

St. Johns County, Florida

Sequential Intercept Mapping Report

June 23, 2023

Authors:

Katelind Melendez, M.A., M.S.

Beth Holland, MBA

Michele Saunders, LCSW, MSW

Eryka Marshall, LMHC

Abby Shockley, MPH, CPH



UNIVERSITY of

SOUTH FLORIDA

College of Behavioral & Community Sciences

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

**The Criminal Justice, Mental Health, &
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

ST. JOHNS COUNTY SIM REPORT ABBREVIATIONS

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

General List of Abbreviations & Definitions

AA	Alcoholic Anonymous
ALOS	Average Length of Stay
ARF	Addictions Receiving Facility
ARNP	Advanced Registered Nurse Practitioner
AUDIT	Alcohol Use Disorders Identification Test
APIC	Assess, Plan, Identify, Coordinate Model
BA	Baker Act
BHU	Behavioral Health Unit
BJA	Bureau of Justice Assistance
BJMHS	Brief Jail Mental Health Screen
CC+	Care Connect+
CCBHC	Certified Community Behavioral Health Clinic
COD	Co-occurring Disorders (substance use and mental health)
CIT	Crisis Intervention Team
CJMHTSA	Criminal Justice, Mental Health, and Substance Abuse
CJMHTSA TAC	Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center
CoC	Continuum of Care
CRS	Central Receiving System
CRF	Central Receiving Facility
CSU	Crisis Stabilization Unit
FACT	Florida Assertive Community Treatment
DAST	Drug Abuse Screening Test
DCF	Florida Department of Children and Families
EBP	Evidence-Based Practice
EMS	Emergency Medical Services
EPIC	Education, Prevention, Intervention, and Counseling (Behavioral Healthcare)
ER	Emergency Room
FACT	Florida Assertive Community Treatment Team
FDC	Florida Department of Corrections
FDLE	Florida Department of Law Enforcement
HIPAA	Health Insurance Portability and Accountability Act of 1996
JET	Jail-Based EPIC Transition Program
HUD	U.S. Department of Housing and Urban Development
HUD-VASH	U.S. Department of Housing and Urban Development- Veterans Affairs

	Supportive Housing
IDD	Intellectual and Developmental Disabilities
ITP	Incompetent to Proceed
LE	Law Enforcement
LEO	Law Enforcement Officer
LMHC	Licensed Mental Health Clinician
LPN	Licensed Practical Nurse
MA	Marchman Act
MAT	Medication-assisted Treatment
MH	Mental Health
MHC	Mental Health Court
MHFA	Mental Health First Aid
MHSF-III	Mental Health Screening Form-III
MOU	Memorandum of Understanding
MRT	Mobile Response Team
NA	Narcotics Anonymous
NAMI	National Alliance on Mental Illness
NP	Nurse Practitioner
OJD	Office of Justice Department
PHQ9	Patient Health Questionnaire-9
PTR	Pretrial Release
QPR	Question. Persuade. Refer.
RCO	Recovery Community Organization
RN	Registered Nurse
ROR	Release on own Recognizance
SA	Substance Abuse
SAMH	Substance Abuse and Mental Health
SAMHSA	Substance Abuse and Behavioral Health Services Administration
SAO	State Attorney's Office
SAPD	St. Augustine Police Department
SABPD	St. Augustine Beach Police Department
SAYS	St. Augustine Youth Services
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
SIPP	Statewide Inpatient Psychiatric Program for Children
SMA	SMA Healthcare
SMART	State attorney's Mission to Assist thriving Rehabilitation and Treatment Diversion

	Program
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
SU	Substance Use
SUD	Substance Use Disorder
TCU-DDS-5	Texas Christian University Drug Dependency Scale
TFCBT	Trauma Focused Cognitive Behavioral Therapy
TTTAI	Time to Talk about It!
USF	University of South Florida
VA	U.S. Department of Veterans Affairs
VFSJ	Volusia Flagler St. Johns
VOP	Violation of Probation
VTC	Veteran's Treatment Court
YMHFA	Youth Mental Health First Aid

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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) convened on June 23, 2023. The SIM provided a strategic plan for a targeted population, namely adults with mental health and/or substance use disorders involved in the criminal justice system 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 detailed summary of the information gathered during the SIM, presented by intercept
- A sequential intercept map developed with input from the participants during the SIM
- An action planning (priorities in rank order) matrix developed by the participants
- Recommendations to assist St. Johns County in achieving their goals

Background

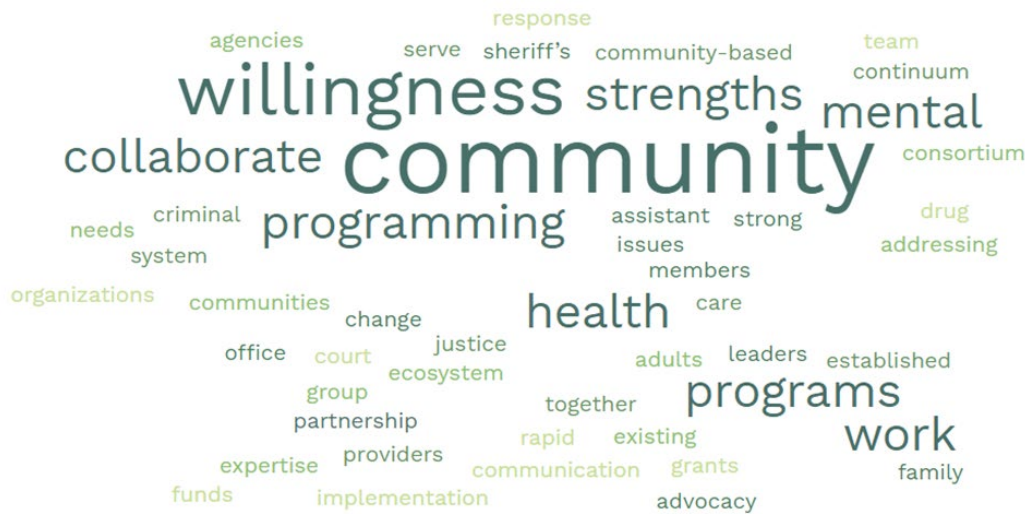
The Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSATAC) provides training and technical assistance consultation to grantees of the Department of Children and Families CJMHSATAC Reinvestment Grant Program. The TAC was engaged to conduct the SIM as a special project in collaboration with EPIC Behavioral Healthcare. This SIM serves as an update to the two previous SIMs conducted in St. Johns County. Most recently, a targeted reentry SIM was conducted by the TAC in April 2022 to map the reentry intercepts and in 2017 a full SIM workshop was convened. Since April 2022, the community has made enhancements to the continuum in St. Johns County. Therefore, it was timely to conduct a SIM mapping with updated priorities for change, as EPIC was recently awarded the CJMHSATAC Reinvestment Planning grant with the goal of designing their local mental health court. The SIM provided St. Johns County with the products listed below:

- Creation of a map of the current criminal justice system indicating points of “interception” where jail diversion strategies and programs for individuals with mental health and/or substance use disorders can be developed and implemented
- Identification of resources, gaps in services, and opportunities within the existing behavioral healthcare system, law enforcement, and the judicial system
- Development of a strategic action plan to implement identified priorities that address criminal justice diversion, reentry, and treatment needs of adults (18+) with mental health and/or substance use disorders involved with the criminal justice system

The St. Johns County SIM mapping was comprised of 38 participants representing cross-systems stakeholders including county commission, court services, law enforcement, mental health and substance use treatment providers, human services, corrections, advocates, and peers. A complete list of participants is available in Appendix A at the end of this report. Katelind Melendez, Michele Saunders, Beth Holland, and Eryka Marshall representing the University of South Florida (USF) CJMHSATAC facilitated the mapping. Biographies for facilitators are available in Appendix C. Patti Greenough, Sara Rutan, and Rebecca Sinclair of EPIC Behavioral Healthcare organized the logistics of the mapping.

Prior to the SIM, invitees were given the opportunity to provide anonymous feedback regarding the perceived strengths and opportunities for St. Johns County’s behavioral health and justice system for adults with mental health, substance use, and/or co-occurring disorders. This feedback was integrated into the SIM and validated by priorities identified in the Action Plan (Figure 1).

Figure 1.
St. Johns County Strengths Word Cloud



Word cloud represents anonymous stakeholder feedback

Objectives of the Sequential Intercept Mapping

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

The SIM has three primary objectives:

- Development of a comprehensive map of how people with substance use and mental health disorders (SAMH) disorders flow through six distinct intercept points of the St. Johns County criminal justice system: Community Services, Law Enforcement and Emergency Services, Initial Detention and First Appearance, Jails and Courts, Reentry, and Community Corrections.
- Identification of resources, gaps in services, and diversion opportunities at each intercept for adult individuals (18+) with substance use and/or mental health disorders involved in or at risk of becoming 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 33 of this report.

