St. Johns County, Florida

Targeted Reentry Sequential Intercept Mapping Report

April 25, 2022



UNIVERSITY of SOUTH FLORIDA

College of Behavioral & Community Sciences

Criminal Justice, Mental Health, and Substance Abuse Techincal Assistence Center

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St. Johns County Reentry SIM Report Abbreviations

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

AA	Alcoholic Anonymous
AUDIT	Alcohol Use Disorders Identification Test
APIC	Assess, Plan, Identify, Coordinate Model
CC+	Care Connect+
CIT	Crisis Intervention Team
CJMHSA TAC / TAC	Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center
FACT	Florida Assertive Community Treatment
DAST	Drug Abuse Screening Test
DCF	Florida Department of Children and Families
EMS	Emergency Medical Services
EPIC	Education, Prevention, Intervention, and Counseling (Behavioral Healthcare)
ER	Emergency Room
FDC	Florida Department of Corrections
JET	Jail-Based EPIC Transition Program
LE	Law Enforcement
LEO	Law Enforcement Officer
MA	Marchman Act
MAT	Medication-assisted Treatment
MH	Mental Health
MHC	Mental Health Court
MHFA	Mental Health First Aid
MOU	Memorandum of Understanding
MRT	Mobile Response Team
NA	Narcotics Anonymous
NAMI	National Alliance on Mental Illness
RCO	Recovery Community Organization
SAPD	St. Augustine Police Department
SAO	State Attorney's Office
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SDOH	Social Determinants of Health
SJSO	St. Johns County Sherriff's Office
SIGHT	Serenity, Integrity, Goals, Hope, Trust (A program of EPIC Behavioral Health Care)
SIM	Sequential Intercept Mapping
USF	University of South Florida

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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 Targeted Reentry *Sequential Intercept Mapping* (SIM) convened virtually on April 25, 2022. This abbreviated SIM workshop reflected in the report focused solely on Intercept 4 - Reentry and Intercept 5 - Community Corrections. The SIM presents a strategic plan for a targeted population, namely adults with mental health and/or substance use disorders who are reentering the community from jail and prison in St. Johns County, FL. The SIM is an integrated community planning tool that can facilitate collaboration related to behavioral healthcare, reducing homelessness, and diversion from the criminal justice system.

This report includes:

- A brief review of the background for the SIM
- A summary of the information gathered at the targeted reentry SIM, presented by intercept
- A targeted sequential intercept map with a focus on intercepts 4 and 5, developed with input from participants during the SIM
- Recommendations to assist St. Johns County in achieving their goals

Background

The Criminal Justice, Mental Health and Substance Abuse Technical Assistance Center (CJMHSA TAC) provides training and technical assistance consultation to grantees of the Department of Children and Families CJMHSA Reinvestment Grant Program. This Targeted Reentry SIM was conducted as a technical assistance request on behalf of grantee EPIC Behavioral Healthcare. This modified SIM will serve to inform systemic changes that have been implemented since the 2017 St. Johns County SIM mapping and inform expansion initiatives for EPIC's reentry program supported by the reinvestment grant program. During the 2017 St. Johns County SIM, transition planning was selected as a priority area in the action plan. EPIC and community partners implemented the St. Johns County Jail-Based EPIC Transition Program (JET) in July 2019. This targeted SIM report serves to align strategic goals for jail reentry in St Johns County and illuminate opportunities for JET program sustainability and expansion. The targeted reentry SIM has furthered the goals of the transition planning priority area and provided St. Johns County with the products listed below:

- Creation of a reentry map of the current criminal justice system indicating points of "interception" where jail diversion strategies and programs for individuals with mental health and/or substance use disorders can be developed and implemented
- Identification of resources, gaps in services, and opportunities relating to reentry and community services
- Recommendations support development of a strategic action plan to implement identified priorities that address criminal justice diversion, reentry, and treatment needs of adults (18+) with mental health and/or substance use disorders involved with the criminal justice system

Sequential Intercept Model Framework

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

The St. Johns County Reentry SIM map is on page 10 of this report.

