



Sequential Intercept Mapping Indian River County, Florida

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Indian River County Sequential Intercept Mapping Report Abbreviations

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

General List of Abbreviations

ALF	Assisted Living Facility
ARF	Addictions Receiving Facility
ARNP	Advanced Registered Nurse Practitioner
ADC	Average Daily Census
ADP	Average Daily Population
APIC	Assess, Plan, Identify, Coordinate Model
BA	Baker Act
CIT	Crisis Intervention Team
CJMHPA	Criminal Justice, Mental Health, and Substance Abuse
CJMHPA 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
CSU	Crisis Stabilization Unit
CTTU	Crisis Triage and Treatment Unit
DCF	Florida Department of Children and Families
EBP	Evidence-Based Practice
EMS	Emergency Medical Services
ER	Emergency Room
FDLE	Florida Department of Law Enforcement
FDOC	Florida Department of Corrections
FACT	Florida Assertive Community Treatment
FDLE	Florida Department of Law Enforcement
FICM	Forensic Intensive Case Management
HIPAA	Health Insurance Portability and Accountability Act of 1996
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	U.S. Department of Housing and Urban Development- Veterans Affairs Supportive Housing
ICCD	International Center for Clubhouse Development
ITP	Incompetent to Proceed
LE	Law Enforcement

LMHP	Licensed Mental Health Professional
MA	Marchman Act
MD	Medical Doctor
MH	Mental Health
MHFA	Mental Health First Aid
MOU	Memorandum of Understanding
NAMI	National Alliance on Mental Illness
NCIS	National Crime Information Systems
NGRI	Not Guilty by Reason of Insanity
PATH	Projects for Assistance in Transition from Homelessness Program
RNP	Registered Nurse Practitioner
RNR	Risk-Needs-Responsivity Model
SA	Substance Abuse
SAMH	Substance Abuse and Mental Health
SIM	Sequential Intercept Mapping
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
SPDAT	Service Prioritization Decision Assistance Tool
USF	University of South Florida
VA	U.S. Department of Veterans Affairs
VOP	Violation of Probation

Indian River County Abbreviations

C.O.R.E.	Comprehensive Offender Rehabilitation & Education
IRC	Indian River County
IRCSO	Indian River County Sheriff's Office
IRMC	Indian River Medical Center
IRMC-BHC	Indian River Medical Center – Behavioral Health Center
New Horizons	New Horizons of the Treasure Coast
SPD	Sebastian Police Department
SEFBHN	Southeast Florida Behavioral Health Network
VBPD	Vero Beach Police Department

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Indian River 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 *Sequential Intercept Mapping* (SIM) held in Indian River County (IRC), Florida on June 7-8, 2018. The SIM provided a strategic plan for a targeted population, namely adults with substance abuse and/or mental health disorders (SAMH) involved in the criminal justice system in Indian River County, FL. The SIM is an integrated tool that can facilitate other community planning related to behavioral healthcare, reducing homelessness, and diversion from the criminal justice system. Southeast Florida Behavioral Health Network (SEFBHN) (the behavioral health managing entity and grantee) and Indian River County hosted the SIM and it was convened at the Indian River County Law Library (2000 16th Ave, Vero Beach, FL 32960).

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 SEFBHN and IRC in achieving their goals
- Please note, throughout this report, we refer to Indian River County as IRC.

Background

Southeast Florida Behavioral Health Network (SEFBHN), Criminal Justice, Mental Health, and Substance Abuse (CJMHS) Reinvestment grantee for Indian River County (IRC), requested the SIM as a top priority in the implementation of a three-year implementation/expansion grant awarded by the Florida Department of Children and Families (DCF) SAMH. The SIM assisted SEFBHN and IRC with the activities and 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 SAMH 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 SAMH disorders involved with the criminal justice system

The SIM was comprised of 36 participants representing cross-systems stakeholders including SAMH treatment providers, human services, corrections, advocates, peer specialists, law enforcement, county courts, and the judiciary. A complete list of participants is available in Appendix A at the end of this report. Mark Engelhardt, Karen Mann, and Katelind Halldorsson from the University of South Florida (USF) Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHS) TAC facilitated the mapping. Gregory Jackson and Gwen Morse of SEFBHN and the Honorable Judge Cynthia Cox of the Nineteenth Judicial Circuit organized the logistics of the mapping.

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 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 SAMH disorders flow through six distinct intercept points of the Indian River 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 individuals (18+) with SAMH disorders 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 Indian River County SIM map is on page 21.

Keys to Success

Existing Cross-Systems Partnerships

Indian River County's history of collaboration between the behavioral healthcare and criminal justice systems is reflected in a number of existing local efforts that were identified prior to and during the SIM. Examples include:

1. Public Safety Council for Criminal Justice, Mental Health, and Substance Abuse
2. Treasure Coast Homeless Services Council

Consumer Involvement

- Two peer support specialists employed by the Mental Health Association of Indian River County represented SAMH consumers in Indian River County.

Representation from Key Decision Makers

The SIM included cross-systems representation and key decision-makers. Opening remarks by the Honorable Judge Cox set the stage and established a clear message as to the importance of the SIM and commitment to an action plan.

