Sequential Intercept Mapping
Sarasota County, Florida

February 23, 2017

Facilitated by:

The Criminal Justice, Mental Health, and
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

LMHP	Licensed Mental Health Professional
MA	Marchman Act
MD	Medical Doctor
MH	Mental Health
MHCC	Mental Health Community Centers
MOU	Memorandum of Understanding
NAMI	National Alliance on Mental Illness
NPPD	North Port Police Department
PSC	Public Safety Communications
RNP	Registered Nurse Practitioner
ROR	Released on their Own Recognizant
SA	Substance Abuse
SAMH	Substance Abuse and Mental Health
SCSO	Sarasota County Sheriff's Office
SHIFTS	Sheriff's Housing Initiative Facilitating Transient Services
SM	Sequential Intercept Mapping
SMI	Serious Mental Illness
SOAR	SSI/SSDI Outreach, Access, and Recovery
SPD	Sarasota Police Department
SPR	Supervised Release
TYLA	Turn Your Life

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Objectives of the Sequential Intercept Mapping Workshop

The SIM workshop has three primary objectives:

- Development of a comprehensive map of how people with SAMH disorders flow through five distinct intercept points of the Sarasota County criminal justice system: Law Enforcement and Emergency Services; Initial Detention and Initial Hearings; Jail, Courts, and Forensic Evaluations; Reentry; and Community Corrections.

- The Honorable Judge Erika Quartermaine, 12th Judicial Circuit Court
- Mr. Jon Thaxton, Senior Vice President, Gulf Coast Community Foundation

Wayne Applebee of Sarasota County Government welcomed the participants and introduced the facilitators.

Recognition was given to Ms. Roxie Jerde, CEO, Community Foundation of Sarasota County, for hosting the SIM workshop.

Data Collection

Information and recommendations contained in this report are based on information received from Sarasota County Government prior to the workshop using a Community Collaboration Questionnaire and from a variety of stakeholders during the SIM workshop. Sarasota County Government shared the Behavioral Health Acute System Data Review document prepared in 2016 for the Sarasota Co

Sarasota County Sequential Intercept Map Narrative

The SIM workshop 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 SAMHSA. During the workshop, participants were guided to identify resources, gaps in services, and opportunities at each of the five distinct intercept points of the criminal justice system. Additionally, there was a brief discussion regarding Intercept "0" or early intervention services, which addresses prevention and the civil or "voluntary" Baker Act and Marchman Act systems.

This narrative reflects information gathered during the two-day workshop and often verbatim from the participants or local experts. This narrative should be used as a reference in reviewing the Sarasota County SIM map, especially with regard to acronyms used on the map. The county's CJ

Memorial Hospital Emergency Room (ER), or as a last resort, the county jail.

- Transport them directly to the counc

Crisis Services

include address client participation, available housing, and availability of outpatient services. The city of Sarasota employs a staff member dedicated to working with landlords who are willing to accept housing vouchers.

Sheriff's Housing Initiative Facilitating Transient Services (SHIFTS)

SHIFTS is a program funded by Sarasota County with 20 beds being made available by Community Assisted and Supported Living, Inc. (CASL) at Renaissance Manor to house homeless adult individuals. The pilot project began on June 4, 2015, with the availability of 10 beds and was expanded to 20 beds on February 1, 2016. The agency has scattered housing throughout Sarasota County as well as an ALF located on 16th Street in Sarasota. Participation is voluntary; county funding is provided for 90 days; and participants can remain housed by the a(R)-1.5.7(a)- l.003 Tw 2.489 0 Td [(d)2bl.003 TweTm oga0.6(a)-3.3

Intercept 2—Initial Detention &

Gaps

- Develop or identify a screening tool that more clearly identifies an individual's mental health status and risk
  - Affidavit of Probable Cause is for criminal charges
  - Many officers will not include mental health information into an affidavit of probable cause
- Community access to the homeless database (HMIS) limited
- There is a missed opportunity for more effective outcomes if the information gathered during the screening process does not reach the judge and state attorney until after first appearance.
- In felony cases, the defense attorney has the responsibility to inform the state attorney and the judge if there are mental health issues, which typically does not occur until after first appearance. During the workshop, a representative from the state attorneys' office asserted that it would beneficial to have such information prior to first appearance.
- Need for dedicated linkage for individuals on supervised pretrial release

Opportunities

- Opportunity to use evidenced-based screening tools
- New Centerstone staff to identify persons in need of SAMH treatment
- Information sharing with the public defenders, state attorneys, and judges