Keys to Success

Existing Cross-Systems Partnerships

St. Johns County continued collaboration among the behavioral health and criminal justice systems is reflected in local efforts that were identified during the SIM:

- Public Safety Coordinating Council
- St. Johns County Behavioral Health Consortium
 - o Adult Subcommittee
- Flagler Health Plus (lead agency for Continuum of Care)
- Health Leadership Council

Representation from Key Decision Makers

The St. Johns County Reentry SIM mapping was comprised of 27 participants representing cross-systems stakeholders including Florida Department of Children and Families, LSF Health Systems, law enforcement, mental health and substance use treatment providers, human services, corrections, probation, hospital systems, and housing providers. Opening remarks by Patti Greenough, CEO, EPIC Behavioral Healthcare, set the stage and established a clear message as to the importance of the mapping and the community's commitment to sustaining the current reinvestment grant initiatives through county and federal grant opportunities. A complete list of participants is available in Appendix B at the end of this report. Abby Shockley, Katelind Melendez, and Beth Holland representing the University of South Florida (USF) CJMHSA TAC facilitated the mapping. Rebecca Sinclair, Patti Greenough, and Sara Rutan of EPIC Behavioral Healthcare organized the logistics of the mapping.

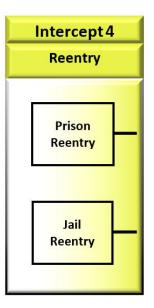
St. Johns County Sequential Intercept Map Narrative

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

Intercept 4—Reentry

St. Johns County Jail Reentry

- St. Johns County Jail-Based EPIC Transition Program (JET program)
 - The JET program is a care transition program for individuals released from the St. Johns County Jail. To be eligible for the JET program, individuals must have a substance use disorder, mental health disorder, or co-occurring disorder, be sentenced to jail or in the process of sentencing and be considered a high utilizer of the criminal justice and behavioral health systems. Individuals are screened prior to release from the jail for eligibility to the JET program utilizing the following screening tools:
 - Proxy Risk Triage Screener
 - Patient Health Questionnaire (PHQ-9)
 - Suicide Severity Rating Scale (C-SSRS)
 - Generalize Anxiety Disorder-7 (GAD-7)
 - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 - Drug Abuse Screening Test (DAST)
 - Alcohol Use Disorders Identification Test (AUDIT)
 - Daily Living Assessment-20 (DLA-20)
 - Life Event Checklist (LEC)
 - Referrals for the JET program may also be made by the St. Johns County Jail, St. Johns County Sheriff's Office, probation, family court, or by an inmate request. For those that are released prior to eligibility screening for the program, JET program flyers are distributed, if the individual is interested in program participation.
 - At the end of March 2022 (year 3, quarter 3 of the grant program), approximately 5,706 individuals were on the proxy list, with 1,304 individuals assessed by JET program staff, and 143 intakes of those who qualified for the JET program.
 - At the time of the mapping, there were 46 active clients enrolled in JET.
 - The JET program is supported by one clinician, two care coordinators, and one peer specialist that provides substance use and mental health services, care coordination for up to 12 months post-release from jail.
 - The care coordination component of the program includes assistance with securing housing, benefits enrollment, transportation, system navigation and resource linkages.
 - The clinical component of the program supports mental health and substance use counseling, outpatient and residential substance use treatment, access to psychiatry and Medication-Assisted Treatment (MAT) services in the community.
 - The peer specialist provides Narcotics Anonymous and Alcoholics Anonymous virtually.



SIGHT Program

 SIGHT is a two-phase psychoeducational program facilitated by JET care coordinators. Phase one is a 90 day in-jail intervention program. Phase two is 16 weeks outpatient with EPIC with the following weekly requirements: 2 therapeutic groups, 1 individual with clinician, and 3 AA/NA meetings. Clients must report to EPIC within 48 hours of their release from jail. Clients can be enrolled in JET and SIGHT and receive care coordination during their time in SIGHT to assist with their needs during SIGHT and help them be successful. JET participation will also then allow them to continue with aftercare outpatient services for free for up to a year after their initial 16 weeks of outpatient is complete.

