



Sequential Intercept Mapping St. Johns County, Florida

August 25, 2017

Facilitated by:

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

Department of Mental Health Law and Policy
Louis de la Parte Florida Mental Health Institute
College of Behavioral & Community Sciences
University of South Florida



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

St. Johns County Sequential Intercept Mapping Report Abbreviations

Below is a list of abbreviations that may be helpful when reading the St. Johns 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
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
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
RNP	Registered Nurse Practitioner
SA	Substance Abuse
SAMH	Substance Abuse and Mental Health
SIM	Sequential Intercept Mapping
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
USF	University of South Florida
VA	U.S. Department of Veterans Affairs
VOP	Violation of Probation

St. Johns County Abbreviations

EPIC	EPIC Behavioral Healthcare
HPCNEF	Health Planning Council of Northeast Florida
SABPD	St. Augustine Beach Police Department
SAPD	St. Augustine Police Department
SJSO	St. Johns County Sheriff's Office
SMA	Stewart Marchman Act Behavioral Healthcare

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St. Johns 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 St. Johns County, Florida on August 25, 2017. 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 St. Johns County, FL. However, the SIM is an integrated tool that can facilitate other community plans, such as behavioral healthcare, criminal justice, or plans to end homelessness. Stewart Marchman Act Behavioral Healthcare (SMA), the Health Planning Council of Northeast Florida (HPCNEF), and EPIC Behavioral Healthcare hosted the SIM and it was convened at 200 San Sebastian View, St. Augustine, FL 32084.

This report includes:

- A brief review of the background for the SIM
- A detailed summary of the information gathered at the SIM, presented by intercept
- A sequential intercept map developed by the SIM participants
- An action planning matrix developed by the SIM participants
- Recommendations to assist St. Johns County in achieving its goals

Background

Stewart Marchman Act Behavioral Healthcare (SMA), Criminal Justice, Mental Health, and Substance Abuse (CJMHTA) Reinvestment grantee, requested the SIM as a top priority in the implementation of a new one-year planning grant awarded by the Florida Department of Children and Families (DCF) SAMH. The SIM will assist St. Johns County with the activities and products listed below.

- Creation of a map of the current criminal justice system indicating points of “interception” where jail diversion or reentry for individuals with SAMH disorders can be developed and implemented
- Identification of resources, gaps in services, and opportunities within existing systems of behavioral healthcare, law enforcement, and the judiciary
- Development of a strategic action plan to address the criminal justice diversion and treatment needs of adults (18+) with SAMH disorders involved with the criminal justice system

The SIM was comprised of 37 participants representing cross-systems stakeholders including SAMH treatment providers, human services, corrections, advocates, family members, consumers, 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 (CJMHTA TAC) facilitated the mapping. Sandra Jackson of SMA, Brandon Colee of EPIC Behavioral Healthcare (EPIC), and Emily Suter and Caitlin Murphy of the Health Planning Council of Northeast Florida (HPCNEF) organized the logistics of the mapping and provided valuable background information.

Objectives of the Sequential Intercept Mapping

The SIM has three primary objectives:

- Development of a comprehensive map of how people with SAMH disorders flow through five distinct intercept points of St. Johns County’s criminal justice system:
 - Intercept 1: Law Enforcement and Emergency Services,
 - Intercept 2: Initial Detention and First Appearance,
 - Intercept 3: Jails and Courts,
 - Intercept 4: Reentry, and
 - Intercept 5: Community Corrections.
- Identification of resources, gaps in services, and 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 St. Johns County SIM map is on page 19.

Keys to Success

Existing Cross-Systems Partnerships

St. Johns 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:

- St. Johns County Behavioral Health Consortium
- St. Johns County Continuum of Care for Homelessness
- Public Safety Coordinating Council
- Home Again St. Johns

Consumer Involvement

- Two individuals at the mapping represented SAMH consumers in St. Johns County and shared their perspectives, including experiences in the behavioral health and criminal justice systems.

Representation from Key Decision Makers

The SIM included broad, cross-systems representation and involved many key decision-makers. Opening remarks by the Honorable Judge Howard O. McGillin, Jr., the Honorable Judge Alexander R. Christine, Jr., and Patti Greenough, CEO of EPIC Behavioral Healthcare set the stage and established a clear message as to the importance of the SIM and commitment to an action plan.

