul style="list-style-type: none"> <li>✓ To meet with all the receiving facilities, Dept of Health, FQHC (5/12/22)</li> <li>✓ To improve capacity for data collection by adopting a new software/EMR that is accessible by the hospital and EMS (Oct 2021)</li> <li>✓ EMS Formalized a plan for funding allocation, budget (6/10/22); DOH on (6/12/22)</li> <li>✓ Met with DOH, EMS, receiving facilities to identify performance measures for continuum of care (Scott) (6/12/22)</li> <li>• To include the courts and jail into this continuity of communication</li> </ul>	<ul style="list-style-type: none"> <li>• DOH</li> <li>• FQHC</li> <li>• EMS</li> </ul>	May- June 2022
4.1b	Strategically Increase Staffing for enhancing transitions of care and care continuity.	<ul style="list-style-type: none"> <li>• To add 1 health navigator who is employed by FQHC (located at FL West) to ensure there is a navigator at each receiving facility. Gets person involved with initial induction process. – opportunity to include peer through NAMI or CDAC</li> <li>• To add 1 Licensed Mental Health Professional (LCSW, LMHC)</li> <li>• To add 1 Case manager (for long term care planning)</li> <li>• To add 1 prescriber (psych APRN, supervised by psychiatrist)</li> <li>• To add 4 RN/Paramedic Staff</li> </ul>	<ul style="list-style-type: none"> <li>• FQHC</li> <li>• FL West Hospital</li> <li>• NAMI</li> <li>• CDAC</li> <li>• EMS</li> </ul>	July 2022

<b>Objective 4.1: Streamlining/refining/enhancing current processes, by addition of the Paramedicine Program to the current system of care.</b>				
4.1c	Overcome transportation, cost, and space barriers.	<ul style="list-style-type: none"> <li>To meet with ECAT to procure 2 vans for transportation for participants to and from appointments, each to transport up to 12 individuals county-wide regardless of their residence (6/15/22)</li> <li>To add 2 vans and 1 SUV for the care team to conduct in-home visits</li> <li>To keep drug pricing low by strategic partnerships w/ FQHC (in progress)</li> </ul>	<ul style="list-style-type: none"> <li>EMS</li> <li>ECAT</li> <li>FQHC</li> </ul>	July 15, 2022
<b>Objective 4.2: Explore future opportunities to expand access to Opioid Use Disorder</b>				
4.2a	Explore funding opportunities.	<ul style="list-style-type: none"> <li>To explore funding via federal sources (e.g. SAMHSA)</li> <li>To increase involvement among courts and jails in future planning</li> <li>To begin grant sustainability planning</li> <li>To continue conducting focus group with families with lived experience through current system to identify challenges/barriers (in progress)</li> <li>To identify data to provide case for grant program expansion in the future</li> </ul>	<ul style="list-style-type: none"> <li>EMS</li> </ul>	Ongoing

## Quick Fixes / Low-Hanging Fruit

While most priorities identified during a SIM mapping workshop require significant planning and resources to implement, quick fixes are changes that can be implemented with only minimal investment of time and little, if any, financial investment. At the same time, quick fixes can have a significant impact on the trajectories of individuals with mental illness and substance use disorders in the justice system. The bulleted items below are activities identified by the TAC that appear to be a “quick fix” that may be explored in addition to implementation of the action plan:

- Coordination of crisis hotlines in conjunction with implementation of 988 efforts
- Convene a data subcommittee to identify shared goals, review regular outcome data and recommend data-informed program decisions
- Convene regular jail mental health team and community provider meetings
- Pull and regularly review OUD overdose data from the dashboard that is being created by MIHCPPASU
- Problem-solving court recruitment and recidivism case study
- Increased peer supports across the system

## Parking Lot

Some gaps identified during the Sequential Intercept Mapping are too large or in-depth to address during the workshop. These items are identified throughout the mapping process and placed in the “parking lot”. Items in this section are flagged as important to consider and discuss further, either through targeted training, further mapping efforts, or future investments. Items identified in Escambia County for further discussion include:

- Juvenile SIM (to further discuss youth Baker Acts)

## Recommendations

The Sequential Intercept Mapping was an excellent example of community collaboration and a focused approach to addressing the needs of this target population. To that end, as discussed and observed during the SIM, the USF CJMHSA TAC presents the following recommendations:

1. Consider reviewing existing subcommittees and community/systemwide strategic plans to identify opportunities for alignment and shared visions. This may help to streamline meetings and also ensure that organizations are working towards shared system-wide outcomes.
2. Conduct a targeted Intercept 0 discussion to identify resources and programming needed to strength prevention, early intervention and system diversion opportunities.
3. Expand existing data-related meetings to develop a data subcommittee that regularly reviews available county-level data, determines trends and issues for further exploration, and makes recommendations to planning council on measures to be addressed.
4. Review opportunities to develop universal, shared screening tools and results across Intercepts 1-3 to avoid participant screen fatigue and duplication of screening/assessment efforts.
5. Explore the use of peers across the continuum and leverage federal and state resources available for development of recovery community organizations as a potential resource for community supports in Intercept 0, 4, and 5.
6. There is informal communication and data sharing between jail booking staff, PTR, and First Appearance judiciary. This provides an opportunity to formalize these relationships with memorandums of understanding (MOUs) to promote/share information for diversion opportunities beyond PTR risk assessment and to ensure these relationships live within the position and not among people, should there be personnel turnover.
7. Conduct a secret shopper activity with hotlines to ensure that consumers are being given the resources necessary for seeking assistance. Share the results with key stakeholders to identify which number/resource should be most widely promote.
8. Explore best practice models and toolkits for implementation of the new co-response team ahead of program start.
9. Identify opportunities to leverage the new MIHCPPASU to increase access to services and interventions related to opioid use disorder to mitigate rising rates of fatal overdoses.
  - o Explore federal grants that target additional funding to areas hardest hit by the opioid crisis (e.g. SAMHSA, HRSA).
10. Conduct a reentry case study to identify where care coordination, linkages to care need to be strengthened to prevent recidivism.

For information or clarification regarding this SIM, action plan, and report, contact:

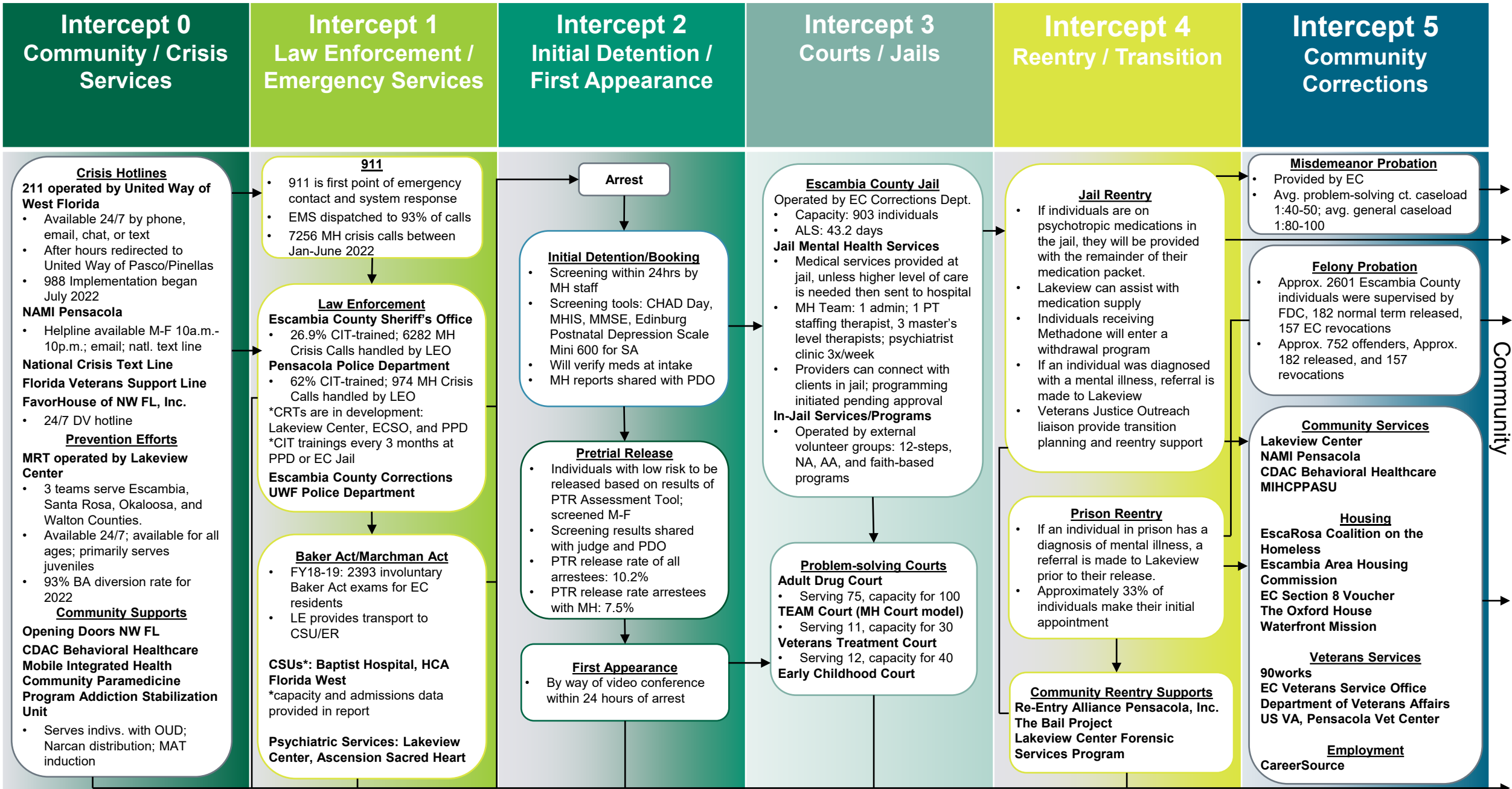
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# Sequential Intercept Map: Escambia County, Florida





