

Hillsborough County, Florida: Improving Services for Adults with Mental Illnesses and/or Co-occurring Substance Use Disorders Involved with the Criminal Justice System

Sequential Intercept Mapping

Introduction

This report summarizes the Cross-Systems Sequential Intercept Mapping workshop held in Hillsborough County, January 9th, 2015. The workshop was facilitated by the 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 on the Sequential Intercept Model or Cross-Systems Mapping
- ❖ An action planning matrix as developed by the group
- ❖ Summary, consensus, and observations by the CJMHS Technical Assistance Center to assist Hillsborough County achieve its goals
- ❖ A cross-systems intercept map based on the perceptions of the Hillsborough County mapping participants

Background

Rob Parkinson, Acting Hillsborough County Criminal Justice Liaison, along with the full support of Hillsborough County Public Safety Coordinating Council (PSCC), DCF Reinvestment Grant Committee, multiple local stakeholders, including several judges requested that the CJMHS Technical Assistance Center at the USF Florida Mental Health Institute (Tampa) facilitate the Cross-Systems Sequential Intercept Model Mapping in Hillsborough County, Florida to provide assistance with:

- ❖ Creating a map of the points of interception among all relevant systems
- ❖ Identification of resources, gaps, and barriers in the existing systems to support recovery
- ❖ Development of an initial strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of the target population, namely adults with mental illnesses and/or substance use disorders involved in the criminal justice system.

The participants in the workshop included 36 individuals representing multiple stakeholder systems, including leadership from the judiciary, mental health, substance abuse treatment, human services, corrections, law enforcement, advocates, county government, and the courts. A complete list of participants is available at the end of this document. Mark Engelhardt, M.S., MSW, ACSW, John Petril, J.D., LL.M., Kathy Moore, Ph.D., and Jessica Mitchell, M.A. from USF-FMHI facilitated the workshop session.

Objectives of the Cross-Systems Mapping Exercise

The Cross-Systems Mapping Exercise had three primary objectives:

1. The development of a comprehensive picture of how adults with mental illness, substance abuse and co-occurring mental health and/or substance use disorders flow through the Hillsborough County criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services (Intercept 1), Initial Detention/Initial Court Hearings (Intercept 2), Jails and Courts (Intercept 3), Community Re-entry (Intercept 4), and Community Corrections/Community Support (Intercept 5).
2. The identification of, strengths, gaps, resources, and opportunities at each intercept point for individuals in the target population.
3. The development of priority areas for activities designed to improve system and service level responses for individuals in the target population.

The Hillsborough County Cross-Systems Map created during the workshop is on the last page of this document.

Resources and Opportunities

There are several features of the Hillsborough County Systems Map that are particularly noteworthy. These include, but are not limited to the items listed below.

Existing Cross-Systems Partnerships include:

- ❖ CJMHSA/Public Safety Coordinating Council and
- ❖ Established Diversion Programs
 - Drug Court
 - Mental Health PTI Diversion
 - Veteran's Court
 - Veteran's Circuit Court Docket (felonies)
 - Marchman Act Court
 - Three Year DCF CJMHSA Reinvestment Grant to fund services (2014-17)

Hillsborough County Strengths Identified:

- ❖ Long history of working together in various planning committees and task forces
- ❖ Emphasis on diversion of those with co-occurring disorders in need of SAMH treatment from the criminal justice system
- ❖ Implementation of mental health screening at the jail
- ❖ Mandatory Crisis Intervention Team (CIT) training for all Hillsborough County Sheriff Office (HCSO) deputies and HCSO dispatchers

- ❖ Strong working relationship between HCSO and the Tampa Police Department (TPD) to provide CIT training for TPD officers
- ❖ Long history of collaboration among Substance Abuse and Mental Health Providers (SAMH) through an Acute Care Committee and provider service networks
- ❖ Renewed interest on the part of the Tampa Hillsborough Homeless Initiative to be a part of the effort
- ❖ In jail medical/behavioral health and discharge planning
- ❖ Collaboration between the States' Attorney's Office and the Public Defender's Office

Hillsborough County Cross-Systems Map Narrative

The following information reflects the information, often verbatim, gleaned during the *Cross-Systems Mapping* Exercise. These participant notes include a description of potential 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 Hillsborough County Cross-Systems Map and as a tool in developing a formal strategic action plan and/or updated Memorandum of Understanding among community stakeholders and local planning entities.

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

➤ Identified Strengths

- CIT refresher courses being provided to officers – all HCSO trained (after two years can be CIT deputies)
- Gracepoint Mobile Crisis is called out for evaluations that don't appear to meet Baker Act criteria and then determine where to transport for services
- Acute care committee – oversees planning of acute care (Baker Act & Marchman Act) service needs in the community
- Option to divert persons to Gracepoint Crisis Stabilization Unit (CSU), and ACTS or DACCO Detoxification as an alternative to incarceration
- Northside provides forensic training to community on mental health issues
- Success for Kids and Families – new pilot program to divert 18-24 year old co-occurring offenders
- The majority of people “Baker Acted” are transported by an ambulance service (TransCare), not law enforcement
- In development – new “open access” to outpatient appointments

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

- Large turnover in dispatch- hard to keep staff CIT trained
- Difficult to determine during crisis calls whether the person should be treated under the Baker Act (Mental Health) or Marchman Act (Substance Use) – A

Central Receiving Facility (CRC) would be beneficial so that jail is not used as a receiving center for those with MH/SA problems

- Initial evaluation not available to determine appropriate service need
- Family members can call mobile crisis but they may respond within a full 24 hours so law enforcement is often faster
- Ability to capture data that informs providers about clinical pathways to care
- Identify the # of CIT calls that resulted in a direct diversion from incarceration into treatment
- Individuals in services – too much time elapses before mental health appointments and immediate services available don't keep individuals long enough
- Long-term and continuing care for mental health
- Intensive case management
- Limited municipal CIT trained officers
- Access to mental health services in rural areas is problematic
- Community Housing Solutions
- High Risk/High Utilized

Intercept II: Initial Detention / Initial Detention and Court Appearance

➤ Identified Strengths

- Northside Mental Health queries long-term clients to see if jailed and will call jail to give medication information
- Screening procedures to identify co-occurring substance abuse and mental health disorders
- Prior to booking, individuals can be diverted to ACTS via Reinvestment Grant program (about 3 per week – legal eligibility, mental health criteria, and consent/voluntary – criteria may be too restrictive)

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

- Time elapses before service providers know of a client being jailed
- Jail diversion program has limited resources to provide mental health care to those diverted
- Limited outpatient services available once individuals are identified

Intercept III: Jails / Courts

➤ Identified Strengths

- Drug Court
- Veterans Court – On-site involvement of the Department of Veterans Affairs
- Ordinance Violation Docket at County Court – limited case management – most are people who are homeless and mentally ill
- Mental Health Pre-Trial Intervention Diversion – divert 40-45 people annually
- Gracepoint's Forensic Treatment Program for competency restoration and diversion from State Treatment Facilities (Chapter 916 Forensic clients)

➤ Identified Gaps – Jails/Courts (Intercept 3)

- Centralized Mental Health Court w/ case management services
- Perception - Programs won't take persons with serious and persistent mental illnesses
- Judges do not have anywhere to divert individuals to for supportive housing

Intercept IV: Re-Entry

➤ Identified Strengths

- Re-entry from prisons referred to Northside Mental Health – provide case management and medications for 30 days
- Full time discharge planner in jail – focuses on medical needs and housing
- HIV population has full time discharge planner and provides transitional care for six months after release
- Northside Mental Health allows walk-ins during weekdays
- PTI Jail Diversions go to Amethyst Respite Center (ACTS) for 30 days and linked to services (avg. of 10 persons diverted daily – capacity of 40-65)
- Northside has a three person team that goes to Polk Correctional and meets with HCSO re-entry – forensic prevention program
- Recently instituted Ready for Work model

➤ Identified Gaps – Re-entry (Intercept 4)

- Need SOAR (SSI/SSDI Outreach, Access and Recovery) trained staff in jails
- Need expanded Florida Assertive Community Treatment (FACT) and Forensic Intensive Case Management Teams (FICM) Teams
- Lack of step-down from institutional care or continuing care services
- Three-day supply of medications or seven-day supply of mental health medications provided upon release and 30-day prescription, but no means to fill the prescription

Intercept V: Home and Community Supervision and Support

- Identified Strengths
 - Strong Veteran Affairs services available – tied to Veterans Courts
 - Employment opportunities available, but limited capacity (Abe Brown Ministries)

- Identified Gaps - Community Corrections / Community Support (Intercept 5)
 - Limited access to services or lack of communication of available services
 - Peer specialists to link and engage individuals into services
 - 65% of cases in diversion need stable housing
 - Lack of employment opportunities for those with co-occurring SAMH disorders
 - Perceived lack of co-occurring SAMH capability at the provider level

The Hillsborough 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. Five initial 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. Due to time constraints on January 9th, the Hillsborough County Public Safety Coordinating Council (DCF Reinvestment Committee) will need to refine the persons responsible for implementation, action items, and longer term strategic planning. There seems to be some consensus that the “Acute Care” committee can take the lead in initiating several objectives and report back to the Public Safety Coordinating Council. The support of the PSCC will be necessary on issues requiring cross-system agreements and expanded financial advocacy through the Florida Legislature or pursuing federal grants.

**Priority Area: Develop a Central Receiving Facility
[Intercept 1]**

Objective	Action Step	Who	When
Develop a co-located central receiving facility with mental health and substance abuse capability (acute care and detoxification)	Planning	Acute Care Committee	Initiate in February 2015

**Priority Area: Expanded CIT Training for TPD Officers
[Intercept 1]**

Objective	Action Step	Who	When
Increase CIT training among Tampa Police Department officers	TBD	Collaboration with HCSO	TBD

Priority Area: CARES Unit [Intercept X]			
Objective	Action Step	Who	When
Re-establish CARES Unit at Northside Mental Health – (Short Term Residential – Diversion and step down from restrictive care)	TBD	TBD	TBD

Priority Area: Co-Occurring Capabilities at Local Treatment Facilities [Intercept X]			
Objective	Action Step	Who	When
Improve Co-Occurring Treatment Capabilities across providers	TBD	CFBHN	TBD

**Priority Area: Court Liaison
[Intercept 3]**

Objective	Action Step	Who	When
Re-establish court liaison position	Hire a Full Time Staff Member to act as a court liaison	TBD	TBD

Conclusions: Summary

The Cross-Systems Mapping workshop resulted in the acknowledgment of a challenging list of service gaps and opportunities for systems and program improvements. Hillsborough County has a long history of collaborative relationships, but is at a time when it can “take the system to a new level” of integrated service delivery.

- ❖ First, the individuals who participated in this workshop represented most of the major stakeholders necessary to accomplish change in this area. (see attached list)
- ❖ Second, participants were enthusiastic and candid 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 adults with mental illnesses/substance abuse disorders in or at risk for entering the criminal justice system.

As Hillsborough County moves forward with its strategic planning process, there are several issues that may be of particular importance.

- ❖ The planning process over time needs to identify the specific points in the process where intervention is possible and might have the biggest impact. It is impossible within existing resources to resolve every problem identified in a planning process, but it is possible to identify the potential points where an intervention might make the most difference. There seems to be consensus that the establishment of a central receiving facility may have the greatest immediate impact on keeping adults with co-occurring disorders in the community and out of a cycle of jail time. Yet, this can also be the most expensive priority.
- ❖ There was a significant discussion concerning enhancing community services available at discharge and discharge planning, which appeared to be a combination of increased communication processes, potential for grant development, and expansion of available services or resources.
- ❖ Communication between jails and local treatment facilities was also cited as a priority to improve identification of specific individuals and increase participation in mental health services. This can be achieved through daily list of arrests (public information) to treatment facilities, sharing on information and data.
- ❖ 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. This effort needs to be focused on the target population and the action plan needs to be refined with concrete assignments and timetables. In addition, there are a number of resources available to Hillsborough County to accomplish some of the tasks identified during the workshop as next steps.
- ❖ Leadership – It will be incumbent upon the Hillsborough County Public Safety Coordinating Council (PSCC) to provide the leadership needed to keep “decision makers” at the table.

In closing, USF-FMHI would like to thank the Hillsborough County PSCC and its’ partners for allowing the USF CJMHS Technical Assistance Center to facilitate this workshop. In particular, we would like to thank Rob Parkinson for his organizing efforts and the leadership of the judges

who participated in this daylong event. Finally, we would like to express a great gratitude to all the local stakeholders who took the time to share their experiences throughout the workshop. We look forward to our continuing collaboration with Hillsborough County.

Please contact mengelhardt@usf.edu or jmitchell@usf.edu for any clarification or questions regarding this report.

Respectfully submitted. 2/9/15

Resources

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

Other Web Resources	
Center for Mental Health Services	http://beta.samhsa.gov/about-us/who-we-are/offices-centers/cmhs
Center for Substance Abuse Prevention	http://beta.samhsa.gov/about-us/who-we-are/offices-centers/csap
Center for Substance Abuse Treatment	http://beta.samhsa.gov/about-us/who-we-are/offices-centers/csat
Council of State Governments Consensus Project	www.consensusproject.org
National Alliance for the Mentally Ill	www.nami.org
National Center on Cultural Competence	www11.georgetown.edu/research/gucchd/nccc/
National Clearinghouse for Alcohol and Drug Information	www.health.org
National Criminal Justice Reference Service	www.ncjrs.org
National Institute of Corrections	www.nicic.org
National Institute on Drug Abuse	www.nida.nih.gov
Office of Justice Programs	www.ojp.usdoj.gov
Partners for Recovery	www.partnersforrecovery.samhsa.gov
Substance Abuse and Mental Health Services Administration	www.samhsa.gov

List of Workshop Participants (36 signed in)

Name	Title	Organization	Type of Organization
Stephanie Campbell	Program Manager/Forensic Treatment Program	Gracepoint	Community Behavioral Health Provider
Marie Marino	Assistance Public Defender	Public Defender C13	Public Defender
Tina Kline	Director of County Misdemeanor Probation	Salvation Army	Contracted Criminal Justice Service Provider
Renee Muratti	Assistant State Attorney	State Attorney C13	State Attorney
Shelley Tomlinson	C13 Deputy Circuit Administrator	Florida Department of Corrections	Corrections
Mike Brumeister	Major	City of Tampa	Law Enforcement
Mary Lynn Ulrey	CEO	DACCO	Community Behavioral Health/Substance Use Provider
Shawn Hekkanen	Supervisor Forensic Prevention Program	Northside Mental Health	Community Behavioral Health Provider
Marsha Lewis-Brown	President/CEO	Northside Mental Health	Community Behavioral Health Provider
Ronald Ficarrotta	C13 Chief Judge	13 th Judicial Circuit	Judiciary
Jack Espinosa	Adult Drug Court, Marchman Act, Etc.	13 th Judicial Circuit	Judiciary
Lawrence Lefler	Admin-County Judge	13 th Judicial Circuit	Judiciary
Richard Weis	Veteran's Court Judge	13 th Judicial Circuit	Judiciary
Stephanie Krager	CIT Coordinator/Homeless Initiative/Patrol Deputy	Hillsborough County Sheriff	Law Enforcement
Robert Parkinson	Acting Criminal Justice Liaison	Hillsborough County Strategic Planning/Criminal Justice Unit	Local Government

Dr. Bethany Weaver	Jail Medical Director	Hillsborough County Sheriff	Law Enforcement/Jail
Carol Eloian	President	NAMI Hillsborough	Family Representative
Dr. Kristina Disney	Mental Health Director	NaphCare/Jail Medical Services	Jail Medical Provider
David Denson	NAACP Representative	NAACP	Civil Rights
Tina Shinkovich	Community Services Program Coordinator	Hillsborough County Sheriff	Law Enforcement/Admin.
Felicia Crosby-Rucker	Director Homeless Services	Hillsborough County	Local Government Special Services
Chris Riviere	Program Director	ACTS	Community Behavioral Health Provider
Floret Miller		ACTS	Community Behavioral Health Provider
Ashley Rovra	Assistant Public Defender	Public Defender C13	Public Defender
Dr. Annette Christy	Program Evaluator	University of South Florida	Research University
Neal Dwyer	Community Manager	Central Florida Behavioral Health Care Network	Managing Entity
Cindy Grant	Director	Hillsborough County Anti-Drug Alliance	Anti-Drug Alliance
Beth Picora	Family Specialist	Success4Kida and Families	Youth and Young Adult Service Provider
Antoinette Triplett-Hayes	CEO	Tampa Hillsborough Homeless Initiative	Homeless Coalition/Continuum of Care
Antonio Byrd	COO	Tampa Hillsborough Homeless Initiative	Homeless Coalition/Continuum of Care
Angie Smith	Court Strategic Planning	Court Administration 13 th Circuit	Courts
Gregory Holder	Veteran's Court	13 th Judicial Circuit	Judiciary
Jessica Mitchell	CJMHS TA Center Coordinator	University of South Florida/FMHI	Research University
Dr. Kathleen Moore	Research Associate Professor	University of South Florida/FMHI	Research University

John Petrla	Chair and Professor	University of South Florida/Public Health	Research University
Mark Engelhardt	CJMHS TA Center Director	University of South Florida/FMHI	Research University

Intercept 1: Law Enforcement	Intercept 2: Initial Detention and Court Appearance	Intercept 3: Jails and Courts	Intercept 4: Re-Entry	Intercept 5: Community Supervision
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