Data Collection

The majority of the data contained in this report was derived from participants during the mapping. However, also included is information from the St. Johns County Criminal Justice, Mental Health, and

Substance Abuse Assessment developed by HPCNEF in partnership with SMA and the Stewart Marchman Act Behavioral Healthcare Annual Report (FY2015-16). Recommendations contained in this report are based on information shared by participants during the SIM.

St. Johns County Sequential Intercept Map Narrative

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 five distinct intercept points of the criminal justice system. Additionally, there was a brief discussion regarding Intercept “0” or early intervention services, which addresses prevention and the civil, voluntary, and involuntary Baker Act and Marchman Act systems.

This narrative reflects information gathered during the one-day mapping and often verbatim from the participants or local experts. This narrative is a reference guide to navigate the St. Johns County SIM map, especially with regard to acronyms used on the map. The county’s Public Safety Coordinating Council may choose to revise or expand information collected and presented during the mapping.

Intercept 1—Law Enforcement & Emergency Services

Emergency Services and 911

911 operated by St. Johns County Sheriff’s Office (SJSO)

- If an individual is in an apparent behavioral health crisis and involved with a possible law violation, 911 is the first point of emergency contact and system response.
- St. Johns County has a 211 information and referral resource, which is a call system for non-emergency, social services operated by United Way.

Initial Contact

- Upon arrival to the scene, the law enforcement officer determines if the individual in crisis meets the standard for involuntary commitment in accordance with the Baker Act (Chapter 394, F.S.) or Marchman Act (Chapter 397, F.S.). This determination is often at the discretion of the officer.
 - If an individual meets the criteria for an arrest, but does not meet the Baker Act or Marchman Act criteria, they are transported to the St. Johns County Detention Center (county jail).
 - If the individual has not committed a law violation, law enforcement will transport the individual to the nearest Baker Act receiving facility (Flagler Hospital) or the nearest Marchman Act receiving facility (EPIC Recovery Center, Flagler Hospital, or St. Johns County Jail) for detoxification and/or screening, assessment, and treatment.
- Law enforcement provides all Baker Act and Marchman Act transports in the county.
 - Law enforcement’s policy is to handcuff the individual during transportation to a receiving facility.



Law Enforcement

Sheriff's Office:

- St. Johns County Sheriff's Office (SJSO)

Municipal Law Enforcement:

- St. Augustine Police Department (SAPD)
- St. Augustine Beach Police Department (SABPD)

Crisis Intervention Team (CIT) Training

- SJSO is responsible for the CIT trainings in St. Johns County and all law enforcement officers are eligible to attend.
- SJSO is expanding the number of CIT-trained officers in the county. SJSO's goal is to train all law enforcement officers in the county within two years.
 - Over 50 percent of SJSO is CIT-trained, including correctional officers and 911 dispatchers (as of August 2017).
 - SAPD and SABPD are in the early stages of CIT training in their departments.
- SJSO is in the process of creating a Social Responsibility Unit to concentrate on efforts related to individuals with substance use and mental health disorders.
- The SJSO is in the process of creating a CIT and crisis informational package to raise public awareness.

Crisis Services

Flagler Hospital

- The 21-bed psychiatric unit at Flagler Hospital serves as the designated Baker Act receiving facility for adults in St. Johns County.
 - In Fiscal Year 2015-16, Flagler Hospital conducted 510 involuntary examinations on county residents (58.96 percent of the county's total number of involuntary examinations). St. Johns County had 865 involuntary examinations for residents in FY2015-16 (Source: USF Baker Act Data Reporting Center).
 - Flagler Hospital also receives Baker Act initiations from Putnam County.
 - The average daily population of the psychiatric unit (as of August 2017) is 18 to 19 individuals.
 - If Flagler Hospital's unit is at capacity, individuals under a Baker Act must be transported out of county.
- There are two designated behavioral health treatment rooms in the Flagler Hospital Emergency Room.

Detoxification

EPIC Recovery Center

- EPIC Recovery Center is a 16-bed detoxification facility that typically operates at capacity.
 - Six of the 16 beds are 30-day residential beds (level one beds).
- The majority of clients are voluntary; a small percentage are court ordered, on conditional release, or probation mandated.

