

Marion 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 Marion County, Florida on December 10 and December 11, 2008. The workshop was facilitated by the Florida Criminal Justice Mental Health and Substance Abuse (CJMHS) 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 CJMHS Technical Assistance Center to help Marion 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 Ocala/Marion County Community Council against Substance Abuse (CCASA) Criminal Justice Mental Health and Substance Abuse (CJMHS) Management Team along with the full support of multiple local stakeholders requested that the Florida CJMHS Technical Assistance Center facilitate the Cross-Systems Sequential Intercept Model Mapping and Taking Action for Change in Marion 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 that would permit stakeholders to begin to address the criminal justice diversion and treatment needs of the target population

The participants in the workshop included 36 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. The workshop was facilitated by Mark Engelhardt, MS, ACSW, Associate Director of the Technical Assistance Center, Holly Hills,

Ph.D and Kathleen Moore, Ph.D, all faculty in the Department of Mental Health, Law and Policy at USF-FMHI.

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 move through the Marion 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 Marion County Cross-Systems Map created during the workshop is attached to this report.

Resources and Opportunities

While there are significant service gaps in Marion County, important strengths emerged during the Mapping workshop. These included but are not necessarily limited to the following:

- ❖ Senator Lynn's Office, a County Court Judge, a Senior Attorney from the State's Attorney's office and a City Councilwomen attended the full session and has significant interest in the cross-systems planning process.
- ❖ The Sheriff's Department and their health and behavioral healthcare contractor, Ocala Community Care (OCC), a Marion County-based non-profit health care organization, was well represented at the mapping and expressed particular interest in screening persons with mental illnesses and reducing barriers to service delivery for people with mental disorders who are or who might enter the criminal justice system.
- ❖ Ocala Community Care (OCC) subcontracts its' in-jail mental health services and post-discharge mental health and substance abuse services with The Centers, the local, publicly funded, non-profit behavioral health (mental health and substance abuse) provider.
- ❖ Besides an existing Drug Court, Marion County has drafted policies and procedures to implement a proposed Mental Health Court with a focus on jail diversion strategies.
- ❖ Many of the major stakeholders in Marion County and the City of Ocala were represented at the mapping workshop and discussion across systems was both informative and productive.
- ❖ Staff from the Ocala/Marion County Council against Substance Abuse (CCASA) plays a pivotal role in organizing the CJMHSA Management Team meetings and coordinating the CJMHSA planning process.

Marion 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 Marion County CJMHSA Planning Council participants. Gaps in service delivery are identified at each intercept point. These notes may be used as a reference in reviewing the Marion County Cross-Systems Map and as a tool in developing a formal strategic plan and future Memorandum of Understanding among the CJMHSA Management Team members and other community stakeholders.

Intercept I: Law Enforcement / Emergency Services

Overview

A person in need of mental health and substance abuse treatment in Marion County can access crisis services either voluntarily or involuntarily. The Centers (community mental health and substance abuse provider) is the primary point of contact for voluntary care and involuntary care for persons who are not involved in the criminal justice system at the initial point of contact by law enforcement. The Centers has an adult Crisis Stabilization Unit of 24 licensed beds; five of which can be used as detoxification treatment beds. Ten Broeck Hospital has a total of 78 private, voluntary psychiatric inpatient beds, but anticipates having secure treatment capability after January of 2009.

The CJMHSA Management Team described a system whereby 60-70% of people who are in need of involuntary care, come into contact with four or more law enforcement agencies, with the Marion County Sheriff's office transporting most of the persons to either The Centers, hospital emergency rooms for medical clearance or directly to the Marion County Correctional Facility or Marion County jail, especially for those in need of secure detoxification. Initial referrals for emergency behavioral health services also come from crisis calls to 911, First Call for Help, emergency rooms, directly from families, the courts or law enforcement. When The Centers is at full capacity for detoxification (Marchman Act) or "Baker Act" with criminal charges, persons are typically brought to jail. In addition, the Sheriff's office has a team of five civilian mental health counselors who act as a "Crisis Intervention Specialists" that are an adjunct mental health resource for the Sheriff's Department. They are actively engaged and ride along with the Sheriff's officers.

Strengths:

- Collaboration between law enforcement, treatment providers and the jail is strong.
- The Centers is capable of managing the "demand" on the acute care system most of the time throughout the year.
- The Centers has mental health and substance abuse capability at the front door of the emergency behavioral health system for indigent care.
- Ocala Community Care (OCC), a local, non-profit healthcare organization, was developed to meet the needs of county residents and subcontracts with The Centers for behavioral healthcare and continuity of care.
- One person at The Centers acts as a "boundary spanner" or liaison between law enforcement and other services.
- Crisis Intervention Training for law enforcement has begun for the Sheriff's Department and Ocala police.