Indian River County Sequential Intercept Map Narrative

This narrative reflects information gathered during the two-day mapping and often verbatim from the participants or local experts. This narrative is a reference guide to navigate the Indian River County SIM map, especially with regard to acronyms used on the map.

Intercept 0—Community Services

Prevention Efforts

Mental Health Association Walk-In & Counseling Center

- The Walk-In Center operates Monday-Friday (M-T 8:30 a.m. to 5 p.m., F 10 a.m. to 5 p.m.).
- At no cost to IRC residents (adults and children), the Walk-In Center offers mental health screening, crisis intervention services, and referrals to available programs and services.
- Personnel includes a licensed mental health counselor.

Mental Health Association Drop-In Center

- Open seven days a week, 365 days a year, 9 a.m. to 4 p.m.
- Peer-operated, recovery-oriented environment that provides a safe, supportive place for individuals to connect with others with similar experiences
- Offers recreational activities, computer labs, and music and art classes

McCabe Connections Center operated by the Mental Health Collaborative of Indian River County (IRC)

- The Center refers individuals to appropriate services, provides assistance scheduling appointments, and ensures transportation to services is available.
- 211 staff are available to assist individuals in the Connections Center.
- The Center employs two SSI\SSDI Outreach Access and Recovery (SOAR) specialists to help individuals apply for benefits.
- In the 15 months of operation (as of June 2018), the Connections Center served 16,000 individuals—securing psychiatric appointments for 500 individuals. Of those 500 appointments, 100 appointments were scheduled to occur within five days.

New Horizons of the Treasure Coast (New Horizons) Homeless Outreach

- Two coordinators from the Projects for Assistance in Transition from Homelessness Program (PATH) are dedicated to serve IRC.
- Coordinators are field-based and provide homeless outreach.
- PATH coordinators refer individuals to the Treasure Coast Homeless Services Coalition.

Intercept 1—Law Enforcement & Emergency Services

Emergency Services and 911

911 operated by Indian River County Sheriff's Office (IRCSO)

- If an individual is experiencing an apparent behavioral health crisis and involved with a possible law violation, 911 is the first point of emergency contact and system response.
- Requesting a Crisis Intervention Team (CIT) officer is possible when contacting 911 but does not guarantee the dispatch of a CIT-trained officer (while all IRCSO officers are CIT-trained, not all municipal officers are CIT-trained).

211

- Serves Indian River County, Palm Beach County, Martin County, Okeechobee County, and St. Lucie County

Law Enforcement

Sheriff's Office

- Indian River County Sheriff's Office (IRCSO)

Municipal Law Enforcement

- Vero Beach Police Department (VBPD)
- Sebastian Police Department (SPD)

Crisis Intervention Team (CIT) Training

- IRCSO has trained 100 percent of their deputies in CIT.
- Municipal police departments in IRC receive CIT training, but 100 percent of officers are not trained due to turnover in officers.
- There are two CIT training programs in IRC.
 - Public Safety Commission
 - Florida Department of Law Enforcement (FDLE) CIT model
 - This program has a salary incentive for participating law enforcement officers.
 - Treasure Coast CIT Program
 - Memphis model CIT
 - This program does not have a salary incentive for participating law enforcement officers.
- IRCSO does not collect CIT data.

Baker Act

- When law enforcement arrives to an incident, the officer must determine if the individual in crisis meets the standard for an involuntary commitment 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.
 - If an individual meets the criteria for an involuntary Baker Act examination and has committed a misdemeanor offense or no law violation, the person is transported and received through the emergency room at the Indian River Medical Center. The Indian River Medical Center emergency room conducts the assessment. Emergency room personnel conduct examination.



- If an individual meets the criteria for an involuntary Baker Act examination, but has committed a felony offense (or exhibited resistance), the person is transported to the Indian River County (IRC) Jail.
- If an individual meets the criteria for an arrest, but does not meet Baker Act criteria, the person is transported to the IRC jail.
- After the Behavioral Health Center, the next nearest Baker Act receiving facility is South Seminole Hospital in Longwood, Florida (Seminole County).
- According to the Baker Act Reporting Center at the University of South Florida, in FY2016-17, there were 1,198 involuntary Baker Act examinations of IRC residents (adults and children). There were 1035 involuntary Baker Act examinations of IRC adult residents.
- Law enforcement provides all initial Baker Act transports in the county.
 - Law enforcement's policy is to handcuff the individual during transportation to a receiving facility.

Marchman Act

- Law enforcement transports individuals under a Marchman Act order to New Horizons.
 - If the individual is not eligible for a Marchman Act order, they will undergo detoxification in an emergency room or other medical facility.
- If an individual commits a law violation but does not meet the criteria for a Marchman Act order, the person is transported to the jail for booking.
- Law enforcement provides all initial Marchman Act transports in the county.
- Marchman Act data was not available at the time of the mapping.
- Indian River Medical Center does not have substance abuse treatment beds (inpatient) pursuant to Chapter 395, F.S. The medical center treats patients with primary psychiatric diagnoses who have a co-occurring disorder, but who are not primarily suffering from a substance abuse disorder. Medical detoxification occurs within the center for patients with a primary mental health issue but who also need detoxification services.