Keys to Success

Existing Cross-Systems Partnerships

St. Johns County's history of community collaboration between the behavioral healthcare and criminal justice systems is reflected in several existing local efforts that were identified prior to and during the SIM:

- St Johns County Public Safety Coordinating Council (meets quarterly, next meeting July 28, 2023; October 27, 2023; January 26, 2024)
 - MHC Collaborative Planning Committee
- St. Johns County Behavioral Health Consortium (monthly)
 - Adult Services Subcommittee (appointed to MHC planning committee)
- St. Johns Health and Human Services Advisory Council (monthly)
- Continuum of Care to End Homelessness (monthly)
- St Johns County Child Welfare Integration Committee (monthly)
- Care Connect Advisory Council (quarterly)
- Northeast Florida 988 Committee (bi- weekly)

Representation from Key Decision Makers

The SIM included broad, cross-systems representation and key decision-makers. 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 A at the end of this report.

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SIM Report Organization

This report is organized into three key sections to provide a comprehensive overview of the Sequential Intercept Mapping workshop. The first section offers a point-in-time summary of the intercept information shared with facilitators during the mapping. It provides insights into how adults with behavioral health disorders and justice involvement navigate through the system, shedding light on strengths and areas of opportunity within the community.

Following each intercept summary, the report highlights specific strengths identified within the community. These strengths shed light on the positive aspects and assets that contribute to a more effective and supportive system for adults with behavioral health disorders and justice involvement.

In addition to recognizing strengths, the report places a strong emphasis on the identification of opportunities for improvement. These opportunities are derived from the gaps and challenges identified by participants during the mapping process. These gaps are presented as actionable items that the community can consider to further enhance the quality of services and the overall system experience for the target population. By addressing these opportunities, the community can work collaboratively to strengthen its support for the target population, ensuring a more effective and compassionate system.

The second section reviews the priorities set by participant vote and the steps taken by the group during the second half of the workshop. It outlines the collaborative efforts of the participants in developing the beginning of an action plan. This section offers a detailed account of the objectives, strategies, and initial measures discussed to address the identified challenges and improve the system.

The third section of the report presents a list of recommendations prepared by the CJMHSA TAC for community consideration. These recommendations are informed by the expertise of subject matter expert facilitators and aim to guide future actions, policies, and initiatives to enhance the behavioral health and justice system for adults with behavioral health disorders and justice involvement.

Together, these sections provide a comprehensive picture of the mapping workshop, from the initial understanding of the intercepts to the collaborative planning for systemic improvement and the expert-driven recommendations to guide future community efforts.

St. Johns County Sequential Intercept Map Narrative

This narrative reflects information gathered during a 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 program specifics and acronyms used on the map.

Intercept 0—Community Services

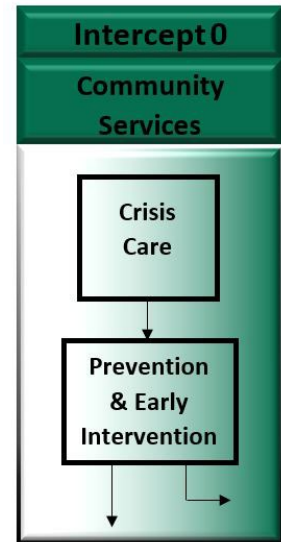
Prevention Efforts

211 operated by United Way of Northeast Florida

- Serves Baker, Clay, Duval, Nassau, and St Johns Counties.
- 211 is a 24-hours-a-day, 7-days-a-week, information and support line for individuals to get information about financial assistance, health programs, and crisis support.
 - Provides texting service as an option.
 - Mental Health and crisis calls are diverted to 988 for the entire region.
 - Calls pertaining to food and housing are received by 211.

988 Suicide and Crisis Lifeline

- The 988 suicide and crisis hotline is operated out of Duval county and calls are received by a specialized team.
- 988 will forward referrals to the Rapid Response Team and EPIC/SJSO co-responder team (see Intercept 1).



Crisis Services

Rapid Response Team operated by EPIC Behavioral Health

- Rapid Response Services includes three service components including:
 - Mobile response team (MRT)
 - Co-responder team (See Intercept 1)
 - Access Support Center
- EPIC MRT services are provided 24-hours-a-day, 7-days-a-week, 365 days a year and receive assistance within 60 minutes of requesting mobile response services. At the time of the mapping, response time was less than 34 minutes. Follow up is provided 72 hours after initial engagement.
- There are 2 teams comprised of a master level licensed clinician, care coordinator, and peer support.
 - The licensed clinician is staffed on weekend and the licensed director provides services Monday – Friday.
 - Staff is trained in de-escalation and will complete a safety risk assessment and may refer other mental health providers/services with a warm hand off. There is one SOAR-trained staff on the team.
 - Based on individual needs, the team can provide transportation to hospital, food bank, detox options, etc. An EPIC vehicle is used. This is at the discretion of the staff and is voluntary. Utilized for non-at-risk individuals.

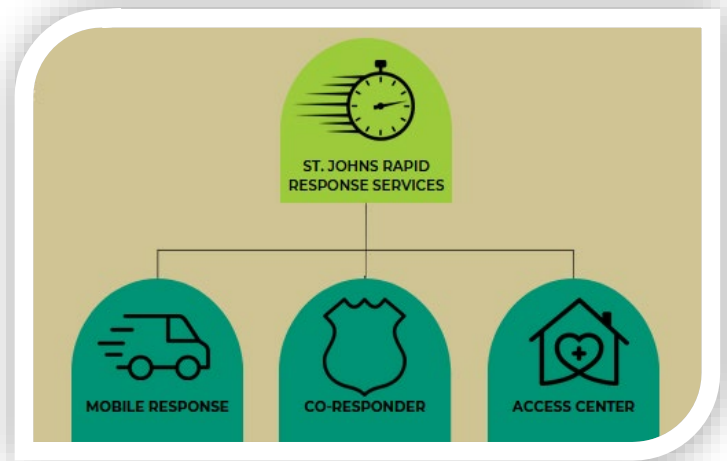


Figure 2. Rapid Response Team Service Umbrella

Mobile Response Team (MRT)

- There are two MRTs to meet the needs of all ages in St. Johns County.
 - The MRT operated by St. Augustine Youth Services (SAYS) serves youth and young adults ages 25 and younger within St. Johns County.
 - Within 60 minutes of a call, a clinician arrives on site to make treatment recommendations.
 - Within 24 hours, a case manager, and peer specialist will follow up to discuss support options.
 - Fully licensed mental health counselors and certified Targeted Case Managers.
- The MRT operated by EPIC serves individuals ages 26+ in St. Johns County that are in crisis and need intervention or counseling services (see Rapid Response Summary).

EPIC Access Support Center (Intercepts 0 & 5)

- The EPIC Access Support Center offers walk-in behavioral health care services for all ages. It is open Monday-Thursday between 9 a.m.-5p.m.
- Screening, linkages, and urgent care sessions are available the same day.

CAIR Center at Flagler Health+ (Intercepts 0, 1, & 5)

- The CAIR Center is a mental health urgent care for individuals experiencing a behavioral health crisis. The CAIR Center provides walk-in behavioral health services, 24 hours a day and 7 days a week.
- Services include mental health crisis assessments, brief interventions, referral services, care coordination, and warm hand-off to establish long-term connections with providers.

Community Supports

Betty Griffin Center (Intercepts 0, 3, & 5)

- The Betty Griffin Center provides support for women, men, and youth that are survivors of domestic or sexual abuse.
- Betty Griffin Center supports a 54-bed emergency shelter, 6 transitional apartments, and manages the Rape Crisis Unit at Flagler Hospital.
- Services include peer support and advocacy services such as counseling, support groups, court advocacy, and financial counseling, as well as benefits assistance with one SOAR trained employee on staff.

Care Connect+ (CC+) (Intercepts 0,1, & 5)

- 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 (Intercepts 0 & 5)

- 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 90 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.

NAMI Volusia Flagler St. Johns (VFSJ) (Intercepts 0 & 5)

- NAMI provides educational and support groups at no cost. Programs include peer-to-peer, family-to-family, and classes for parents and grandparents of individuals with mental illness. The programs are 8 weeks long. NAMI no longer operates a crisis line and refers to ACCC and Meridian. The NAMI St. Johns business phone line is xx and operational Monday – Friday, 8:00 a.m.- 5:00 p.m.
- The National NAMI text line is 741741.
- Support Groups provided are *Family Support Group* every Tuesday 6 to 7pm by Zoom and *Connection Recovery Support Group* that meets every Thursday 2 to 3pm in person at Learning Center.
- They offer two courses: *NAMI Peer-to-Peer* and *NAMI Family-to-family*.

Patients Not Prisoners (Intercepts 0 & 5)

- Patients Not Prisoners is a nonprofit organization that provides advocacy, education, and support for first responders and families that provide support to individuals with mental illness.

St. Johns County Continuum of Care (CoC) (Intercepts 0 & 5)

- The CoC is chaired by Flagler Hospital but is a collaborative effort among community providers and stakeholders across St. Johns County with a focus on ending homelessness.
- The CoC assists with rehousing individuals and families while reducing trauma, as well as utilizing programs and creating self-sufficiency.
- At the time of mapping was assisting approximately 430 individuals.

St. Francis House (Intercepts 0 & 5)

- St. Francis House is a low barrier, emergency shelter for men, women, and families.
- St. Francis House also supports street outreach services (SOS), with 3 teams (2 focus on adults/veterans, 1 focused on youth) to engage homeless and connect them to housing-focused services.