Identified Gaps – Law Enforcement/Emergency Services – Intercept 1

- There is no pre-booking processes or program available in Marion County.
- When beds are full at The Centers, persons are brought to jail for detoxification.
- Lack of a voluntary access center or “Family Emergency Treatment Center” like some other Florida communities.
- There is no “Safe haven” or dedicated assertive outreach and engagement programs (I.e. PATH) for persons with mental illness or co-occurring substance disorders who are homeless.
- Emergency behavioral healthcare data is held by individual providers, emergency room, at the jail and not by the CJMHSA Management Team or community committee.

Intercept II: Initial Detention / Initial Detention and Court Appearance

The Marion County Sheriff’s Office, through their contract with OCC, screens all individuals at the time of booking for mental health history or acute problems. The screening assessment includes domains for mental health, acute substance abuse and medical issues, including a risk assessment for suicide. If a person is assessed to be suicidal, they put on suicide watch or assigned to a “special needs unit” which is often with a cross-disability or aging population. Screening is conducted by OCC nursing staff and referrals are made to the in-jail Centers behavioral health counselors. OCC attempts to verify if prescription psychiatric medications with community-based pharmacies or psychiatrists. Most of these inmates are moved to general booking and placed in general population housing (cells). It is estimated that there are 17,000 bookings per year at initial detention, of which 60% are misdemeanor charges.

Strengths:

- Initial screening for all inmates for behavioral healthcare problems.
- Tracking of prescription medication upon detention.

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

- There is no formal pre-trial service program in the county or formal diversion programs permitting diversion prior to initial appearance.
- There are a growing number of elderly whose aggressive behavior or Alzheimer’s disorders have jeopardized their living arrangements in Assisted Living Facilities and Nursing homes.
- While information regarding a person’s mental health status reportedly may be made available to the court on some occasions, there is no formal way to share such information, and the court does not have access to information indicating that an arrestee has been treated for mental illness or substance abuse in the past.
- There are no pre-booking transfers to the Crisis Stabilization Unit from booking or the jail or case dismissals at the time of initial booking.
- Besides traditional AA/NA in-jail programs, there is limited substance abuse or integrated co-occurring treatment (vs. screening) available.

Intercept III: Jails / Courts

Marion County has an established Drug Court with a range of a range of 140 -170 persons referred to the court on an annual basis. A significant amount of preliminary work has been completed on the development of policies and procedures for a new Marion County Mental Health Court. The initial plan is to create a pre-booking court that would serve 25 persons with mental health disorders with a misdemeanor violations and 1 full time case manager to link persons for treatment and other health and social services in the community. On an annual basis, 15,000 persons with misdemeanant charges go through the Marion County Court judicial process and 9,000 felony charges go through the Circuit 5 Court.

As previously mentioned, the Sheriff's office contracts with Ocala Community Care (OCC) for in-jail healthcare services and OCC has a behavioral health subcontract with The Centers. With a typical daily population of 1,650 inmates and a limited budget, it is difficult to meet the intensive mental health and substance abuse treatment needs of the entire inmate population. Although, 10% are currently on psychiatric medication and there has been a reduction of the "use of force" for behavioral health reasons in the past year. The Sheriff's Office has engaged the local chapter of the National Alliance on Mental Illness (NAMI) to come into the jails and support person with mental illnesses through education and training. Besides the general population housing units, the jail has an "administrative unit" and a suicide prevention unit.

Strengths:

- Ocala Community Care (OCC) has brought a new "culture of compassionate healthcare" into the jail.
- The Faith-based community has in-reach capability to provide support to inmates.
- Increase in psychotropic medications in the jail for those who need them.
- Medication continuity, upon detention, is reported at 58% for inmates.
- The Centers provides behavioral healthcare in the jail and community.

Identified Gaps:

- With an average daily census of 1,650, mental health care is limited and constrained by available budget. The Sheriff's Office had to lay staff off in 2007.
- There is a lack of substance abuse treatment in the jail.
- There is a lack of services at the County Court and more services at the Circuit Court "because of state funding", such as drug court.

Intercept IV: Re-Entry

One of the key strategies that emerged during the mapping was "continuity of care" upon initial detention and at the point of re-entry to the community. Once again, having The Centers providing in-jail mental health care and continuing care upon re-entry is an excellent system arrangement and in many situations, the inmate may see the same psychiatrist. Like many county jails in Florida, inmates are discharged at odd hours of the day and many bond out prior to any formal discharge planning process or linkage to services. The Marion County Jail OCC staff provides a 3 day supply of post-discharge medications and makes efforts to connect persons to community services.