Intercept 3—Jails

him/her to remain in the program longer than necessary

Opportunities

- Availability of problem-solving courts and judicial leadership
- Implementation of the Comprehensive Treatment Court (CTC)
- "Monday morning meeting": First Step, SCSO, Coastal, the state attorney's office, and the public defender meet each Monday morning to discuss individuals in the jail who have SAMH needs in an effort to provide services to those individuals and facilitate the continuity of care in and out of jail
- The Sarasota County jail allows service providers access at any time; providers typically visit the jail following the "Monday morning meeting"
- If an individual in the jail would like to receive services, their release date/time can be coordinated so that they can go directly to the program or linkage to services

Intercept 4—Reentry

Jail Reentry/Discharge Plav01 Tc 0 Tw 2 7 T 9 a T j 0 c 0 Tw 0 6 T d 3 9 esgeestac 0 Tw 0 6 T d [1 5 esm 1 (9 9 0 1 Tc 0 Tw 0 9 0 T

Opportunities

- Establishment of a multi-agency transition planning team
- Expanded services through Comprehensive Treatment Court upon discharge

Intercept 5

Goodwill Industries and The Haven

Goodwill Industries and The Haven offer employment services, but they were not present at the mapping. They will be invited to future committee meetings.

Outpatient Services

Coastal Behavioral Health

Coastal provides outpatient services (as previously noted at intercept four). Due to system-wide capacity deficits in funding, there is often a six-to-eight week waiting period for an individual to receive Coastal services post- discharge from jail. Coastal's agency priorities are supportive housing and expanding capacity for all mental health and substance abuse services. The most frequently referred service is for psychiatry. Problems can arise as the program approaches the end of the fiscal year as funds available to

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Priority Area 1: Permanent Supportive Housing			
Objective	Action Step	Who	When
1.1 Understand evidence-based practices related to permanent supportive housing	x Obtain the SAMHSA Permanent Supportive Housing Toolkit x Obtain information on the Housing First "Fidelity Model"	Jack Minge (Coastal) Emma Ballantine (CASL) City and County Representatives Amy Jones (Salvation Army) Nancy DeLoach (Sarasota County Government) Wayne Appleg	

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Priority Area 2: Triage and Outreach (Central Receiving System)				
Objective		Action Step	Who	When
2.1	To complete a Centrally Receiving System (CRS) plan for Senate Bill 12	x Complete the transportation plan x Complete the CRS plan with diversion as a component "by design"	Laura McIntyre (Sarasota County Government) Central Florida Behavioral Health Network	June 30, 2007
2.2	Identify research on triage, outreach, and engagement models	x Examine current models (Ft. Myers Bob Janes Triage Center, Tampa - ACTS)	Acute Care System Task Force Rob Tabo Ethan Frizzell (Salvation Army) Centerstone Bayside County and city law enforcement	Ongoing
2.3	Pursue Bureau of Justice Assistar		Kim Wiles (Sarasota County Government) Rick Ver Helst (Coastal) Jack Minge (Coastal)	

Priority Area 3: Forensic and Homeless Assertive Community Treatment Team (FACT)				
Objective		Action Step	Who	When
3.1	To develop a legislative member project for the Florida Legislature	x Finalize the legislative budget request for a HACT/FACT Team and share with the group		

Priority Area 4: Supported Employment

Priority Area 5: Infrastructure Information Sharing, Memorandum of Understanding, Training on Crisis Inventio Teams (CIT) and Evidence Based Practices (EBPs), and Resource Allocation				
Objective		Action Step	Who	When
5.1	To establish a cross-systems CJMHSA committee as part of the Behavioral Health Consortium	x To obtain information on confidentiality law (Code of Federal Regulations, Title 21 [CRF 21] and HIPAA) x To review the provider's universal consent form x Explore data sharing x Develop unique identifiers/ IT solutions x To obtain HIPAA information from USF CJMHSA TAC	Suncoast Partnership Continuum of Care (Dan Lundy) Judge Quartermaine Laura McIntyre (Sarasota County Government) Nancy DeLoach (Sarasota County Government) Behavioral Health Stakeholders Consortium Major Jeff Bell	Ongoing