Crisis Services

Indian River Medical Center Emergency Room (ER)

- All individuals that meet the criteria for an involuntary Baker Act examination are transported and received through the emergency room at the Indian River Medical Center.
- The Indian River Medical Center ER screens the individuals to determine if they are eligible for admission to the Behavioral Health Center (BHC).
- Transportation from the ER to the BHC is provided by ambulance.

Behavioral Health Center (BHC) operated by Indian River Medical Center

- Private, nonprofit, inpatient psychiatric hospital serving adults and children
- The BHC is a 46-bed facility (34 adult beds, 12 children's beds).
- More than fifty percent of individuals referred to the BHC are screened and immediately released to go home.
- BHC personnel include board-certified psychiatrists, registered nurses, licensed social workers, and mental health technicians.

Mobile Crisis Team operated by New Horizons

- Specially trained team goes directly to an individual in crisis to assess the situation and make sure the individual is safe.
- Provides counseling to individuals upon request and assistance with referrals for services.

- Master's level mental health specialist assesses the individual and refers the individual to the appropriate services.
- Serves Indian River County, Martin County, Okeechobee County, and St. Lucie County

Detoxification

New Horizons of the Treasure Coast (New Horizons)

- Twelve-bed adult detoxification facility located in St. Lucie County
- Serves Indian River County, Martin County, Okeechobee County, and St. Lucie County
- Facility is routinely at capacity
- Provides medical and psychosocial substance use treatment

Gaps

- There are no public designated Baker Act or Marchman Act receiving facilities located within the county.
- There is an insufficient number of inpatient detoxification beds to accommodate IRC.
- There is not a dedicated detoxification pod in the IRC Jail.
- There is a long response time for the Mobile Crisis Team because it serves four counties.
 - Need to expand mobile crisis team services
- There are no formal diversion opportunities in Intercepts 0 or 1.
- The Baker Act Marchman Act Committee is not active.
- IRC SO does not collect CIT data (incidents of de-escalation and/or diversion on the frontline).
- The municipalities are not 100 percent CIT-trained due to turnover in law enforcement officers.
- There is a need for additional peer support specialists.
- The Public Safety Council for CJMHSA is not meeting regularly.
- High-level stakeholders mostly attend the Public Safety Council meetings with less representation from programs, providers, etc.
- New Horizon's Mobile Crisis Team has limited funding; however, they are able to conduct Baker Act examinations when responding to calls. The team has two staff to serve the four-county area.

Opportunities

- The IRC Transportation Plan was finalized in June 2017.
- The IRC Sheriff's Office is 100 percent CIT-trained.
- New Horizons is utilizing evidence-based tools: Patient Health Questionnaire (PHQ9), Columbia Suicide Rating Scale (C-SSRS), Brief Trauma Questionnaire (BTQ), and CAGE questionnaire.

Intercept 2—Initial Detention & First Appearance

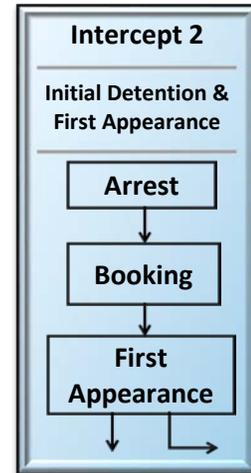
Arrest and Booking

Arrest

- In 2017, the IRCSO arrested and processed 5545 individuals (not unduplicated, some individuals may have been arrested more than one time).

Booking and Intake

- The intake screening is conducted by IRCSO booking deputies, licensed practical nurses (LPN), and registered nurses (RN).
 - The IRC Jail does have a contracted correctional healthcare provider; IRCSO medical personnel provide most services.
 - RNs and LPNs are employed by the IRCSO.
- Screening instruments: Forensic Needs Assessment, a Mental Health Questionnaire, and a Preliminary Screening Form
- The screening conducted at booking includes questions about the individual's mental health history, medical history, and Veteran status.
- If the individual meets the criteria for a mental health disorder, they are classified to be housed in the medical wing of the IRC Jail (see Intercept 3 for additional information).



In-Jail Involuntary Baker Act Examinations

- In 2017, the IRC Jail initiated 19 involuntary Baker Act examinations.
- At the time of the mapping, there were 7 involuntary Baker Act examinations in 2018.

First Appearance

- The first appearance hearing occurs by way of video conferencing within 24 hours of arrest.
- The judge is provided with the arrest affidavit and veteran status of the individual, but does not receive the medical screening information from jail booking/intake.
 - The law enforcement officer may indicate in the arrest affidavit if the defendant's family would like the defendant to receive mental health treatment.
- The public defender is appointed at first appearance and the investigator visits clients within 24 hours of the hearing.
 - The public defender does not receive substance use or mental health assessment information about their client until after first appearance.

Gaps

- There are no formal pretrial diversion opportunities or programs.
- Need a more comprehensive screening and assessment at booking
 - Risk Needs Responsivity (RNR) model
 - The judge and public defender do not have access to medical and mental health screening information.

Opportunities

- The goal for IRC is to have the initial screening and assessment in the jail to help the individual with pretrial release/diversion or other strategies.

Intercept 3—Jails & Courts

Indian River County Jail operated by IRC SO
(Intercept 2 presents the jail booking and intake information)

Prevalence of Mental Health and Co-occurring Disorders

- The jail's average daily population in 2017 was 462 inmates.
- An estimated 20 percent of inmates are classified to be held in the medical wing and most of these individuals are already on psychotropic medications when they are booked into the IRC Jail.

IRC Jail Medical Wing

- If an individual meets the criteria for a mental health diagnosis or are at risk of an involuntary Baker Act examination, they are housed in the medical wing.
- There are 14 cells that house 16-to-20 individuals in the medical wing of the IRC Jail.
- Cells house more than one individual and the lights are on 24/7.
- The medical staff is located in close proximity and additional deputies staff the medical wing.

Additional Medical Services

- InSight (telepsychiatry provider) employs an advanced registered nurse practitioner (ARNP) to administer pharmacology/medication management and assessments for inmates (as needed).
- New Horizons provides mental health counseling, upon request.
- The IRC Jail pays for inmates' medications, including psychotropic medications.

Courts

Specialty Courts

Veterans Court (VC)

- The Veteran Court is a voluntary or choice program.
- At the time of the mapping, the Veterans Court was serving 13 clients.
- The Veterans Court personnel received training from Justice for Vets and attend PTSD training in Port St. Lucie.
- The VA is active in the Veterans Court.
- The Veterans Court is transitioning into a treatment court.

Drug Court

- Pre- or post-plea diversion opportunity
- On average, the Drug Court serves 45-to-60 adults and 15-to-20 juveniles.
- If an individual has a co-occurring serious mental illness, the person is transferred to Mental Health Court.
- The Substance Awareness Center of IRC assesses offenders.
- The Substance Awareness Center of IRC and ADAP provide outpatient substance use counseling.

Mental Health Court (MHC)

- Pre- or post-plea diversion opportunity
- Admission criteria include:
 - Referrals from the state attorney's office, defense attorney or public defender, the judge,



- or voluntarily
 - Accepts individuals pre-plea or post-plea, incompetent to proceed (ITP), not guilty by reason of insanity (NGRI), as a condition of being released on their own recognizance (ROR) or on probation
 - Individuals charged with a misdemeanor and/or felony
- At the time of the mapping, the MHC was serving 120 active clients.
 - Not all clients require active case management. Approximately 100 required active management at the time of the mapping. A handful were in the state hospital and others were pretrial release or in treatment. Of the 120 clients, 15 were ITP and seven were NGRI.
 - The MHC does not have a formal limit for client capacity.
- MHC Staffing
 - The MHC conduct biweekly staffing meetings.
 - The case managers meet every Monday.
- MHC client services include:
 - Upon entry to the MHC, case managers conduct a bio-psych-social assessment. The case managers are employed by the IRCSO.
 - Legacy Mental Health provides therapy and case management (caseload of 1:15). At the time of the mapping, Legacy had 12 clients.
 - Not all clients require active case management services because some clients are in the state hospital.
 - New Horizons provides outpatient substance use counseling for clients with co-occurring disorders.
 - The Substance Awareness Center of IRC had recently hired two additional staff in order to open day treatment for Mental Health Court clients.
- Duration of the MHC
 - Minimum length of stay in the MHC is six months for a misdemeanor offense and 12 months for a felony offense
 - In order to graduate, individuals must be financially independent, secured a job or disability benefits and transportation, connected with services, and reconnecting with their family.
 - Clients are not permitted to graduate unless they are independent of the MHC.

Gaps

- Additional county funding is needed for the IRC Jail
 - There is an empty building with 256 available beds, but the jail does not have enough funding (for personnel) to open and staff this building.
- There is a lack of specialized treatment pods (e.g. mental health pod, veterans pod) and the available building could house specialized pods.
- There are a number of healthcare providers accessing clients in the jail (e.g. IRCSO, InSight (telepsychiatry), New Horizons, Substance Awareness Center of IRC, and Treasure Coast Community Health).
 - Review the IRC Jail healthcare contracts/agreements
- Individuals who are incompetent to proceed receive specialized care to stabilize prior to trial and once they are stabilized they are released from the state hospital system and placed in jail until their trial, where they are likely decompensate again before trial commences.
- Individuals may sometimes remain in jail too long to be eligible for residential treatment programs.
- There is not a universal/singular assessment tool for specialty courts and the treatment/case plan.
- Providers are not trained in the Risk-Needs-Responsivity (RNR) model.
- The MHC personnel (court administration, managing entity, providers, state attorney's office, and public defender's office) are not working as a unified group.

- MHC personnel need to balance court order requirements with treatment needs
- Recommend a team building retreat to improve team approach
- The MHC personnel need more information when the clients enter the court, need to communicate with providers
- Cross-training for court staff
- High volume of MHC clients
 - If the county had a pretrial release program, an estimated 40 MHC clients would not be in the MHC.
- In need of pretrial release program/diversion options
- In need of additional substance use treatment services dedicated to MHC clients
- Address the sustainability of MHC when grant funding ends

Opportunities

- There is good collaboration among providers and the IRCSSO.
- There is an empty building in the jail that has the potential to house specialized treatment pods.
- When possible, the jail maintains the psychiatric medication formulary that the inmate was on prior to arrest.
- The MHC clients have a continuity of care plan and they are not off the MHC caseload until they are connected to services and case management independent of the MHC.

Intercept 4—Reentry

Jail Reentry/Discharge Planning

- At discharge, the jail provides individuals a voucher for a three-day supply of medication (prescription) to be filled at Walgreens. MHC clients are discharged with medication that the jail has on hand or, if that amount on hand is insufficient, a voucher for a three-day supply to be filled at Walgreens.
- In general, there is no formal discharge planning for individuals released from jail who are not in a program.
- Per an individual's request, the Public Defender's Office provides reentry assistance to secure housing.
- Upon release, the IRC SO provides individuals with a resource booklet that lists the community providers. This is not specific for the SAMH population.
- Inmates are typically released at 12:01 a.m., but can request to be released at 7 a.m. in order to secure safe transportation.
- Case managers at the IRC SO provide some transition planning for individuals exiting the MHC. Some inmates have community case management and their treatment services are monitored upon transitioning back to the community.



Gaps

- Need to implement formal transition planning in the IRC Jail
 - Evidence-based transition planning tool—Assess Plan Identify Coordinate (APIC) Model
- Providers may not enter the jail to provide services.
- Need for SOAR-trained staff, to assist individuals in applying for benefits prior to release from jail.
- Very few individuals have Medicaid or the ability to pay for services upon release.

Opportunities

- Individuals in specialty programs, such as MHC receive transition planning

Intercept 5—Community Corrections

Probation

Florida Department of Corrections (felony probation)

- At the time of the mapping, there were approximately 800 individuals on FDC probation.
 - Of 800, an estimated 50-to-60 individuals had a serious mental illness.
- Average caseload 1:86-115
- Specialized probation caseloads include drug offender probation, sex offender probation and community control/house arrest.
 - There is a statutory maximum for sex offender and community control/house arrest probation caseloads.

County Probation

- The county contracts with Comprehensive Offender Rehabilitation & Education (C.O.R.E.) to administer the misdemeanor probation services.
- C.O.R.E. offers misdemeanor and DUI probation in Indian River County, St. Lucie County, Martin County, and Okeechobee County.
 - At the time of the mapping, C.O.R.E. was supervising five probationers who were also MHC participants.
- At the time of the mapping, approximately 400 or more individuals were on misdemeanor probation in IRC.
- There are two misdemeanor probation officers, each with a full time assistant.
- Average caseload is 1:225
- There is a 70 percent success rate for individuals on county probation. Approximately thirty percent of probationers recidivate based on a one-year period.
- On average, there are 35 violations of probation per month (non-MHC participants).



Additional Resources

Substance Awareness Center of Indian River County

- Provides outpatient substance abuse counseling, life skills training, and drug testing
- Outpatient services are typically at capacity, hired two additional personnel to assist with day treatment for MHC clients
- Serves adults and children

Treasure Coast Community Health (a designated Federally Qualified Health Center (FQHC))

- Provides primary healthcare, behavioral healthcare, and dental services for adults and children in IRC
- Provides services to all individuals with a sliding-scale-fee based on ability to pay

Supportive Housing

- Treasure Coast Homeless Services Council utilizes the Service Prioritization Decision Assistance Tool (SPDAT) to determine housing prioritization for individuals in need of housing.
- There are no permanent supportive housing options for individuals with mental health or co-occurring mental health and substance use disorders in IRC.
- There is a waitlist for the Housing Choice Voucher Program (Section 8 Housing). The waitlist is approximately two years long.

- This type of housing option (apartments) have many requirements for this target population. Section 8 Housing disqualifies individuals with a criminal history record.
- MHC clients can be placed in transitional housing, when available, with assistance from the Mental Health Collaborative of IRC.

Supported Employment

- New Horizons Learning Center
 - Ability to serve up to 120 individuals at a time and 300 individuals a year
 - Serves both insured and uninsured individuals
 - Provides life skills training and job readiness classes to New Horizons clients
 - Personnel include mental health professionals, peer support specialists, and volunteers
 - Located in IRC
- United Against Poverty
 - One-week employment boot camp, targeted for individuals with mental health problems
- Vocational Rehabilitation
- Career Source
- IRC Mental Health Association

Gaps

- County probation does not have a specialized mental health caseload nor do officers have specialized substance use/mental health training.
- FDC probation does not have a specialized mental health caseload.
- There are no permanent supportive housing options for the target population in IRC.
- IRC does not have a permanent supportive housing plan for individuals with mental health, substance use, or co-occurring disorders.
 - Need for housing units in IRC
- There is a waitlist to obtain medications.
 - Average wait time is 30-to-60 days
 - Wait time depends on payer source

Opportunities

- The Treasure Coast Homeless Services Council is successful in obtaining shelter-plus vouchers; which, depending on the staffing model, can be considered permanent supportive housing.

Indian River County Priority Areas

Based on the SIM discussion, the participants developed a list of five priorities that will become the focus of the action plan.

Top Priorities

1. Analysis of CJMHSA Reinvestment Grant Program—Mental Health Court
2. Comprehensive Screening and Assessment
3. Expansion of Community-based Treatment
4. Alternatives to Arrest and Jail Diversion
5. Formal Transition Planning

Indian River County Action Plan

Action Planning Process

The stakeholders were enthusiastic participants in the development of a strategic action plan. The action planning process promotes the development of specific objectives and action steps related to each of the priority areas. The plan specifies the individuals responsible for implementation of each action step and a reasonable timeframe for completion of identified tasks.

The Action Plan is presented on the following pages (one priority described on each page).

Priority Area 1: Analysis of CJMHSA Reinvestment Grant Program—Mental Health Court

Objective		Action Step	Who	When
1.1	Sustainability of the CJMHSA Reinvestment Grant Program—Mental Health Court (MHC)	<ul style="list-style-type: none"> • To conduct an analysis of how the current grant funds are spent 	<ul style="list-style-type: none"> • Southeast Florida Behavioral Health Network (SEFBHN) • Public Safety Council for Criminal Justice, Mental Health and Substance Abuse • Indian River County Board of County Commissioners 	October 2018
1.2	Team building for the MHC staff	<ul style="list-style-type: none"> • To conduct a team building retreat 	<ul style="list-style-type: none"> • SEFBHN 	September 2018
1.3	Process flow/ logic model for the MHC	<ul style="list-style-type: none"> • To produce a logic model depicting the design of the program 	<ul style="list-style-type: none"> • External facilitator/grant writer 	September 2018
1.4	Explore the feasibility of a mental health/drug treatment pod in the Indian River County (IRC) jail	<ul style="list-style-type: none"> • To begin a dialogue within the IRC Sheriff’s Office • To examine the financial impact of opening a designated/targeted pod <ul style="list-style-type: none"> ○ Impact in terms of operational (staffing) costs ○ Impact in terms of cost savings or cost avoidance 	<ul style="list-style-type: none"> • Captain Bailey (IRC SO) • Dylan Reingold and/or Indian River County Board of County Commissioners 	Ongoing

Priority Area 2: Comprehensive Screening and Assessment

Objective		Action Step	Who	When
2.1	Comprehensive screening and assessment at booking and all applicable points of interception	<ul style="list-style-type: none"> To develop an memorandum of understanding (MOU) between the jail, courts, and providers encouraging use of the same screening instruments and to share booking screening and HIPAA information To review the GAINS Brief Jail Mental Health Screen 	<ul style="list-style-type: none"> Gwen Morse (SEFBHN) 	August 2018
2.2	Utilize the Risk-Needs-Responsivity (RNR) model as a framework	<ul style="list-style-type: none"> To obtain information on RNR To develop a training plan 	<ul style="list-style-type: none"> Katharine Alonso (Public Defender's Office) Robyn Stone (State Attorney's Office) Carrie Maynard (Substance Abuse Center of IRC) 	July 2018

Priority Area 3: Expansion of Community-based Treatment

Objective		Action Step	Who	When
3.1	Develop a permanent supportive housing plan for individuals with serious mental illness (SMI)	<ul style="list-style-type: none"> To identify leadership for the permanent supportive plan 	<ul style="list-style-type: none"> Linda Kane (SEFBHN) Brett Hall (Mental Health Collaborative) Anthony Arroyo (Treasure Coast Homeless Services Council) 	Quarterly beginning in September 2018
3.2	Identify an inventory of supported employment resources	<ul style="list-style-type: none"> To share supported employment information with all stakeholders 	<ul style="list-style-type: none"> Brett Hall (Mental Health Collaborative) 	Ongoing
3.3	Expand substance use treatment in the community	<ul style="list-style-type: none"> To identify existing substance use resources To identify outpatient and residential needs 	<ul style="list-style-type: none"> Carrie Maynard (Substance Abuse Center of IRC) Brett Hall (Mental Health Collaborative) Cameron Wadsworth (The Shore Treatment and Recovery) 	October 2018
3.4	Identify and facilitate the access to primary healthcare	<ul style="list-style-type: none"> To identify individuals without primary care providers and integration of medical/dental screens with the mental health screening To review SAMHSA's Primary and Behavioral Health Care Integration (PBHCI) website 	<ul style="list-style-type: none"> Vicki Soule' (Treasure Coast Community Health) Anne Posey (Behavioral Health Center) 	August 2018

Priority Area 4: Alternatives to Arrest and Diversion

Objective		Action Step	Who	When
4.1	Re-establish regular meetings of the Baker Act Marchman Act Taskforce	<ul style="list-style-type: none"> To identify leadership and participants specific to Indian River County 	<ul style="list-style-type: none"> Anne Posey (Behavioral Health Center) 	September 2018
4.2	Review all Indian River County Baker Act and Marchman Act data	<ul style="list-style-type: none"> To obtain the FY16-17 Baker Act data from the USF Baker Act Reporting Center website To obtain the Marchman Act data at the county level 	<ul style="list-style-type: none"> Cindy Carlsward (IRC Clerk of Court) 	September 2018
4.3	Identify the need for detoxification beds	<ul style="list-style-type: none"> To establish a committee to address the needs for detoxification beds 	<ul style="list-style-type: none"> Baker Act Marchman Act Taskforce 	December 2018
4.4	Review the existing mobile crisis teams	<ul style="list-style-type: none"> To examine the best practices for mobile crisis teams To identify potential funding sources, including SEFBHN and DCF To examine mobile crisis data from New Horizons 	<ul style="list-style-type: none"> Gregory Jackson (SEFBHN) Ann Lotierzo (New Horizons) Anne Posey (Behavioral Health Center) 	July 2018

Priority Area 5: Formal Transition Planning

Objective		Action Step	Who	When
5.1	Establish a transition planning process and model for jail reentry into the community	<ul style="list-style-type: none"> To research best practices for transition planning Assess, Plan, Identify, Coordinate (APIC Model) 	<ul style="list-style-type: none"> Captain Bailey (IRC Sheriff's Office) Heather Roberts (New Horizons) Carrie Maynard (Substance Abuse Center of IRC) 	2019
5.2	Develop a transition planning team of IRC Sheriff's Office and community providers	<ul style="list-style-type: none"> To identify the staffing model, and the number of FTEs needed 	<ul style="list-style-type: none"> Captain Bailey (IRCSO) 	2019
5.3	Establish an IRC grant committee	<ul style="list-style-type: none"> To review available grant opportunities 	<ul style="list-style-type: none"> Carrie Maynard (Substance Abuse Center of IRC) Brett Hall (Mental Health Collaborative) Lisa Fonteyn (Public Defender's Office) Anne Posey (Behavioral Health Center) 	2019

Recommendations

The two-day 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 recommend the following actions:

1. To convene regular meetings of the Public Safety Council for Criminal Justice, Mental Health and Substance Abuse
2. To conduct a retreat focused on the CJMHSa Reinvestment Grant Program, organized by SEFBHN and including Mental Health Court personnel, providers, law enforcement, the judiciary, and other involved partners
3. To revitalize the Baker Act Marchman Act Committee
4. To develop a concrete permanent supportive housing plan for individuals with serious mental illness

For information or clarification regarding this Sequential Intercept Mapping, action plan, and report, contact:

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Director CJMHSa TAC at mengelhardt@usf.edu or call 813-974-0769

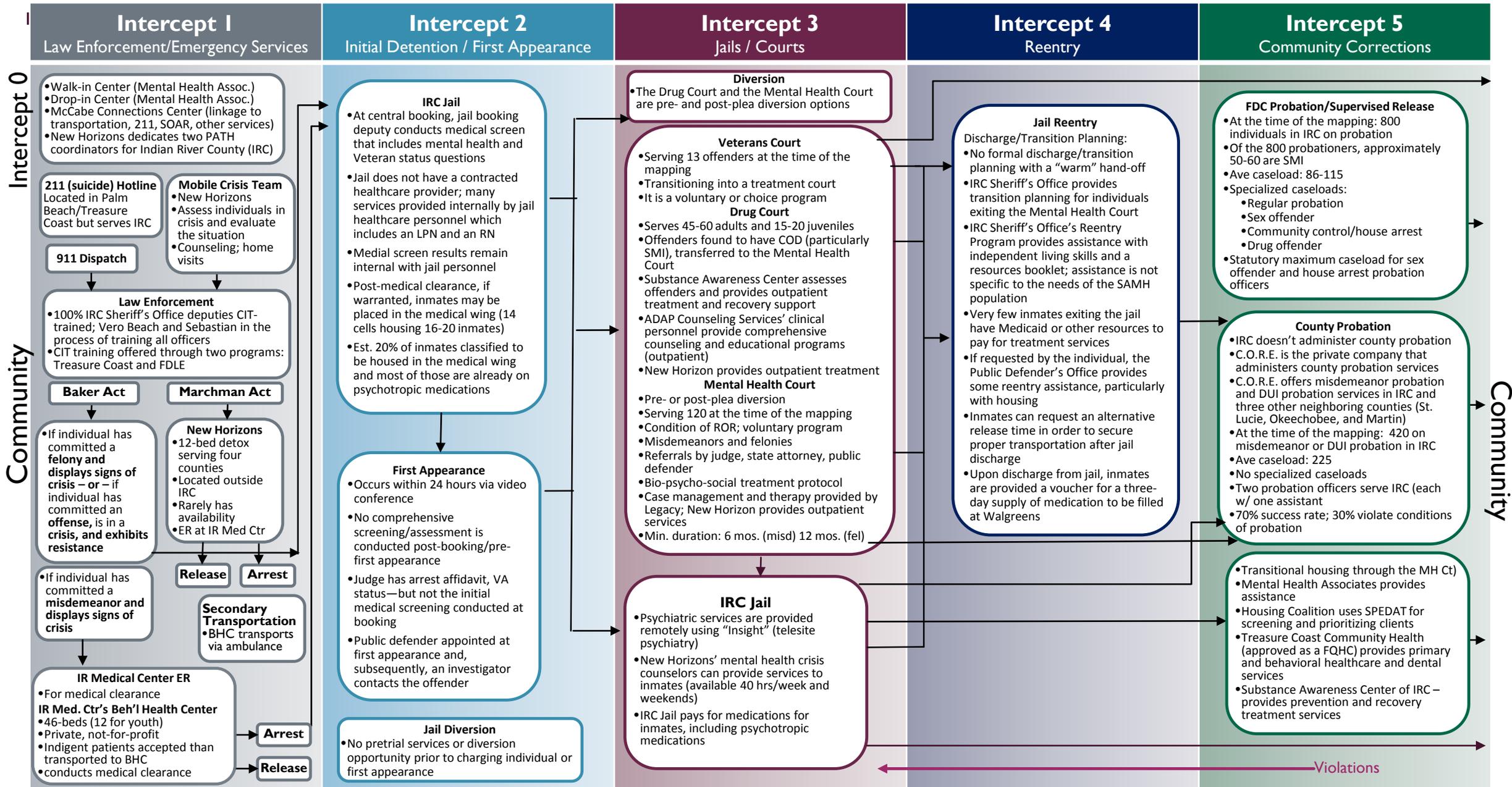
Karen Mann, CJMHSa TAC Program Director at kem2@usf.edu

Katelind Halldorsson, CJMHSa TAC Researcher at katelind@usf.edu

Please visit the USF CJMHSa Technical Assistance website at www.floridatac.org

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Sequential Intercept Map: Indian River County



Appendix A: Participant List

First Name	Last Name	Agency
Katharine	Alonzo	Public Defender's Office
Anthony	Arroyo	Treasure Coast Homeless Services Council
Captain Adam	Bailey	Indian River County Sheriff's Office/ Jail
Jennifer	Baird	New Horizons of the Treasure Coast
Cindy	Carlsward	Indian River County Clerk of Court
The Honorable Judge	Cox	Nineteenth Judicial Circuit
Kevin	DeGroat	Florida Department of Corrections
Michelle	Derrico	Public Defender's Office
Barbara	DeVoe	Mental Health Association of Indian River County
Dmitry	Dorofeev	Mental Health Collaborative
Lisa	Fonteyn	Public Defender's Office
Morgan	Goetzfried	Mental Health Association of Indian River County
Roxanna	Guterrez	Legacy Behavioral Health
Brett	Hall	Mental Health Collaborative
Lieutenant Matt	Harrelson	Vero Beach Police Department
Andrew	Hooper	Sarah's House
Chief	Huddy	Vero Beach Police Department
Sergeant Phil	Huddy	Vero Beach Police Department
Lt. William	Luther	Indian River County Sheriff's Office
Carol	Martin	Mental Health Assoc. of Indian River County
Carrie	Maynard	Center of Indian River County
Gwen	Morse	Southeast Florida Behavioral Health Network
Wendy	Parent	Court Administration

First Name	Last Name	Agency
Anne	Posey	Behavioral Health Center
Ariel	Prothro	Legacy Behavioral Health
Dylan	Reingold	Indian River County Attorney
Karleen	Russ	Indian River County Sheriff's Office
Laura	Saputo	Indian River County Sheriff's Office
Vicki	Soule'	Treasure Coast Community Health
Robyn	Stone	State Attorney's Office
Chauncey	Stovall	Indian River County Sheriff's Office/ IRC Jail
Charisse	Vanbiesen	Southeast Florida Behavioral Health Network
Cameron	Wadsworth	The Shore Treatment & Discovery
Becky	Walker	Southeast Florida Behavioral Health Network
Sergeant Tim	Wood	Sebastian Police Department
Dr. George	Woodley	Legacy Behavioral Health

Appendix B: Resources page

Web Resources and Partners

Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHTA TAC)	http://www.floridatac.org/
Louis de la Parte Florida Mental Health Institute- Department of Mental Health Law and Policy (MHLA)	http://www.usf.edu/cbcs/mhlp/
Florida Department of Children and Families (DCA)- Mental Health and Substance Use Policy Research Associates (PRA)	http://www.myflfamilies.com/service-programs/mental-health
SAMHTA's GAINS Center for Behavioral Health and Justice Transformation	https://www.samhsa.gov/gains-center

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

The Substance Abuse and Mental Health Services Administration (SAMHTA)	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/csat
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://www.samhsa.gov/nctic/about
National Clearinghouse for Alcohol and Drug Information	https://www.addiction.com/a-z/samhsas-national-clearinghouse-for-alcohol-and-drug-information/
National Registry of Evidence-based Programs and Practices (NREPP)	http://www.nrepp.samhsa.gov/01_landing.aspx
Partners for Recovery	https://www.samhsa.gov/partners-for-recovery

SAMHSA Grant Announcements

<https://www.samhsa.gov/grants/grant-announcements-2017>

Other Web Resources

Baker Act Reporting Center

<http://bakeract.fmhi.usf.edu/>

Council of State Governments (CSG)

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

Florida Partners in Crisis

<http://flpic.org/>

CSG Justice Center

<https://csgjusticecenter.org/>

Grant Opportunities

<http://www.grants.gov/>

National Alliance for the Mentally Ill (NAMI)

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

National Alliance to End Homelessness

http://www.endhomelessness.org/pages/housing_first

National Center for Cultural Competence

<https://nccc.georgetown.edu/>

National Criminal Justice Reference Service

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

National Institute of Corrections

<http://nicic.gov/>

National Institute on Drug Abuse

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

Office of Justice Programs

<https://ojp.gov/>

Office of Juvenile Justice and Delinquency
Prevention (OJJDP)

<https://www.ojjdp.gov/mpg>

U.S. Department of Health and Human Services -
Mental Health

<https://www.mentalhealth.gov/index.html>

U.S. Department of Veterans Affairs - Mental
Health

<http://www.mentalhealth.va.gov/>

United State Interagency Council on
Homelessness

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