- The inpatient drug treatment at EPIC Recovery Center provides alcohol detoxification, individual and group counseling, mutual support meetings, family therapy, nutrition education, physical fitness, 24/7 support, and a two-phase outpatient recovery program following discharge from the program.
- It is not a secure Marchman Act facility.
- Because this is a voluntary program, law enforcement officers only transport individuals who consent to admission at EPIC Recovery Center.

St. Johns County Jail Marchman Act Detoxification (protective custody)

- There were 193 individuals placed in protective custody (through August 2017), an average of 28 individuals per month.
- Individuals who are taken to the jail for detoxification are not charged with a crime and are released the following morning (within 24 hours).

If EPIC Recovery Center and the jail are at capacity, Marchman Act overflow will go to the Flagler Hospital Emergency Room.

Additional Services

St Augustine Drop-in Center operated by SMA

- The Drop-in Center, opened in 2016, is a peer-operated, day program serving adults (18+) who have a mental illness.
- On average, the Drop-in Center serves 20 members each day; however, it has the capacity to serve substantially more.
- The Drop-in Center operates from Monday through Friday, 8 a.m. to 5 p.m.
- Although it is not an International Center for Clubhouse Development (ICCD) certified clubhouse, the Drop-in Center offers a safe environment for individuals to receive self-help, advocacy, education, socialization, and engage in FACT Team activities.
- There is a public transportation stop at the Drop-in Center.

Gaps

- There is not a free-standing crisis stabilization unit (CSU) in St. Johns County.
- There are no in-county Marchman Act beds.
- Officers are unlikely to bring individuals to EPIC Recovery Center because the facility is voluntary. Therefore, individuals needing detoxification are often transported to the St. Johns County Jail.

Opportunities

- EPIC and SMA submitted a Central Receiving System (CRS) proposal during the last request for proposals released by DCF and did not receive the award. The proposal has been revised and is ready for resubmission upon the announcement of a new request for proposals.
- SMA is in discussions to establish a Crisis Triage and Treatment Unit (CTTU) or a Crisis Stabilization Unit (CSU) in St. Johns County.

- For minor infractions, law enforcement officers have some discretion to divert individuals to the emergency room or detoxification in jail.
- An adult civil citation program (pre-arrest) is being considered for St. Johns County.
- A homeless drop-in center is planned for St. Johns County.

Intercept 2—Initial Detention & First Appearance

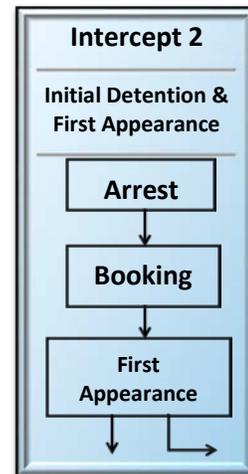
Arrest and Booking

Arrest

- The SJSO made 4,670 arrests in 2016.

Booking and Intake

- SJSO contracts with Armor Correctional Health Services to provide all medical services in the St. Johns County Jail.
- In 2016, Armor conducted 5,159 mental health screenings at intake.
- At intake, Armor personnel performs an initial physical and mental health evaluation for each individual. The psychiatric advanced registered nurse practitioner (ARNP) will meet with individuals if they are on psychotropic medications when taken into custody.
 - An estimated 70 percent of individuals are diagnosed with a co-occurring disorder.
 - Anxiety, depression, insomnia, and bipolar disorder are the most common self-reported diagnoses indicated by individuals during intake.
 - Intake data indicate that an estimated 87 percent of individuals are economically disadvantaged.
- At intake, if an individual self-reports that he/she is on medication, a medication certification occurs and as soon as the prescription is verified medication is provided.
- If an individual is identified as suicidal or has the potential for self-harm, he/she is placed in direct observation.
- Veterans are identified at intake.



First Appearance

- The first appearance hearing occurs by way of video conferencing on the weekdays. On the weekends, the first appearance hearing is conducted in-person. All hearings are initiated within 24 hours of an individual's arrest.
 - The judge is provided with the National Crime Information Systems (NCIS) Report, charging documentation, and an indication of whether the individual is a veteran.

Gaps

- A national evidence-based screening tool is not being utilized at jail intake.
- Pretrial services are not available at the first appearance hearing (prior to charging).
- At the first appearance hearing, the judge is provided with the NCIS Report and an indication of whether the individual is a veteran; however he is not provided with the mental health screening information.

- The public defender is not provided with any information other than the charges against their client, but is provided with the mental health screening information from Armor within one day of the mental health evaluation.

Opportunities

- In other jurisdictions, Armor Correctional Health Services utilizes an evidence-based screening tool (GAINS Center Brief Jail Mental Health Screen) at intake and could consider implementing the use of such a tool in the St. Johns County Jail.
- SMA receives a daily, secure (encrypted) email from the jail with a list of individuals who have been booked into the jail. This practice allows SMA to quickly identify arrestees who are current clients.

Intercept 3—Jails & Courts

St. Johns County Detention Center (county jail)

(See Intercept 2 for jail booking and intake information)

- There are 761 cells/beds in the jail; however, a small percentage of cells must remain open and available for inmates who may need special accommodations.
- The average daily cost per inmate at the jail is 75-to-100 dollars.

Prevalence of Mental Health and Co-occurring Disorders

- In 2016, there were 5,121 inmates in the St. Johns County Jail.
 - Twenty-four percent (24.6% or 1,260 individuals) were prescribed psychotropic medications.
 - These individuals accounted for 3,765 psychotropic prescriptions.
- The average daily population in 2016 was 389 individuals.



Medical Services

- Armor mental health staff monitors the medical needs of inmates during their stay.
- Sick calls receive a response within five days.
- The most high-risk, high-need clients meet with the psychiatric ARNP regularly (every two-to-three weeks).
- The psychiatric ARNP is present at the jail two days each week.
- SMA offers follow-up services if clients are willing to participate.

S.I.G.H.T. in-jail program (Serenity, Integrity, Goals, Hope, Trust) operated by EPIC

- The SIGHT program is funded by SJSO and services are provided by EPIC.
- The SIGHT program serves up to 16 males and 14 females.
- In August 2017, 16 males and 5 females were participating in the program.
- The program serves serious offenders with felony and misdemeanor charges who have substance use and co-occurring disorders.
- The SIGHT program has two phases: (1) 90-day jail intervention program and (2) 16-week treatment program (32 sessions) upon release from jail.

- The treatment includes self-help groups (Alcoholics Anonymous/ Narcotics Anonymous), therapeutic groups, and drug screens. Participants are have financial responsibilities (program fees).
- EPIC Vivitrol program personnel visit the jail to work with SIGHT clients.
- There is very limited family support for individuals in the SIGHT program.
- SIGHT program participants' proclivity toward recidivism is a challenge EPIC personnel continue to address.

Courts

Pretrial Diversion

- Pretrial diversion referrals are determined by the nature of an offender's charges.

Specialty Courts

County Court

Adult Drug Court

- The Adult Drug Court, established in 2000, was serving 43 high-risk, high-need clients with felony charges (as of August 2017).
 - Thirty (of the 43) clients have substance use problems involving opiates.
 - Six (of the 43) clients have substance use problems involving methamphetamines.
 - Approximately 80-to-90 percent of the drug court clients have co-occurring disorders.
- The Adult Drug court has a weekly docket.
- There is an approximate two-month waiting time prior to admission into the Adult Drug Court Program. Clients must be drug-free.
- EPIC provides outpatient drug court services and is funded by the St. Johns County Department of Health and Human Services.
- Adult Drug Court utilizes EPIC Recovery Center's six residential beds for clients. When these beds are unavailable, clients are referred to other facilities.
- Data indicate that Adult Drug Court participants have an 18 percent recidivism rate.
- A probation officer is assigned to Adult Drug Court clients.

Circuit Court

Veterans Treatment Court (VTC)

- The Veterans Treatment Court, established in January 2017, was serving 19 high-risk, high-need clients with substance use and mental health problems (as of August 2017).
- In the future, the court would like to serve up to 90 clients at a time.
- The VTC accepts individuals with felony and misdemeanor charges and individuals can enter the program post-violation and post-sentence.
- Upon successful completion, participants' charges can be dismissed or withheld.
- VTC clients are placed on specialized probation.
 - Individuals charged with felony offenses are assigned a Florida Department of Corrections (FDC) supervisor.
 - The Drug Court Specialist serves as the supervisor for individuals charged with misdemeanor offenses.
- The VTC works with a VA Justice Outreach Coordinator who is responsible for connecting clients to services provided by EPIC.

- The VTC has access to U.S. Department of Housing and Urban Development- Veterans Affairs (HUDVASH) vouchers and, at the time of the mapping, there were four individuals utilizing these vouchers.

Gaps

- The county is in need of more judicial capacity in order to develop additional specialty/problem-solving courts.
 - The county does not have a mental health court.
- Additional resources are needed in order to increase the client capacity for Adult Drug Court.
- Six of EPIC’s detoxification beds are residential and serve the Adult Drug Court
- Although HUDVASH vouchers are available, housing for these vouchers is only available out of county (in Jacksonville and Gainesville).

Opportunities

- The State Attorney’s Office and Public Defender’s Office have a collaborative working relationship.
- EPIC and SMA visit the jail to meet with their clients.
- EPIC operates the SIGHT Program (in-jail program).

Intercept 4—Reentry

Jail Reentry/Discharge Planning

- At discharge, the jail provides individuals with a seven-day supply of medications, when appropriate.
- There is no formal discharge planning for individuals released from jail.

Forensic Program operated by SMA

- This program serves the Seventh Judicial Circuit: Flagler, Putnam, St. Johns, and Volusia Counties.
- The program provides monitoring, supervision, and case management services for individuals who are adjudicated Incompetent to Proceed or Not Guilty by Reason of Insanity (Chapter 916, F.S.) and for individuals released from prison who need continuing psychiatric care under conditional release status through the court system.



Gap

- Discharge or transition planning is not available for individuals released from jail.

Opportunities

- SJSO can review their contract with Armor to discuss transition planning and the number of days of medications offered upon discharge from jail.

Intercept 5—Community Corrections

Probation

Probation Plus (misdemeanor probation)

- SJSO contracts with Probation Plus to provide misdemeanor probation services for individuals in St. Johns County.
- On average, county probation supervised 480 per month in calendar year 2016
- Each month, six-to-ten percent of those 480 probationers violated the conditions of their probation

Florida Department of Corrections (felony probation)

- Not discussed during the mapping.

Florida Assertive Community Treatment (FACT) Team operated by SMA

- The FACT Team serves the Seventh Judicial Circuit: Flagler, Putnam, St. Johns, and Volusia Counties.
- The FACT Team provides comprehensive support services to individuals who have a mental illness and have experienced multiple psychiatric hospitalizations.
 - Members of the FACT Team provide services including vocational rehabilitation, psychiatric assessments, individual therapy, nursing services, medication delivery, housing negotiation, nutrition and diabetes education, smoking cessation support and education, substance use treatment, and crisis assessment and intervention, 24 hours a day, 365 days a year.
 - The clients served by the FACT Team are discharged from the state hospital, the psychiatric unit at Flagler Hospital, or on judicial conditional release.
- The team can serve up to 85 clients.
- The FACT Team is serving 55 clients in St. Johns County as of August 2017.

St Augustine Drop-in Center operated by SMA

- The Drop-in Center, opened in 2016, is a peer-operated, day-program serving adults (18+) who have a mental illness.
- On average, the Drop-in Center serves 20 members per day; however, it has the capability to serve a greater number of members.
- The Drop-in Center operates from Monday through Friday, 8 a.m. to 5 p.m.
- Although it is not an International Center for Clubhouse Development (ICCD) certified clubhouse, the Drop-in Center offers a safe environment for individuals to receive self-help, advocacy, education, socialization, and engage in FACT Team activities.
- There is a public transportation stop at the Drop-in Center.



Additional Resources

Benefits (SOAR—SSI/SSDI Outreach, Access, and Recovery)

- St. Johns County Health and Human Services has a SOAR-certified staff member.

Gaps

- There is a need for:
 - supported employment services,
 - in-county permanent supportive housing options for individuals with substance use and mental health disorders,
 - specialized probation caseload dedicated to individuals with substance use and mental health disorders,
 - in-county residential capacity for individuals with substance use disorders, and
 - case management for county residents with substance use and/or mental health disorders who are placed back into the community.
- The Sunshine Bus provides transportation within the county; however, the hours of operation are limited and the cost to ride the bus may be prohibitive.

Opportunities

- Home Again St. Johns recently became aware of funding available for supportive housing.

St. Johns 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. Central Receiving System
2. Permanent Supportive Housing
3. Transition Planning
4. Increase Community-based Treatment
5. Mental Health Court

St. Johns 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: Central Receiving System (CRS)

Objective		Action Step	Who	When
1.1	Identify funding opportunities	<ul style="list-style-type: none"> To resubmit the central receiving system proposal to DCF 	Patti Greenough, EPIC Behavioral Healthcare	November 2017
1.2	Review past CRS proposal and make revisions	<ul style="list-style-type: none"> To ensure that the CRS proposal reflects the county's final version of the transportation plan regarding designated receiving facilities 	Chet Bell Toby Erwin, St. Johns Sheriff's Office Sandi Jackson, SMA Behavioral Healthcare	
1.3	Increase the number of CIT-trained officers	<ul style="list-style-type: none"> To continue CIT training 		
1.4	Explore the feasibility of the county utilizing a private transportation provider to reduce the burden on law enforcement	<ul style="list-style-type: none"> To examine alternative means of transportation 		
1.5	Examine mobile crisis models as an integral part of the Central Receiving Systems	<ul style="list-style-type: none"> Research mobile crisis models (provider-based, hybrid law enforcement-provider; Council of State Governments) Determine the volume of crisis calls and potential cost (24/7 or high volume times) 		

Priority Area 2: Permanent Supportive Housing

Objective		Action Step	Who	When
2.1	Identify best practices	<ul style="list-style-type: none"> To visit SAMHSA website and review the SAMHSA toolkit and the Housing First model Follow-up with CJMNSA TAC about training and technical assistance 	Bill Lazar Jerry Cameron, Community Consulting Rob Dickinson, Flagler Hospital Sandi Jackson, SMA Behavioral Healthcare	St. Johns County Continuum of Care for Homelessness meeting in September
2.2	Explore existing housing options in St. Johns County	<ul style="list-style-type: none"> To complete an inventory of available housing in the county To conduct landlord surveys To identify a housing locator 	Tom Crawford Ben Coney St. Johns County Behavioral Health Consortium	Ongoing
2.3	Explore funding options for St. Johns County	<ul style="list-style-type: none"> To identify current sources of funding for housing To identify new sources of funding 	St. Johns County Continuum of Care for Homelessness	

Priority Area 3: Transition Planning

Objective		Action Step	Who	When
3.1	Share data between providers and the St. Johns County Jail	<ul style="list-style-type: none"> To contact Central Florida Behavioral Health Network (CFBHN) about their process (CFBHN contact: Larry Allen) To determine if additional MOUs should be developed or if current MOUs should be amended 	Sandi Jackson, SMA Behavioral Healthcare Steve Colson, St. Johns County Sheriff's Office Brandon Colee, EPIC Behavioral Healthcare Lindsay Gullo, Armor Correctional Health Services	November 2017
3.2	Establish a transition planning team	<ul style="list-style-type: none"> To review best practices with regard to program design (e.g. APIC Model) To develop appropriate transition planning program design for the county To identify which agency will take the lead on implementing and operating the transition planning 	Kimberly Turner, SMA Behavioral Healthcare Jerry Cameron, Community Consulting Valerie Dunquette, Flagler Hospital Probation Representative	

Priority Area 4: Increase Community-based Treatment

Objective		Action Step	Who	When
4.1	Expand Care Coordination	<ul style="list-style-type: none"> To research the most recent Florida law on involuntary outpatient treatment 	Rob Dickinson Patti Greenough, EPIC Behavioral Healthcare	Ongoing
4.2	Examine the feasibility of providing involuntary outpatient treatment	<ul style="list-style-type: none"> To research existing involuntary outpatient treatment programs in the State of Florida To identify potential barriers to implementing involuntary outpatient treatment programs 	Megan Wall, St. Johns County Legal Aid James Lynam, DCF SAMH, Northeast Region Sandi Jackson, SMA Behavioral Healthcare	
4.3	Determine needed capacity for SAMH residential care	<ul style="list-style-type: none"> To conduct an inventory of needed SAMH services To explore funding sources 	St. Johns County Behavioral Health Consortium	
4.4	Explore transportation needs	<ul style="list-style-type: none"> To determine the feasibility of expanding the hours of operation, cost efficiency, and geographic routes of the Sunshine Bus 		