Strengths:

- If a person is a current client of The Centers, there is a pre-discharge face-to-face meeting with a licensed mental health counselor or psychiatrist.
- OCC staff has the ability to write a 30 day prescription for medication (financial barriers)
- Crisis Intervention Specialists are used for discharges occasionally.
- Faith-based providers are a safety net for many inmates.

Gaps:

- Limited discharge planning processes or best practices in policy or procedures.
- Forensic case management upon pre-or post discharge is a major gap in service delivery.
- Soar training (Social Security SSI/SSDI Outreach Access and Recovery) for healthcare and other benefits (Medicaid) is needed across the community system and in-jail prior to discharge
- Transitional housing needs to be developed.

Intercept V: Community Corrections / Community Support

The range of community-based mental health and substance abuse services dedicated to post discharge is very limited in Marion County. The array of residential or supportive housing options typically serves a "civil" mental health population and there are no specialized community probation mental health resources or programs designed for this subpopulation. The lack of financial resources or "erosion" of community mental health services is evident with high caseloads at The Centers for existing mental health consumers and limited substance abuse detoxification or outpatient services. The CJMHSa Management Team has identified future advocacy as a key role they can play in accessing needed resources in the community.

Strengths:

- Collaboration among providers is strong.
- The Centers Crisis Stabilization Unit is available in the event of relapse.
- Law enforcements' knowledge of "high utilizers" of services across systems.

Gaps:

- Accessible housing for person with felonies.
- Accessible and affordable permanent supportive housing for person with mental illnesses.
- Limited employment training, skill building and dedicated programs.
- Transportation (rural nature of Marion County)
- Forensic case management

The Marion County Action Plan

The Sequential Intercept Mapping process was the first time the Marion County CJMHSA Management Team “formally” identified priority areas for the strategic plan. Day two was dedicated to focusing on realistic goals and objectives that the Management Team could address for persons involved in the criminal justice and behavioral health systems. The following priorities were selected by the participants as a framework for continued planning and implementation:

- There appears to be consensus that Pre-booking processes and programs need to be fully developed in Marion County and the system needs to be one that is “designed”, rather than one that is operating by “default”. The balance between public safety and treatment is fully recognized by the CJMHSA Management Team. A new County Mental Health Court is one concrete model that is in development.
- Based on the intensive needs of persons involved in the criminal justice and behavioral healthcare (mental health and substance abuse) systems, information sharing, data management and “continuity of care” across systems are critical elements for a successful county program or larger system.
- The limited array of community-based mental health and substance abuse services is an obvious barrier to providing access to care, relapse prevention and recovery-oriented treatment services. In addition, the criminal justice system could implement post-discharge follow up and utilize other community supports, such as the Faith-based provides to shore up continuing care. Housing and employment are two critical ingredients to recovery and community living without crime.
- Based on the early success of the CJMHSA Management Team, a longer range commitment to “Cross-systems planning” is imperative if a jail diversion and re-entry system is designed. The Management Team is a collaborative group have agreed to sustain its’ efforts after the CJMHSA Reinvestment Grant ends in March of 2009.
- The priority matrix below was developed by the CJMHSA Management Team as a starting point with focused objectives, action steps and persons responsible for executing the plan.

Priority Area 1: Pre-Booking Alternatives				
Objective		Action Step	Who	When
1.1	To establish a jail diversion program	<ul style="list-style-type: none"> Obtain “buy in” and achieve consensus from community-wide stakeholders Finalize the CJMHSA needs assessment 	Management Team – Matt Mathews, Judge McCune	March 2009
1.2	To create a pre-booking option for law enforcement	<ul style="list-style-type: none"> Expand Crisis Intervention Training to law enforcement agencies in Marion County 	CIT Trainers, Sheriff’s Office	On-going
1.3	To develop a jail diversion treatment program	<ul style="list-style-type: none"> To examine national programs and design a local program Invite other providers, such as the VA 	Robin Lanier Provider Committee	January 2009
1.4	To establish a Mental Health Court in Marion County	<ul style="list-style-type: none"> Finalize Policy and Procedures manual Identify funding for a Forensic Case Manager position Project a caseload of 1:25 (Linkage Model) Continue to research national mental health courts models 	Judge McCune Management Team	February 2009