Summary and Recommendations

Sarasota County is poised to address a number of critical issues related to individuals with mental illness and/or substance use disorders involved in the criminal justice system. In March of 2016, the Sarasota County Board of County Commissioners signed a “Stepping Up Resolution” (No. 2016-032) as part of a national effort led by the National Association of Counties, the Council of State Governments Justice Center, and the American Psychiatric Association Foundation encouraging public, private, and nonprofit partners to reduce the number of people with mental illnesses in jails. This “systems level” commitment now requires program-level responses with expanded treatment, such as the newly funded CJMHSA Reinvestment Grant (Comprehensive Treatment Court) which was the catalyst for conducting this Sequential Intercept Mapping workshop and action plan. It is essential that this SIM action plan be integrated with all other planning in the county, such as the Suncoast Partnership to End Homelessness, efforts by the Criminal Justice Commission, Behavioral Health Stakeholders Consortium, and the activation of the CJMHSA Planning Council and Public Safety Coordinating Council responsible for ensuring that the priorities are carried out.

The two day Sequential Intercept Mapping workshop was an excellent example of community collaboration and a focused approach to addressing the needs of this target population. To that end, as discussed and observed during the SIM workshop, the USF CJMHSA TAC recommends the following actions:

- The CJMHSA Planning Council should [illegible] the Behavioral Health Consortium

In summary, it is encouraging to observe the local leadership and commitment to taking the criminal justice and behavioral healthcare systems to a new level in Sarasota County. This plan, like other plans, requires follow through.

For information or clarification regarding this Sequential Intercept Mapping workshop, action plan, and report, contact:

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

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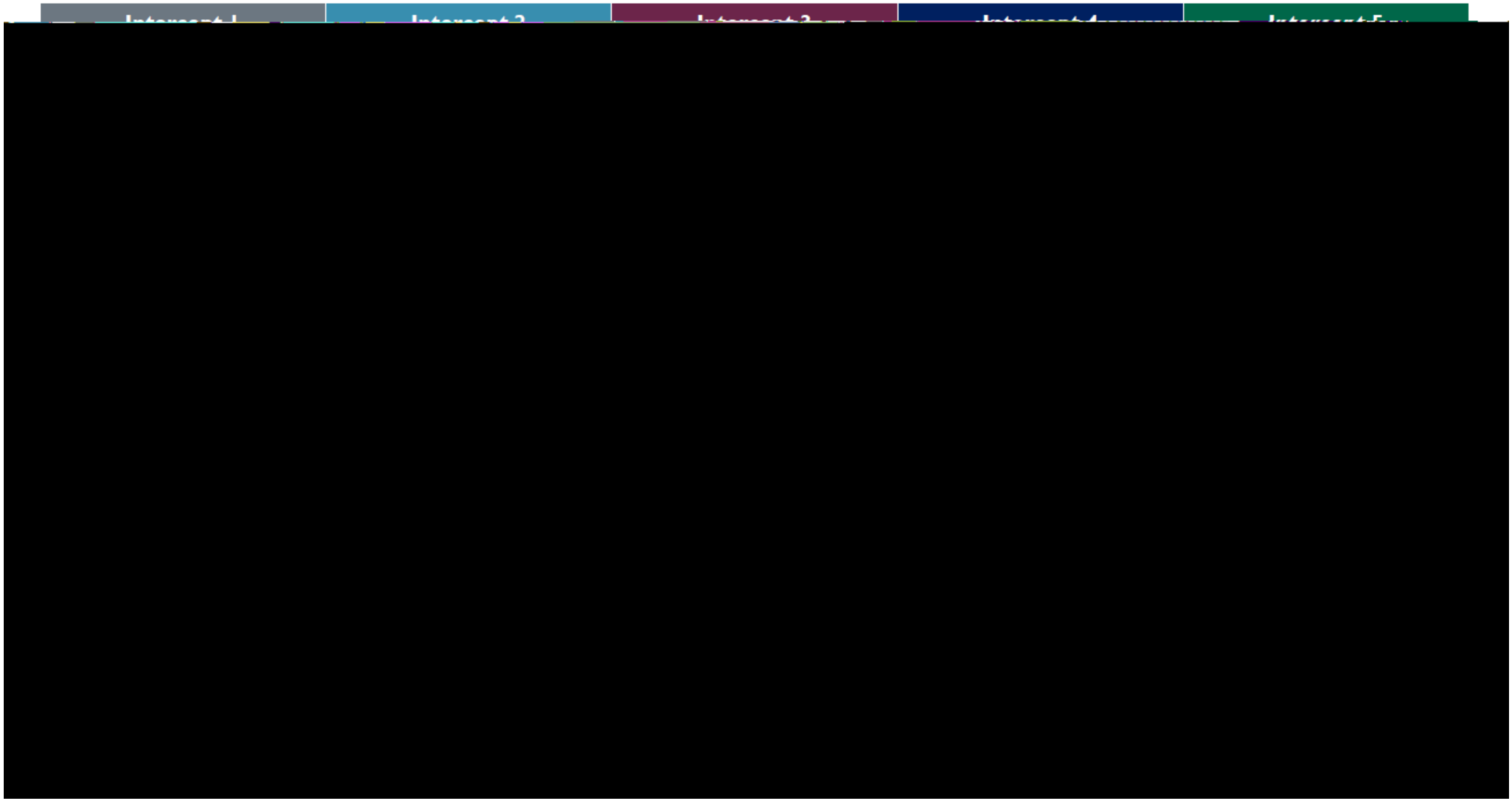
Sequential Intercept Map: Sarasota County, Florida