St. Augustine Youth Services (SAYS)

- The Community Action Team (CAT) serves ages 11-21 as an alternative to out-of-home placement. The team is comprised of licensed clinical social workers, registered therapist, case managers, peer support specialists, family peer support specialist, board certified psychiatrist, registered nurse, and administrative support. The team is also trained and certified in Trauma-informed Cognitive Behavioral Therapy, Wraparound Model.
- The COACHES Program serves ages 6-21 within St. Johns, Putnam, and Flagler Counties.

- COACHES assist with support and guidance for youths and families to improve their well-being with behavioral health issues and difficulties with accessing mental health services. As a part of the program, they will create a 6-to-9-month collaborative care plan. Staff is comprised of behavioral health case managers, therapists, peer and family advocates. Staff utilizes Wraparound Services and Trauma Focused Cognitive Behavioral Therapy (TFCBT).

Talkable Communities operated by EPIC, Clay Behavioral Health Center, Child Guidance Center, Gateway, and Starting Point Behavioral Health

- The program serves St. Johns, Clay, Duval, Flagler, Nassau, and Putnam Counties to promote social connectedness and support for individuals and families in the communities.
- The program provides free, evidence-based mental health trainings such as Mental Health First Aid (MHFA) Time to Talk about It! (ITTAI), Question. Persuade. Refer. (QPR), and Youth Mental Health First Aid (YMHA).
- There are plans to expand “Talkable Communities” to include a focus on the adult population.

Additional Supports

Operation Weed and Seed by OJD

- The SJSO supports the federal Weed and Seed designated site in West Augustine. FL.
- The Weed and Seed program is designated to “weed out” criminal and negative elements within the community.
- Weed and Seed encourages and supports a host of human service initiatives to support education, job skills, business growth, culture, and quality of life directives.

Strengths

- St. Johns County has an array of services available among community providers.
- There is strong collaboration among community providers and stakeholders.
- There are peer supports available in the UF Flagler emergency departments to support linkages of persons with opioid and/or stimulant use disorders into care, including detox.
- There is strong family voice representation among community organization, *Patients not Prisoners*.
- EPIC has collaborated with Flagler and Baptist to establish discharge group emails for clients requiring service access and links to detox. This ensures that referrals and warm handoffs are made between EPIC staff and hospital discharge planners and care coordinators. However, it was discussed during the SIM that formalizing discharge planning from SMA and hospital may still be an opportunity to explore.

Opportunities for Improvement

- Investigation into the flow process of the 911/988/211 calls establishing a formal pathway for the system.
- Increase of beds provided with in CAIR Center.
- Education and stigma reduction in the community around SUD and MH.
- Establish formal relationships and connection with SOAR programs within the community.

Intercept 1—Law Enforcement & Emergency Services

Emergency Services and 911

911

- If an individual is experiencing an apparent behavioral health crisis, 911 is the first point of emergency contact and system response.
 - The call is reviewed by dispatch and categorized as needing medical or law enforcement on scene. At this stage, the determination will be made if mobile response team will be incorporated.
 - Dispatch asks questions relating to behavioral health and if certain requirements are met, then a therapist is transferred into the call.

Law Enforcement

Co-responder Team (CRT) in collaboration with EPIC and SJSO

- CRT leverages a law enforcement officer and behavioral health specialist to de-escalate situations and connect individuals with behavioral health concerns to appropriate services. EPIC clinician will be collocated at SJSO.
 - At the time of mapping, the funding had been secured and team was in preliminary stages of implementation.
 - The law enforcement officer will determine if clinician joins the call. LEO will remain onsite to assist in case of a BA.
 - The CRT may provide transportation to hospital for a Baker Act or to a detoxification facility if appropriate.

Crisis Intervention Teams (CIT) Training

- Prior to COVID-19, 40-hour Memphis Model CIT trainings were convened regularly and were mandatory for SJSO.
- At the time of the mapping, St. Johns River State College hosts CIT trainings using salary incentives to encourage participation.

Sheriff's Office

St. Johns County Sheriff's Office (SJSO)

There are annual in-person de-escalation trainings completed during in service trainings *EPIC and SJSO Co-Responder Program*

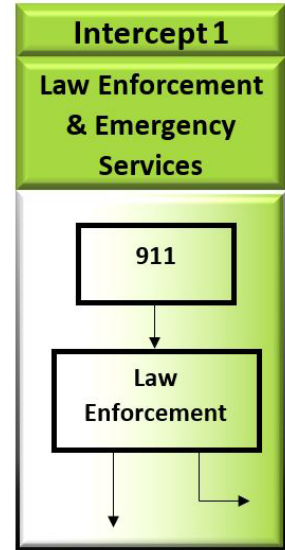
- At the time of the mapping, the co-responder program was in the initial stages of implementation.
- The co-responder program is comprised of a master's level clinician that rides along with officers.
 - The schedule for the program varies from day to evening hours and is based on call volume.
 - EPIC provides training on the program to officers.

Municipal Law Enforcement

St. Augustine Police Department (SAPD)

- City of St. Augustine utilizes citations for low-level misdemeanor offenses.

St. Augustine Beach Police Department (SABPD)



Crisis Services

Baker Act / Marchman Act

- When law enforcement arrives to the scene of an incident, the officer must determine if the individual in crisis appears to meet the criteria for involuntary examination in accordance with the Baker Act (Chapter 394, F.S.) or Marchman Act (Chapter 397, F.S.). This is often at the discretion of the officer.
- According to the Baker Act Reporting Center (2020-2021), there were 1,130 involuntary examinations for St. Johns County residents.

Table 1.

Summary of Hospital & Health Services Data

	January - June 2021/2222	January - June 2023
Mental Health Patients	954 (2021)	1,672
# of Overdoses	132 (2022)	191
Naloxone Administration	257 (2022)	280

(St. Johns County Mental Health Court Needs Assessment, September 2023)

Crisis & Detoxification Services

Flagler Health+ Emergency Department

- There are crisis counselors available to individuals admitted to the emergency department.

Flagler Health+ Behavioral Health Unit (Baker Act receiving facility)

- Flagler Health+ has a 21-bed inpatient crisis stabilization unit housed within the hospital providing acute behavioral health services for adults.
- If the inpatient unit is at capacity, overflow would go to the hospital and transfer to SMA or the nearest receiving facility with availability.

CAIR Center at Flagler Health+ (Intercepts 0, 1, & 5)

- See Intercept 0 for full description.

EPIC Recovery Center

- EPIC Recovery Center is a 3-tiered program offering detoxification, residential, and outpatient treatment.
- At admissions, patients will receive a medically monitored detox.
 - For detoxification, the average length of stay is 5-to-8 days and there are 14 beds onsite.
- Patients receive access to professional counseling groups, 12-step meetings, and recovery-focused classes.
- A 30-day residential program is typically recommended.
 - Services include extensive relapse prevention therapy, individual therapy, recovery-focused meetings in the community.
- Outpatient substance use counseling is available for individuals and families including relapse prevention programs, family education and support, aftercare support groups, psychiatric medication management and) Medically Assisted Recovery Services (MARS).
- Formalized discharge planning is conducted for all EPIC programs.
- EPIC programming includes mental health treatment and recovery (outpatient), substance use treatment and recovery (outpatient), psychiatric assessments and medication

management, Medication Assisted Treatment (MAT) services, care coordination and peer support services.

SMA Healthcare

- A screener/counselor is available on weekdays to see individuals as self-referred walk-ins, walk-in screening, crisis counseling, triage and screening assessments.
- Programs include adult and adolescent outpatient mental health and substance use treatment, medication management, FACT team, Forensic Comprehensive Community Support Team, family intervention, Family Intensive Treatment Team, civil targeted case management, and community/court liaison (outreach).

Ascension St. Vincent's

- Ascension operates an emergency room in St. Johns County, but there is not a psychiatric unit.

Additional Community Supports

Flagler Health+ Intensive Outpatient Program

- The IOP program is voluntary and receives referrals from the community and physician.

Additional community supports include St. Johns County Health and Human Services, Patients Not Prisoners, AZA Health, and LSF Health Systems.

Strengths

- There are peer supports available in the UF Flagler emergency departments to support linkages of persons with opioid and/or stimulant use disorders into care, including detox.
- Patients not Prisoners provides is a strong family advocate.
- SJSO is hopeful to expand the co-responder program to add an additional clinician for the Northern Corridor.
- There is community readiness and interest in Certified Community Behavioral Health Clinic (CCBHC) funding.
- The City of St. Augustine utilizes citations for misdemeanor offenses such as petty theft or municipal violations and beneficial to tourists and young adults.
- The MRT is helping to reduce Baker Act admissions.
- St. Johns stakeholders regularly establish partnerships within the community to expand services when gaps are identified.

Opportunities for Improvement

- Consider reinvigorating CIT training efforts to the fidelity of the 40-hour Memphis model.
- Consider reviewing data on bed shortages to confirm the scope of need for residential beds.
- Review how Patients not Prisoners information is on Volusia County Sheriff's webpage to provide support for families and explore if this is possible for St. Johns County.
- Continue to engage and conduct outreach to municipal police departments in future SIM action planning conversations.
- Formally establish and expand Co-Responder Teams throughout St. Johns County.