## Appendix A: Participant List

Name	Organization	Email
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## Appendix B: Resources

### Web Resources

#### Partners

Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSATAC)

<http://www.floridatac.org/>

Louis de la Parte Florida Mental Health Institute- Department of Mental Health Law and Policy (MHLPI)

<http://www.usf.edu/cbcs/mhlp/>

Florida Alcohol and Drug Abuse Association

<https://www.fadaa.org/>

Florida Department of Children and Families (DCF)- Mental Health and Substance Use

<https://www.myflfamilies.com/service-programs/samh/>

Policy Research Associates (PRA)

<https://www.prainc.com/>

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation

<https://www.samhsa.gov/gains-center>

#### The Substance Abuse and Mental Health Services Administration (SAMHSA) Web Resources

The Substance Abuse and Mental Health Services Administration (SAMHSA)

<https://www.samhsa.gov/>

Center for Mental Health Services

<https://www.samhsa.gov/about-us/who-we-are/offices-centers/cmhs>

Center for Substance Abuse Prevention

<https://www.samhsa.gov/about-us/who-we-are/offices-centers/csap>

Center for Substance Abuse Treatment

<https://www.samhsa.gov/about-us/who-we-are/offices-centers/csat>

Homelessness Programs and Resources

<https://www.samhsa.gov/homelessness-programs-resources>

National Center for Trauma Informed Care (NCTIC)

<https://tash.org/nctic/>

National Clearinghouse for Alcohol and Drug Information

<https://clearinghouse.fmcsa.dot.gov/>

SAMHSA Grant Announcements

<https://www.samhsa.gov/grants/grant-announcements-2021>

Evidence-Based Practices Resource Center SAMHSA'S Knowledge Network

<https://www.samhsa.gov/ebp-resource-center>

## **Other Web Resources**

Baker Act Reporting Center	<a href="http://bakeract.fmhi.usf.edu/">http://bakeract.fmhi.usf.edu/</a>
Council of State Governments (CSG)	<a href="http://www.csg.org/">http://www.csg.org/</a>
CSG Justice Center	<a href="https://csgjusticecenter.org/">https://csgjusticecenter.org/</a>
Grant Opportunities	<a href="http://www.grants.gov/">http://www.grants.gov/</a>
National Alliance for the Mentally Ill (NAMI)	<a href="http://www.nami.org/">http://www.nami.org/</a>
National Alliance to End Homelessness	<a href="https://endhomelessness.org/resource/housing-first/">https://endhomelessness.org/resource/housing-first/</a>
National Center for Cultural Competence	<a href="https://nccc.georgetown.edu/">https://nccc.georgetown.edu/</a>
National Council for Behavioral Health	<a href="https://www.thenationalcouncil.org/">https://www.thenationalcouncil.org/</a>
National Criminal Justice Reference Service	<a href="https://www.ojp.gov/ncjrs/new-ojp-resources">https://www.ojp.gov/ncjrs/new-ojp-resources</a>
National Institute of Corrections	<a href="http://nicic.gov/">http://nicic.gov/</a>
National Institute on Drug Abuse	<a href="https://www.drugabuse.gov/">https://www.drugabuse.gov/</a>
Office of Justice Programs	<a href="https://ojp.gov/">https://ojp.gov/</a>
Office of Juvenile Justice and Delinquency Prevention (OJJDP)	<a href="https://www.ojjdp.gov/mpg">https://www.ojjdp.gov/mpg</a>
U.S. Department of Health and Human Services - Mental Health	<a href="https://www.mentalhealth.gov/">https://www.mentalhealth.gov/</a>
U.S. Department of Veterans Affairs - Mental Health	<a href="http://www.mentalhealth.va.gov/">http://www.mentalhealth.va.gov/</a>
United State Interagency Council on Homelessness	<a href="https://www.usich.gov/">https://www.usich.gov/</a>