



Sequential Intercept Model Mapping Workshop (Part I)

Broward County, Florida

March 29, 2021

9:00 a.m. – 4:00 p.m. Eastern Time

AGENDA

9:00 a.m. – 9:30 a.m.	Registration and Networking
9:30 a.m. – 9:40 a.m.	Welcome and Opening Remarks
9:40 a.m. – 10:00 a.m.	Introductions
10:00 a.m. – 10:30 a.m.	Sequential Intercept Model Presentation
10:30 a.m. – 10:45 a.m.	Break
10:45 a.m. – 12:30 p.m.	Concurrent Focus Groups <ul style="list-style-type: none">• Intercepts 0/1• Intercepts 2/3• Intercepts 4/5
12:30 p.m. – 1:30 p.m.	Lunch
1:30 p.m. – 2:45 p.m.	Concurrent Focus Groups - Continued
2:45 p.m. – 3:00 p.m.	Break
3:00 p.m. – 3:55 p.m.	Facilitation Discussion of Priority Areas and Voting
3:55 p.m. – 4:00 p.m.	Closing and Next Steps



Sequential Intercept Model Mapping Workshop (Part II)

Broward County, Florida

April 19, 2021

9:00 a.m. – 1:00 p.m. Eastern Time

AGENDA

9:00 a.m. – 9:15 a.m.	Registration and Networking
9:15 a.m. – 9:30 a.m.	Roll Call
9:30 a.m. – 9:45 a.m.	Community Updates
9:45 a.m. – 10:15 a.m.	Review/Discuss Gaps, Voting Process, Priority Areas, and Group Discussion
10:15 a.m. – 10:20 a.m.	Strategic Action Planning Overview
10:20 a.m. – 10:30 a.m.	Break
10:30 a.m. – 11:45 a.m.	Strategic Planning (Priority #1)
11:45 a.m. – 1:00 p.m.	Strategic Planning (Priority #2)
1:00 p.m.	Closing and Next Steps



FACILITATOR BIOS

Maureen McLeod, PhD, Senior Project Associate, Policy Research Associates

Maureen McLeod is a Senior Research Associate with Policy Research Associates, Inc. (PRA). She was the Substantive Lead for SAMHSA's Virtual Learning Collaboratives on *the Eight Guiding Principles for Behavioral Health and Criminal Justice* (2019), *Data and Information Sharing Across the Sequential Intercept Mapping Model* (2020), and *Medication-Assisted Treatment Implementation in Drug Courts* (2021); and the Lead Researcher/Writer for BJA's environmental scan on *Proposed and Actualized Mechanisms for the Virtual Delivery of the Memphis Model CIT Training Curriculum and Other Crisis Response Products* and SAMHSA's project on *Evidence Based Practices for Community-Based Psychiatric Interventions for Justice Involved Persons*. In addition, she provides technical assistance support as a trainer for the GAINS Center's *Trauma-Informed Responses for Criminal Justice System* project; serves as a facilitator for the GAINS Center's *Sequential Intercept Mapping* initiative; chairs the Institutional Review Board at Policy Research Associates, Inc.; and serves as President of the Board for Policy Research, Inc. Dr. McLeod joined PRA after more than three decades as a Professor of Criminal Justice and Forensic Mental Health. Her years of education and professional experience have provided her with solid knowledge of project management, research, program evaluation, and data collection and analysis. She received both her MS and her PhD in Criminal Justice from The University at Albany. Before entering academia, she served as Principal Investigator and Project Manager on several NIJ grants, focusing on the utilization of victim impact statements and on Neighborhood Watch programs. In addition to her work at PRA, she sits on the Executive/Advisory Boards of the Bethlehem Youth Court and the US Bureau of Prison's Horizon House Residential Re-entry Program.