Priority Area 2: Continuity of Care				
Objective		Action Step	Who	When
2.1	To ensure that treatment is continued in jail and post discharge	<ul style="list-style-type: none"> Develop a universal consent for information form among providers and organizations Examine best practices in discharge planning Expand SOAR training to several agencies and train the trainer program 	OCC with others The Centers as lead SOAR trainer	January 2009
2.2	To expand forensic case management	<ul style="list-style-type: none"> Identify local, state, private or national funding streams, including Medicaid 	Management Team	Long Range
2.3	To expand existing services	<ul style="list-style-type: none"> Increase medications, psychiatry time 	Management Team	On-going

Priority Area 3: Community Support				
Objective		Action Step	WHO	WHEN
3.1	To learn about best practices in supportive housing	<ul style="list-style-type: none"> Request training and technical assistance from the USF-FMHI Technical Assistance Center Research websites on supportive housing 	Management Team Dale Benefield (DCF) request to Mark Engelhardt @ FMHI	January 2009
3.2	To develop housing	<ul style="list-style-type: none"> Engage non-profit housing providers Reach out to faith-based providers 	Management Team	Long range
3.3	To integrate planning with the Homeless Coalition	<ul style="list-style-type: none"> Invite the Homeless Coalition to be a part of the Management team Become an active member of the Homeless Coalition 	Management Team	Early 2009 & ongoing
3.4	To explore employment options	<ul style="list-style-type: none"> Obtain information on best practices in integrated employment for CJMHSA populations Contact Central Florida Community College (PREP Program) 	Provider Committee	Spring 2009

Priority Area 4: Cross-systems Planning				
Objective		Action Step	Who	When
4.1	To maintain CJMHSA Management Team	<ul style="list-style-type: none"> Schedule quarterly meetings 	CCASA (City/County)	January 2009 & On going
4.2	To establish a Marion County Data Collaborative	<ul style="list-style-type: none"> Contact USF-FMHI TA Center (John Petrila) about models Obtain Health Council Support 	Jeff Feller – Health Council	March 2009
4.3	To develop an advocacy plan and pursue funding for CJMHSA programs	<ul style="list-style-type: none"> Create and organize a subcommittee Identify funding sources 	Management Team	March 2009

4.4	To finalize the CJMHSA Strategic Plan	<ul style="list-style-type: none"> • Develop a written plan using the Mapping as a tool • Execute a cross-systems Memorandum of Understanding 	Management Team	March 2009
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Priority Area 5: Emerging Priorities: To be developed by Marion County			
Objective	Action Step	Who	When
Open for further discussion			

Conclusions and Recommendations: Marion County

Summary

A process such as the Cross-Systems Mapping & Taking Action for Change workshop resulted in a challenging list of service gaps, jail diversion planning and implementation. In this respect, Marion County like many Florida counties and indeed like many jurisdictions in the United States. At the same time, Marion County has important strengths and opportunities

- ✓ First, the individuals who participated in this workshop represented most of the major stakeholders necessary to accomplish change in this area and the planning meetings that have occurred over the last few months have opened up communications across agency boundaries. This is a pre-requisite for system planning and change.
- ✓ Second, the discussion and comments during the day and a half were open and not defensive, but rather were focused on identifying problems, solutions and opportunities
- ✓ Third, the active involvement of local law enforcement, the courts, the state attorney's office, as well as the city council and Senator Lynn's office, creates a political foundation for change that is very well-developed and provides the basis for incremental change, over time.

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

- As discussed during Action Planning, it is imperative that the CJMHSA Management Team continue to meet on a regular basis and that standing committees, such as the Program/Provider Committee and new Data collaborative meet more frequently or monthly.
- There seems to be some unfinished business with regards to "gaining community consensus" for a formal jail diversion and re-entry system in Marion County. The final strategic plan, including the needs assessment and *signed* Memorandum of Understanding among all parties will be important products and commitments.
- In the area of community support, there are numerous national best practices and research that the CJMHSA Management Team has access to by going to the USF-FMHU CJMHSA Website at www.floridatac.org and by utilizing the resources in the chart below. TA Center faculty may also be available to provide focused training and technical assistance.
- Despite the budget cutting forecasts, the CJMHSA Management Team can engage a larger audience through the various planning activities of CCASA.
- The Marion County Sequential Intercept "Map" is a tool to identify specific points in the system to design programs, such as the proposed Mental Health Court and to be used for future strategic action planning.

In closing, we would like to thank Marion County for allowing the USF-FMHI CJMHSA Technical Assistance Center to facilitate this workshop. In particular we would like to thank Matt Mathews and Pat Abbruzzi of CCASA and Major Paul Laxton of the Marion County Sheriff's Office for their efficient work in handling the logistics for the mapping session. We look forward to continuing to work with Marion 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

Sequential Intercept Mapping: Attached