Intercept 2—Initial Detention & First Appearance

St. Johns County Jail Booking

Booking and Intake

- During jail booking, a suicide risk assessment is conducted and individuals requiring medical clearance are transported to Flagler Hospital.
 - If individual is placed on suicide watch, then they are placed in a direct observation unit is used as well as security is setup. Medical lockdown may be utilized as well.
- At jail intake, a registered nurse affiliated with Armor administers proprietary Armor developed screens.
- When the individual is engaging with EPIC for services, the following evidence-based screenings are used :
 - Texas Christian University Drug Dependency Scale (TCU-DDS-5)
 - Mental Health Screening Form-III (MHSF-III)
 - Patient Health Questionnaire-9 (PHQ-9)
- Screening information is not shared with attorney or families due to HIPAA.
- If a community provider is mentioned by an individual during the intake process, Armor staff will reach out to verify current prescriptions/medication.
 - Families can provide medical information to the staff, but staff cannot provide information to the families.
- EPIC reviews arrest records for any current clients in order to identify persons who may need to be linked to mental health or substance use disorder services in jail.
- According to data collected by Armor, more than half of individuals screen positive for mental illness:
 - 52% screen for MI, 33.5% with SMI,
 - 55% screen for SUD,
 - 45% screen for COD.
- According to Armor data, the total prescription medications prescribed per month for clients is approximately 42%.
- The EPIC co-responder team meets with Protective Custody individuals who may need linkage to MH or SUD treatment including detox services.
 - The SJSO office also sends a list of overdose reversal individuals officers have had contact with in the community so EPIC can provide follow up and try to engage in services.

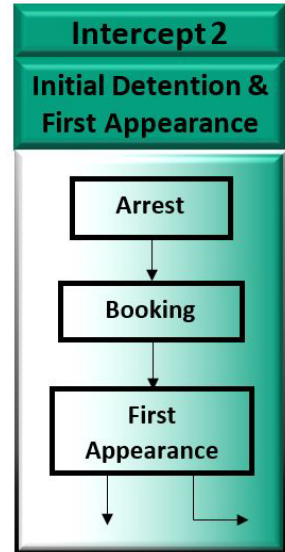


Table 2.

St. Johns County Jail Mental Health Screening Data: January 2023 – August 2023

Month	Number Screened	Number Screening Positive	Percent Screening
January 2023	152	95	62.50%
February 2023	168	119	70.80%
March 2023	144	115	79.90%
April 2023	114	81	71.10%
May 2023	156	90	57.70%
June 2023	144	97	67.40%
July 2023	117	68	58.10%
August 2023	186	128	68.80%

(St. Johns County Mental Health Court Needs Assessment, September 2023)

First Appearance

- The first appearance hearing occurs within 24 hours of arrest by way of video conference on Zoom and includes weekends.
- The judge, public defender, and prosecutor will all be present.
- At this time, the individual can enter into a plea for release.
- Released on own recognizance (ROR) is common for DUI hearings for individuals with no pre-existing criminal history.

SMART Diversion Program operated by EPIC

- The SMART program is a “pre-plea” diversion program, in the planning stage.
- An EPIC representative is present at first appearance and assist individuals with mental health and substance use problems facing charges.
 - EPIC may have had opportunity to engage with individual in the jail prior to first appearance hearing.
- Individuals facing charges will agree to participate in mental health/substance use treatment with EPIC at no cost (supported by LSF funding). If they complete treatment, their charges would be dropped.

Strengths

- Veterans are identified immediately upon jail booking/intake.
- The SMART “pre-plea” diversion program is in planning phase and may also act as a referral source for future Mental Health Court.
- There is strong collaboration among EPIC and SJSO/jail.
- There are mechanisms in place for EPIC to connect with individuals’ post-overdose to promote opportunities for treatment linkage.
- EPIC has staff housed within the jail to support in-jail programming and referrals for treatment.

Opportunities for Improvement

- There is an opportunity for additional family support and possibility to include release of information forms at booking/intake and for family to be included in process.
- Armor should consider the use of standardized, evidence-based screening assessments during the booking/intake process.
- Consider ROI to share some screening information with Public Defender’s Office and judiciary when appropriate.
- Review national bail reform initiatives to see if it is appropriate for individuals with low income who cannot adhere to monetary penalties.

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Intercept 3—Jails & Courts

St. Johns County Jail

(Intercept 2 presents the jail booking and intake information)

- At the time of the mapping, the jail population was 440 individuals, with a capacity to house 500 individuals.
- According to the CJMHSA Planning grant application (March 2023):
 - Jail gender distribution: 81% male, 19% female
 - Jail racial/ethnic demographic distribution: 69% white, 26% black, 8% Hispanic/Latino, 3.6% Asian, 5% other

In-Jail Medical Services provided by Armor Correctional Health Services

- The Armor mental health team is comprised of a full-time psychiatrist, nurse practitioner (NP) employed 10 hours/week, and 2 licensed mental health clinicians (LMHCs) who work on weekdays (M-F).
 - LMHCs are included on the reentry team as well.
 - The NP prescribes medications.
- Armor LMHCs will conduct initial mental health evaluation and make referrals to EPIC and SMA. Mental health counseling is convened twice a month.
- According to Armor, at the time of the SIM the total prescription medications prescribed per month for clients is approximately 42%

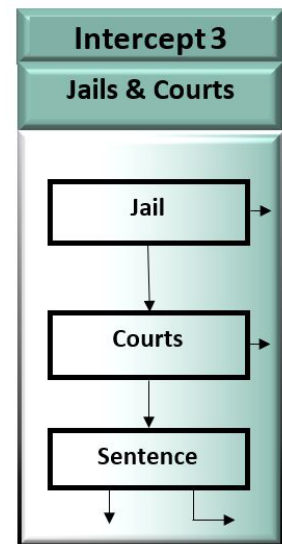


Table 3.

St. Johns County Jail Mental Health Services: January 2023 – August 2023

Month	Psych ARNP	Mental Health Counselor	Suicide Gesture Attempts
January 2023	191	239	46
February 2023	145	276	52
March 2023	119	235	41
April 2023	171	271	36
May 2023	171	290	49
June 2023	133	310	61
July 2023	163	335	55
August 2023	202	285	60

(St. Johns County Mental Health Court Needs Assessment, September 2023)

In-Jail Programs

EPIC SIGHT and JET Program (Intercepts 3 & 4)

- For full descriptions of the JET and SIGHT program, please see Intercept 4.

Operation New Hope (Intercepts 3 & 5)

- While in jail, Operation New Hope facilitates the Ready for Release Program. After release, individuals may be supported with job placement, holistic services, 90-day housing (transitional) and can utilize programs for a year after release.
- Operation New Hope supports 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.

Betty Griffin Center (Intercepts 0, 3, & 5)

- The Betty Griffin Center provides in jail services related to domestic violence.
- See Intercept 0 for full description.

Additional in-jail programming includes GED classes, vocational programs, K9s for Warriors, self-study (self-pay), and anger management classes (self-pay), Alcoholics Anonymous, Narcotics Anonymous, peer services, faith-based services, and DJJ programs for young adults between ages 18-21.

Problem-Solving Courts

Adult Drug Court / DUI Court

- Drug Court is a voluntary program lead by the Honorable Judge Christine and serves people with substance use disorder charged with or potentially charged with a nonviolent felony and resides in St. Johns County.
 - Drug Court has the capacity to serve 50 clients and the average length of program is 12 to 18 months.
 - Court appearances are held before a judge and referrals are primarily from the jail.
- Team members include the judge, prosecutor, defense attorney, treatment specialists, supervision officers, law enforcement agencies, corrections officers, and others.
- EPIC is the primary service provider including substance use treatment counseling, random drug testing, individual and group therapy sessions.
 - Drug Court intensive outpatient treatment (IOP) treatment service are support by SAMHSA drug court expansion grant funds.
 - The grant incorporates peer support for Veterans and assists with care coordination and outpatient treatments.
 - The County also provides funding to support peer recovery support to Drug Court participants.

Veteran's Treatment Court (VTC)

- VTC is a voluntary program lead by the Honorable Judge McGillin, Jr. for individuals who have served in the U.S. Armed Forces, Reserves or National Guard; is a former U.S. Department of Defense Contractor; or is a former military member of a foreign allied country.
 - VTC has the capacity to serve 50 clients (will serve more if needed) and the average length of program is 12 to 18 months.
 - Referrals are primarily from the jail and first appearance documents are stamped as Veteran.
- Treatment is provided by the VA and EPIC.

Mental Health Court (MHC) (in development)

- The MHC is in the planning phase. EPIC was awarded a CJMHSA Reinvestment planning grant to begin tentatively in August 2023 to support this effort.

Strengths

- EPIC was awarded a CJMHTSA Reinvestment planning grant to plan for implementation of a St. Johns County Mental Health Court.
- Drug Court is available both pre-plea and post-plea.
- Almost all females in the jail are engaged in domestic violence programming.
- There is a large number of veterans who volunteer for the VTC.
- There is interest around exploration of a Homeless Court.
- Peer specialists are involved with Drug Court program.