Arnold Remington, MS, Consultant, Policy Research Associates

Mr. Remington is a consultant with Policy Research Associates, providing training and technical assistance services that draw on his extensive experience as a provider of behavioral health services in the area of Emergency Behavioral Health and Crisis Intervention to include extensive work with law enforcement, adult and juvenile detention facilities and hospital emergency room settings. He has served as the Director of the Targeted Adult Service Coordination (TASC) Program a multi-agency collaboration since 2005. Prior to that he worked as a counselor for the State Department of Corrections, the Lancaster County Youth assessment center and in outpatient and private practice clinics. He completed his M.A. in Counseling Psychology from the Doane University Lincoln Campus and is licensed as an Independent Mental Health Practitioner and Certified Professional Counselor in Nebraska.

Cindy Schwartz, MS, MBA, Consultant, Policy Research Associates

Cindy Schwartz currently serves as the Project Director of the Eleventh Judicial Circuit of Florida Criminal Mental Health Project- Jail Diversion Program. Her career goals have been focused on promoting system transformation, community integration and recovery. Cindy has a master's degree in Rehabilitation Counseling from the State University of New York at Buffalo and a Masters in Business Administration from Nova Southeastern University. She is a certified Mental Health First Aid Instructor, an Advanced WRAP (Wellness Recovery Action Plan) facilitator, Instructor of How Being Trauma Informed Improves Criminal Justice Responses, and Consultant for the SAMHSA SSI/SSDI Outreach, Access, and Recovery (SOAR) Technical Assistance (SOAR TA) Center. Cindy is also actively involved in her community and serves on a variety of professional organizations, boards and committees.



Sequential Intercept Model Mapping Workshop

Participant Workbook

Intercepts 0-1

Table of Contents

- Resources
 - Crisis Care/Treatment System
 - Law Enforcement
 - Law and Policy Support
- Gaps
 - Crisis Care/Treatment System
 - Law Enforcement
- Law and Policy Recommended Changes
- Setting Priorities

Intercepts 0-1

Resources

What seems to be working well in your system upon which you can build?

Crisis Care/Treatment System

- Mental health crisis line(s) 24/7/365
- Crisis Response – Mobile Crisis Response (days/times available?)
- Crisis Care Continuum: Hospital/Crisis Centers/Crisis Respite/Sobering Up
- VA Hospital access for crisis situations
- Substance Use Treatment:
 - Outreach Substance Response
 - MAT access
 - Detox beds
 - Residential beds
 - Recovery Coaches/Peers

Law Enforcement

- Law enforcement interventions:
 - 911/Crisis Call Integration
 - Co-response Teams
 - On-scene Virtual Support
 - Harm Reduction Strategies
 - Needle drop off

- Drug drop off and referral
- Public Education
- Naloxone
- Other
- Crisis Intervention Team (CIT)
- Law Enforcement Assisted Diversion (LEAD)/substance use diversion
- Veteran-specific training/policies for Law Enforcement
- Other LE training (e.g., Mental Health First Aid)

Law and Policy Support

- Legislative:
- Policy:
- Coordination/Collaboration:
 - Existing task forces/committees (e.g. CIT Advisory Board, FUSE committee, Opioid Task Force-State, Local)
- Technology
 - Interagency Data and Information Sharing Agreements

Intercept 0-1 Gaps

What are the major weaknesses and gaps in services?

Crisis Care/Treatment System

- Crisis Line/911 Integration
- Mobile Crisis Teams (Capacity, Hours of Operation, Coordination with LE)

Crisis Stabilization

- Hospital ER response to substance use crisis
- Inpatient Residential Beds
- Community-Based Harm Reduction Strategies
- Substance Use/Sobering Up:
 - Detox beds (social vs. medical)
 - Substance Use treatment
 - MAT access
 - Residential beds
- Sharing of Information
- Benefit access (Medicaid enrollment/SSI/SSDI)
- Peer Specialist/Recovery Coaches or support services
- Trauma-informed services/training
- Veteran-specific training/policies
- Housing