Priority Area 5: Mental Health Court				
Objective		Action Step	Who	When
5.1	Determine feasibility of developing a Mental Health Court	<ul style="list-style-type: none"> To establish a planning group for the Mental Health Court 	The Honorable Judge Christine The Honorable Judge McGillin	October 2017
5.2	Identify an appropriate Mental Health Court model for St. Johns County	<ul style="list-style-type: none"> To research Mental Health Court models To attend Mental Health Court sessions in other jurisdictions 	Jerry Cameron, Community Consulting Norma Wendt, Office of the Public Defender, Seventh Judicial Circuit Patti Hunt, NAMI Megan Wall, St. Johns County Legal Aid Patti Greenough, EPIC Behavioral Healthcare Sandi Jackson, SMA Behavioral Healthcare Rob Dickinson, Flagler Hospital	

Recommendations

The one-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 CJMHS A TAC recommend the following actions:

1. To ensure that the Public Safety Coordinating Council (PSCC) gives this Action Plan under serious consideration
2. To revisit and prepare a Central Receiving System (CRS) proposal
3. To understand evidence-based practices in permanent supportive housing
4. Follow up on the feasibility of developing a Mental Health Court

In summary, it is encouraging to observe the local leadership and commitment to taking the criminal justice and behavioral healthcare systems to a new level” in St. Johns County. This plan, like other plans, requires follow through.

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

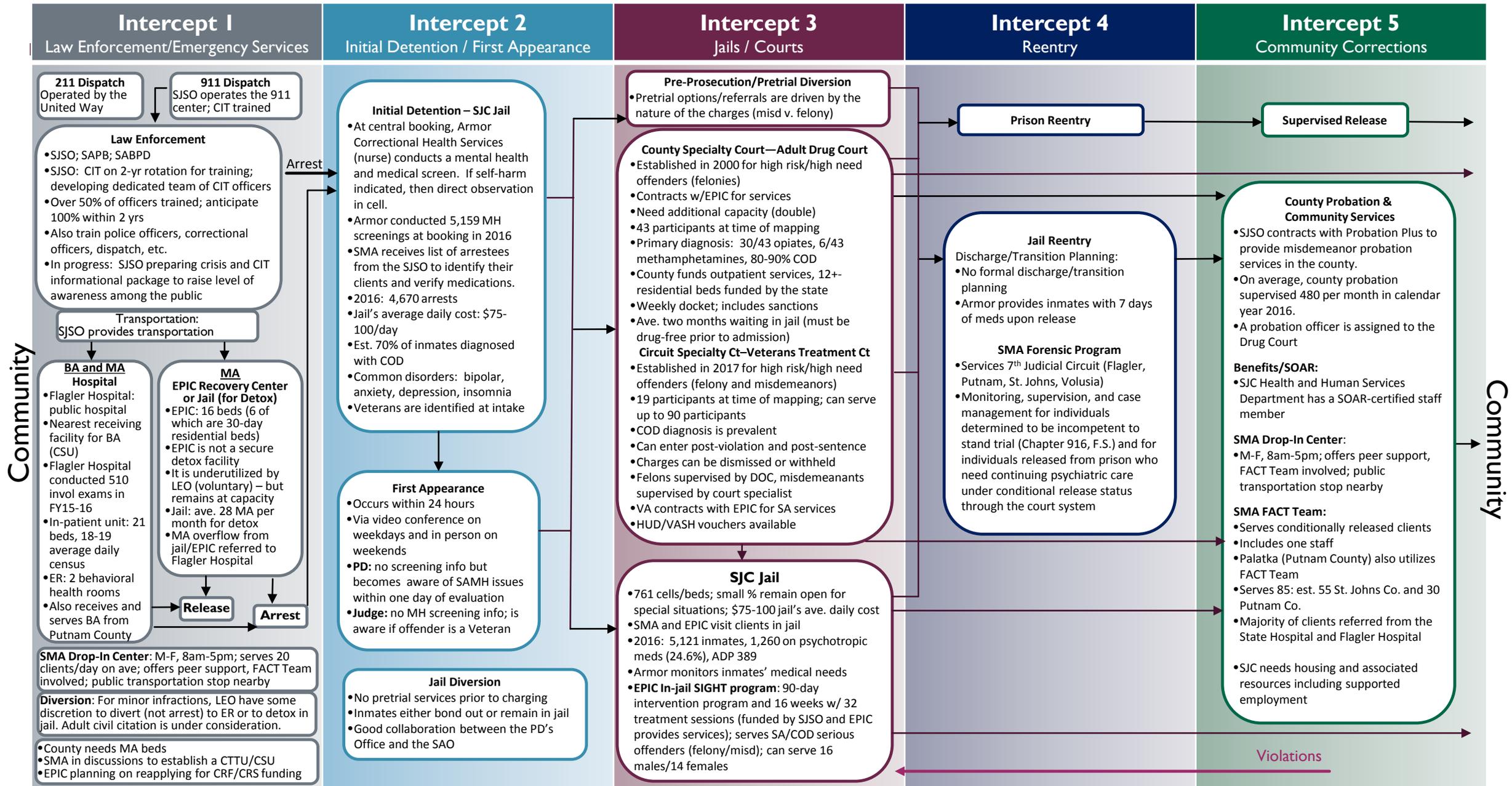
Mark A. Engelhardt, MS, MSW, ACSW
Director CJMHS A TAC at mengelhardt@usf.edu or call 813-974-0769

