



Marion County, Florida: Improving Services for Adults with Mental Illnesses in Contact with the Criminal Justice System

Sequential Intercept Mapping

Introduction

This report summarizes the Cross-Systems Sequential Intercept Mapping workshop held in Marion County, June 14th, 2012. The workshop was facilitated by the Florida Criminal Justice Mental Health and Substance Abuse (CJMHS) Technical Assistance Center at Florida Mental Health Institute (FMHI), University of South Florida (USF). This report includes:

- A brief review of the origins and background for the workshop
- Information gathered at the workshop based the Sequential Intercept Model or Cross-Systems Mapping
- An action planning matrix as developed by the group
- Summary, consensus and observations by the Florida CJMHS

Objectives of the Cross-Systems Mapping Exercise

The Cross-Systems Mapping Exercise had

interventions at each intercept point in the Criminal Justice and Behavioral Health System as perceived by the participants during the mapping process. Gaps in service delivery and resource opportunities are identified at each intercept point. These notes may be used as a reference in reviewing the Marion County Cross-Systems Map and as a tool in developing a formal strategic action plan and/or future Memorandum of Understanding among community stakeholders and local planning entities.

Intercept I: Initial Contact w/ Law Enforcement, Prevention Programs, or Emergency Services

Identified Gaps – Law Enforcement / Emergency Services (Intercept 1)

- Need for increased CIT training among law enforcement, but costs time for officers to be taken off streets for training
- Communication within the department of officers who are CIT trained
- SO internally tracks type of service utilization on calls – information not shared or used
- The Centers does not share whether or not a person has been in treatment or their history with officers
- Lack of information sharing
- Do not have CIT teams – lack of support and funding in county for this idea
- Lack of training among 911 and 211 operators

Identified Strengths

- CIS available to go with LEO to emergency calls – operate 24/7
- Working relationship with The Centers (officers can call to determine Baker Act criteria)
- Two receiving facilities for Baker Act, The Vines and The Centers 24/30 and 15 private beds
- Licensed detox facility available for Marchman Acts – if full, they are taken to jail. Then contact Centers for avail bed and sent there for treatment.
- Refuge (private facility) able to take Marchman Acts once seen by courts (no Medicaid or Medicare clients)

Intercept II: Initial Detention / Initial Detention and Court Appearance

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

- Need release of information to get treatment/medication history or communication with treatment providers
- Lack of information sharing
- Verifying medications is a lengthy process and clients go without meds for days – discontinuity is medication administration
- No peer specialist in jail (maybe via NAMI?)
- Lack of communication among community – has possibility to alleviate issue of medication
- Need for practical early interventions

Over 40% bond out before any treatment can go into effect or can be followed up

Identified Strengths

A number of community resources available for special needs
Family members can contact jail staff regarding medical concerns or medication information via website – but this option may not be known
MH and veterans questions in jail screen

Intercept III: Jails / Courts

Identified Gaps – Jails/Courts (Intercept 3)

Need more information when determining if MHC is appropriate
Need to determine how to differentiate for MHC, DC, and VC – potential need to change screening process
3 day supply of medication
Medication management issues (getting to dr. visits, dr. availability, etc.)
Homeless shelters require picture ID
Sustainability of MHC – funding ends in a year

Identified Strengths

Initial issue with timeliness of application being approved to send person to MHC and then person is no longer interested, but now process is quick and communication is strong.
Availability of free drugs via Drug companies – The Centers aware and can coordinate (jail was not aware)
Moving towards integration of physical and mental services
Part-time volunteer staff have “reentry building” that allows for released to apply for social services/benefits
Homeless shelters available: Salvation Army, Interfaith
Community networking meeting each month to bring together resources

Intercept IV: Re-Entry

Identified Gaps – Re-entry (Intercept 4)

Access to entitlements
Lack of housing options upon release
Medication availability upon release

Identified Strengths

Ability to write prescriptions for inmates upon release for up to 30-day supply
OCC staff make efforts to connect those released with community resources

Intercept V: Home and Community Supervision and Support

Identified Gaps - Community Corrections / Community Support (Intercept 5)

VA has abundance of services, but there it is very difficult to navigate the VA system – need for dedicated staff/peer specialist to assist
Lack of aftercare post MHC
Lack of funding in services that clients are referred to
Employment opportunities

Identified Strengths

Variety of community resources available
Collaboration among providers is strong.

The Marion County Action Plan

Subsequent to the completion of the Systems Mapping exercise, the assembled stakeholders began to define specific steps that could be taken to address the gaps identified in the group discussion about the systems map. Four priority areas were identified, including opportunities for tactical interventions to promote “early, quick victories” and more strategic interventions to stimulate longer-term systems changes. These priority areas are outlined on the following pages. The Marion County Criminal Justice and Behavioral Health Planning Council will need to refine the persons responsible for implementation, action items and longer term timetable.

Priority Area: Pre-

**Priority Area: CIT Training
[Intercept 1]**

Priority Area:

**Priority Area: Entitlements
[Intercept 4]**

Objective	Action Step	Who	When
<p>Maximize enrollment of re-entrants into social service entitlement programs</p> <p>Link re-entrants to peer supports</p>	<p>Evaluate links to the development of a Peer Support capability</p>	<p>Salvation Army</p> <p>NAMI</p>	<p>Feb. 1, 2013</p>

List of Workshop Participants

Name	Organization	Title	Phone #	Email
John Podkomorski	NAMI	Board Member	352-875-9890	john@podspad.us
Lynda Glick	Lifestream Behavioral			

52.52 208.319 27.18536 40(25) Tc 4526 ET 00 04 Tc.08 Tm [(C(642.E.4B22.ET)4 </MCID 15Qc 522 466.8 96.96 0.82(8401320

tdixon@thefuge-ahealingplace.com
cweldon@circuit5.org
Linda_rankin@uss.salvationarmy.org
lgilbert@thecenters.us
achristy@usf.edu
tparsons@thecenters.us
wpinder@marionso.com
mmatthews@circuit5.org

Susan Berg	Court Administration	Court Consultant	352-253-1606	sberg@circuit5.org
Alina Stoothoff	The Centers	Consultant/Liaison	352-572-9199	Alina13@cox.net
Gail Cordial	Florida Partners in Crisis	Executive Director	321-453-8825	Gailc@flpic.org
Taylor Knight	SAO		352-671-5800	tknight@jud5.flcourts.org
Jim Graham	SAO		352-671-5800	jgraham@jud5.flcourts.org
Charlotte Matthews	VA	VJO	352-538-5418	Charlotte.matthews@va.gov
Jeane Wurtz	CRPSF		352-732-7791	jmccall@embargmail.com
Kenuel Gates			352-642-4203	Kengates36@yahoo.com
Sean Clayton	SAO	ASA	352-671-5800	sclayto@jud5.flcourts.org