Law Enforcement

- Law enforcement interventions:
 - Harm Reduction Strategies
 - Needle drop off
 - Drug drop off and referral
 - Public education
 - Naloxone
 - Other
 - Co-response Teams
 - On-scene Virtual Support
- Crisis Intervention Team (CIT)
- LEAD
- Veteran-specific training/policies for Law Enforcement

Law and Policy Recommended Changes

- Racial and Ethnic Disparities (RED):
 - Ongoing efforts to address RED
 - Hiring practices
 - RED training
 - Data
 - Agency-specific interventions
 - Neighborhood-specific interventions
 - Faith-based involvement
 - Peer and Recovery Supports
- Legislative:
 - Harm Reduction / Syringe Exchange Programs
 - Drug Paraphernalia Law Exemption
 - 9-1-1 Good Samaritan Law
 - Third-party Naloxone administration
 - Naloxone Standing Orders
 - Needle-stick Prevention
 - Recognizing substance use
 - Safety precautions handling needles, fentanyl, carfentanil
 - Peer and Recovery Supports
 - Policy:
 - Coordination/Collaboration:

Setting Priorities

Please state what your community's three major priorities and/or needs should be for responding to the needs of this population:



Sequential Intercept Model Mapping Workshop

Participant Workbook

Intercepts 2-3

Table of Contents

- Resources
- Gaps
- Law and Policy Recommended Changes
- Setting Priorities

Intercepts 2-3

Resources

What seems to be working well in your system upon which you can build?

- Early Diversion Strategies/Court-based Diversion
 - Arraignment Diversion
 - Booking Diversion
 - Pre-trial Services
 - Public Defender or Prosecution led diversion initiatives
 - Court-based Diversion programs (identify specialty courts, diversion programs)
- Jail-based Behavioral Health Treatment
 - Mental Health, substance use and veteran screening in the jail at the time of booking
 - Is there baseline data on the numbers of persons with mental illness in jail?
 - Jail based behavioral health services
 - Sufficient MH treatment resources/program
 - Sufficient formulary
 - Jail MAT protocols
 - Maintenance, Induct on Methadone, Buprenorphine
 - Withdrawal Management on Buprenorphine
 - Psychosocial Education
 - Pregnant Female protocols

- Substance Use Treatment
- In-reach transition jail services
- Veteran specific resources/programs
- Trauma services/training
- Peer specialist and peer support services
- Other

Law and Policy Support

- Legislative:
- Policy:
- Coordination/Collaboration:
 - Existing task forces/committees (e.g. CIT Advisory Board, FUSE committee, Opioid Task Force-State, Local)
- Technology
 - Interagency Data and Information Sharing Agreements

Intercepts 2-3

Gaps

What are the major weaknesses and gaps in services?

- Cross-system coordination needs
- Early Diversion Strategies
 - Arraignment Diversion
 - Booking Diversion
 - Pre-trial Service
- Sharing of Information e.g. 42 CFR
- Jail based behavioral health services
 - Validated MH and SUD screening instruments
 - Screening for military status
 - Sufficient MH treatment resources/program
 - Sufficient formulary
 - Jail MAT protocols:
 - Maintenance, Induct on Methadone, Buprenorphine
 - Withdrawal Management on Buprenorphine
 - Psychosocial Education
 - Pregnant Female protocols
 - Substance Use Treatment
 - Veteran specific resources/programs
 - Trauma services/training
 - Peer specialist and peer support services

- Lack of resources (e.g. waiting lists, capacity issues, shortages of certain types of behavioral health providers)
- Community Resources
 - MAT Access in the community
 - Benefit access (Medicaid enrollment, SSI/SSDI)
 - Peer support/ Recovery Coaches
 - Trauma specific services/trauma informed training
 - Integrated Mental Health/Substance Abuse Treatment
 - Housing
 - Other