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Appendix B: Resources page

Web Resources and Partners

Criminal Justice, Mental Health, and Substanc Abuse Technical Assistance Center (CJMHSA TAC)	http://www.floridatac.org/
Louis de la Parte Florida Mental Health Institut	

Sarasota County Health and Human Services

Behavioral Health Acute Care System Data Review

A Local Data Analysis – October 1, 2015 to March 31, 2016

Executive Summary

Primarily as an approach to understanding system issues that are driving rising costs of Baker Act and Marchman Act transportation in Sarasota County, Health and Human Services convened service providers and stakeholders who were able to provide data and realistic insight into root causes of the increased volume of service needed. An in-depth review of available behavioral health crisis facilities and transportation was conducted spanning the time frame of October 1, 2015 – March 31, 2016.

1 5 4 0 Over the course of 3 months, 21 individuals (

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Background

The Florida Mental Health Act (Baker Act) in Section 394.462, F.S., provides counties with two options for transportation to a Baker Act receiving facility of those who, due to mental illness, are suicidal or homicidal.

1. Counties may "designate a single law enforcement agency within the county, or portions thereof, to take a person into custody…"; or
2. "The jurisdiction designated by the County has contracted on an annual basis with an emergency medical transport service or private transport company for transportation of persons to receiving facilities....".

The Florida Marchman Act Section 397.6795, F.S. provides counties with several options for transportation to a 7i

for medical treatment and/or clearance; and transports to the jail if the addictions receiving facility is full.

The laws permit law enforcement to initiate Baker and Marchman Act commitments. Law officers are not

identified the need for current system data to further analyze the unmet need experience perceived by the acute care service providers. Answers were needed for the following:

- What drives the volume of adults with BA/MAs that result in transports to local hospitals? Where are the BA/MAs originating?
- How many adults with BA/MAs receive transport directly to the CSU and ARF, and by whom?
- What is the realistic number of High Need/High Utilization clients?
  - How many individuals are cycling through our crisis facilities multiple times?
  - Is it the same or different populations that have been under a BA or MA; are both facilities being accessed for the same people?
  - What is the cost associated with transportation, bed days and services for the HNHU population?

In an effort to understand the Sarasota County HNHU population, staff requested and compiled client data from Coastal Behavioral Healthcare's Crisis Stabilization Unit (CSU), First Step of Sarasota's Addictions Receiving Facility (ARF), Sarasota Memorial Hospital, Bayside Center for Behavioral Health, Sarasota County Sheriff's Office (SCSO), Sarasota County Jail, Sarasota Police Department (SPD), North Port Police Department (NPPD), Venice Police Department (VPD), Ambitrans, and the Suncoast Partnership to End Homelessness.

What at the outset seemed like simple data collection, Healthcare Insurance Portability and Accountability Act (HIPAA) requirements restricted many of the providers in their ability to share information, even in the absence of signed client releases. Thi.6(o)-.3(h).6(P)4.5(t)7.9-5(y)-4.5()63 0 Td .6.6(t)-3(id)2.2(c)y 1.391 Td ( )Tj EMo-0.013 Tr

Data Analysis

Over the course of these six months, 2,360 unique individuals entered one or more of the behavioral health facilities.

62% capacity, and the 30-bed ARF at 65% capacity. In bed census analysis, there are often as many as 9 days per month, however, that the ARF is at capacity due to the need to segregate male and female clients.

