## Sequential Intercept Mapping

Below is alist of abbreviations that may be helpful when reading the Indian River County Sequential Intercept Mapping (SM) narrative and map.

ALF Assisted Living Facility

ARF Addictions Receiving Facility

ARNP Advanced Registered Nurse Practitioner

ADC Average Daily Census
ADP Average Daily Populatio

APIC Assess, Plan, Identify, Coordinate Model

BA Baker Act

CIT Crisis Intervention Team

CJMHSA Criminal Justice, Mental Health, and Substance Abuse

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

Center

CoC Continuum of Care

COD Cooccurring Disorders (substance use and mental health)

CRS Central Receiving System
CRF Central Receiving Facility
CSJ Crisis Stabilization Unit

CTTU Crisis Triage and Treatment Unit

DCF FloridaDepartment of Children and Families

EBP Evidence-BasedPractice

EMS Emergency Medical Services

ER Emergency Room

FDLE Florida Department of Law Enforcement

FDOC Florida Department of Corrections
FACT Florida Assertive Community Treatment
FDLE Fbrida Department of Law Enforcement
FICM Forensic Interise Case Management

HIPAA

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The SIM is based on the Sequentia Intercept Model developed by Patricia Griffin, Ph.D. and Mark Munetz, MD for the National GAINS Officer for Behavioral Health and Justice Transformation funded by SAMHSA. During themapping the facilitators guide oparticipants to identify resources, gaps in seitnes, and opportunities at each of the six distinct intercept points of the criminal justices ystem.

The SM has three primary objectives:

- x Development of a comprehensive map of how people with SAMH disorders flow through six distinct intercept points of the Indian River Countyriminal justice system: Community Service saw Enforcement and Emergency Services, Initial Detention and First Appearance, Jails and Courts, Reentry, and Community Corrections.
- x Identification of resources, gapsin services, and diversion opportunities at each intercept for individuals (18+) with SAMH disorders involved in the criminal justice system (target population).
- x Development of priorities to improve the system and service-level responses for individuals in the target population.

The Indian RiveCountySM map is on page21.
ndian River County history of collaboration between the behavioral healthcare and criminal justice systems is reflected in a number of existing local eff bija Ex.002 Tc -0.002 Tw 0.326 0 d

<sup>911</sup> operated by Indian River County Sheriff's Office (IRCSO)
x If an individual is experiencing apparent behavioral health crisis and

- o If an individual meets the criteria for an involunta Baker Actexamination but has committed a felony offens (or exhibited resistance) he person is transported to the Indian River County (IRC) Jail.
- o If an individual meets the criterial for an arrest, but does not meet Baker Act criteria, the personis transported to theIRC jail.
- x After the BeLBody wh5(ft)-3 (e)1ifo.3 ( are)-HBeL49 (ft)-3aler 14.3 ( C7 Td [(p)-.6 (u)23(ri)10.6 (t)-3 t)-29
  - x fo(n)2.3 (n t)-3 gns teohter A92 (o)4.3 (t)-3 ( [(I)1 ((ht)-3pn)2.3 f)10.5 (oa)10.6 (tn t)29 gr purito

- x Master's level mental health spi**a**dist assesses the individual and refers the individual to the appropriate services
- x Serves Indian River County, Martin County, Okeechobee County, and St. Lucie County

New Horizons of the Treasure Coast (New Horizons)

- x Twelvebed adult detoxication facility located in St. Lucie County
- x Serves Indian River County, Martin County, Okeechobee County, and St. Lucie County
- x Facility is

(Intercept 2 presents the jail booking and intake information)

Prevalence of Mental Health and Co-occurring Disorders

- *x* Thejail's average daily population in 2017 was 462 inmates.
- x An estmated 20 percent of inmates are classified to be held in the medical wing and most of these individuals are already on psychotropic medications when they are booked into the IRC Jail.

## IRC Jail Medical Wing

- x If an individual meets the criteria for a mentaealth diagnosis are at risk of an involuntary Baker Act examination are housed in the medical wing.
- x There are 14 cells that house 6-to.2 (alst) 1 2 (dica) 6 (i) 5 (edica) 6 (i) 6 (i)

- or voluntarily
- o Accepts individuals prelea orpost-plea, incompetent to proceed (ITP), not guilty by reason of insanity (NGRI), as a condition of bearing ased on their own recognizance (ROR) or on probation
- o Individualschargedwith a misdemeanorand/or felony
- x At the time of the mapping, the MHC wasMcAHC 6 5d.004 Tc 0. (O)5..33 -1.272 Td <001c</M (s)1.7rglt

- o MHC personnel need to balance court order requirements with treatment needs
- o Recommenda team building retreat to improve team approach
- o The MHC personnel need or information when the clients enter the court, need to communicate with providers
- o Crosstraining for court staff
- x High volume of MHC clients
  - o If the county had a pretrial release program, estimated 40 MHC clients woulhot be in the MHC.
- x In need of petrial release programdiversion options
- x In need of additional substance use treatment services dedicated to MHC clients
- x Address the sustainability of MHC when grant funding ends

There is good collaboration among providers and the IRCSO.