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

Katelind Halldorsson, CJMHS A TAC Researcher at katelind@usf.edu

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

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Appendix A: Participant List

Name	Organization
Anamaria Penagos	St. Johns County Department of Health and Human Services
Aynthia Themyoor	St. Johns County Veterans Treatment Court Coordinator
Brandon Colee	EPIC Behavioral Healthcare
Caitlin Murphy	Health Planning Council of Northeast Florida
Chris Fenbac	State Attorney's Office, Seventh Judicial Circuit
Christopher Glymph	Hanley Center Foundation
Dave Kvaten	St. Johns County Department of Health and Human Services
Debra Smith	St. Johns County Sheriff's Office
Emily Suter	Health Planning Council of Northeast Florida
Erika Arnold	Betty Griffin Center
James Lynam	DCF SAMH Northeast Region
Jerry Cameron	Community Consulting
Jessica Nalley	Armor Correctional
Joe Lawrenson	Betty Griffin Center
Joyce Mahr	Betty Griffin Center
Kelly Franklin	Betty Griffin Center
Kim Turner	Stewart Marchman Act Behavioral Healthcare
Lindsey Gullo	Armor Correctional
Megan Wall	St. Johns County Legal Aid
Melanie Smith-Pincus	EPIC Behavioral Healthcare
Mike Dalton	St. Johns County Government
Nancy O'Byrne	Compression in Action/ HASJ
Norma Wendt	Office of the Public Defender, Seventh Judicial Circuit
Patricia Medlock	Florida Dept. of Children and Families
Patti Greenough	EPIC Behavioral Healthcare
Patti Hunt	National Alliance on Mental Illness

Name	Organization
Ralph Cumberbatch	St. Johns County Drug Court
Rob Dickinson	Flagler Hospital
Sam Williams	Director, Corrections Div, St. Johns County Sheriff's Office
Sandra Jackson	Stewart Marchman Act Behavioral Healthcare
Sarah Pirie	Stewart Marchman Act Behavioral Healthcare
Steve Colson	St. Johns County Sheriff's Office Corrections
The Honorable Judge Christine	St. Johns County Court
The Honorable Judge McGillin	Seventh Judicial Circuit
Toby Erwin	Lt., St. Johns County Sheriff's Office
Tracy Dillon	St. Johns County Department of Health and Human Services
Valerie Duquette	Flagler Hospital

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 (MHLPL)	http://www.usf.edu/cbcs/mhlp/
Florida Department of Children and Families (DCF)- 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/>