St. Johns County Jail Reentry

- For those individuals (males and females) who are not enrolled or do not meet eligibility requirements for the JET and/or SIGHT program, the St. Johns County Sherriff's Office conducts reentry planning with individuals following sentencing or upon inmate request for reentry planning.
- The St. Johns County Sherriff's Office (SJSO) utilizes the American Academy of Family Physicians Social Determinants of Health (SDOH) screening instrument to determine individual needs and goals prior to reentry.
- The SCJSO also utilizes a brief employment screener to determine if inmates have specialized training or employment backgrounds in order to speak to employers in the community about specific individuals.
- The SJSO collaborate with SMA Healthcare and EPIC to staff individuals based on their needs, when appropriate.
- The SCJSO will also provide referrals to Care Connect+ (see Intercept 5).

Medication Access Upon Release

- Upon release from jail, Armor Health (contracted health care provider) provides individuals a one-week supply of medications.
- MAT services are not provided in the jail, but an effort will be made to continue MAT if an individual was receiving MAT before arriving at the jail.

Strengths

- There is information sharing between the jail liaison and the St. Johns County Jail.
- Resource guides are provided on tablets in the jail as well as available to inmates upon jail discharge.
- Faith-based organizations work with individuals in the jail, but there is an opportunity to leverage support and resources among the faith-based organizations to support individuals following incarceration as well.

Opportunities for Improvement

- There is a need for expansion of intensive outpatient services as a step-down from in-jail services.
- Formalize process for screening individuals on probation for JET eligibility in order to increase access to services for those who are already in the community.
- Explore opportunities to support job training initiatives to further efforts to support a living wage for the target population of individuals with mental health and/or substance use disorders with justice system involvement.
- Leverage Oxford House Transitional Living beds for those reentering the community from jail. Include Oxford House in reentry planning meetings for those reentering the community.

- Review Assess, Plan, Identify, and Coordinate (APIC) toolkit to determine if reentry processes are operating to fidelity of the best practice model for jail reentry.
- Compare GAINS Reentry Checklist to current short screener used to assess individual needs prior to release from jail.
- Establish subcommittee to explore development and implementation of in-jail MAT access. There is an opportunity to review the medical subcontract when considering development of MAT.

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Intercept 5—Community Corrections

Community Supervision

Probation Plus (misdemeanor probation)

- On average, there are an estimated 600 individuals a month on misdemeanor probation.
- As a result of COVID-19, probationers are provided the opportunity to report by phone unless a drug test is needed, and this eliminates transportation issues for probationers and maintains a manageable workload for probation officers.
- Some probation officers receive Mental Health First Aid Training (MHFA).

Florida Department of Corrections (FDC) (felony probation)

- FDC probation supports a specialized caseloads for drug court, veterans court, pretrial intervention, community control, and sex offenders.
- The primary treatment providers for substance use and mental health treatment services are EPIC, SMA Healthcare and ITM.

Community Services

Care Connect+ (CC+)

- Care Connect+ (established by Flagler Health+) is a network of resource providers (130 agencies) that serves as a hub for the community. CC+ performs intake assessments, provides case management support, referrals for housing, and general resource navigation.
- In calendar year 2021, CC+ served 4,750 households / 5,756 clients.
- CC+ is involved in SCJC reentry processes and referrals from SCJC are sent to CC+ to connect to services after release. The goal of the first call with individuals is to look at immediate needs, build a case plan, and connect to resources. Every attempt is made to conduct intake, set up appointment (before release if possible). If an individual does not engage, CC+ staff persists with contact (3 attempts) even upon release back into the community.
- Four CC+ case managers serve an estimated 100-130 clients daily.

Florida Assertive Community Treatment (FACT) Team operated by SMA

- Two FACT Teams serve the Seventh Judicial Circuit:
 - FACT North serves St. Johns and Putnam Counties.
 - The FACT North has capacity to serve up to 100 clients.
 - At the time of the mapping, they were serving 98 clients.
 - FACT South serves Volusia and Flagler Counties.
 - FACT South has Pathways resources which provides them with capacity to serve more clients.
- 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.