Law Enforcement Officer Marchman Transports By Destination											
LEO	Total Reported Marchman Acts	LEO to ARF*		LEO to SMH ER		LEO MA Destination Unknown**		LEO to Other Hospital		LEO to Jail	
SCSO	180	94	52%	26	14%	35	20%	21	12%	4	2%
NPPD	6	5	83%	0	0%	1	17%	0	0%	0	0%

Key Opportunities

After data collection and analysis, Human Services facilitated group meetings of the agency representatives in June and August to present and validate the data, receive input and strategize about system improvements. While the research offers insight into the high costs to our system, including transportation, long-term solutions will need to be vetted to address the needs of the highest utilizers. For the County, impacts of secondary transports from our hospitals are high. This data has provided staff the ability to explore shared transportation costs with hospitals which benefit from expedient transportation from overburdened emergency rooms to more appropriate facilities. Two cost-mitigation measures have already been incorporated since April 2016, including an elimination of out-of-county trips and the reduction of Ambitrans trips between Sarasota Memorial Hospital and Bayside Center, when appropriate. The total cost of these trips was approximately $35,000 from October 2015-March 2016. Even with this mitigation, projections still indicate a $80,000-$100,000

- Increase capacity by utilizing tracked data to apply for federal and state funding opportunities. Stakeholder feedback consistently reported that it was necessary to build capacity to include intensive

Appendix A

Data Reports

Chart 1

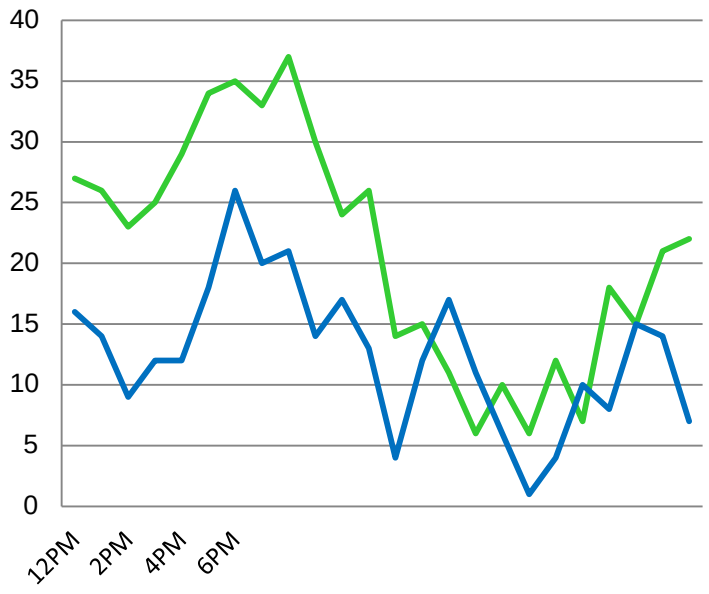
Unduplicated Individuals, Admissions and Homeless Status Per Facility

TOTAL	HOMELESS	ALL OTHER

Chart 6

Ambitrans Utilization and Cost		
AMBITRANS PICK UP SITE	# TRANSPORTS FROM SITE	% OF TOTALS

Chart 10



Peak transport times for both the Sarasota County Sheriff's Office (SCSO) and the Sarasota Police Department (SPD) generally occur between 12:00PM to 1:00PM and 5:00PM to 7:00PM. SCSO Marchman and Baker Act transports and SPD Baker Act transports then have a steady decline until early morning. SPD Marchman Act transports have a longer peak period and are steady from 12:00PM until 2:00AM, with decreases at 1:00PM, 8:00PM and 3:00AM. Because NPPD and VPD transports were small in number, time analysis was not completed.