Opportunities for Improvement

- There is insufficient meeting space in jail to operate all programs as frequently and expand services, despite desire to expand array of programming.
- There is potential to expand in-jail services to include Medication Assisted Treatment
- Consider expansion of domestic violence programming to serve males.
- There is an opportunity to identify low-barrier, no-cost approaches to program involvement for individuals to receive in-jail services. At present, some in-jail programs require individuals to pay a fee to participate.
- Expand education and promotional messaging to support continued growth of Drug Court.
- Identify opportunities to expand in-jail mental health programming and support for transitions.

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Intercept 4—Reentry

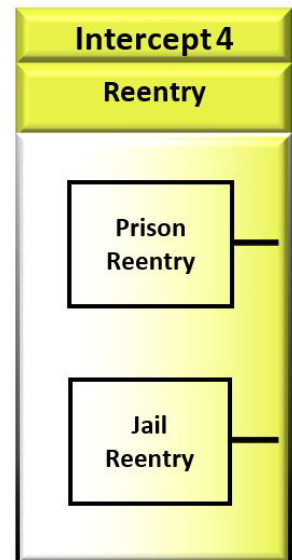
St. Johns County Jail Reentry

St. Johns County Jail-Based EPIC Transition Program (JET) (Intercepts 3 & 4)

- 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:
 - Patient Health Questionnaire (PHQ-9)
 - Texas Christian University Drug Screen 5 (TCU5)
 - Mental Health Screening Form III (MHSF III)
- 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.
- Between July 2022 and July 2023, 1,858 individuals were on the proxy list, with 258 individuals assessed by JET program staff, and 66 intakes of those who qualified for the JET program.
 - At the time of the mapping, there were 56 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.

EPIC SIGHT Program (Intercepts 3 & 4)

- 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 Sheriff's Office conducts reentry planning with individuals following sentencing or upon inmate request for reentry planning.
 - There is one full-time reentry coordinator and one part-time reentry coordinator.
- Reentry planning is conducted on a volunteer basis and individualized based on the needs of the individual.
- The St. Johns County Sheriff'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 SJSO 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.
 - SJSO will connect individuals with SMA prior to an individual's release in order to have an appointment scheduled to continue on their medications after they use the supply provided by Armor.
- The SJSO will also provide referrals to Care Connect+ (see Intercept 5).
- The St. Johns County Jail has recently set up a Florida Department of Highway Safety and Motor Vehicles (DMV) office within the jail to assist individuals with obtaining identification cards and driver's licenses, with equipment provided by the Tax Collector's Office.
- SJSO is also in the process of creating a computer lab to help individuals connect with other services online such as job resources and interviews. They are also in the process of coordinating job fairs.

Medication Access Upon Release

- Upon release from jail, Armor Health (contracted health care provider) provides individuals a 7-14 supply of medications, based on individual needs.
- 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 community providers, Armor, and the St. Johns County Jail.
- SJSO is open to having groups come into the jail and provide services/supports.
- St Johns County and LSF Health Systems assists in funding JET following grant end.
- There is collaboration between SJSO and DMV to assist individuals in obtaining identification cards before they leave the jail.

Opportunities for Improvement

- Review potential to expand on # of days of medication provided to individuals being released, to ensure there is no gap in medication access between release and initial appointment with community provider.
 - Identify mechanism to ensure that formal linkages to psychiatric services occur within 7 days of jail release.
- Identify best practices and opportunities for expansion of recovery housing models that accept individuals with children.
- Connect with community organizations to determine if they can donate additional resources such as clothing, food, and hygiene products.
- Engage with Lee County Reentry Taskforce to discuss reentry processes, as they also

have a robust reentry process for individuals reentering the community from jail.

- Continue to support the establishment of a recovery community organization (RCO) in the community.
- Improve bridges to MAT services and overdose prevention/reversal efforts (e.g. naloxone distribution) for persons transitioning out of jail.

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Intercept 5—Community Corrections

Community Supervision

Probation Plus (misdemeanor probation)

- In April 2022, there were on average an estimated 600 individuals a month on misdemeanor probation.

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.
 - Treatment is referral-based and MH/SUD evaluations are requested by probation.
 - Individuals will attend evaluation and then abide by prescribed treatment.
- Probation officers participate in some online trainings such as de-escalation, but do not receive mental health-specific training.

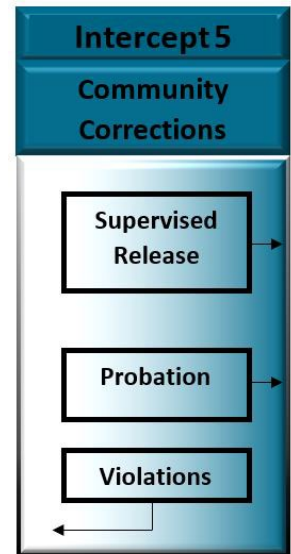


Table 4.

Summary of Florida Department of Corrections Probationers (as of May 2023)

FDC	%
Probationers with percent of probationers with mental health disorders	8%*
Probation revocation rate of all probationers	47.70%
Probation revocation rate of probationers with mental disorders	15%**

*There is not a specialized “mental health probation.” The figure of 8% reflects those offenders gained on supervision since January 2022 who are on active probation supervision in St. Johns County as of May 2023 that have conditions of supervision requiring a mental health evaluation and/or mental health treatment.

**The figure of 15% reflects the revocation rate for those offenders gained on supervision since January 2022 who had conditions of supervision requiring a mental health evaluation and/or mental health treatment.

Community Services

CAIR Center at Flagler Health+ (Intercepts 0, 1, & 5)

- See Intercept 0 for full description.

Care Connect+ (CC+) (Intercepts 0 & 5)

- See Intercept 0 for full description.

EPIC Access Support Center (Intercepts 0 & 5)

- See Intercept 0 for full description.

Florida Assertive Community Treatment (FACT) Team operated by SMA (Intercepts 0 & 5)

- See Intercept 0 for full description.

NAMI Volusia Flagler St. Johns (VFSJ) (Intercepts 0 & 5)

- See Intercept 0 for full description.

Patients Not Prisoners (Intercepts 0 & 5)

- See Intercept 0 for full description.

Drop-in Centers

- Port in the Storm Homeless Youth Center (serves juveniles and young adults)
- St Francis Housing Crisis Center
- Home Again St. Johns

Housing

St. Johns County Continuum of Care (CoC) (Intercepts 0 & 5)

- See Intercept 0 for full description.

Betty Griffin Center (Intercepts 0, 3, & 5)

- See Intercept 0 for full description.

St. Francis House (Intercepts 0 & 5)

- See Intercept 0 for full description.

Operation New Hope (Intercepts 3 & 5)

- See Intercept 3 for full description.

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 supports 3 men's houses (with capacity for 27 men total, two of which can be men with a child) and 1 women and children's house (with capacity for 9 women, two of which can be women with children).
- Oxford House is typically at capacity.

EPIC Second Wind Sober Living

- Second Wind offers a structured recovery house with oversight from a Certified Peer House Manager.
- Second Wind is available for EPIC clients. There are 2 homes: 1 home for men (8 beds) and 1 home for women (5 beds).
- Services provided include peer support, life skills building, and care coordination to support ongoing recovery and independent living planning.

Employment

As of April 2022, 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.

Employment providers: *CareerSource, Vocational Rehabilitation*

Strengths

- There is a Recovery Community Organization (RCO) in development in St. Johns County.
- As a part of the recently awarded CJMHSA planning grant, EPIC and community partners will develop a design for Recovery Oriented Support model for families and supportive partners of individuals with mental health and substance use disorders involved in the justice system.
- Patients not Prisoners is a strong family advocate in the community.

Opportunities for Improvement

- Continue to conduct outreach to and engage Probation Plus in future SIM conversations.
- Expand mental health training opportunities for probation officers.
- Engage probation in local Crisis Intervention Team (CIT) training efforts.
- Expand local options for support recovery housing.
- Identify funding opportunities and mechanisms to support transitional housing for persons with mental health and/or co-occurring disorders.
- Identify opportunities to develop more Supported Employment programs and opportunities for vocational training and certification.
- Continue to empower family champions in the community as a means to increase family engagement.
 - Consider expansion of programs that focus on family units, rather than just the individual.
- Affordable housing remains a barrier to success for individuals release from jail back into the community.
- Identify best practices to mitigate workplace burnout and enhance provider wellness.
- Increase awareness and engagement of faith-based supports to community providers as well as individuals receiving services in the community.

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St. Johns County Priorities for Change

Following the mapping of the intercepts, overall gaps were reviewed by the group. These gaps were then used by participants to develop a list of potential priority areas to vote on. Participants have three votes and are not allowed to vote for the same priority more than once. As a result of day one discussions, 8 goals/priorities emerged. Only the top 4 of the 8 goals are addressed in the action plan, as they were voted most important by the group. However, the entire list of the 8 goals/priorities is provided below to guide future planning efforts. The top 4 priorities / goals are identified in bold text.