Law and Policy Recommended Changes

- Racial and Ethnic Disparities (RED):
 - Ongoing efforts to address RED
 - Hiring practices
 - RED training
 - Data
 - Agency-specific interventions
 - Neighborhood-specific interventions
 - Faith-based involvement
 - Peer and Recovery Supports
- Legislative:
 - Harm Reduction / Syringe Exchange Programs
 - Drug Paraphernalia Law Exemption
 - 9-1-1 Good Samaritan Law
 - Third-party Naloxone administration
 - Naloxone Standing Orders
 - Needle-stick Prevention
 - Recognizing substance use
 - Safety precautions handling needles, fentanyl, carfentanil
 - Peer and Recovery Supports
- Policy:
- Coordination/Collaboration:
 - Existing task forces/committees (e.g. CIT Advisory Board, FUSE committee, Opioid Task Force-State, Local)

Setting Priorities

Please state what your community's three major priorities and/or needs should be for responding to the needs of this population:



Sequential Intercept Model Mapping Workshop

Participant Workbook

Intercepts 4-5

Table of Contents

- Resources
- Gaps
- Law and Policy Recommended Changes
- Setting Priorities

Intercepts 4-5

Resources

What seems to be working well in your system upon which you can build?

- Strengths List
 - Jail based transition services
 - In-reach transition strategies
 - Peer specialist or peer support in-reach
 - Psychiatric medications upon release
 - Benefits access (Medicaid enrollment, SSI/SSDI)
 - Transition case management
- Community Resources
 - Trauma specific services/trauma informed training
 - Co-occurring disorder programs
 - Care coordination, case management and ACT Team access
 - Medication Assisted Treatment (MAT) upon release
 - Veteran Specific resources/programs
 - Prison reentry for persons with SMI:
 - State prison reentry initiatives in your region
 - Community Supervision
 - Probation
 - Specialized caseloads
 - Co-located (embedded treatment services) services

- RNR implementation
- Parole
 - Specialized caseloads
 - Co-located (embedded treatment services) services
 - RNR implementation

Law and Policy Support

- Legislative:
- Policy:
- Coordination/Collaboration:
 - Existing task forces/committees (e.g. CIT Advisory Board, FUSE committee, Opioid Task Force-State, Local, Stepping Up)
- Technology
 - Interagency Data and Information Sharing Agreements

Intercept 4-5 Gaps

What are the major weaknesses and gaps in services?

- Jail based transition services
 - In-reach transition strategies
 - Peer specialist or peer support in-reach
 - Psychiatric medications upon release
 - Benefits access (Medicaid enrollment, SSI/SSDI)
 - Transition case management
- Community Resources
 - Lack of resources, (e.g. waiting lists, capacity issues, shortages of certain types of behavioral health providers)
 - Medication access
 - MAT access
 - Benefit access (Medicaid enrollment, SSI/SSDI)
 - Peer specialist and peer support services
 - Trauma specific services and trauma informed training
 - Veteran specific resources/programs
 - MH, substance use and veteran screening
 - Access to services for persons with co-occurring disorders
 - Implementation of Risk, Needs, Responsivity (RNR) strategies
 - Housing
 - Other:

Law and Policy Recommended Changes

- Racial and Ethnic Disparities (RED):
 - Ongoing efforts to address RED
 - Hiring practices
 - RED training
 - Data
 - Agency-specific interventions
 - Neighborhood-specific interventions
 - Faith-based involvement
 - Peer and Recovery Supports
- Legislative:
 - Harm Reduction / Syringe Exchange Programs
 - Drug Paraphernalia Law Exemption
 - 9-1-1 Good Samaritan Law
 - Third-party Naloxone administration
 - Naloxone Standing Orders
 - Needle-stick Prevention
 - Recognizing substance use
 - Safety precautions handling needles, fentanyl, carfentanyl
 - Peer and Recovery Supports
- Policy:
- Coordination/Collaboration:

Setting Priorities

Please state what your community's three major priorities and/or needs should be for responding to the needs of this population: