

Charlotte County, Florida: Taking Action for Change Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

Introduction

This report summarizes the Cross-Systems Mapping & Taking Action for Change workshop held in Charlotte County, Florida on April 30th and May 1st 2008. The workshop was facilitated by the Florida Criminal Justice Mental Health and Substance Abuse (CJMHSAs) Technical Assistance Center at Florida Mental Health Institute (FMHI), University of South Florida (USF). This report includes:

- ❖ A brief review of the origins and background for the workshop
- ❖ A summary of the information gathered at the workshop
- ❖ A cross-systems intercept map as developed by the group during the workshop
- ❖ An action planning matrix as developed by the group
- ❖ Observations, comments, and recommendations from the Florida CJMHSAs Technical Assistance Center to help Charlotte County achieve its goals

Recommendations contained in this report are based on information received prior to or during the Cross-Systems Mapping & Taking Action for Change workshop.

Background

The Charlotte County Criminal Justice Mental Health and Substance Abuse (CJMHSAs) Planning Council along with the full support of multiple local stakeholders requested that the Florida CJMHSAs Technical Assistance Center facilitate the Cross-Systems Sequential Intercept Model Mapping and Taking Action for Change in Charlotte County, Florida to provide assistance with:

- ❖ Creation of a map of the points of interface among all relevant systems
- ❖ Identification of resources, gaps, and barriers in the existing systems
- ❖ Development of a strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of the target population

The participants in the workshop included 22 individuals representing multiple stakeholder systems, including mental health, substance abuse treatment, human services, corrections, advocates, family members, consumers, law enforcement, and the courts. A complete list of participants is available at the end of this document. Mark Engelhardt, M.S., ACSW (FMHI), Kathleen A. Moore, Ph.D. (FMHI), Dave Kershaw, Ph.D. (Northside Mental Health Center.) and Nicolette Springer, M.S. (FMHI) facilitated the workshop sessions.

Objectives of the Cross-Systems Mapping Exercise

The Cross-Systems Mapping Exercise had three primary objectives:

1. The development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the Charlotte County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services (Intercept 1), Initial Detention/Initial Court Hearings (Intercept 2), Jails and Courts (Intercept 3), Community Re-entry (Intercept 4), and Community Corrections/Community Support (Intercept 5).
2. The identification of gaps, resources, and opportunities at each intercept point for individuals in the target population.
3. The development of priority areas for activities designed to improve system and service level responses for individuals in the target population.

The Charlotte County Cross-Systems Map created during the workshop is on the last page of this document.

Resources, and Opportunities

There are several features of the Charlotte County Systems Map that are particularly noteworthy. These include, but are not limited to the items listed below.

Existing Cross-Systems Partnerships include:

- ❖ Mental Health Court
- ❖ Drug Court
- ❖ 24/7 Mobile Crisis Team
- ❖ Juvenile Post Booking Diversion
- ❖ Jail-based Competency Restoration
- ❖ Community-Based Competency Restoration
- ❖ Florida Assertive Community Treatment (FACT)
- ❖ Coastal Behavioral Health Care Home To Recovery (Federal Homeless Grant)
- ❖ Forensic Resource Coordination
- ❖ Charlotte Behavioral Health Care (CBHC) Adult Substance Abuse Outpatient
- ❖ CBH Children Substance Abuse Outpatient
- ❖ CBH Crisis Stabilization Unit
- ❖ Charlotte County Homeless Coalition
- ❖ Faith-Based Homeless Shelter
- ❖ Faith-Based Half-Way Houses
- ❖ NAMI Education: Family to Family, Provider Ed, etc.
- ❖ Establishment of the CJMHSA Council
- ❖ The Haven, Consumer Owned and Operated Drop in Center

Strengths Identified

- ❖ Charlotte County CJMHSA Planning Council has met several times and has established subcommittees
- ❖ Strong leadership and enthusiasm to improve the system

Charlotte County Cross-Systems Map Narrative

The following information reflects the notes taken during the *Cross-Systems Mapping* Exercise. These notes include a description of the map at each intercept point in the Sequential System Map by the Charlotte County CJMHSA Planning Council participants. Gaps in service delivery and resource opportunities are identified at each intercept point. These notes may be used as a reference in reviewing the Charlotte County Cross-Systems Map and as a tool in developing a formal strategic plan and future Memorandum of Understanding among the CJMHSA Planning Council members and other community stakeholders.

Intercept I: Law Enforcement / Emergency Services

A person in need of acute behavioral healthcare can enter into the system in multiple ways. They can voluntarily admit themselves to one of the three hospitals (Charlotte Regional, Faucet Memorial or Peace River) or through contact with law enforcement and/or emergency services.