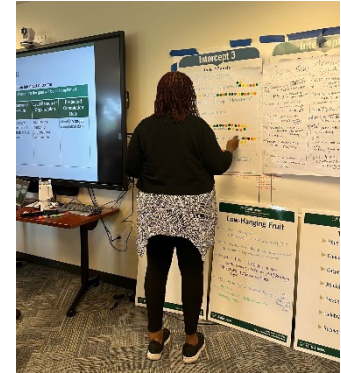


Figure 3. Stakeholder voting for top priorities

Table 3.
Priority Voting Survey Results

Priority Area/Goal	# Votes
Housing (behavioral health and recovery housing, group homes, transition housing, etc.)	26
Mental Health Court	18
Community Engagement (awareness, stigma reduction)	14
Mental Health Residential Treatment Options	10
CIT Training	9
Additional space at the jail (programming, detox beds)	7
Workforce shortages/developments	3
Provider Wellness	0

As a note, during the 2017 St. Johns County SIM, the top 5 priorities were 1) Central Receiving System, 2) Permanent Supportive Housing, 3) Transition Planning, 4) Increase Community-Based Treatment, and 5) Mental Health Court.

St. Johns County Action Plan

Action Planning Process



Figure 4. Action planning breakout groups

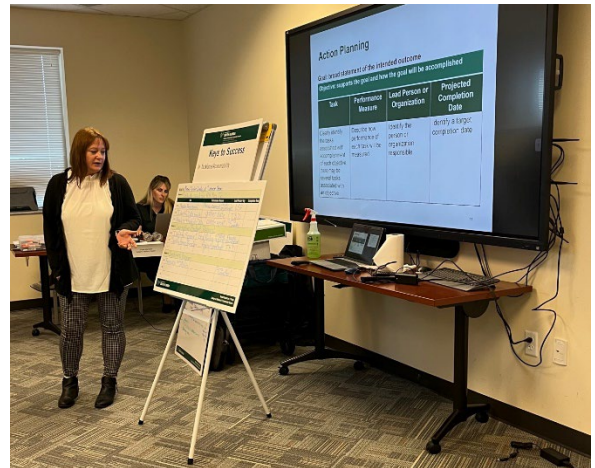


Figure 5. Action planning presentations

For action planning on the top 4 priorities/goals, stakeholders were split into breakout groups to create tasks, objectives, performance measures/action steps for each priority area identified. Groups were self-selected (Table 4). Each breakout group shared their work on the assigned goal/priority area with the larger group and participated in an open discussion. The stakeholders were enthusiastic and engaged participants throughout the development of a strategic action plan. The plan specifies the individuals responsible for implementation of each task and is presented on the following pages.

Table 4.
Summary of Action Planning Group Participants

Group	Participants
Goal1: Housing (behavioral health and recovery housing, group homes, transition housing, etc.)	Michael Clark, Kevin Cleave, Steve Colson, Annie Hardwick, Keith Melton, Shawna Novak, Sara Rutan, Rebecca Sinclair, Megan Wall
Goal 2: Mental Health Court	Craig Atack, James Bara, Shayna Keller, Shirley Olson, Nangela Pulsfus, John Richards, Sheryll Sharp
Goal 3: Community Engagement (awareness, stigma reduction)	Christy Gillis, Patti Greenough, Brian Hodge, David Salisbury, Paige Stanton, Lisa Taliaferro
Goal 4: Mental Health Residential Treatment Options	David Dolyak, Kelly Goll, Sandi Jackson, Jenifer Long, Lauren Pilkinton, Nancy Russo, Kayla Walton

Goal 1: Housing (behavioral health and recovery housing, group homes, transition housing, etc.)

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 1.1: Increase housing options.				
1.1a	Housing needs assessment	<ul style="list-style-type: none"> Report identifying gaps Include transitional, supportive and recovery, ALF, shelter 	<ul style="list-style-type: none"> St. Johns County 	May 2024
Objective 1.2: Landlord Engagement and nonprofit partnership				
1.2a	Gather community feedback	<ul style="list-style-type: none"> Review feedback 	<ul style="list-style-type: none"> Care Connect 	September 2023
1.2b	Survey nonprofit stakeholders interested in providing support or purchasing a housing unit	<ul style="list-style-type: none"> Review survey results Rank the stakeholders and support for a housing unit 	<ul style="list-style-type: none"> Care Connect 	September 2023
Objective 1.3: Identify funding and location options				
1.3a	SB102	<ul style="list-style-type: none"> Determine local policy and implementation 	<ul style="list-style-type: none"> St. Johns County 	June 2024
1.3b	CDB6	<ul style="list-style-type: none"> Acquisitions for nonprofits where they can apply to purchase housing 	<ul style="list-style-type: none"> Nonprofit organizations 	Yearly (ongoing)

Group Participants: Michael Clark, Kevin Cleave, Steve Colson, Annie Hardwick, Keith Melton, Shawna Novak, Sara Rutan, Rebecca Sinclair, Megan Wall

Goal 2: Mental Health Court

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 2.1: Pursue the plan				
2.1a	Identify stakeholder members for planning committees	<ul style="list-style-type: none"> Set committee dates and agendas Address planning action steps 	<ul style="list-style-type: none"> PSCC, EPIC 	April 2024
2.1b	Complete gap analysis to inform needs and tasks for implementation	<ul style="list-style-type: none"> Analyze and review tasks to address in planning committee 	<ul style="list-style-type: none"> PSCC, EPIC 	December 2023
2.1c	Research (site visits, etc.) and develop at strategic plan form MHC implementation	<ul style="list-style-type: none"> Plan site visits with stakeholder members Complete a strategic plan 	<ul style="list-style-type: none"> EPIC 	June 2024
Objective 2.2: Build Support for MHC				
2.2a	Submit strategic plan to County commission to garner county support for MHC implementation	<ul style="list-style-type: none"> Review strategic plan with PSCC for approval 	<ul style="list-style-type: none"> EPIC 	April 2024
2.2b	Write for an CJMH Reinvestment grant Implementation grant.	<ul style="list-style-type: none"> Write and submit an Implementation grant 	<ul style="list-style-type: none"> EPIC 	May 2024
Objective 2.3: Implementation				
2.3a	Establish policy and procedure for MHC with stakeholders	<ul style="list-style-type: none"> Develop written policy and procedure guidelines for MHC 	<ul style="list-style-type: none"> Implementation Team 	December 2024
2.3b	Train implementation team in TIC, legal competencies, family recovery support	<ul style="list-style-type: none"> Train implementation team and stakeholders 	<ul style="list-style-type: none"> Implementation Team 	February 2025

Group Participants: Craig Atack, James Bara, Shayna Keller, Shirley Olson, Nangela Pulsfus, John Richards, Sheryll Sharp

Goal 3: Community Engagement (awareness, stigma reduction)

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 3.1: Engage/inform the community on substance use disorders and mental illness				
3.1a	Build community support and commitment	<ul style="list-style-type: none"> Develop a plan for community level campaign implementation .Hold meetings with stakeholders 	<ul style="list-style-type: none"> St. Johns Behavioral Health Consortium 	12/23
3.1b	Launch an information campaign on social media (marketing)	<ul style="list-style-type: none"> Develop a social marketing plan Distribute info and review "hits/clicks" etc. 	<ul style="list-style-type: none"> St. Johns Behavioral Health Consortium 	3/24
3.1c	Identify and catalog training modules by target populations and locations	<ul style="list-style-type: none"> Develop trainings and research trainings for target populations for building a diverse training catalogue 	<ul style="list-style-type: none"> Behavioral Health Consortium Ad Hoc Committee 	7/24
Objective 3.2: Implement stigma-free zone – reduce stigma associated with substance use disorders and mental illness				
3.2a	Explore SFZ for St. Johns County	<ul style="list-style-type: none"> Research design (data) Develop a program description 	<ul style="list-style-type: none"> St. Johns Behavioral Health Consortium 	4/24
3.2b	Develop implementation strategies for SFZ	<ul style="list-style-type: none"> Identify goals and tasks for implementation 	<ul style="list-style-type: none"> Behavioral Health Consortium Ad Hoc Committee 	7/24
Objective 3.3: Training				
3.3a	Identify training modules for community and professional audiences	<ul style="list-style-type: none"> Create a Catalogue of modules 	<ul style="list-style-type: none"> Behavioral Health Consortium Ad Hoc Committee 	8/24
3.3b	Expand CIT Training	<ul style="list-style-type: none"> Establish quarterly CIT trainings 	<ul style="list-style-type: none"> Law enforcement/probation 	2/24
3.3c	Expand Talkable Communities training initiatives for youth and adult populations	<ul style="list-style-type: none"> Establish number of trainings to be provided. 	<ul style="list-style-type: none"> EPIC 	1/24

Group Participants: Christy Gillis, Patti Greenough, Brian Hodge, David Salisbury, Paige Stanton, Lisa Taliaferro

Goal 4: Mental Health Residential Treatment Options

Task		Performance Measure	Lead Person or Organization	Projected Completion Date
Objective 4.1: Evaluate Need for Mental Health Residential Treatment				
4.1a	Use planning grant gap analysis to identify needs for residential or other MH housing	<ul style="list-style-type: none"> Review current needs assessments and develop an action plan for barrier to address 	<ul style="list-style-type: none"> St. Johns Behavioral Health Consortium 	3/24
4.1b	Identify cost and needed supports to sustain a facility	<ul style="list-style-type: none"> Explore financially feasible options for the county 	<ul style="list-style-type: none"> St. Johns Behavioral Health Consortium 	5/24
4.1c	Explore other MH residential program design for model that best fits the need	<ul style="list-style-type: none"> Identify programmatic and fiscal components of well executed programs 	<ul style="list-style-type: none"> St. Johns Behavioral Health Consortium 	7/24
Objective 4.2: Legislative Budget Request				
4.2a	Identify sponsor(s) in state legislation	<ul style="list-style-type: none"> Create a local funding initiative request 	<ul style="list-style-type: none"> St. Johns Behavioral Health Consortium 	7/24
4.2b	Build county and legislative support for a legislative ask	<ul style="list-style-type: none"> Develop an advocacy paper for presentation 	<ul style="list-style-type: none"> St. Johns Behavioral Health Consortium 	9/24
Objective 4.3: Implement Program				
4.2a	Develop policy and procedure for the program	<ul style="list-style-type: none"> Follow licensure, statute and CARF standards for policy development 	<ul style="list-style-type: none"> TBD 	TBA

Group Participants: David Dolyak, Kelly Goll, Sandi Jackson, Jenifer Long, Lauren Pilkinton, Nancy Russo, Kayla Walton

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 youth 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.