<u>Housing</u>

Operation New Hope

• Operation New Hope funds up to three months of transitional housing for individuals and works with them to secure job training and placement with a focus on living wage. Individuals with violent offenses or who are not stable may be disqualified.

Oxford House

- Oxford House is a democratically run, self-supporting and drug-free home. Once an
 individual is accepted into Oxford House, they are able to stay as long as they would
 like. In St. Johns County, Oxford House support two men's houses (with capacity for 17
 men total) and one women and children's house (with capacity for nine women or two
 women with children).
- Oxford House is typically at capacity. However, vacancy information is available at https://www.oxfordvacancies.com/.

EPIC Sober Living

• Sober living is available for clients enrolled in EPIC services.

Employment

The St. Johns County Sheriff's Office and Probation Plus have had success connecting with local employers in the community as well as organizations that support community services hours that evolve into job opportunities with organizations such as Goodwill and other thrift stores.

<u>Strengths</u>

- There is a need for additional CC+ case management capacity, however the joint response team in development will serve to address this need.
- The community has been in discussion on establishment of a Recovery Community Organization (RCO), but experienced delays with COVID. The community plans to revisit conversation regarding establishment of an RCO.

Opportunities for Improvement

- Explore Recovery Friendly Workplace models
- Engage probation in local Crisis Intervention Team (CIT) training efforts.
- There is a need for increased family engagement as well as programs that focus on family units, rather than just the individual.
 - Explore avenues and creative ways to address telehealth limitations in the community as a means to enhance engagement among families such as grant programs to support the purchase of tablets or laptops.
- There is a desire to open more Oxford Houses in St. Johns County, however the housing market is a barrier to expansion.
- Affordable housing remains a barrier to success for individuals release from jail back into the community.
- Increase awareness and engagement of faith-based supports to community providers as well as individuals receiving services in the community.

Summary & Recommendations

While this targeted SIM focused on reentry, it is imperative that some of the strengths and ongoing planning efforts for the St. Johns County behavioral health and justice systems are highlighted. There is a joint-responder model funded by LSF Health Systems currently in development as a collaboration between EPIC, SJSO, and CareConnect+ that will serve to address crises on the front-end of the system in order to promote diversion from Baker Act and/or incarceration with a team-based approach. Additionally, the Northeast Florida Workgroup is active in planning and implementation efforts for the 988-hotline serving St. Johns, Duval, Nassau, Clay, and Putnam Counties. This workgroup has also discussed possible expansion of a mobile response team to serve adults.

These efforts in Intercept 0 and Intercept 1 serve to better address the needs of individuals with mental health, substance use and/or co-occurring disorder before deeper system involvement and thus impacting processes in Intercepts 4 and 5. In 2023, the CJMHSA TAC hope to reconvene with St. Johns County stakeholders to conduct a full SIM that incorporates all of the innovative planning efforts currently underway. This targeted Reentry Sequential Intercept Mapping was an excellent example of community collaboration and a focused approach to addressing the needs of this target population.

As discussed and observed during the SIM, the USF CJMHSA TAC presents the following recommendations:

- 1. Align strategic goals across community plans and organize plans based on target populations.
- 2. Develop a workgroup for exploration and development of Medication-Assisted Treatment (MAT) service capacity for individuals in-jail and transitioning back to the community.
- 3. Consider expansion of Crisis Intervention Teams (CIT) training to include/invite probation officers.
- 4. Explore opportunities to expand Mobile Response Team (MRT) to serve adult population and align with the 988-funding release.
 - a. Leverage joint response initiative currently underway.
- 5. Leverage City of St. Augustine interest for development of hybrid Recovery Community Organization (RCO) and drop-in center.
 - Through this hybrid model, explore opportunities to share costs and potentially "co-locate." Explore SAMHSA Building Communities of Recovery grant opportunity.
- 6. Determine pathways to increase capacity for care coordination. There is potential to expand funding to Care Connect+ Team for the criminal justice population as well as leverage the joint response team.
- 7. Embed Wraparound process to increase family engagement. Consider development of resources that support entire family unit.
- Develop multiagency transition team to include and/or formalize regular case conferencing including community-based providers such as Oxford House and faithbased supports.
- 9. Explore Recovery Friendly Workplace Toolkit to formalize employment opportunity outreach that has been ongoing through SJSO and probation.