- x There is an empty building in the jail that has the potential to house specialized treatment pods.
- x When possible, the jail maintains the psychialtriedication formulary that then matewas on prior to arrest
- x The MHC clients have a continuity of cphan and they are not off the MHC caseload until they are connected to services and case management independent of the MHC.

At discharge, the japrovidesindividuals a voucher for a threetay supply of medication (prescription) to be filled at Walgreens. MHC clients are dischargewith medication that the jil has on hand or, if that amount on hand is insufficient, a voucher for a threety supply to be filled at Walgreens.

- x In general, here is no formal discharge plannifog individuals released from jaiwho are not in a program.
- x Per an individual's request he Public Defener's Office provides reentry assistancte secure housing.
- x Upon release, the IRCSO provides individuals a resourcebooklet that lists the community providersThis is not specific for the SAMH population.
- x Inmatesare typically released at 12:01 a.m., but can request to be released at 7 a.min order to securesafe transportation.
- x Case managers at the CSO provide sontreansition planning for individuals exiting the MHC. Some inmates have community case management and their treatment services are monitored upon transitioning backo the community

Needto implement formal transition planning in the IRC Jail

o Evidencebased transition planning toelAssess Plan Identify Ordinate (APIC) Model

Х

Bæedon the SIM discussion, the participants developed a list of five priorities that will become the focus of the action plan.

<sup>1.</sup> Analysis oCJMHSA Reinvestment Grant PrograMental Health Court

Comprehensive Screening and Assessment
 Expansion of Community ased Treatment

<sup>4.</sup> Alternatives to Arrest (s)-4.3 0.71 0 Td (s)11 (e)-3 (s)-1.3 (t)7.9 ( (s)-4.3 0.71 0 Td (s)11 (e)-3 (s)-1.3 (t)7

Objective		Action Step	Wh	าด	When
1.1	Sustainability of the CJMHSA Reinvestment Grant Program	x To conduct an analysis of how the current grant funds are spent	€X	Southeast Florida Beliabral Health Network (SEFBHN)	October 2018
Ment	Mental Health Cour(MHC)		x	Public Safety Council for Crimir Justice, Metal Health and Substance Abuse	al
			x	Indian River County Board of County Commissioners	
1.2	Team building for the MHC staff	x To conduct a team building retrea	at x	SEFBHN	September2018
1.3	Process flow/ logic model for the MHC	x To produce a logic model depicting the design of the program	X	External facilitator/grant writer	September 201
1.4	Explore the feasibility of a mental health/drug treatment pod in the Indian River County (CR) jail	<ul> <li>x Tobegin a dialogue within the IRC Sheriff's Office</li> <li>x To examine the financial impact of opening a designated/targeted pod</li> </ul>			

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Priority Area 2 Comprehensive Screening and Assessment					
Objective		Action Step	Who	When	
2.1	Comprehensive screening and assessment at booking and all applicable points of intereption	<ul> <li>x To develop an memorandum of understanding (MOU) between the jail, courts, and providers encouraging use of the same screening instruments and to share booking screening and HIPAA information</li> <li>x To review the GAINS Brief Jail Mental Health Screen</li> </ul>	x GwenMorse (SEFBHN) ne	August 2018	
2.2	Utilize the RisłNeedsResponsivity (RNR) model as a framework	x To obtain information on RNR x To develop a training plan	X Katharine Alonso (Public Defender's Office)     X Robyn Stone (State Attorney's Office)     X Carrie Maynard (Substance Aborder of IRC)	July 2018	

Priority Area 3 Expansion of Community ased Treatment						
Objective		Action Step	Who	When		
3.1	Develop a permanent supportive housing plan for individuals with serious mental illness (SMI)	x To identify leadership fouthe permanent supportive plan	<ul> <li>x Linda Kane (SEFBHN)</li> <li>x Brett Hall (Mental Health Collaborative)</li> <li>x Anthony Arroyo (Treasure Coas Homeless Services Council)</li> </ul>	Quarterly beginning in September 2018		

Priority Area 4 Alternatives to Arrest and Diversion					
Objective	Action Step	Who	When		

4.1 Re

Web Resources and Partners

Criminal Justice, Mental Health, and Substanc http://www.floridatac.org/

Abuse Technical Assistance Center (CJMHSA

TAC)

Louis de la Parte Florida Mental Health Institut <a href="http://www.usf.edu/cbcs/mhlp/">http://www.usf.edu/cbcs/mhlp/</a>

Department of Mental Health Law and Policy

(MHLP)

Florida Department of Children and Families

http://www.myflfamilies.com/serviceprograms/mentalhealth

(DCF)Mental Health and Sostance Use

Policy Research Associates (PRA) <a href="https://www.prainc.com/">https://www.prainc.com/</a>

SAMHSA'SAINS Center for Behavioral Health https://www.samhsa.gov/gTJ 0 Tc.04 -0 0 1wSAM(7.4 (w)2 364.92 30.839

and Justice Transforation

https://www.samhsa.gov/grants/grantannouncements2017