

## Introduction

This report summarizes the Cross-Systems Mapping & Taking Action for Change workshop held in Flagler County, Florida on October 16th and 17th 2008. The workshop was facilitated by the Florida Criminal Justice Mental Health and Substance Abuse (CJMHSA) Technical Assistance Center at Florida Mental Health Institute (FMHI), University of South Florida (USF). This report includes:

- 3 A brief review of the origins and background for the workshop
- 3 A summary of the information gathered at the workshop
- 3 A cross-systems intercept map as developed by the group during the workshop
- 3 An action planning matrix as developed by the group
- 3 Observations, comments, and recommendations from the Florida CJMHSA Technical Assistance Center to help Flagler County achieve its goals

Recommendations contained in this report are based on information received prior to or during the Cross-Systems Mapping & Taking Action for Change workshop.

## Background

The Flagler County Criminal Justice Mental Health and Substance Abuse (CJMHSA) Planning Council along with the full support of multiple local stakeholders requested that the Florida CJMHSA Technical Assistance Center facilitate the Cross-Systems Sequential Intercept Model Mapping and Taking Action for Change in Flagler County, Florida to provide assistance with:

- 3 Creation of a map of the points of interface among all relevant systems
- 3 Identification of resources, gaps, and barriers in the existing systems
- 3 Development of a strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of the target population

The participants in the workshop included 19 individuals representing multiple stakeholder systems, including mental health, substance abuse treatment, human services, corrections, advocates, family members, consumers, law enforcement, and the courts. A complete list of participants is available at the end of this document. John Petrila, J.D. LL.M. (FMHI) and Nicolette Springer, M.S. (FMHI) facilitated the workshop sessions. Mr. Petrila is Director of the CJMHSA Technical Assistance Center. Ms. Springer is Project Manager for the Center.



## **Intercept I: Law Enforcement / Emergency Services**

A person in need can enter into the system in two ways, through volunteer admission or through contact with law enforcement and/or emergency services. If a person is suicidal or a threat to themselves or others they can voluntarily admit themselves into the Halifax Behavioral Health or to the Stewart Marchman Act Behavioral Health Services.

In the event of an emergency, first contact will often come through a call to 911, which is administered by the Flagler County Sheriff. In the event of a medical emergency, the person may be taken to an emergency room. In the event of an emergency in which mental illness may be implicated, the person may be Baker-Acted to a receiving facility operated by Stewart Marchman Act, located in Daytona County.

If substance abuse is involved, the individual may be transported by law enforcement to detoxification beds (of which there are 8) operated by Stewart Marchman Act. These beds are also in Daytona.

In most cases, the individual is brought to the county jail for booking. After the screening conducted at booking, the person may be transported to Stewart Marchman Act under the Baker Act or be taken to SMA for detoxification services.

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

- › No mobile crisis team or crisis outreach services
- › The absence of county-based beds means that individuals in need of emergency mental health and/or substance abuse services must be transported by law enforcement to Volusia County
- › There are no transitional residential services in Flagler county
- › There are no formal diversion programs that law enforcement may use as an alternative to arrest

## **Intercept II: Initial Detention / Initial Detention and Court Appearance**

On arrival at the county jail, all individuals are booked. They are also screened on a variety of issues, including past psychiatric history, use of psychiatric medications, substance abuse issues and suicidality. The jail has a capacity of 132, and on average between 10 and 12 individuals are booked per day. There are 14 beds for females. There are no specially designated mental health beds, but there are 2 isolation rooms in booking and 2 isolation rooms in general, which can be used to house people with serious mental health problems. There is no psychiatrist in Flagler County, but the jail contracts with Stewart Marchman Act for the services of a nurse practitioner who can perform more detailed assessments and who can prescribe medication.

While there is no formal diversion program from the jail either pre- or post-booking, it is reported that there is excellent communication between the jail, public defender and state attorney if an individual has significant mental health or substance abuse problems.

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

- › At booking, individuals are not screened specifically for mental illness, though screening does include questions relevant to mental illness, substance abuse, and potential harm to self
- › There is limited access to medical professionals, including mental health professionals
- › There is not a formal pre-trial service
- › There are no formal diversion programs either pre-or post-booking

**Intercept III: Jails / Courts**

Flagler County operates a drug court, with a current caseload of approximately 20. At the mapping, there was interest expressed in eventually accommodating at least 40 people in the drug court. The court is a felony court and treatment is provided by Stewart Marchman Act and Break the Cycle. In the opinion of the public defender and others, treatment provided to individuals in the drug court is good.

There is no mental health court in Flagler County. In some cases, the public defender and state attorney work out a disposition that involves an agreement by the defendant to seek mental health treatment. Interest was expressed in having much more access to screening and treatment relevant to case dispositions, particularly in misdemeanor cases.

There are no specific treatment programs in jail for mental illness. Available programs include AA, faith-based services, and a GED program.

#### ∅ Identified Gaps – Jails and Courts (Intercept 3)

- › All parties at the mapping agreed that there is a very significant gap in case management services in general and medication management in particular for individuals with mental illnesses who come into contact with the criminal justice system. This was emphasized repeatedly, and at each Intercept.
- › There is no mental health court in Flagler County, though while there was some interest expressed in how such a court might impact misdemeanor cases in particular, there was not much interest expressed in attempting to create such a court at this time.
- › Competency restoration at this time was not considered a major issue, with individuals adjudicated incompetent usually going to a state hospital for competency restoration. At this point community based competency restoration services do not exist.
- › There is no formal treatment for mental illness, beyond medications, in jail though a nurse practitioner is available and there is some counseling available.

#### Intercept IV: Re-Entry

Individuals who are sentenced to more than one year of incarceration are transferred to State Prison. Those serving less than one year are housed in the Flagler County jail.

There are no formal reentry programs in the Flagler County jail. Jail administration and staff do not have the resources to assist with housing, support services, treatment or reestablishment of benefits. Stewart Marchman Act formerly provided assessments in the jail, but recently this task has been assumed by Flagler County Social Services, which provides approximately 3 assessments per week as part of in-reach into the jail. These assessments currently do not examine the individual's potential eligibility for benefits (such as SSI, housing assistance, etc) but discussion at the mapping suggested that this might be a possible future development.

When people leave jail, they are provided with a 3 day supply of medication and given a referral to Stewart Marchman.

#### ∅ Identified Gaps – Re-entry (Intercept 4)

- › Getting connected to benefits
- › Affordable housing
- › Inadequate funding for treatment and services
- › Some difficulty in assuring continuity in medications, depending on whether and when the person leaving jail comes to Stewart Marchman for an initial post-release visit
- › Individuals are sometimes released at midnight or other non-business hour times, which makes access to post-release services difficult
- › Transportation is an issue throughout the county for people without automobiles or help with transportation and this can have an impact on services

## Intercept V: Community Corrections / Community Support

After judicial disposition or upon release from incarceration, individuals can be placed under the supervision of county or state probation.

As noted, individuals with documented mental illness are provided with a three day supply of medication when released from county jail into the community. A follow up appointment is scheduled at the time of release though there are sometimes difficulties in assuring that appointments are kept.

In addition, there is no assistance with reinstating social security or Medicaid benefits; leaving many without the means to obtain needed medication and/or access to medical attention.

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

- › Lack of licensed mental health professionals
- › Lack of mental health follow up to assure mental health appointments are kept
- › No assistance with reinstating benefits
- › No peer involvement
- › A lack of case management (as noted, an issue emphasized by all participants in the mapping).

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. Five priority areas were identified. These included case management, medication access and management, crisis outreach, screening for eligibility for entitlements, and potential expansion over time of the Anti-Drug Initiative (ADI) to include misdemeanants with mental illnesses. These areas are outlined on the following pages. Because of the close relationship between case management and medication access and management, they are consolidated below.

It is worth noting that all participants in the mapping and planning sessions acknowledged that change must be incremental, occur within existing resources, and recognize not only treatment needs of defendants but public safety as well. Therefore, the objectives below emphasize the use and gradual expansion of existing resources rather than an infusion of new resources into the county. A number of individuals noted that such an approach could create community consensus regarding future steps if new funding eventually becomes available.



<b>Priority Area 3: Eligibility Determinations</b>				
Objective		Action Step	WHO	WHEN
3.1	Create capacity to screen individuals in jail (and others who have been in the criminal justice system) to determine if they are eligible for benefits such as SSI, housing, food stamps, etc	§ Take advantage of SOAR training that is to be offered by DCF (contact is Tom Pierce, 850-508-5407; tom_pierce@dcf.state.fl.us	Dee	January
3.2	Use existing resources to expand screening capacity	§ Create access on grounds of jail to Prevention on the Move for people in jail § Determine whether the computer lab on the retrofitted school bus can be made available to individuals who are in community treatment for accessing benefit applications	SMA, jail staff Jim, others	November November
3.3	Expand in-reach assessments currently provided by Flagler Social to include benefit eligibility screens	§ Determine whether the county assessments currently done in the jail (approximately 3 per week) can be expanded to include assessing whether the person is eligible for various benefits and entitlements	Flagler County Social Services	On-going

**Priority Area 4: Create Diversion Program for Misdemeanants with Mental Illnesses**

Objective





A process such as the Cross-Systems Mapping & Taking Action for Change workshop can result in the acknowledgment of a somewhat daunting list of service gaps. In this respect, Flagler County is much like most Florida counties and indeed like many jurisdictions in the United States. At the same time, Flagler County has some unique features and strengths.

- 3 First, the individuals who participated in this workshop represented all of the major stakeholders necessary to accomplish change in this area.
- 3 Second, participants were enthusiastic and frank in their comments and observations. This spirit of collegiality and willingness to discuss limitations as well as strengths is an important part of being able to work across systems, as is necessary in improving the lives of people with mental disorders in or at risk for entering the criminal justice system.
- 3 Third, Flagler County is like many small counties in its reliance on services located primarily in another county, in this case Volusia County. This exacerbates transportation and other issues that are endemic to counties where population has outstripped the development of infrastructure. At the same time, there is a willingness on the part of all parties to attempt to use existing resources in ways that would increase access to services for people with mental illnesses in the criminal justice system.

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

- 3 First, the planning process over time needs to identify not only the specific points in the process where intervention is possible and might have the biggest impact, but the population for which intervention is most appropriate given existing resources. For example, some counties have focused on individuals charged with misdemeanors, who are arrested repeatedly; others have focused on the re-entry of individuals charged with more serious offenses.
- 3 Second, it is critical that the planning process not lose the momentum created to date. Planning meetings involving all relevant stakeholders should be conducted on a regular basis and assigned priority by stakeholders. In addition, there are a number of resources available to Flagler County to accomplish some of the tasks identified during the workshop as next steps. Those resources should be utilized whenever possible to expand the capacity of the planning group.

In closing, we would like to thank Flagler County for allowing the CJMHSA Technical Assistance Center to facilitate this workshop and in particular express our gratitude to all the local stakeholders who took the time to share their experiences throughout our visit. We look forward to continuing to work with Flagler County in the future.

<b>Website Resources and Partners</b>	
Florida Criminal Justice Mental Health and Substance Abuse Technical Assistance Center	<a href="http://www.floridatac.org">www.floridatac.org</a>
Louis de la Parte Florida Mental Health Institute Department of Mental Health Law and Policy	<a href="http://mhlp.fmhi.usf.edu">http://mhlp.fmhi.usf.edu</a>
Florida Partners in Crisis	<a href="http://www.flpic.org">http://www.flpic.org</a>
Justice Center	<a href="http://www.justicecenter.csg.org">www.justicecenter.csg.org</a>
Policy Research Associates	<a href="http://www.prainc.com">www.prainc.com</a>
National GAINS Center/ TAPA Center for Jail Diversion	<a href="http://www.gainscenter.samhsa.gov">www.gainscenter.samhsa.gov</a>

<b>Other Web Resources</b>	
Center for Mental Health Services	<a href="http://www.mentalhealth.samhsa.gov/cmhs">www.mentalhealth.samhsa.gov/cmhs</a>
Center for Substance Abuse Prevention	<a href="http://www.prevention.samhsa.gov">www.prevention.samhsa.gov</a>
Center for Substance Abuse Treatment	<a href="http://www.csat.samhsa.gov">www.csat.samhsa.gov</a>
Council of State Governments Consensus Project	<a href="http://www.consensusproject.org">www.consensusproject.org</a>
National Alliance for the Mentally Ill	<a href="http://www.nami.org">www.nami.org</a>
National Center on Cultural Competence	<a href="http://www11.georgetown.edu/research/gucchd/nccc/">www11.georgetown.edu/research/gucchd/nccc/</a>
National Clearinghouse for Alcohol and Drug Information	<a href="http://www.health.org">www.health.org</a>
National Criminal Justice Reference Service	<a href="http://www.ncjrs.org">www.ncjrs.org</a>
National Institute of Corrections	<a href="http://www.nicic.org">www.nicic.org</a>
National Institute on Drug Abuse	<a href="http://www.nida.nih.gov">www.nida.nih.gov</a>
Office of Justice Programs	<a href="http://www.ojp.usdoj.gov">www.ojp.usdoj.gov</a>
Partners for Recovery	<a href="http://www.partnersforrecovery.samhsa.gov">www.partnersforrecovery.samhsa.gov</a>
Substance Abuse and Mental Health Services Administration	<a href="http://www.samhsa.gov">www.samhsa.gov</a>

Participant List