- 10. Increase provider and community awareness of faith-based resources in order to increase utilization of these supports.
- 11. Develop workgroup to identify opportunities to limit duplicative screening and assessments. There is a need to share information and data with providers and do so in an efficient manner.
 - a. Develop data and information sharing agreements to minimize duplication of screening/assessments.
 - b. Consider pilot approach to explore use of software/ data sharing platform for information sharing and care coordination (e.g. Unite Us).
- 12. Identify and address barriers to 30-day medication supply upon reentry to community with Armor.
- 13. Expand intensive outpatient services as step-down for in-jail substance use disorders treatment.

Quick Fixes / Low-Hanging Fruit

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

- Explore overlap in screening and assessment across system to minimize screening fatigue and further work towards shared information system.
 - Explore opportunities to validate long form information for Care Connect+ rather than recompleting CC+ referral provided by jail case manager.
- Engage in conversation with City of St. Augustine to reinvigorate SMA drop-in center.

For information or clarification regarding this SIM report and recommendations, contact: Abby Shockley, Director, CJMHSA TAC, <u>ashockley1@usf.edu</u> Katelind Melendez, Assistant Program Director, CJMHSA TAC, <u>katelind@usf.edu</u> Beth Holland, Learning and Development Facilitator, CJMHSA TAC, <u>holland75@usf.edu</u> Please visit the USF CJMHSA Technical Assistance website at <u>www.floridatac.org</u> Sponsored by DCF Contract # LH816

Reentry Sequential Intercept Map: St. Johns County, Florida

Intercept 5 Intercept 4 **Community Supervision / Services** St. Johns County Jail **Community Supervision** St. Johns County Jail-Based EPIC Transition (JET) Program Probation Plus (misdemeanor probation) The JET program is a care transition program for individuals released from the St. Johns Estimated 600 individuals a month on MD probation County Jail. To be eligible for the JET program, individuals must have a substance use Probationers provided opp. To report by phone since COVID-19 pandemic disorder, mental health disorder, or co-occurring disorder, be sentenced to jail or in the Some probation officers receive MHFA training process of sentencing and be considered a high utilizer of the criminal justice and FDC Probation (felony probation) behavioral health systems. Individuals are screened prior to release from the jail for eligibility to the JET program control, and sex offenders utilizing the following screening tools: • Proxy Risk Triage Screener, PHQ-9, C-SSRS, GAD-7, SBIRT, DAST, AUDIT, are EPIC, SMA Healthcare and ITM DLA-20, LEC In March 2022 (year 3, quarter 3 of the grant program), approximately 5,706 individuals **Community Services** were on the proxy list, with 1,304 individuals assessed by JET program staff, and 143 intakes of those who qualified for the JET program. Care Connect+ • 46 active clients enrolled in JET in April 2022 resource navigation St. Johns County Jail Reentry Process In calendar year 2021, CC+ served 4,750 households / 5,756 clients. SIGHT Program Individuals (males and females) not SIGHT is a two-phase enrolled or do not meet eligibility connect to services after release psychoeducational program facilitated requirements for the JET and/or SIGHT FACT Team operated by SMA by JET care coordinators. program, the SJCSO conducts reentry FACT North serves St. Johns and Putnam Counties · Phase one is a 90 day in-jail Capacity to serve up to 100 clients; serving 98 clients in April 2022 planning intervention program. Utilizes SDOH and employment Housing Employment Phase two is 16 weeks screener

Medication Access Upon Release

• Armor provides 7-day supply of medications

The St. Johns County Sheriff's Office and Probation Plus have success connecting with local employers in the community as well as organizations that support community services hours that evolve into job opportunities with local community employers.

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outpatient with EPIC with the following weekly requirements: 2 therapeutic groups, 1 individual with clinician, and 3 AA/NA meetings.