If law enforcement is dispatched, several scenarios may play out. An individual requiring immediate medical attention will be transported via ambulance to one of the three hospitals. These include Charlotte Regional, Faucet Memorial or Peace River. None of these are Baker Act receiving facilities. The two Baker Act receiving facilities in Charlotte County are Riverside, a private Baker Act Receiving facility, and Charlotte Behavioral Center, a public Baker Act Receiving facility. Charlotte Behavioral Healthcare Center has 18 Crisis Stabilization Unit beds (CSU). If there are no criminal charges pending, the individual may be released back into the community. If criminal charges are pending, then the individual is returned to police custody to complete arrest procedures.

Alternatively, the person in need or a third party may contact 911 and request the Mobile Crisis Unit or contact Mobile Crisis directly. The Mobile Crisis Unit operates 24 hours a day 7 days a week. There is one licensed mental health professional available during all hours of operation. They service about 100 calls a month referred from several sources (211, 911, private doctors, law enforcement and family members). On the occasion that they are referred by 911 or law enforcement, the Mobile Crisis Unit may attend the call for service with law enforcement officers. They conduct a mental health screening on scene and an assessment is made regarding possible diversion from jail. About 50% are diverted and then provide with treatment options.

➤ Identified Gaps – Law Enforcement / Emergency Services (Intercept 1)

- No Crisis Intervention Team (CIT)
- Marchman Act, substance abuse petitions are not utilized effectively
- There is currently no detoxification facility however it is expected to be operational by fall 2008 and will have 15 beds available
- No Trauma Informed Training
- Inadequate system in place to share information or data

Intercept II: Initial Detention / Initial Detention and Court Appearance

Upon arrive at jail, an arrestee's first contact is with Prison Health Services, a private health care provider contracted by the county. In order to determine eligibility for jail services and treatment options classification, medical, mental health and substance abuse evaluations are administered during the booking process.

Within 24 hours of detention at the jail, all defendants appear before a judge via satellite for their initial court hearing. Prior to this all defendants are screened by pretrial services to determine eligibility for drug court, mental health, pretrial services or conditional release supervision. Those who are eligible proceed into those respective programs.

On rare occasion, the sheriff may choose to release a person on their own recognizance (ROR) without proceeding through the normal channels of booking. This option is only available for non-violent, first time offenders.

➤ Identified Gaps – Initial Detention and Court Appearance (Intercept 2)

- Pretrial services inquires about mental health and substance abuse history but does not clinically assess defendants
- Data sharing limitations: Prison Health Services (PHS) does not share a defendant's medical assessment with other agencies within the jail. For example, Pretrial Services is not informed about the defendant mental or physical health. PHS will only share documentation if a legal request is made by defendant's attorney or if the consumer signs a specific consent.
- Lack of pharmaceutical consistency

Intercept III: Jails / Courts

Those who are not eligible for pretrial services conditional release supervision are assigned to either circuit or county court based on their charges. Charlotte County has both a felony and misdemeanor Mental Health Court therefore referrals can originate from either circuit or county court. Drug Court is limited to felony cases thus referrals are from circuit court only.

Charlotte County's Drug Court currently has a capacity of 15 cases. Admission to the program is determined at weekly meeting between the Judge, State Attorney, Public Defender, Court Administration, and providers. The length of enrollment is a minimum of 18 months and a maximum of 3 years and is established case by case. About 100 applications are received annually of which about 60% are rejected for various reasons. Eligibility limitations exclude those who are considered severe and persistent and/or have been charged with violent offenses, DUI and/or trafficking. These limitations contribute to an overrepresentation of women. Over the last year, the program has served 13 women and 2 men.

Potential Mental Health Court participants are reviewed by the State Attorney and admittance is decided case by case. In addition to the weekly meeting described above, an advisory committee meets quarterly for oversight purposes but do not make admission decisions. Felony cases take an average of three months to enroll in the program due to delayed pleas and other legal obstacles. During which time most defendants are held in jail.

While in county jail, inmates do have access to 12 step meetings however there are no gender specific programs and jail officials have seen an increase in female inmates needing services. They have also seen an increase in elderly inmates and have just started the BRITE, substance abuse screening program in response.

All adjudicated cases then proceed to judicial disposition. Defendants who are found not guilty or have had charges dropped are often released into the community with no services.