Behavioral Health Acute Care System Data Review

A Local Data Analysis –October 1, 2015 to March 31, 2016

Dataset 1

High Need High Utilizer Definition Applied

Facility=

Chart 11

Misdemeanor Charges Listed by Frequency of HNHU Charges						
	HNHU			Super HNHU		
TYPE OF CHARGE	# IND	# CHARGES	% OF TOTAL (339)	# IND	# CHARGES	% OF TOTAL (93)
Contempt of Court/Failure to Appear (FTA)	78	88	27%	16	16	17%
Alcohol Consumption/Open Containe	33	40	45%	6	6	38%
Unlawful Activities	12	12	14%	4	4	25%
Marijuana/Synthetic Drugs/Narcotic	11	11	13%	3	3	19%
Driving with License Suspende	6	7	8%	0	0	0%
Petit Larceny	6	7	8%	1	1	6%
Trespassing	6	7	8%	1	1	6%
Prostitution	4	4	4%	1	1	6%
*Probation Violations(One HNHU had 23 charges)	25	49	15%	7	8	9%
Municipal Ordinance Violations	34	37	11%	22	25	27%
Public Alcohol Consumptio	21	24	65%	12	15	60%
Miscellaneous Unlawful Activities (loitering, soliciting funds, e	13	13	35%	10	10	40%
Marijuana/Synthetic Drugs/Narcotics Use/Possession	30	34	10%	10	10	11%
Trespassing	27	33	10%	11	16	17%
Battery	16	20	6%	4	5	6%
Resisting Officer	14	14	5%	4	4	4%
Petit Larceny	11	13	3%	1	1	1%
DUI- Alcohol and/or Drugs	13	13	3%	1	1	1%
Disorderly Conduct	8	8	2%	1	1	1%
Hit and Run/Moving Violation	8	8	2%	1	1	1%
Out of County Warrants	8	8	2%	2	2	2%
Property Damage	7	7	2%	1	1	1%
Miscellaneous Unlawful Activities	7	7	2%	2	2	2%
TOTALS	286	339	100%	83	93	100%

Dataset 2

Data Sources and Methodology

1. Ambitrans Medical Transport, Inc. (2016). Ambitrans Baker Act/Marchman Act Transports 10.01.15 to 03.31.16. [Data file].
    - x Original Excel data file included Run #, Date of Service (DOS), Time of Call (TOC), Client Name, Pick-Up Location and Destination.
        - o Calculated number of transports based on count of Pick-Up Locations per individual.
        - o Calculated costs based on Ambitrans mileage chart and average cost per transport ($136).
        - o Unable to generate Generic ID as Date of Birth (DOB) was not included.
        - o Homeless status not available.

2. Bayside Center for Behavioral Health at Sarasota Memorial Hospital (2016). Bayside Center Adult (18+) Admissions 10.01.15 to 03.31.16. [Data file].
    - x Original Excel data file included Generic ID, Admission Date and Discharge Date.
        - o Homeless status not available.

- Original Excel data file included Name, Sex, DOB, Arrest Date, Release Date, Booking Number, Charge Level and Charge Description.
  - Used First Name and DOB to generate Generic ID.

8. Sarasota Police Department (2016). Sarasota Police Department Baker Act and Marchman Act Transports 10.01.15 to 03.31.16 [Data file].
   - Original PDF data file included Case Number, Case Type, Date/Time and Name.
     - Converted PDF file to Excel spreadsheet. SPD provided DOB under a separate file, which were merged.
     - Used First Name and DOB to generate Generic ID.

9. Suncoast Partnership to End Homelessness, Inc. (2016). 1401 V16.7.12 - Sarasota County Emergency Shelter - Adults Only Client List - 10.1.15 – 03.31.16. [Data file].
   - Original Excel data file included Provider Name, Client Code (Generic ID) and Nights Stayed (During Reporting Time Frame).

10. Suncoast Partnership to End Homelessness, Inc. (2016). HMIS Adults Only Client List - 10. 1.15 – 12.31.15; HMIS Adults Only Client List - 01.1.16 – 03.31.16. [Data files].
    - Original Excel data file included Client Code (Generic ID), Provider Name, Service Date, Service Code Description and Service Provider Specific Code.

11. Venice Police Department (2016). Venice Police Department Baker Act and Marchman Act Transports 10.01.15 to 03.31.16 [Data file].
    - Original PDF data file included Case Number, Date, Time, Dept. Classification, Officer, Location and Status, but was missing Name and Date of Birth. Second PDF file included Case Number, Name and DOB.
      - Converted PDF files to Excel files and merged data.
      - Used First Name and DOB to generate Generic ID.

Each agency had different electronic record systems and had varying ways of categorizing and reporting information. Staff compiled all agency data into a master spreadsheet and used the following categories to organize data in a uniform manner: Name (Last, First), Generic ID, Agency, Agency Client ID, # of Entries, # of Days, Total Cost, County and Homeless Status. Below are the methods used to calculate data when not provided:

- Calculated age from DOB provided in Generic ID.
- Determined gender (High Need and Super High Need only) via confirmation with agency providers.
- Calculated number of admissions as one admission = Single Date or one admission = Consecutive Dates e.g. 01.01.16, 01.02.16, 01.03.16 = one admission.
- Calculated length of stay based on sum of consecutive Date(s).

* Generic ID - First 3 initials of first name and DOB - ABCmmddyy