May be enrolled in JET and SIGHT

- In collaboration with SMA and EPIC
- · Provides referrals to Care Connect+

- Specialized caseloads for drug court, veterans court, pretrial intervention, community
- Primary treatment providers for substance use and mental health treatment services
- Network of resource providers (130 agencies) that serves as a hub; performs intake assessments, provides case management support, referrals for housing, and general
- Participates in SCJC reentry processes and referrals from SCJC are sent to FCC to

Operation New Hope

Funds 3+ months of transitional housing; job training and placement

Oxford House

Democratically run, self-supporting, drug-free home

EPIC Sober Living

Community

Appendix A: Action Planning Template

As the St. Johns County Reentry SIM was a modified SIM mapping to focus on enhancements and changes that have occurred since the 2017 St. Johns County SIM, action planning was not facilitated. However, presented below is an action planning template for the community if choose to expand upon any of the recommendations presented in the TAC Report.

Action Planning Template:

Goal 1:

	Task	Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 1.	1:			
1.1a		•	•	
1.1b		•	•	
1.1c		•	•	
Objective 1.	2:			
1.2a		•	•	
1.2b		•	•	
1.2c		•	•	
Objective 1.	3:			
1.3a		•	•	
1.3b		•	•	
1.3c		•	•	

Action Planning Example:

Goal 1: Enhance CIT training efforts and increase the number of CIT-trained officers in the County.

Task		Performance Measure	Lead Person or Organization	Projected Completion Date			
Objec	Objective 1.1: Promote the development of CIT champion programs and staffing of shifts with seasoned CIT officers.						
1.1a	Build community awareness and recognition program to promote value of CIT to community.	To review existing crisis center recognition programs/approaches	 CIT planning group Business partners Faith-based organizations BH provider 	Within 1 year			
1.1b	Address CIT training needs.	To identify physical space to hold/conduct classes	Crisis Center	Within 1 year			
1.1c	Increase the number of newly trained CIT-trained law enforcement and corrections officers (approx. 40% of PD and SO trained currently).	 To promote CIT classes and invite probation to attend To assess number of correctional officers currently trained/need for training 	 Law enforcement 	Within 1 year			
Objec	tive 1.2: Develop schedule for CIT re	fresher courses and target invitations to cha	mpions or aspiring Cl	IT leaders.			
1.2a	Identify CIT Champions within the law enforcement community	To develop recognition program (e.g. dinner funded by stakeholders) and utilize rotary club of guest speaker to bring awareness to CIT	 CIT planning group Business partners Faith-based BH Provider 	Within 1 year			
1.2b	Gain buy-in from partner agencies and identify training goals.	 To develop strategic communication plan To invite stakeholders and leadership to CIT graduation ceremonies to promote recognition/impact of CIT program 	 Law enforcement Crisis center 	Within 1 year			

Appendix B: Participant Lists

Name	Organization	Email
Gary Boothe	EPIC/2nd Wind Sober Living	gboothe@epicbh.org
Michael Clark	SJSO/Reentry	mclark@sjso.org
Stephen Colson	SJSO	scolson@sjso.org
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Zack Paull	EPIC	zpaull@epicbh.org
Lauren Pilkinton	LSF	lauren.pilkinton@lsfnet.org
Ben Rich	SAO	richb@sao7.org
Sara Rutan	EPIC	srutan@epicbh.org
Darlene Schnittker	Probation Plus	dscpplus@hotmail.com
Suzanne Shea	SJSO/UNF Intern	sshea@sjso.org
Rebecca Sinclair	EPIC	rsinclair@epicbh.org
Andrew Ward	Oxford House	andrew.ward@oxfordhouse.org
William (Bill) Werle	SJSO	wwerle@sjso.org
Tara Wildes	SJSO/Corrections Director	twildes@sjso.org
Bethany Zrucky	Victim Advocate, SJSO	bzrucky@sjso.org

Appendix C: Resources

2017 St. Johns County Adult SIM Report

Linked above is the 2017 St. Johns County Sequential Intercept Mapping Report.

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

The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center website serves as a clearing house for resources and research relevant to Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grantees. The website is updated weekly with upcoming webinar opportunities and other recent publications in the fields of behavioral health and criminal justice.

Gains Reentry Checklist

Instructions for Completing GAINS Jail Reentry Checklist.

Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide (SAMHSA, 2017)

The purpose of Guidelines for Successful Transition of People with Mental and Substance Use Disorders from Jail and Prison: Implementation Guide is to provide behavioral health, correctional, and community stakeholders with examples of the implementation of successful strategies for transitioning people with mental or substance use disorders from institutional correctional settings into the community.

Medication-Assisted Treatment for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit (SAMHSA, January 2020)

This toolkit provides correctional administrators and health care providers the information necessary to plan and implement MAT programs within jails and prisons. Organized by core components, each section offers actionable steps, implementation questions, real-world case examples, checklists, tools and resources drawn from the latest research, subject matter experts and experiences from diverse settings across the U.S.

Oxford House

Oxford House is a concept in recovery from drug and alcohol use. In its simplest form, an Oxford House describes a democratically run, self-supporting and drug free home. A list of <u>vacancies</u> is provided as well.

Recovery Friendly Workplace Toolkit

This Recovery Friendly Workplace Toolkit was prepared through the Peer Recovery Center of Excellence under grant #H79T1083022 from the Substance Abuse and Mental Health Services Administration (SAMHSA). In this toolkit, there is an introduction to what substance use disorder is, its impact in the workplace, and how to create and support a Recovery Friendly Workplace.

Screening and Assessment of Co-Occurring Disorders in the Justice System (SAMHSA, 2015)

This monograph is intended as a guide for clinicians, case managers, program and systems administrators, community supervision staff, jail and prison booking and healthcare staff, law enforcement, court personnel, researchers, and others who are interested in developing and operating effective programs for justice-involved individuals who have CODs. Key systemic and clinical challenges are discussed, as well as state-of-the art approaches for conducting screening and assessment.

<u>Unite Us</u>

The *Unite Us* platform supports meaningful collaboration, community-wide care coordination, and secure, bidirectional data sharing.

Web Resources Partners

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

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

Florida Alcohol and Drug Abuse Association

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

Policy Research Associates (PRA)

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation

http://www.floridatac.org/

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

https://www.fadaa.org/

https://www.myflfamilies.com/serviceprograms/samh/

https://www.prainc.com/

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

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

The Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Mental Health Services

Center for Substance Abuse Prevention

Center for Substance Abuse Treatment

Homelessness Programs and Resources

National Center for Trauma Informed Care (NCTIC)

National Clearinghouse for Alcohol and Drug Information

SAMHSA Grant Announcements

Evidence-Based Practices Resource Center SAMHSA'S Knowledge Network https://www.samhsa.gov/

https://www.samhsa.gov/about-us/who-weare/offices-centers/cmhs

https://www.samhsa.gov/about-us/who-weare/offices-centers/csap

https://www.samhsa.gov/about-us/who-weare/offices-centers/csat

https://www.samhsa.gov/homelessnessprograms-resources

https://tash.org/nctic/

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

https://www.samhsa.gov/grants/grantannouncements-2021

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

Other Web Resources

Baker Act Reporting Center Council of State Governments (CSG) **CSG** Justice Center **Grant Opportunities** National Alliance for the Mentally III (NAMI) National Alliance to End Homelessness first/ National Center for Cultural Competence National Council for Behavioral Health National Criminal Justice Reference Service National Institute of Corrections National Institute on Drug Abuse Office of Justice Programs Office of Juvenile Justice and **Delinquency Prevention (OJJDP)** U.S. Department of Health and Human Services - Mental Health U.S. Department of Veterans Affairs -Mental Health

United State Interagency Council on Homelessness

http://bakeract.fmhi.usf.edu/ http://www.csq.org/ https://csgjusticecenter.org/ http://www.grants.gov/ http://www.nami.org/

https://endhomelessness.org/resource/housinghttps://nccc.georgetown.edu/

https://www.thenationalcouncil.org/

https://www.ojp.gov/ncjrs/new-ojp-resources

http://nicic.gov/

https://www.drugabuse.gov/

https://ojp.gov/

https://www.ojjdp.gov/mpg

https://www.mentalhealth.gov/

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

https://www.usich.gov/