- Convene a data subcommittee to identify shared goals, review regular outcome data and recommend data-informed program decisions.
- Review the follow-up process for Baker Act discharges.
- Engage FDC in trainings with community organizations such as EPIC, LSF, SMA, and St. Johns County HHS.
- Review Patients not Prisoners family education initiatives.

Parking Lot

Some gaps identified during the Sequential Intercept Mapping are too large or in-depth to address during the workshop. These items are identified throughout the mapping process and placed in the “parking lot”. Items in this section are flagged as important to consider and discuss further, either through targeted training, further mapping efforts, or future investments. Items identified in St. Johns County for further discussion include:

- Housing availability for individuals with mental health and substance use disorders
- Single mothers experiencing homelessness
- Engage SOAR trained staff in the jail for reentry planning

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Recommendations

The St. Johns County Sequential Intercept Mapping (SIM) took place approximately 14 months after the St. Johns County Targeted Reentry SIM. During this period, the community achieved significant progress in enhancing reentry for individuals returning from jail. Notably, they successfully integrated 988 into the community crisis system, secured grant funding for a Mental Health Court, and expanded EPIC's "Talkable Communities" initiative to combat stigma and raise awareness about adult behavioral health. The SIM served as a platform for community members and stakeholders to learn about these advancements in the reentry intercepts and to promote awareness of available resources throughout the system. Throughout the day, the passionate commitment of the St. Johns County community to improving the behavioral health and criminal justice systems for individuals with mental health, substance use, and co-occurring disorders was evident in the testimonials and stories shared by family representatives and the reentry team. The latter part of the day focused on translating this commitment into action by establishing priority areas for future strategic planning (see Action Plan above).

During the event, facilitators provided valuable suggestions, posed targeted questions, and offered feedback for the community to consider in their ongoing efforts. In line with these discussions and observations, the USF CJMHS Technical Assistance Center (TAC) presents a list of recommendations for the community's consideration. These recommendations draw from the insights of subject matter expert facilitators and are intended to guide future actions, policies, and initiatives aimed at enhancing the behavioral health and justice system for adults with behavioral health disorders and justice involvement. St. Johns County is encouraged to review these suggestions and determine their feasibility within their current system, either addressing them concurrently with the action plan or setting them aside for future consideration.

1. Review crisis hotline pathways with the newly integrated 988 crisis line in the community.
 - a. During the mapping it was stated that 988 has been active for around 4 months, so the community is still learning how it fits into the crisis system. It is important for providers and stakeholders to understand navigation of this crisis hotline system, in order for community members to understand the system. In some communities, we recommend conducting a "secret shopper" activity to learn how 211 might connect you to 911 or 988 might connect an individual to mobile crisis response teams. Understanding these pathways can facilitate a better understanding of how folks are accessing services and where additional resources may be directed or a warm hand-off may be needed.
2. Reinvigorate CIT training in the community and engage all law enforcement agencies and community behavioral health partners. Engage probation officers in future community training initiatives such as Crisis Intervention Teams (CIT) training and Mental Health First Aid (MHFA).
3. Leverage the Mental Health Court planning grant to further goals related to implementing a MH Court in St. Johns County.
4. Convene a data subcommittee to identify shared goals across programs and/or agencies, review regular outcome data and recommend data-informed program decisions.

5. Consider the pros and cons of information sharing (with a release of information) for first appearance hearings. In some communities, jails do share behavioral health information with Public Defender in order to better inform them of their client's needs and circumstances to advocate on their behalf. This gap may be filled in the future with the SMART program implementation.
6. Explore the feasibility of alternate bail/bond options for individuals with mental health and substance use disorders who are charged with low level offenses.

For information or clarification regarding this SIM, action plan, and report, contact:

Abby Shockley, Director, CJMHSA TAC, ashockley1@usf.edu

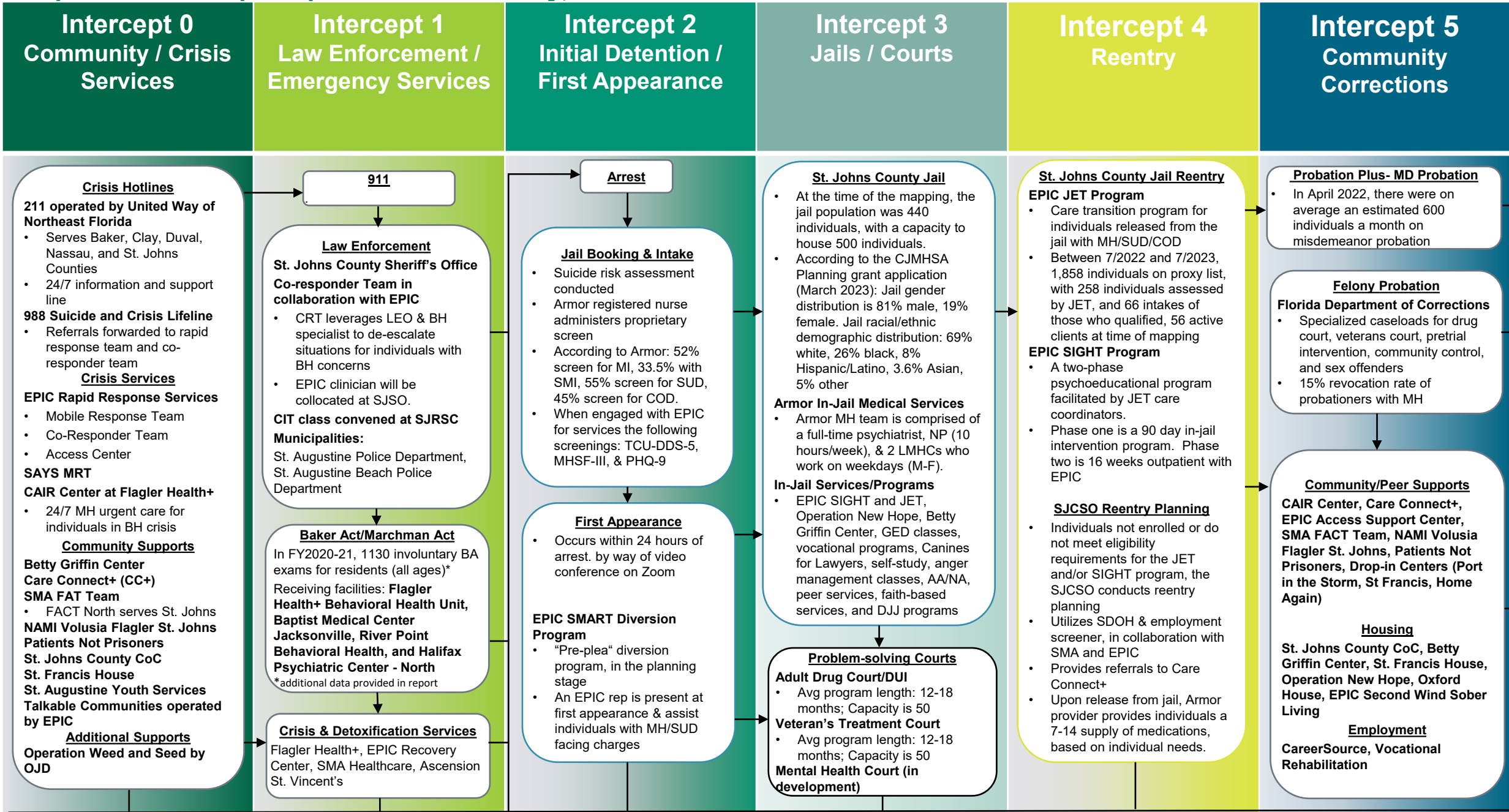
Katelind Melendez, Assistant Program Director, CJMHSA TAC, katelind@usf.edu

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

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Sequential Intercept Map: St. Johns County, Florida

Community



Appendix A: Participant List

Name	Organization	Email
Craig Atack	Public Defender's Office	Atack.craig@pd7.org
James Bara	EPIC	jbara@epicbh.org
Michael Clark	SJSO	mclark@sjsso.org
Kevin Cleave	Armor Healthcare	Kevin.cleave@armorhealthcare.com
Stephen Colson	SJSO	scolson@sjsso.org
Judith Dembowski	St. Francis Shelter	judith.dembowski@stfrancisshelter.org
David Dolyak	LSF Health Systems	david.dolyak@lsfnet.org
Christy Gillis	DCF	christina.Gillis@myflfamilies.com
Kelly Goll	Flagler Health	kelly.goll@flaglerhealth.org
Patti Greenough	EPIC	pgreenough@epicbh.org
Annie Hardwick	Armor Healthcare	ahrdwick@sjsso.org
Brian Hodge	SJSO	bhodge@sjsso.org
Beth Holland	USF CJMHSA TAC	holland75@usf.edu
Sandra Jackson	SMA Healthcare	sjackson@smahealthcare.org
Shayna Keller	BOCC/PSCC	skeller@sjcfl.us
Jenifer Long	Flagler Health	Jenifer.long@flaglerhealth.org
Sarahi Luckey	St. Francis Shelter	Sarahi.luckey@stfrancisshelter.org
Eryka Marshall	Subject Matter Expert	eryka@usf.edu
Katelind Melendez	USF CJMHSA TAC	katelind@usf.edu
Keith Melton	SJSO	kmelton@sjsso.org
Robert Nimmons	Compassionate St Augustine	rnnimmons131@gmail.com
Shawna Novak	St. Johns Co. Govt	snovak@sjcfl.us
Shirley Olson	Court Admin	solson@circuit7.org

Name	Organization	Email
Nangela Pulsfus	EPIC	npulsfus@epicbh.org
Lauren Pilkinton	LSF Health Systems	lauren.pilkinton@lsfnet.org
Dusty Pye	LSF Health Systems	Dusty.pye@lsfnet.org
Ben Rich	State Attorney's Office	richb@sao7.org
John Richards	Probation/Parole DOC	John.richards@fdc.myflorida.com
Nancy Russo	SMA Healthcare	nrusso@smahealthcare.org
Sara Rutan	EPIC	srutan@epicbh.org
David Salisbury	Attorney	david@salisburycriminallaw.org
Michelle Saunders	Subject Matter Expert	msaunders416@comcast.net
Sheryll Sharp	Betty Griffin Center	sherylls@bettygriffincenter.org
Rebecca Sinclair	EPIC	rsinclair@epicbh.org
Paige Stanton	Care Connect	paige.stanton@flaglerhealth.org
Lisa Taliaferro	Patients Not Prisoners	patientsnotprisonersfl@gmail.com
Kayla Walton	LSF	kayla.walton@lsfnet.org
Megan Wall	St. Johns County Legal Aid	megan.wall@jaxlegalaid.org

Appendix B: St. Johns County Data Snapshot

This appendix summarizes behavioral health and criminal justice data indicators submitted by EPIC Behavioral Healthcare concerning St. Johns County residents. Data was collected as a part of the St. Johns County Mental Health Court Needs Assessment published in September 2023 (with the exception of Table B4).

Table B1.

Summary of Hospital & Health Services Data

	January - June 2021/2222	January - June 2023
Mental Health Patients	954 (2021)	1,672
# of Overdoses	132 (2022)	191
Naloxone Administration	257 (2022)	280

(St. Johns County Mental Health Court Needs Assessment, September 2023)

Table B2.

St. Johns County Jail Mental Health Screening Data: January 2023 – August 2023

Month	Number Screened	Number Screening Positive	Percent Screening
January 2023	152	95	62.50%
February 2023	168	119	70.80%
March 2023	144	115	79.90%
April 2023	114	81	71.10%
May 2023	156	90	57.70%
June 2023	144	97	67.40%
July 2023	117	68	58.10%
August 2023	186	128	68.80%

(St. Johns County Mental Health Court Needs Assessment, September 2023)

Table B3.*St. Johns County Jail Mental Health Services: January 2023 – August 2023*

Month	Psych ARNP	Mental Health Counselor	Suicide Gesture Attempts
January 2023	191	239	46
February 2023	145	276	52
March 2023	119	235	41
April 2023	171	271	36
May 2023	171	290	49
June 2023	133	310	61
July 2023	163	335	55
August 2023	202	285	60

*(St. Johns County Mental Health Court Needs Assessment, September 2023)***Table B4.***Summary of Florida Department of Corrections Probationers (as of May 2023)*

FDC	%
Probationers with mental health disorders	8%*
Probation revocation rate of all probationers	47.70%
Probation revocation rate of probationers with mental disorders	15%**

*There is not a specialized “mental health probation.” The figure of 8% reflects those offenders gained on supervision since January 2022 who are on active probation supervision in St. Johns County as of May 2023 that have conditions of supervision requiring a mental health evaluation and/or mental health treatment.

**The figure of 15% reflects the revocation rate for those offenders gained on supervision since January 2022 who had conditions of supervision requiring a mental health evaluation and/or mental health treatment.

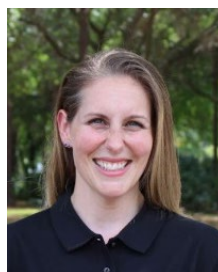
Appendix C: Facilitator Bios

Katelind Melendez, M.A., M.S., Assistant Program Director, CJMHSA TAC



Katelind is the Assistant Program Director at the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center (CJMHSATAC). At the CJMHSA TAC, she is responsible for facilitation of technical assistance events for the DCF Reinvestment Grant Program, as well as technical report writing, for grant program reports written to inform the DCF and the Florida Legislature. She earned a Master of Arts in Criminology and a Master of Science in Child and Adolescent Behavioral Health at USF. Since starting at the CJMHSA TAC, Katelind has assisted in facilitation of over 17 Sequential Intercept Mappings across the state, which promote system-wide changes in the behavioral health and criminal and juvenile justice systems.

Beth Holland, MBA, Learning and Development Facilitator, CJMHSA TAC



Mary (Beth) Holland is excited about her new role as the Learning and Development Facilitator at the CJMHSA TAC. Previously, she was in the multifamily housing industry as a social media and reputation manager for 10 years. She received her Master's in Business Administration with a concentration in Marketing in 2014 from Sullivan University. She is thrilled about the opportunity to join the TAC team and contribute her marketing expertise and various skills to expanding the TAC's capacity for grantee communications relative to newsletters, as well as development and implementation of a learning collaborative to enhance peer to peer learning among grantees across the State of Florida.

Michele Saunders, MSW, LCSW, CJMHSA TAC Subject Matter Expert



Michele is a Licensed Clinical Social Worker with over 30 years of community mental health service. Ms. Saunders is a clinician with the Department of Veterans Affairs, Veterans Health Administration in Orlando, FL. Prior to this, other positions she held include the Director of Community Services for Seminole County, the Executive Director of Florida Partners in Crisis, and the Executive Vice President of Lakeside Behavioral Healthcare. Ms. Saunders currently coordinates and chairs the statewide Florida CIT Coalition and provides technical assistance for CIT development for law enforcement and for corrections. Additionally, she promotes cross-system collaboration around criminal justice, mental health and substance use providers towards system changes that emphasize jail diversion and improve services for people with serious mental illnesses. Ms. Saunders is one of the founding members of CIT International, Inc. and is the 1st Vice President for CIT International, Inc.

Eryka Marshall, M.A, LMHC, CJMHSA TAC Subject Matter Expert



Eryka is a Licensed Mental Health Counselor with over 10 years' experience of working with youth and families in community settings. Ms. Marshall is a clinician with the Tampa Housing Authority Youth and Family Services Program, a prevention program funded by the Department of Juvenile Justice. She earned a Masters in Rehabilitation and Mental Health Counseling, with a certificate in Marriage and Family Therapy at USF. Ms. Marshall also works in the Department of Mental Health Law & Policy on various research projects and as a guest lecturer in Behavioral Healthcare courses.

Appendix D: Resources

Web Resources

Partners

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

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

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

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

Florida Alcohol and Drug Abuse Association

<https://www.fadaa.org/>

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

<https://www.myflfamilies.com/service-programs/samh/>

Policy Research Associates (PRA)

<https://www.prainc.com/>

SAMHSA's GAINS Center for Behavioral Health and Justice Transformation

<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)

<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/csap>

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://tash.org/nctic/>

National Clearinghouse for Alcohol and Drug Information

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

SAMHSA Grant Announcements

<https://www.samhsa.gov/grants/grant-announcements-2021>

Evidence-Based Practices Resource Center SAMHSA'S Knowledge Network

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

Other Web Resources

Baker Act Reporting Center	http://bakeract.fmhi.usf.edu/
Council of State Governments (CSG)	http://www.csg.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	https://endhomelessness.org/resource/housing-first/
National Center for Cultural Competence	https://nccc.georgetown.edu/
National Council for Behavioral Health	https://www.thenationalcouncil.org/
National Criminal Justice Reference Service	https://www.ojp.gov/ncjrs/new-ojp-resources
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/
U.S. Department of Veterans Affairs - Mental Health	http://www.mentalhealth.va.gov/
United State Interagency Council on Homelessness	https://www.usich.gov/