➤ **Identified Gaps – Jails and Courts (Intercept 3)**

- No misdemeanor Drug Court
- Drug Court's eligibility criteria indirectly biases male defendants
- Potential Felony Mental Health Court participants are held in jail for an average of three months awaiting admissions and may not be receiving needed services

Intercept IV: Re-Entry

Individuals who are sentenced to more than one year of incarceration are transferred to State Prison. Those serving less than one year are housed in Charlotte County Jail in Punta Gorda.

Discharge planning is very limited. Jail administration and staff do not have the resources to assist with housing, support services, treatment or reestablishment of benefits. Inmates are given a list of community resources upon release. Those on medication are provided with a prescription for a three day supply of medication. In many cases this is not enough to sustain them until their next medical appointment. The exception is for 916 clients who receive a prescription for a 30 day supply of medication.

➤ **Identified Gaps – Re-entry (Intercept 4)**

- No formal discharge planning
- Limited access to medication upon discharge
- Lack of access to long term and residential treatment after discharge from jail
- Limited affordable housing options

Intercept V: Community Corrections / Community Support

After judicial disposition or upon release from incarceration, individuals can be placed under the supervision of a number of community corrections agencies. These include work release, state probation, county probation, conditional release and pretrial services supervision. Release from jail can be at anytime of the day and no transportation is available. There is currently no shelter but one is expected to open in summer 2008. Affordable housing is limited. There are several faith based organizations that manage limited housing and the Volunteers of America (VOA) have 24 available veterans' beds in development.

- Identified Gaps - Community Corrections / Community Support (Intercept 5)
 - No transportation from jail
 - Currently no shelter
 - Lack of mental health follow up to assure compliance with treatment
 - No assistance with reinstating benefits
 - No specialized caseload for individuals with mental illness on release from jail or prison
 - Limited officer training

The Charlotte County Action Plan

Subsequent to the completion of the Systems Mapping exercise, the assembled stakeholders began to define specific steps that could be taken to address the gaps identified in the group discussion about the systems map. Five priority areas were identified, including opportunities for tactical interventions to promote “early quick victories” and more strategic interventions to stimulate longer-term systems changes. These priority areas are outlined on the following pages. The CJMHSA Planning Council will need to refine the persons responsible and timetables for each action item.

Priority Area 1: Community Education				
Objective		Action Step	Who	When
1.1	Implement CIT Training	<ul style="list-style-type: none"> Contact Partners in Crisis 	Pam Baker	July 1
1.2	Gather Information	<ul style="list-style-type: none"> Eliminating Barriers Anti-Stigma Mental Health Awareness Groundbreaking with Community Education 	Pascale Iliou George Filhour Ana Romillo	Ongoing
1.3	Expand Community Audience	<ul style="list-style-type: none"> Invitation to Community Team up with Media (Radio, Print, etc...) 	Charlotte Behavioral Health Public Relations Representative	Late June with follow up in October
1.4	Cross Systems Training	<ul style="list-style-type: none"> Contact Judge Leiferman 	Judge Bell	
1.5	Create Training Committee	<ul style="list-style-type: none"> Annual Training Plan HIPAA 	Pascale Iliou (chair) Ana Romillo George Filhour Kerry Dupuis Sharon Salter Judge Bell Jay Glynn	

Priority Area 2: Discharge Planning				
Objective		Action Step	Who	When
2.1	Review Models of Best Practices	<ul style="list-style-type: none"> Florida TA Center www.floridatac.org GAINS Center www.gainscenter.samhsa.gov Justice Center www.justicecenter.csq.org 	Pam Baker Kerry Dupuis	July
2.2	Identify Potential Referrals	<ul style="list-style-type: none"> To establish and "in-reach" position to seek our barrier funding 	Melissa Turney Pam Baker	July
2.3	Examine what is currently being done by other communities	<ul style="list-style-type: none"> Find examples of documentation Find examples of informal practices 	Leslie Martin	
2.4	In Jail Discharge Communities	<ul style="list-style-type: none"> Consider committee feasibility 	Dr. Faezeh Andrews	

Priority Area 3: Data and Information Sharing				
Objective		Action Step	WHO	WHEN
3.1	HIPAA	<ul style="list-style-type: none"> Contact John Petrila to schedule training 	Pam Baker	July / August
3.2	Determine what data we have	<ul style="list-style-type: none"> Document what we have, who has it and any barriers to access 	Kerry Dupuis	Before HIPAA Training
3.3	Seek expert advise	<ul style="list-style-type: none"> Contact TA Center, www.floridatac.org Determine how to create a system Address outcome analysis for both Mental Health and Drug Courts 	Pam Baker	July / August

Priority Area 4: Service Expansion Existing and New				
Objective		Action Step	Who	When
4.1	Expand Mental Health and Drug Court	<ul style="list-style-type: none"> Identify funding sources 	Pam Baker Jay Glynn	January
4.2	Expand Discharge Planning	<ul style="list-style-type: none"> Identify funding for possible Discharge Case Manager Identify funding for Peer Specialist Program 	Dr. Andrews	January
4.3	Maintain Current Funding	<ul style="list-style-type: none"> Ensure that Charlotte County is a priority to DCF 	Jay Glynn Judge Bell Judge Alessandroni	

Priority Area 5: Communication and Coordination

Objective		Action Step	Who	When
5.1	Newsletter	<ul style="list-style-type: none">▪ Create a monthly newsletter▪ Maintain an email list for distribution	Kerry Dupuis	July
5.2	Meetings	<ul style="list-style-type: none">▪ Monthly Committee Updates▪ Monthly Committees Meeting	Kerry Dupuis	Monthly
5.3	Agreements	<ul style="list-style-type: none">▪ Establish business agreements▪ Establish Memos of Understanding▪ Find examples of each	Pam Baker	January

Conclusions and Recommendations: Summary

A process such as the Cross-Systems Mapping & Taking Action for Change workshop can result in the acknowledgment of a somewhat challenging list of service gaps. In this respect, Charlotte County is much like most Florida counties and indeed like many jurisdictions in the United States. At the same time, Charlotte County is very unique and has important strengths.

- ❖ First, the individuals who participated in this workshop represented all of the major stakeholders necessary to accomplish change in this area.
- ❖ Second, participants were enthusiastic and frank in their comments and observations. This spirit of collegiality and willingness to discuss limitations as well as strengths is an important part of being able to work across systems, as is necessary in improving the lives of people with mental disorders in or at risk for entering the criminal justice system.

As Charlotte County moves forward in addressing the issues identified during this process, there are three issues in particular that may be of particular importance.

- ❖ First, the planning process over time needs to identify the specific points in the process where intervention is possible and might have the biggest impact. It is impossible within existing resources to resolve every problem identified in a planning process, but it is possible to identify the potential points where an intervention might make the most difference.
- ❖ Second, it is worth inventorying the data that are currently available in making this judgment and identifying what types of data that could be useful but either are not collected or not retained in an accessible data base. The USF-FMHI CJMHPA Technical Assistance Center can assist in this task.
- ❖ Third, it is critical that the planning process not lose the momentum created to date. Planning meetings involving all relevant stakeholders should be conducted on a regular basis and assigned priority by stakeholders. In addition, there are a number of resources available to Charlotte County to accomplish some of the tasks identified during the workshop as next steps. Those resources should be utilized whenever possible to expand the capacity of the planning group.

In closing, we would like to thank Charlotte County for allowing the CJMHPA Technical Assistance Center to facilitate this workshop. In particular we would like to thank Pam Baker and Jay Glynn for their work in handling the local arrangements. Finally, a great gratitude to all the local stakeholders who took the time to share their experiences throughout the three day visit. We look forward to continuing to work with Charlotte County.

Resources

Website Resources and Partners	
Florida Criminal Justice Mental Health and Substance Abuse Technical Assistance Center	www.floridatac.org
Louis de la Parte Florida Mental Health Institute Department of Mental Health Law and Policy	http://mhlp.fmhi.usf.edu
Florida Partners in Crisis	http://www.flpic.org
Justice Center	www.justicecenter.csg.org
Policy Research Associates	www.prainc.com
National GAINS Center/ TAPA Center for Jail Diversion	www.gainscenter.samhsa.gov

Other Web Resources	
Center for Mental Health Services	www.mentalhealth.samhsa.gov/cmhs
Center for Substance Abuse Prevention	www.prevention.samhsa.gov
Center for Substance Abuse Treatment	www.csat.samhsa.gov
Council of State Governments Consensus Project	www.consensusproject.org
National Alliance for the Mentally Ill	www.nami.org
National Center on Cultural Competence	www11.georgetown.edu/research/gucchd/nccc/
National Clearinghouse for Alcohol and Drug Information	www.health.org
National Criminal Justice Reference Service	www.ncjrs.org
National Institute of Corrections	www.nicic.org
National Institute on Drug Abuse	www.nida.nih.gov
Office of Justice Programs	www.ojp.usdoj.gov
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Substance Abuse and Mental Health Services Administration	www.samhsa.gov

CHARLOTTE COUNTY SEQUENTIAL MAPPING 4/30/08

